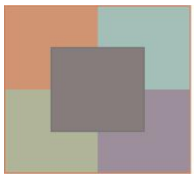

SAMHSA'S GAINS Center for Behavioral Health and Justice Transformation

WELCOME TO TODAY'S WEBINAR:

Evidence-Based Housing Approaches for Persons with Behavioral Health Needs in the Justice System

The webinar will begin at 2:00 PM EDT.

Audio
Toll-Free Number: 1-855-749-4750
Access Code: 669 606 623
Attendees need to dial in to hear the webinar audio.

Problems?
Contact lguerin@prainc.com if you experience technical difficulties.

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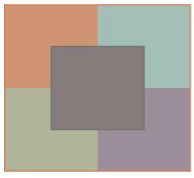

SAMHSA'S GAINS Center for Behavioral Health and Justice Transformation

Evidence-Based Housing Approaches for Persons with Behavioral Health Needs in the Justice System

Ryan Moser, Corporation for Supportive Housing
Anna DeLeon, The Fortune Society

July 8, 2015

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Evidence-Based Housing Approaches for Persons with Behavioral Health Needs in the Justice System

SAMSHA's GAINS Center
2015

Ryan Moser

CSH
The Source for Housing Solutions

CSH works to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities.

The Institutional Circuit of Homelessness and Crisis Service Systems

The Institutional Circuit

- Indicates complex, co-occurring social, health and behavioral health problems
- Reflects failure of mainstream systems of care to adequately address needs
- Demands more comprehensive intervention with coordinated system response

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Criminal Justice and Housing Needs

Low Need

Individuals who are able-bodied and employable, who face an income/affordability gap; also may need short-term assistance with community reintegration

Moderate Need

Individuals with limited employment history and educational achievement, and who may have substance abuse, health or mental health challenges

★High Need

Individuals with disabilities such as serious mental illness and chronic health and substance abuse issues who will need longer-term services

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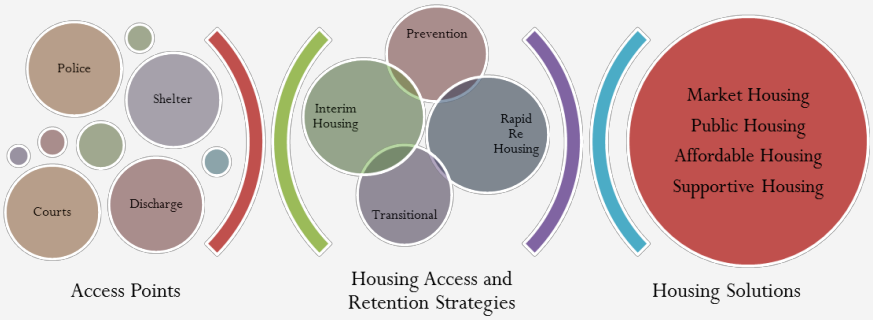
System Alignment



Access Points

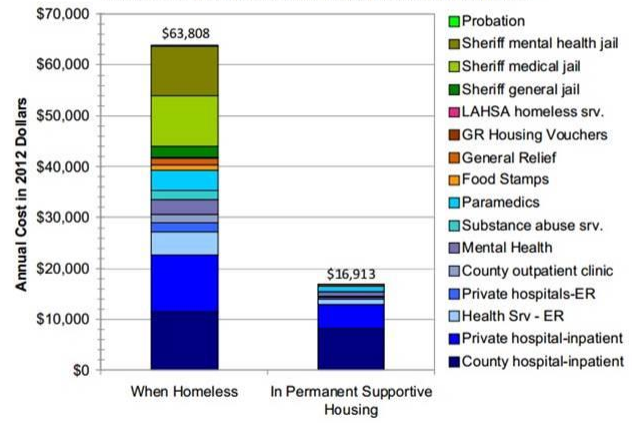
Housing Access and Retention Strategies

Housing Solutions

We Need to Triage!

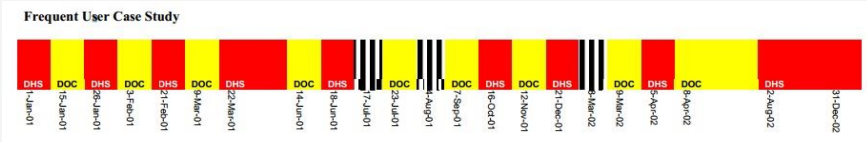
Target High Utilizers

Figure 13
Pre- and Post-Housing Costs for 10th Decile Patients who were Housed



Source: 36 10th decile patients placed in permanent supportive housing matched with 36 homeless persons in the ALi matched in turn with 36 housed persons in the SRHT database of formerly homeless persons now in permanent supp

High Utilizers – FUSE



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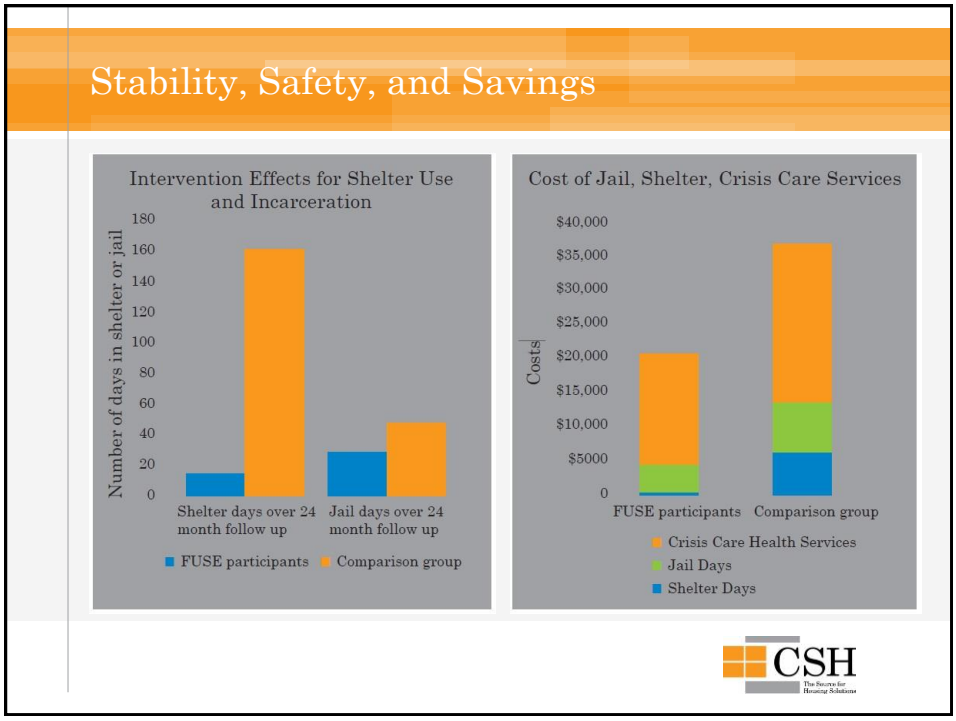
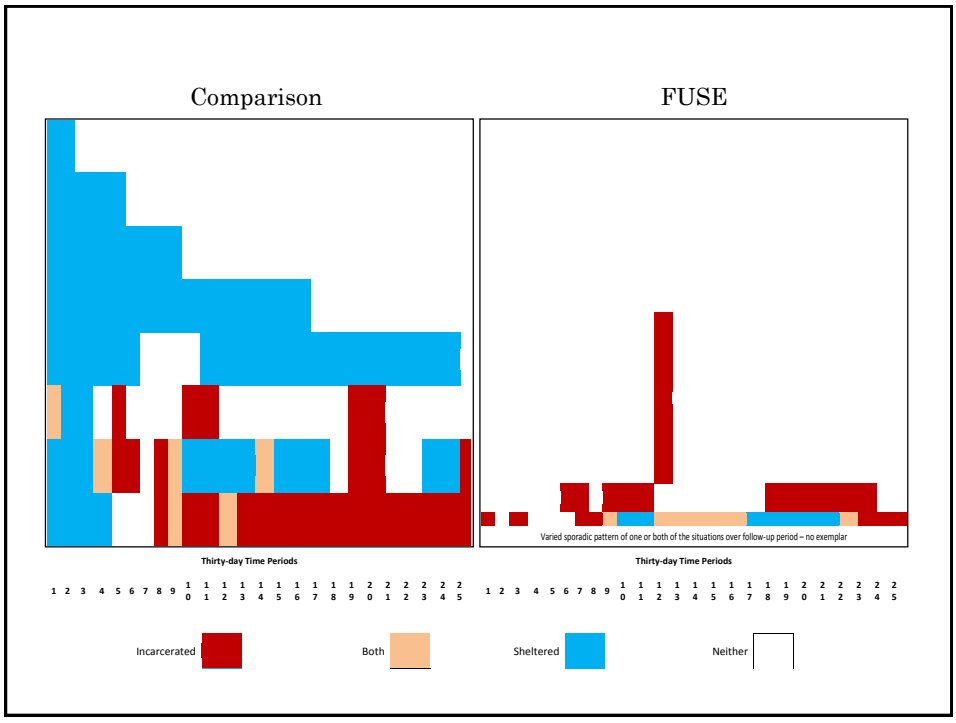

Stability, Safety, and Savings
Intervention Effects for Shelter Use and Incarceration
Number of days in shelter or jail
180
160
140
120
100
80
60
40
20
0
Shelter days over 24 month follow up
Jail days over 24 month follow up
FUSE participants
Comparison group
Cost of Jail, Shelter, Crisis Care Services
Costs
$40,000
$35,000
$30,000
$25,000
$20,000
$15,000
$10,000
$5000
0
FUSE participants
Comparison group
Crisis Care Health Services
Jail Days
Shelter Days
CSH


Comparison
FUSE
Varied sporadic pattern of one or both of the situations over follow-up period – no exemplar
Thirty-day Time Periods
Thirty-day Time Periods
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
Incarcerated
Both
Sheltered
Neither

Supportive Housing for Justice Involved

- **Housing where tenants have a lease**
- **Affordable, ideally tied to 30% of a person's income**
- **Paired with voluntary and flexible services to support tenancy**
- **'But For' Rule**

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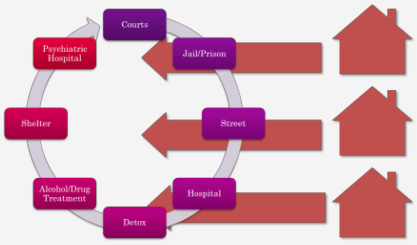
What Makes CJ Housing Special?



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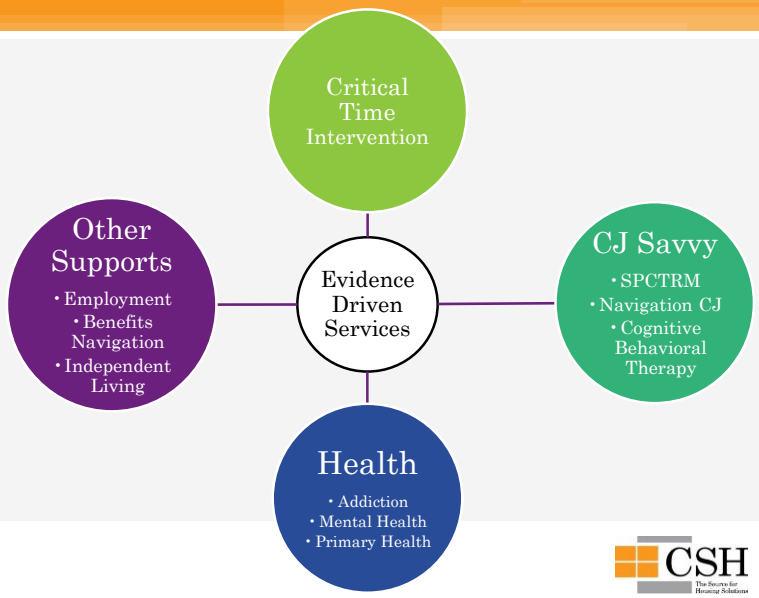
Tailored Services



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Returning Home Ohio

http://www.youtube.com/watch?v=hS9SOItn_WM

- **Targets Behavioral Health Needs at Prison Release**
- **Over $5 Million investment by ODRC**
- **Placed over 100 into scattered-site supportive housing.**
- **Reduced recidivism & shelter use, increased service connection.**
- **Includes 'targeted prison in-reach programs' and 'moving on' components**

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Central City Concern's Housing Rapid Response (Portland OR)

- Supportive and transitional housing for "frequent flyers" of jails (no specific minimum # of arrests) – housing for 50 tenants
- Police and outreach team identify homeless individuals with repeat prior arrests and transport them to CCC's (pre-booking)
- Tenants have 80% housing retention and 59% decrease in arrests after engagement in the program

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St. Andrew's Court (Chicago, IL)

- 42 units of supportive housing, 30 for people leaving corrections who are homeless, 12 set aside for parolees.
- Includes integrated financing from HUD McKinney Homeless grants, Low-income Housing Tax Credits, IL Dept. of Human Services, IL Dept. of Corrections, and others.
- Conducts "in-reach" into correctional facilities to provide a smooth transition into supportive housing.

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Family Reentry Pilot Program
NYC Housing Authority (New York, NY)

- **Family reunification program for 150 people excluded from NYCHA due to justice involvement.**
- **Addresses barriers with services during critical time period.**
- **Seen as vehicle to test responsible reductions to justice barriers across NYCHA's 500,000 residents.**

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Meck FUSE
(Mecklenburg County/Charlotte, NC)

- **45 units leased in the community**
- **Funding repurposed from county recidivism program that was underperforming**
- **Collaboration between Mecklenburg County Community Support Services, Behavioral Health, Housing Authority, Shelters, Urban Ministry Center, UNC Charlotte**

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K Street and Bishop Joseph Sullivan, Providence House (New York, NY)

- **Supportive housing for chronic homeless prioritizing women in reentry**
- **46 supportive housing units blended in two buildings.**
- **Includes jail outreach and shelter partnerships to prioritize women with justice involvement**

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Castle and Castle Gardens Fortune Society (New York, NY)

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Scaling Community-Based Housing

Institutional Care
Over Incarceration
Housing Access Services
Medical Model

Drivers

Olmstead
Right on Crime
HEARTH Act
Research
Medicaid
Fiscal Impact

Community-Based Services
Reduced Incarceration
Housing Based Services
Social Determinants of Health

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What is This All For?

http://www.youtube.com/watch?v=h1r4H8ZxzGQ

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Thank You

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ryan.moser@csh.org

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SAMHSA'S GAINS Center for Behavioral Health and Justice Transformation

Criminal Justice Involved, Mentally Ill and Homeless in New York City: A Provider's Perspective

Anna DeLeon, MS, MPA, MSW
Senior Director, CIRT
The Fortune Society

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Reentry Issues

- Lack of adequate ID upon release
- Loss of housing due to incarceration
- Loss of income, entitlements, food stamps, PA benefits
- Severed connections to mental health providers and medical providers

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Reentry Issues (2)

- Severed family and support ties
- Trauma of incarceration and separation
- Stigma of incarceration and mental illness and impact on obtaining housing, jobs, etc.
- Lack of housing for persons with sex offense convictions

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Strategies from the Provider's Side

- Holistic (wraparound) approach to services:
  - Case management
  - Substance abuse treatment if needed
  - Mental health services
  - Vocational/educational services
  - Family services/Family reunification efforts
  - Assist with probation/parole requirements
  - Provide a "safe space" for individuals to rely on and provide encouragement to work toward goals
  - Utilize peer specialists to engage, advocate and support

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Methods

- Engage individual in need-based, person-centered services.
- Assist in establishing community based care and supports.
  - Encourage adherence to treatment and care with escorts and reminders, etc.
- Implement community-based services when needed or desired by client
  - Encourage positive community integration through socialization, etc.
- Maintain contact and consistent outreach to clients to support positive reentry efforts

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Methods (2)

- Strive to maintain lower caseloads to provide more intensive support services (FUSE, CIRT, etc.)
- Care coordination amongst providers
  - Case managers
  - Mental health team
  - Medical health team
  - Health home providers, if applicable
  - Probation/parole coordination/support
  - Housing provider

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Barriers to Successful Reentry

- Long waits in the shelter system for supportive housing
- Lack of sufficient supportive congregate housing
- Three-quarter housing is not designed to support individuals with mental health needs
- Landlords are hesitant to lease to agencies who operate scattered site housing that will include mentally ill ex-offender tenants

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Barriers (2)

- Relapse into substance use; necessity for inpatient care; potential for losing housing
- Lack of sufficient inpatient residential treatment for dually-diagnosed individuals, particularly with violent felony convictions and/or sex offenses
- Re-arrest while waiting for housing; high prevalence of quality of life arrests in shelter neighborhoods, etc.

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Question and Answer Session

Use the Q&A panel to submit questions to presenters. The presenters will address as many questions as time permits.

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Ask the Expert

- Discussion Group with Ryan Moser to be held on July 15, 2015, from 2:30–3:30 PM EDT.
- The first 20 people to sign up will be registered by the GAINS Center for the Discussion Group. An additional group will be scheduled based on interest, but we can not guarantee that everyone will be able to participate.

http://events.constantcontact.com/register/event?llr=tfne6nrab&oeidk=a07eb8yjhmvcb2ed4d5

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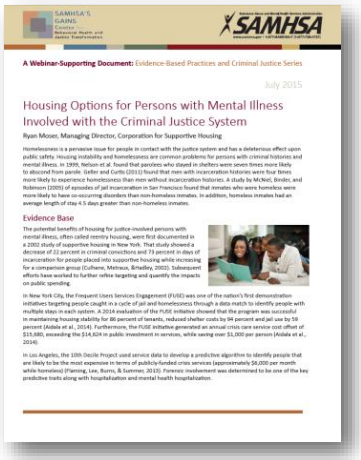
Supporting Document

- Revised fact sheet available as a supporting document for today's webinar.
- The fact sheet is available for download directly from this WebEx event.


SAMHSA'S GAINS Center for Behavioral Health and Justice Transformation

SAMHSA

A Webinar-Supporting Document: Evidence-Based Practices and Criminal Justice Series

July 2015

Housing Options for Persons with Mental Illness Involved with the Criminal Justice System

Ryan Moser, Managing Director, Corporation for Supportive Housing

Homelessness is a pervasive issue for people in contact with the justice system and has a deleterious effect upon public safety. Housing instability and homelessness are common problems for persons with criminal histories and mental illness. In 1939, Nelson et al. found that parolees who stayed in shelters were seven times more likely to abscond from parole. Geller and Curtis (2011) found that men with incarceration histories were four times more likely to experience homelessness than men without incarceration histories. A study by McNiel, Binder, and Robinson (2005) of episodes of jail incarceration in San Francisco found that inmates who were homeless were more likely to have co-occurring disorders than non-homeless inmates. In addition, homeless inmates had an average length of stay 4.5 days greater than non-homeless inmates.

Evidence Base

The potential benefits of housing for justice-involved persons with mental illness, often called reentry housing, were first documented in a 2002 study of supportive housing in New York. That study showed a decrease of 22 percent in criminal convictions and 73 percent in days of incarceration for people placed into supportive housing while increasing for a comparison group (Culhane, Metraux, &Hadley, 2002). Subsequent efforts have worked to further refine targeting and quantify the impacts on public spending.

In New York City, the Frequent Users Services Engagement (FUSE) was one of the nation's first demonstration initiatives targeting people caught in a cycle of jail and homelessness through a data match to identify people with multiple stays in each system. A 2014 evaluation of the FUSE initiative showed that the program was successful in maintaining housing stability for 86 percent of tenants, reduced shelter costs by 94 percent and jail use by 59 percent (Aidala et al., 2014). Furthermore, the FUSE initiative generated an annual crisis care service cost offset of $15,080, exceeding the $14,624 in public investment in services, while saving over $1,000 per person (Aidala et al., 2014).

In Los Angeles, the 10th Decile Project used service data to develop a predictive algorithm to identify people that are likely to be the most expensive in terms of publicly-funded crisis services (approximately $6,000 per month while homeless) (Flaming, Lee, Burns, & Summer, 2013). Forensic involvement was determined to be one of the key predictive traits along with hospitalization and mental health hospitalization.

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SAMHSA's GAINS Center *for*

Behavioral Health and Justice Transformation

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