AUSTIN/TRAVIS COUNTY
CORPORATION FOR SUPPORTIVE HOUSING
TEXAS RE-ENTRY INITIATIVE
DECEMBER 11TH, 2009

SUMMARY OF BEST PRACTICE WORK GROUP
KEY FINDINGS AND RECOMMENDATIONS

> **Goal 3:** Develop recommendations for permanent supportive housing strategies for persons leaving correctional settings in, or returning to, Austin/Travis County, TX.

The Target Population

Based on the conclusions of the Data Work Group and the key findings on best practice models, the BPWG makes the recommendations listed below on supportive housing for persons: being released from a correctional setting or currently involved in a criminal justice program, have a disability (including mental illness, chemical dependency, physical, or intellectual or developmental disability); and is or will be homeless at release or during program participation; and are in, or returning, to Travis County. With a focus on those who have the following characteristics:

- ➢ Co-occurring disorders;
- ➢ Functional impairment;
- ➢ High rates of hospitalization;
- ➢ High need for income stability services; and
- ➢ Mostly male.

This population has complex needs and often has not engaged with traditional housing programs so approaches will vary according the individual needs. These strategies will provide the highest cost savings and targets a population at significant risk of re-incarceration.

KEY FINDINGS

Based on Best Practice Studies and research of 16 sites who serve the target population the following key findings were identified:

1. Supportive housing has been shown to be a cost-effective public investment, lowering corrections and jail expenditures and freeing up funds for other public safety investments

2. Successful best practice programs for the target population either set aside both permanent supportive housing and long term transitional housing or provide only permanent supportive housing.

HOUSING TYPE
- Transitional — 1%
- Permanent — 33%
- Both — 66%

PROJECT SUPPORTED BY:

CSH
supportive housing it works
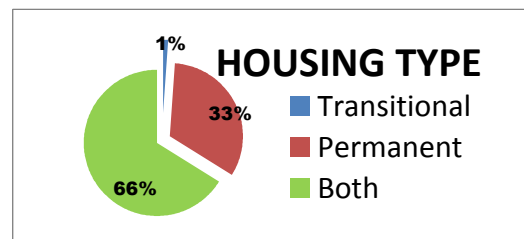
3. The type of housing model and service delivery approach used should be determined by individual need.

4. Low demand housing has proved successful with the chronically homeless and individuals who are distrustful of the service system.

5. 93% of the researched models that target the chronically homeless, service resistant, and vulnerable populations needing low demand housing are fixed site designs.

6. Intensity of case management varies, dependent on individual needs, and is critical for coordinating services and reaching out to clients. Typically, case management services are more intense at the beginning of housing and are reduced as client stabilizes and supports are put in place.

7. Assessment process and assessment tools are developed in the planning stages for each initiative.

8. Strong employment components are necessary for those that are, or become, stable enough to work; however, income stability approaches are typically essential for this target population, i.e., assistance with access to social security, social security disability income, veterans benefits, etc.

9. Collaboration between criminal justice entities, human service agencies, housing and social service providers as well as the community is vital to successful reentry and reintegration outcomes.

10. The best practice models demonstrated an impressive capacity to identify and access diverse funding streams. Traditional sources of funding were donations, foundation bestowments and discretionary awards. Typical benefactors were U.S. Housing and Urban Development (HUD), U.S. Department of Health and Human Services (particularly SAMHSA), National Institute for Justice (NIJ), and Corporation for Supportive Housing (CSH) as well as state public agencies related to corrections, mental health, disability assistance/rehabilitation, and housing. It was evident, however, that most models used their ingenuity to obtain new resources.   Skid Row in Los Angeles uses "community sponsors" for all their housing events, Broadway holds benefits for the Fortune Society programs, and many of the programs own for-profit businesses that produce corporate income while employing their clients.

Recommended strategies

1. ***Support an array of approaches across the housing continuum with an emphasis on permanent supportive housing.*** The Best Practices Work Group identified low demand permanent housing as the most effective for the target population. **Low demand housing** removes requirements for sobriety, treatment attendance, and other barriers to entrance into supportive housing. Residents are just expected to meet the requirements of their lease (pay rent, don't destroy property, no violence, etc). This model is particularly important for the re-entry population. Ideally, this housing is not contingent on participation in services, although continuous attempts to engage clients have resulted in success in other communities. It is recognized that those on criminal justice supervision will have to meet the conditions of their supervision.

PROJECT SUPPORTED BY:

- > **Permanent Supportive Housing is critical.** The complex challenges of the target population indicate that they will require stable housing and support in order to address their needs and reduce the use of costly services. The characteristics of Permanent Supportive Housing are: Housing that is available to, and intended for, a person or family whose head of household is homeless, or at-risk of homelessness, and has multiple barriers to income and housing stability. In addition:

    - Households would ideally pay no more than 30% household income towards rent and utilities;
    - There are no limits on length of tenancy, as long as the terms and conditions of the lease or agreement are met;
    - Operations are managed through effective partnerships;
    - A comprehensive array of supportive services designed to sustain housing stability is offered; and
    - Coordinated approaches are used to address potentially destabilizing factors.

    Travis County lacks permanent supportive housing units. According to the 2009 HUD Continuum of Care NOFA, Travis County has 532 transitional housing beds and only 465 permanent supportive housing beds for the homeless population. Only 57 of these supportive housing beds are designated for the chronically homeless.

- > **Scattered and Fixed Site Approaches can both work.** Both approaches are needed to address this widely divergent population. A fixed site or congregate approach is most often used with the chronically homeless population.

2. *Develop a 100 Unit demonstration project targeting frequent users of the correctional/criminal justice systems who also are high users of other systems*.

This recommendation will provide the highest cost savings as this population represents those at significant risk of re-incarceration. The Data Work Group demonstrated that: Of the 814 at TC Jail, 169 (21%) were on probation, 154 of the 814 (19%)Travis County detainees had 4 or more psychiatric hospitalizations in the past 180 days or 6 in the past two years and accounted for 9,323 bed days, and 200 of the frequent users were also considered frequent users of the healthcare system

3. *Implement best practice service elements*. The following program components were identified as most critical to successful implementation of permanent supportive housing for the re-entry population:

- > **Develop data and evaluation components at the front end**. This data must include recidivism rates, and the definition of how to measure this should be carefully crafted as implementation proceeds. Evaluation tools implemented should, at a minimum, measure the following:
    - Housing stability
    - # of ER visits (for comparison with previous 12 months)
    - # of days spent in jail (for comparison with previous 12 months)
    - # of psychiatric hospitalizations (for comparison with previous 12 months)

➢ **Individualize housing options**. No one approach works for this population and rigid requirements should not be built in at the front end of implementation. Flexibility is critical.

➢ **Utilize a case management approach.** Best practices showed that a case management approach that is intensive at the beginning (some programs met daily with clients initially) and then moderated as clients became stable has been successful in other communities.

➢ **Attain and maintain income stability.** Develop both a strong employment program and connection to employers and provide access for people who qualify for mainstream benefits such as SSI.

➢ **Create leasing options that are varied and flexible.** Provide month to month leases as well as master leases as options where an agency assumes the responsibility of a lease initially and then transfers it to an individual lease when the individual reaches a state where they can assume that responsibility.

➢ **Ensure formal agreements with a comprehensive array of support services.** Formal linkages and agreements should be made that are directly related to housing with a variety of services, including:
  ▪ Mental health
  ▪ Substance abuse services; and
  ▪ Legal advocacy for housing appeals, SSI/SSDI benefits, etc

➢ **Develop formal agreements between criminal justice entities and housing and service providers.** Successful communities have developed formal agreements between the criminal justice agencies and housing and service providers that include formal referral processes and transportation to the identified housing.

➢ **Identify local champion(s) to take on this cause**. Strong leadership and coalition building has proven to be very successful for other communities who have tackled this problem. We believe that local champion(s) should be recruited to take on this cause. This leadership may be provided by both individuals and coalitions who share the goal of increased housing for this population.

4. ***Further identify and explore the needs of the vulnerable homeless population that are frequent users of multiple systems and identify another possible target population who would benefit from permanent supportive housing.*** The Best Practices Work Group also recommends subsequent attention to those populations considered highly vulnerable and who are frequent users of multiple systems including homeless shelters, crisis psychiatric services, hospitals as well as the criminal justice systems. For example, ARCH identified 101 frequent users of their shelter (200 or more days in shelter in 2008), who were not matched with the Travis County jail homeless, mentally ill population (814) in this project. It is recommended that a vulnerability tool also be adopted that can help identify this population. Other communities have shown significant community value to addressing this population.

For additional information about the Austin/Travis County CSH Texas Re-entry Initiative or to volunteer to work on this project, contact:

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