



## Reducing Parolee Recidivism Through Supportive Homes: Successful Programs by State



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### Introduction

A number of state and local agencies in the U.S. have implemented programs that successfully reduce recidivism by parolees who have serious mental illnesses. While the programs vary in their details, they all recognize the importance of a home to the successful reentry of parolees who have a history of chronic mental illness and/or substance abuse. Each program has found success by providing stable homes accompanied by a single point of contact who coordinates the client's health needs, provides life skills training, and offers vocational services, as well as other services that allow the client to remain stably housed. Known as "supportive housing" or "supportive homes," this model has been shown to reduce new criminal behavior, parole violations, and cycling back into the prison system. Supportive homes improve the lives of people with mental illnesses, while saving taxpayer dollars and scarce state resources. The following are brief overviews of some of these programs.

### Ohio

#### Returning Home

**Returning Home—Ohio** began in February 2007 as a pilot program of the Ohio Department of Rehabilitation and Correction (ODRC) and the Ohio office of the Corporation for Supportive Housing (CSH). The pilot operates in five communities to demonstrate how supportive housing can reduce recidivism and homelessness for parolees with mental illness or other disabling conditions.

Offenders are selected for participation by prison staff based on several criteria: homelessness prior to incarceration; significant risk of homelessness upon release; and a disabling condition: mental illness, substance abuse, or another chronic health condition that still allows them to live independently. Currently, half of Ohio's prisons are involved in making referrals to the Bureau of Community Sanctions (BCS), which oversees the parole system and is the outside partner with CSH.

When CSH staff receive a referral from BCS for a potential participant, they refer the inmate to a community provider, who may interview the inmate by phone or videoconference to decide if s/he is appropriate for their supportive housing program. Some community providers use vacancies within their own supportive-home communities with on-site services, while other providers have arrangements with landlords to cover the rent, and then coordinate with other community organizations to provide needed supportive services and resources. At least 84 parolees are expected to participate in this pilot stage.

Over the course of the pilot, slated to end in September 2009, ODRC will provide nearly \$4 million from its departmental funds to cover program costs, including rental subsidies, tenant assistance, case management, CSH and community provider staffing, and a program evaluation by the Urban Institute. CSH also received \$100,000 in Robert Wood Johnson Foundation Returning Home funds to augment the services provided in the pilot.

Although ODRC has a history of funding community-based programs, such as halfway houses and independent housing, this is the first time the department has provided funding for permanent homes and for a program that serves individuals who are not under ODRC supervision.

CSH is also working with the Ohio Housing Finance Agency to establish a rental subsidy program to assist Returning Home tenants who may require rental subsidies beyond the pilot period.

In the future, CSH hopes to be able to purchase or sublet specific homes within existing or new supportive-home developments for Returning Home participants.

For more information, contact Nikki Delgado, Senior Program Manager, Corporation for Supportive Housing Ohio Office, 614.228.6263, ext. 223 or [nikki.delgado@cshe.org](mailto:nikki.delgado@cshe.org).

### Ohio's "Returning Home" Program

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## New Jersey

### New Jersey's PROMISE

**New Jersey's PROMISE** (Program for Returning Offenders with Mental Illness Safely and Effectively) is a five-year pilot in Camden, New Jersey.

Volunteers of America Delaware Valley (VOADV) is implementing PROMISE under contract with the New Jersey State Parole Board. The program took its first client in March 2006, and the formal pilot will end with the state fiscal year in 2011.

While the majority of participants are non-violent offenders, PROMISE is also taking "notorious cases" of parolees with histories of serious mental illness, violent offenses, repeat incarcerations, and chronic and persistent homelessness. The program does not accept arsonists, sex offenders, or those with an IQ below 70.

Participants are recommended by the Parole Board, often through recommendations from prison social workers, discharge planners, or parole officers who have worked with the inmate previously. In an in-reach component that began in January 2009, a PROMISE employment specialist works with inmates on benefits, job counseling, job search, and placement, in preparation for their release.

PROMISE operates on a "housing-first" evidence-based model, in which people who are homeless are immediately given a home no matter what is going on in their lives; appropriate services are then encouraged once the person is stable and in their home. Upon release, PROMISE parolees move to one of VOADV's larger, existing halfway houses in Camden. Spaces reserved for PROMISE clients allow for 12 men and 8 women to stay for 90 to 180 days. While there, they are screened for eligibility for returning to their family, a transitional housing program, some other community placement, or a permanent supportive home, which requires the ability to live independently.

To provide permanent homes for a portion of PROMISE clients, VOADV acquired five townhomes in Camden with financing assistance from the New Jersey Housing and Mortgage Finance Agency (HMFA). Two, three-bedroom townhomes are reserved for men, and three, two-bedroom homes are reserved for women. PROMISE residents pay one-third of their income for rent.

While there is no resident manager, VOADV staff and a site manager regularly check in with PROMISE residents, who hold biweekly governance meetings to share information, support, and any issues that have arisen.

To support their mental health and service needs, VOADV staff work with PROMISE participants to help them access medications, education, employment, transportation via nearby bus lines, mental health programs, etc. The PROMISE program director is a licensed therapist who works directly with clients. PROMISE residents also meet with a staff treatment specialist two to three times per week, as well as

#### New Jersey's PROMISE

By early January 2009, PROMISE had served 141 parolees, with 67 residing over time in VOADV's Camden townhomes. Initial results showed that 38 percent had successful discharges without recidivism, and another 12 percent were in aftercare. Staff is working with a researcher at Texas A&M University on a more formal cost-benefit analysis and effectiveness study. The results are expected to be published in December 2009.

weekly in a group format. Staff is available for emergencies 24 hours a day. One parole agent who was handpicked — and was named 2008's Parole Officer of the Year — works with all PROMISE parolees in addition to handling a regular caseload.

In 2008, PROMISE staff instituted an Illness Recovery Method approach in which they work collaboratively with clients on understanding the biological basis for their mental health issues, and ways to deal with their illness and prevent relapse. Since instituting this approach, staff has seen recidivism rates drop more significantly.

PROMISE's annual budget is about \$800,000. Operating costs for the townhomes are covered by rents, a 10-year HMFA grant, and State Parole. Services are funded by MHSA. PROMISE has also obtained a federal earmark to develop more intermediate housing where staff can work with parolees on independent living skills before they transition to more-permanent housing.

By the pilot's second year, PROMISE staff realized an aftercare component would be important to work with those who leave parole or are still on parole but live in an approved site in another district within New Jersey. The State Division of Mental Health now funds a full-time PROMISE aftercare specialist, who travels statewide to support these current or former parolees, and insure they maintain benefits, stay on medications, meet as required with their parole agent, and continue to succeed in the community.

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For further information, contact Dr. Richard White, PROMISE Program Director at VOA Delaware Valley, 856.671.6101, ext. 11, [rwhite@voadv.org](mailto:rwhite@voadv.org).

## New York

### New York State's Parole Supported Treatment Program (PSTP)

To meet the needs of state prison parolees identified as seriously mentally ill, the New York State Division of Parole and Office of Mental Health (OMH) jointly funded a pilot **Parole Supported Treatment Program (PSTP)** for 50 parolees with serious mental illness. The state agencies issued a request for proposal for a housing service provider and selected Project Renewal, a community-based homeless organization in New York City, for the pilot contract.

Realizing the need to better prepare mentally ill inmates for release, OMH and the Division of Parole also collaborated with the state Department of Correctional Services and community-based service providers on a prison-based reentry program, called the Community Orientation and Re-Entry Program (CORP). CORP's mission is the safe and successful return of mentally ill inmate-patients to New York City, where 60 percent of parolees are released. About four months prior to their parole date, eligible inmates can be transferred to CORP's 30-bed unit at Sing Sing Correctional Facility, where they participate in a specialized, psychiatric rehabilitation day-treatment program. CORP was originally the only source of referrals for Project Renewal's PSTP services, but that has expanded. CORP also makes referrals to other housing providers, since Project Renewal does not always have space.

To be eligible for PSTP, inmates must be released to New York City and have a serious Axis 1 clinical diagnosis. Axis 1 disorders include substance-related disorders (such as alcohol or drugs), schizophrenia or other psychotic disorders, and mood disorders such as depression or bipolar. Referrals are made to Project Renewal by discharge planners, or occasionally parole officers if the individual is already on parole. Project Renewal assesses potential participants to insure they will be safe in an apartment setting and have some history of successful independent living. PSTP will accept sex offenders and arsonists under some circumstances.

A Project Renewal group specialist and peer counselor provide in-reach services to inmates while they are still in CORP. Upon release, these parolees move into PSTP and a shared apartment. Project Renewal leases 25-30 apartments through relationships with various landlords in multiple locations in the community. This approach of scattered-site, shared apartments was adopted because it was deemed the quickest way to begin offering transitional homes, and easier for management and providing mobile support services. Staff has come to believe it makes sense to start parolees off in such a community setting to begin the

Along with the shared apartment, PSTP participants receive wrap-around services to help them reenter the community. These include case management and other services delivered at the parolee's home, Project Renewal's own medical and vocational programs, and other community-based services as needed. Specially trained parole officers who carry a dedicated mental health caseload are assigned to PSTP participants.

The PSTP's service structure has changed since the program's inception in 2001. Originally, the Division of Parole provided funds for teams similar to Assertive Community Treatment (ACT) teams to provide intensive case management to clients. However, over time these funds diminished, so Project Renewal instead adopted a more blended "Intensive Case Management (ICM)/Supportive Case Management (SCM)" model. This ICM/SCM approach saves on costs while allowing staff to "graduate" clients to less intensive case management levels as appropriate. This change posed new staff challenges: insuring they continued to be seen as a team by clients, additional documentation requirements, and the need to maintain all clients on active Medicaid status.

### New York's Parole Supported Treatment Program (PSTP)

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Once off parole, PSTP participants must move out of their shared apartment. Parolees used to stay longer on average — closer to 3 years than the current 15-18 months — so staff are working with clients more quickly on a permanent housing plan. Although PSTP is seeing more higher-functioning clients who are better able to move to another setting, placements can be difficult for those with greater ongoing needs. A few move into one of four, permanent supportive-housing buildings operated by Project Renewal. Staff try to reserve at least five spaces for PSTP clients. Others are moving into residential treatment programs, since substance abuse is a common disorder.

PSTP used to serve primarily men, but women now account for about 20 percent of the clientele. Project Renewal has found these female parolees more challenging to work with, as they are more likely to have children, boyfriends, and greater emotional challenges.

The annual PSTP budget is about \$1 million. The Office of Mental Health funds the equivalent of 50 supportive-housing beds. Clients pay one-third of their income towards rent. An ICM/SCM Medicaid contract supports four case managers for up to 56 clients. The Division of Parole now funds two, part-time positions, a psychiatrist and registered nurse. With the change in case management approach, experience showed the PSTP team needed more ongoing clinical expertise.

All of the agencies meet regularly to discuss and address program issues. Two Memoranda of Understanding between OMH and the Division of Parole have been important to cooperation between the two state agencies. Agency staffs are discussing the best way to measure PSTP outcomes and to address data-sharing between departments. Project Renewal staff believe that these parolees are under greater scrutiny as potential safety risks, and as a result may receive more technical parole violations. They suggest that if data is available, measuring people against their own histories prior to PSTP may provide useful outcome data.

For more information, contact Susan Dan, Associate Director, Project Renewal, 212.620.0340, [susan.dan@projectrenewal.org](mailto:susan.dan@projectrenewal.org).

## The Bridge's Iyana House

The Bridge, Inc., a community nonprofit in New York City, opened **Iyana House** in Manhattan in 2004. Iyana House offers a permanent home with supportive services to women with serious persistent mental illness and a history of homelessness who are being released from Bedford and Taconic Correctional Facilities, two of New York's prisons for women. The Bridge now also has a grant for six beds for parolees from other New York prisons.

Bedford Hills' discharge planners and Taconic's Director of Mental Health provide staff of The Bridge with a pool of candidates for Iyana House three to six months before their release. The Bridge's program manager interviews these inmates and makes a final selection based on their appropriateness and likeliness to fit with the existing group of residents. Iyana House will not accept sex offenders. Fire-setters are considered on a case-by-case basis.

At the prisons, a voluntary reentry group is offered weekly for women who are being released. Not all women who attend are candidates for Iyana. After final acceptance into Iyana House, the selected inmate is seen weekly by The Bridge's program manager.

During these individual sessions, the inmate receives an orientation to benefits, substance abuse treatment, her parole officer, and advocacy during incarceration. Due to prison regulations, inmates receive transition support services from The Bridge only after they are admitted into Iyana.

Because Iyana House is small (16 apartments), staff bring in one new parolee at a time to facilitate her transition into the group. Iyana House offers parolees an individual studio apartment along with a community room, kitchen, and outdoor space for recreation and gardening. The program also provides comprehensive services to support women's successful reentry and independent living.

Services offered at Iyana House include case management, support groups, benefits counseling, a Career Club, and horticultural job training. Off-site services include psychiatric, medical, and substance abuse services; an Intensive Psychiatric Rehabilitative Treatment program; a continuing day-treatment program; vocational rehabilitation; and benefits assistance.

The Department of Correctional Services provides a dedicated parole officer with mental health training. Iyana House has a curfew and a strong parole presence — a factor in some successful residents choosing to move on to more independent environments.

The Bridge has a 20-year lease on the Iyana House building. Annual support for operation and services is approximately \$28,000 per bed. Funding comes from the HUD-McKinney Supportive Housing Program; state Office of Mental Health funds for service-enriched single room occupancies; and tenant rents (30 percent of income, usually from SSI/SSP). As of January 2009, Iyana House had served 38 women.

For more information, contact Julia Orlando, Director for Residential Services, The Bridge, Inc., 212.663.3000 ext. 385, [jorlando@bridgenyc.org](mailto:jorlando@bridgenyc.org).

#### New York City's Iyana House

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## The New York City Frequent Users of Jail and Shelter Initiative (FUSE)

**FUSE** is a pilot program of the New York City Departments of Correction (DOC) and Homeless Services (DHS), coordinated with the Department of Health and Mental Hygiene (DOHMH), the New York City Housing Authority and the Corporation for Supportive Housing (CSH). FUSE is designed to break the cycle of those with mental illnesses and/or chronic substance abuse who shuttle between correctional institutions, homeless shelters, and emergency health and mental health services, at very high cost to the public.

Potential FUSE participants are determined through a quarterly data match between DOC and DHS to identify people with a minimum of four jail and four shelter stays over the last five years, followed by a cross-referencing with current jail and shelter censuses.

The program's first round provided supportive homes to 100 FUSE participants. The Housing Authority agreed to cover rent for 50 scattered-site homes through Section 8 vouchers. To increase access for FUSE clients, a waiver for drug and other convictions was provided for these "sponsor-based" vouchers as long as homes were linked with stabilization and support services. DOHMH and DHS funded rent for another 50 homes in larger, supportive-home complexes. A JEHT Foundation grant provided \$6,500 for enhanced in-reach and support services for FUSE clients in these 100 homes.

Round 2 is now placing another 101 FUSE participants through: 50 sponsor-based vouchers provided by the NYC Department of Homeless Services; 36 more vouchers provided by the NYC Department of Housing Preservation and Development; and 15 set-asides in larger DOHMH-funded existing or new, supportive-home buildings. Service enhancements will continue through funds from DOC, DHS, and CSH's Returning Home Initiative. Evaluation of the program is ongoing, but Round 1 of FUSE saw a 91 percent housing retention rate and a 53 percent reduction in jail days in the first year following placement.

To build on current city and state efforts, a City-State Reentry Supportive Housing Initiative is also in the conceptual stages, designed to build 500 more supportive homes for people with severe, persistent mental illness or who are chemical-abusing mentally ill and are frequent or long-time users of New York's prisons and jails.

For more information, contact Ryan Moser, CSH Senior Program Manager-Returning Home Initiative, 212.986.2966, ext. 248, [ryan.moser@csh.org](mailto:ryan.moser@csh.org).

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## Illinois

### St. Leonard's Ministries in Chicago

St. Leonard's Ministries was founded in 1954 in Chicago, Illinois, to help those released from prison with the resources needed to rebuild their lives.

In its residential programs, St. Leonard's accepts all inmates except sex offenders whose victims were minors. It accepts parolees with mental illness who are stable with medications and can live independently. While the program does not specifically target parolees with mental illness, staff estimate that up to one-quarter or more of participants have a mental illness or serious mental illness. They are mixed in with the other parolees.

#### Chicago's St. Leonard's Ministries

Recidivism rates are 20 percent for St. Leonard's former residents, compared with more than 50 percent statewide.

Staff occasionally visits the prisons, but there is no formal in-reach component. St. Leonard's is widely known among corrections staff and inmates generally learn of the program either through prison programs that discuss parole options or through word of mouth.

All state prisons can make referrals to St. Leonard's. Staff review written referrals and sometimes conduct a phone interview to determine if an inmate is a good match and serious about changing his or her life, as active participation is expected.

Upon release, parolees first move to either St. Leonard's House (for 40 men), or Grace House (for 18 women). These are transitional homes offering shared or single rooms and support services. Both houses include a case worker, medical and mental health evaluations, substance abuse treatment, individual and group counseling through Chicago's Adler School of Psychology, medication monitoring, life and parenting skills, pre-employment services through St. Leonard's Michael Barlow Center, connections with educational and community services, and social and recreational opportunities. Parolees usually stay up to about six months, and with assistance move to other transitional or permanent housing, including St. Leonard's St. Andrews Court.

In 1998, St. Leonard's built St. Andrews Court to provide 42 permanent, single room occupancy apartments with services for male former offenders who need ongoing support. The land was largely donated. Financing came from the Chicago Department of Housing; Illinois Housing Development Authority; Local Initiatives Support Corporation (LISC); a loan from the Corporation for Supportive Housing; and private equity from foundations, the Episcopal Church, and United Way.

St. Andrews has 24-hour desk clerks to provide supervision. Each resident works with the director of supportive services, who provides case management and helps the resident access programs and services. Services include individual and group counseling; medical and dental referrals; substance abuse and psychological services; relapse prevention; service work and volunteer opportunities; social activities; and help with life skills, employment, budgeting, and finances. Area clinics, businesses, and individuals provide volunteers offering free medical testing, tutoring, and financial education workshops.

Costs for operations and services at St. Andrews are covered by rents (30 percent of tenants' income), the Shelter Plus Care rent subsidies that many residents receive, and Illinois Department of Corrections payments at \$40/day for up to a dozen residents. St. Leonard's transitional residences are funded through federal Title 20 non-entitlement funds, state and city funds, United Way, and the Episcopal Diocese.

Recidivism rates are 20 percent for St. Leonard's former residents, compared with more than 50 percent statewide.

For more information, contact Bob Dougherty, Executive Director, 312.738.1414, ext. 13, [slhouse@comcast.net](mailto:slhouse@comcast.net).

## Safer Foundation's Focus Apartments

In June 2007, **the Safer Foundation**, an employment organization for people leaving prison, opened the **Focus Apartment Building** in Chicago's Austin neighborhood. Focus is a permanent 10-apartment complex for formerly incarcerated men with chronic or mental illness or significant substance abuse issues who would otherwise be homeless.

Focus residents participate in job readiness and employment programs, financial literacy education, mental health and medical treatment, mentoring, and upkeep of Focus' building. Residents are required to open a savings account and save a portion of their income for future housing. Once they gain permanent employment, residents contribute 30 percent of their income to rent.

The Safer Foundation received help with Focus' development from the City of Chicago and Alderman Isaac Carothers; the Chicago Department of Human Services; the Illinois Department of Commerce and Economic Opportunity; the Illinois Facilities Fund; Illinois Housing Development Authority; HUD; the Federal Home Loan Bank; and Congressman Danny K. Davis and local construction suppliers.

In a year-long pilot program conducted during construction of the Focus Apartments, none of the participants recidivated and all secured paid employment.

For more information, contact Vanessa Brown-Moore, Supportive Services Unit, Safer Foundation, 312.913.5786.

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For more mental health reentry program descriptions, visit:

[http://gainscenter.samhsa.gov/text/reentry/SVORI\\_Narrative.asp](http://gainscenter.samhsa.gov/text/reentry/SVORI_Narrative.asp)

[http://www.reentrymediaoutreach.org/sp\\_health.htm](http://www.reentrymediaoutreach.org/sp_health.htm)

<http://nicic.org/Downloads/PDF/Library/022133.pdf>