Permanent Housing for New Jersey’s Homeless. The Ten Year Plan.

Tag Words: Chronically Homeless, New Jersey Homeless, Permanent Housing, Ten Year Plan

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Summary: Homelessness is a huge problem not only in the United States, but around the globe. In New Jersey, the chronically homeless make up a huge portion of the homeless population, who suffer from many ills including mental illnesses and substance abuse. These chronically homeless are very resistant to and frequently outright reject any care services that are available, such as shelters and soup kitchens. A “Ten Year Plan”, otherwise known as the “Housing First Project”, has been successfully implemented in Utah; reducing the number of their homeless population by 91% by assisting in providing permanent housing. The “Housing First Project” was more recently implemented in NJ. We hope to bring awareness to this great initiative that will decrease NJ’s homelessness population by providing permanent housing with additional healthcare and rehabilitation services to the homeless.

Video Link: https://youtu.be/bNrWJf6t8Pc

The Issue: More Needs to be Done About Chronic Homelessness in NJ
While there are a multitude of social services provided by the state government, homelessness is still recognizably present in New Jersey. The current programs that are set in place to help individuals and families in need do not necessarily guarantee that they stay in a residence. In fact, most options for state-funded housing is under the assumption that the recipients of the services already have some form of income. While admirable, the amount and quality of services provided to New Jersey’s homeless and those in danger of becoming homeless needs to be improved.

Introduction (AP)
Any area one goes into, whether it is the suburbs, rural or the city, there are individuals wandering the streets without a home. These homeless individuals (and families), are often neglected and stigmatized. Homelessness is an enduring issue that goes back to the 1980s when most patients from mental hospitals and prisons were purged out with nowhere to go. From that point forward, execution of stricter strategies, decreases in subsidized housing and the reduction of funding all led to the rise in homelessness (1).

Substance Abuse (AP)
The homeless include youth, families, veterans and the chronically homeless. The chronically homeless population is often said to be the face of the homeless crowd. They are categorized as those who have a disability (mental or physical) or a disorder (like alcohol or substance abuse). Many policies have been implemented to provide treatment programs, transitional housing, shelters, and funding for welfare programs but they are not always intended for those suffering with a disorder or disability, but rather the general homeless crowd. One area of study that has been neglected in terms of treatment is the substance abuse disorders in the homeless population. These programs fail to take into account this issue as it one of the main causes and outcome of homelessness. This problem needs to be resolved, but sadly there isn’t sufficient research that has been conducted for substance abuse services for the homeless population.
Over the past couple of decades, there has been a surge in the prevalence of substance abuse disorders, especially within the homeless population. The number of homeless individuals with substance abuse issues is about 20-35 percent, with approximately 10-20 percent who are diagnosed with a mental illness as well (2). Specifically, within New Jersey, the 2015 Point-In-Time Count (PIT Report) of the homeless states that there were 10,211 homeless persons counted. Among the 10,211, about 42% were suffering with some type of disability, the highest being mental health issue or substance abuse disorder (3). There is such a high percentage because many of the people with substance abuse disorders don’t get the treatment they need. According to the National Association of State Alcohol and Drug Abuse Directors (NASADAD), in 2005, 19.3 million people didn’t receive the addiction treatment they needed. This simply could be due to lack of transportation or the high expense, or things more complicated, like the lack of insurance or lack of documentation (2). Often times, personal barriers can stop them from getting the treatment they need. An effective treatment plan needs to be implemented that helps the homeless suffering from substance abuse to ultimately reduce the number of homeless people in NJ.

What is the issue? (AP)
There are already a few substance abuse treatment plans for the homeless that have been implemented, many of which share common themes. This includes comprehensive services, integrated services, client-centered care, and uniquely qualified staff. However, as successful as these recovery treatments may be at the time, it has been reported that homeless clients usually fall right back to where they started because they don’t usually have an alcohol-free and secure place to reside after finishing treatment. It has been shown that clients have sustained much success after substance abuse treatment when residing in a sober environment with like-minded peers. Although the homeless may find this environment in transitional housing, they still are susceptible to resume drinking after their time is up because they are back to facing the hardships they originally endured. The one type of service that has not been provided in New Jersey is a permanent housing solution that incorporates substance abuse facilities (4).

Many of the homeless substance abusers that undergo treatment resort back to drugs and alcohol because they are complicated individuals who have multiple needs that may have not been met. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) has reported that those that are homeless and are suffering from substance abuse problems need services that are more tangible such as housing, income, and employment. They also need access to flexible intervention and therapy sessions. Finally, they need long-term and continuous treatment. Most of these needs can be met by a permanent housing in New Jersey (4).

Benefits of the housing plan were taken into account to see if the plan would be worthwhile in the end. This was accomplished by taking a look at some of the obstacles the homeless face and the effects the housing plan can have on them. Then, specific housing programs were researched to see if we could mirror a plan off of that.

Challenges that a plan could reduce (AP)
The permanent housing plan can reduce some challenges facing the homeless population with substance abuse issues. The first challenge is in the engagement process. Engagement is the first step in treatment. It would be thoughtless to discuss the effectiveness of substance abuse treatment without considering the main obstacles in engaging individuals into any treatment process. To homeless people, finding food and shelter takes more of a priority than to any type of drug counseling (5). They also may come across many barriers to engage in treatment such as distrust of authorities, mobility, and social isolation. Thus, the homeless population needs some type of motivation to see the value in receiving treatment for their substance abuse disorder. One way would be the provision of permanent housing, which would create a safe, non-threatening environment.

The next challenge the plan should address is retaining clients in substance abuse treatment since this issue is more intensified in the homeless. The dropout rates from treatment programs are around 2/3 of the homeless population. Homelessness can lead to a problem of relapse. Clients leave treatment programs early for a variety of reasons; some being distrust of physicians, not enough benefits, lack of support system. With a permanent housing plan, it will allow patients to have more time with their physicians and peers to build a stronger connection and also have other needs taken care of (5).

**Current Housing Program (AP)**
The “Housing First” program is one that addresses psychiatric and addictions disorders. The program seeks to provide substantial housing first and then combine housing with treatment services in different areas, such as mental health, education, substance abuse, and even employment. This has shown to be effective in reducing the number of homeless people on the street. The two main criticisms with this program are actually focused on the substance abuse treatment facilities in the program. The first is that the program is more focused on getting people off the streets rather than treating them as need be. However, research examining this method has shown to be more effective than the existing substance abuse treatment facilities for the homeless (6). The second criticism is that the treatment facilities they have incorporated are very general as they are not specific to the needs of the individuals. They use a “one size fits all” approach where only one type of treatment is facilitated amongst all of those with a substance abuse disorder (7). Overall, the Housing First Project has been successful around the country, but just making changes in these two aspects of the plan could greatly help increase the treatment efficiently.

**Treatment plans in depth (AP)**
Improvements of the specific treatment plans could be added, changed, or even kept the same in the Housing First Project. Many times homeless people might not feel the need to receive treatment or may think there is no hope for them. An effective substance abuse treatment plan called “motivational interviewing” has been shown to be effective with the homeless. It is defined as a client-centered counseling method that can alter the behavior of clients by allowing them to let their own motivation change themselves (4). This is important because, realistically people don't usually change unless they feel the need to, so raising their confidence can ultimately help them in the long run. A drawback to this method could be that it is time-consuming and it requires an ample amount of patience, but that is where the permanent housing plan comes into play. With a permanent plan, clients will enough time to recover while receiving
all the benefits they need from housing. This plan has been incorporated into the Housing First Program, and should be kept in any revised plan as well.

A well-known plan in the addiction community is called treatment matching, where the client’s needs are matched with characteristics of appropriate treatment. This has not yet been studied in the homeless population. It is usually difficult to assign this crowd a “one size fits all” type of drug because the severity of their addiction can greatly influence how effective it actually will be. Thus, implementing a plan that focuses on the specific needs of the patients can help clients see that their treatment is personalized and will be more inclined to undergo it. Moreover, this can eliminate any doubts about the “one size fits all” methods that the current plan utilizes (4). Motivational matching was assessed and found to be more beneficial than cognitive behavioral therapy since those who are undergoing addiction are already at a low point in their life, and receiving a boost of motivation will set them forward (8). Staff “styles”, where the treatment plan is strategically chosen to match client’s progress/history, also can impact treatment outcome. Utilizing different styles can explain a lot of the variance in client success; the type of variance that is generally seen in the homeless population. Social isolation, fear, and lack of trust present among homeless persons, may be more relevant for this group of people (6).

Lastly, the homeless crowd is difficult to look after, and combined with a substance abuse problem, it is even more difficult. Implementing a policy in which the staff has to take on the responsibility to monitor clients after recovery should be a necessity. A program called Portland Alternative Health Center (PAHC) provided a recovering staff person to guide newly recovering individuals 4 to 6 weeks after they’re sober so they were less likely to resort back to drugs or suffer alone from withdrawal symptoms (4). To add, they check on them to see if they are doing well while they are in their rooms. Having hourly checkups can ensure that the clients are not as likely to engage in drug use again because it is difficult to monitor the patient’s behavior while they are alone in their rooms. Including a policy based off of this within the housing plan would be beneficial in preventing relapse and responding quickly to the needs of all clients.

Bottom line - housing is crucial, but housing alone is not an adequate solution. A combination of the above treatment ideas can be much more effective and efficient than implementing just one of them. Hopefully, the goal to reduce the number of homeless people and to treat them as well can be reached in the near future.

**Welfare and Homelessness (AW)**

Homelessness can affect people from all different backgrounds. Young and old, veteran or civilian, there is a great variety to the unfortunate number of people that is left outside without a safe place to live. According to Monarch Housing Associates, 1346 out of 7441 homeless households in New Jersey had children under the age of 18 (9). Although this represents a 21% drop of homeless households in New Jersey from 2014, the number still indicates that there are at least 1346 minors wandering streets without a home. Ending family homelessness will decrease the number of children raised without a home thereby improving their physical and mental health as they grow into adulthood. Our homeless population, while diverse, can all similarly benefit from better housing programs and services.
In order to aid the homeless in New Jersey, it is important to compare the services that other states provide in relation to those provided by ours. All states have their own versions of homeless assistance programs but the ones that will be focused on in this paper will be Utah, Washington, DC, and Florida. These three states have programs already in place that have seen great success in alleviating chronic homelessness. The goal is for our state government to take aspects of each of these successful programs in order to increase the efficiency of the proposed plan.

According to the NJ state website, there is a Social Services for the Homeless (SSH) program that the state already runs in conjunction with its multiple other Homeless Assistance programs. In New Jersey, Section 8 housing is the primary program that helps provide shelter for individuals and families in need of housing, has been around since 1974 (1974 amendment of the Housing Act of 1937). By bringing additional housing programs to the state, we can more securely address the housing needs of the New Jersey homeless population.

A 2011 report from the United States Department of Health and Human Services gives guidelines for creating effective homeless assistance program SOPs. Some of these include creating a program which provides services tied directly to its goals. In other words, the assistance provided should be within reach and tailored to the target population. Another guideline was to develop relationships between those responsible for the program and local landlords. By developing these relationships between program managers and landlords involved in the housing programs, it is much easier to reach the goal of moving people into more reliable housing. The goal is to find a way to take these guidelines and implant them in New Jersey’s homeless assistance programs.

**Successful Social Programs (AW)**

In addition to the Ten Year Plan from Utah mentioned earlier, there have been other successful housing programs coming out of Washington, DC and Florida. The Permanent Supportive Housing Program (PSHP) in Washington, DC is a service that provides housing assistance for families with a history of homelessness. In this program, there is a modified lease-up process in which processes voucher applications at the same time as the housing inspection which effectively speeds up the procedure. The lease-up is completed on the first visit instead of having the family make multiple visits. This modified lease-up process that is being used by the PSHP effectively reduces the lease-up timeframes from a matter of months to several weeks.

Another housing program, the Adopt-A-Family (AAF) Re-Housing Program based in Palm Beach, Florida, differs from the PSHP in the population that it serves but similar in its expediency of finding help for families in need. Relationships between case managers, housing specialists, and local landlords make it possible to quickly move through the regular process of moving families into housing. The housing specialist works with a case manager to identify the best type of housing based on the family’s needs by providing a list of landlords who are willing to work with program participants. The apartments that the families are placed are inspected by the housing specialist as well. Finally, clients sign their own leases with landlords and AAF pays the security deposit and the first month’s rent. Landlord’s sign an agreement of their responsibilities during the period of rental assistance.

**New Jersey Welfare (AW)**
The New Jersey Department of Human Services offers social programs ranging from child care to family development to homeless assistance. Among the more applicable programs to the homelessness issue are the Homeless Prevention Program and Section 8 Housing. The populations that benefit from these two programs are low to no income individuals and families. In the Homeless Prevention Program, tenants are subsidized if they are victims of financial circumstances that they are not able to control. The program is funded by the US Department of Housing and Urban Development (15).

Section 8 Housing or the Housing Choice Voucher Program is aimed at creating safe and affordable housing for low income residents. The target population of Section 8 housing is homeless families with children, senior citizens over 62 years of age, and disabled heads of household (16). Similar to the PSHP and AAF, Section 8 Housing uses a housing voucher system in which the program pays for rent that exceeds 30% of a person’s monthly income (12). It is important to note that the program has not seen funding increases to meet demand leading to long waiting lists for assistance.

Although New Jersey programs are wide in scope and cover many at-risk populations, the homeless population continues to feel a heavy burden of complex application processes and unstable housing as most programs are temporary. Through Section 8 Housing, it is possible to grant ownership of a home to eligible applicants. However, those that actually gain permanent housing out of this situation are few compared to the total homeless population. In fact, Section 8 does not seem to have any safeguards in place to keep its recipients from permanent homelessness if they lose their income and are in jeopardy of not being able to pay rent. In other words, a program that is designed to provide permanent housing to the chronically homeless with safeguards to prevent relapsing into homelessness would be the most appropriate step forward for New Jersey.

The Family Assertive Community Treatment Program (AW) FACT (Family Assertive Community Treatment Program) is a program based in Chicago, IL that targets at-risk young mothers and aims to stabilize young families in permanent housing as well as improving the well-being of mothers and children (17). The FACT program is an example of a successful housing program that reaches a target population which is a subset of the larger homeless population. Part of what makes housing programs successful is focusing on a specific group of people and providing resources that are catered to their needs.

The 2015 homelessness statistics show a dwindling homeless population in New Jersey that is just about ten thousand people, a decrease of about 14 percent from almost twelve thousand in 2014 (18). By bringing the Ten Year Plan to New Jersey, it would be possible to decrease the size of the state’s homeless population even more. While the goal is to create a program that benefits those in New Jersey suffering from chronic homelessness, an effective program could be transferred to other states in an effort to decrease our nation’s homeless population.

Permanent Housing (LK) The homeless struggle to find the basic necessities of life such as warmth, shelter, food and safety. At the core, homelessness is a fight for humanity. There are many factors that can lead to homelessness such as disabilities (both mental and physical), domestic violence, sudden divorce,
incarceration, lack of sufficient income, or even a lack of health insurance. In the US, there are over 610,042 people that experience homelessness on any given night. In the 2015 Point-In-Time Count (PIT Report) of the homeless, it was stated that within New Jersey alone, there were 10,211 homeless persons counted. Amongst the 10,211, about 42% were struggling with a disability, the highest being a mental health issue or substance abuse disorder (19).

The number of deaths of homeless persons increases in the winter due to hypothermia. Many outreach workers and volunteers encourage the homeless population to seek warmth and shelter. So the question is, why do some people risk their life on the streets on a cold winter night over a warm shelter? An interview of a homeless man, who is diagnosed with schizophrenia, can answer the question. As a schizophrenic, he mentions “the paranoia and the fear of large groups of people,” and how some shelters are unintentionally ignorant to certain needs of those struggling with mental illnesses or substance abuse disorders. Cases of sexual assault, theft, disease, and even death have occurred in shelters. The homeless individual interviewed mentioned that on the streets, there’s only the “fear of not waking up in the morning,” whereas at the shelter, there’s much more to be concerned about (20).

Homelessness is multifaceted, as there are many problems that need to be addressed and resolved. Ending homelessness requires not only providing permanent housing to the homeless, but better services in order to aid and guide the homeless population to a new start. Stability in living conditions needs to be met first, in order for dreams to exist.

Financially speaking, caring for the homeless population as is, does not come cheap. Including money for shelters, jail stays, ambulances, hospital visits, etc, one homeless person costs the government about $20,000 a year. However, providing that same one homeless person with permanent housing, costs the state about $8,000, which includes other services that will help them transition into mainstream society. Once stabilized, the homeless person could then begin to pay the government ⅓ of their income to the government, specifically to the housing project (21).

The Chronically Homeless (LK)
Chronically homeless is defined as “a single individual with a disabling condition who has been homeless for one year or more or has had 4 separate episodes of homelessness within the last 3 years.” The chronically homeless account for 10% of the homeless population yet has the greatest impact towards the homeless service system due to their high consumption rate of resources, such as the money needed for the homeless shelters, jail stays, ambulances, hospital visits, and more. They consume up to 50% of the resources that are provided for the homeless population. In addition, the chronically homeless resist most care services, resulting in their going in and out of hospitals, emergency shelters, or even face incarceration in local jails. This is the case due to the fact that most chronically homeless individuals have mental health issues, substance abuse disorders, or physical disabilities (22).

To draw an end to homelessness in New Jersey, we would need to secure subsidies for housing through each county. For housing to be viable in this state, finding sufficient amounts of funding is crucial. Establishing trust funds within counties will be beneficial, in the long run, for homeless programs to have a base to leverage other funding. Lastly, homelessness is often misunderstood. Raising awareness of the homeless populations will bring the community
together in wanting to help make a change in this chronic homelessness. Most importantly, raising awareness not only in homelessness but in the Housing First project and the idea of permanent housing can provide a much needed incentive to end this battle against homelessness.

**The Ten Year Plan** (LK) (23 & 24)
The Housing First method was first adopted by Utah, providing permanent homes to about 91% of the chronically homeless population in the past 8 years. This proven solution is what we want to raise awareness of as well as implement in New Jersey. The plan is to move chronically homeless individuals and families, many of which are affected by mental illness or substance abuse disorders, into a permanent home, providing social, mental, and support services. Through the Utah project, it has been shown that homeless individuals, in partnership with Housing First apartments, had remarkable improvements with respect to their health problems. Even in terms of finances, “housing first” was far less costly than incarceration and emergency and institutional care. The following is the outline of the Ten Year Plan which was released by National Alliance to End Homelessness in 2000 and adopted by Utah. There are four main things the Ten Year Plan focuses on:

- Plan for Outcomes
- Close the Front Door
- Open the Back Door
- Build the Infrastructure

**Plan for Outcomes**
In order to plan for outcomes, the first step would be, like any other project, to research the local homeless population, gathering as much information and data as possible. For example, the National Health Care for the Homeless Council conducts research that focuses on the efficiency of policies and programs currently to combat the issues. Through this process, there will be a clear idea of the steps that are needed to take in order to end homelessness, pushing us to plan a process that shifts our focus on the outcome of ending homelessness. This step is to find strategies and plans that are cost-effective and easy to implement.

**Close the Front Door**
The homeless population usually consists of individuals that are in need of certain types of care and assistance such as mental health, welfare, veterans, criminal justice, child protective services, and public health systems that are provided by governmental programs. The governmental care systems need to be effective in investing in prevention of homelessness in order to not only save financially, but also in serving and helping the homeless individuals with more complex problems, as well as other individuals who may need to access the public service systems.

**Open the Back Door**
This plan focuses on providing permanent supportive housing to the chronically homeless. This helps individuals to exit homelessness quickly and efficiently. This solution provides services along with the housing, which not only benefits financially but it reduces the need of expensive public systems as well. Communities should develop, subsidize when needed, an adequate supply of affordable housing, increase funding for services, and coordinate service delivery among public and private providers.
Build the Infrastructure

Providing housing does not resolve everything. Homelessness, as mentioned before, is multifaceted. Building the infrastructure is a first (huge) step but then we need to help homeless individuals get the benefits and aids they need such as food, healthcare, and other services the need. This step would focus on expanding services that support housing stability, such as rental and utility assistance. This step would also connect social workers and business partners with the homeless population to widen the employment opportunities once their housing situation is resolved. These interventions would then be assessed to determine whether certain education and employment needs are being met (25).

Outcomes of Ten Year Plan in Utah (LK) (26)

In Utah, about 90% of the clients who were a part of the Housing First project had psychiatric impairment, where the individuals were diagnosed with schizophrenia, mood disorders, or other psychotic disorders. In response to the high percentage, the Housing First project implemented three programs that provide services to help target these mental illnesses. The three service programs that Utah provided were Downtown Emergency Service Center (DESC), Assertive Community Treatment (ACT), and Reaching Out and Engaging to Achieve Consumer Health (REACH). The DESC provided homeless clients with access to case managers that helped with clinical mental health and substance abuse. Also, DESC provided weekly meetings for the homeless patients to see a psychiatrist in their homes. The ACT worked similarly to DESC, as they have a psychiatrist team that regularly meets up and schedules appointments with the homeless, following up with them and receiving feedback in their current state. Lastly, REACH provided psychiatric aid to the homeless population where specific case managers reached out and referred them to special programs if needed. Through these psychiatric service programs, it was stated that 33% of the homeless population showed improvement in their psychiatric state.

The struggles that come with working with the mentally ill still exist, however, the Housing First Project is delivering positive outcomes in supporting and meeting the needs of the chronically homeless population. To avoid any severe housing problems, the homes are supervised by staff at all times. The staff promotes independence within the housing facility, thus only intervening when serious problems arise. Many staff providers are cautious and expect limited improvement, depending on the severity of the psychiatric impairment or substance abuse the homeless individual may be experiencing. Their anticipation is correct as there are no huge improvements in the mental state of the individual. However, according to the case managers, there are steady improvements being made and also, the stability that comes with housing does provide independence which has slightly increased the income levels of the homeless population that are in the Housing First Project.

Community Action - What next?

After almost a decade, there was much progress with the ten year plan in Utah, with a 72% decrease in the number of chronic homeless, from almost 1,800 to less than 500. On top of that, the program actually ended up saving Utah money. This is due to the fact that providing the homeless with housing cost less than the emergency bills alone. Medical, legal and justice system costs also decreased by simply providing housing. Seeing such progress only made us hopeful that the same can occur in New Jersey if an emphasis on such a plan was made. The plan can simultaneously decrease the homeless population, as well as save New Jersey money--a win-
win situation. Granted, it will take a lot of time, dedication, and money up front, but it would be worth it in the end (27).

To get started on the matter, the Housing First Project and the Ten Year Plan is on its way of being implemented in New Jersey. In an effort to add momentum in establishing and implementing the Housing First Project, we are writing a Letter to the Editor of the NJ Star Ledger to Richard Vezza to raise awareness of what this project is providing for the chronically homeless population. Our group would like to provide further information to the general public of the importance of this project and how the community can help and partake in the Housing First Project. Our efforts are to gather as many volunteers as possible in order to speed up the process.

Volunteers play an important role in implementing the Ten Year Plan in New Jersey. A group known as Volunteers of America has been very active in providing aid through volunteers to find areas to provide affordable housing, provide drop in services in the centers provided, and etc. The Volunteers of America group was started in Louisiana after their implementation of the Ten Year Plan. Volunteers are crucial to not only raise awareness, but also to maintain the Ten Year Plan. For more information, interested volunteers could contact the President and Chief Executive Officer of Volunteers of America, Janet Pace at jpace@voagbr.org.

NJ Star Ledger
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Letter to Editor to Richard Vezza, Editor of the NJ Star Ledger

Dear Editor Vezza,

We are writing to express our interest in publishing the following letter to raise awareness of the chronically homeless population in NJ and how we can bring about change through the Ten Year Plan.

We have written a letter to inform the general public about the increasing number of the chronically homeless population and NJ’s plan to bring about reform in helping the homeless. New Jersey will be implementing a Ten Year Plan, similar to that of Utah’s to provide the chronically homeless population with permanent and affordable housing. These permanent homes would have other social services, such as rehabilitation, psychiatric, and more. We are writing this letter to gather many interested volunteers to further speed up and to also maintain the Ten Year Plan. The volunteer group, Volunteers of America, has been crucial to maintaining the Ten Year Plan that was implemented in Louisiana. We need volunteers to not only spread awareness of the Ten Year Plan, but also to help hands on in volunteering at the facilities, gathering funds, etc.

The Ten Year Plan in Utah has been successful in decreasing the homeless population by 91%. It is certain, that with the implementation of the Ten Year Plan in New Jersey, the chronically homeless population will decrease.

Thank you so much for your consideration in publishing this letter. We hope to hear from you soon.
Letter to be published:

In the US, there are over 610,042 people that experience homelessness on any given night. In the 2015 Point-In-Time Count (PIT Report) of the homeless, it was stated that within New Jersey alone, there were 10,211 homeless persons counted. Amongst the 10,211, about 42% were struggling with a disability, the highest being a mental health issue or substance abuse disorder.

In order to combat the chronically homeless population in NJ, we have researched and found a plan that has proven to be successful. Utah’s Ten Year Plan, which provides permanent housing to the homeless, as well as healthcare and rehabilitation, has been shown to decreased the chronically homeless population by 72% and improve the psychiatric state of the homeless population by 33%.

If and when the Ten Year Plan is implemented, we would expect to see many different changes and reforms. We would expect reduced numbers of chronically homeless population in New Jersey with the provision of permanent housing and supportive services. The care and rehabilitation services accessible to the residents that are in need. The Ten Year Plan would also provide opportunities for the homeless population to seek and fulfill educational or employment needs as necessary, along with connection to more employment opportunities, with the help of social services.

In terms of finance, caring for the homeless population does not come cheap. The government spends about $20,000 a year on one homeless person which includes shelters, jail stays, and ambulances. It is estimated that implementing the Ten Year Plan would cost the government about $8,000 per individual, which includes the permanent housing along with other services that will help the homeless transition into mainstream society.

We want to take this opportunity to raise awareness in bringing forth volunteers that would like to partake in this project and help in supporting this project. Volunteers have been crucial in the Ten Year Plan that was implemented in Louisiana. The group Volunteers of America has been strategic in enhancing quality services, gathering funds, and much more. People interested in volunteering should contact Ms. Janet Pace at jpace@voagbr.org to get more detail in regards to how volunteers can help in implementing and maintaining the Ten Year Plan in New Jersey.

We hope you join in on not only raising awareness about the chronically homeless population, but also to help implement Utah’s Ten Year Plan in New Jersey.

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References