

# The Homeless Pretrial Release Project: An Innovative Pretrial Release Option

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**THE HOMELESS RELEASE** Project (HRP) is a pretrial release and case management program for homeless misdemeanants. HRP, like other recent innovations in community corrections, is modeled on enhanced partnerships between judicial administrators and local providers as an effective method for aiding offenders' transitions back to their communities. HRP seeks to remedy the alienation offenders face from community and family networks (Irwin 1985) by addressing chronic homelessness and concurring court appearances through intensive case management. As such, the Homeless Release Project (HRP) serves dual purposes for a socially vulnerable population. As a pretrial release program, HRP plays an important role in reducing the jail population while ensuring compliance with court mandates; and as a model of community corrections, HRP monitors homeless offenders in the community through supervision and individualized care. In this article the authors describe how HRP functions to enhance individualized justice for offenders that are otherwise at risk for frequent reincarcerations and non-court compliance.

## Homelessness in San Francisco

In San Francisco, homelessness has long created burdens for the county jail, hospital facilities, and community social service agencies. A Housing Status Assessment of County Bookings report, written for the San Francisco Sheriff's Department, found that 39 percent of persons booked into the County Jail were either homeless or temporarily housed (Riker 1994). According to the City's Department of Public Health Annual Report (1997-98), San

Francisco has disproportionate rates of homelessness, substance abuse, and mental illness, including the highest rate of drug emergency room visits in the nation, the highest suicide rate, and the second highest rate of homelessness.<sup>1</sup> An estimated 30-40 percent of the homeless in San Francisco suffer from serious mental illness (Tuprin and Tate 1997), and upwards of 70 percent have substance abuse problems (Tuprin and Tate 1997; Homebase 1997). During fiscal year 1996-7, there were 9,114 involuntary detentions for psychiatric evaluation, giving San Francisco the highest per capita rate of any California county. Eighty percent of those detained were estimated to have co-occurring substance abuse disorders and fifty percent were estimated to be homeless. The average length of stay in the hospital was only 18 hours, and due to a lack of options, homeless individuals are often simply returned to the streets. Homeless populations are also vulnerable to high-risk health practices, such as needle sharing and unprotected sex, and infectious diseases, including hepatitis and tuberculosis (Wojtusik and White 1997). In 1998, the homeless accounted for 18 percent of all existing TB cases in San Francisco (Northern California Council for the Community 1998).

The effects of de-institutionalization of state mental health hospitals in the 1960s and 1970s is well documented, particularly the burden it

placed on jails due to increased arrests and incarcerations of mentally ill persons (Whitmer 1980; Walsh and Bricout 1992).<sup>2</sup> Belcher (1988) concluded that homeless mentally ill offenders are vulnerable to chronic decompensation unless they have a supportive and structured environment. Efforts to integrate mental health services into jails have generated basic services, yet the criminal justice system is further challenged by efforts to ensure continued compliance with follow-up care once the offender is released into the community (Kalinich et al. 1988; see Steadman, H.J. et al. 1989).

Like many jurisdictions across the country, San Francisco has emphasized police enforcement of offenses such as trespassing and public intoxication, increasing the number of homeless defendants. These homeless defendants exhibit a host of mental and medical issues that impede their ability to successfully navigate the judicial system, and must overcome a number of unique challenges beyond the lack of a stable address. The dilemma for all institutional and community actors is how to enable this specific clientele to meet court demands and provide individualized services relevant to their mental, medical, and emotional needs. Challenged by defendants with poor appearance records and obvious psycho-social needs, the Homeless Release Project provides the Court with an effective pretrial release option.

## Pretrial Innovation: Alternative Programming in the San Francisco County Jail

Before the implementation of HRP services, The Center for Juvenile and Criminal Justice (CJCJ), a nonprofit organization, initiated

<sup>1</sup> There are an estimated 11,000 to 14,000 homeless persons living in San Francisco (Homebase 1997).

<sup>2</sup> Walsh and Bricout (1996) studied how family contacts act as linkages to mental health agencies once the offender is released from jail; this work acknowledges the effectiveness of community ties in ensuring an offender's "continuity of care" (p. 73).

two population-specific pretrial release programs. In the early 1980s, California's fiscal crisis and increasing incarceration rates resulted in serious jail-overcrowding problems throughout the state. At the time, the San Francisco Sheriff's Department was already under a two-decade long consent decree to decrease its jail population and improve confinement conditions. In 1987, in response to this institutional crisis, CJCJ established the Supervised Misdemeanor Release Program (SMRP). SMRP is modeled after other pretrial release programs that emerged during the national bail reform movement in the 1960s (Thomas 1976); however, its targeted subpopulation of offenders is misdemeanants arrested on bench warrants. Persons arrested for new non-violent misdemeanor offenses are regularly released by the Sheriff's Department with a citation, or written promise to appear in court. However, once a bench warrant is issued for failure to appear, an offender cannot be released on his own recognizance without court approval. SMRP staff members screen the entire pretrial population, identify and interview eligible misdemeanants, and submit release recommendations to the Court. If the Court approves the release, SMRP staff members supervise the offender in the community to ensure that they attend all subsequent court dates until the case is disposed. The release of misdemeanor bench warrant offenders has had a substantial impact on the jail population. In 1999, SMRP staff screened over 2,300 cases; 844 were approved for release and 85 percent of these appeared in court.

During the early stages of SMRP's implementation, staff members recognized a growing number of homeless defendants who were not eligible for citation release because they lacked a local address, a basic requirement for consideration. In 1991, CJCJ staff collaborated with the Sheriff's Department to establish the "No Local" Citation Project, which targeted homeless offenders charged with otherwise citeable misdemeanor offenses or infraction warrants. The "No Local" project did not release persons charged with bench warrants, so court approval for the release was not required. Over the next six years, more than 1700 persons were released on their "promise to appear" in court, with a compliance rate of 76 percent. Due to the project's success, the San Francisco Sheriff's Department changed its citation policies in 1997 to no longer exclude homeless persons.

Though homeless persons arrested for new misdemeanor offenses are regularly released on their promise to appear, those arrested on bench warrants were ineligible for SMRP because staff could not maintain contact with the defendants to remind them of subsequent court dates. In 1996, CJCJ received funding from the United Way for a four-year pilot program (HRP) to provide community supervision for these offenders. HRP works to ensure that clients attend court appearances and links them to services that address the underlying issues that led to their arrest and incarceration.

### HRP: A Community-Based Treatment Model

The community-based treatment (CBT) model (see appendix 1) serves as the blueprint for providing individualized care to homeless offenders. The HRP caseworker plays an integral role in developing a care plan with the client and providing oral or written progress reports that are distributed to the judge, district attorney, and public defender at all subsequent court dates. Initially, HRP clients are interviewed through SMRP. Once identified, a SMRP staff member conducts a preliminary needs assessment and determines the offender's existing relationships with community providers and collects information on where the offender can be found in the community. This preliminary data is then submitted to the commissioner for a jail release recommendation and participation in the HRP program. If the release is approved, SMRP staff members arrange for temporary housing, possibly including a hotel voucher. The HRP case manager is then notified of the new client and the date of the initial court appearance. HRP staff accompany clients to all court dates and strive to gain their active participation in what can be an alienating and quick-paced process. Immediately following the first court date, the case manager conducts a more thorough needs assessment, collaborating with the client on designing a care plan which includes short- and long-term goals, such as obtaining temporary/permanent housing, entering a substance abuse program, or accessing medical treatment. The case manager often spends the majority of his time outside of court working with clients in shelters, encampments, hotels, and the street. Clients are also invited to drop in at the CJCJ office; staff members strive to make the office as inviting as possible by not requiring appointments and by providing food, clothing, tem-

porary storage, the use of the phone, and the office safe for holding cash.

The implementation of the care plan is often a collaboration between the case manager, judicial actors, and community providers. Beyond pending criminal matters, the majority of HRP's clients are also suffering from medical fragility, mental illness, and/or substance abuse; approximately 85 percent of HRP clients are dealing with substance abuse issues and 50 percent have been diagnosed with a co-occurring mental illness. Because of this, the HRP case manager not only works in conjunction with traditional judicial actors but also collaborates with multiple community actors to provide substantive remedies for homeless clients. A series of case histories will illustrate the diversity and complexity of individual caseloads and how HRP case managers act as mediators and advocates to homeless defendants in court and in the community.

Alex, a 42-year-old white male, was released to HRP after spending three weeks in custody on an assault charge and a motion to revoke his probation. Just prior to the offense, the shelter where Alex had been staying closed, his long-time therapist was transferred, and he stopped taking his psychiatric medication. The case manager presented a detailed treatment plan to the Court and Alex was granted a conditional release. Over the next five months, the HRP case manager collaborated closely with Alex's mental health providers to help monitor his medication; Alex also participated in counseling and anger management groups. Obtaining stable and safe housing is one of the most difficult challenges for the HRP case manager. A critical component of the HRP case manager's responsibilities includes ensuring that clients are enrolled on all appropriate supportive housing wait lists and monitoring their status. Years before, Alex had applied for subsidized housing for multiply diagnosed homeless persons, but the agency could not locate him. HRP staff contacted the wait list administrator and accompanied Alex to a series of interviews with the housing provider. Staff also applied for a grant to assist Alex with the security deposit, and after seven years of homelessness, Alex moved into his own apartment. Once his housing was stabilized, Alex was accepted into an intensive day treatment program. During this five-month period, Alex appeared before the court each month with the HRP case manager who presented a written report on Alex's progress as well as notes from the psychiatric provider. As Alex's case

illustrates, the CBT model seeks not only to accommodate court-mandated diversion requirements, but can also achieve individual long-term goals, such as permanent housing.

HRP is staffed by a full-time case manager/project coordinator and two part-time peer advocates. The case manager plays a crucial role in facilitating the court appearances, social services connections, and other individual needs, such as scheduling medical appointments. Often HRP clients can display disruptive behavior, inhibiting their ability to access services. Therefore, while assistance sometimes entails no more than a referral and a bus token, it often means accompanying a client to an appointment. The peer advocates (ex-offenders who are in recovery) assist the case manager and provide important mentorship to clients by helping them to control their frustrations during social service agencies' complicated intake processes. The use of peer advocates brings a special understanding of client issues to service delivery. The shared experiences of the client and peer advocate facilitate the most positive and successful program outcomes. The peer advocates are recruited to reflect the special needs of target populations within HRP's caseload, such as women, veterans, and persons living with AIDS.

Consider the case of Lou, a white Vietnam Veteran, who was arrested on a misdemeanor shoplifting bench warrant and released into HRP. Lou was an active substance abuser who had recently been diagnosed with AIDS. He missed his initial court date because he had been hospitalized to have a steel plate removed from his jaw. Prior to his hospitalization, Lou had been maintaining his sobriety, but blamed his subsequent relapse on being discharged from the hospital before he had detoxed from the pain medication used in the surgery. Lou was unfamiliar with the support services available to persons with AIDS, and expressed a hopeless attitude regarding his diagnosis. The peer advocate encouraged Lou to enter a detox program reserved for substance abuse users with AIDS, while obtaining a letter of his AIDS diagnosis from the Veterans Association, which would allow Lou to access other services. After Lou left detox, the peer advocate escorted him to a variety of service providers where he received emergency housing vouchers and re-applied for SSI. Lou's efforts to address his substance abuse problems were acknowledged by the Court and the criminal matter was diverted from prosecution.

Some clients have multiple criminal cases pending, so the HRP case manager must effectively coordinate with other judicial actors to ensure a positive outcome. Daniel was released to HRP after being arrested for a bench warrant for possession of stolen property. Daniel, a 26-year-old white male, was diagnosed with schizophrenia and substance dependency and had been homeless for three months after his family demanded that he move out. He was a long-term client in a psychiatric case management program, but due to a history of disruptive behaviors, he was barred from entering the building except to pick up his medication and see his payee. Daniel had been referred to the Adult Probation Department's Drug Diversion Program for a previous offense and had been attending groups in an outpatient substance abuse program. When the HRP case manager confronted him about his sporadic attendance, Daniel confided that due to his learning disability he was unable to complete the writing assignments, and the other participants made fun of his hygiene. It was apparent that Daniel required a program that would accommodate his mental illness and his learning disability. The HRP case manager worked with the public defenders to consolidate Daniel's cases into one courtroom and the judge ordered Daniel to complete a program for the dually diagnosed. Daniel's Clinical Care Manager was skeptical of his compliance because he had a history of walking away from programs, but he agreed to assist the HRP case manager in securing Daniel a bed in a 21-day detox program. After completing detox, Daniel transitioned into a secondary residential treatment program. After months of continued success, Daniel's diversion was deemed complete.

While approximately 50 percent of HRP clients are dually diagnosed, client issues are also gender specific. The vast majority of women clients have a history of domestic violence abuse. Rose was released into HRP after her arrest on a bench warrant for trying to pass a bad check. Rose was a 28-year-old African American woman and, at the time of her arrest, was seven months pregnant. She had been homeless for two years, and was commuting from a temporary winter shelter in a neighboring county that bused people back to San Francisco in the mornings. The HRP case manager initially worked with Rose to ensure that she made her pre-natal appointments at the County Hospital. At her next court appearance, Rose was referred to

the San Francisco Pre Trial Diversion Program. Rose moved in with her mother in Oakland and, with the case manager's assistance, transferred her TANF benefits (Temporary Assistance for Needy Families) to Alameda County. Rose returned to San Francisco after the birth of her son and lived with her boyfriend. However, that relationship turned abusive and the case manager used emergency funds to move Rose to a residential hotel. The HRP case manager also worked with the diversion case worker to modify her requirements to include counseling for the domestic violence. After several months of counseling, the case was dismissed and Rose stayed on with the program as a volunteer peer counselor.

Gwen provides another example of the special needs of female clients. Gwen, a 46-year-old white woman, was arrested for failing to complete a community service sentence stemming from illegal discharge of a projectile weapon (bow and arrow). During the initial HRP assessment, Gwen confided that she had been raped 18 months ago and requested assistance accessing mental health services to better cope with the trauma. She had been homeless for approximately six months when she fled an abusive relationship and lost her job as a recruiter for a high-tech employment agency. Although she had a Master's degree in counseling, she worked at odd jobs through a labor program and slept on the street because she was afraid of the shelters. With HRP's intervention, Gwen's case was dismissed on the condition that she seek counseling. HRP staff referred her to a private therapist funded through a victim's assistance program. The case manager also aided her in a job search by supplying her with bus tokens, and gave her the use of his office to work on her resume and make phone calls. HRP also temporarily subsidized her rent at a residential hotel. After a month, Gwen found a full-time position at another employment agency and moved into a shared living arrangement.

These individual case histories represent the kinds of dilemmas that the HRP case manager and peer advocates confront. The Community Based Treatment model seeks to simplify and demystify judicial processes while increasing client access to much needed social services. In sum, HRP functions to address systemic inequalities that plague a population of socially vulnerable offenders: homeless persons.

## Conclusion

Homelessness is a multifaceted social problem that is further complicated by the criminal justice system. The primary goal is to remedy the disconnect between external community providers and the criminal justice system. Homeless offenders typically lack ties to community resources, which undermines their ability to comply with court demands. As such, homeless offenders naturally pose a special challenge to pretrial release standards of court compliance, especially for urban jails that process large numbers of misdemeanants.

HRP's "pilot phase" funding from the United Way expired in June of 2000. During the successful campaign to include the program in San Francisco's 00/01 budget, San Francisco's Sheriff Michael Hennessey stated:

It has been our experience that many of the homeless misdemeanants who are eventually released with no supervision or support services upon disposition of their case by the courts, will soon return, again charged with minor offenses. This cycle of arrest, detainment, release, and re-arrest, creates an avoidable burden on our criminal justice system that can affect the public safety simply because of its unnecessary impact on our resources.

The Homeless Release Project serves as organizational linkage between a homeless person's detainment, subsequent court appearances, and community resources. HRP's unique approach to community corrections can yield a positive long-term impact through reduced re-offense rates and reduced costs of over-detainment.

An initial study comparing HRP graduates from the program's first year with a representative comparison group showed that HRP participants were half as likely to be rearrested. HRP's work demonstrates that when the individualized needs of homeless offenders are met—needs such as housing, benefits assistance, and mental health and substance abuse treatment—participants are better equipped to avoid future criminal behavior. The Homeless Release Project serves as an example of fiscally and socially sound public policy by increasing public safety while helping homeless people to break the costly cycle of arrest, incarceration, homelessness, and rearrest.

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**FIGURE 1**  
*Homeless Release Project*

