



Frequent Users of Jail and Shelter Systems in the District of Columbia:

An Overview of the Potential for Supportive Housing



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Using available data describing 196 frequent users identified by the District of Columbia Frequent Users Service Enhancement Pilot Program, this brief provides an overview of the characteristics, needs, and jail and shelter use costs of frequent users in the District of Columbia (DC). UI estimates that, on average, each frequent user costs the DC government approximately \$8,607 a year through their jail and shelter use alone. To inform future policies and practices, this brief presents the potential cost savings to the DC government of reducing jail and shelter use through supportive housing, based on the success of a supportive housing program based in another large city.

This policy brief was generated as part of the Urban Institute's evaluation of the DC FUSE program. The full evaluation report (Fontaine, Gilchrist-Scott, and Horvath 2011), which details the program's development and preliminary outcomes, can be found on the Urban Institute website at www.urban.org/publications/412472.html

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Individuals who frequently use public crisis systems (“frequent users”) have negative and substantial fiscal, public safety, and public health consequences for the communities in which they live.^{1,2,3,4} From the perspective of the Corporation for Supportive Housing and its partners, frequent users are individuals who cycle in and out of public systems such as jails and/or prisons, hospitals, and shelters due to long histories of housing instability and disabilities. The Corporation for Supportive Housing has launched a number of frequent user initiatives across the country through a model that combines housing with supportive services.⁵ The ultimate goal is to break the costly cycle of high system use through the provision of permanent supportive housing to frequent users, thereby increasing housing stability, public health, and public safety. Research on these initiatives has been promising.⁶

The District of Columbia (DC) is one site that is part of the Corporation for Supportive Housing's nationwide efforts to increase attention to frequent users of public systems. In fall 2010, the DC Frequent Users Service Enhancement (FUSE) Pilot Program, administered by the Corporation for Supportive Housing (CSH)⁷ in partnership with University Legal Services (ULS),⁸ was launched to coordinate and improve services for frequent users in DC; to break institutional cycling behavior among program participants; and ultimately, to generate cost savings to the city through reduced systems use among frequent users. Specifically, FUSE provides frequent users leaving the DC Jail with prerelease reentry planning paired with scatter-site permanent housing with supportive services (PSH) upon release.⁹ FUSE's service delivery model uses a housing first approach,¹⁰ based on previous research that shows that individuals with mental illnesses and other disabilities and chronic histories of housing instability/homelessness can reduce their use of and time spent in shelters, prisons/jails, and hospitals upon receipt of permanent supportive housing.^{11,12,13,14}

This brief provides a detailed description of the frequent user population in DC, including their demographic characteristics, their needs, and the costs of their jail and shelter system use to the city. In DC, the frequent user population is defined by their use of the jail and shelter system along with a qualifying mental health diagnosis. At this time, given that the program has served a limited number of frequent users in the city, requisite data to assess the impact of FUSE on outcomes are not available. Instead, this brief outlines the potential for cost savings if the FUSE program were to generate outcomes similar to those observed by a previous permanent supportive housing program for frequent users administered by the Corporation for Supportive Housing in another large city. Additional information about the progress, performance, and short-term outcomes associated with the FUSE program is discussed in a technical report published by the Urban Institute in late 2011, which also includes the characteristics of the frequent users identified and served by the program.¹⁵

How Are Frequent Users Identified?

In DC, frequent users are identified through administrative records. The DC Department of Corrections (DOC) and The Community Partnership for the Prevention of Homelessness (TCP) (the agency that houses the city's homeless management information system: HMIS) have a data-sharing agreement that allows them to identify individuals who meet three program-specific criteria:

1. Three or more jail episodes in the last three years;
2. Three or more shelter episodes or more than one year of continuous shelter use in the last three years; and
3. A qualifying serious and persistent mental health diagnosis as identified in DOC records.

The identification of the frequent user population in the city is performed periodically, at the request of the FUSE program staff. Upon receiving a request, DOC staff generates a list of individuals who meet the FUSE eligibility criteria outlined above and are *currently incarcerated* in the jail. During the program planning phase and initial six months of program implementation, five administrative searches of frequent users were conducted, which identified 196 men.¹⁶

What Do Frequent Users Look Like in DC?

Using data from DOC, TCP, and the FUSE program staff on frequent users, UI researchers have developed a portrait of frequent users in the city, describing their characteristics, needs, and costs to the city. Demographic characteristics and criminal histories were drawn from the DC Jail records, which were available for all 196 identified male frequent users. Individuals were primarily middle-aged and black and had extensive and diverse criminal histories. Highlighted characteristics are listed below:

- **Average Age:** 42.3 years old
- **Race:** 95.9 percent are black
- **Average Number of Incarcerations in the DC Jail:** 9.6
- **Criminal History:**¹⁷ Violent crime (78.1 percent); Drug crime (80.1 percent); Property crime (70.9 percent); Public order crime (48.0 percent)

Mental Health

The FUSE program's qualifying mental illnesses can be split into three categories:

1. Mood Disorders (under 296 in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM))
2. Schizophrenia/Psychotic Disorders (under 295 in the DSM)
3. Other Disorders (specific for FUSE¹⁸)

Based on the DC Jail records, 55.1 percent of frequent users had a mood disorder diagnosis, 48.5 percent had a schizophrenia diagnosis, and 14.8 percent had a post-traumatic distress disorder (PTSD) diagnosis, which falls into the "Other Disorders" category.

FUSE focuses on these mental health diagnoses because research has shown that they contribute to frequent users' cycling behavior and may diminish the effectiveness of traditional, outpatient mental health services.¹⁹ For FUSE, it is a requirement that individuals be minimally self-sufficient and independent in order to be eligible for community-based mental health services (as opposed to more intensive, institutional services). Participants in FUSE were given a level of care utilization system (LOCUS) assessment to determine their final program eligibility (after their jail, shelter, and mental health eligibility was determined). In general, FUSE-eligible individuals are able to shop for and prepare their own food, clean, do laundry, and complete other basic daily living tasks.

Substance Use

With their consent, UI researchers collected program intake and full DOC records for 10 of the 15 FUSE

participants housed by the program from its inception (fall 2010) through June 2011. Comorbid with their mental health diagnosis, all 10 of the individuals had been diagnosed with one or more forms of substance dependence, including alcohol dependence, cocaine dependence, cannabis dependence, and cases of phencyclidine (PCP)-induced psychotic episodes with hallucinations. Though substance abuse is not an eligibility criterion for FUSE participation, it became evident that the other FUSE criteria drew in individuals with histories of substance use.

Shelter Use and Incarceration Patterns

For the purposes of the FUSE program, DOC staff only generated lists of individuals who met the frequent user criteria listed above (three jail stays, three shelter stays, and a qualifying mental diagnosis). To describe the shelter and jail use of frequent users fully, UI researchers separately collected and matched records from the DC Jail and TCP, successfully identifying and merging 172 records of the 196 identified frequent users. Complete data were only available over a three-year period ranging from June 1, 2007 through May 31, 2010. UI researchers assigned each frequent user to one of four statuses: 1) in jail; 2) in shelter; 3) in prison; or 4) not in any of these three systems for each day during that three-year period, creating a 1,096-day-long pattern of DC systems use.

Figure 1 displays an average year of DC systems use across the sample of 172 frequent users. Estimates of the annual costs to the city of the frequent users' systems use are also displayed in Figure 1. These costs were calculated by multiplying the average daily cost of system use—provided by the DOC and TCP—by the number of days spent in the jail or emergency shelter, respectively. All costs are presented in 2011 values.

It is important to note that this combined jail and shelter cost estimate of \$8,607 per year, shown in Figure 1, undoubtedly *underestimates* the total costs of the frequent users to the city. For example, the estimate does not account for systems that frequent users are also likely to use, such as emergency health and psychiatric services (e.g., calls to the Fire and Emergency Management Services and hospitalizations in the community).²⁰ Further, approximately 40 percent of the cost of a stay in the DC Jail is related to the intake and release operations. Given the propensity of the frequent user population to cycle in and out of jail frequently, by definition, and the eligibility requirement of a serious and persistent mental health diagnosis, the population eligible for FUSE likely has higher than average costs to the jail due to the frequency of their intake and release and their need for health services.

While the average system use levels and cost estimates are helpful in assessing the impact of frequent users as a whole, they do not capture the wide variation in DC systems use among frequent users as found in the full UI evaluation. Some individuals just met the frequent user criteria established by the program, while others were in jail or emergency shelter for nearly the entire three-year period.

UI researchers used hierarchical clustering based on optimal matching scores to separate the 172 frequent users into four distinct clusters/subgroups based on similarities in

their jail and shelter system use patterns.²¹ These four subgroups, described below, more accurately describe the range of DC systems use and associated costs among frequent users identified by the frequent user program.

1. High Incarceration (22 percent of the 172 frequent users): Individuals in this cluster were characterized by frequent and long periods of jail and prison incarceration over the three-year period. Frequent users in this group, on average, were incarcerated for 167 days each year. **Average individual yearly cost of jail and shelter use: \$18,096.**
2. High Shelter Use (13 percent of the 172 frequent users): Individuals in this cluster were characterized by extended periods of shelter use and low levels of incarceration over the three-year period. In an average year, frequent users in this group spent 214 days in shelter and 26 days in jail each year. **Average individual yearly cost of jail and shelter use: \$6,292.**
3. Moderate System Use (33 percent of the 172 frequent users): Individuals in this cluster were characterized primarily by the level—rather than type—of DC system use. Frequent users in this group spent, on average, 82 days in shelter and 51 days in jail each year. However, they rarely went to prison. **Average individual yearly cost of jail and shelter use: \$7,826.**
4. Low System Use (32 percent of the 172 frequent users): Individuals in this cluster were characterized by relatively low levels of use across all systems. On average, frequent users in this group spent 315 days of each year outside of the jail, prison, and shelter systems. **Average individual yearly cost of jail and shelter use: \$3,812.**

Considering the variable level of system use among frequent users demonstrated through the optimal matching technique, it may be prudent to direct services to the subsets who are the highest users of the jail and emergency shelter services instead of the frequent user population as a whole.

The full UI evaluation found that nearly half of the FUSE participants fell into the “High Incarceration” group, which indicates that the program, as structured, tends to serve individuals with the highest costs to the city.

Potential Cost Savings of the DC FUSE Program

Permanent supportive housing and the housing first approach has the potential to break the costly cycle of incarceration, homelessness, and emergency service utilization among frequent users. CSH launched its first frequent user reentry pilot in New York City. The New York City pilot, called the Frequent Users Service Enhancement Initiative, targeted individuals released from the Rikers Island Jail to New York City who had multiple stays in the shelter and jail system. Preliminary evaluation findings were promising; a quasi-experimental evaluation conducted by the John Jay College of Criminal Justice found that the program reduced days in shelter by 18 percent and days in jail by 33 percent in the first year following program enrollment.²²

Using the findings from the John Jay study as an estimate of DC FUSE’s effectiveness, UI calculated the average **potential one-year cost savings of each individual to be \$2,691**. This potential cost savings is primarily driven by an approximate 19-day average estimated decrease in jail use by program participants. As calculated, this decrease in jail use would save the DOC \$2,511 per participant, per year. The remaining \$180 in system savings would result from an estimated 14 shelter days averted by the program per participant within the first year of program participation.

The aforementioned cost estimates are driven only by reduced days in jail and shelter. They do not include the potentially significant cost savings that would result from reduced emergency health and psychiatric service use. These records were not collected in the current UI study but could be collected in future analyses.

In addition, it should be noted that the NY FUSE Initiative did not find a statistically significant reduction in the rate of reincarceration. That is, participants did not go to jail less frequently than the comparison group; instead, when they

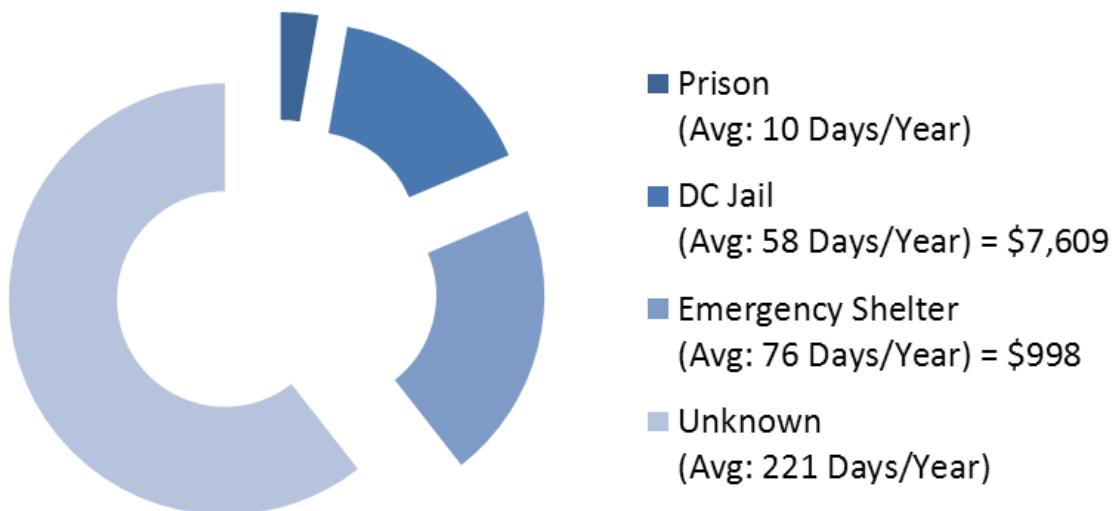


Figure 1. Average annual use of jail, shelter, and prison by frequent users in the District of Columbia, 2007–2010.²³

went to jail, they stayed in for a shorter period of time. As mentioned previously, nearly 40 percent of the cost of a jail stay is related to the intake and release operations. Therefore, having no change in the rate of reincarceration could result in a lower estimate of cost savings to the DC DOC.

To document the cost savings of a program accurately, a full, rigorous impact evaluation must be conducted. A UI evaluation of this type is not currently possible due to the limited time that the program has been in operation. Simply, there are no estimates of the impact of DC FUSE itself. The above cost estimates are intended to provide a context for the *potential* cost offsets resulting from successful frequent user programming.

Since FUSE's launch, UI has been exploring how the program is meeting its intended goals, with funding from the District of Columbia Justice Grants Administration, Executive Office of the Mayor. While outcome data, such as rearrest, reincarceration, and shelter use, are currently being collected, the program has not been operating long enough or served enough participants to determine its impact. As FUSE enrolls more participants and expands its services, participant outcomes can continue to be tracked to ultimately demonstrate and quantify the program's impact for the city. This brief is intended to help city planners think through the utility of focusing services such as permanent supportive housing and reentry planning on frequent users of jail and shelter.

¹ R. E. Clark, S. K. Ricketts, and G. J. McHugo, Legal System Involvement and Costs for Persons in Treatment for Severe Mental Illness and Substance Use Disorders. *Psychiatric Services* 50 (1999): 641–647.

² D. P. Culhane, S. Metraux, and T. R. Hadley, Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing. *Housing Policy Debate* 13(1) (2002): 107–162.

³ G. A. Greenberg and R. A. Rosenheck, Jail Incarceration, Homelessness, and Mental Health: A National Study. *Psychiatric Services* 59 (2008): 170–177.

⁴ R. Kuhn and D. P. Culhane, Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data. *American Journal of Community Psychology* 26(2) (1998): 207–232.

⁵ Jocelyn Fontaine, Caterina Gouvis Roman, and Martha Burt, *System Change Accomplishments of the Corporation for Supportive Housing's Returning Home Initiative* (Washington, DC: The Urban Institute, 2010).

⁶ Corporation for Supportive Housing, *Frequent Users Service Enhancement Initiative (FUSE)—New York, New York* (New York, NY: Corporation for Supportive Housing, 2009).

⁷ The Corporation for Supportive Housing's mission is to strengthen the supportive housing industry and to prevent and end homelessness through supportive housing programs. It has extensive experience launching and sustaining supportive housing reentry programs across the country.

⁸ University Legal Services is a nonprofit organization that serves as the federally mandated protection and advocacy agency for people with disabilities in the District of Columbia and is thus authorized to conduct administrative, legal, and other services for people with disabilities. With access to the jail through its D.C. Jail Advocacy Project, ULS is integral to the FUSE program in its ability to recruit and enroll participants into the program and transition them into the community.

⁹ While incarceration in the DC Jail was the primary recruitment mechanism for DC FUSE, participants were not required to be incarcerated immediately prior to their entry into the program.

¹⁰ The housing first approach, targeted to homeless individuals, combines housing placement with assertive engagement, case management, and supportive services. The primary goal is to use housing as a method to stabilize homeless individuals and provide needed services and support.

Continued tenancy is not dependent on participating in services or maintaining abstinence; instead, the housing first approach is based on a harm reduction model.

¹¹ M. R. Burt and J. Anderson, *AB2034 Program Experiences in Housing Homeless People with Serious Mental Illness*. Oakland, CA: Corporation for Supportive Housing, 2005. http://documents.csh.org/documents/ca/csh_ab2034.pdf. (Accessed January 25, 2006.)

¹² Culhane, Metraux, and Hadley, Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing.

¹³ D. P. Culhane, W. Parker, B. Poppe, K. Gross, and E. Sykes, Accountability, cost-effectiveness, and program performance: Progress since 1998. In *Toward Understanding Homelessness: The 2007 National Symposium on Homelessness Research*, edited by D. Dennis, G. Locke, and J. Khadduri (Washington, DC: U.S. Department of Health and Human Services and U.S. Department of Housing and Urban Development, 2007).

¹⁴ Corporation for Supportive Housing, *Frequent Users Service Enhancement Initiative (FUSE)*.

¹⁵ J. Fontaine, D. Gilchrist-Scott, and A. Horvath, *Supportive Housing for the Disabled Reentry Population: The District of Columbia Frequent Users Service Enhancement Pilot Program* (Washington, DC: The Urban Institute, 2011).

¹⁶ Women were not included in the initial DOC/TCP data extraction, which was in place through the first six months of the program's operation. However, ongoing frequent user identification includes both men and women. (See Fontaine, Gilchrist-Scott, and Horvath, *Supportive Housing for the Disabled Reentry Population*.)

¹⁷ Percentage of all frequent users who have been convicted of the listed crime type.

¹⁸ A full list of qualifying disorders is included in the full UI evaluation report (Fontaine, Gilchrist-Scott, and Horvath, *Supportive Housing for the Disabled Reentry Population*).

¹⁹ Craig M. Coldwell and William S. Bender, The Effectiveness of Assertive Community Treatment for Homeless Populations with Severe Mental Illness: A Meta-Analysis. *American Journal of Psychiatry* 164 (2007): 393–399.

²⁰ S. Hall, M. Burt, C. G. Roman, and J. Fontaine, *Reducing the Revolving Door of Incarceration and Homelessness in the District of Columbia: Cost of Services* (Washington, DC: Urban Institute Press, 2009).

²¹ For a complete description of the methodology, see Fontaine, Gilchrist-Scott, and Horvath, *Supportive Housing for the Disabled Reentry Population*.

²² Corporation for Supportive Housing, *Frequent Users Service Enhancement Initiative (FUSE)*.

²³ For any individual serving a sentence of more than two years, the DC Jail transfers custody to the Federal Bureau of Prisons. Data from the Federal Bureau of Prisons that detailed the entrance to and exit from prison were not available to UI. To estimate time in prison, UI used the national median prison time served based on offense, sex, and race. If the estimate of prison sentence overlapped with a subsequent jail or shelter record, it was truncated to avoid any overlap. (See Fontaine, Gilchrist-Scott, and Horvath, *Supportive Housing for the Disabled Reentry Population*) No cost data are available for these estimates. Unknown status captures time not spent in jail, shelter, or prison.

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