

## Housing

NJAMHAA adheres to the tenet that children, adults, and families should have the opportunity to reside in safe and affordable housing. Access to a constellation of safe and affordable housing options, linked to a full array of housing support services, enhances the clinical outcomes of behavioral health treatment and increases the probability of recovery.

The intersect between health care and safe, affordable housing is well-documented in a multitude of studies. These studies demonstrate the positive correlation between supportive housing and improved health outcomes, including improved health status, reductions in emergency room utilization, and averted hospitalizations. People with serious behavioral health illnesses are disproportionately poor and, in large part, are Medicaid beneficiaries who have complex and comorbid health and behavioral health conditions. These individuals often experience homelessness and housing crises that impede access to primary and behavioral health care.

All too often, individuals struggling with serious behavioral health issues cannot afford even modestly priced rental housing without public housing assistance. New Jersey ranks as the fourth most expensive state in the country to rent a two-bedroom apartment, "... leaving nearly two-thirds of renters in the Garden State unable to afford an apartment that size." (*Star Ledger*, Sarah Portlock, "NJ has fourth highest rents nationwide study finds", March 14, 2012). These exorbitant rents in New Jersey wreak havoc particularly on people with serious mental illnesses and/or addiction issues who often live on fixed or low incomes and frequently do not have the resources to cover the high medical expenses they all too often incur. This is why the commitment of resources toward the development of affordable housing for people with special needs must continue to be prioritized. The substantial lack of affordable rentals, along with the typical low-income of consumers of behavioral health services, compound the housing issues they must frequently confront.

Thirty-three percent of New Jersey households are renters. According to a study released by the National Low Income Housing Coalition, March of 2012, "In New Jersey, the Fair Market Rent (FMR) for a two-bedroom apartment is \$1,302. In order to afford this level of rent and utilities – without paying more than 30% of income on housing – a household must earn \$4,340 monthly or \$52,081 annually." (*National Low Income Housing Coalition/ Out of Reach 2012*, Elina Bravve, Megan Bolton, Linda Couch, Sheila Crowley). That works out to a worker earning minimum wage having to work 138 hours per week, 52 weeks per year. Compounded by the fact that a significant number of persons with serious mental health and addiction problems encounter difficulty finding or maintaining employment, even at a minimum wage, it is all too often that these individuals end up among the re-institutionalized or homeless.

Homelessness affects all too many children, adults and families. According to a 2011 report published by the Institute for Children, Poverty & Homelessness, between 2008 and 2011, the number of homeless families counted on a single night in New Jersey increased by 45.0%, and the number of homeless children increased by 20.3%. Sadly, the prevalence of persons with mental illnesses and addictions among the homeless population is significant. Among the key findings of the New Jersey 2012 Point in Time Count, it was substantiated that mental health and substance abuse issues were prevalent among the homeless. Further, the largest homeless subpopulation in the 2012 count was people who are homeless with mental health issues; the largest subpopulation of homeless families was those whose head of household had a mental health issue; and the chronically homeless individual population overwhelmingly reported having mental health issues (91.2%) and/or substance abuse issues (76.4%).

Supportive housing options are humane alternatives to homelessness or institutionalization that often result from the lack of access to suitable and safe housing for persons stigmatized or impoverished due to a history of behavioral health illnesses. Nonprofit behavioral health community agencies and organizations are the primary treatment providers serving indigent or low-income adults and children with serious emotional, mental health and/or substance abuse issues. For decades, they have recognized the positive correlation between access to safe and affordable housing and healing. Every day, these providers observe the essential role stable housing plays in recovery. It is widely recognized that housing is a positive pathway to recovery. Particularly for consumers with behavioral health issues, treatment providers have long observed that the availability of a continuum of housing options and support services is vital to recovery. Voluminous academic research reinforces providers' observations. These studies repeatedly show similar results: A combination of stable housing, behavioral health treatment, and "life-affirming" services lead to improved stability and reductions in substance use and psychiatric symptoms (Polcin, D. A. (2008). "*Clean and Sober Place to Live*", Journal of Psychoactive Drugs, 6.).

Given the strong link among housing, health, and recovery, NJAMHAA will be certain to monitor the issue of decoupling support services from housing, which is embedded within the Frank Melville Act of 2010 (Public Law 111-374). Although the federal move toward separating services from housing is intended to protect the civil rights of supportive housing residents, which certainly should never be compromised, at the same time, there must be assurance that the services residents avail themselves of be sufficiently consistent, efficient, and effective to promote wellness (an area of departure from the Housing First philosophy). Ongoing collaboration across service providers, landlords, property managers, and tenants to resolve crises that may arise is a necessity to preserve tenancy. Striking a balance between choice and the provision of safe, quality services, without sacrificing tenant rights, is vital. retained NJAMHAA is working with the state to have nonprofit supportive housing providers at the table working in

collaboration with the state and the state's consultants toward the formulation of state supportive housing policies that advance the health and welfare of persons needing such. After all, quality housing services improves housing stability and promotes recovery for all vulnerable populations particularly the chronically homeless and those at-risk of homelessness.

Compounding the access to housing issues, there are many individuals with special needs who live in substandard housing or with families, including aging parents, because they do not have access to affordable housing or to housing that is linked with clinical and social support services. These challenges are amplified by the high cost of housing in New Jersey and the very low income of a significant number of individuals suffering with behavioral health issues.

Research by the Center for Mental Health Services (CMHS) further underscores the critical role of housing in the achievement of recovery. The provision of comprehensive, community-based outreach services can re-engage homeless individuals and help them stabilize their lives and retain decent housing. "Outreach is critical in assisting individuals who might not seek help on their own; it is often the first step in connecting someone to much-needed mental and physical health, social welfare, and housing services." In addition, a variety of support services, including screening and diagnosis, rehabilitation, community mental health treatment, alcohol and/or drug treatment, case management, and referrals to other services, job training, and education optimize the success of housing placements.

A substantial number of adults residing in state psychiatric hospitals and developmental centers remain in these centers, yet they have been determined to be clinically ready for discharge; however, they have no place to reside in the community. They are designated as "Conditional Extension Pending Placement (CEPP)". The procurement of housing and employment are two major keys to successful community reentry for persons coming out of institutions. A positive event that occurred in 2009 to address the issue of these continued stays is that the Department of Human Services (DHS) and Disability Rights New Jersey (DRNR) reached an agreement to expand community housing opportunities enabling many people with mental health and/or substance abuse issues to leave institutions to reside in community residential settings. NJAMHAA continues its strenuous advocacy to assure these individuals are discharged to safe and affordable housing with necessary support services.

In light of the dearth of safe and affordable housing, NJAMHAA strongly supports the creation of the Interagency Council on Homelessness, per Executive Order 92, which was signed April 2012. Executive Order 92 recognizes that there exists insufficient shelter for the increasing number of homeless; housing is a basic need of everyone; homelessness creates barriers to safety and health and prevents full community participation; and there is no one simple solution to homelessness. The Council is charged with developing

a 10-year plan to combat homelessness over the long-term. As a significant percentage of the homeless have behavioral health issues, NJAMHAA will be actively involved in assuring the needs of this special subpopulation of the homeless are met.

Notable among programs to address homelessness is the Housing First Program model. Housing First is an evidence-based service approach to ending homelessness that centers on providing permanent housing first and then providing services as needed and requested. In 1992, Dr. Sam Tsemberis, of Pathways to Housing in New York City, founded Housing First to address the issue of homelessness among individuals living with mental illnesses and addictions. In March 2008, Housing First was named an evidenced-based practice by the United States Department of Health and Human Services' (DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA). Studies by SAMHSA of the model found Housing First to lower supportive housing service costs to a greater extent than many other traditional housing options, and participants in Housing First tended to spend less time in psychiatric institutions than residents of other types of housing models. Typically included in Housing First programs are assessments, assistance in locating rental housing, lease negotiation, security deposit assistance, and case management, but there are variations within the basic model.

Embracing the Housing First philosophy, empowering tenants to make their own choices and determine their own needs and goals, the New Jersey Division of Mental Health Services (DMHS) funded the Mercer Housing First Demonstration Project, New Jersey's first Housing First program, which was launched in 2008. The program proved this model was a sustainable housing model to end chronic homelessness. Positive outcomes included the procurement of permanent housing, increasing the quality of life of participants, and community reintegration.

Mindful of the housing issues that abound, especially for individuals with behavioral health issues, NJAMHAA continues its legislative outreach and advocacy to not only see that funding to expand housing options and supportive housing services is available, but also is increased over time to meet the steadily rising need.

Undeniably, successful housing programs save money – particularly in the health care, corrections, and institutional care sectors. NJAMHAA continues to advocate for the protection of existing housing resources and housing support services as well as for the procurement of additional federal and state funding to assist individuals, pursuing and in recovery, to attain to the fullest extent, housing and support opportunities.

## *NJAMHAA Supports*

- ✓ A full spectrum of housing options, promoting individual independence and empowerment, while providing a safety net of support services. NJAMHAA believes that a broad range of housing options from independent living to 24-hour residential programs must be available.
- ✓ The Housing First model of supportive housing to reduce or eliminate chronic homelessness. (Although for the drug addicted client, the jury is still out on the impact of the Housing First model.)
- ✓ The development of emergency shelter and transitional housing systems in every county that provides immediate, safe, and comprehensive shelter and support services to homeless persons, and persons who are at-risk of becoming homeless. Systems should reflect county needs and preferences as much as possible.
- ✓ The direct participation of NJAMHAA providers in the development of state supportive housing policies, with careful consideration of the relationship between housing and support services, in collaboration with DMHAS and the state's consultants. There must be focused attention to resident safeguards that may become necessary as housing and services are decoupled.
- ✓ Alignment of housing, health care, and community behavioral health support service resources and networks; increased collaboration between affordable housing efforts and health care system reform.
- ✓ The exploration, in collaboration with the legislature and stakeholders, of other possible funding streams and sources to reinvigorate the special needs housing initiative that began in 2005 as the Special Needs Housing Trust Fund.
- ✓ Adequate funding of nonprofit community behavioral health providers to sustain the momentum to expand and create affordable and safe housing options for persons in recovery, as well as housing support services. There must be sufficient funding for the necessary recovery services that go along with affordable housing options for people with behavioral health histories.
- ✓ Funding for housing programs must be protected from budget cuts to maintain community tenure and avoid increased institutional expenditures.
- ✓ Addressing homelessness in tandem with behavioral health treatment to optimize recovery.
- ✓ Investment by state political leaders to promote legislation that will encourage the creation of an affordable housing stock that will address the special needs and preferences of persons with behavioral health issues.
- ✓ Close collaboration between the state and community providers to ensure there is no lapse in the treatment and services for individuals on CEPP status as they transition to the community.

- ✓ Continued advocacy, in concert with state policymakers, to ensure that municipal officials, planning board members, and the general public understand the legal rights of individuals with behavioral health issues to accessible and affordable housing. Stigma toward persons in pursuit of recovery must not be tolerated.