Reentry Housing Models

SHNNY Annual Conference
June 4, 2015
The Stats

- Nation’s largest mental health providers - care for 3x’s more people with SMI than hospitals (Fuller, et al, 2010)
- People with mental health issues overrepresented 3-6x’s general rates in jail population (Steadman, 2009)
- 10mm people released from prisons and jails annually across U.S.
  - Est. 16% overlap with mental health
  - Est. 10% experience homelessness year prior to incarceration
    - 20% of those with MH issues
The Institutional Circuit

- Courts
- Jail/Prison
- Street
- Hospital
- Detox
- Alcohol/Drug Treatment
- Psychiatric Hospital
- Shelter

(CSH - The Source for Housing Solutions)
Imprisonment, shelter use, mental health hospital use and recidivism after release

- 2014 NYC FUSE study of jail and shelter use. 86% of tenants successful in maintaining housing; reduced shelter costs by 94% and jail use by 59% (Aidala, 2014)

- People discharged from prison then shelter = 7x’s as likely to abscond from parole (Nelson, 2006)

- Each move after release from prison increased likelihood of rearrest by 25% (Etter, 2006)
Re-entry Supportive Housing: What does it look like?

- Unit set-asides in new SH buildings or existing SH with turnover
- Section 8 Housing Choice Vouchers (or State/local rental assistance programs) + Mobile Intensive Case Management Services
- Housing First philosophy must be utilized for this population
- Providers trained in Motivational Interviewing, navigating criminal justice system, harm reduction, recognizing “symptoms” of incarceration/health crises
Stabilization through Services

- Low case manager-to-client ratio (1:10 – 1:15)
- Case manager role as “client advocate” and “failure preventer”
- Emphasis on reduction of “risky behaviors”
- Non-judgmental, client-centered counseling
- Team approach to services delivery
“Systems Change” Through Case Coordination

- Monthly implementation monitoring meetings to track recruitment, housing placement, housing retention, and recidivism prevention
- Case conference and intervention in cases of re-arrest or re-hospitalization
- Wraps “system of care” around tenants with supportive housing provider in central coordinating role
Components of Quality Supportive Housing

- Flexible, voluntary, and service-focused services
- Choice in housing and living arrangements
- Functional separation of housing and services
- Decent, safe, and affordable housing
- Community integration
- Rights of tenancy
- Access to housing and privacy
St. Andrews Court

- Chicago, Illinois
- 42 units of permanent supportive housing (new construction)
- Serves single male ex-offenders who are homeless
- Partnered with Lakefront Supportive Housing (now Mercy Housing Lakefront), an experienced SH developer
- Operated by St. Leonard’s Ministries
- Recidivism rates decrease from 50% to 20%
Recidivism after prison release

Risk of Reincarceration

- Prior Shelter Use: 23%
- Prior Imprisonment: 35%
- Prison Admission from or Release to MH Hospital: 231%
- Released on Parole: 92%

Some factors significantly related to shelter use

Risk of Shelter Use

- Prior Shelter Use: 490.0%
- Prior Imprisonment: 0.1%
- Prison Reincarceration & Release w/in 2 yrs: 528.0%
- Parole Release: 76.0%
- Prison release from/to MH hospital: -15%

Cost Savings per Person

- Prior to intervention: over $40,000-$60,000/year in health, corrections, and shelter system costs.

- After NYC FUSE intervention: reduction in services use of $15,680 per client per year.

- LA 10th Decile predicted algorithm estimated to identify people likely to use appx $6,000/month in crisis services.

- Likely greater savings over time.

Policy Implications

- Homelessness is a reentry problem.
- Screening while incarcerated linked with coordinated assessment should identify those most in need of housing assistance.
- Homelessness appears to impact recidivism. Need more research.