

Incarceration and Homelessness

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Abstract

This paper provides a synthesis of the emerging literature on the nexus between incarceration and homelessness. The authors explain how the increasing numbers of people leaving carceral institutions face an increased risk for homelessness and, conversely, how persons experiencing homelessness are vulnerable to incarceration. The authors review recent efforts to address reentry issues and review research results on studies of homelessness among prison and jail populations and research on incarceration among people who are homeless. After reviewing common barriers to housing for people who have been incarcerated, the authors assess what is known about the effectiveness of services and housing interventions to address these barriers and outline needs for future research.

Introduction

Over the past 25 years the United States has seen large increases in both incarceration and homelessness. The jail and prison population went from approximately 500,000 in 1980 to 2.1 million in 2004 (Pastore & MacGuire, 2005), while the homeless population transformed from a small collection of individuals stereotyped as bums and winos to a diverse assortment of families and individuals that, according to best estimates, now include at least 2.3 million who are homeless at some point in a year (Burt et al., 1999). Little is known, however, about the relationship between these two concurrent phenomena. Although service providers have long pointed to anecdotal evidence about the overlap between these two populations, awareness of this nexus from a research perspective is relatively recent and in its nascent stages.

This paper presents evidence for evaluating two assumptions. The first assumption is that persons who are homeless are at increased risk for incarceration and, conversely, release from jail or prison leaves a person particularly vulnerable to an episode of homelessness. Much of the research on the homelessness-incarceration nexus is still documenting parameters. Specifically, this includes the rates at which people cross over from one to the other; the proximate factors associated with an increased probability of such crossovers; and more general explanations of why such a high degree of crossover exists.

The second assumption concerns the centrality of housing, coupled with supports (in whatever form they may take) that help to maintain this housing, in preventing both homelessness and incarceration among persons at risk for both. For those who lack the resources and supports to obtain secure housing upon release, providing such housing stands to mitigate the risks for both homelessness and reincarceration. Evaluating this assumption involves examining the more general experience faced by persons who reenter the community from jails and prisons, as well as examining empirical evidence on outcomes related to interventions that involve housing and supports. Service and housing providers have given limited attention and resources to addressing the needs presented by persons with histories of both incarceration and homelessness. When they have done so, the tendency has been to adapt other models rather than to develop specific interventions focusing on the specific problems presented by this population. Interventions that do exist, whether adapted from other housing models or designed specifically to address the needs of this population, typically are ahead of the research literature on best practices. This paper will review the range of housing approaches, featuring specific housing programs within this continuum, and what, in the absence of extensive evidence in this field, is considered to be best practice.

In describing what will be covered, it is also necessary to outline the limits as to what will be covered here. Community reentry (for persons released from incarceration) and homelessness are both broad topics that touch on a range of other topics. Focusing on the immediate nexus of these two topics necessarily steals attention from areas with a less direct bearing. For example, responses toward this problem do not, by and large, address more general policies regarding incarceration and housing, although this will ultimately be the solution to this problem. Similarly, more general topics such as employment, healthcare, education, and stigma figure into understanding this nexus, but are only touched on in this paper. And some related topics, such as how incarceration of an adult may lead to collateral homelessness for family members, are important but lack research and interventions that provide clearer understanding. This need for future research is addressed in the final section. Opportunities here abound, as knowledge of the nature of the problem and evidence to support current intervention practices still contain numerous gaps with respect to many key questions.

Policy and Institutional Context

This link between incarceration and homelessness can be viewed as a second wave of deinstitutionalization. Deinstitutionalization is a term traditionally used in reference to the exodus of persons treated for mental illness from psychiatric hospitals to the community (i.e., the “first wave”), and it has parallels to the more recent interactions between carceral institutions and homelessness. The problematic implementation of deinstitutionalization left many persons with mental illness to enter the community unprepared and unsupported, and has been widely thought to be the reason why, from the 1980s on, persons with mental illness figured prominently among the rolls of the homeless population. By comparison, rates of shelter use have been found to be higher among people exiting prison than among people exiting state psychiatric hospitals (Metraux & Culhane, 2004). The number of people exiting prisons and jails to the community was 650,000 and 9 million, respectively, in 2004 alone (Brown, 2006; Harrison & Beck, 2006); just the number of those released from prison alone dwarfs the number deinstitutionalized from psychiatric hospitals (Mechanic & Rochefort, 1990).

Actors involved in this current round of deinstitutionalization involving the criminal justice system can learn from some of the missteps of the previous round of deinstitutionalization involving the mental health system. One key lesson from deinstitutionalization of persons from psychiatric hospitals has been the importance of housing. For the deinstitutionalized mentally ill population, housing had been viewed

by community mental health services as a public welfare function, and was largely ignored until homelessness became linked with mental illness. Only as a result of this link did there emerge a consensus in the community mental health field that housing is, in fact, a mental health service and a prerequisite to effectively providing other forms of community-based services (Metraux, 2002). This is an example of where the criminal justice system appears to have learned little from the mistakes made in deinstitutionalizing persons who are mentally ill. The lack of jurisdictional clarity over the problem of post-incarceration homelessness means that people who are homeless at the point of their discharge from incarceration fall under the purview of neither the corrections system, which views its jurisdiction over inmates as ending at discharge, nor the homeless assistance system, as individuals leaving institutions are not considered presently homeless and are therefore ineligible for most forms of homeless assistance. Cho (2004) attributes this jurisdictional gap to a condition of “isolationist policymaking,” in which sectors of government define their spheres of responsibility too narrowly thus leaving some individuals to become “institutional refugees.” As Black and Cho (2004) explain, the result is ultimately a scarcity of public funding and resources that target persons who are homeless upon their release from incarceration. As a result, people leaving incarceration enter an uncertain transitional space between institution and community in which services are fragmented at the point where they are most vulnerable (Hopper & Baumohl, 1994).

What Has Changed Since 1998?

Criminal justice involvement among people who are homeless is hardly new: jails and detention facilities have historically served as de facto institutions for persons who were homeless when they were picked up either for violating vagrancy laws or as a benevolent means of quartering (Hopper, 2003). Likewise, shelter operators and other homeless housing providers have long reported seeing high rates of people with recent experiences in correctional settings among their clientele. Some providers of homeless shelters have anecdotally reported rates of formerly incarcerated people as high as 70 percent (Cho, 2004), while a national survey of providers of homeless services conducted in 1996 found that “[a]ltogether, 54 percent [of persons receiving homeless services] have some experience of incarceration” (Burt et al., 1999).

What is new is a growing level of concern. In terms of reentry, this concern has manifested itself in a changing political climate in which there is a greater receptiveness towards attending to problems related to reentry (Suellentrop, 2006). A recent analysis by Jacobson (2005) suggests that developments in the current political climate may further facilitate efforts to increase programming to address the needs of the formerly incarcerated. In this argument, the huge swell in the prison population, negative public opinions about crime and public safety, and interest in curbing or rethinking public spending practices all create a window of opportunity for policymakers and leaders to create and implement programs that hold the promise of slowing incarceration rates, reducing demand for emergency public services, and ultimately saving or making better use of public dollars. Jacobson argues that evaluation of existing practice—for its cost-effectiveness with respect to corrections and other public system utilization—is critical, thus furthering the case for supporting evaluation research.

Attending to the needs of persons with histories of incarceration has become a more bipartisan issue, with the Bush Administration first providing \$100 million in funds towards reentry initiatives in 2001 under the Severe and Violent Offender Reentry Initiative, and then providing a major impetus for action with Bush’s call, in what would become known as the Prisoner Reentry Initiative, for allocating \$300 million in funding towards reentry initiatives in his 2004 State of the Union Address. This was followed by the

Second Chance Act, a bill that proposed allocating \$100 million over two years to help states address reentry issues and that narrowly missed passage by Congress in 2006. This bill represents a start, as considerably more resources would be needed to match the magnitude of the reentry problem. But such beginnings encourage hope that the policy atmosphere will be more open to addressing the needs of those released from jails and prisons now than it has been during the decades-long growth in the incarcerated population.

In the last several years there has also been increased policy emphasis on ending (as opposed to managing) homelessness. More than 200 communities around the country have recently committed themselves to 10-year plans to end homelessness (Interagency Council on Homelessness, 2006; Cunningham et al., 2006). A particular target for many of these plans is the “chronic” elements of this homeless population. “Chronically homeless” refers to persons who have been homeless for extended periods, often have one or more disabilities, and disproportionately use other public services and institutions, including jails and prisons. These plans to end homelessness are increasingly seeking to bypass emergency shelters and transitional housing, instead placing persons who are homeless directly into permanent housing with support services, when needed. Insofar as these renewed efforts at addressing homelessness have the capacity and the will to specifically respond to incarceration, this policy focus also promises to be receptive to ameliorating the nexus between homelessness and incarceration.

Both from the reentry and homelessness perspectives, there are grounds to believe that increased attention will be focused on addressing the nexus of incarceration and homelessness. This is, however, still an issue in its infancy. As such, there is a particular need for research that outlines the parameters of this problem and provides evidence for what approaches can effectively address this problem. It is these areas that provide the foci for this paper.

Synthesis of Research Literature: Findings and Discussion

Empirical Basis for Defining the Issue

The basis of the link between incarceration and homelessness is the degree to which there is overlap among the populations—whether it is measured from the perspective of the prevalence of homelessness among an incarcerated population or prevalence of incarceration among a homeless population. That a substantial overlap exists should not be surprising given the similarities in profiles between the incarcerated population and the single adult homeless population, where incarceration is most prevalent. Both are both predominantly male, young, and minority (Langan & Levin, 2002; Burt et al., 1999; Mauer, 1999; Culhane & Metraux, 1999). People in both populations are typically poor and undereducated and possess few job skills (Western & Beckett, 1999; Lichtenstein & Kroll, 1996; Burt et al., 1999). Both populations are characterized by the research literature and the mainstream media as having high rates of disability, especially involving mental illness and substance abuse (Burt et al., 1999; Freudenburg, 2001; Conklin et al., 2000; Lamb, 1998; Peters et al., 1998).

Experience of Homelessness Among the Prison Population

Prisons are run by state or federal government entities. In contrast to jails, prisons incarcerate persons who are convicted of more serious offenses and who serve considerably longer sentences. Prisons are typically located at considerable distances from where incarcerated individuals lived prior to their

conviction. In 1999, the average time served for state prisoners was 34 months (Hughes, Wilson, & Beck, 2001), and in 2002 the average time served in federal prison (felony convictions) was 49 to 50 months (U.S. Sentencing Commission, 2004). Most persons are either released from prison on parole, meaning that the last part of their sentence is served while they are in the community and supervised by a parole board, or are released without supervision after serving their full sentence in prison.

Lengthy periods of incarceration in remote locations often attenuate the social and family ties that are crucial for successful reentry into the community. Regained economic and residential stability almost always requires that a person receive, upon release from prison, support from family, social service agencies, faith-based organizations, or other parties interested in facilitating a smooth transition for the released individual. In the absence of such supports (and in some instances the absence of any type of effective discharge plan), individuals released from prison are at high risk for homelessness as well as other undesirable outcomes.

Only a handful of studies examine the overlap of prison and homelessness, and the extant literature has limited comparability due to variation in the study populations and the time frames used. However, taken together, the research suggests that about a tenth of the population coming into prisons have recently been homeless, and at least the same percentage of those who leave prisons end up homeless, for at least some period of time.

These studies include a Bureau of Justice Statistics (BJS) study (Hughes, Wilson, & Beck, 2001), which found that, among a nationwide survey of state prisoners expecting to be released in 1999, 12 percent reported being homeless at the time of their arrest. Another nationwide BJS study (Ditton, 1999) found that in 1998, 9 percent of state prison inmates reported living on the street or in a shelter in the 12 months prior to arrest. A California study (California Department of Corrections, 1997) reported that in 1997, 10 percent of the state's parolees were homeless. This study also found that in urban areas such as San Francisco and Los Angeles, an estimated 30–50 percent of all parolees were homeless. A 1999 Urban Institute three-site study of 400 returning prisoners with histories of drug abuse found that 32 percent had been homeless for a month or more at least once in their lifetimes, and 18 percent reported they were homeless for at least a month in the year after they were released from prison (Rossman et al., 1999). The Massachusetts Housing and Shelter Alliance (Hombs, 2002) reported that 9.3 percent, 10.5 percent, and 6.3 percent of all people exiting state prisons in Massachusetts in 1997, 1998, and 1999, respectively, went directly to shelters after release. In The Urban Institute's four-site Returning Home study (Visher, 2006), anywhere from 2 percent (Maryland, Ohio, and Texas) to 5 percent (Illinois) of respondents slept at a shelter during their first night out of prison. Another 3 to 4 percent slept at a hotel, motel, or rooming house the first night out.

Research by Metraux and his colleagues used administrative data to not only assess shelter use among a cohort of persons released from state prisons, but also to assess factors associated with higher likelihoods of shelter use following release. Metraux and Culhane (2004), looking at people exiting the New York State prison system to New York City locations, found that, with incomplete pre-incarceration data, 6.6 percent had a history of shelter use in the two-year period prior to incarceration and, with more complete post-incarceration data, 11.4 percent had an episode of shelter use in the two-year period subsequent to release. Metraux (2007), looking at persons released from state prisons to Philadelphia locations, found the rate of shelter admissions within two years to be 4.3 percent. The later study found that a proxy measure for mental illness was associated with a substantial increase in the likelihood of a shelter stay. In both studies, an indicator of a history of shelter use prior to incarceration, although incomplete, was a

strong predictor of subsequent shelter stay in both studies. Increasing age was also significantly linked to higher likelihoods of post-release shelter use (and decreasing likelihood of reincarceration) in both studies, suggesting that as persons “age out” of criminal activity their risk for homelessness increases. Finally, the studies showed conflicting results on the effect of parole on homelessness, with the New York study showing release on parole to increase the likelihood of shelter stay, while the Philadelphia study showed a significant decrease in this likelihood.

These two studies, which merge data from multiple and large administrative datasets and use multivariate regression methods to assess various factors and their associations with the likelihood of shelter use, go beyond simply reporting rates and permit some insight into risk factors for homelessness among persons released from prison. For example, both studies confirm that shelter use prior to prison entry is the strongest predictor of post-release shelter use, a finding that lends itself well to being incorporated into a simple screening mechanism for targeting persons at-risk for homelessness. However, more studies of this type of sophistication, using other types of data, are needed to build a base of evidence for the role of such key factors as mental illness or parole supervision on the risk for homelessness after release from prison.

Experience of Homelessness Among the Jail Population

In contrast to prisons, most people are in jail for lesser offenses and only for a short time—the median stay is one day. Quick release commonly occurs when persons post bail or serve minimal time for minor offenses or charges are dropped. People will stay in jail longer when they are unable to post bail and remain in jail while awaiting trial or, following conviction, when persons convicted for lesser offenses serve their remaining time in jail. Some defendants are given split sentences, which involve a period of probation supervision after jail time is completed.

Persons serving longer jail sentences may have similar reentry issues as their imprisoned counterparts. However, even short-term incarcerations may disrupt lives and interfere with the ability to maintain employment and housing. Few jails have pre-release programs that provide case management services to link prisoners leaving jail to community services (Steadman & Veysey, 1997) and/or housing. Those on probation may have a number of court-ordered probationary conditions that make it difficult to return to live with family or friends or to find appropriate housing. Probation clients mandated to find employment right after release may be pressured to find a job regardless of how far the job is from their intended housing. While the housing options may be fewer given probation restrictions, being on probation may provide structured support to assist a released prisoner’s search for housing.

The few studies on homelessness among jailed populations suggest that the rates of homelessness for those exiting jails are lower and more loosely coupled with the jail release than they are for those exiting prison. However, because the jail population is much larger than the prison population, the number of persons exiting jails who become homeless is much larger. Metraux and Culhane (2003) found that, among 76,111 persons released from New York City jails in 1997, 5.5 percent entered New York City shelters for single adults in the subsequent two-year period. A recent BJS survey of jail inmates (James & Glaze, 2006) found that for jail inmates without a mental health problem, 9 percent reported homelessness in the year before jail entry, as compared to 17 percent of those who had a mental health problem. In a sample count of jail inmates in Salt Lake City in July 2005 and January 2006, nearly 10 percent identified themselves as homeless (Reentry Policy Council, 2006). One study of frequent jail users found that 82 percent of repeat users of jail in a metropolitan area in the South were transient or homeless at jail intake (Ford, 2005).

McNiel, Binder, and Robinson (2005) looked at homelessness and mental illness among a jailed population. The study found that for the almost 13,000 jail episodes that were examined, in 16 percent of the episodes the person in question was homeless at the point of arrest, and in 18 percent of the episodes the person in question was diagnosed with a mental disorder. This rate of mental disorder was 30 percent among the episodes involving homelessness. Furthermore, homelessness and a “dual diagnosis” of severe mental disorder and substance-related disorders were associated with longer jail episodes.

As with examining prison to homelessness, the literature here is sparse and offers only a sketch of the nexus between jail and homelessness. The extent and dynamics here need further exploration and need to incorporate other dynamics such as was done in the study by McNiel and colleagues. Furthermore, given that both homelessness and incarceration, especially in jails, disproportionately impact impoverished, minority males (Harrison & Beck, 2006; Culhane & Metraux, 1999), it is unclear how much more elevated the rates of homelessness are among persons released from jail when compared to a comparable group of persons who have not been jailed.

Experience of Incarceration Among the Homeless Population

Just as homelessness is a common experience among persons incarcerated in jails and prisons, having had an incarceration experience, be it jail or prison, is a common occurrence among single adults who are homeless. Conversely, the studies that examine incarceration histories among homeless populations are also difficult to compare, but judging from the results it appears that upwards of 20 percent of a single adult homeless population can be assumed to have been incarcerated at some point.

Examples of such studies include Metraux and Culhane’s (2006) examination of a sheltered single adult population in New York City. In this study, 23.1 percent experienced at least one incarceration episode in the two-year period prior to the date examined. This included 7.7 percent with a prison stay and 17.0 percent with a jail stay. According to the 1996 National Survey of Homeless Assistance Providers and Clients (NSHAPC), 49 percent of homeless adults reported at least one lifetime experience of having spent five or more days in a city or county jail, 4 percent had spent time in a military lock-up, and 18 percent had been incarcerated in a state or federal prison (Burt et al., 1999). A recent study of 1,426 community-based homeless and marginally housed adults found that 23.1 percent of study participants had a history of imprisonment (Kushel et al., 2005). Schlay and Rossi’s (1992) summary of twenty studies conducted in the 1980s found that, depending on the study, 4 percent to 49 percent of the homeless population report serving time in prison. The mean across the studies was 18 percent.

When focusing on persons diagnosed with mental illness, the intersections between homelessness and incarceration appear to be intensified (Metraux & Culhane, 2004; Ditton, 1999). In contrast, however, Solomon and Draine (1999) found more tenuous links between criminal justice history and homelessness in a sample of 325 psychiatric probation and parole clients. Other studies examining homelessness and criminal justice-related risk factors among persons with mental illness focus primarily on arrests, without examining incarceration specifically. Several studies here have found housing instability to be associated with an increased likelihood of coming into contact with police and of being charged with a criminal offense (Brekke et al., 2001; Clark, Ricketts, & McHugo, 1999; Martell, Rosner & Harmon, 1995).

Metraux and Culhane (2006, 2004) also present evidence suggesting that the trajectories between homelessness and prison and homelessness and jail vary. The links between prison and homelessness are much more immediate, with an episode of homelessness being most likely to occur within 30 days of a prison release. This suggests that homelessness among persons released from prison is a reentry issue.

This is consistent with research that shows persons released from prison to be at greatest risk for a variety of undesirable outcomes during this time period (Nelson, Deess, & Allen, 1999; Travis, Solomon, & Waul, 2001). Furthermore, Metraux and Culhane (2004) find that shelter use increases, albeit modestly, the risk for a subsequent reincarceration. In contrast, Metraux and Culhane (2006) found that shelter and jail use tended to follow a more sequential pattern featuring multiple stays in each system and a more prolonged pattern of residential instability.

The Research Evidence: What Do We Know?

Evidence collected so far supports perceptions that there is a tangible link between incarceration and homelessness. However, most of the evidence linking incarceration and homelessness is correlational, and cannot demonstrate that incarceration causes increased risk for homelessness, or vice versa. While there is a need for studies that are capable of assessing causality in this relationship, the associations demonstrated here in the high rates of homelessness among incarcerated populations, and the high rates of incarceration among homeless populations, are consistent with other bodies of research that highlight factors which explain why such high rates would exist. The research reviewed here documents specific and multiple barriers to housing among persons recently released from carceral institutions, and increased vulnerability for arrest and incarceration among homeless persons. This research not only supplies explanations for the high rates just reported, it also implies that addressing these factors could ameliorate the connections between homelessness and incarceration.

Barriers to Housing for Persons Who Have Been Incarcerated

There are structural as well as individual barriers to housing for soon-to-be-released prisoners. These barriers start even before release. For example, one fundamental obstacle to effective discharge planning in prison is that prisons tend to be located in rural areas, whereas most persons released from prison will return to urban areas hundreds of miles from the prison where they were incarcerated. This geographic mismatch renders it difficult to connect returning prisoners to the available housing market or for discharge staff and social workers to even attempt to provide housing assistance, as they are unlikely to have sufficient knowledge of the housing landscape to aid returning prisoners.

Oftentimes, however there will not even be adequate discharge planning and other support services available to incarcerated persons prior to their release. Survey data for state prison inmates from 1997 reveal that only 13 percent of soon-to-be-released inmates reported participating in pre-release programs (Lynch & Sabol, 2001). Most likely, an even smaller percentage receives housing-related assistance (e.g., counseling, search assistance, referrals to local housing providers, vouchers for rent, renter education, etc.) within these programs. An Urban Institute study tracking released prisoners in Illinois found that of clients who responded that they “did not have a place to live lined up” upon release, only 21 percent participated in pre-release programs. Of those who did participate in pre-release programs, almost half (45 percent) reported that finding a place to live was not covered in the program. In addition, for those who discussed finding housing in their program, only 39 percent received housing referral information (LaVigne et al., 2003). These numbers were similar to the findings of reentry studies in Ohio and Texas (Visher 2006; Visher & Courtney, 2006). The findings suggest that discharge planning involving the provision of housing-related services is rarely a standard part of the pre-release suite of services.

Discharge planning in jails is also frequently inadequate, as exemplified by the case *Brad H. vs. City of New York*. In this case, the New York State Supreme Court ordered the New York City Department of Corrections to provide comprehensive discharge planning prior to release for discharged individuals

diagnosed with a mental illness. Prior to the Brad H. ruling, this class of persons released from jail was treated like other released inmates—they were dropped off in the city in the middle of the night with \$1.50 and two subway tokens (Barr, 2003).

Upon release, financial instability can greatly reduce prospects for securing adequate housing. In a survey of housing providers that serve returning prisoners in the District of Columbia, respondents overwhelmingly reported that the inability of returning prisoners to secure jobs to provide income for rent was the greatest client barrier to housing (Roman, Kane, & Giridharadas, 2006). The majority of persons leaving prison have no savings, limited educational attainment and literacy skills, few or no job prospects, and no access to immediate unemployment benefits (Petersilia, 2000). Among those released from prison who are employed, the majority work in unskilled and low-wage jobs that are inadequate for meeting high housing costs, particularly in the urban areas where most prisoners live upon release (Western, 2002). Even among those exiting incarceration who do have skills and experience that would render them employable, having a criminal history poses a substantial barrier to employment, a barrier that is particularly daunting when accompanied by racial discrimination (Pager, 2003). Furthermore, employment opportunities become more restricted when criminal backgrounds, particularly a history of a felony conviction, bar people from being employed in a number of sectors.

After controlling for other factors, incarceration is associated with an earnings loss of anywhere from 10 to 30 percent (Grogger, 1995; Kling, 1999; Lott, 1990). However, economic disadvantages go beyond difficulties in securing employment. Benefits such as Supplemental Security Income, a key income support for persons with disabilities, are stopped while a person is incarcerated and application for reinstatement can only occur after release, often resulting in a wait in excess of several months before benefits resume (Blank, 2006). Persons with criminal histories can be restricted from receiving certain benefits (Legal Action Center, 2004). Many returning prisoners also face the added financial burden of supervision fees, child support, restitution, and other related costs, which often exceed average monthly income (Visher, La Vigne, & Travis, 2004).

Given these financial disadvantages, unsubsidized housing is often cost-prohibitive for persons who are released from incarceration (Scally & Newman, 2003). Many areas, especially urban areas, are witnessing increasingly tight rental markets, with limited numbers of units available for low-income households, particularly in neighborhoods accessible by public transportation. In such a market, individuals with criminal records are at a distinct disadvantage, having to compete with families and others who do not have criminal records and are thus deemed to be more desirable tenants.

These barriers to obtaining unsubsidized housing are coupled with restrictions on government subsidized housing that specifically deny ex-offenders access to public housing and the housing choice voucher program (Legal Action Center, 2004). This categorically puts the largest sources of affordable housing out of reach for many persons released from incarceration. These restrictions also limit the family support available to these persons if their families are living in subsidized housing, as their presence would put all household members at risk for eviction. Current policies pertaining to federal funding for specialized housing have provided little opportunity for housing to be developed to compensate for such restrictions. Ironically, even persons who were homeless prior to incarceration will have increased difficulty in accessing homeless services upon release. This is because persons released from incarceration, even if homeless prior to their incarceration, will not meet the standard criteria for being “homeless” and will have greater difficulty being eligible for programs targeting the homeless population.

Changes in sentencing structures also create barriers for returning prisoners looking for housing. As crime increased during the 1980s and early 1990s, many states adopted determinate sentencing and “truth-in-sentencing” laws. Determinate sentencing removed parole board discretion to determine when prisoners were deemed “ready to be released.” The number of prison releases that were discretionary, meaning that a parole board decided release decisions, dropped from 65 percent in 1976 to 24 percent in 1999 (Travis & Lawrence, 2002). Truth-in-sentencing structures mean that inmates can no longer attain “good time” toward release for good behavior until they have served at least 85 percent of their sentence. These individuals—those who “max out”—are not placed on parole supervision, but return to the community unsupervised and absent the support a parole officer might be able to provide (Petersilia, 2003).

Community supervision, most commonly in the form of probation or parole, may facilitate or impede obtaining safe and affordable housing. On the positive side, parole supervision means that, in most states, persons about to be released are required to have an appropriate home plan that demonstrates viable housing arrangements upon release. Receiving community supervision represents a potential source of support, as the supervised person may have access to social services and transitional housing facilities upon release. Even without the mandate to transition through a halfway house or community-based facility, supervision may be particularly helpful if parole and probation officers are knowledgeable about local housing options or housing-related programming. On the other hand, community supervision often includes a variety of restrictions, financial obligations, and conditions that may make it more difficult to maintain housing or employment.

Community opposition creates a number of barriers. Laws restrict the residential options of persons with criminal records, such as barring them from publicly subsidized housing or, particularly in the case of persons convicted of sex crimes, keeping them from living in circumscribed areas. Neighborhoods are often resistant to the siting of any housing that targets persons who have had contact with the criminal justice system. Due to the stigma that accompanies incarceration, the proposals to expand funding and services for reentry programs fail to become a legislative priority.

Finally, indirect and often intangible obstacles arise from the fragmentation that exists across and within service systems that potentially could support the transition from prison or jail to the community. Despite the involvement of corrections and community corrections programs (e.g., probation and parole), housing and homeless assistance providers, and general social services agencies, no single agency or organization is responsible for ensuring that individuals exiting prison are able to find safe and affordable housing. Furthermore, there is little collaboration among systems and little consistency over time. What results is a prisoner reentry system that is disconnected from the housing and homeless assistance services system and from the neighborhoods where released prisoners live. Historically, corrections systems have not provided discharge planning focused on ensuring that releasees have sufficient funds to travel to their destination after release, proper identification, or up-to-date paperwork to apply for public assistance that may have been suspended during incarceration.

Taken together, the barriers reviewed here are legion, and, regardless of whether they involve systemic or individual shortcomings, they can, by themselves or in combination, create conditions that unintentionally facilitate a path toward homelessness or reincarceration for persons upon their reentry into the community.

Incarceration Risks Among the Homeless Population

There are also reasons why persons who are homeless would be at higher risk for incarceration. Homelessness occurs on the economic and social margins of society. In this context researchers have pointed to a related liability for persons who are homeless to incur more arrests and subsequent incarceration for misdemeanors and a range of minor crimes. This is attributed to the public nature of a homeless existence and to attempts at controlling a population that is perceived as unruly, threatening, and offensive (Barak & Bohm, 1989; Snow, Baker & Anderson, 1989). Many aspects of homeless life have become restricted and “criminalized,” to where acts of subsistence and survival, especially in public places, are illegal and can lead to incarceration (Fischer, 1992; Foscarinis, 1996; Snow, Anderson, & Koegel, 1999; Eberle et al., 2000; Feldman, 2004). While these offenses are often minor, failure to pay fines or follow through with court appearances can lead to incarceration. Solomon and Draine (1995), show how arrest for “lifestyle” offenses such as trespassing among homeless persons with mental illness often lead to arrests for more serious charges such as burglary, which are likely to result in periods of incarceration.

Arrest rates have been high among homeless populations at least since the “Skid Row era” of the 1950s and 60s (Metraux, 1999), and there is a line of research that highlights the latent functions of this dynamic. Incarceration has been portrayed as a mechanism for exerting control and distance over the perceived threat to social order represented by the homeless population (e.g., Bittner, 1967; Spradley, 1970), a process Irwin (1985) describes as “rabble management.” Fischer (1992) points out the role of carceral institutions as sources of, among other things, housing, substance abuse treatment, and mental health care. Taken a step further, shelters, jails, and prisons can be seen as interchangeable waystations on a longer “institutional circuit,” where a series of institutions provide sequential stints of housing in place of a stable, community-based living situation (Hopper et al., 1997).

Reentry Programs and Housing Outcomes: What Do We Know?

The past decade has seen the development of new and innovative reintegration programs for returning prisoners, and funding for researchers and practitioners to examine the effectiveness of programs designed to facilitate community reintegration (and, as such, residential stability). Facilitating community reintegration often addresses the barriers to housing that were discussed in the previous subsection, but usually does not directly focus on preventing homelessness among persons reentering the community. New initiatives in this area are typically geared toward establishing comprehensive services. However, while these programs often include some type of housing assistance or housing referral, they rarely provide actual housing to returning prisoners. There has also been a body of research and evaluation that has followed this programming, but there is a paucity of research that examines homelessness related to reentry initiatives.

The existing research on these outcomes generally falls into three categories. First and most basic are needs assessments based on surveys and tracking of persons upon release from incarceration. A second category of this research tracks the use of services in homeless, criminal justice, and related public systems through matching administrative data. Finally, there are studies focusing on long-term outcomes measurement for persons in supportive housing and other housing/residential placements. These include a number of outcomes such as tenancy, homelessness, and recidivism. Each of these categories will now be briefly reviewed.

Needs Assessments/Surveys/Tracking

Most research relating homelessness to incarceration is based on cross-sectional studies or needs assessments that survey homeless individuals, individuals in prison, or those recently released from prison. A number of studies in this vein are also designed to track individuals over a period time. These studies, which typically do not contain comparison groups, are correlational in their examination of the relationship between homelessness and incarceration. The *Returning Home* study, conducted by the Urban Institute, provides a good example of how a large, multisite descriptive study of returning prisoners can shed light on important policy issues related to the needs of the formerly incarcerated. *Returning Home* documents the pathways of prisoner reintegration, examines what factors contribute to a successful or unsuccessful reentry experience, and identifies how those factors can inform policy. The *Returning Home* study has been implemented in four states, including a pilot study in Maryland (Visher, La Vigne & Travis, 2004) and full studies in Illinois (La Vigne et al., 2003), Ohio (La Vigne & Thomson, 2003), and Texas (Watson et al., 2003). The goal in each state was to collect information on individuals' life circumstances immediately prior to, during, and up to one year after their release. At each site, *Returning Home* grouped the challenges of reentry along five dimensions: individual, family, peer, community, and state (Urban Institute, 2005). *Returning Home* survey instruments include a number of questions related to housing and homelessness.

Use of Services and Corresponding Cost Offsets/Cost Effectiveness

This approach primarily uses administrative data, and links incarceration records, shelter records, and other program records through personal identifiers such as name and social security number. Such studies are retrospective, and use data contained in administrative databases collected by various service providers, often large public entities such as city and state corrections, welfare, and mental health systems, for purposes of recordkeeping and coordination of care. Research using this design can establish a sequential history of services use, typically prior and subsequent to a particular intervention such as housing. And while this method provides a practical means of gathering data on large numbers of subjects, data matching across systems can be cumbersome, time-intensive, and expensive (Culhane & Metraux, 1997).

Administrative data can provide more accurate and detailed information on services use than any other means of data collection, and cost figures can be attached to these records of services use to provide estimates of resources expended and financial impacts of particular interventions such as housing. Culhane, Metraux, and Hadley's (2002) study of the cost offsets associated with providing housing and support services for persons who had extensive histories of homelessness and who were diagnosed with severe mental illness is the best known of a small body of research that ties costs to outcomes for housing programs serving persons with mental illness. Among their findings is that, in the New York City program that they examined, a supportive housing placement is associated with an annualized reduction of \$12,145 in shelter, health, mental health, and corrections services. Such a reduction in service-related costs would recoup 94 percent of the cost of the housing and services. This suggests that housing stability can lead to a reduction in service utilization among the homeless mentally ill population, mostly by saving public resources through collateral reductions in services consumed by the erstwhile homeless individuals in other services systems.

With groups that are heavy users of criminal justice and homeless services, or who receive an early release to community-based housing, the case for fiscal savings, to go along with other less tangible benefits, is a promising approach to evaluating the effectiveness of housing and other homelessness

prevention programs. The costs involved with maintaining people in prisons and jails have a median *per diem* cost of \$60 and \$70 (Lewin Group, 2004), respectively. These costs are high enough that an economic argument could be made for community-based interventions such as specialized reentry housing if such housing could be shown to reduce or avoid subsequent incarceration episodes. Culhane, Metraux and Hadley (2004) included jail and prison costs in their cost study and found reduced rates of incarceration after housing placement (as compared to a matched control group). However the overall levels of incarceration were low enough so that these reductions in incarceration made only a modest contribution to the overall cost savings associated with the supportive housing placements.

Long-Term Outcome Evaluation

One key limitation of the studies of services use and cost offsets using administrative data is that they rely on data already collected through other sources—data that are not collected for research purposes. In that context research is limited to examining, post hoc, questions that can be answered by the available data. An alternative to this is to build systematic and rigorous data collection procedures into housing programs. This permits data to be collected on an ongoing basis as part of providing services. Another, more expensive alternative is to incorporate larger, long-term evaluation components when developing new programming or when program outcomes seem promising. Long-term outcome or impact evaluations would involve examining the effects of programs in reducing recidivism and residential instability.

These studies usually track outcomes more than one year after release from incarceration. Although rigorous outcome or impact evaluations for reentry housing programs are scarce, a few jurisdictions have been building outcome data into their programs for a number of years. Maryland and California, for example, have developed statewide housing programs that serve persons with mental illness being released from prisons and jails.

Maryland's Shelter Plus Care program, operating in 21 counties, provides tenant and sponsor-based rental assistance to persons with serious mental illness coming from jails. Case management and supportive services are provided. Outcomes tracked by the State of Maryland demonstrate that recidivism to jails is less than 7 percent. Only 1 percent entered hospitals and only 1 percent were homeless during the evaluation period (SAMHSA, 2003).

In 1999, California passed Assembly Bill 34 (AB 34) that created pilot programs in three counties that provided a range of services, including housing support, for persons diagnosed with mental illness and who are either homeless or recently released from jail or prison. Based on positive early results of the pilot programs, in 2000 the state legislature expanded AB 34 services through Assembly Bill 2034 by providing \$55 million for implementation of 40 programs in 31 additional counties across the state. Today, AB 2034 programs serve more than 4,500 individuals in California.

Evaluation findings based on AB34 and AB 2034 suggest that the provision of housing to persons who have mental illness and are justice-involved can enhance residential stability and increase successful community integration (Burt & Anderson, 2005; Mayberg, 2003). Research findings also indicate that programs that serve the most challenging clients—clients with longer histories of homelessness and incarceration—produce similar housing outcomes as those programs that serve less challenging clients (Burt & Anderson, 2005). Essentially, the evaluation demonstrates that people with serious mental illness and histories of arrest or incarceration can achieve housing stability with adequate support.

More specifically, in their analysis of housing outcomes for currently enrolled clients who had been enrolled in an AB 2034 program for 24 months, Burt and Anderson (2005) found that of those who were homeless at enrollment (43 percent of all consumers), 35 percent were in permanent housing at 3 months and 66 percent were in permanent housing at 24 months. Another 16 percent were in semi-dependent/structured living settings at 24 months. Overall, the findings also show that the most successful AB 2034 programs were utilizing multiple housing strategies, ranging from partnering with housing providers and landlords to securing housing units (Burt & Anderson, 2005).

As a result of both the recent implementation of most reentry programming and the limited direct focus on homelessness prevention as a specific goal for these programs, outcomes measures related to reducing homelessness is currently lagging. As more detailed databases emerge that focus on specific aspects of housing, services, and participant performance, research based on these long-term evaluation models can explore more nuanced questions that go beyond basic outcomes of recidivism and homelessness and offer a more complex picture of factors that are key to facilitating the reentry process.

Limitations of Research on and Evaluations of Reentry Programs

Numerous challenges encumber the extant research assessing the effectiveness of housing-related programs for the formerly incarcerated. Most basically, there are problems with logistics related to the research itself. Rigorous experimental designs—including the use of comparison groups (randomly assigned or otherwise)—are rare in this research literature. There are also temporal restrictions of the research, where few studies examine outcomes beyond one year. Next, there is substantial variability among the outcome variables examined across studies. The numerous combinations of variables unique to each study render any comparison of housing models difficult. For example, some studies focus on a reduction in recidivism to the exclusion of any reductions in homelessness and vice versa. In another example, studies comparing types of supervision or service structure rarely control for specific attributes of the housing setting, such as structure type and number of units, or criminal justice history of the consumer. There are also problems of fidelity in that a common housing approach may manifest itself in different ways under different programs and circumstances. Foremost among the challenges here is the lack of any housing model specific to providing housing to persons who have been incarcerated. Due to this and other issues related to specificity, there is often difficulty in generalizing research findings from one program to others.

Implications for Preventing and Ending Homelessness

To date, few attempts have been made to survey existing models of housing specifically targeted towards people released from incarceration. This section builds on the reviews of interventions that already exist (Hals, 2003; Black & Cho, 2004; Roman & Kane, 2007) by presenting different housing models and programs in the context of a continuum ranging from least to most restrictive and costly. Many of these programs have developed housing interventions that serve persons with incarceration histories and residential instability that is not based on, and in some cases are ahead of, the research in this area. Many are based on models targeting other populations, such as persons with mental illness, whose application to persons with incarceration records has been unexplored. Many of these practices are now considered state of the art, and are important to consider because they in some cases have become the *de facto* best practices and because research is needed to assess their effectiveness.

Continuum of Housing Options

Housing for the formerly incarcerated can best be viewed along a continuum of options from full self-sufficiency to institutionalization with high public costs. The continuum will vary both by the degree of structure and restrictions that are demanded of the resident, and by the cost of providing the housing. On one end of this continuum is *independent housing*, where an individual leaving incarceration reenters the community to live either independently, as a homeowner or renter, or as part of a larger family household. From a policy perspective, this is generally the most advantageous housing arrangement as direct public costs are minimal, and some form of independent housing is the preferred option for most persons. However, if there are difficulties in sustaining the living arrangement, due to economic or personal difficulties, then such an arrangement can also be a precursor to the consumption of costly public homeless, health care, and criminal justice services.

In many jurisdictions the market housing costs may be too high for many individuals released from carceral facilities given the preponderance of poor work histories, low educational achievement, and few marketable job skills in this population. *Subsidized housing*, available through a variety of publicly funded, project-based or voucher-based programs, when available, may be a viable, affordable option. However barriers exist to obtaining subsidized housing, as these programs usually have strict eligibility criteria and long waiting lists, and may proscribe occupancy by persons with a criminal history.

The next housing option, in terms of progressively increasing degrees of restrictiveness and cost, includes both *supportive housing* and *special needs housing*, which are permanent housing options coupled with support services. These types of housing are most often partially or wholly subsidized, and specifically designed to support disadvantaged populations. Not only are the rents in such housing subsidized based on tenant income, these subsidies also come with a range of services aside from housing, including counseling, life skills training, case management, and assistance brokering medical and mental health services. These services are designed to maximize independence, be flexible and responsive to individual needs, be available when needed, and be accessible (Corporation for Supportive Housing, 1996; Burt et al., 2004). Service configurations, as well as housing configurations, vary across programs. General examples of permanent supportive housing include the Shelter Plus Care Program, the Section 8 Moderate Rehabilitation Program for Single-Room Occupancy (SRO) Dwellings, and the Permanent Housing for the Handicapped Homeless Program administered by the U.S. Department of Housing and Urban Development (HUD) (Burt, et al., 1999).

“Special needs” programs often define eligibility for housing funding based upon the disability or health profile of individuals, rather than on the individual’s homelessness status. People recently released from prisons or jails may be eligible for these programs due to factors such as a diagnosis of mental illness. As a result, some special needs programs serve returning prisoners simply because of the high rates of incarceration among populations who have disabilities related to substance abuse and mental health (Cho et al., 2002). For most programs, though, homelessness is a primary requirement for program eligibility (Burt et al., 1999, p. B-2). Many of these programs have eligibility criteria that may exclude persons returning directly from prison.

Moving along the housing options continuum, *transitional housing* falls after supportive housing and special needs housing but before full institutional care. Transitional housing is an umbrella term to capture any housing that is not permanent, and where housing is also integrated with at least some type of service that assists clients with personal rehabilitation and transitioning to a more permanent living situation in the community. Maintaining a transitional housing placement is often contingent on

participation in services, as compared to supportive housing where these two components are bundled much more loosely. Some housing experts make the distinction between short-term and long-term transitional housing. Short-term transitional housing programs have a finite length of stay, which may vary anywhere from one month to three months (or more depending on definitions). Long-term transitional housing programs generally have a time limit spanning from three months up to two years. These programs offer an extensive range of services that can include case management, mental health and medical services, counseling and general issues groups, life and social skills groups, anger management, vocational and educational training, advocacy, and assistance obtaining benefits and identification information. Configurations of transitional housing programs vary widely from barracks-type facilities, to shared living spaces, to individual apartments or houses. Programs most often will be site-specific, but programs exist that have their housing units in scattered sites.

Finally, *institutional settings* are the last housing option on the continuum. In the case of homeless shelters, providing housing may be their primary function. More often, however, institutions (e.g., prisons, hospitals) exist primarily for other functions, but provide these services in a residential setting. When looked upon as housing, institutional settings are the most restrictive and the most expensive form of housing. In New York City, for example, costs per bed in a psychiatric hospital run roughly \$127,000 a year, and a prison cell costs over \$50,000 annually (Culhane, Metraux, & Hadley, 2002). Even homeless shelters, often providing the most minimal of amenities, cost anywhere from \$4,000 to \$20,000 per person per year (Lewin Group, 2004). Institutional settings can be interchangeable; Park, Metraux, and Culhane (2006) found upwards of one-quarter of single adults entering a New York City homeless shelter for the first time in 1997 had a history of either hospitalization or incarceration in the 90-day period prior to shelter entry. And Hopper et al. (1997) documented how a group of persons diagnosed with severe mental illness made serial use, over an extended time period, of an “institutional circuit” comprising various types of facilities.

Housing Specific to Persons Released from Carceral Institutions

The housing models specific to persons released from carceral institutions documented in available surveys and reports appear to have few similarities, differing greatly in size, design, target population, and other characteristics. The physical designs include shared living in modified multi-bedroom houses, buildings with dorm-style multi-person units, buildings with single room occupancy (SRO) units with shared kitchens and/or baths, buildings with efficiency (studio) apartments, and multi-family apartment buildings. Target populations also vary greatly, largely an artifact of funding sources that drive eligibility. Most existing projects, however, serve a subset of formerly incarcerated people, whether by level of correctional involvement (prison or jail), disability (mental illness, HIV/AIDS, substance abuse), gender, or family status (singles or families).

The vast majority of this housing is either transitional or supportive. No documented non-service enhanced subsidized housing models or rental assistance programs exist that are specific for persons released from incarceration. This presumes that persons released from incarceration who have housing needs also have accompanying service needs, or that few housing providers are willing to develop subsidized housing models that do not also provide service supports. In either case, this means that housing services specifically for people leaving incarceration have a programmatic function (rehabilitation or reacclimatization). This drives up the cost of providing such housing substantially and may provide unnecessary services to some persons who are only in need of temporary housing support. Such housing, in addition to being programmatic, also remains limited to a small number of “boutique”

programs, implemented by community-based organizations and using resources originally intended for other purposes. Likewise, many of these interventions are modified or enhanced versions of interventions traditionally designed to serve other similar target populations such as homeless individuals or persons with serious mental illness (Black & Cho, 2004). For example, Burlington, Vermont's Dismas House is a modified version of the successful Oxford House model, adapted to the specific needs of persons leaving incarceration (Hals, 2003). Likewise, New York City's Iyana House and Chicago's St. Andrew's Court are enhanced or modified versions of permanent supportive housing (Roman, McBride, & Osborne, 2006).

Transitional Housing

Of the transitional housing models, several are notable for their uniqueness and lack of precedence. One in particular is New York City's Fortune Academy, operated by the Fortune Society. This project combines 19 beds of short-term and 41 units of long-term transitional housing to address a variety of housing needs among individuals discharged from state prisons and city jails. Lengths of residency are indeterminate and contingent upon individual needs. However, all residents are expected to move into private, unsubsidized housing at the end of their stays (Roman, McBride, & Osborne, 2006; Black & Cho, 2004; Hals, 2003). Another is the MIX Program operated by a New York City organization, Heritage Health and Housing. The MIX Program offers six units of long-term transitional housing for persons diagnosed with mental illness and released from state prison. Lengths of residency range from six months to two years. However, at the end of their tenures at the MIX Program, residents move into other permanent supportive housing operated by either the same organization or other organizations.

These two projects demonstrate the different functions of transitional housing for persons released from incarceration. On the one hand, stand-alone projects like the Fortune Academy fulfill a reintegration function, addressing a *temporary* housing need during the period of transition from incarceration to community. As such, the Fortune Academy prepares able-bodied and employable individuals to overcome barriers to independence—substance abuse, limited employment history or educational attainment, and/or lack of daily living skills—and eventually achieve self-sufficiency. On the other hand, transitional housing programs like the MIX Program or Project Renewal's Parole Support and Treatment Program work as part of a continuum of housing options, functioning as a bridge from incarceration to other forms of service-assisted housing (Roman, McBride, & Osborne, 2006). These continuum models are typically intended for residents who are lower functioning and who need indefinite service supports and housing assistance. Thus, an important consideration in understanding transitional housing models is whether the housing program is a stand-alone program or a part of a continuum of housing options. In the latter case, it may be more useful to consider the network of housing programs as a unit of analysis rather than any individual program.

Supportive Housing

Supportive housing specific to people leaving carceral institutions appears to be less common than transitional housing models. As with transitional housing, these supportive housing models vary in size, design, and characteristics. The range of models includes smaller, single-site supportive housing buildings with efficiency (studio) apartments and intensive on-site service supports (the Bridge's Iyana House); larger, single-site supportive housing projects with on-site supports (St. Leonard's Ministries' St. Andrew's Court); and scattered-site supportive housing with mobile case management supports (Maryland's Community Criminal Justice Program's Shelter Plus Care program) (Roman, McBride, & Osborne, 2006; Council of State Governments, 2002).

Like transitional housing models, supportive housing models specific to persons released from carceral institutions may function as stand-alone programs or as part of a continuum. An example of the former is St. Leonard's Ministries' St. Andrew's Court, which provides 42 units of "second-stage" supportive housing to homeless men with incarceration records. St. Andrew's Court is described as "second-stage" permanent housing because it serves individuals leaving St. Leonard's Ministries' transitional housing facilities (Roman & Travis, 2004). By contrast, the Bridge, Inc.'s Iyana House serves women with mental illness immediately upon their discharge from state prison. Tenants are engaged by the provider toward the end of their prison sentence and recruited to live at Iyana House, in some cases transferred directly by the parole agency to the housing site (Roman, McBride, & Osborne, 2006). The terms "housing ready" and "housing first" may be useful in distinguishing between these two approaches to providing supportive housing for formerly incarcerated individuals. In "housing ready" models, individuals are first placed into interim treatment or transitional housing settings before being placed into permanent housing. In the "housing first," individuals are placed directly from carceral institutions into housing without an intermediate stage or interim placement (Roman, McBride, & Osborne, 2006).

A common feature of the supportive housing programs specific to persons released from incarceration is that they target individuals who were homeless prior to incarceration and/or who have significant health and behavioral challenges. As such, these permanent supportive housing programs are willing to provide housing for those who are among the most challenging to serve among this population—those who are persistently and chronically caught in cycle of homelessness and incarceration to the extent that that they can be seen as being on the "institutional circuit." One example of this is a program in New York City that provides both scattered-site and single-site supportive housing with high intensity service supports to individuals with substance abuse and/or mental health issues who have a minimum of four jail admissions and four shelter admissions within the past five years (Anderson, 2006). Similarly, Central City Concern's Housing Rapid Response program in Portland, Oregon, targets frequent users of multiple public systems. These persons not only present the greatest levels of need, but are also among the most costly, in terms of services consumption, subsets of persons in the nexus of homelessness and incarceration.

What Can We Learn from Emerging or Promising Practices in the Field?

Given the tendency to re-adapt existing housing models and to use "patchwork" financing schemes to address post-incarceration homelessness, most practice in this arena remains ahead of, and therefore uninformed by, research that evaluates effectiveness. While many of these models are considered best practices or national models, empirical evidence that these models reduce homelessness and recidivism is often lacking. For example, studies have demonstrated that assertive community treatment (ACT), which is an intensive community-based case management regimen, targeted at criminal justice-involved persons with mental illness (often referred to as *Forensic ACT* or *FACT*) and other intensive case management models significantly reduce rates of recidivism and criminal justice involvement (Lurigio, Fallon, & Dincon, 2000; Ventura et. al, 1998; Hartwell & Orr, 1999; Lamberti, Weisman, & Faden, 2004). However, they have seldom been evaluated for their impact on homelessness and housing stability. An exception is a FACT program in Atlanta that showed substantial reductions in both criminal justice involvement and homelessness among its caseload of persons diagnosed with mental illness (Georgia Rehabilitation Outreach, 2005).

Only been recently have any programs made deliberate attempts to draw upon this limited body of research to shape their approaches. For example, Culhane and colleagues' (2002) evaluation of the New

York/New York housing initiative was a basis of the New York City Frequent Users of Jail and Shelter Initiative in their providing supportive housing to individuals identified as frequent recidivists to emergency shelters and city jails (Anderson, 2006). Moreover, New Jersey's Program to Return Offenders with Mental Illness Safely and Effectively (PROMISE) Initiative also draws upon the New York/New York study as well as research on the effectiveness of FACT at reducing recidivism in its combination of supportive housing and ACT-like intensive case management to parolees with mental illness who are found to be homeless at the time of their release. And in Philadelphia, the State of Pennsylvania and the Council of State Governments has funded a study to assess the impact of Gaudenzia FIR-St., a residential program for persons with mental illness leaving prison, upon community services use, homelessness, and reincarceration. While these studies show promise in providing insights into the performance of housing programs targeting persons released from incarceration, they are still too early in their implementation to provide evidence of program effectiveness.

Several trends are apparent among emerging practices. First and foremost, there is assumed to be an interaction effect between homelessness and incarceration. Just as incarceration, with its clinical and social consequences, leads individuals to homelessness, the lack of stable housing is considered to be a criminogenic factor. Therefore, assisting individuals to achieve housing stability can itself reduce returns to criminal justice involvement. Housing stability stands as a prerequisite to service delivery as well as a strategy for preventing returns to criminal justice involvement and incarceration. Promising programs tend to integrate services and treatment with either permanent or transitional housing rather than offer either services (e.g., case management) or affordable housing alone.

A second trend is the use of case management models for service delivery. ACT and intensive case management models are common, particularly for individuals with mental illness leaving incarceration, and these services are usually provided to this population at a higher intensity level than for other populations. This means that such case management regimens involve higher numbers of staff, often with more specialized expertise, and more frequent and intensive client contact. This case management is often supplemented with services from specialized personnel such as community supervision officers (as in FACT teams) or certified substance abuse counselors. Similarly, many housing projects targeted towards persons with histories of both homelessness and incarceration tend to use higher service worker-to-client staffing ratios (Hals, 2003). This larger and higher credentialed service staffing makes possible the incorporation of a range of clinical approaches such as cognitive or dialectical behavioral therapy, motivational interviewing, group counseling, and substance use counseling, as well as more frequent contact with tenants than is found in programs for non-justice involved homeless populations. Many programs make weekly or even daily contact with clients or tenants.

A third and related trend is the practice of "front-loading" services. Here a more intense level of services provision is utilized during a critical time period, usually defined as the first 30 to 90 days immediately following release from incarceration. During this period, persons are believed to be at particularly high risk for reincarceration and homelessness (Nelson, Deess, & Allen, 1999). Front-loaded service models attempt to assist individuals during this high-risk period by either first placing them into a housing setting with more intensive services and then transitioning them to another, less intensive setting, or by simply varying the number and type of staff assigned to each resident as he or she becomes acclimated to community living (Hals, 2003; Roman, McBride, & Osborne, 2006). In the latter approach, the resident agrees to participate in a formal "bonding" period, in which the resident is accompanied to most or all outside engagements by a service worker who assists the resident with navigating public systems,

evaluates the resident's cognitive patterns, and troubleshoots and mediates potential problems and conflicts.

Fourth, many interventions serving persons who are homeless leaving incarceration have working relationships with the criminal justice system, particularly those programs that serve people under community correctional or court supervision. This capacity may take the form of a formal agreement with a community supervision agency (Iyana House, Parole Support and Treatment Program), an informal arrangement with community supervision personnel (the Fortune Academy), or even dedicated community supervision personnel who serve as staff to the program (PROMISE Initiative). In programs that have incorporated this function, service personnel assist community supervision authorities to assess clients' progress in achieving service goals and lower the risk of reoffending. Because service personnel are able to interact with clients and observe their progress without a law enforcement obligation, they are able to assist supervising authorities to take into account individual service needs and issues in their monitoring. In doing so, they provide community supervision authorities with a means of distinguishing between behaviors that lead to true offenses and those that constitute a part of a process of recovery and stabilization.

A fifth critical trend emerging from promising programs for persons who are homeless upon release from incarceration is the emphasis on client engagement. Whereas many programs serving homeless individuals typically use a first-come first-serve approach to client intake and recruitment, many effective supportive and transitional housing programs serving persons who are homeless leaving the criminal justice system tend to be more proactive in their client recruitment. For example, programs will perform "in-reach" into correctional institutions to identify and engage potential clients, some even spending several months meeting with and preparing potential clients prior to their release. Even programs serving highly transient populations such as frequent jail users place a heavy emphasis on up-front client engagement, performing outreach in various settings where potential clients might be found in order to establish a relationship with clients prior to their housing placement. Such active and sometimes aggressive engagement helps to build trust with members of a target population who tend to be distrustful and avoidant of service providers (Hals, 2003).

Defining the Target Population

One promising emerging trend in practice is not a service delivery strategy but rather an approach that uses greater specificity in selecting a target population. In these emerging initiatives, data systems are used to identify and target housing and services to individuals who are frequent users of correctional institutions as well as other costly emergency public services such as homeless shelters, emergency rooms, and psychiatric hospitals. By targeting these frequent users of multiple systems, these programs not only seek to extend assistance to those corrections-involved individuals who represent the highest levels of housing instability, but also to achieve disproportionate reductions in the demand for public services, thus justifying continued public investment. For example, in the New York City Frequent Users of Jail and Shelter Initiative, individuals who cycle in and out of local corrections and homeless shelters are engaged and placed into permanent supportive housing with enhanced services with the intention of breaking their cycle of incarceration and homelessness (Anderson, 2006). Similarly, a Portland, Oregon program operated by Central City Concern called Housing Rapid Response provides permanent supportive housing to individuals who are identified as disproportionate users of both uncompensated healthcare and incarceration. Similar initiatives are being tried in Rhode Island, Chicago, and Atlantic County, New Jersey.

How Have Policy and Funding Affected the Population or Interventions Examined?

Initiatives like the New York City Frequent Users of Jail and Shelter Initiative and New Jersey's PROMISE Initiative are among the most recent and most ambitious attempts to address homelessness among people released from incarceration and redirect public resources from unproductive to cost-effective uses. These efforts hold promise in their attempts to link interventions for persons who are homeless leaving incarceration directly to potential cost savings. Yet these programs, through providing housing and intensive case management, are expensive in and of themselves. While such costs can be recouped by working with the most services-needy individuals, such an approach is more costly for the majority of persons who do not use public services extensively. This leads to two questions. First, should such services be based on the promise of cost savings when such cost savings are only likely to be realized among a small segment of the target population? Second, can less services-intensive approaches be developed to provide services at less expense to persons who do not need the high level of services that is typically provided through current supportive housing programs?

Like the majority of interventions for justice-involved homeless persons, these initiatives are ultimately "downstream" measures that serve individuals only after incarceration (and/or homelessness) has already been experienced. Few programs and interventions have been able to intervene with homeless individuals at the "front door" of the criminal justice system. While interventions such as mental health courts and jail diversion programs are growing in number and sophistication, these programs either fail to extend their reach to homeless persons or lack housing-related assistance. Furthermore, the homeless courts and diversion initiatives that do exist have a limited impact in that they primarily focus on homeless individuals who are arrested for "quality of life" offenses, and are not designed to provide alternative sentences to persons facing prison terms due to more serious offenses (e.g., felonies). Only one existing supportive housing effort, the Maryland Community Criminal Justice Treatment Program, offers permanent supportive housing to clients diverted from criminal justice custody (Council of State Governments, 2002). Thus, one area for needed programmatic exploration and expansion is the creation of combined housing and services interventions linked to alternatives to incarceration or jail diversion programs.

A resolution to the current jurisdictional controversy over individuals who are or become homeless upon leaving correctional institutions is a necessary prerequisite to any large-scale attempt to stem the growth in the number of persons entering homelessness after leaving incarceration. Indeed, it seems unlikely that any significant impact on rates of post-incarceration homelessness can be made by the current miniscule number of "boutique" projects funded through a patchwork of funding streams diverted from their original intent. While programming such as the Frequent Users of Jail and Shelter Initiative provide a promising prototype, there is currently no framework for the adoption of such a model on the scale necessary to make a substantial impact on reducing the overlap between incarceration and homelessness. And until this area is viewed as falling specifically under criminal justice, homeless services, or some other jurisdictional purview, programs such as are described here will continue to operate on a small scale.

Future Directions for Research and Policy

Much has been accomplished in past decade toward, first, gaining awareness and a basic knowledge of the dynamics between incarceration and homelessness, and then implementing programs to address this

nexus. However these developments represent a beginning; there remains significant ground to be covered in both understanding and addressing this area.

Looking at the research, the findings on incarceration among the single adult homeless population support the assumption that there are heightened rates of homelessness among incarcerated populations both before and after their incarceration episodes. Less conclusive evidence supports the plausible assumption that there exists a spiraling process in which involvement in one domain subsequently increases the risk for the other. More research is needed that goes deeper into this nexus than determining rates of overlap. Specifically, additional research should focus on three objectives.

The first is attaining a better understanding of the association between homelessness and incarceration. This includes research on specifics pertaining to the nature of this association; dynamics whereby people released from incarceration become homeless and people who are homeless become incarcerated; and risk factors and intervention points that exist among this population. There are also common, potentially mitigating factors that are prominent among the homeless and incarcerated populations whose role in this nexus is under-researched. The need for a better understanding of these factors, which include substance abuse, employment, and mental illness, and the roles they play in and of themselves and in interacting with each other, appears pre-requisite for outlining the nature of the homelessness-incarceration nexus. Such a gap in the research has practical implications as well, as empirically informed approaches to addressing these conditions are necessary for effective intervention models.

Second, additional research should assess the effectiveness of interventions that, either directly or indirectly, seek to prevent homelessness and incarceration among at risk populations. Currently, programmatic interventions are necessarily ahead of the available literature that documents best practices. Homelessness and reincarceration represent two basic, undesirable outcomes and should be used as measures by which to assess performance of such interventions. Having measures in place that can monitor the extent to which such outcomes occur would be a means to gauge program effectiveness, as well as the first step towards identifying specific features of the interventions that are effective in preventing these two outcomes.

Key here is evaluating the assumption that stable housing is necessary (though often not sufficient) to prevent both homelessness and incarceration among at-risk populations. The existing research suggests that housing is indeed a promising approach around which to focus intervention efforts, but beyond that many questions remain to be answered. Future studies will need to examine more detailed and nuanced outcomes than those typically reported in recent studies that focus on the blunt (though necessary) measures of occurrences of homelessness and incarceration, and would include outcomes that factor in issues such as community integration, employment, and quality of life. And, given a sufficient body of literature, at some point the research on incarceration and homelessness could go beyond examining and evaluating current practices and toward acting as a basis for designing models and interventions specific to reducing homelessness and incarceration among at-risk populations.

This begs the question about what is different with this population that is at heightened risk of incarceration and homelessness, and whether specific programming should address the needs of this population or if this population should instead be served under the auspices of existing programs. Indeed, demographically and in terms of disability and other characteristics, this subpopulation of persons who are homeless are very similar to the overall single adult homeless population. One difference, however, is jurisdictional. Many among this subpopulation who lapse into homelessness do so subsequent to release

from carceral facilities and *en route* to eventual reincarceration. Were the criminal justice system to extend its jurisdiction over this at-risk population to cover their immediate return back into the community, the end of involvement in the criminal justice system would not be marked by the completion of a sentence of incarceration, but by a reintegration into the community. The latter part of a person's sentence could be used for this, or the community housing and support services could extend beyond the sentence. This would extend reentry services and roll back the need for homeless services. It would also bring the resources of the criminal justice system to bear on reducing reincarceration and homelessness, and in this respect could take the housing expressly for this subpopulation beyond its current patchwork of "boutique" programs.

Extending the jurisdiction of the criminal justice system would not cover the entire subpopulation at risk for homelessness and incarceration. Even if the needs of those with proximate past histories of jail or prison were addressed through a separate reentry system, those who are homeless would still be at heightened risk for incarceration. The housing needs of those with identified conditions that are linked to homelessness and incarceration, most prominently mental illness, substance abuse and HIV/AIDS, should be addressed through interventions, with access to housing, in systems that target these specific populations. Those persons that remain, which should be a substantially reduced fraction of the at-risk population, would then be served through homeless services, with the view of housing as an outcome that would not only eliminate homelessness but also reduce the risk of incarceration.

In the absence of this partitioning of the subpopulation to different systems, homeless services will, by default, continue to act as a *de facto* reentry program. Homeless services have so far not responded sufficiently to this subpopulation. This, more generally, speaks to the need for flexibility in being able to establish programs that target new manifestations of homelessness, of which homelessness related to incarceration is one example. Currently, major federal homeless funding streams for new housing and services, primarily through HUD sources such as the McKinney-Vento program, are becoming less responsive to new initiatives as greater proportions of their resources become locked into continued funding of existing programs.

The third research objective is to explore dimensions of the relationship between homelessness and reincarceration that go beyond its current conception. An example of this is the extent to which family homelessness is linked to the incarceration of a parent or guardian. Incarceration is currently assumed to affect mostly homeless individuals, yet it may well manifest itself in family homelessness. Bringing families into this nexus is something that has heretofore largely been ignored, and research is needed to determine the extent to which such collateral impacts exist and the nature of their needs. Another example is the dynamic of this nexus in rural areas, which would explore and possibly challenge conventional thinking about both homelessness and incarceration as being urban problems. Finally, both homelessness and incarceration exact tolls on communities as well as on individuals and families. Research needs to look at the overlap of these two social phenomena from this perspective as well.

Conclusion

This paper has largely focused on presenting what is known about the nexus between homelessness and incarceration, and the approaches that have been developed to address these two interrelated phenomena. While awareness, knowledge, and response to this relationship have progressed substantially over the past decade, they are in many respects still in their initial stages. And while focusing on specifics, as is largely done in this paper, it is also important not to lose focus on the fact that incarceration and homelessness

interact in a context where, on one hand, millions of persons cycle through jails and prisons each year and face uncertain and tenuous prospects upon reentering the community and, on the other hand, the number of persons who experience homelessness each year also ranges into the millions. Ultimately, the answer to ameliorating the nexus described here is for conditions to change so that the overall rates of incarceration and homelessness decrease. In the absence of this, however, understanding and responding to the special challenges presented by this nexus is necessary for the benefits of both the people caught in its clutches as well as for the larger communities who ultimately must offer a means to reincorporate into its fabric those who have experienced homelessness and incarceration.

References

- Anderson, J. (2006). *Reinvestment financing for supportive housing in New York City*. New York: Corporation for Supportive Housing.
- Barak, G., & Bohm, R. M. (1989). The crimes of the homeless or the crime of homelessness: On the dialectics of criminalization, decriminalization, and victimization. *Contemporary Crises* 13, 275–288.
- Barr, H. (2003). Transinstitutionalization in the courts: Brad H. v. City of New York, and the fight for discharge planning for people with psychiatric disabilities leaving Rikers Island. *Crime & Delinquency*, 49(1), 97–123.
- Bittner, E. (1967). Police on skid row: Study of peacekeeping. *American Sociological Review*, 32, 699–715.
- Black, K., & Cho, R. (2004). *New beginnings: The need for supportive housing for previously incarcerated people*. New York: Corporation for Supportive Housing.
- Blank, A. (2006). *Access for some, justice for any? The allocation of mental health services to people with mental illness leaving jail*. Unpublished dissertation, University of Pennsylvania, School of Social Policy and Practice, Philadelphia.
- Brekke, J. S., Prindle, C., Bae, S. W., & Long, J. D. (2001). Risks for individuals with schizophrenia who are living in the community. *Psychiatric Services*, 52, 1358–1366.
- Brown, K. (2006). *Homelessness and prisoner re-entry*. New York: Council of State Governments.
- Burt, M. R., & Anderson, J. (2005). *AB2034 program experiences in housing homeless people with serious mental illness*. Retrieved January 25, 2006, from http://documents.csh.org/documents/ca/csh_ab2034.pdf
- Burt, M. R., Laudan Y., Aron, T. D., Valente, J., Lee, E., & Iwen, B. (1999). *Homelessness: Programs and the people they serve: Findings of the National Survey of Homeless Assistance Providers and Clients*. Washington DC: The Urban Institute,
- Burt, M. R., Hedderson, J. Zweig, J. Ortiz, M. J., Aron-Turnham, L., & Johnson. S. M. (2004). *Strategies for reducing chronic street homelessness. Final report*. Sacramento, CA: Walter R. McDonald & Associates, Inc.; Washington, DC: The Urban Institute.
- California Department of Corrections (1997). *Prevention Parolee Failure Program: An evaluation*. Sacramento: Author.
- Cho, R. (2004). *Putting the pieces back together: Overcoming fragmentation to prevent post-incarceration homelessness*. New York: Corporation for Supportive Housing.

- Cho, R., Gary, D., Ball, L., & Ladov, M. (2002). *A guide to reentry supportive housing: A three-part primer for non-profit supportive housing developers, social services providers, and their government partners*. New York: Corporation for Supportive Housing.
- Clark, R. E., Ricketts, S. K., & McHugo, G. J. (1999). Legal system involvement and costs for persons in treatment for severe mental illness and substance use disorders. *Psychiatric Services, 50*, 641–647.
- Conklin T. J., Lincoln, T., & Tuthill, R. W. (2000). Self-reported health and prior health behaviors of newly admitted correctional inmates. *American Journal of Public Health, 90*, 1939–1941.
- Corporation for Supportive Housing (1996). *An introduction to supportive housing*. New York, NY: Author.
- Council of State Governments (2002). *Criminal Justice/Mental Health Consensus Project*. New York: Author.
- Culhane, D. P. & Metraux S. (1999). Assessing relative risk for homeless shelter usage in New York City and Philadelphia. *Population Research and Policy Review, 18*(3), 219–236.
- Culhane, D. P. & Metraux S. (1999). (1997). Where to from here: A policy research agenda based on the analysis of administrative data. In D. P. Culhane & S. P. Hornburg (Eds.), *Understanding homelessness: New policy and research perspectives*. Washington, DC: Fannie Mae Foundation.
- Culhane, D. P., Metraux, S. & Hadley, T. (2002). The impact of supportive housing for homeless people with severe mental illness on the utilization of the public health, corrections, and emergency shelter systems: The New York-New York Initiative. *Housing Policy Debate, 13*(1), 107–163.
- Cunningham, M., Lear, M., Schmitt, E., & Henry, M. (2006). *A new vision: What is in community plans to end homelessness?* Washington, DC: National Alliance to End Homelessness.
- Ditton, P. M. (1999). *Mental health and treatment of inmates and probationers* (NCJ 174463). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Eberle, M., Kraus, D., Pomeroy, S., & Hulchanski, D. (2000). *Homelessness—Causes and effects: A review of the literature*. (Vol. 1). Vancouver, CA: British Columbia Ministry of Social Development and Economic Security.
- Feldman, L. (2004). *Citizens without shelter: Homelessness, democracy and political exclusion*. Ithaca: Cornell University Press.
- Fischer, P. J. (1992). The criminalization of homelessness. In M. J. Robertson (Ed.), *Homelessness: A national perspective* (pp. 57–64). New York: Plenum.
- Ford, M. C. (2005). Frequent fliers: High demand users of local corrections. *American Jails, 19*(3), 18.
- Foscarinis, M. (1996). Downward spiral: Homelessness and its criminalization. *Yale Law and Policy Review, 14*(1), 1–63.

- Freudenberg, N. (2001). Jails, prisons, and the health of urban populations: A review of the impact of the correctional system on community health. *Journal of Urban Health*, 78(2), 214–235.
- Georgia Rehabilitation Outreach (2005). *Forensic assertive community treatment: First year in review*. Atlanta: Author.
- Grogger, J. (1995). The effects of arrests on the employment and earnings of young men, *Quarterly Journal of Economics*, 110, 756–791.
- Hals, K. (2003). *From locked up to locked out: A training resource for community organizations*. Seattle: AIDS Housing of Washington.
- Harrison, P. M. & Beck, A. J. (2006). *Prison and jail inmates at midyear 2005*. Washington DC: US Department of Justice, Bureau of Justice Statistics, NCJ 213133.
- Hartwell, S. W. & Orr, K. (1999). The Massachusetts Forensic Transition Program for Mentally Ill Offenders Re-entering the Community, *Psychiatric Services*, 50, 1220–1222.
- Hombs, M. E. (2002, July 18). *Massachusetts Shelter and Housing Alliance's research on corrections and homelessness*. Presented at the Annual Meeting of the National Alliance to End Homelessness, Washington, DC.
- Hopper, K. (2003). *Reckoning with homelessness*. New York: Cornell University Press.
- Hopper, K., & Baumohl, J. (1994). Held in abeyance: Rethinking homelessness and advocacy. *American Behavioral Scientist*, 37, 522–552.
- Hopper, K., Jost, J., Hay, T., Welber, S., & Haugland, G. (1997). Homelessness, severe mental illness, and the institutional circuit. *Psychiatric Services*, 48, 659–665.
- Hughes, T. A., Wilson, D. J., & Beck, A. J. (2001, October). Trends in state parole, 1990–2000. *Bureau of Justice Statistics. Special Report* (NCJ 184735). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Interagency Council on Homelessness. (2006). *Good. . . to better. . . to great: Innovations in 10-year plans to end chronic homelessness*. Washington, DC: Author.
- Irwin, J. (1985). *The jail: Managing the underclass in American Society*. Berkeley: University of California Press.
- Jacobson, M. (2005). *Downsizing prisons: How to reduce crime and end mass incarceration*. New York: New York University Press.
- James, D. J., & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates*. Washington, DC: Bureau of Justice Statistics.
- Kling, J. R. (1999). *The effect of prison sentence length on the subsequent employment and earnings of criminal defendants* (Woodrow Wilson School Discussion Papers in Economics No. 208). Princeton, NJ: Princeton University.

- Kushel, M. B., Hahn, J. A., Evans, J. L., Bangsberg, D. R., & Moss, A. R. (2005). Revolving doors: Imprisonment among the homeless and marginally housed population. *American Journal of Public Health, 95*, 1747–1752.
- Lamberti, J. S., Weisman, R., & Faden, D. I. (2004). Forensic assertive community treatment: Preventing incarceration of adults with severe mental illness, *Psychiatric Services, 55*, 1285–1293.
- Langan, P. A., & Levin, D. J. (2002). *Recidivism of prisoners released in 1994*. Washington, DC: US Department of Justice, Bureau of Justice Statistics.
- Lamb, H. R., & Weinberger, L. E. (1998). Persons with severe mental illness in jails and prisons: A review. *Psychiatric Services, 49*, 483–492.
- La Vigne, N. G., Mamalian, C. A., Travis, J., & Visser, C. (2003). *A portrait of prisoner Reentry in Illinois*. Washington DC: The Urban Institute.
- La Vigne, N. G., & Thomson, G. L. (2003). *A portrait of prisoner reentry in Ohio*. Washington DC: The Urban Institute.
- Legal Action Center (2004). *After prison: Roadblocks to reentry*. Retrieved January 20, 2007, from <http://www.lac.org/lac/main.php?view=overview>
- The Lewin Group (2004). *Costs of serving homeless individuals in nine cities*. New York: Corporation for Supportive Housing.
- Lichtenstein, A. C., & Kroll, M. (1996). The fortress economy: The economic role of the U.S. prison system. In E. Rosenblatt (Ed.), *Criminal injustice: Confronting the prison crisis* (pp. 16–39). Boston: South End Press.
- Lott, J. (1990). The effect of conviction on the legitimate income of criminals. *Economics Letters, 34*(4), 381–385
- Lurigio, A. J., Fallon, J., & Dincin, J. (2000). Helping the mentally ill in jails adjust to community life: A description of a post-release ACT program and its clients. *International Journal of Offender Therapy and Comparative Criminology, 44*, 450–466.
- Lynch, J. P., & Sabol, W. J. (2001, September). Prisoner reentry in perspective. *Urban Institute Crime Policy Report, 3*.
- Martell, D. A., Rosner, R., & Harmon, R. B. (1995). Base-rate estimates of criminal behavior by homeless mentally ill persons in New York City. *Psychiatric Services, 46*, 596–601.
- Mauer, M. (1999). *Race to incarcerate*. New York: New Press.
- 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.
- McNiel, D. E., Binder, R. L., & Robinson, J. C. (2005). Incarceration associated with homelessness, mental disorder, and co-occurring substance abuse. *Psychiatric Services, 56*, 840–846.

- Mechanic, D., & Rochefort D. (1990). Deinstitutionalization: An appraisal of reform. *Annual Review of Sociology*, 16, 301–327.
- Metraux, S. (2007). *Assessing the impact of the Gaudenzia FIR-St. Residential Treatment Program in the context of prison release and community outcomes for released state prisoners with mental illness in Philadelphia: A report to the Pennsylvania Department of Corrections*. Philadelphia: University of the Sciences in Philadelphia.
- Metraux, S. (2002). *Taking different ways home: The intersection of mental illness, homelessness and housing in New York City*. Unpublished doctoral dissertation, University of Pennsylvania, Philadelphia.
- Metraux, S. (1999). Waiting for the wrecking ball: Skid row in postindustrial Philadelphia. *Journal of Urban History* 25, 690–715.
- Metraux, S., & Culhane, D. (2006). Recent incarceration history among a sheltered homeless population. *Crime and Delinquency*, 52, 504–517.
- Metraux, S., & Culhane, D. (2004). Homeless shelter use and reincarceration following prison release. *Criminology and Public Policy*, 3(2), 139–160.
- Metraux, S., & Culhane, D. (2003, October 30). *The intersection of corrections services and shelter use: Findings from New York City*. Presented at The Urban Institute Reentry Roundtable on Housing, Homelessness and Prisoner Reentry, Washington, DC.
- Nelson, M., Deess, P., & Allen, C. (1999). *The first month out: Post-Incarceration experiences in New York*. New York: Vera Institute of Justice.
- Pager, D. (2003). The mark of a criminal record. *American Journal of Sociology*, 108, 937–975.
- Park, J. M., Metraux, S., & Culhane, D. (2005). Childhood out-of-home placement and dynamics of public shelter utilization among young homeless adults. *Child and Youth Services Review*, 27, 533–546.
- Pastore, A. L. & Maguire, K. Eds. (2005). *Sourcebook of criminal justice statistics*. Retrieved September, 4, 2006, from <http://www.albany.edu/sourcebook/>
- Peters R. H., Greenbaum, P. E., Edens, J. F., Carter, C. R., & Ortiz, M. M. (1998). Prevalence of DSM-IV substance abuse and dependence disorders among prison inmates. *American Journal of Drug and Alcohol Abuse*, 24, 573–587.
- Petersilia, J. (2003). *When prisoners come home: Parole and prisoner reentry*. Oxford, UK: Oxford University Press.
- Petersilia, J. (2000, May). Prisoners returning to communities: Political, economic, and social consequences. *Sentencing and corrections: Issues for the 21st Century*. National Institute of Justice: Papers from the Executive Sessions on Sentencing and Corrections. Washington, DC: U.S. Department of Justice.

- Reentry Policy Council. (2006). *Salt Lake County (Utah) Homeless Assistance Rental Project*. Retrieved January, 16, 2007, from http://www.reentrypolicy.org/reentry/Document_Viewer.aspx?DocumentID=1241
- Rodriguez, N., & Brown, B. (2003). *Preventing homelessness among people leaving prison*. New York: Vera Institute of Justice.
- Roman, C. G., & Travis, J. (2004). *Taking stock: Housing, homelessness and prisoner reentry*. Washington, DC: The Urban Institute.
- Roman, C. G., & Kane, M. (2007). *The housing landscape for returning prisoners in the District*. Washington, DC: The Urban Institute.
- Roman, C. G., Kane, M., & Giridharadas, R. (2006). *The housing landscape for returning prisoners in the District of Columbia. Final report to the Fannie Mae Foundation*. Washington, DC: The Urban Institute.
- Roman, C. G., McBride, E. C., & Osborne J. W. L. (2006). *Principles and practice in housing for persons with mental illness who have had contact with the justice system*. Washington, DC: The Urban Institute.
- Rossman, S. B., Sridharan, S., Gouvis, C., Buck, J., & Morley, E. (1999). *Impact of the opportunity to succeed. OPTS Aftercare Program for Substance-Abusing Felons: Comprehensive final report*. Washington, DC: The Urban Institute.
- Substance Abuse Mental Health Services Administration. (2003). *How states can use SAMHSA block grants to support services to people who are homeless*. Washington, DC: Author.
- Scally, C., & Newman, K. (2003). Housing barriers to prisoner reentry in New Jersey. Paper presented at the New Jersey Institute for Social Justice Reentry Roundtable, Rutgers University, New Brunswick, NJ.
- Shlay, A. B., & Rossi, P. H. (1992). Social science research and contemporary studies of homelessness. *Annual Review of Sociology*, 18, 129–160.
- Snow, D. A., Anderson, L., & Koegel, P. (1994). Distorting tendencies in research on the homeless. *American Behavioral Scientist*, 37, 461–475.
- Snow, D. A., Baker, S. G., & Anderson, L. (1989). Criminality and homeless men: An empirical assessment. *Social Problems*, 36, 532–549.
- Solomon, P., & Draine, J. (1995). Issues in serving the forensic client. *Social Work* 40(1), 25–33.
- Solomon, P., & Draine, J. (1999). Using clinical and criminal involvement factors to explain homelessness among clients of a psychiatric probation and parole service. *Psychiatric Quarterly*, 70, 75–87
- Spradley, J. P. (1970). *You owe yourself a drunk: An ethnography of urban nomads*. Boston: Little, Brown.

- Steadman, H. J., & Veysey, B. M. (1997). Providing services for jail inmates with mental disorders. *American Jails*, 9(2), 11–23.
- Suellentrop, C. (2006, December 24). The right has a jailhouse conversion. *New York Times Magazine*, 47–50.
- Travis J., & Lawrence, S. (2002). *Beyond the prison gates: The state of parole in America*. Washington, DC: The Urban Institute.
- Travis J., Solomon, A. L., & Waul, M. (2001). *From prison to home: The dimensions and consequences of prisoner reentry*. Washington, DC: The Urban Institute.
- Urban Institute. (2005). *Understanding the challenges of prisoner reentry: Research findings from the Urban Institute's Prisoner Reentry Portfolio*. Washington, DC: Author.
- U.S. Sentencing Commission. (2004). *Fifteen years of guidelines sentencing*. Retrieved June 6, 2007, from http://www.ussc.gov/15_year/15year.htm
- Ventura, L. A., Cassel, C. A., Jacoby, J. E., & Huang, B. (1998). Case management and recidivism of mentally ill persons released from jail. *Psychiatric Services*, 49, 1330–1337.
- Visher, C. (2006). Personal communication and special analysis of data collected for the Illinois, Ohio, and Texas Returning Home projects. Washington, DC: The Urban Institute.
- Visher, C., & Courtney, S. M. E. (2006). *Cleveland prisoners' experiences returning home*. Washington, DC: The Urban Institute.
- Visher, C., La Vigne, N. G., & Travis J. (2004). *Returning home: Understanding the challenges of prisoner reentry. Maryland Pilot Study: Findings from Baltimore*. Washington, DC: The Urban Institute.
- Watson, J., Solomon, A. L., La Vigne, N. G., & Travis, J. (2003). *A portrait of prisoner reentry in Texas*. Washington DC: The Urban Institute.
- Western, B. (2002). The impact of incarceration on wage mobility and inequality. *American Sociological Review*, 67, 477–98.
- Western, B., & Beckett, K. (1999). How unregulated is the U.S. labor market? The penal system as a labor market institution. *American Journal of Sociology*, 104, 1030–1060.