

**STILL SERVING TIME:
STRUGGLING WITH HOMELESSNESS,
INCARCERATION & RE-ENTRY
IN BALTIMORE**

OCTOBER 2011



HEALTH CARE
for
the **HOMELESS** INC.

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Executive Summary

Incarceration is Costly: Rates of incarceration in the United States have increased significantly over the past four decades, and Maryland has not escaped this trend. Baltimore City, in particular, has one of the highest rates of detention in the country; approximately 28,000 City residents are involved with the corrections system on any given day in jail or prison, on probation, and/or on parole. Public expenditures to support this system are significant. The FY 2012 allowance for the Maryland Department of Public Safety and Correctional Services is \$1.3 billion. The allocation for the Department of Corrections is more than \$800 million, and two new detention facilities are planned at a cost of \$280 million.

Incarceration & Homelessness: The connection between homelessness and incarceration is bidirectional: incarceration can lead to homelessness, and homelessness often results in incarceration. More than 4,000 people experience homelessness on any given night in Baltimore, and – based upon estimates of those served by and turned away from shelter – at least 30,000 individuals will experience homelessness over the course of a year in Baltimore (and at least 50,000 statewide). Laws that criminalize homelessness by regulating private activity in public spaces are a contributing factor to arrest and re-arrest.

In its 2010 Interim Report, the Governor’s Task Force on Prisoner Re-entry identified the lack of affordable housing, difficulty obtaining and/or reinstating public benefits, limited financial aid for education, and issues around child support as critical barriers to successful prisoner re-entry in Maryland. While the state has increased resources to accommodate the rising population of incarcerated individuals, funding for pre-release services has declined. Limited resources for housing and re-entry services increase homelessness and contribute to recidivism.

Purpose & Design of Survey: This survey was designed to obtain consumer-focused information from very low-income Baltimore City residents related to housing and employment stability, and their experiences of incarceration and re-entry. The intent of this report is to expand knowledge on the connections among homelessness, incarceration, and re-entry; inform policy makers about the needs of City residents; and promote more responsive, effective, and efficient public policies. Survey questions explored frequency of incarceration, history of homelessness, and experiences with re-entry from both jail and prison. Respondents also were asked about time of release, completion of a home plan, and self-perception of what may have prevented their incarceration.

From June 15th to July 29, 2011, HCH staff, interns and *B-more Housing for All* members conducted 429 surveys throughout Baltimore City. All survey respondents had been released from jail or prison in Maryland within the last ten years.

Survey Results

- **Experience with incarceration:** Half the survey population (50%) had been incarcerated in both jail and prison during their lifetimes, while 41% had only experienced jail, and a smaller proportion (11%) had only been in prison. One-third (33%) were first incarcerated prior to the age of 18, and 35% were detained between the ages of 18 and 24, thus making prevention among youth and young adults a clear priority for policy makers and service providers.

One-third (32%) of respondents had been incarcerated five to ten times, 14% 11 to 20 times, and 6% more than 20 times. This frequency of arrests highlights not only the cyclical and costly nature of recidivism, but it also points toward multiple opportunities to conduct re-entry planning.

Lengthy periods of incarceration offer a window of opportunity for accessing services while in detention. Approximately 37% of respondents reported that their longest single period of incarceration lasted over three years. More than 40% of those surveyed spent a combined total of five or more years behind bars over multiple periods of incarceration. One-quarter (25%) spent more than 10 years total in jail or prison. Age at first arrest is correlated with total time spent incarcerated over a lifetime; those arrested prior to age 18 were more likely to have spent 10 or more years incarcerated (58%).

- **Housing and employment:** One-third (35%) of those surveyed reported housing instability prior to their most recent incarceration. This number almost doubled upon re-entry, with 63% of respondents unable to access stable housing six months after release. Two-thirds (67%) lacked stable housing at the time of the interview. Nearly half (49%) reported being employed prior to incarceration, but this number declined to 40% after release.
- **Services needed while incarcerated and after release:** While incarcerated, 57% of those needing it received education assistance, while job training was available to 42%. Health care services were also limited. Drug treatment and mental health care was offered to 59% of those needing it. Despite a Constitutional guarantee for such services, medical care was received by less than two-thirds of those in need (62%). Dental care was delivered to 58% of those in need, and 72% received needed prescription drugs. After release, access to education and job training for those who identified a need for these services also remained low, at 50% and 44%, respectively. Identification—a critical need for obtaining services in the community after release—was only made available to two-thirds of those surveyed (64%), which is disappointing given long-term efforts at the state level to ensure that those leaving detention have valid IDs.
- **Barriers to stable housing:** Those experiencing homelessness at the time of the survey were asked to identify the barriers they faced to obtaining stable housing. Respondents most frequently cited the inability to find work (57%), a criminal record (56%), and an inability to afford a security deposit (46%) as the top three barriers. People surveyed also identified health problems – such as drug or alcohol use (39%), mental health issues (37%), and physical disability (33%) – as major barriers to housing stability. Other factors included bad credit, living expenses, debt, and family problems.
- **Perceived factors preventing incarceration:** When asked about the factors that would have prevented their incarceration, respondents most frequently identified employment, housing,

and substance abuse treatment (61%, 56%, and 55%, respectively). Other responses included family support, job training, mental health treatment, transportation, and medical treatment.

The authors of this report advocate the following series of policy recommendations in order to prevent incarceration, to provide adequate and quality programs to those who are incarcerated, and to better assist those re-entering the community. The ultimate goals are a more effective use of limited public dollars, better outcomes for individuals, and stronger communities across the City and State.

Recommendations to Prevent Incarceration

1. *Provide behavioral health treatment as an alternative to incarceration.* Recommendations include expanding access to substance abuse and mental treatment programs, reallocating funds from the corrections system toward prevention, and providing alternatives to incarceration for individuals convicted of non-violent, drug-related offenses.
2. *Increase the supply of affordable housing.* Priorities include the expansion of innovative supportive housing models, legislative efforts to prevent discrimination, increased availability of affordable units at all income levels, the set-aside of public funds for additional housing, and the maintenance of current housing stock.
3. *Create employment opportunities.* Recommendations include raising current wages, reducing unemployment, increasing education and job training, and expanding transportation.
4. *Focus prevention efforts on youth.* Since most of those in this survey were incarcerated before the age of 24, additional priority should be given to the state's *Ready by 21* initiative (lead by the Department of Human Resources), and local agencies serving youth should place a particular focus upon families in unstable housing.
5. *Decriminalize homelessness.* Recommendations include discontinuing nuisance crime arrests and citations for actions related to lack of housing, and training police on techniques to effectively engage individuals and families experiencing homelessness.

Recommendations to Assist Individuals Who Are Incarcerated

1. *Conduct comprehensive needs assessments and provide needed medical treatment.* Recommendations include increasing the availability and quality of health care services needed by those currently incarcerated, coordinating ongoing care with community providers, and the distribution of condoms to reduce disease transmission.
2. *Expand education and job training programming.* Priorities include ensuring that incarcerated individuals are engaged in case management and can build skills to enhance employment opportunities after release.

Recommendations for Successful Re-entry

1. *Create guidelines for release.* Recommendations include prohibiting release during late night/early morning hours when service providers are typically closed, and creating service centers for those in need of re-entry assistance.
2. *Provide comprehensive case management before release.* Everyone leaving corrections systems should be connected to health and social services benefits and to community service providers in order to promote continuity of care. All those re-entering society from jail or prison should have completed a home plan that addresses comprehensive needs (to include housing and employment).
3. *Expand employment opportunities.* Recommendations include removing questions about convictions from initial job applications, shielding non-violent convictions from public view past a certain time, incentivizing businesses to hire and train those with criminal records, and expanding educational and job-training programs to assist individuals with criminal records.

The authors of this report seek to expand the existing body of knowledge and provide sound policy recommendations based upon the experiences of people released from jail or prison in Maryland – many of whom have struggled with poor health and housing stability before and after incarceration. There appear to be strong relationships among homelessness, incarceration, and re-entry that have significant importance for policymakers. In an era of limited public resources, it is critical to develop cost-effective interventions that reduce incarceration and recidivism.

Often, those re-entering society from jail or prison have difficulty accessing affordable housing, comprehensive health and social services, and incomes necessary to meet their basic needs. Such resources and supports reduce recidivism; survey respondents themselves acknowledged that stable housing, health services (to include addictions treatment), and employment could have prevented their incarceration. Unfortunately, such resources often were unavailable when needed or requested – and, too often, people found themselves in a cycle of arrest, release, and re-arrest.

Introduction

Rates of incarceration in the United States have increased significantly over the past four decades, and Maryland has not escaped this trend. Between 1973 and 2009, the prison population in the United States increased 705%, and today incarcerates over 2.3 million people – more than any other nation in the world.^{1, 2} One in every 31 adults is either incarcerated, on parole or on probation in the United States.³ In Maryland specifically, that statistic increases to one out of every 27 adults.⁴

The growth in Maryland's prison population mirrors nationwide trends – since 1980, Maryland's prison population has tripled, from 7,731 individuals in 1980 to more than 22,000 individuals in 2009.⁵⁻⁶ Strikingly, 56% of people committed to the Maryland Department of Corrections in FY2010 were from Baltimore City – though City residents are only 11% of the State's population.⁷ In addition, the Baltimore City Detention Center has in its custody approximately 4,000 men, women and children on any given day– totaling more than 35,000 people annually. Among the 20 cities with the largest jails in the United States, Baltimore has the highest percentage of its population in jail– more than three times that of jail populations in New York City; Cook County, Illinois; or Los Angeles County, California.⁸ Almost 120,000 people are supervised in the state annually by the Maryland Division of Probation and Parole.⁹ As the number of people who are involved with the correction systems grows, so do the number of people who are released back to their communities from these systems only to experience difficulty finding housing, employment, and health care.

To accommodate the rising population of corrections-involved individuals, Maryland allocates significant fiscal resources to its prison system. Using inflation-adjusted 2000 dollars, the expenditures for the Maryland Division of Corrections (DOC), which supervises the State's penal institutions, more than doubled from \$179 million in 1984 to over \$500 million in 2000.¹⁰ Currently, the proposed FY 2012 allowance for the DOC is over \$800 million, and there are plans to build two new detention facilities costing \$280 million.¹¹ In total, Maryland appropriated \$1.3 billion of the proposed FY 2012 operating budget to the Department of Public Safety and Correctional Services (DPSCS) – over three times the amount that was allocated to the Department of Housing and Community Development (DHCD).¹²

While the state has increased resources to DPSCS to accommodate the rising population of incarcerated individuals, there has been a corresponding decline in pre-release services offered to those exiting jails and prisons.¹³ A 2003 study of recently incarcerated individuals in Baltimore City – the jurisdiction to which 59% of releasees in Maryland return¹⁴ – found that 67% were not directed to re-entry services upon release.¹⁵ The consequences of these gaps in re-entry services are substantial, as research shows that those who go through successful re-entry programs have a lower risk of recidivism than those who do not have access to such services.¹⁶

In its 2010 Interim Report, the Governor's Task Force on Prisoner Re-entry identified the lack of affordable housing, difficulty obtaining and/or re-instating public benefits, limited financial aid for education, and issues around child support – as critical barriers to successful prisoner re-entry in Maryland.¹⁷ Since scarce affordable housing is a considerable obstacle for successful re-entry, involvement in the corrections system is intricately connected to homelessness.

More than 4,000 people experience homelessness on any given night in Baltimore City, and – based upon estimates of those served by and turned away from shelter—at least 30,000

individuals will experience homelessness over the course of a year in Baltimore (at least 50,000 statewide).^{18, 19} A disproportionate percentage of homeless Baltimore residents are single, African-American adult males.²⁰ One-third (34%) of sheltered people experiencing homelessness reported a substance abuse problem, and 20% reported a mental health diagnosis. Relatively few people surveyed in Baltimore's most recent point-in-time homeless census reported receiving treatment. The unmet behavioral health needs – both substance abuse and mental health – are particularly significant. As the census report notes, unmet treatment needs are a result of both the lack of available services in the City and the serious barriers to treatment faced by people experiencing homelessness (e.g., lack of stable housing, health insurance, and transportation).²¹

The connection between homelessness and incarceration is bidirectional: incarceration often leads to homelessness, and homelessness can result in incarceration.²² In its 2003 study, the Center for Poverty Solutions found that 58% of respondents cited housing as their most crucial need upon re-entering the community.²³ Thus, it is not surprising that approximately 10% of people re-entering society from jail or prison nationally will immediately experience homelessness.²⁴ Incarceration also perpetuates homelessness through decreased employment options, interrupted family connections, and severely limited options for public housing.^{25, 26}

Furthermore, homelessness is a risk factor for incarceration. A national study conducted in 2008 found that 15% of the jailed population in the United States was homeless prior to arrest.²⁷ In Baltimore City, people experiencing homelessness spend an average of 35 days in jail annually.²⁸ Currently, every major city in the U.S. criminalizes the survival activities of people experiencing homelessness in one form or another.²⁹ A study of homeless individuals in Baltimore found that, of arrestees, 31% were convicted of so-called “nuisance” crimes directly related to their homelessness, such as loitering, sleeping in public, and panhandling.³⁰ Overall, 80% were arrested for non-violent offenses.³¹

The relationships among homelessness, incarceration and re-entry are significant and important areas for research. The intent of this survey is to expand upon the existing body of knowledge on these connections, to better inform policy makers about the needs of City residents, and to promote more responsive, effective and efficient public policies. This survey includes questions related to frequency of incarceration, history of homelessness, and experiences with re-entry from both jail and prison. Specific areas of inquiry include time of release, completion of a home plan, and the respondents' self-perception of what may have prevented their incarceration.

Methodology

Staff and interns at Health Care for the Homeless, Inc. (HCH) in Baltimore developed a survey tool (Appendices A and B) together with *B-more Housing for All*, a grassroots campaign of people who have experienced homelessness and their allies working to end homelessness. From June 15th to July 29, 2011, HCH staff, interns and *B-more Housing for All* members conducted 429 surveys throughout Baltimore City.

Each member of the survey team received training on administering the survey tool and recording codable data. All of the study respondents participated voluntarily, their identifying information was not collected, and respondents were aware that they could stop the survey or skip questions. Data were analyzed using SPSS Graduate Pack 12.0.

All those participating in the survey had been released from incarceration in Maryland within the last ten years. For the purposes of this study, incarceration is defined as spending at least one night in jail or prison. Additionally, this study defined unstable housing as lacking reliable, safe and consistent housing (which includes staying in shelters, on the street, in transitional housing, doubled-up, in abandoned buildings, in vehicles and other locations unfit for habitation). Researchers selected “incarceration within the past ten years” as a qualifying criterion in order to help ensure that the data collected reflected recent events and experiences.

Survey sites (Appendix B) were selected by HCH staff, interns and *B-more Housing for All* members, in consultation with *Out for Justice* and the *SHARP* Coalition (Stop Homelessness and Reduce Poverty). Multiple locations across Baltimore City were chosen in an attempt to maximize opportunities for participation. Food pantries, unemployment offices, shelters and a variety of homeless and ex-offender assistance programs were selected as they serve high numbers of both people experiencing homelessness and individuals that have encountered the corrections system.

This survey was designed to obtain consumer-focused information from very low-income Baltimore City residents related to housing and employment stability, and their experiences of incarceration and re-entry. While the results describe a specific population, there are several limitations to this research design. Primarily, the data are self-reported and therefore cannot be confirmed and are subject to recall bias. In addition, as the survey did not collect identifying information, there is the potential for duplication. All respondents were asked if they had previously completed the survey to limit this risk. Moreover, considering the study was cross-sectional, causal relationships cannot be determined from the data. Finally, as the surveys were conducted at service providers using convenience sampling, there is selection bias in the design, and the data may not be representative of individuals who declined or were unavailable to be surveyed, and/or those who are disconnected from services.

There are numerous benefits to using a community-based participatory research design. Foremost, working with *B-more Housing for All* provided meaningful connections to the study population, in order to build upon the strengths of each individual, and engage members in community activity. Overall, the survey methods used in this study allowed the personal perspectives of those who struggle with unstable housing and repeated incarcerations to be heard and used to guide policy change that will have a direct impact upon them and their communities.

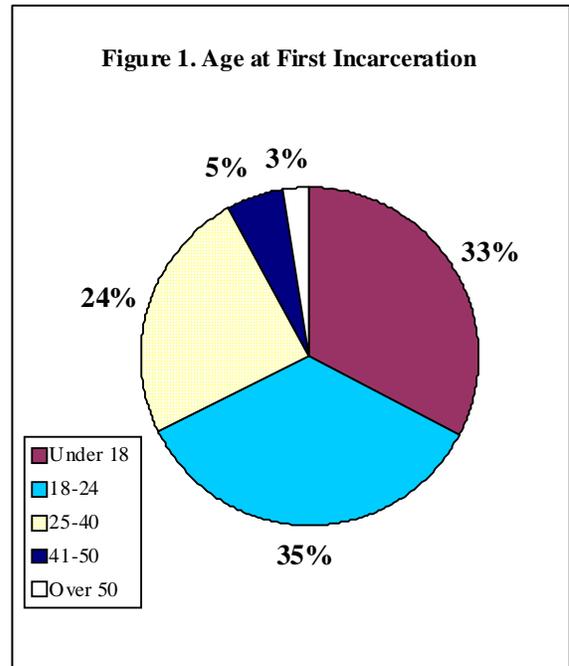
Results

The survey team gathered responses from 429 people across 21 service sites in Baltimore City. (Note some respondents did not answer all questions, hence not all variables total 429.) Survey responses are focused upon three areas: demographics, housing and employment, and access to services. Of those participating, 68% were homeless at the time of the survey (n = 291), and the remaining 32% were in housing they considered stable (n = 138) (see Table 1 for the results broken down by housing status).

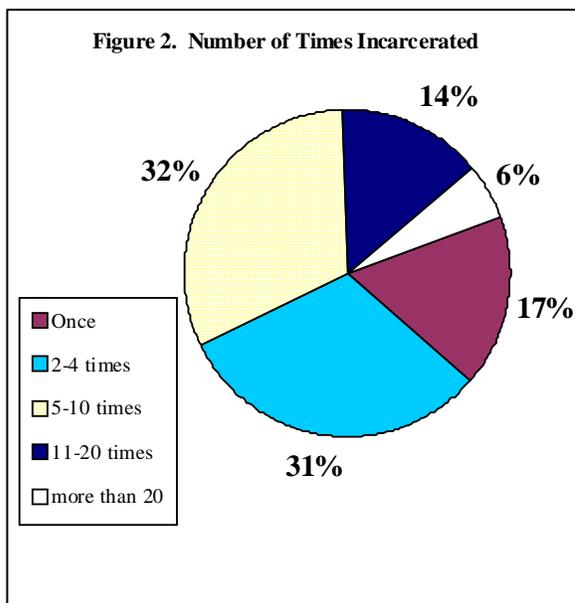
Demographics

Respondents were asked to share some basic demographic information such as gender, age and current living situation, as well as information about their experiences with incarceration.

- *Gender:* 79% were male and 21% were female.
- *Age:* 8% were under the age of 24 at the time of the survey, 28% were 25 to 40 years old, 35% were 41 to 50 years old, and 29% were age 51 or over. The mean age of respondents at the time of the survey was 43 years old.



- *Age at First Incarceration:* One-third (33%) had been incarcerated prior to age 18, and an additional one-third (35%) as a young adult age 18-24. Nearly one-quarter (24%) reported their first incarceration between age 25 and 40 years old, and 8% stated they were incarcerated for the first time after the age of 40 (see Figure 1). The mean age at first incarceration was 23 years old.



- *Number of Times Incarcerated:* Nearly one-fifth (17%) had been incarcerated once, 31% had been incarcerated two to four times, 32% had been incarcerated five to ten times, 14% incarcerated 11 to 20 times, and 6% more than 20 times (see Figure 2).

- *Longest Single Period of Incarceration:* A small number of respondents (7%) reported that their longest single period of incarceration was seven days or less, 15% spent at least eight days in jail or prison but no more than 3 months, and 18% reported the longest single period of incarceration was more than three months but no more than one year.

Nearly one-quarter (23%) said their longest period was between one and three years, and 19% reported between three years and seven years as their longest single period. Nearly one-fifth (18%) were incarcerated longer than seven years during a single period.

- *Total Time Spent Incarcerated Over a Lifetime:* A small number of respondents (9%) spent less than a month of their lives incarcerated, and 15% spent more than a month

incarcerated but less than six months. Nearly one-fifth (18%) spent between six months and two years, and between two to five years of their lives incarcerated. Finally, 17% spent between five and ten years in jail or prison total, and 25% spent more than ten years of their lives incarcerated.

- *Released from Jail and/or Prison:* Half the survey population (50%) had been incarcerated in both jail and prison during their lifetimes, while 41% had only experienced jail and a smaller proportion (11%) had only been incarcerated in prison.
- *Veteran Status:* 12% of respondents reported being veterans.
- *Connection with Family:* As a result of incarceration, about one-third of respondents said their connection with family either got better or worse (31% and 30%, respectively) with the remaining 39% saying it did not change. However, these results are strikingly different based upon housing status. More than one-third (36%) of those who were homeless at the time of the survey said it got worse compared to only 16% of those who were housed.

In general, the survey population was largely in their 40s or older, had been incarcerated for the first time as youths, and then experienced multiple incarcerations over time and for numerous years throughout their lives. While a portion experienced unstable housing prior to their last incarceration, a significant number were without stable housing after release. When the responses for total time spent incarcerated over a lifetime are merged by age of first detention, there is a correlation between early arrest and longevity of time spent behind bars (see Figure 3). This relationship points to the importance of engaging agencies serving youth and focusing upon prevention at an early age.

Figure 3. Total Time Spent Incarcerated Over Lifetime Stratified by Age at First Incarceration

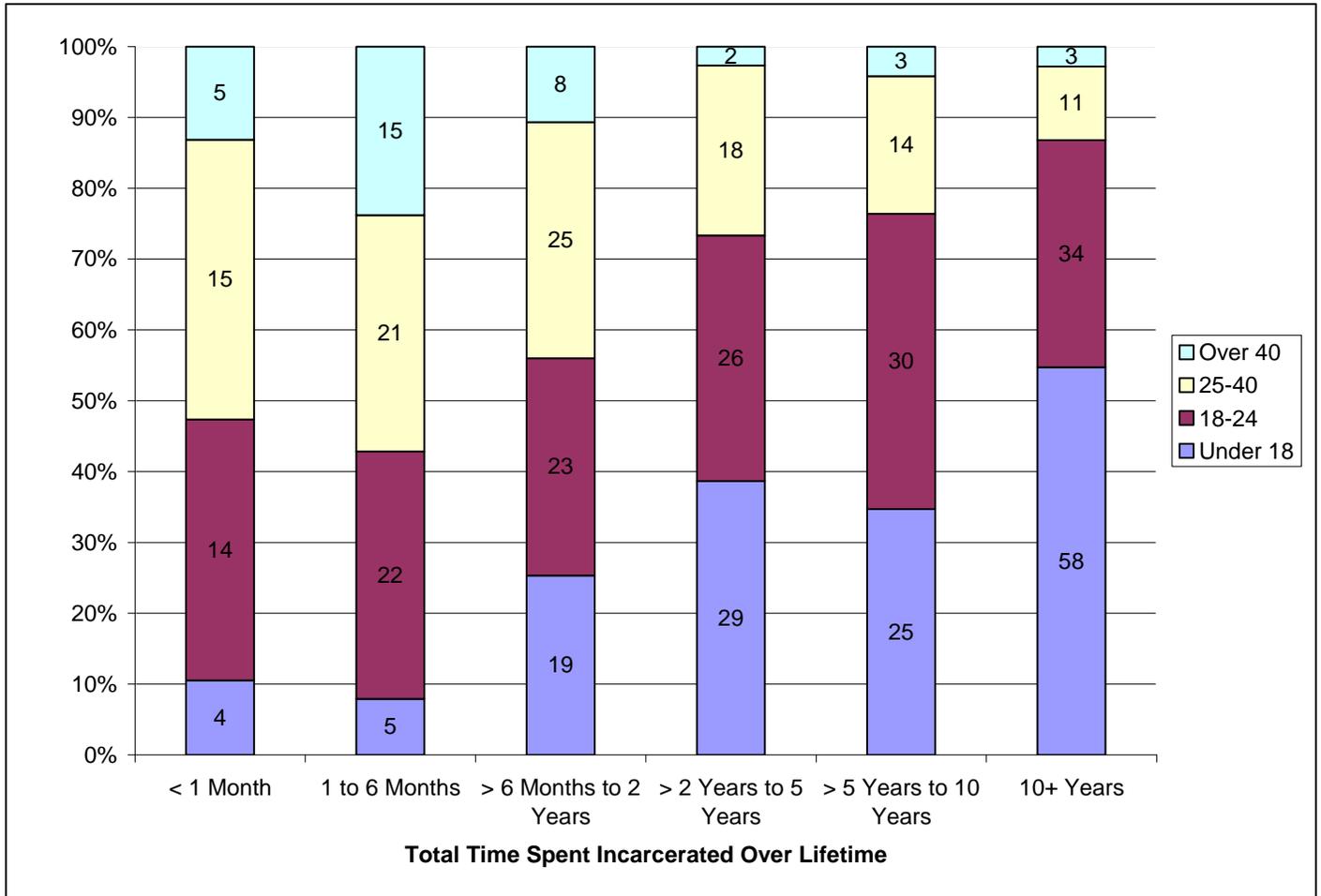


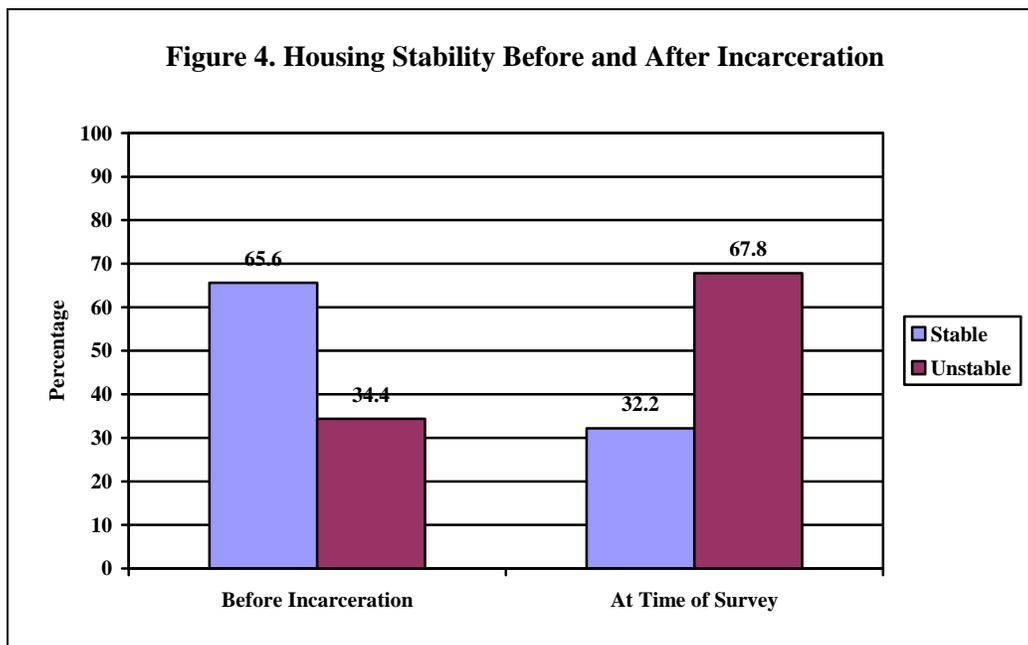
Table 1. Demographics of Survey Population, By Housing Status at Time of Survey

	Homeless	%	Housed	%	Total	%
Survey Total	n = 291	67.8%	n = 138	32.2%	n = 429	100%
Gender						
Male	226	69.1%	101	63.6%	327	78.8%
Female	56	30.9%	32	36.4%	88	21.2%
Total	282	100%	133	100%	415	100%
Age at Survey						
< 18	0	0%	2	1.5%	2	0.5%
18 – 24	19	6.8%	12	9.1%	31	7.5%
25 – 40	69	24.6%	45	34.1%	114	27.6%
41 – 50	108	38.4%	38	28.8%	146	35.4%
51+	85	30.2%	35	26.5%	120	29.1%
Total	281	100%	132	100%	413	100%
Age at First Incarceration						
< 18	96	33.2%	43	31.4%	139	32.6%
18 – 24	92	31.8%	57	41.6%	149	35.0%
25 – 40	74	25.6%	30	21.9%	104	24.4%
41 – 50	19	6.6%	4	2.9%	23	5.4%
51+	8	2.8%	3	2.2%	11	2.6%
Total	289	100%	137	100%	426	100%
Number of Times Incarcerated						
One Time	38	13.3%	34	25.0%	72	17.1%
2 – 4 Times	92	31.8%	41	30.1%	132	31.3%
5 – 10 Times	102	35.7%	32	23.5%	134	31.8%
11 – 20 Times	39	13.6%	21	15.4%	60	14.2%
20+ Times	16	5.6%	8	5.9%	24	5.7%
Total	286	100%	136	100%	422	100%
Longest Period of Incarceration						
< 1 Week	12	4.1%	19	13.8%	31	7.2%
1 Week to 3 Months	47	16.2%	18	13.0%	65	15.2%
> 3 Months to 1 Year	54	18.6%	24	17.4%	78	18.2%
> 1 Year to 3 Years	68	23.4%	30	21.7%	98	22.8%
> 3 Years to 7 Years	64	22.0%	18	13.0%	82	19.1%
7+ Years	46	15.8%	29	21.0%	75	17.5%
Total	291	100%	138	100%	429	100%
Total Time Spent Incarcerated Over Lifetime						
< 1 Month	17	5.9%	21	15.2%	38	8.9%
1 to 6 Months	47	16.2%	16	11.6%	63	14.7%
6 Months to 2 Years	47	16.2%	28	20.3%	75	17.5%
> 2 Years to 5 Years	53	18.3%	22	15.9%	75	17.5%
> 5 Years to 10 Years	54	18.6%	18	13.0%	72	16.8%
10+ Years	72	24.8%	33	23.9%	105	24.5%
Total	290	100%	138	100%	428	100%
Released From Jail and/or Prison						
Jail Only	99	38.8%	52	44.8%	151	40.7%
Prison Only	27	10.6%	15	12.9%	42	11.3%
Jail and Prison	129	50.6%	49	42.2%	178	50.0%
Total	255	100%	116	100%	371	100%

	Homeless	%	Housed	%	Total	%
Survey Total	n = 291	67.8%	n = 138	32.2%	n = 429	100%
Veteran Status						
Veteran	41	14.6%	9	6.8%	50	12.1%
Not Veteran	239	85.4%	123	93.2%	402	87.9%
Total	280	100%	132	100%	412	100%
Connection with Family as a Result of Incarceration						
Better	62	22.1%	68	49.6%	130	31.1%
Worse	102	36.3%	22	16.1%	124	29.7%
Unchanged	117	41.6%	47	34.3%	164	39.2%
Total	281	100%	137	100%	418	100%
Stably Housed Before Incarceration						
Yes	160	56.7%	115	83.3%	275	65.5%
No	122	43.3%	23	16.7%	145	34.5%
Total	282	100%	138	100%	420	100%
Stably Housed Within 6 Months of Incarceration						
Yes	66	23.2%	91	66.9%	157	37.3%
No	219	76.8%	45	33.1%	264	62.7%
Total	285	100%	136	100%	421	100%
Where People Unstably Housed Were Spending the Night 6 Months After Incarceration (multiple responses possible)						
Doubled Up	104	46.8%	23	51.1%	127	47.6%
Transitional Housing or Rehab	58	26.1%	10	21.7%	68	25.4%
Homeless Shelter	90	40.5%	22	48.9%	112	41.9%
Street	68	30.6%	14	31.1%	82	30.7%
Abandoned Building	42	18.9%	8	17.8%	50	18.7%
Other	15	6.8%	1	2.2%	16	6.0%
Completed a Home Plan						
Yes	67	24.5%	48	37.5%	115	28.6%
No	207	75.5%	80	62.5%	287	71.4%
Total	274	100%	128	100%	402	100%
Released between 8pm-5am						
Yes	198	70.5%	79	61.2%	277	67.6%
No	83	29.5%	50	38.8%	133	32.4%
Total	281	100%	129	100%	410	100%
Employed Before Most Recent Incarceration						
Yes	129	46.2%	73	56.2%	202	49.4%
No	150	53.8%	57	43.8%	207	50.6%
Total	279	100%	130	100%	409	100%
Employed Since Most Recent Incarceration						
Yes	91	33%	70	53.4%	161	39.6%
No	185	67.0%	61	46.6%	246	60.4%
Total	276	100%	131	100%	407	100%
Completing a Job Application If Asking about Criminal Record						
Very Likely	170	62.7%	92	72.4%	262	65.8%
Somewhat Likely	49	18.1%	18	14.2%	67	16.8%
Not Very Likely	22	8.1%	7	5.5%	29	7.3%
Unlikely	30	11.1%	10	7.9%	40	10.1%
Total	271	100%	127	100%	398	100%

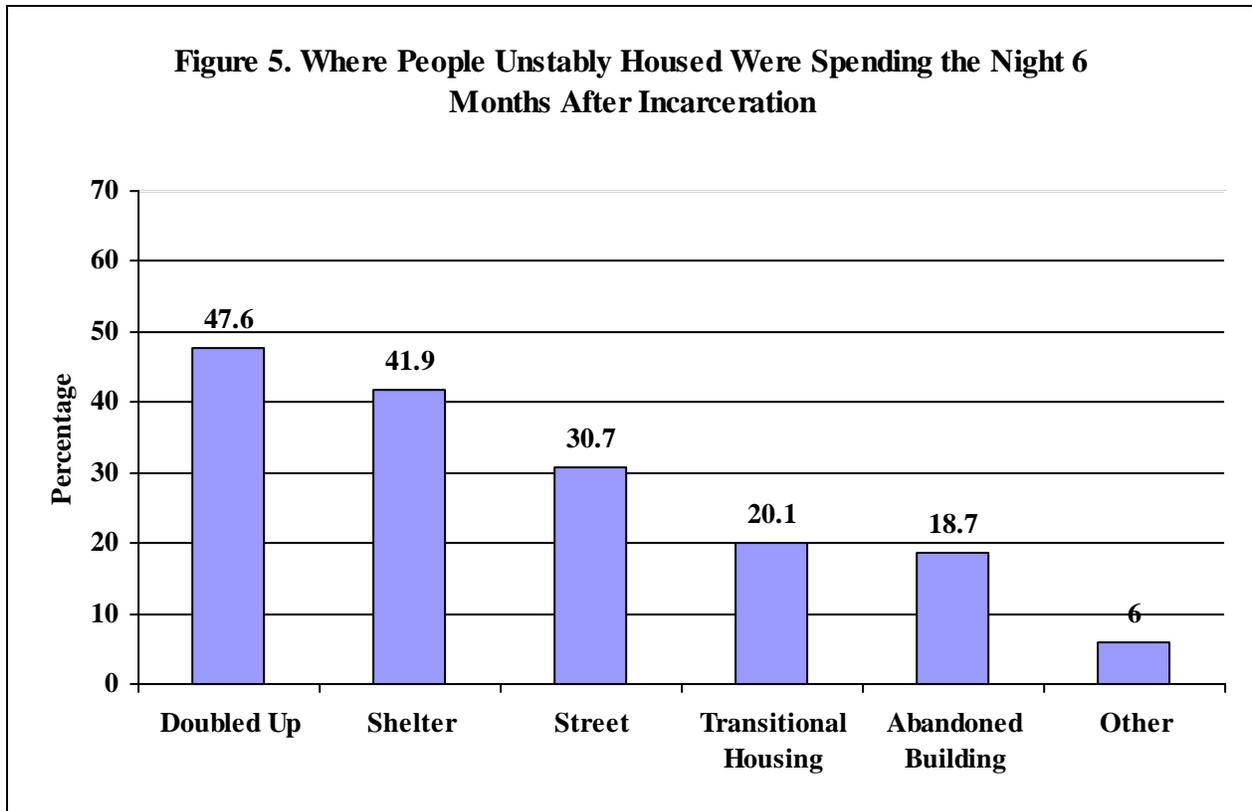
Housing and Employment

One-third (35%) of those surveyed reported having unstable housing prior to their most recent incarceration; however, this number almost doubled afterwards, with 63% of respondents unable to access stable housing six months after release (see Figure 4). Two-thirds (68%) lacked stable housing at the time of the interview.



Of the 264 respondents who could not find stable housing within six months of their release, 42% spent time in shelters, 31% spent time on the streets, 20% spent time in transitional housing or rehabilitation, 19% lived in an abandoned building, and 48% spent time “doubled-up” in someone else’s home. (Note: options were not mutually exclusive.) All 264 of these respondents (including those who had been “doubled-up”) described their living situations as unstable. An additional 9% identified their living situations as “stable” during the six-month period post-release but identified their current housing as “unstable.” This suggests that even individuals who obtain stable housing initially after leaving jail or prison may have barriers to retaining it.

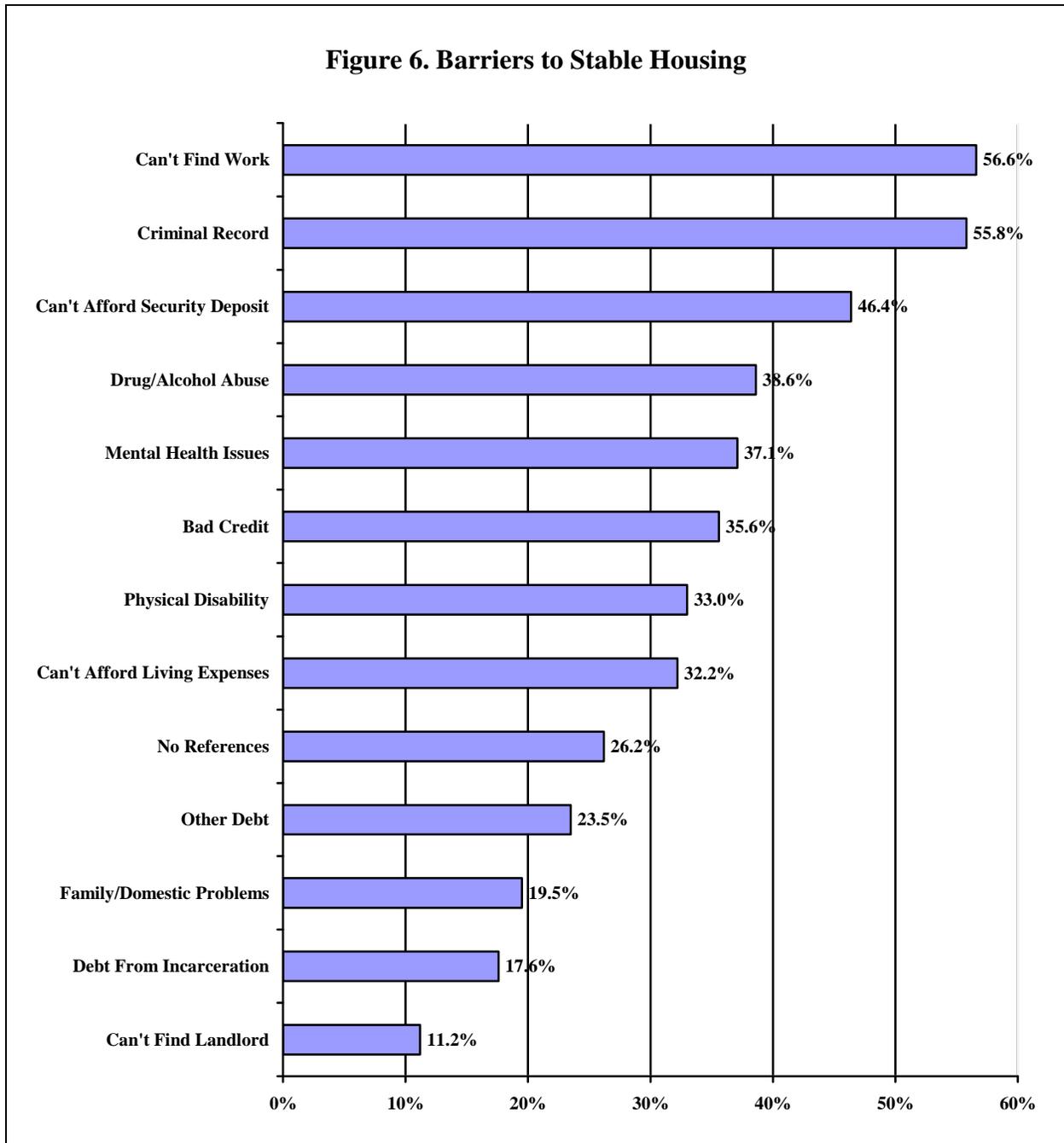
Those who reported experiencing homeless at the time of the survey were asked to identify the barriers they faced to obtaining stable housing (more than one response was possible). Respondents most frequently cited the inability to find work (57%) and a criminal record (56%) as barriers (see Figure 6). Other prominent barriers related to economic circumstances including not being able to afford a security deposit (46%), bad credit (36%), unaffordable living expenses (32%), and other debt (24%). Nearly one in five (18%) of those who lacked stable housing also cited debt from incarceration as a barrier to housing.



Nearly half (49%) of those surveyed reported being employed prior to incarceration, but this number declined to 40% afterwards. This survey was not able to measure the quality of that employment, or the wages received before/after; hence, even though the rates were not substantively different, the majority of respondents experiencing homelessness reported that lack of employment was their primary barrier to obtaining housing. Given that most employers and many landlords ask about criminal backgrounds, it is not surprising that a criminal record is also a barrier to obtaining housing. Curiously, nearly three-quarters of respondents said they were very likely or somewhat likely (73%) to fill out a job application even if it asked about criminal record, which demonstrates continued efforts to find employment even amid these barriers.

People surveyed also identified health problems – such as drug or alcohol use (39%), mental health issues (37%), and physical disability (33%) – as major barriers to stable housing. About one in ten respondents (11%) said that they could afford rent, but were unable to find a willing landlord. Several respondents (9%) also chose other reasons, which commonly included waiting for SSI (disability) approval, and lack of education. Several respondents said that they were unable to return to their home states due to a lack of transportation or moving restrictions related to parole.

“The worst was after I was released. I tried to go back and get my money and possessions and they [DOC] couldn’t find it. Gave me a phone number to call. A phone number.”



Access to Services

In general, respondents reported limited access to many important services during incarceration and after release (see Table 2). While incarcerated, education was available to 57% of those needing it, while job training was available to 42%. Health care services were also limited. Drug treatment and mental health care was offered to 59% of those needing it, while medical care was received by less than two-thirds of those in need (62%), despite being Constitutionally guaranteed while incarcerated. Dental care was delivered to 58% of those in need, and 72% received needed prescription drugs.

For many respondents, the process of re-entry was also characterized by limited access to other needed services. Of the 284 respondents who identified needing help with housing after release, only 31% received such assistance. Access to education and job training for those who identified a need for these services also remained low, at 50% and 44%, respectively. Identification—a critical need for obtaining services in the community after release—was only made available to two-thirds of those surveyed (64%). This is disappointing given the long-term efforts at the state level to ensure those leaving detention have valid IDs. Respondents reported increased access to health services after release, but these results may be influenced by survey sampling at health service providers.

“The legal system here doesn’t recognize mental illness. They threw my medication away, they threw my phone away... America locks up patients, not prisoners.”

Table 2: Services Needed and Received While Incarcerated and Post-Release

	Needed During Incarceration	Received During Incarceration	%	Needed Post-Release	Received Post-Release	%
Housing	-	-	-	284	87	30.6
Legal Assistance	213	140	65.7	146	63	43.2
Job Training	215	91	42.3	214	95	44.4
Dental Health Care	266	154	57.9	255	115	45.1
Disability Assistance	-	-	-	206	93	45.1
Transportation	-	-	-	232	112	48.3
Education	203	116	57.1	191	89	49.6
Child Care	-	-	-	41	21	51.2
Clothing	204	115	56.4	205	112	54.6
Financial Assistance	209	49	23.4	261	144	55.2
Identification	-	-	-	243	156	64.2
Case Management/ Advocacy	236	138	58.5	210	136	64.8
Mental Health Care	197	112	58.9	192	135	70.3
Medical Health Care	266	182	62.4	283	203	71.7
Prescription Medications	208	149	71.6	227	174	76.7
Religious/ Spiritual Services	221	201	91.0	170	139	81.8
Food Stamps	-	-	-	287	240	83.2
Substance Abuse Treatment	198	117	59.1	189	156	84.1

In general, two-thirds (64%) found the services while incarcerated to be always or usually helpful, though this number increased to 78% when referring to services after release (see Table 3). Note, however, that services received were not always aligned with services needed.

Table 3. Perceived Helpfulness of Services during Incarceration and After Release

Helpfulness of Services	Always Helpful		Usually Helpful		Hardly Ever Helpful		Never Helpful		Total	
	%	N	%	N	%	N	%	N	%	N
During Incarceration	18.5	63	45.5	155	21.7	74	14.4	49	100	341
After Release	36.0	125	42.1	146	13.5	47	8.4	29	100	347

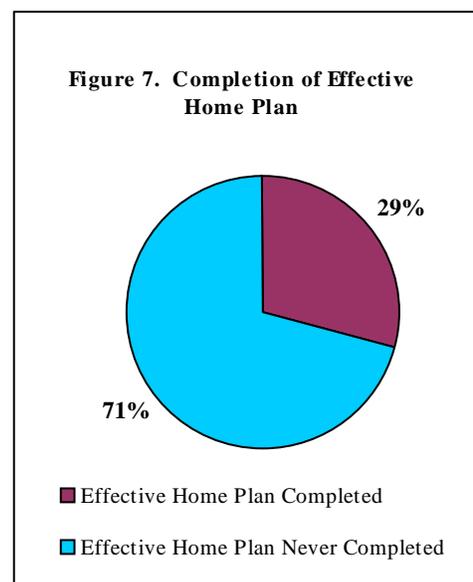
Respondents were also asked about the availability of four basic necessities: food and water, shelter, transportation, and a telephone (see Table 4). Overall, most respondents felt they were accessible. Nearly all respondents said they were “always” or “usually” able to access food and water as well as shelter (90% and 91%, respectively). Access to transportation and a telephone was notably lower than the other basics. Two-thirds said they “always” or “usually” could access transportation and a phone (66% and 67%, respectively). While the general availability of these necessities was good, the survey tool did not capture the timeframe involved in accessing them.

Table 4. Access to Basic Necessities

	Always	Usually	%	Hardly Ever	Never	%
Food and Water	267	99	89.7	28	14	10.3
Shelter	203	109	91.4	58	34	8.6
Transportation	146	122	65.8	69	70	34.2
Telephone	180	92	67.3	59	74	32.7

Finally, respondents were asked to identify if there were specific needs that, had they been met earlier, would have prevented their incarceration. Employment opportunities (61%), stable housing (56%), and substance abuse treatment (55%) were the three most important factors identified by respondents. Notably, almost 25% of respondents identified stable housing as the most significant factor that would have prevented their incarceration.

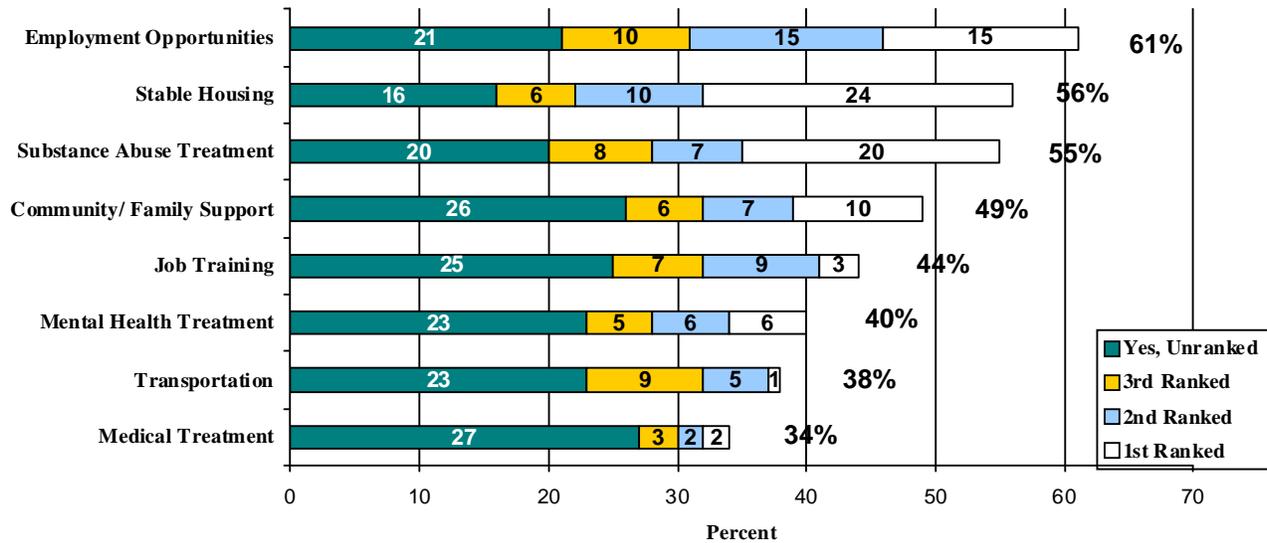
The vast majority of respondents (71%) said that they had never completed a home plan that addressed their needs prior to release (see Figure 7). Most respondents (68%) also identified that they had been released between the hours of 8pm and 5am—a time at which there is often no access to health or social service providers, shelters, and food services.



Discussion

The results of this survey fall across multiple service sectors (health, housing, and employment) at the state and City level, each typically funded, regulated and administered separately. Nonetheless, these sectors are inter-related and play a major role in preventing incarceration and stabilizing people upon release. Survey respondents cite these areas as major factors they believe could have prevented their incarceration in the first place (see Figure 8), with many ranking them as the first or second most important in their respective situation. Other factors such as family support and transportation were also identified.

Figure 8. Perceived Factors That Would Have Prevented Incarceration



Health

A myriad of health issues are related to arrest and incarceration, and these also have a substantial impact upon the success of re-entry to the community after release. Many respondents reported that access to comprehensive health services – including substance abuse (55%), mental health (40%), and medical (34%) treatment – could have helped prevent their incarceration. In addition, lack of stable housing will significantly contribute to poor health and early mortality.^{32, 33, 34} The two-thirds of respondents who identified themselves as experiencing homelessness reported that health issues – substance abuse (39%), mental health (37%), and physical disability (33%) – were among the factors that prevented access to stable housing after incarceration. Health services were not always available during or after incarceration, but should be present in order to facilitate a more successful re-entry process.

Medical Care

One-third of respondents identified access to medical care as something that could have helped prevent their incarceration, but lack of housing increases this factor to 43%. These findings may be related to a lack of health insurance, which would prevent access to affordable treatment. Additionally, nearly two-thirds of all respondents needed medical care both during (62%) and after (66%) incarceration, but only 59% received it while “inside” and 64% were able to access

medical care during re-entry. (As previously noted, this finding may be an overestimate since survey sampling was conducted at health service providers.)

While the circumstances surrounding respondents' perceived lack of medical care during incarceration are unknown, it is troubling that 59% of respondents identified that they did not receive care while incarcerated, as the Eight Amendment to the Constitution guarantees that prisoners must be provided with adequate medical care.³⁵ Moreover, people who are incarcerated have a higher prevalence of chronic and communicable disease when compared to the general population, often attributed to the lack of access to health care prior to incarceration.³⁶ In Baltimore City, 40% of individuals in the corrections system reported suffering from at least one medical condition.³⁷ As such, there is a significant public health risk from re-entry if individuals are returning to communities with untreated and under-treated medical conditions (particularly if these medical conditions are communicable/contagious disease such as Hepatitis, HIV and other sexually transmitted diseases, and/or TB). Prior research finds the majority of individuals leaving incarceration in Baltimore return to only a few communities – Southwest Baltimore, Sandtown-Winchester and and Greater Rosemont.³⁸ These communities have high rates of poverty and unemployment as well as disproportionately high rates of health care problems compared to other neighborhoods.

“They had a cuff on my leg and I’m diabetic. They had to use pliers to get it off. They broke off the key part and had to use a saw and it dug into my leg. My leg’s been swollen ever since.”

Substance Abuse Treatment

Over half the respondents indicated that substance abuse treatment would have prevented their incarceration – one-third of these believing it to be the single most important factor. Baltimore City has one of the highest substance abuse rates in the country, with 11% of the City’s population addicted to drugs or alcohol between 2001 and 2005.³⁹ Unfortunately, only 4% of Baltimore residents received treatment during that four-year span, indicating significant capacity limitations.⁴⁰ Although an overwhelming amount of research supports the effectiveness of substance abuse treatment, Maryland continues to spend only 26 cents on treatment for every dollar that is spent incarcerating individuals for non-violent drug offenses.⁴¹

Incarcerating individuals that struggle with substance abuse is an expensive alternative to treatment. The cycle of addiction and incarceration is estimated to cost \$181 billion a year through expenses associated with health care, criminal justice, and lost productivity.⁴² In Maryland, taxpayers spend \$26,398 per inmate per year – 9% higher than the national average.⁴³ Several studies have demonstrated that substance abuse treatment is more cost-effective than incarceration or other punitive measures. One compared the average cost of a nine-month substance abuse treatment program (\$1,583) to the offset in earned taxable wages and reduction in crime rates, finding a benefit of \$11,487; hence, every \$1 spent on treatment brings \$7 in benefits to society.⁴⁴ Another found that every dollar spent on drug treatment in the community has a benefit of \$18.52 to society, while prison only generates \$0.37 for each dollar spent.⁴⁵ At a time when public expenditures are being given close scrutiny, there is a strong economic argument to be made for investing in substance abuse treatment rather than incarceration.

Mental Health Care

Four in ten respondents indicated that access to mental health treatment would have helped prevent their incarceration. Previous research demonstrates that when people are unable to access mental health treatment, their untreated symptoms can lead to incarceration.⁴⁶ The Bureau of Justice Statistics (BJS) estimates that 64% of all prison and jail inmates suffer from a mental health illness, with the highest prevalence in local jails.⁴⁷ Of respondents in this study who identified a need for mental health treatment while incarcerated, only 45% received it. State data confirms this dearth of treatment: of the 5,500 adults diagnosed with mental illness in Maryland prisons and jails, only 33% of state prisoners and 17% of jail inmates received treatment.^{48, 49}

As with substance abuse treatment, providing mental health treatment is a cost-effective alternative to incarceration. The average annual cost of providing mental health treatment to an adult is \$1,551, but untreated and mistreated mental illness costs the U.S. more than \$100 billion annually in lost productivity. Conversely, for every dollar that is invested in mental health treatment, \$3.68 is saved in other costs – including incarceration.⁵⁰ While it is understandable that the manifestations of mental illness would come to the attention of police in the community, it does not follow that incarceration is the appropriate response when mental health treatment may be a more effective and humane alternative.

Housing

Of respondents who reported experiencing homeless before their incarceration, three-quarters (74%) reported that stable housing would have prevented their incarceration. In an effort to reduce the visual manifestations of homelessness, 133 cities have passed laws related to problems associated with homelessness.⁵¹ In Baltimore City, for example, it is illegal to urinate, sleep, and/or drink alcohol in public; loiter; obstruct the sidewalk; and have a shopping cart away from a shopping center.⁵² When people lack private housing, they conduct normal, private activities in public space. Consequently, these laws make it very difficult for people experiencing homelessness to both obey the law and survive. The result is that people experiencing homelessness are often arrested and incarcerated due the lack of accessible and affordable housing.

“I really just need stable housing. I’m in a transitional housing program now. I’ve been clean for 17 months, but I don’t know how long my will is going to last if I can’t find a place after this.”

Although homelessness is the result of a myriad of factors – including the lack of comprehensive health care and increased poverty (particularly during a significant economic recession) – the lack of affordable housing is one of the strongest driving forces of homelessness.⁵³ Housing is affordable when it consumes no more than 30% of household income.⁵⁴ Currently, the fair market rent (FMR) for a two-bedroom apartment in Baltimore City is \$1,263 a month. For this housing to be affordable to a minimum wage earner, they must work 134 hours each week or have 3.4 people living in the house working full-time minimum wage jobs.⁵⁵ As the median renter’s household income in Baltimore is \$27,508, 77% of renters are unable to afford a two-bedroom apartment at a FMR.⁵⁶

“When someone applies for housing, they shouldn’t be on a waiting list for 2 ½ years before they get housing. People shouldn’t have to live with their friends and wait that long. I am just blessed to have a friend that was willing to rent me a room.”

For individuals who cannot access affordable housing options through the City, locating housing in the private market is often difficult. Over 50% of survey respondents said they could not afford a security deposit, and more than two-thirds could not afford basic living expenses. The consequences of lacking of quality, affordable housing in Maryland are tragic and expensive. More than half the respondents in this study reported that access to stable housing would have helped prevent their incarceration. Given the number of respondents who reported experiencing homelessness prior to their most recent incarceration – together with the fact that 31% of people experiencing homelessness arrested in Baltimore are charged with homeless-related offenses⁵⁷ – it is not surprising that lack of stable housing was reported to be the most important factor contributing to respondents’ arrests. Comparatively, incarceration costs \$2,200 per person per month, so providing affordable housing opportunities could save considerable public resources.⁵⁸

Employment

Many respondents said that employment opportunities would have helped prevent their incarceration (61%). This self-reported connection between employment and incarceration is supported by research which shows individuals who obtain employment have significantly lower rates of recidivism than those who do not.⁵⁹ During the period of re-entry, individuals’ successes are largely dependent upon their ability to locate employment; those who are unable to find work can be re-incarcerated for a technical violation of parole and/or have a difficult time maintaining independent living.⁶⁰ With this in mind, it is hard to overstate the significance of employment on recidivism rates.

A majority of respondents also stated that they were unable to secure employment after their release (60%). This finding may be connected to the lack of education and job training reported while incarcerated (57% and 42%, respectively) and during release (50% and 44%, respectively). Of respondents who participated in job training programs while incarcerated, 52% reported that they were employed after their release, compared to 35% of those who did not participate in such programs. These findings are supported by similar studies that have shown that people who participate in education and employment programs have better success finding work, and are significantly less likely to be re-incarcerated.^{61, 62}

Unfortunately, even for those who have extensive work experience, the very presence of a criminal record can be an enormous barrier to employment. Most job applications inquire about prior convictions. This leaves those with criminal records at any point in their lives at a significant disadvantage. Despite federal efforts to promote the hiring of people who have been released from incarceration, many employers are unwilling to hire individuals with a criminal record due to assumptions about skill level, trustworthiness, and liability risk.^{63,64} Prior research with over 3,000 employers in major metropolitan areas found nearly two-thirds would not knowingly hire someone with a criminal record (even though such discrimination is illegal).⁶⁵

“I have work history all the way up until 33 years old. I’m always turned down because of my record. Corporate don’t [sic] see me in person. They don’t know I’m a changed person. It’s like we got a disease. They look at my record like it’s a disease.”

Considering the stigma that individuals with a criminal record carry with them and the barriers to being considered for employment, it is nonetheless encouraging that most of those interviewed said they are very or somewhat likely to fill out job applications (83%) in a continuing attempt to find employment.

Policy Recommendations

The corrections system is expensive and has significant negative effects on stability. The authors of this report suggest the following policy recommendations in an effort to prevent incarceration, to provide adequate and quality programs to individuals who are incarcerated, and to better assist those re-entering the community. The ultimate goals are a more effective use of limited public dollars, better outcomes for individuals, and stronger communities across the City and State.

Recommendations to Prevent Incarceration

- 1. Provide Treatment as an Alternative to Incarceration for those with Addictions and Mental Health Diagnoses.* More than half (55%) of survey respondents reported that substance abuse treatment would have prevented their incarceration, and 40% reported that mental health treatment would have prevented their incarceration. Recommended policies include:
 - Expand access to both outpatient and residential substance abuse and mental treatment programs. Reallocating funds from the corrections system as well as identifying new revenue sources for health services should reduce drug- and mental health-related criminal activity and prevent these types of arrests.
 - Provide alternatives to incarceration for individuals convicted of non-violent, drug-related offenses.
- 2. Increase the Supply of Affordable Housing.* Over half (56%) of the people who participated in this study reported that access to stable housing would have prevented their incarceration. Policies supported by this report include:
 - Expand *Housing First* models of permanent supportive housing, which seek to rapidly house people experiencing homelessness and provide the health and other supportive services necessary to maintain housing stability;
 - Prohibit housing discrimination based on a household's legal source of income;
 - Develop "inclusionary" housing developments that contain units affordable to households at all income levels (including people working at minimum wage and those receiving disability assistance).
 - Capitalize federal, state and local Affordable Housing Trust Funds, which set aside resources to create more affordable housing.
 - Establish a policy of 1-to-1 replacement for all publicly owned affordable housing units to ensure supply is not lost to redevelopment.
- 3. Create Employment Opportunities.* Six in ten (61%) survey respondents indicated that having adequate employment opportunities would have helped prevent their incarceration. Policies supported by this report include:

- Raise the minimum wage to match a “living wage” or “housing wage” which would help ensure that people working full-time are able to meet basic needs, even if working in lower wage industries (in Baltimore City, the 2011 housing wage is \$20.23 for a one-bedroom unit);
 - Reduce unemployment in general, and target meaningful job opportunities to those with prior convictions;
 - Increase opportunities for lower-income adults to obtain their GED and participate in higher education programs;
 - Expand the public transportation network to increase employment opportunities and access for individuals across the City and State;
 - Develop opportunities for youth employment and job training.
4. *Focus Prevention Efforts on Youth.* About a third of respondents were incarcerated prior to age 18 and another third by age 24. Policies supported by this report include:
- Implement the recommendations contained in the state’s *Ready by 21* efforts, lead by the Department of Human Resources, which focuses on education, active youth and family engagement, health care, and other preventive measures that reduce negative outcomes.
 - Engage the City’s Departments of Social Services and Juvenile Services as well as the local school system to focus prevention efforts specifically on youth and families in unstable housing.
5. *Decriminalize Homelessness.* Over one-third of the people who participated in this study were experiencing homelessness prior to their last incarceration. Policies supported by this report include:
- Discontinue arrests and citations – and repeal laws – against so-called “nuisance crimes” created by the realities of homelessness;
 - Collaborate with service providers to establish detailed training programs for law enforcement on effective engagement techniques for working with people experiencing homelessness, as well as those needing behavioral health interventions.

Recommendations to Assist Individuals Who Are Incarcerated

1. *Conduct Comprehensive Needs Assessments and Provide Needed Medical Treatment.* Approximately 40% of respondents failed to receive needed medical care, mental health treatment and/or addictions services while incarcerated, and 30% did not receive needed prescription drugs. Policies supported by this report include:
- Increase the capacity, quality and accessibility of substance abuse and mental health treatment programs in prisons and jails;
 - Intensify “behind the wall” screenings for co-occurring disorders (e.g., those with both mental health and addictions diagnoses);
 - Coordinate care with area medical and behavioral health providers to ensure care coordination while individuals are incarcerated and when they are released;
 - Distribute condoms to reduce the spread of communicable disease.

2. *Expand Education and Job Training Programming.* More than 40% of respondents indicated that they needed job training while incarcerated and nearly 60% needed education services, but did not receive them. Policies supported by this report include:
 - Expand access to education, job training, and life-skill classes for individuals pre- and post-trial;
 - Ensure adequate case management services are available to those incarcerated to ensure coordination of needed care.

Recommendations for Successful Re-entry

1. *Create Guidelines for Release.* More than two-thirds (68%) of respondents reported they had been released from incarceration between 8pm and 5am when most service sites are closed. Policies supported by this report include:
 - Prohibit prisons and jails from releasing individuals during late night/early morning hours;
 - Require both prisons and jails to issue state identification cards at the point of release;
 - Create drop-in centers in close proximity to jails and prisons where people can immediately access necessary services and supports.
2. *Provide Comprehensive Case Management Before Release.* Over 70% of respondents had never completed a “home plan” they felt effectively met their needs. Policies supported by this report include:
 - Provide comprehensive case management prior to release from prison or substantial jail terms that includes connecting individuals to Medicaid, disability, food stamps, or other public benefits; scheduling appointments with community health and social service providers; providing individuals with information on parole and probation requirements; and locating stable housing and employment options;
 - Collaborate with community homeless service providers to identify individuals without a stable address so they can immediately connect to services upon release;
 - Require that all individuals who have been incarcerated for longer than a few months to complete a “home plan,” which includes stable housing and strategies for family connection.
3. *Expand Employment Opportunities.* Over 80% of respondents indicated that they would complete a job application even if it asks about their criminal record up front; nonetheless, only 40% were able to find work after incarceration. Policies supported by this report include:
 - Remove from initial employment applications questions about past convictions and criminal records in order to ensure that qualified applicants are given appropriate consideration in hiring and opportunities to explain personal histories;
 - Permit “shielding” of non-violent convictions from public information records after an extended period of time;
 - Provide incentives to businesses to hire and train individuals with criminal records;
 - Create and expand educational and job-training programs to assist individuals with criminal records.

Conclusion

There appear to be strong relationships among homelessness, incarceration, and re-entry. These areas of research have significant importance for policymakers. In an era of limited public resources, it is critical to develop cost-effective interventions that reduce incarceration and recidivism. The authors of this report seek to expand upon the existing body of knowledge and provide sound policy recommendations based upon the experiences of people released from jail or prison in Maryland—many of whom have struggled with poor health and housing stability before and after incarceration.

Often, this population has difficulty accessing affordable housing, comprehensive health and social services, and incomes necessary to meet their basic needs. Such resources reduce recidivism: survey respondents themselves acknowledged that stable housing, health services (to include addictions treatment), and employment would have most prevented their incarceration. Unfortunately, such services often were unavailable when needed or requested – and, too often, people found themselves in a cycle of arrest, release, and re-arrest.

Breaking the recidivism cycle should be a public policy priority. This would include a focus on preventing incarceration before it occurs (especially with youth and their families), but also ensuring adequate services for those incarcerated. We should provide comprehensive case management and coordination with community service providers prior to release in order to increase stability during the transition.

Interventions need to be both effective and available when services are needed, and home plans should be complete and comprehensive. Reducing current barriers to re-entry into the community will improve the success of these efforts. The policy recommendations contained in this study—as well as the responses from 429 Baltimore City residents—should serve as a guide for needed policy change at the local and state level.

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APPENDIX A

Health Care for the Homeless, Inc. Baltimore, MD

Health Care for the Homeless, Inc. (HCH) is a federally qualified health center and nonprofit organization with a mission to provide health-related services, education, and advocacy to reduce the incidence and burdens of homelessness. Comprised of a headquarters facility located in downtown Baltimore, as well as satellite clinics in Montgomery, Frederick, Harford and Baltimore counties, HCH provides comprehensive primary care (to include pediatrics), mental health services, addiction treatment, case management and social services, and dental care to approximately 12,000 children and adults experiencing homelessness in Maryland annually – including over 6,000 people in Baltimore City. Established in Baltimore in 1985, HCH is a nationally recognized model for the delivery of care to underserved populations.

Health Care for the Homeless
421 Fallsway
Baltimore, MD 21202
410-837-5533
www.hchmd.org

APPENDIX B

Survey Tool

Hello, my name is _____ and I'm working with Health Care for the Homeless on a survey that hopefully will help improve how Maryland offers services to those re-entering the community after being in prison or jail. I'm specifically interested in those who have been released from jail or prison in Maryland within the past 10 years. I am also not a legal expert and can't offer legal advice, but can help you find some if you need it.

I won't ask for your name, any identifying information, and if you don't want to answer a question, you don't have to. You can also stop the survey at any time. Based on that, can I ask you some questions?

First--have you been released from either jail or prison in Maryland within the past 10 years? [If so, continue with survey.]

Definitions:

- **Incarceration:** spending at least one night in jail or prison (this include Central Booking).
- **Stable housing:** Having a place to live that is either your own or a place you feel is not likely to be taken away unexpectedly.

1. How many times have you been incarcerated? _____
2. How old were you when you were first incarcerated? _____ (may be under 18)
3. How much total time have you spent incarcerated in your lifetime?
 - a. 1 month or less
 - b. More than 1 month but less than or equal to 6 months
 - c. More than 6 months but less than or equal to 2 years
 - d. More than 2 years but less than or equal to 5 years
 - e. More than 5 years to but less than or equal to 10 years
 - f. More than 10 years
4. What was the longest single period of time you were incarcerated? _____
5. Did you have stable housing before your most recent incarceration? YES or NO
6. Were you able to access stable housing within 6 months after your last incarceration? YES or NO
7. **If no**, where were you spending the nights? (circle all that apply)
 - a. Doubled up, with friends, family, or your partner
 - b. Transitional Housing or Rehab
 - c. Homeless shelter
 - d. Street
 - e. Abandoned building
 - f. Other: _____
8. Are you stably housed now? YES or NO
9. **If no**, what is keeping you from stable housing? (circle all that apply)
 - a. Can't find work
 - b. Can't afford security deposit
 - c. Can't afford living expenses/ rent/ utilities
 - d. Could afford rent, but can't find willing landlord
 - e. No references
 - f. Criminal record
 - g. Drug or alcohol use
 - h. Mental health issues
 - i. Physical disability
 - j. Family/ domestic problems
 - k. Debt as a result of incarceration (parole fees, prison debt, etc.)
 - l. Other debt (child support, prior housing debt, credit card debt, medical bills, etc.)
 - m. Bad credit
 - n. Other: _____

10. Complete this sentence: as a result of my incarceration, I feel my connection with family/ community:
 - a. Got better.
 - b. Got worse.
 - c. Remained unchanged.
11. Have you been released from:
 - a. Jail? YES or NO
 - b. Prison? YES or NO
12. While you were incarcerated, which of these applied? (check all that apply)

	Which services did you need?	Which services did you receive?
Education		
Job training		
Medical health care/ Medical assistance		
Mental health care/Counseling		
Prescription medications		
Substance abuse treatment		
Financial assistance		
Legal assistance		
Clothing		
Case management/advocacy		
Religious/ Spiritual Services		
Dental health care		

13. While incarcerated, generally how helpful were the services you received?
ALWAYS HELPFUL / SOMETIMES HELPFUL / HARDLY EVER HELPFUL / NEVER HELPFUL
14. Prior to your release, have you ever completed a home plan that you feel addressed your needs? YES or NO
15. After your release, which of these applied? (check all that apply)

	Which services did you need?	Which services did you receive?
Education		
Job training		
Medical health care/ Medical assistance		
Mental health care/ Counseling		
Dental health care		
Prescription medications		
Substance abuse treatment		
Financial assistance		
Legal assistance		
Religious/ Spiritual services		
Housing		
Child care		
Clothing		
Transportation		
Identification		
Disability assistance		
Case management		
Food Stamps		

16. After your release, generally how helpful were the services you received?

ALWAYS HELPFUL / SOMETIMES HELPFUL / HARDLY EVER HELPFUL / NEVER HELPFUL

17. After your release, did you have access to :

- a. Food and water? ALWAYS / USUALLY / HARDLY EVER / NEVER
- b. Shelter? ALWAYS / USUALLY / HARDLY EVER / NEVER
- c. Transportation? ALWAYS / USUALLY / HARDLY EVER / NEVER
- d. Telephone? ALWAYS / USUALLY / HARDLY EVER / NEVER

18. Have you ever been released between the hours of 8pm and 5am? YES or NO

19. Were you employed before your most recent incarceration? YES or NO

20. Have you been employed since leaving incarceration? YES or NO

21. If a job application asks about your criminal record **up front**, how likely are you to complete the application?

VERY LIKELY / SOMEWHAT LIKELY / NOT VERY LIKELY / UNLIKELY

22. In your view, what may have prevented your incarceration most? (check all that apply and rank top three choices)

	Please rank here:	
_____ Stable housing	_____	
_____ Employment opportunities	_____	_____
_____ Job training	_____	_____
_____ Transportation	_____	
_____ Medical treatment	_____	_____
_____ Substance abuse treatment	_____	_____
_____ Mental health treatment	_____	
_____ Community/ Family support	_____	_____
_____ Other: _____		

23. How old are you? _____ 24. What is your gender? _____ 25. Are you a veteran? YES or NO

APPENDIX C

Participating Service Providers and Survey Sites

1. Baltimore Community Action Center – North
2. Baltimore City Shelter
3. Beans and Bread
4. Center for Urban Families
5. Earl’s Place Transitional Housing
6. Franciscan Center
7. Frederick Ozanam House – Beans and Bread
8. Health Care for the Homeless, Inc.
9. Helping Up Mission
10. Homeless Persons’ Representation Project
11. Maryland New Directions
12. Marian House
13. Mayor’s Office of Employment Development One-Stop Career Center
14. Northwest Neighborhood Defenders – Office of the Public Defender
15. Our Daily Bread
16. Paul’s Place
17. Project Jump Start (University of Maryland at Baltimore)
18. Project Plase
19. South Baltimore Station
20. St. Vincent de Paul’s Church