Sunflower Houses Assessment Report 2023
A Transitional Housing First, Restorative Justice Model in Tompkins County

Commissioned by Taili Mugambee, Director of Ultimate Reentry Opportunity (URO)

Principal Investigator, Paula Ioanide, PhD

Funding provided by Tompkins County, 2022-2024

Report Written by:
Paula Ioanide, PhD

Research and Writing Contributors:
Charley Willison, Assistant Professor, Cornell University
Xiareng Florence Wang, MPH Graduate Student, Cornell University
Anna Cook, Quantitative Data Analyst

Executive Summary

This report, commissioned by Ultimate Reentry Opportunity (URO) and funded by Tompkins County, assesses the impact of the Sunflower Houses Program, an affordable, centrally located Housing First program with wrap-around services for formerly incarcerated people. The Program has been operated by Opportunities, Alternatives, and Resources (OAR) and partially funded by Tompkins County since January 2021. In Section I, we present an overview of the Sunflower Houses Program's theory of change, budgetary considerations, and the measures that our team is assessing during the three year pilot, 2021-2024. Section II offers background research on the intersections of incarceration, reentry, homelessness, and public health risks and outcomes to contextualize our assessment. Section III outlines local incarceration trends and recidivism at the county level, including jail census counts, racial disparity, racial disproportionality, and rebooking recidivism rates. Section IV elaborates on Sunflower Houses clients' demographics, needs and risks, rebooking recidivism rates, use of services, and key outcomes. Section V summarizes OAR clients' demographics, rebooking recidivism rates, and use of services as a comparison to Sunflower Houses clients.

Key Findings: Considering the high health risks and structural barriers commonly faced by Sunflower Houses clients, we find that the Sunflower Houses program has been successful on a number of fronts.

- The program has adhered to equitable and inclusive admission practices, with **34.1% of Sunflower Houses participants identifying as Black or African American, 19.5% identifying as women, and 9% identifying as LGBTQ+**

- The Sunflower Houses **in-program rebooking recidivism rate is 7%**, a rate quite low given Sunflower clients' risks associated with substance use, mental health conditions, and chronic illnesses

- Sunflower Houses clients **frequently utilized a variety of OAR services**, suggesting the effectiveness of individualized wrap-around services and trust for the organization

- Sunflower Houses Program outcomes were positive when comparing clients' housing status when entering vs. exiting the program, with **a 61.8% decrease in homelessness, a 26% increase in clients who secured permanent housing, and a 9.8% increase in clients who secured temporary housing**

Key Recommendation: The implementation of the Sunflower Houses Program showed that program expenses (rent, utilities, maintenance) and personnel costs were underestimated when the program was first conceptualized and funded. **We recommend that the Tompkins County Legislature permanently fund the program's actual costs + staff training costs in the amount of $170,000 per year to reduce homelessness and recidivism in the County long term.** Additional recommendations may be found in Sections VII and VIII.

I. Sunflower Houses Program Assessment Overview

In 2021, the Sunflower Houses Program emerged as a solution to an essential need identified by formerly incarcerated people in Tompkins County. In a [2020 qualitative study commissioned by Ultimate Reentry Opportunity (URO)](#) to assess systemic barriers to reentry in Tompkins County, 54 formerly incarcerated participants identified centrally located affordable housing as the most essential need for successful reentry.

To meet this need, three non-profit organizations, URO, OAR, and Ithaca Neighborhood Housing Services (INHS) partnered to create the Sunflower Houses Program. URO put forth the original proposal to the County and collaborated with INHS to identify the four 3 bedroom units on Titus Street in Ithaca, NY as the location. OAR agreed to administer and deliver the program, conceptualizing their engagement with residents through a Housing First, restorative justice frame. Housing First is a "recovery-oriented, evidence-based philosophy and approach that recognizes that housing is a basic human right, and that people are better equipped to make progress in their lives if they have a safe, stable place to live. Through Housing First, people can access permanent housing without having to meet any prerequisites, like sobriety or the completion of programs, that are not required of any typical renter" (What Is Housing First?, 2022). This means offering supportive, individualized services while eliminating punitive approaches traditionally used in transitional housing, such as imposing curfews and significant prerequisites or restrictions. Housing First programs are the most successful models for ending homelessness (*Permanent Supportive Housing,* 2018). Importantly, while the County offered partial funding to OAR to operate the program, they also agreed to fund URO to independently and scientifically assess its effectiveness (hereafter, the Sunflower Houses Program Assessment).

Theory of Change

The theory of change for the Sunflower Houses Program was that offering people in reentry safe, affordable, and centrally-located housing with supportive wrap-around services would significantly impact their ability to overcome the numerous challenges of returning from jail or prison. We projected that having stable housing and supportive services would reduce Sunflower participants' recidivism rates and improve their chances of obtaining permanent housing, stable employment, health services, and transportation.

As URO's reports on [Housing](#), [Health](#), and [Employment](#) established, people in reentry in Tompkins County are at much higher risk of facing interrelated barriers: 1) homelessness and/or housing instability; 2) discrimination in employment due to the stigma and background checks that correlate with criminal records; 3) significant health issues, including intergenerational trauma, mental health conditions, substance use disorders (SUDs), and chronic illnesses; and 4) lack of access to transportation due to license restrictions and limited public transportation in rural locales. The interrelated dimensions of these challenges compounds the likelihood that people in reentry will face adverse risks and outcomes.

Budgetary Considerations

The Sunflower Houses was originally funded through an over-target request (OTR) for a three year pilot by Tompkins County.

Rent, Utilities, Maintenance Costs
When conceptualizing the program, URO, OAR and INHS agreed on $1,200 per month in rent per 3 bedroom unit, or $4,800/mo for all four units. URO and OAR assumed that the majority of Sunflower clients would be eligible for the DSS Total Needs Grant stipend offered to people seeking shelter with no income sources, which is typically between $380-$400/room per month. Two years into the program, we have found that this was an erroneous assumption to make. Findings show that the majority of Sunflower clients are not eligible for the DSS Total Needs Grant for a variety of reasons (including DSS sanctions), nor are they able to pay $400/month in rent out of their own private funds as they often lack employment income when they first enter the program. In year one, OAR was able to collect only 20% of the rent it needed to pay INHS, forcing the organization to make up for 80% of the rent from its own reserves.

Another major expense for the Sunflower Houses are utilities, costing over $12,000 per year. Because three residents live in one apartment, Sunflower clients are not eligible for Home Energy Assistance Program (HEAP) support, a subsidy to offset heating costs for low income people. To receive this subsidy, each unit would have to have a separate meter per room, an unrealistic standard to meet.

Personnel Costs
When proposing the program, URO and OAR also assumed that Sunflower Houses' client support could be managed by an OAR staff member part time. OAR quickly discovered that offering individually customized wrap-around services to Sunflower clients, dealing with the various crises experienced by Sunflower clients, and meeting their transportation needs for employment, health, parole/progration/court supervision required a full time OAR position. **In 2023, OAR calculated that six different staff members worked for a combined total of 66 hours per week to meet the needs of Sunflower clients.**

Indeed, the budget shortfalls for rent, utilities, and OAR personnel needed to effectively sustain the Sunflower Houses were so significant that the Program was in danger of collapse by the end of the first year. The Program is still running only as a result of OAR's success in obtaining NYSSHP and Opioid Settlements funding. Thus, one of the most significant lessons learned from this three year pilot is that we significantly overestimated the rental subsidies that Sunflower clients would be eligible to receive and significantly underestimated the OAR personnel needed to adequately run the Program. To effectively sustain the Sunflower Houses program long term, the County would need to fund OAR approximately $185,000 annually.

YEAR	2022	2023	2024
Proposed funding	$75,000	$75,000	$75,000
County Funding	$27,680	$69,472	$69,472
Personnel	$52,148	$93,816	$85,086
Expenses	$81,242	$84,900	$78,400
Total Costs	$133,390	$178,716	$163,486
Auxiliary funding			
NYSSHP	-0-	$46,512	$50,388
Opioid Settlement	-0-	-0-	$32,666
Rent Collected	$11,721 (20%)	$13,576 (24%)	Est $8,000
Losses	(-$93,989)	(-$49,156)	(-$2,960)

Data Source: OAR

Assessment Overview

Our central assessment focused on determining whether offering people in reentry safe, centrally-located, affordable housing with wrap-around services would decrease their likelihood to recidivate (defined as being rebooked into the jail) and increase their chances of obtaining permanent housing, employment, health services, and transportation. To make this determination, we first had to establish county recidivism rates (defined as being rebooked into the jail) as our baseline measure. To establish a comparison group of people in reentry who were receiving services but lacked safe, affordable, centrally located housing, we also assessed OAR clients' recidivism rates by rebooking. Finally, we compared these two recidivism rates against those of Sunflower Houses clients. Below, we outline in greater detail the quantitative and qualitative measures we are using to make our assessment.

Quantitative Measures

County Measures
To establish the county-level context of incarceration and recidivism in which Sunflower Houses residents are situated, we wanted to establish baseline county-level trends for the following:

1) Tompkins County incarceration rates, 2015-2023;
2) Tompkins County racial disparities in incarceration rates, 2015-2023;

3) Tompkins County recidivism rates measured at two different stages:

a) **rebooking**, defined as anyone who was booked in the Tompkins County Jail two or more times during the three year period, 2021-2023, as this period converges with the period when the Sunflower Houses Program began operating (January 2021-present);

b) **committed and unsentenced two or more times in a given year**, defined as anyone who was booked to the Tompkins County Jail, committed in the jail (i.e., **not released on their own recognizance)**, and was not yet sentenced, 2015-2023);

Sunflower Houses Measures
We compared the recidivism rates for OAR clients to those of Sunflower Houses Program Clients in order to compare rates between OAR people in reentry who are receiving reentry services and Sunflower Clients who are receiving wrap-around services **and** affordable, centrally located housing.

Recidivism rates for Sunflower Houses clients were calculated as follows:

1) Sunflower Houses clients who were rebooked into the Tompkins County Jail while living at the Sunflower Houses (in-program);

2) Sunflower Houses clients who were rebooked into the Tompkins County Jail *after* leaving the Sunflower Houses Program (post-program).

We also assessed the following outcomes upon exiting the program:

   a) permanent housing, temporary housing, rehabilitation program housing, homelessness

   b) health outcomes tied to substance use disorders and chronic illness

Currently, OAR is not tracking employment and transportation outcomes for Sunflower Clients. We are working to implement some data tracking systems that will allow us to report on Sunflower Client outcomes related to employment and transportation at the end of 2024.

OAR Measures
We assessed OAR Clients' rebooking recidivism rates as a way to compare people in reentry who are actively receiving OAR services to people in reentry who are not receiving OAR services (non-clients).

Recidivism rates for OAR Clients vs. non-clients were calculated as follows:

1) Anyone who was booked in the County Jail two or more times during the three year period, 2021-2023, and was an OAR client during that same time period
2) Anyone who was booked in the County Jail two or more times during the time period, 2021-2023, and was not listed in OAR's client database during that same period.

We also give a general overview of OAR client racial and gender demographics and a sample of the types of services OAR clients use most frequently.

Qualitative Measures

Interviews with Current & Former Sunflower Houses Participants

Because we believe that the stories, testimonies and narratives of Sunflower Houses participants are essential to fully understanding the impact of the program in their lives, we are also conducting qualitative interviews with current and former Sunflower Houses residents. Our interviews focus on understanding Sunflower Houses residents' experiences with policing before and after joining the Program, their experiences obtaining supportive, individualized services, their success or barriers to obtaining housing, employment, health services and transportation, and their success or barriers to meeting personal goals.

The majority of Sunflower Houses residents came through referrals from the homeless shelter, state prisons or the reentry coordinator at the Tompkins County Jail.

Interviews with OAR Clients Who Are Homeless or Housing Insecure

To determine whether having safe, affordable, centrally located housing made a significant difference for people in reentry who are similarly situated, we are also conducting qualitative interviews with OAR Clients who are currently homeless or housing insecure and are active OAR clients. This will allow us to assess what kind of difference the Sunflower Houses program made in the lives of formerly incarcerated people who are homeless or housing insecure. We will ask the same qualitative questions of OAR clients as we do of Sunflower Houses clients to ensure our ability to assess the impact of the Sunflower Houses Program in outcomes.

Due to a 14-month delay on the part of Cornell University in issuing Institutional Review Board (IRB) approval for our qualitative study, we have only begun qualitative interviews with current Sunflower Houses residents and will report on our findings in 2024.

II. Background: Homelessness, Incarceration, and Recidivism in the U.S.

Homelessness is a nationwide critical public health crisis, and incarceration increases vulnerability to homelessness. Housing insecurity and homelessness have important consequences for recidivism rates in Tompkins County and can exacerbate incarceration cycles. The connection between public health, homelessness, and incarceration is often understudied, despite the fact that people experiencing homelessness are disproportionately affected by mental health conditions, disabilities, substance use disorders (SUDs), and the negative health impacts of incarceration.

Housing insecurity and homelessness have important consequences for incarceration and recidivism rates. According to the Bureau of Justice Statistics studies' statistics on nationwide recidivism, approximately 68% of people released were re-arrested within three years, 79% within six years, and 83% within nine years after release (*Recidivism | National Institute of Justice*, n.d.) The relationship between homelessness, incarceration, and recidivism is therefore a cyclical pattern.

The first cycle is incarceration and release, known as the "revolving door" of incarceration (Couloute, 2018). According to research, people who have been in prison more than once are nearly twice as likely to be homeless as those who have been in prison only once (Couloute, 2018). For homeless people with criminal records, the rate of recidivism is even higher. The latter experience recidivism at a rate 4 to 6 times greater than the general population. Moreover, approximately 15% of incarcerated people experience homelessness before being admitted to prison (Couloute, 2018; Lutze et al., 2014). People experiencing homelessness are frequently arrested for quality of life crimes associated with the realities of being homeless, including sleeping and eating in public. **Thus, permanent, long-term housing incorporating necessary social and medical supports, is the only effective solution to ending homelessness and successfully reducing cycling incarceration, recidivism, and homelessness, as demonstrated in research studies across the United States for the past forty years** (*Permanent Supportive Housing,* 2018; Herbert et al., 2015)**.**

The second cycle is the loss of employment, which can lead to homelessness, which in turn increases the risk of incarceration. This can become a vicious cycle when exacerbated by illness or injury, which can reduce working time. Without financial resources for health care services and medical leave (treatment, medications, surgery, etc.), it can be difficult to resume employment, potentially resulting in job loss, increasing the risk of homelessness and subsequent incarceration (National Health Care for the Homeless Council, 2019). Reducing homelessness is crucial to decreasing incarceration and recidivism rates in the United States.

Research shows that homelessness has severe consequences for overall health (Morton et al., 2017), including mental health outcomes (Tarr, 2018). According to a 2015 U.S. Department of Housing and Urban Development assessment, 25 percent of the homeless population were seriously mentally ill, and 45 percent had some form of mental illness (Jaffe, D.J., 2018). In addition, mental illness can lead to negative encounters with police and the courts. Research shows that homeless adults with severe behavioral health symptoms, such as psychosis, are more likely to be victimized by the criminal justice system compared to housed adults with severe symptoms (Tarr, 2018). Furthermore, children who were abused or neglected as children are more likely to become homeless adults with mental illnesses (Tarr, 2018).

Disparities in homelessness rates exist between racial and ethnic groups. **Homelessness is more common among minoritized groups, especially African Americans who account for 39 percent of people experiencing homelessness** (National Alliance to End Homelessness, 2023)**. This is an alarming number when considering African Americans are just 13 percent of the general population** (National Alliance to End Homelessness, 2023). African Americans have been systemically denied rights and socioeconomic opportunities, which leads to disproportionality in homelessness (National Alliance to End Homelessness, 2023). In addition, the racial disparity in incarceration has been persistently severe. Since 1968, the incarceration rate for African Americans has tripled, exceeding six times the rate for Whites (Hinton et al., 2018). Another disparity is due to housing discrimination (Turner et al., 2013). A higher percentage of people of color were denied leases and showed fewer rental units than whites (Turner et al., 2013). By contrast, whites were frequently offered lower rents (Turner et al.,

2013). It was also shown to be easier for Whites to secure apartments by quoting "negotiable" deposits and other move-in costs (Turner et al., 2013). Homelessness and incarceration continue to be impacted by the ongoing effects of racism.

While extensive research has examined the influence of Housing First on criminal justice interactions (*Permanent Supportive Housing*, 2018; Lutze et al., 2014), less research has specifically examined rates of housing insecurity and homelessness *among individuals who have jail or prison history*. Firstly, police departments lack data systems and analysis for tracking recidivism rates, which is a problem that persists in jurisdictions across the United States. For example, in the U.S., only one police department, the Manhattan Police Department in NYC, has a digital data system for the data on incarceration, recidivism, race/ethical disparity, etc (Matthew Van Houten, personal communication, July 22, 2022). Secondly, the statistics about homelessness are often inaccurate and limited throughout the United States (*The Challenge*, 2023). Meanwhile, the U.S. Department of Housing and Urban Development does not routinely report homelessness data and does not publish homelessness data across subnational jurisdictions on an annual basis. Finally, local governments lack data on reentry outcomes for persons who were formerly homeless or may be at-risk of reentering into homelessness.

III. Tompkins County Data and Analysis: the County-Level Context of Incarceration and Recidivism

In order to establish the county-level context of incarceration and recidivism, we report on the following measures and trends:

1) Tompkins County Jail Census Total County, 2015-2023
2) Tompkins County Average Daily Census, 2015-2023
3) Racial Disparities in County Incarceration Rates, 2015-2023
4) Racial Disproportionality Rates, 2015-2023
5) Recidivism Rates by Rebooking (Unsentenced, Committed to Jail), 2015-2023
6) Recidivism Rates by Rebooking (Unsentenced, including RORs and Committed to Jail), 2021-23

Local Incarceration Trends

County incarceration trends indicate an increase in the total county jail population since 2020 as well as an increase in the average daily census. These increases pose a concerning trend given the jail's total capacity of 82 beds and the county's commitment to stabilizing the jail population through alternatives to incarceration.

Tompkins County Jail Census Total Count

Data Source: Tompkins County Sheriff's Report, Table 4

880
746
713
655
520
227
300
409
481

800
600
400

2015 2016 2017 2018 2019 2020 2021 2022 2023
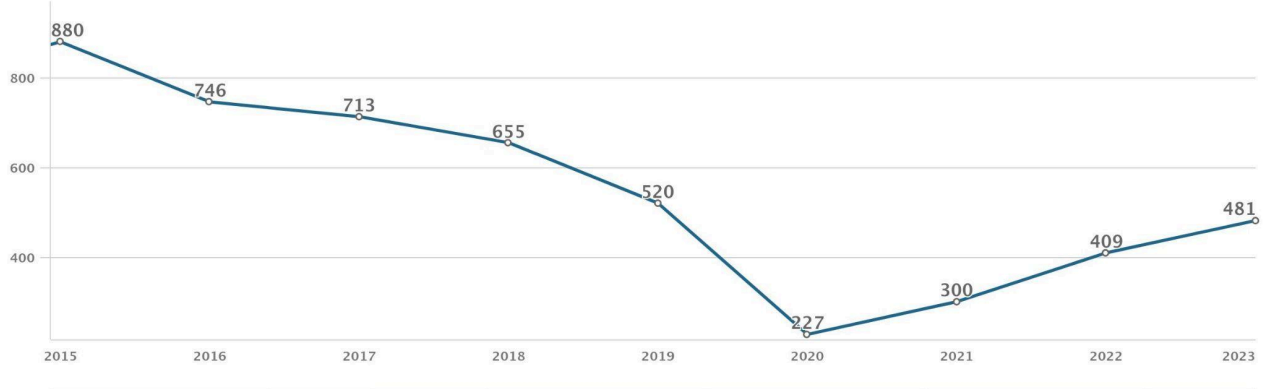
Tompkins County Jail Average Daily Census

Data Source: DCJS: 2013-2022 source: https://www.criminaljustice.ny.gov/crimnet/ojsa/jail_pop_y.pdf

92
80
76
72
61
36
40
43
63

72
48
24
0

2015 2016 2017 2018 2019 2020 2021 2022 2023
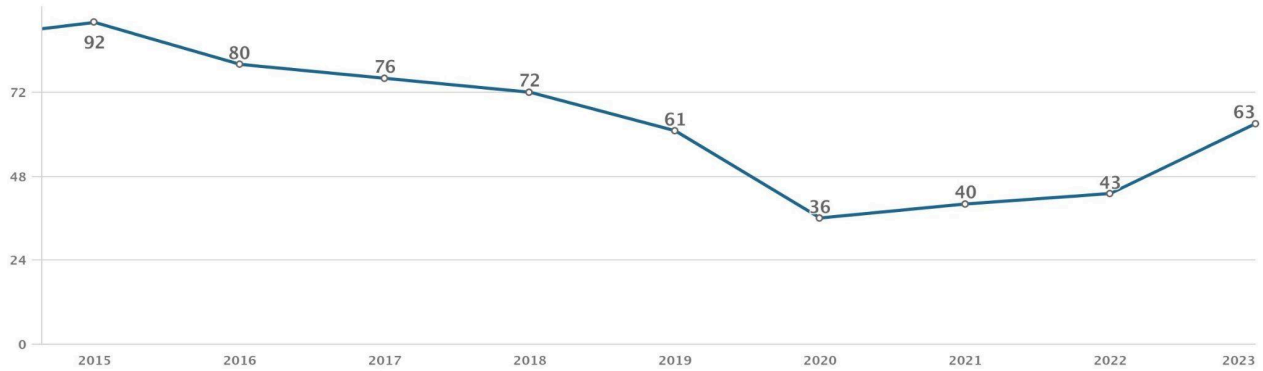
Racial Disparity & Disproportionality Rates

Racial disparities in the county jail population have persisted and increased since 2020. Racial disparities findings indicate that in 2023, **Black or African American people were 8.29 times more likely than white people to be incarcerated in the Tompkins County Jail.**
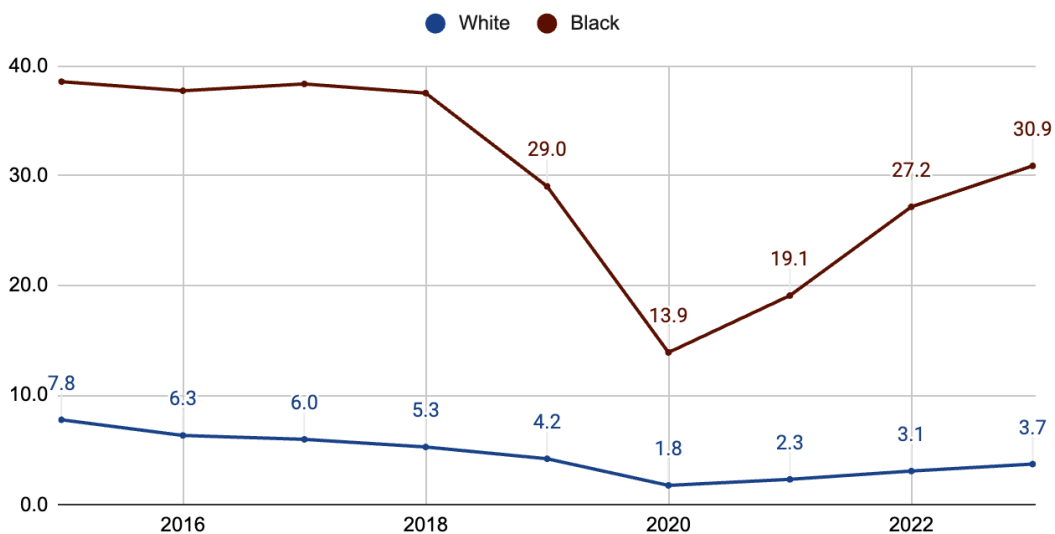
Tompkins County Jail Black/White Racial Disparity Rate by Year

Black/White Racial Disparity

- 2015: 4.97
- 2016: 5.96
- 2017: 6.42
- 2018: 7.11
- 2019: 6.90
- 2020: 7.80
- 2021: 8.17
- 2022: 8.79
- 2023: 8.29
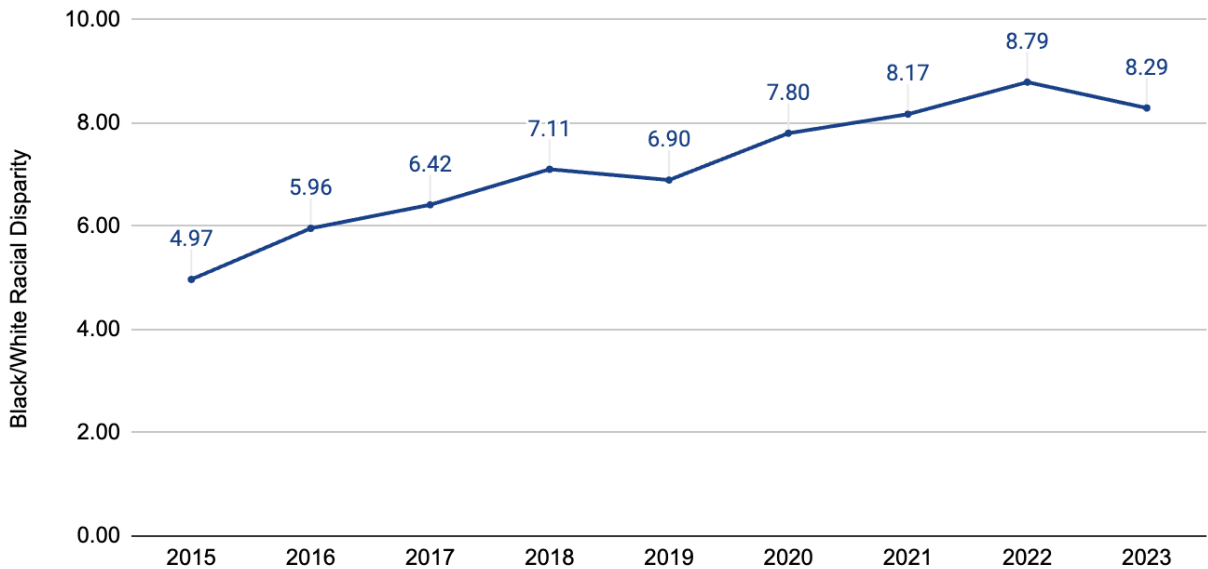
Data Source: Tompkins County Sheriff's Report, 2015-2023; US Population Census Data for Tompkins County

Additionally, Black people in Tompkins County are also disproportionately represented in the county jail population when compared to white and other non-white groups. **For every 1000 Black residents in Tompkins County, 30.9 were incarcerated in 2023. By contrast, for every 1000 white county residents, 3.7 were incarcerated.**

TC Jail Census Disporportionality by Race by Year (population per 1000 people)

Legend: ● White ● Black

Black:
- 38.5
- 37.7
- 38.5
- 37.4
- 29.0
- 13.9
- 19.1
- 27.2
- 30.9

White:
- 7.8
- 6.3
- 6.0
- 5.3
- 4.2
- 1.8
- 2.3
- 3.1
- 3.7

Data Sources: Tompkins County Sheriff's Report, Jail Census; US Census, Population

Put differently, **though Black people in Tompkins County made up only about 4.6% of the county's population in 2023, they were substantially over-represented in the jail population, making up 31% of incarcerated people**.

## 2023 Racial Disproportionality (Black vs. White)
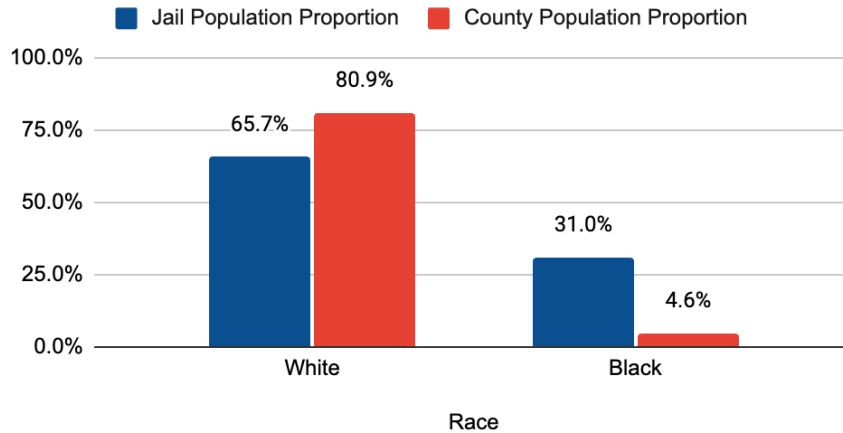
Data Sources: Tompkins County Sheriff's Report, Jail Census; US Census, Population

Rebooking Recidivism Rates

To measure recidivism rates county level, we used two measures. First, we used the Tompkins County Jail Sheriff's Reports data, 2015-2023 to determine the recidivism rate for people who were rebooked, unsentenced, and committed to the jail (i.e., awaiting trial). The recidivism rate (unsentenced & committed) is defined as the percentage of people who were booked two or more times in the TC Jail in a given year relative to the total jail census population for that year. **We find that the rebooking recidivism rates for unsentenced and committed people have been increasing in the past three years, from 18.5% in 2020 to 24.1% in 2023.** This suggests that the "revolving door" of local incarceration persists in Tompkins County, with about **a quarter of the jail population cycling in and out of jail two or more times per year**.
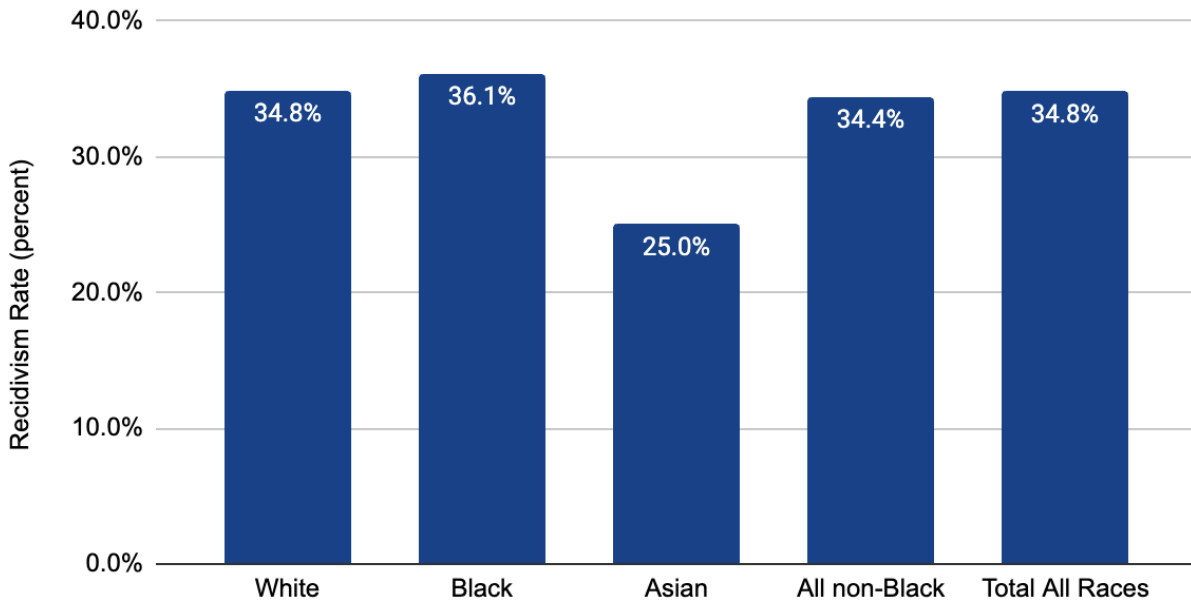
Tompkins County Rebooking Recidivism Rate (Unsentenced & Committed), 2015-2023
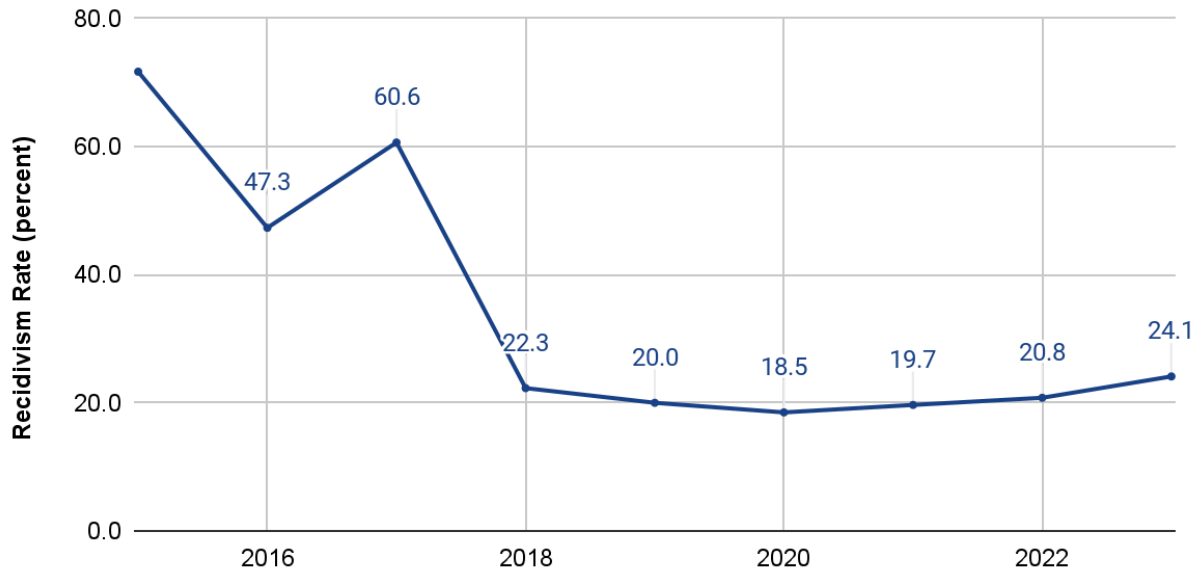
Data Source: Tompkins County Sheriff's Reports, Table 6, 2015-2023

Second, we used manually-inputted jail booking data to determine the county recidivism rate for people who were booked in the jail two or more times over a three year period but were not necessarily committed to the jail. This second recidivism measure includes people who were rebooked in the jail and released on their own recognizance (ROR) as well as those who were rebooked, unsentenced, and committed (i.e., awaiting trial) in the jail. While Sheriff's Report data on individuals "committed and unsentenced" two or more times in a given year allowed us to calculate annual recidivism trends in Tompkins County from 2015-2023, the 2021-2023 jail booking data allowed us to remove duplicates, correct errors in reporting, and validate the data according to the quantitative methodology outlined in Appendix A. Thus, when reporting this de-duplicated recidivism rate by rebooking, which includes people booked two or more times in the jail and released as well as those committed to the jail and awaiting trial, we find that the **overall countywide rebooking recidivism rate is 34.8%.** The graph below shows recidivism rates by racial group against the countywide recidivism rate.

Tompkins County Recidivism Rate by Race (ROR, Committed & Unsentenced), 2021-2023

Data Source: Tompkins County Jail Booking Data, 2021-2023

Note: For the countywide recidivism rate, a person is indicated as having recidivated if they are booked two or more times in the Tompkins County Jail between 2021 and 2023. Because we have no way of knowing whether someone was booked prior to 2021 as we do not have that data, this method is our best estimate. However, these numbers may underestimate the true recidivism rate since they would not capture someone who, for example, was booked and incarcerated in 2020, released in 2022, and recidivated in 2023.

# IV. Sunflower Houses Program Data and Analysis

Against this countywide context, we now present a summary of Sunflower Houses client demographic characteristics, a summary of clients' needs and risks upon entering the Program, rebooking recidivism rates, clients' use of services, and client outcomes when exiting the Program. We conclude this section with a summary of data infrastructure tools our assessment team developed for OAR to better track key outcomes for the program.

Sunflower Houses Client Demographics

As of February 2024, a total of 42 people have resided and participated in the Sunflower Houses program (n=42). Ten are current residents and 32 have exited the program since 2021. We define a Sunflower Houses client as an adult who resided in the Program at least 15 days. For this reason, we excluded two people who utilized the Sunflower Houses residence

temporarily: one person who needed temporary shelter due to a domestic violence issue for three days and a second young person who resided at the Sunflower Houses for a short period until they found a more suitable opportunity at the Learning Web. Though we excluded these two people from our total count, it is a testament to the Program's flexibility that it is able to serve the immediate needs of people who are confronting substantial vulnerabilities with agility.

Importantly, the Program's original commitment to serving people who are disproportionately impacted by local incarceration is reflected in the racial demographics of the participants, **with 34.1% of Sunflower Houses participants identifying as Black or African American.** Also significant is the fact that the Sunflower Houses Program is available to women and people identifying as transgender and LGBTQ+. While the majority of the Program's participants are men, reflecting the local incarceration gender distribution, it is important that **women and trans men (19.5% and 2.4%, respectively) have also been accommodated**. Additionally, **9% of Sunflower clients identify as LGBTQ+.** The youngest Sunflower client is 20 years, while the oldest is 56. The median age for Sunflower clients is 38.
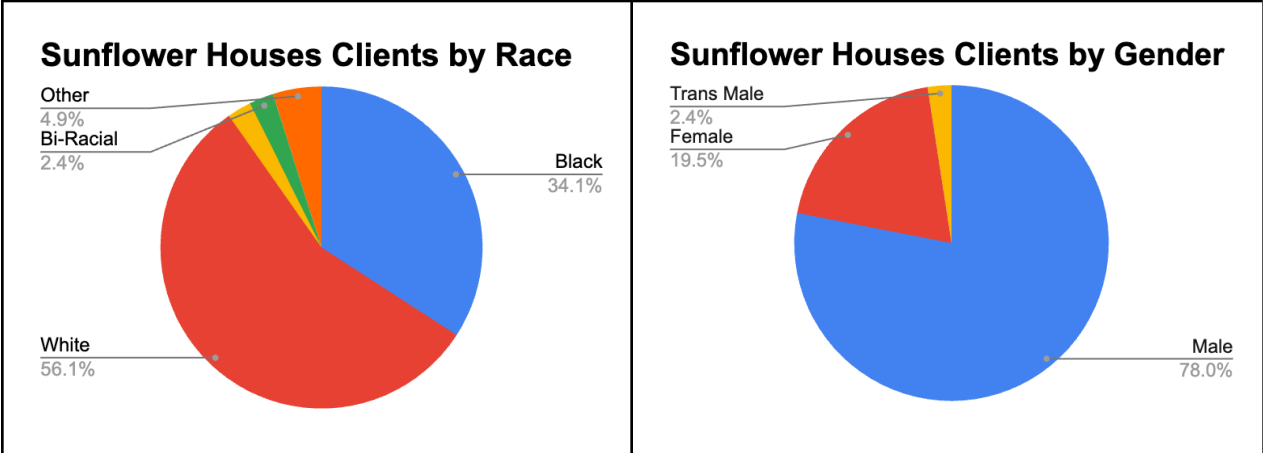
All the participants have been previously incarcerated, and the length of incarceration ranges between 2 months to 20 years. Among the participants, the average age of first arrest was 20 years old, and the average age of first conviction was 23 years old. Forty-three percent (43%) of the participants have outstanding payments or debt, including credit card debt, student loans and alternatives, restitution, court fees, and driving tickets.

Regarding participant education levels, 55% of participants are high school graduates or have passed the General Education Development (GED) requirements, with 25% having taken college courses at the Associate's or Bachelor's level. In the intake survey data OAR collected, 70% of participants indicated they were interested in pursuing education.

Sunflower Houses Clients Needs & Risks Assessment

From its inception, the Sunflower Houses was established as a Housing First, low-barrier, harm reduction program that tries to accept people in reentry where they are at in their journey. This means that the Program accepts people who are homeless or housing insecure. The Program accepts people who may be in recovery for SUDs (and are therefore at risk for relapse), or who are substance users and may be seeking recovery resources and/or medically assisted treatment (MAT). The Program also accepts people with disabilities and chronic health (including mental health) conditions. **In short, the Sunflower Houses Program serves people who have some of the most significant overlapping health risks and structural barriers in Tompkins County.**

Sunflower Houses Clients (n=42) Health Risks and/or Structural Barriers at Intake & In-Program	
Formerly incarcerated at intake	100%
Homeless or housing insecure at intake	73.8%
Substance Use Disorder (SUD) in program	98%

Data Source: OAR manual data keeping in Excel

In 2023 alone, Sunflower clients spent a combined total of 117 days in treatment for SUDs and 138 days hospitalized for chronic health issues and injuries.

Sunflower Residents are also asked to complete a self-assessment at intake. Many residents had similar goals related to their own personal experiences. From a sample of intake survey results (n=22), 94% of participants expressed a desire for others to know they are kind, that they care about others, and they are willing to help and listen. As Participant 6 noted, "*I am a nice and caring person. Love to help people. Thoughtful, loyal, keep my word.*" Some of the participants also indicated that stereotypes, stigma, and discrimination persist when others know their incarceration history. Participant 7 mentioned, "*I am nicer than I look.*" Stigma and discrimination have negative effects among clients, such as reduced hope, increased psychiatric symptoms, and difficulties with social relationships. Discrimination can also influence a client's difficulty to find housing, and increase physical violence and harassment towards the client.

## Sunflower Houses Clients Rebooking Recidivism Rates

Despite the significant health and structural risks faced by Sunflower clients outlined above, **Sunflower Houses clients' rebooking recidivism rate while residing in the program is 7% (3/42 participants).** This suggests that the supports offered by safe, affordable housing and OAR's wrap-around services have a meaningful impact on reducing recidivism for people in

reentry. Recidivism rates for Sunflower clients post-program are higher than recidivism rates while in-program, suggesting the need for more extensive support systems to prevent recidivism long term. **The post-program rebooking recidivism rate is 28% (9/32 participants).** Importantly, among the nine Sunflower clients who recidivated after moving out of the program, four had been asked to leave as a result of not following Program rules and guidelines.

Sunflower Houses Clients Use of Services

Over the course of the first nine months of the Sunflower Houses program, clients accessed a variety of comprehensive services through the program. In sampling of OAR services used by Sunflower clients from January to September 2022, we found that OAR provided a total of 201 comprehensive services including: services related to other Housing/Shelter Assistance (43 times), Drop-in Center Assistance (48 times), Office Assistance (32 times), Employment/Income Source Assistance (18 times), Workforce WORC Grant Assistance (28 times), Transportation Assistance (28 times), Referrals (17 times) and Forms of Identifications (6 times). These comprehensive services help alleviate clients' barriers to re-entering the community. **The frequency with which Sunflower Clients used OAR services also suggests the effectiveness of their individualized wrap-around services and the relationships that need to be developed and maintained for Sunflower clients to engage these services.**

Sunflower House Service Provision Counts, January-September 2022
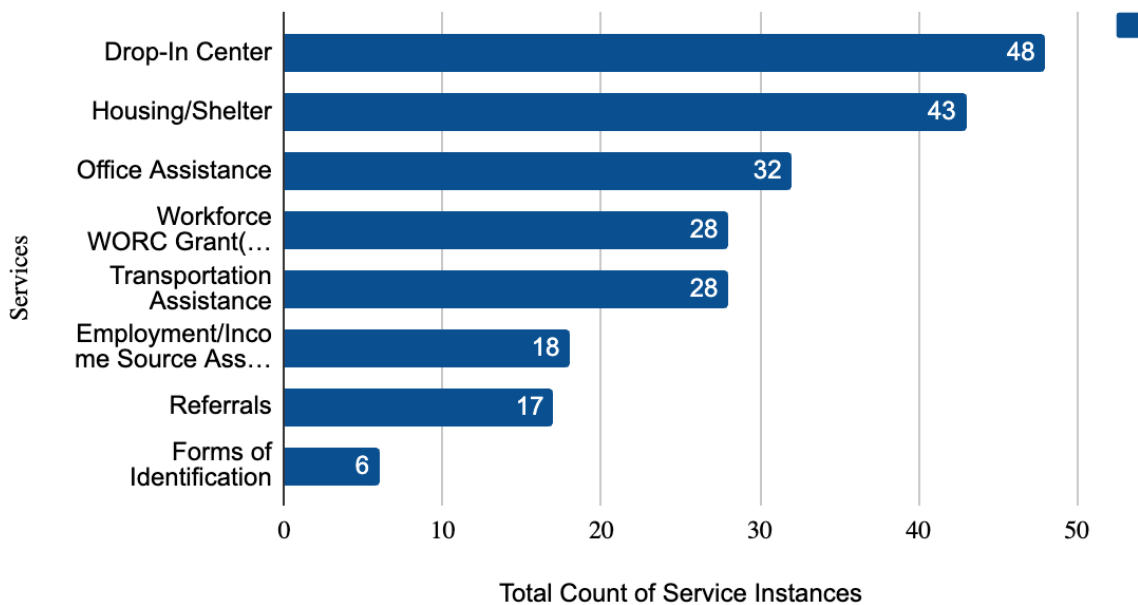
Data Source: OAR data management system data, Compyle/Clear Impact

The Drop-in Center and Transportation Assistance were some of the most essential services provided by the Sunflower Houses Program. Notes recorded by staff members provide the following details:

"*Was at Sunflower Houses checking on members. Participant 14 had a job interview with INHS. Offered to drive him over to the interview*."

"*We gave Participant 12, $12 for round trip fare from Ithaca to Elmira to check in with parole tomorrow*."

"*Drove Participant 24 to Court in Cortland. Next court date is 02/16/2022 at 1:15 PM*."

Sunflower Houses Clients' Key Outcomes

Even with the core challenges and health risks faced by the majority of Sunflower clients (the majority of which are related to SUDs and chronic health conditions), the program's key outcomes from 2021-2023 are substantially positive. For example, **while no clients (0/42) had permanent housing when entering the program, 26% (11/42) obtained permanent housing upon exiting the program**. Additionally, while 73.8% of people were homeless when they entered the program, only 16.7% were homeless upon exiting the program, **a 57.1% decrease in homelessness.** Similarly, the program outcomes indicate **a 9.5% increase in clients who secured temporary housing** after leaving the program.

A total of 42 Sunflower Houses clients have entered the Program and resided at the Sunflower Houses for a minimum of 15 days. While ten are currently residing in the program, 32 have exited the program. Over the life of the Program, 11 clients have been asked to leave as a result of not abiding by the Program's rules and agreements. Even if clients are asked to leave the program or no longer reside at the Sunflower Houses, OAR works to reduce barriers so that everyone is able to obtain housing support and receive reentry assistance. To achieve this, OAR has created partnerships with in-patient rehabilitation programs like Addiction Center for Broome County (ACBC), relationships with DSS and Continuum of Care providers, as well as St. John's Homeless Shelter.

Also notable is the fact that OAR has forged numerous partnerships with health organizations in the region in order to meet their clients' needs for recovery services, temporary in-patient rehabilitation programs, hospitalizations, medical assisted treatment, detoxing, mental health counseling, and regular health care check ups. OAR's partnerships with REACH Medical, ACBC, Tompkins County Mental Health, CARS, and other health care providers have been instrumental in meeting the needs of Sunflower Houses clients.

ENTER (n=42)		EXIT (n=32)	
31	Homeless 73.8%	11	Permanent Housing 26%
5	From institution 11.9%	10	Temporary Housing 23.8%
6	Temporary Housing 14.3%	3	Rehabilitation Programs* 7%
0	Permanent Housing 0%	7	Homeless 16.7%
		1	Passed away 2%

Data Source: OAR manual data tracking
*Indicates that OAR will reserve the client's Sunflower Houses room while they are completing a rehabilitation program if the client requests it.

Data Infrastructure for Sunflower Program Assessment

In order to know more about the Sunflower Houses Program clients' backgrounds, individual information, needs, and goals, our assessment research team created a digital intake survey for OAR in 2021. The intake survey collects social determinants of health factors, risks, and needs at the time the client is screened to enter the program. These variables include family/marital status, employment, housing, health condition, incarceration history, needs, goals, and evaluation.

To enable OAR to assess program effectiveness and Sunflower Client progress over time, we created digital surveys in OAR's data system Compyle for client check-ins at month 1, month 3, month 6, month 9, and month 12. The Housing Manager can complete these surveys to track outcomes in Sunflower clients' ability to obtain temporary/rehabilitative/permanent housing, employment, health services, and transportation from the date they moved in and the date they moved out. We plan on analyzing the descriptive trends across these categories to understand the progress of the Sunflower Houses program clients long term in our 2024 end of year report. The intake instrument is available in Appendix B.

V. OAR Clients Data and Analysis

At the time of analysis, OAR served 1170 active clients. It is the central non-profit organization offering services to people in reentry. They offer a variety of services that are highly sought after by people impacted by incarceration or justice system involvement, homelessness or housing insecurity, substance use disorders, mental health conditions, and/or chronic illnesses and disabilities.

OAR generally categories their services in the following broad categories, tracking the number of times clients use these services in their data management system:

- Office Assistance
- Drop-in Center
- Housing/Shelter
- Transportation Assistant
- Employment/Income Source Assistance
- Workforce WORC Grant
- Referrals
- Forms of Identifications

OAR Client Demographics

OAR client demographics by race and gender indicate that they serve a racially and gender diverse population of people in reentry.
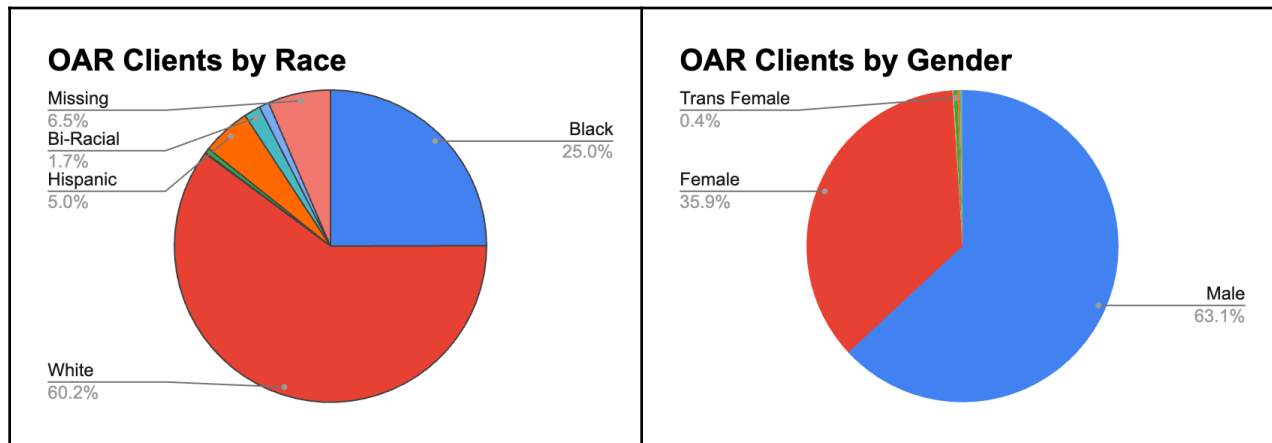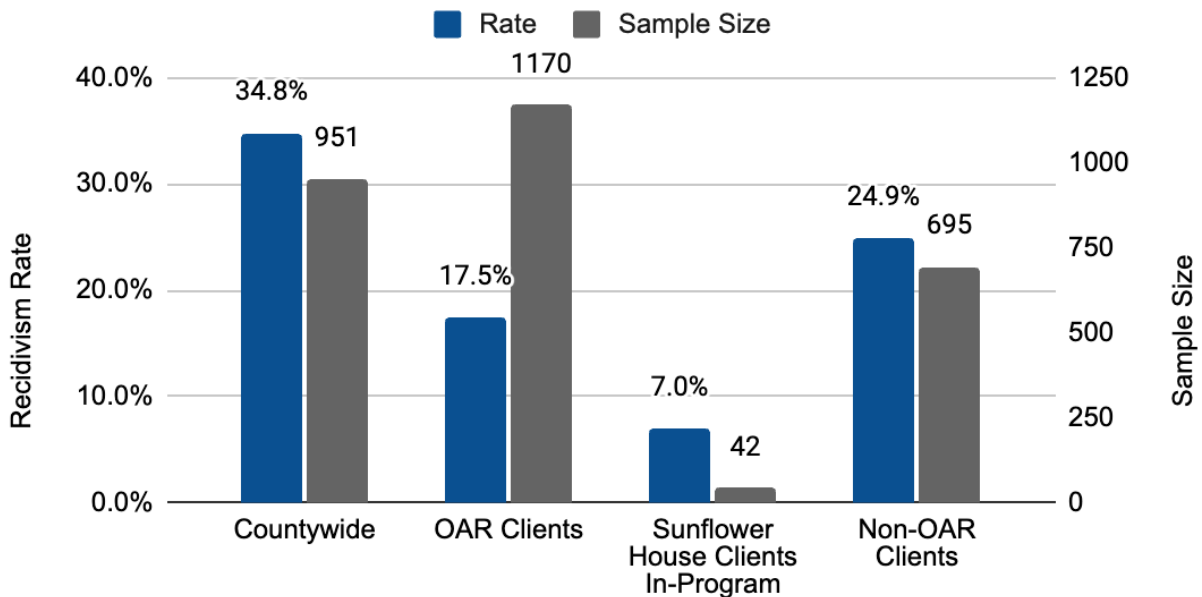

Data Source: OAR Data Management System, Compyle (n=1170)

OAR Clients Rebooking Recidivism Rates

We assessed OAR Clients' rebooking recidivism rate, defined as anyone who was booked in the Tompkins County jail two or more times between 2021-2023 *after* they became an OAR client. **We found that OAR clients' rebooking recidivism rate is 17.5%.** Although it is difficult to determine the key variables contributing to this lower rate, it is possible that the support services and community networks offered by OAR to people in reentry play a role in the lower recidivism rates of OAR clients.

Due to the fact that rebooking recidivism rates were calculated using distinct analyses and sample sizes, it is not possible to compare or correlate rebooking recidivism rates at the county level, for Sunflower Houses clients, OAR clients and non-OAR clients. However, we find that it is important to summarize the four distinct recidivism rates we calculated and their respective sample sizes.

Rebooking Recidivism Rates and Sample Sizes, 2021-2023

Data Sources: Tompkins County Jail Booking Data, 2021-2023; OAR Data Management System, Compyle

Note: For the countywide recidivism rate, a person is indicated as having recidivated if they are booked two or more times in the Tompkins County Jail between 2021 and 2023. Because we have no way of knowing whether someone was booked prior to 2021 as we do not have that data, this method is our best estimate. However, these numbers may underestimate the true recidivism rate since they would not capture someone who, for example, was booked and incarcerated in 2020, released in 2022, and recidivated in 2023.

Note: An OAR or Sunflower Houses client is indicated as having recidivated if they are booked one or more times *after* they became a client.

OAR Clients Use of Services

To assess general use of services by OAR clients, we examined a sample of 832 OAR clients' use of services from Jan 2021-Sept 2022.

Housing/Shelter services were the most frequently requested service at OAR, with 54% of clients requesting and receiving housing search assistance. OAR's Housing and Shelter services provides housing search assistance, calls/emails to landlords, connections to services within the local shelters (such as St. John's Community Shelter), security deposit application assistance, and more. From Jan 2021-Sept 2022, OAR had a total of 819 Housing/Shelter service records for OAR clients. Among those, 35% received assistance with calls and emails to landlords to

negotiate the rent, utilities, and housing details.

Employment is a vital indicator to measure whether OAR clients successfully re-enter the community, and employment support is one of the services OAR provides. OAR provided a total of 253 employment services between Jan 2021 and Sept 2022. In that time frame, 28.5% of OAR clients received job search assistance. For example, OAR helped clients finish their job applications by providing resume assistance, employment lists, and OAR referrals (e.g., email or phone calls to the employer). If the OAR clients need unemployment protection, OAR also provides initial unemployment applications, recertification for unemployment benefits, Department of Social Services (DSS) application approval assistance, Supplemental Security Income (SSI) and Social Security Disability (SSD) eligibility approval assistance, and other related referral services and lawsuit paperwork assistance. These services support OAR clients going through crises related to unemployment. Post-employment services are also provided by OAR to complement employment services. For example, OAR helps clients open Indeed accounts, provides support with employer questionnaires, helps clients complete their tax documents, and sets up anti-harassment training sessions.

People rely on transportation to access food, healthcare, education, and employment opportunities. In rural areas, residents are more likely to use personal, single-driver automobiles for transportation. The majority of OAR clients, however, are not able to use this mode of transportation. The cost of buying and maintaining a personal vehicle can be high, and some residents may not have a driver's license. It is also possible that a client who has a physical or mobility challenge may not be able to drive. Therefore, OAR provides transportation services for clients, mainly by distributing Tompkins Consolidated Area Transit (TCAT) bus passes. These can help clients travel between home, work (e.g. job interviews, job searches), court, doctor appointments, substance use treatment, grocery shopping, and other personal needs (e.g., family visits, dentist appointments, etc.

OAR also provides referral services to substance use services, such as treatment at the Addiction Center of Broome County (ACBC), the Center of Treatment Innovation (COTI), Cayuga Addiction Recovery Services (CARS) and the Alcohol & Drug Council (ADC). OAR also provides referrals to Tompkins County Mental Health (TCMH) for mental health counseling. In addition, OAR refers clients to REACH Medical, Southern Tier Aids Program (STAP) and Healthy Neighborhoods Program for other medical support. OAR also assists clients obtain immediate supplies such as food, clothing, furniture, laundry services, and hygiene products.

VI. Current Data Limitations

District attorneys (DAs) play a central role in decriminalizing poverty and quality of life "crimes" (crimes associated with the realities of homelessness in poverty e.g., sleeping and eating in public, camping, loitering, etc.) by refusing to prosecute certain charges, and by using a digital system to manage data about incarceration. Digital techniques are also used by judges. The Tompkins County DA has taken strides to make a data dashboard on criminal justice outcomes in Tompkins County over time and by racial and ethnic categories (Tompkins County, 2023). New

opportunities to enhance data capacity to understand the relationship between homelessness, justice involvement, and racial disparities include partnering with OAR and the Tompkins County Continuum of Care, Human Services Coalition, to improve data about risk of homelessness and different types of criminal justice involvement and outcomes. Other opportunities include creating a proportionate measure of race/ethnicity in the data dashboard to understand what *proportion* of racial and ethnic groups in the county are affected by justice involvement. In addition, no data from the drug treatment court in Tompkins County is used to analyze racial disparities in drug use among people experiencing homelessness (Paula Ioanide, 2022, p. 15). Improving data sharing can help Sunflower Houses enhance substance use disorder treatment referrals (Gomez et al., 2010).

Furthermore, many persons have limited access to health insurance upon re-entry, due to constraints in Medicaid eligibility prior to release. The Medicaid coverage gap in New York State exacerbates the issue of adverse health outcomes for those in reentry (Paula Ioanide, 2022, p. 4). According to the New York State Inmate Exclusion Provision of the Affordable Care Act, Medicaid will pay for medical care during an individual's incarceration if they are taken to a hospital for over 24 hours. However, after release, persons are required to enroll themselves upon re-entry. As a result, they are at a high risk of death within two weeks of being released since the payment does not include medications and other healthcare services that they need, including access to treatment for substance use disorders (Paula Ioanide, 2022, p. 4).

Even with large policy changes like New York State bail reform, rebooking recidivism rates in Tompkins County have been increasing since 2020. We are hopeful that the Sunflower Houses Program will continue to impact county-level recidivism rates because of the housing resources and wrap-around services they provide. Currently, we do not have enough population data and data over time available to measure the influence of Sunflower on Tompkins County recidivism rates. Despite this data constraint, Sunflower Houses has had success with the majority of their clients in this initial phase, in permanent housing, health services, and reducing recidivism. Improving staff training and staff capacity to engage with Sunflower House clients after they exit the program will provide long term, robust measures of the success of the program. In addition, staff training and capacity to engage with clients that have not been able to succeed in the program can inform best practices to improve referrals into the program and retention.

Challenges in current data collection and analysis: homelessness and criminal justice

Homelessness

There are many data limitations on homelessness in the United States. U.S. homelessness policies and processes are highly fragmented, complex, and need multi-departmental cooperation, which leads to data collection being decentralized (Fowler et al., 2019). In addition, many actors perform different tasks independently of each other, with varying levels of coordination and varying resources available to carry out tasks or coordinate with other actors on policy issues in different levels and areas (Fowler et al., 2019). Two additional key challenges

in data collection for the homeless population are the variation in duration of time that people are homeless, and the variation in definitions of homelessness which causes heterogeneity in estimates of homelessness (*The Public Health And Welfare*, 2006; Fowler et al., 2019). Duration of time that people are homeless is also a consideration. Chronic homelessness refers to "ongoing instability for more than two years (one year for families with children)" (S. Con. Res. 13, 2009). Homeless assistance interacts with households at different stages of different trajectories, which makes accurate prediction of risk as well as response to interventions exceedingly difficult and necessitates detailed data collection (Fowler et al., 2019).

Data collection and tracking should include measures of long-term outcomes. The experience of being homeless, regardless of how long it lasts, is (Piliavin et al., 1987) a traumatic event that alters a person's life in the long-term (*Homelessness Programs and Resources | SAMHSA*, 2023). In addition, if a homeless family or individual achieves housing stability and re-enters society, the process is long and often involves long-term factors such as gaining employment and earning enough money to buy a home. Thus, data collection and tracking should include long-term measures to understand trajectories out of homelessness . Local and national evaluations of the federal Homelessness Prevention and Rapid Re-Housing Program (HPRP) show that 6% of families who exit the housing program returned within a year to either emergency shelters or transitional housing (Homelessness Policy Research Institute, 2018). Long-term assessments in homelessness research are necessary and will improve efforts to address the needs of the homeless and will better inform policy suggestions to support the long-term re-entry process.

Criminal Justice

Current incarceration data collection has improved over time (Johnson, 2021). In the early years of data collection, the data that was collected was based on general information such as the number of people incarcerated, geography, race, age, nativity, and sex (Johnson, 2021). Today, however, much more data is collected. Currently, The Bureau of Justice Statistics (BJS) Survey of Prison Inmates gathers more details such as the status of an individual's trial, including awaiting trial, awaiting sentencing, awaiting revocation hearing, or serving a sentence (Johnson, 2021). However, there is still a lack of scope to collect and analyze data about recidivism and the factors which influence recidivism, such as access to housing, homelessness, employment, health conditions, etc.

Tompkins County faces many of the same data challenges as other local jurisdictions across the country. In order to improve data collection and measurement of the relationship between incarceration and homelessness, the Sunflower Houses Program is developing robust data collection procedures. Starting in 2022, Sunflower Houses, in conjunction with Cornell University, piloted a digital survey system for the program to track the progress of clients over time to determine what resources they needed to stay housed, obtain permanent housing, and to ultimately help reduce the risk of recidivism.

In addition to establishing novel and detailed data collection procedures for the Sunflower

Houses, OAR has worked with Tompkins County to improve our measures and understanding of trends in housing insecurity, recidivism, and racial and ethnic disparities over time in Tompkins County. This includes secondary data analysis of local carceral systems data paired with US Census Data population data and detailed and primary data from OAR.

VII. Recommendations to the Tompkins County Legislature

OAR services as well as its operation of the Sunflower Houses since 2021 are enormously significant to reducing homelessness in Tompkins County and adverse consequences faced by people in reentry. In order to support the future success and continuation of the Sunflower Houses program, we offer the following recommendations to the Tompkins County Legislature:

1) **The Human Services Coalition, County Administrator, and Tompkins County Legislature should permanently fund the OAR personnel and expense costs devoted to the Sunflower Houses Program in the amount of $170,000 per year.** So long as OAR does not have a permanent and reliable funding source to operate the Sunflower Houses Program, the positive demonstrated outcomes of the program will not only be lost but the three-year pilot investment made by the County via OTR funding will have been in vain. Although OAR has obtained additional funding from NYSHIP and opioid settlement funds, these are not guaranteed funding sources, putting the program at risk long term. To date, OAR has not had funding for staff development and training, something necessary for people who are working with Sunflower clients, particularly with respect to substance use and crisis management. We added $5000 to cover these costs.

2) **The Tompkins County Legislature should formally petition New York State Assembly Members and Senators to add [$7.8 million in transitional housing funding for non-NYC regions to their budget priority letters](#).** In 2023-2024, URO and OAR participated in a state-wide coalition of transitional housing providers to petition NY Assembly Members and NY Senators with such a request. The Sunflower Houses Program was used as the core model for transitional housing in rural and upstate communities.

3) **The Legislature should build additional affordable housing units using our tested Housing First, low barrier, harm reduction model, and adequately fund the personnel and expenses needed to operate such programs meaningfully.** We have learned from the Sunflower Houses Program that housing units are not enough; for these vulnerable populations, it is essential to offer human-centered, individually crafted wrap-around services to people impacted by the overlapping risks of homelessness, incarceration, substance use, mental and chronic health conditions.

4) **The Tompkins County Legislature should formally petition New York State representatives to amend the New York State Medicaid Law to reduce the health coverage gap.** Amending Medicaid eligibility can mitigate data coordination challenges between carceral systems, health systems, and social services, and most critically, help

alleviate a gap in essential health care coverage when persons are reentering from carceral systems that adversely affects their risk of homelessness, morbidity and mortality (Debusschere, 2023). Even if a person is on Medicaid before the time of incarceration, Medicaid services end while the individual is incarcerated, and instead the Department of Corrections and Community Supervision (DOCCS) provides medical, dental, and mental health services to those in its custody (*Medical Services*, n.d.). The Centers for Medicare and Medicaid Services are currently encouraging states to apply for 1115 Waivers targeting justice-involved populations, to ensure Medicaid enrollment and access to comprehensive medical services *prior to release* (Debusschere, 2023). CMS recommends enrollment in Medicaid benefits a minimum of 45 days prior to release These improvements to New York State Medicaid coverage of the incarcerated can help reduce the health coverage gap, and improve successful transitions to reentry (Albertson et al., 2020) and facilitate mitigating recidivism and cycles of homelessness.

5) **Improve and provide more funds for qualitative and quantitative research on local incarceration, recidivism, and impact.** After the three-year pilot funding to URO for the Sunflower Houses Program Assessment is complete (2021-2024), no funding has been allocated to track countywide incarceration trends, racial disparities, recidivism rates and the impacts and outcomes (positive or negative) of the Sunflower Houses Program. Without funding for improving data infrastructure, data validation and analysis, the County will have no way to measure impact. We recommend that the County fund an additional $35,000 in OARs or UROs budget to continue building and reporting on the data elements in this report beyond 2024.

VIII. Recommendations to OAR

1. **Continue implementing data tracking recommendations provided by the assessment team.** To more effectively produce summary and longitudinal data reports on Sunflower Houses client outcomes, we recommend that OAR begin implementing the use of the 3 month, 6 month, and 9 month intake surveys, streamline the outcomes they want to track for all Sunflower Houses clients and continue using Compyle/Clear Impact to track client services.
2. **We recommend that OAR track and aggregate recurring Department of Social Services sanctions and barriers faced by Sunflower and OAR clients in order to recommend revisions to DSS and other governmental agencies.** As Sunflower Houses clients face significant barriers as a result of DSS sanctions, policy makers, advocates, and DSS representatives can then work together to determine what efforts are needed to reduce DSS eligibility barriers to food stamps, housing assistance, and other social services.

IX. Conclusion

Housing insecurity and homelessness is a public health issue exacerbated by recidivism, racial and ethnic disparities, and health inequity. This research, informed by primary and secondary data analysis, found three main results. First, Sunflower Houses client rebooking recidivism rates while in-program are very low (7%) considering the significant health risks and structural barriers confronted by this population. This suggests that the program is effective in reducing recidivism in Tompkins County while people in reentry are receiving the wrap-around services and affordable housing the program offers. Second, the Sunflower Houses Program is highly effective in reducing homelessness among people in reentry in Tompkins County. Whereas 100% of Sunflower clients were homeless prior to living in the Program, 26% obtained permanent housing when exiting the program and 23.8% obtained temporary housing. Third, Sunflower clients made use of numerous services offered by OAR during their stay in the program, with housing, employment, and transportation assistance services as the most frequently utilized services.

The Sunflower House Program believes that regardless of incarceration history, all people experiencing a housing crisis should be given equal access to housing and should be identified, assessed for, referred to, and connected to services. Nevertheless, funding for housing, health services, transportation, and employment assistance are limited. The data derived at the program level shows that county and state-level policy changes are a key way to reduce housing insecurity, racial disparities, and health inequity, especially for persons with a history of incarceration. Further qualitative research needs to be done at the program level to understand the complexities of housing insecurity, and the implications of varying policies on racial disparities and health inequity. Legislators in Tompkins County should focus more on representing and advocating for the needs of people in reentry and those affected by housing insecurity and recidivism.

Appendix A: Methodology

Data Sources

Ultimate Reentry Opportunity (URO) is the only organization in Tompkins County to assess rebooking recidivism rates in Tompkins County and to evaluate the efficacy of the Sunflower Houses Program relative to OAR clients. To conduct this assessment, we used primary and secondary data sources. Primary data sources included surveys designed by our assessment team in OAR data management system, Compyle/Clear Impact. Secondary data included Tompkins County Census data, Tompkins County Annual Sheriff's Report, the New York State Division of Criminal Justice Services (DCJS) data. Raw data included Jail Booking Data provided to OAR from 2021-2023 and OAR's management system data from Compyle/Clear Impact. These data sources enabled us to assess three vulnerable groups: **the Tompkins County Jail population, Sunflower Houses Program clients, and OAR clients**. The Sunflower Houses Program Assessment team received authorization to access internal raw data from OAR.

Quantitative Methods, Definitions, and Data Validation Procedures

I. Recidivism Rate Calculations
   A. Jail booking data was validated and cleaned prior to analysis. Data validation steps included checking for duplicate rows, duplicate booking numbers, inmate numbers applied to different people, individual people having more than one inmate number, and inconsistent name spellings, race, or date of birth. Data cleaning steps included deduplicating the dataset and correcting reporting errors when sufficient information warranted a correction (e.g. John Doe is spelled as "John Doe" in 3 rows, but "Jon Doe" in one row. All 4 rows show the same DOB, race, and gender, so "Jon" is changed to "John" for consistency).
   B. OAR and Sunflower Houses client data was cleaned prior to analysis. Data cleaning steps included separating Sunflower clients from OAR clients into two distinct datasets, reformatting date fields, deduplicating, and correcting name spellings to match spellings in jail booking data and correcting reporting errors when sufficient information warranted a correction (e.g. participant John Doe has DOB 11/1/90 in OAR participant data but John Doe in jail booking data has DOB 11/10/90. All rows show the same race and gender, so DOB is corrected in client dataset).
   C. For countywide recidivism calculations (countywide, non-clients, and recidivism by race), a person is indicated as having recidivated if they are booked two or more times between 2021 and 2023. Because we have no way of knowing whether someone was booked prior to 2021 as we do not have that data, this method is our best estimate. However, these numbers may underestimate the true recidivism rate since they would not capture someone who, for example, was booked and incarcerated in 2020, released in 2022, and recidivated in 2023. We did not

calculate the recidivism rate for individual years. A cutoff at the start of each calendar year felt arbitrary, and calculating recidivism as a person being rebooked within a year of a previous booking cannot account for length of sentence and therefore would likely produce a large underestimate.

D. For OAR and Sunflower Houses client recidivism calculations, an OAR or Sunflower Houses client is indicated as having recidivated if they are booked one or more times *after* they became a client. Because all clients have been booked prior to becoming a client (and thus making them eligible to become a client), any number of bookings after they became a client indicates recidivism. This differs from the way recidivism was defined at the county-level, but we believe this is a more accurate measure of recidivism for clients.

II. Racial Disparity Calculations

A. Jail booking racial disparity is calculated by dividing the proportion of the Black population in the jail booking data by the proportion of the White population in the jail booking data.

1. Proportions are calculated by dividing the count of people of each racial group in the jail booking data by the count of people of the same racial group in the county census.

B. Jail census racial disparity is calculated by dividing the proportion of the Black population in the jail census data by the proportion of the White population in the jail census data.

1. Proportions are calculated by dividing the count of people of each racial group in the jail census data by the count of people of the same racial group in the county census.

C. The 2022 Tompkins County census population estimates are used for all disparity calculations.

Qualitative Methods

The assessment team submitted an IRB protocol to Cornell University in November 2022 and received approval to proceed with qualitative interviews in December 2023. In January 2024, we completed 9 interviews with Sunflower Houses current clients. We will proceed to conduct additional interviews with former Sunflower Houses clients and OAR clients who are housing insecure or homeless to supplement our quantitative measures for our end of year 2024 report.

Appendix B: Sunflower Houses Program Intake Surveys

Initial Assessment

Name of person doing the Assessment_____ Date _____

Name_____ DOB_____ Gender _____

Marital Status _____Race _____

Ethnicity: Hispanic/Latino/a/x or Non Hispanic/Latino/a/x

# of Children _____

Involved with family court? Yes_____ No _____

Phone Number _____ Email _____

Emergency Contact _____ Phone Number _____

Current Housing Situation _____

Address _____

Do you have any DSS sanctions or owe money to DSS? YES or NO

      If yes, please explain _____

Food supply:_____

Have you been incarcerated before? YES or NO

      If yes, for how long? _____ How many times?_____

      Approx. Date of most recent incarceration and where? _____

      What were your convictions in the last ten years?_____

      Age at first arrest? _____

      Age at first conviction? _____

      Are you on probation or parole? YES or NO

          If YES, what is the Name and Phone number of your probation or Parole Officer?

          Name_____ Phone Number_____

Do you have any outstanding payments or debt you would like to mention？(e.g. child support, loans, DMV fees, court order restitution)

_____

_____

Highest educational level achieved(circle one)

      No HS or GED HS or GED Some College/Associate's Bachelor's Degree MA/PHD

      Are you interested in pursuing higher education: YES or NO

      If yes, what type of education? _____

Most recent or current employer _____

      Reason for leaving _____

      Is your resume up to date: YES or NO

      Do you need assistance updating you Resume: YES or NO

      Preferred wage: _____ Former or Current wage: _____

      Are there any barriers that prevent you from holding a job? (e.g., child care,

transportation issues, etc.)

_____

_____

       Are you unable to work due to any physical or mental health diagnosis: YES or NO

       If yes, what is the diagnosis(Optional) _____

       If yes, would you like to apply for SSI or SSD: YES or NO

Are you connected with any of the following:

     PCP: _____

     Mental Health Counselor or Psychiatrist: _____

     Social Supports (of any kind): _____

     Benefits(ex.SNAP,HEAP, etc): _____

Do you use any substances: YES or NO

       If yes, are you connected with any recovery/substance use resources? YES or NO

       If yes, Who? _____

       If yes, would you be interested in working on recovery? YES or NO

What are your hobbies/interests/skills?

_____

_____

What do you feel is important that others know about you?

_____

_____

Short term goals:

_____

_____

Long term goals:

_____

_____

Any additional comments/questions/concerns/needs?

_____

_____

Incident Report

Name of person completing report: _____ Date: _____

Person(s) of who the report is for: _____

Detailed description of the incident with date of occurrence:

_____

_____

_____

_____

_____

_____

_____

_____

Witnesses(if any): _____

Number of Warnings: ___

Did violent or abusive behavior occur? YES NO

Confirmed by staff member: Yes or No

Staff Member signature: _____

Date: _____

Appendix C: Sunflower Houses Program Check-In Surveys

Month 1 Survey

1. (IF HAVE) court-involved processes/parole processes?

   _____

2. (SERVICE)Useful services used while living at Sunflower Houses Program
   - College enrolled
   - College Initiative Upstate
   - Drop-In Center
   - Employment/Income Source Assistance
   - Endeavor Houses
   - Forms of Identification
   - Housing/Shelter
   - Office Assistance
   - Referrals
   - Sunflower Houses Program
   - Transportation Assistance
   - Workforce WORC Grant (OAR & CIU)

3. (SERVICE)How satisfied with these services?

   _____

4. (JOB) Do you satisfied with your current job/salary? Are you searching for a new job?
   _____

5. (HEALTH)What's your health condition? When was the last time you saw a doctor/ER? Do you have health insurance? Do you have barriers to health access?

   _____

6. How are your short-term goal(s) proceeding?

   _____

Month 3 Survey

1. (IF HAVE) court-involved processes/parole processes?

   _____

2. (SERVICE) Useful services used while living at Sunflower Houses Program
   - College enrolled
   - College Initiative Upstate
   - Drop-In Center
   - Employment/Income Source Assistance
   - Endeavor Houses
   - Forms of Identification
   - Housing/Shelter
   - Office Assistance
   - Referrals

- Sunflower Houses Program
- Transportation Assistance
- Workforce WORC Grant (OAR & CIU)

3. (SERVICE)How satisfied with these services?
_____4

. (JOB) Do you satisfied with your current job/salary? Are you searching for a new job?
_____

5. (HOUSE) Do you have plans for it? What's your barrier?
_____

6. (RENT) Do you pay Sunflower Houses rent on time? If not, please tell us the reason/barriers.
_____

7. (HEALTH) What's your health condition? When was the last time you saw a doctor/ER? Do you have health insurance? Do you have barriers to health access?
_____8

. How are your short-term goal(s) proceeding?
_____

9. What are your suggestions/concerns for the Sunflower Houses Program? Any other things you want to share?
_____

Month 6 Survey

1. (IF HAVE) court-involved processes/parole processes?
_____

2. (SERVICE) Useful services used while living at Sunflower Houses Program
- College enrolled
- College Initiative Upstate
- Drop-In Center
- Employment/Income Source Assistance
- Endeavor Houses
- Forms of Identification
- Housing/Shelter
- Office Assistance
- Referrals
- Sunflower Houses Program
- Transportation Assistance
- Workforce WORC Grant (OAR & CIU)

3. (SERVICE)How satisfied with these services?

_____

4. (HEALTH) What's your health condition? When was the last time you saw a doctor/ER? Do you have health insurance? Do you have barriers to health access?

_____

5. (JOB) Are you satisfied with your current job/salary? Are you searching for a new job?

_____

6. (RENT) Do you pay Sunflower Houses rent on time? If not, please tell us the reason/barriers.

_____

7. (HOUSE) Do you want to have a stable place to live? Do you have any plans for it? What's your barrier?

_____

8. (GOALS)Did you achieve your short-term goals? What are your barriers to achieving your goals?

_____

9. What are your suggestions/concerns for the Sunflower Houses Program? Any other things you want to share?

_____

Month 12 Survey

1. (SERVICE) Useful services used while living at Sunflower Houses Program
    • College enrolled
    • College Initiative Upstate
    • Drop-In Center
    • Employment/Income Source Assistance
    • Endeavor Houses
    • Forms of Identification
    • Housing/Shelter
    • Office Assistance
    • Referrals
    • Sunflower Houses Program
    • Transportation Assistance
    • Workforce WORC Grant (OAR & CIU)
2. (SERVICE) How satisfied with these services?

_____

3. (HEALTH) What's your health condition? When was the last time you saw a doctor/ER? Do you have health insurance? Do you have barriers to health access?

_____4

. (JOB) Do you satisfied with your current job/salary? Are you searching for a new job?

_____

5. (HOUSE) Do you have any plans for it? What are your barriers?

_____
6. (RENT) Do you pay Sunflower Houses rent on time? If not, please tell us the reason/barriers.

_____
7. (HOUSE) Do you want to have a stable place to live? Do you have any plans for it? What are your barriers?

_____
8. (GOALS)Did you achieve your short-term/long-term goals? What are your barriers to achieving your goals?

_____
9. What are your suggestions/concerns for the Sunflower Houses Program? Any other things you want to share?

_____

References

42 U.S. Code § 11302—General definition of homeless individual. (2006). LII / Legal Information Institute. https://www.law.cornell.edu/uscode/text/42/11302

Albertson, E. M., Scannell, C., Ashtari, N., & Barnert, E. (2020). Eliminating Gaps in Medicaid Coverage During Reentry After Incarceration. *American Journal of Public Health*, *110*(3), 317–321. https://doi.org/10.2105/AJPH.2019.305400

Couloute, L. (2018, August). *Nowhere to Go: Homelessness among formerly incarcerated people*. https://www.prisonpolicy.org/reports/housing.html

Debusschere, J. (2023, April 27). *Biden administration encourages states to apply for Medicaid Reentry 1115 Demonstration for individuals in carceral settings*. Health Management Associates. https://www.healthmanagement.com/blog/biden-administration-encourages-states-to-apply-for-medicaid-reentry-1115-demonstration-for-individuals-in-carceral-settings/

Fowler, P. J., Hovmand, P. S., Marcal, K. E., & Das, S. (2019). Solving Homelessness from a Complex Systems Perspective: Insights for Prevention Responses. *Annual Review of Public Health*, *40*, 465–486. https://doi.org/10.1146/annurev-publhealth-040617-013553

Gomez, R., Thompson, S. J., & Barczyk, A. N. (2010). Factors associated with substance use among homeless young adults. *Substance Abuse: Official Publication of the Association for Medical Education and Research in Substance Abuse*, *31*(1), 24–34. https://doi.org/10.1080/08897070903442566

Hinton, E., Reed, C., & Henderson, L. (2018). *An Unjust Burden: The Disparate Treatment of Black Americans in the Criminal Justice System*. Vera Institute of Justice. https://www.vera.org/downloads/publications/for-the-record-unjust-burden-racial-disparities.pdf

Homelessness Policy Research Institute. (2018). *Homeless Service Outcomes and Reasons for Re-entry*. https://socialinnovation.usc.edu/wp-content/uploads/2018/11/Outcomes-Re-Entry-Literature-Review.pdf

Homelessness Programs and Resources | SAMHSA. (2023). https://www.samhsa.gov/homelessness-programs-resources

Ioanide, P. (2022). *Health Report on Systemic Barriers to Reentry* (pp. 1–17). Ultimate Reentry Opportunity (URO). https://docs.google.com/document/d/1948V7c0lH4SyGVJQSsTsKSgMvy5wrSpv-AuwGHIcTAU/edit?usp=sharing

Jaffe, D.J. (2018, November). Homeless Mentally Ill Facts and Figures. *Mental Illness Policy Org*. https://mentalillnesspolicy.org/consequences/homeless-mentally-ill.html

Johnson, K. R. (2021). Two Regimes of Prison Data Collection. *Harvard Data Science Review*, *3*(3). https://doi.org/10.1162/99608f92.72825001

Lutze, F. E., Rosky, J. W., & Hamilton, Z. K. (2014). Homelessness and Reentry: A Multisite Outcome Evaluation of Washington State's Reentry Housing Program for High risk Offenders. *Criminal Justice and Behavior*, *41*(4), 471–491. https://doi.org/10.1177/0093854813510164

Matthew Van Houten. (2022, July 22). [Personal communication].

Medical Services. (n.d.). Department of Corrections and Community Supervision. Retrieved February 15, 2024, from https://doccs.ny.gov/medical-services

Morton, M. H., Dworsky, A., & Samuels, G. M. (2017). *Missed Opportunities: Youth Homelessness in America: National Estimates*. Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/ChapinHall_VoYC_NationalReport_Final.pdf

National Alliance to End Homelessness. (2023, December). *Homelessness and Racial Disparities.* National Alliance to End Homelessness. https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/

National Health Care for the Homeless Council. (2019, February). *Homelessness & Health: What's the Connection?* https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf

One Hundred Eleventh Congress of the United States of America at the First Session, 111, Senate 1, 896 (2009). https://files.hudexchange.info/resources/documents/S896_HEARTHAct.pdf

Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness. (2018). National Academies Press. https://doi.org/10.17226/25133

Piliavin, I., Sosin, M., & Westerfel, H. (1987). Conditions Contributing to Long-Term Homelessness: An Exploratory Study. *IRP Discussion Paper*, 853–887.

Recidivism | National Institute of Justice. (n.d.). Retrieved February 13, 2024, from https://nij.ojp.gov/topics/corrections/recidivism

Tarr, P. (2018, November 19). *Homelessness and Mental Illness: A Challenge to Our Society*. Homelessness and Mental Illness: A Challenge to Our Society | Brain & Behavior Research Foundation. https://bbrfoundation.org/blog/homelessness-and-mental-illness-challenge-our-society

The Challenge. (2023). https://www.lotuscampaign.org/the-challenge

Tompkins County. (2023). *DA Dashboard | Tompkins County NY*. https://www.tompkinscountyny.gov/da-dashboard

Turner, M. A., Santos, R., Levy, D. K., Wissoker, D., Aranda, C., & Pitingolo, R. (2013). *Housing Discrimination Against Racial And Ethnic Minorities 20112*. Urban Institute. https://www.huduser.gov/portal/publications/fairhsg/hsg_discrimination_2012.html