

Literature Review: Current Practices in the Reintegration of High Needs Correctional Inmates

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Literature Review - Current practices in the reintegration of high-needs correctional inmates **Prepared by Sean Pegg**

This literature review examines recent research and reporting on reintegration programs and services for inmates leaving correctional institutions. The focus is on populations with high and multiple needs, including but not limited to dual diagnosis (i.e. mental illness and addiction) and multiple concurrent conditions (including chronic physical conditions and developmental and/or learning disabilities). The review includes a focus on transitional and permanent housing programs, with particular attention to supportive housing initiatives.

A. Introduction

The difficulties faced by people leaving correctional institutions in high-income countries are well-understood. A recent review of a pilot program focused on housing former prisoners in Washington State, provides a helpful overview of these difficulties:

... Homelessness and housing instability generally place [former prisoners] in social contexts and situations that are highly correlated with treatment failure (especially for substance abuse and mental illness), violation of supervision, and recidivism...

Without a stable place to live, it is difficult to address issues related to the cumulative effect of having a prison record, living in poverty, and managing the deficits caused by a lack of education, unemployment, substance abuse, and/or mental health problems (Lutze et al, 2014; see also Biswanger et al, 2012).

Lutze et al (2014) make it clear that stable housing offers consistency and control, so that former prisoners can “engage in the day-to-day routines important to building social networks and establishing an identity of personal worth.” Further, ‘stable’ housing should not be considered as an endpoint or fixed event, but rather “a fluid and volatile state of being for offenders that is an ongoing threat to successful re-entry and long term reintegration.”

To make the transition to stability, the Washington State program evaluation (discussed in more detail below) advocates for an interdisciplinary approach to the community re-entry of former prisoners, with deep involvement of police, community and institutional corrections, social services, treatment providers, government agencies, grassroots organizations, and families (Lutze et al, 2014).

Hamilton et al (2013) offer a useful outline of five major groupings of housing types available to those leaving the correction system:

1. The housing market, or living with family/friends (without subsidy);
2. The housing market, with subsidies from various levels of government;
3. Regulated, temporary, community-based transitional correctional housing facilities (i.e. halfway houses);
4. Temporary transitional housing outside the correctional system, with various services attached, generally funded by charities or grants;
5. Permanent supportive housing, with those receiving supports either (i) co-located with other high-needs individuals, or (ii) located in “scattered sites” across a given region.

In a review of a Washington State housing voucher program for former prisoners, Hamilton et al (2013) note that, while the initiative had significant success in reducing recidivism among individuals leaving the correctional system, it may be impossible to separate the effect of housing from other wraparound supports – suggesting, like Lutze et al (2014), that stable housing alone is likely not enough to account for the program’s positive outcomes.

The Washington State philosophy is similar to that taken in Scotland, where, led by housing advocates, wraparound supports under a “housing first” model have become the accepted mode of practice (though former prisoners have not been a central part of this change). The wraparound approach (as outlined by Littlewood et al, 2018) includes:

- High levels of coordination between government agencies and the non-profit sector;
- Intensive staff training;
- Targeting of groups known to be at highest risk of ‘rough sleeping;’
- Evidence-informed street outreach that moves people permanently off the street as quickly as possible, with a policy goal of zero rough sleeping;
- “A transition to a model of ‘rapid rehousing’ by default, including access to Housing First for those sleeping rough with multiple and complex needs.”

A forward-thinking reintegration program focused on high needs former prisoners in Mecklenburg County, North Carolina (including the city of Charlotte), show the potential results of this approach:

- In the five years before the start of the program, participants spent an average of 278 days in shelters; the same participants spent an average of 37 days in shelters over three years of the program – a saving of \$4,000 per person.
- In the three years prior to joining the program, participants averaged \$21,089 in hospital charges; after entry, this dropped to \$12,007 - a 43% reduction (Listwan & LaCourse, 2017).

At a high level, Visher et al (2017) offer a helpful reminder for policy makers, to the effect that:

- Rehabilitative programs are more effective at preventing recidivism among former prisoners than control or deterrent approaches (i.e. surveillance and intensive supervision);
- Single-site substance abuse treatment programs and ‘wraparound’ re-entry programs have been found to be particularly effective;
- Treatment programs are more likely to be effective with higher-risk and higher-needs former prisoners (see also Office of the Correctional Investigator, 2014);
- Services that focus on individual change are more effective than those that primarily attempt to increase practical skills and address specific needs such as housing and employment. (Similarly, one of the takeaways from the massive United States Serious and Violent Offender Re-entry Initiative was that “individual programs directed at single problem areas are unlikely to have substantial impacts on recidivism” – see Lattimore & Steffey, 2010).

The US National Association of Counties (2012) offers a succinct overview of the philosophy operating within these initiatives:

“For justice-involved individuals with [mental health and substance use issues], facilitating access to health care and coordinating treatment and support services prior to release from jails... improves the likelihood of a successful return and tenure in the community. When individuals return to their communities, they should have access to the medication, treatment, and services they need to maintain a stable and healthy life. An effective pre-release coordination plan will coordinate an individual’s discharge from jail or prison to a community-based service provider or case manager.”

Changes in the approach to community re-entry and reintegration of former prisoners in the United States and United Kingdom have been heavily influenced by national trends and policy decisions. This is particularly notable in in the United States, where policymakers have come up against the negative outcomes of disastrous incarceration policies, and have changed course to reduce prison populations. Thankfully – perhaps having learned from the deinstitutionalization catastrophe of the 1980s – the Obama administration, and some state governments, successfully invested in smoothing the reintegration of former prisoners.

The embrace of the Housing First model in the United States, Scotland and Canada, and of the Common Ground approach in Australia, highlight the power of policy change – in this case, the

decision to seriously undertake the elimination of rough sleeping and the use of shelters. These changes have largely been directed at homeless populations who do not carry the stigma of incarceration, and the new approaches are not immune to the biases and misconceptions that are well-known to advocates of former prisoners. However, the programs reviewed in this document show that the new models of practice can enable the community re-entry and reintegration of people who have been in conflict with the law, including those with mental health and addictions issues.

B. Models of Housing, Community Reintegration and Re-Entry Supports

In the past five years, a great deal of research has been published on programs that focus on the community re-entry and reintegration of former prisoners with high physical and/or mental health needs, and who struggle just to meet basic needs after leaving correctional facilities. This is very much a current and evolving theoretical and programmatic area.

The Housing First model has captivated service providers and housing advocates across a number of countries and regions. That being said, there is tension in the literature between the proponents of Housing First who argue strongly against any type of temporary housing; supporters of Housing First who focus on getting homeless individuals into any type of available housing (with temporary housing a main feature of the Scottish approach); and those who do not take a strict Housing First approach (e.g. champions of 'dry' accommodations, where individuals must agree to enter addictions treatment, where relevant, to qualify for housing). The following section includes examples of each of these models.

1. Corporation for Supportive Housing – Frequent Users System Engagement (FUSE)

The Frequent Users System Engagement (FUSE) program, led by the Corporation for Supportive Housing (CSH) national office in Manhattan, is an innovative attempt to address the housing and other needs of frequent users of the emergency housing, health care and criminal justice systems. The model depends on the leadership of local champions, supported by CSH expertise and resources, and made possible by significant foundation funding.

FUSE has been implemented and evaluated in a variety of contexts across the United States. A recent evaluation of FUSE in New York City, performed by researchers at Columbia's Mailman School of Public Health (Aidala et al, 2014), provides an overview of the model:

- FUSE NYC was developed by a large group of stakeholders: the Corporation for Supportive Housing; the New York City Departments of Homeless Services, Corrections,

Health and Mental Hygiene, and Housing Preservation and Development; the New York City Housing Authority; and ten non-profit providers of housing and social services.

- The program initially provided support to 200 people who cycled frequently between jails and homeless shelters, and who have experienced significant health challenges (both physical and mental) and trauma. While many former prisoners experience periods of “residential instability,” FUSE focuses on those with particularly high needs.
- FUSE begins with the provision of permanent (as opposed to temporary) supportive housing, and has three core elements that will be familiar to those up to speed on developments in ‘collective impact’:
 - a. Data-driven problem solving, in order to (i) identify the highest need populations, (ii) measure the impact of FUSE on health care, social service, income assistance and other system costs, and (iii) “demonstrate that individuals are able to avoid cycling among institutions altogether” (Aidala et al, 2014).

(The program measures (i) retention in permanent housing, (ii) arrests and returns to jail, (iii) “problem” drinking and drug use, (iv) physical and mental health, (v) connection with family and other social supports, (vi) use of health, mental health and substance abuse services, (vii) institutional cycling, (viii) cost of the invention, and (ix) reductions in public expenditures.)

- b. Policy and systems reform, in order to shift resources from costly and dispersed public services to permanent housing that is integrated with necessary supports.
- c. Targeted housing and services, matched with ‘in-reach’ to jails, shelters, hospitals and other settings.

The program accessed funds from existing public homelessness support streams, as well as existing units of government-connected supportive housing. The evaluation was supported by four separate foundations.¹

Participants received the following:

¹The Robert Wood Johnson Foundation, the Jacob and Valeria Langeloth Foundation, Open Society Foundation, and the JEHT Foundation.

- Permanent supportive housing, including both (i) scattered-site units, with mobile case management teams and other service staff, and (ii) single-site, mixed-tenancy buildings operated by non-profits, with onsite services.
- Participants paid 30% or less of their gross income (including public housing allowance) for rent. Housing providers could be provided with a one-time \$6,500 payment per client to support temporary support services (i.e. in the period before permanent supports could be established).

The time from program enrollment to housing procurement varied from 11 days to 20 months, with an average span of 180 days (presumably participants resided in temporary housing in the interim). According to the evaluation report, delays were caused by “procedural and landlord factors... [including] client issues (e.g., acquiring appropriate identification documents), unexpected system or agency challenges (e.g., government funding cuts, agency staff changes), or both.”

Findings from the New York project appear promising. For example:

- After two years, 86% of participants were in permanent housing, compared to 42% of comparison group members.
- Participants spent 147 fewer days in shelters versus comparison group members.
- On average, participants spent 19 fewer days incarcerated – 40% lower than the comparison group.
- Use of hard drugs was half the rate recorded among the comparison group, despite comparable histories of addiction among both groups.
- Comparison group members averaged nearly 10 days in alcohol/drug rehabilitation facilities, compared to zero days for those in the intervention group.

FUSE projects have also been undertaken and evaluated in North Carolina, Los Angeles, Texas (Harris County – see below), Washington State and Minneapolis (Corporation for Supportive Housing, 2018). These projects, and others like them, might be considered ‘second-stage’ reintegration programs, following in the footsteps of the earlier US federal Serious and Violent Offender Re-entry Initiative (SVORI) (for information on SVORI, see Lattimore & Visher, 2011).

2. Data-Driven Justice Initiative

Overseen by the National Association of Counties in the United States, the Data-Driven Justice Initiative (DDJI) operates under a rubric that shares a great deal with the FUSE approach described above. The DDJI focused heavily on “high utilizers” of the justice, health and social service systems: “individuals with complex behavioral, physical, and/or social needs who are frequent users of a broad range of social services and may have a high number of contacts with emergency medical technicians and law enforcement.” The initiative notes that a large amount of resources is devoted to this population, however those services are often “fragmented, episodic and partial,” not fully responsive to individual needs, and fail to support stabilization or improved outcomes (National Association of Counties, 2012).

The Data-Driven Justice Playbook offers a guide, along with a number of examples of existing programs, to working with frequent system users. There are strong themes of collective impact throughout the document.

For example, in Louisville, Kentucky, the mayor’s office supported the creation of a Dual Diagnosis Cross-Functional Team in 2013 (City of Louisville, 2018). This team took as its purpose the identification and care of individuals who experience mental health and addictions issues, and who frequently cycle in and out of the regional criminal justice system. These individuals are identified via the Homeless Management Information System (HMIS), which serves as a shared platform for multiple partner agencies.

In the early days of the project, the cross-functional team used HMIS to identify the 100 individuals who most frequently cycled in and out of the city’s jails; this list was cross-referenced with emergency room data to identify individuals with ten or more hospital admissions. The most frequent system users were then assigned a “case manager quarterback,” who “oversees service delivery and development of a coordinated care plan for addressing the specific needs of the individual” (National Association of Counties, 2012).

In Johnson County, Kansas, regional officials and social service providers undertook a similar approach to identifying frequent system users, within a quasi-experimental framework that attempted to predict the individuals who were most likely to have a police encounter over a twelve month period.

Using machine learning methods on social service and correctional data from 2000 to 2014, two hundred individuals were identified as being at risk of having a police encounter in the near future. When 2015 data was subsequently analyzed, “it was determined that the first model

had been 52% accurate. This translated into 104 individuals, of the original 200 individuals who were identified, actually being booked into jail within the next 12 months” (National Association of Counties, 2012). County officials further discovered that these 104 people “accounted for nearly 7,000 jail days... were incarcerated twice as long as the general population... [and] had not been connected to services for an average of 28 months.”

Through the use of Medicaid waivers (which allows health officials to experiment with novel approaches to health care for households with low incomes, using Medicaid funding but outside of Medicaid policy), Data-Driven Justice Initiative members have experimented with allocating health funding to Housing First programs. Since programs operating under Medicaid waivers must be cost-neutral (i.e. the cost of activities under the waiver must be no higher than they would have been in the absence of a waiver), the national initiative demonstrates that the Housing First model is a comparably cost-effective way of addressing the physical and mental health needs of frequent correctional and social service users.

3. Harris County (Texas) Mental Health Jail Diversion Program

In what might be the ultimate sign of the times in the United States correctional environment, the Harris County Mental Health Jail Diversion Program is “a collaborative service model for health and human services and criminal justice that incorporates integrated health and behavioral health, housing, treatment of co-occurring disorders, and criminogenic risk” (Harris County, 2017) in the city and environs of Houston, the heart of law-and-order-obsessed Texas.

The program is based around the Critical Time Intervention (CTI) model of intensive case management, which requires social service practitioners to quickly (i.e. within the first weeks following release) provide wraparound care and “community integration” for people with co-occurring conditions (e.g. mental health and addictions), homelessness, and criminal justice involvement. This care includes the following:

- Clinical case management with low caseloads.
- Residential services based in a Housing First model, including group homes, 24-hour supervised congregate care and extended stay hotels. The program enters into contracts with temporary housing providers and mental health agencies, while a separate agency is responsible for obtaining permanent supportive housing.
- Coordination of services between medical practitioners, mental health, and addictions supports.
- Assistance with applications for Medicaid and Supplemental Security Income benefits.

- Rehabilitation services including skills training, employment search, and substance use/mental health recovery.
- Peer supports.

As participants stabilize, they move from intensive case management to lower levels of care.

The evaluation of the program found statistically significant reductions in rates of criminal charges and jail days among participants, with 1.6 fewer “bookings” and 83 fewer jail days over a one-year period. Results were particularly strong for individuals with access to permanent supportive housing (which had, incidentally, the lowest per-day cost of any housing option among the chronically homeless).² “Chronic homeless individuals with permanent supportive housing (PSH) remained in the program two times longer on average as compared to the chronic homeless without PSH and literally homeless populations. As a result, they experienced a greater percent change from the pre-enrollment to post-treatment period for bookings and jail days as compared to the other populations with and without housing assistance.” On the other side of the coin, felonies, misdemeanors and jail days generally increased for individuals that did not receive housing assistance (Harris County, 2017).

The Harris County Initiative appears to have been funded by the County Government itself, as part of a new approach to address the responsibilities of regional governments.

4. Washington State Re-entry Housing Program

The Washington State Re-entry Housing Pilot Program (RHPP) for high risk/high needs former prisoners places supportive housing at the centre of its approach. The authors of a recent outcome evaluation of the RHPP distinguish between programs that “focus on wraparound services in which housing is just one of many services available to [former prisoners],” versus those (like the RHPP) that “place housing at the centre of the coordinated response and use it as a foundation to provide wrap-around services” (Lutze et al 2014).

Supported by the Washington State Legislature and the state government, the RHPP provided up to 12 months of housing support “to qualified offenders [sic] who were willing to engage in treatment, secure employment, and work toward self-sustainability” (Lutze et al 2014). As with FUSE, RHPP was “designed to promote interagency collaboration and information sharing

² Permanent Supportive Housing, under this model, is “an evidence-based practice used to help individuals with disabilities find permanent housing options to facilitate independent living and obligations to tenancy, such as paying rent. A component of the practice is linking people to long-term health care, mental health and/or substance use treatment options that will facilitate retention of an independent living structure.”

between multiple stakeholders,” i.e. RHPP contractors, Community Justice Centres,³ the Department of Corrections, and other supporting agencies such as social services, mental health, addictions treatment programs, and police. The pilot operated in the most populous areas of the state, including the city of Seattle.

The authors of the evaluation define “high risk” former prisoners as “those assessed as having the greatest likelihood to recidivate by committing a violent, property, or drug related felony on release,” as measured by an unpublished screening tool used by the state department of corrections (however, see Hamilton et al, 2017). A separate tool (the Washington State Offender Needs Assessment) was used to identify “high needs” individuals.

When compared to a control group, the 208 RHPP participants were less likely to be convicted of a new offense (22% RRHP vs. 36% control), and less likely to be readmitted to prison (37% vs. 56%).

A key finding of the research was that “men and those who are younger tended to be at a greater risk of failure compared with women and older individuals,” suggesting that “programs need to be developed that address the risks and special needs of these groups across all settings to reduce recidivism and increase successful outcomes.”

The Washington State data show that, even within the bounds of a targeted housing program, housing itself was a process/fluid state rather than an endpoint. RHPP participants had, on average, two address changes over the course of the study period, and twenty percent experienced periods of homelessness during the study. Evaluators noted that “periods of homelessness over time significantly elevated recidivism risk to more than two times the rate of those in stable housing for new convictions and readmissions” (Lutze et al 2014).

The RHPP flowed out of the Washington State Governor’s Executive Order 16-05, *Building Safe and Strong Communities through Successful Re-entry* (State of Washington Office of the Governor, 2016); the Governor’s Office has recently published a report assessing the performance of various state agencies involved in the community re-entry of former prisoners (State of Washington Office of the Governor, 2017). The state-level culture changes related to the program have been bolstered by (i) the Earned Release Date Housing Voucher Program, which offers three months of rental support (up to \$500 per month) for former prisoners that

³ Established by the Department of Corrections, there are six Community Justice Centres in Washington State. The Centres are non-residential facilities “staffed primarily by the department in which recently released offenders may access services necessary to improve their successful re-entry into the community. Such services may include... mental health, [treatment for] chemical dependency, sex offender treatment, anger management, parenting education, financial literacy, housing assistance, and employment assistance.”

can prove “illness, disability or hardship” (see below, and Hamilton et al, 2015); and (ii) additional transitional funding that can be used toward transportation, health supplies, employment assistance, mental health treatment, and the acquisition of identification cards (e.g. driver’s license).

5. Washington State Housing Voucher Program

Washington State has also implemented a three-month rent supplement for individuals leaving correctional facilities. The program was implemented in 2009 and remains in force. In their recent evaluation of the system, Hamilton et al (2015) note that 95% of applicants receive the voucher.

Originally, the primary goal of the voucher program was to successfully move early-released prisoners out of the correctional system, within the context of the state policy of holding statutorily released individuals in prisons if they have not procured housing before their release day. The Hamilton et al (2015) study evaluated participants on various measures of recidivism (compared to those released before the program went into effect), as well as the costs of the program compared to average in-prison housing and care costs for inmates.

While the evaluation found only marginal differences in rates of recidivism, from a cost perspective the voucher program was significantly more cost effective than holding individuals in correctional facilities, with those living in the community costing one-quarter what it cost to hold a comparison group in a correctional facility.

6. Canadian Community Correctional Centres/Transitional Housing

Community Correctional Centres are halfway houses, owned and directly operated by Correctional Services Canada (CSC), and that only accept federally sentenced offenders (Office of the Correctional Investigator, 2014). Additionally, CSC community corrections initiatives may involve the placement of former prisoners (under community supervision) in hostels, private homes and supervised apartments.

While Community Correctional Centres do not seem to adhere to an intensive case management approach, they may nevertheless be considered under the banner of Housing First, given that former prisoners transfer directly to established facilities (which requires a basic level of pre-release planning).

In a study of these facilities, the Office of the Correctional Investigator (2014) found that “the proportion of [former prisoners] residing in a Community Correction Centre exhibiting some or considerable need in the areas of employment, education, family/marital and community functioning decreased significantly over the ten-year time period between 1998 and 2008.” Further, almost three-fifths of CCC residents completed their community supervision terms successfully. The report notes that the most successful interventions are those that focus on individuals most at risk of cycling back into the correctional system.

These successes have come despite a general lack of specific supports for CCC residents. For example, only half of the 16 facilities (housing about 450 individuals) had a nurse or social worker on site full-time. The remaining locations shared such staff with another Community Correction Centre, or with a local parole office. According to the Correctional Investigator, the burden of care falls largely to parole officers, who “reported feeling responsible for assisting offenders with everything from ensuring medications are taken, to consulting with pharmacies/doctors for possible drug interactions, supporting offenders with serious mental health issues or providing care for aging, palliative and terminally ill offenders” (which may be considered a weak form of supportive housing).

Similarly, most facilities employ staff to provide assistance with employment, to liaise with the community and recruit volunteers, as well as Aboriginal and police liaison officers.

The Office of the Correctional Investigator (2014) has suggested ways for Correctional Services Canada to improve social and economic outcomes of individuals living in CCCs, including the following:

- Introduce new and diverse strategic partnerships with service providers such as cultural groups, trades associations, educational organizations, and municipal governments.
- Involve community partners as early as possible in the release planning process.
- Provide stable, predictable funding for community corrections, including CCCs and related community service providers.
- Offer a range of accommodation options beyond what is currently available.
- Provide employment and employability opportunities and services in all CCCs.

The report notes that, while it is well-established that “delivering effective programs in the community can be done much more inexpensively than maintaining an offender in an institution,” “the percentage of resources allocated to community corrections is declining, and is already insignificant compared to spending on institutional corrections.”

7. “Second-Stage” Housing for Former Prisoners in Canada

A recent project of the St. Leonard’s Society of Canada put the spotlight on transitional/temporary housing for former prisoners. So-called “second-stage” housing is defined as “relatively private accommodations provided on a temporary basis along with intensive services intended to facilitate the transition to permanent housing” for individuals with high physical and mental health needs (Desai, 2012). It is meant to be paired with necessary supports and services, and is seen as a bridge between emergency shelter and permanent housing.⁴

The second-stage model outlined in Desai (2012) distinguishes between “high-demand” and “low-demand” housing:

- High demand housing is based in a more traditional rehabilitation-type model, with “an extended set of rules and regulations,” as well as “expectations for the residents that often include participation in programming, treatment, and therapeutic services” (the report notes that this approach would not be supported within a Housing First model).
- Low demand housing involves much less oversight, more in step with the Housing First approach.

According to the report, successful interventions will:

- Focus on a specific group of individuals, with clearly identified needs and risk factors.
- “Hold people accountable and responsible for their choices.”
- Integrate discharge planning (i.e. into permanent housing) as a key element of care.
- Offer a “balance between surveillance and control and support and assistance.”
- Provide wraparound supports, enabled by coordination among service agencies.
- Operate with proven information and case management systems (Desai, 2012).

In a follow-up report, Desai (2014) analyzed one example of second-stage housing in Montreal – two “satellite apartment” buildings owned and operated by the organization Maison Cross Roads. Both buildings offered housing to federally-sentenced men 50 years or older, with less than 10 individuals per household. Each person had their own private bedroom, with shared kitchen, bathroom and common areas. The program, titled “Service Oxygène,” worked to:

⁴ This pilot project was supported by funding from Employment and Social Development Canada.

- Connect clients and program staff with local supports and services targeted at senior populations;
- Support residents to engage socially within the surrounding community;
- Provide individual peer support as well as sharing groups.

Desai (2012) acknowledges that “critics have argued that second stage housing is institutional, stigmatizing, and a drain on resources that can be used better for permanent housing.” And indeed, the Mercy Foundation in Australia (which has invested in the *Common Ground* approach – see below) notes that, for people with high and long-term service needs (e.g. dual diagnosis) who need permanent support in tandem with housing,

“... they also need a permanent home. We cannot make the assumption that they will need short or medium term help and then move back into mainstream forms of private housing... the support needs to be ‘transitional’, but the housing needs to be permanent... In a consumer centred approach that provides transitional support to people after they’ve experienced homelessness, it makes more sense for the service or support workers to visit the individual or family in their new home, not ask the individual or family to move into one of the support agency’s temporary homes” (Mercy Foundation Australia, 2018).

Desai (2012) writes in support of transitional housing for former prisoners, arguing that (i) there are a large number of former prisoners who face homelessness at the end of their detention period, in large part because of the shortage of affordable housing (exacerbated by landlord discrimination); and (ii) saving enough money to pay a deposit and rent while in detention is nearly impossible. In this line of thinking, temporary transitional housing is an imperfect yet necessary option to address a crisis situation.

C. Concentrated Versus Scattered Site Housing

Difficulty finding and keeping housing with landlords willing to accept former prisoners is a fairly pervasive, if somewhat underexamined, aspect of the literature reviewed. For example, Fontaine & Biess (2012) and Metraux et al (2007) examine landlord discrimination, and the New York City FUSE II evaluation presents this (along with community resistance more generally) as a key barrier to the success of the program (Aidala et al 2014).

In Edinburgh, housing/homelessness service providers face challenges that should be familiar to organizations in the Greater Toronto Area (and which are noted prominently in Polvère et al (2014)). A local Edinburgh government official noted that:

“Edinburgh's homelessness service is being entirely swamped by its context... a hot and pressurized and detached housing market... It's struggling with resources and it's struggling with context... you could fix the resources, you could chuck money at it, it wouldn't fix it because the context is getting beyond us” (Littlewood et al, 2018).

In general, difficulties finding housing tend to supersede analyses of scattered versus concentrated housing models. Further, the focus in the literature is decidedly on the need for supports attached to housing, regardless of the model used.

That being said, there are clues in several articles as to service provider experiences with scattered site and concentrated housing. For example, some reports touched on the potential drawbacks of concentrating significant numbers of individuals with addiction and mental health issues in a small area:

“[Study] participants described an overwhelming urge to use drugs and alcohol to cope with frustration, ‘numb out,’ and ‘forget about’ the daily stresses of the transition period, citing easy availability combined with pressure from old friends and new acquaintances to ‘party.’”

[One participant said that] “the biggest threat to my safety was the area that the shelter is located in... I saw several very bad beatings. Some guy got stabbed and almost killed for a pint of vodka 'cause he had it in his pocket and the drug deals and just... it's a very dangerous area” (Biswanger et al, 2012).

A Scottish service provider provided a similar perspective:

“I still think that it [i.e. temporary hostel accommodation] has its place... there needs to be that provision that you can access 24/7, and where there's staff available in a crisis

situation. I can't see a world in which that won't exist. However, the negatives are that you end up with a sub-culture of people within accommodation, who all have very similar needs... sometimes you feel as if you're just keeping people alive, and that sounds really stark. Sometimes you get to do really good pieces of work, if your hostel's a bit more settled... you have a fairly stable group within your hostel accommodation, and... you can start to do all of that supported interventions that you want to do. You're doing supported cooking, and supported shopping, and you're speaking to people about accessing services. You're involved with health services, and all that works really, really well, but, all it takes is for the balance to flip, and then, what your support services are doing is just keeping people alive in them, managing the unit, managing the behaviours” (Littlewood et al, 2018).

In contrast, Littlewood et al (2018) also uncovered some candid perspectives from Scottish front-line workers re: scattered site housing:

“The main issue for dispersed furnished flats is the political backlash that you get for them... what you have is a very vulnerable client group that you're putting into a tenancy, and many of them are going into that tenancy for the first time, so, it becomes a bit of a party-house. The neighbours are up-in-arms, or they've maybe got addiction issues, so, there's people coming and going, so, as soon as that kind of behaviour starts to happen, people are on to their elected members. Elected members are then really upset about your temporary provision, so, it's not easy. The management of dispersed accommodation isn't an easy model, unless you've got people who are very, very stable moving into that accommodation, or you've got the support resources that enables you to almost be in there on a daily basis, trying to manage situations.”

For Littlewood et al (2018), the takeaway from these issues is that neither of the main options (i.e. supportive congregate versus dispersed housing) are optimal for high needs individuals, given the broader context of a generalized shortage of public resources to address mental health and addiction. Their findings stress the need for adequate supports regardless of housing type.

The Housing First Toolkit produced by the Mental Health Commission of Canada notes that, over the course of the At Home/Chez Soi pilot, “participants typically live independently in scattered site apartments in the community though they can choose to live in other housing arrangements (e.g. congregate housing)” (Mental Health Commission of Canada, 2014). In fact, this approach is central to the authors, who provide the overarching directive that “housing and service systems planning [should focus] on how to provide access to normal market housing, rather than the building or appropriation of congregate housing in which formerly homeless

people live together with on-site support services.” Additionally, the authors direct that participants should not make up more than 20% of residents in a given housing unit.

The Housing First Toolkit acknowledges the challenges inherent to this model, including coordinating service provision across a wide geographic area, ensuring culturally-appropriate practices are available to all clients, the presence of feelings of isolation and boredom among residents, and difficulties with transportation.

At the same time, consumer choice and self-determination (including the possibility that individuals may prefer to live in congregate housing) is a central feature of the Housing First model. Further, the toolkit acknowledges that “choices will in many cases be contingent on the conditions of the local housing market.” (For a more detailed primer on implementing Housing First, see Tsemberis (2015)).

In contrast to Housing First, Mackie et al (2017) examine another option nurtured in New York City and developed as a national policy in Australia: *Common Ground*. This model houses people at high risk of homelessness in congregate care, where the majority of those in a given residence are people with low and moderate incomes who have not experienced rough sleeping. For example, as of 2017, the Breaking Ground organization in New York City owned 18 buildings dedicated to the model, which together provided housing for 3,500 people.

According to Gilmour & Wheadon (2010), the Common Ground approach is based in six principles:

1. Permanence – there is no time limit on leases for formerly homeless tenants.
2. Safety – a 24-hour concierge restricts entry to the building.
3. Supportive – social services are provided on-site at no cost to the tenant.
4. Integrated – projects normally house a mix of both formerly chronically homeless tenants and low income earners.
5. Affordable – rent is charged to all tenants at less than 30% of income.
6. Quality – buildings incorporate sophisticated design and high environmental ratings.

A recent evaluation of a Common Ground initiative in Brisbane showed quite positive outcomes, as well as cost savings in addressing homelessness. However, with respect to former prisoners, there is a hint that the initiative faces similar issues to other models:

“The link between a thoughtful assessment of applicants and the purposeful allocation of tenancies was highlighted by Parsell and colleagues with Melbourne’s Elizabeth Street

Common Ground (Parsell et al., 2015). They found that the initial allocation of tenancies in Elizabeth Street Common Ground to a disproportionate number of people exiting prison, and without an assessment of the building dynamics, created significant problems for the liveability and environment in the first year of operation. The systematic assessment of applicants vis-à-vis building dynamics that Brisbane Common Ground employs is a critical feature of the successes and positive outcomes identified in [the research].”

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