



Community Housing Program  
New Hampshire Judicial Branch  
Proposal for Funding to Opioid Abatement Trust Fund and Advisory  
Commission

“I have been fortunate enough to experience a stress free and for the most part, smooth re-entry into the community from incarceration. I would like to give credit mostly to the CHP funding I have received.” Cheshire County DC

“From the outside looking in, it may seem like all I was given from CHP was funds for a place to live. Truly, it was so much more. To summarize, I was giving a new life. The community housing program is the foundation of my life. Without this foundation I would have never had the chance to stand up and fight my addiction. I can confidently say the Community Housing Program has saved many lives including mine.” Merrimack County DC

## PROGRAM OVERVIEW

To remain successful in recovery and significantly decrease chances of recidivism, safe and reliable housing is imperative. The Community Housing Program (CHP) is an innovative program established by the New Hampshire Judicial Branch that operates in collaboration with the Department of Health and Human Services and the Department of Corrections to address that need. The Community Housing Program’s purpose is to provide temporary housing assistance to qualified participants across the Granite State with individualized housing plans to achieve the overarching goal of long-term recovery and self-sufficient housing. New Hampshire is the first in the nation to establish a Community Housing Program. The Program has demonstrated success and is serving as a model for other states in providing an innovative, effective solution to a complex problem.

To be accepted into the Community Housing Program, an individual must meet all the following criteria:

- is diagnosed with a substance use disorder (SUD)
- is engaged in one of the following:
  - NH Adult Drug Court Program;
  - Family Treatment Court; OR
  - Under active parole supervision from incarceration at a state correctional facility.
- is at risk of homelessness or is actively homeless

The CHP establishes contractual relationships with a variety of housing vendors to best serve the diverse level of needs in our state. These diverse needs are categorized by the CHP as follows:

1. Immediate/Emergent (i.e., shelters)
2. Temporary/Bridge Housing (i.e., transitional living homes, sober living homes)
3. Long-term Housing (i.e., apartments and other rental spaces)

The CHP works with the Program with which the participant is involved and the other state agencies that are engaged to determine the housing needs necessary to support recovery of the individual. The CHP can be nimble and responsive in terms of timeline and individual participant needs; for individuals who do not have stable housing, their needs are often emergency/without much notice, and each individual has unique needs to be considered. The CHP can respond quickly, assessing for eligibility and contracting with a housing vendor for a bed in a matter of 3-5 days in some cases. This ability to be responsive to individual timelines and needs makes the CHP a program that can meet participants where they are at and provide a realistic, short-term pathway to support recovery and self-sustainability, utilizing support systems already in place.

## PROGRAM DATA

Since 2020, the CHP has accepted 790 individuals as eligible for support.

- 577 of those individuals have received support
- 43 individuals are currently actively in housing placements receiving support
- 91 individuals are eligible and currently actively searching for housing placements\*

*\*Without additional funding, our capacity to provide support to this group will be severely limited and continue to grow as new applicants are determined to be eligible.*

- Of the 534 individuals who have received housing (not including those in housing currently), 368 of those successfully completed the program, meaning they successfully transitioned to self-pay or to another sustainable housing placement. This is a nearly 70% success rate.
- The other approximately 30% of individuals who received housing but did not successfully complete the program include a variety of outcomes including:
  - Relapse, requiring higher level of care
  - Non-compliance with sober living rules
  - Absconding
  - Transition to a housing placement not supported by CHP
  - Termination from Drug Court or Maxing out of parole prior to stabilization

Program Demographics:

- Race: 93% White; 4% African American; 1% Asian; 1% Native American; 1% Multi-Racial
- Ethnicity: 93% Non-Hispanic; 7% Hispanic
- Gender: 77% Male; 22% Female; 1% Transgender or Non-Binary
- Age: 5% 18-25; 63% 26-40; 31% 41-60; 1% 60+
- Other: 2% US Veteran

## CURRENT FUNDING GAP

The NHJB launched the CHP in 2020 with a grant from the Governor’s Commission on Alcohol and Other Drugs which is managed by the NH Department of Health and Human Services (DHHS). The purpose of this funding is to reduce the rate of recidivism and relapse within the qualifying population by supporting their recovery progress, and by assisting in access to necessary and safe housing options.

The NHJB has received a \$950,000 grant per year from the Governor’s Commission on Alcohol and Other Drugs which is managed by the NH Department of Health and Human Services (DHHS) to carry out the CHP. As the program has grown it has been able to serve more qualified participants. At the same time, the cost of housing has increased, causing the need for increased funding to become critical. In the past year, the CHP has seen a 62% increase in housing costs, due to both an increase in the number of participants and the market cost for housing. The average cost of transitional/sober living, the CHP’s most common type of housing accessed, has increased by over \$400 a month per unit since the onset of the CHP in 2020.

To meet the current need for housing as our program operates currently, the CHP would require an additional \$400,000 for the remainder of FY24 and FY25 and increase by an additional \$250,000 per year for FY26 and FY27. See included budget for details.

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## PROGRAM EXPANSION

Currently, the CHP is limited to providing support to individuals with SUD who are engaged in the NH Adult Drug Court Program; the Family Treatment Court; or are under active parole supervision from incarceration in a state correctional facility. There is a significant need to expand the CHP to include individuals with SUD who are on probation or participating in MHC (Mental Health Courts). The CHP is a program that has been shown to produce positive outcomes and can be structured to serve a new population effectively.

As we have already developed significant, collaborative relationships with stakeholders such as DHHS and the DOC, as well as housing vendors throughout the state, and developed program policies and procedures, an expansion of the CHP to include a new population would require significantly less program development time. The CHP is committed to expanding this successful program to serve these additional groups, but sufficient additional funding is necessary to do so. The plan would be to replicate the existing program and funding for those on probation and those participating in Mental Health Courts in year one of the expansion. Given the population of those on probation is larger than the existing populations, the plan would be to expand the program in years two, three, and four to serve more participants. To do so, the CHP would need multi-year funding beginning with \$1 million in FY25 and increasing by an additional \$500,000 per year for FY26 and FY27. See included budget summary for details.

***The funding received from the Opioid Abatement Trust Fund would be used only for participants in the existing and expanded programs experiencing Opioid Use Disorder.***

## EXPANSION OUTLINE

### YEAR 1

The program expansion would start with data and information collecting from stakeholders. From there, the CHP team would utilize the existing structure, making changes as appropriate based on this research to best serve this population. Additional CHP staffing would be added as necessary, consistent with the current model. The CHP would begin accepting applications and providing housing to participants under the expansion by the end of Quarter 2 or early Quarter 3 of FY25.

### YEAR 2

In FY26, the CHP would continue to grow and evolve the expansion of the program to individuals on probation and MHC diagnosed with OUD. The CHP would continue to seek and incorporate feedback into the expansion structure to ensure the program is operating and serving participants effectively.

### YEAR 3

In FY27, the CHP would continue to grow and evolve the expansion of the program to individuals on probation and MHC diagnosed with OUD. The CHP would continue to seek and incorporate feedback into the expansion structure to ensure the program is operating and serving participants effectively. The NHJB and other funding stakeholders would seek continued, sustainable funding sources to maintain the program, both existing and expansion, long-term.

Evaluation of the CHP is essential to ensuring long-term program and participant success. Currently, the program collects critical data including demographics and reason for program exit. Upon exit from the CHP, every participant is asked to complete a survey that collects information about their stability status as compared to when they enter the program, i.e. employment status, if they have a license, continued care plan, and other key metrics. With the expansion of the program, the CHP also intends to expand on program evaluation efforts.

The CHP will further build collection and evaluation of data into the program as it relates to the following identified program outcomes:

- Participants will have increased success in their recovery trajectory.
- There will be a significant decrease in the chances of recidivism for participants of CHP.
- Participants will maintain and achieve milestones that are essential to long-term stability, including safe housing, employment, reliable transportation, and access to treatment.

NHJB will partner with a third party to conduct a comprehensive and unbiased evaluation of the program during FY26 and FY27. The CHP will continue to conduct collection of data prior to receiving services and at the time of program completion. The third party evaluation partner will conduct data collection and evaluation at longer-term intervals after program completion. These post-program data collection points will gather data such as current housing status, employment status, any further involvement with the criminal justice system, and status of their SUD/OD treatment plan. In order to ensure maximal participation in these surveys, participants will be offered small incentives to compensate for their time.

The data collected from the CHP program participants will be evaluated by the third party partner to measure program effectiveness and success toward the identified outcomes. Program data will be shared with funders and other stakeholders at regular intervals as requested to meet all reporting requirements.

## SUMMARY OF PROPOSAL FOR FUNDING

<b>FY24</b>	\$400,000 to increase current funding for existing Community Housing Program for individuals diagnosed with Opioid Use Disorder (OUD)	NA
<b>FY25</b>	\$400,000 to increase current funding for existing Community Housing Program for individuals diagnosed with (OUD)	\$1,000,000 to pilot expansion of Community Housing Program to include those on probation and Mental Health Courts (MHC) with OUD
<b>FY26</b>	\$650,000 to increase current funding for existing Community Housing Program for individuals diagnosed with OUD	\$1,500,000 to expand Community Housing Program for those on probation and MHC with OUD
<b>FY27</b>	\$800,000 to increase current funding for existing Community Housing Program for individuals diagnosed with OUD	\$2,000,000 to expand Community Housing Program for those on probation and MHC with OUD
<b>Total</b>	\$2,250,000.00	\$4,500,000.00
	<b>Full Proposal Total:</b>	\$6,750,000.00

## PARTICIPANT SUCCESS STORIES/TESTIMONIALS

Participant A entered sober living from the New Hampshire State Prison in March 2023. When he arrived, he was able to utilize CHP funding to allow him to get on his feet. He struggled when he first arrived trying to find a decent job due to his extensive criminal background. He put in the effort on his job search and was able to obtain a full-time job that had benefits. He also worked hard on his recovery program. He immediately got a sponsor, he attended numerous recovery meetings weekly, and became involved in the local recovery community. He was an asset within the recovery residence encouraging his peers to attend meetings with him. He maintained a positive work/life/recovery balance. He maintained his sobriety and moved into his own place in October 2023, which would not have been possible without initial support from CHP.

Participant B entered sober living with only a trash bag of clothes. He received support from CHP for a short time until he was able to stabilize and access employment, then transitioning to self-pay. After 18 months in sober living, he was able to move into his own apartment. He shared that without CHP, that wouldn't have been possible.

Participant C entered sober living utilizing CHP support. She was able to maintain her sobriety for the longest period of time she had ever achieved. She shared that having access to CHP support to help her stabilize before taking on the financial responsibility of housing helped save her life.

Sober Living Partner A shared that they value their relationship with the CHP and have success with participants in their homes.

Sober Living Partner B shared that partnering with the CHP has resulted in countless success stories of participants paroling out to their homes and succeeding in recovery; some of these participants go on to become peer leaders mentoring new participants, creating an incredibly impactful cycle of support.

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