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Profiles of criminal justice system involvement of mentally ill homeless adults

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ABSTRACT

Objectives: This study aims to examine the rates of self-reported contacts with the criminal justice system among homeless adults with mental illness, to identify the characteristics of participants who have had contacts with the criminal justice system, to report the dimensional structure of criminal justice system involvement in this sample, and to identify typologies of justice-involved participants.
Methods: Self-report data on criminal justice system involvement of 2221 adults participating in a Canadian Housing First trial were analyzed using multiple correspondence and cluster analysis.
Results: Almost half of the participants had at least one contact with the criminal justice system in the 6 months prior to study enrollment. Factors associated with justice involvement included age, gender, ethnic background, diagnosis, substance misuse, impulse control, compliance, victimization, service use, and duration of homelessness. A typology of criminal justice involvement was developed. Seven criminal justice system involvement profiles emerged; substance use and impulse control distinguished the clusters, whereas demographic and contextual variables did not.
Conclusions: The large number of profiles indicates the need for a diverse and flexible range of interventions that could be integrated within or in addition to current support of housing services, including integrated substance use and mental health interventions, risk management strategies, and trauma-oriented services.
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1. Introduction

In recent years, homeless populations have increased in most industrialized countries (Canadian Institute for Health Information, 2007; Girard, Estecahandy, & Chauvin, 2010; U.S. Department of Housing and Urban Development (HUD), 2011; UK Statistics Authority, 2013). North American estimates indicate that 20–50% of homeless men and women live with a mental illness (Aubry, Klodawsky, & Coulombe, 2012; Goering, Tolomiczenko, Sheldon, Boydell, & Wasylenki, 2002; Haugland, Siegel, Hopper, & Alexander, 1997; Hwang, 2001; North, Eyrich, Pollio, & Spitznagel, 2004). The co-occurrence of homelessness and mental illness (MI), often in combination with substance misuse, creates public health and safety concerns and a growing economic burden, due to increased risk of behavioral problems and criminal justice system (CJS) involvement (Copeland et al., 2009; Desai, Lam, & Rosenheck, 2000; Fowler, Toro, & Miles, 2009; Greenberg & Rosenheck, 2008; Martell, Rosner, & Harmon, 1995). Our recent systematic review revealed that lifetime arrest rates for homeless adults with MI range from 62% to 90% and lifetime incarceration from 48% to 67% (Roy, Crocker, Nicholls, Latimer, & Ayllon, 2014).

CJS involvement of homeless adults with MI plays a central role in understanding the community integration of this high-needs, complex population, and ultimately when constructing treatment and management plans. CJS involvement is a significant predictor of duration of homelessness for newly homeless adults (Caton, et al., 2005), and of chronic homelessness (Levitt, Culhane, DeGenova, O'Quinn, & Bainbridge, 2009; McGuire & Rosenheck, 2004). Prolonged homelessness may be related to the fact that CJS involvement results in fragmented care (Copeland, et al., 2009), reduces employment prospects, and negatively affects community adjustment (Anthony, 1994; Frounfelker, Glover, Teachout, Wilkniss, & Whitley, 2010).

There is considerable heterogeneity among homeless individuals with MI, in terms of psychiatric symptoms, duration of homelessness, extent of concurrent substance use disorders, as well as nature and frequency of prior involvement in antisocial and criminal behaviors (Aubry, et al., 2012; Cheng & Kelly, 2008; McAllister, Lennon, & Li,

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2011). Certain subgroups of homeless persons with MI will be more likely than others to interact with the criminal justice system. For example, previous studies indicate that a significant portion of justice involvement in this population arises from subsistence strategies and survival-related offenses (Cohen, Sokolovsky, & Crane, 2001; Fischer, Shinn, Shrout, & Tsemberis, 2008). Thus, some authors have suggested that CJS involvement might be better represented by typologies according to nature and frequency of offenses (Benda, Rodell, & Rodell, 2003; Constantine, et al., 2010), although this has never been tested empirically. Better understanding the typologies of CJS involvement in this population is key to creating, adapting, and implementing focused strategies and interventions at the individual and systemic levels.

We examine CJS involvement in a sample of Canadian homeless persons with MI recruited for the At Home/*Chez soi* (AH/*CS*) project, the largest worldwide study of Housing First (Goering, et al., 2011; Goering, et al., 2014). The analyses reported here move beyond the identification of individual predictors and instead aim to understand the dimensional structure of CJS involvement in this population, as well as different profiles of involvement with the CJS. More specifically, this study has four objectives: 1) to examine the rates of self-reported contacts with the CJS among homeless adults with MI; 2) to compare the demographic, clinical, and contextual characteristics of study participants who have had contacts with the CJS with those who have not; 3) to report the dimensional structure of CJS involvement; 4) to identify tentative typologies of justice-involved participants.

2. Methods

A detailed description of the AH/*CS* study protocol has already been published (Goering, et al., 2011). Briefly, the AH/*CS* project is a research and demonstration project providing supported housing to homeless men and women with MI across five Canadian cities (Moncton, Montreal, Toronto, Winnipeg, and Vancouver). The intervention consists of the provision of Housing First to homeless adults with MI, including either Intensive Case Management (ICM) or Assertive Community Treatment (ACT) according to participants' level of need. For the current study, data across the five sites from the baseline assessment, completed at eligibility assessment, were used and do not differentiate between the treatment allocation groups. Institutional research ethics approvals were obtained from universities or healthcare organizations for each of the five site studies and nationally. All participants provided written informed consent.

2.1. Participants

Participants were recruited from a variety of settings (e.g., streets, shelters, day centers, hospital referrals, etc.). Recruitment started in October 2009 and ended in June 2011. Inclusion criteria were (1) legal adult age (≥18 or 19, depending on the province); (2) absolutely homeless or precariously housed; (3) presence of a mental illness as primary diagnosis with or without a co-occurring substance use disorder, determined with DSM-IV criteria from the Mini International Neuropsychiatric Interview 6.0 at the time of enrollment. Exclusion criteria were (1) currently a client of another ICM or ACT program, (2) no legal status as a Canadian resident, landed immigrant, refugee, or refugee claimant.

2.2. Measures

Five CJS involvement variables from self-reported interview data were examined: arrests, formal charges, court appearances, detention in police station cells for less than 24 h, and detention for more than 24 h in jail or prison, in the 6 months preceding enrollment. The first four of these variables were collected through a questionnaire, the Health, Social, and Justice Service Use (HSJSU) inventory (Goering, et al., 2011). The HSJSU was developed and pre-tested specifically for the AH/*CS* study following a systematic review of service use inventories in the published literature (Adair, et al., 2012). Incarceration was assessed via self-report using the Demographics, Services & Housing History Questionnaire, also designed specifically for the target population (Goering, et al., 2011). Variables likely to predict involvement with the CJS or typologies of CJS involvement were identified via a systematic review of the literature (Roy et al., 2014). Table 1 presents the predictor variables that were collected as part of the study, as well as the instruments used for data collection.

2.3. Statistical analyses

2.3.1. Descriptive statistics

Rates of CJS involvement were described using five dichotomous variables: (1) arrest/no arrest, (2) court appearance/no court appearance, (3) detention in police cell/no detention, (4) charge/no charge, and (5) incarceration/no incarceration. A new variable was computed to account for any justice contact in the past 6 months, so as to create two groups (justice involved and non-justice involved). Categorical data were compared between justice-involved and non-justice-involved individuals using Pearson's chi-square or Fisher's exact test. Continuous data were compared using Student's t-test or Wilcoxon's rank-sum test. Rates of missing values ranged from 0 to 6% of all observations and were excluded from analyses. Descriptive analyses were carried out using STATA 12.0, and significance level was set at $p \leq 0.01$.

2.3.2. Multiple correspondence and cluster analyses

To explore the typologies of CJS involvement, we used multiple correspondence analysis (MCA) (Benzécri, 1973; Greenacre, 2007) followed by cluster analysis. The results of MCA provide information similar in nature to those produced by principal component analysis, but for categorical data. In this study, MCA was applied to the subsample of participants who were arrested at least once in the past 6 months, so as to avoid the problem that MCA would uncover only two dimensions in the larger dataset: justice involvement vs. no justice involvement. Profiles were generated from eight categorical variables: frequency of arrest, reason of arrest, frequency of charge, reason of charge, frequency of detention in police cell, frequency of incarceration, frequency of court appearance, and reason of court appearance. Although MCA

Table 1
Measures of independent variables for analyses on criminal justice system involvement.

Variables	Instruments
Demographic characteristics	Demographics, Service and Housing History questionnaire (DSHH; specifically designed for the At Home/*Chez Soi* project)
Severity of psychiatric symptoms	Modified Colorado Symptom Index
Severity of substance use	Global Assessment of Individual Needs – Substance Problem Scale
Diagnoses	MINI International Neuropsychiatric Interview 6.0
Impulse control	Multnomah Community Ability Scale – item 17
Intellectual functioning	Hopkins Verbal Learning Test – Revised (HVLT-R) Trail Making Test Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV): Digit Symbol (Coding) Subtest only
Medical comorbidity	Comorbid Conditions questionnaire
Treatment compliance	Multnomah Community Ability Scale – item 14
Lifetime duration of homelessness	DSHH
Age when first homeless	DSHH
Victimization	Health, Social, Justice Service Use questionnaire (HSJSU)
Social network	Multnomah Community Ability Scale – item 12
Use of services (health and social, emergency room, ambulance)	HSJSU

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