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Evidence-Driven Housing Practices for Formerly Incarcerated Individuals

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Reentry and Housing

Housing insecurity exacerbates the challenges of reentry for prisoners and leads to worse outcomes in terms of recidivism and well-being. A lack of stable housing upon returning to the community can hinder an individual's ability to reunify with children, engage in treatment for substance abuse and mental health, and obtain employment.¹ For many formerly incarcerated individuals, their criminal records preclude them from receiving most types of public assistance, including public housing and housing subsidies,^{2,3} and periods of homelessness have shown to double the risk of new convictions and reincarceration.⁴

The provision of housing assistance should be centered on individual specific needs.¹ Previous research has identified risk factors

of greater residential instability for returning prisoners to be mental illness, substance use, previous incarcerations, and prior experiences with homelessness.⁵ For formerly incarcerated individuals with these risk factors, there is a need for immediate assistance, especially for those lacking positive social support, but low need individuals also require assistance in the establishment of long-term, permanent housing.¹

The provision of housing assistance should be targeted to individual needs

Both short- and long-term housing options for the formerly incarcerated, targeted to an individual's level of need, is important to successful reentry. Securing stable housing is one of the most pressing and immediate needs of returning prisoners because of the consequences it has on other aspects of one's life.^{4,6} Specifically, assisting prisoners as they reenter into the community secure stable housing could lead to increased

gainful employment, educational obtainment, family functioning, and mental and physical health well-being, as well as decreased substance abuse and recidivism.^{1,4} Therefore, described in the following practice brief are a range of evidence-driven housing practices for formerly incarcerated individuals.

Oxford House

An evidence-driven practice to house formerly incarcerated individuals is Oxford House - a self-governed, mutual social support recovery home that is based around twelve-step facilitation groups. Residents of an Oxford House must remain drug and alcohol free and actively participate in the house by staying current on rent and completing all assigned house chores.⁷ Failure to adhere to these rules can result in an immediate eviction. Since Oxford is a self-governed house, there are no on-site professional staff and all costs of the program are covered by the residents. A randomized control trial of Oxford House that compared program participants to individuals referred out to other community resources found that Oxford House participants had significantly reduced substance use and new criminal charges, as well as an increased rate of community-based employment.⁷

Housing First

Housing programs for justice-involved individuals are usually provided under two dominant orientations. First, residency is based on the individual's participation in services as well sobriety from alcohol and drugs. This is the perspective taken within a program like Oxford House. Housing and any services provided on-site are viewed as a privilege for formerly incarcerated individuals, so failure to maintain sobriety or comply with other house rules results in individuals losing their privilege. An unfortunate repercussion of a loss of privilege to housing is an individual being cut-off from a stable place to live, and periods of homelessness have been shown to increase likelihood of recidivism among the formerly incarcerated.⁴

Housing First is an effective program for disadvantaged and hard to serve populations

In contrast, a second orientation is the "housing first" model that emphasizes harm reduction and does not make the provision of housing based on program participation or

abstinence from drugs and alcohol.⁸ Rather a housing first model views housing as a foundational building block to post-release stability that should not be used as leverage to maintain an individual's compliance. Housing first has been an effective program for particularly disadvantaged and hard to serve populations.

A randomized experiment of a housing first program for individuals with severe mental illness and a history of homelessness found significantly higher levels of housing stability and a lower rate of homelessness.⁹ Positive findings have also been shown in a housing first program for chronically homeless individuals with severe alcohol problems who were compared to a wait-list control group of similar individuals. Housing first reduced alcohol use at one-year after assignment to the program and resulted in a monthly savings of \$2,449 per participant in other health and social service costs.¹⁰

Five Core Facilitators of Well-Being Development

A new evidence-driven framework for reentry practice, including the provision of housing, is the Five Core Facilitators of Well-Being Development that advances the field towards the next generation of program models.¹¹ The Five Core Facilitators of Well-Being Development identify key mechanisms of action that are empirically associated

with recidivism around which reentry programming can be standardized and evaluated. This model goes beyond a response to an individual's risk to recidivate and moves towards positive individual development for a sustainable long-term trajectory free of the criminal justice system. The Five Core Facilitators are occupational balance, positive cognitions, positive coping strategies, positive social activities, and positive interpersonal relationships.¹¹ Each of the Five Core Facilitators is directly intertwined with the individual's ability to secure stable housing and can be used to uniformly evaluate a client's progress throughout an intervention.

Summary

In sum, there are a number of evidence-driven housing practices that can be targeted for formerly incarcerated individuals. Improvement in housing for formerly incarcerated individuals has the potential to make substantial contributions to both individual well-being and overall public safety. Nevertheless, during the implementation of any evidence-driven practice, a consistent evaluation plan should be conducted to ensure the practice is being executed with fidelity and that targeted outcomes are achieved.

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