

# California State Senate

SENATOR  
JIM BEALL

FIFTEENTH SENATE DISTRICT



STATE CAPITOL  
SACRAMENTO, CA 95814  
TEL (916) 651-4015  
FAX (916) 651-4915

2105 S. BASCOM AVE  
SUITE 154  
CAMPBELL, CA 95008  
TEL (408) 558-1295  
FAX (408) 558-1296

100 PASEO DE SAN ANTONIO  
SUITE 209  
SAN JOSE, CA 95113  
TEL (408) 286-8318  
FAX (408) 286-2338

COMMITTEES  
TRANSPORTATION  
CHAIR

BUDGET AND  
FISCAL REVIEW  
GOVERNANCE  
AND FINANCE

HUMAN SERVICES

SUBCOMMITTEE  
BUDGET AND FISCAL  
REVIEW SUBCOMMITTEE #5  
ON CORRECTIONS,  
PUBLIC SAFETY, AND  
THE JUDICIARY

January 13, 2020

2020-103

**JAN 23 2020**

Honorable Rudy Salas, Jr.  
Chair, Joint Legislative Audit Committee  
1020 N Street, Room 107  
Sacramento, CA 95814

Dear Assemblymember Salas and Members of the Joint Legislative Audit Committee,

We respectfully request the Joint Legislative Audit Committee approve an audit to evaluate the California Department of Corrections and Rehabilitation's (CDCR) Integrated Services for Mentally Ill Parolees (ISMIP) program. We have concerns regarding the efficacy of ISMIP with the current structure.

### Background:

There is a strong link between incarceration and homelessness. People on parole experiencing homelessness are seven times more likely to recidivate than those who are housed. This leads to a cycle of incarceration and homelessness. Stable housing reduces recidivism, strengthens our communities, and promotes equity.

In 2007, the Legislature established ISMIP to address this pressing crisis. The program receives \$14 million annually to provide supportive housing and intensive case management for individuals on parole with mental health needs experiencing homelessness. Yet only a small number of ISMIP participants are homeless, and the housing provided is temporary.

Despite the investment, ISMIP fails to meet its program objectives and produce the desired outcomes. A UCLA study found ISMIP fails to significantly reduce recidivism, and that participants receive only 10 months of mental health treatment on average, before dropping out of the program.<sup>1</sup>

Additionally, the program does not take advantage of federal funding opportunities. CDCR uses ISMIP funds to pay one-hundred percent of the cost of mental health

---

<sup>1</sup> David Farabee, Elizabeth Hall. "Evaluation of the Integrated Services for Mentally Ill Parolees (ISMIP) Program." *UCLA Dept. of Psychiatry & Behavioral Health Sciences*. April 2017. pp. 10-11.



treatment to a small number of participants, instead of enrolling them into Medi-Cal where they can draw down a federal match of 50-90%.

#### Why an Audit is Needed:

Formerly incarcerated individuals are almost 10 times more likely to experience homelessness.<sup>2</sup> California data indicates supportive housing tenants are able to decrease their days incarcerated by over 60%.<sup>3</sup>

A state audit will provide the Legislature with data on the efficacy of the ISMIP program. Specifically, we are interested in whether the program:

- serves the intended population;
- benefits participants;
- resources could be used more effectively for other purposes; and
- the type and duration of housing services provided.

We are requesting the State Auditor prioritize this audit. Senator Beall has authored legislation (SB 282) currently pending that would strengthen the structure of the program.

#### Scope of Audit:

Senator Beall has authored legislation (SB 1010, 2018, SB 282, 2019) to improve the structure of the program to meet the Legislature's intent and aid California's vulnerable population. We are requesting an audit to provide critical information related to the program to improve its outcomes. Questions include but are not limited to:

1. Does the ISMIP program efficiently and effectively provide participants comprehensive mental health and support services, including housing subsidies, to parolees who suffer from severe mental illnesses and are at risk for homelessness?
2. What is CDCR's process for selecting participants? What criterion is considered and how is it weighted?
3. Does the selection process assess a participant's risk of homelessness and are evidence based tools used in this process?
4. What has the annual appropriation for ISMIP been over the last 10 years?
5. How is the funding broken down (cost-analysis) over the last 5 years?
  - a. Contracts: health care providers
  - b. Housing
  - c. Administrative
6. Over the last 5 years, what has been the recidivism rate for participants in the program? What are the recidivism rates of individuals eligible for ISMIP who were unable to participate due to lack of space over this time period? Is there a

---

<sup>2</sup> Lucius Couloute. "Nowhere to Go: Homelessness Among Formerly Incarcerated People." *Prison Policy Initiative*. Aug. 2018. p. 1.

<sup>3</sup> Martha Burt, Jacquelyn Anderson. "AB 2034 Program Experiences in Housing Homeless People with Serious Mental Illness." *Corporation for Supportive Housing*. Dec. 2005.

- statistical difference? What type of crimes did recidivists in each group get convicted for?
7. Who makes the referrals to ISMIP and are do they receive specialized training? What is the criteria used to refer participants?
    - a. Does CDCR collect data related to the housing status of participating recipients? At what point in the enrollment process of are participants asked about their housing status (e.g., are they ever asked where they slept the night before and, if so, when)?
  8. Of the ISMIP participants, how many are homeless when first enrolled? How many become homeless during participation in the program?
  9. How many ISMIP participants are receive some sort of housing assistance under the ISMIP program?
  10. For any housing provided to ISMIP participants, please describe the housing.
    - a. For example, how many participants are receiving housing assistance to reside in a licensed or unlicensed residential treatment setting, such as a board and care/adult residential facility or group home?
    - b. How many participants are receiving housing assistance to live in housing that is time-limited, such as in a sober living home or transitional housing?
    - c. How many participants receive interim interventions, such as shelter stays or bridge housing? Are these participants connected to a permanent place to live once their interim intervention ends?
    - d. How many participants are receiving housing assistance to live in permanent housing (i.e., housing without limits on length of stay)?
    - e. On average, among those receiving housing assistance, how many people are sharing a bedroom?
  11. Who refers people to housing? How are payments made to housing providers (e.g., landlords or housing agencies)?
  12. Do ISMIP providers connect participants experiencing homelessness to local homeless Continuum of Care programs or coordinated assessment/referral programs?
  13. What is the dropout rate from the ISMIP program? What is the average length of participation before a participant drops out of the program? What are the top 10 reasons someone drops out? What is the rate of participants remaining in the program until they no longer need the services?
  14. How many of the ISMIP participants are eligible for or are enrolled in Medi-Cal? How many of the services and how much of the funding from ISMIP is dedicated to services that could have otherwise been funded through Medi-Cal?
  15. What is CDCR's oversight process? Is the oversight process adequate?
  16. Does CDCR adequately track and collect data for services related to:
    - a. Housing
    - b. Services
    - c. RecidivismIf yes, what has that data shown?

17. What efforts have been taken by the Department or Legislature to improve the program's outcomes?
18. What has the Department done to engage county participation? What were the outcomes? Are there planned efforts to improve relationship with counties?

Conclusion:

We believe this audit will provide us with information to help strengthen and improve the current program and best serve our most vulnerable population. We respectfully request your aye vote.

Sincerely,

Senator Jim Beall  
District 15

Senator Jim Nielsen  
District 4

Senator John Moorlach  
District 37

Senator Scott Wiener  
District 11