
KEY PROPOSALS FROM THE INTERAGENCY TASK FORCE ON HOMELESSNESS ("THE DAVIS REPORT"): DISCHARGE AND TRANSITION PLANNING

A. STATEWIDE

- ✓ Make homelessness prevention a key mission of State Agencies.
 - Direct agencies to determine whether any of the populations they regularly interact with are at high risk of becoming homeless and develop prevention strategies to reduce the incidence of homelessness within these populations. Strategies could include:
 - Coordinating categorical programs and making funding streams more flexible
 - Evaluating existing programs to determine if they are effective and redirecting funds to programs with demonstrated effectiveness
 - Collaborating among departments to make all programs "doors" to the full range of services available
 - Evaluating existing programs to insure that services are client-oriented and culturally relevant
 - Develop specific strategies to prevent homelessness among extremely at risk populations in State care or for whom the risk of long-term homelessness is so severe that early intervention is warranted. Strategies could include:
 - Making discharge or re-entry planning more outcome focused
 - Providing services while in state care that will facilitate successful discharges
 - Arranging for benefits and housing to be available when discharged
 - Coordinating funding priorities, applications, and decisions to provide opportunities for successful transition to independent living
 - Direct the agencies that are required to develop prevention strategies to identify a single point of contact for homeless issues and to develop a mechanism on how the agency is making homeless prevention central to its mission.
- ✓ Conduct research on risk factors associated with becoming homeless and use the findings to develop prevention and intervention assessment protocols.
 - Prevention assessment protocol: Identify individuals at risk of becoming homeless. Such an assessment could be administered in existing programs that work with individuals at risk of becoming homeless, such as the Independent Living Program for youth aging out of foster care, or at an initial food stamp eligibility assessment.
 - Intervention assessment protocol: Identify behavioral, emotional, health, and circumstantial issues (such as domestic violence, mental health, substance abuse, alcohol and other drug use) for individuals who are homeless and could benefit from services and/or treatment. Such an assessment could be administered by programs working with homeless populations, such as battered women's shelters and drug treatment centers, or by law enforcement.
 - Develop a plan for implementing the use of the assessment protocols in existing programs to the extent possible. For example, agencies and departments could conduct a

review of related assessment protocol or tools currently used in programs to identify ways to integrate the homelessness prevention and/or intervention assessment protocols or tools.

B. YOUTH

- ✓ Ensure that services through the federal Safe and Drug-Free Schools and Communities (SFDSC) program be provided to at-risk and currently homeless youth, including those in need of mental health services.
- ✓ Expand and/or increase the number of foster youth pilot programs offered through the Employment Development Department.
- ✓ Enhance county participation in the Supportive Transitional Emancipation Program (STEP) by decreasing the county and increasing the state cost sharing ratios.
- ✓ Develop collaborative programs between the Department of Social Services, the Employment Development Department, and the California Workforce Investment Board to meet the job training needs of emancipating foster youth.

C. HEALTHCARE

- ✓ Incorporate homeless service delivery models into existing Department of Alcohol and Drug Program (ADP) funded training and technical assistance contracts, and expand the services of the ADP Resource Center to include published research relating to homelessness and AOD problems. Resource Center services would be available to all Californians without cost.
- ✓ Focus would be on technical assistance training services to local public and private agencies for the purpose of improving alcohol and other drug (AOD) related planning and program support. Emphasis would be directed at improving services for families and individuals who are currently homeless or at risk of becoming homeless.
- ✓ Develop and propose revised State hospital discharge protocols and evaluate options for discharge/placement services and funding to be used to minimize the chances of discharged patients becoming re-hospitalized, incarcerated, or homeless.
- ✓ Establish, with the Department of Motor Vehicles (DMV), procedures for State hospital patients to obtain DMV identification cards within 90 days of hospitalization, preferably on the hospital campus.
- ✓ Develop and propose hospital discharge procedures to incorporate the use of supplemental transitional services to support patient placements.
- ✓ Analyze funding requirements and sources necessary to support discharge and placement of patients. Funds would be used for short-term placement and transition expenses such as immediate housing, food, clothing, and necessary transportation.
- ✓ Develop discharge planning models and make them available to counties to assist with inpatient acute discharges.
 - DMH would develop discharge-planning models and provide technical assistance and training to counties. Legislative, administrative and budget actions may become necessary to implement the recommended action.

- ✓ Expand the Department of Social Services contracts for the Outpatient Substance Abuse Program for Low-Income Women and Their Children to provide a supportive housing subsidy component for women who successfully complete treatment.

D. VETERANS

- ✓ Create the Veteran Parolee Transitional Support Program.
 - This program would require the Department of Corrections' Parole and Community Services Division to refer veteran inmates, prior to their parole, directly to homeless veteran service providers in California. The program would consist of a 90-day residential intensive case management model designed to assist veteran parolees in moving from unemployment to self-sufficiency.
- ✓ Increase the amount of money targeted to support employment and training programs for veterans with significant barriers.
- ✓ Create the Veteran Parolees Benefits Awareness Program.
 - Require the Department of Corrections' Parole and Community Services Division to mail to veteran parolees a variety of brochures, fact sheets, and pamphlets regarding veteran's benefits and statewide veteran service organizations. The California Department of Veterans Affairs' Veteran Services Division would provide the informational, educational, and publicity items to the Department of Corrections' Parole and Community Services Division.

E. STATE PRISONS

- ✓ Develop and improve current inter-agency communication and agreements with the state agencies that can influence and enhance release plans for inmates being released by the Department of Corrections.
 - The California Department of Corrections (CDC) proposes to pursue multiple strategies to improve discharge planning for paroled inmates and to enhance the stability of inmates prior to parole. Key to these strategies is improved coordination and new agreements between CDC and a variety of state agencies, including the departments of Alcohol and Drug Programs (ADP), Employment Development (EDD), Health Services (DHS), Housing and Community Development (HCD), Mental Health (DMH), Motor Vehicles (DMV), and Veterans Affairs (CDVA).
 - Proposals that could be pursued by CDC include:
 - Expand eligibility for mother prisoner housing programs. These programs provide supportive services housing either as an alternative to incarceration in prison or as a support system for parolees.
 - Coordinate with a variety of agencies, state and federal, to ensure eligible inmates receive available services and/or benefits.
 - Enhance inmate stability upon release. Proposed internal changes within CDC include:
 - Working more closely with community- and faith-based programs.

- Increasing opportunities for inmates to secure employment prior to discharge.
- Requiring inmates to save funds earned in prison while also encouraging willing and compatible inmates to share expenses and residence upon release.
- Ensuring that all inmates complete, with qualified help and prior to release, all necessary paperwork required to obtain benefits and services.
- Utilizing closed community corrections facilities (CCF) as halfway houses for extending substance abuse programs.
- Expanding pilot programs that help prepare inmates for release.
- Intervening when inmates do not have firmly established residence plans, including retaining inmates beyond their early parole release date for up to six months to provide time to develop parole plans.
- Educating inmates about available programs in the geographical area of their parole location.
- Establishing a parole “facilitator” in the institutions to gather materials specifically germane to the individual. Once the inmate is paroled, he/she would contact the assigned Parole Agent and at the same time would contact the facilitator for that area. In this manner, facilitators in institutions and out of institutions would bridge the gap for the parolee by providing information regarding employment, housing, and education tied to the community resources.
- Creating an electronic database for education records. Current paper-intensive files are utilized to record educational accomplishments. This information is not forwarded to the Parole Units. This proposal would permit Parole Agents to make decisions and recommendations in identifying community resource groups providing jobs, housing, and support services.
- Duplicating, where possible, the new cooperative pilot between the Sacramento City Unified School District, Sacramento Skill Center, and CDC to create a bridge from institutional services to community services for inmates being paroled where a Police and Corrections Team (PACT) program exists. The main focus would be on academic and vocational certification/training but would also assist the inmate with resources for other assistance, including employment, substance abuse counseling, food, and shelter.
- Equipping inmates with a transition plan to receive a continuum of community care upon release to parole.
- Developing master lists of placement resources and options by county, including the acute and sub-acute medical and mental health facilities and housing for indigent persons. Ideally, the state would eventually fund transitional care services for parolees.
- Establishing one staff person at each institution dedicated solely to provide pre-parole planning as it pertains to the parolee's access to medical (including mental health) care in the community. (This staff

should be an LCSW. A model for this type of staff position currently exists at community and state hospitals.)

- Developing a process to identify and track homeless parolees.
 - Developing automation within CDC to share and exchange timely information prior to an inmate's release regarding issues impairing release stability.
 - Establishing cross training on site for all levels of the Parole Agent and Correctional Counselor series.
 - Identifying Parole Agents to supervise homeless parolees on homeless caseloads to enhance consistency regarding knowledge about resources and community placement.
 - Entertaining feasibility of "Care Fairs" (based on veteran Stand Downs concept) for homeless parolees.
- ✓ HCD has organized a working group composed of Corrections, Mental Health, Social Services, Health and the Office of AIDS to look at preventing homelessness among Correction's severely mentally ill population. Corrections is providing significantly increased discharge planning that will enhance the ability of mentally ill parolees to transition to stable living environments.