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**Mental Health Commission  
Justice Systems Committee Meeting  
Tuesday, November 23<sup>rd</sup>, 2021, 1:30-3:00 PM  
Via: Zoom Teleconference:**

**<https://zoom.us/j/5437776481>  
Meeting number: 543 777 6481**

**Join by phone:  
1 669 900 6833 US  
Access code: 543 777 6481**

## AGENDA

- I. Call to order/Introductions
- II. Public comments
- III. Commissioner comments
- IV. Chair comments
- V. APPROVE minutes from the October 26<sup>th</sup>, 2021, Justice Systems Committee meeting
- VI. DISCUSSION between Health, Housing and Homeless (H<sup>3</sup>) and Detention Mental Health Services, and Behavioral Health Services (BHS) regarding the integration of housing services for recently released detainees with mental health issues.
  - What kind of planning takes place now?
  - What are potential improvements to the process? Could a Social Worker be assigned to those about to be released?

(Continued on Page Two)



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 313-9553 to arrange.

**VII. DISCUSSION regarding how can H<sup>3</sup>, Detention Mental Health Services and BHS better serve those who are conserved and those with mental health issues with housing/placement upon release?**

- **How can all concerned parties know that a detainee has a conservatorship?**
- **Who is responsible for notifying the conservator of a conserved detainee of an imminent release?**
- **How can we notify the conservator of a conserved detainee of an imminent release?**
- **How can we assure placement for detainees upon release?**

**VIII. Adjourn**

# Homelessness and Prisoner Reentry: Examining Barriers to Housing Stability and Evidence-Based Strategies That Promote Improved Outcomes

by Patricia McKernan\*

## Barriers to Prisoner Reentry

Each year approximately 700,000 individuals return home from state prisons in the United States and an additional 9 million are released from county jails. More than 10% of those coming in and out of prisons and jails are homeless in the months preceding and following their incarceration (Council of State Governments, 2016). Being homeless, unstably housed, or living in a high crime neighborhood all heighten an individual's risk of reoffending (Andrews & Bonta, 1995). Among ex-offenders, those with mental illness have higher than average rates of homelessness and housing insecurity (Aidala et al., 2014; Brown et al., 2013; Council of State Governments, 2006; Fries et al., 2014; Herbert et al., 2015; MacDonald et al., 2015). Homelessness is not just a public safety issue but also a public health issue. New Jersey has successfully reduced its state prison population by nearly 37% since 1999, in large part by creating alternatives to incarceration and providing community-based reentry and treatment services (Sentencing Project, 2015). Despite having this infrastructure in place, the needs of homeless ex-offenders can confound both housing and reentry experts.

The purpose of this article is to examine the barriers homeless ex-offenders face in accessing emergency and permanent housing and what strategies can be employed to combat ex-offender homelessness and housing instability. The article considers how the rationing of social services to ex-offenders has had a negative effect on successful prisoner reentry and how these ineffective policies fail to promote public safety. Collateral sanctions such as ineligibility for social entitlements or community notification, compounded by the increased trend of ex-offenders leaving prison without supervision,

increase housing instability. Discharge planning, an expansion of transition services, and the provision of targeted housing for ex-offenders can play a critical role in improving housing stability, especially for those ex-offenders who have a mental health diagnosis or a history of addiction, or who have been convicted of a sexual offense. As an experienced provider of services to both ex-offenders and the homeless, I see how the lack of affordable housing leaves ex-offenders competing for the same limited resources with others who have no criminal history. Creative housing alternatives do exist for homeless ex-offenders and they have significant implications for public safety and

There is even more inconsistency in estimating the prevalence of homelessness among people leaving prisons and jails, with significant disparities in the estimates of prisoner and parolee homelessness (Petersilia, 2003). The Council of State Governments (2006) reports that more than 10% of those coming in and out of prisons and jails are reported to have been homeless in the months before their incarceration, and for those with mental illness, the rates are about 20%. These statistics are in concert with my own experiences as a practitioner providing reentry services for more than 20 years. Even when clients have a place to which to return, remaining stably housed is

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## The lack of affordable housing leaves ex-offenders competing for the same limited resources with others who have no criminal history.

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public health. To reduce homelessness for ex-offenders, a broad stakeholder group must consider the implications of collateral sanctions, the trend toward maxing out of state prison sentences, the unique risk factors of homeless ex-offenders, and models that have been successfully implemented to improve housing stability.

## Homelessness and Ex-Offenders

On a single night in January 2015, 564,708 people experienced homelessness by either sleeping outside or in an emergency shelter or transitional housing program (National Alliance to End Homelessness, 2016, p. 3). The Housing and Urban Development Point-In-Time count is an annual effort to estimate the national level of homelessness on a state-by-state basis conducted in communities across the country. The Point-In-Time count is often criticized as being an underestimate of homelessness; however, federal and state governments use these data to determine funding for housing initiatives through local continuums of care.

challenging, especially for those with special needs. In my experience, housing is one of the most difficult needs to be met for returning ex-offenders upon release.

Returning to the community from prison or jail presents an inordinate number of obstacles related to employment, housing, treatment for health and behavioral health issues, and family reunification. Homelessness may not be singularly responsible for recidivism, but being unstably housed complicates all other targets of intervention for ex-offenders. Formerly incarcerated men reported that their incarceration negatively affected their ability to obtain stable housing (Geller & Curtis, 2011). Geller and Curtis's longitudinal study found that "men recently incarcerated face greater housing insecurity, including both serious hardships such as homelessness, and precursors to homelessness such as residential turnover and relying on others for housing expenses" (2011, p. 1196). Similar studies found a high representation of formerly incarcerated

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individuals in the New York City shelter system, supporting this phenomenon of homeless and unstably housed ex-offenders. Metraux and Culhane (2006) found that 23% of the sheltered homeless identified as having had an incarceration within the previous two-year period, with individuals coming from jails representing 17%, and individuals returning from prison representing 7% of that population.

Fundamentally, housing instability begets housing instability (Herbert et al., 2015). In examining the relationship between homelessness, housing insecurity, and incarceration, Herbert, Morenoff, and Harding (2015) found that high rates of housing insecurity among former prisoners were linked to features of community supervision, returns

related to family support, have family members who are also involved in the criminal justice system, and have families struggling with addiction and/or financial issues. Domestic violence histories will preclude some men who are leaving prison from returning to their romantic partner. Moreover, having only a limited number of family members to offer support can be a significant barrier. Most of the men I worked with reported being raised solely by their mother and not knowing or having a relationship with their father, therefore creating a greater burden for the often-aging matriarch of the family. While an individual is incarcerated, families often struggle financially, and housing instability and/or eviction are not uncommon for them (Desmond, 2016).

or prison stays are not uncommon and can contribute to this instability.

Homelessness, housing instability, and the lack of affordable housing are inextricably linked. If affordable housing were sufficient to meet the demand of low-income individuals and families, homelessness and housing instability would be significantly diminished. Matthew Desmond, in his recent book *Evicted*, poignantly describes the distribution of publicly subsidized housing. Desmond reports that “in 2013 one percent of poor renters lived in rent-controlled units; 15 percent lived in public housing; and 17 percent received a government subsidy, mainly in the form of a rent-reducing voucher, leaving the remaining 67 percent—2 of every 3 poor renting families—receiving no federal assistance” (Desmond, 2016, pp. 302–303). Research demonstrates that released prisoners are often concentrated in large metropolitan areas (Lynch & Sabol, 2001). Recognizing that ex-offenders return to their communities often with fractured support systems, poor work histories, and a host of collateral sanctions precluding them from government assistance, it is not difficult to see why rates of homelessness would be double those of the general population, who are also competing in the same affordable-housing market.

The U.S. Department of Housing and Urban Development (HUD; 2015, p. 1) reports a 31% reduction in chronic homelessness from 2007 to 2015. To be clear, “chronically homeless” is currently defined by HUD as a homeless individual or head of household with a disability who lives in a place not meant for human habitation, a safe haven, or in an emergency shelter and who has been homeless and living in these circumstances continuously for 12 months or on at least four separate occasions in the last three years as long as the combined occasions total at least 12 months. To HUD, stays in institutional care facilities, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility for fewer than 90 days will not constitute a break in homelessness, but are included in the 12-month total, as long as the individual was (homeless) before entering the facility. Note that stays in jails or prison for longer than 90 days represent a break in homelessness. These limited definitions serve to ration services to ex-offenders who find themselves homeless upon their release but are determined to be ineligible for emergency housing assistance.

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## When identifying resources to assist homeless ex-offenders, a parole officer can be a valuable asset in locating, advocating, and possibly funding temporary housing.

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to prison, and other risk factors. The key findings of their study indicated that parolees experienced a significantly high rate of mobility and that mental illness, drug and alcohol abuse, prior incarcerations, and prior experiences of homelessness were all predictive of residential instability. Not surprisingly, earnings and social supports were found to be protective factors against both homelessness and housing insecurity (Herbert et al., 2015, p. 20). Additionally, Herbert et al. (2015, p. 3) identified social support from parents and romantic partners as protective factors. Identifying a stable home plan for those preparing for release is a critical step to discharge planning, and best practices in correctional settings suggest that discharge planning should begin at entry into the prison system. Although family members are believed to facilitate reintegration back into the community, longer stays in prison are associated with a decline in the frequency of contact with family members (Lynch & Sabol, 2001). Consider the impact of lengthy sentences on family reunification. An easy transition home to family members after a 30-year sentence is unlikely.

For ex-offenders at the highest risk of recidivating, family ties may not have been strong prior to incarceration. Many of the individuals I have encountered leaving the prison system have unrealistic expectations

A seemingly counterintuitive research finding is that community supervision of the ex-offender itself contributes to housing instability (Herbert et al., 2015). When identifying resources to assist homeless ex-offenders, a parole officer can be a valuable asset in locating, advocating, and possibly funding temporary housing. It is not uncommon practice for parole offices to allocate vouchers to pay for an inexpensive room in a hotel or local boarding facility (Petersilia, 2003). Reentry providers generally consider the provision of treatment services either residential or nonresidential, even as an intermediate sanction, as aiding offenders in their transition home and promoting their community tenure. However, Herbert et al. (2015, p. 20) found that the imposition of intermediate sanctions intended to curb undesirable behavior such as drug use among parolees resulted in the criminal justice system itself being a key factor in generating residential instability. They reveal that “spells in treatment or care programs often last only a few days or weeks and may have disruptive effects because they involve temporary removal from the community and separation from social supports and the labor market” (Herbert et al., 2015, p. 23). Conditions of supervision that preclude work release in a community program or zero tolerance policies in treatment programs requiring the imposition of jail

## **Managing the Transition Home**

Darryl Smith called state prison home for 30 years. Sentenced for murder as a

He returned to a neighborhood he no longer recognized. During a snowstorm, Darryl wandered the city streets with his birth certificate and social security card. He was instructed by prison social workers to go to a shelter. Reluctant to go, he roamed the streets for eight days, sleeping in doorways

Services and linkage to a reentry program to assist him.

Due to the seriousness of Darryl's crime and perhaps his adjustment to prison life, he did not achieve a custody status that permitted him to go to one of the more than 2,000 halfway house beds contracted by the New Jersey Department of Corrections. Although approximately 4,000 inmates access these halfway house services annually across the state, Darryl was not one of the fortunate inmates to have his transition home managed through a community-based program. Had he been afforded this opportunity, he would have had staff to assist him in a residential setting to help him find employment and housing. Had Darryl been afforded parole, the Parole Board could have mandated him to participate in a halfway house to find employment and housing as a condition of his release. Even if he had just been released on parole

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young adult, Darryl has spent more than half of his life in prison. Like more than half of prisoners in New Jersey each year, Darryl served his maximum sentence and left prison without any post-release supervision.

and the bus station during a blizzard. During a Code Blue weather emergency, all unsheltered homeless must be taken into shelter. It was this outreach that prompted Darryl's referral to the Board of Social

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supervision, his parole officer could have helped him find a shelter or transitional housing. Without any preparation, however, Darryl left the structure of a prison environment that told him what to wear, when and what to eat, when and where to sleep and was abandoned in a community he did not remember and where he had no one and nothing.

## Maxing Out

Irrespective of the problems related to homeless ex-offenders, it is important to discuss the trend of individuals leaving prison without post-release supervision and the related supports afforded with that supervision. Serving one's maximum sentence is called "maxing out" in correctional jargon. In the past, the vast majority of state prison inmates left on parole supervision (Petersilia, 2003). In New Jersey, I found that the trend of maxing out of prison has dramatically increased. In 2006, 57% of all releases from the New Jersey Department of Corrections (NJDOC) left prison to parole. However, in fiscal year 2016, parole releases represented only 28% of all releases whereas 55% maxed out (NJDOC, 2016 and 2007). The Pew Charitable Trusts (2014, p. 2) noted that changes in discretionary parole releases have contributed to a considerable increase in the number and proportion of offenders who are incarcerated for the full duration of their sentences and who transition out of prison with no legal conditions, monitoring, or reentry assistance. This trend complicates prisoner reentry and must be taken into account when considering how reentry services are provided and how resources are allocated. If more incarcerated individuals are electing to serve their maximum sentence and not accept parole supervision, their need for support in the community upon release is still a public safety and public health concern. Individuals who max out of prison or jail present with significant substance abuse and housing issues.

In New Jersey, the Parole Board has a significant infrastructure for reentry services and treatment. The board contracts with community providers for more than 800 residential beds, nine day reporting centers, and has an agreement with the New Jersey Division of Mental Health and Addiction Services that affords substance abuse treatment, both residential and outpatient, to individuals on parole. Even if treatment or employment is not a condition of release, the individual parole officer can serve as a resource in connecting clients to service in an effort to aid in their transition home. The

New Jersey State Parole Board has a relationship with the Department of Community Affairs to provide a small number of beds to homeless parole clients in targeted areas and has also contracted with community-based providers to provide transient housing to homeless individuals on parole. Despite completing a 30-year sentence, Darryl was ineligible for all of these services due to "maxing out."

Ultimately, individuals who max out of prison are more likely to recidivate. According to Pew (2013), max-outs tend to be higher risk offenders than parolees, but, even when controlling for key risk factors such as age, time served, current offense, and criminal history, parolees are still 36% less likely

ex-offenders vulnerable to homelessness is a necessary step to generating solutions.

## Rationing Services

I have a client who went to the Board of Social Services and requested emergency housing because he's homeless. The Board told him that because he accepted parole when he left prison, he caused his own homelessness and is not eligible for services. Can you help me?

Who is responsible for assisting the homeless individual on parole? Should the Parole Board be required to provide housing for all homeless parole clients? Is the Parole

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**Ultimately, individuals who max out of prison are more likely to recidivate. . . . Parolees are 36% less likely to return to prison for new crimes within three years of release.**

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to return to prison for new crimes within three years of release. The policy implications related to this shift are significant and their impact on an individual such as Darryl Smith can be devastating. It was only due to a weather emergency that Darryl Smith found his way to a homeless shelter. Too often, homeless ex-offenders find themselves back in county jail. Brown, Hickey, and Buck (2013, p. 436) note that the "lack of access and continuity of care is reinforced by insufficient funding, a crisis-only system, and inappropriate utilization of the criminal justice system." Their evaluation of a jail in-reach program reinforces Darryl's plight.

In an effort to attend to the disproportionate number of homeless people entering the Harris County Jail in Texas, a pilot project was initiated by stakeholders including the Harris County Sheriff's Office and the County Mental Health Authority. The findings of the Jail Inreach Project evaluation reinforced the importance of linking releasees to services immediately upon release as a measure for breaking the cycle of repeated incarceration and chronic homelessness (Brown et al., 2013, p. 435). The evaluation also reports that "a lack of short term housing resources in the community, combined with wait lists and strict admission requirements for longer term housing and treatment programs made it difficult to releasees to be housed immediately upon release" (Brown et al., 2013, p. 439). Examination of regulations and practices that leave

Board a housing provider? Are the individual counties of conviction required to provide emergency housing to individuals who are returning home to their community from prison? Persons convicted of a crime are statutorily required to return to their county of conviction unless they can successfully petition the Parole Board and demonstrate a viable plan to relocate elsewhere within the State of New Jersey. With limited resources for homeless individuals and families, do the needs of homeless ex-offenders come first because they pose a risk to public safety?

What is troubling about this assessment of "causing one's own homelessness" is that it is contrary to facts about public safety. As noted above, the Pew Charitable Trust report *The Impact of Parole in New Jersey*, found that "parolees have better public safety outcomes than inmates who serve their full sentences. Among offenders released in 2008, fewer parolees than max-outs were rearrested (51% vs. 65%), reconvicted (38% vs. 55%), or returned to prison for a new crime (25% vs. 41%) within three years of release" (Pew, 2013). The competition for limited resources such as emergency or subsidized housing gives rise to regulations and practices that ration care.

Making individuals and families ineligible for services reduces the appearance of a demand for social entitlements and therefore reduces the obligation of the public entity to

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provide such services. Lipsky (2010, p. 133) attests that “street-level practices ration service, organize clients’ passage through the bureaucracy, and conserve scarce organizational and personal resources.” Consider the HUD definition of “chronically homeless.” Someone with a disability who has lived in a place not meant for human habitation, in a safe haven, or in an emergency shelter for only 10 months is not chronically homeless. Someone without a disability living in these circumstances for 12 months is not chronically homeless. These patterns of practice are a common experience to those seeking services and social entitlements. There is a direct impact when street-level

Collateral sanctions include but are not limited to things such as being banned from public housing, being ineligible for welfare benefits such as Temporary Assistance to Needy Families (TANF) or General Assistance (GA), losing the right to vote, and the termination of parental rights. These collateral sanctions limit the housing options of returning ex-offenders and place family members in precarious scenarios, deciding whether to house their returning loved one and possibly violate their lease, especially in public housing.

In our earlier example, the individual denied eligibility because he left prison for parole, therefore “causing his own homelessness” by the local Board of Social Services, was convicted of a sex offense. In New

to find suitable housing. He was referred to a men’s shelter, and the other homeless men objected to him staying at the shelter. Jack has a lengthy criminal history, a diagnosed mental illness, and a GED. He was receiving food stamps and cash assistance in the amount of \$196 a month. He has no family support and cannot be around minors. With limited employment opportunities, his ability to secure permanent affordable housing is minimal. Jack Baxter is not unique. Jack comports with what research suggests are individual factors contributing to sex offender transience. Unemployment, low education, inadequate finances, lack of social support, addiction, and mental illness also potentially contribute to homelessness due to limited resources or compromised psychosocial functioning (Socia et al., 2015). Jack had significant difficulty finding and maintaining employment due to his mental illness, lack of employment history, and being unstably housed.

Similar to Jack, other sex offenders who have been provided with transitional housing have not always been successful. Kras, Pleggenkuhle, and Huebner studied sex offenders referred to a transitional housing facility because (1) they lacked the resources to obtain a viable home plan, (2) the home plan was denied because of the sex-offender related restrictions, or (3) the offender violated the terms of his or her supervision and sex offender restrictions, and the transitional facility was the sanction. The study found that sex offenders had much longer stays in the facility, which hindered opportunities for ongoing treatment outside the facility and for employment and housing, and that therefore “the living conditions became an additional barrier to successful reintegration” (Kras et al., 2016, p. 523). This finding reinforces the earlier conclusion by Herbert et al. that instability begets instability.

For sex offenders, like offenders convicted of methamphetamine production, a significant collateral sanction has been a lifetime ban from public housing or vouchers for subsidized housing. For sex offenders, there are also individual conditions of supervision that preclude housing options, such as not being around minors or their victim(s). Depending on the level or tier of sex offending, there is community notification of varying degrees. However, community notification or residence restrictions on sex offender housing has not been found to be effective at either promoting the rehabilitation of registered sex offenders or increasing the safety of community members (Socia, 2011). The effects of statewide residency restrictions on

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bureaucrats strictly adhering to definitions of homelessness disqualify people for “causing their own homelessness.” Someone who is temporarily sleeping on someone’s couch because he or she would otherwise be on the street is not considered homeless when applying for emergency housing assistance. Emergency housing providers largely view this scrutiny by local Boards of Social Services regarding circumstances presented by applicants as a means of reducing the number of eligible individuals and families.

### **Invisible Punishment**

Public employees and higher officials are aware of the implications of actions taken that effectively increase or decrease client demand (Lipsky, 2010). Individuals who have been incarcerated do not elicit sympathy from most of the general public, including public employees and higher officials, and the appetite for restricting benefits to ex-offenders is strong. Criminologist Jeremy Travis (2002, p. 19) acknowledged that “in an era of welfare reform, when Congress dismantled the six-decades-old entitlement to a safety net for the poor, the poor with criminal histories were thought less deserving than others . . . [and] there was little hesitation in using federal benefits to enhance punishments or federal funds to encourage new criminal sanctions by the states.” Travis refers to these collateral consequences of incarceration as “invisible punishment.”

Jersey, sex offenders leaving prison are mandated to parole supervision for life in nearly all instances. Travis (2002, p. 22) discusses this collateral sanction for sex offenders and documents that “by 1998, every state had enacted legislation requiring that convicted sex offenders register with the police upon release from prison . . . with the duration of registration ranging from ten years to life.” With community notification and lifetime supervision, the housing needs of sex offenders are particularly complicated.

### **Registered Sex Offenders**

In a state where there is already a dearth of affordable housing, what can be done for the registered sex offender? Consider Jack Baxter; a 55-year-old man convicted of a sex offense nearly 15 years ago. After serving time in prison, he has been referred to a parole-funded community provider on four different occasions over the last seven years. Each time, he has failed to complete his required community treatment, mostly due to his addiction but also because he has been chronically homeless after each of his releases from prison. As a sex offender, he is required to have housing approved by his parole officer. Last year, his length of stay in temporary housing expired and he had not secured permanent housing. He was returned to prison for violating this condition of his release. He was released this year, again to homelessness, and was struggling

sex offender mobility are worth noting. For registered sex offenders (especially juvenile offenders) who have offended against a minor family member, returning to live with their family is generally not advisable or permitted. Consequently, sex offenders with victims under the age of 13 experience the highest rate of residential instability (Rydberg et al., 2014). Sex offenders appears to have become the modern day pariah for whom significant collateral sanctions exist, and creative new solutions to manage them in the community are required.

### **Competing Demands for Social Compliance**

Susan Battle, 40, has been in and out of jail several times and is now on an Intensive Supervision Program (ISP) for theft. Under the direction of the Administrative Office of the Courts, ISP is an intermediate form of punishment, similar to probation but with significant supervision requirements designed to deter people from prison and assist with their rehabilitation. Homeless, Susan came to the shelter. She was referred to the county Board of Social Services for a referral because some shelters are not positioned to take unfunded clients in shelter stays. The local Boards of Social Services can pay a per diem for shelter care and case management services for homeless clients. However, to be eligible for this emergency assistance, you must be on Temporary Assistance for Needy Families (TANF) if you have children, or General Assistance (GA) if you are single. To be eligible for TANF or GA, you cannot have any income. Susan had significant health issues and a lengthy substance abuse history. While in the shelter, she needed to have a biopsy for breast cancer. She was required by the Board of Social Services to seek substance abuse treatment.

Susan was receiving \$140 a month in GA and emergency assistance (EA) but was required to find employment by her ISP officer. She was not permitted to earn more than her GA benefits or she would become ineligible. However, failure to comply with the ISP would result in incarceration. Susan quickly found a part-time job and immediately lost her eligibility for GA and emergency housing. Thankfully, her ISP officer understood that finding Susan safe, affordable housing was critical to her health, recovery, and rehabilitation and set the immediate requirement for employment in abeyance until she was stably housed. Shelter staff had successfully advocated

on Susan's behalf, but many homeless ex-offenders lack these supports.

The needs of female ex-offenders are complex. In my experience, women more often have co-occurring mental health and substance abuse issues and longer criminal histories. Fries, Fedock, and Kubiak (2014, p. 112) studied the role of gender, substance abuse, and serious mental illness in anticipated post-jail homelessness and found that women were twice as likely as men to anticipate homelessness upon release. They found that "women were more likely than men to be homeless pre-jail and [to] present with a serious mental illness, a substance abuse disorder, or both" (Fries et al., 2014, p. 107). The Council of State Government's Justice Center (2016) reports that the prevalence of chronic illnesses and communicable diseases is far

drawn attention to the issue of frequent users of jails, emergency departments, and homeless shelters. An examination of these models and for whom they are successful is pertinent to the discussion of promising practices and policy implications.

The application of innovative strategies has had dramatic results on reducing the use of jail and emergency rooms for mentally ill ex-offenders. This is evidenced by the Corporation for Supportive Housing (CSH) Frequent User System Engagement (FUSE) model. CSH reports that FUSE helps communities to break the cycle of homelessness and crisis among "super utilizers," individuals with complex behavioral health challenges who are the highest users of emergency rooms, jails, shelters, clinics, and other costly crisis service systems. The

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## **Being homeless or unstably housed diminishes efforts to improve health outcomes, and strategies to promote accountable healthcare are increasingly including permanent supportive housing.**

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greater among people in jails and prisons, and it has been my experience that women are reluctant to seek medical attention in state prison even for serious health issues. Ironically, it has also been my experience in working with women churning through the county jail system that they appear to have their health needs met only by the jails. The highly complex medical and behavioral health issues of individuals frequenting the emergency departments, shelters, and the jails have spurred interest in reducing health care costs and improving health outcomes. There now appears to be wide acceptance that being homeless or unstably housed diminishes efforts to improve health outcomes, and strategies to promote accountable healthcare are increasingly including permanent supportive housing.

### **Promising Practices and Policy Implications**

Concurrent with the 31% decline in chronic homelessness, the National Alliance to End Homelessness (2016, p. 4) reports a 69% increase in permanent supportive housing for the homeless from 2007 to 2015. Successful housing strategies such as Rapid Rehousing, Housing First, and Permanent Supportive Housing are touted as contributing to effectively moving chronically homeless individuals and families into housing. A recent focus on effective models has

FUSE model was associated with lower psychiatric inpatient hospitalization days, fewer jail days, dramatic declines in shelter stays, and increased stability in housing (Aidala et al., 2014).

Significant focus has been given to Housing First as a successful strategy to end homelessness and promote better health outcomes. Housing First is a model of assistance to the homeless that prioritizes permanent housing, offers voluntary supportive services, does not require sobriety for individuals with addiction, and values client choice in service provision. A study of a project-based Housing First model program in Seattle, Washington, had significant findings relative to housing benefits for homeless individuals with histories of incarceration. The study found that a criminal history did not preclude successful housing retention and that the Housing First model is correlated with a more than 50% reduction in jail bookings and jail days (Clifasefi et al., 2013). For a practitioner, Housing First models present unique challenges in implementation. Individuals active in addiction have difficulty paying rent, are most times in arrears, and often face eviction. The provision of voluntary supportive services that encourage clients with behavioral health issues to remain stably housed is critical.

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Although collaboration has spurred interest in frequent users of the jail and partnerships to integrate care, little attention and priority is given to those facing homelessness on returning from prison. It is acknowledged that repeated incarceration often fails to modify the behavior that leads to recurrent arrests and that incarceration is not an effective strategy for rehabilitation (MacDonald, 2015, p. 2265). However, the causes of homelessness after being released from prison or jail are both systemic and reflective of the extraordinary needs of people who are inevitably returning to the community. Successful models do exist for prisoners facing homelessness and warrant consideration for replicability.

Washington State implemented a Reentry Housing Pilot Program (RHPP) to reduce recidivism among released high-risk/high-need prisoners who were discharged without a place to live. The evaluation of this

a house or apartment did not matter as much as having roommates and that participants who are assigned to live with others may be more successful in moving through the program. This finding has significant implications for designing a housing initiative for homeless ex-offenders.

Of those individuals returning to the community from prison, registered sex offenders perhaps encounter the most barriers to housing. A model that proved successful for individuals convicted of sexual offenses in Colorado was Shared Living Arrangements (SLAs). The Colorado Department of Public Safety, Division of Criminal Justice, Sex Offender Management (Colorado DPS, 2004, p. 36) conducted a research study on SLAs and found that high-risk sex offenders living in SLAs had significantly fewer violations than those living in other non-correctional living arrangements. The study compared sex offenders who lived in SLAs with those who lived alone, with family or friends,

these violations of terms of supervision more times than roommates in any other living arrangement (Colorado DPS, 2004, p. 4). Lutze and colleagues' finding relative to the positive effect of having roommates in the Washington Reentry Housing Pilot Program affirms Colorado's research outcome.

Although superficially it would appear that having individuals with criminal backgrounds living and associating together could promote pro-criminal behavior, both studies found significant benefits to these living arrangements. Other shared housing arrangements such as Sober Living homes and Oxford Houses, where supportive permanent housing provides stability and accountability for individuals in recovery, would be a testament to the importance of positive peer support. The compliment of treatment, supervision, and housing support provide a strategy for success for the otherwise homeless individual returning from prison. SLAs also make housing more affordable to individuals who are often financially struggling while rebuilding their lives after incarceration. Where affordable housing is scarce, sharing living expenses would appear to be a highly favorable option.

## Conclusion

It is necessary to examine the experiences of homeless ex-offenders, the barriers they face, and the results of effective models of intervention when considering alternatives that promote successful prisoner reentry. The reevaluation of collateral sanctions and restrictive policies that result in homelessness for ex-offenders is a fundamental component of improving opportunities to end ex-offender homelessness. Creative collaborations among stakeholders can promote positive outcomes that result in cost savings across multiple systems. More than a decade ago, the U.S. Department of Justice (DOJ, 2004) issued a *Guide for Developing Housing for Ex-Offenders*, in which the DOJ recommended the involvement of a broad stakeholder group. The *Guide* recommended accessing Community Development Block Grants, HUD Section 8 vouchers, emergency shelter grants programs, and federal tax credit projects or alternative funding to promote the creation of reentry housing. These recommendations are no less important today. It is incumbent on all professionals working in prisoner reentry to advocate for system change and inclusion for ex-offenders in successful housing strategies. Collectively, we can make significant progress on reducing homelessness and promoting public safety.

See *HOMELESSNESS*, next page

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pilot initiative demonstrated that providing housing in conjunction with wraparound services increases the likelihood of successful reintegration (Lutze et al., 2014, p. 485). In the pilot, 208 ex-offenders were provided with affordable, safe housing and supportive services in three different counties in a variety of housing environments. The study found that the RHPP was successful in significantly reducing new convictions and readmissions to prison for new crimes but had no significant effect on revocations (Lutze et al., 2014, p. 471). Revocation of community supervision (such as parole) can be a result of noncriminal but prohibited behavior such as drug use or failing to report to a parole officer. In addition, an earlier study of the RHPP initiative also demonstrated that the RHPP had positive effects on participant's income and that as length of time in the program increases so does the participants' average mean income per month (Lutze et al., 2009, p. 21). Lastly, the study on RHPP also found a trend in housing arrangements that has implications for and correlates with other research on housing ex-offenders. Lutze et al. found that living in

in homeless shelters, or in jail and work release programs. The most restrictive environment (jail and work release) had the lowest number of criminal violations, as would be expected (Colorado DPS, 2004, p. 25).

It is important, however, to assess the level of risk of the offenders in each of these settings. A critical finding of the Colorado study (Colorado DPS, 2004, p. 25) was that:

Sex offenders living in SLAs accrued just slightly more criminal violations than those living alone . . . but sex offenders living alone were significantly more likely to be classified as low or medium risk, and those living in an SLA were more likely to be classified as high risk. Sex offenders living with friends, family, or in shelters . . . had the highest number of criminal violations.

SLAs in Colorado were found also to have the shortest amounts of time between when a sex offender committed a violation and when the probation officer or treatment provider found out about the violation, and roommates of sex offenders in SLAs reported

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