Barriers to Stability: Homelessness and Incarceration's Revolving Door in Baltimore City

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EXECUTIVE SUMMARY

A report issued by the Urban Institute in 1999 found that 54% of the homeless people in the United States had been incarcerated.ⁱ The homeless population in Baltimore City ranges between 2,400 and 3,000 people.ⁱⁱ Using their calculation, we can estimate that approximately 1300-1600 of Baltimore's homeless population has been incarcerated at some time.

In order to examine the extent of the connection between homelessness and incarceration, the Center for Poverty Solutions conducted a survey of the homeless population in Baltimore City in the fall of 2002. To conduct the survey research, the Center collaborated with the Open Society Institute to receive technical expertise and funding. The Center for Poverty Solutions has been very active in the areas of poverty and criminal justice in Baltimore for several years and the information gathered in the survey supplemented the Center's ongoing advocacy and community development work in these areas. The Center's report, "Helping People Off the Streets," provided the impetus for the Baltimore City Homeless Task Force, which was a public-private partnership to look at resolving the issue of homelessness in the City. The Center for Poverty Solutions played a critical role on the Task Force and greatly contributed to the final Task Force report. The Center's current initiatives include the formation of the Maryland Justice Coalition and advocacy work on affordable housing, health care, and living wage issues at the local, state, and federal levels.

The survey research focused on three specific questions: 1) Does homelessness lead to incarceration? 2) Does incarceration lead to homelessness? 3) What services are needed to assist the homeless population in Baltimore City? The survey was conducted in 18 soup kitchens and drop-in centers throughout the City of Baltimore. The Center collected 702 surveys in four weeks, representing roughly a quarter of the homeless population in Baltimore. This proportion is much larger than the samples collected in other surveys around the nation and for this reason this study contributes substantially to the literature on this topic.

To investigate whether homelessness leads to incarceration, the survey asked about the respondents' housing situations before incarceration and the nature of their convictions. More than thirty percent of those who had been incarcerated were homeless before their subsequent incarceration. One in three people had been incarcerated for an offense related to homelessness and 79.1% of the total offenses reported were non-violent in nature.

In order to examine the relationship between incarceration and homelessness, the survey inquired about respondents' housing situations before and after incarceration, the services they received in prison, and the barriers they faced when re-entering the community. While two-thirds of those who had been imprisoned had permanent housing before their incarceration, only 29.5% owned or rented homes after incarceration. Forty-

four percent of respondents received no services while in prison and 67.0% reported that they were not offered or referred to any assistance upon release by the Department of Corrections. Possible services included health care, substance abuse treatment, job training and education. Survey participants reported facing significant barriers particularly in public and private housing and in employment.

As a result, the survey results indicate that the two most pressing needs for both the homeless and the homeless ex-prisoner populations are housing and employment. More than half of those surveyed cited housing as their most important need. Fewer than one in five respondents were employed at the time of the survey.

From these findings we can infer the revolving door nature of homelessness and incarceration. It is clear that any policies made must prevent homeless persons from becoming incarcerated and ex-prisoners from becoming homeless. To this end, the Center for Poverty Solutions has several recommendations. The rates of incarceration for petty offenses are extremely high among the homeless. Thereby, Baltimore should decriminalize homelessness. Baltimore laws include several nuisance ordinances that impact homeless people more than the rest of the population, such as trespassing, loitering, or public urination violations. In a study by the National Law Center on Homelessness and Poverty in conjunction with the National Coalition for the Homeless, Baltimore was named one of the twelve "meanest American cities" for its treatment of homeless people.ⁱⁱⁱ By promoting the use of alternatives to arrest and incarceration such as expanded use of outreach workers and case diversion, Baltimore can prevent more homeless people from becoming incarcerated. The city should create 24-hour drop-in centers in strategic locations around the city so that homeless people have somewhere where they can use rest facilities and connect with various services.

Second, the state should provide inmates with more meaningful services. To this end, we recommend case managers work with every inmate to create individual prerelease plans entailing the inmate's housing, health care, public benefits, and services after the person's release. The state has to provide prisoners with physical and mental health care and substance abuse treatment. Without continued treatment while in jail, these conditions become exacerbated. Treating the inmate while he or she is incarcerated can prevent future problems related to these conditions. The state and city should collaborate to fill all the gaps in the social safety net to prevent future ex-prisoners from becoming homeless. Finally, we need to reduce barriers to employment and housing for the ex-prisoner population. Maryland needs to legislate against discrimination by criminal record in employment and the Baltimore City Housing Authority should reexamine their public housing strategies regarding the ex-prisoner population. We urge the state and city governments to implement the policies in this report to remedy the condition of homelessness in Baltimore City and to reduce the number of ex-prisoners who become homeless upon release from prison.

INTRODUCTION

In a report issued by the Urban Institute in 1999, researchers found that 54% of the homeless people in the United States had been incarcerated.^{iv} The homeless population in Baltimore City ranges between 2,400 and 3,000 people.^v According to the Urban Institute's estimate, approximately 1300-1600 of Baltimore's homeless population has been incarcerated at some time.

In order to investigate the extent of this relationship, the Center for Poverty Solutions conducted a survey of the homeless population in Baltimore City in the fall of 2002. The Center for Poverty Solutions has been very active in the areas of poverty and criminal justice in Baltimore for several years and the information gathered in the survey supplemented the Center's ongoing advocacy and community development work in these areas. The Center's report, "Helping People Off the Streets," provided the impetus for the Baltimore City Homeless Task Force, a partnership between the public and private sectors to determine ways to resolve homelessness in the city. The Center for Poverty Solutions played a critical role on the Task Force and in the formation of the Task Force's final report. The Task Force led to the creation of the Mayor's Commission on Homelessness. Currently, the Center is the host agency for the Maryland Justice Coalition and is working on affordable housing, health care, and living wage issues at the local, state, and federal levels.

This fall the Center for Poverty Solutions in collaboration with the Open Society Institute conducted a survey of the homeless population in Baltimore City. The study focused on three specific research questions: 1) Does homelessness lead to incarceration? 2) Does incarceration lead to homelessness? 3) What is needed to remedy homelessness in Baltimore?

To answer these questions, the Center for Poverty Solutions created a survey instrument that focused on homelessness and incarceration. Several questions addressed the characteristics of the population, the circumstances surrounding homelessness in Baltimore, and whether respondents had been incarcerated. The survey consisted of 35 questions and took 10-15 minutes to complete. There were also questions about the services both the homeless and the homeless ex-prisoner population needed but did not receive.

For this project, it was important to capture the whole spectrum of homelessness: those who are at-risk of becoming homeless, those who are currently homeless, and those who had recently become homeless. The definition of homelessness used for this study was the standard applied in the McKinney-Vento Homeless Assistance Act. According to the Act, homeless people are those who use emergency shelters, transitional housing, live on the streets or in abandoned buildings, and those who live with family and friends and unable to pay rent.^{vi}

For the purpose of this study, the researchers defined an individual who was incarcerated as someone who was convicted, sentenced and served part or all of his or her sentence in a correctional facility. This definition does not include detainees, or those who were arrested and convicted of an offense but did not serve any time. Incarceration was defined narrowly because researchers wanted to examine what services were provided while in prison and upon release.

The Center conducted the survey at eighteen Baltimore City sites. Soup kitchens and drop-in centers were chosen as locations for the survey because these sites introduced the least amount of bias into the sample. These sites were geographically distributed around the city. To capture the entire spectrum of homelessness, people who were not currently homeless but who required emergency food services were included in the sample. The Center hired and trained four interviewers, all of whom had experiences with homeless and/or ex-prisoner populations. Over a four-week period, the Center collected 702 surveys. Participants were chosen at random at the sites. All respondents signed a consent form stating that the information given was voluntary and anonymous.

This study has some limitations. Firstly, survey research relies on self-reported data. Second, it is not a true experiment and employs no control group. Third, while every effort was made to ensure the questions were asked in an objective way, surveys are particularly sensitive to bias in wording or order. Fourth, there was a minimal level of duplication in the study, less than 10%.

This study is unique in several ways. First, the survey captured a large sample. According the National Coalition for the Homeless, the size of the homeless population in Baltimore is estimated to be between 2,400 and 3,000 people.^{vii} With a sample of 702 respondents, the survey captured 23-29% of Baltimore's homeless population. This distinguishes this study from similar studies across the nation. Few studies are able to secure such a significant proportion of homeless persons. These findings are reliable because the survey results are based on such a large sampling of the homeless population in Baltimore. Because survey samples are not normally this comprehensive, this study also represents a significant contribution to the literature.

Second, by using residents of Baltimore City who have experienced homelessness or incarceration as interviewers, the community foundation of this work is strengthened. While most studies utilized professional researchers as interviewers, the Center chose people without research experience but with substantial relevant life experiences because of their connections with the target community.

It was very important to the Center for Poverty Solutions to help the low-income and homeless populations during the survey process. To this end, the Center added several distinctive features to the research design. First, as previously mentioned, all the interviewers who conducted the surveys had experienced homelessness and/or incarceration and live in the City of Baltimore. Also, in keeping with the Center's mission, they were paid a living wage during their employment at the Center. Second, all survey respondents received an incentive of three bus tokens for completing the survey. Whenever possible they were directed to other applicable services in Baltimore City. Third, the Center for Poverty Solutions worked with the Hopkins Data Services to input the data. This group employs people with a cocaine addiction and provides them with a therapeutic workplace in order to help them resist further drug use.^{viii}

SAMPLE DEMOGRAPHICS

Several survey questions were asked to better understand the demographic makeup of the homeless respondents in Baltimore City. The results of these questions provide a general profile of this population. The demographic questions produced the following findings:

- Sixty-nine percent of the survey respondents were male and 86.8 percent of the sample was African American.
- The average age was 44 years old with 79.3% of the sample between the ages of 31 and 54 years old.

GRAPH 1: Age Distribution

- Half of all those surveyed had 12 years or more of schooling.
- Sixty-seven percent of respondents reported having a physical ailment.
- More than one-third of the sample had at least one mental health condition with depression being the most common condition.
- Fifty-three percent had a substance abuse disorder either at the time of the survey or in the past. Only 11.5% of those surveyed were receiving treatment for their substance abuse disorder at the time of the survey.

To get to the crux of the Center's research questions, several questions on the survey asked about housing status and past incarcerations. These questions yielded the following results:

• Out of 702 surveys conducted, 324 people, or 46.2% reported that they had been incarcerated sometime in their lifetime.

- Two-thirds of the survey respondents were homeless. Twenty-two percent of respondents were using emergency shelters with an additional 16.2% living on the streets or in abandoned buildings.¹
- One-fifth of those surveyed had been homeless more than 3 years.
- Respondents had on average had \$333.61 in any given month.
- ◆ 16.8% of those surveyed were employed. The average wage for those who were employed was \$7.45/hour.

Frequency in the sample
69.1% Male
86.8% African American
44 years old
50.4% with 12 years or more of school
67.0% had at least 1 physical condition
38.3% had at least 1 mental condition
52.7% had or were use drugs
66.2%
19.7% homeless for more than 3 year
\$333.61
16.8% currently had jobs
\$7.45/hr
46.2% had been incarcerated

TABLE 1: Sample Demographics

¹ To capture those who were both homeless and on the verge of becoming homeless, we did not exclude those who owned or rented housing currently. All respondents depended on emergency food assistance.

DOES HOMELESSNESS LEAD TO INCARCERATION?

To investigate the first research question, the survey questioned respondents about the cause of their incarceration and their housing situation prior to incarceration. The following data are based on the cohort that had been incarcerated, a sample of 324 respondents. Of those who were incarcerated, 31.5% were homeless prior to their imprisonment.

One-third (30.9%) of the reported convictions for which respondents were imprisoned people were homeless-related offenses. These included sleeping in public, loitering, trespassing, public urination, and panhandling. Seventy-nine percent of all the reported offenses were non-violent in nature. Thirty-seven percent of the respondents had been incarcerated 3 to 5 times and 41.0% of the respondents had been imprisoned for more than 3 years total in their lifetimes.

Relating to nomelessness
Frequency in the population
31.5%
6.2%
8.3%
19.7% homeless for more than 3 year
79.3%
30.9%
36.9% had been incarcerated 3-5 times
41.0% imprisoned more than 3 years total

 TABLE 2: Incarcerated Respondent Data Relating to Homelessness

DOES INCARCERATION LEAD TO HOMELESSNESS?

Several survey questions related to incarceration experiences and life after being in prison. These questions resulted in the following findings:

- While 63.3% of the ex-prisoner population in the sample owned or rented housing before their incarceration, only 29.5% had permanent housing after they were released from incarceration. Conversely, individuals living on the streets or in abandoned buildings rose from 8.3% before incarceration to 20.1% after incarceration.
- ◆ 41.4% reported that their longest period of incarceration was a year or less and 29.0% reported that their longest period of incarceration was for 6 months or less.
- More than one-third of the respondents had been released from a correctional facility within the last year.

Several questions were asked regarding services survey participants received while in prison and were offered prior to their release.

- Forty-four percent of those surveyed reported receiving no services while imprisoned. Possible services were education, health care, substance abuse treatment, or job training.
- Sixty-seven percent of respondents who had been incarcerated reported having a physical illness and 39.5% reported having a mental illness. However, only 21.6% reported receiving medical health care while in prison and 8.3% reported receiving mental health care.

GRAPH 2: Services Received While Incarcerated

• Upon release, 67.0 % of the people surveyed stated they were not directed by the Department of Corrections to any services upon release. This included referrals to housing, service-providers, health care, or substance abuse treatment.

Many respondents felt they faced barriers because of their incarceration after their release.

- One in three respondents felt that their incarceration adversely affected their chances of receiving public housing.
- Similarly, 30.6% felt incarceration would decrease their ability to obtain private housing. Thirty percent felt that they faced a bias or stigma in the private housing market because of their incarceration experience(s).
- In terms of employment, 42.6% reported that their incarceration would effect their chances of finding jobs.

Indicator	Frequency in the Population
Housing	
Before prison or jail	63.3% owned or rented their homes
After prison or jail	29.3% owned or rented their homes
Incarceration	
Longest time in prison	41.4% had served a year or less
Time since release	37.0% had been released within the last
	year
Services	
While incarcerated	44.4% reported receiving no services
Upon release	67.0% stated they were not directed to any
	services upon release
Barriers	
Public Housing	33.3% felt their incarceration had an
	influence public housing eligibility
Private Housing	30.6% felt incarceration effected private
Employment	housing opportunities
	42.6% felt their incarceration impacted
	employment

 TABLE 3: Incarceration Leads to Homelessness

WHAT IS NEEDED TO REMEDY HOMELESSNESS?

To better understand the needs of the homeless and the homeless ex-prisoner populations in Baltimore City, researchers asked respondents to identify what services they believed they needed at the time they were interviewed.

- Out of the entire sample of 702 respondents, fifty-eight percent reported that housing was their most critical current need.
- The top four barriers to permanent housing cited by respondents were: paying the security deposit (52.8%); having no stable employment (47.9%); paying utilities (44.2%); and other expenses (43.4%).
- Only 16.8% of the total sample were currently employed and less than twenty percent of those who were incarcerated had jobs currently.
- Twenty-eight percent of the sample cited the loss of employment as one of the reasons they lost their last place of permanent housing. Other reasons for the loss of stable housing were: having no money (36.6%); family or domestic problem (24.4%); and having an alcohol or substance abuse problem (22.8%).

Center for Poverty Solutions Barriers to Stability

HOW DOES BALTIMORE COMPARE TO OTHER LARGE US CITIES?

Several studies around the nation have found similar results to those in this study. The Department of Justice release a report in the 1980's estimating that one-fourth of all homeless people had been incarcerated.^{ix} This proportion is expected to be much higher today because of the increased number of people coming out of prison. The Urban Institute study on homeless clients and service providers in 1999 found that nationally 54% of homeless have been incarcerated.^x This is consistent with the findings in this study where 46% of homeless people had been incarcerated. One study in Richmond found that 25% of homeless men had been incarcerated.^{xii} In a recent article in the Boston Globe, it was estimated about one-fourth of all inmates released in Massachusetts will become homeless.^{xiii} According to a study by the University of Massachusetts, seven percent of respondents had been in jail or prison immediately before moving to shelter and 19% had been in jail or prison within the last year.^{xiii} The Legislative Analysis Office in California estimated that as many as 30 to 50 percent of parolees in San Francisco and Los Angeles are homeless.^{xiv}

POLICY RECOMMENDATIONS

There is a clear link between homelessness and incarceration. We have to break the cycle at two crucial points. First, we must enact policies that protect homeless persons from being arrested and incarcerated because of their homelessness. Second, we must work harder to create policies and programs that allow ex-prisoners the opportunity to re-enter the community. These recommendations will require a firm commitment from the state and local government, social service and health agencies, the private sector, and the community at large.

- 1. Decriminalize homeless-related offenses. In this survey, we found one-third of all reported offenses could be related to homelessness and 31.5% of respondents were homeless at the time of their arrest and subsequent incarceration. Baltimore, along with many other jurisdictions around the country, enforces nuisance laws. The biggest problems for homeless in Baltimore are loitering and aggressive panhandling arrests.^{xv} Under these laws, police must arrest homeless people for minor offenses such as sleeping in public or public urination. Due to their homelessness, they are powerless to avoid these behaviors. Prosecuting these offenses benefits no one- it costs the city precious resources in funding and manpower and by giving homeless people criminal records, it creates another barrier to employment and housing.^{xvi}
 - Offer alternatives to arrest and to conviction.^{xvii} Homeless people in Baltimore spend an average of 35 days per year in jail.^{xviii} Police officers should work with outreach workers to resolve problems without arrest. Police officers need further

training in how to deal with homeless people. There should also be alternatives to prosecution in the judicial system that include putting cases on the inactive court docket contingent that the defendants are placed in services or treatment programs and using pre-trial diversions. By using these alternatives, the offense will not appear on the person's record and the courts can refer the person to applicable services rather then sending them to jail. To better promote this idea, the city and state have to create more spaces in treatment, job placement, and community service programs because without them there are few options to incarceration.

- Create 24-hour drop-in centers. In certain parts of Baltimore, there are no public facilities. This leaves the homeless population with few options and creates more chances for them to be arrested on homeless-related offenses. The city should create community day resource centers, as recommended by the Baltimore City Task Force on Homelessness, in strategic locations around the city.^{xix}
- 2. Provide better services for people while they are incarcerated. The state has a responsibility to provide care and assistance for people in the prison system. According to the study findings, 44.4% received no services in prison and 67.0% were not directed to any services prior to being released. Nationally, many prisoners have substance abuse disorders, low levels of literacy, and limited work experience. Prisons in the United States do little to remedy these deficiencies. According to an Urban Institute focus group study of ex-prisoners, less than 20 percent receive treatment they need before release. About 25% got vocational training, and one in three received educational services. Most prisoners in the United States do not receive any pre-release planning that prepares them for the transition back into society.^{xx} It is in the best interest for the state and for the individual for the state provides basic services to the entire inmate population.
 - Foster collaboration between the city and state divisions to ensure coordinated services for ex-prisoners. This includes the Department of Corrections, Housing Authority, Social Services, the Mayor's Offices of Homeless Services and Employment Development, and the Health Department. With better communication between the various branches of government, a stronger safety net can be created so those ex-prisoners no longer fall through cracks in the system and become homeless.
 - **Provide a pre-release plan for each inmate.** Though 63.3% of our sample owned or rented homes before being incarcerated, only 29.5% had permanent stable housing after release. Criminologists have found that inmates that do not get a pre-release plan are up to 50% more

likely to return to jail.^{xxi} The state should ensure that an individual exiting the corrections system has housing, health care, and public benefits prior to his or her release into the community. Maryland can model their pre-release plan program after a similar program in Massachusetts.^{xxii} In that state, case managers assess inmates on their first day and supply them with services to meet their individual needs throughout their incarceration. Eighteen months before an inmate's release, case managers begin to create a pre-release plan for the person including substance abuse and mental health treatment in the community, housing, and employment if possible. As part of the possible pre-release plan in Maryland, case managers should assist inmates in applying for public benefits several months before their release so that the benefits are activated upon release.

- Ensure continuity of care services for those who are incarcerated. Sixty-seven percent of respondents who had been incarcerated reported having a physical illness and 39.5% reported having a mental illness. However, only 21.6% reported receiving medical health care while in prison and 8.3% reported receiving mental health care. In one study, researchers found that about 16% of those incarcerated had a mental illness and those with a mental illness were more likely to be repeat offenders.^{xxiii} People entering or exiting the corrections system may experience an interruption in treatment for physical and mental conditions and for substance abuse. This interruption can exacerbate these health concerns. By providing people with addictions treatment and mental health services while they are incarcerated and planning for the continuity of services in the community, Maryland can shrink the number of arrests related to mental health and drug abuse and prevent homelessness in the ex-prisoner community.^{xxiv}
- **3.** Reduce barriers to housing and employment caused by criminal records.^{xxv} As the study showed, people face several barriers and stigmas after their incarceration. While it has been proven we can't legislate against societal attitudes, there are several policies Baltimore City and Maryland can enact to prevent further discrimination against the ex-prisoner population.
- Legislate against employment discrimination based on criminal offense. 42.6% reported that their incarceration adversely affected their ability to get a job. Maryland should pass legislation that bars discrimination based on criminal offenses for employment. ^{xxvi 2}
 - Encourage employers to hire ex-prisoners. Only 18.5% of respondents who were incarcerated were employed at the time of

² One example Maryland could use as a model for this legislation is Article 23-A of the New York State Corrections Law.

the survey. The state should work with employers in training and hiring ex-prisoners. The goal for the state should be to place exprisoners in permanent full-time jobs that pay a living wage. In this way, the state can prevent further poverty and recidivism. This program should be based partly on Texas' Project Rio that works with a numerous employers to find jobs for inmates before they leave prison.^{xxvii}

- City officials should not discriminate on the basis of criminal record in public housing. While there are restrictions place on public housing regarding violent crimes and drug offenses, many people are refused public housing because of less serious non-violent offenses. Within the federal regulations, the housing policies should be re-evaluated for certain people to allow those with a criminal record to receive public housing. The housing authority should not be able to discriminate based on criminal record. It is within the latitude of the Executive Director to exercise public housing regulations in a consistent way towards ex-prisoners.
- **Build more Single-Room Occupancies.** The average income per month for the sample was about \$300. While this is not enough to rent one's own place in Baltimore, it may be enough to rent a room. Baltimore City should create more single-room occupancies based on the YMCA model so ex-prisoners have an affordable place of their own.^{xxviii}
- **Provide more transitional housing.** Only 3.7% of the sample lived in transitional housing after being released from prison. One in three respondents lived on the street or in emergency shelters. Experts feel the lack of transitional housing is the main reason that ex-prisoners end up living in emergency shelters or on the streets after their release.^{xxix} Ex-prisoners need transitional housing to provide them with stable housing and necessary services as they re-enter the community. To ensure that ex-prisoners do not return to prison or become homeless, Baltimore must provide more transitional housing directed at the needs of ex-prisoners.

CONCLUSIONS

There is significant overlap between the homeless population and those incarcerated in the criminal justice system creating a harmful revolving door in Baltimore City. Homeless people are more at risk for being arrested and incarcerated for certain

types of offenses such as public drunkenness, loitering, and panhandling. At the same time, rates of homelessness increase after being released from prison. Also, people are not receiving services to assist in the transition from prison into the community. Policies are needed to prevent this pattern from continuing. We urge the state and city governments to implement the policies in this report to remedy the condition of homelessness in Baltimore City and to prevent future ex-prisoners from becoming homeless.

Appendix A

About the CENTER FOR POVERTY SOLUTIONS

The Center for Poverty Solutions is a statewide non-profit organization focused on the eradication of poverty by fostering self-sufficiency for those living in poverty, including the working poor. The Center pursues its mission through advocacy, community mobilization, technical assistance, and in collaboration with public and private partners.

Appendix B

About the OPEN SOCIETY INSTITUTE BALTIMORE, MD

The Open Society Institute is a private operating and grantmaking foundation that promotes the development of open society around the world. OSI 's U.S. Programs seek to strengthen democracy in the United States by addressing barriers to opportunity and justice, broadening public discussion about such barriers, and assisting marginalized groups to participate equally in civil society and to make their voices heard. U.S. Programs challenge over-reliance on the market by advocating appropriate government responsibility for human needs and promoting public interest and service values in law, medicine, and the media.

OSI's U.S. Programs support initiatives in a range of areas, including access to justice for low and moderate income people; independence of the judiciary; ending the death penalty; reducing gun violence and over-reliance on incarceration; drug policy reform; inner-city education and youth programs; fair treatment of immigrants; reproductive health and choice; campaign finance reform; and improved care of the dying. OSI is part of the network of foundations, created and funded by George Soros, active in more than 50 countries around the world.

Appendix C

Data: / /		Intomiomor N	mbor
Date: / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / /	Year	Interviewer N	umber:
Site Number:	i car	Survey Numbe	
		Survey Nulling	:::
1. How old were you on your la	st birthday?	vears	
		J cui s	
2. What is your gender? (Circle			
Male	1		
Female	2		
Not Applicable (NA)	66		
Don't Know (DK)	77		
Refused (RF)	88		
3. What race do you consider yo	ourself to be?	(Circle One)	
White		(011010 (0110)	1
Black (African American	1)		2
Hispanic/Latino	,		3
Asian or Pacific Islander			4
Native American or Ame	rican Indian		5
Other (Specify:	ficult matan)	6
Not Applicable (NA)		/	66
Don't Know (DK)			77
Refused (RF)			88
Kelused (KI)			00
4. Have you ever served in the r	nilitary? (Cir	cle One)	
Yes	1		
No	2		
Not Applicable (NA)	66		
Don't Know (DK)	77		
Refused (RF)	88		
5. What was your discharge stat	us? (Circle)	One)	
General	1	()	
Honorable	2		
Dishonorable	$\frac{2}{3}$		
Other	4		
Not Applicable (NA)	66 77		
Don't Know (DK)	77 88		
Refused (RF)			

CPS SURVEY INSTRUMENT

7. If less than 12 years, have you completed a GED? (Circle One)

Yes	1
No	2
Not Applicable (NA)	66
Don't Know (DK)	77
Refused (RF)	88

8. Have you been diagnosed with any of the following illnesses?

	Yes	No	NA	DK	RF
a) Emphysema/asthma	1	2	66	77	88
b) Hepatitis/cirrhosis	1	2	66	77	88
c) Kidney disease	1	2	66	77	88
d) Diabetes	1	2	66	77	88
e) Hypertension (high blood pressure)	1	2	66	77	88
f) Coronary artery disease/					
Angina/heart attack	.1	2	66	77	88
g) Stroke	1	2	66	77	88
h) Seizures	1	2	66	77	88
i) Arthritis	1	2	66	77	88
j) Other physical illness	1	2	66	77	88
(Specify:)				
**k) Any physical illness	1	2	66	77	88
l) Depression	. 1	2	66	77	88
m) Bipolar Disease	.1	2	66	77	88
n) Anxiety Disorder	.1	2	66	77	88
o) PTSD (post-traumatic stress disorder)	1	2	66	77	88
p) Schizophrenia	1	2	66	77	88
q) Other mental illness	1	2	66	77	88
(Specify:)			
** r) Any mental illness	1	2	66	77	88

9. Has anyone ever told you that you have a substance (**Circle One**) abuse disorder?

Yes, actively using drugs but no treatment	1	
Yes, actively using drugs but getting treatment		2
Yes, now in recovery	3	
No, never abused or was dependent on drugs or alcohol	4	
Not Applicable (NA)	66	
Don't Know (DK)	77	
Refused (RF)	88	

10. Where are you currently spending your nights? (Circle One)	
Apartment or house that you own or rent	1
Doubled-up/living with family or friends (and not paying rent)	2
Transitional housing, SRO or rehabilitation facility	3
Emergency shelter	4
Unsheltered (streets, car, abandoned buildings)	5
Other	6
(Specify:)	
Not Applicable (NA)	66
Don't Know (DK)	77
Refused (RF)	88

11. Approximately how much money do you have to live on each month (includes money for rest, food, transportation, etc.)? \$ _____.

12. How long have you been without permanent housing? (Circle one)

2-3 months	1
4-6 months	2
7-12 months	3
13-24 months	4
25-36 months	5
Greater than 37 months	6
Not Applicable (NA)	66
Don't Know (DK)	77
Refused (RF)	88

13. Why did you leave your last place of permanent housing?

	Yes	No	NA	DK	RF
a) Lost your job	1	2	66	77	88
b) Did not have enough money					
to pay the rent	1	2	66	77	88
c) No longer received public assistance (Such as SSI, SSDI, TANF, etc.)	1	2	66	77	88
d) Alcohol or drug use	1	2	66	77	88

e) Health problems	1	2	66	77	88
f) Family crisis/ domestic dispute	1	2	66	77	88
g) Home condemned/ burned/ destroyed	1	2	66	77	88
h) Incarceration	1	2	66	77	88
14. What were some of the challenges you have fac	ed in fii Yes	nding ar No	nd keepi NA	ing hous DK	sing? RF
a) Can't afford security deposit	1	2	66	77	88
b) Too many other expenses	1	2	66	77	88
c) Can't afford to pay the utilities	1	2	66	77	88
d) Have no references	1	2	66	77	88
e) Can't find services and assistance or not					
eligible for services	1	2	66	77	88
f) Lack of employment/job	1	2	66	77	88
g) Insufficient education/training/skills	1	2	66	77	88
h) Drug/alcohol abuse	1	2	66	77	88
i) Physical condition/disability	1	2	66	77	88
j) Mental health condition	1	2	66	77	88
k) Family or domestic problems	1	2	66	77	88
l) Prison or jail record	1	2	66	77	88
m) Other	1	2	66	77	88
(Specify:		_)			

15. Which of the following services have you needed but not received in the last year?

	Yes	No	NA	DK	RF
a) Temporary shelter	1	2	66	77	88
b) Transitional housing	1	2	66	77	88
c) Permanent housing	1	2	66	77	88
d) Food	1	2	66	77	88
e) Education	1	2	66	77	88
f) Job training	. 1	2	66	77	88
g) Medical health care	. 1	2	66	77	88

h) Dental health care	1	2	66	77	88
i) Mental health care	1	2	66	77	88
j) Substance abuse treatment	1	2	66	77	88
k) Financial assistance	1	2	66	77	88
l) Child care	1	2	66	77	88
m) Counseling	1	2	66	77	88
n) Legal assistance	1	2	66	77	88
o) Clothing	1	2	66	77	88
p) Transportation	1	2	66	77	88
q) Other	1	2	66	77	88
(Specify:)					

77

88

- 16. Have you ever been incarcerated? (Circle One) Yes 1 No 2 Not Applicable (NA) 66 Don't Know (DK)
- 17. What were you incarcerated for?

Refused (RF)

Yes	No	NA	DK	RF
1	2	66	77	88
1	2	66	77	88
1	2	66	77	88
1	2	66	77	88
1	2	66	77	88
1	2	66	77	88
1	2	66	77	88
1	2	66	77	88
1	2	66	77	88
1	2	66	77	88
1	2	66	77	88
1	2	66	77	88
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	1	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$

(Specify:	_)			
r) Other 1	2	66	77	88
q) Child support 1	2	66	77	88
p) Assault1	2	66	77	88
o) Robbery1	2	66	77	88
n) Driving under the influence 1	2	66	77	88

18. How many times have you been incarcerated? (Circle One)

1-2 times	1
3-5 times	2
6-8 times	3
More than 8 times	4
Not Applicable (NA)	66
Don't Know (DK)	77
Refused (RF)	88

19. What was your longest term in prison or jail? (in months) _____

20. How much time have you spent in incarceration in your lifetime? (Circle One)

Less than one month	1
1-2 months	2
2-6 months	3
7-12 months	4
13-24 months	5
25-36 months	6
Greater than 37 months	7
Not Applicable (NA)	66
Don't Know (DK)	77
Refused (RF)	88

21. How long ago was your most recent release from incarceration? (Circle One)

Less than one month	1
1-2 months	2
2-3 months	3
4-6 months	4
7-12 months	5
13-24 months	6
25-36 months	7
Greater than 37 months	8
Not Applicable (NA)	66
Don't Know (DK)	77
Refused (RF)	88

what services, if any did you receive in j	prison p Yes	No	your me NA	DK DK	RF
a) Education	1	2	66	77	88
b) Vocational training	1	2	66	77	88
c) Occupational skills	1	2	66	77	88
d) Substance abuse treatment	1	2	66	77	88
e) Self-help groups	1	2	66	77	88
f) Boot camp	1	2	66	77	88
g) Work release	1	2	66	77	88
h) Case management	1	2	66	77	88
i) Mental health services	1	2	66	77	88
j) Medical treatment	1	2	66	77	88
k) Dental health care	1	2	66	77	88
l) Life skills training	1	2	66	77	88
m) Parenting classes	1	2	66	77	88
n) Other	1	2	66	77	88
(Specify:)				

22. What services, if any did you receive in prison prior to your most recent release?

23. After your most recent release, did the corrections system refer you to any post-release services?

1		Yes	No	NA	DK	RF
	a) Temporary shelter		1	2	66	77
	88					
	b) Transitional housing	1	2	66	77	88
	c) Permanent housing	1	2	66	77	88
	d) Food	1	2	66	77	88
	e) Education	1	2	66	77	88
	f) Job training	1	2	66	77	88
	g) Medical health care	1	2	66	77	88
	h) Dental health care	1	2	66	77	88
	i) Mental health care	1	2	66	77	88
	j) Substance abuse treatment	1	2	66	77	88

k) Financial assistance	1	2	66	77	88
l) Child care	1	2	66	77	88
m) Counseling	1	2	66	77	88
n) Legal assistance	1	2	66	77	88
o) Clothing	1	2	66	77	88
p) Transportation	1	2	66	77	88
q) Other	1	2	66	77	88

24. What kind of residence did you have before your most recent incarceration? (Circle One)

Apartment or house that you own or rent	1
Doubled-up/living with family or friends (and not paying rent)	2
Transitional housing, SRO or rehabilitation facility	3
Emergency shelter	4
Unsheltered (streets, car, abandoned buildings)	5
Other	6
(Specify:)	
Not Applicable (NA)	66
Don't Know (DK)	77
Refused (RF)	88

25. When you were released from incarceration, what kind of residence did you have? (Circle One)

Apartment or house that you own or rent	1
Doubled-up/living with family or friends (and not paying rent)	2
Transitional housing, SRO or rehabilitation facility	3
Emergency shelter	4
Unsheltered (streets, car, abandoned buildings)	5
Other	6
(Specify:)	
Not Applicable (NA)	66
Don't Know (DK)	77
Refused (RF)	88

26. Do you feel that your past incarceration has kept you from getting public/subsidized housing? (Circle One)

Strongly agree	1
Moderately agree	2
Neither agree nor disagree 3	

Moderately disagree	4
Strongly disagree	5
Not Applicable (NA)	66
Don't Know (DK)	77
Refused (RF)	88

27. How did it prevent you from getting public/subsi	dized h	ousing	?		
	Yes	No	NA	DK	RF
a) Criminal offense prevented eligibility	a) Criminal offense prevented eligibility 1			77	88
b) No longer eligible for public assistance			2	66	77
88					
c) No references or referral	1	2	66	77	88
d) Alcohol or drug use		1	2	66	77
88					
e) Had no information about how to get					
public/subsidized housing	1	2	66	77	88
f) Health problems	1	2	66	77	88
g) Family crisis/ domestic dispute	1	2	66	77	88

28. Do you feel that your past incarceration has kept you from getting other housing? (Circle One)

Strongly agree	1
Moderately agree	2
Neither agree nor disagree	3
Moderately disagree	4
Strongly disagree	5
Not Applicable (NA)	66
Don't Know (DK)	77
Refused (RF)	88

29. How did it prevent you from getting other housing?

	Yes	No	NA	DK	RF
a) Can't afford security deposit	1	2	66	77	88
b) Too many other expenses	1	2	66	77	88
c) Can't afford to pay the utilities	1	2	66	77	88
d) Have no references	1	2	66	77	88
e) Bias/ stigma because of incarceration	1	2	66	77	88

f) Lack of employment/job	1	2	66	77	88
g) Drug/alcohol abuse	1	2	66	77	88
h) Physical condition/disability	1	2	66	77	88
i) Mental health condition	1	2	66	77	88
j) Family or domestic problems	1	2	66	77	88
k) Other	1	2	66	77	88
(Specify:)					

30. Have you been employed since being incarcerated? (Circle One)

Yes	1
No	2
Not Applicable (NA)	66
Don't Know (DK)	77
Refused (RF)	88

31. What kind of employment have you had since being incarcerated? (Circle One)

Full time/ permanent	1
Part time/temporary	2
Not Applicable (NA)	66
Don't Know (DK)	77
Refused (RF)	88

32. Are you currently employed?	(Circle One)
Yes	1
No	2
Not Applicable (NA)	66
Don't Know (DK)	77
Refused (RF)	88

- 33. What is your current hourly wage? \$ ____. __/hour Not Applicable (NA) 66 Don't Know (DK) 77 Refused (RF) 88
- 34. Do you feel your past incarceration has kept you from being employed or advancing in your job? (Circle One)

availeing in your joo. (On cie	
Strongly agree	1
Moderately agree	2
Neither agree nor disagree	3
Moderately disagree	4
Strongly disagree	5
Not Applicable (NA)	66
Don't Know (DK)	77
Refused (RF)	88

35.	Currently.	what services	s would help you	the most? ((Rate each need)
55.	Currentry,	what ber vices	, would not you	i une most. (Mail Cach fillu

Least Need			-	Most Need	
a) Housing 1	2	3	4	5	
b) Transportation 1	2	3	4	5	
c) Food 1	2	3	4	5	
d) Parenting 1	2	3	4	5	
e) Job placement1	2	3	4	5	
f) Education 1	2	3	4	5	
g) Medical health care 1	2	3	4	5	
h) Dental care	1	2	3	4	
5					
i) Mental health care1	2	3	4	5	
j) Addictions treatment	2	3	4	5	
k) Legal assistance1	2	3	4	5	
l) Public benefits (food stamps, TANF, SSI, etc.) 1	2	3	4	5	
(Specify:)			_		
m) Pharmaceutical coverage5	1	2	3	4	
n) Other 1	2	3	4	5	
(Specify:)					

36. Which of the above needs is the most important to you? _____ (Choose the letter next to the choice)

Thank you very much for your time.

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Survey Locations

Our Daily Bread Paul's Place Beans and Bread

My Sister's Place Frederick Ozanam Center St. Ambrose Church Manna House Brown's Memorial Baptist Church Centennial Caroline United Methodist Church Christ United Methodist Church St. Gregory the Great Roman **Catholic Church** HOPE House New Friendship Baptist Church Knox Presbyterian Church Good Shepherd Baptist Church Zoey Miracle Church Perkins Square Baptist Church **Brooklyn United Methodist Church**

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ENDNOTES

ⁱ Urban Institute. "Homelessness: Programs and the People they serve- the Findings of the National Survey of Homeless Assistance Providers and Clients." December 7, 1999.

ⁱⁱ National Coalition for the Homeless and National Law Center on Homelessness and Poverty. "Illegal to be Homeless: The Criminalization of Homelessness in the United States."

ⁱⁱⁱ Calvert, Scott. "City's record on homeless criticized." Baltimore Sun. March 5, 2002.

^{iv} Urban Institute. "Homelessness: Programs and the People they serve- the Findings of the National Survey of Homeless Assistance Providers and Clients." December 7, 1999.

^v National Coalition for the Homeless and National Law Center on Homelessness and Poverty. "Illegal to be Homeless: The Criminalization of Homelessness in the United States."

^{vi} McKinney-Vento Homeless Assistance Act, Homeless Definition, 42 U.S.C. § 11301, <u>et</u> seq. 1994.

^{vii} National Coalition for the Homeless and National Law Center on Homelessness and Poverty. "Illegal to be Homeless: The Criminalization of Homelessness in the United States."

^{viii} Ayd, Mary Ann. "Working to Stay Clean." Dome. Vol.53, no.1, January 2002.

^{ix} Fernandes, Bernadette. "When You Get Out, All You Know is What You Knew." Fortune Society. Summer 2002.

^x Urban Institute. "Homelessness: Programs and the People they serve- the Findings of the National Survey of Homeless Assistance Providers and Clients." December 7, 1999.

^{xi} Benda, Brent B. "Predictors of arrests and service use among the *homeless*: Logit analyses." *Psychosocial Rehabilitation Journal*. Oct93, Vol. 17 Issue 2, p145.

^{xii} Abel, David. "Some Freed from Mass. Prisons are Sentenced to Living on the Streets." *Boston Globe*. December 2, 2002, pg B1.

^{xiii} State of Massachusetts. "For individuals, insufficient discharge planning and a shortage of transitional programs contribute to chronic homelessness." <u>www.state.ma.us/eoaf/homelessness07.htm.</u>

^{xiv}Joan Petersilia. "When Prisoners Return to Communities: Political, Economic, and Social Consequences." *Federal Probation.* Jun2001, Vol. 65 Issue 1, p3.

^{xv} National Coalition for the Homeless and National Law Center on Homelessness and Poverty. "Illegal to be Homeless: The Criminalization of Homelessness in the United States." ^{xvi} National Coalition for the Homeless and National Law Center on Homelessness and Poverty. "Illegal to be Homeless: The Criminalization of Homelessness in the United States."

^{xvii} Baltimore City Task Force on Homelessness. "Summary Report." March 2000.

^{xviii} National Coalition for the Homeless. "Illegal to Be Homeless: The Criminalization of Homelessness in the United States."

^{xix} Baltimore City Task Force on Homelessness. "Supplemental Materials." March 2000.

^{xx} Urban Institute. "Summary of Focus Group with Ex-prisoners in the District: Ingredients for Successful Reintegration."

^{xxi} Abel, David. "Some Freed from Mass. Prisons are Sentenced to Living on the Streets." *Boston Globe*. December 2, 2002, pg B1.

^{xxii} Interview with Justin Lantini, Director of Public Relations for the Massachusetts Department of Corrections. December 4, 2002.

^{xxiii} Bazelon Center for Mental Health Law. "Mental Illness Among Inmates in Criminal Justice Facilities."

^{xxiv} National Health Care for the Homeless Council. "2002 Policy Statement."

^{xxv} Baltimore City Task Force on Homelessness. "Summary Report." March 2000.

^{xxvi} Article 23-A of New York State Correction Law.

xxvii Finn, Peter. "Texas' Project RIO." National Institute of Justice.

^{xxviii} Blair, Jason. "Y.M.C.A.'s Sale of McBurney Will Preserve Housing for Poor." *The New York Times*. August 26, 2000.

^{xxix} State of Massachusetts. "For individuals, insufficient discharge planning and a shortage of transitional programs contribute to chronic homelessness." www.state.ma.us/eoaf/homelessness07.htm.