Moving Toward Evidence-Based Housing Programs for Persons with Mental Illness in Contact with the Justice System

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The CMHS National GAINS Center

May 2006, *Updated May 2009*

Research shows that a one-size-fits-all approach to housing for persons with mental illness who are justice involved will not work. What works in housing for most persons with mental illness may be different from what works for those who are justice involved — particularly those individuals released from jail and prison to the community and placed under correctional supervision.

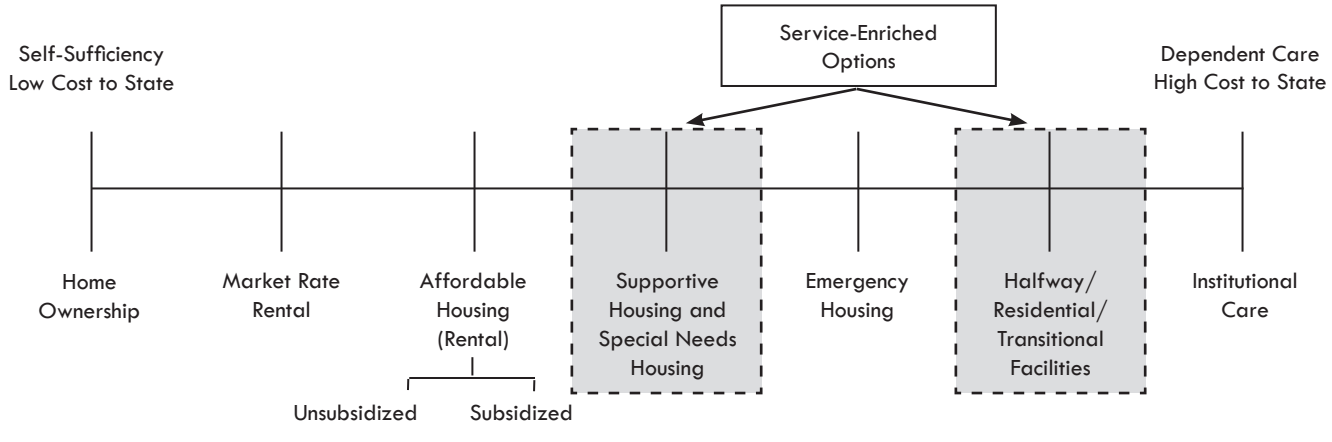
The reentry population may have differing needs than individuals with mental illness who have *not* had contact with the justice system. The *type* of criminal justice contact can play an important role in determining the best housing options for consumers as well. Persons returning from prisons and jails may have high-level needs given the requirements of supervision (e.g., remain drug free, obtain employment). Housing options should provide a balance between the often competing needs of criminal justice supervision and flexible social service provision.

Taking into consideration the reentry point of individuals can provide the basis for understanding how their mental health needs can be integrated with criminal justice system needs. When a person is under criminal justice supervision, housing and the services that come with housing must simultaneously satisfy the service needs of the individual and the demands of the criminal justice system. Furthermore, those returning to the community after being in the custody of the criminal justice system for long periods of time often lack awareness of the range of housing options, as well as the skills to make appropriate housing-related decisions.

With regard to returning prisoners, research suggests that residential instability and incarceration are compounding factors influencing both later residential instability and re-incarceration. A large study examining persons released from New York State prisons found that having both histories of shelter use and incarceration increased the risk of subsequent re-incarceration and shelter use (Metraux & Culhane, 2004). Data collected on individuals in U.S. jails suggests that individuals who experience recent homelessness have a homelessness rate 7.5 times higher than the general population (Malone, 2009). Individuals with links to the mental health system had considerably higher proportions of shelter stays and re-incarcerations post release than those without links to the mental health system. Other studies have found that persons with mental illness who experience housing instability are more likely to come in contact with the police and/or to be charged with a criminal offense (Brekke et al., 2001; Clark, Ricketts, & McHugo, 1999). These factors contribute to the overrepresentation of homelessness and mental illness among inmates in correctional facilities.

Housing for persons with mental illness who have had contact with the justice system can be viewed along a continuum of options from full self-sufficiency to full dependent care (see Figure 1). The most available or

Figure 1. The Continuum of Housing Options for Persons with Mental Illness Who Have Had Contact with the Justice System



Source: Modified from Safe Homes, Safe Communities. 2001. Minnesota Department of Corrections

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appropriate housing option for individuals may differ depending on which reentry point (i.e., diversion, jail, or prison) an individual enters the community. Supportive housing and special needs housing, and transitional facilities (highlighted in Figure 1) are the main options for consumers of housing in need of services to treat mental health conditions, outside of the provision of institutional care. Supportive housing and special needs housing are permanent housing options coupled with support services. These types of housing are most often partially or wholly supported by HUD and specifically designed to support disadvantaged populations. Permanent housing options have proven to have a one-year retention rate of 72% or higher at keeping formerly homeless individuals from returning to homelessness (Malone, 2009).Transitional housing is an umbrella term to capture any housing that is not permanent but is designed to provide at least some type of service that assists clients with establishing community reintegration or residential stability.

To navigate the intricate landscape of housing for persons with mental illness who have had contact with the justice system, it is important to understand that the service-enriched options for housing can utilize a range of approaches from *housing first* to *housing ready*. These approaches are underlying principles that guide the provision of housing and services to individuals who are homeless or have been deemed "hard to house."

The *housing first* approach offers the direct placement from the street (or an institution) to housing with support services available, but not required. Often, the only requirements are that individuals not use substances on the premises and abide by the traditional lease obligations of paying rent and refraining from violence and destruction of property. In contrast, *housing ready* starts with treatment and progresses through a series of increasingly less service-intensive options with the goal of permanent supportive housing as people are "ready." Housing is transitional in *housing ready* models and generally features services that are "high demand," as described below.

Although requirements and configurations of services vary tremendously across service-enriched housing options, service-related models cluster along a continuum from low demand to high demand. The literature describing housing options suggests that the service component is a key variable that will impact outcomes. Although some evaluation studies have found that housing with low-demand service provision may work well for persons with mental illness, low demand services might not be an option when individuals are under high levels of correctional supervision. Although correctional supervision-related coercion (e.g., mandatory drug testing) has been shown to work well in many circumstances with criminal justice-involved clients who have a mental illness, experts know little about how coercion works with those who have a mental illness.

Using Supportive Housing Programs for Persons with Mental Illness: Cook County's Frequent Users Program

In 2006, the Corporation for Supportive Housing (CSH) launched its Returning Home Initiative. Under this initiative, CSH has worked collaboratively with the Cook County Jail in Illinois to pilot a program that links people with long histories of homelessness, mental illness, and incarceration to supportive housing. The Illinois Demonstration Program for Frequent Users of Jail, Shelter, and Mental Health Services focuses on people that:

- √ Have demonstrated a history of repeated homelessness upon discharge from jail;
- √ Have been engaged by the jail's mental health services or state mental health system at least 4 times;
- √ Have a diagnosed serious mental illness of schizophrenia, bipolar, obsessive compulsive or schizo-affective disorder.

These "frequent users" are provided with permanent affordable housing, and comprehensive mental health and long-term support services. The program targets the 10,000 people with serious mental illness that cycle annually between homelessness and the county jail.

For more information, visit: http://www.csh.org

Lessons can be learned from a California initiative focused on persons with mental illness and other major challenges including homelessness, recent incarceration, and a co-occurring substance use disorder. In 1999, California passed Assembly Bill 34 to fund housing and treatment programs for homeless individuals with a diagnosed mental illness. Specifically, the programs are designed to provide comprehensive services to adults who have severe mental illness and who are homeless, at risk of becoming homeless, recently released from jail or state prison, or others who are untreated, unstable, and at significant risk of incarceration or homelessness unless treatment is provided. State funds provide for outreach programs and mental health services along with related medications, substance abuse services, supportive housing or other housing assistance, vocational rehabilitation, and other non-medical programs necessary to stabilize this population.

Evaluation of findings from the California initiative suggests that the provision of housing to persons who have mental illness and are justice involved through a

housing first approach can enhance residential stability and increase successful community integration (Burt & Anderson, 2005; Mayberg, 2003). Findings also indicate that programs serving the most challenging clients (those with longer histories of homelessness and incarceration) produce similar housing outcomes as programs serving less challenging clients (Burt & Anderson, 2005). Essentially, people with serious mental illness and histories of arrest or incarceration can achieve housing stability with adequate support.

Likewise, Malone (2009) examined housing outcomes for 347 homeless adults with disabilities and behavioral health disorders in a supportive housing program in Seattle WA and found that the presence of a criminal history did not predict housing success or failure. In fact, results of the study indicate that when adequate supports are utilized individuals with more extensive criminal history, more serious criminal offenses, and more recent criminal activity all succeed in supportive housing at rates equivalent to others.

Although results from the AB2034 evaluation and the Seattle study suggest that *housing first* models are appropriate and often successful strategies for housing persons with multiple challenges, our review of seven promising reentry housing programs operating nationwide (in-depth interviews were conducted with program directors) found that, with the exception of one program, the reentry programs are utilizing *housing ready* approaches.

Six of the seven programs reviewed were designed as transitional programs with a treatment focus. For the majority of the programs, all or some consumers of housing are under parole supervision. Some of the programs offer combination housing, where consumers can progress through different housing options. Related to the *housing ready* approach, the reentry populations served generally have little service or housing choice in the beginning of their continuum. Tenant rights are usually program based (but the program may transfer rights of tenancy if participants move into more permanent housing within the supported housing program). There is often 24-hour supervision and surveillance and on-site service teams present during the day for mandated sessions and activities. But, importantly, at the end of the progression through the various housing options, at least three housing programs offer permanent housing.

In summary, when criminal justice system contact is added into the mix of characteristics of clients served by current housing options targeting persons with mental illness, some issues may be more relevant/salient than others. The AB 2034 programs in California and the study in Seattle have shown that success can be achieved with *housing first* models, but it is important to note that, for the most part, the consumers in these two studies were not under correctional supervision. Although the seven programs reviewed in the discussion paper were not selected to be representative of all existing programs, it appears that, in practice, providers serving the reentry population are utilizing *housing ready* approaches, as opposed to housing first approaches. Not surprisingly, the review found that reentry programs offering permanent housing are rare. However, we see evidence that the number of permanent housing options for returning prisoners is increasing across the country.

This fact sheet is based on a larger discussion paper, developed for and reviewed by an expert panel convened by the National GAINS Center and is available for distribution. The discussion paper provides a detailed synthesis of the criminal justice and housing and homelessness literature as it pertains to reentry housing, and describes seven promising reentry housing programs that serve persons with mental illness. ■

References

Brekke, J.S., C. Prindle, S.W. Bae, & J.D. Long. 2001. Risks for individuals with schizophrenia who are living in the community. *Psychiatric Services 52*(10): 1358-1366.

Burt, M.R. & J. Anderson. 2005. AB2034 Program Experiences in Housing Homeless People with Serious Mental Illness. Oakland, CA: Corporation for Supportive Housing. Retrieved January 25, 2006 (http://documents.csh.org/documents /ca/csh_ab2034.pdf).

Clark, R.E., S.K. Ricketts, G.J. McHugo. 1999. Legal system involvement and costs for persons in treatment for severe mental illness and substance use disorders. *Psychiatric Services 50*: 641-647.

Corporation for Supportive Housing. 2007. Illinois demonstration program for frequent users of jail, shelter, and mental health services. Chicago: Corporation for Supportive Housing.

Malone, D. K. 2009. Assessing criminal history as a predictor of future housing success for homeless adults with behavioral health disorders. *Psychiatric Services 60*: 224-230.

Mayberg, S.W. 2003. *Effectiveness of Integrated Services for Homeless Adults with Serious Mental Illness*. A Report to the Legislature. Sacramento, CA: California Department of Mental Health.

Metraux, S. & D.P. Culhane 2004. Homeless shelter use and reincarceration following prison release. *Criminology and Public Policy 3*(2):139-160.