

# ALCOHOL AND DRUG AFFECTED OFFENDER'S HOUSING STABILITY

APRIL 2005

A REPORT FOR THE LOCAL PUBLIC SAFETY COORDINATING  
COUNCIL'S ALCOHOL AND DRUG CRIMINAL JUSTICE  
WORKING GROUP

REPORT PREPARED BY:  
HOUSING STABILITY SUBCOMMITTEE  
MATT NICE, CHAIR

# ALCOHOL AND DRUG AFFECTED OFFENDER'S HOUSING STABILITY

## EXECUTIVE SUMMARY

Beginning in March of 2004, a subcommittee of Local Public Safety Coordinating Council's (LPSCC) Alcohol and Drug Criminal Justice Working Group began a process to investigate housing stability issues for those persons with an alcohol and/or drug issues in the criminal justice system. The subcommittee membership consisted of elected official representation, program specialists, concerned citizens and treatment providers, who over the past year reviewed recent local reports on homelessness, available data, interviewed expert witnesses, and reviewed policies. Listed below are the summary findings and recommendations:

## SUMMARY FINDINGS

- There were several housing working groups operating in the county; none specifically examining the needs of offenders with alcohol and drug issues
- An offender's criminal record must be acknowledged as a barrier; the special needs (A&D) are the issues that must be addressed.
- Portland now has the worst levels of housing stability of those arrested when compared to 40 other program sites around the country
- Females were proportionally at greater risk than males for unstable housing
- Those who exited treatment had a greater likelihood of stable housing than when they entered; people exiting substance abuse treatment were sometimes still homeless
- Housing slots for A&D treatment are not keeping pace with increases in outpatient slots
- Negotiating the various housing systems and their requirements is difficult

## SUMMARY RECOMMENDATIONS

- Support the continued training of parole, probation officers and case managers about the housing systems and related issues
- Develop pre-recovery housing/transitional housing.
- Commit to meet housing needs as part of treatment and post-treatment plans for offender in substance abuse treatment through the contracting process.
- Those offenders, where the county has made a substantial treatment investment, should continue to have housing supports after they have successfully completed treatment.
- Increase the county funding for supported housing for offenders in and completing outpatient treatment.
- The outpatient to housing ratio should be considered when significant increases occur to outpatient treatment capacity. Support services should also be considered.
- More systematically target the service population for residential treatment and reduce wait time into residential treatment.
- The county should continue the support and production of the Department of County Human Services' resource guide "*Housing A New Beginning.*"

# ALCOHOL AND DRUG AFFECTED OFFENDER'S HOUSING STABILITY

Beginning in March of 2004, a subcommittee of Local Public Safety Coordinating Council's (LPSCC) Alcohol and Drug Criminal Justice Working Group began a process to investigate housing stability issues for those persons with an alcohol and/or drug issues in the criminal justice system and to put forth policy recommendations (for process parameters see Appendix B). The subcommittee membership consisted of elected officials, program specialists, concerned citizens and treatment providers. Over the past year the subcommittee members met several times to review recent local reports on homelessness, review available data, interview expert witnesses, and review policies. The results of this work have led to the findings and recommendations within this report.

## BACKGROUND

In February of 2004, a report was presented to the Alcohol and Drug Criminal Justice Working Group examining recent trends in illicit substance use in Multnomah County.<sup>1</sup> One of the key findings was that arrestees who had tested positive for drugs had one of the lowest reported levels of stable housing when compared to those of other jurisdictions.<sup>2</sup> In fact, the level of stable housing had been slowly declining over time, as subsequent data revealed an even greater decline the following year.

The results of these data prompted the Alcohol and Drug Criminal Justice Working Group to designate a subcommittee to examine the issues regarding stable housing specifically for offenders with alcohol and drug issues.<sup>3</sup> Subcommittee members included representatives from Multnomah County District #2, the Department of Community Justice, the Multnomah County Sheriff's Office, the Multnomah County Budget Office, various treatment providers, concerned citizens, and others with specialized knowledge in the area of housing and treatment issues (Appendix A).

An initial review determined that while there were several housing working groups operating in the county, there were none that were specifically examining the needs of offenders with alcohol and drug issues.<sup>4</sup>

---

<sup>1</sup> Caubet, S. & Nice, M. L. (2004). *Local Trends in Illicit Substance Use*. Multnomah County Budget Office Report #003-04. Note: available ADAM data included the 2002 calendar year.

<sup>2</sup> Twenty-three percent (23%) of males and 24% of females reported unstable housing at the time of booking during the past 30 days, respectively. Subsequent 2003 data identified that males increased to 29% and females 37%, making Portland's the worst site in the nation for stable housing of arrestees. 'Stable housing' was defined as the majority of time in the past 30 days where one lived in either a house, mobile home, or an apartment. *Drug and Alcohol Use and Related Matters Among Arrestees*. (2003). National Institute of Justice. ADAM Program.

<sup>3</sup> For the purposes of this report, offenders represent those who are currently involved at any stage of the criminal justice system, and those who were previously involved (ex-offenders).

<sup>4</sup> Citizens Commission on Homelessness; City Club of Portland; and the Ad Hoc Committee on Downtown Portland Homeless Youth. Liv Jenssen the DCJ Transition Services' manager focuses on housing needs primarily for post-prison offenders, many who have drug and alcohol issues.

## PROCESS

Currently in Multnomah County there are substantial efforts to respond to issues of homelessness. From this, several local recent reports on homelessness have been produced and were reviewed by the subcommittee. These reports served as a foundation for our subcommittee's work. Among other documents, the subcommittee reviewed the Citizens Commission on Homelessness and the Plan to End Homelessness Coordinating Committee's *2003 Summary Report on Homelessness*; the Citizens Commission on Homelessness' *Home Again: A 10-year plan to end homelessness in Portland and Multnomah County*; and City Club Report, *Affordable Housing in Portland 2002*.<sup>5</sup>

Within each of these documents was important information regarding the state of homelessness in our community, frameworks and recommendations to respond to the range of complex issues. A comprehensive review of these reports is beyond the scope of this report; however some key issues are listed. For example, key issues identified in the reports were the decline in the Portland metro area's affordable housing; the increase in homelessness even in times of economic growth; poverty and increased unemployment; the lack of permanent supportive housing solutions<sup>6</sup>; and understanding the differences in resource use by the chronic homeless populations versus other homeless populations.

Recommendations from the various reports included: moving people into housing first and then beginning services; not discharging people from jails and hospitals into homelessness; improving outreach to homeless people; emphasizing permanent housing solutions; increasing the supply of permanent supportive housing and rental vouchers; entering into and increasing partnerships to end homelessness; making the rent assistance system more effective, creating new long-term rental vouchers and increasing voucher funding; increasing economic opportunity for homeless people; implementing a new data-collection technology throughout the homeless system; setting priorities by allocating top priority rental assistance to households with children, the elderly, and the disabled; and focusing construction on special-needs populations and mixed income housing.

None of the reports discussed the additional barriers to housing that a criminal record introduces. While an offender's criminal record must be acknowledged as a barrier, the special needs are the issues that must be addressed with housing.

## REVIEW OF AVAILABLE DATA

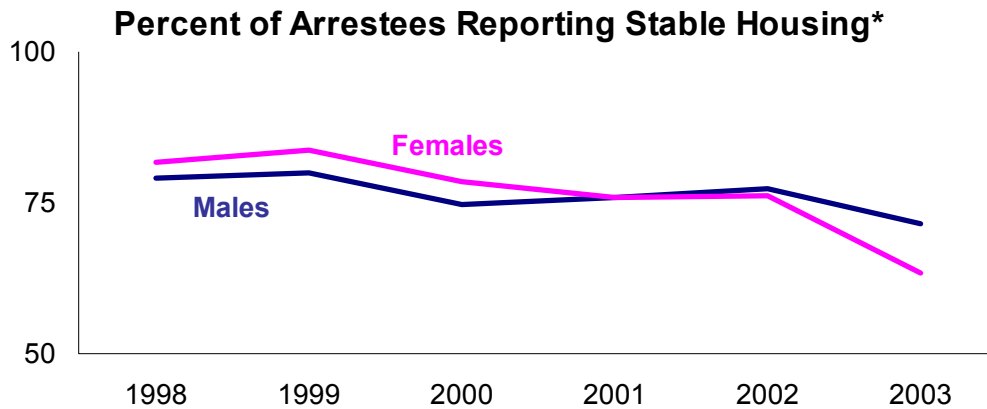
As mentioned earlier, the housing stability of those arrestees testing positive for drugs has shown continued decline over the last six years. The most recent data suggests that Portland now has the worst levels of housing stability of those arrested when compared to 40 other program sites around the country, including Hawaii. Recently a shift has

---

<sup>5</sup> For full reports visit: <http://www.portlandonline.com/shared/cfm/image.cfm?id=38154> ; [www.pdxcityclub.org/pdf/Affordable\\_Housing\\_2002.pdf](http://www.pdxcityclub.org/pdf/Affordable_Housing_2002.pdf) ; and <http://www.portlandonline.com/shared/cfm/image.cfm?id=67002>

<sup>6</sup> Permanent supportive housing is housing with support services for low-income or homeless people with severe mental illness, substance abuse, HIV/AIDS, developmental disabilities, or other special needs.

occurred where females were found to be proportionally at greater risk than males for unstable housing (Exhibit 1).



Source: National Institute of Justice ADAM Program. \*Reported stable housing in the past 30 days.

**Exhibit 1. Housing stability for Multnomah County arrestees testing positive for drugs.**

Examining the State’s CPMS data identified that those who exited treatment had a greater likelihood of stable housing than when they entered.<sup>7</sup> However, a small proportion of people exiting substance abuse treatment were homeless. Multnomah County data for FY04 found 327 alcohol/ drug treatment episodes that were referred to treatment by a criminal justice agency where the client was homeless at termination.<sup>8</sup> Of those, 16% were those that had already successfully completed treatment. The majority (78%) of those were for treatment in non-methadone outpatient services.

While the bulk of total cases occurred within the outpatient treatment modality, a greater proportion of homelessness was actually reported after engagement in residential treatment modality. The data identified that 6% of those episodes successfully completing residential treatment were released into homelessness, while only 1% for the outpatient episodes. Unsuccessful completion terminations had a 13% homelessness living condition at termination from a residential treatment modality, while those in outpatient had 6% homelessness (see Table 1). The average cost of treatment in 2002 for outpatient was \$1,054 while the cost for residential was \$7,258.<sup>9</sup>

<sup>7</sup> Homeless at treatment entrance was 18% and 7% at exit for the general Multnomah County treatment population. Wu, Liang & Nice, M. L. (2005). *Multnomah County Alcohol & Drug Treatment Data: FY00-04 (#001-05)*. Multnomah County Budget Office evaluation.

<sup>8</sup> From a total of 6,292 episodes (5%). There were an additional 466 episodes where the living situation at treatment termination was labeled ‘unknown.’

<sup>9</sup> Costs estimates were from FY2002; all completion types. see Nice, M. (2004). *Multnomah County Alcohol and Drug Treatment System: FY2002*. Presentation to Multnomah County Board of Commissioners April 2, 2002.

Treatment Completion	Living Condition at Tx Termination	Treatment Service Modality				Total
		Residential Treatment	Outpatient Treatment	A/D Detox	Methadone	
Successful	No other adult	71	1717			1788
	Spouse/Family	15	206			221
	Relative/Friend	91	820			911
	Institution/Foster	123	80			203
	Homeless	22	31			53
	Unknown/other	12	209	2		223
	Subtotal	334	3063	2		3399
Unsuccessful	No other adult	7	476		1	484
	Spouse/Family	7	100		1	108
	Relative/Friend	52	595		3	650
	Institution/Foster	123	45			168
	Homeless	41	86		2	129
	Unknown/other	88	122			210
	Subtotal	318	1424		7	1749
Neutral	No other adult	4	221		1	226
	Spouse/Family	2	92			94
	Relative/Friend	6	451		2	459
	Institution/Foster	17	168		2	187
	Homeless	5	138		2	145
	Unknown/other	3	30			33
	Subtotal	37	1100		7	1144
All Episodes		689	5587	2	14	6292

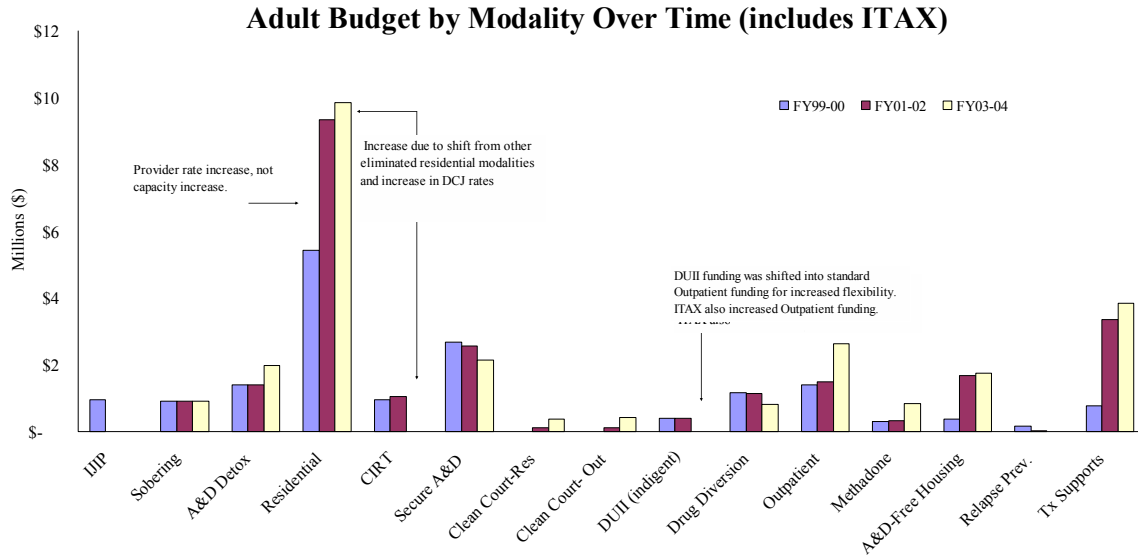
**Table 1. Living condition at treatment termination for FY04 criminal justice referrals.**

Finally, examining the Multnomah County alcohol and drug treatment services continuum suggests that increases in the outpatient services have outpaced increases in treatment housing supports.<sup>10</sup> In FY02, the County funded 1,168 outpatient service slots and 265 housing units for a ratio of 4.4:1. In FY04 that ratio increased to 5.0:1 because housing expenditures and slots (299) did not keep pace with the increased outpatient expenditures and slots (1,503).<sup>11</sup>

<sup>10</sup> Nice, M. (2004). *Multnomah County Alcohol and Drug Treatment System: FY2004*. Presentation to Multnomah County Board of Commissioners May 4<sup>th</sup>, 2004.

[http://www.co.multnomah.or.us/dbcs/budget/performance/pmg\\_reports/ad\\_continuum\\_2004.pdf](http://www.co.multnomah.or.us/dbcs/budget/performance/pmg_reports/ad_continuum_2004.pdf)

<sup>11</sup> Not all housing slots are solely dedicated to those in alcohol and drug treatment.



**Exhibit 2. Changes in Multnomah County substance abuse treatment funding over time.**

The subcommittee was aware that the offender—specifically those with special needs such as alcohol and drug issues—represented one of the more difficult population for whom to locate housing. Multiple layers of restrictions exist that severely limit the availability of housing for them, especially in the environment that already has reduced number of low-income affordable housing for the general population. Some restrictions were obvious such as having no income and a criminal records—typical requirements for renting apartments or homes. Other restrictions included subpopulations within the offender groups that are even more difficult to place, such as sex offenders, drug addicts and those charged with manufacture or distribution, and those with multiple issues impacting activities of daily living (e.g., mentally ill, developmentally disabled, brain damaged, etc.).

To gain a better understanding of the nature of the housing system in Portland and Multnomah County, the subcommittee invited key housing providers and coordinators to speak at our meetings. The subcommittee met with Richard Harris of Central City Concern a major provider of housing and treatment services, and Rachael Duke of the Housing Authority of Portland. Diane Luther, the Multnomah County’s Housing Director and Liv Jensen Transition Service’s manager for DCJ attended meeting and offered input regularly.<sup>12</sup>

The subcommittee spoke with Rachael Duke, the Community Policy and Planning Manager for the Housing Authority of Portland (HAP). The Housing Authority of Portland serves all Multnomah County and currently handles about 14,000 households (30,000 people) with various housing types. Housing is focused for persons in poverty

<sup>12</sup> It should be noted that the Department of County Human Services also offers housing services to low-income citizens in treatment. While some may also have criminal records, the majority of these offenders would be considered low or limited risk individuals.

and less so for those with special needs, and is comprised of four housing types: Section 8, public housing, affordable housing, and special needs housing.

Section 8 housing accounts for about 7,800 households with \$40 million allocated annually. The main criterion for eligibility is low income (i.e., below 30% of the median income) and at least 90% of the tenants meet this criterion. Of this group, 40% also have some type of disability. There is a huge waiting list and HAP has not been able to offer anything since November 2003. The last time HAP solicited application for one week, 9000 signed up for its waiting list. Typically, 50-100 are drawn from the waiting list every month with a lottery system because there is no prioritization of populations.

Public Housing provides service to 2,300 households with the following criteria: income level below 30% of the median, not single, and not disabled. This type of housing also has a huge waiting list of 3 to 7 years waiting (2-3 years minimum). The length of the wait depends on the size of units/homes an applicant seeks – larger the unit, longer the wait.

Affordable Housing provides 4,000 units of which 400 are special needs housing (see below). HAP partners with private owners, who receive tax credit. HAP also owns some units and contracts out to private management companies to manage them. Individuals with income level from below 30% up to 80% qualify. Special Needs Housing dedicates 400 affordable housing units to those with special needs such as mental health, alcohol and drug affected, developmentally disabled, and single homeless adult transitional.

HAP uses its matrix to determine eligibility for special needs populations many with alcohol and drug issues. The matrix was under review at the time of this work and was not available to us to review. However, one clear example of “rejection” for all types of HAP housing is someone with a history of manufacturing drugs. Additionally, it is very difficult to become eligible if one has a history of person-to-person crimes. When ex-offenders get denied, they can request to go through an appeal process. However, this process is rather difficult and it is important for those appealing to have case managers/service providers familiar with the process to assist them.

Central City Concern’s Richard Harris described their services of 1,260 housing units with approximately \$7-\$8 million budget serving about 13,000 individuals annually. Most units were for special needs housing and it was estimated that 60% of their clients have some criminal background. Central City Concern does not require criminal background and income level checks for potential clients because it assumes that these individuals are without money and with criminal background.

The Central City Concern philosophy is to design housing with services attached to it, to improve the outcomes for the individuals. Recent research provides support for this philosophy with showing clients’ treatment program completion rate and the ADFC



housing availability higher as compared to the completion rate of the clients without such housing (88% vs. 42%).<sup>13</sup>

Of course one of the biggest barriers to low-income people accessing housing is the lack of income. This lack of income occurred for both the client level (jobless) and the amount of government assistance available (subsidies). Richard Harris stated that there was less federal funding each year to try to meet the demand and that local investors are aware that the Section 8 contracts are dwindling. Additionally the system is difficult to navigate because of the various funding sources and their specific funding and population requirements. Richard Harris stated a greater need to better coordinate and communicate among all the service agencies involved.

Central City Concern believes that their biggest return has been provision of supportive housing and services to those with children. For example, Taggard Manor in southeast Portland has become a good model for self sufficiency which should be expanded to other places. The 24-unit building provides 1/3<sup>rd</sup> subsidized housing and the other at market value rent. Intergenerational and interfamilial role-modeling among residents where half are in recovery is very encouraging. Housing that can be managed with public funding/subsidies and the other part with regular rent, the building can become self-sufficient and stable.

Liv Jenssen, Transition Service's manager for DCJ, supplied the group with basic data on the housing situation for their population. Most of the available housing resources provided by DCJ were for those offenders released from prison, typically on post-prison supervision. These contracted and rent voucher resources were typically earmarked for those offenders identified as medium to high risk to reoffend.

A snapshot of May 2004, showed that of the 124 offenders slated to be released from prison, 68 (55%) will need housing or housing subsidies. This does not include the additional numbers that will need housing after treatment or because they've lost their current housing for any number of reasons. Additionally, DCJ estimates that this population's special needs included 32% substance use related, 26% sex-offender, and 16% mental illness and among others.<sup>14</sup> Many have co-occurring issues.

---

<sup>13</sup> Central City Concern: Portland Addictions Acupuncture Center (August 2000).  
<http://www.centralcityconcern.org/PAHC%20Evaluation%20Nov%202000.pdf>

<sup>14</sup> It is estimated that 70% of the offender population has issues related to substance use; this is not to say that all necessarily need substance treatment.

## RECOMMENDATIONS

Based on the available data, report, interviews, and discussion the group determined a set of recommendations to help with housing stability issues for offenders with alcohol and drug issues.

1. Support the continued training of parole, probation officers and case managers about the housing systems and related issues, including HAP's practices.<sup>15</sup> For example, HAP requires specific steps to applicants from the initial application through actually finding housing and appeals for rejections for housing that can be complicated. It will be very helpful for those who work with offenders directly to know exactly what such procedures are in order to be able to assist their clients better. Consider adding a housing liaison between the county and HAP to manage all appeals for rejections for offenders.
2. Develop pre-recovery housing/transitional housing.<sup>16</sup> Recommend to various levels of government (city, county, and state) that more affordable housing is needed for people in pre-recovery. Emphasize a long-term benefits of providing such housing in reduced recidivism/re-offending (i.e., more cost-effective intervention than sending the people back to prison).
3. Commit to meet housing needs as part of treatment and post-treatment plans for offender in substance abuse treatment through the contracting process. Recommend that the County to require all contractors to provide assistance for housing as part of their treatment plans for offenders. Give preference to providers who have integrated housing and treatment services and/ or to those who clearly demonstrate integrated treatment and housing coordination with housing providers.
4. Do not exit offenders in treatment into homelessness. Regardless of program completion or failure, this population should not be released from treatment case management services without housing assistance. Those offenders, where the county has made a substantial treatment investment, should continue to have housing supports after they have successfully completed treatment.
5. Increase the county funding for supported housing for offenders in and completing outpatient treatment. This would likely improve the successful outpatient completion rates. It may also reduce the demand for residential treatment. The outpatient to housing ratio should be considered when significant increases occur to outpatient treatment capacity. Support services should also be considered.

---

<sup>15</sup> TSU meets every week for the housing case plan review to work with providers housing and transition issues including addressing the long term housing needs for hard to place client.

<sup>16</sup> This is also referred to as 'wet housing' where those receive housing and case management until they are ready to engage into treatment.

6. More systematically target the service population for residential treatment and reduce wait time into residential treatment. To reduce the wait list for residential treatment, the county should consider treatment priority populations for these services. Additionally, the county should increase supported housing matched to outpatient treatment instead of residential treatment where appropriate.
7. The county should continue the support and production of the Department of County Human Services' "*Housing A New Beginning*." This resource guide and conference provides the information needed by low-income people (including offenders) seeking housing. The information has historically been used by case managers and parole/ probation officers. The information should be made available on the internet.

## APPENDIX A

### Housing Stability Subcommittee Members

Matt Nice	Chair, Multnomah County Budget Office
Jean Bucciarelli	Citizen
Mary Carroll	Multnomah County Commissioner Cruz's Office
Liv Jenssen	Department of Community Justice Transition Services
Diane Luther	Multnomah County Housing Director
Jackie Mercer	Treatment Provider- NARA
Carol Nykerk	Multnomah County Sheriff's Office, inmate programs
Dr. Derald Walker	Department of County Human Services, Director MHAS
Yuko Spofford	Multnomah County Budget Office
Valerie Moore	Treatment Provider- InAct
Richard Harris	Treatment Provider- Central City Concern

A special thanks goes to Ray Hudson, DCHS for his assistance on this project and the report. The subcommittee would also like to acknowledge unnamed others not listed herein for their assistance with this project.<sup>17</sup>

---

<sup>17</sup> This subcommittee dedicated nearly 100 hours of time to develop the information in this report.

## APPENDIX B

Throughout the process of developing this report the Subcommittee operated under a set of parameters identified by the Alcohol and Drug Criminal Justice Working Group. They were:

1. The project must be completed within a year,
2. Members must possess a passion for follow-thru,
3. Members must be willing to do work,
4. Members should be limited to a small group,
5. There's a willingness to share a final product,
6. Results are based on the best available data use of best practices,
7. The target population is public safety focused, and
8. Should include a juvenile justice component in its strategy.<sup>18</sup>

---

<sup>18</sup> This issue was not specifically addressed within the working group.