

## HOMELESSNESS, MENTAL ILLNESS & JUSTICE-INVOLVEMENT

California Health Policy Strategies published a brief in November of 2018 that estimates the statewide number of unsheltered homeless individuals who report histories of mental health issues or illness and justice involvement by looking at Point In Time counts from 2017 and 2018 and other surveys from the three most populous counties in the state - **Los Angeles, Orange and San Diego**:

- **26 percent increase** in the number of **unsheltered homeless individuals** from 2013 to 2017;
- **70 percent** report a **history** of incarceration;
- **28 percent** report having **recently** been released from jail or prison;
- **13 percent** report being presently under **community supervision, probation or parole**;
- **32 percent** report both having “**mental health issues**” and being formerly incarcerated; and
- **15 percent** report both a “**serious mental illness**” and being formerly incarcerated.

**Incarcerated people are almost 10 times more likely to be homeless than the general public with another nearly 15 percent reporting homelessness prior to admission into prison**

**Those experiencing chronic homelessness in California have high mortality rates, dying, on average, 25 - 30 years earlier than their housed counterparts**

- **Injuries** that result from violence or accidents **do not heal properly** because cleanliness and sanitation is difficult, and getting proper rest and recuperation isn't possible on the street or in shelters.
- **Minor issues** such as cuts or common colds easily **develop into large problems** such as infections or pneumonia.

**Conditions among people who are homeless are frequently co-occurring, with a complex mix of severe physical, psychiatric, substance use, and social problems.** High stress, unhealthy and dangerous environments, and an inability to control food intake often result in visits to emergency rooms and hospitalization which worsens overall health.

## HOMELESSNESS & HEALTH ISSUES

- **Behavioral health issues** such as depression or alcoholism often develop or are made worse in such difficult situations, especially if there is no solution in sight.
- **Common conditions** such as high blood pressure, diabetes, and asthma **become worse** because there is no safe place to store medications or treatments properly.
- **Maintaining a healthy diet is difficult** in soup kitchens and shelters as the meals are usually high in salt, sugars, and lack nutritional value.

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# STRATEGIES TO TACKLE HOMELESSNESS

## Prioritize Housing for the Most Vulnerable and Consider the Unique Challenges of Accessing Housing for a Justice-Involved Individual Living with Serious Behavioral Health Challenges

- **Housing First:** Under Housing First, those experiencing homelessness should be connected to permanent housing as soon as possible and barriers to accessing housing should be removed.
  - Opportunities for Housing First initiatives **must not exclude people based on justice status, explicitly or implicitly.**
  - Four standard Housing First models (including Residential Treatment):
    - Emergency Shelter: short-term (ideally less than 30 days)
    - Rapid Rehousing: medium-term (no limit on stay)
    - Transitional Housing: medium-term (limited stay)
    - Permanent Supportive Housing: long-term (no limit on stay)
    - Residential Treatment: treatment model (length of stay depends on need)
- **Create Equitable Housing Assistance Opportunities**
  - Without understanding who is homeless and why, communities cannot prioritize resources
  - Support local Continuum of Care (CoCs) to collect useful information on justice status (i.e. probation or parole status, recently released from jail) in order to support equitable planning and to target specific populations
  - Ensure that the Statewide Homeless Information Management System collects pertinent information about justice-status to support increased access to housing and resources.
- **Ensure People Exiting Incarceration are Eligible and Have Access to Housing.**
  - The use of the definition “chronic homelessness” could exclude individuals returning home. The inclusion of “at risk” of chronic homelessness should be included in Housing and Community Development programs and initiatives.
  - HUD requires local homeless **Continuum of Care (CoC)** planning bodies to have **Coordinated Entry Systems (CES)**. CES are intended to be a more collaborative, comprehensive approach to working with those who are in need of housing. **Justice involvement** should be **prioritized as a risk factor in CES.**
  - Justice Partners should be **directly referring individuals into CES at discharge from incarceration.**
- **Combat NIMBYism, “Not in My Back Yard”:** the resistance of unwanted development in one’s locality.
  - Strengthen state-level efforts to combat NIMBY community responses for housing for individuals with behavioral health needs and/or individuals who have been formerly incarcerated. Explore if and how the Housing Accountability Act will aid in enforcing the development of appropriate housing for special needs populations who may be experiencing discrimination.
- **Housing Rights: Educate the Public Housing Authority and Californians**
  - Arrest records cannot be the basis for denying admission, terminating assistance or evicting tenants.
  - Support Californians in knowing their rights to housing and filing grievances when they are denied.



**“There is a need for safe and affordable housing in a very expensive housing market with little vacancy.”**

*Survey Respondent, Provider*

