



Achieving Successful Community Re-Entry upon Release from Prison

Housing and Medical Assistance as Keys to Reduced Recidivism and Improved Employment Outcomes

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EX-OFFENDERS RECENTLY RELEASED FROM PRISON experience serious challenges to securing stable and permanent housing.¹ Earlier studies have found that men with a history of incarceration are more likely to experience homelessness but that criminal history does not necessarily predict long-term housing stability, at least among high-risk homeless adults who receive supportive housing.²

Beyond the need for housing, a high proportion of ex-offenders experience substance abuse problems. National estimates suggest that 85 percent of all inmates in 2006 were substance-involved, while almost two-thirds met the medical criteria for a substance use disorder.³ What's more, while the re-incarceration rate was 31 percent in the general ex-offender population, it was 52 percent among substance-involved ex-offenders.⁴ Given the large number of ex-offenders who will become newly eligible for Medicaid under the Affordable Care Act, there is a great opportunity to address the behavioral health problems facing this population.⁵

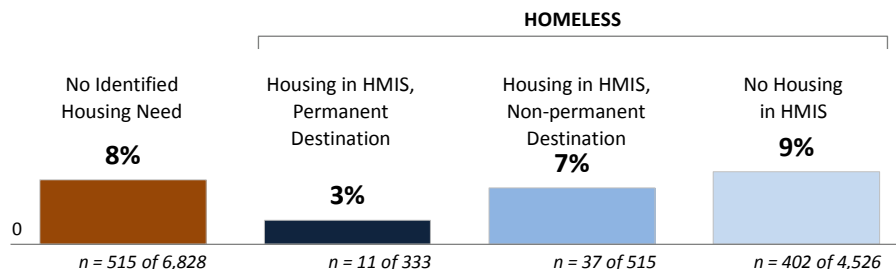
Key Findings

This report examines the experience of individuals over a 12-month period following their release from a Washington State Department of Corrections (DOC) facility in SFY 2010 or 2011. We find that:

1. Homeless ex-offenders who received housing assistance and transitioned to permanent housing had *lower* rates of criminal recidivism and *higher* rates of employment, Medicaid coverage, and substance abuse treatment, compared to other homeless ex-offenders.
2. Ex-offenders who received housing assistance were more likely to have Medicaid coverage, and treatment penetration rates were relatively high among substance abusers with coverage.
3. As with housing assistance, homeless ex-offenders who had Medicaid coverage were less likely to be incarcerated or have a felony conviction in the follow-up period.

Incarcerated in a Department of Corrections Facility in 12-Month Follow-Up Period

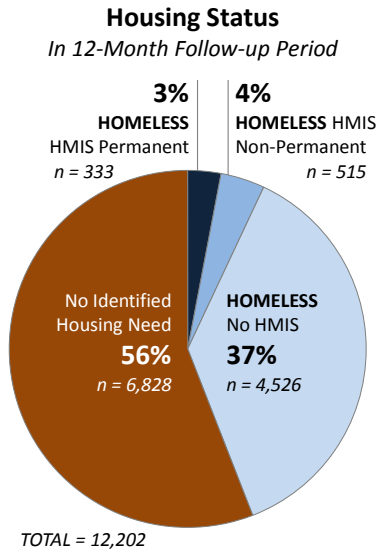
Individuals Released from Prison in SFY 2010 or 2011 who have a DSHS Service History



Study Design

The study population included 12,202 individuals released from a Washington State Department of Corrections facility in State Fiscal Year (SFY) 2010 or 2011 who had received a service from DSHS at some point between July 1997 and June 2011. We selected the last month of release for individuals who were released more than once in that two-year period.

Housing Status



Housing Status Following Re-Entry

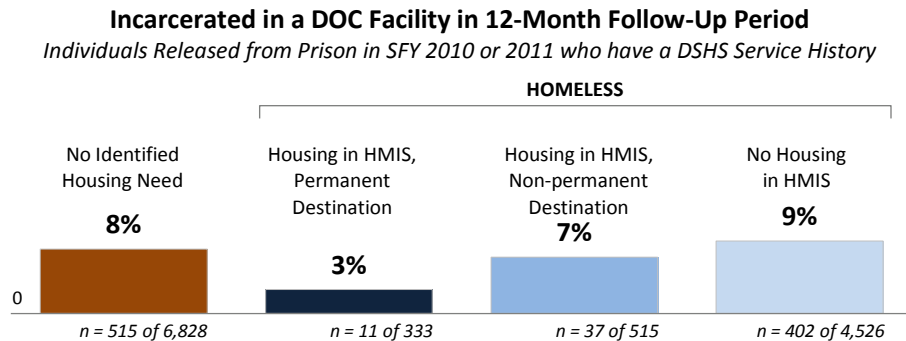
Homelessness was identified using a broad indicator that combines data from five different information systems, including the Homeless Management Information System (HMIS).⁶ Among the 12,202 individuals released from a DOC facility at some point in SFY 2010 or 2011, 44 percent (n = 5,374) experienced homelessness at some point in the 12-month period following their release from prison. Of that group, 848 individuals (16 percent of homeless ex-offenders and 7 percent of all ex-offenders) received housing assistance recorded in HMIS in the follow-up period.

Within that same time period, 333 individuals (3 percent of all ex-offenders and 6 percent of all homeless ex-offenders) left housing assistance for permanent housing.⁷ As the table in the technical notes on page 8 suggests, women were *more* likely than men to exit to permanent housing and younger adults (ages 18-25) were *less* likely than older adults to do so. The next section of this report explores how housing status was associated with criminal justice and employment outcomes.

Criminal Justice Involvement

Incarceration in a Department of Corrections Facility

The rate of return to a DOC facility in the 12-month follow-up period was highest for individuals who experienced homelessness but did not receive housing assistance recorded in HMIS (9 percent). It was lowest for homeless ex-offenders who received housing assistance and exited to permanent housing within the follow-up period (3 percent). The recidivism rate was similar for homeless ex-offenders overall compared to those without identified housing needs before accounting for whether or not homeless ex-offenders received housing assistance.

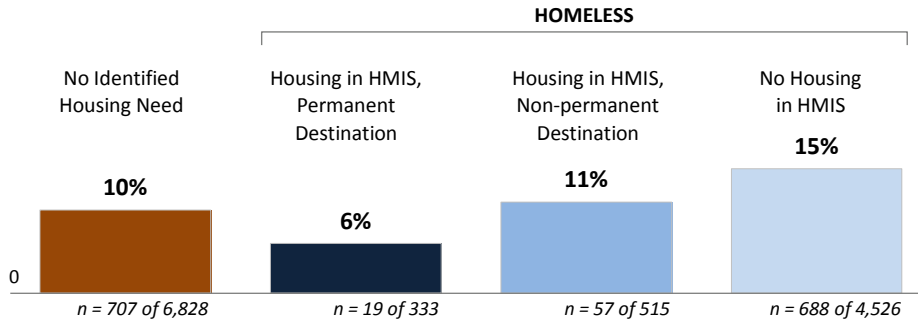


Felony Convictions

Given the relatively short follow-up window to observe incarcerations, we also examined the rate of felony convictions using the Washington State Institute for Public Policy (WSIPP) criminal history file. As with incarcerations, homeless individuals who received housing assistance and exited to permanent housing had the lowest felony conviction rate (6 percent), while homeless individuals who did not receive housing assistance had the highest rate (15 percent). Homeless individuals who received housing assistance but exited to non-permanent housing situations had a felony conviction rate that was very similar to those who did not have an identified housing need (11 percent and 10 percent, respectively).

Felony Conviction in 12-Month Follow-Up Period

Individuals Released from Prison in SFY 2010 or 2011 who have a DSHS Service History

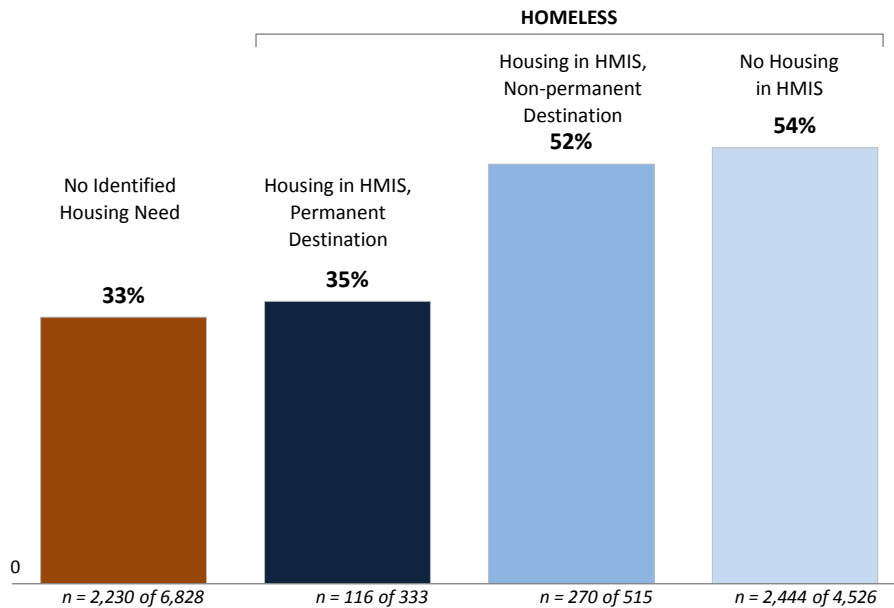


Arrests

The rate of arrest as recorded in Washington State Patrol (WSP) data was highest for homeless ex-offenders who did not receive housing assistance (54 percent) and those who received assistance but exited to non-permanent housing (52 percent).⁸ The arrest rate was lower for ex-offenders without identified housing needs (33 percent) and homeless ex-offenders who received housing assistance and exited to permanent destinations (35 percent).

Arrest Recorded in Washington State Patrol Data in 12-Month Follow-Up Period

Individuals Released from Prison in SFY 2010 or 2011 who have a DSHS Service History



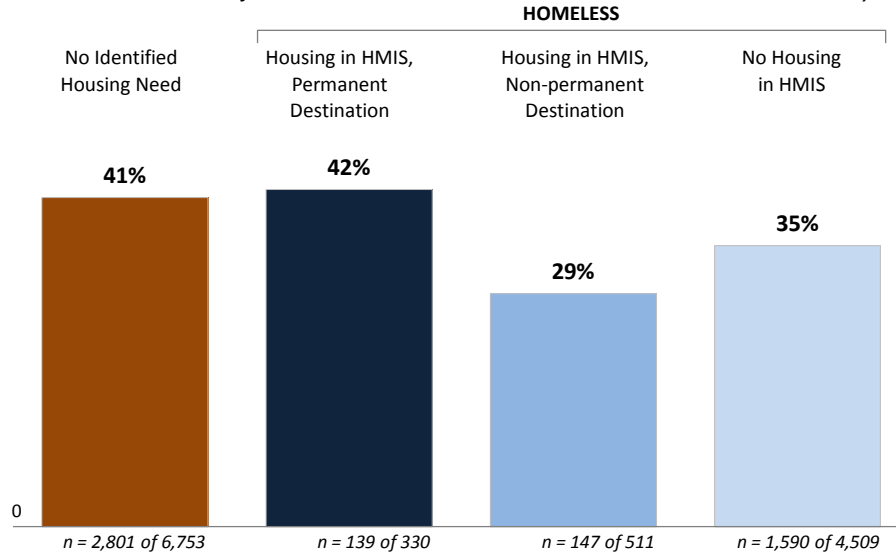
Employment and Earnings

Employment Rate

For released offenders under the age of 65, we identified an individual as being employed if they had any wages reported to the Employment Security Department’s Unemployment Insurance system in the follow-up period. Homeless individuals who received housing assistance and exited to permanent destinations had an employment rate comparable to those with no identified housing needs (42 percent and 41 percent, respectively). Although homeless individuals who received housing assistance and exited to non-permanent housing had the lowest employment rate (29 percent), they also had the highest rates of chronic illness, untreated substance abuse, and serious mental illness of any group (see *Technical Notes table, page 8*).

Employment Rate among Working-Age Ex-Offenders in 12-Month Follow-Up Period

Individuals Released from Prison in SFY 2010 or 2011 who have a DSHS Service History

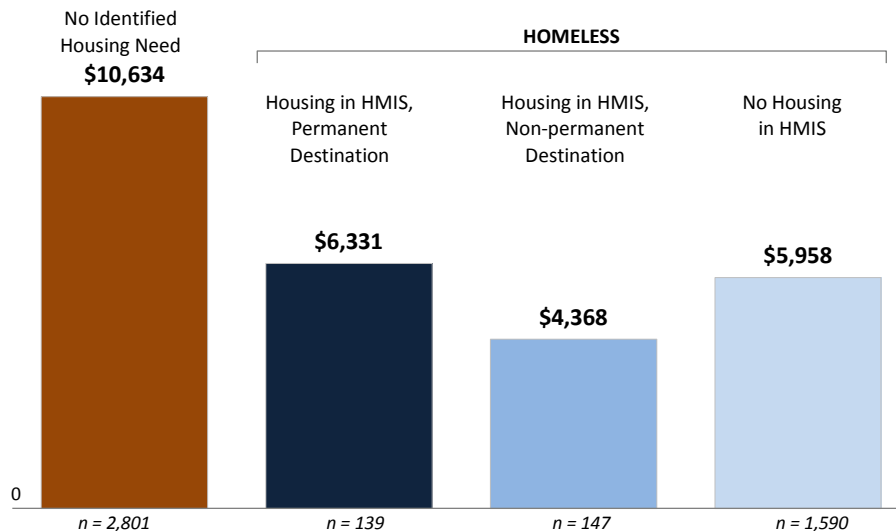


Average 12-Month Earnings (among those with any employment)

Average earnings over the 12-month follow-up period were low across all groups but were highest for individuals who did not have identified housing needs (\$10,634).

Average Earnings among Working-Age Ex-Offenders in 12-Month Follow-Up Period

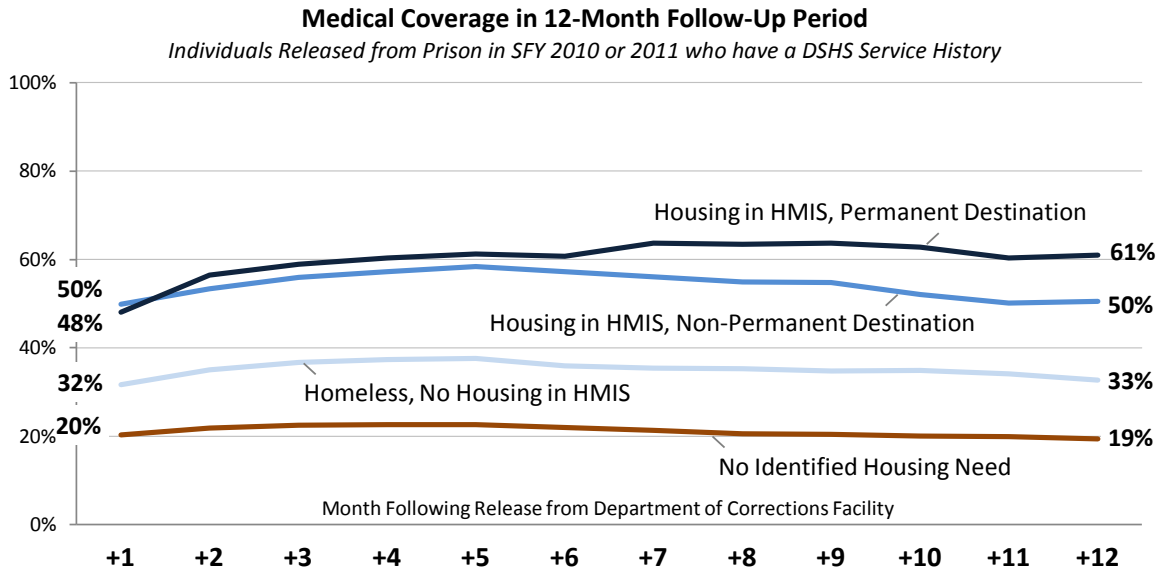
Among those with any employment in the follow-up period



Role of Medical Coverage

Medical Coverage

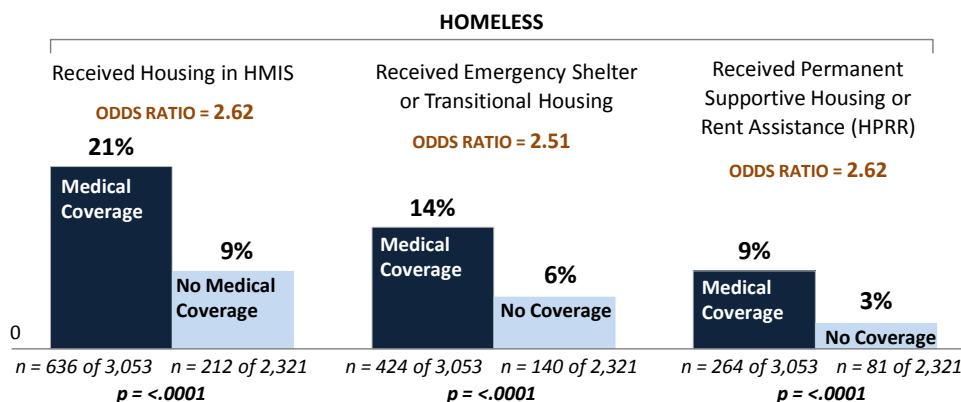
We examined whether individuals had Medicaid or similar publicly-funded medical coverage in the 12-month follow-up period. Individuals who received housing assistance recorded in HMIS were much more likely to have medical coverage. Whereas approximately 60 percent of ex-offenders who received housing and exited to permanent destinations had medical coverage, only about one-fifth of those without identified housing needs had medical coverage in any given month. Among those with medical coverage, the vast majority (approximately 95 percent) had coverage related to disability or incapacity (SSI-related, Medical Care Services, or ADATSA coverage) or Family Medical coverage.



Medical Coverage and Housing Assistance

Among homeless ex-offenders, there was a statistically significant association between medical coverage and receipt of housing assistance in HMIS. While only 9 percent of those without medical coverage received assistance recorded in HMIS, 21 percent of those with coverage received housing assistance (Odds Ratio = 2.62; $p < .0001$). This association held for both the subset who received housing assistance through a temporary housing situation (Emergency Shelter or Transitional Housing) and the subset who received assistance with permanent housing (Permanent Supportive Housing or Homelessness Prevention and Rapid Re-housing (HPRR) rent assistance).

Receipt of Housing Assistance among Homeless Ex-Offenders, by Medical Coverage Status

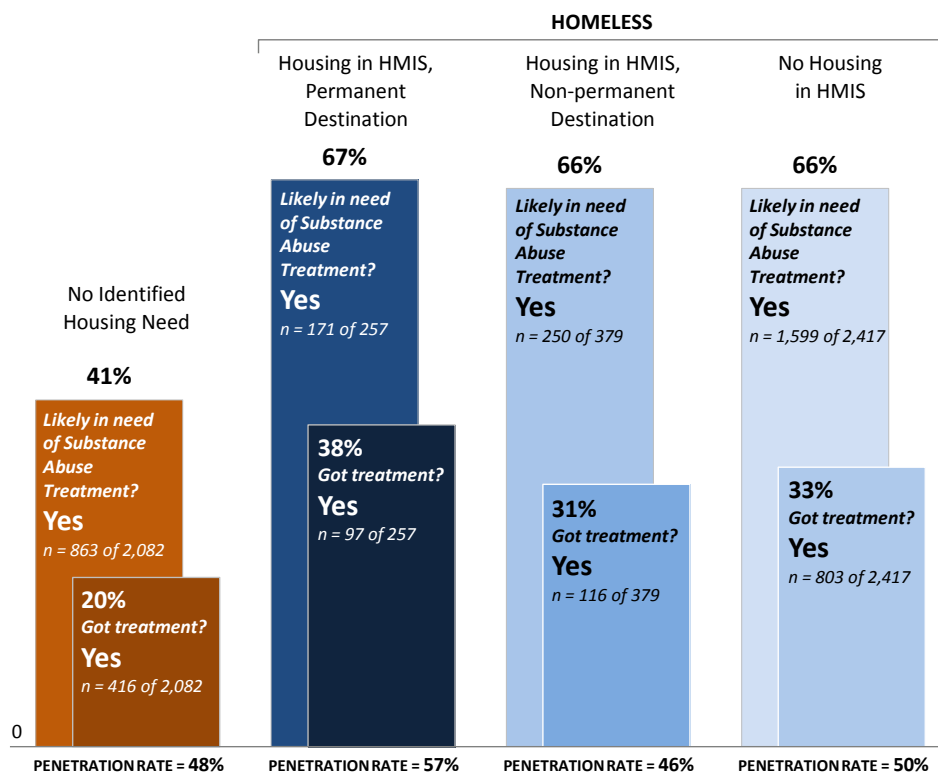


Substance Abuse and Treatment among those with Medical Coverage

We considered an individual to have a probable alcohol or other drug (AOD) problem if health service or criminal justice records identified diagnoses, treatment, or arrests associated with substance-related problems in the 12-month follow-up period. Among those with medical coverage, two-thirds of homeless ex-offenders had an identified substance problem compared to 41 percent of those without an identified housing need. AOD treatment penetration, which measures service use relative to the estimated level of need, was highest (at 57 percent) for those who received housing assistance and exited to permanent housing. Treatment penetration levels were near or above 50 percent across all four groups, which is comparable to the rate achieved with the General Assistance/Disability Lifeline population under AOD Treatment Expansion.⁹ That said, the prevalence of substance abuse in the study population is likely underestimated here due to the fact that we could only observe substance abuse and treatment for individuals who had medical coverage.

Substance Abuse Need and Treatment Penetration

In 12-Month Follow-up Period

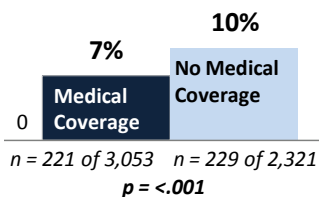


Medical Coverage and Incarceration among Homeless Ex-Offenders

DOC Incarcerations among Homeless Ex-offenders

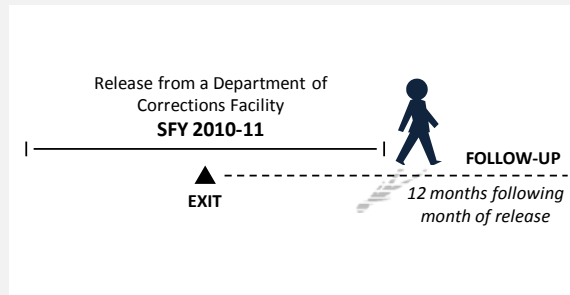
In 12-Month Follow-up Period

ODDS RATIO = 0.71



While positive housing outcomes appear to be associated with improved criminal justice outcomes for ex-offenders, access to needed medical care and behavioral health treatment is also part of the story. Among homeless ex-offenders, those with medical coverage were 29 percent less likely to be incarcerated in a DOC facility in the follow-up period (Odds Ratio = 0.71; $p < .001$). The same pattern holds for felony convictions but not arrests (where rates are about the same) or misdemeanor convictions (where rates are slightly higher for those with medical coverage).

This report examines the relationship of housing and medical assistance to criminal justice and employment outcomes in the 12-month period following release from a Department of Corrections (DOC) facility.



We defined the month of release as the last month in SFY 2010 or 2011 in which an individual was released from a DOC facility. We excluded individuals from the study population if 1) date of birth was missing, 2) the admission and release date were the same (this included many Drug Offender Sentencing Alternative clients, for example), or 3) they had an indication of homelessness in the DSHS Automated Client Eligibility System (ACES) *prior* to their month of release.

		HOMELESS		
	No Identified Housing Need <i>n</i> = 6,828	Housing in HMIS, Permanent Destination <i>n</i> = 333	Housing in HMIS, Non-Permanent Destination <i>n</i> = 515	Homeless, No Housing in HMIS <i>n</i> = 4,526

Age at DOC Release				
11-17	0.2%	--	--	0.1%
18-25	21%	9%	12%	22%
26-35	36%	23%	23%	34%
36-45	24%	35%	29%	28%
46-55	15%	27%	31%	14%
56-65	3%	6%	4%	2%
65+	1%	0.3%	1%	0.3%

Gender				
Female	13%	23%	11%	12%
Male	87%	77%	89%	88%

Race Ethnicity ¹⁰				
White Only, Non-Hispanic	59%	53%	51%	56%
Any Minority	37%	46%	49%	43%
<i>Hispanic</i>	14%	11%	9%	9%
<i>African American</i>	13%	22%	31%	22%
<i>Asian/Pacific Islander</i>	5%	4%	6%	6%
<i>Native American</i>	8%	13%	11%	12%

Medical and Behavioral Health Risk Factors				
<i>Among those with at least one month of medical coverage</i>				
Medical risk score above SSI average	21%	29%	32%	21%
Alcohol or Other Drug Treatment Need	41%	67%	66%	66%
Received Alcohol or Other Drug Treatment	20%	38%	31%	33%
Any Mental Illness	43%	63%	62%	48%
Psychotic/bipolar mania diagnosis	21%	31%	39%	25%
Depression or Anxiety diagnosis	34%	52%	50%	38%

ENDNOTES

- ¹ Fontaine, Jocelyn and Jennifer Biess (2012). "Housing as a Platform for Formerly Incarcerated Persons," Washington, DC: Urban Institute.
- ² See Geller, Amanda and Marah Curtis, "A Sort of Homecoming: Incarceration and the Housing Security of Urban Men," *Social Science Research*, 40: 1196-1213; Malone, Daniel (2009) "Assessing Criminal History as a Predictor of Future Housing Success for Homeless Adults with Behavioral Health Disorders," *Psychiatric Services*, 60 (2): 224-230; and Tsai, Jack and Robert Rosenheck (2012). "Incarceration among Chronically Homeless Adults: Clinical Correlates and Outcomes," *Journal of Forensic Psychology Practice*, Vol. 12 (4): 307-324.
- ³ CASA Columbia, "Behind Bars II: Substance Abuse and America's Prison Population," New York, NY: The National Center on Addiction and Substance Abuse at Columbia University, <http://www.casacolumbia.org/articlefiles/575-report2010behindbars2.pdf>.
- ⁴ Ibid. Note that Washington State's recidivism rate over a three-year post-release period was 31.1 percent among individuals released in 2006. See Evans, Michael (2010). "Recidivism Revisited," Olympia, WA: Washington State Department of Corrections, <http://www.doc.wa.gov/aboutdoc/measuresstatistics/docs/Recidivism%20Revisited.pdf>.
- ⁵ Mancuso, David and Barbara Felver (2010). "Health Care Reform, Medicaid Expansion and Access to Alcohol/Drug Treatment: Opportunities for Disability Prevention," Olympia, WA: DSHS Research and Data Analysis Division; Hamblin, Allison, et al. (2011). "Medicaid and Criminal Justice: The Need for Cross-System Collaboration Post Health Care Reform," Washington, DC: Center for Health Care Strategies, Inc.
- ⁶ See Shah, MF, et al. (2012). Identifying Homeless and Unstably Housed DSHS Clients in Multiple Service Systems, Olympia, WA: Research and Data Analysis Division, <http://publications.rda.dshs.wa.gov/1457/>.
- ⁷ Permanent destination exits were defined to include permanent supportive housing, renting or owning one's own place (with or without a subsidy), or staying permanently with friends or family members. Individuals who were still receiving emergency shelter or transitional housing in the twelfth month of the follow-up period were categorized as having a non-permanent destination at exit, while those who were still receiving permanent supportive housing or rent assistance were categorized as having a permanent destination at exit.
- ⁸ Local law enforcement agencies are generally required to report only felony and gross misdemeanor offenses into the WSP arrest database. This report somewhat understates the full volume of arrest events in the study population because our data does not include some arrests for misdemeanor offenses that are not required to be reported in this database.
- ⁹ Mancuso, David and Barbara Felver (2010). "Bending the Health Care Cost Curve by Expanding Alcohol/Drug Treatment," Olympia, WA: DSHS Research and Data Analysis Division, <http://publications.rda.dshs.wa.gov/1417/>.
- ¹⁰ Individuals with known race were categorized into one of two mutually exclusive groups: White Only, Non-Hispanic and Any Minority. Individuals in the Any Minority group were further categorized as Hispanic, African American, Asian/Pacific Islander, and/or Native American and may appear in more than one of these four categories.

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Copies of this paper may be obtained at www.dshs.wa.gov/rda/ or by calling DSHS' Research and Data Analysis Division at 360.902.0701. Please request REPORT NUMBER 11.193.