

November 29, 2021

Katelyn Jennings
Policy Director
U.S. Interagency Council on Homelessness
301 7th Street SW, Room 2080
Washington, DC, 20407

Submitted via email to katelyn.jennings@usich.gov

RE: U.S. Interagency Council on Homelessness Federal Strategic Plan to Prevent and End Homelessness Feedback

Dear Ms. Jennings:

The Council on Criminal Justice and Behavioral Health (CCJBH) appreciates the opportunity to provide feedback to support the development of the U.S. Interagency Council on Homelessness's (USICH's) new Federal Strategic Plan to Prevent and End Homelessness (Federal Strategic Plan) by providing insights on the complex needs of justice involved (JI) individuals with behavioral health (BH) conditions (hereafter referred to as the BH/JI population). CCJBH is a 12-member Council within the Office of the Secretary at the California Department of Corrections and Rehabilitation (CDCR), comprised of appointed experts representing diverse perspectives at the intersection of criminal justice and behavioral health, and is charged with investigating, identifying, and promoting cost-effective strategies that prevent criminal involvement, improve behavioral health services, and encourage State and local system partners to work collaboratively in their efforts to serve individuals suffering from behavioral health conditions given their overrepresentation in the criminal justice system.

Many justice-involved individuals are at risk of homelessness. Between 17 and 39 percent of people in California jails experienced homelessness 30 days prior to their jail stay and may benefit from ongoing rental assistance. Another 15 to 42 percent of people in California jails reported homelessness in the year leading up to their incarceration. Approximately 39 percent of people leaving State prison on parole reported "moderate or high residential instability" prior to incarceration, indicating potential housing need post-release, as well. Given the high rates of homelessness in the BH/JI population, CCJBH embarked on a comprehensive process to develop feedback for USICH's new Federal Strategic Plan. The enclosed feedback is a compilation of information captured from CCJBH Councilmembers, subject matter experts, and CCJBH stakeholders representing diverse populations across California who participated in a CCJBH listening session on November 3, 2021 (e.g., behavioral health and criminal justice system partners,

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advocates, other individuals interested in CCJBH’s efforts). This feedback is also informed by CCJBH’s extensive research on effective housing models that explicitly address the needs of the BH/JI population (e.g., CSG Justice Center’s [Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails](#) and CCJBH’s Policy Brief [Improving Housing Outcomes for the Justice-Involved with Behavioral Health Challenges](#)), as well as a review of USICH’s past Federal Strategic Plans. A high-level summary of CCJBH’s enclosed feedback is as follows:

1. The federal government should prioritize the BH/JI population in the creation of the upcoming Federal Strategic Plan. This can be done by:
 - Expanding the current definition of homelessness developed by the U.S. Department of Housing and Urban Development (HUD) to include those “at risk” of homelessness.
 - Prioritizing housing for the BH/JI population.
 - Increasing the availability of affordable housing units through incentives and other proven housing strategies.
 - Establishing and implementing training and technical assistance specific to housing the BH/JI population.
 - Funding research to understand the relationship between behavioral health, justice system involvement and homelessness.
 - Building out the housing workforce to address the needs of the BH/JI population.
 - Strengthening tenant’s rights.
 - Funding a central oversight agency.
 - Eliminating barriers to accessing housing services for the BH/JI population.
 - Aligning funding for housing and supportive services that benefit the BH/JI population.
2. The biggest barriers to ending homelessness for the BH/JI population are as follows:
 - The HUD definition of homelessness.
 - Stigma/fear from members of the community and community providers.
 - The high up-front cost for, and lack of, permanent supportive housing.
 - The criminalization of behaviors associated with behavioral health conditions and homelessness.
 - Siloed systems result in a lack of understanding of each other’s purpose, processes, and operations.
 - A lack of available / accessible data on homelessness risk and housing needs.
 - Ineffective in-reach and service coordination.
3. The federal government can effectively center racial equity for the BH/JI population by:
 - Publicly recognizing that individuals of color are overrepresented in both the criminal justice system and among people experiencing homelessness in California.
 - Investing in uniform quality data collection and analyses to fully understand service needs and gaps for the BH/JI population.
 - Conducting a comprehensive review of current regulations.
 - Eliminating racial bias in housing eligibility screening.

4. The COVID-19 pandemic provided a learning opportunity to gain a better understand on how housing, health and supportive service system can support the needs of the BH/JI population who are experiencing homelessness. The following are some of the main lessons learned:
 - The housing services needed to support the BH/JI population can be quickly provided and mobilized when framed as a public health emergency.
 - Support services, such as behavioral health treatment and criminogenic needs intervention, are necessary to optimize successful housing placements.
 - The criminal justice system needs to be linked to the homeless crisis response system.
 - There is a necessity for permanent supportive housing for the BH/JI population.
5. After reviewing the past Federal Strategic Plans, *Opening Doors and Home, Together*, CCJBH has concluded the following considerations should be made in development of the new Federal Strategic Plan:
 - Explicitly include the BH/JI population as a priority population.
 - Build off the successful efforts of previous strategic plans.
 - Model future plans off programs that have included the BH/JI population.
 - Realistic target dates should be set for each of the established goals.
6. In addition to the feedback outlined above, CCJBH suggests that USICH strongly considers the development of a central advisory entity dedicated to bridging the gaps in collaboration between system partners and ensuring a robust housing workforce is developed to provide all essential services to those in need.

For these reasons, CCJBH recommends that USICH’s new Federal Strategic Plan contain substantial efforts to explicitly address the unique needs of the BH/JI population. We sincerely thank you for allowing us to provide comments during this process and look forward to continuing to engage with USICH on these important efforts.

Respectfully,

DocuSigned by:
Brenda Grealish
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Brenda Grealish
Executive Officer
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Enclosure

CC: Kathleen Allison, Secretary, California Department of Corrections and Rehabilitation
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CCJBH Feedback on USICH's Federal Strategic Plan to Prevent and End Homelessness

1. What should the federal government's top priorities be as they relate to preventing and ending homelessness?

When developing a comprehensive plan to prevent and end homelessness, the federal government should work to strengthen the systems that are responsible for addressing the needs of justice-involved (JI) individuals with behavioral health (BH) needs; hereafter referred to as the BH/JI population. Nationally, people who are formerly incarcerated are almost 10 times more likely to experience homelessness than the general public,¹ with an increased risk of incarceration for people with behavioral health conditions.² In California, approximately 39 percent of people leaving State prison to parole report moderate or high residential instability and, thus, may benefit from some level of rental assistance or short-term housing interventions.³ Additionally, between 17 and 39 percent of people in California jails report experiencing homelessness within 30 days prior to their incarceration and therefore may need ongoing rental assistance after release.⁴ In February 2021 the Council on State Governments Justice Center produced [Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails](#), a report that identifies barriers to accessing and maintain housing for the BH/JI population, as well as proposed solutions. The recommendations outlined in the report should be examined in the preparation for the development of USICH's upcoming federal plan. To assist the BH/JI population, the federal government's top priority to prevent and end homelessness should be to:

- **Expand the current definition of homelessness developed by the U.S. Department of Housing and Urban Development (HUD) to include those "at risk" of homelessness.** Since most local Continuums of Care (CoCs) are funded by HUD, which requires adherence to the HUD definition of "chronic

¹ Lucius Couloute, [Nowhere to Go: Homelessness among Formerly Incarcerated People](#) (Northampton, MA: Prison Policy Institute, 2018).

² Greg A. Greenberg and Robert A. Rosenheck, [Jail Incarceration, Homelessness, and Mental Health: A National Study](#), *Psychiatric Services* 59, no. 2 (2008): 170–177.

³ Office of the Inspector General, September 15, 2020 [California Rehabilitation and Oversight Board Report](#).

⁴ Applied Research Division, "[Homelessness among Justice System-Involved Individuals in San Diego County](#)," SANDAG Vol. 21, 9 (2019); Fei Wu and Max Stevens, [The Services Homeless Single Adults Use and their Associated Costs: An Examination of Utilization Patterns and Expenditures in Los Angeles County over One Fiscal Year](#) (Los Angeles: Los Angeles County Chief Executive Office's Research and Evaluation Services, 2016); [Los Angeles County Sheriff's Department, Custody Division Year End Review: 2016](#) (Los Angeles: Los Angeles County Sheriff's Department, 2017); Maria Raven, Matthew Niedzwiecki, and Margot Kushel, "[A Randomized Trial of Permanent Supportive Housing for Chronically Homeless Persons with High Use of Publicly Funded Services](#)," *Health Services Research* 55, no. S2 (2020): 797–806.

homelessness,” individuals who have resided in an institution for longer than 90 days, including treatment facilities or prison/jail, are often denied access to housing. In contrast, HUD’s definition for “at-risk” of homelessness includes individuals “exiting a publicly funded institution or system of care.”⁵ To increase access to housing for the BH/JI population, HUD and USICH should expand the current definition of homeless to include those “at-risk” of homelessness in all programs and initiatives, including CoCs. California’s. Additionally, federally subsidized housing providers, including Public Housing Authorities and private management companies, should be prohibited from imposing criminal record restrictions beyond federal requirements.

- **Prioritize housing for the BJ/JI population.** Local homeless CoC planning bodies are required by HUD to have Coordinated Entry Systems (CESs) that are intended to promote a collaborative and comprehensive approach to working with those who are in need of housing. CESs are used in local communities to ensure that individuals experiencing a housing crisis are assessed, referred, and connected to the appropriate housing based on need. Public Housing Authorities and private owners of subsidized housing have the latitude to set aside units and rental assistance resources, or establish admission preferences, for certain target populations, but units focused on people returning from incarceration are rare. Justice system involvement should be prioritized as a risk factor in CESs, and justice system partners should have a clear pathway to directly refer individuals into CESs upon discharge from incarceration. Guidance should be provided to CoCs and criminal justice partners on how to define homelessness, which should be based on the HUD “at-risk” definition, so that individuals released from incarceration with behavioral health needs are clearly identified during the housing assessment process.
- **Increase the availability of affordable housing units through incentives and other proven housing strategies.** As of 2018, there were only 23 affordable units available for every 100 Californians who were in need of housing and had extremely low income.⁶ Furthermore, rural communities are often reluctant to invest in housing-related evidence-based practices due to scalability concerns. To combat the lack of available housing units, the federal government should:

⁵ Code of Federal Regulations. [Title 24- Housing and Urban Development](#), Subpart A, § 578.3.

⁶ [The Gap 2018: California](#), National Low Income Housing Coalition.

- Develop an incentive pool that allocates funds to individuals or agencies who offer affordable housing to those returning from incarceration, particularly those with behavioral health needs.
- Examine and apply the success of California’s Flexible Housing Pool, where applicable.
- Provide incentives to landlords who manage low-income housing and/or rent to people with criminal records, as well as housing developers who build new affordable housing units.
- Make long-term, sustained investments to increase housing supply by utilizing unused federal land or underutilized infrastructure, and increase the HUD 811 Capital Advance, which offers interest-free advances to nonprofit developers to finance the development of supportive housing⁷ for people with disabilities.
- Leverage the “Pay for Success” model should be leveraged as an innovative approach to generate the needed capital, operating, and supportive service funds to expand housing capacity.⁸
- Introduce federal legislation to restrict the ability of corporations to invest in property for profit because it results in increased costs, thereby limiting local access to housing, particularly for the BH/JI population.

In addition, federal partners can:

- Illustrate how non-traditional buildings can be converted into permanent housing, and scattered site housing and mobile service teams can be scaled in regional approaches;
 - Demonstrate how U.S. Department of Agriculture funding can support evidence-based processes; and
 - Outline how staffing to increase housing infrastructure can be supplemented by federal funding or through AmeriCorps.
- **Establish and implement training and technical assistance (TTA) specific to housing the BH/JI population.** The federal government should focus particularly on providing TTA to support the unique needs of the BH/JI

⁷ Supportive housing includes a permanent housing subsidy and intensive services through a *Housing First* approach that aims to quickly get people out of homelessness and into housing.

⁸ In this model, investors provide a loan to fund housing and supportive service expenses, and the government partners repay the loan if the housing retention and recidivism reduction goals are met, as these are likely to lead to reduced public costs.

population through the implementation of successful tools/models, and effective ways to connect individuals to community supports. The following are detailed suggestions for specific TTA based on best practices and evidence-based programs that would be most effective in addressing the needs of the BH/JI population in accessing and maintaining affordable housing:

- The impacts of trauma, incarceration, mental illness, substance use disorders, and social determinants should be investigated and used to inform the development of TTA to support the needs of the BH/JI population across the housing sector, including Public Housing Authorities and CoCs.
- TTA should be provided for jail and prison intake staff to screen and assess for homelessness risk prior to release, using the “at-risk” of homelessness definition to qualify individuals for housing. For example, with proper resources, the Justice Discharge Vulnerability Index Service Prioritization Decision Assistance Tool (JD-VI-SPDAT) could be implemented in prisons and jails to identify and refer individuals to the appropriate CES upon release from incarceration.
- The U.S. Department of Justice should expand training to communities on law enforcement homeless outreach, connections to community partners, and diversion to community response options. Written products could be provided, such as “how-to” briefs on specific parts of this process, launching outreach efforts, effective case management, and building new housing partnerships.
- Additional TTA should be identified to apply the guiding principles of *Housing First* for individuals who also have to comply with the required conditions of court-ordered treatment, parole, and probation, as well as acknowledging/accommodating the unique needs of individuals returning after long periods of incarceration who want to achieve/maintain a substance-free lifestyle. *Housing First* requirements should take into consideration the reality of limited housing stock and how the temporary nature of community supervision creates challenges regarding how to achieve permanent housing.
- An educational campaign could be developed by the federal government to address stigma associated with housing the BH/JI population and promote the success of supportive housing programs,

such as the Denver Supportive Housing Social Impact Bond Initiative.⁹ The value of case-managers and peer navigators in the supportive housing model should be incorporated into the educational campaign and disseminated widely to state, local and/or regional system partners and stakeholders, such as behavioral health, homelessness providers, criminal justice, and those who are directly impacted by these systems, for mutual learning and strategic planning.

- **Fund research to understand the relationship between behavioral health, justice system involvement and homelessness.** An increase in available data surrounding the housing needs of the BH/JI population is paramount in ensuring they are able to access the services necessary to secure and maintain housing. To build out the current data system to federal government should consider the following recommendations:
 - Data elements must be identified and made publicly available in order for communities to fully understand why it is critical to prioritize resources for the housing and service needs of the BH/JI population. The collection of justice system status and other relevant data should be included in all HUD requirements (e.g., eligibility, Point in Time Count, Housing Inventory Count, CES, and Homeless Management Information) to ensure individuals leaving incarceration are connected with the proper housing services.
 - Build out data elements to support equitable planning for increased housing and supportive service resources, while helping policymakers respond to changing trends. The increase in data reporting should be federally mandated to ensure compliance from all CoCs.
 - Perform an analysis of available data to identify gaps in data collection, which CoCs may then be used to develop reports specific to the data necessary to support the BH/JI population.
 - The federal government should use the reported data for quality improvements and to provide TTA on how CoCs can best to fill the established data gaps.
- **Build out the housing workforce to address the needs of the BH/JI population.** Given their vulnerability and often mistrust of public systems, significant time and resources are need to provide outreach and engagement

⁹ [Housing First Breaks the Homelessness-Jail Cycle | Urban Institute](#) and [Breaking the Homelessness-Jail Cycle with Housing First: Results from the Denver Supportive Housing Social Impact Bond Initiative | Urban Institute.](#)

services to the BH/JI population, and to link them to additional systems, as needed (e.g., primary care, behavioral health, criminal justice, social services). Until a robust clinical and peer workforce is assigned to perform community outreach it will be challenging to engage individuals into the appropriate housing, health and social services to meet their needs. Within the housing sector, funding should be made available to provide scholarships for individuals with lived experience in the behavioral health and criminal justice systems, and/or who have been homeless, to receive the necessary training to serve as peer staff within local CoCs, including schooling or certifications for Case Management, Community Health Workers, Forensic Peer Support, or related specialties that are tied to employment in community-based organizations. *Note that recipients of such scholarships should also be included in planning and policy formation at a local level.*

- **Strengthen tenant’s rights.** Ensure that people with disabilities cannot and do not get evicted or lose housing assistance due to issues related to their disability (e.g., noise, behavior). Under current [Section 8 guidelines](#), an owner can terminate tenancy due to repeated minor violations, including “disrupting the livability of the property” or “adversely affecting the health and safety of any person, or the right of any tenant to the peaceful enjoyment of the property.” However, [Title 24: Housing and Urban Development](#) of the Code of Federal Regulations states that a qualified individual shall not be discriminated against solely by reason of their disability. It can be difficult for individuals with behavioral health needs (mental health and/or substance use disorders) to properly advocate for themselves and/or provide the documentation necessary to prove their disability. An individual’s housing assistance should not be terminated for behaviors associated with their disability, and clear and accessible guidelines regarding discriminatory practices should be made available to tenants, with a simple, streamlined connection to resources should the tenant experience any type of discrimination. The federal government can assist in this effort by producing educational materials that explain disability rights and making them available to recipients of federal housing assistance and landlords. Additionally, the educational materials, along with TTA on upholding tenant’s rights associated with their disability, should be provided to any entity that receives federal funding.
- **Fund a central oversight agency.** All agencies who provide services to the homeless population should be members of the central oversight agency, and the agency should be facilitated by a professional nonpartisan group.

The goal of such an agency would be to promote collaboration, maximize the funding received by all agencies regardless of the population they serve by focusing on a whole person care approach, and reduce funding for entities that exclude and/or underserve vulnerable populations, such as the BH/JI population.

- **Eliminate barriers to accessing housing services for the BH/JI population.** Currently, the application process for federally funded housing services have many barriers that disqualify the BH/JI population, such as background and credit checks. Additionally, CoCs are faced with many challenges when administering programs that support the BH/JI population. The federal government can aid the BH/JI population in accessing housing services by addressing the following:
 - Excessive criminal history requirements, such as including minor offenses or examining crimes that were committed an unreasonably long time ago, should be removed from applications for federal housing vouchers and other federally funded programs.
 - Individuals who don't have credit due to long periods of incarceration should be allowed to submit additional documentation for CoCs, or other relevant federal-funding entities, to consider when evaluating applicants.
 - The current HUD application and payment process is time-consuming and difficult to navigate with many requirements that disqualify the BH/JI population. These processes should be streamlined so that local CoCs can maximize use of the funds to serve the BH/JI population.
- **Align funding for housing and supportive services that benefit the BH/JI population.** Drawing on the successful HUD-Veterans Affairs Supportive Housing program, illustrate how federal funding streams can be linked at the local level between funders, such as Medicaid, Substance Abuse and Mental Health Services Administration, and the Department of Justice, to complement HUD funding in order to address homelessness. Closely follow the implementation of California's Advancing and Innovating Medi-Cal's (CalAIM) holistic approach of providing care coordination and housing-related wraparound services for people leaving incarceration with behavioral health needs. Successful implementation of CalAIM will increase the connection to stabilizing community-based services for those in need in California and can be used as a national model.

Unless action is taken to address these challenges, a significant segment of the BH/JI population will continue to cycle between incarceration and homelessness.

2. What are the biggest barriers to ending homelessness in the community your agency/organization serves?

The BH/JI population disproportionately experiences poverty, disability/poor health (behavioral health), a lack of education and/or employment opportunities, marginalization, disenfranchisement, discrimination (racism), and trauma, which leads to substantial barriers when seeking to acquire and maintain adequate housing. The most prevalent barriers to ending homelessness for the BH/JI population observed by the Council on Criminal Justice and Behavioral Health, and system partners, include the following:

- **The HUD definition of homelessness.** The current HUD definition of “chronic homelessness” specifically excludes the BH/JI population through criminal record restrictions and the disqualification of individuals who have been in an institution for longer than 90 days. HUD funds the majority of homeless assistance provided to local CoCs in California, and some sub-populations are disqualified or disadvantaged due to HUD eligibility and prioritization requirements. Furthermore, in some instances, HUD-funded CoCs and Public Housing Authorities apply these stringent HUD eligibility requirements to more flexible state-funded housing programs, essentially “overriding” state definitions and further exacerbating the exclusion of the BH/JI population. Some subsidized housing providers go to even further lengths to impose their own criminal record restrictions, with extensive examination periods that factor in minor offenses beyond those required by HUD. To address these issues, HUD should adopt the definition of “at-risk” of homelessness for all CoCs that receive HUD funding and unnecessary restrictions should be prohibited.
- **Stigma/fear from members of the community and community providers.** Stigma associated with the BH/JI population precludes developers and landlords from creating affordable housing for them due to a preconceived notion that they are more difficult to serve, will damage property, and cause community disruptions. Public Housing Authorities and private owners of subsidized housing have the latitude to set aside units and rental assistance resources or establish admission preferences for certain target populations, but units focused on the BH/JI population are rare and often accompanied by criminal record restrictions beyond the HUD definition of homelessness, as well as extensive credit and background checks. This stigma is contrary to Housing First principles and compounds existing racial discrimination in rental markets. Despite evidence showing that people are able to engage in treatment and other needed supportive services with Housing First

approaches,¹⁰ some state-funded community housing providers are reluctant to accept people leaving incarceration if they are not first engaged in these supportive services. To perpetuate the stigma faced by this population, many community members don't want individuals with criminal records living in their locality, also known as "Not in My Back Yard." The severity of the stigma faced by this population leads to even more scarce housing options and services than the general population experiencing homelessness. To address this issue, the federal government should support federal regulations in-line with the [Housing Accountability Act](#), which enforces the development of appropriate housing for special needs populations who may be experiencing discrimination.

- **The high up-front costs for, and lack of, permanent supportive housing.** Permanent supportive housing is essential in assisting the BH/JI population in a gradual transition back to the community,¹¹ and is an intensive and relatively inexpensive approach that should be applied to support individuals with the most serious needs for behavioral health treatment and housing. Supportive services should be funded by the federal government to expand housing search and stabilization services, and build capacity to employ individuals with lived experience to provide case management and navigation services at a local level by offering federal certifications and well-paying positions that are not contingent upon background checks that would render individuals with a history of incarceration ineligible.
- **The criminalization of behaviors associated with behavioral health conditions and homelessness.** This barrier, compounded with a lack of accessible supportive services, perpetuates a cycle between incarceration and homelessness for the BH/JI population. Lack of housing is a known risk factor for recidivism and reduces the courts' willingness to divert individuals from jail or prison. Once released, a criminal record serves as a barrier to housing and can contribute to housing instability or an increased risk for homelessness. A lack of stable housing when exiting incarceration contributes to supervision failure and increased risk of recidivism. The federal government can assist by promoting "in-reach" services in jails and prison to accurately identify individuals leaving incarceration who are at risk of becoming homeless and connect them with the appropriate services, such

¹⁰ Maria Raven, Matthew Niedzwiecki, and Margot Kushel, "[A Randomized Trial of Permanent Supportive Housing for Chronically Homeless Persons with High Use of Publicly Funded Services](#)," *Health Services Research* 55, no. S2 (2020): 797–806.

¹¹ Permanent supportive housing provides subsidized housing with tenant-driven, wraparound services and supports, such as case management, mental health treatment, and supported employment.

as local CESs. The federal government should also provide technical assistance and learning opportunities (peer learning, webinars, etc.) for community leaders interested in decriminalizing behaviors associated with homelessness.

- **Siloed systems result in a lack of understanding of each other’s purpose, processes and operations.** Silos at all levels of government manifest in ways such as lack of communication mechanisms and shared understanding that can make collaboration difficult. Silos across multiple systems that serve the BH/JI population decrease the effective cross-system collaboration needed to maximize available resources for the BH/JI population through. For example, people leaving prison or jail are not always able to access evidence-based housing opportunities due to misconceptions about the adequacy of support and structure provided by Housing First programs. The Housing First approach should be adopted nation-wide to make housing available with as few barriers as possible, including no pre-conditions such as sobriety or treatment engagement. The voices of local level advocates and individuals with lived experience should be included in future discussion regarding the barriers most commonly faced across systems by the BH/JI population and how they can be best addressed.
- **A lack of available / accessible data on homelessness risk and housing needs.** The lack of necessary data makes it difficult to inform the development of policies and programs as well as advocate for increased resources. Despite often frequent contact with multiple systems of care, local communities often do not know the full scope of the population involved with the justice system that is at risk of homelessness. An increase in available and publicly accessible data is needed to address the following concerns:
 - There is a lack of national data on the overlap between homelessness and criminal justice as a result of silos and misconceptions about data sharing for continuity of care between incarceration and community-based providers of housing and supportive services.
 - The data points around entrance to the homelessness system following exit from “institutional settings” being removed in 2018 from HUD’s Annual Homeless Assessment Report Part 2 serves as a barrier to tracking national trends over time.
 - The federal government can assist by promoting a standardized housing needs and homelessness risk assessment tools, such JD-VI-SPDAT and encourage jails/prisons to connect people leaving incarceration to the homeless assistance system.

- Federal government agencies, such as HUD and the Center for Medicare and Medicaid Services, should provide resources and technical assistance to communities to match and analyze local CoCs, Medicaid and corrections data to provide aggregate estimates of the scale of this population, as well as financial incentives for each state's jail and prisons to publicly report on the prevalence of homelessness risk among their population.

- **Ineffective in-reach and service coordination.** Some people leaving incarceration are not able to connect with CESs prior to release. Some CoCs also disallow people who are currently incarcerated for any duration from being assessed. This forces people to first be released and then experience homelessness before contacting the CES, creating a potential gap wherein people can become disconnected from services. This dynamic occurs despite HUD's definition of "literally homeless," including institutions such as prisons or jails.

3. How can the federal government more effectively center racial equity and support equitable access and outcomes at a local level?

- **Publicly recognize that individuals of color are overrepresented in both the criminal justice system and among people experiencing homelessness in California.** Black and Latinx people have higher rates of unmet mental health needs than the general state population.¹² Furthermore, the disproportionate involvement in the criminal justice system for people of color leads to increased difficulty in accessing housing services due to background checks and individuals with a criminal record being excluded from many housing opportunities.
- **Invest in efforts to psychometrically research screening instruments for housing eligibility to ensure they are free of racial and ethnic bias.** Prohibit government funding for agencies that apply biased screening criteria that prevents access to housing for any group in need of such services. All agencies who receive federal government funding should provide data reports that demonstrate that the demographic composition of individuals placed in their community's subsidized housing is commensurate with the race/ethnicity of their community's homeless population.

¹² "California profile," [Prison Policy Initiative](#), accessed November 2020; HUD, HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations; Nicole Eberhart et al., "[Monitoring Californians' Mental Health Population Surveillance Reveals Gender, Racial/Ethnic, Age, and Regional Disparities](#)," *Rand Health Quarterly* 8, no. 3 (2019), 5,

- **Invest in uniform quality data collection and analyses to fully understand service needs and gaps for the BH/JI population.** Adequate data collection and analyses can be used to inform the development of strategies and investments to optimize quality of life and community outcomes for the BH/JI population. The data and analyses can be used to:
 - Provide data tools and guidance on tracking key outcomes, including how to evaluate where housing is built, who is accessing available housing, and including people with justice involvement in the planning process.
 - Perform data analyses to track progress on benchmarks to achieve equitable housing assistance opportunities for the BH/JI population and provide information on comprehensive statewide strategies to combat housing discrimination.
 - Compile an annual comprehensive report, produced by the federal government, which uses data analyses to ensure local CoCs are using funding in an effective and equitable manner.
- **Conduct a comprehensive review of current regulations.** Policy should be examined to ensure that licensing requirements are not unintentionally impeding service to vulnerable populations or preventing providers from establishing and maintaining needed housing. The federal government could provide guidance on prioritizing the BH/JI population in existing housing policy documents (e.g., CES standards and Public Housing Agency plans).
- **Racial bias in housing eligibility screening.** Given the inherent racial disparities in the justice system, screening for history of justice involvement can easily contribute to racial disparities in receiving scarce housing assistance. USICH and HUD can build on the 2016 HUD Office of General Counsel memo to reinforce this issue of disparate impact, and provide educational materials, examples, and guidance of policy approaches for housing providers to minimize criminal record barriers and counteract general stigma.

4. What lessons have you learned during the COVID pandemic about how housing, health and supportive service systems can best respond to people experiencing homelessness?

- **The housing services needed to support the BH/JI population (and other vulnerable populations) can be quickly provided and mobilized when framed as a public health emergency.** The elimination of strict regulations during COVID-19 allowed for increased flexibility and creative application of

existing policy. An increased effort to divert individuals from incarceration to housing was seen with the historic reductions in jail and prison populations in response to the emerging pandemic. Additionally, the expansion of low barrier, non-congregate settings allowed people to be sheltered safely, while connecting people to permanent housing options. That said, California continued to witness that, even with these non-congregate settings, people leaving jails and prisons were excluded, perhaps contributing to rises in unsheltered homelessness as these individuals may have been left without access to services. The acquisition of both temporary non-congregate shelter, as in Project Roomkey, and permanent housing, as in Project Homekey, suggests that given funding and guidance on best practices, communities will continually innovate to leverage un- or underutilized buildings to address homelessness. Moving forward, the following would help to build off of lessons learned during the pandemic:

- Effective cross-system collaboration and use of available funds is needed in order to follow the model used in these programs.
- The use of waivers to access housing services outlined in the [CARES Act + Mega Waiver and Guidance](#) (e.g., the use of coronavirus funds for the Emergency Solutions Grants Program and Community Development Block Grants Recovery Housing Program)
- **Support services, such as behavioral health treatment and criminogenic needs interventions, are necessary to optimize successful housing placements.** Telehealth proved crucial in safely facilitating connections between community providers and people who experienced homelessness prior to incarceration, which allowed in-reach to continue to occur and helped prevent returns to homelessness upon release; however, it was not suitable/optimal for all who were in need of behavioral health services. As such, flexibility is needed to accommodate individual service needs.
- **The criminal justice system needs to be linked to the homeless crisis response system.** Such linkage would facilitate coordination, collaboration, and commitment among systems services partners. Criminal justice and behavioral health service providers do not have comprehensive information on how to connect with housing service providers, which makes it difficult for service providers in all systems to connect individuals who are involved in the justice system with housing services. Successful partnerships between State departments, philanthropy, and frontline reentry services providers helped to ensure that individuals were able to be connected with all necessary services upon reentry to society from incarceration.

- **There is a necessity for permanent supportive housing for vulnerable populations.** The pandemic brought to light many gaps in the system at every level that now require the development of new policies that address the identified gaps. The unsheltered homeless population grew during the pandemic, likely due to the lack of in-person services and the disruption of routines, which led to many individuals with serious mental illnesses and substance use disorders to decompensate into a crisis state that resulted in the loss of their stable housing¹³.

5. Both *Opening Doors* and *Home, Together* included a goal to end homelessness for all Americans, as well as goals to end homelessness among specific subpopulations. For the next plan: Would it be helpful to have similar goals? If so, should there be subpopulation-specific goals or just one goal to end all homelessness? Should the goals include target dates?

Studies show that that programs that prioritize the importance of access to stable housing and healthcare result in a successful way to address complex health needs for vulnerable populations. CCJBH supports a federal strategic plan that incorporates the work started in *Opening Doors* and *Home, Together*, but asks that the USICH take the following actions:

- **Explicitly include the BH/JI population as a priority population.** The upcoming federal strategic plan should include those “at-risk” of homelessness as a priority population who can qualify for supportive housing services and should include specific investments for ending chronic homelessness for the BH/JI population by providing permanent supportive housing, which requires the acceptance of HUD’s “at-risk” of homelessness definition.
- **Build off the successful efforts of previous strategic plans.** Expanding efforts in previous USICH strategic plans to provide immediate access to low-barrier emergency shelter or other temporary accommodations to all who need it, including individuals with a criminal history or those who are struggling with behavioral health conditions, will ensure that the underserved/overrepresented population of BH/JI individuals is not left behind in the efforts to resolve chronic homelessness.

¹³ Centers for Disease Control and Prevention, [Mental Health and Substance Use Among Adults with Disabilities During the COVID-19 Pandemic — United States, February–March 2021](#) (August 27, 2021). Centers for Disease Control and Prevention, [Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020](#) (August 14, 2020).

- **Model future plans off programs that have included the BH/JI population.** The justice-involved proposals outlined in the [California Advancing and Innovating Medi-Cal](#) (CalAIM) initiative should serve as a model for the federal government on how to extend Medicaid eligibility to support the BH/JI population. CalAIM seeks to integrate housing and healthcare, and offers whole person care for vulnerable populations. Benefits such as Enhanced Care Management (ECM) allow individuals to receive clinical and non-clinical services through systematic coordination of services and comprehensive care management. Additionally, the Community Supports benefit offers a number of “pre-approved” services for eligible individuals, including those transitioning from incarceration, such as supportive housing services (e.g., Housing Transition Navigation Services, Housing Tenancy and Sustaining Services and Short-Term Post-Hospitalization Housing). EMC and Community Supports are comprehensive benefits that can serve as a model of how the federal government can leverage Medicaid funding (called Medi-Cal in California) to support the BH/JI population.
- **Realistic target dates should be set for each of the established goals.** Short-, medium-, and long-term goals should be outlined, and appropriate implementation strategies for each of the different categories should be clearly developed to include the agency assigned to the task and the anticipated costs. The system collaboration necessary to ensure these goals are successfully implemented at the local level should also be clearly outlined and include realistic target dates. Incentives should be provided for agencies to efficiently complete tasks.

6. Is there anything else you wish to add?

- **Develop a central advisory entity.** A clear entity should be dedicated to bridging the gaps in collaboration between system partners and ensuring a robust housing workforce is developed to provide all essential services to those in need. The established entity would serve as an oversight committee tasked with training peers to be experts on the services offered by each system, identifying areas where clinical workforce is lacking, and ensure local CoCs are using funding in an effective and equitable manner.