



*Building bridges to prevent incarceration*

## **POLICY BRIEF**

# **Improving Housing Outcomes for the Justice-Involved with Behavioral Health Challenges**

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# Improving Housing Outcomes for the Justice-Involved with Behavioral Health Challenges

## Current Landscape:

California's housing and homelessness crisis is a leading political and humanitarian issue of the day. A September 2019 statewide survey conducted by the Public Policy Institute of California (PPIC), found that Californians name homelessness, jobs, and the economy (both at 15%) as the most important issues facing the state today; followed by housing costs and availability (11%).<sup>1</sup> These public concerns appear supported by data. The 2019 Point-In-Time (PIT)<sup>i</sup> count released by the United States Department of Housing and Urban Development (HUD) indicates there are 151,278 homeless individuals in California, a nearly 15% increase since 2017.<sup>2</sup>

While communities with known high rates of homelessness like Los Angeles and San Francisco reported increases similar to that of the estimated statewide average, some Continuums of Care (CoC)<sup>ii</sup> such as Stockton/San Joaquin County CoC, report a dramatic increase of nearly 70% in two years. Many more traditionally "affordable" central and inland valley communities reported significant increases. Moreover, many argue that PIT counts substantially underreport numbers for a variety of reasons, including "the count is during the winter early in the morning, when it's harder to actually find folks because they're seeking some sort of refuge. They want to stay out of sight in general for their own safety."<sup>3</sup>

Other communities in California are re-examining existing policies to determine whether they are helping solve the crisis or contributing to it. In September, the California State Association of Counties (CSAC) and 33 local governments submitted an amicus brief requesting the Supreme Court hear an appeal of *Martin v. City of Boise*, which found that municipalities cannot punish people for sleeping on the streets if there are no available shelter beds.<sup>4</sup> The brief noted that the "Boise decision is ill-defined and unworkable, threatening to derail local and regional efforts to end homelessness, and preventing law enforcement officials from ensuring the public health and safety of communities."<sup>5</sup>

On the other hand, advocates fear undoing the ruling will lead to increased criminalization of the homeless. Reaching further are new policies like Senate Bill (SB) 40 (Chapter 467, Statutes of 2019), which builds on legislation passed last year. The new policy pilots a "housing conservatorship" procedure for a person who is incapable of caring for his/her health and well-being due to serious mental illness (SMI) and substance use disorder (SUD), as evidenced by multiple previous involuntary holds during the previous year.<sup>6</sup> Currently a growing and healthy debate about how to best "compel" individuals, in this case, to involuntarily accept treatment and come off the streets is underway.

Even with a heightened awareness of the need to address the crisis coupled with deliberations on how best to do it, explicit and implicit efforts in the past have successfully blocked housing solutions

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<sup>i</sup> The Point-in-Time count is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that Continuums of Care conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night.

<sup>ii</sup> Continuums of Care are local community planning bodies that make decisions about funding priorities and consist of stakeholders (i.e. non-profits, business leaders, local government officials and law enforcement) committed to ending homelessness.

(emergency shelters/navigation centers, permanent supportive, and affordable housing) from reaching fruition. However, there is promise on the horizon. State policy is inching closer to effectively addressing local “Not in My Backyard” or NIMBY strategies that try to limit solutions for the housing and homelessness crisis. This year legislation passed to provide renter and anti-eviction protections, while supplying California Environmental Quality Act (CEQA) exemptions for supportive housing and shelters. Additionally SB 330 “The Housing Crisis Bill of 2019” will speed up housing construction by significantly reducing the time it takes to obtain building permits, limiting fee increases on housing applications, and barring local governments from reducing the number of homes built<sup>iii</sup>.

### **State Leadership is Steering the Course Towards Change:**

Housing affordability is a top priority and central to Governor Newsom’s broader “California for All” agenda. This is illustrated by the \$1.7 billion approved in the 2019-20 state budget to support the development of new affordable housing along with dozens of pieces of signed legislation to spur housing production, including providing incentives to local government as well as enforcing sanctions for those out of compliance with state housing laws. In addition, the Administration has called upon a complex set of systems, both public and private, state and local, to participate in developing solutions with the Administration. The Governor has also met with business leaders and philanthropists to discuss the important role the private sector must play in resolving the affordability crisis highlighting recent commitments made by Apple, Facebook, and Google.<sup>7</sup> Furthermore, an executive order created an inventory of all excess state land and launched partnerships with six California cities to develop affordable housing.<sup>8</sup>

While affordable housing is a critical component of long-term solutions to homelessness, now is the time for immediate answers. Building off of the historic \$1 billion state investment to address homelessness in the 2018-19 state budget, the Newsom administration dedicated another \$1 billion to the issue broadly, including efforts to support local governments with establishing emergency shelters/navigation centers, as well as resources to support increased access to legal assistance for eviction prevention and Supplemental Security Income (SSI) advocacy.<sup>iv</sup> In a letter from the Governor to his newly established Council of Regional Homeless Advisors, he states, “The Council must identify public policy changes and best practices for local communities to spend the major infusion of state dollars to address the problem of street homelessness by providing immediate emergency shelter and services.”<sup>9</sup> In addition, the letter clarifies priorities in need of short and long-term solutions regarding how the state can collaborate with local communities and the private sector, those priorities are: 1) end street homelessness 2) break down barriers to building more housing and 3) get more people into treatment.<sup>10</sup>

### **Purpose of this Policy Brief:**

The Governor’s directions give the Council on Criminal Justice and Behavioral Health (CCJBH) guidance regarding how CCJBH can aid the Governor and new Administration with strategies to improve housing outcomes for justice-involved individuals living with behavioral health issues. The 2018 CCJBH Legislative Report urged that any efforts to address homelessness and the housing crisis must consider critical

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<sup>iii</sup> To review a list of key legislation signed in 2019 that will impact housing and homelessness policy see Appendix A.

<sup>iv</sup> To review a summary of key provisions in the 2019-20 enacted State Budget to address homelessness see Appendix B.

factors that uniquely affect people with justice involvement and behavioral health challenges and outlined several recommendations for consideration. This year CCJBH discussed revisions to recommendations with over 100 experts in the field, representative of systems and service partners working to improve housing outcomes for the justice-involved with behavioral health issues. These experts include but are not limited to county health and behavioral health, CoCs, probation, officers of the court, law enforcement, social service providers, and most notable individuals with lived experience in the intersection of behavioral health, criminal justice, and homelessness. Through statewide in-person workshops with experts, key informant interviews, face-to-face meetings, research on critical issues, and best practices, CCJBH developed recommendations for state and local action to improve housing outcomes for the justice-involved with behavioral health issues for policy-makers' consideration during this critical time. CCJBH identifies five broad strategies accompanied with detailed recommendations for state and local action. To follow, CCJBH highlights some of the critical and timely issues associated with each of the five broad strategies to discuss in more depth in this policy brief.

### **Recognizing the Link between Behavioral Health, Criminal Justice Involvement, and Homelessness:**

Before detailing strategies and recommendations, it is essential to outline links between behavioral health, criminal justice involvement, and homelessness. It does not matter which issue came first (i.e. criminal justice involvement, heightened mental health or substance use disorder (SUD) challenges, or loss of employment leading to homelessness). Each issue plays a role and often together have a multiplying effect on negative outcomes. For CCJBH, it is irrelevant which issue came first or which may have led to the other. Each of these issues needs equal attention and dedicated solutions. Recognizing the reciprocity between issues is essential to improving sustainable housing outcomes for this unique population.

There is an overrepresentation of individuals with behavioral health issues in the criminal justice system. In one study of more than 20,000 adults entering five local jails, researchers documented serious mental illnesses in 14.5% of the men and 31% of the women, which taken together, comprise 16.9% of those studied—rates above three to six times those found in the general population.<sup>11</sup> Here in California, the Department of Corrections and Rehabilitation (CDCR) reports that 29% of the population has a SMI, and 31% of the admitted population has a mental health condition.<sup>v</sup> The estimated prevalence of SUDs, including alcohol, opioids, and methamphetamines among CDCR's population is approximately 70%.<sup>12</sup> The Board of State and Community Corrections (BSCC) estimates a prevalence rate of 27% of the jail population is living with SMI based on the most currently available data. For individuals returning home from state incarceration, roughly 32% (including 7.6% designated as Enhanced Outpatient Program and

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<sup>v</sup> **Correctional Clinical Case Management System** – A system utilized by CDCR that facilitates mental health care by linking offenders to needed services. Offenders receiving these services are housed within the general population and participate in outpatient services including individual counseling, crisis intervention, medication review, group therapy, social skills training, clinical discharge, and pre-release planning

**Enhanced Outpatient Program** – Provides the most intensive level of outpatient mental health care, including separate housing, weekly structured clinical activity, bi-weekly clinical contacts and enhanced nursing services, for offenders with mental illness who have difficulty adjusting to a general population setting, but do not need 24-hour inpatient care.

24.5% as Correctional Clinical Case Management System are identified with mental health treatment needs.<sup>13</sup>

Data from the Bureau and Justice Statistics indicates that formerly incarcerated people are almost 10 times more likely to be homeless than the general public, and this figure jumps to 20, if the individual has a mental illness. Data further shows that nearly 15% report homelessness before admission into prison.<sup>14</sup> Men, and specifically formerly incarcerated African American men, have much higher rates of unsheltered homelessness, and rates of marginal housing are 3 times higher than that of the homeless with no history of justice-involvement.<sup>15</sup> The U.S. Interagency Council on Homelessness (USICH) assessed that nearly 50,000 people per year enter shelters directly after release from correctional facilities.<sup>16</sup> One study found the first 30 days after release from prison or jail is the time when people are most likely to experience homelessness.<sup>17</sup> Besides, not only are people leaving jails and prisons at risk of homelessness, they are also more likely to be homeless for longer periods.<sup>18</sup>

HUD's 2019 PIT count indicates that 151,278 Californians are homeless, with over 34,942 suffering from "severe mental illness" and another 26,410 with "chronic substance use." HUD does not systemically collect justice status with the PIT count. More details on the importance of the inclusion of justice status with homelessness data are discussed later in this Brief. In the interim, a California Health Policy Strategies (CalHPS) brief estimates the statewide number of unsheltered homeless individuals, who report histories of mental health issues or illness and justice involvement. CalHPS's brief looks at PIT counts from 2017 and 2018 and other surveys from the three most populous counties in the state - Los Angeles, Orange and San Diego. The results include the following key findings for unsheltered adults:

- 26% increase in the number of unsheltered homeless individuals in the 5 years from 2013 to 2017,
- 70% report a history of incarceration,
- 28% report a recent release from jail or prison,
- 13% report being presently under community supervision, probation or parole,
- 32% report both having "mental health issues" and being formerly incarcerated, and
- 15% report both a "serious mental illness" and being formerly incarcerated. 15% report both a "serious mental illness" and being formerly incarcerated.<sup>19</sup>

National data shows that the number of Americans caught in a revolving door between the streets, shelters, and jails may reach the tens of thousands, and anywhere from 25 to 50% of people experiencing homelessness have a history of incarceration. According to the USICH, "homelessness may be both a cause and consequence of incarceration."<sup>20</sup> At the local level, the link between housing instability and criminal involvement is a cyclical relationship, clearly depicted in Figure 1 created by the Council on State Governments Justice Center:<sup>vi</sup>

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<sup>vi</sup> Presented by Liz Buck and Hallie Fader-Towe of the CSG Justice Center as part of the CCJBH Legislative Briefing in January 2019. Presentation materials can be found at: <https://www.cdcr.ca.gov/ccjbh/2019/01/11/ccjbh-informational-briefing-jan-23-2019/>



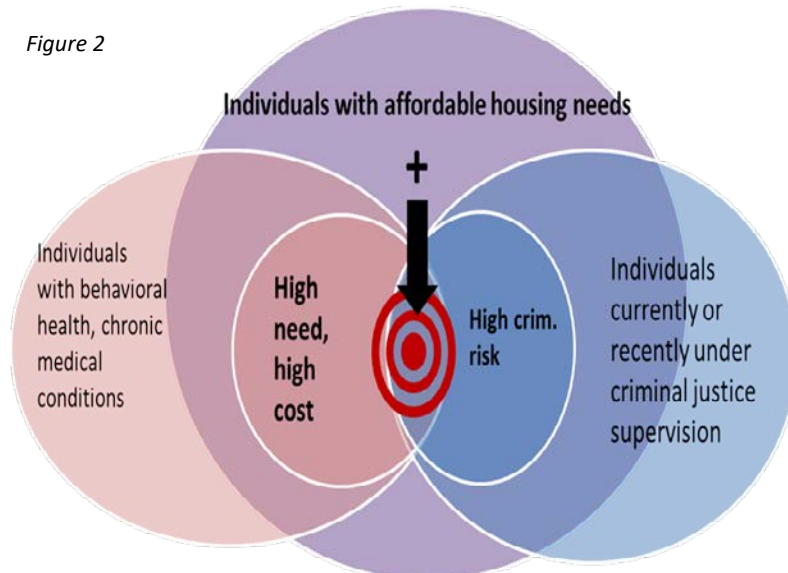
Figure 1



1. Law enforcement policies and practices criminalize behaviors associated with homelessness,
2. Lack of housing is a known risk factor and has reduced courts' willingness to divert individuals from jail or prison,
3. Criminal history serves as a barrier to housing, contributing to housing instability, and
4. Lack of stable housing upon exit from jail contributes to supervision failure, increases the risk of recidivism.

Specifically, individuals returning from long periods of incarceration have high rates of poverty, unemployment, and ultimately, homelessness – wreaking havoc on health status. Figure 2 represents some of the high risk and needs of this population. Adjusting to reentry into the community from incarceration is marked by significant stress with conflicting priorities, as a result, seeking needed health care, especially behavioral health care is often not a priority. During this difficult transition, released inmate drug use increases and the risk of death in the first two weeks after release increases 12-fold.<sup>21</sup>

Figure 2



Worsening health status and lack of primary care may be associated with higher rates of recidivism; while not having a primary care provider may lead to under-treated or untreated mental health and substance abuse disorders, which indirectly links to recidivism.<sup>22</sup> Some studies show that past incarceration has a clear negative impact on health. Specifically, recently released inmates disproportionately use emergency departments for health care and have high levels of preventable hospital admissions, which may link to high rates of mental illness that impose obstacles and interfere with one’s ability to follow through with accessing timely care, let alone to establish and maintain housing.<sup>23</sup>

**Addressing the Unique Housing Needs of Individuals Experiencing Behavioral Health Challenges and Justice Involvement:**

*“Homelessness may be both a cause and consequence of incarceration, particularly for those persons with mental health or substance use disorders, because an arrest and involvement in the criminal justice system can destabilize employment, housing, social ties and connections to health care and treatment services. People who have been involved in the criminal justice system often face significant barriers to future employment and housing opportunities.”<sup>24</sup>*

– The U.S. Interagency Council on Homelessness

If California’s efforts are successful in tackling the housing and homelessness crisis, the unique housing needs of individuals experiencing behavioral health challenges and justice involvement must be adequately addressed across multiple systems, see Figure 3. CCJBH is committed, no matter how urgent the crisis, to include consideration of the “drivers” of homelessness in the issues, strategies, and policy recommendations. The “drivers” listed below are significantly and disproportionately experienced by individuals in the intersection of behavioral health and justice systems:

- Poverty
- Lack of Education and Employment Opportunities
- Disability/ Poor Health (Behavioral Health)
- Marginalization
- Disenfranchisement
- Discrimination (Racism)
- Trauma

Figure 3



## **Strategy One: Support the Expansion of Housing and Housing Assistance Options**

**Finding One:** California’s housing and homelessness crisis is unprecedented, calling for emergency, short, medium and long-term solutions that are inclusive of the unique needs of individuals with justice involvement and behavioral health challenges.

**Recommendation One:** Support the expansion of housing and housing assistance options with an “all hands on deck” approach.

Addressing the loss and improving the quality of Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs) is perhaps the most urgent housing issue.<sup>vii</sup> For the past few years, several organizations including the California Behavioral Health Planning Council (CBHPC), County Behavioral Health Directors Association (CBHDA), National Alliance on Mental Illness California and Steinberg Institute raised this issue with CCJBH. ARFs and RCFEs (often referred to as Board and Care Homes) play an essential role in the housing services continuum by buffering vulnerable individuals with mental illness from homelessness, as well as offering a housing solution with enough support to facilitate diversion or alternative custody options. Stabilizing the loss of ARFs and RCFE properties is an immediate prevention-focused intervention that state and local government can accomplish in partnership.

ARFs and RCFEs were established in the early 1970s to provide non-institutional home-based services to dependent care groups including individuals with SMI, developmental disabilities, and the elderly. These facilities operate under the supervision of Community Care Licensing located within the Department of Social Services (DSS).<sup>25</sup> These facilities are privately operated and diverse in size; ranging from over 100 beds to six beds in a single-family home. According to the Steinberg Institute’s presentation at the CCJBH council meeting on September 19, 2019, ARFs support low-income individuals with SMI, not only, to avoid homelessness, but also, to gain the strength and skills needed before transitioning to a lower level of care, such as permanent supportive housing or independent living. ARFs provide an appropriate level of care following an individual’s stay in the hospital, acute inpatient treatment, short-term crisis residential facility, transitional residential treatment programs, and correctional institutions based on their needs, and, as part of a robust continuum of community-based services and housing. In short, the presence and availability of ARFs and RCFEs critically supply the step down care for individuals as an alternative to higher levels of costly care and support transitioning individuals into the least restrictive level of care possible.

The Los Angeles Times describes the significant loss of local board and care homes as the result of inadequate state funding and an unforgiving real estate market, resulting in a loss of nearly 1,000 beds in the last three years, and on track to lose another 1,000 shortly.<sup>viii</sup> The author notes that reimbursement rates are so far behind inflation, operators are struggling to pay for food and staff, and

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<sup>vii</sup> Residential Care Facilities are non-medical facilities that provide room, meals, housekeeping supervision, medication management and personal care assistance for basic activities (i.e. bathing and dressing). Residential Care Facilities for the Elderly are non-medical facilities that serve persons 60 years and older. This level of care and supervision is for people who are unable to live by themselves but who do not need 24 hour nursing care.

<sup>viii</sup> The article describes work conducted by the LA County Mental Health Commission that found through a local survey that 39 facilities had closed in the previous three years — eliminating 949 beds out of an estimated 6,100 available in the county. For more information see

[http://file.lacounty.gov/SDSInter/dmh/1036005\\_BoardandCareFacilitiesreport.pdf](http://file.lacounty.gov/SDSInter/dmh/1036005_BoardandCareFacilitiesreport.pdf)

the aging buildings are worth far more as real estate rather than businesses.<sup>26</sup> For SSI eligible residents of an ARF or RCFE, the state monthly rate to cover rent is \$1,058, roughly \$35 a day; this is called the Non-Medical Out of Home Care (NMOHC) rate.<sup>ix</sup> Advocates argue this rate is woefully inadequate in today's market. According to the CBHPC, ARFs for adults with SMI cannot survive financially on a small scale (15 or fewer beds) without substantial subsidies or patches. As they argue, "even in a facility of 45 beds or more, a subsidy paid by the county in amounts ranging from \$64/day to \$125/day per resident may be required to maintain fiscal viability."<sup>27</sup> In San Francisco and Los Angeles, local patches are boosting the rate paid to over \$1,700 per month, but operators say it is still not enough. Moreover, many facility operators do not even exempt individuals on SSI/State Supplementary Payments (SSP) and are charging rates anywhere from \$2,000 to \$4,000 per month and some as high as \$10,000 per month.<sup>28</sup> In other words, the burden of filling the gap between the NMOHC set by the state and the cost of keeping ARFs financially viable falls on the county.

Advocates are calling on the state to step in immediately to provide some sustainable solutions before another facility is lost. Without immediate interventions, it may take years to regain this type of housing due to the impact of NIMBYism and marginalization. Efforts to date focus on increasing the state rate to achieve parity with rates paid for individuals with intellectual and developmental disabilities, as well as efforts to improve data collection to better understand the problem. Assembly Bill (AB) 1766 (Bloom), which is in the legislature now, aims to improve data collection with the purpose of trying to prevent more closures. The data collection goal is to assess how many individuals are on SSI, what mental health conditions they have, their needs, what is the average length of stay, etc. A coalition of advocates, local government officials, administrators, and service providers propose these shared recommendations that CCJBH concurs with, and requests the state's further consideration:

1. ***Provide a substantial one-time statewide investment to stabilize and prevent the loss of additional board and care facilities.*** Administer funds on a grant basis for capital investment and/or supplemental rates to operators. Consider providing additional incentives or resources to those who provide local match, or who match with further local investment in building the full housing and service continuum, specifically to support the transition to more independent levels of care (i.e. supportive and shared housing).
2. ***Streamline regulations to ease the burden on board and care operators.*** A comprehensive review of current regulations can ensure that licensing requirements are not unintentionally impeding serving vulnerable populations or reducing operators from establishing and maintaining facilities.
3. ***Establish sustainable rates and program structures that maximize federal funding to support the long-term viability of board and care facilities.*** Through a workgroup of state and local experts, explore the viability of a tiered-rates structure similar to individuals with intellectual developmental disabilities. This workgroup should consider other promising state models that leverage Federal Financial Participation, including through 1915(c) Home and Community Based Waiver.

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<sup>ix</sup> Individuals with serious mental illness who are low income often qualify for SSI and therefore the NMOHC.

**Strategy One: Support the Expansion of Housing and Housing Assistance Options**

Local Action	State Action
<p>Within the parameters of preventing the most vulnerable individuals from homelessness, counties and cities can explore if and how to utilize one-time state funds to address homelessness and the housing crisis. Local government can explore the gaps in operating costs of Adult Residential Facilities (ARFs) treating those with serious mental illness (SMI).</p>	<p>Adult Residential Facilities (ARFs), also known as Board and Care Facilities, and Residential Care Facilities for the Elderly (RCFEs), when appropriately administered and adequately financed, serve the essential role of buffering the most vulnerable individuals experiencing severe mental illness from homelessness. Moreover, ARFs provide a community-based alternative to more costly hospital and institutional settings. Currently board and care costs are high when reimbursement rates are low (\$1058.37 per month). Licensure is burdensome and time-consuming; in the current housing market, the incentive is to sell properties, rather than to invest in them: subsequently, 100s of beds statewide disappear annually.</p> <p>As part of the state’s ongoing comprehensive plan addressing homelessness and the affordability crisis, the state can evaluate and consider the following recommendations concerning ARFs developed by a coalition of county human services and behavioral health programs:</p> <ul style="list-style-type: none"> <li>• One-time statewide investment to stabilize and prevent the loss of additional board and care facilities and begin rebuilding capacity.</li> <li>• Streamline regulations to ease the burden on board and care operators.</li> <li>• Establish a sustainable rate and program structure that maximizes federal funding to support the long-term viability of board and care facilities, explore potentially leveraging Federal Financial Participation (FFP) through a Medi-Cal 1915(c) Home and Community Based Services Waiver.</li> </ul>

Local Action	State Action
<p>Counties are encouraged to apply for capital development funding to develop permanent supportive housing for people with SMI who are experiencing, or at risk of chronic homelessness. Funding sources could include programs administered by the California Housing and Community Development (HCD), California Veteran Affairs (CalVet), California Tax Credit Allocation Committee (TCAC), California Housing Finance Agency (CalHFA), and the Department of Health Care Services (DHCS).</p> <ul style="list-style-type: none"> <li>• No Place Like Home Program / HCD</li> <li>• Veterans Housing and Homelessness Prevention Program / HCD, CalVet, CalHFA</li> <li>• Multifamily Housing Program-Supportive Housing / HCD</li> <li>• Low-Income Housing Tax Credit Program / TCAC</li> <li>• Whole Person Care Pilots / DHCS</li> </ul>	<p>The state can explore how to simplify the processes counties, cities, and local providers must undergo while applying for a wide range of state-funded programs. With the aim of reducing local costs so that more funds remain available for housing, rather than administration.</p> <p>CCJBH can guide in optimizing Medi-Cal resources. Savings on healthcare, including by parole and probation, open resources for redirection towards housing the reentry population ranging from transitional and rental assistance to permanent supportive housing.</p>
<p>The state passed several pieces of legislation in 2019 to assist county and city governments with addressing homelessness, particularly by removing regulatory barriers. While the state can provide these new “tools” to fight homelessness, expand proven programs, and speed up re-housing, it is essential to raise local awareness and support local adoption. Below are a few of the most pertinent tools for local communities to consider.</p> <ul style="list-style-type: none"> <li>• AB 139 (Emergency Shelter and Housing Element)</li> <li>• AB 761 (Temporary Shelter/Military Department)</li> <li>• AB 1397 (Local Planning: Housing Element/Inventory of Land for Residential Development)</li> <li>• AB 1482 (Tenant Protection Act/Rent Control)</li> <li>• AB 1515 (Planning and Zoning Protections)</li> <li>• AB 2162 (Planning and Zoning; Housing Development/Supportive Housing)</li> <li>• SB 211 (Emergency Shelter/ CalTRANS)</li> <li>• SB 330 (Housing Crisis Act of 2019)</li> </ul>	<p>The Adult Reentry Grant Program administered by the Board of State and Community Corrections (BSCC) provided nearly \$83 million in state grants for rental assistance, capital improvements, and resources to support the warm hand-off from state incarceration. These funds went directly to non-profit community-based organizations (CBO) through a competitive process. While individuals returning from state incarceration to homelessness should be equally eligible for local programs, the reality is that there are still barriers due to federal regulation and policy. Until federal policy (U.S. Department of Housing and Urban Development/HUD) changes, housing support for individuals who are returning after an incarceration of more than 90 days will have to come from flexible state and local funds.</p> <ul style="list-style-type: none"> <li>• Examine the viability of sustainably funding the Adult Reentry Grant Program for CBOs (and possibly directly with counties especially in</li> </ul>

Local Action	State Action
<ul style="list-style-type: none"> <li>• SB 450 (California Environmental Quality Act Exemption: Supportive and Transitional Housing/Motel Conversion)</li> <li>• SB 744 (Planning and Zoning: California Environmental Quality Act: Permanent Supportive Housing)</li> </ul>	<p>smaller/rural communities) with a revised focus on “do whatever it takes” housing, service navigation, and warm hand-off supports including benefits assistance, substance use and mental health services, family reunification, vocational training, and employment supports.</p> <ul style="list-style-type: none"> <li>• Examine the role, capacity, and necessary resources for parole and probation to provide transitional housing and service navigation in the first 30-60-90-120 + days post-release; or, until local agencies can enter those coming home to coordinated entry, and other systems of care, especially those provided by local CBOs and/or possibly with counties directly.</li> </ul>
<p>Counties can consider how best to implement SB 389, which lifts the ban on using the Mental Health Services Act (MHSA) funds for services to parolees. Specifically, it authorizes counties consistent with the local community planning process, to use MHSA funding to provide services to persons participating in a pre-sentencing or post-sentencing diversion programs, or who are on parole, probation, post-release community supervision, or mandatory supervision. It can also provide housing supports for parolees with SMI who are experiencing or at risk of homelessness.</p>	<p>DHCS can update the Mental Health and Substance Use Disorder Services Information Notice 19-007 to include clarity on the implementation of SB 389 and offer counties technical assistance and support for implementation activities.</p>

**Strategy Two: Support Housing Best Practices for the Justice-Involved with Behavioral Health Challenges**

**Finding Two:** There is research to document the effectiveness of *Housing First* principles put into practice, especially when serving individuals with SMI, who are experiencing chronic homelessness, and who have histories of justice involvement. There is far less definitive research with a focus on best practices to address the needs of individuals, who are justice-involved with various behavioral health challenges, especially SUDs. Traditionally, providing services to prevent homelessness is not the role of community supervision. Affordable housing is associated with improved public safety and health outcomes; and yet probation and parole are not adequately resourced to prevent homelessness as part of the community supervision role.

**Recommendation Two:** Increase understanding and adoption of *Housing First* principles that help an individual to be successful while under supervision, court-ordered treatment, or other forms of alternative custody. Explore and examine various models that can obtain similar results, but are sensitive to the unique needs and wishes of individuals returning after long periods of incarceration and/or who wish to achieve a substance-free lifestyle.

Housing is fundamental to improving public safety and behavioral health outcomes; therefore, fully employing known housing best practices should be a priority. Recently HUD, as well as California, have embraced *Housing First* as a best practice approach to “quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.”<sup>29</sup> *Housing First* is the response to previous standard practices that often required homeless individuals to demonstrate “housing readiness.” As described by USICH, the following principles are the premise of *Housing First*:

- Homelessness is a housing crisis addressable through access to safe and affordable housing,
- All people experiencing homelessness, regardless of housing history, can achieve housing stability with some needing very little support while others need intensive long-term support,
- Sobriety, compliance with treatment, or criminal histories should not impact housing success, housing programs and providers rather should be “consumer-ready,”
- For many, quality of life in the areas of health, mental health, substance use, and employment improve as a result of being housed,
- People experiencing homelessness have the right to self-determination, and
- The type of housing and services depends upon the needs and preferences of the population.<sup>30</sup>

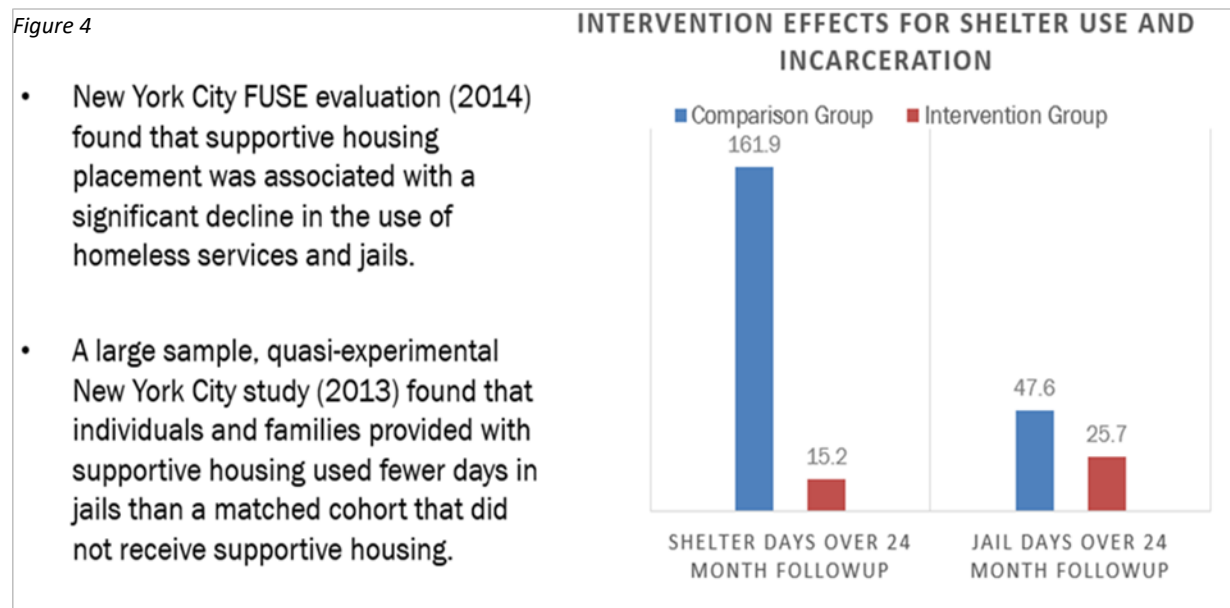
These principles apply across the housing continuum as an overall approach to addressing homelessness, and are most notably reflected in rapid rehousing and supportive housing models. Rapid rehousing models connect families and individuals to affordable housing (typically an apartment) through short-term to medium-term rental assistance along with moderate services to support increased income, so the family or individual can afford the apartment in the long-term. Supportive housing provides a significant level of services and is more appropriate for high need individuals while permanent supportive housing is considered the gold standard in housing for high need individuals with complex health conditions and long histories of homelessness. While there is evidence that permanent supportive housing is particularly effective in reducing homelessness and improving health outcomes for people experiencing chronic homelessness with SMI with high service needs,<sup>x</sup> a recent (2018) systematic review conducted by the National Academy of Sciences found that the effectiveness of permanent supportive housing remains inconclusive.<sup>31</sup> Further research is needed to evaluate the effectiveness of permanent supportive housing for specific populations.

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<sup>x</sup> To comprehensively review *The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness* visit: <https://www.huduser.gov/portal/publications/hsgfirst.pdf> and to review a summary of research that documents the impact on health outcomes through support housing visit: [https://d155kunxf1aozz.cloudfront.net/wp-content/uploads/2018/07/CSH-supportive-housing-outcomes-healthcare\\_Final.pdf](https://d155kunxf1aozz.cloudfront.net/wp-content/uploads/2018/07/CSH-supportive-housing-outcomes-healthcare_Final.pdf)



There is promising evidence that supportive housing can impact health and public safety outcomes for individuals with SMI and SUDs, who are involved in the local justice system (i.e., jails, alternative custody, diversion, behavioral health courts). A rigorous evaluation conducted by Columbia University of New York City’s Frequent User Service Enhancement (FUSE) Initiative found that supportive housing placement was associated with a substantial decline in the use of homeless services and jails.<sup>32</sup> Also, the study identified significant cost avoidance in reduced health care services, nearly paying for the intervention, see Figure 4 and Figure 5 for more details.



Closer to home, a recent study conducted by RAND of the Los Angeles County Department of Health Services’ Office of Diversion and Reentry Supportive Housing Program found promising results for the needs of individuals under criminal court supervision. The sample included data over three years, of which the majority were African American males with 78% suffering at least one mental health disorder and nearly 40% experiencing both mental health and SUDs. RAND found the following outcomes:

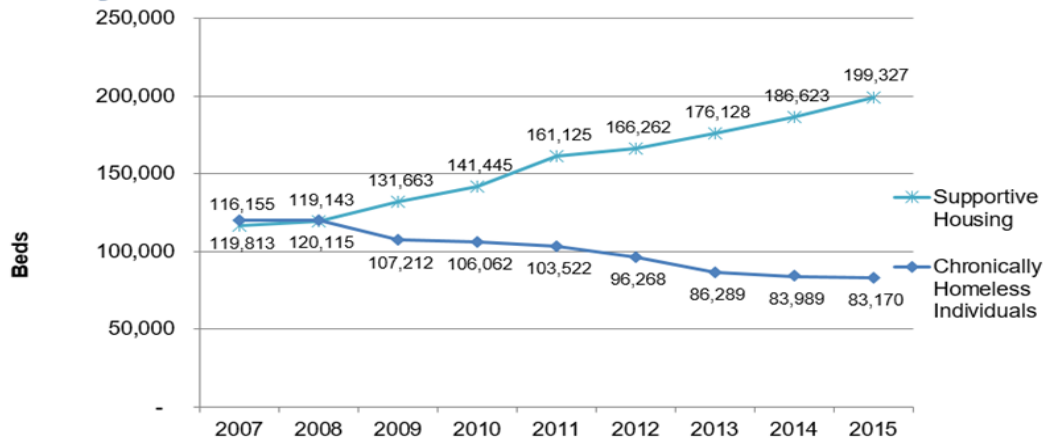
- 91% had stable housing after 6 months
- 74% had stable housing after 12 months
- 86% had no new felony convictions after 12 months.<sup>33</sup>

This housing program is one of several within the Housing for Health (HFH) Division at the Department of Health Services (DHS) in Los Angeles County, which focuses on creating permanent supportive housing opportunities for homeless patients in the DHS system of care, including those exiting the jail. Supportive housing requires coordinated and wrap-around services to be successful.<sup>xi</sup>

<sup>xi</sup> For more information about services across the continuum visit <http://dhs.lacounty.gov/wps/portal/dhs/housingforhealth>

Figure 5

## Investments in supportive housing reduced the number of chronically homeless individuals



Source: U.S. Department of Housing and Urban Development (HUD)

HFH works with other public agencies such as the Department of Mental Health, Department of Public Health Substance Abuse Prevention and Control, and the Los Angeles Homeless Services Authority to serve high risk and vulnerable populations. The HFH scope and range of services recognize the need for a wide variety of strategies beyond supportive housing, including:

- **Flexible Housing Subsidy Pool (FHSP)** provides rental subsidies in a variety of housing settings, including project-based and scattered-site housing. The program works with a variety of housing providers to secure units in nonprofit owned supportive housing, traditional affordable housing, and privately owned market-rate housing. The design of FHSP is such that other funders, including other county departments, are able to add funds to serve clients that they prioritize for housing.
- **Interim Housing** offers temporary short-term shelter in a stable environment to homeless individuals with complex health and/or mental illness, whose conditions would worsen by living on the streets or in a shelter. *Recuperative interim housing* provides short-term residential care for individuals who are homeless and who are recovering from an acute illness or injury and whose condition would be exacerbated by living on the streets, in a shelter, or other unsuitable places. *Recuperative interim housing* services provide hospitals with discharge options for homeless participants, which can reduce the length of hospital stays and result in decreased emergency room visits and hospital re-admissions. *Stabilization interim housing* provides temporary housing for individuals who are homeless and have complex, chronic physical and/or behavioral health conditions, including clients who have frequent visits to emergency departments or hospitals.
- **Sobering Center** operates 24/7 and is a 50-bed facility that allows police and fire departments, outreach and engagement teams, and downtown partners, to divert people under the influence of alcohol or drugs, who may otherwise find themselves in an emergency department or jail.

- **Housing and Jobs Collaborative** is a rapid rehousing program that employs a “whatever it takes approach” in assisting clients in transitioning from homelessness to permanent housing, with an employment element and a time-limited rental voucher.
- **Countywide Benefits Entitlement Services Team** provides targeted advocacy to assist individuals who are homeless or at risk of homelessness in obtaining sustainable income through programs such as SSI or Social Security Disability Insurance (SSDI).
- **Street Based Engagement Team**, known as C3, is a multidisciplinary engagement effort that responds to reports of homeless individuals or encampments, as well as regularly engages and assists homeless individuals by developing trusting relationships over time.

For individuals with serious behavioral health conditions, returning home from longer stays in incarceration, such as in-state correctional facilities, there is also evidence that permanent supportive housing reduces recidivism for these high need populations. Returning Home Ohio (RHO), a partnership between the Ohio Department of Rehabilitation and Corrections and the Corporation for Supportive Housing, provides affordable housing with intensive voluntary services for individuals returning home (identified 120 days before release), who are homeless or imminently homeless with a SMI or other chronic medical condition.<sup>xii</sup> An evaluation conducted by the Urban Institute found that RHO participants were 60% less likely to return to prison than the matched comparison group.<sup>34</sup> In addition, a recent (July 2018-July 2019) annual outcome report for RHO identified increased training on evidenced-based correctional practices with a focus on reducing criminogenic risk factors and enhanced partnerships with the addiction treatment community as the primary factors that resulted in a 97% success rate (only 7 of the 208 participants recidivated).

The recent inclusion of enhanced correctional services training and partnerships with SUD providers to improve housing outcomes for those with longer stays of incarceration and higher acuity of co-occurring mental health and SUD supplies critical insight to understand the application of *Housing First* principles for the justice-involved. In other words, take into consideration that individuals have criminogenic risk factors when assessing for the best housing fit, as well as very high rates of SUD and co-occurring disorders, as described earlier in this brief, which requires significant levels of treatment. Below are a few examples of how there are additional challenges to implementing *Housing First* principles with individuals who are justice-involved.<sup>xiii</sup>

***Housing First Principles and the Unique Challenges with Individuals with Justice-Involvement***

Housing First Principle	Additional challenges
Adopt Client-Centered Service Methods	<u>Choice</u> is a central component to <i>Housing First</i> , but there are often no resources allocated to provide choices (flexible rental assistance, permanent supportive housing, recovery housing), and people with criminal justice histories have barriers that limit choice.

<sup>xii</sup> For more information including programs descriptions, evaluation data and information about new diversion housing provided for individuals in felony mental health courts visit: <https://www.csh.org/resources/supportive-housing-for-returning-prisoners-outcomes-and-impacts-of-the-returning-home-ohio-pilot-project/> and <http://www.cssbh.org/returning-home-ohio>

<sup>xiii</sup> Information shared as part of a presentation to the Homeless Coordinating and Financing Council in July 2019.

Housing First Principle	Additional challenges
Remove Barriers to Entry	California already has at least 62 state-level statutes restricting housing, residency, or housing benefits based on criminal justice involvement. Local policies and practices often further restrict people from accessing housing based on justice history. Individuals also may be barred from living in certain neighborhoods, or with certain individuals due to victims’ rights, or conditions of community supervision.
Engage Landlords and Property Owners	People with criminal justice history have the most barriers to accessing housing. A focus on increasing adequate housing through landlord and property owner engagement must address the specific needs of the justice-involved population.
Use Data to Quickly and Stably House Homeless Persons	Agencies are not uniformly sharing data related to justice involvement, mental health and substance use disorders, and homelessness, leading to an incomplete picture of the overall problem and interaction within these systems. Data sharing may take place locally, and yet data sharing interactions between state and local agencies is critical.

Challenges raised with a strict application of *Housing First* principles identified by key criminal justice and behavioral health informants include the following:

- **Participation in services or program compliance is not required to retain housing** - This can be in direct conflict with the requirements of diversion, court-ordered treatment alternatives to incarceration, and community supervision. This presents a particularly difficult challenge when individuals qualify for a treatment program that includes housing based on acuity of behavioral health needs, and not based on whether the person is homeless or at risk of homelessness.
- **Tenants have a lease and all of the rights of a tenant while receiving housing as part of a behavioral health or reentry program** - This creates challenges if the person becomes disruptive to the treatment goals of other individuals in the program. There are often long waiting lists to get into treatment programs that include housing. Individuals must continue to wait for treatment services even if there are other individuals not benefitting from the program. Individuals may stay and retain the housing associated with the program, even though they do not participate in treatment.
- **Housing Permanency** - The transition of individuals to housing permanency is especially challenging for reentry individuals. The housing available through criminal justice administered programs is available only for very short periods. As such, there is not time to establish chronicity and high vulnerability that results in priority access to local housing services. Even if priority goes to those with high needs, there is such limited housing stock that individuals lack choice in housing options, let alone permanency.

Far above any of the concerns discussed, experts in the field are clear that any application of *Housing First* principles must include the choice to live in a substance-free environment. Supporting recovery (reducing lapses and relapses) and reducing risk of recidivism upon reentry is paramount, especially as expressed by individuals with lived experience. CCJBH heard loud and clear that *Housing First* principles with requirements for compliance must recognize and incorporate recovery housing/residences. These recovery residences can adapt harm reduction approaches appropriately as an essential part of the service and housing continuum for justice-involved individuals. Recent federal law, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (H.R.6), mandates the development of best practices for operating recovery housing that:

- Considers how recovery housing can support recovery and prevent relapse, recidivism, and overdose, including by improving access to medication assisted treatment, and
- Identifies or facilitates the development of common indicators that can pinpoint potentially fraudulent recovery housing operators.<sup>35</sup>

To accomplish these tasks, the Substance Abuse and Mental Health Services Administration (SAMHSA) identified ten specific areas or guiding principles that can assist state and local implementers in expanding safe and effective recovery housing. A summary of these principles is below.

1. Use a clear operational definition of recovery housing.<sup>xiv</sup>
2. Recognize that a SUD is a chronic condition requiring a range of recovery supports. For example, the first 12 months of transition from active addiction is a critical period to deal with issues of trauma, grief, loss, and complicated family histories, wherein recovery housing is uniquely qualified to assist during this time. Considering the transitional role criminal justice providers play at reentry, access to the use of recovery housing is essential.
3. Recognize that co-occurring mental health disorders often accompany SUDs.
4. Assess applicant (potential resident) needs and the appropriateness of the residence to meet these needs.
5. Promote and use evidence-based practices such as Medication Assisted Treatment (MAT) and peers and recovery coaches.
6. Written policies, procedures, and resident expectations should be clear and standardized.
7. Ensure quality, integrity, and resident safety through strategies such as using program or recovery house certification or accreditation processes.
8. Learn and practice cultural competence so that recovery house staff and peers respect all individuals regardless of personal backgrounds and beliefs.
9. Maintain ongoing communication with interested parties and care specialists through signed releases of confidential information that facilitate communication between the resident's peer recovery coaches, treatment providers, criminal justice professionals, and others as needed.
10. Evaluate program effectiveness and resident success and satisfaction.

CCJBH urges policy-makers to create ample opportunities to expand and improve upon existing recovery housing/residencies to enhance housing outcomes for the justice-involved. Recovery housing is a known

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<sup>xiv</sup> SAMHSA's definition can be reviewed in the full brief located at <https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf>

best practice, and therefore should be allowable under California’s *Housing First* requirements as long as it is the individual’s choice. Recovery Housing is consistent with the vast majority of the core components of *Housing First*. A thorough examination of the application of *Housing First* principles is necessary to ensure equal access to housing for individuals with criminal histories, who are experiencing unique circumstances, including community supervision or alternative custody requirements. An immediate call to action that brings experts across the fields of behavioral health, criminal justice and housing/homelessness services to thoroughly examine the application of *Housing First* principles is a first step. CCJBH is committed to this issue and will seek partnerships with the Homeless Coordinating and Financing Council (HCFC) and the Governor’s Council of Regional Homeless Advisors to conduct this work and develop recommendations for consideration within the first six months of 2020.

**Strategy Two: Support Housing Best Practices for the Justice-Involved with Behavioral Health Challenges**

Local Action	State Action
<p>The first step in achieving the implementation of best practices is for local service/system partners from housing, social services, behavioral health, and criminal justice to have a better understanding of each other.</p> <p>Criminal Justice partners can reach out to Continuums of Care (CoC) to learn more about <i>Housing First</i> and various effective models across the housing continuum (i.e. emergency shelters, rapid rehousing, transitional housing, permanent supportive housing, and residential treatment) and which ones are the most effective for those being released from jails, prisons, and state hospitals.</p>	<p>In addition to opportunities available with Homeless Housing Assistance Program (HHAP) funding, consider the value of continuous state support to strengthen CoCs, including for infrastructure and capacity building such as training and technical assistance, data collection, cross-system collaboration, program and policy development, and strategic planning.</p> <p>As part of state technical assistance efforts, create a small/rural county-specific implementation guideline for housing and housing best practices.</p>
<p>CoCs and housing partners can collaborate with criminal justice and behavioral health partners to understand the role of community supervision and court-ordered treatment and supervision. Locals can consider assigning criminal justice liaisons to local housing planning efforts.</p>	<p>State-supported housing programs should encourage using community engagement strategies that include persons with lived experience (e.g., homelessness, criminal justice, and behavioral health system involvement) to develop, determine, and implement housing strategies and services. The state can consider incentivizing the use of peers as providers; especially, as housing navigators, service coordinators, and recovery coaches in supportive housing, shared housing, and recovery housing models.</p>
<p>When using recovery housing locally for placement, here are a few elements that should be present:</p> <ul style="list-style-type: none"> <li>Inclusive and supportive of Medication Assisted Treatment (MAT), including the</li> </ul>	<p>California’s <i>Housing First</i> requirements should be inclusive of recovery housing as long as it is the individual’s choice. The Substance Abuse and Mental Health Services Administration identifies recovery housing as a best practice in serving those with substance use disorders,</p>

Local Action	State Action
<p>availability of peers with MAT experience to support residents on MAT.</p> <ul style="list-style-type: none"> <li>• Utilization of appropriately trained peers, coupled with a house culture that is grounded in fostering mutual support and investing in recovery.</li> <li>• Policies and practices that recognize that lapse/relapse is part of the recovery process, and there is a level of training and professionalism within the house staff to recognize and refer to a higher level of care.</li> </ul>	<p>particularly within the first 12 months of recovery. Considering many individuals return from incarceration with the primary goal of a substance-free lifestyle, recovery housing should be available.</p>
<p>Similar to LA County’s Bridge Housing Model, local administrators can consider providing an enhanced subsidy to housing providers of abstinence-based peer-supported recovery residences, facilitating more intensive therapeutic services to individuals who are concurrently in outpatient services, including intensive outpatient, MAT, and outpatient withdrawal management.</p>	<p>CCJBH can work with the Homeless Coordinating and Financing Council to ensure that required conditions of court-ordered treatment, parole, and probation can co-exist as applicable with <i>Housing First</i> requirements and best practices.</p> <p>CCJBH can identify, in collaboration with local criminal justice partners and CoCs, what additional guidance, training, and technical assistance is needed to apply guiding principles of <i>Housing First</i> for individuals who also have to comply with supervision requirements.</p> <p><i>Housing First</i> requirements should take into consideration the reality of limited housing stock. Additionally, the temporary nature of community supervision creates challenges regarding how to achieve permanent housing that warrant further exploration and creative adaptation.</p>
<p>Many counties have or are implementing jail in-reach programs to support a seamless transition home for individuals with complex physical and behavioral health conditions. Consider including a housing assessment processes to initiate possible future placements for those who will be exiting to homelessness.</p>	<p>As part of the California Medi-Cal Healthier California for All Initiative multi-year Department of Health Care Services (DHCS) initiative, examine ways in which Medi-Cal can more comprehensively support best practices in care coordination efforts for complex populations who are justice-involved and experiencing homelessness.</p>

### **Strategy Three: Commit to Addressing Underlining Poverty**

**Finding Three:** Individuals, experiencing significant behavioral health challenges and justice-involvement, are likely experiencing extreme poverty, in addition to stigma and discrimination. These individuals are often overlooked when it comes to vocational training or educational opportunities due to their perceived cognitive limitations. For those who are most vulnerable, making a livable wage or gaining adequate financial assistance due to a disability is critical to sustaining housing or preventing homelessness.

**Recommendation Three:** Commit to addressing underlining poverty as an essential strategy to solve and prevent future homelessness among individuals experiencing behavioral health challenges who are justice-involved. For those with disabling mental illness, consider ways to fill the gaps between the cost of living and what benefits cover. Invest in employment, education, and training grounded in best practices, as well as aid in achieving a livable wage that provides equal opportunities for everyone to participate in society.

The high cost of housing from construction to rent is a significant barrier to California's affordability and contributes to the homelessness crisis, but cheaper housing is too simple an answer to solving this complex problem. According to new census data, approximately 7.1 million Californians lived in poverty each year from 2016 to 2018, which is more than 1 in 6 or roughly 18% of all state residents.<sup>36</sup> In the fall of 2019, the California Budget and Policy Center reports, "the state's poverty rate under the official poverty measure still has not dropped to its pre-Great Recession levels."<sup>37</sup> The California Poverty Measure (CPM), developed in partnership between the PPIC and the Stanford Center on Poverty and Inequality, is a more comprehensive assessment of poverty, which includes the costs of family needs and resources as well as social safety net benefits. According to this assessment, people living in poverty lacked enough resources to meet their basic needs, with children having the highest rates of poverty.<sup>38</sup> Individuals and households experiencing the most extreme poverty (those with incomes in the bottom 20%) after adjusting for inflation have incomes 5.3% lower in 2018 than they were in 2006.<sup>39</sup> The data trends are clear; income inequality for California is significantly growing and disproportionately impacting people of color, the disabled, the less educated, women and children.

Identifying effective strategies to solve California's challenges with disproportional rates of growing poverty is beyond the scope of this brief. There are a few critical issues and solutions specific to individuals in the intersection of criminal justice and behavioral health system worth exploring to improve financial security and aid in buffering individuals from extreme poverty and resulting risk of homelessness. First employment, and most notably, employment with a livable wage is possible even for individuals with significant behavioral health challenges. Second, for those unable to work due to significant disability, income supports must be adequate to improve housing outcomes.

#### ***Employment***

For individuals who are justice-involved and experiencing behavioral health challenges, and possibly even homelessness, finding employment may seem like an amenity rather than a necessity. Individuals are struggling to meet basic needs like food, shelter, medication, and social supports to help manage recovery and complex medical conditions. Despite the magnitude of all of these challenges upon reentry, correctional best practices have championed the importance of vocational training and services.



*“Employment can make a strong contribution to recidivism-reduction efforts because it refocuses individuals’ time and efforts on prosocial activities, making them less likely to engage in riskier behaviors and to associate with people who do. Having a job also enables individuals to contribute income to their families, which can generate more personal support, stronger positive relationships, enhanced self-esteem, and improved mental health.”<sup>40</sup>*

To improve the effectiveness of employment strategies, correctional professionals have applied the *Risk-Needs-Responsivity* model<sup>xv</sup>, which uses risk and needs assessments to understand an individual’s distinct needs to identify appropriate levels of supervision, services, and treatment.<sup>41</sup>

**Risk Principle:** Match the intensity of individuals’ interventions to their level of risk for criminal activity.

**Need Principle:** Target criminogenic needs—factors that contribute to the likelihood of new criminal activity such as antisocial peers or substance abuse.

**Responsivity Principle:** Account for an individual’s abilities and learning styles when designing treatment interventions. Tailor the intervention and focus on motivating and empowering the individual.

According to an integrated employment model developed by the Council of State Governments (CSG) Justice Center, the first goal towards employment is to increase the individuals’ job readiness by improving individuals’ hard skills (e.g., basic education, technical skills, or knowledge of technology) and soft skills (e.g., professionalism, the ability to collaborate, or oral communication) through either education, training, or work experience. In addition, programs can address non-skill-related barriers to employment (e.g., mental health, substance abuse, and logistical challenges such as housing and transportation) with in-house programming or referrals to community-based treatment and service programs.<sup>42</sup> The second goal is to find and retain employment by linking the individual to a job, engage with them after job placement to promote retention, support reemployment in the event of job loss, and assist with advancement opportunities.

The presence of mental illness and/or SUDs can lead to additional employment challenges and might make it difficult for the individual to participate in models similar to the one described above, but many still cannot become job-ready. If the behavioral health challenges are so significant that the individual cannot be successful in traditional correctional employment services, another option is supported employment. Supported employment is a range of services and supports aimed at helping individuals with SMI obtain and sustain a job in the mainstream workforce.<sup>43</sup> Individual Placement Supports (IPS) is the most researched supported employment model for individuals with behavioral health challenges, with an estimated 60% of people who receive the service becoming part of the competitive labor market and retaining high employment rates 10 years after receiving IPS services.<sup>44</sup> IPS is a promising practice to prevent incarceration and recidivism. Individuals are not excluded based on criminal justice history, substance use, homelessness or level of disability. IPS uses a rapid job search rather than lengthy assessments and training based on eight practice principles:

- Focus on competitive employment
- Eligibility based around consumer choice

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<sup>xv</sup> For more information about the R-N-R model please visit: <https://csgjusticecenter.org/nrrc/publications/risk-need-responsivity-model-for-offender-assessment-and-rehabilitation/>

- Honor people’s preferences
- IPS and mental health services are integrated
- Rapid job search
- IPS specialists build relationships with employers
- Job retention services are continuous
- Personalized benefits counseling<sup>xvi</sup>

Several organizations in California including the California Institute for Behavioral Health Services, California Association of Social Rehabilitation Agencies, and California Association of Local Behavioral Health Boards and Commissions support the expanded use of IPS or advocate for more widespread use of IPS. Possible methods to support increased use of IPS include using federal resources provided to the Department of Rehabilitation (DOR), expanded use funded by the Mental Health Services Act, and/or seeking to include IPS as a fully reimbursable Medi-Cal service.

### ***Income Supports***

While all efforts to support individuals with behavioral health challenges to achieve meaningful and sustainable employment are essential, there are certain circumstances when income support is critical to achieving financial stability, which is necessary for positive health, public safety, and housing outcomes. In addition to significant investments to address the housing and homelessness crisis, the enacted 2019-20 state budget supported securing the safety net with proposals such as:

- More than doubling California’s Earned Income Tax Credit, boosting the value of the credit, so it covers \$15 an hour minimum wage workers in 2022, provides a \$1,000 annual Child Tax credit to all families with children under age 6, and makes the credit available monthly,
- Increasing CalWORKS cash grants to 50% of the federal poverty level (FPL) for single-person households, and up to 48% of FPL for all other household sizes,
- Supporting health care for the vulnerable by ending the “senior penalty,” expanding full-scope Medi-Cal to all income-eligible young adults up to age 26 regardless of immigration status, and providing additional subsidies for low-income Californians,
- Depositing \$700 million into a safety net reserve (bringing its balance to \$900 million) that can be used for future CalWORKs and/or Medi-Cal expenditures, and
- Providing resources for SSI and SSDI advocacy to help individuals apply and secure benefits.

Several organizations, including the Western Center on Law and Poverty, advocated for the budget to restore cuts made to SSI grants from a decade ago during the Great Recession, which helps well over 1 million seniors and people with disabilities pay for housing and other necessities in California.<sup>45</sup> Yet the challenge with SSI/SSP is not as simple as increasing grants. While it would be useful to increase grant amounts to buffer the most vulnerable from poverty, it is also important to use known best practices to secure this benefit for eligible individuals.

SSI and SSP are need-based programs that provide limited cash assistance to low income aged, disabled, or blind individuals and couples. SSI payments are federally administered through Social Security

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<sup>xvi</sup> The IPS Employment Center Website includes various research and news articles on IPS <https://ipsworks.org/index.php/evidence-for-ips/> as well as free resources and materials for implementation <http://ipsworks.org>

Administration (SSA) (\$7.1 billion in 2017-18), while the state covers the SSP portion (\$2.9 billion in 2017-2018).<sup>46</sup> SSI/SSP grants differ based on marital status, income, living situation, and SSP grants cannot fall below the required federal minimum (\$156 for individuals and \$396 for couples). The federal government typically provides a Cost of Living Adjustment (COLA) for individuals/couples receiving SSI and often state's do as well. A 2018 analysis from the Legislative Analyst's Office documented that during the Great Recession the state reduced SSP grants by not passing through the federal COLA, in addition to, in most years not providing a state-funded COLA. As the economy has recovered, SSP grants have been minimally increased and remain at or below the FPL.<sup>47</sup> SSI/SSP grants have lost purchasing power consistently over the last 20 years, the maximum amount for an individual is just \$932 per month, which would be equal to \$1,478 per month today if fully adjusted for inflation.<sup>48</sup> Highlighting the reason many advocacy groups are encouraging the state to boost SSI/SPP grants by increasing the rate, as well as restoring the annual state COLA as part of a comprehensive plan to address homelessness.

While that could be a very positive start, there remains the challenge of effectively securing SSI benefits. For individuals in the intersection of behavioral health and criminal justice systems, they are likely to qualify based on medical eligibility (disability). This determination under the SSA's standards is complicated, especially for individuals with mental health conditions, as applicants must have medical documentation of a physical or mental impairment that prevents them from working full time for at least a year.<sup>49</sup> The process can take up to two years, and many people fail to obtain SSI because they do not understand the rules, the application materials, or the applicant cannot be located (i.e. change of address). Less than 30% of initial applications are approved nationally.<sup>50</sup> There is a clear need for effective disability advocacy programs to improve upon these findings.

CalHPS provides a compelling argument in a recent policy brief outlining that jails can be effective locations to perform disability advocacy, given the high rates of individuals who are experiencing homelessness and significant mental health and SUDs. Even though most individuals who experience incarceration locally do so for very short periods, some strategies are working. In less than two years, the Alameda County SSI Advocacy Trust has served approximately 5,500 applicants, secured SSI for 2,800 and 91 SSDI approvals among 530 reentry clients.<sup>51</sup> In the fall of 2019, program administrators presented recommendations to CCJBH; the following elements are reported most likely associated with successful disability advocacy:

- Engagement with the sheriff and county partnerships (i.e., Medical and Mental Health),
- Partnerships with nonprofit legal services (i.e., disability advocates, paralegals, public defenders), and
- Coordination with other services providers (i.e., social services, housing services).

Improving employment strategies for those with significant behavioral health challenges, and when needed, relying on an adequately funded and accessible income supports for those unable to work, can aid in better health, housing, and public safety outcomes.

**Strategy Three: Commit to Addressing Underlying Poverty**

Local Action	State Action
The 2019-20 budget provides \$25 million in ongoing funding for the Housing and Disability Advocacy Program (HDAP), which provides	Strengthening safety net programs that intend to support and protect individuals and families from

Local Action	State Action
<p>funding to counties for advocacy programs to establish Supplemental Security Income (SSI) eligibility for people with disabilities. Locals can use these funds to support targeted efforts to reach potentially eligible jail inmates and assist in their reentry. These application processes can take a significant amount of time, and in the interim, locals can explore other temporary or transitional housing resources for this population.</p>	<p>severe poverty, is feasible in the current California economy.</p> <ul style="list-style-type: none"> <li>• Repair cuts to Supplemental Security Income/State Supplemental Payment (SSI/SSP made during the recession roughly ten years ago, which has resulted in the maximum SSI/SSP grant for an individual be just \$932 per month (89.5% of the poverty line). If fully adjusted for inflation, the CA Budget and Policy Center estimates that the grant amount today would be equal to \$1,478 per month. Grants can be significantly improved to help disabled and elderly individuals afford housing if the annual state COLA were reimplemented.</li> <li>• Continue to increase CalWORKS grants to address deep end poverty. Similar to SSI/SSP grants, CalWORKS grants have not kept up with the cost of living, especially rent.</li> <li>• Consider a state-level flexible housing fund to act as a safety net for families who want to help with housing, but they are also suffering from rent burdens. The additional limited-time resources can aid in helping family members house their loved ones returning from incarceration.</li> </ul>
<p>Coordinating available social services on a local level is critical. In addition to focusing on immediate housing/shelter and access to services for behavioral health conditions, connect individuals to CalFresh, General Assistance, CalWORKS, etc., if appropriate.</p> <p>While the state requires counties to offer General Assistance or General Relief (GA/GR) Programs to indigent adults, administration rests with the counties. As a result, benefits, payment levels, and eligibility requirements vary among the 58 counties. Individuals exiting incarceration often do not have the necessary documentation to apply and secure benefits.</p>	<p>Having a livable wage is essential to sustained housing, improved health, and reduced risk of recidivism. It is not achievable without both education and training, as well as equal opportunities and protections despite justice-involvement.</p> <ul style="list-style-type: none"> <li>• Safety net programs like CalWORKS should provide vocational training by known best practices, including educational programs that provide skills that are in demand and compensated well, such as technology and health care.</li> <li>• The state could invest in or provide incentives to reentry programs to focus</li> </ul>

Local Action	State Action
<p>Local communities are encouraged to explore flexible strategies to support access to GA/GR programs while individuals are taking the necessary steps to establish and acquire necessary documentation.</p>	<p>on improving job readiness for high-risk populations by integrating cognitive-behavioral interventions into employment programs.</p>
<p>Support legal service providers who can contribute to reducing homelessness among the justice-involved including:</p> <ul style="list-style-type: none"> <li>• Help mitigate the impact of a criminal records by correcting errors, help address outstanding fines and court costs, obtaining expungements or sealing records,</li> <li>• Help resolve errors by removing inaccurate items from credit records, and</li> <li>• Provide guidance on disclosure of one’s criminal background during the employment process, especially in light of new legislation passed in 2019 (See Appendix A for a full summary of key legislation).</li> </ul> <p>Supply assistance and advocacy in obtaining public benefits such as Medi-Cal, SSI/SSDI, CalWORKs, CalFresh, GA/GR, and aid in appeal processes as needed.</p>	<p>Strengthen efforts to support the enforcement of the Fair Chance Act (effective January 2018) making it illegal for most employers to ask about a criminal record before making a job offer. AB 1076 (Ting) commences in January 2021, will use technology to automate record clearance for those already entitled to relief under existing laws. CCJBH could support enhanced public awareness efforts to increase knowledge of these significant changes. Building on this, identify possible future actions the state can take to ensure equitable employment opportunities for individuals with criminal records.</p>
<p>Commit to supporting employment opportunities for all reentry populations, including individuals with substance use disorders and mental health challenges. By integrating cognitive-behavioral interventions into employment programs and collaborating with substance use and mental health service providers, job readiness can improve among individuals also struggling with complex behavioral health conditions.</p>	<p>Continue support for the Prison to Employment Initiative, which is a grant program to improve labor market outcomes by creating a systemic and on-going partnership between rehabilitation programs within the California Department of Corrections and Rehabilitation (CDCR) and California’s workforce system.</p>
<p>Counties and/or cities can take a leadership role in hiring people with criminal backgrounds. Provide guidance and incentives to local departments and contractors who also do so.</p>	<p>The state can take a leadership role in hiring people with criminal backgrounds. Provide guidance and incentives to state entities, departments, and contractors who also do so.</p>

## **Strategy Four: Create Equitable Housing Assistance Opportunities and Combat Housing Discrimination**

**Finding Four:** The lack of available and accurate data regarding who is experiencing housing insecurity and homelessness among individuals, who are currently or formerly justice-involved with behavioral health challenges, makes it more difficult to address their needs.

**Recommendation Four:** Invest in uniform quality data collection, analysis and report efforts to understand the needs and gaps in services and to inform on the impact of strategies and investments on target populations. Data analysis can track progress on benchmarks to achieve equitable housing assistance opportunities for people who are justice-involved and experiencing behavioral health challenges. The reports will provide information on comprehensive statewide strategies to combat housing discrimination.

Understanding who is homeless and why is critical information so communities can prioritize limited resources. Moreover high quality and accurate data can be used to better inform the public about who is experiencing homelessness in their communities and why. An accurate understanding of the problem, coupled with information documenting that efforts are working to make an impact, is the best strategy to combat NIMBYism and make a case for adequate future resources.

HUD requires all CoCs to have a Homeless Management Information System (HMIS) in place which uses technology to collect data on homeless individuals and families as well as those receiving services to assess needs, establish funding priorities, and better inform homeless policy.<sup>52</sup> While HUD offers guides and tools for CoCs to aid in the development of HMISs, including software and other products, resources to support the quality and complexity of HMISs locally varies. Some large California counties like San Diego and Alameda have systems that perform multifaceted duties such as tracking over 250 different projects and holding more than 54,000 client records.<sup>53</sup> Several CoCs use their HMIS to conduct PIT counts, which can be cost-effective, reduce duplication, and provide detailed information about subpopulations (i.e. justice status), but it requires a high level of data quality and coverage.<sup>54</sup> CCJBH finds that counties, even large counties with more robust CoCs, express a need and desire for more state investments (i.e. infrastructure, training, technology) to support enhancements and to strengthen the functionality and capabilities of local HMISs and Coordinated Entry System (CES)s.

CoCs may also contract with research, data and evaluation firms and organizations, such as Applied Survey Research (ASR), to evaluate PIT counts that go beyond the requirements of HUD. The data evaluations articulate more insight into the needs of the local homeless population and possibly the drivers. Several CoCs, with the research firms under contract, ask additional questions during local PIT counts to evaluate the role of behavioral health and criminal justice involvement on those experiencing homelessness. The inclusion of justice status, with appropriate specificity and personal information protection, as a variable in evaluation and planning efforts, will document the need for increased access to housing and housing assistance for the justice-involved. A few examples of the kind of data PIT counts were able to capture include:

- 37% reporting spending at least one night in jail, juvenile hall, or prison in the last year,
- 12% reporting that incarceration was the primary event that led to homelessness, and

- 45% reporting one or more disabling conditions that made it difficult to sustain employment and housing.<sup>xvii</sup>

While several CoCs do collect information on justice status as part of the PIT count, consistent definitions are not used and, therefore, not comparable across communities. For example, one CoC may collect the number of nights spent incarcerated in the last 12 months, while another CoC may ask if the individual was released from jail or prison in the last 30 days, while yet another asks whether an individual is currently on parole or probation. This data certainly can be helpful locally, but cannot identify and document statewide trends, or easily inform state policy-making. While the development of a State Homeless Management Information System, now underway as part of the activities of the HCFC, will be instructive in identifying state trends and needs, consistent guidance on how to collect justice status across jurisdictions and at the state-level is needed. Similar to federal requirements under HUD for CoCs to receive funding, the state can provide comprehensive guidance through the HCFC to state and local programs on how to consistently collect information on housing status (i.e. sheltered vs. unsheltered) and recommendations regarding when to collect it (i.e. upon enrollment in a program, disenrollment, every 6 months, etc.). Every department participating in the HCFC, or that is administering state housing programs, should be using the same definitions to collect and report housing status.

Data-sharing and clarity regarding when, to what extent, and between who continues to be a barrier to system and service coordination, let alone research and evaluation efforts. There are efforts underway, such as AB 210 (Chapter 544, Statutes of 2017), to clarify and support the sharing of information across systems to expedite the identification, assessment, and linkage of homeless individuals to housing and supportive services by allowing providers to share confidential information. CCJBH also heard a clear warning from individuals with lived experience that such efforts, if not carefully monitored, could play a surveillance role rather than facilitating care coordination. Progressing forward is a necessity, as data integration is paramount to care coordination and to monitor program impact and performance. The state, possibly through the HCFC, can conduct a comprehensive assessment of regulatory barriers to data-sharing practices between criminal justice, behavioral health and housing/social systems. HCFC can identify implementation solutions to remove barriers and/or assist in defining the allowable data-sharing strategies locally that work within existing federal and state limitations.

In addition, data is essential to build and support a narrative that reinforces existing laws, and ideally evokes empathy and tolerance for justice-involved individuals experiencing homelessness and behavioral health challenges. Significant efforts to tackle explicit and implicit housing discrimination are moving forward. With the passage of AB 329 (Chapter 600, Statutes of 2019), low-income individuals receiving Section 8 vouchers are protected from landlord discrimination. Additionally, roughly a dozen bills signed into law in 2019 seek to remove regulatory barriers impacting local planning processes<sup>xviii</sup>. Historically these barriers effectively excluded everything from the development of affordable housing to establishing homeless shelters. These new laws certainly will test local planning processes, and resistance to these new bills changes, unfortunately, maybe correlated to strongly held myths and misperceptions.

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<sup>xvii</sup> To review various reports compiled by ASR visit: <https://www.appliedsurveyresearch.org/homelessness-reports>

<sup>xviii</sup> Refer to Appendix A for details on legislation passed.

While some have argued that NIMBYism is a local problem addressed with a local solution, the state has significant potential of scope and reach through its various departments and agencies who are members of the HCFC. The HCFC is uniquely positioned to develop and adequately resource a comprehensive multi-year state plan to address NIMBYism, promote inclusion, and generate support for a wide range of strategies to tackle the housing and homeless crisis. Tactics grounded in social marketing best practices coupled with accurate statewide data, can raise awareness, debunk myths and misperceptions, and combat the additional stigma and discrimination experienced by individuals with justice involvement and behavioral health needs.

**Strategy Four: Create Equitable Housing Assistance Opportunities and Combat Housing Discrimination**

Local Action	State Action
<p>Local communities can work to prioritize limited resources to help gain a better understanding of who is homeless and why. Local CoCs need guidance and support (including resources) to collect appropriate information about justice status (i.e., active probation vs. parole, recently released from jail vs. prison, prior justice involvement, etc.). Agencies can implement this during the Point in Time (PIT) counts to help clarify a more equitable plan, while providing assistance and supporting coordination efforts with criminal justice partners. All of this information should be collected uniformly across CoCs to facilitate statewide analysis.</p>	<p>AB 1331 (Bonta) is a good start to improving the quality of criminal justice data by establishing reporting requirements across the system and clarifying existing laws regarding access to data.</p> <p>Future efforts to vigorously examine data, similar to the CCJBH Medi-Cal Utilization Project, can use this data to increase knowledge regarding links between criminal justice, behavioral health, homelessness, etc.</p>
<p>Communities must be adequately resourced to coordinate a comprehensive set of strategies that collect information and data from places working with people who are experiencing homelessness, including jails, prisons, state hospitals, juvenile detention facilities, and courts.</p>	<p>Similar to federal requirements under HUD for CoCs to receive funding, provide comprehensive state guidance (possibly through HCFC), to state programs on how to consistently collect information on housing status. Provide definitions for state programs to use when collecting this information (i.e., sheltered vs. unsheltered) and recommendations regarding the timing of data collection (i.e. upon enrollment in a program, disenrollment, every six months, etc.). Every department participating in the HCFC should be using the same definitions to collect and report housing status.</p>
<p>Homeless Management Information Systems (HMIS) and other data sources should build and maintain information about people experiencing homelessness and their</p>	<p>CCJBH will participate in the development of the Statewide HMIS, seeking the inclusion of justice status with appropriate specificity so that personal information is protected. Consider justice-</p>



Local Action	State Action
<p>outcomes, including justice and behavioral health system involvement. Aggregate HMIS data used responsibly for planning and evaluation purposes can increase understanding of the extent and nature of homelessness over time. Specifically, a HMIS can produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs.</p>	<p>involvement as a variable in evaluation and planning efforts, potentially documenting the need for increased access to housing and housing assistance for the justice-involved.</p>
<p>Local jurisdictions should encourage developers to site permanent supportive housing in by-right zones where multifamily and mixed-use development is permitted. Also, local jurisdictions can modify their land-use policies to accommodate higher densities of rental and for-sale housing.</p>	<p>Data integration is paramount to care coordination and monitoring program impact and performance. Conduct a comprehensive assessment of regulatory barriers to data-sharing practices between criminal justice, behavioral health, and housing/social systems. Identify implementation solutions at the state level to remove barriers and/or provide guidance on allowable data-sharing strategies locally that work within existing federal/ state limitations.</p>
<p>Improve access to local Public Housing Authority (PHA) resources for individuals who have convictions by modifying standards of admission/screening, examples include:</p> <ul style="list-style-type: none"> <li>• Shorten the length of time that a review of a conviction or public safety concerns consideration,</li> <li>• Use individualized assessments and allow explanations for special circumstances, eliminating all provisions that screen applicants out of the Housing Choice Voucher (Section 8) and Public Housing programs due to probation or parole status, and</li> <li>• Direct the PHA to prioritize people who are justice-involved and have behavioral health or serious health needs for Section 8 or other public housing.</li> </ul>	<p>In 2019 several pieces of legislation were passed to protect individuals from housing discrimination, particularly evictions. The state can consider ways to support local jurisdictions to raise awareness and enforce these new policies</p> <ul style="list-style-type: none"> <li>• AB 1110 (90-day Notification of Rent Increases)</li> <li>• AB 1399 (Protection Landlord Withdrawal of Accommodations)</li> <li>• SB 329 (Protection Landlord Discrimination of Sec. 8 Housing)</li> <li>• SB 644 (Active Military Personnel Lowered Security Deposits)</li> </ul>

Local Action	State Action
<p>Support legal service providers who can contribute to reducing homelessness among the justice-involved, including:</p> <ul style="list-style-type: none"> <li>• Legal representation in housing court or mediation, and to resolve problems and prevent unlawful evictions in government-subsidized or private housing,</li> <li>• Educate landlords on their rights and responsibilities through local information sessions or rental housing associations and published materials,</li> <li>• Educate tenants dispelling myths and supporting their assertion of rights such as to a reasonable accommodation, and</li> <li>• Provide legal representation within homelessness assistance programs through on-site services or support to coordinate pro bono efforts and enhanced legal service relationships for individuals experiencing homelessness.</li> </ul>	<p>CCBJH can support the HCFC to inform local communities of these new protections and consider various ways to increase Californians' knowledge of housing rights and how to file grievances when they are denied. Widely disseminate available resources from the California Department of Fair Employment and Housing at <a href="https://www.dfeh.ca.gov/Housing/">https://www.dfeh.ca.gov/Housing/</a>.</p> <p>CCJBH can support the HCFC to monitor local and state efforts that reduce the criminalization of homelessness for people with behavioral health issues, report on trends, and identify best practices.</p> <p>Housing and Community Development (HCD) Department should incentivize permanent supportive housing projects by streamlining approval.</p>
<p>State associations that represent local government such as the California State Association of Counties (CSAC) and California League of Cities can support the implementation of a State NIMBY Reduction Plan by providing technical assistance on everything from legal strategies to social marketing. Identify communities and projects that have been successful in establishing housing and share lessons learned across counties. Identify best practices to organize and empower volunteers/citizens and people with lived experience to share their voices and influence social norms.</p>	<p>Develop a comprehensive multi-year state plan to address NIMBYism, which includes strategies to combat the additional stigma and discrimination experienced by individuals with behavioral health needs and/or former incarceration.</p>
	<p>Consider implementing a pilot grant program based on the Opening Doors to Public Housing Initiative launched by the Vera Institute for Justice of which one of the primary goals is to promote collaboration between public housing authorities, law enforcement agencies, and other criminal justice stakeholders as a means of effectively reducing</p>

Local Action	State Action
	crime and improving reentry outcomes. San Diego is one of the current federal pilots. Lessons learned from San Diego can be used to help create guidance and suggestions statewide for local implementation.

**Strategy Five: Link the Criminal Justice System to the Homeless Crisis Response System and Facilitate Coordination, Collaboration, and Commitment among System and Service Partners**

**Finding Five:** There are significant barriers for transitioning individuals exiting incarceration to critical services and supports, especially housing. Not only are there barriers due to policies that may or may not be within the state’s ability to change, but also, there is a lack of necessary infrastructure to support state-local partnerships and empower on-the-ground leveraging of resources.

**Recommendation Five:** Link the criminal justice system to the homeless crisis response system to facilitate coordination, collaboration, and commitment among systems and service partners at the state level, the local level, and between the state and local levels.

Integrating justice, health, and housing systems to identify the high rates of homelessness among individuals with justice involvement with behavioral health challenges seems like common sense, but is a challenging goal. According to the CSG Justice Center, the challenges listed below are not unique to California. Communities across the country are trying to reduce barriers and solve similar challenges including:

- Lack of understanding of the scope of the problem, gaps in services and the needs of the population in a way that can inform policy and resource allocation,
- Limited history of collaborative planning between criminal justice, behavioral health, and housing/homelessness agencies and systems,
- Minimal coordination and referral systems capable of connecting people to appropriate housing (coordinated with other treatment, services, and supervision if applicable) across the criminal justice continuum,
- Lack of available supportive housing for people with complex care needs and high risk of criminal justice involvement and when available it is not prioritized for the criminal justice population, and
- Housing options are very limited and behavioral health care resources are scarce. <sup>xix</sup>

These challenging issues were mentioned consistently throughout the months of activities associated with developing this brief. Across systems, each partner/agency is frustrated with the other. Each thinking the responsibility to solve the housing crisis among the justice-involved with behavioral health issues was beyond their agency’s capacity and role. Many discussed wanting to find the correct access point “into” another system, assuming that such an access point existed, let alone services to follow. Others felt that while housing was not a primary objective or program goal, it was an unfunded necessity to successfully achieving desired public safety or health outcomes. Doing so required criminal

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<sup>xix</sup> CSG Justice Center presented to CCJBH and other policy leaders in a Legislative Briefing at the State Capitol on January 23 2019. For materials from the brief please visit: <https://www.cdcr.ca.gov/ccjbh/meetings/>

justice and behavioral health providers to know how to “connect” to housing service providers and that knowledge was limited. Some expressed significant concern that when trying to access housing services, the individuals they serve were marginalized and experienced discrimination.

While this brief provides several concrete recommendations for action among criminal justice, behavioral health, and housing providers at both state and local levels to bridge gaps between the criminal justice and homeless crisis response system, the key examples mentioned below exemplify that solutions must include resource sharing and leverage expertise.

- Local communities can use one-time state funds to invest in and strengthen coordinated entry processes. Coordinated entry is a process at the local level to ensure that people experiencing a housing crisis are assessed, referred, and connected to appropriate housing based on need. While CESs are working to provide the right kind of help to people at the right time, they are not designed or resourced to address state priorities. Also, the scope and complexity of needs presented locally are often overwhelming these systems that are just now becoming functional.
- Identify and disseminate best practices in the application of CESs with criminal justice referral entities, and provide guidance to criminal justice partners on how to define homelessness and align definitions with state and local practices so that individuals exiting incarceration, or who are on community supervision, are better positioned during the assessment process. For example, jails and prisons could collect housing status before incarceration at reception/booking to establish a history of homelessness. Provide pertinent housing history information to local providers when individuals transition to parole or probation.
- The HCFC, in partnership with local experts, can lead a workgroup to study strategies to improve the vulnerability assessment of individuals who are justice-involved and living with mental illness and SUDs to be more sensitive and relevant to the circumstances of someone who has been in an institution. HCFC can consider the effectiveness and feasibility of one tool or assessment to use statewide. Recommendations from the workgroup can be widely disseminated.

The complex issue of improving housing outcomes for justice-involved populations with significant behavioral health challenges requires methods to address multifaceted needs that include coordination, collaboration, and sustained commitment across multiple systems. At CCJBH we call this the **Triple C**. The state, through bodies like the HCFC, can model and foster the **Triple C** among state-level criminal justice, behavioral health, and housing systems and other social service entities charged with improving housing outcomes. State investments in comprehensive cross-system training and on-going technical assistance to support effective **Triple C** work locally can supply the skills and support the relationships needed on the ground.

**Strategy Five: Link the Criminal Justice System to the Homeless Crisis Response System and Facilitate Coordination, Collaboration, and Commitment among System and Service Partners**

Local Action	State Action
Local communities can use one-time state funds to invest in and strengthen coordinated	Coordinated entry systems operate at the local level, but there are actions the state can take to

Local Action	State Action
<p>entry processes. Coordinated entry is a process at the local level to ensure that people experiencing a housing crisis are assessed, referred, and connected to appropriate housing based on need. While Coordinated Entry Systems (CES) are working to provide the right kind of help to people at the right time, they are not designed or resourced to address state priorities. In addition, the scope and complexity of needs presented locally is often overwhelming the systems that are just now becoming functional.</p>	<p>improve operations and be more inclusive of justice-involved populations:</p> <ul style="list-style-type: none"> <li>• Identify and disseminate best practices in the application of CES with criminal justice referral entities, and</li> <li>• Provide guidance to criminal justice partners on how to define homelessness and align definitions with state and local practices so that individuals exiting incarceration, or who are on community supervision, are better positioned during the assessment process. For example, jails and prisons could collect housing status data before incarceration to establish a history of homelessness. Pertinent housing history information can be provided to locals when individuals transition to parole or probation.</li> </ul>
<p>Establish a CES access point to assess individuals exiting state and local incarceration. Partners in CES should include criminal justice – probation, parole, sheriffs/jail administrators, and the courts. Provide adequate training to criminal justice partners regarding how to use assessments and refer/link to CES.</p>	<p>The Homeless Coordinating and Financing Council (HCFC) should expand the homelessness definition beyond CFR 24 Section 578.3 for all programs that receive state funding.</p> <p>The expanded definition should include an individual or family that is exiting an institution where he or she has resided for more than 90 days and who resided in an emergency shelter or place not meant for human habitation immediately before entering the institution.</p>
<p>Counties/Cities (CoCs) who use the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) or another tool should include justice status as part of the assessment, such as the Justice Discharge VI-SPDAT. Similar to the above, provide adequate training to criminal partners so they are equipped to assess with the Justice Discharge VI-SPDAT and refer/link to CES.</p>	<p>The HCFC, in partnership with local experts, can lead a workgroup to study strategies to improve the vulnerability assessment of individuals who are justice-involved and living with mental illness and substance use disorders to be more sensitive and relevant to the circumstances of someone who has been in an institution. HCFC can consider the effectiveness and feasibility of one tool/assessment used statewide. The recommendations from the workgroup can also get disseminated widely.</p>
<p>Resources are so limited and needs are so great that locally, it will take coordination, collaboration, and commitment across a wide</p>	<p>The Homeless Housing Assistance Program (HHAP) is a statewide one-time funding opportunity of \$650 million in block grants for local jurisdictions to</p>

Local Action	State Action
<p>variety of systems. Criminal justice, behavioral health, social services, and housing providers are all essential in combating homelessness among the most vulnerable justice-involved individuals. Each system/service partner can examine what they can contribute (i.e. workforce, facilities, resources, etc.) to improving the situation. Regional forums or trainings can provide opportunities for peer learning across these system partners to support innovative problem-solving.</p>	<p>support regional coordination and expand and/or develop local capacity to address immediate homelessness challenges. Support local implementers working to successfully use this opportunity to facilitate coordination, collaboration, and commitment between housing providers, behavioral health, and criminal justice partners, such as:</p> <ul style="list-style-type: none"> <li>• Operationalize and provide examples of effective models of multi-system and potentially multi-jurisdictional coordination, collaboration, and commitment, and</li> <li>• As informed by criminal justice and behavioral health system partners, provide examples of the roles these systems can play in improving housing outcomes.</li> </ul>
<p>CCJBH, in collaboration with other state departments and counties, can develop examples for local consideration of how non-housing dedicated funding like Public Safety Realignment (AB 109), the Mental Health Services Act (MHSA), Proposition 47 and other resources can be used locally for housing services and supports for the justice-involved with behavioral health challenges.</p>	<p>Future state funding opportunities should consider the following:</p> <ul style="list-style-type: none"> <li>• Provide resources to improve data-informed decision-making including improving strategic planning, data collection, infrastructure, establishing legal/data use agreements, training and on-going coordination,</li> <li>• Require percentage set-asides for priority populations such as youth, but allow the local or regional jurisdiction to determine the priority based on local needs including targeting the justice-involved, behavioral health, older adult populations,</li> <li>• Require awardees to document/describe all collaborations with community and systems partners, most importantly individuals with lived experience (former incarceration, homelessness, and behavioral health challenges), and</li> <li>• Provide resources directly to criminal justice partners (parole, probation, the courts, and others as appropriate) to ensure opportunities for diversion and alternative community placements as well as to</li> </ul>

Local Action	State Action
	support individuals under their jurisdiction in successful reentry and the transition home.

**Conclusion and Next Steps:**

*“There are as many reasons for homelessness as there are people sleeping on our sidewalks and that means we need a wide range of approaches to solving the problem, aimed at addressing the needs of individuals. We simply can’t force all homeless people into a relatively narrow set of solutions.”<sup>55</sup>*

Addressing the diverse needs of individuals is complex work and requires significant levels of trust. CCJBH encourages policymakers to find as many opportunities as possible to listen and learn from those who have experience in the intersection of homelessness, criminal justice, and behavioral health. Insight gained can shape policies and practices that work. We hope this brief has provided multiple ideas for a variety of state and local action in both the short and long term to improve housing outcomes among the justice-involved with behavioral health challenges. We look forward to partnering with the administration, the legislature, local leaders, implementers, and advocates to continue this work in 2020 and beyond.

## Appendix A

### Key Housing and Homelessness Legislation Summarized

#### ***Emergency Shelter and Homelessness Prevention:***

**AB 139 (Quirk-Silva):** This bill passed in response to the growing housing crisis in California. It mandates that local government entities readdress the need for emergency homeless shelters and affordable housing development within regional plans by instructing local governments to use point in time counts to address the number of beds needed in an emergency shelter, and by surveying how many beds go unused on a monthly and yearly basis versus the number of people that move from emergency accommodations into permanent housing. The law intends to move some of the pressure to fix underlying problems of zoning onto local governments, because they are best poised to make meaningful changes.

**AB 143 (Quirk-Silva):** Existing law creates an exemption from state planning, zoning, health, and safety standards for those counties that declared themselves to be in a housing crisis. This bill adds Alameda and Orange Counties and the city of San Jose to the list of those allowed to declare these emergencies. Bypassing, many of the state requirements enable the programs to construct shelters to move much fast from the planning to the building phase at reduced costs. However, the local ordinances for building shelters and their operation still require approval from HCD and must include provisions for dealing with the transition from emergency shelters into permanent housing solutions long-term.

**SB 211 (Beall):** This bill is a ten-year authorization for the California Department of Transportation (Caltrans) to make specific properties held for future highway construction and the airspace underneath existing highways available for lease at a \$12 a year plus administrative costs, not to exceed \$15,000 annually. The bill requires that all construction meet minimum building standards, not be permanent in nature, and be a minimum of twenty feet from a transportation structure. The bill removes financial barriers that cities and counties face when trying to construct shelters and feeding centers.

**SB 450 (Umberg):** This bill provides an exemption from the California Environmental Quality Act for projects converting motels into transitional housing facilities. Thereby reducing barriers to creating transitional housing promptly and in areas where it is needed most. (This law overlaps with 101, and "use by right").

**AB 1188 (Gabriel):** This bill works to lessen the restrictions for tenants looking to open up room in their houses for a person or family member at risk of homelessness. Under this law, a tenant may, with the permission of the landlord, add a person to the residence in a fashion that gives the current tenant authority to regulate the tenants' rights as if they were a lodger. These agreements are subject to rent changes based on the extra occupant and may stay in place for up to a year.

**AB 1197 (Santiago):** This bill is a California Environmental Quality Act exemption for housing solutions and temporary shelters in Los Angeles. The city will still file a notice of exemption with the office of planning and research until the provision sunsets in January of 2025.



**AB 761 (Nazarian):** This bill expands the time of the year when a California National Guard Armory can be used as a temporary shelter. Current law provides that armories may be used as shelters from October 15<sup>th</sup> until April 15<sup>th</sup>, the approved legislation allows this to be done throughout the year for hazardous weather conditions, in this case heat.

**AB 1235 (Chu):** California operates runaway and homeless youth shelters through the Department of Social Services. This bill renames these centers "youth homelessness and prevention centers." Also, the bill expands the range of youth the centers are required to serve. The expansion includes youth at risk of homelessness and those exhibiting status offender behavior; meaning, youth that is no longer acting in a way that is controlled by a legal guardian. Further, the bill also increases the length of time that youth can stay in the homelessness prevention center from 21 days to 90.<sup>xx</sup>

**AB 1745 (Kalra):** Assembly bill 1745 extends earlier legislation. Previously the city of San Jose was authorized to operate emergency bridge housing and place all the occupants into permanently affordable housing before closing bridge housing. This project is ongoing, and the bill extends the sunset of the provision from January 2022 until January 2025 to allow the city to meet the obligation.

***Planning, Zoning, and Development Process:***

**SB 330 (Skinner) Housing Crisis Act 2019:** Makes changes to the California Environmental Quality Act (CEQA), Housing Accountability Act (HAA), and streamlines the application process timelines. Building projects face ongoing permitting and legal challenges from zoning and general plans. Senate Bill 330 requires that if the criteria were satisfied when the permits had initially been submitted, then a local agency must provide written evidence based on a preponderance of the evidence to do otherwise. Meaning, the local agency must provide proof that there is no feasible alternative when an adverse effect on health or safety. Moreover, this bill takes the burden of proof. Instead, placing the burden on the local agency trying to impede development projects from moving forward.

**SB 450 (Umberg):** This bill provides an exemption from the California Environmental Quality Act for projects converting motels into transitional housing facilities. Thereby reducing barriers to creating transitional housing promptly and in areas where it is needed most. (This law overlaps with 101, and "use by right").

**SB 744:** The bill makes changes to AB 2162(2018), placing restrictions on the government's ability to apply for any discretionary review if projects are 100% affordable housing and a percentage of units are deemed supportive. This bill extends these restrictions to the California Environmental Quality Agency. Additionally, the bill clarifies parts of the predecessor bill and helps to expedite projects falling under *No place Like Home*.

**AB 1397:** Is designed to help increase the inventory of lands throughout the state that are deemed suitable for human habitation in hopes of making more sites available to meet regional zoning and minimum housing requirements. Some of the mechanisms in place are the removal of reliance on parcels in excess of ten acres or that are smaller than ½. It also eliminates loopholes such as listing airspace above public lands in order to meet minimum Regional Housing Needs Assessment (RHNA) and

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<sup>xx</sup> Appendix 1 lays out the definition of "at risk of homelessness."

rezoning programs, and requires that any construction in an area where affordable units have been in the last five years carry at least the same number of units.

**AB 1515:** Some cities, such as Los Angeles need to update their community plans to address new local needs and issues. Many of these updates are held off for years due to challenges in court. Assembly Bill 1515 removes the ability of the court to block a development project that is noncompliant with CEQA providing it meets one or more of the outlined conditions. The first being, if the project was approved before the court issues a stay or other actions against the environmental impact report, which means that as long as the community plan is approved before the court litigates the environmental impact report, it continues to be approved.

### ***Expansion of Scope***

**AB 58 (Rivas):** This bill instructs the Governor of California to appoint an extra representative from the California Department of Education (CDE) to the Homeless Coordinating and Financing Council. The Council initially convened under the 1987 Federal McKinney-Vento, Homeless Assistance Act. At the national level, the act was designed to ensure the right of students to go to school, even when no permanent address exists. The appointment of a CDE representative aims to reduce barriers for homeless youth to California schools further.

**SB 687 (Rubio):** Senate version of AB 58 requires the appointment of a CDE member to the Homeless Coordinating and Financing Council.

**AB 728 (Santiago):** Existing legislation authorized the creation of multidisciplinary teams (MDT's). MDT's are groups of healthcare workers, and these teams are put in place to expedite the identification of individuals and families experiencing homelessness and connect them with services. Assembly Bill 728 creates a five-year pilot program that expands this definition to include risk of homelessness in 7 Southern California Counties (Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Clara, and Ventura). The law further expands the ability of multiple agencies to share confidential information, allowing an increased continuity of care. As a pilot program, the law will sunset in 2025, at which point the legislature will look at the impact of the program.

### ***Rent Control and Housing Protections***

**AB 1482:** Assembly Bill 1482 puts a cap on the amount that the rent can increase annually, once a tenant has occupied the unit for one year. The upper limit of the increase is five percent plus interest calculated from the Consumer Price Index (CPI). Also, the law requires that owners, when evicting a tenant who is not at fault (i.e., capital improvements, owner move-in), provide a free month of rent or payment in that amount. Exemptions to the law include buildings that are less than fifteen years old, single family dwellings, which are not owned by a trust or corporation, all duplexes wherein the owner occupies one of the dwellings. The bill will sunset after 10 years and does not supersede any local ordinance relating to cause enacted before September 2019.

**AB 1110:** Assembly Bill 1110 makes changes to existing law requiring notification of tenants before rental increases. Currently the law requires that landlords give a 30 day notice when the increase in rent is up to 10%, and 60 days when the increase is greater than 10%. The new legislation forces landlords to provide a 90-day notice when they plan to increase beyond 10% annually. The legislation forces

landlords to plan earlier when they intend to increase rent and gives tenants more time to prepare themselves financially or allow them more time to look for alternatives.

**AB 1399:** This legislation makes changes to the Ellis Act and clarifies that owners of property may not make liquidated damages payments in lieu of offering the rental again and clarifies that the date accommodations are deemed withdrawn from the rental market will serve as the date that the final tenancy is terminated. The new law is designed to stem the practice of landlords evicting tenants by saying that they are going out of business, allowing the properties to lay fallow for several years and then reentering the rental market at prime rates.

**SB 329:** Senate bill 329 is designed to change the language of previous laws regarding what is considered income. Whereas previous law did not outline that money paid to a landlord or owner on behalf of a tenant counts as an income source. This bill went into effect following the signing of SB 222, a bill which outlines that house discrimination based on a person's veteran status is illegal. Helping to strengthen the protections in place for one California's most at risk populations.

**SB 644:** Existing law provides outlines for the maximum amount that can be charged as a security deposit as being equal to three months of rent for unfurnished units with additional amounts to cover the cost of furnishings in cases where the apartment is furnished. Senate Bill 644 specifies that any service member shall not be charged an amount in excess of one month's rent for unfurnished apartments, and two months in furnished units. Further, it prevents a landlord from refusing to enter into an agreement on the grounds that the renter is a service member and the collectable amount is lower.

## Appendix 1

### Definition of “at risk of homelessness”

#### SEC. 2.

Section 1502.35 of the Health and Safety Code is amended to read:

#### **1502.35.**

(a) The department shall license a youth homelessness prevention center as a group home pursuant to this section. A youth homelessness prevention center shall meet all of the following requirements:

(1) The center shall offer short-term, 24-hour, nonmedical care and supervision and personal services to youth who voluntarily enter the center. As used in this paragraph, “short-term” means no more than 90 consecutive days from the date of admission.

(2) The center shall serve homeless youth, youth at risk of homelessness, youth exhibiting status offender behavior, and runaway youth.

(A) “Homeless youth” means a youth 12 to 17 years of age, inclusive, or 18 years of age if the youth is completing high school or its equivalent, who is in need of services and without a place of center.

(B) “Runaway youth” means a youth 12 to 17 years of age, inclusive, or 18 years of age if the youth is completing high school or its equivalent, who absents themselves from home or place of legal residence without the permission of their family, legal guardian, or foster parent.

(C) “Youth at risk of homelessness” means a youth 12 to 17 years of age, inclusive, or 18 years of age if the youth is completing high school or its equivalent, to whom one or more of the following circumstances apply:

(i) Identification as lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ).

(ii) Financial stress, including, but not limited to, stress due to their own or family loss of income, low income, gambling, or change of family circumstances.

(iii) Housing affordability stress or housing crisis, including, but not limited to, pending evictions or foreclosures of the current home, or rental or mortgage arrears.

(iv) Inadequate or inappropriate dwelling conditions, including, but not limited to, accommodations that are unsafe, unsuitable, or overcrowded.

(v) Loss of previous housing accommodation.

(vi) Relationship or family breakdown.

(vii) Child abuse, neglect, or living in an environment where children are at risk of child abuse or neglect.

(viii) Sexual abuse.

(ix) Domestic or family violence.

- (x) Nonfamily violence.
  - (xi) Mental health issues or other health problems.
  - (xii) Problematic alcohol, drug, or substance use.
  - (xiii) Employment difficulties or unemployment.
  - (xiv) Problematic gambling.
  - (xv) Transitions from custodial and care arrangements, including, but not limited to, out-of-home care, independent living arrangements for children under 18 years of age, or health and mental health care facilities or programs.
  - (xvi) Discrimination, including, but not limited to, racial discrimination.
  - (xvii) Disengagement with school or other education and training.
  - (xviii) Involvement in, or exposure to, criminal activities.
  - (xix) Antisocial behavior.
  - (xx) Lack of family or community support.
  - (xxi) Staying in boarding housing for 12 weeks or more without security of tenure.
- (D) “Youth exhibiting status offender behavior” means a youth 12 to 17 years of age, inclusive, or 18 years of age if the youth is completing high school or its equivalent, who persistently or habitually refuses to obey the reasonable and proper orders or directions of their parents, guardian, or custodian, or who is beyond the control of that person, or who violates an ordinance of a city or county establishing a curfew based solely on age.

**Appendix B**

**2019-20 Enacted California State Budget Components - Homelessness**

<b>Budget Allocation:</b>	<b>Purpose:</b>
<p><b>\$650 Million</b></p> <ul style="list-style-type: none"> <li>• \$275 Most Populous Cities</li> <li>• \$175 Counties</li> <li>• \$190 COC's</li> <li>• \$10 million for the City of Palm Springs</li> </ul>	<p><i>Emergency Funds:</i> Meant to fund construction and expansion of emergency shelters and navigation centers, rapid rehousing, permanent supportive housing, job programs and for innovative projects like hotel/motel conversions.</p>
<p><b>\$331.5 Million to Temporary Assistance to Needy Families Block Grants</b></p>	<p>These block grants in the CA Work Opportunity and Responsibility to Kids Program will assist low-income families with paying for housing, food and other necessities.</p>
<p><b>\$150 Million Mental Health Care Workforce</b></p>	<p><i>Healthcare Expansion and Retention:</i> Due to an ongoing shortage of mental health professionals in the state's public health system, the budget provides for a fund to assist in hiring and in retaining those already working in the system.</p>
<p><b>\$120 Million WPC's</b></p> <ul style="list-style-type: none"> <li>• \$100 Million in housing support</li> <li>• \$20 Million to help counties establish new programs.</li> </ul>	<p><i>Expansion of the Whole Person Care (WPC's) program:</i> WPC's are meant to combine the care of individuals with complex medical cases in a wrap-around health, behavioral health, and housing services program aimed at preventing homelessness</p>
<p><b>\$52.9 million Student Rapid Rehousing and Basic Needs</b></p> <p>Rapid Rehousing:</p> <ul style="list-style-type: none"> <li>• \$6.5 million ongoing for CA State University (CSU)</li> <li>• \$3.5 million ongoing for University of CA (UC)</li> <li>• \$9 million ongoing for CA Community Colleges (CCC)s</li> </ul> <p>Basic Needs:</p> <ul style="list-style-type: none"> <li>• \$15 million one-time for CA State University (CSU)</li> <li>• \$15 million ongoing for University of CA (UC)</li> <li>• \$3.9 million one-time for CA Community Colleges (CCC)s</li> </ul>	<p>For assistance in Rapid-Rehousing efforts, originally developed under HUD, these programs help address searching for, and securing housing; in addition to providing for students basic needs.</p>

<b>Budget Allocation:</b>	<b>Purpose:</b>
<b>\$25 Million Bringing Families Home Program (BFH)</b>	Bringing Families Home aims to help reduce the number of families in the child welfare system experiencing homelessness, increasing family reunification, and preventing foster care placements. Funds awarded to counties are matched by the receiving counties effectively doubling the amount of money available.
<b>\$25 Million Housing and Disability Advocacy Program</b>	Applying for disability benefits is cumbersome and time consuming. Advocacy programs aim to help homeless and disabled individuals apply for a capture monthly basic needs funding through the Social Security Administration.
<b>\$20 Million Eviction Assistance</b>	Newly passed renter protections highlight the ongoing issues California renters face with regard to evictions. The funding is designed to provide low-income tenants with legal assistance to prevent adverse effects stemming from eviction.
<b>\$14.7 Million CalWORKS</b>	The Homeless Assistance Program is temporary aid designed to cover hotel expenses for up to 16 days, once every calendar year. In addition, the program can also assist in paying security deposits and last month's rent when a family is at risk of being evicted.

For more information visit:

<http://www.ebudget.ca.gov/201920/pdf/Enacted/BudgetSummary/Homelessness.pdf>

## Appendix C - Endnotes

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