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**OFFICE OF BEHAVIORAL HEALTH,
DISABILITY, AND AGING POLICY**

Reentry and Housing Stability: Final Report

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Office of the Assistant Secretary for Planning and Evaluation

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REENTRY AND HOUSING STABILITY: FINAL REPORT

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ACRONYMS

The following acronyms are mentioned in this report and/or appendices.

AI/AN	American Indian and Alaskan Native
ASPE	HHS Office of the Assistant Secretary for Planning and Evaluation
CHW	Community Health Worker
CMS	HHS Centers for Medicare & Medicaid Services
FRPP	Family Reentry Pilot Program
FUSE	Frequent Users System Engagement
HCV	Housing Choice Vouchers
HHS	U.S. Department of Health and Human Services
MSUD	Medication for Substance Use Disorders
NYCHA	New York City Housing Authority
RHO	Returning Home-Ohio
RTI	RTI International
RSO	Registered Sex Offender
SDOH	Social Determinant of Health
SME	Subject Matter Expert
SUD	Substance Use Disorder
TCN	Transitions Clinic Network model

EXECUTIVE SUMMARY

Individuals returning to the community from prisons and jails face numerous barriers to reentry, and securing safe, stable housing is often the most immediate challenge. Housing is a vital element of successful reentry. Without housing, it is difficult for individuals to obtain employment, re-establish ties to family, access health and behavioral health treatment services, or comply with supervision requirements. To better understand the issues associated with reentry and housing, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) contracted with RTI International (RTI) to conduct an environmental scan of the published and gray literature. The goal was to identify the key factors that put individuals returning to the community at risk for housing instability, the key factors that improve housing outcomes following incarceration, and promising interventions that connect individuals returning to the community to housing. Drawing from the research literature and interviews with subject matter experts (SMEs) in reentry, corrections, homelessness, housing and housing-related supports, and behavioral health, this report identifies key barriers and facilitators for housing stability for individuals returning to the community from carceral settings.

The key risk factors for housing instability identified by this work include:

- Limited availability of affordable housing.¹⁻⁵
- Stigma and discrimination in the private housing market.^{1,6-9}
- Subsidized housing policies and practices that exclude individuals with conviction histories^{4,10} and prevent living with family members.¹¹⁻¹⁴
- Stigma and discrimination that results in underemployment and unemployment.¹⁵⁻¹⁷
- Unmet health and mental health needs that affect individuals' ability to secure and maintain employment.¹⁸⁻¹⁹
- Community supervision requirements that increase financial burdens, prohibit housing with family or friends, or result in sanctions that cause housing disruptions.^{16,20-21}
- Limited post-release support and system coordination to help individuals secure housing.^{16,21-22}

Although there is substantial research on challenges and risk factors associated with reentry and housing stability, there is limited research on the facilitators. Overall, existing research suggests that providing direct assistance, such as through financial supports or pre-release or post-release housing-dedicated staff, is the most helpful for returning individuals trying to secure housing.^{1,23-29} Similarly, programs that provide direct linkage to housing through in-reach to carceral settings or shortly after release have shown success in helping individuals reentering the community obtain housing.^{1,23-24,26-27} Community-based coordinated responses in which local systems (e.g., corrections, housing, health) and providers collaborate to support returning individuals also show promising results to help individuals obtain and maintain stable housing.^{25,28-30} Supportive friends and family members are often a key factor in reintegration, including serving as a primary source of housing for people returning to their communities.^{11,13,19,29,31-32} Key factors that help individuals maintain housing include income and employment;^{11,13,28-29} social networks that provide tangible supports (e.g., food, clothing, financial resources) as well as emotional support;³²⁻³⁵ and holistic supports that address health and behavioral health as well as housing supports.³⁶⁻³⁸

A major limitation of the existing research base is that it typically focuses on housing as a factor that affects other key outcomes, such as recidivism or employment, rather than as the outcome of interest. Additionally, evaluations of housing programs typically focus on short-term outcomes (3-12 months) and have small

samples that limit generalizability. Future research priorities include explicit focus on longer-term housing-related outcomes (e.g., obtainment, sustainment) and factors that facilitate successful housing outcomes. More causal studies (e.g., randomized control trials, quasi-experimental designs) are needed, as well as implementation research to better understand the causal pathways and to facilitate replication in other communities.

1. BACKGROUND

Over one-half million individuals are released from state and federal prison each year.³⁹ Estimates of the number of individuals released from jails is significantly higher, with over 7 million cycling in and out of these local facilities.³⁹ Despite the large numbers of individuals released from prisons and jails to communities each year, there are limited supports available to most individuals, particularly for individuals leaving jails.³¹ One of the biggest differences between jails and prisons is the length of detention. Jails are typically operated by local government authorities and provide short-term detention for individuals awaiting trial, sentencing, or serving a short sentence (usually less than 1 year). Prisons, on the other hand, are typically operated by state and federal authorities and provide detention for individuals serving long sentences. Due to the high-turnover and often unpredictable nature of release, individuals returning from jail are less likely to have access to pre-release service coordination and supports than individuals returning from prison.⁴⁰ Most individuals returning from either carceral setting face multiple simultaneous challenges that impact their health and wellbeing, including finding a place to live, obtaining a job, accessing health and behavioral health services, arranging transportation, and building or rebuilding positive social and familial relationships.

Securing stable housing is a foundational element of reentry success; it provides a base from which to reorient to society, rebuild social networks, secure employment, and access behavioral health treatment and other health care.⁴¹ However, most individuals returning to the community from prison or jail struggle to obtain stable housing, putting them at risk for homelessness. The limited supply of affordable housing in most communities, coupled with stigma and discrimination among private property owners and policies that bar individuals with criminal records from public housing, severely restrict the housing options for returning individuals.¹⁵ Further, many of the remaining housing options available to formerly incarcerated individuals, such as hotels or motels, rooming houses, or homes of family or friends, are tenuous and unstable.⁴² For some individuals, family or friends may not be an option due to prior violence, strained relationships, or poverty.⁴¹

Formerly incarcerated individuals are almost ten times more likely to experience an episode of homelessness than the general population.⁴² Research finds that formerly incarcerated individuals without stable housing are more likely to be reincarcerated and that acquiring stable housing in the first weeks and months post-release is particularly important for preventing reincarceration.⁴³ This is because experiencing homelessness puts individuals at greater risk of legal system involvement, due in part to policies that criminalize homelessness, such as laws against sleeping in public spaces, panhandling, or public urination. Returning individuals without a place to live are also more likely to experience supervision violations and rearrest.⁴⁴ Further, the wide range of challenges usually faced by returning individuals—including limited education or job skills and health issues such as substance use or mental health problems—are more difficult to address without stable housing. Access to health care upon reentry is an important factor in addressing these issues, especially for the growing number of older incarcerated adults as well as individuals with substance use disorder (SUD), who may be at risk of overdose.⁴⁵

Black, Hispanic, and American Indian and Alaskan Native (AI/AN) individuals are disproportionately impacted by the lifelong collateral consequences of incarceration due to their overrepresentation in the prison and jail systems. Nationally, Black individuals are incarcerated at nearly five times the rate of White individuals, followed by 4.2 times for AI/AN individuals and 2.4 for Hispanic individuals.⁴⁶ The challenges associated with reentry are especially difficult for Black, Hispanic, and AI/AN individuals, who are more likely to be returning to communities with limited economic and institutional resources to address their needs, further exacerbating racial inequalities.⁴⁷⁻⁴⁸ According to the National Congress of American Indians, the difficult economic conditions of many AI/AN communities, particularly on reservations, has resulted in limited housing options and overcrowded housing conditions. Among returning individuals, Black men and women have much higher rates of homelessness than White individuals, with Black women at the greatest risk of homelessness due to the intersection of race and gender-based disparities.⁴²

The many challenges facing individuals returning from carceral settings necessitate coordinated responses that entail cooperation across a broad range of stakeholders. Some research finds that providing housing coupled with coordinated supports reduces recidivism.⁴¹ Furthermore, programs supporting successful reentry and connections to stable, affordable housing can advance racial equity. In 2023, the Centers for Medicare & Medicaid Services (CMS) announced a first-of-its-kind Section 1115 demonstration opportunity to allow state Medicaid programs to cover certain health services prior to release, including medication for substance use disorders (MSUD) and case management, which can play an important role in bridging gaps in reentry care.⁴⁹ In addition, the U.S. Department of Health and Human Services (HHS) has been involved in multiple interagency committees, councils, and stakeholder groups focused on reentry and homelessness. To further support this work, and to bolster HHS' and CMS' commitment to addressing social determinants of health (SDOHs), ASPE has undertaken a study to: (1) review literature on reentry and housing instability, including key factors that put returning community members at risk for homelessness, key factors that improve housing outcomes, and promising housing interventions; and (2) carry out interviews with SMEs to supplement. This report synthesizes findings from both of these sources.

2. METHODS

To investigate reentry and housing stability, we addressed three key research questions:

- What factors are predictors for housing instability among returning community members?
- What key factors are shown to improve housing outcomes for individuals returning to the community following incarceration?
- What promising interventions exist at the federal, state, and local levels to connect returning community members to housing, including efforts involving Medicaid?

To address these questions, we conducted an environmental scan of the research literature and interviews with SMEs. Each of these methods is described in further detail in **Appendix A**. The SME interviews provided context to the research findings, underscoring particular risk or protective factors to highlight in the brief. Additionally, SMEs provided information on promising programs and practices, as well as research and service system gaps that impact our understanding of reentry and housing. Their comments and insights are integrated throughout the report.

3. FINDINGS

3.1. Risk Factors for Housing Instability

Studies suggest that at least one-quarter of returning individuals leave jails and prisons without a stable living situation.⁵⁰⁻⁵³ Most individuals returning from carceral settings report staying with family members or friends.^{50-52,54} However, living arrangements with family or friends at release are not necessarily stable. Research on housing trajectories of returning individuals finds the period following release is characterized by residential instability, with frequent moves between friends, family, significant others, shelters, and other temporary living arrangements due to overcrowding, family tensions, and other issues that surface.^{11,55-57} For returning women, living with family may be complicated by histories of interpersonal violence and efforts to accommodate reunification with their children.^{11,16,58} Further, some research finds that older people with longer histories of incarceration and individuals with mental health or substance use issues are less likely to live with family, even for short periods; reasons may include negative familial dynamics that affect the willingness or capacity to provide support, or family members' own problems with substance use or criminal involvement that may impact individuals' decisions to receive or accept support at reentry.^{2,19}

Limited affordable housing. Generally, returning individuals, especially those returning from prison, have limited financial resources.^{1,2,59} Securing housing in a tight housing market is challenging for all individuals with low or no income, and having a criminal record poses an additional barrier. Fair market rents have increased substantially across the United States, and affordable housing is in short supply.³⁻⁵ Participants in qualitative research describe high rents that price them out of the unsubsidized housing market.^{15-16,23}

Stigma in the private housing market. Even when returning individuals can find affordable housing, landlords are often unwilling to rent to them for a variety of reasons related to their criminal record, including stigma, perceived risks to community safety, and fear of losing other tenants.^{1,6-9,15} Experimental studies examining landlords', property owners', and real estate agencies' willingness to rent to individuals with criminal records confirm this; research finds they are less likely to assist or rent to individuals with prior felony convictions.^{7,60} SMEs also noted that searching for housing with a conviction history can also be a drain on individuals' income; putting in housing applications to only be denied can result in losing hundreds of dollars, which compounds the challenge of securing housing.

Restrictive policies and stigma in the subsidized housing market. Exclusionary policies and practices for individuals with criminal records also extend to public housing and Housing Choice Vouchers (HCVs), which are crucial resources for low-income renters.^{3,10} The only federal prohibition from attaining federally assisted housing is for individuals convicted for methamphetamine production on federally assisted housing and registered lifetime sex offenders; however, many public housing authorities and housing providers bar individuals with any arrest history.^{3,57} Eligibility policies vary by housing authorities and providers and are often enforced without consideration for the severity of the crime or the length of time since conviction, denying housing to individuals for low level crimes like shoplifting.^{3,14,61} Even individuals who have been convicted, but never served time, experience elevated risk of housing instability.⁶²⁻⁶³

Smith and Byrne⁶³ examined the admission policies for a sample of Rhode Island Public Housing Authorities and rental-based assistance programs and found the exclusion criteria exceeded the criteria mandated by the U.S. Department of Housing and Urban Development--including extensive look-back periods. In qualitative studies, returning individuals report challenges in accessing government-supported housing programs, including rental subsidies and vouchers, due to unclear eligibility requirements or perceived rules by housing authority officials.^{8,14} Further, these difficulties often extend beyond the immediate reentry period, potentially impacting individuals for many years after their release due to extensive look-back periods.¹⁴

SME interviewees consistently mentioned the challenges related to stigma and discrimination in the housing market. In many ways, the policies from the subsidized market have transferred to the private market, creating the stigma that someone is dangerous or susceptible to criminal behavior by virtue of their criminal record. SMEs noted that the scale of the problem is huge and affirmed it is an issue for all individuals with some type of record, even if they have never been incarcerated. For example, one SME noted that a domestic violence situation ruled as self-defense can still impact an individual's ability to secure housing, because landlords and property owners rarely dig deeper to understand the circumstances. Even if someone was convicted a long time ago, they can still be impacted. SMEs noted that there is limited research to combat this stigma. Further research on the impact of allowing individuals with criminal records into subsidized housing and the effects on criminal activity in the building, or lack thereof, may help change people's minds about these rules.

"It doesn't matter how long ago your felony was, even if it was 20 years ago you still must check the box that you have a felony conviction."
—Subject matter expert

Criminal record restrictions can also prohibit returning individuals from living with family members receiving housing supports.¹¹⁻¹³ Even when regulations do not prevent returning individuals from living with family members, anxiety about putting the family members at risk for eviction may prevent returning individuals from accessing these resources or reuniting with family members.^{3,14} SMEs echoed these challenges, explaining that if a housing provider finds out that someone residing in a unit is not on the lease and has a conviction, they may terminate the family's voucher or evict them, which further reduces the post-release housing options for individuals.

SMEs also noted that the dichotomy between violent and nonviolent crimes is subjective and frequently misleading about the "dangerousness" of an individual, especially for individuals who have been convicted of sexual offenses. Research indicates that the unique stigma of the registered sex offender (RSO) status, coupled with residence restrictions, makes securing and maintaining housing even more difficult.⁶⁴⁻⁶⁵ In addition to public housing restrictions, many states and municipalities have passed laws restricting where sex offenders can reside, further limiting their housing options,⁶⁴ and, in some cases, preventing them from returning to their own homes or from living with family members.⁶⁵ SMEs reported that the burden of these additional requirements, laws, and prohibitions for RSOs can be detrimental to their success. Individuals who have been convicted of sexual offenses but do not have RSO status may still face the same challenges.

Unemployment and underemployment. Returning individuals' efforts to secure and maintain housing are intertwined with employment and income. Participants in qualitative reentry research describe the importance of housing in obtaining and maintaining employment.¹⁵⁻¹⁶ SMEs underscored the point that it is hard to find a job when you do not have housing.

Likewise, without secure employment and living wages, it is difficult to find stable housing.¹⁶ Returning individuals tend to have low education levels and limited vocational skills and employment histories,^{52,66} which are barriers to obtaining employment. Research by Pager⁶⁷ found that individuals with criminal records are less likely to be considered by employers, and the effects are more pronounced for Black individuals.¹⁷ Couloute and Kopf¹⁷ highlight the intersectional impact of race, gender and incarceration on unemployment rates, with returning Black women experiencing a 37% increase in unemployment rates compared to 14% increase for returning White men. A qualitative study of Black male reentry found that participants reported weak job prospects, and those who were employed reported low-paying, menial jobs with no job security.⁶⁸

Physical and behavioral health challenges. Research indicates that the majority of returning individuals have chronic health conditions requiring treatment or management, as well as higher rates of mental health and SUDs than the general population.⁶⁹⁻⁷¹ These health and behavioral health problems can create hardships that affect returning individuals' ability to obtain employment, which reduces their likelihood of securing and

maintaining housing.¹⁸⁻¹⁹ A study by Mallik-Kane and Visser¹⁹ found that after release from prison, individuals with health conditions experienced more housing instability and reported greater employment difficulties than returning individuals without health conditions. Similarly, returning individuals with mental health and/or substance use problems had more housing difficulties, poorer employment outcomes, and more limited family support than those without mental health or substance use problems.¹⁹ Notably, women had family relationships that were less supportive than men regardless of their substance use status, and women with substance use problems had poorer outcomes than women that did not.

Community supervision requirements. Returning individuals' access to housing is impacted by community supervision polices that limit where and with whom individuals can live.^{15-16,72} Individuals required to live in correctional-run post-release transitional housing may have rules and requirements that restrict their ability to find employment or permanent housing.⁵⁷ For example, mandated programming, such as counselor check-ins or group meetings, may coincide with individuals' work schedules, thereby requiring them to choose between violating the transitional housing rules or potentially losing their job. They may also be prohibited from interacting with other people who have a conviction, making it impossible to live with friends or family who also have criminal backgrounds.⁷²

Supervision requirements may also place financial burdens on returning individuals that make it harder to afford housing.^{15,20-21} Walker²¹ found a significant number of individuals who described going into debt while on parole and were deemed to be "noncompliant" with parole conditions when they were unable to pay the fees related to substance use testing, treatment, or restitution. Additionally, parole sanctions that result in short-term stays in jails or treatment programs can put individuals at risk for losing their housing.^{13,20} Geller and Curtis¹¹ found that many individuals experienced housing disruptions due to a supervision sanction that required "forced" moves to treatment, care, or prison.

Limited release planning and community coordination. In an ideal system, individuals would develop discharge plans before release in coordination with community corrections and service providers. However, when release planning occurs (if it does at all) and what services are included varies greatly. A survey of state Departments of Corrections found that although 72% reported assessing housing needs prior to release and 63% have policies aimed to ensure some individuals secure post-release housing, less than 25% ensure that all returning individuals have housing arrangements at release.³¹ Often, the correctional system coordinating the release is not connected to the housing and homeless service system where individuals are likely to return, which complicates the issue.^{44,73} Many qualitative studies find that participants report limited support from the prison or jail system, requiring significant efforts on their part to find even temporary housing.²¹⁻²² SMEs

"People are more in crisis in jail than when they're in prison. There's more active severe mental illness, more active substance use, and health conditions that are out of control. It's a chaotic environment with a lot of homelessness."

—Subject matter expert

identified the lack of transitional supports during reentry as a major barrier to housing stability, ultimately setting returning individuals up for failure if housing is a condition of their parole. Even when individuals leave carceral settings with a housing plan, these are often short-term. Coupled with limited financial resources and a criminal record, the deck is stacked against them.

SMEs also noted the differences between jail and prison reentry practices. Often, the discussion of reentry focuses on prisons because individuals are confined for longer periods and prisons are more likely to provide reentry supports. Individuals incarcerated in prisons are also more likely to have received health care and treatment services. In contrast, many individuals in jails are

booked and released quickly, although some may be held for months without being convicted or sentenced. Jails typically have fewer resources to address health and behavioral health needs, and individuals do not stay long enough to address them.

Although individuals returning to the community from jail face challenges similar to those faced by individuals leaving prison, they are afforded fewer reentry supports and less service coordination. This is further complicated by the constant, unpredictable cycle of people entering and leaving the jail setting. Reece and Link⁷⁴ found that, among individuals reentering from jail, only one-quarter had a residence to return to--the remaining individuals were precariously housed or homeless.

3.2. Protective Factors and Promising Programs for Housing Stability

In this section, we provide an overview of the factors and promising or emerging programs that are associated with improved housing outcomes for people reentering from carceral settings.

Linkage to housing via in-reach or rapid connection following release. *Table 3-1* describes a variety of programs that identify returning individuals through in-reach in carceral settings or rapidly after release and provide housing assistance. Types of housing approaches can be broadly categorized as: (1) supportive housing programs; (2) dedicated housing vouchers with connection to supportive services; (3) dedicated housing vouchers without services; and (4) supportive services including housing assistance. Each program includes a description of the served population, housing and service types, and relevant study results (e.g., housing obtainment, housing retention, factors related to housing).

The programs assisted participants to obtain housing to varying degrees, and at various points during the reentry process, and all faced challenges. Studies rarely assessed factors that help people maintain stable housing. Overall, the existing research indicates that providing direct assistance--whether financial or through housing-dedicated staff--is most helpful for returning individuals needing housing. SMEs echoed the need for targeted housing assistance in coordination with the provision of tailored, supportive services. The research literature and SMEs indicated that providing direct assistance prior to release increases the likelihood of securing housing upon release. However, if pre-release planning is not possible, post-release housing assistance can still benefit individuals returning to their communities. Importantly, SMEs reported that even with these direct supports, lack of housing availability and affordability remain significant barriers for individuals returning to their communities. The program results in *Table 3-1* corroborate this.

Table 3-1. Programs Providing Pre-Release or Rapid Post-Release Linkage to Housing

Brief Program Description	Relevant Results
Supportive Housing Programs	
Solid Start -- St. Louis, Missouri¹	
<p>Population (N=18): Adult males released from prison with 1 or more of the following: a long incarceration stay, little social support, substantial child support or other financial obligations, no consistent work history, a “maxed out” prison sentence, or mild-to-moderate mental health disorder.</p>	
<ul style="list-style-type: none"> • Housing: 1 year of financial housing assistance; program maintains contracts with landlords throughout the city • Services: case management, group therapy, other services individualized to need (e.g., transportation, program referrals) 	<ul style="list-style-type: none"> • All respondents reported housing challenges (e.g., criminal background, reluctant landlords), but Solid Start participants reported fewer challenges and were more satisfied with their residential situation than the comparison group (male parolees who participated in a separate reentry study and were matched on key demographic variables, offense characteristics, and residence location). • 67% of participants lived in the state-run transitional housing facility, whereas 83% of the comparison group lived with family. • Participants benefitted from direct housing provision, i.e., connection to landlords who will rent to people with a felony conviction. • The program helped participants overcome financial obstacles to independent living. About half of the comparison group indicated that financial constraints were a barrier to obtain independent housing.
Returning Home-Ohio (RHO) -- multiple cities in Ohio^{2,3}	
<p>Population (N=121): Adults soon to be released from prison who: (1) had a developmental disorder or a severe SUD or other behavioral health problem; and (2) were homeless at the time of their arrest or at risk of homelessness upon release.</p>	
<ul style="list-style-type: none"> • Housing: 84 housing units divided across participating supportive housing providers • Services: Coordinated pre-release planning, post-release mental health care, SUD treatment, education, other supportive services 	<ul style="list-style-type: none"> • RHO successfully housed and served 121 individuals. • Pathways to housing: (1) 45% of participants were referred and enrolled pre-release (the planned pathway); (2) 18% were identified and referred pre-release but released before being contacted and enrolled by a provider; and (3) 17% were released before any contact with the program. • Some waited long periods (e.g., up to 15.5 months for pathway 1, up to 6 months for pathway 2, up to 6.5 months for pathway 3) between program referral and housing placement. • Variation in wait time was likely due to: (1) differences in housing providers’ exclusion criteria, target population, and housing model; (2) the extent to which providers had control over placements (e.g., they managed housing programs or had established relationships with landlords); (3) the extent to which participants had choice in placement; and (4) housing providers receiving incomplete information from correctional facilities. • 10% of participants and the comparison group returned to emergency shelter within 1 year. • Participants were more likely (41%) to receive behavioral health services and for more service days (2.9 average) than the comparison group; therefore, system costs increased.

Table 3-1 (continued)

Brief Program Description	Relevant Results
Dedicated Housing Vouchers with Connection to Supportive Services	
<p>Pima County Housing First Initiative -- Pima County, Arizona⁴</p>	
<p>Population (N=314): Justice-involved adults experiencing homelessness and behavioral health issues.</p>	
<ul style="list-style-type: none"> • Housing: HCV (private market), and interim bridge housing • Services: case management, housing navigation and retention 	<ul style="list-style-type: none"> • 227 (72%) people obtained a voucher, of those 185 (81%) moved into housing (average of 310 days housed). • 73 (82%) people retained their permanent housing at 12 months (of those in the program long enough). • Median time from referral to housing was 5-6 months (likely due to the wait periods between program referral, enrollment, voucher authorization, and receipt of housing). 111 people exited the program before receiving housing.
<p>Justice Bridge Housing Program -- Union County, Pennsylvania⁵</p>	
<p>Population (N=17): Adults released from county jail into the community.</p>	
<ul style="list-style-type: none"> • Housing: HCVs administered by the Housing Authority • Supportive services (unspecified) 	<ul style="list-style-type: none"> • HCV coordinator was key to program success. • Building trust and social capital increased access to support or resources. • Social supports helped participants adjust to life in the community. • Stigma can be significant in rural areas (e.g., decreased privacy). • Meeting housing needs allowed participants to focus on other needs (e.g., transportation).
<p>Reentry Housing Pilot Program -- multiple counties in Washington⁶</p>	
<p>Population (N=208): Adults soon to be leaving prison screened as high risk/high need without a viable release plan and at least 12 months of community supervision to serve.</p>	
<ul style="list-style-type: none"> • Housing: 12 months of housing assistance • Wraparound services (unspecified) 	<ul style="list-style-type: none"> • Participants had significantly fewer new convictions and readmissions to prison for new charges than the comparison group. • Participants had significantly fewer episodes of homelessness and fewer who were unsheltered for the entire study period. • Periods of homelessness significantly elevated the risk of recidivism for new convictions, revocations, and readmission to prison for both groups.
Dedicated Housing Vouchers without Services	
<p>Washington State Housing Voucher Program -- Washington⁷</p>	
<p>Population (N=1,586): Adults in state prison without suitable housing prior to release.</p>	
<ul style="list-style-type: none"> • Housing: Housing vouchers that cover 3 months of rent expenses in private housing • Participants agreed to comply with additional community supervision mandates 	<ul style="list-style-type: none"> • Releasing individuals to housing, in place of a person's last few weeks of incarceration, did not increase risks to public safety. • Voucher recipients had fewer new misdemeanor or felony charges (not statistically significant) than the comparison group. • Voucher recipients had significantly more technical violations (potentially due to increased supervision).

Table 3-1 (continued)

Brief Program Description	Relevant Results
Supportive Services including Housing Assistance	
Post Incarceration Engagement -- Massachusetts⁸	
Population (N=43): Adult veterans released from prison who were eligible for U.S. Department of Veterans Affairs health services.	
<ul style="list-style-type: none"> Housing: Assistance locating housing (e.g., applications) Services: Peer specialist-provided discharge planning and post-release support and referrals to health care and social services 	<ul style="list-style-type: none"> 85% of participants lived in permanent housing at least 1 year post-release. Participants were significantly more likely to receive SUD and mental health services than comparison group; rates were similar for primary care for both groups.
Orange County Proposition 47 Grant Program -- Orange County, California⁹	
Population (N=562): Adults with SUD or mild-to-moderate mental health condition, in jail or recently released for a misdemeanor or nonviolent felony.	
<ul style="list-style-type: none"> Housing: Housing coordinator assists to obtain housing Services: Community resource hub with on-site case management and behavioral health services and referrals to other services 	<ul style="list-style-type: none"> Housing was a primary service need, and housing affordability and availability were significant barriers. Having a housing-focused staff member and partnership with county housing services helped improve housing accessibility. Over 3 years, nearly two-thirds of clients received referrals to a broad range of housing types, including emergency, transitional, recovery, and permanent.
Jail In-Reach Project -- Harris County, Texas¹⁰	
Population (N=76): Adults in correctional facilities who were previously homeless, exhibited mental health or co-occurring SUD, and had an annual income of 50% or less of the area median income.	
<ul style="list-style-type: none"> Housing: Rapid housing assistance Services: Critical Time Intervention case management, individualized service plans, referral to supportive services 	<ul style="list-style-type: none"> 35 participants secured permanent housing, 8 obtained temporary housing. The average housing instability score decreased significantly between intake and 3 months, but changes from 3 months to 6 months were not significant. Participants in permanent housing were significantly more successful in securing a support group and medical, dental, and mental health providers.
Connecticut Building Bridges Community Reentry Initiative -- Connecticut¹¹	
Population (N=173): Adult males within 3-6 months of prison release enrolled in a 3-year program.	
<ul style="list-style-type: none"> Housing: Temporary housing, application assistance (e.g., for subsidies, apartments) Services: Strengths-based case management; vocational counseling; job training; mental health, SUD, and medical treatment 	<ul style="list-style-type: none"> Most participants transitioned to halfway houses or private residences and received assistance obtaining medical insurance. More than one-third of participants secured employment, received financial support (e.g., vouchers), and received informal supports (e.g., community support, mentorship programs). At 18 months, 65% of participants remained actively involved, and 16% of the men recidivated (i.e., rearrest or reincarceration).

Table 3-1 (continued)

Brief Program Description	Relevant Results
Anonymous program -- midwestern state¹²	
Population (N=20): Adults released from prison on parole with mental or physical disabilities.	
<ul style="list-style-type: none"> • Housing: Assistance locating a private rental unit, security deposit funding, furnishings • Services: case management, basic needs, daily living skills, advocacy, employment, benefits assistance, medical and mental health care, etc. 	<ul style="list-style-type: none"> • Majority of participants secured housing and received a variety of support services. • Services played a key role helping participants remain in compliance and enhanced their sense of overall wellbeing. • Housing was the most significant tangible aspect of reentry assistance. Other important services: accurate mental health interventions, high quality health care, food stamps, and disability benefits.
NOTES:	
<ol style="list-style-type: none"> 1. Pleggenkuhle, B., Huebner, B.M., & Kras, K.R. (2016). Solid start: Supportive housing, social support, and reentry transitions. <i>Journal of Crime and Justice</i>, 39(3), 380-397. doi.org/10.1080/0735648X.2015.1047465. 2. Fontaine, J., Gilchrist-Scott, D., Roman, J., Taxy, S., & Roman, C. (2012). <i>Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project</i>. Urban Institute Justice Policy Center. https://www.urban.org/sites/default/files/publication/25716/412632-Supportive-Housing-for-Returning-Prisoners-Outcomes-and-Impacts-of-the-Returning-Home-Ohio-Pilot-Project.PDF. 3. Fontaine, J. (2013). The role of supportive housing in successful reentry outcomes for disabled prisoners. <i>Cityscape: A Journal of Policy Development and Research</i>, 15(3), 53-75. 4. McBain, R.K., Scherling, A., Briscoombe, B., & Hunter, S.B. (2021). <i>Pima County Housing First Initiative: Final Evaluation Report Fall 2021</i>. RAND Corporation. doi.org/10.7249/RRA236-1. 5. Bowman, E.I., & Ely, K. (2020). Voices of returning citizens: A qualitative study of a supportive housing program for ex-offenders in a rural community. <i>Prison Journal</i>, 100(4), 423-446. doi.org/10.1177/0032885520939273. 6. Lutze, F.E., Rosky, J.W., & Hamilton, Z.K. (2014). Homelessness and reentry: A multisite outcome evaluation of Washington State's reentry housing program for high risk offenders. <i>Criminal Justice and Behavior</i>, 41(4), 471-491. doi.org/10.1177/0093854813510164. 7. Hamilton, Z., Kigerl, A., & Hays, Z. (2015). Removing release impediments and reducing correctional costs: Evaluation of Washington State's Housing Voucher Program. <i>Justice Quarterly</i>, 32(2), 255-287. doi.org/10.1080/07418825.2012.761720. 8. Hyde, J., Byrne, T., Petrakis, B.A., Yakovchenko, V., Kim, B., Fincke, G., Bolton, R., Visher, C., Blue-Howells, J., Drainoni, M-L., & McInnes, D.K. (2022). Enhancing community integration after incarceration: Findings from a prospective study of an intensive peer support intervention for veterans with an historical comparison group. <i>Health & Justice</i>, 10(1), 33. doi.org/10.1186/s40352-022-00195-5. 9. Doyle, L., Courtney, L., & Peterson, B. (2021). <i>Evaluation of Orange County's Proposition 47 Grant-Related Services</i>. Urban Institute. https://www.urban.org/sites/default/files/publication/105430/evaluation-of-orange-countys-proposition-47-grant-related-services.pdf. 10. Hignite, L.R., & Haff, D.R. (2017). Rapid rehousing of formerly homeless jail and prison inmates. <i>Housing, Care and Support</i>, 20(4), 137-151. doi.org/10.1108/HCS-06-2017-0015. 11. Woods, L.N., Lanza, A.S., Dyson, W., & Gordon, D.M. (2013). The role of prevention in promoting continuity of health care in prisoner reentry initiatives. <i>American Journal of Public Health</i>, 103(5), 830-838. doi.org/10.2105/ajph.2012.300961. PMID: 23488516. 12. Kellman-Fritz, J., Walters, B., & Krajewski-Jaime, E.R. (2020). Prisoner re-entry: An assets-based, capacity building community practice pilot program. <i>International Journal of Interdisciplinary Social Sciences: Annual Review</i>, 5(2), 579-588. doi.org/10.18848/1833-1882/CGP/v05i02/51595. 	
HCV = Housing Choice Voucher; RHO = Returning Home-Ohio; SUD = Substance Use Disorder.	

Community-based coordinated responses. Some housing assistance is provided through coordinated response in which local systems (e.g., corrections, health, housing) and community-based organizations collaborate to reduce system fragmentation. The initiatives described in **Table 3-2** involved a wide array of collaborators that allocate resources to provide comprehensive services, including housing, to various populations of returning individuals. These coordinated approaches show promising results in helping returning individuals to obtain and maintain stable housing.

SMEs also highlighted the need for partnerships between entities involved in the reentry process, such as corrections, housing authorities and providers, health care systems and organizations, and other service providers. Several underscored the value in advocating for returning individuals and educating potential partners, particularly for housing management companies and landlords, to build trust and credibility that becomes a foundation for strong, lasting relationships.

Table 3-2. Programs Providing Community-Based Linkage to Housing

Brief Program Description	Relevant Results
<p>Denver Supportive Housing Social Impact Bond Initiative (Denver SIB)¹</p> <p>Population (N=285): Adults who experienced long-term homelessness and had frequent interactions with the criminal legal and emergency health systems.</p> <p>Collaborators: City and County of Denver, Denver Office of Behavioral Health Strategies, Denver Police Department, Denver PFS (Pay for Success), Colorado Coalition for the Homeless, Mental Health Care of Denver, evaluation partner, and private investors</p> <ul style="list-style-type: none"> • Housing: Housing First, permanent housing subsidy, interim bridge housing • Intensive wraparound services 	<ul style="list-style-type: none"> • Most participants stayed in supportive housing over the long term; the retention rate was 77% at year 3. • Participants spent 560 more days in housing over 3 years than the control group. • 40% reduction in shelter stays compared to control group. • 65% reduction in detoxification services.
<p>Frequent Users System Engagement (FUSE) Intervention -- New York, New York^{2,3}</p> <p>Population: Adults with recurring homelessness and incarceration (e.g., 4 jail and 4 shelter stays within past 5 years), most who also have health, mental health, or SUD care needs.</p> <p>Collaborators: New York City Department of Corrections, Housing Authority, Department of Health and Mental Hygiene, and Human Resources Administration; Corporation for Supportive Housing: community-based housing and service providers; and research partner</p> <ul style="list-style-type: none"> • Housing: HCVs and dedicated supportive housing placements; waiver for nonviolent and drug-related charge exclusions • Housing providers received \$6,500 per participant to provide comprehensive supportive services 	<p>A 10-year follow-up study (N=60) indicated strong program impact on life-courses:</p> <ul style="list-style-type: none"> • Participants had little or sporadic shelter use and almost no incarceration over the 10-year follow-up period. • Participants spent 256 fewer days in a shelter and had fewer episodes of shelter admission than the comparison group. • Participants spent 24 fewer days in inpatient hospital and 8 fewer in the emergency room. <p>Initial evaluation of FUSE:</p> <ul style="list-style-type: none"> • 86% of participants were housed at 24 months (comparison group=42%), providing strong support for the program’s effect on obtaining and maintaining permanent housing. • Participants had significantly less substance use, decreased stress, improved social support, and fewer jails admissions and shelter stays.

Table 3-2. (continued)

Brief Program Description	Relevant Results
<p>Project imPACT Cohort 2 -- Los Angeles, California⁴</p>	
<p>Population (N=384): Adults under community supervision or arrested/convicted in the past year, mental health or SUD history, willingness to obtain employment, medium-to-high risk of re-offending.</p>	
<p>Collaborators: California Board of State and Community Corrections; Mayor’s Office of Reentry; employment services organizations, behavioral health organizations, and legal services organizations across 4 city regions; and research partner</p>	
<ul style="list-style-type: none"> • Housing: Housing navigation with life skills or 1-year subsidized transitional housing (limited to people who obtained employment) • Other services: On-site employment, peer navigation, behavioral health, and legal 	<ul style="list-style-type: none"> • 86% of participants received employment services, 77% received behavioral health services, and 15% received housing services (likely impacted by the employment requirement). • 52% obtained employment, of which 53% remained employed at 1-year follow-up. • 87 participants reported unstable housing at program entry; 64% had moved into a more stable setting at program exit.
<p>Family Reentry Pilot Program (FRPP) -- New York, New York⁵</p>	
<p>Population (N=108): Formerly incarcerated people within 3 years of release date.</p>	
<p>Collaborators: New York City Housing Authority (NYCHA), Department of Homeless Services, and Department of Corrections; New York State Department of Corrections and Community Services; Corporation of Supportive Housing; 13 reentry service providers; and research partner</p>	
<ul style="list-style-type: none"> • Housing: Temporary permission to live in NYCHA housing with family for up to 2 years. Upon successful completion, family may request to permanently add the participant to the lease. • Participants receive supportive services and must meet certain program requirements (e.g., engage in activities to meet action plan goals). 	<ul style="list-style-type: none"> • 68% of participants reunited with parents and 15% returned to a household with their children. • By study end, 20 people completed the 2-year program; 6 were added to their family’s lease and 10 were in process. • 47 participants obtained employment, 13 attended job training, 12 attended school. • Many participants reported satisfaction with their housing and said the program helped them address many reentry barriers. • For people who did not participate in the FRPP, most applicants struggled to find stable housing.
<p>NOTES:</p>	
<ol style="list-style-type: none"> 1. Cunningham, M., Hanson, D., Gillespie, S., Pergamit, M., Oneto, A., & Spauster, P. (2021). <i>Breaking the Homelessness-Jail Cycle with Housing First</i>. Urban Institute. https://www.urban.org/sites/default/files/publication/104501/breaking-the-homelessness-jail-cycle-with-housing-first_1.pdf. 2. Aidala, A.A., McAllister, W., Yomogida, M., Alatas, H., & Torsiglieri, A. (2023). <i>FUSE 10-year Follow-up Report: Initial Findings</i>. Corporation of Supportive Housing. Columbia University Mailman School of Public Health. https://www.csh.org/resources/fuse-10-year-follow-up-report-initial-findings/. 3. Aidala, A.A., McAllister, W., Yomogida, M., & Shubert, V. (2013). <i>Frequent Users Service Enhancement “FUSE” Initiative: New York City FUSE II Evaluation Report</i>. Columbia University Mailman School of Public Health. https://www.csh.org/wp-content/uploads/2014/01/FUSE-Eval-Report-Final_Linked.pdf. 4. Holliday, S.B., Migacheva, K., Goldman, A., Awan, V., Bracy, N., & Hunter, S.B. (2023). <i>Implementation and Outcome Evaluation of Project imPACT -- A Proposition 47-funded Program in Los Angeles: Cohort 2 Final Evaluation Report</i>. RAND Corporation. doi.org/10.7249/RRA1382-2. 5. Smith, L., Bae, J., diZerega, M., Shanahan, R., Kang-Brown, J., & Subramanian, R. (2017). <i>An Evaluation of the New York City Housing Authority’s Family Reentry Pilot Program: Final Report to the U.S. Department of Housing and Urban Development</i>. Vera Institute of Justice. 	
<p>FRPP = Family Reentry Pilot Program; FUSE = Frequent Users System Engagement; HCV = Housing Choice Voucher; NYCHA = New York City Housing Authority; SUD = substance use disorder.</p>	

Income and employment. Research indicates income is a protective factor for housing stability. Geller and Curtis¹¹ found that formerly incarcerated men with greater annual earnings were significantly less likely to experience housing insecurity or homelessness, and Herbert et al.¹³ found that people on parole earning higher wages (\$6,000 or more per quarter) were less likely to experience homelessness or move.

Project Re-Connect, a reentry program in St. Louis, Missouri, identified participants prior to release from prison and then provided case management for 6 months and \$3,000 of direct financial assistance to be used as needed by the participant. About 65% of participants used the money for rent and utilities, which accounted for the highest mean costs across all service categories.²⁹ Most participants (90%) reported housing needs at intake and 63% said they had long-term housing and 29% had short-term housing at program conclusion. In the Reentry Housing Collaborative initiative in Oregon, four housing programs provided returning individuals with assistance obtaining private housing and flexible funds to reduce financial housing barriers (e.g., rent costs, prior debts). Participants who received more than \$1,000 obtained housing faster (median of 1 month) than those who received less (median of 3 months).²⁸ Additionally, participants reported that the direct housing assistance was critical to securing housing. The U.S. Department of Labor has funded an evaluation of its Pathway Home Grant Program, which provides pre-release and post-release employment-focused services and linkage to other supportive services in the community following release, including housing.⁷⁵

“That’s how we really started, is building relationships with the people who house people... Once we did that, and the word of mouth got around--how people were good tenants and that the program was working--other hesitant landlords, or the ones that didn’t want to participate before, came around... Now we changed the narrative, and we broke down that barrier of ‘how hard it is to house a formerly incarcerated person.’”

–Subject matter expert

Family, friend, and peer support. Supportive social networks play an important role in helping people returning to their communities, and some returning individuals report family support as the most helpful factor or a key factor to their reintegration.^{21,31,76} Most directly, people often rely on family or friends for a place to live immediately following release in the short and long term.^{2,16,19,31-32,76-77} Studies indicate that family and friends are the primary housing source for returning individuals, at least temporarily (e.g., 1 year post-release).^{19,31-32} Although this situation is not always viewed as ideal by returning individuals--with many striving to live in their own home--they also recognize that without this support, they would likely be without any housing.¹⁶ During the COVID-19 pandemic, when housing was even less accessible, family and friends were critical in helping to fill this gap.⁷⁸

Family and friends also commonly provide financial support,^{2,31-32} particularly in the short term after release; women often receive this support longer-term. For many, this financial support is their primary income source.¹⁹ Even in the long term, after many returning individuals had obtained employment, one study found that family and friends continued to provide crucial financial support--support that had not been needed prior to incarceration.¹⁹ Family and friends provide other tangible supports like food, clothing, and transportation,^{19,31} help finding a job or housing,^{21,31-32} and emotional support.³¹⁻³²

In numerous studies, returning individuals have conveyed deep appreciation for peer support and mentoring, including formalized support, such as peer navigators providing reentry services, and informal, such as other returning community members they meet.^{1,18,23,33-35,79-80} Peers are often a source of emotional support and also provide valuable insight into navigating the complex systems awaiting people after their release.^{18,34-35} Returning community members have also reported that their peers help them to: (1) address gaps in life experience and skills (e.g., job searching, budgeting, grocery shopping, making appointments for medical, legal, or housing needs),^{18,35} (2) improve their self-perceptions by acting as role models,³³ and (3) find housing or

employment.³⁵ For example, peers often know landlords or employers who will house or employ returning individuals.³⁵ Walker²¹ notes that social capital (the ability to secure benefits via membership in social networks) can increase accessibility to employment, transportation, and financial resources for returning individuals.

Health care. Holistic health approaches to reentry support recognize that health and other key factors, like housing and employment, interact in complex ways to influence returning individuals' outcomes and, therefore, should be addressed collectively.³⁶ A promising example of this approach is the Transitions Clinic Network (TCN) Model,⁸¹ which is centered around meeting the primary care and SDOH needs of chronically ill returning individuals through community health workers (CHWs) with lived experience of incarceration. Embedded in a primary care program, CHWs provide case management, peer support, and linkage to resources addressing SDOH (e.g., housing, public benefits), and work with a primary care team to address returning individuals' health conditions. Some studies have shown that TCN programs reduce emergency department visits,³⁷⁻³⁸ hospitalization for conditions preventable with primary care, hospital stay length, likelihood of reincarceration for a technical violation, and days of incarceration after release.³⁷ In another study comparing TCN participants to returning individuals who did not receive TCN support, criminal legal system costs were significantly lower among TCN participants, and Medicaid costs were the same (i.e., they did not increase).⁸² A randomized control trial of seven TCN programs is currently underway.⁸³

As described previously, a recently released Medicaid opportunity allows states to apply for 1115 demonstration waivers to cover a set of services for Medicaid-eligible incarcerated people up to 90 days prior to their release. Required services include case management for physical health, behavioral health, and health-related social needs, such as housing; MSUD, as clinically appropriate; and a 30-day supply of all prescription medications.⁸⁴ As of August 2024, 11 states' waivers have been approved, and 13 states' waivers are pending approval.^{85,*} CMS is currently supporting an evaluation of the 1115 reentry demonstration. Similarly, in April 2024, the Health Resources and Services Administration announced a new funding opportunity to support updated policy allowing its health centers to provide health services to incarcerated people within 90 days of release to support their transition and continuity of care.⁸⁶

* **Approved waivers:** California, Illinois, Kentucky, Massachusetts, Montana, New Hampshire, New Mexico, Oregon, Utah, Vermont and Washington. **Pending waivers:** Arizona, Arkansas, Colorado, Connecticut, District of Columbia, Hawaii, Maryland, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, and West Virginia.

4. LIMITATIONS, GAPS, AND RECOMMENDATIONS FOR FUTURE PRIORITIES

Despite the fact that stable housing is consistently cited as a protective factor to negative outcomes following release from carceral settings, reentry research often does not explicitly focus on assessing which factors help returning individuals obtain and maintain stable housing. Instead, housing is usually described as a factor that affects other key outcomes, such as recidivism or employment.

Additionally, while there are many locally developed programs focused on housing provision for returning individuals, few have been formally evaluated. For programs that have been evaluated, most evaluations are done once, are short-term, and focus on a short follow-up window (e.g., 3-12 months). This is not surprising given the limited funding for evaluation at local levels and the conflict programs may feel directing funds to evaluation rather than service provision. Also, many of the reviewed studies focused only on qualitative experiences or outputs (e.g., services received) with few assessing housing outcomes, particularly with a comparison group. Other limitations of the research literature include a large focus on male populations and use of small samples in one geographic location, limiting generalizability.

In parallel to the limitations, recommendations for future research priorities include explicit focus on housing-related outcomes (e.g., obtainment, sustainment) and factors that facilitate successful housing outcomes. While causal studies (e.g., randomized control trials, quasi-experimental designs) are important and needed, implementation research is also necessary to better understand the causal pathways from intervention to successful outcome (i.e., what program components are associated with improved housing outcomes) and to increase transferability (i.e., the ability for other programs to implement an intervention developed elsewhere). Housing is broadly recognized as a critical support for individuals returning to their communities, and targeted research to identify factors that increase access to and maintenance of safe and affordable housing is essential to improving reentry experiences and outcomes.

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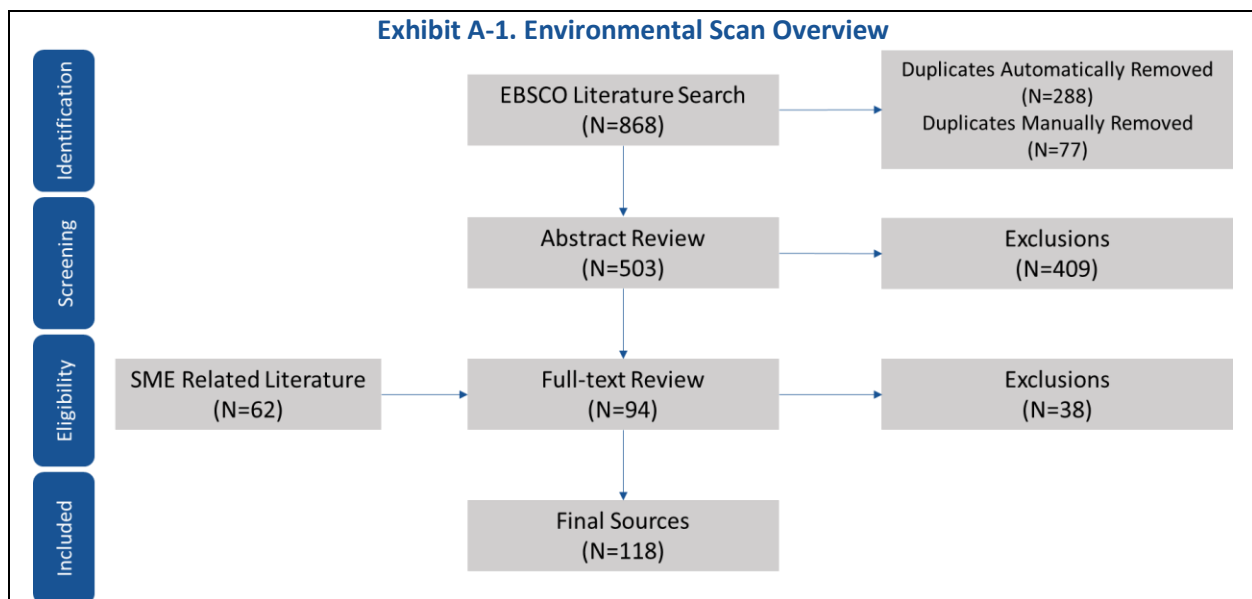
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APPENDIX A: OVERVIEW OF METHODOLOGY

A.1. Summary of Methods for Conducting the Environmental Scan

To understand reentry and housing stability risk factors and facilitators, we conducted an environmental scan of the current literature. Using the EBSCOHost search engine, we specified keyword queries to identify relevant peer-reviewed and gray literature published between 2003 and 2023. Our search yielded 503 deduplicated results. Two team members first reviewed abstracts for relevance to the research questions, which resulted in excluding an additional 409 resources. This left 94 articles eligible for full-text review, during which an additional 38 sources were excluded. Interviews with SMEs resulted in the addition of 62 resources based on SME discussion and recommendations, resulting in a final sample of 118 resources from peer-reviewed research and gray literature.

Search strategy. The search strings included terms related to reentry, history of incarceration, criminal/justice system involvement, community supervision, housing, homelessness, and race/ethnicity. We conducted the search in January 2024 using four EBSCOHost research databases: Academic Search Complete, APA PsycInfo, MEDLINE, and Psychology and Behavioral Sciences Collection. Our search included the following limiters: year (published after 2003), language (English only), and geography (United States-based studies). We used Zotero reference manager to compile the resources and electronically deduplicated the results (see **Exhibit A-1**).



Screening processes and information extraction. We reviewed the abstracts in Zotero and tagged them for exclusion if they did not meet the following criteria:

- The study was conducted in the United States.
- The study population included individuals who were incarcerated or released from jail or prison.
- The study included a focus on housing or housing outcomes.
- The study was original research or provided key program information.

Two reviewers piloted screening procedures with an initial subset of abstracts (N=5) to refine the inclusion and exclusion criteria and independently screen titles and abstracts.

We completed the full-text review and data extraction simultaneously (i.e., when an article was deemed appropriate for inclusion, the reviewer immediately proceeded to extract relevant data). Our team compared and discussed initial coding results and the presentation of extracted data. Of the 94 articles that were fully reviewed, an additional 38 were excluded. There were also 62 sources added to the full-text review based on suggestions and discussions with SMEs. Ultimately, 118 resources were included in the literature scan.

Limitations. First, we only searched four research databases, and we limited the environmental scan to sources based on language, year of publication, and setting (as described above). As a result, our search may have excluded relevant publications. However, we believe the sources identified are representative of the existing literature and allow us to summarize key risk and protective factors, as well as research gaps and promising programs. Second, given the scope and purpose of the environmental scan on reentry and housing stability, we only included sources that had some focus on housing, and excluded sources solely focused on other aspects of reentry (e.g., recidivism, employment). The only exception to this approach is the key resources or topics deemed important by SMEs. Finally, the information we captured was descriptive and qualitative in nature, to aid in efficiently categorizing and grouping similar concepts from an array of sources. This limits the conclusions we can draw with respect to the availability of evidence of risk and protective factors associated with housing stability.

A.2. Summary of Methods for Conducting the Subject Matter Experts Interviews

We conducted seven semi-structured interviews with SMEs in February 2024. The SMEs included:

- Individuals working at state or national levels to advance housing opportunities for returning individuals.
- Individuals leading programs that support or advocate for returning individuals and their housing needs.
- Individuals conducting research related to criminal legal systems, housing, and health.
- Individuals with lived experience with the criminal legal system.

We submitted an initial list of SMEs and their areas of expertise to ASPE for approval. Once approved, individuals were sent an email invitation to participate in a virtual interview; all individuals accepted the invitation. Interviews were conducted via Zoom, recorded, and transcribed. SME literature recommendations not already included were added to the environmental scan.

APPENDIX B: POLICY OPTIONS

Table B-1 provides an overview of commonly suggested policy options that may help to address the structural housing barriers that impede returning individuals’ ability to access stable and affordable housing. These suggestions are compiled from the following resources:

1. Building Connections to Housing During Reentry: Results from a Questionnaire on DOC Housing Policies, Programs, and Needs: <https://csgjusticecenter.org/publications/building-connections-to-housing-during-reentry/>.
2. The Challenge & Promise of Reentry in Municipalities: <https://www.nlc.org/resource/the-challenge-promise-of-reentry-in-municipalities/>.
3. Far From Home: Reducing Barriers to Subsidized Housing for People with Criminal Records in Massachusetts: https://www.nlg.org/wp-content/uploads/2022/02/Far-From-Home_-_Reducing-Barriers-to-Subsidized-Housing-for-People-with-Criminal-Records-in-Massachusetts.pdf.
4. Finding Home: Removing Barriers to Housing for Formerly Incarcerated Individuals: <https://wcsj.law.duke.edu/wp-content/uploads/2023/09/Finding-Home.pdf>.
5. No Place to Call Home: Navigating Reentry Housing in Chicago: <https://www.bpichicago.org/wp-content/uploads/2018/09/No-Place-To-Call-Home.pdf>.

Table B-1. Policy Options to Improve Returning Individuals’ Access to Housing					
Recommendation	Resource				
	1	2	3	4	5
Provide direct housing assistance to returning individuals, preferably before release from carceral settings.	•		•	•	•
Use evidence-based reentry approaches (e.g., holistic programming).				•	•
Include returning individuals in the design and implementation of reentry efforts.		•			
Remove barriers to public and subsidized housing (e.g., bans based on conviction type, bans for people on parole or probation).			•	•	•
Allow family reunification in subsidized housing.			•		•
Enact local Fair Chance Housing Ordinances (e.g., provisions limiting look-back periods).			•	•	•
Improve processes (e.g., reduce complexity, increase transparency) to expunge or seal records.		•	•		•
Provide legal representation for returning individuals facing housing discrimination, denial, eviction, etc.			•		•
Improve collaboration and coordination across systems and organizations (reduce fragmented responses).	•	•		•	
Create or enhance local reentry councils.	•				•
Diversify funding sources to support housing for returning individuals (e.g., social impact bonds, public-private partnership).	•			•	

Table B-1. (continued)

Recommendation	Resource				
	1	2	3	4	5
Increase and enhance data collection, evaluation, and research efforts to improve understanding of what works.		•	•		
NOTE: Inclusion in this table is not an endorsement or recommendation by ASPE.					

APPENDIX C: ADDITIONAL RESOURCES

Table C-1 provides a list of resources (e.g., toolkits, reports) that may be useful for service providers, policymakers, and funders seeking to enhance efforts that help returning individuals obtain and maintain housing.

Table C-1. Additional Resources	
Resource Title and Weblink	
Homecoming: Life After Incarceration Toolkit	<ul style="list-style-type: none"> https://www.hudexchange.info/resource/6874/homecoming-life-after-incarceration-toolkit/
Building Second Chances: Tools for Local Reentry Coalitions	<ul style="list-style-type: none"> https://nationalreentryresourcecenter.org/resources/toolkits/reentry
Planning a Reentry Program: A Toolkit for Tribal Communities	<ul style="list-style-type: none"> https://tribaljustice.org/planning-a-reentry-program-a-toolkit-for-tribal-communities-2/
National Housing Law Project: Housing Opportunities for People Reentering	<ul style="list-style-type: none"> https://www.nhlp.org/initiatives/housing-opportunities-for-people-reentering/
An Affordable Home on Reentry	<ul style="list-style-type: none"> https://www.nhlp.org/nhlp-publications/an-affordable-home-on-reentry-2018/
Fair Chance Ordinances: An Advocate’s Toolkit	<ul style="list-style-type: none"> https://www.nhlp.org/wp-content/uploads/021320_NHLP_FairChance_Final.pdf
Vera’s Opening Doors to Housing Initiative	<ul style="list-style-type: none"> https://www.vera.org/investing-in-communities/opening-doors-to-housing-initiative
Looking Beyond Conviction History: Recommendations for Public Housing Authority Admissions Policies	<ul style="list-style-type: none"> https://www.vera.org/downloads/publications/looking-beyond-conviction-history.pdf
Opening Doors to Affordable Housing: The Low-Income Housing Tax Credit Program and People with Conviction Histories	<ul style="list-style-type: none"> https://www.vera.org/publications/opening-doors-to-affordable-housing
50-State Comparison: Expungement, Sealing & Other Record Relief	<ul style="list-style-type: none"> https://ccresourcecenter.org/state-restoration-profiles/50-state-comparisonjudicial-expungement-sealing-and-set-aside-2-2/
50-State Overview of Expungement and Sealing Statutes	<ul style="list-style-type: none"> https://pceinc.org/wp-content/uploads/2023/07/20230630-50-STATE-OVERVIEW-OF-EXPUNGEMENT-AND-SEALING-Statutes-PCE.pdf
50-State Comparison: Limits on Use of Criminal Record in Employment, Licensing & Housing	<ul style="list-style-type: none"> https://ccresourcecenter.org/state-restoration-profiles/50-state-comparisoncomparison-of-criminal-records-in-licensing-and-employment/
Explainer: Building Effective Partnerships with Continuums of Care to Increase Housing Options for People Leaving Prisons and Jails	<ul style="list-style-type: none"> https://csgjusticecenter.org/2022/03/21/explainer-building-effective-partnerships-with-continuums-of-care-to-increase-housing-options-for-people-leaving-prisons-and-jails/
How States are Engaging Private Landlords—An Untapped Resource in Reentry Housing	<ul style="list-style-type: none"> https://csgjusticecenter.org/2021/10/15/how-states-are-engaging-private-landlords-an-untapped-resource-in-reentry-housing/
The Health and Reentry Project	<ul style="list-style-type: none"> https://healthandreentryproject.org/

Table C-1. (continued)

Resource Title and Weblink

From Policy to Practice: Seizing the Moment to Transform Health and Reentry

- <https://healthandreentryproject.org/wp-content/uploads/2024/02/From-Policy-to-Practice-Seizing-the-Moment-to-Transform-Health-and-Reentry.pdf>

Meeting the Moment: Opportunities to Improve Health and Safety by Changing Medicaid’s Role When People are Incarcerated

- <https://healthandreentryproject.org/wp-content/uploads/2024/02/Meeting-the-Moment-Opportunities-to-Improve-Health-and-Safety-by-Changing-Medicoids-Role-When-People-are-Incarcerated.pdf>

Paving the Path to Healthier Reentry: How New Medicaid Policies Can Improve Mental Health and Substance Use Support as People Return to Communities

- <https://healthandreentryproject.org/wp-content/uploads/2023/10/Paving-the-Path-to-Healthier-Reentry.pdf>

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