



**Justice
Center**

Stopping the Revolving Doors: National Perspectives on Best Practices and Critical Issues at the Intersection of Health, Homelessness, and Justice

Wednesday, January 23, 2018

*California Council on Criminal Justice and Behavioral Health
Informational Briefing*

*California State Capitol, Senate Room 4203
Sacramento, CA 95814*

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Council of State Governments
Justice Center



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THE COUNCIL OF STATE GOVERNMENTS

National **nonprofit, nonpartisan** membership association of state government officials

Represents **all three** branches of state government

Provides **practical** advice informed by **the best available evidence**



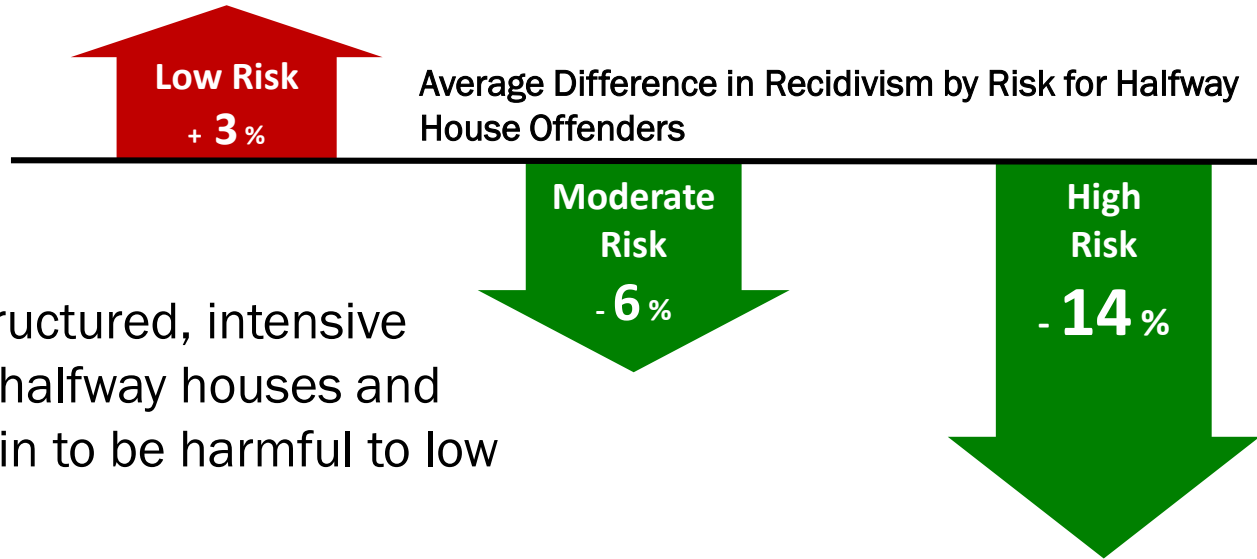
Today's Discussion

**Reducing
Recidivism &
Promoting
Recovery**

**Integrating
Justice,
Health, and
Housing**

**Promising
State and
Local
Approaches**

Sub-optimal criminal justice investment



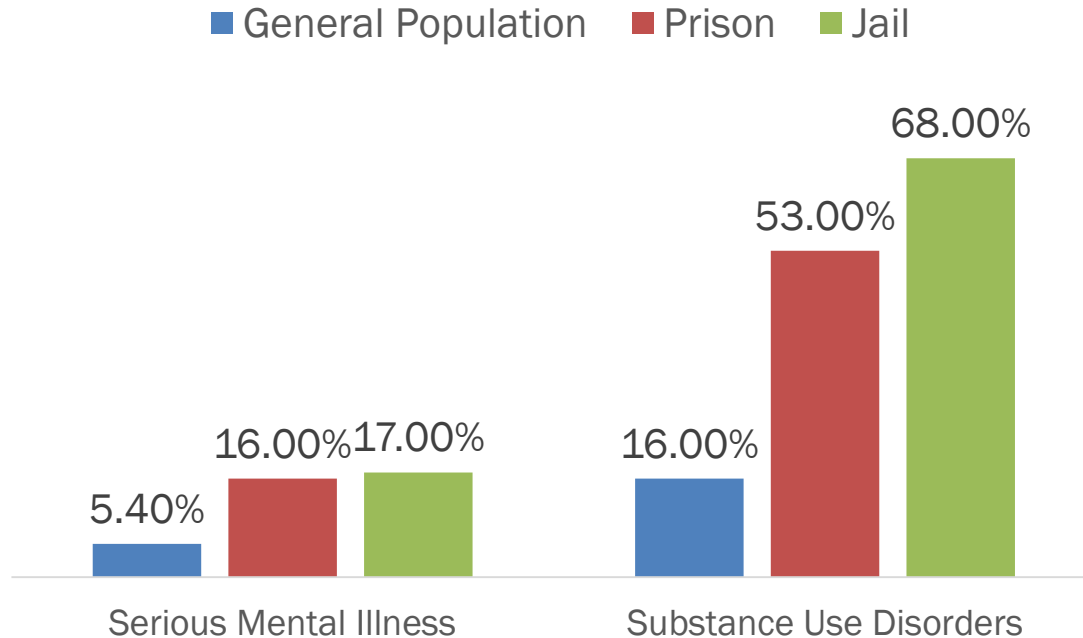
“[T]he effects of structured, intensive programming (i.e., halfway houses and CBCFs) proved again to be harmful to low risk offenders”

– *2010 Follow-up Evaluation of Ohio’s Community Based Correctional Facility and Halfway House Program*

*Presentation by Dr. Edward Latessa, “What Works and What Doesn’t in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry”

People with behavioral health needs are overrepresented in the criminal justice system

Estimated Proportion of Adults with Mental Health and Substance Use Disorders



Source: Data from various sources cited in Osher, F. et al., Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery, Council of State Governments (2012), 6.



THE STEPPING UP INITIATIVE

GOAL: There will be fewer people with mental illnesses in our jails tomorrow than there are today



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California Counties “Step Up”



Alameda	Kern	Plumas	San Luis Obispo
Calaveras	Los Angeles	Riverside	San Mateo
Contra Costa	Madera	Santa Barbara	Solano
Del Norte	Marin	San Bernardino	Sonoma
El Dorado	Mendocino	Santa Clara	Sutter
Glenn	Merced	Santa Cruz	Trinity
Humboldt	Napa	San Diego	Yolo
Imperial	Nevada	San Francisco	Yuba
	Orange	San Joaquin	

In California, recognition of the importance of investment

Council on Criminal Justice & Behavioral Health September 2018 Meeting



State of California—Health and Human Services Agency
Department of Health Care Services



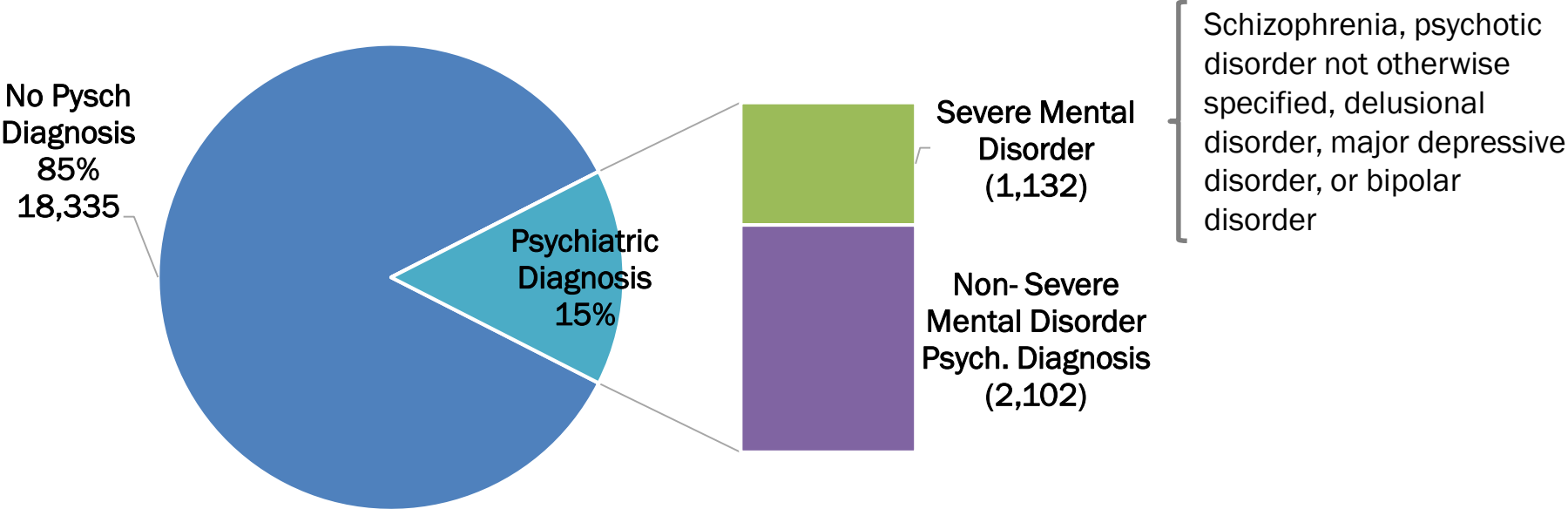
CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

Los Angeles Times

With an epidemic of mental illness on the streets, counties struggle to spend huge cash reserves

“Mental illness” in jails is diverse

San Francisco County Jail Entrances

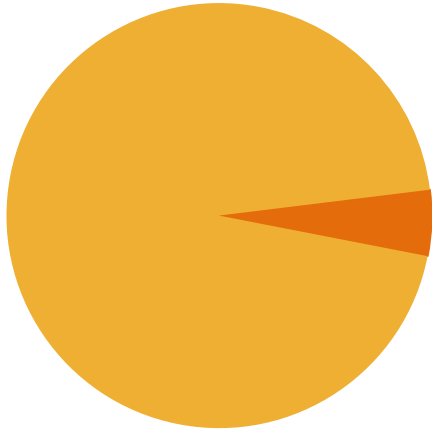


McNiel, D. et al., “Incarceration Associated with Homelessness, Mental Disorder, and Co-occurring Substance Abuse,” *Psychiatric Services* 56: 840-846, 2005.

Mental illnesses and co-occurring substance use disorders overrepresented in jails

General Population

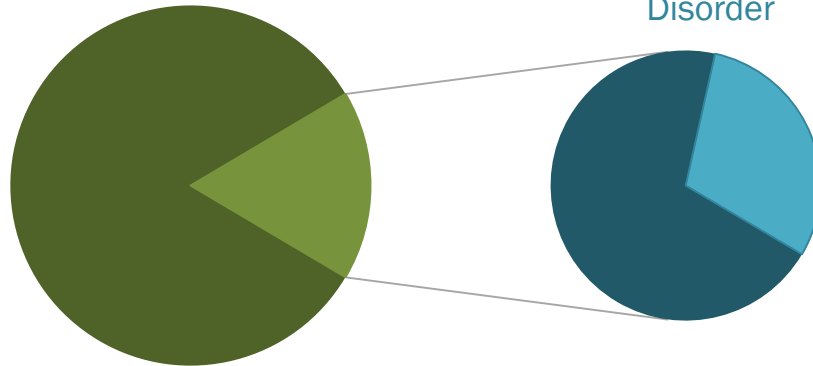
5% Serious Mental Illness



Jail Population

17% Serious Mental Illness

72% Co-Occurring Substance Use Disorder

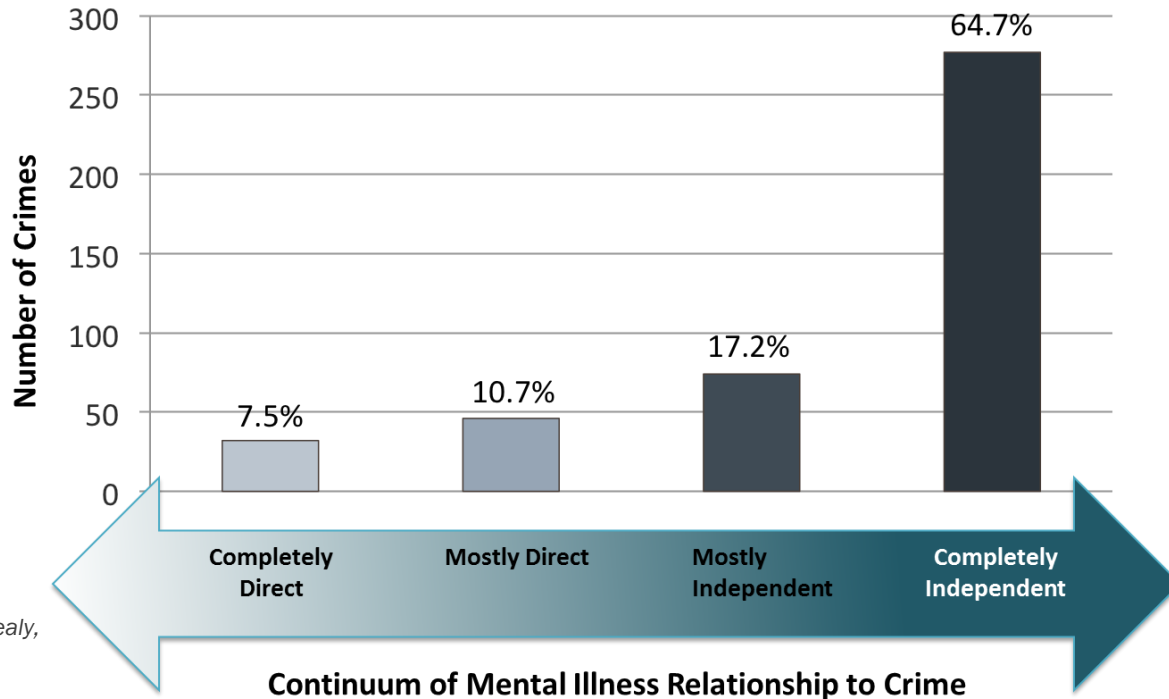


Sources: Center for Behavioral Health Statistics and Quality, *Results from the 2015 National Survey on Drug Use and Health*, 2016; Steadman, HJ, Osher, FC, Robbins, PC, Case, B., and Samuels, S. Prevalence of Serious Mental Illness Among Jail Inmates, *Psychiatric Services*, 6 (60), 761-765, 2009; Abram, Karen M., and Linda A. Teplin, "Co-occurring Disorders Among Mentally Ill Jail Detainees," *American Psychologist* 46, no. 10 (1991): 1036-1045.

But more treatment alone is not sufficient

Is connecting people with needed mental health treatment enough?

Only for a few. Most will need more.



Source: Peterson, Skeem, Kennealy, Bray, and Zvonkovic, *Law and Behavioral Health*, (2014)

We need to understand what puts people at higher risk of recidivism

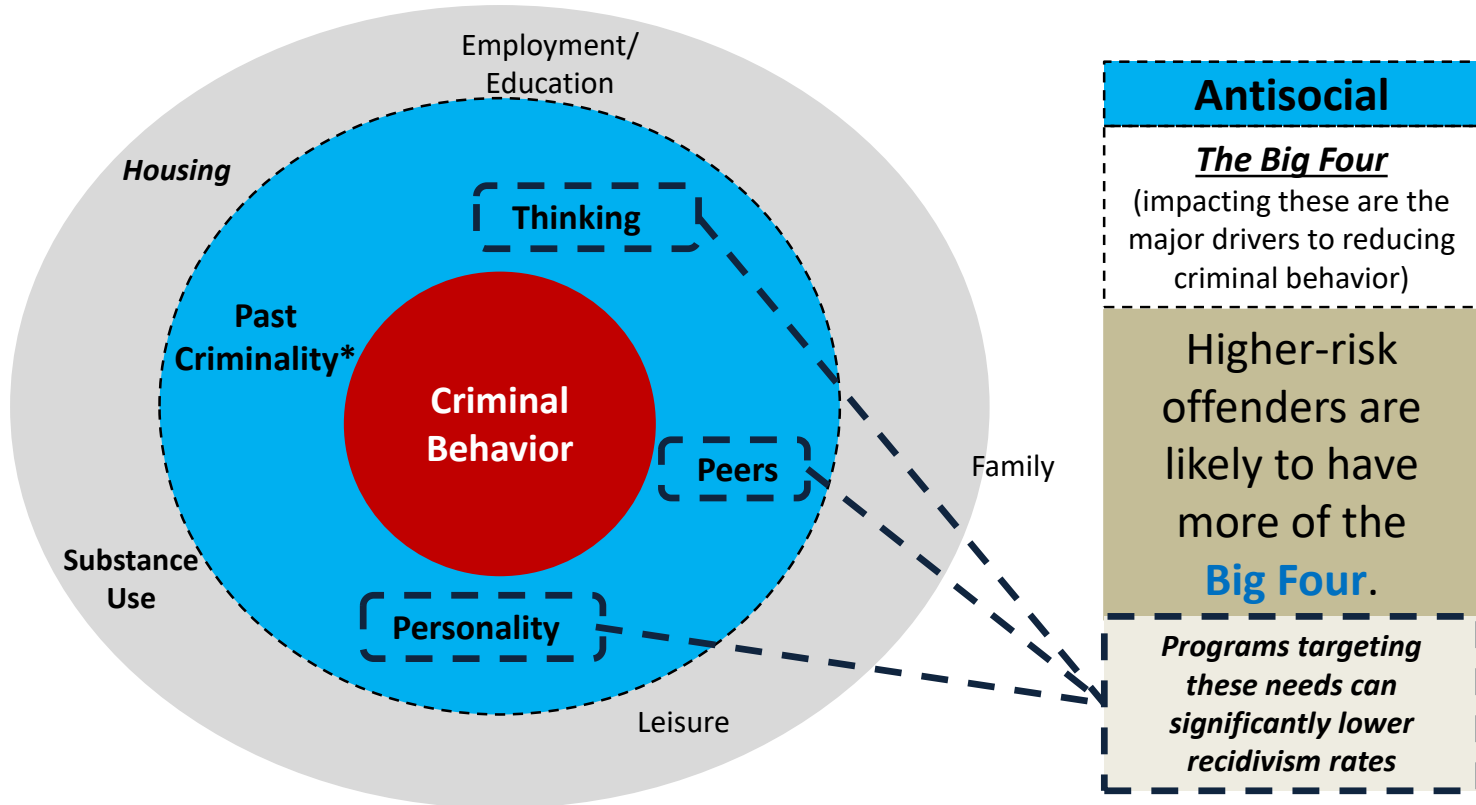
Risk:

- ≠ Crime type
- ≠ Dangerousness or violence
- ≠ Failure to appear
- ≠ Sentence or disposition
- ≠ Custody or security classification level
- ≠ Suicidality
- ≠ Hospitalization

Criminogenic Risk = How likely is a person to commit a crime or violate the conditions of supervision?

Criminogenic Needs = What, if addressed, would reduce the likelihood a person will commit a crime or violate conditions of supervision?

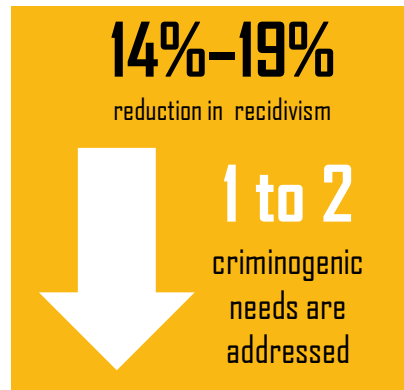
What does it look like to address criminogenic needs?



Targeting more crim. needs increases recidivism reductions

To be effective, programs must also address multiple needs simultaneously, including both behavioral health needs and criminogenic needs.

Reduction in Recidivism for People on Supervision by Number of Criminogenic Needs Addressed*



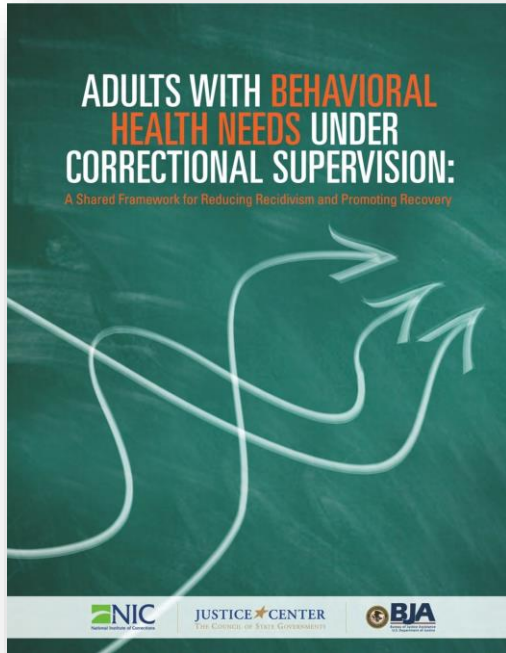
Criminogenic needs proven to impact recidivism: antisocial personality, criminal thinking, criminal associates, substance use, family/marital, employment/school, leisure/recreation.



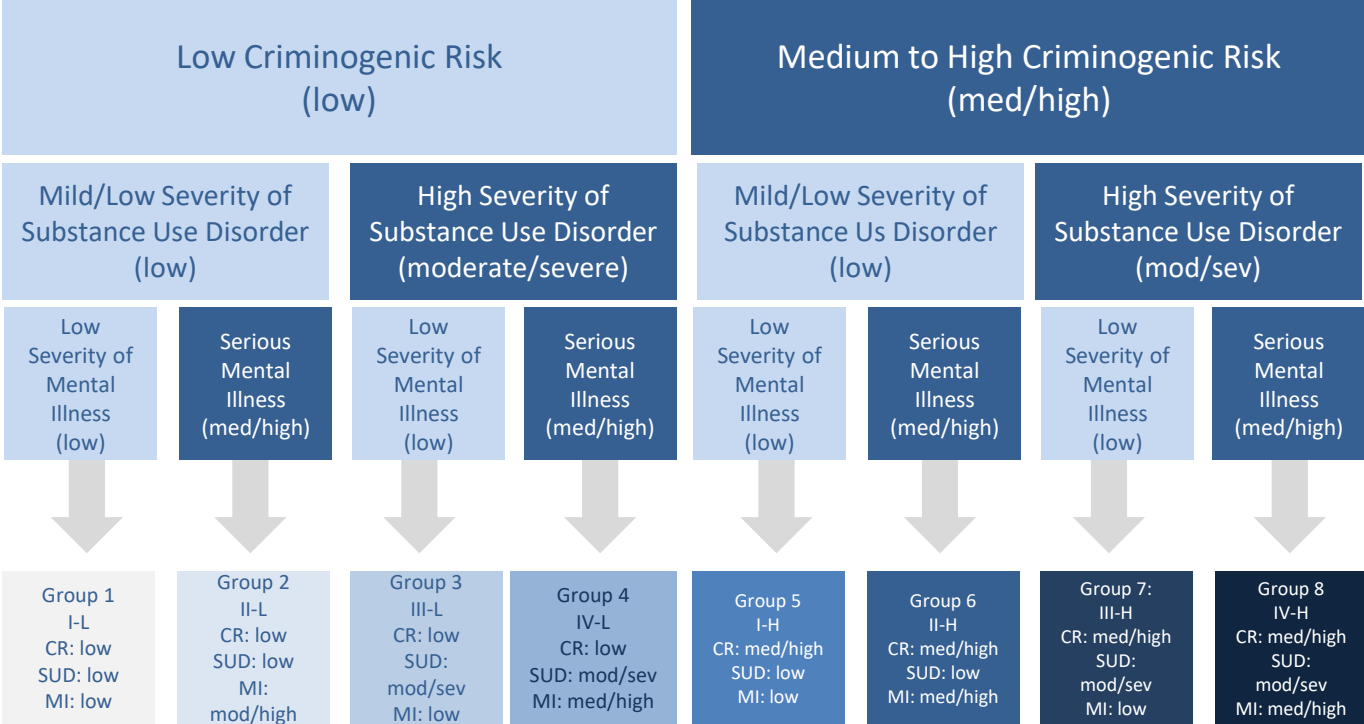
*Addressing non-criminogenic needs, such as self-esteem, can reduce the impact of targeting criminogenic needs.

Source: James Bonta and Donald A. Andrews, *The Psychology of Criminal Conduct*, 5th ed. (London, NY: Routledge, Taylor & Francis Group, 2017).

Bringing together criminology, mental health, and substance use



The Criminal Justice and Behavioral Health Needs Framework







Homelessness, mental illness, substance use in one jail

Individual entrances to SF County Jail, Jan-Jun 2000



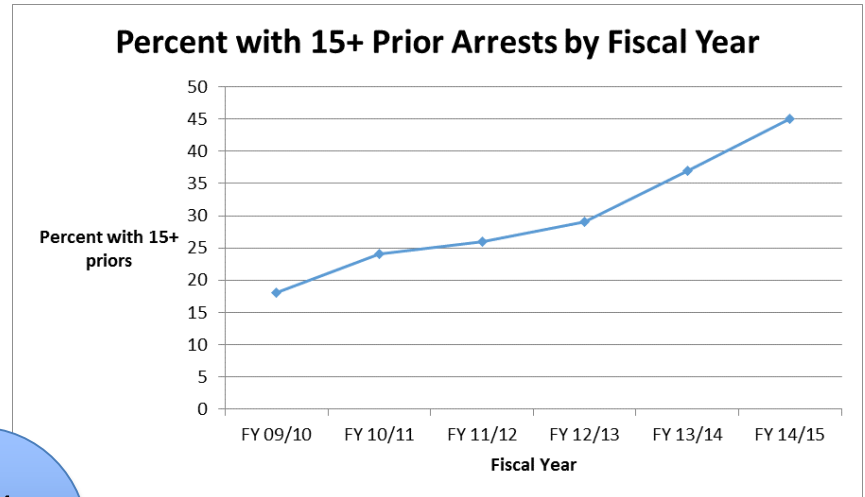
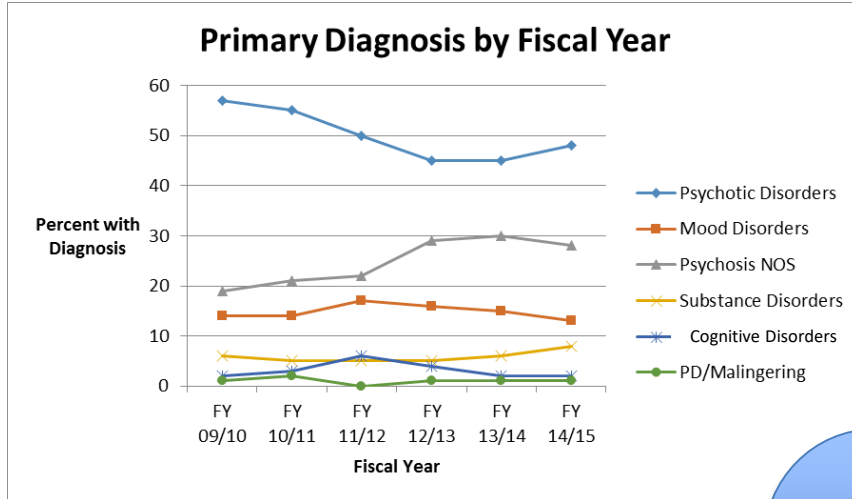
172 of 18,335 jail entrances people with co-occurring severe mental disorder and substance use disorder who are also homeless

-  Jail entrance
-  Homeless
-  Homeless & psychiatric diagnosis
-  Homeless & co-occurring severe mental and substance use disorders

McNiel, D. et al., "Incarceration Associated with Homelessness, Mental Disorder, and Co-occurring Substance Abuse," *Psychiatric Services* 56: 840-846, 2005.

Similar overlap in referrals for IST

California Department of State Hospital (Felony) IST referrals



**47%
Homeless**

Today's Discussion

**Reducing
Recidivism &
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Recovery**

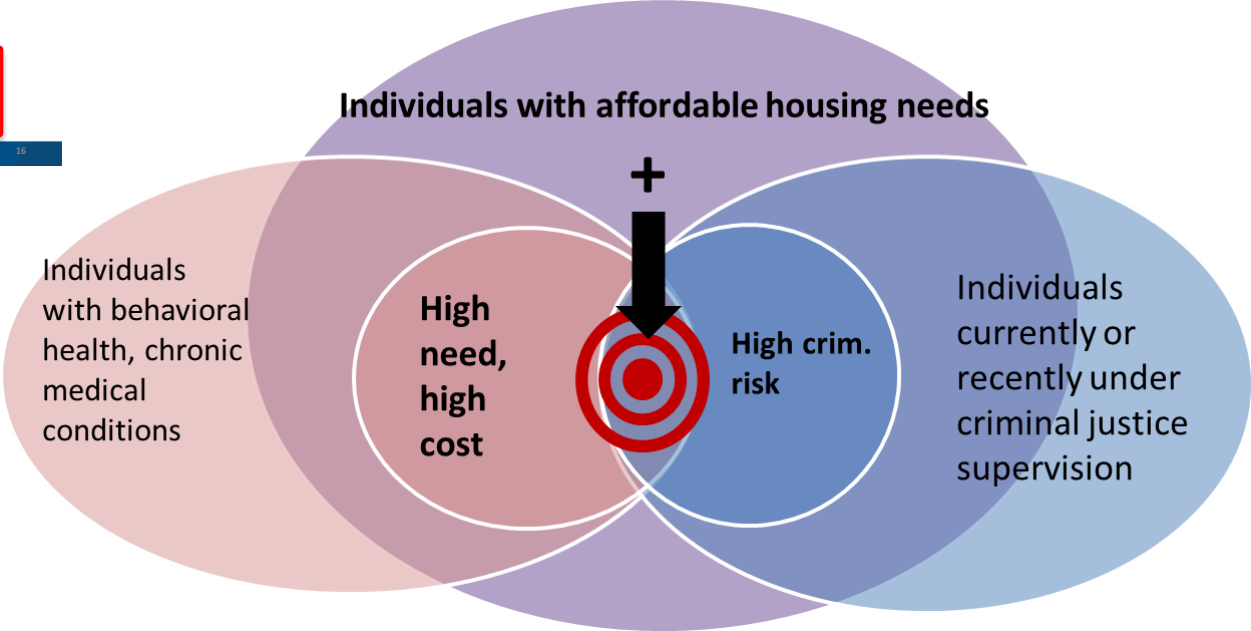
**Integrating
Justice,
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Housing**

**Promising
State and
Local
Approaches**

Applying the CJ/BH Framework to address Complex Needs

The Criminal Justice and Behavioral Health Needs Framework

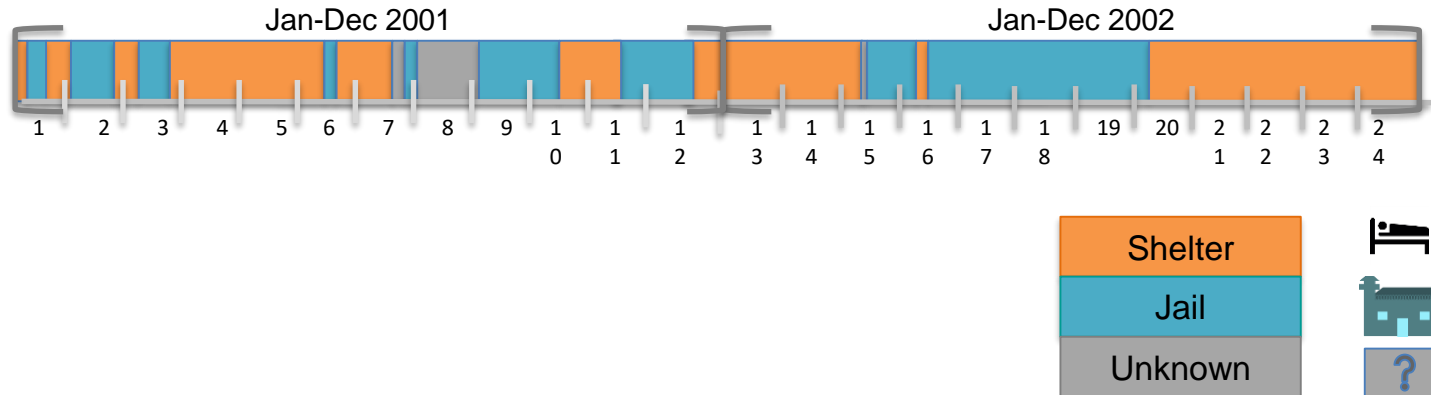
Low Criminogenic Risk (low)				Medium to High Criminogenic Risk (med/high)			
Mild/Low Severity of Substance Use Disorder (low)		High Severity of Substance Use Disorder (moderate/severe)		Mild/Low Severity of Substance Use Disorder (low)		High Severity of Substance Use Disorder (mod/sev)	
Low Severity of Mental Illness (low)	Severe Mental Illness (mod/high)	Low Severity of Mental Illness (low)	Severe Mental Illness (mod/high)	Low Severity of Mental Illness (mod/high)	Low Severity of Mental Illness (low)	Severe Mental Illness (mod/high)	Severe Mental Illness (mod/high)
Group 1 L/L CR: low SUD: low MI: low	Group 2 L/H CR: low SUD: low MI: mod/high	Group 3 L/L CR: low SUD: mod/low MI: low	Group 4 L/H CR: low SUD: mod/low MI: mod/high	Group 5 L/L CR: med/high SUD: low MI: low	Group 6 L/H CR: med/high SUD: low MI: mod/high	Group 7 H/H CR: med/high SUD: mod/low MI: low	Group 8 H/H CR: med/high SUD: mod/low MI: mod/high



Frequent Users identified in one system

Frequent User Case Study

850 - 1,100 people identified as having at least 4 jail stays and 4 shelter stays in 5 years.



Sources:

Angela A. Aidala and William McIlister, "Frequent Users Service Enhancement 'FUSE' Initiative," New York City FUSE II (2014).
Corporation for Supportive Housing, "Supportive Housing for Frequent Users of the Homeless, Criminal Justice, and Health Care Systems," presentation at NCHV Annual Conference, (May 31, 2013).

Affordable housing shortages result in high rates of housing instability/homelessness for complex populations



Affordable Housing Crisis

- In California, there is a shortage of 1.5 million affordable housing units for low-income renters..

Source: California Housing Partnership Corporation (2018)

- In Los Angeles, there is a high correlation found between rising rents and rising rates of homelessness.

Source: Zillow, "Homelessness Rises Faster Where Rent Exceeds a Third of Income." (2018)

Racial Disparities Across Systems

Homelessness



African Americans make up **13%** of general population and total **40%** of homeless population

Criminal Justice



African Americans are incarcerated in state prisons at a rate that is **5.1 times** the imprisonment of whites. In five states (Iowa, Minnesota, New Jersey, Vermont, and Wisconsin), the disparity is more than 10 to 1.

Health/ Behavioral Health



Members of racial/ethnic minority groups in the United States are less likely to access mental health services, less likely to use community mental health services, more likely to use inpatient hospitals and emergency rooms, and more likely to receive lower quality care

Housing Instability and Criminal Justice Involvement: A Cyclical Relationship

1. Law enforcement (LE) policies and practices “criminalize” behaviors associated with homelessness.

2. Lack of stable housing viewed as a risk factor and reduces courts’ willingness to divert individuals from jail or prison.



4. Lack of stable housing upon exit from jail contributes to supervision failure, increases risk of recidivism.

3. Criminal history serves as a barrier to housing, contributing to housing instability and homelessness.

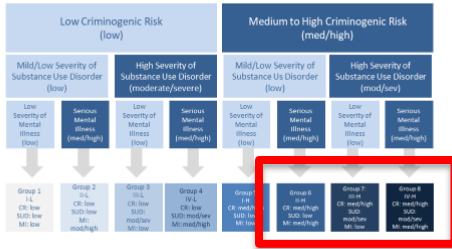
Housing Resource Types

Broader System of Homeless Resources:

- **Emergency Shelters:** Funded with the goal of addressing the immediate crisis of homelessness. Important indicators: how long someone in a shelter is connected to permanent housing.
- **Transitional Housing:** Time limited services/paired with housing (usually congregate housing).
- **Rapid Rehousing:** Permanent housing with paired services (subsidy/services go away over time as tenant is expected to pay rent).
Ex/SSVF
- **Affordable housing:** Project based or tenant based; affordable refers to the amount of money an individual can spend relative to their income on rent.
- **Supportive housing:** (Next slides)

What could housing look like for high crim risk, high BH needs?

The Criminal Justice and Behavioral Health Needs Framework



Group 6
 CR: MED/HIGH
 SA: LOW
 MI: MED/HIGH

Group 7
 CR: MED/HIGH
 SA: MED/HIGH
 MI: LOW

Group 8
 CR: MED/HIGH
 SA: MED/HIGH
 MI: MED/HIGH

- Priority populations for corrections staff time and treatment
- Intensive supervision and monitoring; use of specialized caseloads when available
- Access to effective treatments and supports
- Enrollment in interventions targeting criminogenic need including cognitive behavioral therapies
- ***Supportive housing pairs housing with services***

Supportive Housing: key components

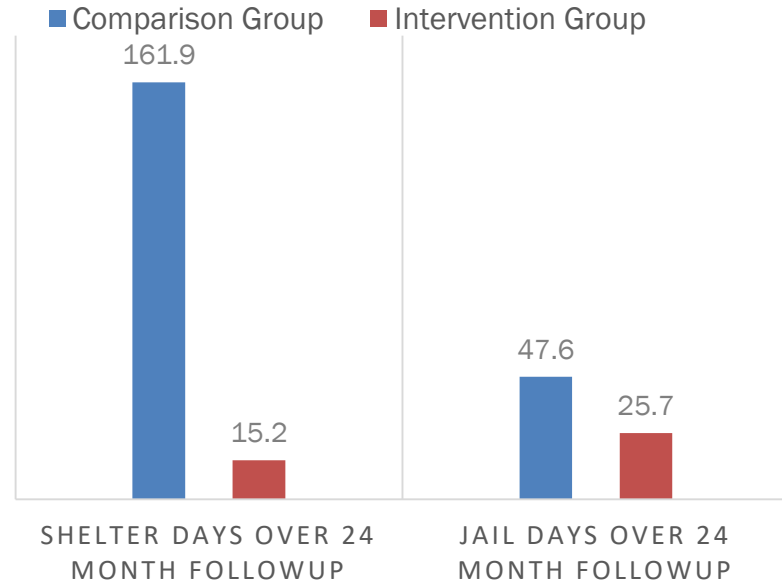


- Supportive housing is an evidence-based intervention that pairs affordable housing with flexible wrap-around supportive services.
- Non-time limited housing
- **Housing provides the stability for tenants to engage in services; services provide the support to stay successfully in housing.**
- Services are voluntary for tenants and not for providers:
 - When robust services are offered (trauma informed, tenant centered), tenants engage in services, including substance use treatment.

Supportive housing has been demonstrated to be an effective intervention for individuals with complex needs who are homeless

INTERVENTION EFFECTS FOR SHELTER USE AND INCARCERATION

- New York City FUSE evaluation (2014) found that supportive housing placement was associated with a significant decline in the use of homeless services and jails.
- A large sample, quasi-experimental New York City study (2013) found that individuals and families provided with supportive housing used fewer days in jails than a matched cohort that did not receive supportive housing.



Supportive housing can pay for itself as it results in avoided costs from lower use of jails, hospitals, homeless services

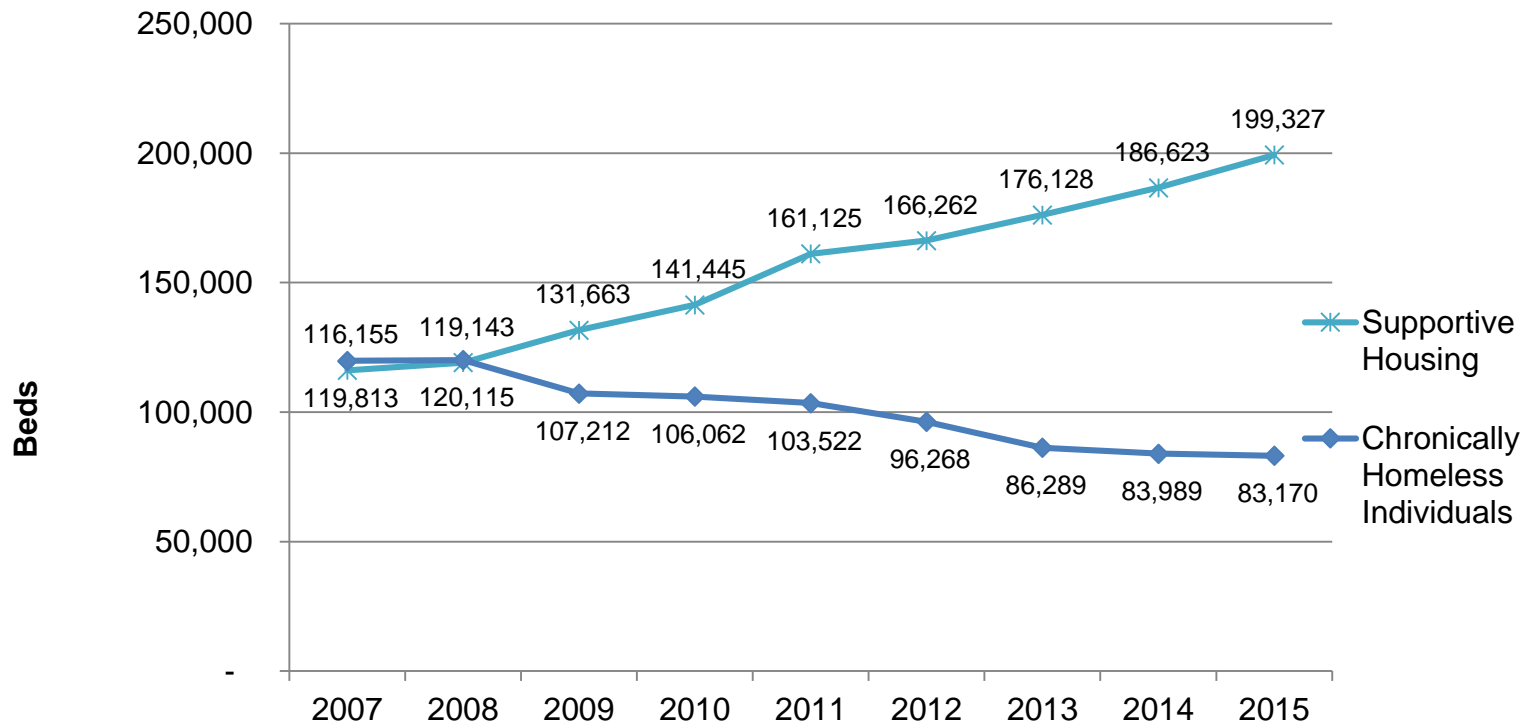
New York City study found supportive housing for individuals with serious mental illness resulted in the following cost avoidance:

- Jail: - \$1,776
- State psychiatric centers: - \$1,424
- Medicaid - \$2,956
- Shelters – \$9,916

These cost avoidances virtually offset the entire cost of the supportive housing intervention.

Cost category	Adjusted costs for placed applicants	Adjusted costs for unplaced applicants
Jail	\$239	\$2,015
Single adult shelter	\$416	\$10,332
Family shelter	\$2	\$396
State psychiatric	\$202	\$1,626
Medicaid	\$19,918	\$22,873
Food stamps	\$1,475	\$1,258
Cash assistance	\$1,399	\$1,092
Institutional/Benefit total costs	\$23,650	\$39,592
NY/NY III cost	\$15,064	\$0
Total	\$38,714	\$39,592

Investments in supportive housing reduced the number of chronically homeless individuals



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

Today's Discussion

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What Are States and Communities Across the Country Trying to Solve for?

- Lack of understanding of **scope of problem, gaps, and needs to inform policy and resource allocation**
- **Lack of availability of supportive housing** for people with complex care need and high risk of criminal justice involvement
 - Those that are available, not necessarily prioritized
- **Limited history of collaborative planning** between criminal justice, behavioral health, and housing/homelessness agencies and systems
- **Lack of coordination and referral systems** connecting people to appropriate housing (coordinated with other treatment, services, and supervision-if applicable) across the criminal justice continuum
- **Resources are scarce, even in California**

Innovative and Promising State and Local Approaches

States and Communities are pursuing innovative and promising models to address the housing needs of people with SMI, who cycle between justice involvement and homelessness, including approaches to:

1. Improve collection and tracking of data to identify shared population, quantify need and system costs, and track progress interventions to better coordinate care
2. Aligning housing, behavioral health and criminal justice resources & funding to support shared approaches most likely to improve outcomes for this population
3. Build state-local partnerships and formalize collaborations that span agencies and systems

1. Collect and use data identify shared population, quantify need and system costs, and track progress interventions to better coordinate care

Tracking housing instability/homelessness for people who are incarcerated

- In **Ohio**, counties are beginning to track housing/homelessness status within jails and hiring staff inside jails to assess people for homelessness prior to exit.
- In **Louisiana**, integrating housing-related screening and use of a navigator as part of reentry policies and practices to identify service needs and make linkages to housing and supports (i.e., comprehensive reentry process).

Completing cross-system data matches to understand the overlap of people with SMI who cycle between homelessness and jails.

- In **Ohio**, exploring ability of state housing agency to match local jail data against existing HMIS and behavioral health data.
- In **Ohio**, state is conducting cross-system data match through Justice Reinvestment project to increase supportive housing options for high risk population.

2. Aligning housing, behavioral health and criminal justice resources & funding to support shared approaches most likely to improve outcomes for this population

Making investments that leverage resources across systems

- In **Ohio**, state Department of Rehabilitation and Reentry has implemented *Returning Home Ohio* effort that targets a prison population at risk of homelessness. This is the first/only model of a DOC paying rental assistance/services for a PSH for a complex care population.
- In **Colorado**, **C-SHARP** is a PSH program that targets a reentry population with co-occurring disorders, which is now operated by the homeless system. **C-SHARP (launched through Second Chance Act funding for supportive services).**
- Multiple communities are pursuing a FUSE supportive housing model to reduce system costs and improve outcomes. In targeting a high criminogenic risk/needs population for supportive housing, we are learning more about effective interdisciplinary approaches with wrap-around care.

2. Aligning housing, behavioral health and criminal justice resources & funding to support shared approaches most likely to improve outcomes for this population

Creating/using flexible resources to focus on populations or target populations that might otherwise be excluded

- Nationally, Continuums of Care have started utilizing Dedicated Plus vouchers that target a near-chronic homeless population (can be a justice involved population).
- Public Housing Authorities can/should apply for NED vouchers that can target this population.
- LA's Flexible Housing Subsidy Pool and Office of Diversion and ReEntry Housing.

Aligning efforts to reduce jail/prison population and focus on complex care population to create new treatment/care and supervision approaches and resources

- Through the state's Justice Reinvestment project, building upon Oregon's capital investment to increase supportive housing targeted at high utilizers of jails, homeless services, and health services.

3. Build state-local partnerships and formalize collaborations that span agencies and systems

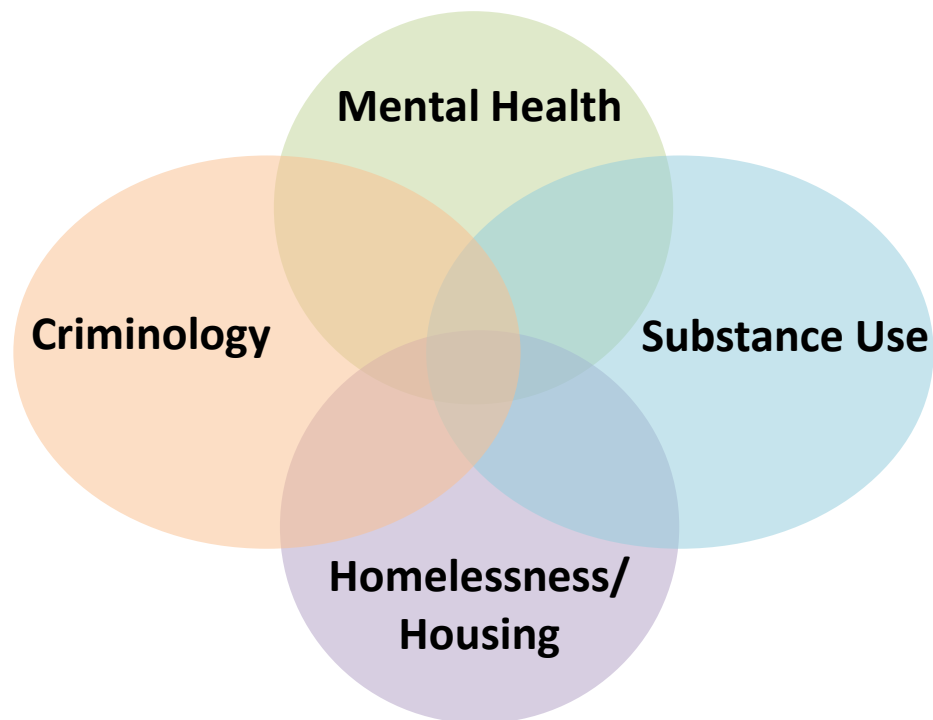
Convening key agencies for effective planning across systems through formal collaboration

- **In OH**, counties have developed cross sector county teams, including jails, behavioral health, and homelessness agencies, to better understand gaps and identify resources to better serve this population.
- **In OH**, the Stepping Up Steering Committee (composed of state agency leaders and key stakeholders) provide a mechanism to understand the broader policies that impact a complex care Stepping Up population.

Building mechanisms to support state-county partnerships to inform policy making

- **Franklin County, OH** has served as a proof point for the state in highlighting the housing needs of this population; provided impetus for a statewide service benefit.

Leadership, Training, Best Practices, Data, Funding



Santa Barbara County Sheriff Bill Brown, Past President, C **Formatted** State Sheriffs' Association

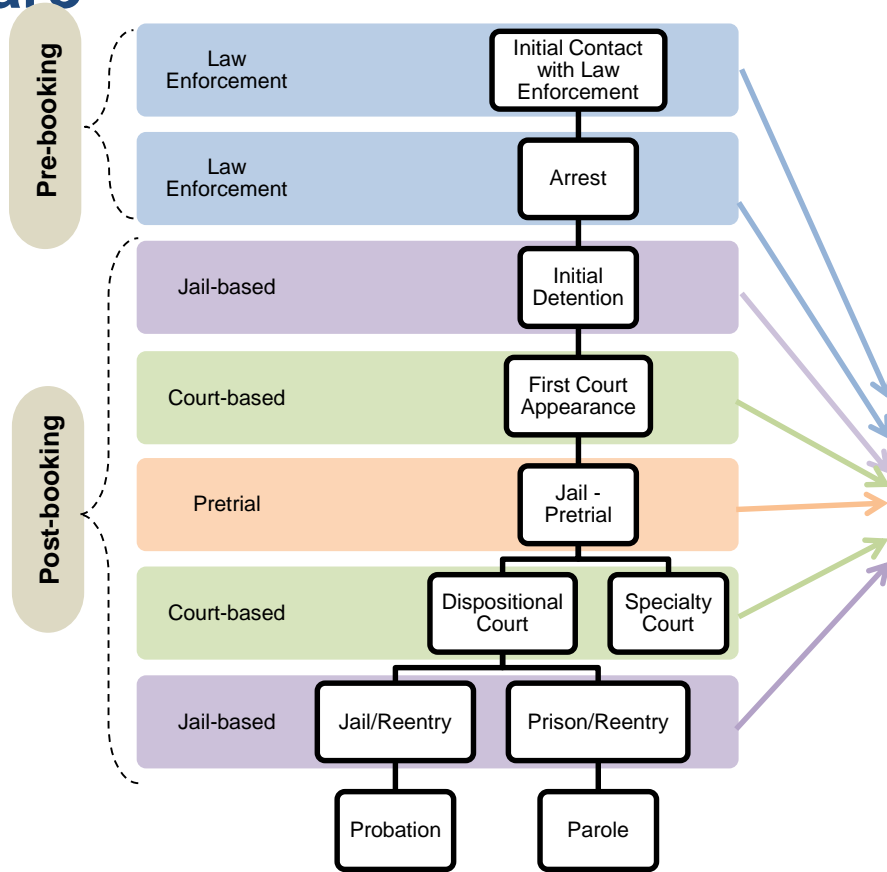


“It is very clear that reducing the prevalence of people with mental illnesses in jails is a critical issue not only in our state but also across the country. . .

We, as your associations, want to support counties in their work and in addressing the needs they have identified.”

Stepping Up California Summit, January 2017

Goal: A System of Diversion & Reentry to a System of Care



Community-Based Continuum of Treatment, Services, and Housing



NOVEMBER 2018

Integrated Funding to Reduce the Number of People with Mental Illnesses in Jails:

Key Considerations for California County Executives

In this guide:

- Introduction
- Key Considerations
- Resources to Facilitate Integrated Funding Planning
- Appendix A: How Did They Pay for That? Examples of Funding Sources to Pay for Policies, Processes, and Programs That Are Often Difficult for Counties to Fund
- Appendix B: County Examples

Introduction

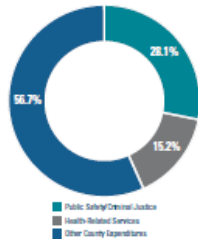
It is not uncommon to hear California county leaders voice concern that there are too many people who have mental illnesses in their jails. At the same time, those familiar with local budgets know that health and public safety are generally the two largest expenditures in a county's budget.¹ Despite these investments, local leaders from almost every county in the state think there are more people who have mental illnesses in jail today than five years ago.²

Many counties in California are engaged in interagency efforts to address this challenge, including through *Stepping Up*—a national initiative to reduce the prevalence of people with mental illnesses in jail. *Stepping Up* calls on counties to shift the focus from public and small-scale programs to systems-level changes that can result in measurable reductions in the number of people with mental illnesses in jails.

Since *Stepping Up* launched in 2015, more than 30 California counties—representing almost 80 percent of the state's jail population—adopted a resolution in support of the initiative, and leaders from 55 counties attended the *Stepping Up* California Summit in January 2017. County planning teams pursuing this collaborative approach are using the initiative's framework to work with interagency leadership to use data and research-based principles to prioritize interventions and track progress.³ As those teams start to develop strategic plans and identify new funding opportunities, it is crucial that they implement strategies to efficiently maximize the reach of available dollars.

County executives are critical partners in the interagency dialogues necessary for achieving concrete results. Their central vantage point over the county budget provides county executives the unique ability to see how different strategies funded through health or public safety budget items fit together, as well as help ensure that overall spending is achieving system-wide outcomes.

FIGURE 1. CALIFORNIA COUNTY SPENDING



Key Considerations

- ◆ Do we know how money is currently spent?
- ◆ Do our existing efforts address key measures?
- ◆ Have we identified gaps in policies, practices, and programs?
- ◆ Have we maximized funding to best achieve our reduction goals?

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