



SB 1010 (BEALL): REDUCING RECIDIVISM AMONG HOMELESS MENTALLY-ILL PAROLEES

RECIDIVISM & HOMELESSNESS

Homelessness and incarceration are intrinsically linked:

- Parolees who are homeless are seven times more likely to recidivate than those who are housed;
- About half of all homeless people report a history of incarceration; and
- Parolees have great difficulties accessing housing, perpetuating a cycle of incarceration and homelessness.

SOLUTIONS

Decades of research shows providing homeless parolees a stable, affordable place to live that does not limit length of stay, along with services that promote housing stability—the combination known as “supportive housing”—is an evidence-based intervention proven to reduce recidivism:

- An Ohio supportive housing program for parolees demonstrated formerly homeless parolees living in supportive housing have a 60% lower recidivism rate than parolees still homeless;
- New York supportive housing programs show lower recidivism rates, lower Medicaid costs, and lower arrest rates among supportive housing tenants than people still homeless; and
- California data reveal supportive housing tenants are able to decrease their days incarcerated by over 60%.

Unlike traditional transitional housing, sober living homes, or day center services, supportive housing offers a housing first approach.

EXISTING FUNDING

State programs designed to address the needs of parolees reentering communities could be using funds more effectively to address the needs of parolees experiencing homelessness. As one example, CDCR currently funds the entire costs of mental health treatment for parolees with serious mental illness, even though these parolees are receiving Medi-Cal. If parolees with serious mental illness could receive Medi-Cal-funded mental health treatment, they would not only be receiving treatment in the community in which they will receive treatment once off of parole, the federal Medicaid program would fund 50-90% of the costs of the treatment.

SB 1010 (BEALL)

Senate Bill 1010 (Beall) would reduce recidivism and improve outcomes among parolees by using existing CDCR resources more effectively. It would create a pilot to provide supportive housing to parolees who are either experiencing homelessness or were homeless when incarcerated, and have no place to go upon discharge. Under the pilot, CDCR would work to enter into a Memorandum of Understanding with one to two counties.

- Under the pilot, CDCR would—
 - Agree to pay for the non-federal share of the costs of mental health treatment while the participant is on parole.

- Use remaining resources the State *would* have spent on mental health treatment, if not for federal reimbursement through Medi-Cal, to pay for rental assistance and services in supportive housing during the participant's term of parole.
- The participating county would—
 - Agree to provide community-based, Medi-Cal funded mental health treatment.
 - Agree to fund rental assistance and services under Proposition 63/Mental Health Services Act, once the parolee transitions off of parole.

A pilot would test outcomes and barriers from moving parolees from mental health treatment funded wholly by the State, to a community-based mental health treatment approach, where parolees would receive mental health treatment from the county in which they will be living beyond the term of parole. With savings realized from receiving federal reimbursement for mental health treatment, the State could fund housing with services for the term of parole, and partner with counties to ensure parolees are able to continue to recover after parole ends.

SUPPORT

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