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Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails

Recommendations to California's Council on Criminal Justice and Behavioral Health



Justice Center
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Introduction

Homelessness is a longstanding problem in California, as it is in much of the U.S. While homelessness has many root causes, including an overall lack of affordable housing and lack of coordination between social service systems, incarceration is a major risk factor. Nationally, people who are formerly incarcerated are almost 10 times more likely to experience homelessness than the general public.¹

In turn, people with behavioral health conditions, such as mental illnesses and substance use disorders, face increased risk of incarceration, compounding their already elevated risk of experiencing homelessness.² Indeed, people with behavioral health conditions make up a significant proportion of California’s jail and prison populations; available data suggest that roughly one-third of people in the state’s prisons and jails have some level of mental health diagnosis.³

The causes of the connections between homelessness, behavioral health conditions, and involvement with the criminal justice system are many. However, they are rooted in the deinstitutionalization of mental health care in the 1970s and 80s. This change came without a corresponding increase in the housing and community-based services needed to support people with mental illnesses living independently and resulted in an “institutional circuit” between shelters, jails, and emergency rooms.⁴ In many communities, a small subset of people now use a significant share of these systems at great public cost.⁵ These dynamics also have racial implications; Californians of color are overrepresented both in the criminal justice system and among people experiencing homelessness. And Black and Latinx people have higher rates of unmet mental health needs than the general state population.⁶

Unless action is taken to address these challenges, people will continue to cycle between incarceration and homelessness with unmet behavioral health needs. This report highlights 5 areas where people with behavioral health needs leaving California prisons and jails (i.e., the report’s “target population”) experience the greatest challenges in accessing housing. It also provides 10 complementary recommendations for actions that state, county, and local leaders can take to reduce homelessness among this population. Against the backdrop of California’s larger and long-standing affordable housing crisis, it may seem daunting to prioritize the significant housing and supportive service needs of this population. However, the recommendations in

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this report build off existing efforts and account for the distinct strengths and needs of California’s communities. The report also reflects focused research and policy analysis, as well as interviews with key staff, leaders, and people with firsthand experience in the criminal justice system from diverse communities across the state.

Connecting People Leaving Incarceration with Housing: What Works

Evidence suggests that a highly effective way to reduce future contact with law enforcement and reincarceration is to connect people to housing as they leave prison or jail.

When paired with supportive services, housing can also serve as a platform to address underlying behavioral health needs.⁷ **The most effective interventions follow a Housing First approach** in which housing is made available with as few barriers as possible, and there are no preconditions such as sobriety or treatment engagement.⁸ California now requires all state-funded housing programs serving people experiencing homelessness to use this approach.⁹ Housing First encompasses two complementary, evidence-based models that are used to meet different levels of housing and behavioral health needs:

Permanent supportive housing provides subsidized housing with tenant-driven, wraparound services and supports, such as case management,¹⁰ mental health treatment, and supported employment. It has been shown to increase housing retention and service engagement for people with significant behavioral health and health care needs.¹¹ This intensive and relatively expensive approach is typically reserved for people with the most serious need for behavioral health treatment and housing supports.

Rapid re-housing, by contrast, is a time-limited intervention that provides short-term rental assistance and other supports such as housing search assistance (also known as housing navigation) and assistance with move-in costs (i.e., first and last month's rent and security deposit). This model typically includes only limited ongoing support, such as landlord mediation, to maintain housing stability. It is most appropriate for people who need assistance with locating housing and affording move-in costs but who have the financial resources and support networks to remain stably housed with minimal ongoing financial assistance and behavioral health supports.

Individual assessment of housing and behavioral health needs will help determine which model is most appropriate for a person as they leave prison or jail, or if their needs can be met with a different intervention. For example, people that require limited or no ongoing behavioral health services may be good candidates for mainstream, affordable housing options such as subsidized units owned by Public Housing Authorities, management companies, or private market apartments coupled with rental assistance. In this instance, case management services, if needed, could be obtained through community-based organizations.



Findings:

Key Challenges Leading to Unmet Housing and Behavioral Health Needs

From state policymakers to individuals who have returned from incarceration, people interviewed for this report universally expressed the importance of providing housing to ensure a successful transition from prison or jail back to the community for people with behavioral health needs.

However, several key communication, policy, and resource challenges emerged as barriers to reaching this goal. Interviewees identified five areas as most critical for action:



Silos between criminal justice and other systems

While the criminal justice, behavioral health, and housing systems often serve many of the same people, lack of communication mechanisms and shared understanding can make collaboration difficult. Interviewees noted that there are not enough opportunities for discharge planners, parole and probation officers, and community housing providers to coordinate housing discharge plans while people are incarcerated. They also emphasized that people leaving prison or jail are not always able to access evidence-based housing opportunities due to misconceptions about the adequacy of support and structure provided by Housing First programs. For example, state corrections staff reported that, despite evidence showing that people are able to engage in treatment and other needed supportive services with Housing First approaches, some state-funded community housing providers are reluctant to accept people leaving incarceration if they are not first engaged in these supportive services.

Other times, people leaving incarceration are not connected with available housing opportunities due to a lack of referral relationships or communication mechanisms to support increased collaboration. Interviewees across systems emphasized the importance of “in-reach” for community providers to inform people leaving prison and jail and discharge staff about available housing opportunities. Community and state agency staff also underscored the lack of mechanisms to connect people to local Continuum of Care (CoC)¹² Coordinated Entry (CE) systems, which govern access to all the U.S. Department of Housing and Urban Development (HUD)-funded housing and supportive services for people experiencing homelessness.¹³ CE systems have many points of intake throughout the community, but state agency leaders noted that intake in a prison or jail setting is still relatively rare statewide.

Because of both the misconceptions and cross-system collaboration challenges discussed above, corrections agencies often focus their efforts on housing that’s readily available for people leaving prison or jail. These programs, such as transitional or recovery housing, are usually not Housing First programs and are funded by corrections agencies themselves (with placement also mandated in some cases). While these housing options are important resources given the limited supply of affordable housing, they are sometimes a poor fit for people with behavioral health needs as they do not always provide connections to permanent housing or accommodate for relapse as part of the recovery process.¹⁴



Lack of data on homelessness risk and housing needs

California policymakers do not have a full picture of the risk of homelessness among people who are incarcerated because available data are severely limited. This hampers efforts to advocate for increased housing and supportive service resources for the target population. In fact, public-facing data concerning people leaving prison are limited to people released into parole supervision. And publicly available jail data are limited to jurisdictions that conduct and publish the results of homelessness screenings. Complicating matters further, these jurisdictions may also have differing definitions of homelessness. See the *Data Appendix* for an overview of these data and a fuller discussion of limitations.

... because housing needs assessments are not conducted consistently in prisons and jails throughout the state, the resulting lack of data on housing needs makes it difficult for discharge planning staff to connect people to housing based on their income level and behavioral health needs.

Similarly, because housing needs assessments are not conducted consistently in prisons and jails throughout the state, the resulting lack of data on housing needs makes it difficult for discharge planning staff to connect people to housing based on their income level and behavioral health needs. In particular, criminal justice agency interviewees noted that parole assessments, when conducted, do not necessarily incorporate evidence-based behavioral health or housing interventions that are critical to successful community stability. Interviewees with lived experience also noted that prison and parole staff do not always make referrals to programs for which they may qualify. And in jail settings, these assessments may not be conducted at all due to time or resource constraints. As a result, communities are often not able to effectively target scarce housing resources to those for whom they may be most appropriate (see *Connecting People Leaving Incarceration with Housing: What Works* above).



Lack of resources and stigma among housing providers

Securing housing requires a significant investment of resources, which people leaving prison and jail often lack. Indeed, locating affordable housing can require extensive searching of online and print resources, phone calls and emails to potential landlords, and reliable transportation to explore prospective housing options. Move-in costs can also be substantial, as can the costs of establishing utility service, particularly if arrears are owed. These constraints place a particular burden on people with behavioral health conditions, who must simultaneously also negotiate connections to care after release, especially if not provided as part of their housing.

Even when appropriate housing can be located, stigma and restrictions regarding people with criminal records are another major barrier to accessing housing.¹⁵ Interviewees with lived experience cited exceptional difficulties finding landlords willing to rent to them due to their criminal records, often preventing them from moving to neighborhoods of their choice that they felt would help them put their past behind them. Some subsidized housing providers, including Public Housing Authorities and private management companies, also impose their own criminal record restrictions beyond the narrow restrictions required by HUD.¹⁶ These additional restrictions are often broad in scope, encompass long look-back periods, and factor in relatively minor offenses. Finally, interviewees also emphasized that even among providers who explicitly serve

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vulnerable populations, such as people with behavioral health needs, there can still be significant stigma against people leaving incarceration because of a perception that they are more difficult clients to serve.



Regulatory barriers to accessing housing resources

HUD funds the vast majority of homeless assistance available in any given community via local CoCs.

While it is critical to connect people leaving incarceration with these resources, some segments of the target population are disqualified or disadvantaged due to HUD eligibility and prioritization requirements. Specifically,

People who have been incarcerated for over 90 days often do not meet the federal definition of homelessness and therefore may be ineligible for assistance.

people who have been incarcerated for over 90 days often do not meet the federal definition of homelessness and therefore may be ineligible for assistance. Furthermore, many types of CoC assistance are prioritized for people considered “chronically homeless” by HUD; people incarcerated more than 90 days in a year are also unlikely to qualify for this status.¹⁷

California has attempted to increase housing opportunities for the target population through state-funded programs, but such programs also have similar barriers that make it difficult for this same group of people to access them. For example, the Housing and Disability Advocacy Program (H-DAP) provides housing assistance coupled with

supportive services for people with disabilities. Although a significant proportion of people leaving prisons and jails also have a diagnosed disability, participants for H-DAP must still qualify under the limited federal definitions of homelessness.¹⁸

By contrast, No Place Like Home, a permanent supportive housing program designed to provide community-based housing to people transitioning out of institutional settings as part of the California *Olmstead* Plan,¹⁹ specifically focuses on people who experienced homelessness prior to incarceration as an eligible target population.²⁰ However, interviewees across systems reported that despite the increased focus, people leaving jails and prisons are still often not prioritized locally due to competition for limited available units.



Lack of available housing

Many people leaving incarceration need housing coupled with behavioral health care and other wraparound services to address their underlying needs and thereby reduce the chances of future homelessness. Although jail and prison data on housing needs are very limited, according to available data, between 17 and 39 percent of people in California jails report experiencing homelessness within 30 days prior to their incarceration and therefore may need ongoing rental assistance after release. Another 15 to 42 percent report a history of homelessness within the year before their incarceration and may need assistance to connect with housing opportunities and meet initial affordability challenges, such as rapid re-housing or housing navigation. Further, up to 26 percent of all people in California jails may need housing options that include supportive services to address underlying behavioral health needs, including interventions such as permanent supportive housing.

Up to 26 percent of all people in California jails may need housing options that include supportive services to address underlying behavioral health needs, including interventions such as permanent supportive housing.

Finally, up to 39 percent of all people entering parole from California prisons report “moderate or high rental instability” and may likely also need some level of rental assistance after release.²¹

Despite the critical importance of housing for this population, the current California housing market is extremely tight. As of 2018, there were only 23 affordable units available for every 100 Californians who were in need of housing and had extremely low income.²² Therefore, the target population is usually in competition with other vulnerable groups as well

as the general public for these scarce resources. Public Housing Authorities and private owners of subsidized housing do have the latitude to set aside units and rental assistance resources (such as Section 8 Housing Choice Vouchers) or establish admission preferences for certain target populations, including those in need of supportive services. However, interviewees across housing, criminal justice, and behavioral health noted that such units explicitly focused on the reentry population are rare. Interviewees also underscored a general lack of larger units; the majority of housing options geared toward people with justice system involvement cater to single men without children, hampering efforts toward family reunification.

The Los Angeles County Flexible Housing Subsidy Pool: Meeting Needs through a Public-Private Partnership

Public-private partnerships are a proven approach to addressing resource constraints that often limit provision of housing and supportive services.

The Los Angeles (L.A.) County Flexible Housing Subsidy Pool (FHSP) is a partnership initially supported by the Conrad N. Hilton Foundation that provides rental units for people with behavioral health conditions who are experiencing homelessness.²³ The program funds rental subsidies, case management, and other supportive services, and has housed over 8,000 people since 2013. Key to the program's operational success is a nonprofit partner, Brilliant Corners, who maintains an inventory of available private market housing units, handles all related administrative duties such as inspections and subsidy payments, and provides eviction prevention services when needed.

The L.A. County FHSP funds a range of rental assistance programs that serve different subpopulations, including people in the criminal justice system.²⁴ One permanent supportive housing program is operated by the county's Office of Diversion and Reentry (ODR), whose target population is people in the justice system with behavioral health needs.²⁵ Program participants have their cases settled and are released from jail, placed on probation, and then immediately entered into interim housing. Clients are connected with a case management provider while still in jail, and this relationship continues through their placement into permanent housing, where they remain the main point of contact for behavioral health and other supportive service needs.²⁶ Between August 2016 and October 2020, ODR has placed 541 people into permanent supportive housing.²⁷ As of April 2019, 91 percent of participants remained stably housed after 6 months, 74 percent were stably housed after 12 months, and 86 percent had no new felony convictions in the 3 years following program inception.²⁸

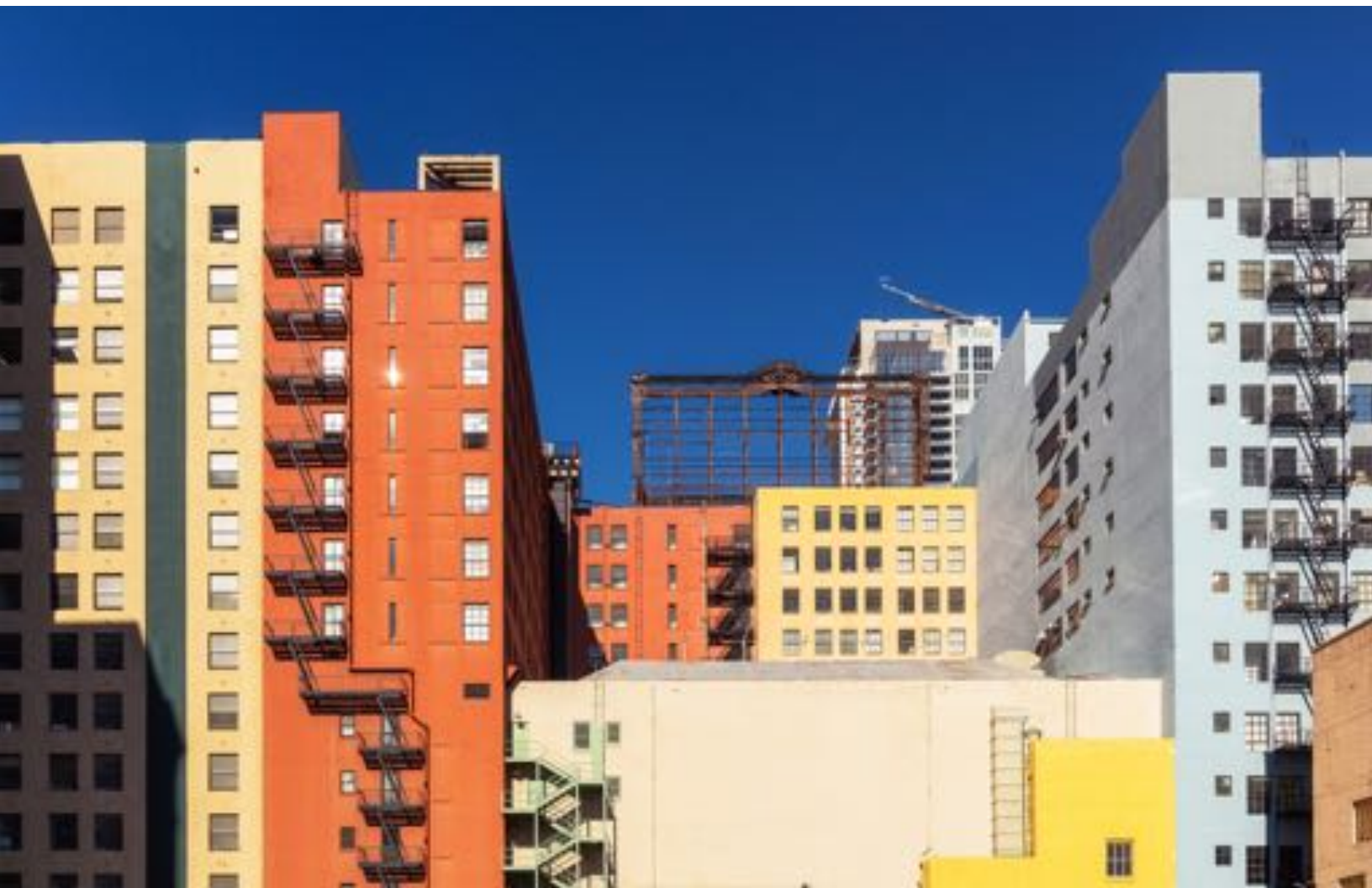
Recommendations and Action Items for Policymakers

The findings above clearly establish that the lack of housing opportunities for people leaving incarceration is a multi-faceted problem. However, this means that policymakers also have a selection of impactful measures they can take to address the issue.

This report presents 10 recommendations that directly address one or more key findings and offer suggested actions that state and county/local leaders can take. For example, to address the finding of silos between criminal justice and other systems, state and county/local leaders can lay the groundwork for interagency collaboration, connect people to the homeless assistance system, quantify housing needs, leverage supportive service resources, and train staff across systems (corresponding to Recommendations 1, 4, 5, 7, and 9).

The recommendations in this report, and their corresponding action items, were developed based on more than 35 interviews with key leaders across California in government, criminal justice, housing, research, and other sectors, as well as people who have firsthand experience trying to access housing after incarceration. They are also based on the CSG Justice Center's review of best and promising practices at the intersection of housing, criminal justice, and behavioral health, as well as review of California-specific data and practices. While these recommendations do not need to be implemented sequentially, they are presented in a progression. Beginning with a foundation of collaboration and coordination to maximize existing housing resources, these recommendations build toward making the housing and supportive service investments that will be critical to improving long-term housing and public safety outcomes for the target population.

Some recommendations, such as encouraging interagency collaboration, can be implemented with almost immediate results for minimal or no additional costs. Others—such as the development of new, affordable housing—are recommendations that require funding and time to yield results but are nonetheless essential to success. Together, the 10 recommendations provide a thorough approach to reducing homelessness among people leaving prison and jail that is based on empirical research and expertise of those designing, implementing, and experiencing policy in this area. The recommendations and the corresponding findings they address are listed below, along with a brief explanation for why each matters:



Recommendations and Action Items for Policymakers



Silos between criminal justice and other systems



Lack of data on homelessness risk and housing needs



Regulatory barriers to accessing housing resources



Lack of resources and stigma among housing providers



Lack of available housing

RECOMMENDATION	FINDINGS ADDRESSED	WHY IT MATTERS
1. Facilitate cross-system collaboration and coordination to address housing and supportive service needs of the target population.	    	People with behavioral health needs leaving correctional institutions come into contact with multiple state, county, and local agencies. Ensuring coordination and the best use of each system's limited resources requires structured collaboration across criminal justice, behavioral health, and housing, as well as other social services.
2. Identify people in custody who are at risk of homelessness.	    	Universal screening in prisons and jails to identify people at risk of homelessness upon reentry allows discharge planners to start their work as early as possible, increasing the chances of successful housing placements after release.
3. Assess individual housing needs prior to release.	    	For people identified to be at risk of homelessness, a more detailed individual housing needs assessment should drive reentry planning so that housing, treatment, and other supports can be provided based on their unique needs.
4. Connect people leaving incarceration to the homeless assistance system.	    	Systematic connections between homeless assistance systems, prisons and jails, and parole and probation ensure that people leaving incarceration have access to mainstream housing assistance and reduce their chances of “falling through the cracks” upon reentry.
5. Quantify the housing and service needs of the state's correctional population.	    	Accurate data about the housing and service needs of the state's diverse prison and jail populations are essential to support funding requests for increased housing and supportive service resources, while also helping policymakers respond to changing trends.

Recommendations and Action Items for Policymakers



Silos between criminal justice and other systems



Lack of data on homelessness risk and housing needs



Regulatory barriers to accessing housing resources



Lack of resources and stigma among housing providers



Lack of available housing

RECOMMENDATION	FINDINGS ADDRESSED	WHY IT MATTERS
6. Increase available resources to meet immediate housing needs of the target population.		By expanding resources for rental assistance and other financial supports and incentives, this target population will have greater access to currently existing housing.
7. Leverage supportive service investments to connect the target population with housing opportunities.		By increasing and deploying existing supportive service resources, this target population will be more likely to successfully secure and maintain housing.
8. Prioritize additional housing resources for the target population.		Given the scarcity of affordable housing throughout California, prioritized resources for this target population are necessary to reduce the likelihood of people leaving incarceration for homelessness.
9. Equip staff across systems to meet the housing needs of the target population.		In order to meet the complex housing and service needs of the target population, staff across systems need knowledge and skills from diverse disciplines.
10. Develop new, affordable housing supply statewide.		Given the scope of housing need of this target population and the ongoing lack of affordable housing in California, increased housing stock is the only true long-term means of stopping the cycle of homelessness and justice involvement for people with behavioral health needs.

To facilitate implementation, the next several pages include detailed action items for both state and county/local leaders for each of the 10 recommendations.

These pages also include approximate levels of funding and timeframes for each action item based on CSG Justice Center staff experience working with policymakers to implement changes at the state and county/local level. While most of these recommendations will require *ongoing action*, the timeframes provided reflect when policymakers might expect to see initial results. Each main action item is in bold with any supporting actions following.



1. Facilitate cross-system collaboration and coordination to address housing and supportive service needs of the target population.



STATE-LED ACTIONS	COUNTY/LOCAL-LED ACTIONS	TIMING AND COST
<p>Ensure that existing state-level agencies and councils prioritize the housing and supportive service needs of the target population.</p> <p>Monitor progress implementing the recommendations of this report, identify potential financial and in-kind resources (e.g., technical assistance), and coordinate state and county/local-level efforts.</p>	<p>Invite local leaders representing homelessness services (e.g., CoCs, Public Housing Authorities) to existing interdisciplinary meetings, such as community corrections partnerships or Stepping Up²⁹ task forces.</p>	<p>Timing</p> <ul style="list-style-type: none"> ● Short-term ● Mid-term ● Long-term <p>Cost</p> <p>\$</p>

2. Identify people in custody who are at risk of homelessness.



STATE-LED ACTIONS	COUNTY/LOCAL-LED ACTIONS	TIMING AND COST
<p>Create a set of brief homelessness risk screening questions that can be delivered by jail intake staff, consistent with California Department of Corrections and Rehabilitation (CDCR) definitions of homelessness and using CDCR or other existing screenings as a starting point.³⁰</p> <p>Provide technical assistance to implement this process with a pilot group of jails.</p> <p>Provide financial incentives to scale jail assessment efforts.</p> <p><i>NOTE: CDCR already conducts this screening for the state prison population.</i></p>	<p>Adopt an appropriate brief jail homelessness risk screening and incorporate it into existing screenings/assessments (i.e., for behavioral health and criminogenic needs) and/or discharge planning processes as time and resources permit.</p>	<p>Timing</p> <ul style="list-style-type: none"> ● Short-term ● Mid-term ● Long-term <p>Cost</p> <p>\$</p>

3. Assess individual housing needs prior to release.



STATE-LED ACTIONS	COUNTY/LOCAL-LED ACTIONS	TIMING AND COST
<p>Develop a consistent housing needs and homelessness risk assessment process using a generally accepted, evidence-based tool, such as the Justice Discharge Vulnerability Index Service Prioritization Decision Assistance Tool (JD-VI-SPDAT); implement this process in prisons and disseminate tools and provide training for implementation in local jails.</p> <p>During the CDCR discharge planning process, require that this assessment be universally conducted to inform the housing component of each client's transition plan.</p> <p>Conduct regular follow-up homelessness risk assessments with people released from prison to parole.</p>	<p>Facilitate partnerships between jails and homelessness services providers to adopt a housing needs and homelessness risk assessment to manage reentry planning, including identifying permitted and available funding sources for in-reach.</p> <p>Conduct regular follow-up homelessness risk assessments with people on probation.</p> <p>Identify funding stream(s), such as the Mental Health Services Act or Public Safety Realignment (AB109) funds, for jails to develop in-reach capacity. Scale efforts as feasible.</p>	<p>Timing</p> <ul style="list-style-type: none"> ● Short-term ● Mid-term ● Long-term <p>Cost</p> <p>\$\$</p>

4. Connect people leaving incarceration to the homeless assistance system.



STATE-LED ACTIONS	COUNTY/LOCAL-LED ACTIONS	TIMING AND COST
<p>Working with local CoCs, develop a referral or direct data input mechanism to connect clients being released from CDCR with CE systems, and to deem them eligible for prioritization based on local procedures and standards. Scale jail in-reach efforts to conduct this process in a broader set of jurisdictions.</p>	<p>Pilot direct intake (referral or direct data input) into local CE systems in jails who opt into developing expanded in-reach capacity.</p>	<p>Timing</p> <ul style="list-style-type: none"> ● Short-term ● Mid-term ● Long-term <p>Cost</p> <p>\$\$</p>

5. Quantify the housing and service needs of the state's correctional population.



STATE-LED ACTIONS	COUNTY/LOCAL-LED ACTIONS	TIMING AND COST
A		
<p>Provide resources, technical assistance, and financial incentives for jails to publicly report on the prevalence of homelessness risk among their populations.</p> <p><i>NOTE: CDCR already publicly reports on the prevalence of homelessness risk for the state prison population.</i></p>	<p>Report publicly on the prevalence of homelessness risk among county jail populations as time and resources permit.</p>	<p>Timing</p> <ul style="list-style-type: none"> ● Short-term ● Mid-term ● Long-term <p>Cost</p> <p>\$</p>
B		
<p>Allocate resources to fund ongoing statewide matching efforts between CDCR, CoCs, and health/behavioral health system data to identify population needs and patterns of high system utilization.</p>		<p>Timing</p> <ul style="list-style-type: none"> ● Short-term ● Mid-term ● Long-term <p>Cost</p> <p>\$</p>
C		
<p>Support similar efforts on the local level to match jail, CoC, and health/behavioral health system data:</p> <p>Identify supporting agencies (e.g., state agency, university partner, etc.) to provide data matching/storage capacity and technical assistance;</p> <p>Provide technical assistance, a data warehouse, and analysis services to local jurisdictions as needed and feasible;</p> <p>Identify resources and a timeline to expand matching efforts or centralize jail data collection and matching efforts at a state or regional level; and</p> <p>Develop sample resources such as memoranda of understanding and data use agreements.</p>	<p>Pilot matching efforts between jail, CoC, and county health/behavioral health data in local jurisdictions as time and resources permit.</p>	<p>Timing</p> <ul style="list-style-type: none"> ● Short-term ● Mid-term ● Long-term <p>Cost</p> <p>\$</p>

6. Increase available resources to meet immediate housing needs of the target population.



STATE-LED ACTIONS	COUNTY/LOCAL-LED ACTIONS	TIMING AND COST
A		
Identify public or private funding for housing navigation services and limited rental assistance for people diverted from or leaving incarceration with low to moderate housing subsidy and behavioral health needs. Test this approach with both a prison and jail population and scale based on success and available resources.	Same as state-led actions	Timing <ul style="list-style-type: none"> Short-term Mid-term Long-term Cost \$
B		
Create a pool of incentives to be distributed or matched on a regional basis for private landlords to rent to people leaving prison or jail, such as small cash payments or risk mitigation insurance funds. These can be coupled with educational materials addressing common concerns. ³¹	Same as state-led actions	Timing <ul style="list-style-type: none"> Short-term Mid-term Long-term Cost \$\$
C		
Preserve existing Board & Care facilities by increasing reimbursement rates. ³²		Timing <ul style="list-style-type: none"> Short-term Mid-term Long-term Cost \$\$
D		
Provide matching funds, directly or through public-private partnerships, as well as technical assistance, for communities or regional consortia to establish rental Flexible Housing Subsidy Pools to provide housing and supportive services for people leaving incarceration with behavioral health needs.	Explore available private funding sources to help fund initial Flexible Housing Subsidy Pools pilots on the local level.	Timing <ul style="list-style-type: none"> Short-term Mid-term Long-term Cost \$\$\$

Continued on next page

6. Increase available resources to meet immediate housing needs of the target population.



STATE-LED ACTIONS	COUNTY/LOCAL-LED ACTIONS	TIMING AND COST
E		
Expand existing state-funded rental assistance for the target population through programs such as the Homeless Housing Assistance Program and Board of State and Community Corrections (BSCC) Adult Re-Entry Rental Assistance Grants. ³³		Timing <ul style="list-style-type: none"> Short-term Mid-term Long-term Cost \$\$\$
F		
	Facilitate partnerships between Public Housing Authorities and community supervision agencies, diversion programs, and social service providers to offer set-aside units, vouchers, and supportive services for people exiting or diverted from prison and jail.	Timing <ul style="list-style-type: none"> Short-term Mid-term Long-term Cost \$
G		
Partner with private funders to scale innovative models such as Alameda County's Homecoming Project, ³⁴ which subsidizes homeowners to provide short-term rentals to people leaving incarceration.	Same as state-led actions	Timing <ul style="list-style-type: none"> Short-term Mid-term Long-term Cost \$\$
H		
Support initiatives to streamline the Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) application process prior to release, such as the expansion of state-level and regional advocacy efforts. ³⁵ This will allow for timely access to critical funds to secure private market housing.	Same as state-led actions	Timing <ul style="list-style-type: none"> Short-term Mid-term Long-term Cost \$\$

7. Leverage supportive service investments to connect the target population with housing opportunities.



STATE-LED ACTIONS	COUNTY/LOCAL-LED ACTIONS	TIMING AND COST
A		
<p>Building on Whole Person Care Pilot efforts,³⁶ leverage California Medicaid (Medi-Cal) funding to expand housing search and stabilization services and care coordination, including prioritization of the reentry population in the transition to enhanced care management.</p> <p><i>NOTE: Proposed in Gov. Newsom's 2021 Budget</i></p>		<p>Timing</p> <ul style="list-style-type: none"> ● Short-term ● Mid-term ● Long-term <p>Cost</p> <p>\$\$\$</p>
B		
<p>Expand BSCC Adult Re-Entry Warm Handoff Services Grants to build upon successful efforts to connect people leaving incarceration with housing and supportive services, with an emphasis on local CoC CE systems.</p>		<p>Timing</p> <ul style="list-style-type: none"> ● Short-term ● Mid-term ● Long-term <p>Cost</p> <p>\$\$</p>
C		
<p>Engage people with firsthand experience in the criminal justice and homelessness systems to provide housing case management and navigation services, potentially in tandem with other supports such as record expungement assistance.</p>	Same as state-led actions	<p>Timing</p> <ul style="list-style-type: none"> ● Short-term ● Mid-term ● Long-term <p>Cost:</p> <p>\$\$</p>

8. Prioritize additional housing resources for the target population.



STATE-LED ACTIONS	COUNTY/LOCAL-LED ACTIONS	TIMING AND COST
A		
Ensure that state-funded programs use the California definition of homelessness to determine eligibility rather than the HUD definition in order to serve the reentry population as broadly as possible.		Timing <ul style="list-style-type: none"> ● Short-term ● Mid-term ● Long-term Cost \$
B		
During the next California <i>Olmstead</i> Plan amendment, create a framework for increased supportive housing investment by highlighting people leaving incarceration as a target population and Housing First as a key strategy.		Timing: <ul style="list-style-type: none"> ● Short-term ● Mid-term ● Long-term Cost \$
C		
	Engage CoC leadership to strengthen prioritization of people with behavioral health needs leaving incarceration in local CE systems and new project funding decisions.	Timing <ul style="list-style-type: none"> ● Short-term ● Mid-term ● Long-term Cost \$

9. Equip staff across systems to meet housing needs of the target population.



STATE-LED ACTIONS	COUNTY/LOCAL-LED ACTIONS	TIMING AND COST
<p>Develop and distribute curricula to train criminal justice, behavioral health, and housing/homeless assistance providers in key areas such as:</p> <p>Best practices to build collaboration and mutual understanding of resources and constraints in each system;</p> <p>Criminal record and behavioral health destigmatization with a focus on housing providers;</p> <p>Progressive engagement model training³⁷ to gradually tailor housing assistance to a person’s needs;</p> <p>Collaborative comprehensive case planning;³⁸</p> <p>Foundational issues such as racial justice and housing as a social determinant of health and component of treatment; and</p> <p>Housing finance and development for rural/under-resourced areas.</p>	<p>Organize, publicize, and deliver trainings on these topics at the regional level.</p>	<p>Timing</p> <ul style="list-style-type: none"> ● Short-term ● Mid-term ● Long-term <p>Cost</p> <p>\$</p>

10. Develop new, affordable housing supply statewide.



STATE-LED ACTIONS	COUNTY/LOCAL-LED ACTIONS	TIMING AND COST
<p>Pursue long-term, sustained investments in a range of strategies to increase housing supply, adhering to evidence-based models and focusing on people in the justice system whenever feasible. Strategies may include the following:</p> <p>Prioritizing surplus state and local land for projects geared toward people in the justice system and people with behavioral health needs, as politically and financially feasible;³⁹</p> <p>Working with developer partners to pursue targeted funding streams such as HUD 811 Capital Advance⁴⁰ funds and the state’s No Place Like Home program to increase permanent supportive housing inventory;</p> <p>Working with Public Housing Authorities and developers to leverage Project Based Voucher⁴¹ assistance to generate financial operating support for new and rehabilitated housing;</p> <p>Identifying resources, such as cost savings from reduced corrections populations or Medicaid cost savings,⁴² to create state and local gap financing programs as “last dollar” mechanisms that will leverage other funding sources to enhance viability of development projects; and</p> <p>Evaluating results of current California Pay for Success⁴³ permanent supportive housing initiatives and expanding state and local investments in future projects, if cost savings are demonstrated.</p>	<p>Same as state-led actions</p>	<p>Timing</p> <ul style="list-style-type: none"> ● Short-term ● Mid-term ● Long-term <p>Cost</p> <p>\$\$\$</p>

Data Appendix

Estimated Housing and Service Needs for People in California Jails and Prisons

Jails in California

Overall

- **57,000 to 71,000 people** are incarcerated in California county jails on any given day. This number has fluctuated due to COVID-19-related efforts to reduce the number of people in jail, with the higher estimate coming from 2019 and the lower estimate coming from 2020 following jail releases.
- At least **27 percent** of people in jail have an “open mental health case.”⁴⁴
- Prevalence of substance use disorders is unknown as California jails are not required to report this information to the state.

Homelessness

- Between **17 and 39 percent** of people in California jails experience homelessness in the 30 days prior to their jail stay and may benefit from ongoing rental assistance.⁴⁵
- Another **15 to 42 percent** of people in California jails report homelessness in the year leading up to their incarceration and may benefit from rapid re-housing or other less intensive housing assistance.⁴⁶

Housing and Supportive Services⁴⁷

- **2 to 10 percent** of people in California jails may benefit from a combination of intensive mental health services and ongoing rental assistance (such as permanent supportive housing).⁴⁸
- Another **8 to 16 percent** of people in California jails may benefit from rental assistance with less intensive mental health services.⁴⁹

Prisons in California

Overall

- **98,000 people** are incarcerated in California state prisons on any given day.⁵⁰
- At least **29 percent** of people in California state prisons have been diagnosed with a serious mental illness.⁵¹
- Up to **70 percent** of people in California state prisons may have a substance use disorder and may benefit from some level of supportive services, and 15 percent of people leaving state prison on parole are assessed as having “high to moderate” substance use disorder-related needs.⁵²

Homelessness

- Approximately **39 percent** of people leaving state prison on parole report “moderate or high residential instability” and may benefit from some level of rental assistance or short-term housing interventions, such as rapid re-housing.⁵³

Housing and Supportive Services

- Data are not yet available publicly.⁵⁴

Data Analysis Methodology

CSG Justice Center staff sought to estimate the percentage of people leaving jails and prisons in California who may experience homelessness, particularly people with behavioral health conditions. As a starting point, staff adapted the format of the CSG Justice Center's Criminogenic Risk and Behavioral Health Needs framework, which helps policymakers and researchers visualize the needs of people in the criminal justice system.⁵⁵ This adapted framework was used to estimate subpopulations based on both their homelessness risk and their mental health status in jail or prison. To generate percentage estimates within the framework, staff utilized publicly available state- and county-level administrative reports (containing self-reported, assessed, or matched data on mental health status and homelessness risk provided by jails or other county agencies), as well as survey data from local jails. Based on these data, staff estimated percentage ranges for homelessness risk and housing and supportive service need among the prison and jail populations.⁵⁶ To validate the percentage estimates, they were compared with corresponding national estimates as well as estimates provided in interviews with researchers in California.⁵⁷

Limitations

Lack of public-facing data on the prevalence of homelessness risk in jails was a significant limiting factor in our analysis. There is a particular lack of these data among smaller or rural counties, which tend to vary significantly from large metropolitan counties. However, the available data do represent a geographical cross section of the state. Additional public-facing data provided by counties to the state would enable more reliable estimates and help California identify and address the true scale of needed housing and supportive services.

In addition, available state and county data sources rarely include information on overlapping populations such as people who may experience homelessness and have a mental illness, leaving the scale of combined housing and supportive service need unknown. Compounding this issue, California has not established standard definitions of key terms such as homelessness, risk of homelessness, and serious mental illness that are used by both state and local agencies. This can create variation in data collection and potentially result in inaccurate reporting among counties.⁵⁸

Endnotes

1 Lucius Couloute, *Nowhere to Go: Homelessness among Formerly Incarcerated People* (Northampton, MA: Prison Policy Institute, 2018), <https://www.prisonpolicy.org/reports/housing.html>.

2 Greg A. Greenberg and Robert A. Rosenheck, "Jail Incarceration, Homelessness, and Mental Health: A National Study," *Psychiatric Services* 59, no. 2 (2008): 170–177, <https://ps.psychiatryonline.org/doi/full/10.1176/ps.2008.59.2.170>.

3 See the Data Appendix for more details on prevalence of behavioral health conditions in California jails and prisons, including key limitations of available estimates.

4 Kim Hopper et al., "Homelessness, Severe Mental Illness, and the Institutional Circuit," *Psychiatric Services* 48, no. 5 (1997): 659–65, <https://pubmed.ncbi.nlm.nih.gov/9144820/>.

5 Dennis Culhane, Stephen Metraux, and Trevor Hadley, "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing," *Housing Policy Debate* 13, no. 1, (2002), https://shnny.org/uploads/The_Culhane_Report.pdf.

6 "California profile," Prison Policy Initiative, accessed November 2020, <https://www.prisonpolicy.org/profiles/CA.html>; HUD, *HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations*; Nicole Eberhart et al., "Monitoring Californians' Mental Health Population Surveillance Reveals Gender, Racial/Ethnic, Age, and Regional Disparities," *Rand Health Quarterly* 8, no. 3 (2019), 5, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6557041/?report=printable>.

7 National Academies of Sciences, Engineering, and Medicine, *Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes among People Experiencing Chronic Homelessness* (Washington, DC: The National Academies Press, 2018), <https://www.ncbi.nlm.nih.gov/books/NBK519594/>.

8 U.S. Interagency Council on Homelessness (USICH), *The Evidence Behind Approaches that Drive an End to Homelessness* (Washington, DC: USICH, 2019), https://www.usich.gov/resources/uploads/asset_library/Evidence-Behind-Approaches-That-End-Homelessness-Brief-2019.pdf.

9 S.B. 1380, 2015–2016 Session, Reg. Sess. (Calif. 2016).

10 Permanent supportive housing programs usually provide either Intensive Case Management, a model utilizing multidisciplinary treatment teams with very low caseloads, or Assertive Community Treatment, a more intensive intervention with smaller caseloads where the treatment team is available 24 hours per day, 7 days per week and may provide health and behavioral treatment directly.

11 Maria Raven, Matthew Niedzwiecki, and Margot Kushel, "A Randomized Trial of Permanent Supportive Housing for Chronically Homeless Persons with High Use of Publicly Funded Services," *Health Services Research* 55, no. S2 (2020): 797–806, <https://onlinelibrary.wiley.com/doi/full/10.1111/1475-6773.13553>. For example, a robust study of permanent supportive housing in California—Project Welcome Home in Santa Clara—found that even among a population with significant health and behavioral health needs and a history of homelessness and incarceration, the program was able to house 86 percent of participants and keep them housed for the duration of the study (over 2 years), while also reducing psychiatric hospitalizations.

12 A Continuum of Care (CoC) is a local planning entity that, among other activities, receives homeless assistance funding for housing and supportive services from HUD, prioritizes housing and services projects for funding, and coordinates intake and prioritization of people for housing and shelter placements.

13 HUD requires that all CoCs maintain a Coordinated Entry System, a unified system of intake and prioritization that governs access to all housing and supportive service resources under the CoC's jurisdiction.

14 HUD, *Recovery Housing Policy Brief* (Washington, DC: HUD, 2015), <https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/>. Best practices for recovery housing as part of a continuum addressing homelessness include the management of relapses and finding alternative housing options if a person chooses to move from recovery housing or can no longer remain in recovery housing.

15 Danya E. Keene, Amy B. Smoyer, and Kim M. Blankenship, "Stigma, Housing and Identity after Prison," *The Sociological Review* 66, no. 4 (2018): 799–815, <https://doi.org/10.1177/0038026118777447>.

16 HUD requires Public Housing Authorities to deny housing subsidies to people subject to a "lifetime sex offender registration" requirement or those convicted of manufacturing methamphetamines on public housing property, as well as to establish standards for denial of admission in the event of drug-related criminal activity or significant drug or alcohol abuse. HUD has also explicitly encouraged Public Housing Authorities who wish to house people experiencing homelessness to remove discretionary criminal record screening criteria, as this population is more likely to have past justice system involvement. HUD has also prohibited the use of arrest records in admissions decisions for HUD-funded programs.

17 "Homeless Definition," HUD, accessed December 2020, https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf. Also, chronic homelessness is defined by HUD as "having experienced homelessness for at least 12 months or 4 separate occasions in the last 3 years." This, however, excludes people who have been in "institutions" including jails or prisons for longer than 90 days.

18 "Housing and Disability Advocacy Program," California Department of Social Services, accessed November 2020, <https://www.cdss.ca.gov/inforesources/cdss-programs/housing-programs/housing-and-disability-advocacy-program>.

19 The U.S. Supreme Court's landmark *Olmstead* decision [*Olmstead v. L.C.*, 527 U.S. 581, (1999)] established an obligation for states to provide opportunities for people with disabilities to live independently in the community to the maximum extent possible. No Place Like Home is named in the state's *Olmstead* Plan as a state strategy to increase housing options for this group.

20 California Health and Human Services Agency (CHHS), *California Olmstead Plan: Update on Its Implementation* (Sacramento: CHHS, 2012), <https://chhs-data-prod.s3.us-west-2.amazonaws.com/uploads/2019/06/California-Olmstead-Plan.pdf>; California Department of Housing and Community Development (CHCD), *No Place Like Home Round 3 Guidelines* (Sacramento: CHCD, 2020), <https://www.hcd.ca.gov/grants-funding/active-funding/nplh/docs/nplh-2020-amended-guidelines-clean-version.pdf>.

21 See Data Appendix for full list of sources for these estimates; these data are not available for the full prison population. See also 24 CFR § 960.204 (a), 2001; 24 CFR § 982.553 (a), 2001; Office of Public and Indian Housing, *PIH Notice 2013-15: Guidance on Housing Individuals and Families Experiencing Homelessness through the Public Housing and Housing Choice Voucher Programs* (Washington, DC: HUD Office of Public and Indian Housing, 2013), <https://www.hudexchange.info/resource/4048/notice-pih-2013-15-ha-guidance-on-housing-individuals-and-families/>; Office of General Counsel, *Office of General Counsel Guidance on Application of Fair Housing Act Standards to the Use of Criminal Records by Providers of Housing and Real Estate-Related Transactions* (Washington, DC: HUD Office of General Counsel, 2016), https://www.hud.gov/sites/documents/HUD_OGCGUIDAPPFHASTANDCR.PDF.

22 “The Gap 2018: California,” National Low Income Housing Coalition, accessed November 2020, <https://reports.nlihc.org/gap/2018/ca>. “Extremely low income” refers to people whose household income is at or below 30 percent of the median income established for a given geographic area.

23 Abt Associates, *Flexible Housing Subsidy Pool Brief Evaluation of the Conrad N. Hilton Foundation Chronic Homelessness Initiative* (Cambridge, MA: Abt Associates, 2017), https://www.hiltonfoundation.org/wp-content/uploads/2019/10/Flexible_Housing_Subsidy_Pool_Brief_Final.3.31.17-3.pdf; Homelessness Policy Research Institute, *Flexible Housing Subsidy Programs* (Los Angeles: Homelessness Policy Research Institute, 2018), <https://socialinnovation.usc.edu/wp-content/uploads/2018/10/Flexible-Housing-Subsidy-Literature-Review-with-Cover-10.5.18.pdf>. Additional flexible housing subsidy pools are now in varying stages of implementation in other California communities, and have also been successfully implemented in several other cities nationwide. Interviewees working on implementation in California stressed the need for a strong, initial philanthropic partner to spur needed investment from health care, business, and other sectors that do not traditionally fund housing initiatives.

24 Abt Associates, *Flexible Housing Subsidy Pool*.

25 “Office of Diversion and Reentry,” Los Angeles County Health Services, accessed November 2020, <https://dhs.lacounty.gov/more-dhs/departments/office-of-diversion-reentry/>.

26 Ibid.

27 “Clinical Programs Dashboard,” Los Angeles County Department of Health Services Office of Diversion and Reentry, accessed November 2020, http://file.lacounty.gov/SDSInter/dhs/1072371_ClinicalProgramsDashboard.pdf.

28 Sarah Hunter and Adam Scherling, *Los Angeles County Office of Diversion and Reentry’s Supportive Housing Program* (Santa Monica: RAND Corporation, 2019), https://www.rand.org/pubs/research_reports/RR3232.html.

29 Stepping Up is a national movement to provide counties with the tools they need to develop cross-systems, data-driven strategies that can lead to measurable reductions in the number of people with mental illnesses and co-occurring disorders in jails. See “Stepping Up Initiative,” Stepping Up, accessed January 2021, <http://stepuptogether.org>.

30 The CSG Justice Center and the National Reentry Resource Center have also co-developed a housing screening and assessment tool for reentry-focused staff. See CSG Justice Center, *Assessing Housing Needs and Risks: A Screening Questionnaire* (New York: CSG Justice Center, August 2017), <https://csgjusticecenter.org/publications/assessing-housing-needs-and-risks-a-screening-questionnaire/>.

31 USICH, *Engaging and Supporting Landlords through Risk Mitigation Funds: Community Profiles* (Washington, DC: USICH, 2019), https://www.usich.gov/resources/uploads/asset_library/Risk_mitigation_funds_community_profiles.pdf. Initial results from these programs are promising; evaluations of risk mitigation programs serving veterans found that the programs typically experience very few claims against the funds, and that the model is likely more broadly applicable to other high-need populations.

32 State-licensed Board and Care facilities are residential care facilities that often house people with behavioral health needs and provide basic services such as 24-hour care and meals; many are small and independently owned and face closure due to state reimbursement rates not keeping pace with rising housing costs.

33 “Adult Reentry Grant Program,” BSCC, accessed November 2020, http://www.bscc.ca.gov/s_argrant/; Alan Richards, “Reentry Navigation System” (PowerPoint presentation, CSG Justice Center training, Sacramento, CA, November 9, 2020); Shawn Jenkins, “An Overview of the Fresno Madera Continuum of Care” (PowerPoint presentation, CSG Justice Center training, Sacramento, CA, November 9, 2020). BSCC’s Adult Re-Entry Grants (ARGs) provide warm-handoff supportive services as well as rental assistance and funds to rehabilitate existing buildings geared toward people leaving CDCR custody. ARGs are currently active in 69 communities throughout the state. ARG providers engage participants in case management prior to or at release, and coordinate housing and service plans with parole officers as much as possible. The programs also provide access to emergency and interim housing resources when needed, as well as connections to a wide range of supportive services to ensure successful reentry, including behavioral health treatment, employment/education, assistance accessing public benefits, and more. In Fresno and Los Angeles, community-based recipients use grant funding to provide housing navigation services with a focus on connections to the local CoC Coordinated Entry system.

34 “Leveraging available living spaces to support people re-entering communities,” Impact Justice, accessed November 2020, <https://impactjustice.org/impact/homecoming-project/>. Alameda County’s Homecoming Project was a 2020 winner of the national Housing Affordability Breakthrough Challenge, receiving \$2.5 million from Enterprise Community Partners and Wells Fargo to expand its efforts.

35 Alameda County Behavioral Health Care Services, “Alameda County SSI Advocacy” (PowerPoint presentation, Community Corrections Partnership Program & Services, California, March 22, 2018), http://www.acgov.org/probation/documents/SSIAdvocacy_Program&ServicesMeeting_3-22-2018.pdf. For example, Alameda County’s Supplemental Security Income (SSI) Trust provides attorney “in-reach” to assist people in applying for SSI benefits while in jail, as well as interim financial assistance while clients wait for their SSI determination and complementary case management and health care services. As of March 2018, the program allowed clients to access \$22 million in retroactive benefits, and participants experienced reductions in recidivism, psychiatric emergencies, and hospitalizations.

36 The Whole Person Care Pilot Program allowed California counties to develop new case management intervention approaches utilizing Medi-Cal funding to coordinate the health/behavioral health and social services needs of people who frequently use multiple health care systems. Pilots in Riverside, Los Angeles, and San Joaquin worked specifically with people who have been involved with the criminal justice system. These pilots focused on developing reentry plans and creating a system of warm handoffs, ensuring that people are connected directly with housing and community-based services as they leave jails, including regular follow-up. These services included assisting participants with Medi-Cal enrollment following their release, providing a supply of medication for participants at release from incarceration, and arranging transportation and shelter services, as well as housing search and retention support. The state plans to offer these services more widely by incorporating them into the California Advancing and Innovating Medi-Cal (CalAIM) initiative which, according to agency staff, will apply statewide to people enrolled with a Medicaid Managed Care Organization.

37 U.S. Department of Veterans Affairs (VA), *Progressive Engagement* (Washington, DC: VA, 2016), https://www.va.gov/HOMELESS/ssvf/docs/Progressive_Engagement_Overview.pdf.

38 “Collaborative Comprehensive Case Plans,” CSG Justice Center, accessed January 2021, <https://csgjusticecenter.org/publications/collaborative-comprehensive-case-plans/>; the CSG Justice Center’s Collaborative Comprehensive Case Planning online tool helps behavioral health and criminal justice professionals integrate the risk/needs information gathered from assessments into case plans that engage the person reentering the community.

39 The state has taken recent legislative steps to support this process by making excess state land available for housing development via a request for proposal process and streamlining the process to notify developers of and facilitate acquisition of surplus local land.

- 40 Interest-free advances to nonprofit developers to finance the development of supportive housing for people with disabilities.
- 41 HUD allows Public Housing Authorities to attach a portion of their allocation of Housing Choice Vouchers to provide ongoing subsidy to specific units.
- 42 Some states, such as Pennsylvania, generate additional funds for housing development by reinvesting savings through Medicaid managed care plans to allow counties to meet local needs such as developing permanent supportive housing, and some Pennsylvania counties choose to focus these projects on people diverted from or leaving jails.
- 43 Pay for Success is an innovative approach to generate needed capital, operating, and supportive service funds to expand housing supply, employed in several projects serving the target population including Project Welcome Home in Los Angeles. Investors provide a loan to fund housing and supportive service expenses, and government partners repay the loan if housing retention and recidivism reduction goals are met, as these are likely to lead to reduced public costs.
- 44 “Jail Profile Survey” BSCC, accessed January 2021, https://www.bscc.ca.gov/s_fsojailprofilesurvey/; California Health Policy Strategies (CalHPS), *The Prevalence of Mental Illness in California Jails Is Rising: An Analysis of Mental Health Cases & Psychotropic Medication Prescriptions, 2009-2019* (Sacramento: CalHPS, 2020), https://calhps.com/wp-content/uploads/2020/02/Jail_MentalHealth_JPSReport_02-03-2020.pdf. Current estimate comes from the June 2020 BSCC report, reported as of the last day of the month. A previous study by CalHPS, conducted prior to COVID-19, put the number of people in California jails with an “open mental health case” at 32 percent.
- 45 Applied Research Division, “Homelessness among Justice System-Involved Individuals in San Diego County,” SANDAG Vol. 21, 9 (2019), https://www.sandag.org/uploads/publicationid/publicationid_4631_26706.pdf; Fei Wu and Max Stevens, *The Services Homeless Single Adults Use and their Associated Costs: An Examination of Utilization Patterns and Expenditures in Los Angeles County over One Fiscal Year* (Los Angeles: Los Angeles County Chief Executive Office’s Research and Evaluation Services, 2016), <https://homeless.lacounty.gov/wp-content/uploads/2019/02/homeless-costs-final.pdf>; Los Angeles County Sheriff’s Department, *Custody Division Year End Review: 2016* (Los Angeles: Los Angeles County Sheriff’s Department, 2017), http://www.la-sheriff.org/s2/static_content/info/documents/PMB_YER2016.pdf; Maria Raven, Matthew Niedzwiecki, and Margot Kushel, “A Randomized Trial of Permanent Supportive Housing for Chronically Homeless Persons with High Use of Publicly Funded Services,” *Health Services Research* 55, no. S2 (2020): 797–806, <https://onlinelibrary.wiley.com/doi/full/10.1111/1475-6773.13553>.
- 46 Applied Research Division, “Homelessness among Justice System-Involved Individuals in San Diego County;” Wu and Stevens, *The Services Homeless Single Adults Use and Their Associated Costs*; Elsa Augustine and Evan White, *High Utilizers of Multiple Systems in Sonoma County* (Berkeley: University of California-Berkeley Cal Policy Lab, 2020), <https://www.capolicylab.org/wp-content/uploads/2020/07/High-Utilizers-of-Multiple-Systems-in-Sonoma-County.pdf>; Applied Survey Research (ASR), *Santa Clara County Homeless Census & Survey 2017 Comprehensive Report* (Watsonville, CA: ASR, 2020), <https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Documents/2017%20Santa%20Clara%20County%20Homeless%20Census%20and%20Survey%20Report.pdf>. In some communities, such as Santa Clara, up to one-quarter of people reporting homelessness also report spending time in jail or prison in the year prior to experiencing homelessness.
- 47 A higher number of people may benefit from services such as permanent supportive housing, including people with substance use disorders and people with complex care needs. However, data limitations prevent us from making these estimates. Data were also not available on service location preference for people with substance use disorders experiencing homelessness—a key component of Housing First—to illustrate the need for permanent supportive housing vs. recovery (“sober”) housing.
- 48 Augustine and White, *High Utilizers of Multiple Systems in Sonoma County*; Wu and Stevens, *The Services Homeless Single Adults Use and Their Associated Costs*. A high level of mental health services may include Assertive Community Treatment, which include multidisciplinary teams with very low caseloads.
- 49 This estimate is the percentage of people with serious mental illness subtracted from people who would benefit from a higher level of services. A moderate or lower level of mental health services may range from Intensive Case Management, with multidisciplinary teams with low caseloads, to other case management or outpatient mental health service models.
- 50 Office of Research, *Weekly Report of Population as of Midnight October 28, 2020* (Sacramento: California Department of Corrections and Rehabilitation Division of Correctional Policy Research and Internal Oversight, 2020), <https://www.cdcr.ca.gov/research/wp-content/uploads/sites/174/2020/10/Tpop1d201028.pdf>.
- 51 Office of the Inspector General, *September 15, 2020 C-ROB Report* (Sacramento: California Rehabilitation Oversight Board, 2020), <https://crob.ca.gov/wp-content/uploads/2020/09/C-ROB-Report-September-2020-Rev-9-17.pdf>; California State Auditor, *Report 2020-103* (Sacramento: California State Auditor, 2020), <http://www.bsa.ca.gov/reports/2020-103/summary.html>.
- 52 Office of the Inspector General, *September 15, 2020 C-ROB Report*; California State Auditor, *Report 2020-103*.
- 53 Office of the Inspector General, *September 15, 2020 C-ROB Report*.
- 54 These data exist in non-public C-ROB data.
- 55 Fred Osher et al., *Adults with Behavioral Health Needs under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery* (New York: CSG Justice Center, 2012), https://csjjusticecenter.org/wp-content/uploads/2020/02/9-24-12_Behavioral-Health-Framework-final.pdf; Eric V. Denaro, *The Science of Decision Making: A Problem-Based Approach Using Excel* (New York: John Wiley & Sons, 2002), 329–335; from Osher see “figure 5. Criminogenic Risk and Behavioral Health Needs Framework” on page 33. The framework helps visualize subpopulations in the criminal justice system based on these needs.
- 56 Osher, *Adults with Behavioral Health Needs Under Correctional Supervision*; Denaro, *The Science of Decision Making*. Staff developed a decision analysis tree to create estimated percentages for subpopulations based on the available data using models from both Denaro and Osher.
- 57 Greenberg and Rosenheck, “Jail Incarceration, Homelessness, and Mental Health;” “Jail Dashboard,” Salt Lake County Sheriff’s Office, accessed October 2020, https://slsheriff.org/page_jail_dashboard.php; “Jail Population,” Larimer County Sheriff’s Office, accessed November 2020, <https://www.larimer.org/sheriff/jail/jail-population#/totals>; Gary S. Cuddeback, Joseph P. Morrissey, and Piper S. Meyer “How Many Assertive Community Treatment Teams Do We Need?” *Psychiatric Services* 57, no. 12 (2006): 1803–6, <https://pubmed.ncbi.nlm.nih.gov/17158499/>; Gary S. Cuddeback, Joseph P. Morrissey, and Karen J. Cusack, “How Many Forensic Assertive Community Treatment Teams Do We Need?” *Psychiatric Services* 59, no. 2 (2008): 205–208, <https://ps.psychiatryonline.org/doi/full/10.1176/ps.2008.59.2.205>.
- 58 The CSG Justice Center, *A Model Shared Definition of Serious Mental Illness & Practical Strategies for Its Use to Reduce the Number of People with Mental Illnesses in California’s Jails* (New York: CSG Justice Center, 2018), <https://stepuptogether.org/wp-content/uploads/2018/04/Model-Shared-Definition-of-SMI-Practical-Strategies-for-Its-Use-to-Reduce-the-Number-of-People-with-Mental-Illnesses-in-California%E2%80%99s-Jails.pdf>. To resolve such variations, the County Behavioral Health Directors of California and California State Sheriffs’ Association’s Serious Mental Illness Shared Definition Workgroup, through the Stepping Up Initiative, developed a model shared definition of “serious mental illness” for voluntary use across the state, based upon existing state definitions. This definition has been adopted by some California counties, although these data are not necessarily represented in public-facing state data.