

NYC FUSE Reentry Housing: A Scalable, Data-Driven Solution for a "Wicked Issue"

By Martin F. Horn and Ryan J. Moser

On February 15, 2014, Jerome Murdough died on Rikers Island while in the custody of the New York City Department of Correction. He "baked to death" in a cell where the temperature exceeded 100 degrees.¹ Murdough was 56 years old, a former United States Marine who had been arrested for the misdemeanor crime of Criminal Trespass after he was found sleeping in a stairwell of a New York City Housing Authority project.²

Murdough had been arrested eleven times previously for trespassing, drinking in a public place and minor drug offenses.³ He had no history of violent behavior but had been previously diagnosed with a mental illness and had been prescribed anti-psychotic and anti-seizure medications.⁴ Nonetheless, he was not taken to a psychiatric hospital nor was his case brought to one of New York City's mental health courts for adjudication of his criminal conduct.⁵ Instead, for want of \$2,500 bail he went to jail and remained there a week until his death.⁶ His death brought to the forefront the acute problem facing New York City, the other counties in New York and jails throughout the country: the sometimes fatal intersection of mental illness, homelessness and imprisonment. His death is a good example of what has been termed a "wicked issue" that, according to our colleague Nick Freudenberg at Hunter College, "is a social problem in which the various stakeholders can barely agree on what the definition of the problem should be, let alone on what the solution is."⁷

This wasn't a new problem; as recently as March 2011 New York City Mayor Michael Bloomberg established a task force of City agency heads to develop and implement strategies to improve the City's response to people with mental illness involved with the criminal justice system.⁸ Throughout the state, as prison and jail populations have dropped, the concentration of the mentally ill remaining in prisons and jails has nonetheless increased.⁹ Often, theirs are the most difficult cases for the courts to adjudicate. And their complex constellations of problems—homelessness, mental illness and court involvement—implicate multiple agencies, crossing jurisdictional boundaries in ways current systems were never intended to address. Even more recently, on June 2, 2014, New York City Mayor Bill de Blasio created a similar task force to provide him with a plan by September 2014 to reduce the



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rate of incarceration among New Yorkers with mental illness.¹⁰

But, in the beginning, as early as January 2003, Martin Horn, recently appointed Commissioner of the New York City Department of Correction (DOC), and Linda Gibbs, Commissioner of the New York City Department of Homeless Services (DHS), found themselves sharing an elevator in the building where both their offices were located. During that elevator ride they discovered that they shared a problem and a challenge. Out of that elevator ride came the beginning of a shared solution and a unique experience in breaking out of the "silos" that so often characterize government bureaucracies.

Each had been appointed by Mayor Michael Bloomberg, who in his first years in office was facing large budget deficits and was asking his City agencies to "do more with less." Gibbs had been charged to address the tremendous drain on city resources caused by the demand for housing with more than 8,000 single adult homeless persons residing in the City's shelters and a Mayoral five year plan to reduce homelessness by two thirds released in June of 2004.¹¹ Horn was similarly working on reducing the cost of incarceration without compromising the safety and security of the City's jails.

As they spoke that day they realized that the populations they were working with were the same. Independently their research had uncovered the fact that large numbers of their "clients" had at one time or another been "clients" of the other. They began to suspect that there were a core number of people who continuously circulated between their two institutional systems. Out of that elevator ride came agreement to work together to quantify and identify the people who were driving so much demand for these costly city services.

"A data match revealed that thirty percent of individuals found in a DHS adult facility had at least one DOC admission whereas nearly 90% of individuals matched were in shelter after leaving the DOC, with around half entering a shelter within two months."¹² Whether jail led to homelessness or homelessness led to jail seemed irrelevant. It quickly became apparent that they needed each other to solve their shared problem.



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By February 14, 2003 the two had convened

an "Advisory Breakfast" of experts in government and in the field of housing and homelessness assistance to discuss ways to prevent the entry of formerly incarcerated persons into the shelter system. At this meeting, which was attended by City and State officials, as well as a few leaders and experts in the field of criminal justice and homelessness, debate arose quickly regarding whether or not homelessness could be prevented by either improving Corrections-based programming (i.e. improved discharge planning) or the development of new community-based programs. From this discussion, it was evident that neither solution was solely capable of addressing the problem, and that finding a solution demanded further deliberation, if not indeed collaboration.¹³

Gibbs and Horn quickly saw that addressing the challenge would require the participation of multiple government agencies in addition to their own as well as participation by an array of private sector partners. Out of that initial "Advisory Breakfast," where "buy-in" was obtained from several other significant city and state agencies (New York City Housing Authority, City Department of Housing Preservation and Development, City Human Resources Administration, State Office of Temporary and Disability Assistance) grew a plan to convene a "collaborative" effort of government and private sector partners to address the twin issues of shelter and "jailing."

The purpose of this effort, which came to be known as the New York City Discharge Planning Collaborative, was "to assess the current state of affairs, take an inventory of available resources, and determine who does what best, allocating and taking responsibility."¹⁴ Ultimately over forty city and state agencies and private sector organizations (including the Corporation for Supportive Housing, Palladia, Fortune Society, Osborne Association, Bowery Residents Committee, Common Ground, Legal Action Center, Women's Prison Association, Samaritan, CASES, Center for Employment Opportunities, Bronx Defenders and others) participated in the effort.¹⁵

As part of their leadership and vision, Horn and Gibbs made a decision at the outset that...[became] central to the collaboration's success: they laid down two explicit rules. Indeed, these rules help[ed] constitute the group's sense of identity, as evidenced by the fact that they are constantly repeated by collaboration members.... The first of the commissioners' explicit rules: in order to participate, each member had to contribute some-

thing concrete. The second: everybody who participates is there to work together on achievable goals, not to point fingers or to complain.¹⁶

In October 2006 the entire group agreed on the following mission statement:

We envision a City in which every person who is incarcerated or in shelter leaves better prepared to become a law-abiding, productive and healthy member of society. We envision a city that uses jails and shelters as a last resort and offers a wide range of other interventions. We seek a coordinated and comprehensive public-private partnership which offers people leaving jail and shelter viable pathways to housing and employment as well as services including, drug treatment and education.¹⁷

Early on, the group identified several cross-cutting issues that contributed to the flow of people into and out of jail and shelter. These included,

a) those that stemmed from individual characteristics or needs ("overwhelming lack of educational ability," "existing medical problems such as HIV/AIDS, diabetes, hepatitis"); b) those that pointed to institutional practices within either jails or shelters ("lack of diversion programs before being imprisoned," "those released touch numerous city agencies which do not connect with each other"); and c) those that pointed to the disjointed and fragmented nature of service delivery and agency functions ("lack of coordination," "different departments have different population priorities").¹⁸

Two specific issues among these were identified as serious barriers to successful reentry to the community following a jail or shelter stay: termination of Medicaid benefits upon incarceration and denial of access to public housing, including with relatives, and denial of rental assistance (Section 8)¹⁹ housing for persons convicted of crime.²⁰

Focusing on the housing issue, the collaborative began to assemble data in an effort to quantify and "map" the intersection of homelessness and jail. "This data analysis sought to locate the heaviest users of both systems [who] utilize the most resources and are the least stable, by sorting out individuals who had at least 3 episodes between DOC and DHS during the time period 2001-2002 where the individual also had to have entered DHS sometime following a DOC discharge."²¹

Using this proxy definition, the data analysis identified 3,634 individuals who spent an average of 82 days in jail and 93 days in shelters over a two-year period—in other words, nearly 6 months worth of cycling between the institutions within a span of two years. The top 25% of these users were 909 individuals who each spent on average more than one year (397 days) out of the two-year period in both institutions! Case analyses revealed that many of these individuals cycled rapidly between jails and shelters, often staying little more than a few days at a time in either institution.²²

And, because this was a citywide problem transcending both DOC and DHS it required solutions outside both agencies; it presented an extraordinary opportunity to affect a population that neither agency is equipped to handle on its own, yet one that affects multiple systems.

Lack of access to safe and affordable housing was a common thread that united these agencies and drove the continued involvement with both jail and shelter. And, although it may seem counter-intuitive for a group identified by a data match with DHS, the people on the list were often not considered to be technically homeless because periods of incarceration are times when an individual is considered to be “housed” by the state. The same is true for other types of institutional care such as hospitalization and residential drug treatment, both areas which anecdotal evidence pointed to as a common occurrence for the group. The effect is the same for the shelter system as it is for corrections and public health, frequent users of corrections and jail hit every part of public crisis services. They are on everyone’s list but their complex involvement generally makes them a lower priority for each individual system.

This pattern had been identified in studies of shelter use in New York which identified the three types of homelessness: 80% of shelter stayers were termed transitional and characterized by short stays that would often resolve with limited or no assistance; 10% were termed chronic with long, often uninterrupted stays in the shelter system that spanned months or years that would likely require intensive intervention; and the third group was termed episodic, characterized by repeated stays of short to moderate length which seemed to indicate involvement in other systems and no clear picture of an appropriate intervention.²³

The frequent user data match in New York was one of the first opportunities to understand where “episodic” people were going between shelter stays. And it was a phenomenon that was beginning to gather national attention. At the same time that the Discharge Planning Collaboration was tackling this issue, Malcom Gladwell, later famous for his book *The Tipping Point*, wrote an

article called *Million-Dollar Murray*, highlighting the story of a police officer working with a man named Murray Barr, a veteran with severe addiction disorders bouncing between detox, jail and homelessness.²⁴ Murray’s cycle of crisis systems had racked up over a million dollars in public costs, much more than the cost of providing housing and services to help him live stably in the community.²⁵ Mr. Gladwell could have been writing about someone from the New York City frequent user list. A de-identified data match of the frequent user list with the Office of Alcoholism and Substance Abuse Services system revealed an average of 14 episodes of drug treatment, the majority of which were for crisis detox and DOC records showed that 20% of the population was identified as Brad H members,²⁶ a class action distinction for people identified with serious mental illness and requiring the city to provide people who have received mental health treatment or have taken medication for a mental health condition while in jail with discharge planning.²⁷

National research showed that the overlaps between corrections, health, and homelessness apparent in New York frequent users was anything but unique. A GAINS Center and Council of State Governments study showed that 16.9% of adults entering five jails suffered from serious mental illness, a rate three to six times of those in the general population.²⁸ A Bureau of Justice Statistics report found that inmates with mental health issues were twice as likely to have become homeless in the year before incarceration.²⁹ And Metraux and Cullhane documented that the already high rate of 10% of entering prison and jail were homeless in the months before incarceration doubled when looking only at inmates with mental illness.³⁰

The interplay of homelessness and criminal justice involvement after release was just as bleak. The Vera Institute found that people discharged from prison who then went to shelters were “seven times more likely to abscond from parole....”³¹ Similarly, “The Georgia Department of Corrections determined that, with each move after release from prison, a person’s likelihood of rearrest increased by 25 percent.”³²

As a counterpoint, evidence showing that supportive housing could have positive effects on public safety was beginning to emerge. The study of the New York, New York Supportive Housing Agreement showed that the number of criminal convictions for people placed into supportive housing decreased by 22% and days incarceration decreased by 73%, while both increased among the comparison group.³³ Fortunately, New York City had been creating supportive housing options like this—affordable housing paired with services to promote stability—for over a decade. The city had one of the most sophisticated and largest supportive housing inventories in the country. This provoked some foundational questions:

- What was preventing frequent users of jail and shelter from accessing supportive housing?

charge Planning Collaboration were able to provide matching resources through service contracts for people with mental health, addiction or HIV/AIDS that could be used for frequent users that met their clinical focus.

The next step was the NYC Department of Health and Mental Hygiene, where the Frequent User Workgroup identified supportive housing properties intended for people with serious persistent mental health diagnoses that were being newly developed or where vacancies could be set aside through turn-over. CSH then approached the service providers to convince them to participate in the pilot. It was a hard sell. Many agencies accustomed to providing supportive housing for people that were homeless with mental health and addiction issues were frightened by the criminal justice overlap. More than one agency said that the pilot wouldn't work because "*that population can't be housed.*" However, others saw similarities in the clients they currently served, and were willing to participate, pending additional service funding to assist with outreach and help people stabilize during a critical time period after moving into housing.

The workgroup approached philanthropy to fund this last critical gap in specialized services. The JEHT foundation, a national foundation that focused on criminal justice issues, responded to the request agreeing to provide \$6,500 per unit for services to outreach and provide stabilization supports. There was one catch, JEHT would provide the service enhancement only if the Office of Management and Budget (OMB) committed to continuing the program if it was shown to be effective. Horn and Gibbs were able to leverage that unprecedented agreement from OMB and were able to bring in John Jay College to conduct an evaluation for the pilot.

Step 4: Create an Acronym

As everyone knows, no pilot initiative can be officially launched without a good acronym, so the **Frequent User Service Enhancement (FUSE)** program was christened. Enough resources were identified to place 100 frequent users into permanent supportive housing. Nine housing and service providers agreed to partici-

pate in FUSE: Bowery Residents Committee; The Bridge, Brooklyn Community Housing and Services, Common Ground, Jericho Project, Palladia, and Women's Prison Association to provide supportive housing; and Samaritan Village would assist with outreach. These groundbreaking providers, along with intensive support from government, CSH, evaluators and philanthropy, undertook what would become a national model and one of the first examples of supportive housing dedicated to frequent users of public systems.

Delivery, Evaluation, and Replication

Implementing FUSE proved just as challenging as its design. DOC, DHS, and CSH participated in an interagency workgroup that met regularly for three years as the program was launched, tweaked, and evaluated. The interagency work group worked diligently to engage, refer and help stabilize FUSE tenants in housing over roughly a two-year window. There were significant bureaucratic obstacles to deal with, ranging from lack of identification to navigating the nation's slowest Section 8 application process. Organized in the model of a structured learning collaborative, the implementation workgroup was able to: bring in technical assistance for clinical and operational challenges; address criminal justice barriers to accessing benefits and services from city agencies; and jointly document, share and develop successful strategies and emerging best practices. Some of the key lessons learned included:

- *In-reach to jail and shelter*—Traditional supportive housing referral and application processes are driven by an applicant's ability to effectively participate in an often elaborate and lengthy process. FUSE clients were often difficult to find, non-compliant with program requirements and faced persistent barriers to housing. Actively recruiting and supporting the application process was essential. Multiple points of contact in shelter and jail were required to support applicants and build trust.
- *Low-threshold entry and an "anything it takes" service approach*—The complex and rapid churning through public systems make engaging people to prepare for housing both challenging and unproductive. By incorporating low-threshold services and harm-reduction strategies, providers can increase successful applications and better support housing retention and clinical engagement.
- *Technical assistance*—Training provided on criminal justice, mental health, addiction and low threshold services, cognitive behavioral therapy, and navigation of the criminal justice system as well as tech-

nical assistance to foster shared learning between stakeholders enabled service providers to deliver relevant and informed services.

- *Executive participation*—Involvement of decision makers from non-profit, intermediary, and public agencies throughout the implementation phase was essential to overcome barriers to housing do to overlapping resources and new processes inherent to the pilot design.

These and other process lessons were accompanied by an evaluation conducted by John Jay College, which used a “comparison group quasi-experimental design” to analyze administrative data and demonstrate the effectiveness of the program in promoting housing retention and reducing jail and shelter utilization. The evaluation looked at the twelve months following housing placement, and showed that 91% of FUSE tenants retained their housing, that jail utilization was reduced by 53%, and shelter utilization was reduced by 92%; and a cost analysis compiled by CSH used average daily rates for shelter and jail to show the economic impact of the program producing cost offsets of \$7,231 per participant in the same period, 69% greater offsets than the comparison group.³⁶

This promising data proved two points: 1) the assumptions that FUSE participants would be unable to maintain housing due to their significant barriers to stability were unfounded; and 2) the program was generating public spending reductions for jail and shelter. The Office of Management and Budget felt that further evaluation was needed to fully fund the program, but due to the promising nature of the results authorized additional city investment to fund a portion of a second round of FUSE. DOC and DHS were allowed to fund 50% of the service enhancements for a second round which was matched by re-granting funds from the Robert Wood Johnson Foundation through a national CSH reentry housing initiative.³⁷ The service enhancements were paired with additional housing vouchers from NYCHA and the Department of Housing Preservation and Development, along with supportive housing resources from the Department of Health and Mental Hygiene.

For the second round of the pilot, philanthropic funds from the Robert Wood Johnson Foundation, the Jacob and Valeria Langeloth Foundation, Open Societies Foundation and CSH were dedicated to fund a more robust evaluation. The research design included analysis of administrative data from DOC and DHS, as well as structured interviews with participants and a matched comparison group every six months over two years. Two new providers were brought on board, CAMBA and Pathways to Housing, and the second round was launched.

CSH was able to use the experience with NY FUSE to seed replication efforts nationally. CSH developed a blueprint for FUSE that lays out a systematic approach to developing a high utilizer initiative underpinned by

three pillars: 1) “data-driven problem-solving”; 2) “policy and systems reform”; and 3) “targeted housing and services.”³⁸ These pillars set a concrete process to help a community adapt the FUSE model to reflect local context, resources, and priorities. A few examples:

- Hennepin County (Minneapolis), Minnesota—Hennepin FUSE was an early FUSE replication seeded through CSH’s Returning Home Initiative with grant support from the Robert Wood Johnson Foundation. Hennepin FUSE targets high users of corrections, mental health services and homelessness for supportive housing in a low threshold model that prioritizes community integration.
- State of Connecticut—This initiative was directly spurred by a peer-to-peer visit to New York of public agency representatives from Connecticut’s behavioral health, corrections, and housing departments along with key community stakeholders from the homelessness and supportive housing sectors. The initiative is an adaptation that reflects Connecticut’s unified correctional systems and has created 120 units of FUSE housing fully funded by the State’s behavioral health system. Correctional funding is being considered for further expansion that would include participants with prison sentences in addition to the short stays that characterize Connecticut FUSE.
- Mecklenburg County (Charlotte), North Carolina—MeckFUSE, as the initiative calls itself, was funded through repurposing of existing county funds that were being used for a recidivism reduction program targeted to high utilizers that was underperforming. The county did a scan of reentry programs that were supported by evaluation and had strong outcomes in reducing recidivism for homeless individuals and decided on FUSE as the best fit for their needs. Over a one-year period, the county convened an interdisciplinary group to review data, create a priority population, develop a program model for supportive housing, and solicit for a service provider. Urban Ministry Center was selected as the provider in 2012 and the program’s housing is now fully leased. University of North Carolina Charlotte is conducting a full evaluation.
- Other cities, counties and states in California, Illinois, Colorado, Florida, Michigan, Nebraska, Rhode Island, Texas, Virginia, Washington DC, and Washington have implemented or are designing FUSE models to address this pressing need.

FUSE has impacted federal programs and priorities ranging from the Department of Justice’s Second Chance Act to the Corporation for National and Community Service. The model is also informing new and exciting efforts to pursue Social Impact Bonds and Pay for Success Contracts such as an initiative announced by Denver’s Mayor

Michael Hancock in June 2014 to develop an \$11 million annual program to provide supportive housing for 300 of the homeless frequent users of systems who cumulatively spend over 14,000 jail nights and visit detox facilities over 2,000 times in a year.³⁹

The Road Forward

Back in New York, Columbia University's more robust second phase FUSE evaluation was released in December 2013.⁴⁰ The larger research budget allowed for a much more rigorous look at the data and the data from structured interviews provided window into the lives of people eligible for the FUSE population. The researchers were beginning to understand how FUSE impacted health and other crisis systems, how housing was impacting people's quality of life and relationship with public services, and how that affected public spending. Columbia developed an exhaustive, four-hour structured interview protocol to generate a richer data set that was used to construct a regression model and bolster administrative data analysis.

Housing stability and its impacts on jail and shelter utilization were remarkably consistent with the previous evaluation by John Jay College but with a longer window. *The Columbia evaluation showed that after two years:*

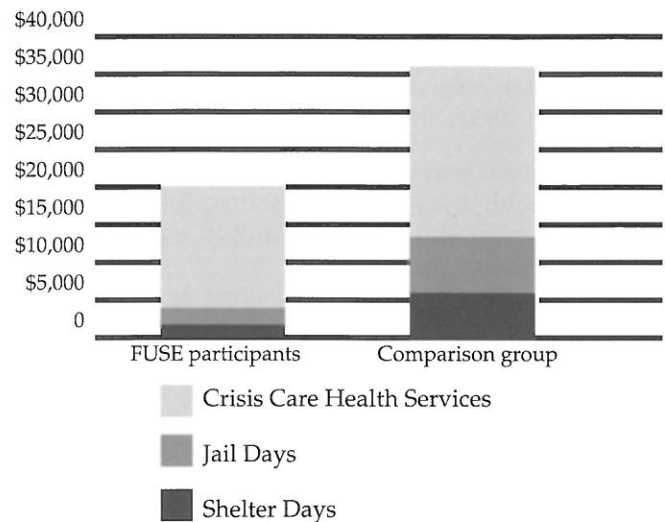
- 86% of tenants retained permanent housing;
- shelter costs had declined by 94%; and
- jail use had declined by 59% for the FUSE group.⁴¹

The utilization of jail and shelter was also significantly lower for the FUSE group than the comparison group on both measures.⁴²

In addition, the evaluation showed positive impacts on addiction and mental health issues. FUSE participants spent less than half as many days in psychiatric inpatient care and as noted by the researchers, "[t]he FUSE II Program had a significant and positive effect on drug abuse outcomes. The percentage with any recent use of hard drugs (heroin, cocaine, crack, methamphetamine) is half as high as the comparison group and current alcohol or substance use disorder is one third less...than among comparison group members...."⁴³

Using the impacts of the program Ginny Shubert was able to conduct an econometric analysis that showed that FUSE generated an overall crisis care service cost offset of \$15,680 in lower per person spending for intervention group members, analyzing shelter, jail and limited public health data. "The \$15,680 per person annual 'savings'... more than offset the estimated \$14,624 annual public investment in 'wrap-around' supportive service and operation costs...used to stabilize intervention group members...."⁴⁴ This is depicted in the following chart reproduced from the Columbia evaluation.⁴⁵

Cost of Jail, Shelter, Crisis Care Services



McAllister and Yomogida employed a technique called trajectory analysis to look at how frequent users moved through systems over time in an attempt to describe what the institutional circuit looked like for people that were in FUSE housing as opposed to the comparison group.⁴⁶ This analysis drew a compelling final portrait for the evaluation, that the institutional involvement of people in FUSE supportive housing was markedly simpler and for the vast majority of participants, the phenomenon of churning between institutions was ended.⁴⁷ This, perhaps more than any other finding, demonstrated that the primary goal of FUSE to break the institutional circuit was attainable.

This study both validates the premise of the FUSE initiative and the goals of the Discharge Planning Collaboration. It is also part of a growing body of research demonstrating the efficacy of focusing on high-need, high-cost populations using data-driven identification and screening for supportive housing. Similar studies of a supportive housing program that targeted 100 chronically homeless people showed: a 76% reduction in the number of days spent in jail and an overall annualized cost offset of \$16,572 per person,⁴⁸ and an average of \$2,449 per person per month in cost reductions due to reduced jail bookings, days incarcerated, shelter, sobering center use, detoxification and treatment, emergency medical services and Medicaid for 75 people identified due to severe alcohol addiction and homelessness.⁴⁹ Recent work by the Economic Roundtable in Los Angeles through the 10th Decile Project has approached the challenge from the other end, analyzing a cohort of 2,907 street homeless individuals in Los Angeles to define the 10% that represent the highest cost to public services to develop a triage tool; people identified in the top ten percent were found to use over \$6,000 per month in public services.⁵⁰

Supportive housing is also being increasingly viewed as an essential tool for reducing Medicaid costs related to implementation of the Affordable Care Act. Work by

health economists such as John Billings who works to create algorithms that identify factors leading to high Medicaid utilization that can be used to target preventive services. His findings include evidence that disproportionately high rates of substance use, homelessness, and social isolation are prevalent in high-risk populations.⁵¹

This notion was clearly expressed in by the Department of Health in a journal article describing why New York is pursuing supportive housing as a part of Medicaid redesign.

The role of social determinants of health, and the business case for addressing them, is immediately clear when it comes to homelessness and housing. The 1.5 million Americans who experience homelessness in any given year face numerous health risks and are disproportionately represented among the highest users of costly hospital-based acute care. Placing people who are homeless in supportive housing—affordable housing paired with supportive services such as on-site case management and referrals to community-based services—can lead to improved health, reduced hospital use, and decreased health care costs, especially when frequent users of health services are targeted.⁵²

This otherwise very prescient article, often alongside the broader public health discourse, fails to include an analysis of the similarity of social determinants of health in homeless and criminal justice populations. Both populations show elevated illness and mortality rates; untreated chronic health conditions; interrupted access to health-care; lack of stable housing; high rates of trauma; lack of social and family supports; and large subsets of people of advanced age, many of whom are aging prematurely due to quality of life issues.

Thinking like this is driving New York State's Medicaid Redesign Team, which has now allocated hundreds of millions of dollars to creating housing options for high cost Medicaid populations. It is driving New York City's Mayor de Blasio as he embarks on an affordable housing plan calling for the creation and preservation of 200,000 affordable housing units in the five Boroughs and expansion of supportive housing as a centerpiece.⁵³ It is driving non-profit, private, philanthropic advocates as they launch the Campaign 4 NY/NY Housing, www.nynyc-campaign.org, a platform calling for the creation of 30,000 new supportive housing units in New York City. As momentum builds for a New York-New York IV supportive housing agreement and Medicaid Redesign continues to allocate new resources to supportive housing, it is of paramount importance to recognize these links.

As FUSE has shown, people who are receiving crisis services across many public agencies need to be intentionally engaged and that means not only understanding how their lack of housing impacts care, but also understanding how to address public safety needs. Criminal justice institutions and agencies need to be actively involved with identification and recruitment of frequent users with dedicated resources at their disposal. For New York to be effective in reaching its goals, it must address public health, public safety and housing with a coordinated response. As mentioned earlier, on June 2, 2014 Mayor de Blasio announced the creation of a Task Force on Behavioral Health and the Criminal Justice System that will develop a strategic, actionable plan to transform the city's criminal justice system, so that it addresses the needs of individuals with behavioral and mental health issues more appropriately and effectively. The task force will recommend and implement strategies to ensure proper diversion routes and treatment for people with mental illness or substance abuse within the criminal justice system, as well as before and after contact with the system.

It is time for the criminal justice sector to take note. The consequential discussions taking place now on new resource development for supportive housing are essential topics for public safety and justice advocates. Ten years ago, the jury was out. Today, thanks to initiatives like FUSE, we know that reentry supportive housing is a key solution for some of the most vulnerable residents of New York State. We know it saves public money and alleviates significant human suffering. There are rare moments in public policy when the right thing and the smart thing to do come together in the political discourse. We are faced with a new question. Can New York scale solutions to this problem or will it stay trapped in a hot cell with Jerome Murdough waiting? The pilots are finished. The research is in. It is time for New York to lead the nation again.

Endnotes

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15. MONTERO ET AL., *supra* note 12, at 7.
16. *Id.* at 11.
17. *Id.* at 14.
18. Cho, *supra* note 13, at 23.
19. The housing choice voucher program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Housing choice vouchers are administered locally by public housing agencies (PHAs). The PHAs receive federal funds from the U.S. Department of Housing and Urban Development (HUD) to administer the voucher program. Regulations are found in 24 CFR Part 982. See 24 C.F.R. § 982.1 (2014).
20. Cho, *supra* note 13, at 27.
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