

Housing and the Sequential Intercept Model:
A How-to Guide for Planning for the
Housing Needs of Individuals with
Justice Involvement and Mental Illness

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Purpose of the Handbook

What is the purpose of this Handbook?

"The Commonwealth of Pennsylvania has identified the over-representation of persons with mental illnesses in the criminal justice system as a phenomenon with profound public safety and public health implications. For persons with mental illnesses, the pathways into and out of custody are complex, yet promising practices that may reduce the number of people with mental illnesses in jails and prisons exist, both within the Commonwealth and throughout the country..."

Recommendations are designed to promote a statewide effort to build upon these successful strategies and effect a measurable reduction in the number of justice-involved persons with mental illnesses, while enhancing public safety and the well-being of our communities." - From *Developing a Statewide, Strategic Plan to Guide Pennsylvania's Response to People with Mental Illnesses Involved with the Criminal Justice System*, a report developed by the Pennsylvania Department of Public Welfare in collaboration with the Council of State Governments Justice Center.

The Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) recognizes that stable housing is a critical element to any successful strategy designed to reduce justice involvement among individuals with mental illness. In recognition of this fact, OMHSAS commissioned this Handbook to assist communities in engaging in a planning process to increase housing opportunities and decrease justice involvement and recidivism among individuals with mental illness.

The Handbook provides direction to mental health, criminal justice, housing and other agencies interested in working together to address housing needs. Specifically, the Handbook:

- explains why housing is a critical element;
- describes the obstacles of individuals with justice involvement and mental illness in locating housing;
- introduces a number of successful housing strategies and models for individuals with justice involvement and mental illness; and
- provides a step by step guide to successfully incorporating housing players and resources into a planning process.

Over the last few years OMHSAS has worked to develop strong collaborative relationships with criminal justice stakeholders. These stakeholders include the Pennsylvania Department of Corrections (DOC), the Pennsylvania Board of Probation and Parole (PBPP), the Administrative Office of the Pennsylvania Courts (AOPC) and

the Pennsylvania Commission on Crime and Delinquency (PCCD), as well as the County Commissioners Association of Pennsylvania (CCAP) and others representing law enforcement, the courts, advocates and victim services.

Specifically, OMHSAS and PCCD have collaborated to support the development of Criminal Justice Advisory Boards (CJAB) in all counties and to promote the participation of the county mental health authorities as active members of the CJABs. The two agencies have also established a Memorandum of Understanding and joint funding to create a Mental Health and Justice Center of Excellence. They have also expanded the mental health/justice grant program, which has funded CJAB-identified priority initiatives such as the establishment of Mental Health Specialty Courts.

In embarking on these joint ventures it became increasingly clear to OMHSAS that there needed to be a third party to the mental health/criminal justice partnership -- housing. OMHSAS believes that decent, safe, affordable housing and supports are essential to both recovery and successful community tenure for individuals who have mental illness, especially for those involved with or at risk of involvement with the justice system. Furthermore, research has shown that stable housing significantly impacts the rate of re-arrest for individuals returning to their communities from incarceration, as well as provides a cost effective alternative to institutionalization, homelessness and incarceration.

Who is the target population?

This document is designed to provide assistance for working with and planning for the housing needs of individuals with justice involvement and mental illness and often co-occurring substance use disorder. This includes individuals at any stage of the justice system, from arrest to release from incarceration to probation and all points in between. This document will use the term "individuals with justice involvement and mental illness" in reference to this target population.

Additionally, because this document is grounded in the principles of recovery, individuals should be eligible for housing related assistance whether or not they are actively involved in receiving services related to their mental illness. (See Appendix A for the principles of recovery.)

Finally, although there are some key differences in barriers to re-entry planning for individuals in state prison versus those incarcerated in county jails, both groups face significant challenges including barriers to housing upon their return to the community. This Handbook will provide the housing information needed to assist individuals returning from either county jails or state prisons.

Who is the target audience for the Handbook?

This Handbook is designed for use by the following groups and individuals:

- County mental health and behavioral health offices

- Other county planners and administrators
- Criminal Justice Advisory Boards (CJABs)
- Probation and parole offices
- Peer specialists
- Local Housing Option Teams (LHOTs) and other housing coalitions
- Housing developers/providers including public housing authorities and community action agencies
- Advocates
- Forensic specialists and liaisons
- Mental health/criminal justice alternatives such as Mental Health Courts and diversion alternative programs

What are the uses for the Handbook?

This Handbook can serve multiple uses including the following:

- Bring together a forum to successfully address the issue of diverse needs of individuals with justice involvement and mental illness, including ensuring that individuals in the housing, mental health and criminal justice systems understand each other's language and issues
- Serve as a guide for a planning process to identify community needs and goals for addressing those needs
- Secure the information needed to advocate for others to recognize and address the housing needs of the target population
- Assist in developing specific strategies and activities for advancing local goals
- Help address OMHSAS planning requirements for housing and for the forensic population
- Encourage mental health and criminal justice representatives to join local housing coalitions
- Position your community to take advantage of federal, state, and local resource opportunities
- Convince local officials to redirect resources to housing for individuals with justice involvement and mental illness

How is the Handbook organized?

The Handbook is organized around nine steps in a planning process for creating housing opportunities for people with mental illness and justice involvement. It begins with an explanation of why the availability of housing for this population is important in Step 1 and concludes with Step 9, which provides a framework for creating an action plan in your community to work on expanding housing options.

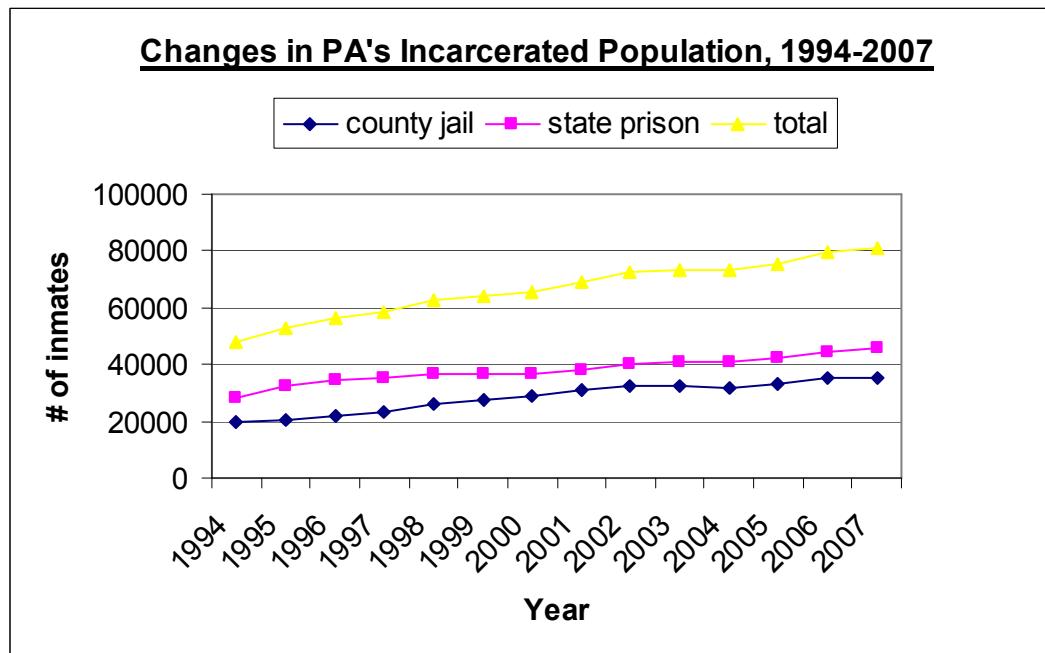
Each step provides background information and tangible activities to achieve that step in the planning process. For example, Step 2 assists you in defining the problem and setting the goals for your community. In Step 3, you will learn about who to include in your planning process. Step 4 provides information about data needs and how to go about data

collection, while Steps 5 and 6 provide guidance for identifying housing and service needs and resources. Step 7 provides specific examples in Pennsylvania of housing programs for people with mental illness with justice involvement and Step 8 provides information on developing alternative housing strategies.

STEP ONE: Defining the problem

Why should we focus on people with mental illness who are justice involved?

Nationally, prison and jail populations have been growing over the last several years¹. This trend holds true in Pennsylvania. Between 1994 and 2007, the inmate population of state correctional facilities increased from 28,302 to 46,028 (+63%). The population in county jails also increased from 19,756 in 1994 to 35,010 in 2007 (+77%).²

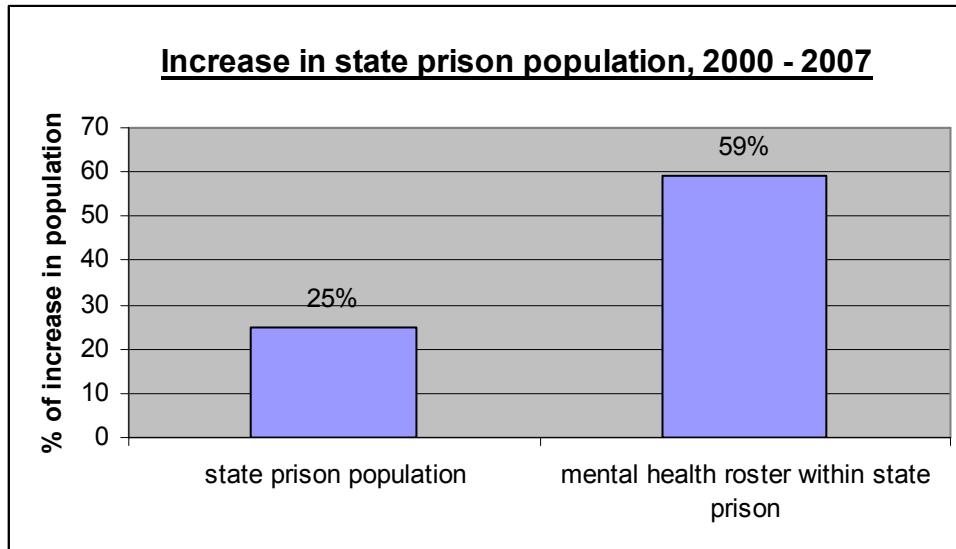


These increases in incarcerated populations have also revealed a higher rate of inmates with mental illness. In Pennsylvania, data available from the Department of Corrections shows that while the state prison population grew 25% between 2000 and 2007, the state prison's mental health roster grew 59% (from 5,278 to 8,372).³

¹ www.ojp.usdoj.gov/bjs/glance/corr2.htm.

² Average Daily County Jail Population Chart accessed from www.portal.state.pa.us/portal/server.pt/community/criminal_justice_trends/5403.

³ Mental Health Services pamphlet, accessed from www.cor.state.pa.us.



Within the incarcerated population, researchers have also found important gender differences. A national study released in 2009 found that 31% of females recently admitted to jail as compared to 14.5% of males had a serious mental illness.⁴

Although there is no statewide data available to demonstrate the increase of county inmates with mental illness, point-in-time data provided to the PA Department of Corrections from county jails shows that nearly 18% of inmates in county jails are receiving psychotropic medication and/or receiving mental health counseling.⁵

In addition to the high percentage of persons with mental illness, there is evidence that these individuals spend more time in jail than individuals without mental illness. A 2009 study in Centre County, Pennsylvania found that persons in the county jail who self-identified as having a mental illness spent 47% more time incarcerated than those who did not identify themselves as having a mental illness. Furthermore, individuals who self-reported a mental illness and a co-occurring substance use disorder spent 62% more time incarcerated than those who did not identify as having a mental illness.

It appears that homelessness may also be a related factor to these increases. The Reentry Policy Council reports that while over 10 percent of individuals entering and exiting prisons and jails are homeless in the months before their incarceration; this figure is twice as high for individuals with mental illness. Furthermore, research has shown that these individuals are more likely to return to jail.⁶ For example, a 2008 study in York County, Pennsylvania found that individuals on the Mental Health Probation Caseload with a history of homelessness experienced an average of three additional incarcerations and 414 additional days in jail as compared to individuals on the same caseload with no history of homelessness.

⁴ Steadman, H.J., Osher, F.C., Robbins, P.C., Case, B., Samuels, S. *Prevalence of Serious Mental Illness Among Jail Inmates*, Psychiatric Services, Jun 2009; 60: 761 - 765.

⁵ Data accessed from www.cor.state.pa.us/county/lib/county/Mental_Health.pdf.

⁶ reentrypolicy.org/report/partii/chapterii-d/policystatement19.

Why is housing a critical component of planning for individuals with justice involvement and mental illness?

Since homelessness is often associated with arrest, then the need to access housing must be anticipated. Stable housing may be the most important element of a transition plan, yet it is also one of the most difficult to obtain, particularly for a quick release jail population...The incorporation of housing and shelter providers on planning committees is critical.⁷

Stable housing is critical to:

- Reducing the number of jail days among individuals with mental illness and keeping them from returning to jail. For example, an evaluation of New York City's FUSE (Frequent User Service Enhancement) pilot program found that their first round of participants experienced a 53 percent reduction in jail days during the first year of housing placement. Additionally, a Chicago residential jail re-entry program that provides supportive housing found that the recidivism rates of their residents were more than 30 percent less than the statewide average. (This program does not exclusively serve individuals with mental illness.)
- Providing necessary diversion options: The Sequential Intercept Model, as will be discussed in Step 2 of this Handbook, stresses the importance of diversion options such as treatment for individuals with mental illness who become involved with the justice system. However, many community-based diversion options are not possible if the individual does not have a home address. Further, in most communities viable housing alternatives are not available and the criminal justice system is not designed to seek housing options that will prevent incarceration.
- Decreasing max-outs: The Pennsylvania DOC reports that inmates with serious mental illness are three times as likely as other inmates to serve their maximum sentences.⁸ Although there may be many factors contributing to higher rates of maxing out, oftentimes these individuals serve their maximum sentence because they lack an adequate housing plan.⁹
- Successful re-entry: According to a cost analysis by the Corporation for Supportive Housing, a single re-entry housing unit in New York used by two

⁷ Short term Strategies to Improve Re-entry of Jail Populations: Expanding and Implementing the APIC Model, Fred C. Osher, M.D. Accessed from: www.urban.org/reentryroundtable/usher_paper.pdf.

⁸ From unpublished description of Forensic Community Re-Entry and Rehabilitation for Female Prison Inmates with Mental Illness, Mental Retardation, and Co-occurring Disorders program, courtesy of Angela Sager, grants manager, May 12, 2002.

⁹ www.consensusproject.org/the_report/ch-IV/ps20-release-decision.

people over one year can save \$20,000 to \$24,000 compared to the cost of release to shelter and re-incarceration.¹⁰

- Decreasing the chance of re-incarceration due to unstable housing. In a 2003 study, the Georgia Department of Corrections found that with each move after release from prison, an individual's risk of being re-incarcerated increased by 25 percent.

Do other research findings support the benefits of housing?

Other research findings also support the importance of housing, especially of permanent supportive housing. Permanent supportive housing is housing for which the individual has a lease and in which services are available but not tied to the housing. Supportive housing benefits individuals by reducing the prevalence of mental health symptoms, reduced hospitalization and increased satisfaction with quality of life for persons with mental illness.¹¹ Supportive housing has also been shown to cost communities less money than jails, expensive inpatient programs and emergency services. Additional findings include:

- In New York City, persons in permanent supportive housing have drastically reduced criminal justice involvement, reducing jail incarceration rates up to 30 percent and prison incarceration rates up to 57 percent.¹²
- Prison and jail are among the most expensive settings to serve people who are homeless: one nine-city study calculated median daily costs for prison and jail at \$59.43 and \$70.00 respectively, compared with \$30.48 for supportive housing.¹³
- Prior to living in permanent supportive housing, homeless people with mental illness cost an average of \$40,449 per person per year for shelters, hospitals and correctional institutions. After living in supportive housing for six months or more those costs dropped an average of \$16,282 per person per year.¹⁴
- In Portland, Maine a study provided a cost analysis of public services used by 99 formerly homeless people now living in permanent supportive housing. The cost

¹⁰ Breaking the Cycle: Re-entry Supportive Housing and Rockefeller Drug Law Reform. Policy Briefing presented by the Corporation for Supportive Housing and The Supportive Housing Network of New York, October 2009.

¹¹ Accessed from www.bazelon.org/pdf/Supportive_Housing3-09.pdf.

¹² Culhane, D., et al. "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing." Housing Policy Debate V.13, Issue 1 (2002). Fannie Mae Foundation.

¹³ The Lewin Group. "Costs of Serving Homeless Individuals in Nine Cities." Chart Book Report. New York, NY: Corporation for Supportive Housing, 2004.

¹⁴ Culhane, D., Metreux, S., Hadley, T. "The impact of supported housing for homeless persons with severe mental illness on the utilization of public health, corrections, and public shelter systems: the New York/New York Initiative." Philadelphia, PA: The University of Pennsylvania: Center for Mental Health Policy and Services Research, 2001.

associated with emergency room visits was reduced by 62%, health care costs by 59%, ambulance transportation costs by 66%, police contact costs by 66%, incarceration by 62% and shelter visits by 98%. Researchers also found that the use of community-based mental health services increased by 35%, while the cost of providing mental health services was reduced by 41% due to the shift away from expensive emergency and psychiatric inpatient care.¹⁵

What is the relationship between income and housing, especially for individuals with justice involvement and mental illness?

Individuals and families with low to moderate incomes across the Commonwealth are struggling to cover the cost of rent and homeownership. According to a 2009 national study completed by the National Low Income Housing Coalition, a household living in Pennsylvania must earn \$12.79 an hour working 40 hours a week, 52 weeks a year to be able to afford the rent and utilities for a one bedroom apartment in the private housing market.¹⁶

Housing costs are even more problematic for those whose income is limited to Supplemental Security Income (SSI) benefits, and SSI benefits are the primary source of income for many persons with serious mental illnesses. In 2009, individuals receiving SSI benefits had an income of \$674/month; meanwhile, the Fair Market Rent for a one-bedroom apartment was \$665. One national study found that 25% of persons under community corrections supervision received pension benefits, including SSI and Social Security.¹⁷ Depending on the length of time an individual has been incarcerated, their SSI benefits may be suspended or even terminated. Without access to these benefits, many individuals have no source of income. Furthermore, PA terminates Medical Assistance benefits once the State becomes aware of an individual's incarceration. This lack of Medical Assistance prevents many from accessing medication and treatment options upon release.

However, even when individuals exit prison/jail with their SSI benefits, housing affordability is a major barrier. According to *Priced Out 2008*, individuals on SSI would have to spend 99% of their benefit to rent a one bedroom apartment in Pennsylvania, leaving no funds to cover other basic needs.¹⁸

¹⁵ Mondello, M., Gass, A., McLaughlin, T., Shore, N. "Cost of homeless – Cost of Permanent Supportive Housing." 2007, Accessed from: www.mainehousing.org/Documents/HousingReports/CostOfHomelessness.

¹⁶ Data accessed from: www.nlihc.org/oor/oor2009/data.cfm?getstate=on&state=PA.

¹⁷ As reported in Improving Outcomes for People with Mental Illnesses under Community Corrections Supervision: A Guide to Research-Informed Policy and Practice. This report also indicated that 26% received welfare and 44% were unemployed.

¹⁸ Accessed from www.tacinc.org/Docs/HH/Priced%20Out%202008.pdf.

Are there barriers besides affordability that are faced by individuals with justice involvement and mental illness?

There are several additional barriers facing individuals with justice involvement and mental illness that place housing further out of their reach, including the time involved with re-instating SSI and other benefits, the lack of available subsidized housing options, rental policies of public housing authorities and private landlords, and inadequate re-entry planning around housing, among others.

Given the significant gap between the high cost of housing and low incomes, many individuals with justice involvement and mental illness will need some form of housing subsidy. As discussed in Step 5 of this Handbook, public housing authorities (PHAs) are the largest provider of subsidized housing. However, PHAs often have long waiting lists requiring households to wait two to five years until admission. Some estimates suggest that there are over 90,000 families on public housing waiting lists across the state.¹⁹

Can you explain public housing policies governing admission of individuals with a criminal record?

HUD requires all PHAs to perform background checks on all applicants. Federal law requires public housing authorities (PHAs) to permanently ban admission for some criminal offenses, and allows the PHA to create local admission policies for individuals with certain histories of criminal activity and substance use. These differences have the potential to create a great deal of confusion. The following summary aims to resolve some of this confusion.²⁰

- Federal law requires PHAs to permanently ban admission to applicants for two offenses:
 1. Conviction of methamphetamine production on the premises of federally-funded housing, or
 2. If the applicant is subject to a lifetime registration requirement under a state sex offender registration program.

Although federal law grants PHAs the ability to deny admission for additional criminal histories and the use of illegal substances, PHAs have the flexibility to apply local discretion in setting admission and eviction policies with regard to other applicants. PHAs can set local admission policies for:

¹⁹ By Brian Callaway, of *The Morning Call*, April 16, 2009
www.mcall.com/news/local/all-a1_5rent.6856300apr16,0,4646078.story.

²⁰ This information was provided by the Legal Action Center.

- Individuals who have engaged in any drug-related or violent criminal activity or other criminal activity which would adversely affect the health, safety, or right to peaceful enjoyment of the premises during a reasonable time period prior the application of housing.
- Individuals who are illegally using a controlled substance, or have a history of abuse of drugs or alcohol that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- PHAs can deny admission to any individual that has been evicted from federally assisted housing because of drug-related criminal activity in the previous three years. This applies to an individual and the entire household.
- PHAs may evict an individual or household under HUD’s “One Strike” policy. Under this policy, evictions may occur if any member of a household or guest of a household engages in any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other tenants or any drug-related criminal activity, on or off the premises.

For each of these circumstances, local PHAs have the discretion to shorten the period of time an individual/household is restricted from admission, and consider other factors such as the severity of the crime, and the completion of any rehabilitation programs.

Do private landlords have similar policies about leasing to individuals with justice involvement and mental illness?

Individuals with justice involvement and mental illness may also find it difficult to obtain housing from private landlords. While they have no federal mandates guiding their policies, they look at several factors in potential tenants, including: criminal background, income, employment, credit history, and rental history. These present very real challenges, as individuals in jail may have little to no income due to suspended or terminated public benefits; they may not be employed or have lost employment due to incarceration; many of these individuals have low incomes, which may increase the likelihood of having a poor credit history; and all of these factors may correlate with a poor rental history.

In light of these and other challenges, many communities across Pennsylvania have recently been hosting landlord focus groups in order to engage private landlords in discussions regarding addressing these barriers as well as introducing them to resources available within their communities. These focus groups have provided valuable information about working with private landlords; findings include:

- Landlords were willing to provide housing to individuals with criminal records with certain exceptions, mostly related to renting to sex offenders and arsonists.

- Landlords were willing to overlook poor credit histories on a case-by-case basis.
- Although individuals with justice involvement and mental illness may have to combat a double stigma when searching for housing, landlords were more willing to consider someone involved in case management or some other recovery focused supports.
- Landlords liked the idea of having access to community resources that could assist them if there were problems or concerns with a particular tenant; this may include a phone number to call if a tenant were in crisis.

Although landlords have greater flexibility in setting admissions policies, they may not violate Fair Housing Laws that protect specific classes of individuals from discrimination including persons with disabilities. Read *Ten Ways to Boost Housing Opportunities Working with Private Housing Providers* for more information about creating relationships with private landlords at www.pahousingchoices.org/documents/10_ways_private_housing.pdf.

Can Fair Housing Laws protect individuals with justice involvement and mental illness?

As stated above, Fair Housing Laws protect 7 specific groups of individuals. These include discrimination on the basis of:

- Sex
- Race
- Age
- Disability
- Color, Creed or National Origin
- Religion
- Familial Status

If an individual has been denied housing for a reason that is connected to their disability, they may request a reasonable accommodation from the PHA or landlord. Reasonable accommodations are changes in rules, policies, practices, and the way services are provided in order to ensure equal opportunity.

Many times reasonable accommodations are requested on behalf of individuals with physical disabilities. For example, a person who uses a wheelchair may request a parking spot to be assigned in an area of the parking lot where they can easily use a ramp to enter and exit their automobile. Reasonable accommodations can also be requested in situations where an individual was denied housing for reasons associated with their disability. The Fair Housing Council of Suburban Philadelphia provides summaries of Fair Housing Laws and the use of reasonable accommodations on their website at www.fhcsp.com.

What kinds of barriers are related to inadequate re-entry planning for housing?

Many individuals who are incarcerated have no place to return to upon release. They may have been homeless prior to incarceration, or lost their housing while incarcerated, either due to loss of a lease or severing of family ties. In spite of the attempts of some prisons and jails to provide re-entry planning, many individuals responsible for this activity report that they find it difficult to provide adequate planning around housing. While many communities have improved coordination between mental health and criminal justice, few have systematically included representatives of their housing agencies. This lack of collaboration leads to both fragmented system level planning, as well as insufficient person-centered planning to meet the complex needs of individuals with justice involvement and mental illness.

Although state prisoners are required to have an approvable home plan prior to being paroled, due to limited resources, many inmates who lack suitable housing are not provided with the necessary support to secure housing. Finally, even when individuals have a home to return to, many issues can arise during the reintegration process. Most communities lack the staffing necessary to work with both the individual with justice involvement and the family/friend this individual is reuniting with.

STEP TWO:

Setting the Goals in your Community and using the Sequential Intercept Model

In Step 1, we discussed the high number of people with mental illness in jails and state prisons. We discussed homelessness as a risk factor, including data suggesting that homelessness can lead to higher rates of recidivism. Step 1 also introduced us to the positive findings that have been associated with permanent supportive housing, as well as many of the barriers individuals with justice involvement and mental illness face in accessing housing. In Step 2, we will include a discussion of the problems that exist in your community and goal setting in order to address those problems. We will also introduce the Sequential Intercept Model, a tool that will help organize and identify resources, gaps, goals, data collection and other aspects of the planning process.

What are the problems that you would like to address in your community?

What motivated you to open this manual? What problems are you experiencing in your county? Some communities may be motivated to address the high numbers of justice involved persons with mental illness. Others may be motivated by: strategies to reduce the population in overcrowded jails; the proven cost-savings of providing supportive housing as opposed to incarceration; or how to mitigate the impact of street homeless in the downtown area. There could be countless reasons why your community has begun this process of planning, but the important step now is to create a clear goal for your community.

What are the characteristics of those you are hoping to assist?

One of the first items of discussion will be to determine which segment of the overall population on which to focus. For example, communities may choose to focus on:

- **All individuals with justice involvement who have a diagnosed serious mental illness and are receiving services from the county mental health office.** As Step 6 will discuss, supportive services are a critical component to housing stability and success for many individuals. By targeting housing resources to individuals who are eligible for services from the county mental health office, counties will have the capacity to support these individuals with case management and behavioral health services that are reimbursable by medical assistance.
- **Individuals with justice involvement and mental illness who spend extra days incarcerated due to a lack of housing options, including those in danger of serving their maximum sentence.** These individuals may be among the persons

at greatest risk for returning to jail/prison. Targeting housing resources to this population will provide probation/parole with the resources to prevent individuals who were homeless prior to incarceration or lost their housing while incarcerated from serving their maximum sentence due to not having an approvable home plan. Furthermore, housing resources may help to lower the number of individuals who are re-incarcerated due to probation or parole technical violations such as non-compliance with home plans.

The challenge of maintaining an address and adhering to a home plan is also a struggle for “couch surfers”. Individuals who sleep on the couch or in a spare room at various family members and friend’s homes are not considered homeless based on HUD’s homeless definition. This lack of homeless designation means that these individuals are not eligible for resources that are targeted to the homeless.

- **Individuals who are frequent users of public services.** Frequent users are individuals who are commonly known to police, emergency services, the court system, jails, homeless shelters, etc. Their use of public services contributes to this group being the most costly within the system. Targeting housing resources to these individuals may prove to be a cost saving measure for many systems within the county.
- **Individuals with justice involvement and mental illness who are at risk of losing their housing while incarcerated.** Not only are there important psychological benefits to maintaining one’s housing while incarcerated, but it is also much more expensive to re-house an individual than to maintain his or her current housing.
- **Other populations as designated.**

What are your goals/desired outcomes? What do you want to accomplish?

Every program, initiative, and planning effort starts with the acknowledgement of a problem that needs correcting. The goals of such efforts are typically designed to resolve the problem at hand.

Identify the goals you hope to accomplish by planning for the housing needs of justice-involved persons with mental illnesses. Determine if you want to:

- Prevent homeless individuals with mental illness from entering jail?
- Decrease the number of days in jail by decreasing the prevalence of persons with mental illness serving maximum sentences?
- Increase emergency housing options in order to decrease the number of individuals who are incarcerated at arrest or initial hearings?
- Reduce the recidivism rate by providing re-entry planning and access to housing options at the point of re-entry?
- Decrease the number of individuals who become homeless while incarcerated?

- Reduce the burden on other public services?
- Decrease the average length of stay in jail/prison and therefore the cost for this population?
- Other?

What are examples of goals some communities have set for their initiatives?

Communities all over Pennsylvania are developing strategic plans and new programs in order to address the needs of individuals with justice involvement and mental illness.

Allegheny County was one of the pioneers in these efforts. In order to improve the effectiveness of the criminal justice and mental health systems, the Forensic Behavioral Health Subcommittee of the Allegheny County Criminal Justice Advisory Board developed a strategic plan. The overall goal of the plan is to “decriminalize mental illness”. The goals and objectives of their plan included²¹:

1. Building a system that:
 - Spans criminal justice and mental health service and supports programs to intercept and divert individuals with mental illness to appropriate services prior to arrest or after they have been arrested or jailed.
 - Ensures that individuals with mental illnesses have access to appropriate treatment.
 - Provides evaluative information to determine effectiveness, needed changes and improvements.
2. Seeking-out and employing the guidance of individuals receiving behavioral health services, their family members, and friends, for they are knowledgeable about the impact of the current systems upon individuals with mental illness and co-occurring disorders.
3. Using evidence-based strategies and evaluating program results.

The York County Criminal Justice Advisory Board commissioned a Housing Needs Assessment of the County's individuals with justice involvement and mental illness. The goals of that study were to:

- Gather data on individuals with mental illness and/or co-occurring substance use disorders who are involved with the justice system

²¹ From Strategic Plan: Decriminalizing mental illness within the criminal justice & mental health service systems. Developed by: The Forensic Behavioral Health Subcommittee of the Allegheny County Criminal Justice Advisory Board. Period: 2005 – 2010. Accessed from: www.county.allegheny.pa.us/dhs/obh.aspx

- Assess the current housing and services available to this population
- Identify barriers and recommend a plan to address barriers
- Recommend reallocation and expansion of resources in order to create a comprehensive continuum of housing and services.

The Centre County Criminal Justice Advisory Board also commissioned a Housing Study. Their goals were to:

- Collect the data and information needed by the county to clearly define the housing needs of the mentally ill offender population and identify gaps in the existing system.
- Develop data driven strategies and programs to help intercept and divert mentally ill offenders from the criminal justice system where possible, and to potentially divert members of this population prior to any involvement with the criminal justice system.
- Have the necessary data analysis and recommendations to aid the County in pursuing funding and other resources to meet the needs of this population.

The Sequential Intercept Model

As stated in the Purpose section of this Handbook, the Commonwealth of Pennsylvania has a goal of reducing justice involvement for individuals with mental illness. The Sequential Intercept Model was designed to examine how individuals cycle through the criminal justice system, as well as identify intervention points to prevent additional involvement. The Sequential Intercept Model was created as a tool to discuss the interface between the mental health and criminal justice systems, but can also be used as a tool for planning for the housing needs of justice involved persons with mental illnesses.

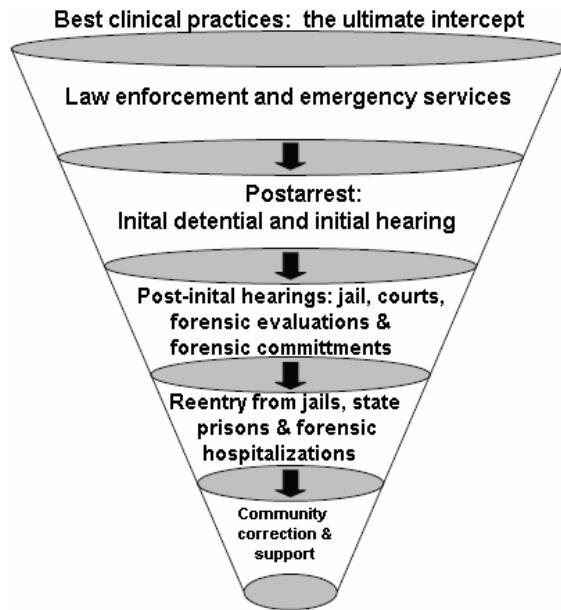
Developed by Mark R. Munetz, M.D and Patricia A. Griffin, Ph.D., the model focuses on a series of interception points at which an intervention can be made to prevent individuals from entering or continuing through the criminal justice system. The Sequential Intercept Model is based on five intercept points.²²

- 1) Law Enforcement & Emergency Services, which includes pre-arrest diversion programs;
- 2) Initial Hearings & Initial Detentions, which includes post-arrest diversion;
- 3) Jails & Courts, which include treatment either in lieu of incarceration or during time served;
- 4) Re-entry from Jails, Prisons and Hospitals, including re-entry planning; and

²² Munetz, M., Griffin, P. "A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model." Psychiatric Services 57 (2006): 544-549.

- 5) Community Corrections and Community Support Services, which includes ongoing community-based supports.

Figure 1: The Sequential Intercept Model viewed as a series of filters.²³



“Interception has several objectives: preventing initial involvement in the criminal justice system, decreasing admissions to jail, engaging individuals in treatment as soon as possible, minimizing time spent moving through the criminal justice system, linking individuals to community treatment upon release from incarceration, and decreasing the rate of return to the criminal justice system.”

Housing is a critical resource at each intercept point. Stable housing prevents homelessness, which significantly increases risk of justice involvement. As such, housing is a key resource for law enforcement officials and court officers for diversion from arrest or incarceration; a necessary element for successful re-entry planning; and it can be a critical resource for preventing probation/parole violations and re-incarceration.

This model is currently being used by county mental health offices throughout Pennsylvania to analyze current systems and resources; identify gaps in the system; develop the necessary resources to promote the diversion of people with mental illness from the criminal justice system; and to link individuals with community treatment.

Intercept 1: Law Enforcement & Emergency Services – Law enforcement officers are frequently the first contact for individuals with mental illness who are experiencing a crisis and/or who have committed an offense. Therefore pre-arrest diversion programs are the first point of interception. Ideally, arrest would be the last resort for many

²³ Munetz, M., Griffin, P. “A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model.” *Psychiatric Services* 57 (2006): 544-549.

individuals with mental illness. However, many communities have few viable available alternatives to arrest, hospitalization and/or incarceration. Additionally, police may need more skills in de-escalating crisis situations for this population. The key to successful diversion at this intercept point is cooperation and coordination between law enforcement and mental health officials. Crisis beds and temporary housing are critical resources at this intercept point.

Intercept 2: Initial Hearings & Initial Detentions – When arrest could not be avoided or communities lack pre-arrest diversion programs, post arrest is the next possible point of diversion. At this intercept point, assessment of individuals provides information on mental health status and desired treatment options. Individuals with mental illness who have been charged with a nonviolent, low-level crime could be eligible for pre-trial release and/or treatment as an alternative to incarceration or as a condition of bail. Key housing resources at this intercept point include diversion beds available to individuals who would be denied bail because they lack a viable place to live; for individuals with co-occurring substance use disorders this may include a bed within a treatment facility.

Intercept 3: Jails & Courts – For individuals with mental illness committed to the county jail, treatment is paramount during incarceration. Additionally, Mental Health Courts fall under this intercept point. Access to appropriate transitional and permanent housing options will be critical to the success of the participants of a Mental Health Court.

Intercept 4: Re-entry from Jails, Prisons and Hospitals – The basis of the fourth intercept point is supported re-entry from incarceration to the community. It is recommended that consistent, systematic re-entry planning begin as soon as possible after admission to the correctional facility to ensure the necessary documents, benefits and supports are in place when individuals return to the community. Key housing resources at this intercept point include the availability of support services, as well as a comprehensive continuum of housing, especially access to immediate short term housing options in order to leave jail, are also recommended at this intercept point.

Intercept 5: Community Corrections and Community Support Services – This intercept point reinforces the third and fourth points by promoting the proper housing and support services for offenders and ex-offenders with mental illness. This includes awareness on the part of probation/parole officers of the unique needs of individuals with mental illness; as well as the knowledge about the unique needs of individuals with justice involvement on the part of mental health caseworkers. Key housing resources at this intercept point include access to affordable permanent housing options that support and foster community-based recovery.

In each of the following sections of this Handbook, the Sequential Intercept Model will be an important tool. Each of the intercept points should be considered as you discuss which individuals or groups should be brought into the planning process, collecting and analyzing data, investigating the housing and services resources and gaps, strategies and developing an action plan.

STEP THREE: Convening the Parties

If your county is going to successfully address housing issues for individuals with justice involvement and mental illness, it is essential that all the key stakeholders are at the table. Most counties have done an excellent job of developing partnerships between the *criminal justice and behavioral health systems*. However, not all have brought in the other two key players: *behavioral health consumers and local housing agencies*. First, it is critical that behavioral health consumers be involved in all phases of program planning and implementation. Developing plans and programs without their involvement would be like building a car without a motor! Second, representatives of local housing agencies must also be involved from the outset. Having them at the table provides a good opportunity not only to educate them about the housing needs of individuals with justice involvement and mental illness, but also for them to educate their partners about housing options and resources.

Who should be the convener of a planning effort?

In many counties the County Behavioral Health/Mental Health Office would be ideal to convene an effort for people with mental health and co-occurring disorders with justice involvement. In other counties the best convener will vary depending on the historical roles of players in the county, the particular individuals serving in key positions, and the commitment of those agencies and individuals to addressing the housing issues of individuals with justice involvement and mental illness. The Chair of the Criminal Justice Advisory Board (CJAB) and/or the County Commissioners is in the best position to assess the local situation and to identify the appropriate individual to take the lead. Any of the following could ably guide a planning effort:

- County Mental Health/Behavioral Health Administrator
- County Mental Health Housing Specialist
- CJAB Coordinator, or Coordinator of a CJAB Mental Health/Criminal Justice Subcommittee
- Criminal Justice Planner
- Judge presiding over the Mental Health Court
- County Planner

Although the individual responsible for convening the planning group should be carefully selected, it is even more critical that the group have a clear mandate from the CJAB and County Commissioners to take on the role of housing planning and that there is intention to seriously consider the final recommendations of the group. Once these conditions are met, the important qualities to look for in the convener are: good

organizational skills, administrative support, and most important, passion for the task at hand.

Can an existing group fill this role?

As long as the key stakeholders participate, planning can be undertaken by either a new or an existing group. Given the busy schedules of most public and private officials, if there is already a group that has many or all of the central players involved, it would be best to use or expand that group. Another alternative would be for an existing group to form a special subcommittee to serve as the planning group. Clearly the key factor is that the group has as a part of its mission addressing the needs of individuals with justice involvement and mental illness. Following are some groups that could fit that bill:

- Criminal Justice Advisory Board (CJAB) or CJAB Mental Health/Criminal Justice Subcommittee
- Mental Health Housing Committee
- Affordable Housing Coalition
- Local Housing Options Team (LHOT)
- County Planning Department
- Office of Human Services
- United Way planning group

What agencies/individuals should be involved?

As stated above, although the specific individuals and even some of the agencies represented will differ, at least the four key groups must be represented: *criminal justice system, behavioral health system, behavioral health consumers, and local housing agencies*. Following is a comprehensive list of agencies/interests that you might consider when forming a planning group:

- Mental Health/Behavioral Health Department
- NAMI, Mental Health Association or other consumer group
- Peer Specialist, (especially those with experience with the criminal justice system)
- Public Housing Authority
- County Planning Commission
- County Housing and Community Development Office
- Housing Providers
- Local Housing Options Team or other Housing Coalition
- County Jail and/or State Prison staff, including reentry planners
- Probation/Parole Office
- Law Enforcement Officials
- Public Defender's Office
- District Attorney's Office
- Magisterial District Justices and Municipal Court Judges

- Court of Common Pleas Judges

How frequently should the group meet?

This decision too, should be up to each group. However, it is recommended that the group begin by meeting at least monthly in order to keep momentum around the issue. Meeting more frequently may be an imposition on the members, and meeting less frequently may cause members to lose interest in the task at hand. It can be helpful to set up subcommittees as needed to research specific issues or to carry out specific tasks. The subcommittees would most likely meet at times in between meetings of the full group.

STEP FOUR: Collecting and Analyzing Data

In Step 2, we discussed setting the goals in your community. We also reviewed the Sequential Intercept Model, which provides us with a framework for considering the housing gaps and needs of individuals with justice involvement and mental illness. In Step 4, we will discuss why data is important and how to collect and analyze that data in order to meet the goals you have set.

Why is data needed?

Data provides us with the information you need to:

- Determine the size of your community's population who have mental illness, justice involvement, are homeless or lack stable housing,
- Identify the demographics of the individuals you are looking to assist,
- Identify the type and quantity of housing needed by individuals meeting specific criteria,
- Articulate a community's unmet needs when submitting applications to various funding sources,
- Identify which individuals are cycling through various public systems and straining scarce public resources,
- Measure the success of current and new initiatives individuals with justice involvement and mental illness,
- And more.

Data collection can be a complex and time consuming process. Ideally, the driving force behind developing a data collection plan is to gather all the data needed to design programs and work toward meeting established goals. However, in reality, data collection is often driven by the availability of existing data and by the resources that are dedicated to the project. Therefore, if you have limited resources, you will need to simplify the process as much as possible. You may want to only collect data that reflects the specific goals of your community, focusing on the relevant information needed to accomplish one of the following two key purposes:

- 1- Identifying your population, including establishing their housing needs.
- 2- Measuring the success of current and new initiatives.

Who in my community might have access to the data that I need?

If your community plans to use data for the purpose of identifying its population and their housing needs, stakeholders may readily have access to some of this data.

Potential sources of relevant data may include:

- County Jail and/or State Prison
- County Probation and Parole
- Criminal Justice Advisory Board (CJAB)
- Court Administrator's Office
- County Office of Mental Health/Behavioral Health (County Mental Health Housing Plan and County Mental Health Forensic Plan, further discussed in Steps 5 and 8)
- County Planning Office or Office of Housing and Community Development (Consolidated Plan, further explained in Steps 5 and 8)
- Coordinator For The Homeless Continuum Of Care

For example, PA has 17 Continuums of Care (CoC) providing housing and services to individuals experiencing homelessness throughout the Commonwealth. Each of these CoCs conducts an annual count of the homeless on a single night, including the number with disabilities. The data collected through this process is analyzed and provided to HUD. This data could provide insight into the number of individuals who are homeless with a mental illness. While all point-in-time counts include data related to mental illness and substance use, some CoCs have collected additional information regarding justice involvement.

An analysis of the 54 Pennsylvania counties within the state's four regional Continuums of Care found that between 2007 and 2009, 12% of all persons in emergency shelters self-reported a mental illness and nearly 25% self-reported a prior conviction of a crime. The data was not analyzed to reveal the number of individuals self-reporting both mental illness and prior conviction, but could easily be done in future years.²⁴ To find the CoC for your community, see www.pahousingchoices.org/wp/wp-content/uploads/2009/09/CoCs-in-PA-rev-1-13-09.doc. Counties within the Balance of State's regional CoCs can access their data at www.pahousingchoices.org/wp/county-housing-planning/data/. Communities within the Commonwealth's other 13 CoC s, should contact their local CoC Contact.

What if our community would like to begin collecting data on a regular basis?

If your community chooses to collect and analyze data on an ongoing basis, some items to consider include:

- Using the Sequential Intercept Model to establish a data collection plan. This type of organizing tool may be helpful in considering all of the points within the justice system where housing is important. Many Criminal Justice Advisory

²⁴ The numbers used to calculate these percentages included the number of adults and children. Usually this percentage would only include the number of adults, but that level of data was not available.

Boards and County Mental Health Offices are already using this model for planning purposes.

- Recruiting data collection partners, including: peer specialists; individuals with justice involvement and mental illness; local law enforcement; hospitals; mobile crisis; homeless shelters; pre-trial release; jail; court system, including mental health courts; re-entry programs; county mental health; local mental health association; county probation/parole; local housing programs.
- Limiting data variables to those relevant to the goals/outcomes within your community.

How can I use the Sequential Intercept Model to organize my data collection efforts?

Following are examples of the types of data you could collect, depending on your community's goals and resources:

Specific to Intercept 1, Law Enforcement & Emergency Services:

- Local law enforcement could analyze the outcome of encounters (i.e.: emergency room; psychiatric unit; 302s; crisis/emergency services; referred to emergency shelters; utilized mobile crisis team; arrested; etc.) with individuals with mental illness based on their housing status
- Local law enforcement could also analyze housing status of individuals with mental illness diverted from incarceration
- Local hospitals and crisis centers, including mobile crisis, could collect:
 - Housing status and justice-related history of assessed individuals in crisis
 - Length of stay for individuals with mental illness who lack appropriate housing options as compared to those with stable housing
- Local homeless shelters could collect information on mental health status and justice involvement

Specific to Intercept 2, Initial Hearings & Initial Detentions:

- The courts could collect data on the number of individuals with mental illness who were not incarcerated during initial hearing because appropriate housing/service options exist
- The courts could collect data on the number of individuals with mental illness incarcerated at initial detention/hearing because no appropriate housing options exist

Specific to Intercept 3, Jails & Courts:

- The courts could collect data related to housing and mental health status of individuals in the court system and/or those incarcerated

- Jails/prisons could collect data on the number of incarcerations and the number of days incarcerated
- Jails/prisons could collect data on the number of individuals who spend additional days incarcerated, including those who max-out, because they lack necessary housing for an approvable home plan. This data also could include the number of additional days these individuals spent incarcerated between being eligible for release and actual release date.

Specific to Intercept 4, Re-entry from Jails, Prisons and Hospitals:

- Re-entry planners could collect data on outcomes related to individuals who received re-entry planning
- Provider agencies could collect data on outcomes related to individuals assisted with peer support
- Jails/probation/parole/re-entry planners could collect data on the number of individuals released to shelter
- Probation/parole/re-entry planners could collect data on specific outcomes related to post-release housing placement

Specific to Intercept 5, Community Corrections and Community Support Services:

- Probation/parole could collect data on the number of individuals in jail waiting for housing stable housing in order to go on probation/parole.
- Probation/parole could collect data on the number of individuals on probation/parole with technical violations related to their lack of stable housing

What if we have never systematically collected this type of data in my community?

A good place to start would be to create baseline data, including the collection of key data variables. Baseline data will provide a beginning point in order to both predict the level of need, and from which to compare all future outcomes. As such, you may want to consider developing this baseline as soon as possible.

Due to the importance of the role of housing status (i.e.: housing status at arrest/release/probation), it is recommended that this be included in the development of all data collection processes. Housing status questions could include:

- Location of where someone was living at the time of arrest/release/probation. Many communities already ask about current or last known address, but asking those questions alone does not provide a great deal of useful information. Asking if this location was a home you own/rent, the home of friend or family member, a homeless shelter, etc.
- Will this housing be available when you leave jail/prison?
- History of homelessness, including the number of homeless episodes
- The number of moves within a specific time period. Individuals could also be asked to discuss the reasons for these moves, including any past evictions.
- If an individual is incarcerated, they could be asked where they would live if they were released the following day. This could include questions about the stability

of this housing option, as well as how permanent or long term this housing arrangement would be.

Additional data variables that could be collected include:

- number of incarcerations,
- number of days incarcerated,
- mental health related variables (i.e.: diagnosis, takes medication as prescribed, active in treatment, etc.), and
- offense for which the individual was arrested.

How else can we use the data collected?

Two very important uses of data include:

- Advocacy. Good data will provide information needed to advocate for cooperation and systems change.
- Cost analysis. The cost benefit of specific programs can only be measured with good data. For example, if it can be shown that a specific percent of individuals avoid incarceration because of an intervention, it will hopefully lead to more resources devoted to interventions. It will enable effective measurement of the cost difference between incarceration and various interventions.

Is there anything we should be aware of before starting data collection?

Yes. One of the challenges to quality data collection is the lack of consistent definitions and how individuals are classified within different systems. For example, an individual who lacks a fixed address and is known to frequently sleep on the couches of friends/family may be considered to be homeless. However, it is possible that this individual does not meet the current HUD definition of homeless and would not be eligible for housing through homeless programs in your community. Similarly, the local jail may classify an inmate as having mental illness based on self-reporting, the use of psychotropic medication, or some other criteria; while the county mental health office may consider only those with DSM IV axis I diagnoses to be mentally ill.

It is important to be aware that there may be existing screening and assessment tools to assist communities in identifying individuals who meet certain criteria. For example, the Brief Jail Mental Health Screen is available on the CMHS National GAINS Center's website at www.gainscenter.samhsa.gov/html/. This tool can assist jails in identifying individuals that should have a full mental health assessment in order to determine if mental illness exists.

These types of conversations need to occur prior to the implementation of a data collection plan. If your planning team lacks access to someone with expertise in data collection, you may want to consider working with a local college or university to think through the most efficient means of establishing a data collection and analysis process.

Are there any alternatives to this type of data collection?

The data collection described above focuses on *quantitative* data. In many communities, housing and service providers, along with other stakeholders, may already have insight regarding the housing needs of the individuals within the target population. This is called *qualitative* data. Qualitative data may supplement quantitative data or may be sufficient in order to initiate planning and/or pilot projects.

The best way to collect *qualitative* data is to meet with and/or interview key individuals in your community who come in contact with individuals in the target population or who have an interest in their housing needs being met. This may include:

- Consumer groups and individuals with justice involvement
- Peer Specialists, including Forensic Peer Specialists
- County Commissioners
- Judges
- Public Defenders Office
- District Attorney's Office
- State and County Correctional Facility Warden
- State and County Correctional Facility Staff (involved with discharge planning, and or working with the individuals on the mental health roster)
- Local and State police officers
- Probation and Parole
- County MH/MR and Drug and Alcohol
- Public Housing Authority
- County Planning and Community Development Office
- County Office of Adult Services
- Mental health provider agencies
- Homeless services and housing providers
- Community Action Agency

For example, you might want to hold a focus group with mental health consumers and/or Peer Specialists, especially Forensic Peer Specialists, to learn about their experiences and to hear about what they think is working well and where there are gaps in the system. Or in interviewing a law enforcement officer, you may learn that he or she may frequently arrest individuals with mental illness for disorderly conduct because the officer is not aware of the range of housing and service options available or because there are not adequate alternative resources. Or in interviewing a homeless shelter operator, you may learn that although they provide shelter to individuals with mental illness upon discharge from jail the shelter has neither adequate staff nor expertise to meet their mental health needs, nor access to permanent supportive housing opportunities. Additionally, you may find that the shelter limits the number of people they admit after release from jail, or refuse this population all together. This results in individuals returning to the streets and possibly to jail. Appendix B provides sample

questions that can be used to gather qualitative data from these various community informants.

How can we use both qualitative and quantitative data in our planning?

In order to most efficiently collect the data necessary for effective housing planning, some communities have collected qualitative data in order to set their goals and quantitative data to determine the strategies for meeting those goals. Montgomery County provides an example of a simplified data collection strategy.

Montgomery County Behavioral Health (MCBH) has been responding to the housing needs of consumers within the County for several years. Additionally, MCBH has created new programs and services to address the special needs of individuals with justice involvement and mental illness. In 2008, with the assistance of a PCCD grant, the County began work establishing a Behavioral Health Court. As part of this planning process, the CJAB held a Cross-System Mapping workshop. This system mapping workshop brought together key stakeholders from the criminal justice, mental health, and substance abuse systems in order to visually depict, using the Sequential Intercept Model, how people with mental illness flow through the criminal justice system. The result of the workshop was a final report that provided the County with a map explaining what resources they had, what their gaps were, and ideas for future planning. The number one need identified through this process was for housing.²⁵

In order to further planning for housing needs of individuals with justice involvement and mental illness, a point-in-time count was conducted within the county jail to identify individuals with a service history known to MCBH. The identified individuals were then interviewed about their housing status prior to jail entry in order to measure the impact of housing and homelessness.

Because of MCBH's ongoing collaboration with the jail, probation/parole and others, this data collection process was relatively simple. Using this process MCBH identified 21 frequent users of the mental health and justice systems, developed a pilot project for these individuals, and began additional housing planning. (Frequent users were defined as having higher than average jail days and commitments to the Montgomery County Correctional Facility (MCCF), as compared to other individuals identified with mental illness in MCCF during the point-in-time count.)

Are there other examples of how data has been used to identify/prioritize the housing needs of individuals with justice involvement and mental illness?

York County provides another example of data collection. Unlike Montgomery County, York County does not currently have a cross-systems data sharing process. When their CJAB decided to explore the housing needs of individuals with justice involvement and

²⁵ The new Pennsylvania Mental Health and Justice Center of Excellence will be offering these mapping workshops to counties.

mental illness in their county, they focused their efforts on collecting data from one entity - the Mental Health Probation Caseload. By collecting data from these client records, as well as other client-specific history from probation officers, they were able to analyze and compare the effect of housing status with several different variables. Through these efforts York documented a strong relationship between homelessness and increased incarcerations and number of jail days. This data was then used to create a housing plan, as well as to prompt the County Commissioners to create a Task Force charged with prioritizing and implementing the needs identified in the housing plan. As a result of this plan the County applied for and received rental assistance from HUD for 15 homeless households, the jail hired five new staff for reentry planning, and is in the process of implementing recommendations to establish a Crisis Intervention Team for law enforcement.

STEP FIVE: Identifying Housing Resources and Gaps

Step 5 provides the steps you can take to gain familiarity with existing housing resources and identify whether there is a need for additional housing resources in your community.

What is affordable housing?

Identifying acceptable and appropriate housing resources for individuals with justice involvement and mental illness is a challenging endeavor. First, there are many obstacles faced by individuals with justice involvement and mental illness due to their criminal histories, as described in Step 1. Second, many of these individuals have low-and- moderate incomes and will need housing that is affordable to them. Affordable generally means that the individual or family pays no more than 30% of their income for their rent and utilities. Affordable housing is generally classified as:

- 1) **Low cost private market housing:** These are apartments or houses owned by private landlords that are available at a rent that an individual can afford paying roughly 30% of their income.
- 2) **Subsidized housing:** Also referred to as government assisted housing, these are housing units that were built using public funds and/or for which there are operating or rental subsidies that make them affordable to lower income households.

Although there is affordable housing in most communities, these units are frequently fully occupied and have low turnover rates. Generally, the demand for these units far exceeds the supply, and individuals with justice involvement and mental illness must compete for these resources with a host of other eligible households. In the majority of Pennsylvania communities a household must wait two to three years until its name comes to the top of the waiting list for subsidized housing. Worse yet, the waiting list in some communities is so long that it is closed and new people cannot even sign up.

For individuals with justice involvement and mental illness, it also may be important that the appropriate services be available to support them in their home. Many have found that permanent supportive housing is a good option. Basically, permanent supportive housing is housing in which the individual has a lease or ownership and from which the individual can access supports as needed. This could mean living alone, with family members or with other unrelated adults, but the key is that the housing be in the community and not in an institutional setting.

In keeping with the mental healthy recovery philosophy, it is critical that individuals with justice involvement and mental illness have access to the full range of affordable housing options in the community and that the appropriate services be available to support their successfully living in their own home. These housing related services will be discussed in Step 6.

The keys to maximizing housing opportunities for individuals with mental illness and justice involvement are:

- 1- To become familiar with existing programs and resources
- 2- To develop relationships with providers of both low cost private market and subsidized housing
- 3- To determine what the need is for additional affordable housing opportunities for this population.

These steps are called a “Housing Needs Analysis”. If your analysis reveals that there is a need for additional housing opportunities, you can refer to Step 8 - Formulating Strategies to Fill the Gaps - for tools for *expanding* housing resources that can be accessed by individuals with justice involvement and mental illness.

Can you more fully describe the two types of affordable housing?

As mentioned above, there are two types of affordable housing for individuals with justice involvement and mental illness. An understanding of these resources is helpful in determining which are available in your community.

- **Unsubsidized Private Market Housing.** This is housing in which tenants pay the market rate for rent in units that are owned by private companies and individuals. In some communities market rate housing is affordable to people of lower incomes without subsidies. Private landlords and property managers may have eligibility requirements that are more favorable to individuals with justice involvement and mental illness than those who manage subsidized housing. The key will be to get to know the property managers and owners and develop relationships with them. Specific ideas are found in Step 8.
- **Subsidized Housing.** This is housing in which tenants pay less than the going market rate for rent, typically no more than 30% of their income. Subsidized housing developers receive financial assistance from a government or other public entity to build or operate the development, or to help pay for some of the rent and utility costs. In general, low and moderate income families with children, elderly, and individuals with disabilities are eligible for subsidized housing. However, the income criteria and household eligibility vary with the funding source so you should contact each housing provider to get current information on eligibility.

What are the different kinds of subsidized housing?

Subsidized housing may be site-based in specific buildings or complexes to provide housing for low and moderate income households. Alternatively, an individual or household may receive a subsidy to rent a unit of their choice. In addition, there are housing programs that are restricted to specific population groups – some are site-based and some are tenant-based.

What exactly is site-based subsidized housing?

Site-Based Subsidized Housing: These may be apartment buildings or complexes in which all or a portion of the units were built using public funds and the rents are set at a level that is affordable to low and moderate income households. These may be owned by a local public housing authority or by a private entity.

- **Public Housing:** In Pennsylvania under state enabling legislation, any city or county can establish a Local Public Housing Authority (PHA). A list of these PHAs in Pennsylvania can be found at:
www.hud.gov/offices/pih/pha/contacts/states/pa.cfm

The U.S. Department of Housing and Urban Development (HUD) administers federal aid to PHAs to provide housing to individuals with low-incomes at rents they can afford, generally 30% of their incomes toward rent. Local PHAs own and typically operate this housing. Public housing is generally provided in apartment developments-- either in high rises, garden apartments or townhouses. However, some PHAs also provide public housing in houses and apartments scattered throughout the community, referred to as “scattered site” public housing. Some PHAs have websites that list their public housing sites. This information is available at:
www.hud.gov/local/pa/renting/hawebsites.cfm

If your PHA does not have a website, you can contact them to obtain a list of the public housing in your jurisdiction.

- **Privately Owned Publicly Subsidized Housing:** In many communities, there are apartment and townhouse developments that are owned and operated by a private developer or management company that receive public subsidies. These privately owned subsidized housing developments have been funded through many different programs over the years, each with its own rent structure and guidelines. The rents are made affordable to low and moderate income tenants through subsidies to the developer toward the cost of building their developments. This, in turn, allows them to charge lower rents than those charged for comparable units built without these subsidies. In some of these developments, the rent is also subsidized through project based rental assistance (PBRA) which allows tenants to pay 30% of their income towards rent with the balance paid through the subsidy.

A list of many of the privately-owned affordable housing developments, along with updated information on vacancies can be found on the PHFA Affordable Apartment Locator at www.phfa.org/pal.

Currently, the primary funding source for privately owned subsidized housing is the Low Income Housing Tax Credit Program (LIHTC) administered by the *Pennsylvania Housing Finance Agency (PHFA)*. Of significance to individuals with mental illness are the following two opportunities under this program (these are as of FY 2010 – priorities and guidelines are revised annually in the Qualified Allocation Plan – QAP available from PHFA):

1. Supportive Housing Set-Aside: A portion of the allocation of LIHTCs is set-aside for developments in which units are targeted to “persons who are homeless; or to non-homeless households that require supportive services....” These housing developments must have an appropriate supportive services plan for the targeted individuals.
2. Affordable Units: Beginning in 2010, at least 10% of the units in a development receiving LIHTCs must be affordable to very low income households, or those with incomes at or below 20% of the area median income. In addition, there must be supportive services available to support these tenants.

The United States Department of Agriculture (USDA) funds another site-based privately owned publicly subsidized housing program. USDA's Rural Housing Section 515 program provides subsidized housing throughout Pennsylvania. Under the Section 515 program, USDA makes direct loans to private developers to finance affordable multifamily rental housing for very low, low, and moderate income families, elderly people and persons with disabilities. Funds may be used to construct new housing or to purchase and rehabilitate existing structures for rental purposes. To see a list of USDA funded properties in your county visit:
rdmfhrentals.sc.egov.usda.gov/RDMFHRentals/select_state.jsp

What is tenant-based subsidized housing?

Tenant-Based Subsidized Housing is generally referred to as Tenant Based Rental Assistance (TBRA). TBRA is a subsidy provided directly to a household to be used to rent the housing of their choice so long as it meets the requirements of the funding source for the subsidy. These requirements generally relate to the income of the household as well as the condition of the rental unit, its actual rent, and its location. Under TBRA programs, the tenant typically pays 30% of their income toward rent and utilities and the balance of the rent is paid through the subsidy.

What are the kinds of tenant-based subsidized housing?

The following are the most commonly used TBRA programs.

- **Housing Choice Voucher Program (formerly the Section 8 Program):** The most frequently used form of TBRA is administered by the PHA under the Housing Choice Voucher (HCV) Program. Under this program, the housing must be within HUD established Fair Market Rents for your community and meet HUD's Housing Quality Standards (HQS). A household applies at the PHA for a Housing Choice Voucher. Many PHAs have long waiting lists for their HCV Program so it is important for households to sign up as soon as possible. Further, some PHAs have closed the waiting list so it is important to ask to be notified when the list re-opens.
- **Other TBRA Programs:** Although the Housing Choice Voucher program administered by the PHA is the most common TBRA program, TBRA can be administered in many different ways and through many different sources such as federal HOME dollars, county housing trust funds, Health Choices reinvestment dollars, or other county resources. Some specific TBRA programs are described below under "Housing for Specific Populations".
- **Master Leasing:** Master leasing is a special type of TBRA that also may be funded from various sources. Under this model, an agency enters into a lease with private housing managers for one or more units and then enters into subleases with individual households. Master leasing is often used as short-term "bridge housing" to enable an individual or household that may not be otherwise eligible to rent a unit due to such factors as criminal record or poor credit. The bridge period enables the tenant to establish a rental history and eventually enter into his or her own lease with the landlord. While master leasing can be done in private market housing without subsidies, this housing option most commonly includes rental subsidies.

How about housing for specific population groups?

Housing for Specific Population Groups: There are various funding sources and housing models that are used to create housing opportunities for specific groups of people. Some are site-based programs and some are based on rental assistance. Most relevant to those with mental illness and justice involvement are:

- **Housing Funded through County Mental Health Offices:** County Mental Health/Behavioral Health programs use mental health base funds and Community Housing Integration Program Project (CHIPPs) dollars to fund a range of housing options--- from supportive housing (in which individuals live in their own home and receive services as needed) to site-based programs with on-site 24/7 staffing.

Some counties are reassessing the way in which they provide housing to people with mental illness and are moving to a more recovery-focused system as described in Step 6 – Services. As part of this process, some have converted their Community Residential Rehabilitation programs (CRRs). This is accomplished by creating permanent supportive housing opportunities that are integrated into the community for the former residents of the CRR. The de-licensed CRR building can be reused as a site-based program available to individuals with justice involvement and mental illness, often as a transition to community-based housing. For more information about CRR conversion, see www.pahousingchoices.org/county-housing-planning/housing-planning-documents.

In addition to the above, a number of counties in Pennsylvania have access to Health Choices Reinvestment dollars and are using them to fund housing options for people with mental illness and co-occurring disorders, including individuals with justice involvement. Some counties have also used these funds to provide project based operating subsidies for housing financed through the PHFA Low Income Housing Tax Credit Program. Of particular interest is that several counties are using a portion of their funds to target individuals with justice involvement and mental illness under Master Leasing Programs.

- **HUD Section 811:** Local non-profit organizations can apply to HUD for funding under the Section 811 Program to provide site-based housing specifically for persons with disabilities; there is an annual national competition for this program. These units can be used to provide housing for individuals with justice involvement and mental illness. While HUD provides funds for development and 40 years of operating subsidies, the nonprofit must demonstrate that services will be made available from community resources.
- **Family Unification Program (FUP) Vouchers:** Your Public Housing Authority (PHA) may have recently applied for FUP Vouchers that can provide rental assistance to youth aging out of the foster care system and/or to provide families involved with the child welfare system with rental assistance. The goal is to provide the necessary housing to reunite the family or prevent out of home placement. Unless the PHA has admission policies that would restrict individuals with a criminal history, individuals leaving incarceration who are reuniting with their families may be able to benefit from these vouchers.
- **Mainstream (or Certain Development/Designated) Housing Vouchers:** Periodically HUD makes Housing Choice Vouchers available to PHAs to be set aside specifically for persons with disabilities. The advantage of these vouchers is that the PHA is required to re-issue them to households with disabilities upon turnover, thus ensuring that the vouchers are a long-term

resource for the target population. Contact your PHA to see if new Mainstream Vouchers (new vouchers may now be referred to as “Certain Development Vouchers” or “Designated Housing Vouchers”) are being made available from HUD. You or another organization in your community may be helpful in committing support services to the tenants that will be necessary for the PHA to successfully compete for these vouchers. A list of PHAs with Mainstream Vouchers can be found at [vouchers.tacinc.org/results/?s\[\]](http://vouchers.tacinc.org/results/?s[])=PA.

- **Shared housing:** Shared housing is a living arrangement where two or more unrelated people share a home or apartment to their mutual advantage. Although shared housing may appear to be similar to other forms of congregate living (such as CRRs, etc.), individuals living in shared housing have the freedoms of choice and control that individuals living in congregate institutions do not have. Members of a shared residence make the decisions about who lives in the home and set the house rules. Each person has a private room and shares common living areas. Housing Choice Vouchers can be used for shared housing in order to subsidize the housing unit, for more information see HUD regulations sections 982.615-89. For more information on shared housing, see www.pahousingchoices.org/housing-options/shared-housing.

Fairweather Lodge: The Fairweather Lodge model, a peer-run housing and employment program that enhances the lives of adults with a mental health disability, is one type of shared housing. The Lodge helps people reintegrate themselves into the community, with a goal of providing emotional support, a place to live, and employment for its members. The program was developed by Dr. George Fairweather in California. Dr. Fairweather found that people with serious mental illness are less likely to return to the hospital when they live and work together as a group, rather than live and work individually. The PA Department of Community and Economic Development provides assistance for site acquisition and rehabilitation for Fairweather Lodges through the State’s HOME Program in counties that do not receive an allocation of HOME funds directly from HUD. For more information on this model, please contact Kim Stucke at kmstucke@Stairwaysbh.org.

Is there special housing for individuals with mental illness who are homeless?

- **Housing for the Homeless:** Most communities in Pennsylvania have access to housing specifically for families and individuals who are homeless including emergency shelters, transitional or bridge housing, and permanent supportive housing. Funding for housing and services for the homeless are available from several sources:

HAP: The Homeless Assistance Program is a state funded program that provides funding for families and individuals who are homeless.

Assistance includes bridge or short term rental assistance, hotel/motel vouchers and case management. Each county has a HAP County Contact who administers these funds. Contact information for your County HAP Coordinator can be found at:
www.dpw.state.pa.us/servicesprograms/other/003670183.htm

HUD Continuum of Care: There are several housing subsidy programs funded under the HUD McKinney Continuum of Care Program that are specifically for individuals and households who are homeless. (Step 7 has a full description of the three types of homeless programs – emergency, transitional and permanent.) These programs are the Supportive Housing Program (transitional housing and permanent supportive housing), Shelter Plus Care, and Section 8 SRO. Some programs are site-based and others provide rental subsidies. Individuals with justice involvement and mental illness who are homeless and come in contact with the criminal justice system at Intercept 1 could be referred to one of these programs. While these programs are not typically a resource for people coming directly from jail, they are appropriate for individuals with justice involvement and mental illness who become homeless. They provide housing, case management and referral to appropriate services. Please note that some of these voucher-based programs may be administered by your local PHA. If that is the case, you will want to discuss the details of the admission policy for these specific programs. To find out what homeless housing resources are available in your community contact your Continuum of Care coordinator. Contact information is available at: www.pahousingchoices.org/wp/wp-content/uploads/2009/09/CoCs-in-PA-rev-1-13-09.doc

Homeless Prevention and Rapid Rehousing (HPRP): As part of the American Recovery and Reinvestment Act of 2009, HUD funded the three -year HPRP Program to provide resources to prevent homelessness and help those who are homeless to regain housing as quickly as possible. The program includes both short term rental assistance and case management, legal and counseling services targeted to people obtaining housing. A number of counties have prioritized individuals re-entering the community from the justice system as priorities for this program. It is anticipated that elements of HPRP will be part of the Emergency Solutions Grant (ESG) component of the soon to be initiated HEARTH Act which will replace the current McKinney funded programs.

Do any criminal justice programs fund housing?

- **Criminal Justice Resources:** In addition to the above resources available through the “mainstream” housing and homeless systems and through the mental health system, several criminal justice resources can be used to fund housing efforts. These sources include:

Pennsylvania Commission on Crime and Delinquency (PCCD): The mission of PCCD is to enhance the quality of criminal and juvenile justice systems, facilitate the delivery of services to victims of crime and assist communities to develop and implement strategies to reduce crime and victimization. As such, PCCD awards grants of federal and state funds to help local governments and non-profit organizations throughout the Commonwealth prevent and reduce crime, improve the justice systems and help victims of crime. PCCD announces grant opportunities throughout the year, and some grants available through PCCD can be used to pay for housing related activities. PCCD provides a notification service that provides an e-mail announcing funding opportunities as they become available. To register for this service, sign-up on PCCD's website under grant opportunities at pccd.state.pa.us.

The Edward Byrne Memorial Justice Assistance Grant (JAG)

Program: These grants are the primary provider of federal criminal justice funding to state and local jurisdictions. JAG funds may be used for state and local initiatives, technical assistance, training, personnel, equipment, supplies, contractual support, information systems for criminal justice, and criminal justice-related research and evaluation activities that will improve or enhance:

- Law enforcement programs;
- Prosecution and court programs;
- Prevention and education programs;
- Corrections and community corrections programs;
- Drug treatment and enforcement programs;
- Planning, evaluation, and technology improvement programs;
- Crime victim and witness programs (other than compensation).

Several communities in Pennsylvania have been awarded JAG grants in order to target the needs, including housing, of individuals with justice involvement and mental illness. These activities may include: funding to conduct a housing needs assessment, creating a new housing program for persons with justice involvement, developing/expanding reentry programs, or creating housing support programs, among others. JAG funds are made available by the U.S. Department of Justice and are awarded through PCCD. The notice of available funding will be announced on PCCD's website and through their e-mail grant notification system, as described above.

Second Chance Act: The Second Chance Act is federal legislation designed to improve outcomes for people returning to the community from prisons and jails. The Act authorizes federal grants to provide employment assistance, substance abuse treatment, housing, family programming, mentoring, victims support, and other services that can help reduce recidivism. Separate funding is available for projects that target

adults and juveniles, and funding opportunities include reentry demonstration projects and mentoring grants. All grantees must work to achieve the following outcomes:

- reductions in recidivism rates;
- decreases in crime;
- increases in employment and enrollment in educational programs;
- reductions in violations of conditions of supervised release;
- increases in payment of child support;
- increases in housing opportunities;
- reductions in drug and alcohol abuse;
- increases in participation in substance abuse and mental health services.

For more information on Second Chance Act Funding, visit the Reentry Policy Council at www.reentrypolicy.org.

How do we conduct a housing needs analysis?

Not every county has all of the above resources, nor are all appropriate to the needs within each county. In order to determine the housing needs in your county for people with mental illness who have justice involvement, it is important to conduct a Housing Needs Analysis, which has the following components:

- 1- Creating a Housing Inventory;
- 2- Determining housing availability;
- 3- Determining the number of people with mental illness and justice involvement who need housing;
- 4- Determining if there is a need for additional housing

How do I create a housing inventory?

In order to determine which of these housing resources are available in your community, it is important to have a current housing inventory and an understanding of any new housing opportunities being planned. The inventory should include the full range of housing from crisis/emergency resources, transitional or bridge housing, and permanent supportive housing. Many communities have already developed housing inventory lists that provide resources available to this population. To find out if an inventory is currently available for your community you should contact your LHOT or County Mental Health Housing Specialist. Contact lists are available on www.pahousingchoices.org/housing-resources/mh-housing-specialists. If your community does not have a current housing inventory list, the following provides several sources of information to assist in the development of a list of currently available and planned housing resources.

- **Consumers of the local mental health system:** Consumer choice is one of the principles of recovery and key to OMHSAS' definition of permanent supportive housing. Many of the consumers with a history of justice involvement have first-hand knowledge of the housing opportunities within your community. Some may know specific landlords and property managers who are willing to rent to individuals with a criminal history. Additionally, their experiences can speak to not only the housing gaps related to bricks and mortar, but also to exclusionary policies and procedures within existing programs. If your planning effort does not already include individuals with justice involvement and mental illness, you can contact your local mental health office to assist in finding representatives. The Consumer Satisfaction Team Alliance of PA (www.cstap.org) and the PA Mental Health Consumers' Association (www.pmhca.org) may also be of assistance in this effort.
- **Local Housing Options Team (LHOT):** In many communities, the LHOT or housing coalition has already created housing inventory lists that include housing options for individuals with mental illness. LHOT coordinators can be found at www.pahousingchoices.org/wp/wp-content/uploads/2009/09/LHOT-Roster-list.04-14-091.xls
- **Homeless Continuum of Care:** A list of the emergency shelters, transitional housing, and permanent supportive housing programs in each county is updated annually in a housing inventory chart/database, as part of the annual application to HUD for homeless funding. The beds/units listed on the housing inventory are available to individuals and families who meet HUD's definition of homeless, as well as individual program eligibility requirements. To identify your local Continuum of Care, see www.pahousingchoices.org/wp/wp-content/uploads/2009/09/CoCs-in-PA-rev-1-13-09.doc.
- **County Mental Health Office:** County mental health offices are required to complete and annually update a County Mental Health Plan. This plan includes the county's housing plan for people with mental illness. An inventory of housing resources for people with mental illness is part of this plan. This is available from your county mental health housing specialist. A list of county mental health offices can be found at networkofcare.org/index2.cfm?productid=2&stateid=45#pa_mh_map. A list can be found at www.pahousingchoices.org/housing-resources/mh-housing-specialists.
- **Criminal Justice Teams:** Local re-entry planners, probation/parole and the court system may all have their own resource lists that include known housing options for individuals with justice involvement and mental illness. First point of contact for this information should be your local CJAB.

- **Consolidated Plan (Con Plan):** – To be eligible to access federal funds including Emergency Shelter Grant (ESG), Community Development Block Grants (CDBG), Home Investment Partnership (HOME), and Housing Opportunities for People with AIDS (HOPWA), many county Housing and Community Development offices are required to submit a Con Plan to HUD every five years and an annual Action Plan.

The Con Plan identifies a community's (state/county/city) housing, homeless, community and economic development needs and the resources for meeting those needs. In the preparation of the Con Plan, communities are required to collect and analyze certain data and solicit input from the community. The Con Plan includes a listing of affordable housing resources. Many of the Con Plans in PA can be found on the HUD website at:
www.hud.gov/offices/cpd/about/conplan/local/pa/index.cfm

- **Pennsylvania Affordable Apartment Locator:** This web-based apartment locator (www.phfa.org/pal) allows users to search for privately owned affordable housing units by zip code, city and county.
- **Public Housing Authority:** As discussed above, many PHAs own and manage both site-based and scattered site housing programs. Furthermore, many of the individuals with justice involvement and mental illness within your community are legally eligible for these programs. In addition, the PHA can provide information on the number of Housing Choice, FUP and Mainstream vouchers available in their jurisdiction as well as the status of the waiting list for both public housing and vouchers. A list of PHAs in Pennsylvania can be found at: www.hud.gov/offices/pih/pha/contacts/states/pa.cfm

A careful review of all of these resources, both existing and planned, will help to ensure the development of a comprehensive housing inventory. The inventory can be organized in different ways. For purposes of planning for housing for people with justice involvement, you may want to consider what type of housing options would be needed at each intercept point. For example, emergency or crisis options may be needed to divert people from arrest at Intercept 1 and transitional or permanent supportive housing options may be needed upon discharge at Intercept 4.

What are the next steps?

There are three more steps in analyzing housing needs.

Step 2- Determining housing availability

Once there is a good inventory of the various housing alternatives, the next step is to determine eligibility criteria for each and the availability of vacancies or the existence of a waiting list.

Step 3- Determining the number of people with mental illness and justice involvement who need housing

After determining the type and quantity of available housing, the next step is compare this information to the type and amount of housing that is needed. The data collection and analysis process, as described in Step 4, will provide the number of people in need of housing, as well as information about family size and income.

Step 4- Determining if there is a need for additional housing

If, as is often the case, existing affordable housing or special needs housing programs are operating at full occupancy, there is a need for additional housing options. Or if the income or criminal record criteria would rule out individuals with justice involvement and mental illness, either modifications of policy should be requested and/or appropriate additional options will be needed as described in Step 8.

On the other hand, specific housing programs may not be operating at full occupancy and are actively seeking referrals. It is important to identify these and determine whether they are a resource for some portion of the target population. For example, some homeless programs funded through the HUD Continuum of Care are targeted specifically to individuals who meet HUD's chronically homeless definition. These are individuals have a disability and have been continuously homeless for at least a year or who have had four or more episodes of homelessness in the past three years. Because the eligibility criteria for these programs are very specific, units may be available. Individuals who have encounters with the law enforcement in Intercept 1 but are not arrested may be eligible and appropriate for these programs. To find out if there is a program of this sort in your county, contact your local Continuum of Care coordinator. Continuum of Care contact information is available at:
www.pahousingchoices.org/wp/wp-content/uploads/2009/09/CoCs-in-PA-rev-1-13-09.doc.

In the private market, there may be landlords who have vacancies or who experience frequent turnover and may be interested in renting to individuals with justice involvement and mental illness if an agency enters into a Master Lease. In these cases the agency takes primary responsibility for lease compliance and serves as a contact for the landlord. In some communities private market rents will be affordable to the target population without subsidies, in other areas, rental subsidies will be needed.

What if there is a need for more housing?

If your needs analysis determines that the demand for affordable housing for people with mental illness who have justice involvement is greater than the supply, the next step is to determine how to create more housing opportunities. This is addressed in Step 8.

STEP SIX: **Identifying Housing Support Services**

As discussed throughout this Handbook, stable housing is essential to the ability of individuals with justice involvement and mental illness to successfully re-enter the community and avoid future incarceration or homelessness. However, for many individuals, maximizing their success in remaining in their home, may require access to appropriate support services.

This Handbook supports OMHSAS' commitment to recovery. In Step Six, we will look at those "recovery-oriented services" that are most valuable in helping individuals obtain a home and succeed in maintaining their home.

What are the principles of recovery and how do these relate to housing?

The following are the ten fundamental guiding principles of mental health recovery. Appendix A provides a summary of how these principles relate to housing.

- 1- Self-Direction
- 2- Individualized and Person-Centered
- 3- Empowerment
- 4- Holistic
- 5- Non-Linear
- 6- Strengths Based
- 7- Peer Support
- 8- Respect
- 9- Responsibility
- 10- Hope

What types of supports are needed to enable an individual to identify, obtain, and maintain the home of his or her choice?

Individuals with mental illness and justice involvement have had varying experiences in living in their own home. Some have had life-long housing instability while others may have only recently experienced difficulty in accessing needed housing. Therefore, each individual will have a different need for supports in the following three areas:

1. Assessing housing needs and preferences and creating a plan for obtaining the housing of his or her choice;
2. Locating and obtaining housing in accordance with the plan developed;
3. Maintaining the housing.

Where can these supports be found?

Supports can be both informal and formal. Family, friends, and the faith community are examples of informal supports. There are also formal supports available through the county mental health system, some provided by Peer Specialists.

What is peer support and what kinds of peer support are available?

Peer Support Services are specialized therapeutic interactions conducted by trained professionals who are self-identified current or former consumers of behavioral health services. Recently a new initiative has been introduced. A number of individuals who have had justice involvement are serving as *Forensic Peer Specialists*. These individuals provide a range of services to individuals during and after incarceration, including filling the roles of Housing Support Coordinators (for more information, see the list of Services below). To find out if your county has any Forensic Peer Specialists, contact your county office of mental health/behavioral health.

An example of a Forensic Peer Specialist program is the Main Link Peer Support Center serving Bradford and Sullivan Counties. The program started several years ago with visits by peers to individuals with serious mental illness incarcerated in the Bradford County Jail. Since then the program has expanded considerably. As stated on the Main Link's website at www.themainlink.net. "The Main Link Forensic Peer Support Team focuses on cultivating a supportive and resourceful relationship with individuals incarcerated in our county correctional facility. The team provides weekly peer support to inmates, information about community resources, and updates on issues that may be of interest to mental health consumers." Their support includes working with individuals to help them find employment and housing as well as providing a connection to the Main Link, where individuals feel comfortable going following incarceration.

Recently the Bradford County Jail initiated a work release program in which individuals can be released for the day to work with a Forensic Peer Specialist in locating housing and employment prior to release. While working with individuals post incarceration is a Medicaid reimbursable expense, the Peer Specialist's time working with an individual in jail is not reimbursable. The Bradford County Office of Mental Health is paying for these services out of its base mental health funds.

Are planning tools available to assist in assessing individual housing needs and preferences?

Yes, in many counties, the Mental Health Housing Specialist has developed a tool for conducting a housing assessment for individuals with mental illness. A list of Mental Health Housing Specialists is found at www.pahousingchoices.org/housing-resources/mh-housing-specialists/. In addition, there is a sample assessment tool available at www.pahousingchoices.org/county-housing-planning/tools. The assessment tool provides a series of questions about current or most recent housing, housing preferences, housing options, service desires, financial resources, and housing

history. An individual can use the assessment tool on his or her own, with the help of a family member or friend, or with help from a peer specialist or other mental health professional. The responses to the questions in the assessment can then be used to develop a plan for obtaining the most appropriate type of housing.

What is involved in obtaining and maintaining housing?

Once a housing plan is in place, including where the individual wants to live, the type of housing desired, and how much he or she can afford to pay for housing, the next step is to locate and move into the housing that best meets his or her desires and resources. Some people may need assistance in locating a home in the community of their choice. This may entail assistance with reading and following-up on real estate ads, accompanying the individual to meet with a real estate or rental agent and going to see the units being offered, and/or help in completing the necessary application forms. As described in the Strategies in Step 8, it is important for those who assist with housing to develop a working relationship with the local public housing authority and local landlords so that they are willing to rent to individuals with justice involvement and mental illness.

Many people with mental illness and justice involvement may not have adequate income to move into the housing of their choice and may need to share a home with others or apply for a rental subsidy as described in Step 5. Some may have no or poor credit and will need assistance in establishing a good credit profile.

Where is help available on budgeting and credit repair to make sure an individual can obtain the home of his/her choice?

Numerous housing counseling agencies exist throughout Pennsylvania to provide assistance with a variety of housing issues, including pre-purchase homeownership counseling, renting, budgeting, avoiding foreclosure, credit counseling, and more. HUD approved housing counseling agencies provide many of these services for free. See the HUD website to find a housing counseling agency in your community at portal.hud.gov/portal/page/portal/HUD/i_want_to/talk_to_a_housing_counselor.

The Prepared Renter's Program, as discussed in Step 5 and 8, provides additional strategies for discussing a negative credit history with potential landlords.

What about help in keeping that home?

Once an appropriate housing unit is identified and the individual has moved in, he or she may need assistance in successfully remaining in that home. The first step is to make sure the individual understands the rights and responsibilities of tenancy. This includes the landlord's responsibility in terms of providing a safe housing unit with working utilities and appliances as well as the tenant's responsibilities to pay the rent, keep the unit clean, and not disturb other tenants.

Is there training available on tenants' rights and responsibilities?

Yes, the Regional Housing Coordinators (RHC) of the Self-Determination Housing Project of Pennsylvania (SDHP) provide a training program called PREP, the Prepared Renters Program which is a “train the trainers” program in how to assist people with disabilities to be prepared to be a good tenant and once they are a tenant to meet their responsibilities. For information on contacting the RHC serving your county, go to www.sdhp.org and click on “SDHP Initiatives.”

Who else can help with the tasks associated with obtaining and maintaining housing?

The preparation for finding and moving into a home as well as successfully remaining in that home can be facilitated by a range of people. Family members and friends can assist with the individual with this or peer specialists and mental health professionals can help.

What are the recovery-oriented services that may be available through the County Mental Health office to help support individuals in maintaining their home?

The steps involved with locating a home and maintaining good tenancy are the same for everyone. However, an individual with justice involvement and mental illness may need additional services through the County Mental Health office to support them in their mental health recovery and support their successful re-entry into the community. Each county has a different set of services and may call them by different names. The key is for the appropriate mental health professional to help the individual determine which services are most appropriate to his or her recovery needs and to facilitate him or her with accessing these services. The following is a list of services and the role of each in supporting an individual with mental illness in their home:

Housing Support: Individuals are assisted in securing and maintaining safe, affordable community housing, and in developing the daily living and other skills necessary to remain in their home. Two alternative service models can be used in providing housing support. The first is an *integrated approach* that ensures that housing support to help individuals get and keep housing is included as part of the service component within all or a number of existing services. The second model establishes a separate *housing support team* whose sole purpose is to help individuals obtain and remain in housing.

Crisis Intervention/Mobile Crisis: Crisis intervention/mobile crisis is a global term that includes varying services to provide immediate intervention to assure safety for individuals experiencing moderate to severe distress including telephone, walk-in, and mobile crisis services provided in the community.

Crisis Residential Services: Sometimes called a "diversionary unit," crisis residential services provide 24-hour intervention and crisis beds to people experiencing severe emotional distress. It is a step down and "diversion" from local inpatient psychiatric services.

Assertive Community Treatment (ACT): The goal of Assertive Community Treatment (ACT) is to help people stay out of the hospital and to develop skills for living in the community, so that their mental illness is not the driving force in their lives. ACT offers services that are customized to the individual needs of the consumer, delivered by a team of practitioners, and available 24 hours a day. An ACT team is made up of practitioners who have training and experience in psychiatry, nursing, social work, substance abuse treatment, and employment. Rather than sending people to different agencies or providers for services, members of the team work closely together to provide individuals with a highly integrated array of services that best meet their needs. Some communities have also created specialized Forensic Assertive Community Treatment Teams. The CMHS National GAINS Center has an evidenced based practice fact sheet on ACT Teams available at www.gainscenter.samhsa.gov/html/ebps.

Community Treatment Team (CTT): A Community Treatment Team (CTT) is a self-contained program staffed by multi-disciplinary staff that function interchangeably as a team to ensure ongoing individualized treatment, rehabilitation and support services in the community for individuals with severe and persistent mental illness. The CTT provides most of these services in the consumer's natural setting to maximize access and ensure clinical benefit. Accordingly, there will be minimal referral of consumers to other program entities for treatment, rehabilitation and support services.

Psychiatric Rehabilitation and Mobile Psychiatric Rehabilitation: Psychiatric Rehabilitation is a comprehensive strategy for meeting the needs of individuals with severe and persistent mental illness. The goal of psychiatric rehabilitation is to enable individuals to compensate for, or eliminate the functional deficits, interpersonal barriers, and environmental barriers created by the disability, and to restore the ability for independent living, socialization, and effective life management. Psychiatric Rehabilitation Services are provided to assist individuals to develop, enhance, and/or retain psychiatric stability, social competencies, vocational competencies, educational competencies, and independent living competencies.

Mobile Psychiatric Rehabilitation services are provided to the individual in the community rather than in a medical or site based setting.

Clubhouse: Clubhouse is a specific type of site-based psychiatric rehabilitation program that is an evidence-based practice. It is designed to assist people with mental illness to recover social and vocational functioning and to lead full and satisfying lives that are free of isolation and stigma. The unique feature of a Clubhouse is the focus on work as the primary rehabilitative tool through which members are engaged and recover functioning. Member participation and involvement in all aspects of clubhouse operation, functions, and decision-making is integral to the clubhouse model, as are

peer support, education, self-determination, responsibility, and the opportunity to be employed in real work settings.

Mobile Nursing: Mobile nursing is a service provided in the community by a registered nurse who specializes in mental health. The service can include the monitoring and administration of medication, nutrition counseling, weight management and monitoring vital signs. An especially important service can be mobile medication management, a medication monitoring system where medications are delivered to the client in their home on a daily, weekly or monthly basis, based upon individual need. Education is provided with the goal that consumers will acquire the skills to eventually manage their medications independently.

Mobile Medication Management: A medication monitoring system is based upon individual need such that medications are delivered to the client in their home on a daily, weekly or monthly basis. The goal is for clients to acquire the skills during this education process to eventually manage their medications in their own homes effectively.

Case Management: Case management services are designed to assist targeted people with serious and persistent mental illness and their families to gain access to needed resources such as medical, social, educational and other services. There are three types of case management services that vary in intensity and frequency of face-to-face contact: Intensive Case Management, Targeted Case Management and Resource Coordination.

Social Rehabilitation: Social rehabilitation includes programs or activities designed to teach or improve self-care, personal behavior and social adjustment for persons with a mental disability who are age 21 and over. Activities are intended to make community or independent living possible by increasing the person's level of social competency and by decreasing the need for structured supervision.

Drop-in Center: A drop-in center is a social club offering peer support, a flexible schedule of activities. It may operate on evenings and weekends. Many centers are run by and for their members, and provide an accepting, caring, non-clinical atmosphere where the participants feel they belong. Drop-ins help consumers take responsibility for their own mental health through self-help, and provide support in times of crisis and social isolation allowing consumers to improve social skills and develop and maintain healthy relationships.

See the OMHSAS publication Faces of Recovery: Supporting People in Housing for a more detailed discussion of these services and examples of each in Pennsylvania. It is available at the following website: www.pahousingchoices.org/wp/publications/faces.

STEP SEVEN:

Reviewing Potential Housing Models

Step Seven provides examples of programs in Pennsylvania that provide various types of housing opportunities for individuals with justice involvement and mental illness.

While a permanent home is the desired housing outcome for all people with serious mental illness including those with justice involvement, those with justice involvement may need various alternative types of housing depending on the following:

- 1- **The intercept point at which they are identified as needing housing --**
Different housing models are needed at each intercept point to support the work that occurs at that stage. For example emergency or crisis housing could be of value to police or crisis teams at Intercept 1: Law Enforcement & Emergency Services.
- 2- **Current or previous housing situation** – Each person who has contact with the criminal justice system comes with a different housing history. Some have families to whom they can return while others may have been homeless prior to incarceration or have lost their housing while incarcerated.
- 3- **Criminal history, including the type of offense for which he/she was convicted** – The range of housing opportunities available to an individual may be limited based on the cause of their criminal record. As discussed in Steps 1 and 8, public housing authorities vary in their policies on criminal record, with only specific crimes permanently preventing their acceptance into PHA operated programs. Similarly, private landlords have varying policies on criminal records.
- 4- **Family size and household income** – Single individuals may prefer the minimal responsibilities of renting a single room or efficiency, while someone who is part of a family with children will need adequate space for his or her family. Some communities may have a large inventory of a particular type of housing unit but a shortage of others. For example, many urban areas have a shortage of SRO's (single room occupancy), since as part of their revitalization plans they converted these units to other uses. Also typically, there is a shortage of units with three or more bedrooms that may be needed by a large family. The range of choice is also limited by the cost of the units and the household's income. Often low-income households will need a rental subsidy to afford a home as discussed above.
- 5- **Credit history** – Many individuals with justice involvement and mental illness have either not established a credit history or have a poor credit history. This may impact their ability to rent a home. As discussed in Step 6, there are

programs to help with credit repair but in the interim, these individuals may need a transitional type of housing opportunity until they have established a better credit history.

- 6- **Rental history** – Individuals who have a history of evictions, especially if evicted from public housing, will need to document their ability to be a good tenant, through participation in a counseling program, or through Master Leasing as described in Step 5.
- 7- **Amount of resources available for security and utility deposits** – In order to move into a rental unit, landlords generally require at least one month of rent, often more, in advance. In addition, utility companies often require a deposit to allow the utility to be put in the tenant's name. Individuals who have little or no savings will need assistance with meeting these one time costs or time to save for them.

What are the types of housing needed?

The current thinking in many communities is that, whenever possible, individuals and families should move directly to permanent supportive housing. Referred to as a "Housing First" philosophy, this applies even to individuals who are chronically homeless and have been living on the streets. However, this approach requires the availability of adequate affordable housing and support services such as an Assertive Community Treatment Team, which can be costly to operate. For this and other reasons, there is a need for other housing options such as emergency shelter and transitional housing. Following is a brief description of each housing category, followed by *examples of that housing specifically for people with serious mental illness and/or justice involvement.*

1. **Emergency Shelter/Crisis Residential** -- This type of housing is available immediately and can be utilized for up to 30 – 90 days, or some other standard set in your community. There are many potential uses for emergency housing, which may include: providing immediate housing to an individual who is homeless and who without immediate housing would be incarcerated; to provide a temporary residence at the time of re-entry; or to provide short-term options to individuals who lose their housing while on probation/parole in order to avoid a technical violation and potential re-incarceration.
2. **Transitional or Bridge Housing** – This type of housing can be used to provide temporary housing at the time of re-entry until permanent housing, employment, and/or benefits can be secured. Many housing programs are considered transitional if they provide housing or rental assistance for up to 24 months. Providing transitional housing for two years may provide sufficient time for individuals to develop a positive rental history; establish admission eligibility for PHA programs with criminal history related restrictions; or move to the top of the waiting list for PHA rental assistance.

A transitional/bridge housing program can be developed with a variety of funding sources. Eligibility requirements of each funding source may drive who you can target for the program. For example, to qualify for HUD-McKinney Transitional Housing an individual must meet the HUD definition of homeless. However, using local dollars, such as Health Choices Reinvestment funds or County Housing Trust Fund, allows for greater flexibility in eligibility.

It should be noted that over the past several years HUD and other housing officials are narrowing the use of transitional housing, recognizing that the quicker an individual moves to permanent housing the quicker he/she can stabilize. Even the chronically homeless²⁶ and other hard to house populations are being encouraged to move directly from the streets or shelters to permanent supportive housing under the “Housing First” philosophy. Transitional housing is being seen more as an option for people who truly need site-based housing with specialized services for a limited period such as victims of domestic violence or persons in recovery from substance use disorders.

3. **Permanent Supportive Housing** -- As discussed above, providing permanent housing assistance to individuals with justice involvement and mental illness has many benefits. The OMHSAS definition of *supportive* housing includes housing that is safe and secure, affordable and permanent, as long as the consumer pays the rent and honors the conditions of the lease. As described in Step 5 above, supportive housing is linked to support services that are optional and not required and flexible, delivered when the consumer needs them, and where they live.

Depending on the local cost of housing and the economic opportunities available to each individual, some may require ongoing rental assistance. Examples of ongoing rental assistance may include public housing; Section 8/Housing Choice Vouchers; Fairweather Lodge; locally funded rental assistance programs; and Shelter Plus Care Vouchers for homeless with disabilities.

What are some examples of Emergency Shelter/Crisis Residential programs for individuals with justice involvement and mental illness?

Emergency beds can be configured in several different ways. They may be a separate program, designated beds within a larger program, or beds available within a program without specific designation. The following are examples in Pennsylvania that provide short-term, emergency housing for people with criminal justice involvement:

²⁶ HUD’s definition of chronically homeless: An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. The person must have been sleeping in a place not meant for human habitation (i.e.: living on the streets) and/or in an emergency homeless shelter. A disabling condition is defined as “a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including co-occurrence of two or more of these conditions”. A disabling condition limits an individual’s ability to work or perform one or more activities of daily living.

- **Washington County – Forensic Residential Crisis Stabilization Unit**

Program Description: Washington County MH/MR operates two Crisis Stabilization Units for individuals with mental illness and co-occurring disorders. Both units have beds designated to provide short-term housing for individuals:

- 1- having a mental health crisis as a diversion from arrest and/or incarceration and
- 2- who are exiting the Washington County Correctional Facility to provide stabilization while the housing services staff can assist him or her with acquiring an apartment.

Services for individuals in this program are provided by Southwestern Pennsylvania Human Services (SPHS). Referrals for people being diverted from the criminal justice system typically come through the Forensic Mobile Crisis Team, which has a 24-hour toll free number. Referrals for those re-entering from the jail are through the Forensic Liaison working in the jail.

There are on-site crisis services as well as individualized off-site services that may include Blended Case Management, Community Treatment Team (CTT), vocational and other appropriate services including peer support. The forensic beds are funded through managed care reimbursement to the extent possible and through mental health base funds. A PA Commission on Crime and Delinquency (PCCD) grant also pays for some of the staffing.

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- **Montgomery County – Montgomery County Crisis Residential Program (CRP)**

Program Description: The Montgomery County Crisis Residential Program (CRP) is operated by Montgomery County Emergency Service, Inc. (MCE). It is an eight bed home-like setting on the grounds of Norristown State Hospital. It provides short-term, consumer-centered treatment of individuals in crisis. For some, short-term services during a mental health crisis can prevent them from losing their housing. While the CRP is not targeted to people with justice involvement, it can be used as a jail diversion resource for people who have encounters with the criminal justice system while in crisis.

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What are some examples of Transitional Housing for individuals with justice involvement and mental illness?

As is the case of emergency/crisis beds, transitional housing can be a separate program, designated beds or units within a larger program, or the availability of beds or units within an existing program to this population without specific designation. The following are several programs in Pennsylvania that provide transitional housing for individuals with justice involvement and mental illness:

- **Warren and Forest Counties -- Warren/Forest Transitional Homes:**

Program Description: Forest-Warren Economic Opportunity Council (EOC), the local community action agency, operates four transitional homes, two for women with three bedrooms in each and two for men with four bedrooms in each. These homes provide housing for individuals with mental illness who may also be homeless or at risk of homelessness or who may have criminal justice involvement. The homes are operated by the EOC under a subcontract with Forest/Warren Human Services, which provides the funding. The houses are on the grounds of the State Hospital. Criminal justice involvement must be for non-violent offenses. Residents can remain in the program for up to 18 months but the average stay is one year.

There is no on-site staffing. The program coordinator who is responsible for intake and makes regular visits to the houses is funded through PATH, a federally funded program. Referrals come from Probation as well as service agencies such as the Salvation Army. Mental health services are provided through the Supportive Living program in the county Mental Health office, which in turn makes individualized referrals for such services as medication management and substance abuse services. The program coordinator also assists with referral to non-mental health services and with permanent housing placement.

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- **Berks County: Homeless Prevention and Rapid Rehousing Program (HPRP)**

Program Description: Berks County prioritized the use of HPRP funding under the American Recovery and Reinvestment Act of 2009 (ARRA) for people who are consumers of services through Service Access and Management, Inc. (SAM). This would include those who are leaving the Berks County Jail and are served through SAM, Inc. Forensic Case Management. Through this program SAM, is responsible for administering short-term Tenant Based Rental Assistance (TBRA) for these individuals. Initially, the rental subsidies will be available for three months, at which time each individual's needs will be reassessed. In addition to rental subsidies, the program will cover up to 6 months of arrears in housing costs. The program serves those who are re-entering from jail as well as individuals who are homeless or near homeless and have a criminal justice history.

HPRP funding was also awarded to the Berks County Prison Society/Berks Connections, who are using those funds to assist individuals leaving the jail who are not eligible for MH/MR services through SAM, Inc.

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- **Berks County: Community Reentry Center**

Program Description: The Berks County Community Reentry Program provides coordinated community based services to individuals recently released from jail with a focus on job training and employment opportunities. As of the writing of this Handbook in early 2010, they were in the process of the phased opening of a Community Reentry Center that will provide dormitory style housing for three to nine months as a transition from prison to the community. The Center will focus on re-entry services to prepare inmates for their return to the community. As such, service providers will be on-site for employment education, and substance addiction services as well as other services. The Center is funded through a number of sources including the United Way, Office of Behavioral Health, and the criminal justice system.

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- **Allentown: Transitional Residence - The PROGRAM for Women and Children**

Program Description: The PROGRAM for Women and Children targets women who are in transition from jail, have a criminal justice history or are at-risk for criminal activity (i.e.: some women with substance use disorders are at risk of arrest for drug-related activities). Referrals come from the The PROGRAM's Work Release Program, shelters, transitional housing programs and emergency shelters. The woman must be employed to be eligible for the program. Although the program does not target individuals with mental illness, they are an increasing number of people served by this program. The PROGRAM owns a six unit apartment building in which they provide site-based transitional housing. Participants typically remain in the program for approximately a year. The focus of the transitional program is on both the women and their children, including reunification. The women transition into various types of permanent housing including moving in with family members, obtaining affordable private market rental housing and obtaining subsidized housing. The PROGRAM has an excellent relationship with the public housing authority. The housing is largely funded by private grants.

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What are some examples of Permanent Supportive Housing for individuals with justice involvement and mental illness?

Permanent Supportive Housing can be located in a particular site or portion of a building as in the Eleanor Roosevelt Apartments described below or it can be provided through Tenant Base Rental Assistance (TBRA) as is the case with York County's Shelter Plus Care program.

- **Beaver County: Eleanor Roosevelt Apartments**

Program Description: Gateway Rehab, in partnership with the Beaver County Housing Authority, created a permanent housing program to help individuals with behavioral health disorders transition from jail back into the community. Built in 1967, Eleanor Roosevelt Apartments is a 72 unit high rise apartment building for seniors and people with disabilities. In recent years, it had been experiencing an extremely high vacancy rate and the housing authority was considering demolishing

it. Gateway saw this building as a resource and with the public housing authority developed a plan to renovate the building and make it available to individuals transitioning from incarceration. Services include individual assessments, supportive daily programming, and assistance with doctor appointments, medications, jobs and educational needs. The residents pay 30% of their income for rent.

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• **York County: Shelter Plus Care**

Program Description: After the completion of the CJAB's study of the housing needs of individuals with justice involvement and mental illness, the Housing Authority of the City of York submitted and was awarded funding under the HUD McKinney Shelter Plus Care Program for 15 1-bedroom units for homeless adults with mental illness. Three of the vouchers funded under this program were targeted to individuals involved with the Mental Health Treatment Court with the services match committed through York County Health Choices.

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How can housing for people with criminal justice involvement be included in overall housing planning for people with mental illness in my county?

As described above, often a mental health crisis residential or transitional housing program will include or even target individuals with justice involvement and mental illness. Some counties have included the availability of housing for these individuals throughout their continuum of housing as described in the following two examples:

- **Greene County:** As a small county, with limited resources, the Greene County Human Services Department has prioritized individuals with justice involvement and mental illness in their Mental Health Housing Plan and when planning housing initiatives they have specifically included this population. Planning for these initiatives occurs through the Co-Occurring Council which has representation from: mental health, substance abuse, probation, housing, welfare, and children and youth. The following are specific housing

programs that are resources for individuals with justice involvement and mental illness:

- Homeless Prevention and Rapid Rehousing (HPRP): Individuals with mental illness who are being discharged from jail or who are on probation may receive up to three months of rental assistance and case management.
- McKinney CoC Funded Programs: Both the County's Permanent Supportive Housing and Shelter Plus Care programs do outreach to individuals who are homeless with justice involvement and mental illness.
- Homeless Assistance Program (HAP): The Community Action Agency, the provider for HAP actively includes individuals with justice involvement and mental illness in the provision of funds for housing search, security deposits and first month's rent for homeless and near homeless individuals entering housing.

These programs utilize the existing private market housing stock with rental assistance and the availability of services. The county has taken a pro-active role in encouraging landlord participation in these programs.

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- **Delaware County**: Recognizing that it is often hard to create housing opportunities dedicated to the forensic population, Delaware County takes a multi-faceted approach to providing housing to individuals with justice involvement and mental illness. The following is the range of housing initiatives in Delaware County that include this population:

- Master Leasing: Using Reinvestment funds, Delaware County has developed a Master Leasing Program that prioritizes State Correctional Institution and County Prison max-outs but is also open to others with a criminal record or people with poor credit histories who cannot otherwise qualify to lease an apartment.

- Mental Health Treatment Court: A small portion of their PCCD/OMHSAS-funded Mental Treatment Court funds are targeted for rental subsidies exclusively for this population.
- HUD Shelter Plus Care: The County Office of Behavioral Health is the grantee for two Shelter Plus Care programs that serve individuals who are chronically homeless. This is an option for individuals who are homeless with mental illness who cannot pass the criminal background requirements of the Public Housing Authority and are therefore not eligible for either Section 8 or Shelter Plus Care operated by the PHA.
- Community Residential Services (CRS): Delaware County Office of Behavioral Health Mental Health Division has twelve types of contracted mental health housing services operating throughout the county. These services are referred to as CRS. Individuals with justice involvement and mental illness have been identified as a high priority population in licensed mental health residential programs as follows:
 - o Most of the people referred to the Long Term Structured Residence (LTSR) have forensic involvement. Often admissions come from the forensic unit of the state hospital or directly from the prison.
 - o Several other CRS programs serve individuals who have justice involvement and mental illness, with the exception of those programs with aging vulnerable populations and programs directly affiliated with the PHA requiring the individual to pass a criminal background check.
 - o The Supported Living Services (SLS): This provides bridge subsidies for some individuals with justice involvement and mental illness.

In addition, there are outreach, referral and case management programs that assist individuals with justice involvement and mental illness to locate housing. Four forensic behavioral health specialists at the county jail track and process community referrals for treatment and housing for forensic inmates released to the community. Intensive Case Managers/Resource Coordinators who are part of the Program for Assertive Treatment (PACT) team or Blended Case Management have individuals with justice involvement and mental illness on their caseloads.

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- **Allegheny County:** In the mid-1990's, Allegheny County took a pro-active position on criminal justice diversion and re-entry for individuals with mental illness and justice involvement and has, over the years, received numerous national awards for their ground-breaking work with this population. Allegheny County Behavioral Health Justice Related Services works to assure access to housing options, contingency funds and supportive services for participants in the following array of programs:
 - **Community Recovery Center (CRC):** Operated by Mercy Behavioral Health, the CRC is accessible 24 hours a day, seven days a week and includes a 12-bed, 72-hour temporary diversion program. The CRC is a resource to the Crisis Intervention Team (CIT) Police and the pre-booking diversion team.
 - **Forensic Diversion Services:** This program component provides a range of services including:
 - developing and presenting an appropriate service plan to the District Courts which includes housing,
 - treatment, services, and linkage with community supports and case management;
 - working with the Allegheny County Jail, District Courts, Service Coordination Units and other providers to ensure a smooth transition into the community; and
 - providing contingency funds for basic items during early transition into the community.
 - **Forensic Support Services:** Case management is provided to persons with mental illness referred from the point of formal arraignment to the time of sentencing. Services continue for up to 60 days after release from the Allegheny County Jail or for 60 days after sentencing.
 - **Mental Health Court:** The Allegheny County Mental Health Court (MHC) promotes treatment in the community in lieu of incarceration. A person placed on probation from MHC is supervised by a Special Services Probation Officer and receives support from an Office of Behavioral Health MHC Probation Liaison.

- State Forensic Support Services (State Max Out Program): This program works to meet the needs of individuals with mental illness referred from the Pa Department of Corrections at the expiration of their maximum prison sentence to help integrate them into the community. In addition to services, it provides “bridge housing”, typically in single room occupancy units, personal care homes, supportive living or community residential rehabilitation. The staff help participants obtain permanent housing, including assistance with their first three months rent.
- Community Re-Integration of Offenders with Mental Illness and Substance Use Disorders (CROMISA) Program: This 20-bed facility located in downtown Pittsburgh is a therapeutic community that supports men with co-occurring mental illness and substance use disorder who are on probation or parole.

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STEP EIGHT: **Formulating Strategies to Fill the Gaps**

Step 8 describes specific strategies that communities can develop in order to address the unmet housing needs of people with mental illness and co-occurring disorders with justice involvement. While some strategies will be appropriate for addressing housing needs at only one intercept point, most can be used at multiple points, as described in Step 2.

Who should be involved in identifying appropriate strategies for your community?

Once you have identified housing gaps in your community, and are knowledgeable about the needed types of housing and potential housing models, it is time to develop strategies to increase housing options. In order to successfully develop and implement housing strategies it is essential that you continue to bring together representatives of the criminal justice, mental health and housing systems. Continuing to work with the planning team you created in Step 3 or forming a subcommittee of that group to develop a housing strategy is a good approach. It is especially important that your housing agencies be included, since they may be called upon to fund and/or implement housing initiatives that emerge from the planning process. Most importantly, involving the housing agencies early in the planning process is more likely to increase their “buy-in” later on.

Is there a general approach that should govern the formulation of strategies?

If the issue of housing and services for justice-involved persons with mental illnesses is to be successfully addressed, it must become part of the larger discussion of affordable housing. Individual choice can only be maximized through implementation of a long term strategy for expanding affordable housing opportunities for all low and moderate income populations throughout the county. Ideally, specific units in each of these projects would be available to or set-aside for people with special needs, including individuals with mental illness.

As such, the general approach to expanding housing opportunities for individuals with justice involvement and mental illness is to expand housing for *all* persons with mental illness and to minimize barriers that may impede access to those units by individuals with justice involvement and mental illness. This approach is consistent with the mental health recovery philosophy of ensuring maximum housing choice for individuals in community settings. However, there are certain barriers that cannot be removed and that may necessitate the creation of specialized housing options for individuals with justice involvement and mental illness. To the extent feasible, these options should be

short term and designed to achieve limited objectives, such as to provide a place to live while an individual obtains benefits, secures employment, or stabilizes on medication.

Using this approach will require the development of strategies for working with two groups:

- Public housing authorities (PHAs)
- Private housing providers, including private landlords, property owners and managers, realtors, and residential developers.

Is there a secret to creating effective strategies?

The key to effective strategies is building strong relationships with public and private housing providers. You need to start by meeting with these agencies and individuals, finding out what problems they may have encountered and what they need in return for expanding housing for persons with justice involvement. Once you have agreed what each party is going to do, you need to make sure to hold up your end of the bargain. For example, if you agree to be the first responder when a landlord has a problem, you need to be certain to follow-up each contact within the designated time period. If you become a trusted partner with a good reputation you will then be able to build upon these relationships and attract other housing providers.

What are the general concerns of public housing authorities with regard to housing special needs populations?

Public housing authorities can be the gateway to critical housing resources. Therefore it is important to understand their policies and concerns with regard to serving special needs populations. In 2007, a Work Group of housing authorities from across the Commonwealth, along with the Pennsylvania Housing Finance Agency and other state agencies, met with the goal of formulating strategies for working with lower income households with special needs. The following points from the Work Group's report lend insight into their thinking. The PHAs identified the following major challenges:

- Multiple unmet service needs create additional responsibilities for housing authority staff. This includes:
 - services not being delivered in a timely manner;
 - problems when individuals with mental illness no longer take their medication; and
 - lack of coordination by service systems when individuals have more than one disability (i.e.: elderly and have a mental illness).
- Housing authorities are wary that people with substantial service needs are being "dumped" on their doorsteps. PHAs are not social service agencies; their prime concern is that tenants be compliant with their lease.

- Due to shrinking budgets, PHAs have been forced to cut back on service coordinators, which many times provide the connection between the property manager, tenant and service providers in order to ensure tenants are receiving needed services.
- PHAs bear substantial costs when a tenant must be evicted because of failure to comply with his/her lease. These include legal costs associated with the eviction process, making the apartment ready for the subsequent tenant, and administrative time associated with the new lease-up.

What steps should we take to start working with our public housing authority?

There may already be a strong relationship between your local PHA and the social service providers in your community, but if this partnership does not exist here are some actions to consider:

- **Gather the relevant information:** Ask the PHA for a copy of its written policies regarding admission of individuals with criminal records to public housing and to the Housing Choice Voucher Program. Sometimes there is a single policy that applies to both programs and some times they are different. These policies should be found in the PHA's Administrative Plan.
- **Learn the facts:** It is important that you understand the policies of YOUR PHA, since the policies differ from PHA to PHA.

What if your PHA policies are unclear or very restrictive?

Unfortunately, the policies regarding criminal histories are often vague and difficult to decipher. A general description is provided in Step 1 of this Handbook. However, if your PHA's policies are difficult to find and/or unclear, you may want to request a meeting with them in order to establish a better understanding of what their policy truly means. When reviewing the Plan and/or meeting with the PHA, ask the following questions:

- Are the PHA waiting lists for public housing and Housing Choice Vouchers currently open or closed?
- How many households are on the waiting lists? What is the average waiting period from initial application to occupancy?
- Do your local PHA policies for admission of persons with criminal records exceed the two federally required bans described in Step 1
- If so, what are your PHA restrictions regarding admission to offenders with certain types of crimes?
- Are there exceptions for individuals who have successfully completed certain treatment programs such as for drug rehabilitation?

- What is the required waiting period between conviction of a crime and eligibility for admission?
- Does your PHA have an admissions preference that would include individuals with justice involvement and mental illness? (i.e.: persons with disabilities, persons who are homeless or at risk of homelessness, persons who have successfully completed a transitional housing program)?

During this discussion, try to gauge the flexibility of your PHA regarding application of these policies, especially for individuals with certain supports. During these discussions you can also work towards a systems change, i.e.: to have the current PHA policies amended or modified. We suggest that you:

- Provide them with any data or documentation you have regarding individuals with justice involvement and mental illness. For example, in Centre County it was determined that most justice-involved persons with mental illnesses were convicted of non-violent crimes, and that the most common offense was writing bad checks
- Express your concerns about their restrictions
- Find out if there is anything you can do to work with them to modify the current policy. Some possibilities include:
 - Designating a single contact person for the PHA to call if there is a problem
 - Developing a Memorandum of Understanding that guarantees the availability of supports to the tenant. Both Butler and Dauphin Counties have Memoranda of Understanding (MOUs) with service providers that address the level and frequency of services for persons residing in housing authority owned property (or property assisted with Section 8)
 - Explore the idea of establishing a pilot project specifically for individuals with justice involvement and mental illness. For example, if the current policy is to allow admission to a person with a drug related conviction after five years, ask to have that reduced to two years for an individual that demonstrates success in a bridge housing program.
 - Establish on-going communications between the PHA and the agencies serving individuals with justice involvement and mental illness in order to build better understanding. For example, PHA staff members in several counties participate in monthly meetings with county social service agencies to communicate concerns about the coordination/availability of services. These meetings may occur in conjunction with meetings of the local housing options team or other coordinating body working on housing for persons with disabilities.

What if you are unsuccessful getting current policies modified?

If none of the above systems approaches works, you can address the policy on a case by case basis. If an individual is denied admission by the PHA, he/she should appeal the decision. If possible, request information about the denial prior to the appeal hearing. This will allow the applicant to prepare a response and collect supporting documentation to further his/her case. Even if the reason for denial appears to be justified based on program eligibility, applicants should consider appealing the housing authority's denial to determine if they are entitled to a reasonable accommodation under the Fair Housing Act based on a disabling condition. A reasonable accommodation is a change in policies, practices, or services when such a change may be necessary to afford a person with a disability equal opportunity and access to use and enjoy a dwelling. The Reentry Policy Council points out certain exceptions under current Fair Housing Laws:

"Although federal laws do permit PHAs to deny housing to individuals with criminal records in many cases, there is a clear exception in the case of individuals who fall under the "physical or mental impairment" provision of the Fair Housing Act. The US Fourth Circuit Court of Appeals ruled that the refusal to rent to individuals participating in a drug and alcohol abuse program constituted illegal discrimination against handicapped individuals under the federal Fair Housing Act. The court's ruling has been cited in subsequent actions, affirming that applicants in recovery must not be discriminated against based on their past history with alcohol and drugs. Although the courts have been clear that this protection does not apply to *current* illegal use of or addiction to a controlled substance including alcohol, PHAs can grant exceptions to individuals who are participating in treatment or social service programs, or who can demonstrate their completion of treatment or rehabilitation."²⁷

What other strategies can I consider for working with my PHA?

The key is to know what resources may be available in your PHA. For example, some PHA's have short waiting lists for Housing Vouchers and others have vacant public housing units. Since PHAs strive for full utilization of their resources, they might have an incentive to *set-aside some of the vacant units for individuals with justice involvement and mental illness* in return for assurance that case management and other services will be made available to the tenants occupying those units. This may or may not require flexing their current policies with regard to admission of persons with criminal histories. For example, a high vacancy rate within an aging public housing building lead to a successful partnership between Gateway Rehabilitation Center and the Housing Authority of the County of Beaver. (See Step 7 for a description of this program).

²⁷ Accessed from www.reentrypolicy.org/Report/PartII/ChapterII-D/PolicyStatement19/Recommendation19-L.

Another strategy to pursue is to request that the PHA establish an admissions preference for the Housing Choice Voucher Program that would include individuals with justice involvement (i.e.: for persons with disabilities, persons who are homeless or at risk of homelessness, persons who have successfully completed a transitional housing program). Such a preference would mean that the names of these individuals would move up faster on the waiting list than those without a preference. Designating a preference also gives the PHA the option to keep the waiting list open at all times for individuals applying for that preference. This would be extremely beneficial, especially in counties where the waiting list is closed for long periods due to the large number of households already on the list.

Can I apply the same strategies to working with private housing providers?

In 2008 focus groups were conducted with landlords in Bradford and Cumberland Counties. Like public housing agencies, they are concerned with: getting good, long-term tenants; minimizing vacancies; collecting their rents on time; and ensuring the quiet enjoyment of their units by all residents. In general they reported good experience with tenants with disabilities. In fact, one landlord stated "Percentage –wise I have more problems with the general population than I do with people with disabilities. I welcome them." Most of the participating landlords had rented to people with criminal histories and were willing to continue to do so, with the exclusion of arsonists and sex offenders.

While there are significant similarities, there are also significant differences between public and private housing providers. Public housing agencies receiving public funds must adhere to specific rules and regulations governing occupancy, eviction and other matters that private housing agencies do not have to follow. In addition, while both public and private landlords must adhere to Fair Housing Laws, private landlords have more flexibility in deciding who to admit and when to evict.

What strategies might we use with private housing providers?

The Pennsylvania Association of Area Agencies on Aging has recently published a monograph entitled *Ten Ways to Boost Housing Opportunities Working with Private Housing Providers* that explains the benefits of partnerships between public agencies and private housing providers and outlines specific strategies for expanding housing options for people with disabilities. Many of the actions included in that monograph are applicable to individuals with justice involvement and mental illness. The full report can be downloaded at:
www.pahousingchoices.org/documents/10_ways_private_housing.pdf.

Several of the specific steps involve *building on-going relationships/channels of communication with the private housing providers* through focus groups, regular meetings, surveys, and written or web-based information. Many landlords are unaware of public programs and their benefits. For example, public programs can provide a

steady stream of income to the landlord or linkages with service providers. The landlords are also unaware of public programs and services that can benefit their tenants such as community mental health services. Regular communication provides the opportunity to inform them about resources and programs that they can take advantage of, including weatherization or low interest loan programs for property renovations.

Communication goes two ways, of course, and can also serve to inform your group about any problems experienced by the landlords and any needs or requirements they may have for making their units available to individuals with justice involvement and mental illness.

How can I find landlords that might be willing to work with us?

It is important to identify landlords that are flexible and willing to work with individuals with justice involvement and mental illness. A good first step for finding potential landlords is to contact your local public housing authority. The PHA should have a list of landlords who participate in the local Housing Choice Voucher program. These landlords are already used to working with public agencies and programs and with individuals with special needs. They are also familiar with a system where a third party provides rental assistance and they are accustomed to maintaining a level of occupancy standards. Many of these landlords can be potential resources for any new programs you look to establish, but identifying one or two friendly landlords is a great start. Once you establish a good rapport with a few landlords and develop a positive track record, you can ask them to expand the number of units they are making available. Their positive experience can also be used to attract others to participate in renting to individuals with justice involvement and mental illness.

Another good way is to find out if there is a local landlord association, and if there is one, to attend one of their meetings. This will enable you to understand their issues and to introduce the idea of partnering with public programs.

Are there any special incentives to motivate landlords to rent to individuals with justice involvement and mental illness?

Successful incentives for private landlords are those that address the four concerns listed above: getting good, long-term tenants; minimizing vacancies; collecting their rents on time; and ensuring the quiet enjoyment of their units by all residents. There are two types of incentives that best address these concerns: financial incentives and incentives that ensure tenants receive the supports and services they need.

What are the kinds of financial incentives that might be available?

As described in Step 5, there are a number of government programs that provide rental assistance to eligible households to help them to afford private market housing. Called Tenant Based Rental Assistance (TBRA), these programs subsidize the

difference between the fair market rents and the tenant's ability to pay (generally 30% of household income) for the targeted households. Participation in these programs provides several incentives to the landlord:

- The landlord will be assured of receiving at least a portion of his/her rent on time through the subsidizing agency
- He/she will have a source of reliable tenants; in some cases the referring agency will assist in pre-screening, certifying or training tenants
- The referring agency can guarantee a ready stream of tenants, thus minimizing vacancies and cost of advertising for new tenants
- The referring agency can serve as a single point of contact for discussion of issues regarding the tenant

The Housing Choice Voucher Program, administered by the public housing authority, is the most common TBRA program. Other communities fund bridge or short term rental assistance using federal HOME dollars. These short term vouchers can be generally be used for up to two years, at which time the family should be self-sufficient or transfer to a permanent TBRA.

A program that can be especially beneficial for justice involved individuals is a *master leasing program*, in which the landlord leases to a third party, such as a public agency or non-profit organization. This entity in turn subleases to a high-risk tenant for a limited period, giving the individual an opportunity to prove that he/she can be a reliable tenant and/or giving him/her time until the PHA waiting period until admission to public housing or the Housing Choice Voucher program has expired. In short, a master lease program can provide guaranteed income and safeguards to the landlord while providing housing opportunities to individuals with justice involvement and mental illness. Several counties in Pennsylvania, including Montgomery and Delaware, have initiated master lease programs targeting individuals with justice involvement and mental illness.

What about ways to ensure linkages to supports and services?

An important outcome of regular communications with landlords is the opportunity to solve problems identified. Find out what landlords require in order for them to be interested in renting to individuals with justice involvement and mental illness and try to meet those requirements. Two of the most common complaints of landlords working with public programs are: 1) they do not know who to call if there is a problem with a tenant or 2) they do not get a timely response once a call is made. Addressing these concerns can go a long way towards gaining increased cooperation of the landlords.

For example, landlords will welcome additional supports such as a contact name or number and knowledge that services are available if needed. A number of counties, including Dauphin, Lackawanna, and Allegheny have gone one step further. They have developed formal protocols in order to assure access to supports by tenants with disabilities. The goal of these interventions and linkages is to ensure access to case management services, mental health and other supports to maintain individuals in their

housing. The Dauphin protocol clarifies who to contact in the event of a problem, who is responsible for responding and in what time period he/she must respond. The Lackawanna County program uses a team approach to prevent eviction among the target population. Allegheny County provides 24/7 support to private landlords that participate in their housing program that targets individuals with justice involvement and mental illness. This guarantees a timely response to landlords needing assistance.

It should be noted that in addition to these voluntary measures, additional resources may be available for individuals who are on probation, parole or under the jurisdiction of a Mental Health/Behavioral Health or Drug Court. In these cases, the individuals may be required to engage in certain activities as a condition of their parole or court supervision. As such, judges, probation/parole officers, and others may need training about the importance of housing stability as well as the housing resources and support services available to assist individuals in obtaining and maintaining housing.

Are there any specific services or supports that might encourage landlords to rent to individuals with justice involvement and mental illness?

Again, in keeping with their desire to attract and keep good tenants, landlords would likely be more receptive to rent to an individual who had successfully completed a training program preparing them to be good renters. Pennsylvania is fortunate to have the Prepared Renter's Program (PREP), an excellent training program that helps individuals to prepare to be good tenants and to maintain their housing. This program is available through the Self-Determination Housing Project Regional Housing Coordinator (RHC) program and organizations throughout Pennsylvania are taking advantage of this resource. Information on the RHC program and contact information can be found on their website at www.sdhp.org.

In Butler County, the Local Housing Options Team is building on the PREP program to create a certification program especially for individuals with criminal records, poor credit and poor rental history. Another possibility would be to provide PREP training to individuals who are incarcerated as a way of making them more desirable tenants upon release. This would include ideas like telling individuals to be honest and upfront about their criminal records.

What if existing housing resources are inadequate?

The above strategies all take advantage of existing housing resources by providing rental subsidies to make them affordable, by ensuring the availability of supports, and by making individuals with justice involvement and mental illness more attractive tenants. However, there are communities in Pennsylvania that simply have a shortage of rental housing. Despite herculean efforts to access and use existing resources in these communities, the results will be marginal.

In these communities there is a need to create initiatives targeted specifically to the justice involved population. Expanding housing options in this manner makes sense

because housing resources are limited and individuals with justice involvement and mental illness may be low priority for many funding sources or initiatives. Furthermore, if the housing opportunities are through the private market, they will not be limited by the stringent policies of most publicly funded housing initiatives.

What is the first step I need to take in creating new housing resources?

The first step in working towards creating new housing opportunities for individuals with justice involvement and mental illness is to become involved in the various local housing planning processes. The primary focus of some of these plans is not necessarily individuals with justice involvement and mental illness. However, it is important that the need for additional affordable housing for justice involved individuals is explicitly stated in the appropriate plans because if the specific needs are not stated in the plan, resources cannot be allocated to address those needs.

Additionally, you can provide good data on the needs of this population so they can become an important component of the plans. For example, the mental health housing plans require counties to list priority populations and to justify the priority through data. Data on the needs of individuals with justice involvement and mental illness, including family size and composition, income, and other key characteristics will be extremely helpful to the planners. You should be able to analyze the data collected in Step 4 and use it for this purpose.

The following planning documents are potential vehicles for advocacy for increased housing opportunities for individuals with justice involvement and mental illness. Plans typically require a community participation process that may include a public hearing. Although the public is invited to attend these hearings, testimony may also be submitted in writing. To find out the schedule and type of citizen participation for each of the above planning processes, contact your appropriate state or county office as listed on the PHFA website at www.phfa.org/forms/multifamily_application_guidelines/hm_ph_pj_npj.pdf.

MH Office Forensic Plan: Each county Mental Health Office is required to prepare a Forensic Plan for individuals with justice involvement and mental illness that describes the county or service area's current forensic activities and their agenda. The Plan must be updated annually.

CJAB planning documents: Each county's criminal justice advisory board is responsible for abiding by a set of minimum operating standards, which include strategic planning. The planning process includes: the development of a strategic plan and action steps; the development of measurable objectives and performance measurement; and must conduct periodic self-evaluations of its performance using the established indicators.

MH/BH Office Housing Plan: Each county Mental Health office is required to prepare a Housing Plan for individuals with mental illness. Many counties have prioritized

individuals with justice involvement and mental illness as a priority for housing planning. This plan must also be updated annually.

Ten Year Plan to End Homelessness: Every Continuum of Care is required to develop a Ten Year Plan to End Homelessness which informs decisions about planning for housing and services for individuals who are homeless and may also be used in identifying funding criteria for new projects. The larger counties have each developed their own Ten Year Plan or are in the process of developing one. The smaller rural counties are included in the *PA Agenda for Ending Homelessness*. This plan is being revised and updated in 2009/2010 to reflect current needs and priorities.

Consolidated Plan: As described above, states, counties, and municipalities that receive funding from HUD under ESG, CDBG, HOME, and HOPWA prepare a Con Plan every five years with annual updates. These plans are used for planning the expenditure of housing funds in accordance with community needs. The Con Plan process requires public hearings to elicit community input in establishing priority needs.

Creating new housing requires a great deal of expertise. What can I do?

Once the needs are identified you can advocate for resources to be allocated to meet that need. If you are in a community with unmet needs, it behooves you to become active in expanding resources. The good news is that although creating new affordable housing is very complicated, you do not have to become a housing expert. You only need to understand the basics and to rely on partnerships with the individuals in your community that do know how to create housing. Hopefully you are already working with at least some of those housing agencies, having identified them in Step 3.

Having established the appropriate partnerships, your role is primarily one of advocacy. Specifically you can advocate in any or all of the following ways:

- 1- Create/join your local housing options team or other partnerships for the development of affordable housing for persons with disabilities and make creating new housing options for individuals with justice involvement and mental illness a high priority
- 2- Advocate with planners, housing developers and others to set-aside a percentage of all new affordable housing built in the county for people with mental illness, including those with justice involvement
- 3- Keep current and make local developers aware of funding opportunities that target individuals with justice involvement and mental illness such as through the Pennsylvania Commission on Crime and Delinquency and the U.S. Department of Justice
- 4- Advocate with developers to take advantage of other housing resources that could be used to provide housing for people with justice involvement such as the Supportive Housing Set-aside of the Pennsylvania Housing Finance Agency Low Income Housing Tax Credit Program discussed in Step 5.

- 5- Make available the data collected above on the needs of individuals with justice involvement and mental illness to developers applying for funding for new housing; this will help them to demonstrate the need with the funding sources

How can you keep your housing objective a high priority?

When working with a diverse group of individuals, it is critical to be aware that different entities will bring competing priorities to the table. For example, when a funding opportunity arises the CJAB may want to apply for funds to improve local technology rather than for housing. Similarly, your local housing options team may have a higher priority of addressing the housing needs of people with mental illness and co-occurring disorders leaving the state hospital than of individuals with justice involvement.

The key is to make sure that the housing needs of individuals with justice involvement and mental illness remains on the agenda of your group and that you have the data to demonstrate the need for your proposed project. Data collected in Step 4 may be helpful in this regard. Or you may want to gather additional data aimed at addressing the specific interests and concerns of the planning group. Public officials are often convinced to make a decision if they have data on the estimated cost savings that would result from that decision. For example, the York County CJAB collected data that revealed that one “frequent user” of the mental health and justice systems had cost the County an average of \$84,111 a year for a five year period. This helped to convince the County Commissioners to support the development of additional supportive housing programs for people with justice involvement and mental illness in their County.

STEP NINE: Developing Action Plans

As described throughout this document, a significant amount of planning and coordination is needed in order to ensure that appropriate housing options exist on each point along the intercept model. By this point you should have identified your community's problems, target population and goals, including which specific housing strategies you want to implement. Following are examples of some strategies that you may have chosen:

- Working with local shelters, in-patient programs, and others to secure short-term emergency/crisis beds. Many times these beds can be co-located in existing programs where frequent vacancies occur.
- Applying for HUD funded homeless housing programs, homeless prevention and rapid re-housing programs.
- Collaborating with the local PHA to ensure individuals with justice involvement and mental illness are not being unduly restricted from PHA programs
- Creating partnerships with private landlords in order to create master lease programs and/or develop a pool of landlords willing to provide housing to this population.

An Action Plan is needed to provide a structure to your planning process and help you to be sure you will accomplish your goals. Step 9 explains how to develop an Action Plan for the actual implementation of the strategies and models that you have selected.

What exactly are action plans and why do we need to do them?

Action planning is the tool used by organizations and individuals to decide who is going to do what, by when, and in what sequence in order to reach their goals. The specific design and implementation of the action plans will be determined by the nature and needs of the organization. Implementation and follow-up on action plans are critical and can determine the success or failure of even the most well developed strategy. Although the development and monitoring of action plans can be tedious, without the enumeration of steps, responsibilities and time lines, the strategy is in jeopardy of failing.

The development of an action plan is fairly simple. For each strategy selected, the group must do the following:

1. identify the specific actions or steps that must occur
2. determine the sequence of the steps or actions
3. designate the single person responsible for carrying out the action or step

4. set a deadline by which each action needs to be accomplished

A couple of points must be noted here. First, there can only be one person or agency responsible for an action. Otherwise accountability may be unclear and there may be temptation to shift blame for any uncompleted tasks. Second, it is important that the individual or groups assigned to carry out each task are willing and have the skills and resources required to successfully complete the task. On occasion a person absent from the meeting will get assigned a task that he/she is unwilling or unable to complete, which can impede progress on an entire strategy.

Who is responsible for making sure the action plans are developed and deadlines met?

Almost as important as the development of action plans is the assignment of responsibility for monitoring the steps and deadlines. Once again, this task can be carried out by a single individual, a group or a subcommittee, but it must be done on a regular basis. If someone or some group is seriously delinquent in completing a task, a substitute must be quickly identified. In addition, the entire action plan must be periodically reviewed by the group that develops it in order to ensure that the steps are still reasonable or viable. Sometimes an unanticipated change in the environment may necessitate a change of course. For instance, if a step involves applying for a specific funding source and that source is no longer available, an alternative action step will need to be identified.

Can you give me an example of an action plan for one of the above strategies?

Strategy:

Collaborate with the local PHA to ensure individuals with justice involvement and mental illness are not being unduly restricted from PHA programs

Step 1: Collect and analyze data on the number of individuals with justice involvement and mental illness and the types of offenses they have committed

Responsible: County criminal justice planner (working in coordination with the County jail)

Deadline: March 1, 2010

Step 2: Obtain a copy of the current policies of the public housing authority

Responsible: Chair of the CJAB

Deadline: March 1, 2010

Step 3: Convene Forensic Subcommittee to review the PHA policies and craft a presentation to the PHA including: data on the population; which policies are overly restrictive; what you can offer to the PHA to support the new tenants

Responsible: Subcommittee Chair
Deadline: March 15, 2010

Step 4: Schedule a meeting with the PHA

Responsible: Chair of the CJAB
Deadline: April 1, 2010

Step 5: Meet with the PHA to present your information and request a modification or elimination of certain policies

Responsible: Chair of the Forensic Subcommittee
Deadline: April 20, 2010

Step 6: Follow-up with additional information requested to support your request

Responsible: Chair of the Forensic Subcommittee
Deadline: May 1, 2010

There may be a lot of extra work in implementing these strategies. If needed, are any resources available to hire new staff?

Housing for individuals with justice involvement and mental illness should be part of your community's larger affordable housing strategy. Due to the many differences among Pennsylvania's communities, this strategy will vary from jurisdiction to jurisdiction. Many communities are reorganizing their human resources to accommodate the increased need for housing for special populations. Some counties are even hiring individuals specifically with responsibility for expanding housing opportunities for people with disabilities. For example, the Cumberland County Office of Mental Health is providing funding to the Cumberland County Housing and Redevelopment Authority to hire a housing development specialist to expand housing opportunities for people with serious mental illness and co-occurring disorders.

Other communities are funding housing staff with CHIPPS funds (Community Hospital Integration Program Project). Several years ago Dauphin County granted Community Development Block Grant funds to the Center for Independent Living to hire a Coordinator for the Local Housing Options Team. Montgomery County used funds from their Local Housing Trust Fund to pay for a consultant to assist individuals with developmental disabilities to purchase their own homes and the Butler County Housing Authority is currently funding a Manager/Special Project and Resident Initiatives Coordinator to expand housing opportunities for persons with special needs including the individuals who are homeless and those with mental illness. Contact your Public Housing Authority or Behavioral Health/Mental Health Office to see if they have a specialized person that might be tapped to take a lead role in your effort.

In short, while there are no dedicated funds to hire housing staff, communities across the Commonwealth are finding creative ways to support staff dedicated to the expansion of

housing opportunities for persons with special housing needs, including individuals with justice involvement and mental illness.

What next?

This Handbook has provided you with a crash course in identifying and planning for the housing needs of individuals with justice involvement and mental illness at different points along the Sequential Intercept model. Having read through the entire manual, we suggest that you gather together a few key stakeholders to start the process, beginning with Step 2 and setting your goals. Then in Step 3 you can expand the group to include all the interests that need to be part of the planning process.

In conclusion

There is an increasing number of individuals with mental illness involved in the justice system. There is strong evidence that individuals who are homeless or unstably housed have an even greater chance of incarceration and higher average number of jail days and incarcerations. Although providing a range of affordable housing options to these individuals is a way of lowering these numbers, identifying the specific housing needs and resources to address those needs is a complex and challenging matter. This Handbook is designed to assist agencies and individuals to understand the problem, and to engage in a local planning process to address the problem. We have provided tools to assist local communities in collecting and analyzing data, identifying the housing and support needs of individuals with justice involvement and mental illness, and developing specific strategies that will work in your community to expand housing options to meet those needs.

List of Appendices

Appendix A

The Principles of Recovery and How they Relate to Housing

Appendix B

Sample Interview Questions

Appendix A - The Principles of Recovery and How they Relate to Housing

Principle 1- Self-Direction: Consumers exercise choice in determining where they want to live. They have a right to live in the housing of their choice. This requires consumer education about the housing options/choices available and the means to access housing and supports. Tenant based housing is available that is independent of MH services. This means that their housing is not contingent on service compliance and supports are flexible and staff are mobile, available to support individuals in housing as needed.

Principle 2- Individualized and Person-Centered: Consumers express their needs for supportive services and there are a range of affordable and accessible housing and support options available that can meet individual needs and preferences.

Principle 3- Empowerment: Consumers are involved in all decision making regarding their housing and support services. Consumers receive assistance and training on assessing options and determining personal preferences, strengths and needs related to housing including the full range of issues and concerns that all individuals must consider in deciding where they will live.

Principle 4- Holistic: Consumers have access to a wide range of supportive services beyond traditional mental health services.

Principle 5- Non-Linear: Consumers can choose from a range of available housing options, which can be entered at any point on the recovery continuum. It is not expected that consumers must move through each step of a continuum to obtain permanent housing and supports flexible and can be adjusted to meet their needs as they change. Further, consumers do not have to move to another housing option simply because their needs change, rather supports are moved in and out of the person's life as needed and mainstream natural supports are to be utilized whenever possible.

Principle 6- Strengths Based: Housing choices and supports reflect and build upon consumer strengths rather than deficits.

Principle 7- Peer Support: Consumers will have access to self-help, peer support and consumer operated services.

Principle 8- Respect: The consumer is validated as a person. Those who help or support the journey of consumers will respect diverse cultural backgrounds, ethnicity, sexual orientation and personal life experiences. Housing options reflect respect and dignity for the individual including safe, healthy environments free of stigma and discrimination and housing options are integrated and compatible with the neighborhoods/communities where they are located.

Principle 9- Responsibility: Consumers are strongly supported in their life decisions. Supports are available to assist individuals to build competencies that will enable them

to successfully assume responsibility for choices even when professionals do not agree with the choice. Consumers are educated about the responsibilities associated with options and choices and the potential risks, rewards and consequences; however, consumers have the right to make bad decisions, from which they can learn and grow.

Principle 10- Hope: Consumers will always be met with a positive attitude by helpers and supporters. Supporters, teachers, professional staff and friends will demonstrate their belief that individuals with MH disabilities can succeed in the housing of their choice.

Appendix B – Sample Interview Questions

The following are examples of questions that can be used to gather qualitative data from these various community informants:

General Questions:

- Assuming that housing for the target population is needed in the following three areas, what do you see as the greatest gaps in the County?
 - Emergency/crisis- short term
 - Transitional-up to 24 months with intensive support services
 - Permanent supportive housing- with a lease, services available but not mandatory
- Do you see any serious gaps in support services for the target population? If so, what are they?
- What do you see as the greatest obstacles to filling the gaps identified?
- What strategies do you think will be successful in overcoming these obstacles?
- Is there a specific group in the County that does or should take the lead in expanding housing and services for the target population? If so, who?
- What expanded role could you or your agency play in designing, financing or implementing housing for the target population?
- What incentives/mandate might your agency need in order to participate?

Questions for Housing Agencies:

- Where do you see housing for the target population fitting into the larger County affordable housing strategy?
- To your knowledge, what is the current housing situation of these individuals? Homeless? Shelters? Transitional or Permanent Housing? Families?
- What resources do you have that are or might be available to this population?
- Are there any housing programs that specifically target the mentally ill who are involved with the criminal justice system? At arrest? At re-entry? Other? If so, please describe.
- Are there any special supports or services provided to such individuals who reside in homeless or other subsidized housing?
- If so, please describe. If not, what supports or services do you think are needed?
- Are there any existing housing programs that you think might be converted or adapted to address this population?
- Are you aware of any specific resources that could be used to finance the development, operations or support services for housing serving the target population? If so, what are they and how can I get more information?

Questions for Mental Health Agencies:

- What mental health services are available to persons with mental illness who are involved with the criminal justice system? At arrest? While incarcerated? On parole?
- Specifically, what crisis services are available? Are they adequate? If not, what are the unmet needs for crisis beds/services?
- With what frequency do members of the target population go to the state hospital forensic or civil units? Are beds generally available when needed?
- What happens when law enforcement officers are called to a crime scene and the individual is suspected as having a mentally illness?
- Are there any specialized mental health programs or services that target the mentally ill who are involved with the criminal justice system? At arrest? During incarceration? To prepare for re-entry? On parole/probation? Other? If so, please describe.
- Is there coordination between the mental health and criminal justice systems in addressing this population? If so, please describe.
- Are there any special supports or services provided to such individuals who reside in homeless or other subsidized housing? If so, please describe. If not, what supports or services do you think are needed?

Questions for Law Enforcement Agencies:

- What happens when law enforcement officers are called to a crime scene and the individual is suspected as having a mentally illness? What about if he/she is homeless?
- If you have determined that the incident is primarily due to mental illness how do you handle the case?
- Do law enforcement officers currently have any special training in how to deal with persons with mental illness?
- Are officers able to contact the mental health office to assist in dealing with persons with mental illness?
- How often do you find that persons with mental illness who have committed an offense are homeless or have unsuitable housing?
- Does this affect your handling of the case?
- What additional services or housing do you think should be available to enable you to best handle these cases?

Questions for the Judges:

- Does the county currently have any specialty courts? If not, are you considering any? If so, why?
- What type of cases does your court handle? Do you frequently encounter persons with mental illness?
- If so, of what kind of offenses are they generally convicted?
- In your experience do these individuals generally have higher recidivism rates than others? Are they more likely to be homeless?

- If you have a non-violent mentally ill offender, what alternatives do you currently have to incarceration? How often do you exercise those alternatives?
- Would the availability of more crisis, transitional and permanent housing beds for the target population been seen as a positive alternative for you? If so, which specific type of housing or services would be most helpful?
- Are you familiar with the mental health courts currently operating in 5 other counties in PA? (Erie, Allegheny, Lancaster, York, Venango) Would you see any benefit to starting such a court in this County?
- What about a special mental health case load in the Probation and Parole Department that would provide more intensive case management and mental health services to participants?
- Do you have any suggestions for changes that would have a positive impact on handling persons with mental illness involved in the County criminal justice system?

Questions for the Warden:

- What percentage of the individuals incarcerated in the County jail have serious mental illness?
- Do you believe that the recidivism rate is higher for these individuals? If so, what do you think is the reason?
- What is your current intake and assessment procedure for determining mental health status and need for services/medication?
- Do you have a special “mental health roster” that can track these individuals?
- What mental health treatment or services are provided for inmates, and if any, by whom?
- What is the current medication protocol? Are inmates able to continue medication they were taking prior to incarceration?
- What medication/prescriptions do they get upon release?
- Are there any mental health professionals available to inmates? If so, what is the position and who pays for that position?
- Is there coordination between the mental health and criminal justice systems in addressing this population? If so, please describe.
- Are any special steps taken to ensure inmates have decent, appropriate housing upon release? If so, what and by whom?
- Are inmates ever released to a homeless shelter? If so, which one?
- What housing options and/or services do you think should be available in order to help reduce recidivism among the target population?

Questions for Probation and Parole:

- Is there any special case load or staff assignment for persons with mental illness? If not, do parole officers receive any special training in dealing with individuals with mental illness?
- Are there any specific procedures for linking paroles with mental illness to the county mental health system either prior to or while on parole?

- Are there any special requirements that must be met by inmates regarding a housing plan as a condition of parole?
- If so, what assistance are inmates given, if any, in putting together a housing plan?
- Are individuals released to a homeless shelter? If so, which one(s)?
- Can they use the homeless shelter as their address while on parole?
- Are there currently any special services or provisions for individuals with mental illness on parole? If so, please describe.
- Do you believe that the recidivism rate is higher for these individuals? If so, what do you think is the reason? Is the lack of stable housing a contributing factor?
- Do you think that the lack of stable housing contributes to parole violations and therefore a higher recidivism rate?
- What housing options and/or services do you think should be available in order to help reduce recidivism among the target population?

Questions for Criminal Justice: Public Defender, District Attorney, CJAB

- What percentage of your caseload has serious mental illness?
- Do you believe that the recidivism rate is higher for these individuals? If so, what do you think is the reason?
- Do you think these individuals would benefit from alternatives to incarceration? If so, what alternatives would you like to see available?
- Do a disproportionate number of individuals with mental illness have no or unstable housing compared to other clients?
- If so, what type of housing do you think would be most helpful in addressing their housing need?
- What assistance do they need in order to obtain and retain decent housing?
- Are you familiar with the mental health courts currently operating in 5 other counties in PA? Would you see any benefit to starting such a court in this County?
- What about a special mental health case load in the Probation and Parole Department that would provide more intensive case management and mental health services to participants?
- Do you have any suggestions for changes that would have a positive impact on handling persons with mental illness involved in the County criminal justice system?

Glossary

- **Affordable housing:** Affordable Housing is generally defined as housing where the occupant is paying no more than 30 percent of his or her adjusted gross income for housing costs, including utilities. Households paying greater than 30% of their income for housing are considered cost burdened and those paying greater than 50% of their income for housing are considered severely cost burdened.
- **Blended Case Management:** Since its inception in 1988, Targeted Case Management has been separated into two distinct programs, Intensive Case Management (ICM) and Resource Coordination (RC). In July 2003 a pilot project was initiated by the Office of Mental Health & Substance Abuse Services (OMHSAS) to test a case management model in which individuals are not required to change case managers (from ICM to RC or vice-versa) when the intensity of their service needs changes. Referred to as the Blended Case Management Model (BCM), an individual is able to keep the same "blended case manager" despite a change in level of service.
- **Bridge Housing:** This is "The Bridge" that provides temporary rental assistance until affordable permanent housing can be secured. The time period for rental assistance can vary, but assistance is usually not provided for more than 18-24 months.
- **CHIPPs Funds:** The Community Hospital Integration Projects Program (CHIPPs) is a Pennsylvania initiative designed to promote the discharge of persons from state mental hospitals who have a long-term history of hospitalization or otherwise complex service needs and who have been unable to be supported successfully in the community. The state-to-county funding program allows County Mental Health Programs to develop the community resources and programs needed for each state hospital resident to be considered for release to the community.
- **Fair Market Rent (FMR):** Under the Housing Choice Voucher (aka Section 8) Program participants can only rent units that do not exceed the Fair Market Rents (FMRs) in their community. FMRs are gross rent estimates that include the cost of the actual rent plus the cost of utilities, except telephone. The Department of Housing and Urban Development (HUD) sets FMRs to assure that a sufficient supply of rental housing is available to program participants. To accomplish this objective, FMRs must be both high enough to permit a selection of units and neighborhoods and low enough to serve as many low-income families as possible.

The FMRs are recalculated annually. The FMRs for every county can be found at: www.huduser.org/datasets/fmr.html.

- **Health Choices Reinvestment Funds:** Counties that are the Primary Contractor for the HealthChoices program in their County, or behavioral health managed care organizations (BH-MCOs) under direct contract with the Department of Public Welfare (DPW) are allowed to retain Capitation revenues and investment income that was not expended during the contract year to reinvest in programs and services in their County. These funds, called Reinvestment Funds, must be spent in accordance with a DPW; Office of Mental Health and Substance Abuse Services (OMHSAS) approved reinvestment plan. Reinvestment Funds provide a unique opportunity for a financial incentive to reward sound financial management practices and allow the creative use of funds to fill identified gaps in the treatment system, to test new innovative treatment approaches, and to develop cost-effective alternatives to traditional services that may create cost offsets for In-Plan Services.
- **HUD Homeless Definition:** A person is considered homeless only when he/she resides in one of the three places described below. For new and renewal projects, persons assisted with Permanent Housing must be homeless and come from:
 1. Places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
 2. An emergency shelter; or
 3. Transitional housing for homeless persons and who originally came from the streets or emergency shelter.

If a person is in one of the three categories listed above, but most recently spent less than 30 days in a jail or institution, he/she continues to qualify as coming from one of these categories.

In addition to coming from the above three categories, projects providing Transitional Housing, Safe Havens, or Supportive Services Only may also serve populations experiencing the following circumstances:

4. Eviction within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or
5. Discharge within a week from an institution in which the person has been a resident for 30 or more consecutive days and no subsequent residence has been identified and he/she lacks the resources and support networks needed to obtain housing.

- **HUD Homeless Definition of Chronically Homeless:**
 - An unaccompanied individual who is homeless with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.
 - The person must have been sleeping in a place not meant for human habitation (i.e.: living on the streets) and/or in an emergency homeless shelter.

- A disabling condition is defined as “a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including co-occurrence of two or more of these conditions”. A disabling condition limits an individual’s ability to work or perform one or more activities of daily living.
 - An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency shelter and must be unaccompanied and disabled during each episode.
- **Long Term Structured Residence (LTSR):** A highly structured therapeutic residential mental health treatment facility for adults.
- **Mainstream Vouchers:** Mainstream vouchers are housing vouchers specifically set-aside exclusively for people with disabilities. These vouchers are funded through HUD’s Section 811 program for a five year period. Public Housing Authorities and non-profit organization can apply for these vouchers.
- **Mental Health Court:** Mental health courts typically involve judges, prosecutors, defense attorneys, and other court personnel who have expressed an interest in or possess particular mental health expertise. The courts generally deal with nonviolent offenders who have been diagnosed with a mental illness or co-occurring mental health and substance abuse disorders. The goal of Mental Health Courts is to decrease the frequency of clients' contacts with the criminal justice system by providing courts with resources to improve clients' social functioning and link them to employment, housing, treatment, and support services.
- **Projects for Assistance in Transition from Homelessness (PATH):** PATH services are for people with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or at risk of becoming homeless. PATH services include community-based outreach, mental health, substance abuse, case management and other support services, as well as a limited set of housing services. PATH is a formula grant to the State. It is administered by the Center for Mental Health Services, a component of the Substance Abuse and Mental Health Services Administration (SAMHSA), one of eight Public Health Service agencies within the U.S. Department of Health and Human Services. PATH is a formula grant to the state.
- **OMHSAS Definition of Supportive Housing:** Supportive housing is a successful, cost-effective combination of affordable housing with services that helps people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS; and may also be homeless, or at risk of homelessness.

A supportive housing unit is:

- Available to, and intended for a person or family whose head of household is experiencing mental illness, other chronic health conditions including substance use issues, and/or multiple barriers to employment and housing stability; and may also be homeless or at risk of homelessness;
- Where the tenant pays no more than 30%-50% of household income towards rent, and ideally no more than 30%;
- Associated with a flexible array of comprehensive services, including medical and wellness, mental health, substance use management and recovery, vocational and employment, money management, coordinated support (case management), life skills, household establishment, and tenant advocacy;
- Where use of services or programs is not a condition of ongoing tenancy;
- Where the tenant has a lease or similar form of occupancy agreement and there are not limits on a person's length of tenancy as long as they abide by the conditions of the lease or agreement; and
- Where there is a working partnership that includes ongoing communication between supportive services providers, property owners or managers, and/or housing subsidy programs.

Supportive Housing is:

1. Safe and Secure
2. Affordable to consumers
3. Permanent, as long as the consumer pays the rent and honors the conditions of the lease.

Supportive Housing is linked to support services that are:

1. Optional. People are not required to participate in services to keep their housing, although they are encouraged to use services
 2. Flexible. Individualized services are available when the consumer needs them, and where the consumer lives.
- **Private Market Housing:** These are apartments or houses owned by private landlords.
 - **Program for Assertive Treatment (PACT):** PACT utilizes a 24-hours-a day, 7-day-a-week, interdisciplinary, mobile team approach to treatment, delivering comprehensive treatment, rehabilitation and support services in community settings. Among the services typically integrated into PACT are 24-hour comprehensive care, psychiatric rehabilitation, integrated mental illness and substance abuse treatment, housing or housing supports, crisis intervention and peer counseling. PACT is evidence-based.

- **Project Based Rental Assistance (PBRA)**: PBRA is a rental subsidy that is associated with specific housing units to make them affordable to low income households.
- **Qualified Allocation Plan (QAP)**: The QAP is a federally mandated planning requirement that states annually use to explain the basis upon which they distribute their LIHTC allocations. Based on their QAP, states establish preferences and set-asides within their tax credit competitions so as to target the credits towards specific places (such as rural areas) or types of people (such as elderly households). The Low-Income Housing Tax Credit Program (LIHTC), managed by the Department of Treasury's Internal Revenue Service, is currently the largest source of federal subsidy for adding new or rehabilitated rental housing units to the affordable housing stock in the United States.
- **Reasonable Accommodation**: Under the Fair Housing Act, “reasonable accommodation” is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces. Since rules, policies, practices, and services may have a different effect on persons with disabilities than on other persons, treating persons with disabilities exactly the same as others will sometimes deny them an equal opportunity to use and enjoy a dwelling. The Act makes it unlawful to refuse to make reasonable accommodations to rules, policies, practices, or services when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy a dwelling. To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual’s disability.
- **Subsidized Housing**: This is housing in which tenants pay less than the going market rate for rent, typically 30% of their income. Subsidized housing receives financial assistance from one or more public agencies to build or operate the development, or to help pay for some of the rent and utility costs. Rents are typically set according to Fair Market Rents (FMRs). Household income guidelines, based on Area Median Income (AMI) determine eligibility to live in subsidized housing.
- **Tenant-Based Rental Assistance (TBRA)**: TBRA is used to assist low- and very low income families to obtain decent, safe, and sanitary housing in private rental accommodations by making up the difference between what they can afford and the approved rent for an adequate housing unit.