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Council on Criminal Justice and Behavioral Health

Building bridges to prevent incarceration

Housing First with Individuals Returning Home From State Incarceration

The Governor has made homelessness a priority of his administration, Chapter 6.5 section 8256 of the Welfare and Institutions Code (Amended by Stats. 2019, Ch. 159, Sec 28. AB 101) outlines requirements for state agencies regarding the adoption of "housing first" principles. The 2019 Point in Time counts in California recorded 151,278 individuals experiencing homelessness in the state, the highest in the nation.[1] Unlike previous practices requiring clients to demonstrate housing readiness, Housing First (HF) adopts a client-first approach that fosters a quick connection to permanent housing, without preconditions or barriers along with the following guidelines:

- ✓ Homelessness is, first and foremost, a housing crisis addressable through safe and affordable housing.
- ✓ Everyone can achieve housing stability
- ✓ Everyone is housing ready, and housing programs should be "consumer-ready"
- ✓ Secure housing is a stabilizing force for clients' physical and mental health, substance use, and employment outcomes, and
- ✓ Individuals have a right to self-determination to bolster the equity of housing programs. Housing programs must take a needs-based approach and adapt to individual unique needs.

The Intersection of Criminal Justice, Behavioral Health Systems, and Homelessness

Individuals involved with the criminal justice system face exacerbating challenges in securing housing, which is worsened by the high rates of mental illness and substance abuse amongst the CDCR population. CDCR surveillance estimates that 31% of the population is living with a mental health condition and up to 70% with a substance use disorder (SUD).[2]

Formerly incarcerated persons are approximately ten times more likely to be homeless, and up to twenty times more likely when the person is living with a mental illness, and these rates are higher among African American men in particular.[3] The first 30 days after release is a critical period, during this difficult transition, released inmate drug use increases and the risk of death in the first two weeks after release increases 12-fold.[4]

Housing First offers equal benefits to individuals living with a co-morbid substance use disorder.[5] Housing First also benefits individuals with diverse ethnic backgrounds equally.[6]

Individuals have higher rates of treatment program participation when benefiting from housing security[7], while also having lower rates of hospitalization for psychiatric conditions.[8]

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Significant Challenges to Securing Housing for Individuals Returning Home from State Incarceration

Reentry into the community creates high levels of stress, in turn exacerbating underlying mental and physical health problems that are made worse by homelessness; thereby, creating a cycle of worsening conditions and increased risk of recidivism and further health complications.

Federal policy dictates that an individual cannot qualify as "chronically homeless" if he or she has been incarcerated for more than 90 days, even if he or she was chronically homeless before incarceration. Incarceration is considered a "break in homelessness," which reduces the priority status of individuals exiting incarceration. Individuals returning from prison, even if they have chronic behavioral health conditions and were homeless before incarceration, or are exiting directly into homelessness upon release, will likely not be assessed as a priority population for local housing services.

Locally controlled policies and practices often further restrict access to either treatment facilities or housing. Individuals can also face restrictions from living in specific neighborhoods, or with particular individuals due to victims' rights, or conditions of community supervision. While the choice is a central component to Housing First, the unfortunate reality is that people with criminal justice histories have barriers others do not that limit choice.

Taking high behavioral health needs and reentry challenges into consideration, California state incarceration administrators provide a variety of community-based program services. These programs include substance use disorder treatment (SUDT), education, housing, family reunification, vocational training, and employment services and can be residential, outpatient, or drop-in programs. Individuals are screened and assessed for program placement based on needs and desired reentry goals. Programs actively seek to support individuals to access a wide variety of local services in the community. While programs do not specifically address housing needs, due to the nature of specific programs (i.e., SUDT programs), housing components may result from participation.

Relapses and increases in substance use can be an indicator that an individual needs to be moved to a higher-level program with more care. There are also instances where one individual poses a security risk to another participant. Program providers need to be able to terminate participation to maintain a safe recovery environment for everyone, providing a referral to local housing assistance when a person's action requires removal. Transitional programs are meant to transition individuals back into the community and are temporary; therefore, CDCR should be able to adhere to the majority of Housing First principles while realizing that they can only do so in a transient manner.

Recovery Housing

Providers in the field, and more importantly, returning citizens experiencing reentry and reintegration, have been clear that any application of *Housing First* principles should include the choice to live in a substance-free environment. Supporting recovery (reducing lapses and relapses) and reducing the risk of recidivism upon reentry is paramount, and individuals should have the choice to access *Recovery Housing* and residences.

Evidence continues to mount that a critical component to successful outcomes in the Housing First model is the implementation and support of "Recovery Housing." The United States Housing and Urban Development Administration defines recovery housing as "*Recovery Housing* is a housing model that uses substance use-specific services, peer support, and physical design features to support individuals and families on a particular path to recovery from addiction, typically emphasizing abstinence."

Recovery Housing …

- Is peer-supported and has been shown to improve outcomes compared to treatment as usual and has a stabilizing effect on outcomes and program utilization.[9]
- Practices the social model that creates a community accountability structure that makes members more accountable to each other and the expectations of the larger group.[10]
- Employs a common organizational trait of an experienced "social living entrepreneur" in a leadership role that understands the unique household and community dynamics of maintaining a healthy, equitable recovery house.
- Suffers from NIMBY (not in my back yard) thinking despite being ordinary functioning residential houses that are often unknown to the surrounding community or held to be superior residential neighbors.[11]

Recovery housing is associated with numerous positive outcomes:

- ✓ Decrease substance use
- ✓ Reduce the probability of relapse/recurrence
- ✓ Lower rates of incarceration
- ✓ Higher income
- ✓ Increased employment, and
- ✓ Improved family functioning.[12]

Recommendations:

1. Include *Recovery Housing* as permissible under California's implementation of *Housing First*. Doing so will allow individuals the choice of being in a substance-free environment. Also, this would enable treatment programs to adapt so as not to impede the value of community-based treatment and services.
2. For *Recovery Housing* programs, provide guidance on how to ensure individuals are expediently referred directly into local housing services if the individual leaves *Recovery Housing* or graduates from the program and still needs housing supports. Consider options to improve connections for citizens returning from state incarceration to local housing services and systems of care in their home communities to reduce gaps in services.
3. Continually embrace and implement best practices within the peer accountability model, leaning on lived experience to facilitate community-based treatment in creating a healthy, supportive environment that will assist returning citizens in forming community relationships outside of incarceration that supports ongoing success.

[1] US Department of Housing and Urban Development (2019). HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. Retrieved from: https://files.hudexchange.info/reports/published/CoC_PopSub_State_CA_2019.pdf

[2] California Rehabilitation Oversight Board (C-ROB) Annual Report (2019, September).Retrieved at: https://www.crob.ca.gov/wp-content/uploads/2019/10/C-ROB-Annual-Report-September-2019.pdf

[3] Welch, Stephanie. 2020 Council on Criminal Justice and Behavioral Health. *Improving Housing Outcomes for the Justice-Involved with Behavioral Health Challenges.* Retrieved from: https://www.cdcr.ca.gov/ccjbh/wp-content/uploads/sites/172/2020/02/CCJBH-Housing-Brief-2.19.2020-FINAL.pdf?label=Housing%20Policy%20Brief&from=https://www.cdcr.ca.gov/ccjbh/publications/

[4] Ibid.

[5] Urbanoski, Karen, et al. "Effects of Comorbid Substance Use Disorders on Outcomes in a Housing First Intervention for Homeless People with Mental Illness." *Addiction*, vol. 113, no. 1, 2018, pp. 137–145.

[6] Stergiopoulos, V., Gozdzik, A., Misir, V., Skosireva, A., Connelly, J., Sarang, A., Whisler, A., Hwang, S. W., O'Campo, P., & McKenzie, K. (2015). Effectiveness of Housing First with Intensive Case Management in an Ethnically Diverse Sample of Homeless Adults with Mental Illness: A Randomized Controlled Trial. PloS one, 10(7), e0130281. https://doi.org/10.1371/journal.pone.0130281

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[8] O'Campo P, Stergiopoulos V, Nir P, et al "How did a Housing First intervention improve health and social outcomes among homeless adults with mental illness in Toronto? Two-year outcomes from a randomized trial" BMJ Open 2016;6:e010581. doi: 10.1136/bmjopen-2015-010581.

[9] Ibid

[10] Polcin, D., Mericle, A., Howell, J., Sheridan, D., & Christensen, J. (2014). Maximizing Social Model Principles in Residential Recovery Settings. Journal of Psychoactive Drugs, 46(5), 436–443. https://doi-org.proxy.lib.csus.edu/10.1080/02791072.2014.960112

[11] Wittman FD, Polcin D. The Evolution of Peer Run Sober Housing as a Recovery Resource for California Communities. *Int J Self Help Self Care*. 2014;8(2):157-187. doi:10.2190/SH.8.2.c

[12] Welch, Stephanie. 2020 Council on Criminal Justice and Behavioral Health. *Improving Housing Outcomes for the Justice-Involved with Behavioral Health Challenges.* Retrieved from: https://www.cdcr.ca.gov/ccjbh/wp-content/uploads/sites/172/2020/02/CCJBH-Housing-Brief-2.19.2020-FINAL.pdf?label=Housing%20Policy%20Brief&from=https://www.cdcr.ca.gov/ccjbh/publications/