MAY 2025

Sunflower Houses:

QUALITATIVE ASSESSMENT REPORT

REPORT COMMISSIONED BY:
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MAY 13, 2025

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Funding provided by Tompkins County, 2022-2024
Additional funding provided by Charley Willison
via the Cornell Center for Social Sciences
IRB Approval Provided by Cornell University

PRESENTED BY:
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Introduction

This report, commissioned by Ultimate Reentry Opportunity (URO), qualitatively assesses the outcomes of the Sunflower Houses Program, a low-barrier transitional housing program offering four 3-bedroom units and wrap-around services for formerly incarcerated people in Tompkins County, New York. The Program has been operated and managed by Opportunities, Alternatives, and Resources (O.A.R.) since January 2021. This report supplements the Sunflower Houses Assessment Report, 2022-2023, in which we offered a budget overview of the Program, the county-level context of incarceration and recidivism rates, a quantitative analysis of the Sunflower Houses in-program recidivism rates, and O.A.R. clients' recidivism rates.

In this report, we focus on the thematic narratives and testimonies of Sunflower Houses Program participants. Our goal is to identify the services that are contributing to positive outcomes for Sunflower Houses residents as well as identify persistent barriers to successful community reintegration. In 2023 and 2024, we conducted 14 one-on-one interviews with Sunflower residents, ten of whom were residing at the Sunflower Houses at the time of we spoke with them, and four of whom had completed the program.

The Intersections of Incarceration, Homelessness & Health

As we argued in our Sunflower Houses Assessment Report, 2022-2023, the connections between incarceration history, homelessness, and adverse health outcomes are extensive. On the one hand, unhoused people are more likely to come into contact with the criminal justice system. One study showed that approximately 10% of people incarcerated in prison experienced homelessness prior to being admitted (Lutze et al., 2014). On the other hand, people who have been in prison are much more likely to be unhoused. A 2018 estimate found that formerly incarcerated people are almost 10 times more likely to be unhoused than the general public (Couloute, 2018). Additionally, those who have been to prison more than once have rates of homelessness that are 13 times higher than the general public (Couloute, 2018). For unhoused people with criminal records, recidivism rates are 4 to 6 times

greater than the general population (Couloute, 2018). Similar patterns hold true for those who are admitted to and released from local jails. A 2025 assessment of data collected from 900 jails by the Jail Data Initiative found that jails often fail to track the housing status of booked individuals. Only 20% of local jail datasets (175 out of 900) track housing status. However, among datasets that do track this status, Wang (2025) found that 4.5% of jail bookings are of unhoused people, that unhoused people are more likely to be booked multiple times, and that they are often held in jail longer than average lengths of stay.

Extensive data shows that people with mental health conditions and/or substance use disorders are more likely to be incarcerated in jails or prisons (Nam-Sonestein, 2023). By extension, being incarcerated exacerbates negative health outcomes (Quandt & Jones, 2021). Similarly, unhoused people experience higher rates of both chronic and communicable diseases, and higher all-cause mortality rates compared to housed individuals (Roncarati et al., 2018; Fazel et al., 2014; Maqbool et al., 2015). People experiencing homelessness also face higher rates of mental illness and adverse behavioral health outcomes compared to the general population (Benston, 2015).

To break the entanglements of justice-system involvement, homelessness, adverse health outcomes, and the exorbitant costs incurred by health and social safety nets as a result, it is critical to examine effective solutions. Fortunately, such proven solutions already exist.

The Effectiveness of Low-Barrier Housing Models with Wraparound Services

Providing access to housing is the best solution to ending homelessness, breaking the cycles of incarceration, and improving health outcomes. One proven approach to ending homelessness and improving health outcomes is Housing First, a model that prioritizes providing immediate access to stable housing with voluntary wraparound services (Nam-Sonestein, 2023; The Case for Housing First, 2023). The Housing First model contrasts with "Treatment First," which requires individuals to adhere to treatment (e.g., for mental health and/or substance use) as a prerequisite for access to permanent housing, which may increase the risk of housing loss if the participant does not engage in treatment. Housing First is significantly more effective at reducing homelessness, improving health outcomes, and promoting long-term housing stability than the Treatment First approach. According to a systematic review by Peng and colleagues, Housing First programs reduced homelessness by 88% and improved housing stability (measured as the number of days a participant was stably housed) by 41%, compared to Treatment First programs (2020). Participants in Housing First programs are also more likely to report improved housing quality and safety compared to participants in Treatment First programs (Aubry et al., 2019). Overall, Housing First is a substantially more effective pathway to reducing homelessness, achieving long-term housing stability, and may have improved housing quality compared to the Treatment First model.

Wraparound Services and Positive Health Outcomes

There is robust evidence demonstrating the impact of Housing First programs on improving health outcomes for people experiencing homelessness, especially when housing is paired with wraparound services. For example, the Pathways Housing First program in Washington, D.C. demonstrated reductions in psychiatric symptoms among participants with severe mental illness within the first year of housing; individuals with substance use disorders were also more likely to report reduced alcohol use and improved recovery after 2 years (Tsemberis et al., 2012). People experiencing homelessness also often face significant barriers to accessing healthcare due to experiences of trauma, chronic stress associated with homelessness, stigma from service providers, and other systemic barriers (Wood et al., 2018a). As a result, people

experiencing homelessness are less likely to seek preventive and primary care and are more likely to rely on emergency room services, leading to increased healthcare costs (Bailey, 2020). Research suggests that Housing First programs may be more effective in increasing outpatient service use compared to inpatient and crisis services (Gilmer et al., 2015), and substantial evidence shows that Housing First can reduce hospitalization and emergency department use compared to Treatment First programs. Housing First programs can also collaborate with healthcare providers and hospital systems directly to improve the health outcomes of people experiencing homelessness. Wood and colleagues found that integrating healthcare services within Housing First programs led to significantly decreased emergency department use, fewer inpatient admissions, and lower associated healthcare costs (2018b). By addressing both housing instability and healthcare access, Housing First programs offer a sustainable and evidence-based approach to improving health outcomes and reducing the long-term costs of homelessness.

Housing, Wraparound Services, and Substance Use Recovery

Housing First programs also play a critical role in supporting the recovery and overall health of people experiencing homelessness who have substance use disorders. People experiencing homelessness are at a higher risk for experiencing substance use disorders compared to housed individuals, yet only 17-33% of people experiencing homelessness receive treatment for substance use (Guide Overview: Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness, 2023). The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends providing housing, specifically permanent supportive housing, to support recovery and adherence to substance use and mental health treatment among people experiencing homelessness (Behavioral Health Services for People Who Are Homeless, 2021). Substance use disorders often create substantial barriers for individuals experiencing homelessness, hindering their ability to secure stable housing and contributing to recurring cycles of homelessness and relapse, thus highlighting the need to concurrently address treatment and housing to improve outcomes (Behavioral Health Services for People Who Are Homeless, 2021; Davidson et al., 2014).

The effectiveness of Housing First programs varies depending on the level of fidelity and supportive services provided, with models that incorporate comprehensive services often demonstrating improved clinical and social outcomes compared to

those that focus solely on housing (Tsai, 2020). Fidelity to the Housing First model is measured by factors such as housing choice (e.g., affordability, privacy) and service array (e.g., service coordination, client choice in treatment, harm reduction approaches), which may explain variations in program outcomes (Gilmer et al., 2015). Research indicates that permanent supportive housing programs with high-fidelity to Housing First are more effective than low-fidelity programs in improving housing retention, increasing outpatient service use, enhancing client engagement in mental health services, and reducing substance use (Davidson et al., 2014; Gilmer et al., 2015). This suggests that by providing a stronger supportive service network, higher-fidelity programs may be better positioned to address the complex needs of this population while adapting to local conditions (Gilmer et al., 2015). A qualitative study of the Pathways to Housing program in Washington, D.C. found that key systemic facilitators to a high-fidelity Housing First approach include supportive government policy, service availability in the community, and stable funding streams (Rae et al., 2018). Additionally, organizational practices such as client engagement initiatives, diverse service availability (e.g., educational, vocational, social integration), and partnerships with community health organizations and landlords may also improve fidelity and produce better client outcomes (Rae et al., 2018). Ultimately, ensuring strong fidelity to the Housing First model through comprehensive service support and community collaboration is critical to improving client outcomes in housing and health.

Finally, small, rural cities in the United States provide insight into the challenges and adaptations required to implement the model in areas with large geographic distances, limited housing availability, less service coordination, and limited access to public transportation. Take for example Pathways Vermont, a high-fidelity Housing First program that expanded to rural areas with strong supportive service philosophy (e.g., client choice in services) and affordable, integrated housing of a client's choice (Stefancic et al., 2013). Service coordinators in Pathways Vermont had a diverse team of specialists and service coordinators who provided consistent case management of clients and implemented telehealth visits to address geographic and transportation barriers for clients and providers. After three years of the program, the overall housing retention rate was 85%, and the number of days participants experienced homelessness significantly decreased from baseline after the program (Stefancic et al., 2013). Overall, the expansion of Pathways to Housing in rural Vermont demonstrates the importance of adhering to Housing First principles (e.g., harm reduction, client choice in housing and treatment), and of having a multidisciplinary team of providers to address the complex needs of clients.

Sunflower Houses: Reentry Housing + Wraparound Services

The Sunflower Houses Program was piloted on the basis of the evidence-based data referenced above. URO's prior research on systemic barriers to effective reentry—which centered the expertise of those most impacted by the intersecting systems of justice-system involvement, homelessness, and health in Tompkins County, New York—indicated that centrally located, affordable housing was the most critical factor in creating reentry success and homelessness reduction (Ioanide, 2021). While Ithaca City and Tompkins County have made considerable efforts to expand the availability of affordable housing units since our 2021 study, the lack of affordable housing in Tompkins County continues to be the greatest barrier to successful reentry. The development of the Sunflower Houses Program was also influenced by feedback from health providers and housing experts, who indicated that program outcomes would be more effective if affordable housing was paired with customized wraparound services. The ethos of the program was that O.A.R. would meet people where they were at as long as program participants did not put other residents' safety and court-mandated obligations at risk. This entailed finding a balance between creating a low barrier to entry housing environment, allowing residents time to stabilize (e.g., from substance use and/or mental health conditions), respecting tenancy laws, yet also ensuring yet also ensuring that residents were not creating hazards for others.

O.A.R. supported the individual needs of Sunflower residents, including but not limited to: providing assistance with obtaining health insurance, engaging substance use and mental health services, providing housing application assistance for permanent housing and subsidies, employment assistance like resume building and completing job applications, and essential necessities like providing furniture, toiletries, clothes, and organic fruits and vegetables through a partnership with Healthy Food for All (HFFA). As one participant we interviewed noted, "There's way more support with Sunflower. They're definitely there for you in anything you need, any way, shape, or form. They're really great."

Figure 1 below offers a snapshot of O.A.R. clients and Sunflower clients' key use of services between Jan. 2021-September 2024, indicating the high volume of interaction with wraparound services provided by the organization. Importantly, O.A.R. employs a designated Sunflower Houses manager to tailor wraparound services for residents. This was reflected in one participant's commentary on O.A.R.'s approach to offering support services. "That's why I like the people at Sunflower because when I need [support], [O.A.R.] provided for me. Not just whether it was monetary, whether it was physical, mental. If [O.A.R.] didn't know, and they didn't have it, they would lead me in the direction so I can get it." The manager has lived experience of previous incarceration as well as former Sunflower residency.

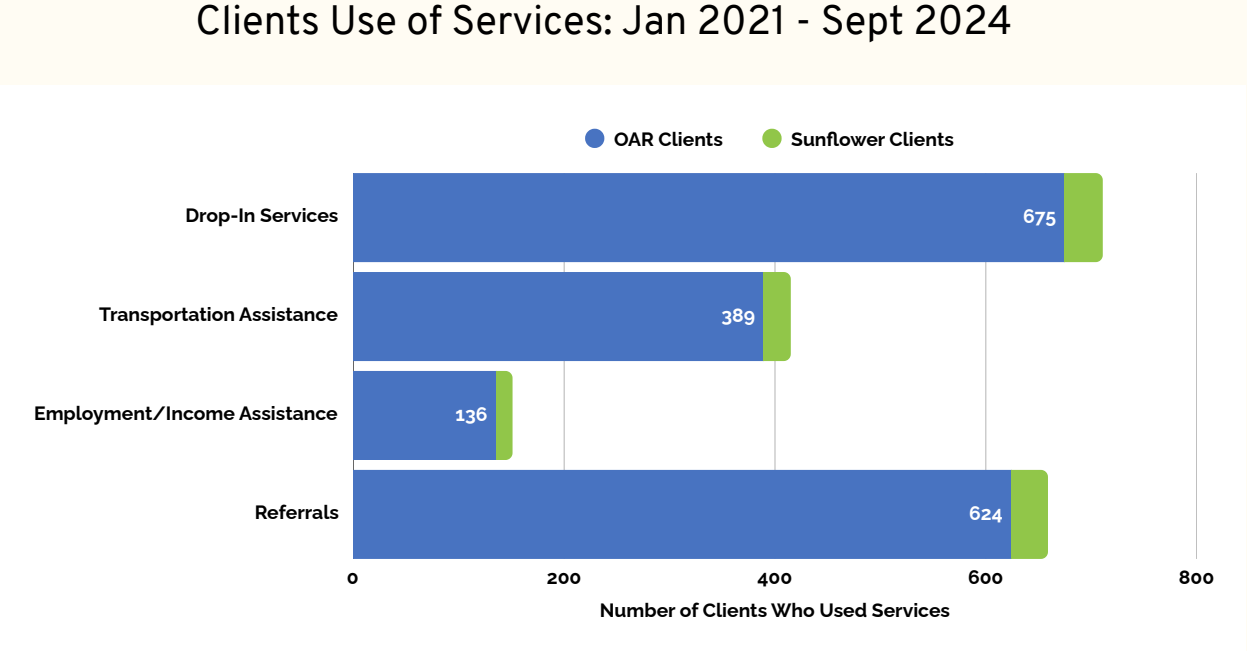

Figure 1. Use of Services by O.A.R. and Sunflower Clients, Jan 2021-Sept 2024. Data Source: O.A.R. Compyle Database. For a full overview of the types of services O.A.R. provides, please see O.A.R.'s website.

Sunflower Houses Program: Key Outcomes

Since the inception of the program in January 2021, 56 people have resided in and received wrap around services at the Sunflower Houses. In tracking housing outcomes from 2021-2024, it is clear that the Sunflower Houses Program is effective as a homelessness reduction program. While 81% of residents were homeless prior to being admitted to the Sunflower Houses Program, 50% were housed after leaving the program (30% obtained permanent housing, 20% obtained temporary housing) and 18% were still residing at Sunflower Houses at the end of 2024.
Of all 56 residents during this three-year period, only 12% returned to homelessness, 11% went to a residential rehabilitation program, and 9% went back to jail or prison.

With respect to employment outcomes for 2021-2024, 51.8% worked while living at Sunflower Houses, with 30.4% maintaining full time jobs and 21.4% holding part time jobs. By comparison, O.A.R. clients generally have a 7% employment rate.

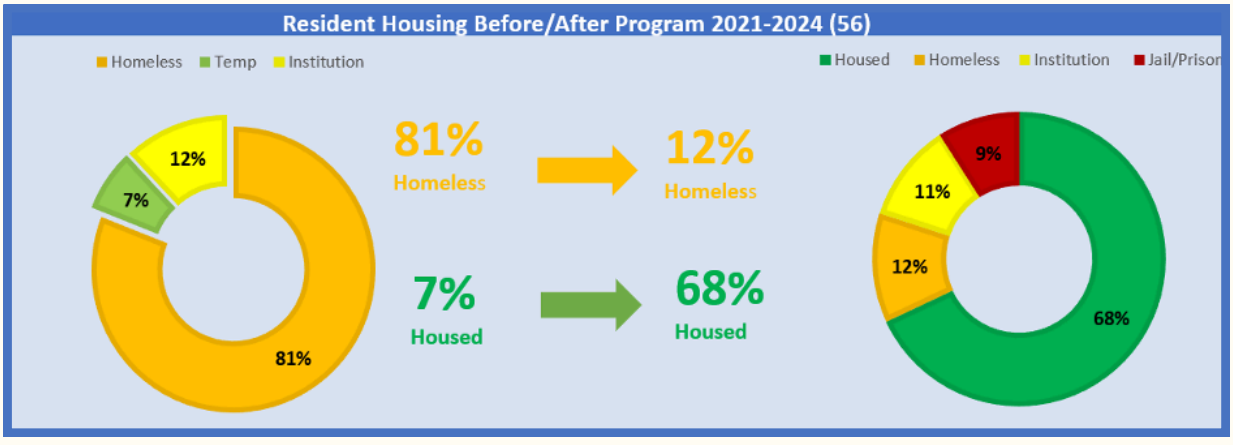

Figure 2. Sunflower Houses Program, Housing Outcomes for All Residents, 2021-2024. Data provided by O.A.R.

Qualitative Findings

The Sunflower House Program has played a transformative role in the lives of its participants, addressing critical issues such as housing stability, education, employment, and healthcare access. This report presents a comprehensive qualitative analysis of the participants' experiences before, during, and after their engagement with the Program, highlighting both progress and persistent challenges. The demographic characteristics of the 14 Sunflower participants we interviewed in 2023-2024 and data related to their justice-system involvement can be found in the Appendix.

Housing: A Path to Stability

In the course of their lives, all Sunflower participants interviewed (14 out of 14) spoke about their experiences of homelessness. At some point of their life,[1] most Sunflower participants (78.5%) had resided in emergency homeless shelters and/or hotel rooms using a Department of Social Services (DSS) voucher. Many (78.5%) had experienced housing insecurity in the form of couch surfing and/or living with family members/domestic partners. Some had lived unsheltered (29%) while others had found temporary refuge in cars (29%). A few participants (29%) had experienced inpatient/rehabilitation facilities (29%). Importantly, only a small minority of participants (29%) had experienced permanent housing as homeowners and/or renters of market rate apartments.

Immediately prior to moving into the Sunflower Houses, 78.5% lived in emergency homeless shelters and/or hotel rooms provided through DSS vouchers, 14% were in jail or prison, and 7% were couch surfing.

> **"I relapsed pretty fairly soon after I got out of jail, and they [the Sunflower Houses Program] didn't kick me out because I relapsed. I'm not saying that they condone [substance use], because they don't. But they allowed me to get through it, instead of kicking me while I was down. And I think if they would have said, 'Okay now you got to go', I'd be back homeless again, I'd have stayed doing what I was doing. But because they allowed me to get through it, I was able to stop too."**

[1] Because participants may have experienced one or more of these experiences, the total will not add up to 100%.

There was almost unanimous sentiment that living at Sunflower Houses was a marked improvement over other housing prospects available to the participants we interviewed. As one participant stated, "[I]t's comfortable and I'm treated like a person. I finally have a space that I can call mine while I can get myself together." Comparing her previous unsafe housing conditions, another woman interviewed stated, "I'm thankful, grateful, and blessed that I came across such housing because this was a safe place to get me out of that other bad environment." A participant with substance use issues noted the uniqueness of the Sunflower Houses in offering people multiple chances to maintain a path toward recovery.

Notably, the Sunflower Houses Program made critical partnerships with residential rehabilitation programs in the Finger Lakes region. When possible, the Program would keep a resident's room at Sunflower while they participated in residential rehabilitation programs, allowing them to have a place to return once they completed substance recovery programs.

Reflecting on the care provided by the staff at O.A.R., one participant stated, "if you're serious about wanting to not be homeless and make changes to not be homeless, that's a good place to be."

Finally, participants interviewed compared their experiences at the Sunflower Houses with transitional housing options that have curfews or greater supervision restrictions (e.g., halfway houses). As one participant noted, "It's just straight positive. I have my own space. Nobody is over telling me what I can and can't do. You know what I'm saying? I can leave. I can come and go as I please. That freedom, it means a lot to me because I don't need the stress of saying, I need to get back inside this house before this time, before this person gets in."

Barriers to Securing Permanent Housing

For many participants, securing stable housing was one of the greatest obstacles they faced. While in the Sunflower Houses program, many participants explored options for finding permanent housing in Ithaca, NY and Tompkins County. A majority of the 14 Sunflower participants we interviewed (71%) mentioned having difficulties in finding permanent housing, despite receiving assistance through O.A.R. for housing assistance programs and subsidies. Of the ten participants who mentioned experiencing difficulties, 40% mentioned financial difficulties (e.g., saving for deposits, first/last month's rent and/or obtaining and using housing vouchers). As one participant mentioned, "So now every time I go to apply for a job, apartment, whatever,

you got to make three times the amount of income for the apartment. Then you have to have impeccable references, and you can't have no blemishes." A participant described the ways landlords react to applicants with housing vouchers. "[L]andlords, like, they don't want that. They don't want vouchers. They don't them kind of people renting from them. Honestly that's the way it is." Similarly, 40% spoke to barriers related to securing housing because of past criminal records. One participant mentioned challenges related to not having prior rental history while another participant mentioned being above the income level required for low-income apartments operated by Ithaca Neighborhood Housing Services (INHS).

Post-Program Housing

Only four of the 14 participants we interviewed had moved into the post-Sunflower Program stage. All these four participants attested to receiving substantial assistance from O.A.R. in exploring permanent housing options and applications for housing assistance (e.g., Section 8 vouchers, IHA vouchers). Of these four, three found permanent housing after Sunflower and one returned to housing insecurity/homelessness. Many post-program participants described encountering barriers such as obtaining Section 8 vouchers despite being income-eligible. As one participant mentioned, "The lady told me at Section 8, I will be on the list for seven years because I don't have a disability, because I'm not over 65. And I probably wouldn't even get it." This describes how certain people in reentry—particularly if they do not have disabilities and/or diagnosed mental health conditions, are without children, and/or younger than 65—are not among the prioritized populations for housing subsidies and/or supportive housing. At the same time, these people in reentry rarely make enough income to afford market rate apartments in Tompkins County.

The data highlights the importance of continued advocacy for accessible and affordable housing solutions to ensure long-term stability for individuals exiting homelessness.

Education: Opportunities for Growth

Education emerged as a key factor in participants' efforts to improve their circumstances. Before joining Sunflower, eight of 14 participants spoke about their educational backgrounds. Of these, 3 participants mentioned having college degrees, while another 2 participants had taken some college courses. Only one participant mentioned not having a high school diploma or GED.

The Sunflower Houses Program actively supported educational pursuits for residents, particularly through its College Upstate Initiative. Of the eight participants who spoke about education, 75% mentioned that they were either obtaining a college degree/certificate, taking classes, or starting college, 13% obtained their GED, and 13% obtained a technical apprenticeship.

Of the four post-Program participants we interviewed, one participant who had left Sunflower reported obtaining a professional degree through TC3.

Employment: A Struggle for Stability

Employment status was a crucial factor influencing participants' overall well-being. Immediately prior to entering the program, 93% (13 out of 14) mentioned employment as a concern. Of these 13, 46% participants reported being stably employed, 31% mentioned working episodically, and 23% stated they were unemployed.

While in-program, the majority of residents (57%) were working, but finding and sustaining employment continued to pose challenges. Participants spoke about low-wage jobs not providing sufficient income to save as well as a lack of advancement opportunities within certain positions. Moreover, when seeking jobs, participants continued to describe discrimination on the basis of criminal history, with 57% of the 14 participants mentioning this as a barrier. Referencing employment background checks, one participant stated:

> **I just have to cross my fingers and hope I get the job on the spot. Because I know as soon as I give them my information, like, they're going to do some research, and they're going to see some stuff, and I'm not going to hear back from them.**

Barriers to Employment

Despite O.A.R.'s support in aiding participants with finding jobs, 29% (4 out of 14) remained unemployed during their time in the Sunflower Program, primarily because of ongoing struggles related to health. A participant spoke candidly about the impact of health challenges on their ability to maintain employment:

> **I have been sick in the last two and a half years. I've been in the hospital nine times for as long as two and a half weeks.**

Another participant stated,

> **I haven't gotten a good job yet. I don't know if I'll have one by the time I move out or not... because I'm disabled. I'm trying to complete college first, probably.**

This highlights the intersection between health and employment, emphasizing the primacy of health stabilization in order to pursue employment as well as the need for job opportunities for people with disabilities.

For those who had moved past the Sunflower Houses Program, three of four participants mentioned being stably employed, with one participant describing having obtained a fulfilling job aligned with their career goals because of community network relationships and support.

Health Services: A Lifeline with Barriers

Healthcare access was another vital area where the Sunflower Program provided essential support.

Before entering the Sunflower Program, 64% (9 out of 14) had received some kind of health services, including hospitalization, mental health, and substance use treatment. Strikingly, one participant mentioned lying about having a substance use disorder while he was homeless prior to being a Sunflower resident in order to access a residential rehabilitation program. At the time, they needed to recover from a severe wound, and this was the only way they could find to access life-saving wound care. Importantly, only 28.5% (4 of 14) had health insurance prior to Sunflower. While living at Sunflower Houses, 86% (12 out of 14) had health insurance, the majority through Medicaid, representing a 57.5% increase in health insurance access.

O.A.R. helped Sunflower residents improve their access to health care services as well as health insurance. While in the program, 86% of all participants reported using health care services through entities like Cayuga Addiction Recovery Services (CARS) and REACH Medical. A majority (64%) received mental health care, primarily through Tompkins County Mental Health. Another 14% reported receiving substance use rehabilitation and treatment services. As one participant stated,

> **[G]etting mental health meds and then continued support through the actual mental health care provider, seeing a therapist weekly and psychiatric nurse just to double check to make sure I've been going good with the meds and everything. Those have been helpful and that's been steady, good support ever since then.**

Out of the people we interviewed, 43% had positive sentiment toward the health services they received. Even after leaving Sunflower, 75% (3 out of 4) continued to engage with health services, and 75% maintained their health insurance access.

Barriers to Health Services

Despite these successes, health care barriers remained for Sunflower Program residents. Half of the participants we interviewed (50%, or 7 out of 14) expressed negative sentiments and/or frustration with the health care services they tried to access and utilize. Some cited long waitlists (particularly for mental health appointments) and stigma from medical providers (particularly related to past substance use). One participant articulated this challenge as follows: "I feel like a lot of times doctors are judgmental, a lot of times, when you go in there because you're a drug addict." Such insights emphasize the need for more compassionate, accessible, and stigma-free healthcare services.

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Experiences with Social Services

Before arriving at Sunflower, only a small portion of participants had access to critical wrap around services. Their primary interactions were with the Department of Social Services as they navigated emergency housing/hotel vouchers and SNAP benefits. Even during their Sunflower Program participation, many of the frustrations with DSS services persisted. Of the 12 participants who spoke about social services, 83% expressed negative sentiments about DSS. Primary reasons included the case workers' attitudes and/or lack of helpfulness of DSS workers, frustration over income qualifications and access to benefits, and difficulties with confusing administrative procedures. As one participant described, "When I go somewhere, and this is supposed to be like social services, these people aren't very social at all. And I just felt like I was treated like garbage. Literally like, it's just like another number. Nice move, go. It was just very disheartening. You know what I mean?"

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Importantly, participants described a structure that penalizes those who are trying to get back on their feet. As a participant put it, "DSS cuts you off as soon as you get a job. I don't get food stamps. I don't get anything anymore. And I make $15 an hour. $400 a week at 40 hours a week, and I get no help from them. But if I didn't work and I was on drugs and they give me $1,200 apartment voucher, $600 in food stamps, bus passes, you know, it's backwards."

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Several participants described a cycle they could not break: once they obtained minimum wage jobs, they lose a lot of benefits, often having to pay part of their income to the emergency shelter; however, they still would not make sufficient income to obtain market rate rental housing and afford regular expenses like food, transportation, and other necessities. Additionally, they would often fall out of prioritized populations for supportive and subsidized low-income housing, which often have strict eligibility requirements such having a disability, mental health/substance use condition, chronic homelessness status as designated by Housing and Urban Development (HUD). As one participant stated, “Like I said I didn’t get Section 8 or housing or none of that. I'd be on the list for seven years. I have no kids. I have no disability and I'm not over a certain age. So, it's not set up for people like me. I'm not even included in that.”

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While the Sunflower Houses program requires that residents pay rent to O.A.R., the program allows for a grace period where participants can obtain health stabilization and/or be absent for a period while receiving substance recovery treatment. Indeed, one of the Program challenges is finding the right balance between assisting residents to move toward financial independence and allowing them the time they need for stabilization.

Transportation Access and Barriers

Transportation access and affordability is often central to accessing services, jobs, and other necessities. Many participants described having barriers to transportation prior to arriving at Sunflower. While some had cars or valid driver’s licenses, others had lost their licenses or had them suspended, leaving them with few options other than public transportation, bikes and/or walking.

While in-program at Sunflower Houses, 57% (8 of 14) stated they had transportation access, 21% (3 of 14) reported not having good access to transportation while another 21% did not mention transportation. Issues with obtaining valid driver's licenses persisted, with 35.7% having lost or suspended licenses. Limited and inconvenient bus services posed another barrier, with participants citing poor bus routes and schedules. A participant described how bus schedules cost him a job: "I was supposed to work at Cornell, but the bus didn't run early enough for me to get there." The cost of transportation is also a challenge, particularly for people who have to rely on Uber rides to access places that are not on bus routes and/or not covered at certain times. As a participant explained, "I spend $120 a week just to get to work. A third of my check is gone."

Importantly, 36% of participants mentioned that the Sunflower Houses' central downtown Ithaca location has made it easier to get around and access appointment. As one participant noted, "The fact that [the Sunflower House] was just two blocks from Commons has been super helpful. Because it's just a central position and it's easier to get anywhere else, mostly."

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After leaving Sunflower, 75% of post-program participants (3 of 4) continued to have access to transportation.

Residents' Suggestions for Program Improvement

Of the 14 participants we interviewed, only 36% (5/14) expressed some negative sentiments about some aspect of their experience at Sunflower Houses. Among those who expressed negative sentiment, the most prevalent theme for improving the Program centered on greater accountability measures and rule enforcement. Accountability measures and rule enforcement focused on issues such as restricting the use of substances and alcohol on the premises. Additionally, participants expressed the desire for O.A.R. to enforce expectations that residents maintain cleanliness and respect for housemates in the 3-bedroom units. The most common complaints focused on conflicts with housemates and a desire for O.A.R. to take a greater role in mediating these conflicts. These included things like housemates failing to maintain cleanliness and/or not contributing to household chores; bringing strangers into the units; stealing food and/or property; and using substances inside the units. Some participants expressed the desire for current residents to participate in vetting prospective residents. Others suggested setting a temporary probation period for new residents to ensure alignment with the Program's goals.

O.A.R. Leadership: Lessons Learned

We conducted a follow-up interview with Sunflower Leadership to learn about challenges experienced with the program since its inception, what was successful in the program, and recommendations for program improvement moving forward.

Challenges

Many of the challenges mentioned by leadership were reflective of challenges mentioned by the Sunflower residents we interviewed. The two greatest challenges mentioned by Sunflower Leadership were living arrangements, or challenges associated with having three people sharing a 3 bedroom unit, followed by timely access to wrap-around services.

Many supportive housing programs utilize individual room models. Sunflower Houses has three housemates per unit. This creates challenging dynamics for many reasons,

including personality differences, or behavioral challenges. For example, if one housemate has mental health or substance use challenges, this has the potential to escalate to one or more of the housemates, affecting their success and quality of life. Leadership noted an important tradeoff that housemate models do provide accountability and safety, where there may be greater risk for isolation and loneliness with single room supportive housing models, especially during initial transitions out of homelessness.

Access to timely, effective wrap around services is directly related to the housemate dynamics. The most successful supportive housing models for very high-risk clients with long durations of homelessness, utilize single rooms with intensive case management that includes daily (or more) visits and check-ins, including any clinically necessary care, on site (National Academies of Sciences, Engineering, and Medicine, 2018). Sunflower Leadership discussed the reality of the necessity for intensive wrap-around services, yet the current funding model for Sunflower only allows for external, rather than onsite, wrap around services. This means that clients often experience regular waits for many services, whether that is behavioral health or substance use treatment, social services, or even medical appointments. Sunflower Leadership is on site every day, working with clients, checking in, and transporting clients to service appointments once they become available. Under the current funding model, single rooms are not feasible due to the higher requirement for on-site, internal supportive services.

Successes and Recommendations Moving Forward

Sunflower Leadership noted the essential role of establishing trusting relationships with clients and meeting them where they are in order to help them be successful in the program. The low-barrier model facilitates trust among clients and leadership, improving the likelihood that clients ask for supportive services to help stabilize them and transition them to success after the program. This includes behavioral health and medical services, as well as social services, permanent housing, and employment. Sunflower Leadership is able to do an incredible amount of case management at a high level despite the low ratio of staff to clients, and the absence of on-site supportive services due to the current funding constraints. Improving the funding model for Sunflower would allow the program to improve on-site service provision so clients do not have to wait to access necessary social and medical services, and may also facilitate a lower roommate ratio, to limit interpersonal challenges.

Conclusion: A Path Forward

The Sunflower program has undoubtedly made a significant impact on the lives of its participants, providing crucial support in housing, education, employment, and healthcare. The findings of this report illustrate both the successes and the ongoing challenges faced by individuals striving for stability and independence. While many participants have made meaningful progress—securing housing, furthering their education, and accessing healthcare—barriers such as financial constraints, employment struggles, and systemic hurdles in healthcare and housing remain prevalent.

To build on these successes, future efforts should focus on strengthening housing assistance programs, expanding educational opportunities, fostering job readiness initiatives, and advocating for accessible, stigma-free healthcare. The voices of Sunflower participants underscore the resilience of individuals facing adversity and the importance of continued investment in programs that foster long-term empowerment and self-sufficiency.

Recommendations

01

Funding

Tompkins County should integrate a permanent budget to sustain Sunflower Houses Program via O.A.R.'s funding structure in the amount of $170,000 per year. This investment will ultimately result in cost-savings to the County through the reduced utilization of services related to homelessness, health and human services and reduced interactions with criminal justice systems like the District Attorney's counsel, assigned counsel, and law enforcement.

02

Low Barrier Re-Entry Housing

Tompkins County, the City of Ithaca, non-profit organizations, and private foundations should invest in creating a centrally located, low-barrier permanent housing complex for people with past incarceration histories to mitigate transportation barriers common for people with incarceration histories as well as barriers in obtaining affordable housing for people with criminal records using Section 8 vouchers and public housing subsidies. This housing complex should offer comprehensive, onsite wrap around services for persons with complex needs to maintain stable housing, as well as navigational support for external wrap around services.

03

Recovery Transition Housing

Tompkins County, the City of Ithaca, non-profit organizations, and private foundations should invest in creating a centrally located, affordable housing complex exclusively for people in recovery so that the risks of relapsing and substance use diminish for those committed to recovery. This housing complex should have in-depth, onsite wrap around services focused on substance recovery, mental health, and robust community networks.

04

Outreach Program

Tompkins County should maintain a robust outreach program with staff who have the necessary lived experience, social work and clinical work backgrounds to effectively engage unhoused people using a trauma-informed approach and non-punitive approaches.

APPENDIX

Methods

Study Design
The interviews were designed to capture the perspectives of Sunflower Program residents, both current and those who had exited the program. The study aimed to assess whether the Sunflower Program was effective in assisting participants meet goals related to housing, employment, health, transportation, and personal needs. We gauged participants' experience prior to the Sunflower Houses program and (where possible) after their exit from the program to take a long view of potential barriers to reentry and elements that were crucial to participant success. The interviews were designed to last 30 to 45 minutes.

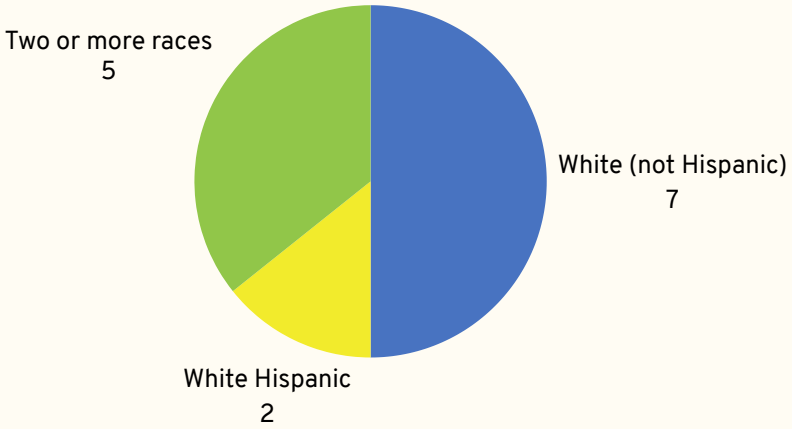
Collection of Data
Fourteen one-on-one interviews were conducted with Sunflower residents. Ten participants were living at Sunflower at the time of the interviews in December 2023-January 2024, and four had existed the program. Eligible participants were given a $100 gift card for their participation in the interview. O.A.R. assisted researchers with recruitment by providing a list of names and contract information of potential participants. Although OAR assisted researchers with recruitment and sign-ups as they function as the primary point of trustful contact, OAR did not have access to the interviews, the transcripts or any of the research activities thereafter.

All participants were informed of the study's purpose, risks, and confidentiality guidelines and provided verbal consent to proceed with the interview. Additionally, all participants verbally agreed to be audio recorded using digital recorders.

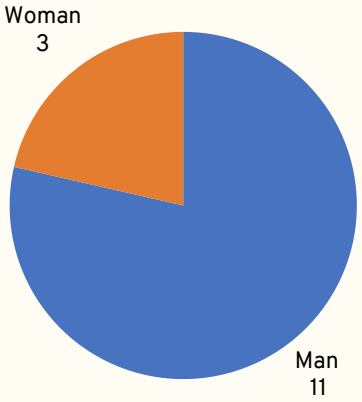
Demographic Characteristics
Sunflower participants interviewed (n=14) had the racial/ethnic, gender, sexual orientation, ability, and age demographic characteristics displayed in the graphs below.

APPENDIX

Race / Ethnicity

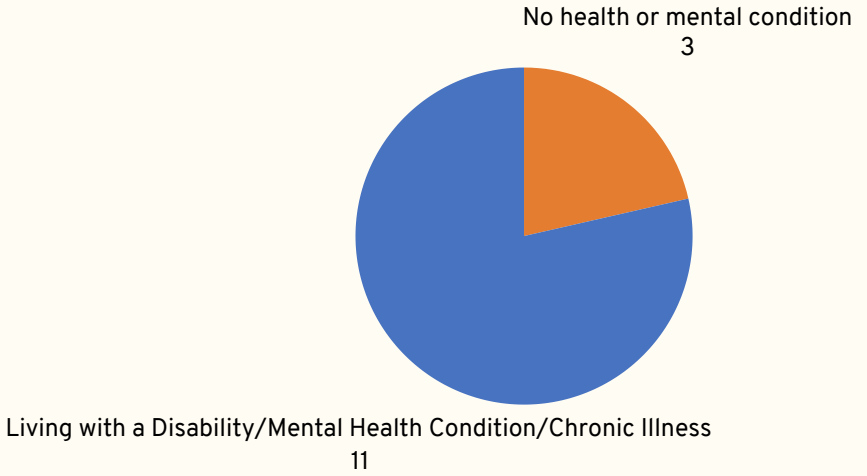


Gender

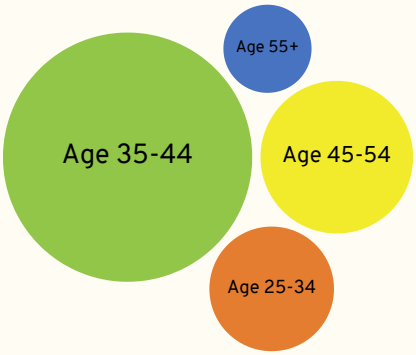


Sexual Orientation

Health Condition(s)



Age



APPENDIX

Coding & Analysis

Audio recordings of the one-on-one interviews were transcribed using professional services and de-identified to remove all personally identifiable information. The qualitative research team developed codes and definitions based on the key research questions that the assessment aimed to answer:

- What was Sunflower Houses residents' experience with justice-system involvement, housing, employment, health and transportation before entering the program?
- What barriers, if any, did Sunflower Houses residents face in relation to obtaining permanent housing, stable employment, health care access and services, transportation, and meeting court / supervision requirements?
- Did the Sunflower Houses program assist residents with meeting goals related to obtaining housing, employment, health, transportation and personal needs? If so, how?
- Did participants have any recommendations for how to improve the Sunflower Houses program?

First, deductive codes, sub-codes, and definitions that aligned with the research instrument and key research questions were used to analyze the experiences, impacts, and outcomes of engaging in the Sunflower Houses Program. Second, inductive codes and definitions that emerged across multiple interviews were developed and integrated into the final codebook.

After coding all interviews, researchers aggregated counts per code (e.g., housing, employment, health, transportation) and across interviews to determine the topics discussed most frequently and the percentage of participants out of the total sample who spoke about that topic. Researchers then examined these topics across demographic characteristics (e.g., race, gender) to determine whether certain groups experienced specific issues disproportionately. Researchers identified testimonies and quotes that were thematically representative of emergent themes.

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