

THE STEPPINGUP INITIATIVE



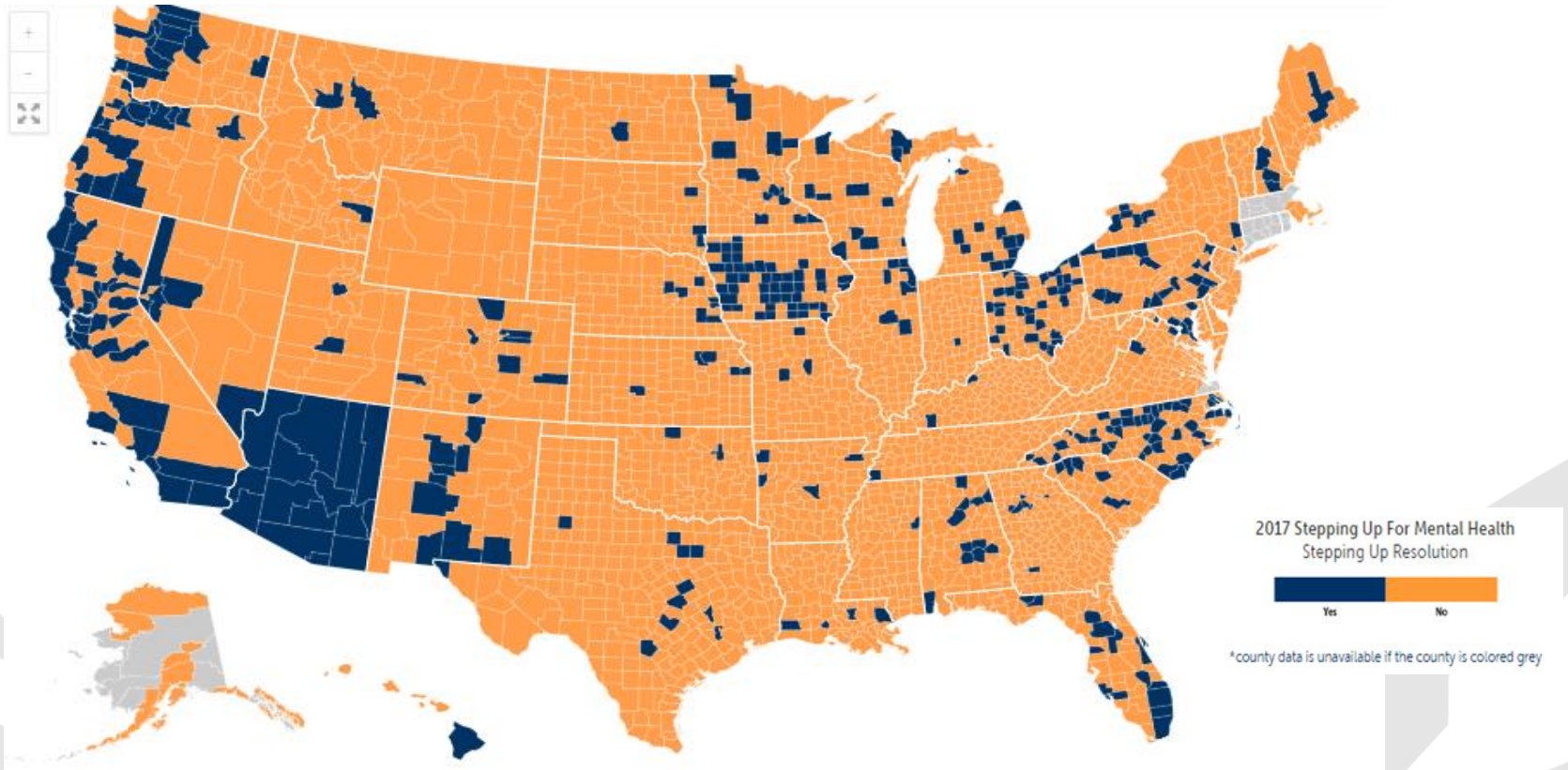
Addressing Housing Needs of People with Mental Illnesses in Jails

November 2017



Counties are Stepping Up

Stepping Up Resolutions Received as of November 1, 2017



Today's Network Call



The Council of State Governments Justice Center

Dr. Richard Cho

Director of the Behavioral Health Division

Corporation for Supportive Housing

Kim Keaton

Associate Director of Data and Analytics

Johnson County, Iowa

Crissy Canganelli

Executive Director of Shelter House

Harris County, Texas

Dr. Regenia Hicks

Director for Harris County Mental Health Jail Diversion Program

Speaker: Dr. Richard Cho



Dr. Richard Cho

Director of the Behavioral Health Division
The Council of State Governments Justice
Center



To Reduce the Number of People With Mental Illnesses in Jails, County Leaders Should Ask These Six Questions



Released in January 2017

Q1

Is your leadership committed?

Q2

Do you have timely screening and assessment?

Q3

Do you have baseline data?

Q4

Have you conducted a comprehensive process analysis and service inventory?

Q5

Have you prioritized policy, practice, and funding?

Q6

Do you track progress?

Reminder: Recordings of all webinars from the Six Questions series is located on the Stepping Up Toolkit, stepuptogether.org/toolkit

Stepping Up Goals Based on Four Key Measures

M1

Reduce

The number
of people with
SMI booked
Into jail

M2

Shorten

The average
length of stay
for people SMI
in jails

M3

Increase

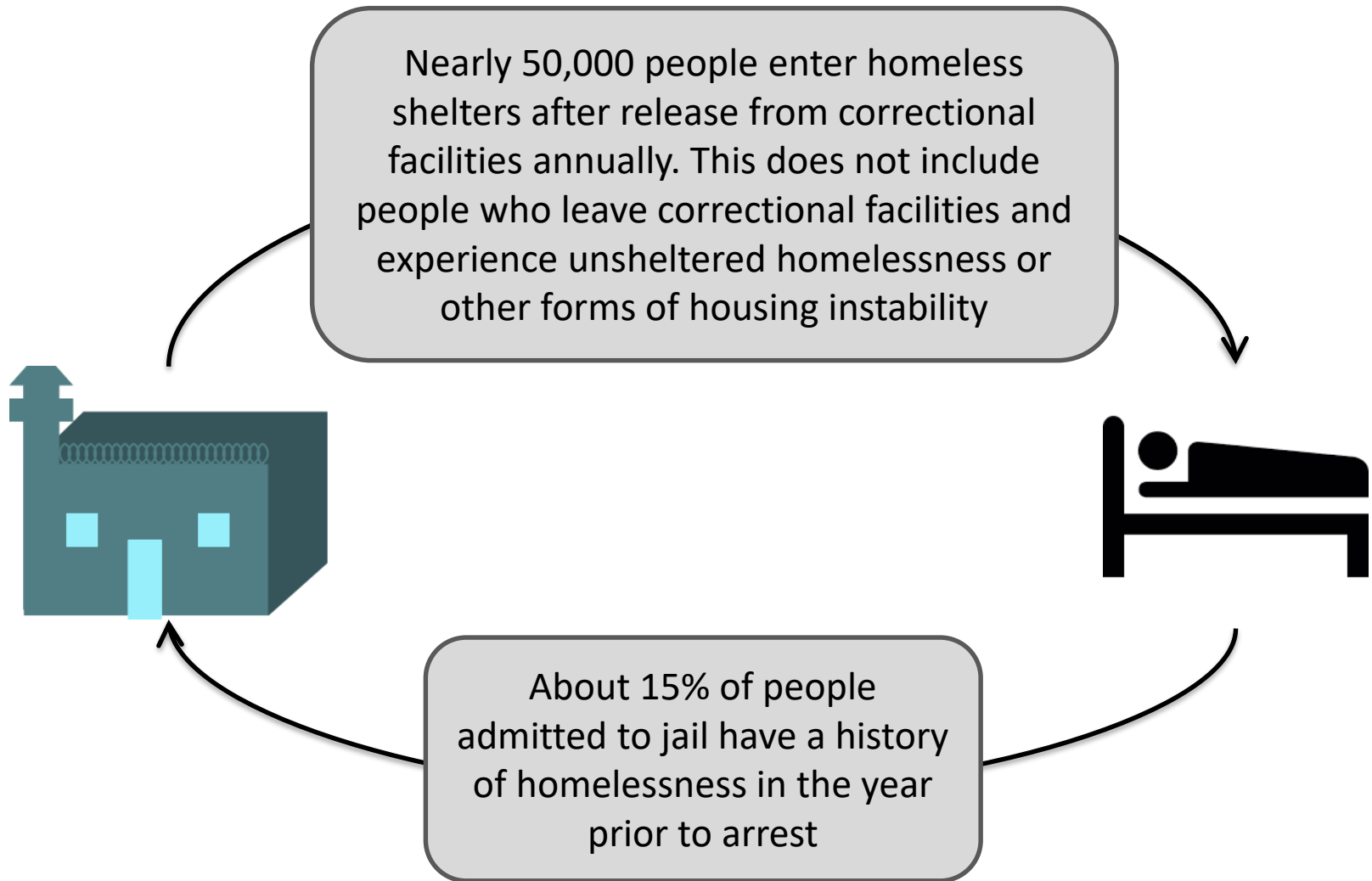
The percentage
of connection to
care for people
with SMI in jail

M4

Lower

Rates of
recidivism

Homelessness and Incarceration

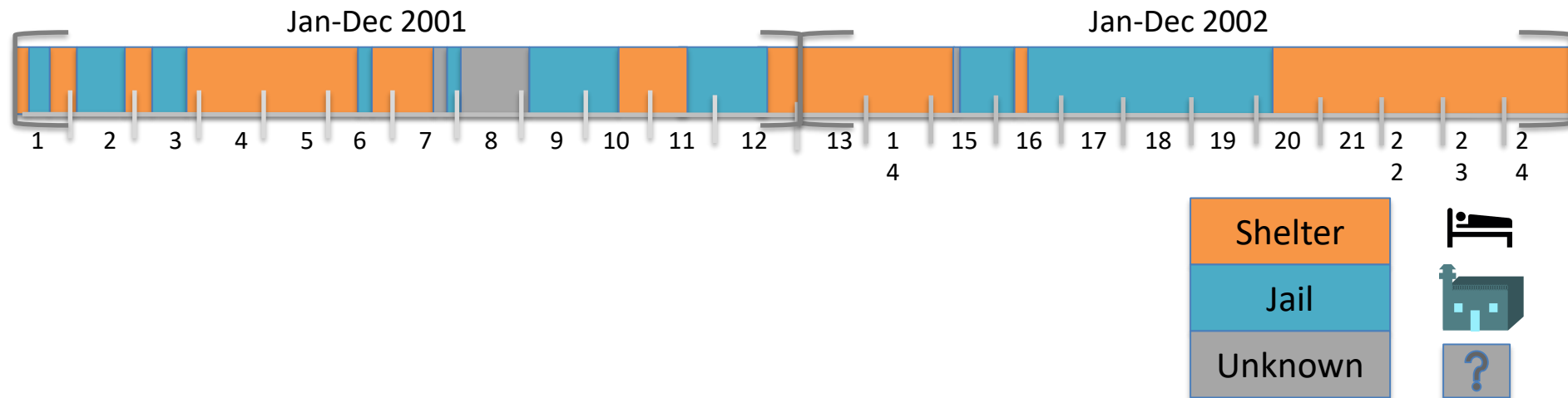


Sources: United States Interagency Council on Homelessness, "Connecting People Returning from Incarceration with Housing and Homelessness Assistance," March 2016; Greg A. Greenberg and Robert A. Rosenheck, "Jail Incarceration, Homelessness, and Mental Health: A National Study," *Psychiatric Services* 59, no. 2 (February 2008).

A Subset of Individuals Cycle Regularly Between Jails and Homelessness

County data matches have identified a cohort of individuals who experience homelessness and jail involvement as a revolving door

Frequent User Case Study



Sources: Angela A. Aidala and William McIlister, "Frequent Users Service Enhancement 'FUSE' Initiative," New York City FUSE II (2014); Corporation for Supportive Housing, "Supportive Housing for Frequent Users of the Homeless, Criminal Justice, and Health Care Systems," presentation at NCHV Annual Conference, (May 31, 2013).

Housing Instability and Criminal Justice Involvement: A Causal Spiral?



Law enforcement policies and practices criminalize behaviors associated with homelessness



Lack of stable housing prevents or reduces consideration for jail diversion



Lack of stable housing upon exit from jail increases risk of recidivism



Criminal history serves as a barrier to housing, contributing to housing instability, homelessness

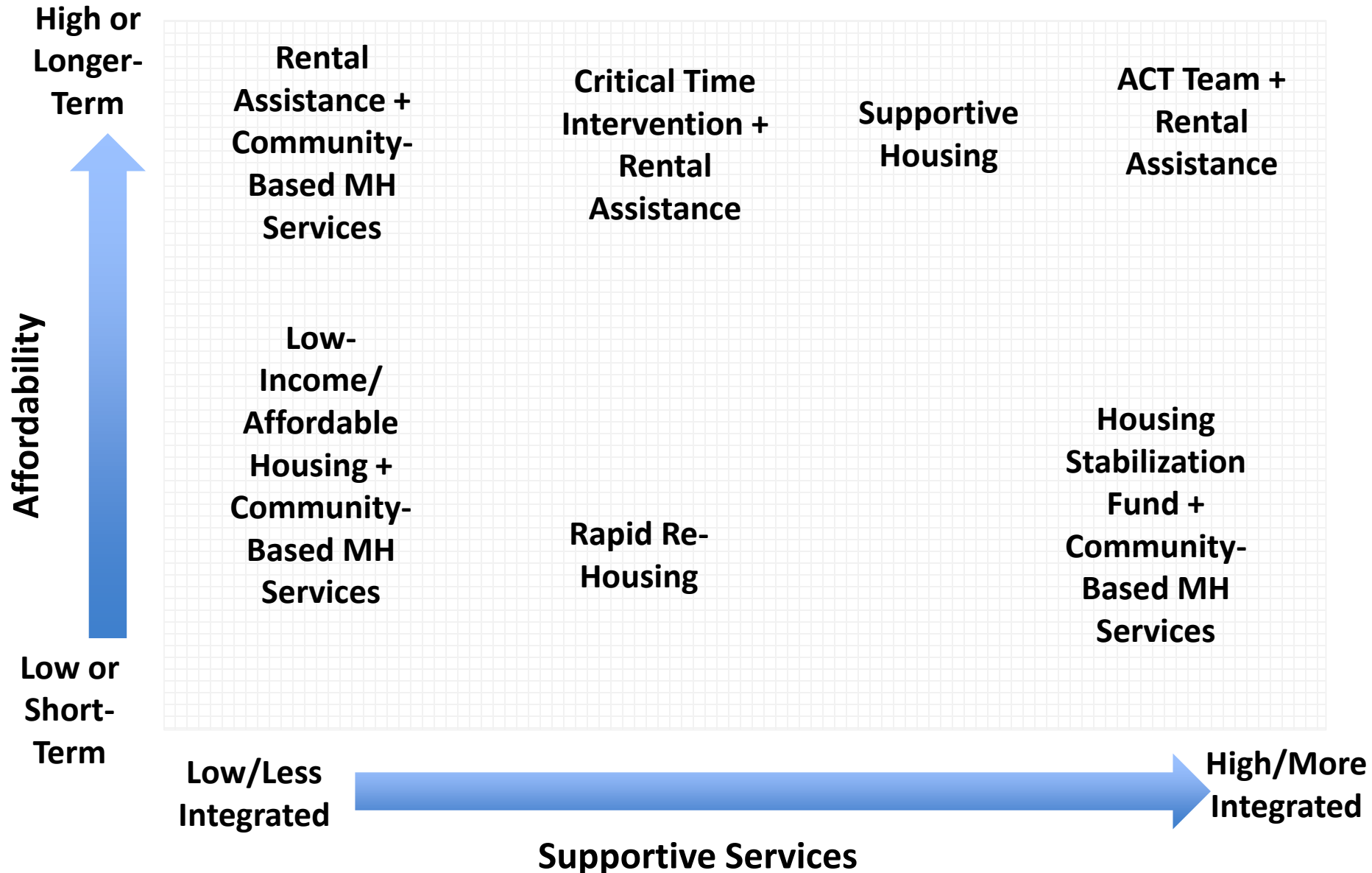
People with SMI Need Housing Plus Services

Addressing housing needs among people with SMI must address:

- **Affordability** – People with SMI may be low-income or on fixed income and therefore cannot afford rent on the private market through incomes
- **Services Needs** – People with SMI may need assistance with maintaining housing (finding housing, paying rent, housekeeping, activities of daily living)



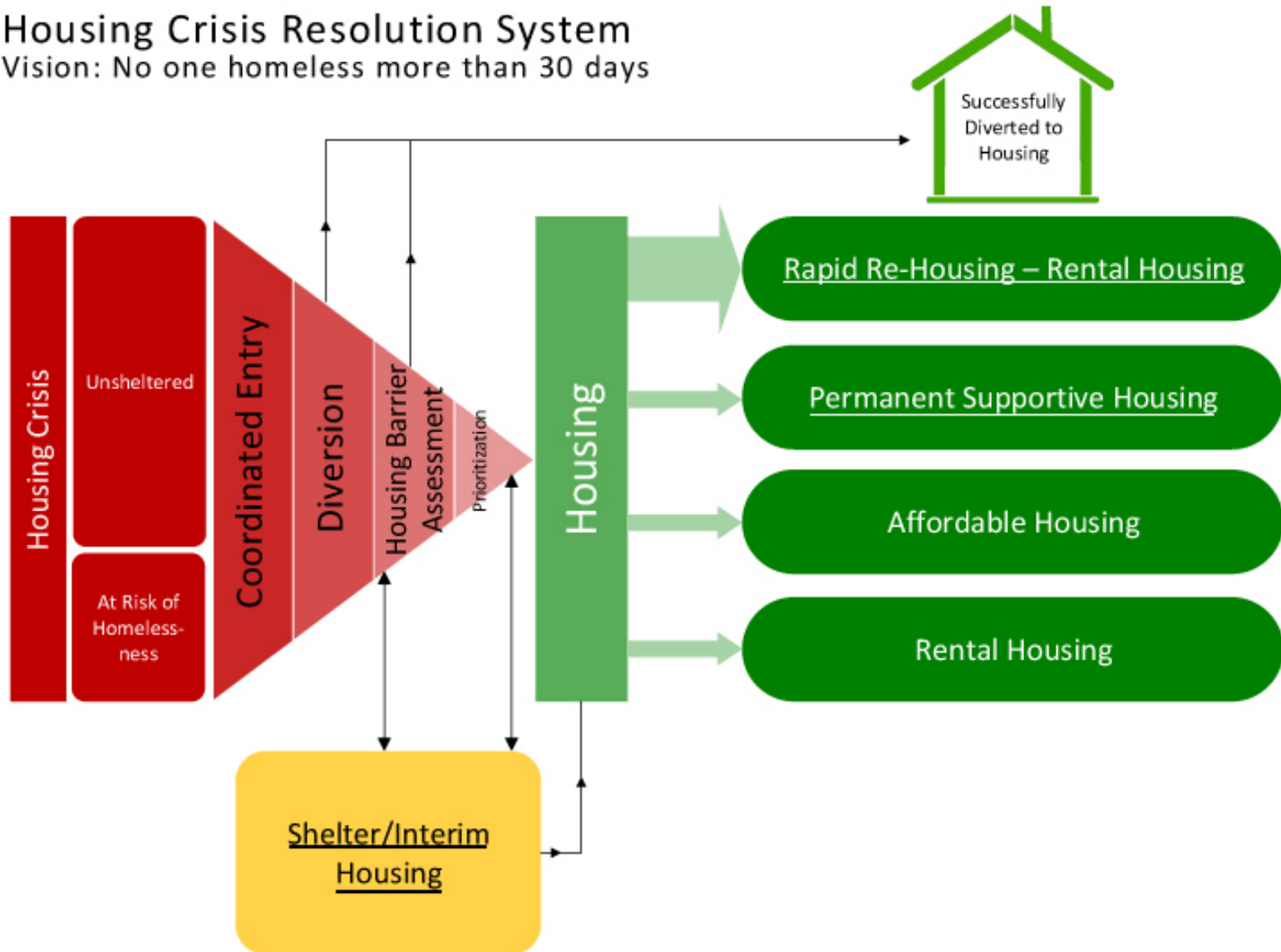
Many Ways to Coordinate Housing with Services



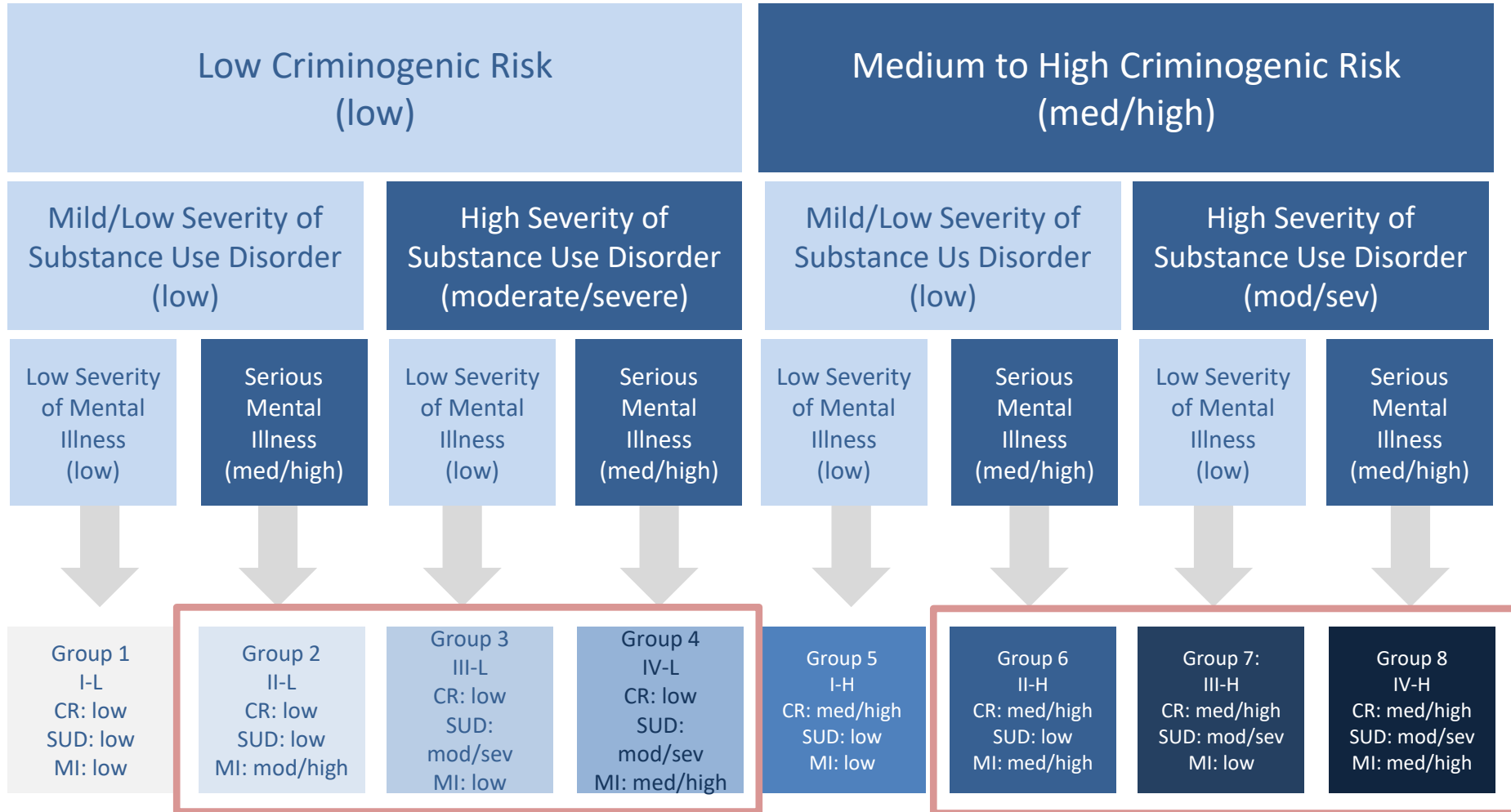
Homeless/Housing Programs Triaging Needs, Streamlining Access

Housing Crisis Resolution System

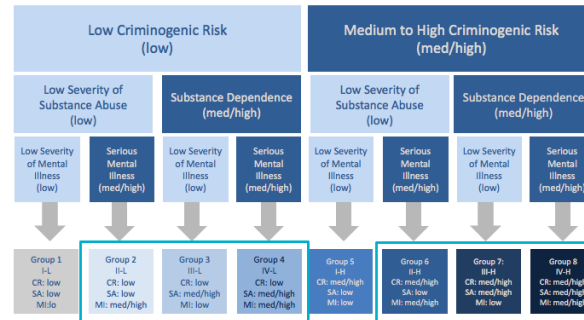
Vision: No one homeless more than 30 days



Evidence-Based Framework for Targeting Interventions



Framework for Prioritizing Resources



Subgrouping A

Low criminogenic risk/ some significant BH treatment needs

Group 2
II-L
CR: low
SA: low
MI: med/high

Group 3
III-L
CR: low
SA: med/high
MI: low

Group 4
IV-L
CR: low
SA: med/high
MI: med/high

Divert from criminal justice system without intensive community supervision if connected to appropriate treatment and supports

Subgrouping B

High criminogenic risk/ some significant BH treatment needs

Group 6
III-H
CR: med/high
SA: low
MI: med/high

Group 7:
IV-H
CR: med/high
SA: med/high
MI: low

Group 8
V-H
CR: med/high
SA: med/high
MI: med/high

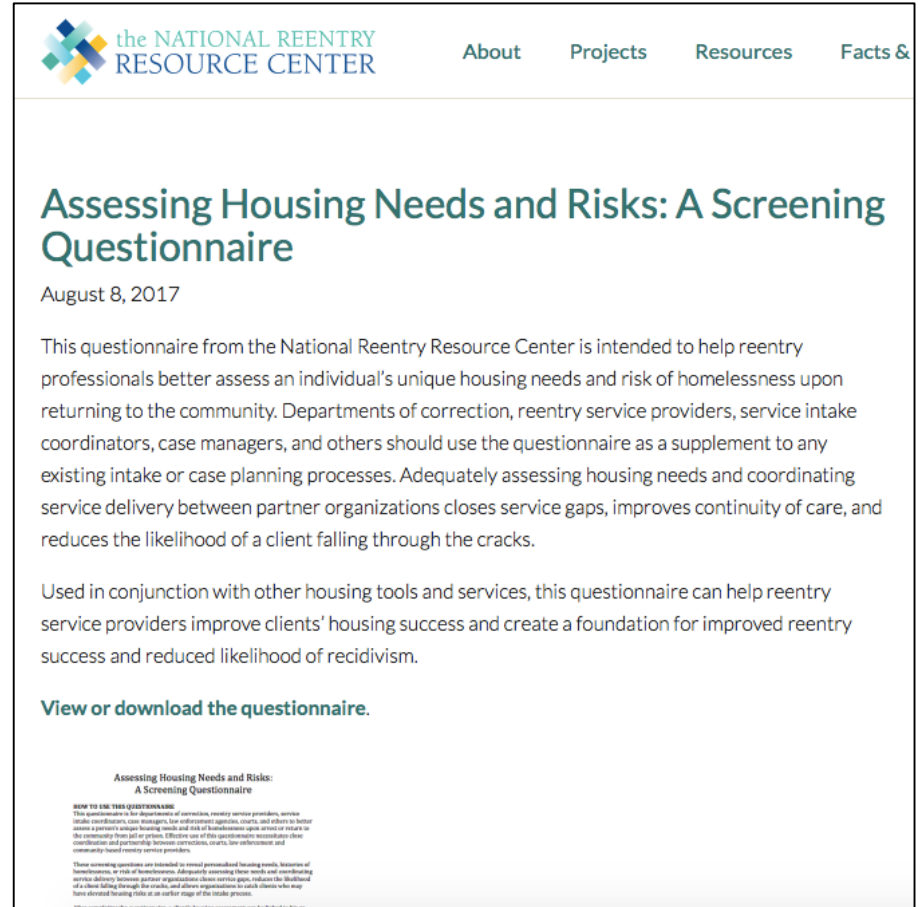
Prioritize for intensive supervision (in lieu of incarceration or as condition of release) coordinated with appropriate treatment and supports

Assessing for Housing Needs and Risk

Properly assessing housing need and risk of homelessness is key to matching clients to appropriate services.

Screening Questionnaire, developed as part of the National Reentry Resource Center:

- 24 questions, mostly yes-no
- Can be used in-whole or in-part
- Easily integrated into existing screening and assessment processes
- Non-stigmatizing language
- Screens for housing risk, specialized population status, and wraparound service needs
- Available at:
<https://csgjusticecenter.org/nrrc/publications/assessing-housing-needs-and-risks-a-screening-questionnaire/>.



The screenshot shows the website of the National Reentry Resource Center. The header includes the logo, the name 'the NATIONAL REENTRY RESOURCE CENTER', and navigation links: 'About', 'Projects', 'Resources', and 'Facts &'. The main content area features the title 'Assessing Housing Needs and Risks: A Screening Questionnaire' with a date of 'August 8, 2017'. Below this is a paragraph explaining the purpose of the questionnaire: 'This questionnaire from the National Reentry Resource Center is intended to help reentry professionals better assess an individual's unique housing needs and risk of homelessness upon returning to the community. Departments of correction, reentry service providers, service intake coordinators, case managers, and others should use the questionnaire as a supplement to any existing intake or case planning processes. Adequately assessing housing needs and coordinating service delivery between partner organizations closes service gaps, improves continuity of care, and reduces the likelihood of a client falling through the cracks.' This is followed by another paragraph: 'Used in conjunction with other housing tools and services, this questionnaire can help reentry service providers improve clients' housing success and create a foundation for improved reentry success and reduced likelihood of recidivism.' A link 'View or download the questionnaire.' is provided. At the bottom, there is a small section titled 'Assessing Housing Needs and Risks: A Screening Questionnaire' with a sub-header 'HOW TO USE THE QUESTIONNAIRE' and a paragraph of text.

the NATIONAL REENTRY
RESOURCE CENTER

About Projects Resources Facts &

Assessing Housing Needs and Risks: A Screening Questionnaire

August 8, 2017

This questionnaire from the National Reentry Resource Center is intended to help reentry professionals better assess an individual's unique housing needs and risk of homelessness upon returning to the community. Departments of correction, reentry service providers, service intake coordinators, case managers, and others should use the questionnaire as a supplement to any existing intake or case planning processes. Adequately assessing housing needs and coordinating service delivery between partner organizations closes service gaps, improves continuity of care, and reduces the likelihood of a client falling through the cracks.

Used in conjunction with other housing tools and services, this questionnaire can help reentry service providers improve clients' housing success and create a foundation for improved reentry success and reduced likelihood of recidivism.

[View or download the questionnaire.](#)

Assessing Housing Needs and Risks:
A Screening Questionnaire

HOW TO USE THE QUESTIONNAIRE
This questionnaire is for departments of corrections, reentry service providers, service intake coordinators, case managers, law enforcement agencies, courts, and others to better assess a person's unique housing needs and risk of homelessness upon return or reentry to the community from jail or prison. Effective use of this questionnaire necessitates close coordination and partnership between corrections, courts, law enforcement and community-based reentry service providers.

These screening questions are intended to reveal personalized housing needs, histories of homelessness, or risk of homelessness. Adequately assessing these needs and coordinating service delivery between partner organizations closes service gaps, reduces the likelihood of a client falling through the cracks, and allows organizations to track clients who are at greatest housing risk at any other stage of the reentry process.

After completing the questionnaire, a client's housing assessment can be linked to his or

Prioritizing and Targeting Housing Interventions

Subgrouping A

Low criminogenic risk/ some significant BH treatment needs

Group 2
II-L
CR: low
SA: low
MI: med/high

Group 3
III-L
CR: low
SA: med/high
MI: low

Group 4
IV-L
CR: low
SA: med/high
MI: med/high

Divert from criminal justice system without intensive community supervision if connected to appropriate treatment and supports

Housing Needs:
Low

Housing Needs:
High (Homeless)

Provide housing search assistance, incl. family and social supports

Refer and link to existing permanent supportive housing and housing assistance programs

Subgrouping B

High criminogenic risk/ some significant BH treatment needs

Group 6
II-H
CR: med/high
SA: low
MI: med/high

Group 7:
III-H
CR: med/high
SA: med/high
MI: low

Group 8
IV-H
CR: med/high
SA: med/high
MI: med/high

Prioritize for intensive supervision (in lieu of incarceration or as condition of release) coordinated with appropriate treatment and supports

Housing Needs:
Low

Housing Needs:
High (Homeless)

Provide housing search assistance, incl. family and social supports

Targeted interventions that combine housing assistance, supportive services, and supervision

Speaker: Kim Keaton



Kim Keaton

Associate Director of Data and Analytics
Corporation for Supportive Housing



Supportive Housing for Frequent Users of Stepping Up County Jails: The FUSE Model

November 9, 2017

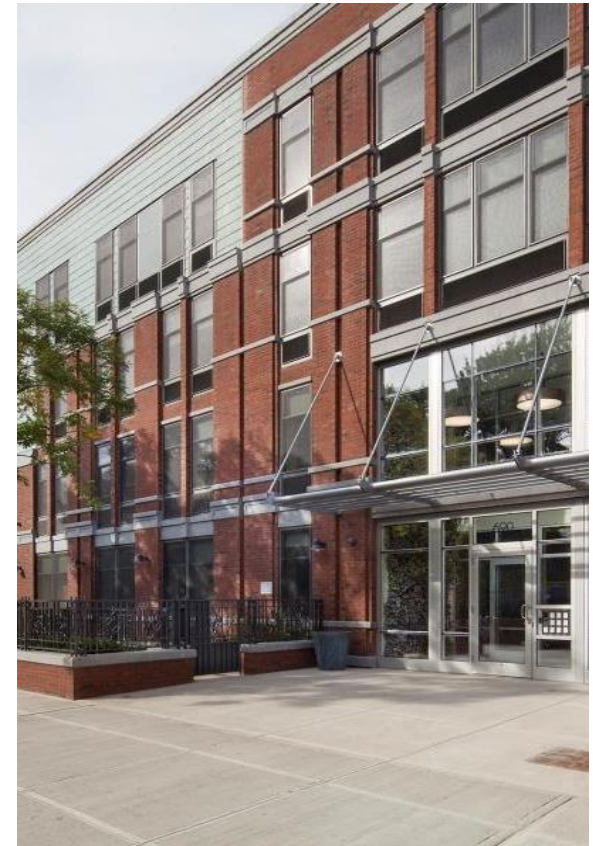
CSH: Advancing Housing Solutions That



Improve lives of
vulnerable people



Maximize
public resources



Build strong,
healthy communities

Supportive Housing is the Solution

Supportive housing combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity.

Housing:
Affordable
Permanent
Independent



Support:
Flexible
Voluntary
Tenant-centered
Coordinated Services

Supportive housing is for people who:



- Are homeless.
- Cycle through institutional and emergency systems and are at risk of long-term homelessness.
- Are being discharged from institutions and systems of care.
- Without housing, cannot access and make effective use of treatment and supportive services.



Why supportive housing for Stepping Up counties?



It's evidence-based

M4

- Reduces system use through stabilization in housing and breaks the cycle of homelessness and incarceration
- Is a key strategy for ending chronic homelessness in the US – major investment from HUD and the VA

It's ideal for the most vulnerable

M3

- Many high utilizers of jails are homeless with multiple mental, behavioral and physical health challenges
- Provides wraparound support services that help keep a person stable and housed
- Is individualized to meet the needs of the consumer

It's a diversion strategy Stepping Up counties should consider adding to their toolkits!

M1

Frequent Users Systems Engagement: FUSE



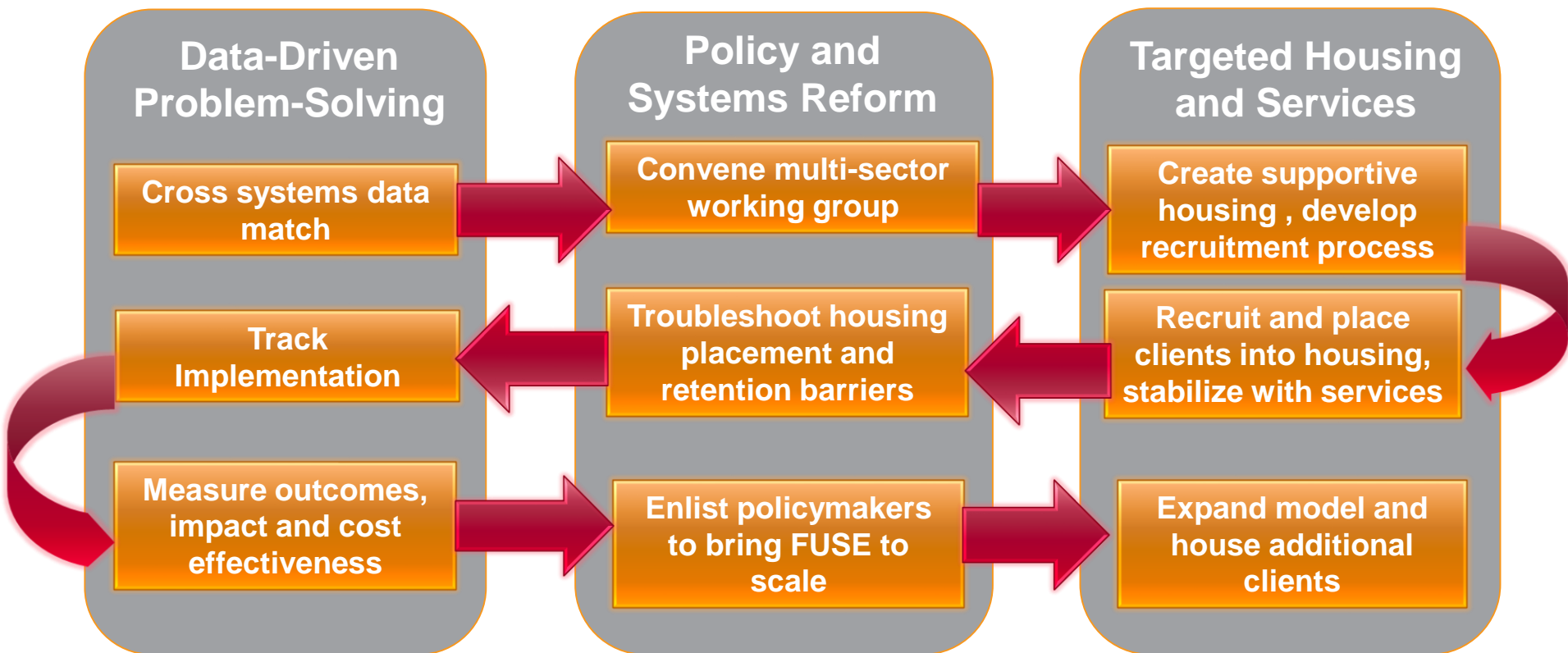
Thousands of people with chronic health conditions cycle in and out of jails, diversion courts, hospital emergency rooms and homelessness - at great public expense and with limited positive human outcomes.

Targeted supportive housing for this most vulnerable and costly of this group can reduce costs while getting better outcomes.

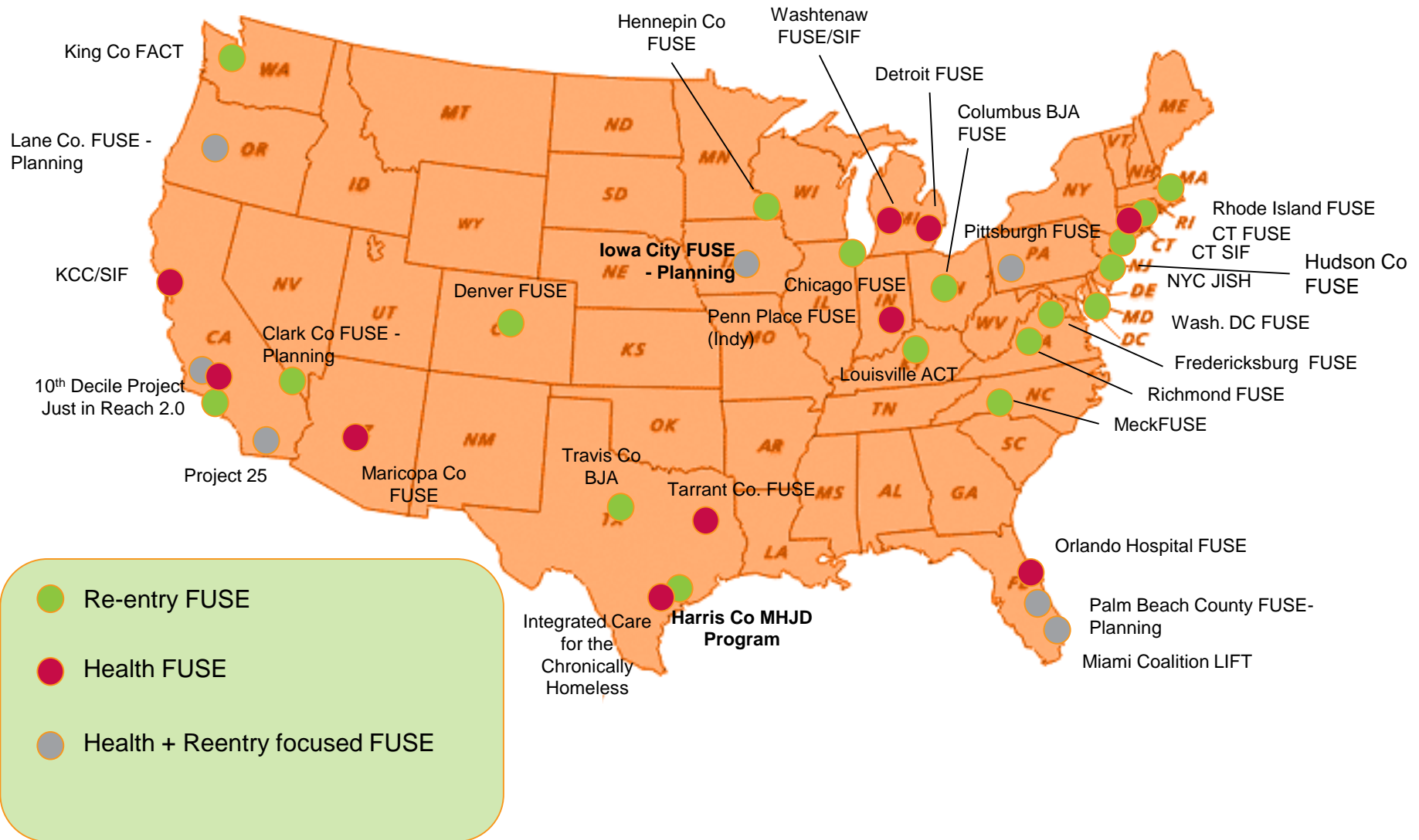
By finding a solution to the frequent user issue, the FUSE program serves as a catalyst for **system change**.

FUSE Blueprint

Communities spend billions of dollars on services that bounce vulnerable people between crisis services. CSH's *FUSE model* helps break that cycle while increasing housing stability and reducing multiple crisis service use.



30 Communities Strong



FUSE Evaluations Show Success



M4

NYC FUSE

- 40% reduction jail days
- 91% fewer shelter days
- 50% reduction in psych. inpatient
- 86% housed after 2 years

San Diego Project 25

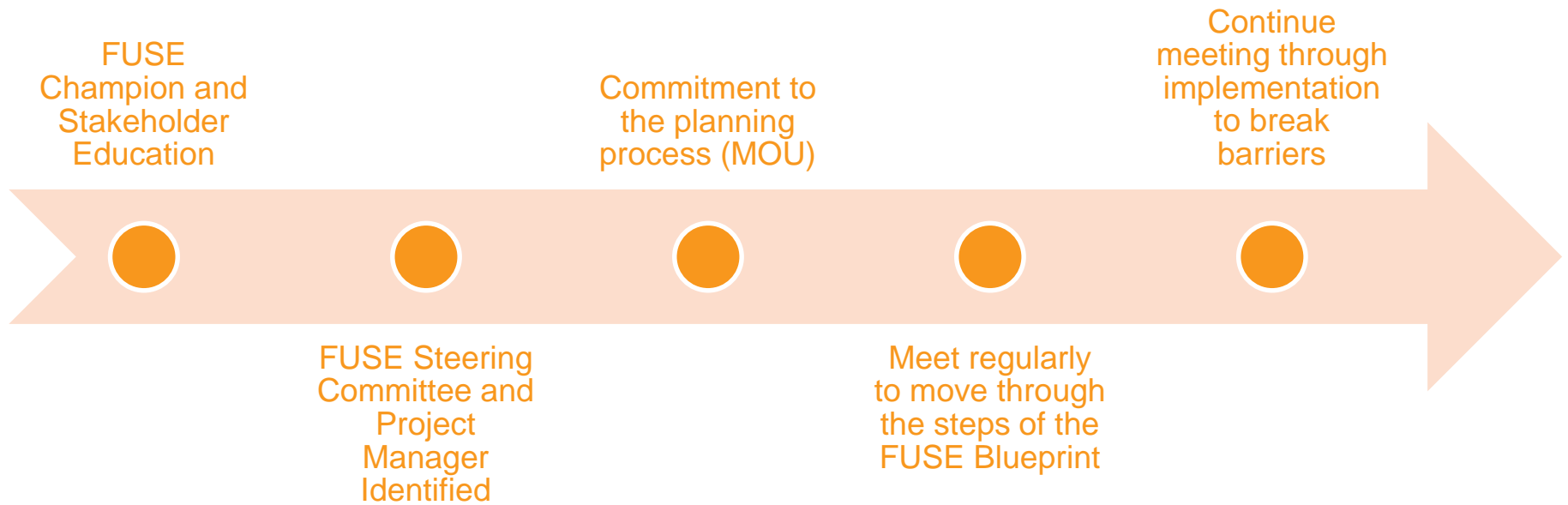
- 67% reduction in total public costs after 2 years
- 60-80% reduction in ambulance, ER, hospitalizations, arrests, jail days
- Net savings of over 200% after paying for housing + services

MeckFUSE (Charlotte)

- 50% fewer arrests
- 87% fewer shelter days
- 24% less ambulance service charges
- 43% less hospital charges

First. Plan and launch a FUSE Steering Committee

Q1



Second: Use data to find your target population

- Data matching is the best way to identify the most frequent users of more than one systems' costly services
- Utilize a list-based outreach or “in-reach” approach to ensure that targeting most vulnerable and costly
- Measure and track program implementation and outcomes
 - How long does it take to place people in housing
 - Housing retention
 - System use – incarcerations, ER visits, hospitalizations
- Evaluate programs using control or comparison group to demonstrate results and scale the model

Q3

Q2

Q6

Q6

A simple example of a data match

CORRECTIONS DATA

- Past 5 years of bookings, charges and release dates
- Indicators for inmates with psychiatric disorders
- Indicators for inmates with substance use

HOMELESS SYSTEM DATA

- Past 5 years of shelter usage
- Other homeless system usage that maybe tracked, such as outreach contacts, service center usage, etc.

NAME	CLIENT_ID	Jail Bookings	Shelter Stays	SHELTER	Unit Type
Smith, S	102651	71	6	Mens Shelt	General
Price, P	102652	42	15	Urban Minis	General
Johnson, J	102653	20	20	Womens Shel	Detox
Williams, W	102655	15	32	Skid Row HT	Psychiatric

Third: Scan/Create opportunities for supportive housing

Q4

What type of supportive housing is in your community?



Scattered
Site



Single Site



Mixed
Affordability



Typical funding sources for supportive housing



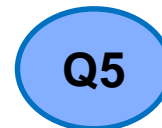
CAPITAL: Local landlords, LIHTC, HOME, local housing trust funds



RENT: Housing vouchers, public housing authorities, CoC, VA



SERVICES: CoC, foundations, SAMHSA grants, Medicaid



Resources from CSH

- FUSE Resource Center on CSH's website: csh.org/fuse
- [FUSE in the news!](#)
- Kim Keaton: kim.keaton@csh.org

Speaker: Johnson County, Iowa



Crissy Canganelli
Executive Director of Shelter House

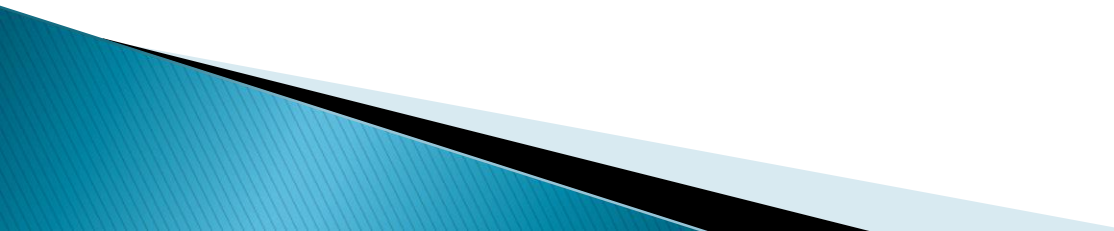





FUSE—Housing First Initiative

Community Context

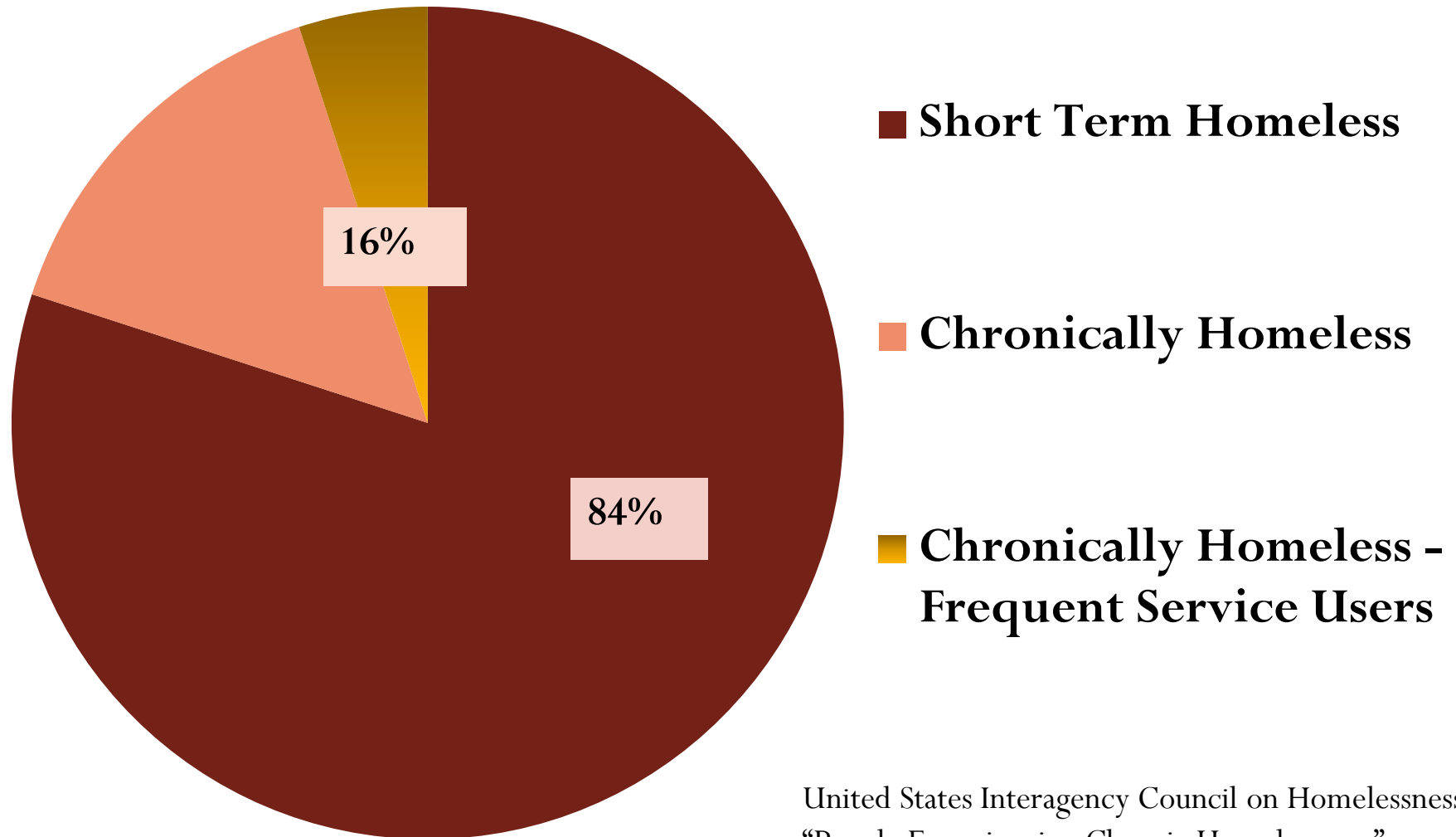
Johnson County, Iowa

- ▶ Is home to the University of Iowa.
 - ▶ Sits astride the intersection of two major Interstates.
 - ▶ Has three hospitals each with psychiatric inpatient.
 - ▶ Has the highest housing costs in the State of Iowa and the lowest vacancy rates (at less than 1%).
- 

Changing the Dialogue

- ▶ 2013 the Iowa City Council passed an ordinance restricting panhandling, where and when people could lie down, and the storage of personal property.
 - ▶ Polar Vortex hit during the winter of 2013/14. Iowa City leaders asked LHCB to develop a shelter option for chronically homeless.
 - ▶ Local Homeless Services Advocates introduced the concept of Housing First.
 - ▶ Cross-System Steering Group formed to identify Local Frequent Users/Familiar Faces.
- 

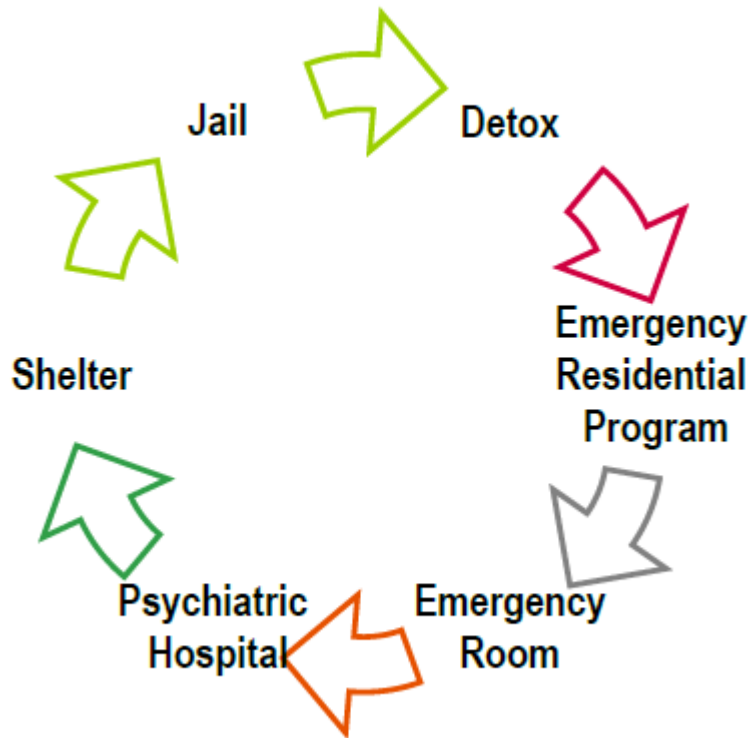
The Frequent User Sub-Group



United States Interagency Council on Homelessness
“People Experiencing Chronic Homelessness”
<http://usich.gov/population/chronic>

Frequent Users

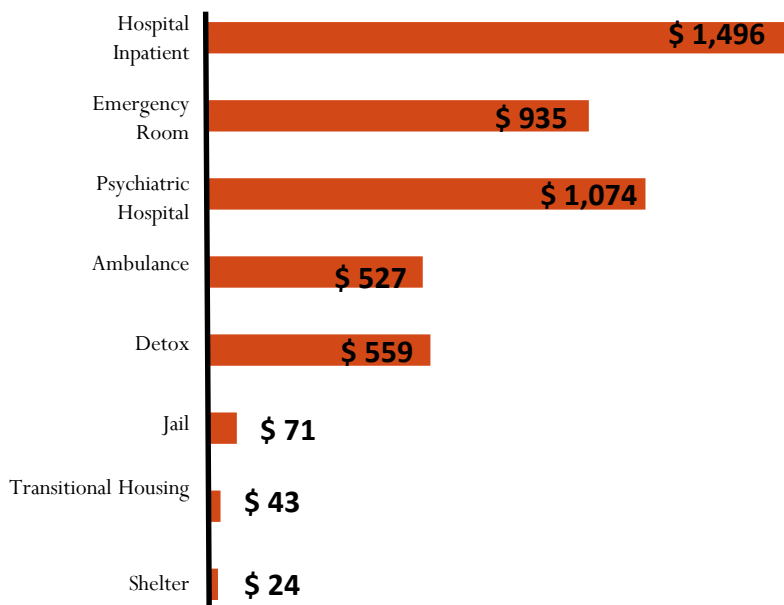
Institutional Circuit



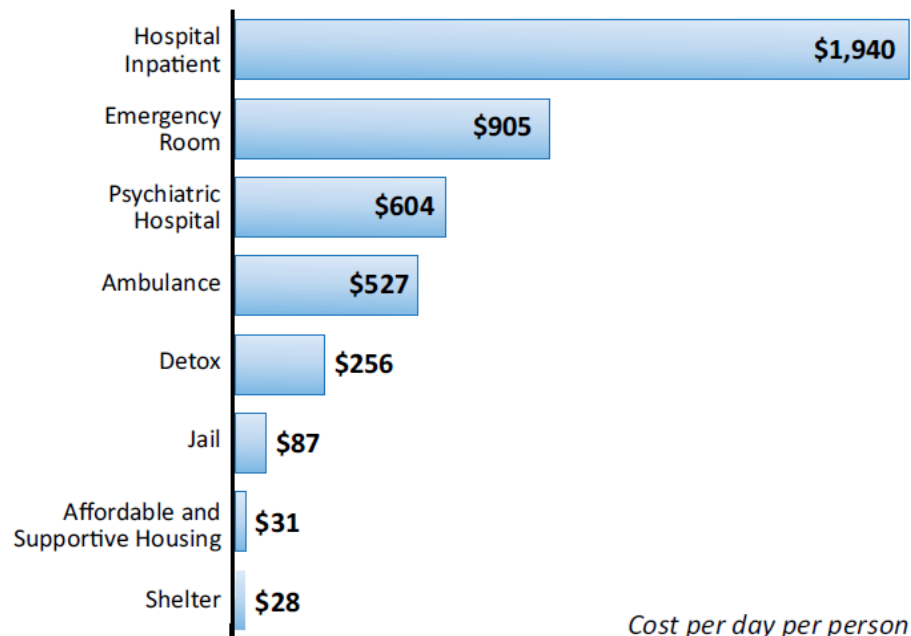
- Complex behavioral and social problems
- Traditional structures are not successful
- Crisis-driven care
 - Poor outcomes
 - High cost to the community
- 80/20 rule

Costs of Homelessness

Costs of serving homeless individuals in Johnson County



Costs of serving homeless individuals nationally



Original research conducted by LHCB, 2014 , based on the average of institutions providing the service in this area.

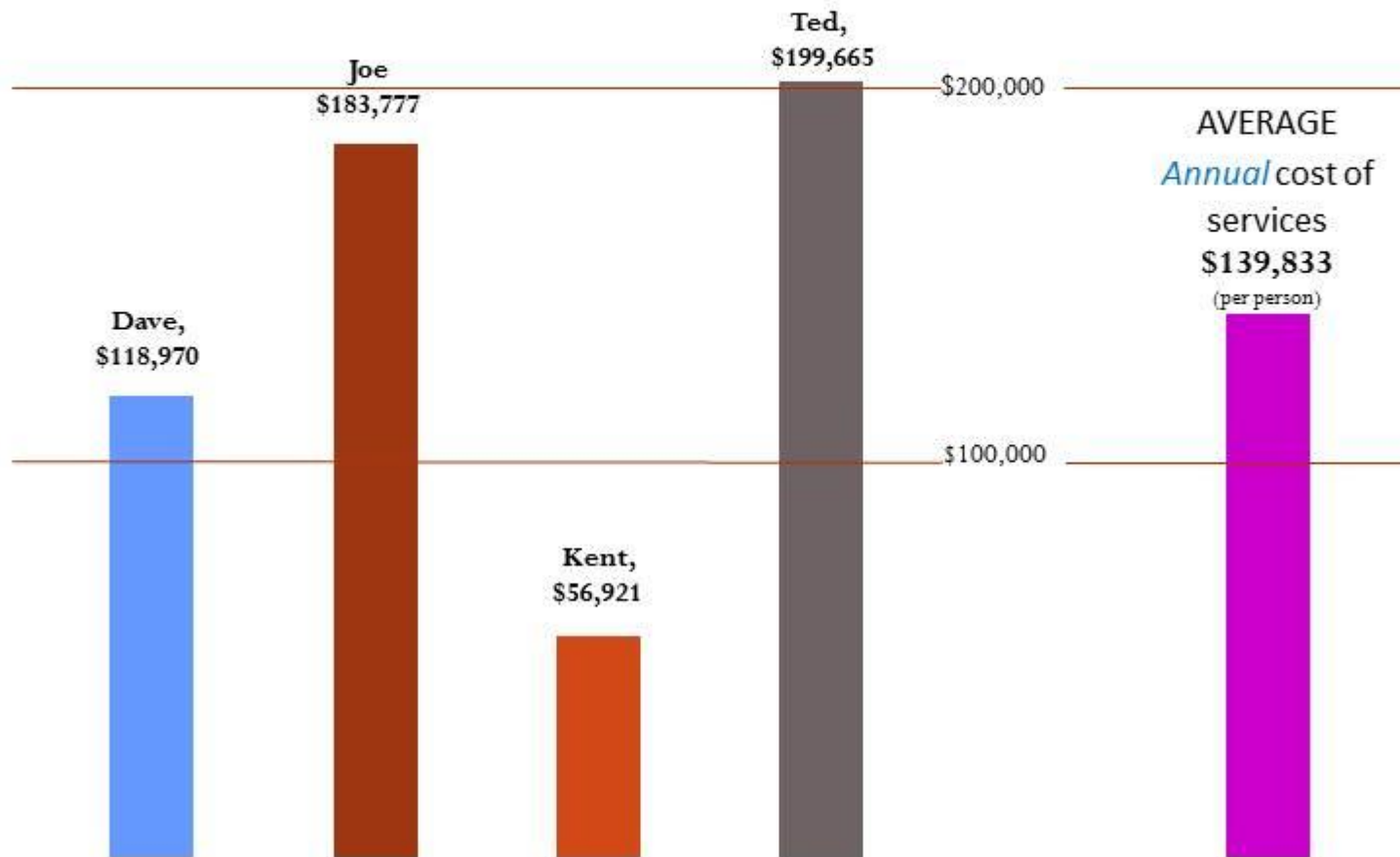
Opening Doors: Federal Strategic Plan to Prevent and End Homelessness: 2010,
U.S. INTERAGENCY COUNCIL ON HOMELESSNESS,
http://www.usich.gov/resources/uploads/asset_library/FactSheetChronicHomelessness.pdf.

Four Johnson County Case Studies

Average annual costs for four individuals

Recent Individual *Annual* Cost of Services*

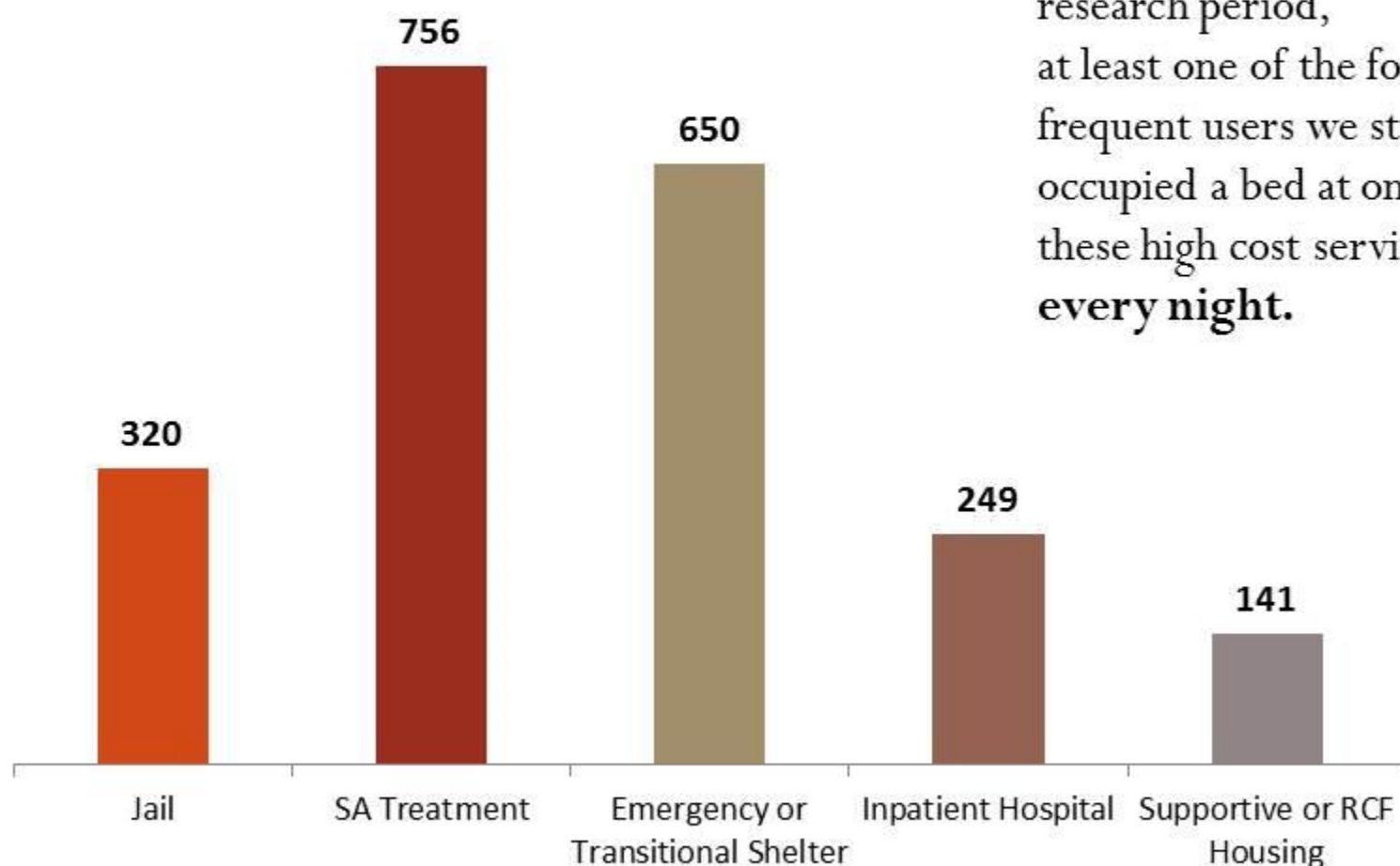
(Averaged over several years)



Nights sheltered in high cost services

Four frequent users from 2009–July 2014

Over the course of the research period, at least one of the four frequent users we studied occupied a bed at one of these high cost services **every night.**

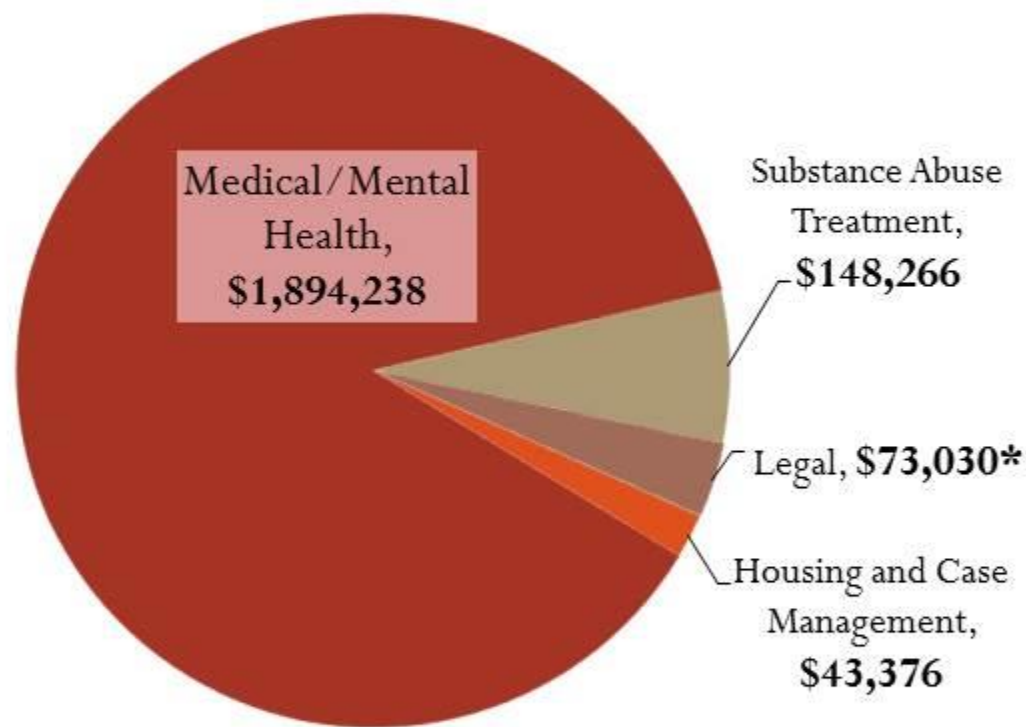


Total: 2,116 days (5.8 years)

Four Local Johnson County Case Studies

2009 – June 2014 total costs of four individuals

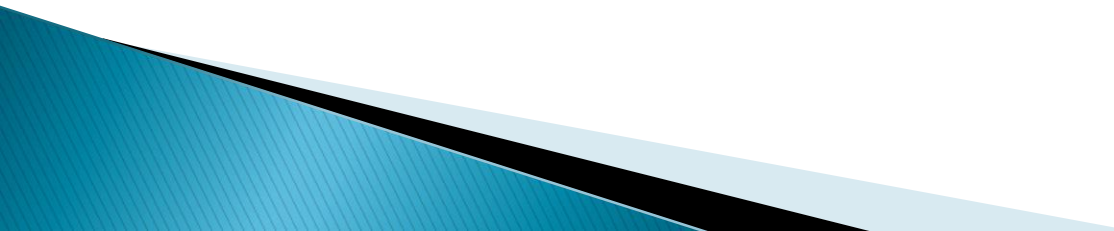
Total Cost:
\$2,159,105



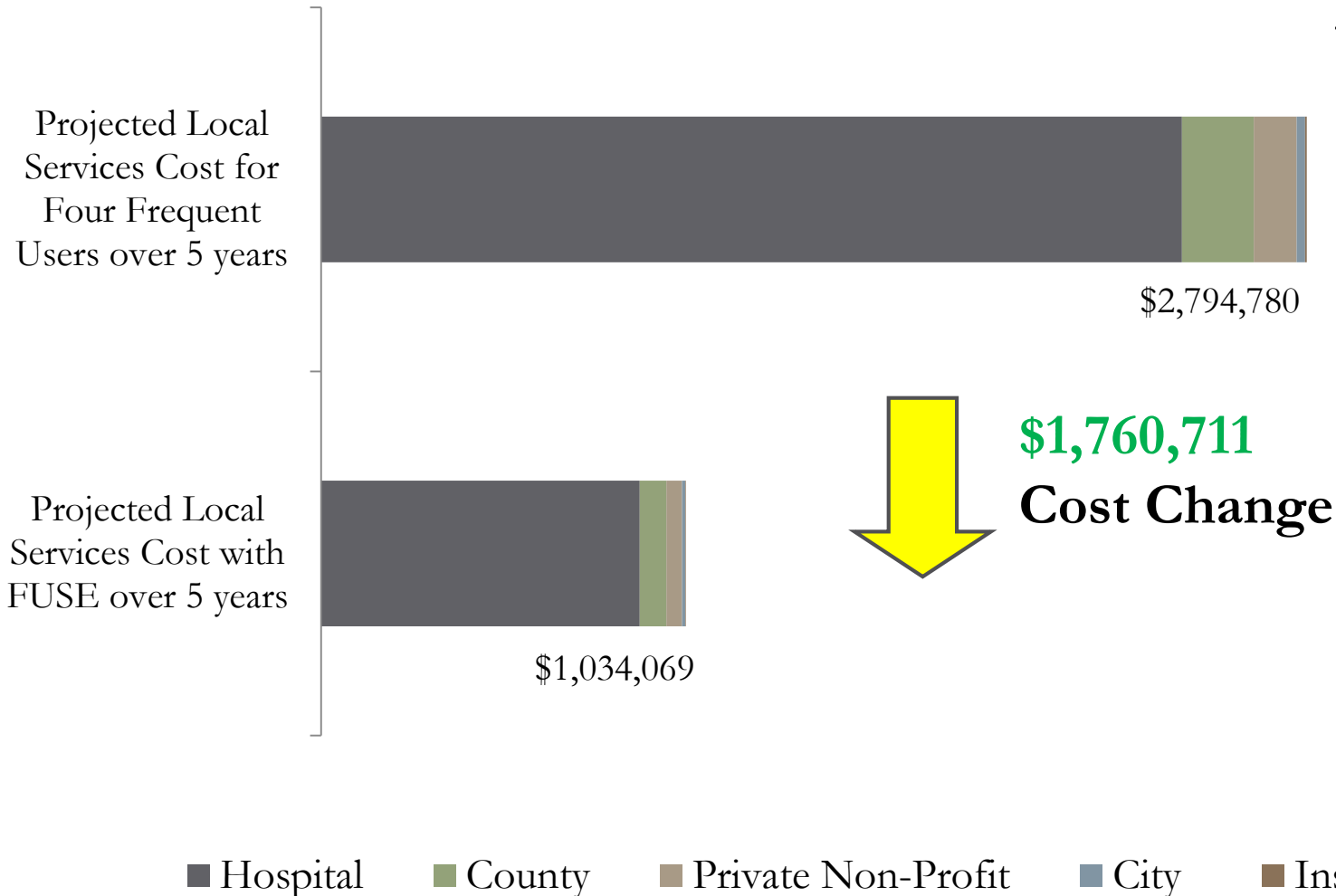
*Legal Charges are a low estimate of the range provided for data collection.



Housing First

- ▶ Permanent Supportive Housing Intervention
 - ▶ Participants are offered a home first
 - ▶ Cross-system collaboration and wrap-around services are essential
 - ▶ Service participation is voluntary and not a condition of tenancy
- 

The Cost of Status Quo



Just four frequent users could cost **\$2.7 million** over the next five years



NEUMANN MONSON ARCHITECTS

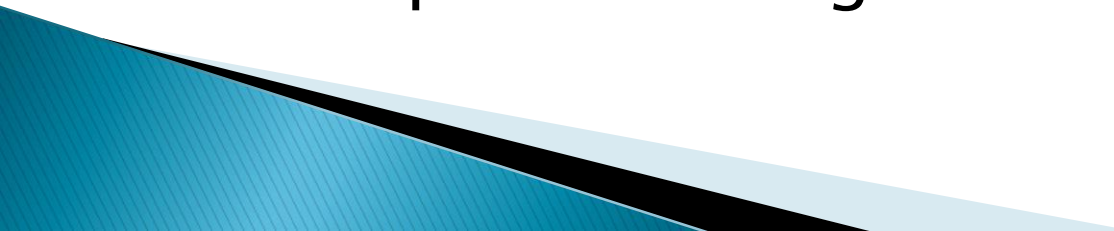
Project Rendering

FUSE Housing First

16.068

June 13, 2017

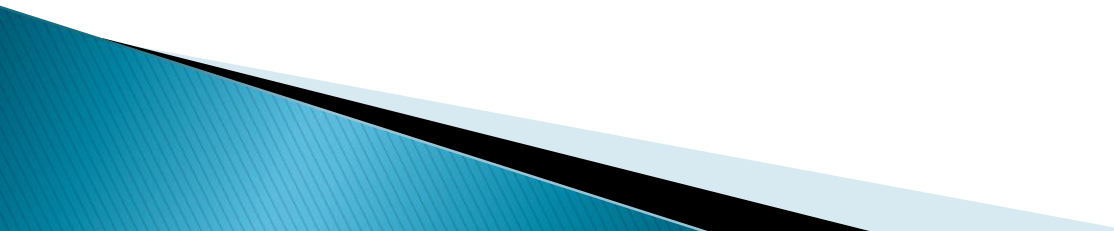
Where we are today:

- ▶ In July of 2016 the City of Iowa City amended the Zoning Code creating a new housing type—Long Term Community Housing.
 - ▶ October 2016 Shelter House purchased land.
 - ▶ All architectural & engineering services are being donated.
 - ▶ As of August, 2017 we have secured all funds needed for the construction project.
 - ▶ We hope to break ground by March of 2018.
- 




Fairweather Lodge

The Fairweather Lodge

- ▶ Permanent Supportive Housing
 - ▶ Communal
 - ▶ Peer support and accountability
 - ▶ Supported Employment
 - ▶ Mental Health Treatment including medication management
- 

Eligibility for the Lodge

- ▶ Adults experiencing homelessness/chronic homelessness
 - ▶ Axis I diagnosis/chronic MI
 - ▶ Willing and able to work
 - ▶ Interested in mental health recovery
 - ▶ Currently abstaining from drug or alcohol abuse
 - ▶ Willing to live in peer supported environment
- 

Pre & Post Housing Service Utilization

- ▶ Psychiatric stays decreased by 90% (714 to 70 nights)
- ▶ Hospital stays decreased by 79% (135 to 28 days)
- ▶ ER visits decreased by 90% (67 to 7 visits)
- ▶ Inpatient treatment decreased by 90% (438 to 45 nights)
- ▶ Jail stays decreased by 97% (1,060 to 3 nights)
- ▶ Prison stays decreased by 100% (2,585 to 0 nights)
- ▶ Costs of services utilized from one year prior compared to one year post housing placement decreased by 82%.

This included cost of permanent supportive housing.

Contact Information

Crissy Canganelli

Executive Director, Shelter House

- ▶ crissy@shelterhouseiowa.org
- ▶ 319-338-5416 x200

Jessica Peckover, LISW, IAADC

Jail Alternatives Administrator

- ▶ jpeckove@co.johnson.ia.us
- ▶ 319-688-5819

Speaker: Harris County, Texas



Dr. Regenia Hicks

Director for Harris County Mental Health Jail
Diversion Program

Stepping Up Webinar

November 9, 2017

Harris County Mental Health Jail Diversion Program Housing Outcomes

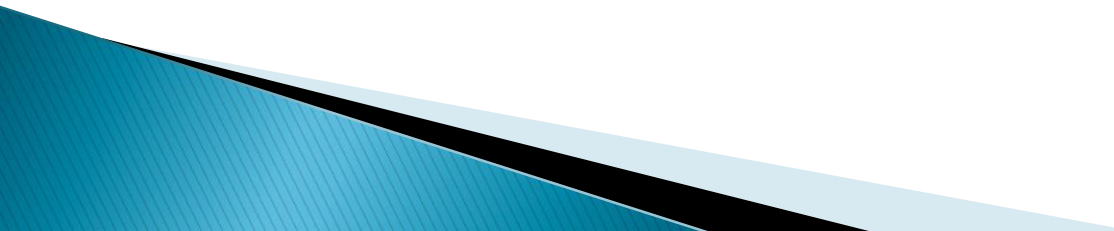


Director: Regenia Hicks, Ph.D.
Office of County Judge Ed Emmett

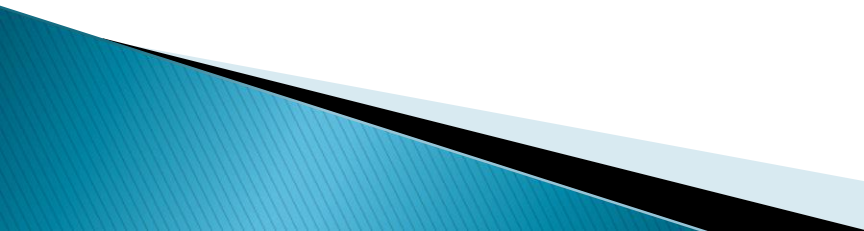
Mental Health and Incarceration in Harris County

- ▶ **Harris County Jail (HCJ) is 3rd largest in the U.S. with an average daily population of 8,922**
 - 1,514 individuals have a mental health history with 775 having a history of both mental health issues and homelessness
 - In 2013, it was estimated that 2,000 detainees were in need of psychotropic medication
- ▶ **Cost of incarceration (average length of stay before trial = 21 days)**
 - General population: \$45/day
 - General population receiving psychotropic medications: \$67/day
 - Specialized mental health unit: \$232/day
- ▶ **On average, more than 2,000 individuals meet the eligibility criteria for the Harris County Mental Health Jail Diversion Program**


Primary Goals

- ▶ Reduce the frequency of arrests and incarcerations
 - ▶ Reduce the number of days spent in jail
 - ▶ Increase access to housing, behavioral health and social services
 - ▶ Reduce criminogenic risk
 - ▶ Improve quality of life
- 

Eligibility Criteria

- ▶ Must have 3 or more bookings within the past 2 years
 - ▶ Mental illness with or without substance use
 - ▶ Major depression
 - ▶ Schizophrenia
 - ▶ Bipolar disorder
 - ▶ Post-Traumatic Stress Disorder (PTSD)
 - ▶ Priority consideration
 - ▶ Ages 18-35
 - ▶ Current treatment in Harris County Sheriff's Office (HCSO) Mental Health Unit or history of recurring psychotropic medication in HCSO
- 

Exclusions

- ▶ Inability/unwillingness to consent to participate
 - ▶ Cognitive impairment, i.e. incapacity
 - ▶ Specific offenses
 - History of homicides
 - History of arson
 - History of manufacturing/delivery of methamphetamine
 - Current felony DWI
 - Current sex offense
 - Registered sex offender
- 

Housing and Residential Treatment

▶ Housing Options

- Temporary
 - Case managers work with clients to identify long term housing options and identifying benefits.
- Emergency
 - Case managers/housing navigators assist clients in obtaining required identification, documentation and confirming benefits. Client remains in Emergency Housing until apartment is available.



**West Oaks
Hospital**



**BAY AREA
RECOVERY CENTER**
Alcohol and Drug Abuse Treatment Facility

SANTA MARIA

Passages
for Women



Program Components

▶ The HARRIS CENTER

- Jail-based team
 - Screening and assessment
 - Intensive case management
 - Initiation of substance use interventions and Cognitive Behavior Interventions (CBI)
 - Peer support
- Community-based team
 - Screening and assessment
 - Intensive case management
 - Substance use interventions and CBI
 - Peer support
 - Psychiatric support (psych techs and medication)
- Critical Time Intervention (CTI)– Evidence-Based Practice
 - Intensive case management
 - Substance use interventions and CBI
 - Peer support
 - Psychiatric support (psych techs and medication)



Transforming Lives.

Permanent Supportive Housing Healthcare for the Homeless-Houston

▶ Clinic Services

- Primary Healthcare
- Behavioral Health consults
- Psychiatry
- In-house pharmacy
- Dental
- Vision

▶ Community Services

- Jail In-reach
- Community Health Workers
- Nursing Staff



**Healthcare
for the
Homeless
Houston**

health • hope • dignity

SEARCH Homeless Services

▶ Permanent Supportive Housing

- Collaborate with Coordinated Access
- Enrollment
 - Screening and Assessment
- Housing Navigation
- Coordination with Housing Authority and Property Management
- On-site Intensive Case Management
 - Connection with local resources
- Peer Recovery Support

▶ Evidence-Based Practices/Treatments

- Transtheoretical Model
- Motivational Interviewing
- Cognitive Behavioral Therapy



SEARCH

For a Houston without homelessness

Measuring Success

July 2015 - June 2016

Total of 203 participants within one year of enrollment

- 1 year of treatment – \$910,034.97
- 72% male
- 98% English speaking
- 66% African American
- 36% Bipolar disorder
- 43% substance use diagnosis
- Frequent charges—trespassing, drug possession, theft, prostitution, assault, criminal mischief & evading arrest

Cost Effectiveness

- Average treatment cost per person per year was estimated to be \$4,482.93.
- Average criminal justice cost was determined to be \$11,435.75 per booking.
- Estimated cost avoidance for bookings totaled \$1,857,166.
- When program costs were entered into the cost-benefit equation, there was a potential savings to the taxpayer of \$947,131

Recidivism

- 36.9% of participants had no further encounters with the criminal justice system in the year following enrollment.
- 38.2% reduction in the average number of bookings per person. Participants served 3,836 fewer jail days.

Analysis of the Mental Health Jail Diversion Program Homeless Population

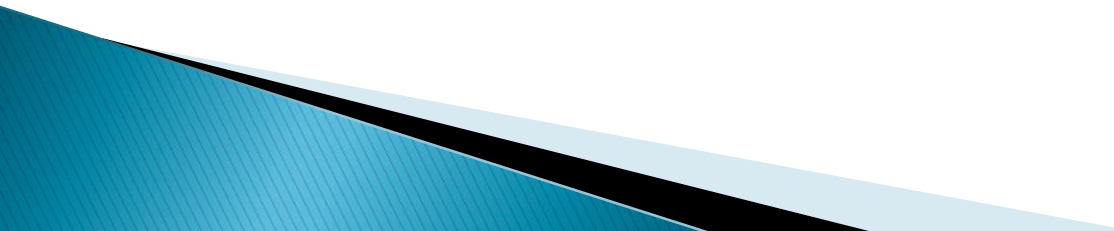
Study conducted to evaluate the following: 1) Are there significant differences in criminal justice recidivism for chronically homeless and literally homeless participants, and 2) Housing costs associated with each participant.

PARTICIPANTS

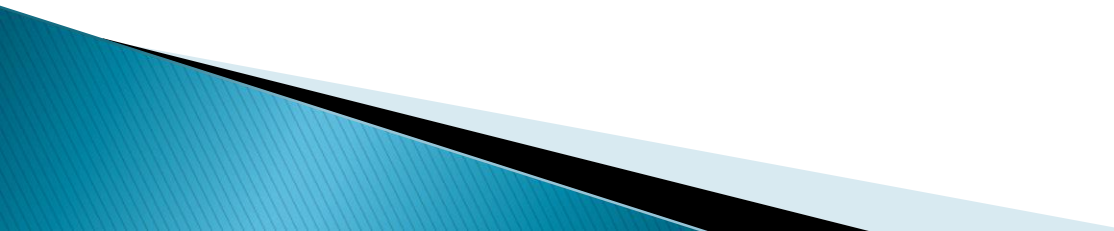
- ▶ The majority received some level of housing support
- ▶ 319 (202 from the Harris Center and 117 from HHH/SEARCH PSH Team)
- ▶ 92 (29%) were chronically homeless with PSH services
- ▶ 25 (8%) were chronically homeless without PSH services
- ▶ 202 (63%) were literally homeless
- ▶ The study analyzed:
 - the average number of bookings prior to enrollment
 - bookings during enrollment (treatment)
 - bookings one year after treatment
 - the average number of misdemeanors and felonies 1 year prior to enrollment, during enrollment, and 1 year after treatment
 - types of offenses 1 year prior to enrollment, during enrollment, and 1 year after treatment.

Results

Overall, there were significant reductions in bookings and jail days for all homeless groups:

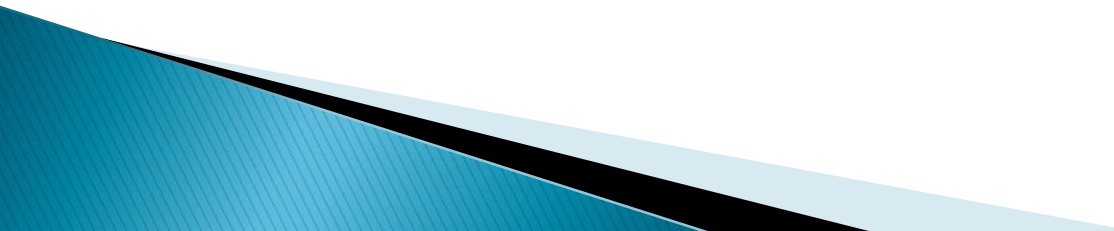
- A reduction of 1.6 bookings and 83 jail days between one-year pre-enrollment and one-year post treatments periods.
 - For chronically homeless individuals with PSH the average number of bookings went from 2 at one year pre-enrollment to 0.3 (almost 0) at 1 year post-treatment.
 - Chronically homeless individuals without PSH assistance had a reduction (33.3%) from 3 to 2 bookings, while those with housing assistance experienced a greater reduction (66.6%) from 3 to 1 booking.
 - For literally homeless individuals, those with or without housing assistance had a reduction (50%) from 2 to 1 booking.
- 

Results

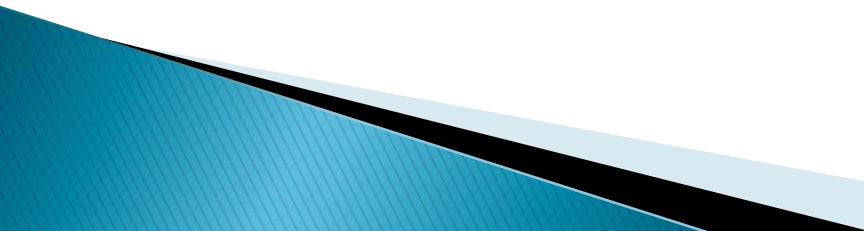
- For chronically homeless individuals with PSH housing, the average number of total jail days dropped (95.1%) from 83 days at 1 year pre-enrollment to 4 days at 1 year post-treatment.
 - Chronically homeless individuals without PSH had a reduction (14.8%) from 121 to 103 average total jail days while those with housing assistance had a much greater reduction (68.3%) from 136 to 43 days.
 - For literally homeless individuals those without housing assistance had a reduction (76.2%) from 122 to 29 average total jail days, while those with housing assistance had a reduction (66.6%) from 126 to 42 days.
- 

Results

Housing Costs:

- The average cost per day for chronically homeless clients with PSH was \$42/day for emergency housing and \$30/day for temporary housing.
 - Chronically homeless clients without PSH \$46/day for emergency housing and \$36/day for temporary housing.
 - Literally homeless cost \$44/day for emergency housing and \$35/day for temporary housing vs an average jail cost of \$149/day.
- 

Summary of Results

- ▶ Overall, our analysis found reductions in criminal involvement for all of the homeless participants.
 - ▶ All groups who received housing assistance experienced a continued decrease in the average number of bookings and jail days up to the post-treatment period.
 - ▶ For those clients that did not receive housing assistance, bookings and jail days, as well as felonies and misdemeanors generally increased again after treatment.
- 

Contact Information

- ▶ Regenia Hicks, Ph.D.
 - ▶ 1001 Preston, Suite 911
 - ▶ Houston, TX, 77002
 - ▶ 713-274-7042
 - ▶ Regenia.Hicks@cjo.hctx.net
- 

Questions

Upcoming Stepping Up TA Resources



Monthly Webinars and Networking Calls

- **Network Call:** Addressing Housing Needs of People with Mental Illnesses in Jails (November 16 at 2pm ET)
- Register at www.StepUpTogether.org/Toolkit

Quarterly Rural, Mid-Size and Large/Urban Network Calls

- Next Calls in January
- Email Nastassia for inclusion: nwalsh@naco.org

Poll Questions

Contact Information

Nastassia Walsh, MA
Program Manager
National Association of Counties
E: nwalsh@naco.org
P: 202.942.4289

www.stepuptogether.org
info@stepuptogether.org

Chenise Bonilla
Senior Policy Analyst
Council of State Governments Justice Center
E: cbonilla@csg.org
P: (646) 383-5768

Christopher Seeley, M.S.W.
Program Director, School and Justice Initiatives
American Psychiatric Association Foundation
E: CSeeley@psych.org
P: 703-907-7861

