

Discharge Planning Policies and Protocols (As reported by 32 CoCs though 2006 Exhibit 1 submission to HUD)

Foster Care

In foster care, 21 CoCs have formally implemented protocols. Ten CoCs specifically mention incorporating State mandated foster care discharge policies into their discharge policies through County Independent Living Programs. ILPs generally provide educational resources, job training, housing planning and assistance, and assistance in obtaining proper documentation. These programs begin up to several years prior to discharge and last up to a year after discharge.

No Continuum discharges emancipated youth into homelessness and 17 provide some sort of permanent or transitional housing assistance. These include referrals to transitional homes, Section 8 housing vouchers or specific housing units.

Eight Continuums highlight collaboration with other organizations and nonprofits to implement these programs, including Child Welfare Services. Collaborative efforts have included temporary housing, furniture donation programs, and support for mentally abused emancipated youth.

Health Care

In health care, 17 CoCs have formally implemented protocols and 1 CoC has a formal protocol finalized. All Continuums provide information to patients about resources available to assist them and have discharge protocols that include that patients are not discharged onto the streets. Three require that a person have a confirmed space in a shelter prior to discharge.

Seven Continuums have more detailed discharge plans that include linking patients to social workers who may help them with housing options and obtain government entitlements. Social workers identify those in need of assistance upon intake and work with other departments and nonprofits to obtain housing placement.

For those patients requiring additional medical assistance, eight Continuums have programs where patients are placed in transitional or permanent housing for follow-up care.

Finally, 4 Continuums have programs for the service workers including those in outreach, medical workers, and nonprofits. These programs are aimed at helping service workers identify homeless and at-risk patients and cooperate in efforts to prevent them from getting back on the streets. These include collaborative boards consisting of medical and outreach workers and brochures for medical workers to help them identify at-risk people in order to provide them with better aid.

Mental Health

For mental health, 18 CoCs have formally implemented protocols and 2 have formal protocols finalized. Seven Continuums follow comprehensive discharge protocols. Participants are not discharged to the street. They work with service providers to find appropriate placement including in housing facilities. Where permanent housing is unavailable they are referred to transitional housing facilities or given motel vouchers. Three CoCs specifically mention giving other supportive services including case management, skill development, medication, employment services, housing assistance.

To implement these plans 2 CoCs indicate the use of the MHSA initiative that provides funding for mental health programs, including housing. Assembly Bill 2034 also is used to reduce incarceration and hospitalization of homeless mentally ill people.

Corrections

In the area of corrections, 13 CoCs have formally implemented protocols, while 2 have formal protocols finalized. Where plans have been implemented, discharge from State prisons often includes meeting with inmates to facilitate reintegration into community and connecting with resources including employment, job training, housing, clothing, legal assistance, food, and health care. There is also collaboration between authorities, State agencies, and nonprofits to provide assistance and resources. These services range from informational brochures, online networks, and outreach by various organizations. For instance, one CoC details a program that partners social workers, the police department and the State prison to offer case management and intensive training that begins up to a year prior to release and extends throughout the person's parole period. Another CoC has a program that includes holding monthly orientation meetings designed to facilitate reintegration into community and connect people with resources, including job training and housing.

Three CoCs have programs specifically geared toward people who are mentally ill. These include referrals to mental health service providers and connections to treatment facilities.