

New Justice Center Guide on Expanding Housing Options After Release From Incarceration

Each year more than 735,000 people are released from prisons and an estimated nine million are released from jails. Successful community reentry often hinges on finding stable housing, but the obstacles are significant. Family and friends may be unwilling to house these individuals. Private-market rental housing may not be an option because the cost is too high or landlords are unwilling to rent to people with criminal records. Public housing often bars those with a criminal history. Even when these barriers are not present, affordable units are frequently scarce or unavailable. A study in New York City found that more than 30% of single adults who enter homeless shelters have recently been released from city and state correctional institutions.

The Council of State Governments Justice Center has a new publication—*Reentry Housing Options: The Policymakers' Guide*—that describes six alternatives for reentry housing, including their benefits and limitations. The options are private-market rental housing, public housing, affordable housing (nonprofit or privately owned and managed), halfway houses, supportive housing, and specialized reentry housing. The guide examines three approaches to enhance the availability of these housing options: greater access, increased housing stock, and revitalized neighborhoods. The guide also provides case examples of how each approach has been put into action by a particular jurisdiction.

In Kansas state leaders used the approach of revitalizing a neighborhood in the city of Wichita to reduce a growing prison population that was fueled in large part by high rates of reincarceration of individuals who had violated parole or probation conditions. Typically, the revitalized neighborhood approach combines the resources of government agencies and nonprofit and for-profit organizations and focuses them on a specific area to improve services and

supports for all community residents. In Kansas efforts were focused on central northeast Wichita, which occupies one-sixth of the city and has the highest incarceration rate in the state.

In 2007 a policy group of private- and public-sector officials was formed to guide a collaborative effort called the New Communities Initiative. The city of Wichita set aside \$250,000 for the creation of a detailed strategic plan to address the problem of more than 800 vacant houses, a low student graduation rate, and high unemployment. With the plan in hand, city officials now plan to initiate a formal request for proposals to implement it. Already, the city has built a new school in the community and increased the types of family supportive services available to residents, including transitional case management services for people released from incarceration.

The authors of the guide note that no single housing approach will be a perfect fit for a jurisdiction. The guide is designed to help community leaders and policy makers increase their knowledge of reentry housing alternatives and specific approaches to creating more housing options to improve the chances that individuals will reenter the community safely and successfully.

Publication of *Reentry Housing Options: The Policymakers' Guide* was supported by the Bureau of Justice Assistance, U.S. Department of Justice, and is available at justicecenter.csg.org.

NEWS BRIEFS

Kaiser state-level report on gains and costs of Medicaid expansion: Medicaid expansion under health reform will significantly increase the number of enrollees and markedly reduce the uninsured population in most states—and the federal govern-

ment will pay nearly all of the cost, according to an analysis released by the Kaiser Commission on Medicaid and the Uninsured. The analysis shows the distribution of new Medicaid enrollees and costs for all 50 states and the District of Columbia, as well as the impact on rates of uninsured persons. Health reform will offer Medicaid coverage to millions of low-income adults for the first time and will also help establish a national floor for Medicaid eligibility instead of the current wide variation across states. States with large uninsured populations are expected to see the largest enrollment increases. In California and Texas, for example, there will be 1.4 million fewer uninsured adults in 2019 as a result of Medicaid expansion, with the federal government covering about 95% of the cost in each state. Nationally, the expansion will result in an additional 15.9 million people on the Medicaid rolls in 2019, and the number of uninsured will fall by more than 11 million. The federal government will pay 95.4% of the \$465 billion total cost. The analysis used two scenarios for estimations: one with participation rates used by the Congressional Budget Office and one in which governments and other organizations engage in aggressive outreach efforts to enroll eligible individuals. The report is available on the Kaiser Web site at www.kff.org/healthreform/8076.cfm.

Web site to promote healthy transitions to college: Recent research has found much evidence for what students and their families already know: making the transition to college is stressful. A student's emotional health can easily be overlooked during the transition year, when parents are focused on multiple challenges and may assume that the student is experiencing only excited anticipation. The American Psychiatric Foundation has partnered with the Jed Foundation to launch The Transition Year, a campaign to help students and their families focus on emotional health before, during, and after the college transition. At the heart of the

campaign is an online resource center (www.transitionyear.org) for students and parents that is divided into three sections: Choosing a School, Making the Transition, and Attending College. The Right Fit Worksheet, which the student and family complete for each potential school, focuses attention on the emotional fit between student and school and the specific mental health services and wellness programs available. More than 20 brief articles help students think about how aspects of the transition might affect their emotional life or cause stress—for example, living in a dorm or joining a fraternity or sorority—and offer tips on making choices about drinking, taking control of one's emotional life, and helping a friend. Several articles provide basic information about specific disorders. The section on attending college informs parents and students about what each can expect in the first months and how to get help if needed. The site also includes resources to help students who have a previously diagnosed condition. The American Psychiatric Foundation is the philanthropic and educational arm of the American Psychiatric Association. The Jed Foundation works to promote emotional health and prevent suicide among college students.

SAMHSA PSA campaign asks young adults to step up: Estimates from the Substance Abuse and Mental Health Services Administration (SAMHSA) indicate that 9.8 million adults aged 18 or older have a mental illness. Among young adults (age 18 to 25) the prevalence is highest, but the rates of treatment are lowest. SAMHSA and the Advertising Council have launched a series of public service announcements (PSAs) to educate and encourage young adults to support friends and family who are experiencing a mental health problem. The need for such a campaign is underscored by the 2009 Health-Styles Survey, conducted by SAMHSA and Porter Novelli, which showed that although 72% of young adults stated that a person with a mental illness would improve if given treat-

ment and support, only 33% believed that a person can eventually recover. The survey also found that only one in five young adults (22%) believed that people are generally caring and sympathetic to individuals with mental illness. The new television and Web PSAs encourage young adults to step up and help a friend through recovery. The PSAs direct audiences to the campaign Web site, (www.whatadifference.samhsa.gov), where they can participate in a discussion forum, find tools to help in the recovery process, learn about mental illnesses, read real-life stories about support and recovery, and see how friends can make a meaningful difference. Advertising time for the PSAs will be donated by the media. The PSAs can be viewed on the Ad Council Web site at www.adcouncil.org.

Program to support caregivers of injured veterans: On May 5 President Obama signed the Caregivers and Veterans Omnibus Health Services Act of 2010. Among its major provisions, the law establishes a new program to support caregivers of veterans severely injured after September 11, 2001. Many caregivers cannot maintain full-time employment, which limits their income and ability to obtain health insurance. Those who remain employed often give up opportunities for career advancement to care for their family member. The law provides training, counseling, mental health services, respite care, and a living stipend to caregivers, along with medical care under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) if they do not have health coverage. Other provisions of the law improve health care for veterans in rural areas, help the VA adapt to the needs of women veterans, and expand supportive services for homeless veterans. A summary of the provisions of the new law is available on the Web site of the Bazelon Center for Mental Health Law at www.bazelon.org. The Bazelon Center has a redesigned Web site and invites feedback from readers.

Two million calls to National Suicide Prevention Lifeline: In May the National Suicide Prevention Lifeline (800-273-TALK [8255]) answered its two millionth call since SAMHSA launched the network of crisis call centers in January 2005. Recent U.S. data indicate that suicides account for 34,598 deaths per year—almost twice the number of homicides (18,361). A caller to the Lifeline is immediately linked to a trained counselor at one of 147 local centers that is closest to the caller's location. Calls are confidential. Over the past five years, the Lifeline has found ways to broaden its reach. In July 2007 a partnership between SAMHSA and the VA linked the Lifeline to the Veterans Suicide Prevention Hotline, which provides around-the-clock access to specialized crisis counseling for veterans and their families. More than 250,000 callers have used the link. The specialized counseling is accessible by calling the Lifeline and pressing 1. In addition to its own Web site (www.suicidepreventionlifeline.org), the Lifeline has established a strong presence on the Internet and social networks. For example, the search engine Google posts the Lifeline's number near the top of the page when users search words such as "suicide," "commit suicide," or "kill myself." The Lifeline has established sites within the MySpace, Facebook, and YouTube networks where people can access information and help. In addition, visitors to an interactive site—Lifeline Gallery: Stories of Hope and Recovery—can use animated avatars to share their stories of hope and recovery (www.lifeline-gallery.org). "Relatively few people realize how pervasive suicide attempts and suicidal thoughts are in our society," said SAMHSA Administrator Pamela S. Hyde, J.D. "SAMHSA studies show that 8.3 million American adults have seriously contemplated suicide in the past year, with 1.1 million adults actually attempting it. Fortunately the Lifeline has made a remarkable difference in saving the lives of countless Americans."