

# Evaluation of the Ohio Department of Rehabilitation and Correction and Corporation for Supportive Housing's Pilot Program

## Interim Report

*Oct 2007 – Sept 2008*

Jocelyn Fontaine, The Urban Institute  
Carey Anne Nadeau, The Urban Institute  
Caterina Roman, Temple University  
John Roman, The Urban Institute



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## 1.0. Introduction and Background

### 1.1. Program Goals

In March 2007, the Ohio Department of Rehabilitation and Correction (ODRC) and the Corporation for Supportive Housing Ohio Office (CSH) joined forces to develop a pilot program designed to provide permanent supportive housing to individuals returning from selected prisons throughout the state of Ohio. These institutions include: the Allen, Chillicothe, Grafton, Hocking, London, Lorain, Madison, Marion, Pickaway, and Trumbull Correctional Institutions, the Ohio Reformatory for Women, and the Franklin and Northeastern Prerelease Centers. The pilot, funded primarily by ODRC, but also a part of CSH's national Returning Home Initiative, has three main goals: (1) to reduce recidivism; (2) to reduce homelessness/decrease shelter usage; and (3) to decrease the costs associated with multiple service use across the criminal justice, housing/homelessness, and mental health service systems. Enrollment of clients in the pilot began that same spring.

The Urban Institute (UI) was asked by ODRC and CSH to develop an evaluation for the pilot. The evaluation relies on multiple methods to assess the impact of the pilot and whether the costs associated with the pilot outweigh the benefits. As part of the evaluation, UI was asked to complete an interim report documenting client characteristics and outcomes after one year. As such, this *Interim Report* covers the first year of the pilot evaluation—October 2007 through September 2008. The study details the status of the UI evaluation, including descriptive statistics and preliminary outcomes for the pilot's first 57 clients.<sup>1</sup> The report begins by briefly outlining the Returning Home Initiative, the model for the pilot program, and how the UI evaluation will examine the extent to which the pilot is meeting its intended goals. The majority of this report is focused on describing client characteristics and preliminary outcomes, based on information provided by the housing providers and ODRC. The report concludes by discussing the remaining steps for the evaluation, which will be completed in years two and three of the pilot.

### 1.2. Returning Home Initiative

The Corporation for Supportive Housing is a national non-profit organization whose mission is to help communities create permanent supportive housing (PSH) with services to prevent and end homelessness. In Spring 2006, CSH launched its Returning Home Initiative (RHI) with funding from the Robert Wood Johnson Foundation. The goal of CSH's national RHI is to establish PSH for homeless individuals returning from prison or jail and to promote local and national policy changes to better integrate the correctional, housing, mental health, and human service systems. The Initiative is focusing significant efforts in three large cities—New York, Los Angeles, and Chicago—but has also launched supportive housing proposals in the states of Michigan, Minnesota, New Jersey, Rhode Island, and Washington in addition to the pilot in Ohio.

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<sup>1</sup> This report includes information on the first 57 pilot clients for whom the evaluation team has received signed consents. There have been 67 individuals housed from program inception through September 2008.

The specific goals of CSH's national RHI are to

1. Create 1,000 units of supportive housing for individuals returning from prison and jail to the community;
2. Improve financial integration and policy coordination among corrections, housing, and human services agencies;
3. Develop successful supportive housing models tailored to individuals returning from prison and jail to the community;
4. Demonstrate cost savings in participating correctional systems; and
5. Demonstrate on a national scale the power of supportive housing as a solution to the complex needs of individuals with chronic health and mental health conditions returning from incarceration to the community.

### **1.3. CSH Model for the Ohio Pilot**

In general, clients were eligible for enrollment into the pilot if they (a) had a mental illness; (b) were homeless at the time of arrest or at risk of homelessness upon release; and (c) had severe substance abuse disorders. Key aspects of the pilot included

1. Coordination across various systems in the correctional and health services systems, including ODRC, CSH, nine permanent supportive housing providers<sup>2</sup> in the community, the Ohio Department of Mental Health (ODMH), and the Ohio Department of Alcohol and Drug Addiction Services (ODADAS);
2. Coordination of client release planning through a reentry coordinator or case manager at each of the participating prisons; and
3. Provision of housing and supportive services in five cities across the state of Ohio, providing flexibility for pilot clients to return to several communities.

Pilot coordinators determined that they had resources to provide PSH for 84 individuals, with provider in-reach and client enrollment occurring prior to release. Housing is intended to be permanent for clients, but clients are allowed to change their housing upon approval from providers. Essentially, the pilot has resources attached to 84 housing units or subsidies spread across the providers; if clients leave PSH, providers can replace clients with new enrollees.

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<sup>2</sup> The nine agencies associated with this pilot program are Amethyst, Inc.; Community Housing Network, Inc.; Emerald Development and Economic Network, Inc.; Mental Health Services, Inc.; Miami Valley Housing Opportunities; Neighborhood Properties, Inc.; Volunteers of America—Northwest Ohio; Volunteers of America—Ohio River Valley; and the YMCA of Central Ohio. Emerald Development and Economic Network, Inc. (EDEN) and Mental Health Services, Inc. (MHS) are partner agencies; EDEN provides the housing for the pilot clients while MHS provides the supportive services.

## 1.4. Evaluation Goals and Design

The evaluation is in year one of a three-year evaluation. The evaluation relies on multiple methods to assess the impact of the pilot and examine the ratio of costs to benefits. The UI evaluation team is conducting a process, impact, and cost analysis of the pilot. Clients are enrolled using a prospective sample of individuals released from the aforementioned prisons. Those individuals afforded permanent supportive housing upon release (treatment group) will be matched with a contemporaneous cohort of released prisoners (comparison group) that were eligible for the pilot but did not receive treatment due to limited resources. Data are collected from (1) programmatic information from ODRC, CSH, housing and supportive service providers, ODMH, and ODADAS; (2) cost information from ODRC, CSH, housing and supportive service providers, ODMH, and ODADAS; (3) semi-structured interviews with ODRC, CSH, and housing and supportive services staff; and (4) electronic and hardcopy official records from various government agencies.

When the process evaluation is completed, it will describe the logic and performance of the pilot and whether it achieves its intended outcomes in the short-term. The pilot is guided by the hypothesis that recidivism results from a lack of stable housing and supportive services upon release from incarceration. The short-term outcomes targeted by the pilot include increased access to PSH, increased access to other supportive services such as mental health and addiction services, and successful provider in-reach to ODRC prisons. Thus, before focusing on the long-term goals of reduced recidivism and increased residential stability among clients for the impact evaluation, the process evaluation will articulate the causal logic between supportive housing and recidivism and the range of factors that affect the success of the pilot operations. These factors include ODRC staff turnover, provider staff turnover, and collaboration and partnerships across the stakeholder agencies. Data for the process evaluation are being collected through semi-structured interviews with ODRC, CSH, and housing and supportive services staff and program data from the agencies.

The impact evaluation focuses on the pilot's long-term goal of reduced recidivism and increased residential stability. The impact evaluation focuses on differences between the treatment group and the comparison group in their (a) rates of re-arrest; (b) rates of re-incarceration; (c) offending types; and (d) number of shelter stays. Data for the impact evaluation are being culled from the surveys of clients and electronic and hardcopy official records from various government agencies. Individuals will be tracked for at least 12 months post-release. The primary question to be answered by the impact evaluation is "Compared to similar individuals released from prison who did not receive supportive housing, does the pilot decrease recidivism among clients, reduce residential instability, and decrease the use of shelters?"

The cost-benefit analysis compares the costs and benefits of the pilot and the comparison group. The evaluation intends to develop cost-benefit ratios for the pilot and the comparison group using program and cost data from ODRC, CSH, housing and supportive housing providers, ODMH, and ODADAS.<sup>3</sup> The cost-benefit analysis will identify the costs of service use for all clients—both treatment and comparison—and calculate whether the pilot produced savings. The primary question to be answered by the cost-benefit analysis will be "Given the number of crimes

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<sup>3</sup> Please note that a cost-benefit analysis will only be completed if the prospective enrollment of pilot clients succeeds, and cost data can be acquired in a timely manner. As noted in earlier memos for this pilot, successful cost analyses rely on the ability to collect data on the cost of services for both pilot enrollees and comparison clients.

prevented by the pilot and the increase in housing stability of the pilot clients, do the benefits of the pilot outweigh the costs?

## **1.5. Study Timeline**

From October 2007 through September 2008, the pilot has focused on enrolling clients into housing. Over the next year, the pilot will continue to enroll clients until 84 individuals have been housed. Assuming a treatment group of 84, the evaluation team has calculated that approximately 250 individuals have to be enrolled in the comparison group to achieve the statistical power to detect substantive differences between the treatment and comparison groups. Due to some challenges with enrollment to date, the enrollment process is proceeding slower than anticipated. As shown and discussed in the “Research Consent Process” Section, the evaluation has enrolled fewer than 84 and 250 individuals in the treatment and comparison groups, respectively.

## **2.0. Enrollment and Recruitment**

### **2.1. Enrollment Process**

Individuals released from Ohio prisons are eligible for the pilot if they have a disability and were homeless at the time of arrest or have no housing plan upon release. Disabilities and homelessness are assessed for every individual in Ohio correctional institutions at the time of entry. For the pilot, disability is defined broadly and includes developmental disorders, severe addiction, and behavioral problems that include substance abuse and other mental health disorders. Potential clients can be deemed eligible by several contacts within the institutions, including the Unit Management Administrator, Reentry Coordinators, nurses, case managers, mental health and medical workers.

Once correctional staff has determined an individual is eligible for the pilot, they are referred to the Bureau of Community Sanctions (BCS) of ODRC, who reviews the inmates’ information and determines final eligibility. Upon affirmation of eligibility by BCS staff, the potential client’s name is referred to a provider for further processing. BCS coordinates with the relevant providers in the community to which the client wants to return. The provider agency then decides whether to conduct an intake assessment on the potential client, ideally while the client is still in prison. The intake assessment is used by providers to determine whether the client has characteristics that may exclude him/her from receiving services, according to their own criteria.

### **2.2. The Research Consent Process**

Ideally, active, affirmative research consent is conducted for every individual who is interested in the pilot program by the institutional staff conducting the referrals. That is, referral to the pilot and consent to participate in the pilot evaluation should be conducted before the individual is released from prison. In some cases, however, research consent was conducted by the provider staff after an individual was housed and served by the program. In other cases, individuals were housed who did not sign a consent agreeing or refusing research participation. Each of these scenarios is possible since individuals are eligible to receive housing and supportive services upon release while

refusing to participate in the research<sup>4</sup>. While this report provides information on the 57 participants who consented to participate in the evaluation, there are another 10 individuals who were not consented. Since these individuals have since left housing, the evaluation team is unable to get a signed consent form and report on the characteristics and outcomes of those who agreed to participate in the study.

### 2.3. Snapshot of Pilot Enrollment to Date

As of September 2008, the evaluation had not reached full enrollment. The evaluation team uses the signed, affirmative research consents and matches that information with data from CSH and the providers to determine whether the individual received housing upon release. As shown in Table 1, the evaluation team has received consents from 57 individuals who were assigned to housing (treatment) and 38 individuals who were not assigned to housing (comparison). While a sizable number of individuals were enrolled into the pilot evaluation during the first few months, enrollments dropped off significantly during the Winter and Spring months, including zero to few enrollments starting in December 2007.

**Table 1.**

**Assignment to Treatment and Comparison Groups by Month**

	10/07	11/07	12/07	1/08	2/08	3/08	4/08	5/08	6/08	7/08	8/08	9/08	Total
<b>Treatment</b>	14	16	4	4	0	4	0	1	0	8	3	3	57
<b>Comparison</b>	0	5	6	0	0	0	6	2	3	3	2	11	38
<b>Total</b>	14	21	10	4	0	4	6	3	3	11	5	14	95

Note: Based on signed consents

## 3.0. Data Analysis

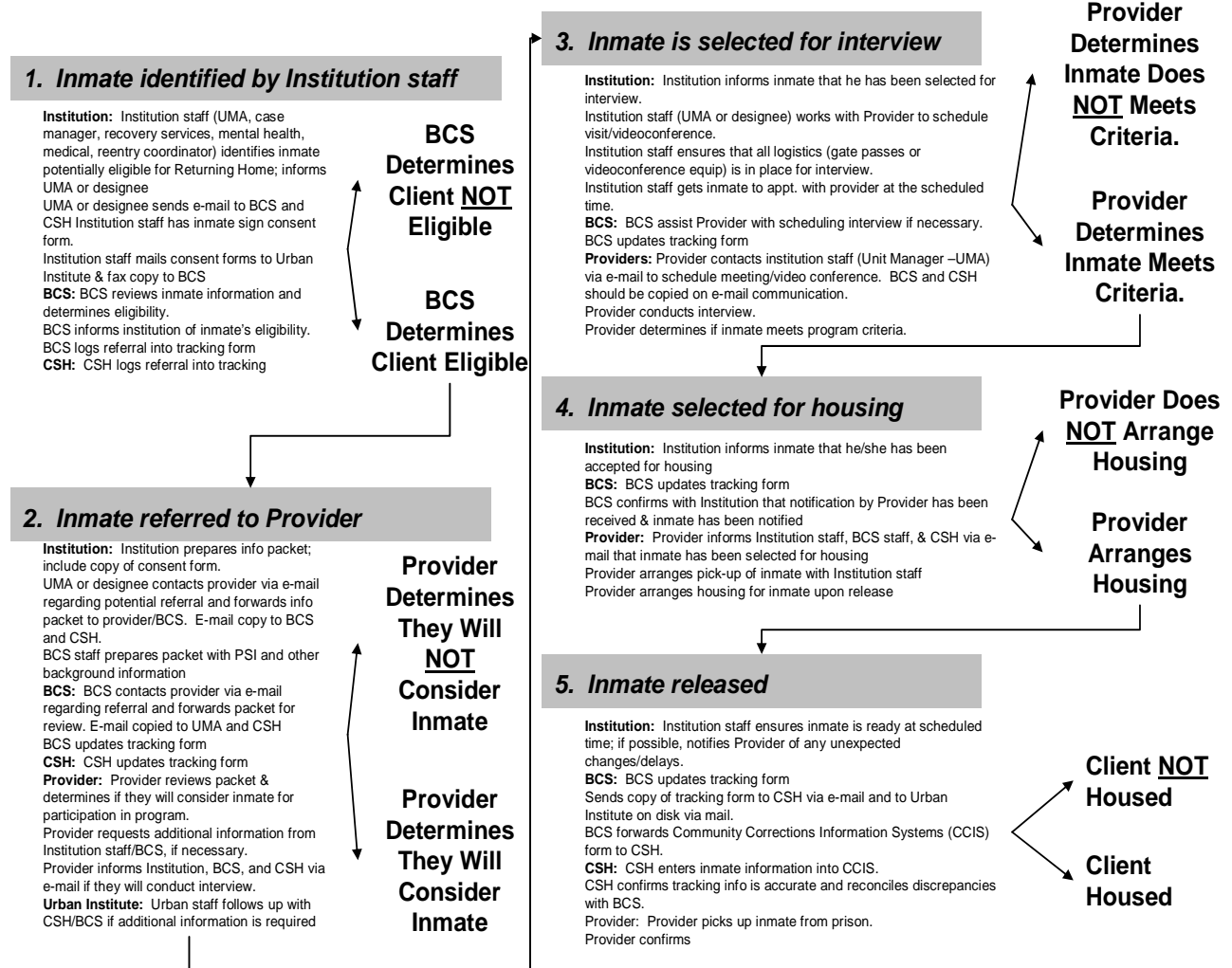
### 3.1. Pathways of Release to Housing

The proposed process of enrollment for the pilot was for each client to have contact with a provider prior to release (i.e., provider in-reach). The form of contact may vary across providers from an actual in-person visit to a video teleconference. The intended process is (1) referral by ODRC/BCS/CSH staff; (2) provider contact and program intake; (3) release; and (4) housing (figures 1 and 2). Yet, the order of these activities varied considerably across clients. The process of in-reach and placement of clients into housing could be an important factor influencing housing stability (one of our outcomes of interest); therefore, we provide details on the variations in the referral, release, and housing process found in practice. These variations are illustrated in figures 3 through 5.

<sup>4</sup> The research team has received signed refusals to participate in the evaluation from two individuals. Neither of these individuals received supportive housing upon release.

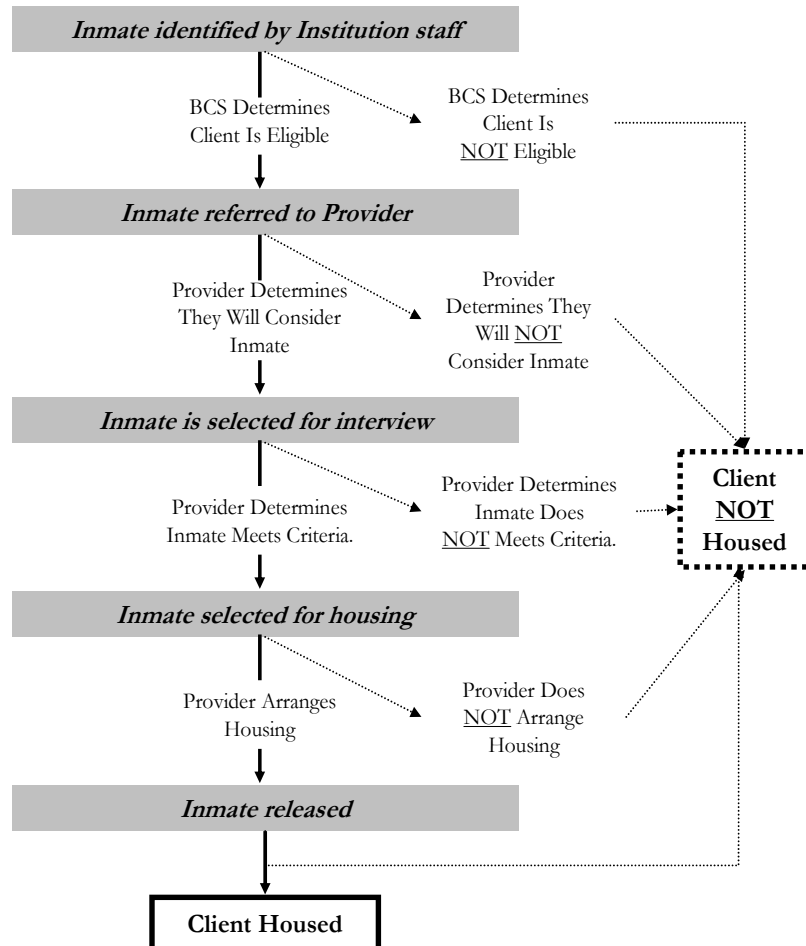
**Figure 1.**

**Description of "Ideal" Client Pathway**



**Figure 2.**

**Summary of “Ideal” Client Pathway**



Three primary pathways to enrollment emerged in practice, as shown in figures 3–5. In the following three figures that represent Pathways A, B, and C (described below), each horizontal bar represents an individual client. The numbers contained on the left-hand side of the graph are the total number of days each client spent in the housing enrollment process. The statistics under the figures summarize the average and range of days between each component of the enrollment process.

Twenty-nine of the 57 clients followed the intended pathway: Pathway A, Pre-Release Enrollment. Clients who followed Pathway A were referred to the program pre-release and provider contact/intake was also conducted pre-release. Housing for these individuals occurred after (a) referral; (b) provider contact/intake; and (c) release (figure 3). As figure 3 illustrates, there was substantial variation in the number of days it took for clients to move from referral to housing.

The clients in Pathway A averaged 20 days between referral to the program and contact/intake by providers; 33 days between provider contact/intake and release; and 13 days from release to housing.

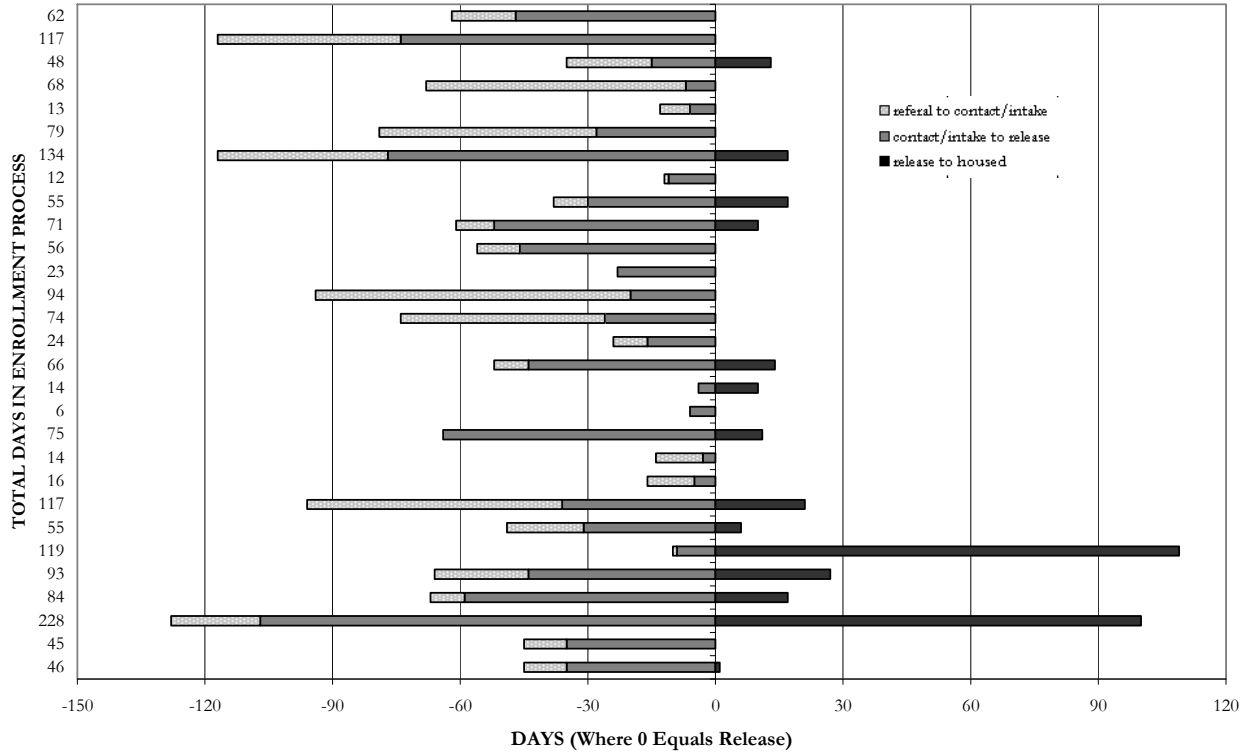
Five clients followed a second pathway: Pathway B, Post-Release Enrollment 1. Clients who followed Pathway B were referred pre-release but enrolled into the program post-release—through provider contact/intake. That is, individuals were released before they were contacted by providers although referral occurred pre-release. Recall, a referral to housing does not necessarily indicate that an individual will receive housing upon release. Housing for these individuals in Pathway B occurred after (a) referral; (b) release; and (c) provider contact/intake (figure 4). As shown in figure 4, these five clients averaged 21 days from referral to the program to release; 25 days from release to contact/intake; and 37 days from contact/intake to housing. The individuals in this pathway averaged a longer number of days from release to housing than individuals who followed Pathway A.

Eleven clients followed a third pathway: Pathway C, Post-Release Enrollment 2. Clients who followed Pathway C were referred post-release. Housing for these individuals occurred after (a) release; (b) referral; and (c) contact/intake (figure 5). As shown in figure 5, these 11 clients averaged 65 days from release to referral; 1 day from referral to contact/intake; and 6 days from contact/intake to housing. Four individuals were released for more than 60 days before they were referred to CSH/housing providers.

Finally, there were an additional 12 clients who did not fall into any of these primary pathways. Most of these variations were the result of provider contact and intake occurring at different times (9 out of 12 clients). Among the 12 individuals, 6 were enrolled pre-release while the remaining 6 were enrolled post-release. In summary, 35 individuals (61 percent) experienced a variation of pre-release enrollment and 22 individuals (39 percent) experienced a variation of post-release enrollment of the total 57 clients.

**Figure 3.**

**Pathway A: Pre-Release Enrollment**



**Descriptive for Pathway A: Pre-Release Enrollment\***

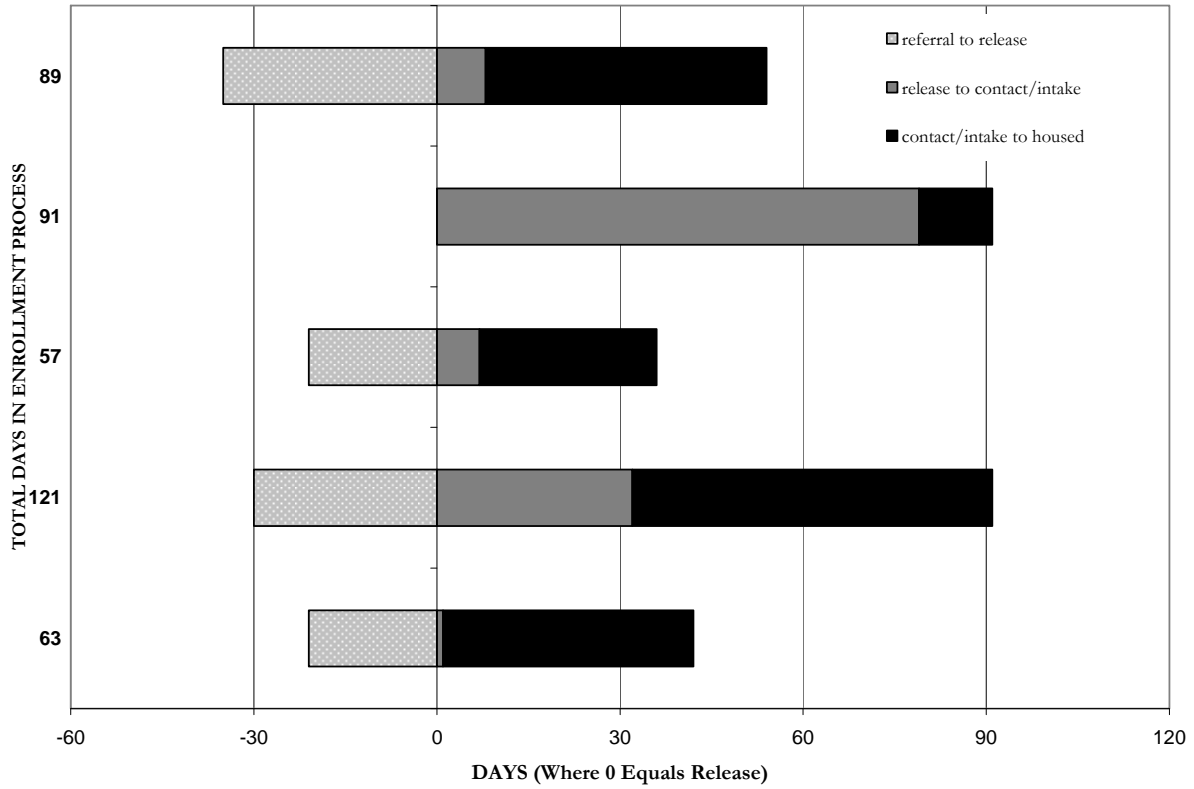
	Mean	Min	Max
referral to contact/intake	20	0	74
contact/intake to release	33	-3	107
release to housed	13	0	109

\*Units are in days

Number of Clients in Pathway A: 29

**Figure 4.**

**Pathway B: Post-Release Enrollment 1**



**Descriptive for Pathway B: Post-Release Enrollment 1\***

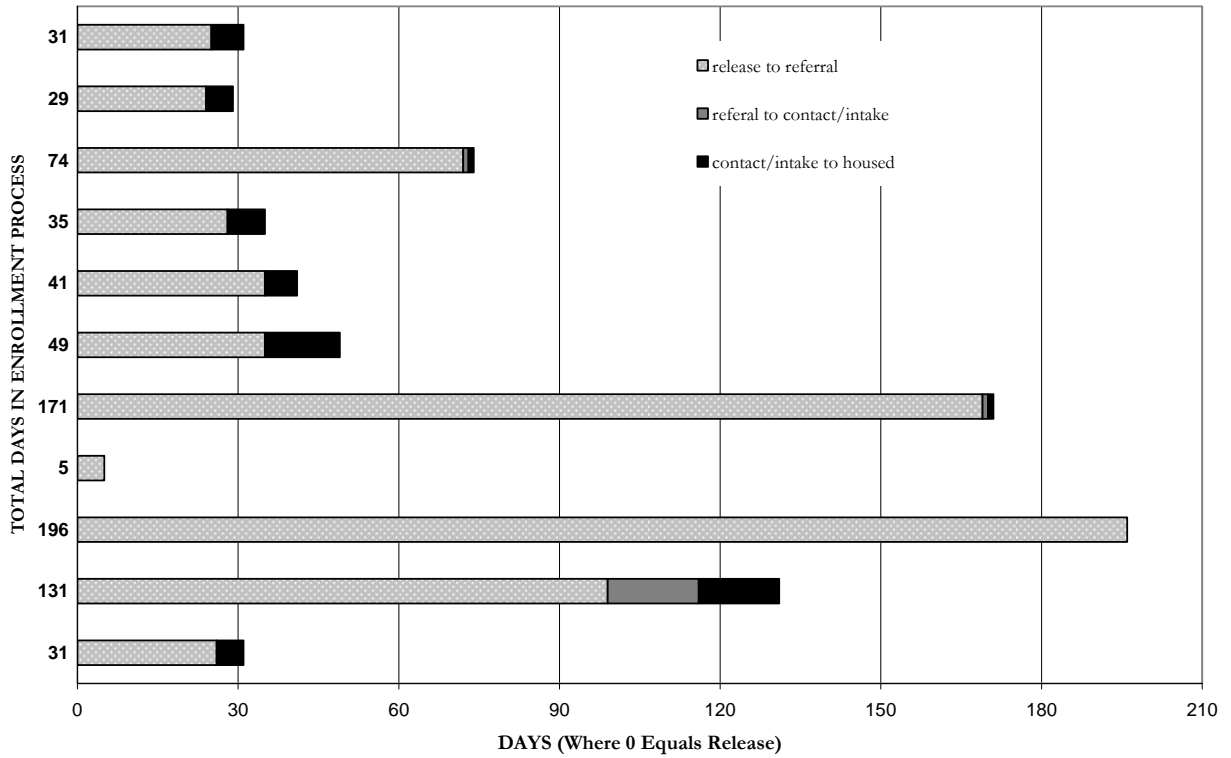
	Mean	Min	Max
referral to release	21	0	35
release to contact/intake	25	1	79
contact/intake to housed	37	12	59

\*Units are in days

Number of Clients in Pathway B: 5

**Figure 5.**

**Pathway C: Post-Release Enrollment 2**



**Descriptive for Pathway C: Post-Release Enrollment 2\***

	Mean	Min	Max
release to referral	65	5	196
referral to contact/intake	2	0	17
contact/intake to housed	6	0	15

\*Units are in days

Number of Clients in Pathway C: 11

The following section describes the characteristics of the first 57 housed individuals for whom UI has received signed consents. The data are based on UI’s baseline data tool, administered by the agency staff working in the programs where the individuals were housed. All provider data is self-reported by the client; therefore, it may vary from official data records from ODRC. Further, clients could have elected not to respond to certain questions due to sensitivity or an inability to recall the information<sup>5</sup>. Baseline data are intended to be collected at program entry and include questions regarding demographic characteristics, family, educational, medical, and vocational histories. In addition to collecting baseline information for each client, the evaluation team is collecting follow-up outcome data at six month intervals following the client’s program entry. Following a description of the baseline characteristics, this report describes the outcomes of 19 individuals who separated from the pilot based on the follow-up data collection.

### 3.2. Client Baseline Characteristics

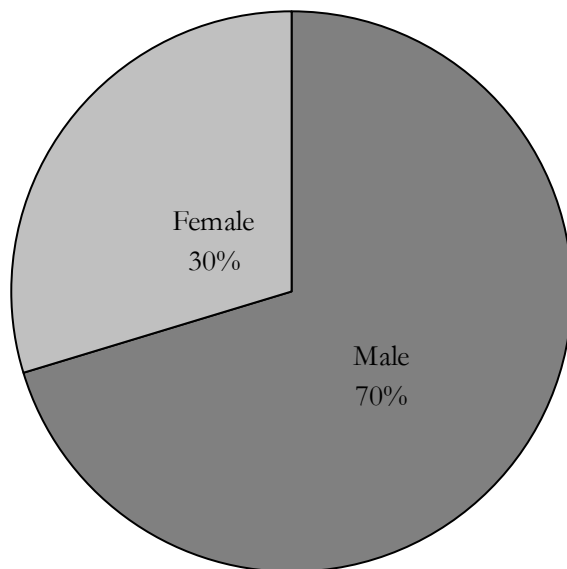
#### Demographics

The sample of 57 clients was composed of 40 men and 17 women (figure 6). It was ethnically and racially diverse: 52 percent individuals identified as white/Caucasian; 42 percent black/African American; and 4 and 2 percent as Asian and Hispanic, respectively (figure 7). The median age was 44 years (figure 8); the largest proportion of clients was between 40 and 49 years old.

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**Figure 6.**  
**Returning Home Clients by Gender**

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As Reported by Providers  
Number of Respondents: 57

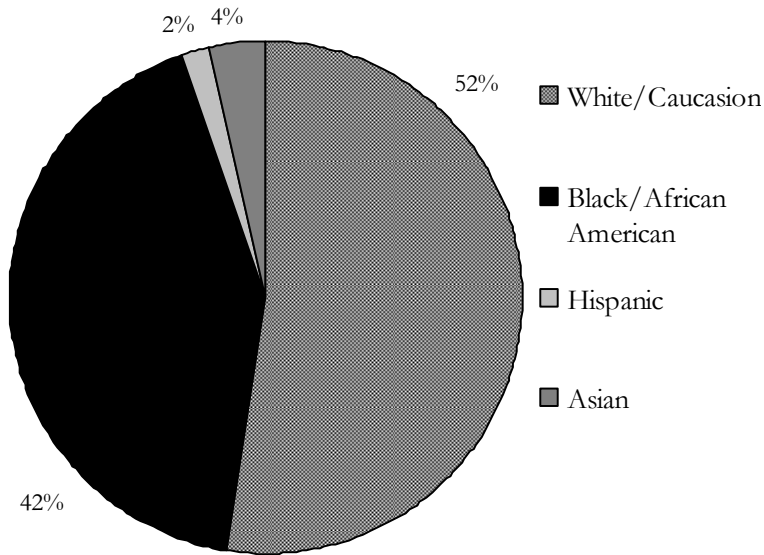
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<sup>5</sup> As a result, an N smaller than 57 is reported for some questions.

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**Figure 7.**  
**Returning Home Clients by Racial/Ethnic Breakdown**

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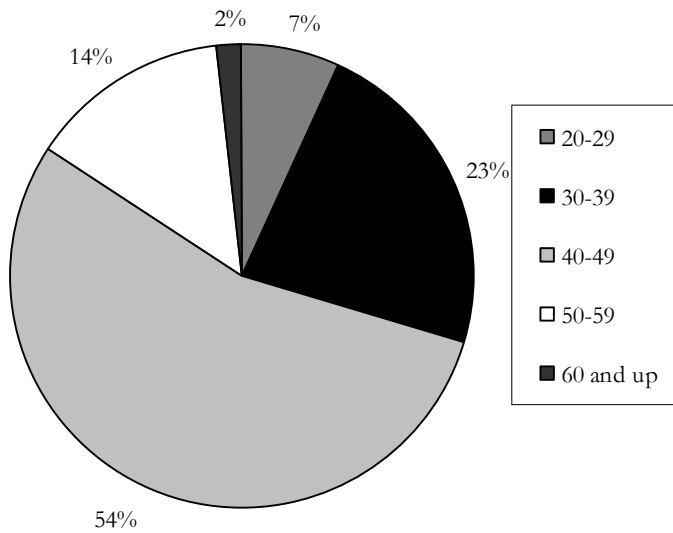
As Reported by Providers  
Number of Respondents: 57

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**Figure 8.**  
**Returning Home Clients by Age**

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As Reported by Providers  
Number of Respondents: 57

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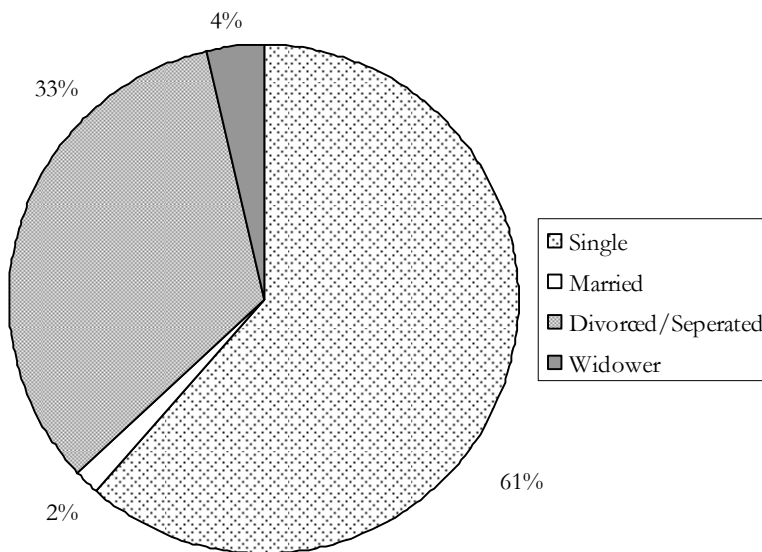
## Family History

Before entering prison, 61 percent of the 57 clients were single, an additional third (33 percent) were divorced or separated (figure 9). Seventy percent had children, with the median of 1 child per respondent. More than half of respondent's children were under 18 (58 percent) and few were in the custody of the respondent (17 percent). For those with children under 18 and not in the custody of the respondent, 23 clients responded that they were either in the custody of a biological parent (41 percent), another biological family member (38 percent), or in the custody of child protective services (21 percent) during the client's incarceration.

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**Figure 9.**  
**Returning Home Clients' Marital Status**

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As Reported by Providers  
Number of Respondents: 57

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## Educational and Vocational Background and Military Service

One third of the 56 clients for whom UI has data obtained a GED prior to or during their incarceration. One half of the 54 clients for whom UI has data finished grade 12. Of the 56 clients for whom UI has data, 52 percent were employed before entering prison; 11 percent were in the military service.

## Criminal History

The clients had extensive criminal histories before their current incarceration. Data collected by the providers indicate that the median number of lifetime arrests was 15 for the 53 clients for whom UI has data. For the 50 clients for whom UI has data, the median age at first arrest was 18 and median age at first conviction was 18.

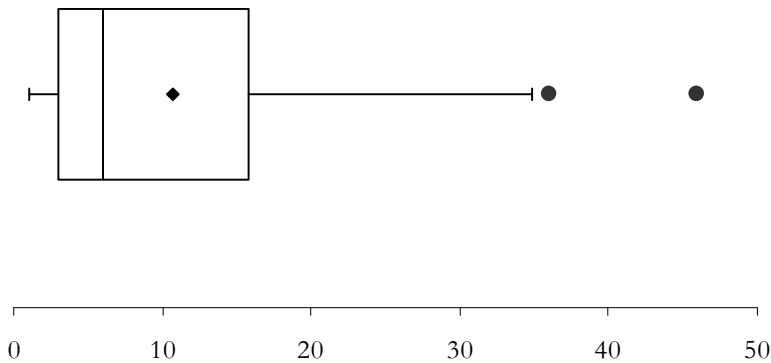
Data from providers also indicated that the median number of lifetime convictions was 6, for the 54 clients for whom UI has data. Yet, the data indicated the presence of a few clients with

a very high number of convictions, which is displayed in figure 10. In the figure, the middle 50 percent of the sample is summarized in the 2 boxes. The line separating the larger box is the median: 6 lifetime convictions. The diamond indicator represents the mean: 11 lifetime convictions. The whiskers, or extending arms, represent the range of a normal distribution. The two circle indicators represent the values of the two outliers in the data, that is, the two clients with a very high number of convictions.

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**Figure 10.**  
**Box and Whisker Plot of Lifetime Convictions, Indicating the Presence of Outliers**

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As Reported by Providers  
Number of Respondents: 54

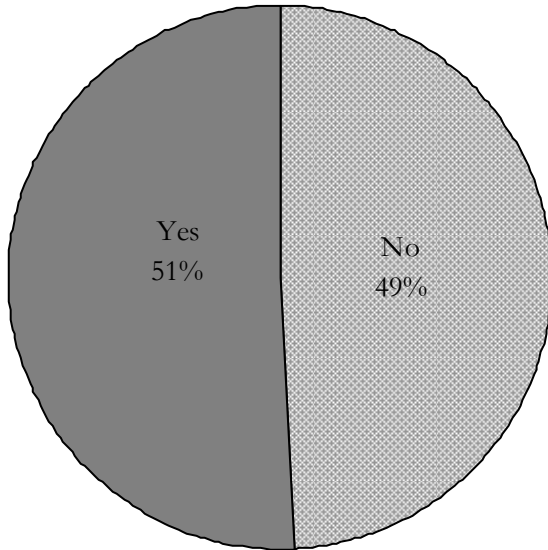
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Provider data indicated that clients were arrested from 1987 through 2008, with the majority of the 52 clients for whom UI has data being arrested between 2004 and 2007 (69 percent). Slightly more than half (51 percent) of the 53 clients for whom UI has data were under ODRC supervision upon release from prison (figure 11). Expected release dates from ODRC supervision for the 22 clients for whom UI has data ranged from 2007 through 2018, with the majority being released from supervision on or before 2011.

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**Figure 11.**  
**Returning Home Clients Under ODRC Supervision Upon**  
**Release from Prison**

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As Reported by Providers  
Number of Respondents: 53

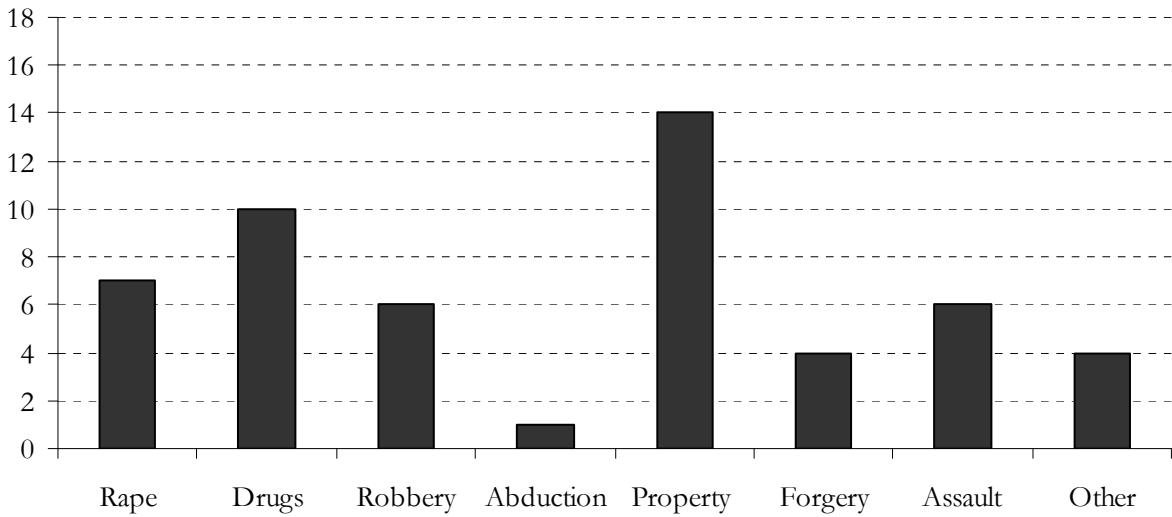
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There was variation in the primary conviction charges for the 52 clients for whom UI received data from providers (figure 12). The two largest shares were property charges (27 percent) and drug charges (19 percent). Property charges include burglary, receiving stolen property, breaking and entering, safe cracking, theft, unauthorized use of a motor vehicle, possession of criminal tools, identity theft, and aggravated burglary. Drug charges include possession, illegal possession of drug documents, illegal assembly of a methamphetamine lab, and trafficking. The rape category includes corruption of a minor, rape, attempted rape, sexual conduct with a minor, gross sexual imposition, and minor in nudity material. The robbery category includes aggravated robbery and armed robbery; the abduction category includes abduction and kidnapping; and the forgery category includes forgery only. Assault charges include domestic violence, felonious assault, vehicular assault, aggravated assault 2, voluntary manslaughter, involuntary manslaughter, and phone harassment. The other category is comprised of parole and probation violations, failure to appear, non-payment of child support, tampering with evidence, escape, failure to comply, non-support, and operating a motor vehicle while intoxicated. Similar data, in slightly different proportions, was observed in ODRC data (figure 13). Recall, ODRC and provider data may differ since the latter is self-reported by the clients.

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**Figure 12.**  
**Returning Home Clients Primary Conviction Charge**

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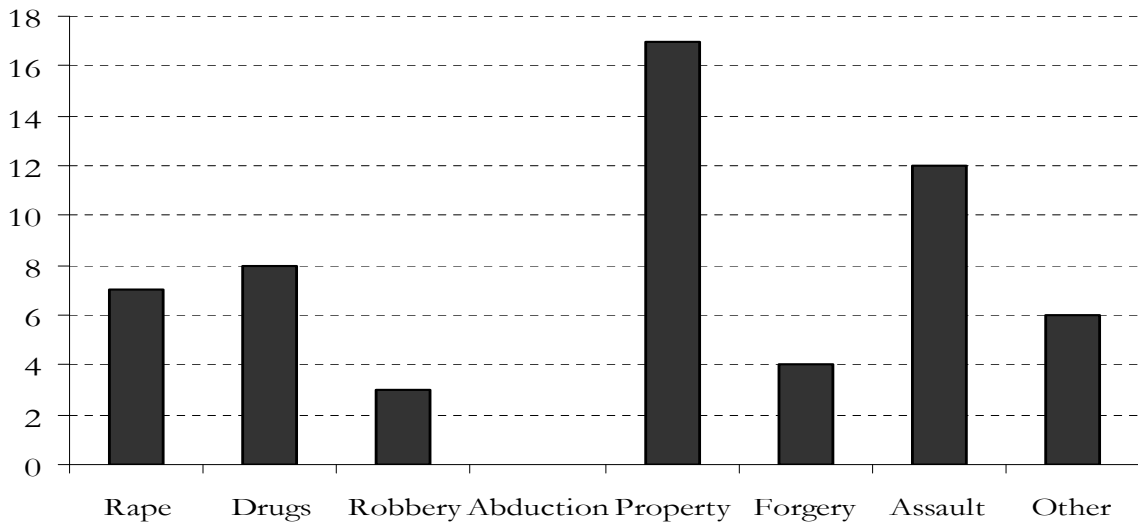
As Reported by Providers  
Number of Respondents: 52

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**Figure 13.**  
**Returning Home Clients Primary Charge**

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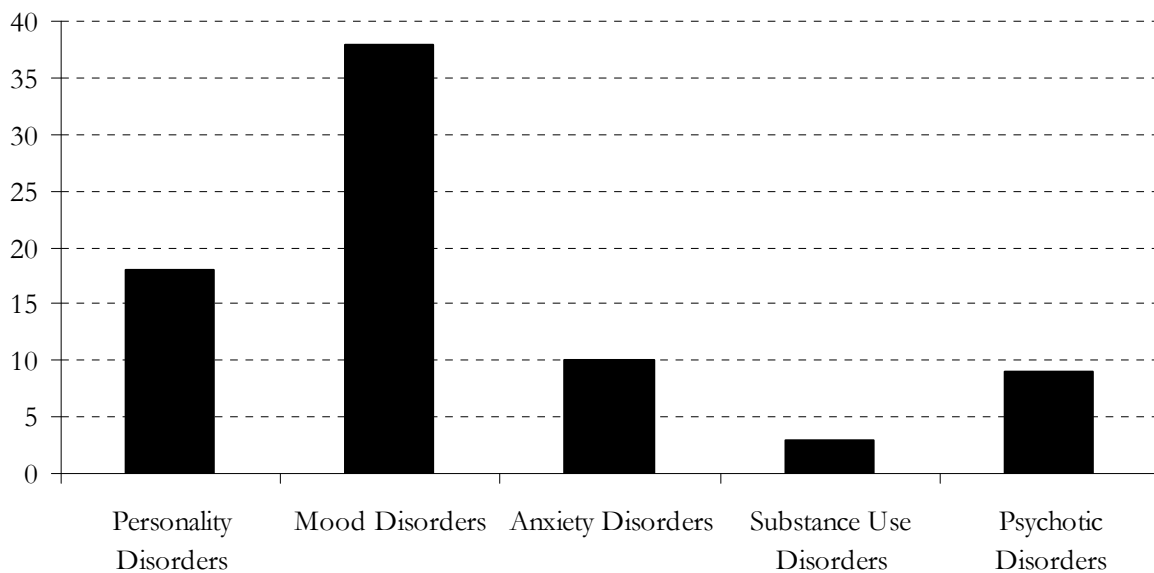
As Reported by ODRC  
Number of Respondents: 52

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## Mental Health

Of the 56 clients for whom UI have data, providers indicated that 81 percent had a mental health disorder during the intake assessment, and 18 percent had multiple mental health disorders. Nearly three-quarters of the clients (71 percent) had an Axis I diagnosis (N=56) and 63 percent were on medication at the time of referral or intake (N=57). Mental health issues were diverse and can be categorized into five broad categories: (1) personality disorders, including multiple personality disorders; (2) mood disorders, including depressive disorders and bipolar disorders; (3) anxiety disorders, including post-traumatic stress disorder and panic disorders; (4) substance abuse disorders, including poly-substance dependence; and (5) psychotic disorders, including paranoia and schizophrenia. Of those reporting mental health issues, nearly half (49 percent) were mood disorders and nearly a quarter (23 percent) were personality disorders. A history of an anxiety disorder accounted for an additional 13 percent of clients, psychotic disorders 12 percent of clients, and substance abuse disorders the remaining 4 percent of clients (figure 14).

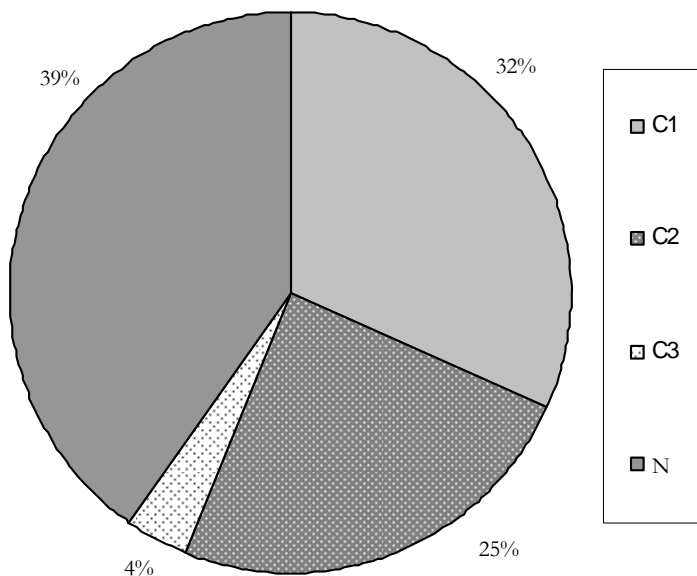
**Figure 14.**  
**Returning Home Clients' Mental Health Diagnosis**



As Reported by Providers  
Number of Respondents: 56

The Ohio Department of Rehabilitation and Corrections also classifies clients' mental health status. Clients can be given no mental health classification by ODRC, signifying that they do not require services or they can be diagnosed and receive a classification C1, C2, or C3.<sup>6</sup> For the clients in this study 32 percent received a C1 classification, categorical or functional; 25 percent received a C2 classification; and 4 percent received a C3 classification (figure 15).

**Figure 15.**  
**Returning Home Clients' Mental Health Classification**



As Reported by ODRC  
Number of Respondents: 57

Data collected by the providers shows that the number of mental health outpatient treatment episodes for the 47 clients for whom UI has data ranged from 0 to 20; however, the modal category was 0 (figure 16). Similarly, the number of mental health inpatient treatment episodes for the 48 clients responding, ranged from 0 to 12, with a modal category of 0 (figure 17). For those recently hospitalized, the length of stay, as indicated by provider data, ranged from 0 to 54 months, with a modal category of 1 to 5 months (N=17).

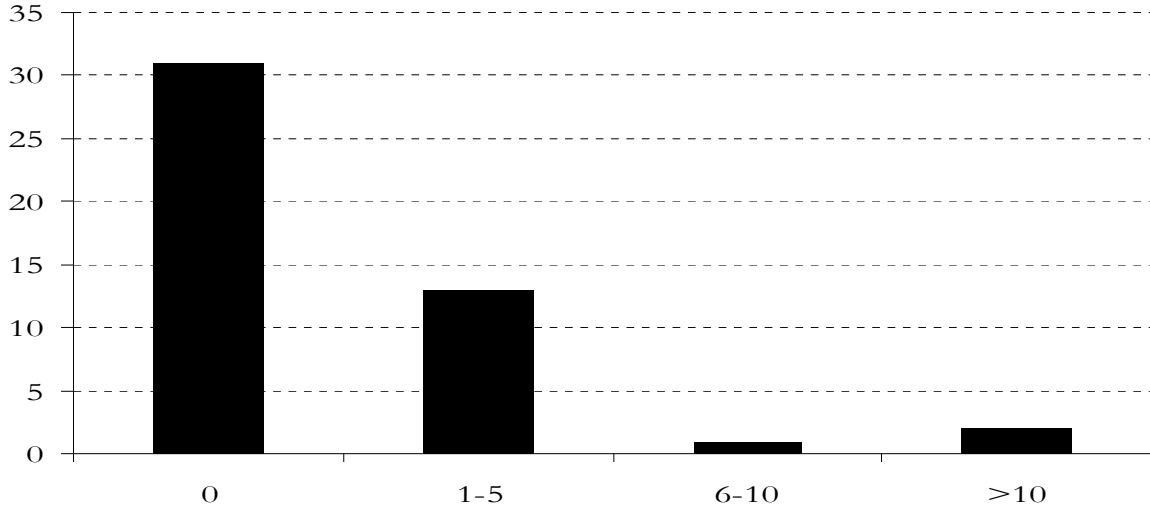
<sup>6</sup> In the disposition section of the Mental Health Evaluation (DRC5161) conducted by ODRC staff, inmates are assigned to one of the following mental health classifications: 1) C1, Categorical: The inmate meets criteria for serious mental illness (SMI) designation: a substantial disorder of thought or mood which significantly impairs judgment, behavior, and capacity to recognize reality or cope with the ordinary demands of life within the prison environment and which is manifested by substantial pain or disability; 2) C1, Functional: The inmate may have any DSM-IV diagnosis; inmate's acuity or functional level is impaired as demonstrated in a pattern of high-risk behaviors; 3) C2: Inmate does not meet the criteria for SMI but has a DSM-IV diagnosis. The inmate is receiving mental health services which include medication prescription; however, the inmate's acuity functional level is not impaired as demonstrated in a pattern of high risk behavior; 4) C3: The inmate does not meet the criteria for SMI but has a DSM-IV diagnosis. The inmate is receiving mental health services which do not include medication prescription; and 5) N: The inmate does not require mental health services.

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**Figure 16.**

**Lifetime Outpatient Treatment Episodes for Mental Health**

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As Reported by Providers  
Number of Respondents: 47

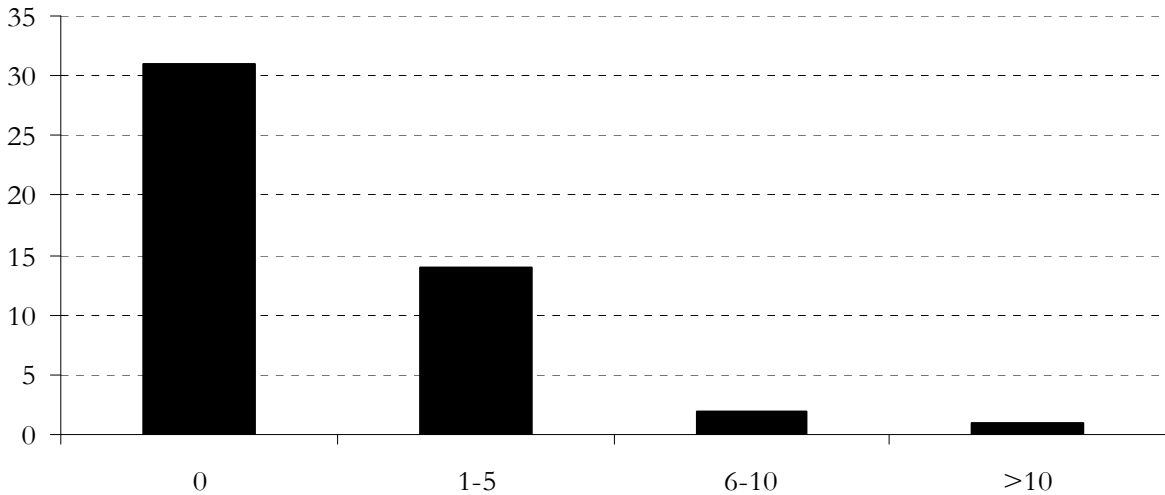
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**Figure 17.**

**Lifetime Inpatient Treatment Episodes for Mental Health**

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As Reported by Providers  
Number of Respondents: 47

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## Physical Health

Upon intake by housing providers, over half of the 56 clients for whom UI has data, (57 percent) said they had significant pain, illness, or physical problems. The median age of illness onset per illness was 32 for the 23 clients who responded to this question. Additionally, provider data indicated that 63 percent of the clients for whom UI has data, had a disability. Seventy-three percent of the 52 clients for whom UI has data said that their physical health history limits their social and/or recreational activities.

## Primary Disability

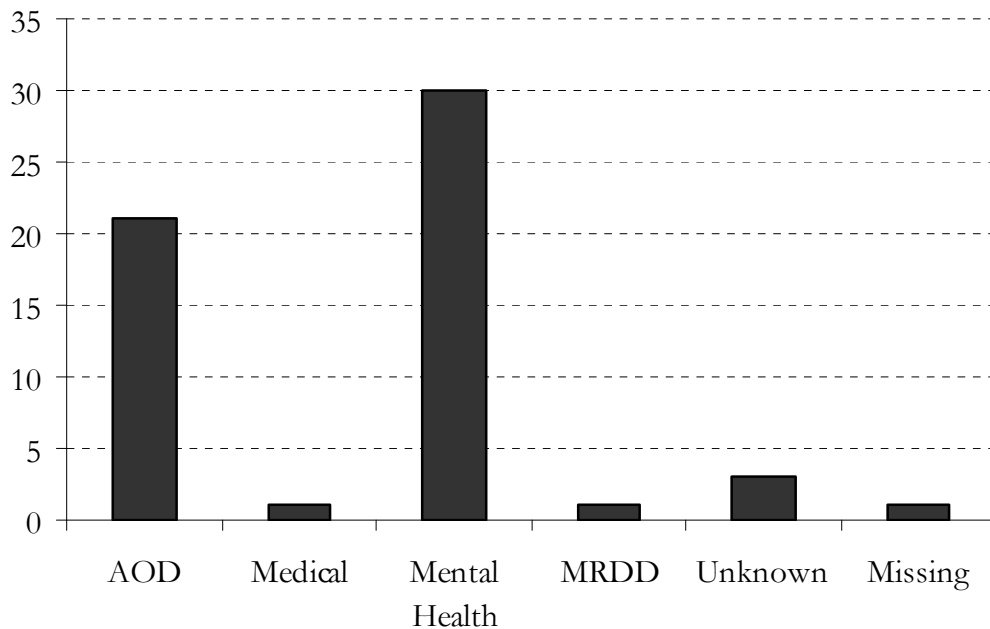
Primary disability is also available from ODRC data. For the 56 clients which UI has data, 54 percent had mental health as their primary disability, 32 percent had alcohol and other drug disorders (AOD) as their primary disability, 5 percent were of an unknown disability.

Additionally, one client had mental retardation and developmental disabilities (MRDD) as their primary disability and one client had a primary disability listed as “medical” which includes all other chronic progressive treatable diseases, including but not limited to HIV, traumatic brain injuries, diabetes, heart disease, or cardio pulmonary diseases (figure 18).

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**Figure 18.**  
**Returning Home Clients' Primary Disabilities**

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As Reported by ODRC  
Number of Respondents: 56

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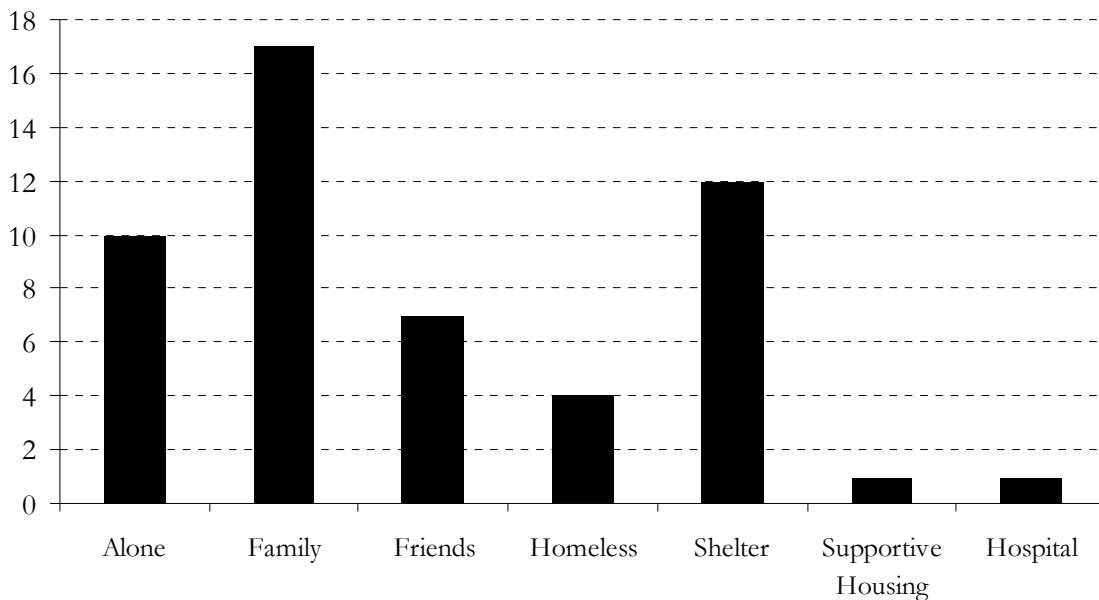
## Homelessness

Over their lifetime, clients reported to providers that they had a significant history of homelessness; the median number of lifetime homelessness was two. For the 52 clients who responded to this question, the most recent type of housing before prison included family (32 percent), shelter (23 percent), alone (19 percent), friends (13 percent), homeless (8 percent), supportive housing (2 percent), and hospital (2 percent) (figure 19). Further, more than one-fourth (28 percent) were homeless at arrest according to ODRC data (figure 20).

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**Figure 19.**  
**Returning Home Clients' Most Recent Type of Housing before Prison**

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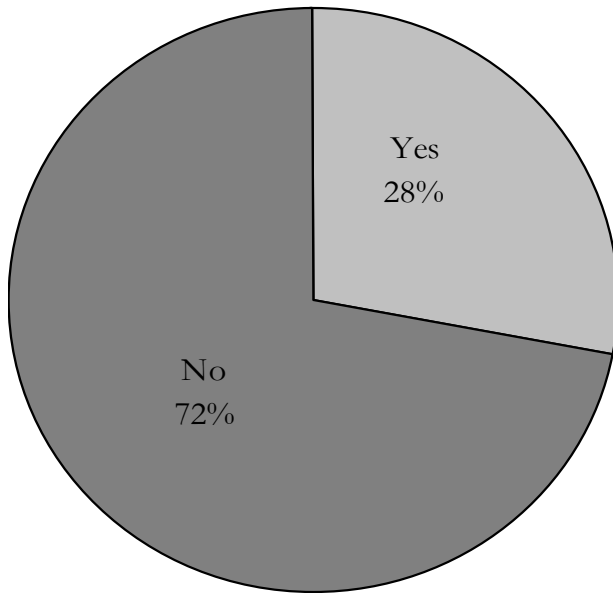
As Reported by Providers  
Number of Respondents: 52

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**Figure 20.**  
**Returning Home Clients' State of Homelessness at Arrest**

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As Reported by ODRC  
Number of Respondents: 57

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### Substance Abuse

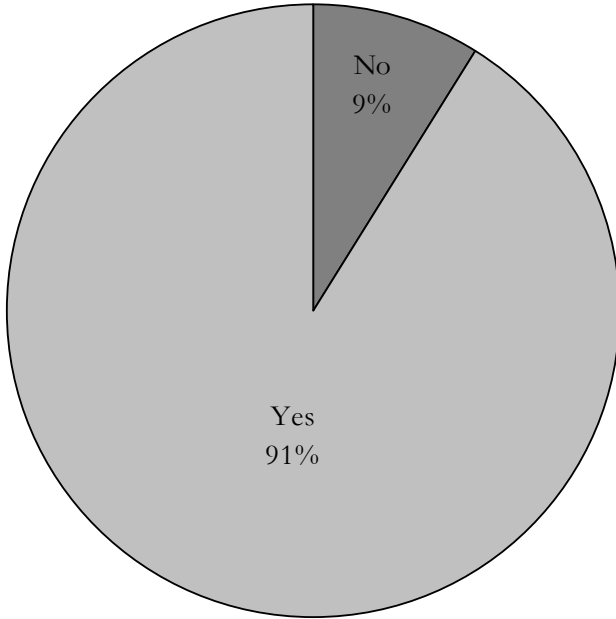
An overwhelming majority (91 percent) of clients were using and/or abusing drugs, including alcohol, in the year prior to their incarceration according to provider data (figure 21). Of all 57 clients, 73 percent were using alcohol, 65 percent were using crack or crack cocaine, and 43 percent were using marijuana prior to their incarceration, according to provider data. Among those using/abusing drugs, 74 percent used daily and an additional 26 percent were using less frequently than daily, but more frequently than or equal to weekly.

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**Figure 21.**

**Returning Home Clients' Reported Alcohol and Drug Use / Abuse before Incarceration**

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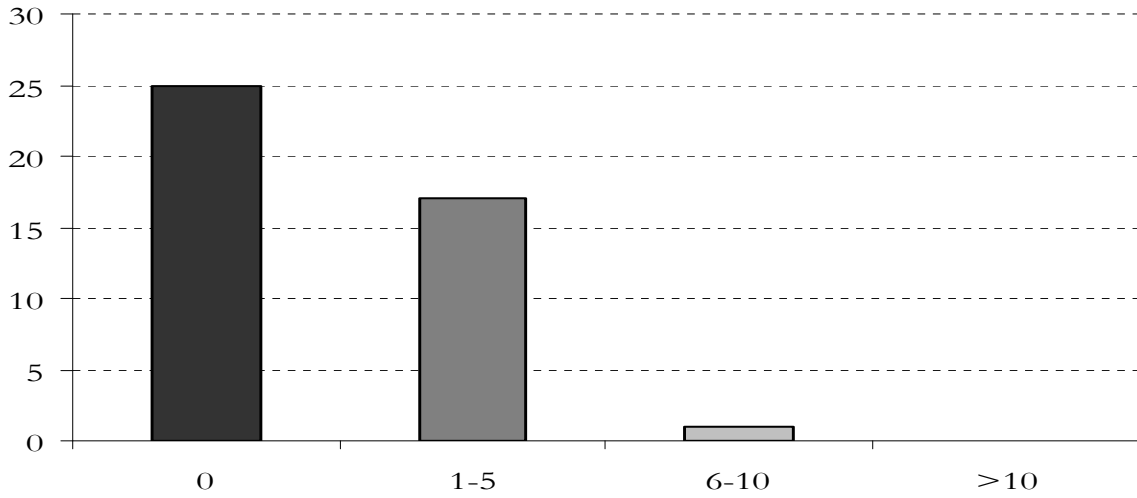
As Reported by Providers  
Number of Respondents: 57

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According to provider data, the number of outpatient treatment episodes for substance abuse ranged from 0 to 10 for the 43 clients responding. Ninety-eight percent of the clients had less than or equal to 5 outpatient treatments (figure 22). Similarly, the number of inpatient treatment episodes for substance abuse ranged from 0 to 10 for the 44 clients responding to this question. Most of the clients had less than or equal to 5 inpatient treatments (figure 23). For those recently hospitalized, the length of stay ranged from 0 to 120 days. The modal category was greater than 10 days. Of the 43 clients for whom UI has data on both outpatient and inpatient treatment episodes for substance abuse, 12 clients had at least one outpatient and at least one inpatient treatment episode.

**Figure 22.**

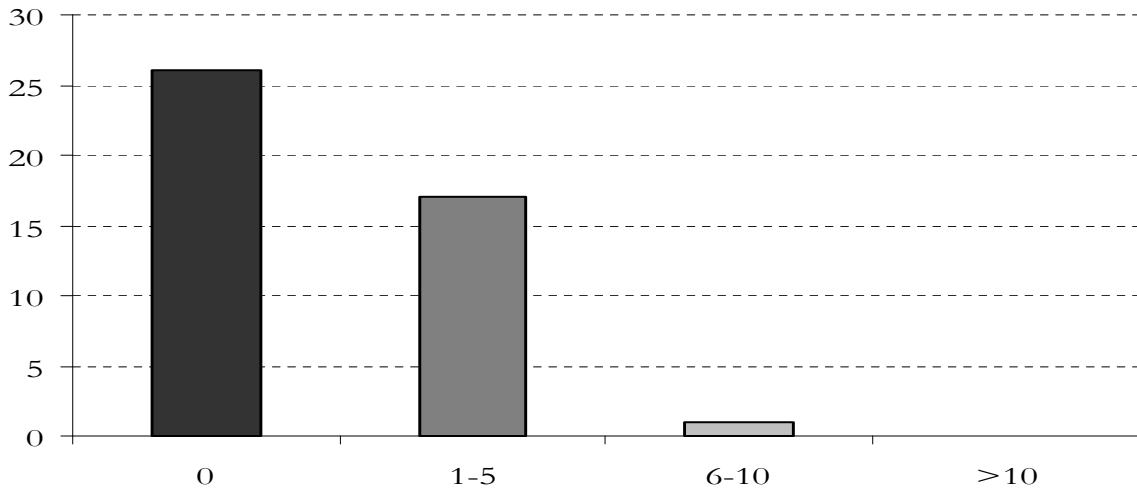
**Lifetime Outpatient Treatment Episodes for Substance Abuse**



As Reported by Providers  
Number of Respondents: 43

**Figure 23.**

**Lifetime Inpatient Treatment Episodes for Substance Abuse**



As Reported by Providers  
Number of Respondents: 44

### 3.3. Program Discharge

Of the 57 clients enrolled from October 2007 through September 2008, 19 left the pilot. The median length of stay for those discharged was 223 days (or approximately seven months) from the date the client was housed to the date that the client was discharged. Providers report on program discharges that are both positive and negative in nature. Of the 19 clients who left the pilot, 6 had exclusively negative discharges (i.e., clients were terminated from the program by provider staff), 9 had exclusively positive discharges (i.e., clients exited, relocated, and transferred from the program on their own volition), and 4 were discharged for both positive and negative reasons (table 2). For many clients, the providers reported multiple reasons for the program discharge within the positive and negative categories. Table 3 totals the number of reasons for negative discharges and positive discharges for the 19 clients who left the pilot.

**Table 2.**

**Number of Clients with Negative and Positive Discharges from Returning Home Pilot**

<b>Total Number of Clients Discharged</b>	<b>19</b>
Negative Discharge (Program Terminations)	6
Positive Discharge (Program Exits, Relocations, & Transfers)	9
Both Positive and Negative Discharge (Program Termination <b>AND</b> Program Exits, Relocations and/or Transfers)	4

As Reported by Providers  
Number of Clients: 19

**Table 3.**

**Reasons Cited for Negative and Positive Discharges from Returning Home Pilot\***

<b>Negative Reasons Given for Discharges:</b>	<b>12</b>
Program Terminations	12
Violation of Lease / Failure to Pay Rent	4
Tenant Vacated Unit	1
Re-Incarcerated - Parole Violation	1
Re-Incarcerated - New Charge	3
Client chose to leave without staff approval	3
<b>Positive Reasons Given for Discharges:</b>	<b>15</b>
Program Exits, Relocations, and Transfers	15
Program Exits	12
Program Relocations	3
Program Transfers	0

As Reported by Providers  
Number of Clients: 19

\*(Provider may report more than 1 reason)

A client is considered “terminated” if they were removed from housing and services. This type of discharge should be viewed as a negative discharge. Of the 10 clients who were terminated from the program by provider staff (Table 2), 12 reasons for discharge were listed: 4 failed to pay rent and/or violated the lease, 1 vacated the unit, 1 was re-incarcerated on a parole violation, 3 were re-incarcerated on a new charge, and 3 chose to leave the program without staff approval (Table 3).

Alternatively, clients could have chosen to exit housing voluntarily and choose to maintain or not to maintain services. Clients could have chosen to relocate if they moved to an alternate housing location or moved in with family, friends, or a significant other. Lastly, clients could have transferred if they spent more than 90 days at any of the following facilities: residential substance abuse treatment program; in-patient hospitalization for mental health; in-patient hospitalization for physical health; or alternative housing such as a nursing home or assisted living. Housing exits, relocations, and transfers should be viewed as positive discharges. Of the 13 clients who were positively discharged (Table 2), 10 exited housing, 1 relocated, and 2 listed both an exit from housing and relocation as reasons for discharge (Table 3).

Of the 12 clients who exited the pilot (table 3), 12 reasons for discharge were listed: 7 voluntarily exited the program, 4 moved to independent housing, and 1 moved out of the city/state where housing was being provided. Of the 3 clients who relocated (table 3), 3 reasons for discharge were listed: 2 moved in with family, friends, or a significant other and the remaining 1 moved to an alternative housing location.

### **3.4. Service Provider Profiles**

To respond to the unique issues presented by individuals released from prison with histories of disability and homelessness—elucidated through the baseline data collection—the Corporation for Supportive Housing has partnered with nine agencies in Ohio. The nine agencies, Amethyst Inc. (AME), Community Housing Network (CHN), Emerald Development and Economic Network, Inc. (EDEN), Mental Health Services (MHS), Miami Valley Housing Opportunities (MVHO), Neighborhood Properties, Inc. (NPI), Volunteers of America – Northwest Ohio (NWO), Volunteers of America – Ohio River Valley (ORV), and the Young Men’s Christian Association (YMCA of Central Ohio) are located in five cities across the state. The following provides a brief description of the agencies associated with the pilot, based on semi-structured interviews conducted with each provider in January/February 2008.

#### **Amethyst, Inc. (Columbus, Ohio)**

##### Background and Mission

- Founded in 1984, the mission for AME is to provide women who have trouble with drugs and/or alcohol maintain sobriety and achieve self-sufficiency. Amethyst has 2 sites, which they own and operate, that encompass more than 80 supportive housing units.

### Eligibility and Referral Process

- For the pilot, AME receives referrals from ODRC within 30-90 days of release. Upon receipt of records, AME staff conducts an assessment in the institution. After the assessment, a team meeting is held to determine their eligibility. Upon acceptance into the program, information is transferred to a primary counselor.
- To be eligible for the AME program, the client must be a woman, with a mental illness, and a history of homelessness. Women are ineligible if they have severe mental illness (e.g., schizophrenia) and are immobile due to physical handicaps.

### Service Delivery

- AME conducts an assessment in the institution to categorize clients into one of five profiles. The profiles inform a set of objectives and outcomes related to service delivery.
- Each client has a primary counselor and a case manager and resident managers are on-site 24 hours a day to provide immediate support and supervision as needed.
- AME tries to accommodate various needs in the first 6 months of program enrollment; yet, the program is designed to last up to 5 years. Women can move through progressive levels of housing.
- Women must sign an occupancy agreement and agree to participate in services to receive housing.
- Most services are offered in-house with the exception of services specifically for the clients' children. There are several tracks of services including alcohol and substance abuse treatment; tobacco treatment; treatment for co-occurring mental health disorders; individual and group counseling; individual case management; parenting classes; trauma counseling; family therapy; art therapy; health and wellness classes; race/ethnicity classes; reproductive education/HIV testing and education; budgeting classes; and educational and employment readiness programming.

## **Community Housing Network (Columbus, Ohio)**

### Background and Mission

- CHN is a private non-profit organization that began as part of a Robert Wood Johnson Foundation Initiative in the late 1980s to test community-based support for people coming out of hospitals with serious mental illnesses. The agency operates on a scattered-site model.

### Eligibility and Referral Process

- ODRC gives an email synopsis to CHN and CHN works with ODRC to conduct an intake assessment. CHN does videoconferencing or face-to-face intakes, depending on the prison and staff capabilities/schedules. Ideally, the intake is conducted 60 days prior to release.

### Services Delivery

- CHN picks clients up from the institution, takes them shopping and gets them food, furniture, electronics, and acclimated to the neighborhood. CHN will also take clients to see their parole officers within the first 24 hours, get them photo IDs, and try to get them connected with family.
- Within the first 72 hours, they have a case manager for mental health. CHN partners with other agencies for case management.
- Clients are not required to participate in services as a condition of their program participation.
- Clients sign a lease addendum that states that they will remain in treatment as long as needed, that they will allow inspection of their unit, and that they will adhere to their supervision. Each client has a housing retention plan and housing retention specialist, who works closely with the case manager.
- Within the first 30 days, CHN visits the residents weekly. After this time, they visit clients bi-monthly. CHN does offer a monthly group, which operates on the stages of change model. In this group, clients can talk about their challenges, successes, relationships, experiences with employment, etc.

### **EDEN, Inc. (Cleveland, Ohio)**

#### Background and Mission

- EDEN opened in 1991 as a non-profit housing development agency devoted to increasing the number of decent and affordable housing units for the disabled, low-income population. The agency owns more than 80 properties that contain approximately 300 housing units.

#### Eligibility and Referral Process

- Referrals go to EDEN's partner first, MHS (discussed below). MHS determines whether a referral is appropriate and has the clients complete an application for EDEN's housing. MHS gathers the application and all relevant documents (ID, birth certificate, criminal history, etc.) and sends these documents to EDEN. EDEN reviews the documents, conducts a verification of income, and approves the application.

#### Services

- EDEN provides housing only, while MHS provides case management, mental health services, and referrals to other services for the clients. EDEN will pick up clients once released from prison and bring them to housing.
- EDEN is able to furnish the apartments and pay for moving expenses and utilities if necessary.

## **Mental Health Services, Inc. (Cleveland, Ohio)**

### Background and Mission

- MHS Inc. has been a non-profit agency since 1988 and provides mental health and supportive services for vulnerable populations in Cleveland and Cuyahoga County, Ohio. It partners with EDEN for the pilot project.

### Eligibility and Referral Process

- ODRC calls MHS with referrals between 2 weeks and 2 months from the potential clients scheduled release date. If there is enough time between the referral and the release, MHS will either set up a video teleconference or visit the prison to meet the client to conduct an assessment. At this time, they discuss the clients housing options and where s/he would like to live.
- After the assessment, MHS decides whether the client is appropriate for the program and will refer the client to EDEN to locate housing.

### Services

- EDEN, Inc. contracts with MHS to provide services to the client. EDEN is in charge of locating the housing and dealing with the scattered-site private landlords. EDEN will find the unit and start paying the rent and will become involved if there is a landlord issue.
- Once a person is housed, MHS assigns a case manager to the client to make progress on their needs from the initial assessment. MHS has a wide range of homeless services, including street outreach, emergency shelter, transitional housing, case management, permanent supportive housing, and crisis intervention. Crisis intervention includes a suicide hotline and hospital services. MHS provides a range of mental health services and alcohol and drug treatment.

## **Miami Valley Housing Opportunities (Dayton, Ohio)**

### Background and Mission

- MVHO works with indigent populations, mostly with substance abuse issues and often with additional disabilities. MVHO works with the Consumer Advocacy Model (CAM) to help provide services to the clients.

### Eligibility and Referral Process

- Referrals come from ODRC with information on the client's criminal history, housing history, medications, service plans, and risk assessments. MVHO attempts to gather as much written information as possible from ODRC.
- The initial interview is conducted in the prison, where MVHO asks for further information including the client's substance abuse history and their need for supportive housing upon release. The time between the ODRC referral and the first contact with the client is between 1-2 days or 2 weeks.

### Service Delivery

- MVHO provides transportation from prison and meets the person the day they move in to get them settled into the housing. MVHO sets up and provides housing and CAM provides primary care.
- The client is asked to sign a “Returning Home Tenant Agreement” along with their lease which states they will work with CAM on a treatment plan and follow it.
- CAM is the case manager for the client. CAM conducts assessments with clients at intake into the program. Then, CAM sets up a treatment program that provides individual counseling, case management services and medical services as needed. CAM provides wrap-around services as needed, but does not require participation in any services.
- CAM conducts home visits and therapy sessions. Group counseling is done in the community. CAM helps the client to establish Medicaid and find employment. Some clients are eligible to receive food stamps, but they are also referred to local food pantries. The units themselves are fully stocked with food (by MVHO) before the person moves in. The house is fully operational at move-in. In addition, MVHO takes the client directly to Goodwill to purchase needed clothing.

### **Neighborhood Properties, Inc. (Lucas County, Ohio)**

#### Background and Mission

- NPI was created in 1988 by a Robert Wood Johnson Foundation grant. They have 100 units in Lucas County with 160 beds. They own and operate the properties. The Project for the Assistance in the Transition from Homelessness (PATH) outreach program is housed at NPI and does direct outreach for this program.

#### Eligibility and Referral Process

- The PATH outreach program conducts street outreach, interviews clients, and refers them to the housing portion of the program. NPI receives referrals from the mental health agency or the PATH member who interviewed the potential client while in prison or found them eligible in street outreach.
- If a person is referred from the ODRC, the PATH team is sent into the prison to interview the client and conduct the assessment. The PATH team conducts an assessment prior to placing the client in housing. The assessment has questions about mental health and past housing situations. NPI then reviews their current sentence, their housing history, and employment history.

#### Services Delivery

- The PATH team will pick up clients from the prison on their release date. Most clients have no income, so NPI pays utilities and a subsidy pays the rent.
- The PATH team is done with the client once they are in housing. At this point, the housing team takes over. The housing team follows up with clients weekly to make sure they are following up with mental health appointments and social services. Mental health and social services are done in the community, NPI doesn't provide direct services.

## **Volunteers of America – Northwest Ohio (Toledo, Ohio)**

### Background and Mission

- VOA-NWO was established in 1901 and has worked in the housing field with many different types of hard-to-house populations. VOA-NWO has a history of different types of housing assistance, including homeless shelters, transitional housing for returning prisoners, Section 811 Supportive Housing for Persons with Disabilities, Section 202 Supportive Housing for the Elderly Program, housing for the severely mentally ill, and housing for chemically dependent. VOA-NWO has been working with people released from prison for the past 35 years. Housing for VOA-NWO is single-site; VOA-NWO is currently renting 3 efficiency apartments.

### Eligibility and Referral Process

- Clients are referred by ODRC. When clients come into housing, they use a community questionnaire from Cincinnati, a Level of Service Inventory, and the OH Risk Assessment.

### Service Delivery

- There are no services provided through the housing. Clients are only required to do what their parole officers require them to do and to abide by the terms of the lease. VOA-NWO does not advocate for any special lease requirements above and beyond the Ohio code.

## **Volunteers of America – Ohio River Valley (Cincinnati, Ohio)**

### Background and Mission

- VOA-ORV serves the difficult to deal with clients, including those who are MRDD (mentally retarded and developmentally disabled). The MRDD program provides employment for clients in a warehouse owned by VOA-ORV. In addition, VOA-ORV runs a halfway house in downtown Cincinnati, and it runs programs for prison release, alcohol and substance abuse, and sex offender treatment.

### Eligibility and Referral Process

- Referrals to the pilot come from ODRC either by phone or email. Interviews are usually set up and conducted over video conference within a week. Typically, ODRC will send the VOA-ORV the pre-sentence investigation that details the potential client's criminal history, family history, substance use, etc. Other paperwork is also supplemented, such as a mental health evaluation or information regarding medical diagnoses of physical or emotional condition.
- During the interview, a permanent supportive housing report is filled out, which discusses why the person was referred, what support they have in the community, their alcohol and drug abuse history, their legal, medical, and educational history, and skills. Then a Community Questionnaire is filled out, which includes information about whether the client has ever been evicted, if they leased or owned previously, and whether they owe money for utilities.

### Service Delivery

- When a client is picked up from the institution, they are asked to make at least five goals they would like to accomplish through the program. VOA-ORV uses this information to form a case plan. There are no other formal assessments conducted.
- VOA-ORV finds housing for individuals, they do not own property. Usually, the client stays in temporary housing for up to 10 days following release. Case management will help them with their groceries – VOA-ORV provides a stipend for spending money. VOA-ORV will assist clients with their utilities, except cable, will pay off any outstanding utility bills so the bill can be put in their name, will give them a set amount of furniture, and the deposit for the rent.
- If the client needs counseling and/or intensive treatment, VOA-ORV will locate these services in the community and connect them to the client. Alcohol and drug abuse treatment is also conducted in the community. Case managers do conduct coping skills and stress management informally.

### **YMCA of Central Ohio (Columbus, Ohio)**

#### Background and Mission

- The YMCA has been providing supportive housing in Columbus for approximately 14 years. In addition, they run a food pantry and a clothing pantry. YMCA has two supportive housing facilities in Columbus with more than 400 single room occupancy units. There are no kitchen facilities, but the clients may have mini-fridges and microwaves in their rooms and there are vending machines and several area soup kitchens within walking distance, including a mobile kitchen that parks in front of the building. YMCA is the landlord of both facilities; they are a revenue and property management site. The main goal is housing stability.

#### Eligibility Process

- Referrals are provided to YMCA by ODRC through a presentence investigation report (PSI). Then, YMCA goes to the prison for an interview and assessment.
- YMCA will pick up the client at the bus stop in Columbus or at the prison. First, the client meets with the Lease/Rental staff to sign the lease. Then, they sign an Authorization for File Review, a Privacy Policy for the YMCA, a Transportation Policy, and a Clients Rights and Responsibilities. In addition, within 48-72 hours, an individual service plan is developed for each client.

#### Service Delivery

- Services offered include a Resource Coordinator for items of need, a Case Manager who conducts an assessment, a service plan, and supplies bus passes, and an Employment Services Coordinator. In addition, there is a mobile hospital that comes to the building two times per month that offers financial literacy classes, bible study, a peer recovery support group, and an arts and recreation group.

- When a client moves in, YMCA supplies two weeks worth of food, a couple of outfits, a coat, and a mini refrigerator. All of the rooms in the main building are furnished with a bed, a dresser, and a desk. YMCA works with Southeast Mental Health to provide mental health services for those who need it.
- The case manager for the pilot is not a clinical person; they serve to link the tenant with needed services. There are no requirements for participation in the pilot or to receive housing, however, they can be connected by the case manager to outside services as needed. Case managers will work with the individuals to find housing outside of the YMCA if they would like to move out.

## 4.0 Evaluation Update and Next Steps

The evaluation relies on multiple methods to assess the process, impact of, and costs and benefits associated with the ODRC/CSH pilot program. The information contained in this report was based on data from the housing providers, semi-structured interviews with the service providers, ODRC data on referrals from the various prisons, and regular coordination with CSH staff. In the coming months, the evaluation team will continue to collect and analyze data from the providers to report on changes in housing, employment, and family history for the clients as well as the services delivered and received by the clients.

There were a number of enrollment challenges, as indicated in Section 2 of this report, in the pilot's first year. In the coming year, The Urban Institute will continue working with ODRC and CSH to overcome the challenges with referrals and program enrollment and to ensure that a contemporaneous comparison group can be identified. Current enrollment numbers will not support a rigorous evaluation unless enrollment is ramped up significantly. As new participants are enrolled in the pilot, the UI team will continue to collect baseline and follow-up information with assistance from housing providers and ODRC. It is crucial that ODRC and CSH ensure that research consent is collected for all participants, as well. At the time this report was written, CSH, BCS, and UI were working with the Ohio Department of Mental Health (ODMH) to determine if ODMH's Community Linkages Program would be an appropriate venue to recruit clients for the evaluation.

In addition to data from the nine housing/service providers and ODRC, UI will conduct another round of semi-structured interviews with the housing/service providers to inform the process evaluation. This information will be used to assess what is working well and not so well in the pilot program and will inform CSH's efforts to expand or refine the pilot program in Ohio and/or other jurisdictions. The evaluation team will also conduct semi-structured interviews with ODRC staff, particularly those involved with the referral and eligibility process in the prisons. In the coming year, UI expect to continue enrollment into the evaluation through referrals from ODRC. The data collection efforts for the impact and cost evaluation are ongoing and will continue in year two of the pilot evaluation.