



SB 282 (Beall): Supportive Housing Program for People on Parole Experiencing Homelessness

Redirecting Dollars to Meed Legislative Goals

California allocates over \$16 million/year for the Integrated Services for Mentally Ill Parolee program (ISMIP), a program both the Legislative Analyst’s Office and UCLA identified as failing.

- Despite a goal of reducing recidivism, both LAO and UCLA report the program fails to significantly reduce rearrests or incarceration.
- Despite legislative intent to use funding for housing and services for people on parole experiencing homelessness, fewer than 1% of the participants are homeless and less than 15% funds housing.
- Despite Medi-Cal expansion that allows almost all parolees access to evidence-based mental health treatment through the largely federally-funded Medi-Cal program, ISMIP is funding mental health treatment for parolees at 100% state costs and participants only receive treatment for 9-10 months.

Homelessness & Incarceration Are Linked

Ending homelessness among parolees can reduce recidivism:

- People on parole who are homeless are seven times more likely to recidivate than those who are housed.
- CDCR staff report between 13-25% of people exiting prison exit to homelessness. Indeed, studies show formerly incarcerated people are almost 10 times more likely to experience homelessness than the general public.

Supportive Housing Reduces Recidivism

Providing people experiencing homelessness permanent housing affordable to them, along with services that promote stability—the combination known as supportive housing—is an evidence-based intervention proven to reduce recidivism.

Programs throughout the country and here in California show formerly homeless supportive housing residents on parole have a 40-60% lower recidivism rate than those who remained homeless. Supportive housing programs find landlords willing to house people on parole, connect participants to mental health AND substance use disorder treatment, and allow participants to exit homelessness permanently, reducing their risk of recidivating.

A Better Use of Existing Resources

SB 282 (Beall) would ensure participants would receive evidence-based mental health treatment through county Medi-Cal mental health programs, drawing 50-90% federal reimbursement for the costs, while also ending homelessness for hundreds of people on parole. SB 282 would—

- Pay for supportive housing for parolees experiencing homelessness;
- Administer funds through the Department of Housing & Community Development, using culturally competent, accountable models that work;
- Evaluate challenges and best practices;
- Offer grants to counties working to break the cycle of incarceration and homelessness; and
- Require county grantees ensure participants can access mental health and substance use disorder treatment through Medi-Cal.

Contact

Sharon Rapport, CSH: sharon.rapport@csh.org, (323) 243-7424

Chris Martin, Housing California: cmartin@housingca.org, (916) 287-9886

Lewis Brown, PolicyLink: Lewis@policylink.org, (510) 663-4322

Frequently Asked Questions on SB 282 (Beall)

Q: Would SB 282 require an additional General Fund appropriation, beyond currently-budgeted funding for ISMIP?

A: SB 282 does not require any funding not already budgeted for the ISMIP program. The legislation allows the administering agencies to use dollars budgeted for ISMIP to pay for administrative costs, without a cap.

Q: Why doesn't SB 282 create a new program to fund supportive housing? Alternatively, instead of redirecting ISMIP dollars, why not work administratively to fix it?

A: The Legislature originally intended money budgeted for ISMIP to provide housing and services to people experiencing homelessness on parole. In 2012, Senator Atkins passed trailer bill language to create a supportive housing program using ISMIP dollars. CDCR, however, failed to follow this legislation; implementing staff simply do not have knowledge of capacity to administer housing and housing-based services programs. Not only has ISMIP failed to achieve outcomes legislators envisioned, ISMIP is now an unnecessary expenditure, since Medi-Cal mental health programs serve the same population, at lower costs to the State. The LAO identified the program as problematic and recommended redirecting ISMIP dollars.

Q: Isn't ISMIP now used to pay for housing?

A: Less than 15% of current ISMIP funding pays for housing. Moreover, housing funded is short-term and often intended for treatment, not housing stability. Under ISMIP, participants are not screened for homelessness, despite legislation limiting eligibility to people on parole experiencing homelessness.

Q: Wouldn't repealing ISMIP mean hundreds of people on parole will no longer receive mental health treatment?

A: SB 282 would require county grantees to provide participants with mental health treatment through Medi-Cal, which will vastly improve current ISMIP-funded treatment:

- The UCLA evaluation of ISMIP stated participants only receive treatment for 9-10 months. SB 282 funds services that engage participants to continue treatment. People living in supportive housing are far more likely to access treatment than others not receiving engagement services.
- ISMIP participants' treatment ends at the end of the parole term. Under SB 282, participants would receive continuous treatment.
- Under SB 282, county grantees will connect participants to mental health AND substance use disorder treatment.
- ISMIP is 100% state-funded, whereas Medi-Cal offers 50-90% federal reimbursement.
- Medi-Cal only funds evidence-based treatment models, whereas ISMIP does not.

Q: Would counties really be able to house this population, given participants' criminal justice involvement?

A: SB 282 builds on successes of current programs that move hundreds of formerly incarcerated Californians into housing. Programs in New York and Los Angeles, as examples, have housed thousands of people on parole through--

- Recruiting private-market landlords through incentives;
- Outreaching to people on parole experiencing homelessness or before prison discharge at risk of homelessness;
- Brokering relationships between participants and landlords; and
- Engaging participants to seek treatment and achieve ongoing health and housing stability.