



**Assessing New Jersey's
Need for Supportive Housing
for an Aging Population**



About CSH

CSH is the national champion for supportive housing, demonstrating its potential to improve the lives of very vulnerable individuals and families by helping communities create over 335,000 real homes for people who desperately need them. CSH funding, expertise and advocacy have provided \$1 billion in direct loans and grants for supportive housing across the country. Building on nearly 30 years of success developing multi and cross-sector partnerships, CSH engages broader systems to fully invest in solutions that drive equity, help people thrive, and harness data to generate concrete and sustainable results. By aligning affordable housing with services and other sectors, CSH helps communities move away from crisis, optimize their public resources, and ensure a better future for everyone. Visit us at csh.org.

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Introduction

The number of older adults in New Jersey is steadily growing, yet the demand for affordable, accessible housing and services far outpaces the supply. Recent projections estimate that more than half of New Jersey's seniors cannot afford basic necessities as they age.ⁱ Supportive housing is a proven solution for communities to provide affordable housing with wrap-around, voluntary support services to those in need. It empowers tenants of all ages to thrive and live independently while avoiding the high public cost of shelter, jail, and hospital stays. Furthermore, supportive housing offers a level of service provision and coordination that can delay or prevent placement in a nursing home or assisted living facility for those who need support to live independently, but do not need or want an institutional level of care. Supportive housing is an essential component of each community's continuum of housing and services options for older adults.

This analysis uses publicly available data across multiple public systems like nursing homes and homeless assistance programs, in conjunction with insight from local providers and agencies to determine the need for additional supportive housing units for aging residents of New Jersey. While supportive housing is not limited to older adults, the increase in homelessness and housing insecurity among older adults necessitates a concerted look at the need for new supportive housing development tailored to their needs.

These projections do not represent exact or final figures, but they are intended to provide the empirical foundation for communities to strategize around resource allocation and unit creation to ensure that vulnerable older adults have the resources and support to age safely in their communities. All population definitions, data sources, and research detailing the estimated rate of need for supportive housing are detailed on pages 10-16.

Methodology

This assessment builds on the national supportive housing needs assessment prepared by CSH.ⁱⁱ This assessment aims to use the best data available to make clear and transparent projections of the supportive housing need for older adults, foster the development of improved data sets on aging and housing stability, and promote discussion and refinement of this assessment over time. The intention is to show a current snapshot of need in each system and does not represent need over time or annualized need for any single system of care.

For each category, the analysis uses a point-in-time population count to avoid duplication with other systems. It also uses a "need multiplier" to estimate the percentage of the population assumed to have needs best met by supportive housing. This assumed rate is based on national data sets, aggregate research on the housing and service needs of this population, and community input on local trends and experience.

Supportive Housing Need Findings

Population	Point in Time Population	Population Data Source	Estimated SH Need Multiplier	Population SH Need (Units)
Individuals Experiencing Chronic Homelessness age 50+	814	New Jersey 2019 Point-in-Time Count (additional detail provided by Monarch Housing Associates)	90%	733
Individuals Experiencing Non-Chronic Homelessness age 50+	2537	New Jersey 2019 Point-in-Time Count (additional detail provided by Monarch Housing Associates)	14%	355
Individuals in Prison age 50+	3,270	State of NJ Dept. Of Corrections – Offender Statistics	33%	1,079
Individuals in Jail age 50+	332	State of NJ Dept. Of Corrections – Offender Statistics	20%	66
Individuals with an Intellectual or Developmental Disability age 51+	7,708	NJ Division of Developmental Disabilities – 2015 Fiscal Year Report	50%	3,854
Individuals age 50+ with Mental Health Needs in Residential Settings	2,272	SAMHSA	35%	795
Individuals age 65+ in Nursing Homes	39,040	Nursing Home Data Compendium 2015	15%	5,856
Individuals age 50+ in Residential Substance Use Treatment Facilities	3,762	SAMHSA	5%	188
Severely Rent-Burdened Seniors 62+	45,480	Center for Budget and Policy Priorities	10%	4,548
TOTAL				17,474

Limitations

While this population count data comes from publicly available sources, each system tends to use different metrics for reporting on age. Additionally, some data is several years old. Thus, the analysis below considers the available research on policy changes, demographic trends, geriatric conditions, and aging rates within each system to make educated assumptions about the current need for supportive housing. Some categories, such as individuals experiencing chronic homelessness, include individuals age 50+ (as opposed to 65+) because research demonstrates that the toxic, prolonged stress of homelessness causes pre-mature aging and geriatric conditions. For other systems, this analysis may use different age parameters depending on available data and research.

During the preparation of the final draft of this report, New Jersey was acutely impacted by the COVID-19 pandemic. As the pandemic continues at the time of this report's publication, the extent of the health and economic impact on the systems we examined is not yet clear. Older adults, people with underlying chronic health conditions, and those living in congregate settings are at increased risk of contracting and passing away from the virus. Given early data on who is most impacted by the virus, we assume that most of the systems considered in this report will likely see a disproportionate impact. Early reporting on infection and mortality rates in the state-run nursing homes indicates more than 40% of deaths in the New Jersey have been among nursing home residents.ⁱⁱⁱ Early reports from the community have also seen an increase in nursing home bed capacity, likely as a result of hospitalizations and friends and families bringing nursing home residents back home temporarily out of caution.

As of June 2020, the I Choose Home Nursing Home Transition program reported that more than 11% of the individuals on the program's waiting list (individuals approved to move back into the community) in March, had passed away by early June. This unfortunate trend will likely reduce the number of residents in nursing home facilities and may impact the rate of need for supportive housing. The pandemic will likely affect both the point-in-time population counts and "need multiplier" rates for the other systems in this analysis. For example, New Jersey issued an Executive Order granting temporary emergency home medical confinement during the public health emergency for certain at-risk individuals in the justice system who have not committed a serious offense. At this time, it is unknown how many individuals were released and had access to permanent housing. Shelters, outreach teams, and hospitals have utilized hotels to isolate symptomatic and at-risk individuals, including older adults. Discharge processes, destinations, funding, and outcomes are still being determined. In addition to these factors, the economic impact of the nation's 'pause,' leading to high rates of unemployment and shocks to retirement accounts, will likely exacerbate New Jersey's need for supportive housing for older adults. Reports from one supportive housing provider in the state indicate that the waiting list for supportive housing has nearly doubled between March and June. The urgency of creating new supportive housing for older adults is more pressing than ever.

Another limitation of this report is the lack of data on racial disparities. Most available data sets break out race and ethnicity separately from age, and racial and ethnic disparities within age groups are not available. Severe racial disparities in the systems examined here are well-known realities despite insufficient data, inconsistent metrics, and too few discussions on addressing systematic inequality in supportive housing. The CSH Racial Disparities and Disproportionality Tool (RDDI) is a new resource that examined 17 public systems and presents findings on a racial or ethnic group's overrepresentation within the system. The RDDI found excessive rates of disparity for Native American and Black individuals in New Jersey.^{iv} This tool is an essential first step in examining disparities and inequality. However, it does not

break out disparities by age and only examines disparities within the systems that typically feed into supportive housing, not within supportive housing itself. People of color and, as a result, their service needs, may be undercounted in the data. For example, research has documented reluctance, particularly among Black men, to engage in health services, in part due to a history of discrimination, poor quality care, and in some cases, such as the Tuskegee Syphilis Experiments, intentional experimentation and denial of life-saving care.^v This report should be read with the understanding that additional data and targeted interventions to address racial disparities within supportive housing are needed.

Conclusion

Supportive housing is a critical piece of the continuum of housing and service options for older adults, and the current COVID-19 pandemic has only highlighted the importance of affordable, accessible independent housing in enabling individuals and whole communities to thrive. In July 2020, a group of 35 stakeholders from across New Jersey held a virtual planning meeting to discuss this need for 17,000+ units of supportive housing and developed concrete priorities and action steps. Achieving this development goal will require creativity and commitment on the local and state level, as challenges abound with limited capital and service funding, local resistance to affordable housing, workforce shortages, and an ongoing national affordable housing crisis. However, the stakeholder group's priorities summarized below constitute a framework for continued collaboration and advocacy.

1. Assessment and Research

- In the wake of the COVID-19 pandemic, stakeholders across NJ must assess how the needs on the ground may have changed and how aid bills and other policy changes have affected the systems examined in this report.
- Stakeholders need to do additional research and resource mapping of currently available funding and programs for capital development and rental subsidies (also known as operations funding and services).
- Further study on how older adults currently access existing housing and service programs and how to make this process more user-friendly and efficient to ensure older adults can easily access the right level of support.
- Based on the research described above, the stakeholder group should continue to formulate and refine an advocacy agenda and policy recommendations to address identified gaps in funding and programming.

2. Stakeholder Engagement and Partnership Development

- Collaboration and creativity on the local and state level and across sectors will be an essential component of improving systems through information sharing and policy change. The following sectors are essential partners: senior services (Area Agencies on Agings), healthcare, universities, counties and cities, social justice organizations, people with lived experience, and elected officials.
- These sectors and organizations must form partnerships to share resources, improve gaps in data collection and sharing, and conduct thorough, seamless assessment and referral processes.

3. Education and Training

- Supportive housing staff require additional training on the needs of their aging residents and how they can form and leverage partnerships with local Area Agencies on Aging (AAAs), occupational therapy graduate programs, and other community services and programs to enhance their services .
- Educating elected officials and the broader community about the benefits of supportive housing will serve as an essential pre-requisite in achieving local support for expanding the supply of supportive housing across the state through new funding and development.

Population Descriptions

Individuals Experiencing Chronic Homelessness 50+

Population Details: Total number of adult persons age 50 and higher identified as experiencing chronic homelessness, which HUD defines as an individual with a disabling condition who has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter; and has been homeless continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months. CSH chose to include individuals age 50+, as opposed to 62+ or 65+, because research shows that adults with experiences of homelessness or trauma begin experiencing geriatric symptoms nearly 20 years before their housed peers and continue aging at an accelerated rate.^{vi} Data provided by Monarch Housing Associates for 2019 HUD Point in Time Count.^{vii}

Assumed Need Multiplier: CSH compiled this estimator for all individuals (regardless of age) based on national PIT and demographic data from HUD and from needs assessments conducted in 9 comparable communities in the US. HMIS data on housing type placements, prevalence of disabling conditions, and poverty level factored into the estimation. Given that the incidence of disabling conditions rises with age, we estimate that this population will need a higher level of support services than younger individuals experiencing chronic homelessness. However, the increased need for supportive housing will likely be balanced out by an increased need for higher levels of care, such as a nursing home. Thus, 90% remains a reasonable estimate.

Individuals Experiencing Non-Chronic Homelessness 50+

Population Details: Total number of adult persons age 50 and higher identified as experiencing homelessness who are not considered chronic. CSH chose to include individuals age 50+, as opposed to 62+ or 65+, because research shows that adults with experiences of homelessness or trauma begin experiencing geriatric symptoms nearly 20 years before their housed peers and continue aging at an accelerated rate.^{viii} Data provided by Monarch Housing Associates for 2019 HUD Point in Time Count.^{ix}

Assumed Need Multiplier: The recently published study, *The Emerging Crisis of Aged Homelessness*, looked at elder homelessness in three major U.S. cities and developed recommendations for housing and service solutions based on shelter and healthcare use. Of those with "low" or "moderate" shelter use (and we can thus assume non-chronic homelessness), the study recommends that approximately 14% would be appropriate for supportive housing.^x This number aligns closely with a 10% estimator CSH compiled for all non-chronic individuals (regardless of age) based on national PIT and demographic data from HUD and from needs assessments conducted in 9 comparable communities in the U.S. HMIS data on housing type placements, the prevalence of disabling conditions, and poverty level factored into the estimation. Based on the increased prevalence of disability with age, we would assume that the percentage of the elderly population experiencing non-chronic homelessness in need of supportive housing would be slightly higher than the general non-chronic population. Thus, 14% is an appropriate estimation.

Individuals in Prison 50+

Population Details: The count includes all adult persons age 50+ residing in one of the several facilities that constitute New Jersey's Prison Complex – Bayside, CRAF, East Jersey, Midstate, NJ State, Northern, Southern, South Woods, ADTC, and Edna Mahan – in 2019. Individuals age 50+ are the focus rather than 62+ or 65+ because not only do adults who have experienced homelessness experience geriatric symptoms about 20 years earlier than their housed peers, compared to non-incarcerated counterparts geriatric conditions were more common in incarcerated individuals about 20 years younger as well.^{xi} Data for 2019 from State of NJ Department of Corrections Offender Statistics.^{xii}

Assumed Need Multiplier: CSH compiled an estimator of 10% for individuals experiencing homelessness and exiting prison (regardless of age) based on work in communities across the country and the research as described below. The primary driver for this 10% estimation is the average of rates of homelessness prior to incarceration in and after release from prison, supported by elevated rates of mental health diagnoses, traumatic brain injuries (TBIs), HIV, and substance abuse, as compared to the rates among inmates who are not experiencing homelessness. CSH estimates that this 10% estimated need for supportive housing will be much higher (33%) for the 50+ population: incarcerated individuals tend to age far faster than their similarly-aged, non-incarcerated counterparts; all geriatric conditions have been found more prevalent in older adults at about 20 years younger than non-incarcerated adults, and comorbidity is very common, with those incarcerated reporting higher rates of functional, mobility, and hearing impairment, and multi-morbidity, as well as hypertension, falls, diabetes, lung disease, and other health conditions more common in older adults. For both the aging prison and jail populations of New Jersey, it is also important to mention that while over 95% of the population is released into the community, reentry programs are scarce for older adults and many are released into communities with insufficient healthcare services and with prominent health disparities. Finally, data would support the need multiplier for the aging prison population higher than 10%, primarily due to the typically longer sentences served in prisons, and the older and more advanced stage of aging at release, and insufficient reentry programming for older adults as opposed to younger individuals.^{xiii}

Individuals in Jail 50+

Population Details: This population includes all adult persons age 50 and higher residing in one of New Jersey's county correctional facilities – halfway houses, county jails, reentry facilities, and St. Francis – in 2019. Individuals age 50+ included because not only do adults who have experienced homelessness experience geriatric symptoms about 20 years earlier than their housed peers, but compared to non-incarcerated counterparts, all geriatric conditions were more common in incarcerated individuals about 20 years younger as well. Data for 2019 from State of NJ Department of Corrections Offender Statistics.^{xiv}

Assumed Need Multiplier: CSH compiled an estimator of approximately 20% for individuals exiting jail (regardless of age) based on work in communities across the country and the research on rates of homelessness upon entering jail. Multiple studies suggest that between 15-20% of individuals entering and/or exiting jail were experiencing homelessness. In a study comparing rates of homelessness between formerly incarcerated individuals and the general population, adults age 45+ were more than 250% more likely to experience homelessness. The rate for younger formerly incarcerated individuals was significantly lower (ranging from about 140-220% more likely to experience homelessness than the average population of that age group). Due to the increased likelihood that older adults exiting jail will experience homelessness, we estimate an approximate need of 20%, the higher number cited in national studies aggregating ages.^{xv}

Individuals with an Intellectual or Developmental Disability 51+

Population Details: This count includes individuals receiving services pertaining to individuals with intellectual or developmental disabilities (IDD) at various levels and across multiple housing situations. The New Jersey Division of Developmental Disabilities does not break out counts of individuals receiving different degrees of care by age range. Consequently, the total count of individuals over 50 involved in the state's Division of Developmental Disabilities includes individuals receiving residential care as well as those in group home settings. The count is broken up into two age categories: 51-60 and 61+, accounting for 4,497 and 3,211 individuals, respectively. The decision to include both 51-60 and 60+ (as opposed to only 60+) is due to research suggesting the co-occurrence of complicating physical factors alongside IDD. The data source is moderately outdated as the most recent publicly available report we could identify is the NJ DDD 2015 Fiscal Year Report.

Assumed Need Multiplier: For individuals of all ages receiving inpatient or residential IDD treatment and for those on waitlists for supportive services, CSH assumes a 33% rate of supportive housing need, per research informing CSH's National Needs Assessment. For individuals aged 51+, this rate of need was increased to 50%. This is in part due to increasing rates of complicating physical conditions that occur with aging. It is also due to the high proportion of individuals with IDD who live with family, but for whom the ability to live with family may diminish as parent and family caregivers age themselves.

Individuals 50+ with Mental Health Needs in Residential Settings

Population Details: This count includes individuals aged 55 and over that are receiving residential treatment for mental health disorders. Due to a lack of NJ-specific data that examines age and treatment level cross-sectionally (such as outpatient behavioral health or those disconnected from treatment and living with families), assumptions are built out around the share of individuals in this treatment setting within the relevant age range. We reviewed information from SAMHSA (Substance Abuse and Mental Health Services Administration) to understand population needs.^{xvi}

Assumed Need Multiplier: The CSH National Needs Assessment suggests a 24% need for supportive housing among individuals receiving residential mental health treatment. This number is derived from a broad set of research describing the rates of cross-system involvement among individuals in this group, as well as other indicators that are consistent with supportive housing need. Due to complicating factors relating mental health and aging, we suggest an increase to 35% need among individuals receiving residential mental health treatment aged 50+.

Individuals 65+ in Nursing Homes

Population Details: The Nursing Home population includes all individuals residing in a nursing home in the state of New Jersey who are over the age of 64. The most accurate and latest information comes from the CDC's Nursing Home Compendium, which was last published in 2015. The Nursing Home Compendium does not provide a breakdown of ages for the 21-64 age group. Thus CSH includes data for ages 64+. NJ's Nursing Home transition program, I Choose Home, reports that a large proportion of the individuals who

are under 65 and living in a nursing home are experiencing advanced aging due to prior experiences of homelessness, traumatic brain injury, a history of incarceration, or other vulnerability factors. However, New Jersey regularly evaluates the ADLs of individuals residing in nursing homes and connects those who could live independently to I Choose Home. Thus, the number of "aging" individuals under 65 who would benefit from supportive housing is relatively low. The data above represents the number of individuals age 65+ in NJ in 2014.^{xvii} Note that national trends and I Choose Home's success in recent years suggest that the number of total nursing home residents has likely declined slightly since 2014.

Assumed Need Multiplier: For seniors with multiple chronic co-occurring physical, behavioral and geriatric conditions, the inability to locate affordable, accessible housing often creates an artificial barrier to community living. Many people living in nursing homes would choose to live in a community setting if they had access to appropriate housing and services. Given that supportive housing is independent living with wrap-around services, best practice suggests that residents should have none to mild cognitive impairment and 0-3 Activities of Daily Living (ADLs). According to the Nursing Home Compendium, approximately 19% of the nation's 1,404,694 total nursing home residents fit these criteria (p. 235). The data is not broken out by state and age, but 84% of nursing home residents are age 65+ both nationally and in NJ. Given that the incidence of ADLs and cognitive impairment increases with age, it is likely that the number of individuals age 65+ with 0-3 ADLs and none-mild cognitive impairment is lower than the 19% average for all ages (p. 227). However, since only 84% of the NJ nursing home population is age 65+, it is unlikely that the percentage would be significantly lower than the 19% average for all ages. Thus, we can estimate that approximately 15% of NJ nursing home residents age 65+ could transition into independent supportive housing with the right support, as is currently being offered through the I Choose Home NJ initiative.^{xviii}

Individuals 50+ in Residential Substance Use Treatment Facilities

Population Details: This count includes individuals aged 55 and over receiving residential treatment for substance use and addiction disorders. Due to a lack of NJ-specific data examining age and treatment level cross-sectionally (such as outpatient behavioral health or those disconnected from treatment and living with families), assumptions are built around the share of individuals in this treatment setting within the relevant age range.

Assumed Need Multiplier: The CSH National Needs Assessment suggests a 2% need for supportive housing among individuals receiving residential substance use treatment. This number is derived from a broad set of research describing the rates of cross-system involvement among individuals in this group, as well as other indicators that are consistent with supportive housing need. Based on the relationship between aging and substance use, we have increased this rate of need assumption from 2% in the broader population to 5% among those aged 55+. We reviewed information from SAMHSA (Substance Abuse and Mental Health Services Administration) to understand population needs.^{xix}

Severely Rent-Burdened Seniors 62+

Population Details: Despite the overall growth in the number of senior households both in New Jersey and across the country, the quality, affordability and accessibility of the housing stock has not kept pace

with demand.^{xx} Between 2001 and 2018, the median rental price for an apartment (including utilities) has risen 17% across the state,^{xxi} and the senior population (65+) rose by approximately 27% from 2000-2018.^{xxii} Roughly 60% of households who are eligible for rental assistance do not receive it due to funding limitations. Given these facts, it is highly likely that a significant number of older adults are in need of supportive housing due to affordability and accessibility constraints and service needs but have not, to date, engaged in other systems described above. This count includes low-income households (not receiving any federal rental assistance) in New Jersey aged 62+ who pay more than half their income for rent. "low-income" includes households with annual incomes at or below 80% local median income. This number comes from the Center on Budget and Policy Priorities' 2019 "New Jersey Federal Rental Assistant Fact Sheet."^{xxiii}

Assumed Need Multiplier: To compile this multiplier, CSH considered poverty and extreme housing burden rates, the incidence of disability and chronic disease, and community input to estimate a need of 10%. According to the 2014 Housing America's Older Adults report by the Harvard Joint Center for Housing, the incidence of disability or difficulty with vision, cognition, self-care, hearing, independent living, and mobility increases with age. Roughly a quarter of adults 50+ report difficulties in one of these areas, while approximately two-thirds of adults 85+ report the same. Nearly 3 in 4 Medicare beneficiaries report having 2 or more chronic conditions such as heart disease, arthritis, or pulmonary disease. However, the incidence of disability or difficulty is significantly higher for African American older adults and low-income older adults. For example, only 14% of older adults 50+ in the highest income bracket (\$75,000/yr) reported a difficulty or disability, while 45% of those in the lowest income bracket (\$15,000/yr) did. The rate of 1+ disability or difficulty was 32% of African American older adults, as opposed to roughly 25% for all other reported racial/ethnic groups. New Jersey's key health indicators for seniors are better than the national average; however, given the known racial disparities in health, housing, and poverty it is logical to assume that at least a third of severely rent-burdened NJ households age 62+ have at least one difficulty or disability. Given that the individuals in need of the types of services in supportive housing may have touched another system already described, we can assume that some households will have mild difficulties and have needs that could be served with light-touch services. We estimate that roughly 10% will still have needs best met by the wrap-around, adaptable services offered by supportive housing.

End Notes

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- ⁱ https://www.njfoundationforaging.org/storage/2019/05/Senior-Housing-Recommendation-Report_final.2019.pdf, pg. 2.
- ⁱⁱ www.csh.org/data
- ⁱⁱⁱ <https://www.njspotlight.com/2020/05/saying-theyve-been-ignored-nursing-homes-lay-claim-to-latest-federal-covid-19-funding/>
- ^{iv} <https://www.csh.org/supportive-housing-101/data/#RDDI>
- ^v <https://www.nytimes.com/2020/01/13/upshot/bad-medicine-the-harm-that-comes-from-racism.html>
- ^{vi} Rebecca T. Brown, Kaveh Hemati, Elise D. Riley, Christopher T. Lee, Claudia Ponath, Lina Tieu, David Guzman, and Margot B. Kushel. Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. *The Gerontologist*, February 2016 DOI: 10.1093/geront/gnw011.
- ^{vii} Monarch PIT, 2019. <https://monarchhousing.org/njcounts-2019/>
- ^{viii} Rebecca T. Brown, Kaveh Hemati, Elise D. Riley, Christopher T. Lee, Claudia Ponath, Lina Tieu, David Guzman, and Margot B. Kushel. Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. *The Gerontologist*, February 2016 DOI: 10.1093/geront/gnw011.
- ^{ix} Monarch PIT, 2019. <https://monarchhousing.org/njcounts-2019/>
- ^x <https://www.aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness-1.pdf>, pgs. 10-14.
- ^{xi} <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5816733/>
- ^{xii} https://www.state.nj.us/corrections/pdf/offender_statistics/2019/Age%20Group%20%20Offender%20Characteristics%20Report.pdf
- ^{xiii} <https://pdfs.semanticscholar.org/3bf1/2507d6796c9aeb03df178434c2a2204c1836.pdf>; Greene, M., Ahalt, C., Stijacic-Cenzer, I., Metzger, L., & Williams, B. (2018). Older adults in jail: high rates and early onset of geriatric conditions. *Health & justice*, 6(1), 3. doi:10.1186/s40352-018-0062-9.
- ^{xiv} <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5816733/>
- ^{xv} <https://www.prisonpolicy.org/reports/housing.html>; Homelessness and Indicators of Mental Illness Among Inmates in New York City's Correctional System. Michaels, D., Zoloth SR, Alcabes P, Braslow CA, Safyer S. *Hospital Community Psychiatry*, 1992 Feb; 43(2):150-5.; Incarceration Associated with Homelessness, Mental Disorder and Co-occurring Substance Abuse. McNeil D.; Binder, R. & Robinson J.C. *Psychiatric Services*; July 2005, Vol 56 (7), 840-846.; Jail Incarceration, Homelessness, and Mental Health: A National Study. Greenberg, G. & Rosenheck, R. *Psychiatric Services*; February 2008, Vol. 59 No 2, 170-177.
- ^{xvi} <https://www.dasis.samhsa.gov/dasis2/urs.htm>
- ^{xvii} Nursing Home Compendium 2015, https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/nursinghomedatacompendium_508-2015.pdf, pg. 199.
- ^{xviii} <http://www.ichoosehome.nj.gov/ooie/ichoose/index.shtml>.
- ^{xix} <https://www.dasis.samhsa.gov/dasis2/urs.htm>
- ^{xx} https://www.ichs.harvard.edu/sites/default/files/jchs-housing_americas_older_adults_2014.pdf, pg. 11.
- ^{xxi} <https://www.cbpp.org/research/housing/federal-rental-assistance-fact-sheets#NJ>.
- ^{xxii} Comparing NJ Census numbers for individuals age 65+ from 2000 and 2018. 2000 Census Data: <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>; 2010 Census Data with 2018 Projections: <https://www.census.gov/quickfacts/fact/table/NJ/AGE775218>
- ^{xxiii} <https://www.cbpp.org/research/housing/federal-rental-assistance-fact-sheets#NJ>.