

MEMORANDUM

TO: Regional Steering Committee on Homelessness and Housing

FROM: HomeBase

RE: Discharge from State Corrections: Partnering State and Local Agencies to Create Effective Discharge Planning Policy

DATE: July 29, 2005

RSC Prior Work on this Discharge Planning

In earlier RSC meetings we discussed recommendations to assist communities in formulating a discharge planning strategy, what the roadblocks there are to ex-offenders' reentry into mainstream society, and how we can improve ex-offenders' access to benefits, Medi-Cal in particular. At our November 2004 meeting, we stepped back to take a comprehensive overview of the Department of Corrections statewide and on a local level. This overview was an important step in the path toward effective discharge planning that involves the Department of Corrections and local agencies in active collaboration.

Status

Nationally, inadequate discharge planning has been recognized as a major contributing factor to the growing tragedy of homelessness. Various public and private institutions contribute to homelessness by discharging their wards to the streets or shelters. Ending such practices is critical strategy in the struggle to end homelessness. A growing body of information documents the large number of people who become homeless upon discharge from jails and prisons, hospitals and treatment facilities, and the foster care system. The role of ineffective discharges from institutions in generating homelessness has been widely recognized. Each such case represents a failure of publicly operated or regulated institutions to fulfill their responsibilities to persons in their care. Each case also reveals the paucity of community resources to meet the housing, health care, and other needs of individuals, and demonstrates the responsibility of institutions to work to increase community resources.

People discharged from state correctional facilities face significant barriers as they re-enter society, and without supportive services, may cycle between jail or prison and homelessness. This costs criminal justice systems and communities large amounts of money and resources.

The recidivism rate for felons discharged from the California Department of Corrections (CDC) is 60%, the highest in the nation¹. Evidence of the Department of Correction's failure to "correct" is clear: three in four prisoners will be convicted of another crime within three years – and three out of five will be back in prison (nationally, a quarter are back in prison for new crimes and another quarter are back in prison for parole violations.)² Using the strategies for

¹ Skelton, George "On Prison Reform, Governor Breaks Free of Gridlock" *Los Angeles Times*, May 9, 2005.

² "Hotel California" *The Economist*, Feb 24 2005.

effective discharge planning as a guide, at this meeting we will focus on how we can prevent discharge into homelessness and ensure a smooth transition into mainstream society through collaboration between the California Department of Corrections and local agencies.

Elements of Effective Discharge Planning

Establishing an Overarching Policy

Start with a **single entity** overseeing a **discharge planning policy** that coordinates activity of all institutional players. The single entity develops relationships with other agencies and institutions within a community and coordinates planning activities and ensures a fair and effective distribution of funds.³ The policy must mobilize system integration processes among criminal justice, mental health, and substance abuse treatment systems.

To apply for McKinney-Vento Act Homeless Assistance Funds, state and local governments must certify that they will implement an overarching policy.⁴ This policy is essential because it secures a nationwide commitment to preventing discharge without housing so that you can move on to the planning stages. Securing the commitment of governments through the adoption of a policy allows practitioners the footing on which to build a successful planning strategy.

Massachusetts continues to be an exemplary practice for statewide discharge planning. The Commonwealth of Massachusetts formed a Working Group on Discharge Planning, which resulted in an investigation and definition of the components of an effective discharge system, as well as recommendations for each affected state department.⁵ This formation of this group resulted from the convening of all relevant state agencies in the Task Force on Housing and Homelessness. In 2000, the Working Group on Discharge Planning, in conjunction with the Working Group on Housing and Retention and several state agencies, produced *The Massachusetts Executive Office for Administration and Finance Policy Report: Moving Beyond Serving the Homeless to Preventing Homelessness*. The Policy Report gave attention to policies and procedures in correctional facilities and human services agencies. This work is preliminary to the state government's implementation of the programs⁶, but because this interagency work drove the state's analysis and subsequent action, a common policy guided the state and all the agencies and support systems that are part of discharge planning in Massachusetts. Many of the initiatives recommended by the Working Group focus on agency efforts to incorporate the goal of effective discharge planning into the overall missions of the agencies.⁷

Since the collaboration of the state agencies and working groups in 2000, the Massachusetts Housing and Shelter Alliance (MHSA) has achieved substantial success in its statewide discharge planning. The group attributes its success to remaining close to the daily experience

³ *Exemplary Practices in Discharge Planning: Report and Recommendations of the Working Conference*, U.S. Department of Health and Human Services, June 1997.

⁴ 2005 New Draft Report, SAMHSA

⁵ "Massachusetts Working Group on Discharge Planning", *Maricopa County Continuum of Care*, p. 70.

⁶ *Ibid.* at 71.

⁷ *Policy Report Excerpts: Moving Beyond Serving the Homeless to Preventing Homelessness*, The Commonwealth of Massachusetts Executive Office for Administration and Finance, Policy Report No. 5 – October 2000, p. vi.

of homeless individuals, remaining persistent in the conviction that the problem of homelessness is solvable, and being inclusive in its search for partners in the development of a solution to homelessness.⁸

Partnering and Collaborating

Partnership and Collaboration among the appropriate institutions and agencies are essential. Partnerships may include: representatives from institutional corrections, probation/parole, law enforcement, the judiciary, social and human service agencies (e.g., treatment providers, health care agencies, housing, employment, and education service providers, victim advocates), nongovernmental community support organizations (e.g., faith-based groups, neighborhood advocacy groups and civic associations), any other entity that can facilitate an individual's transition to community providers (e.g., Business Improvement Districts, private foundations, advocates, and the media).⁹

However, *Who* is involved is only the first step in effective collaboration and partnerships. Other considerations involved in establishing a strong partnership include: how often these partners meet, what they discuss, how decisions are made, what operational practices are put in place, and who is responsible for delivering what part of the process. Partnerships must involve their members at three levels: policy development, operational practice, and staff decision-making.¹⁰ The continuum of collaboration may range from shared information and memoranda of understanding to blended staff and joint financial agreements.

Achieving collaboration may involve using incentives to persuade the representatives of the essential groups to invest time and energy to address this issue area that they may not have recognized as part of their responsibilities. These incentives might include competitive block grants or, for housing developers, occupancy guarantees or tax credits.¹¹ The Discharge planners might also point out that the collaboration could lead to cost savings for the involved groups.¹²

Representatives from the institutions and community behavioral health providers should meet in ongoing forums to monitor the process, resolve problems, and hold staff and program components to standards or performance measures established by the team members.

The following are recommendations for developing a mechanism to monitor outcomes of discharge plans and identify opportunities to improve the process¹³:

- Establish appropriate quality indicators with realistic benchmarks that can be measured easily.
- Develop a mechanism to establish corrective action plans for systems unable to meet those expectations.

⁸ "Introduction and Overview, Tools for Discharge planning," www.nhchc.org/discharge/discharge_planning_main.htm

⁹ James M. Byrne, et. al., *Emerging Roles and Responsibilities in the Reentry Partnership Initiative: New Ways of Doing Business*, National Institute of Justice, (January 8, 2002).

¹⁰ *Ibid.*

¹¹ 2005 New Draft Report, SAMHSA

¹² *Ibid.*

¹³ *ACCP Continuity of Care Guidelines* American Association of Community Psychiatrists, (August 26, 2001).

- Document that all responsibilities delineated above occur and that they do so within appropriate time frames.
- Include all stakeholders, including people in recovery, in oversight of the quality management process.
- Incorporate established standards into contracts with managed care organizations to assure proper incentives in reimbursement.

A **team approach** is needed to coordinate the work of multiple agencies. The team will require much of the same collaboration that was discussed above, but the team has a narrower focus on individual clients rather than the overarching system of discharge planning which serves all those who are discharged from prisons. Team members will include the client, the institutional representative, criminal justice system representatives, the case manager, family members, peers, mental health and substance abuse treatment providers, health care providers, housing specialists, policy makers, and advocates.¹⁴ The case manager leads the team and works with the client and the rest of the team to stay on track with the plan or revise it as necessary. The case manager also acts as an advocate to secure the necessary resources for the client.¹⁵ A team, which oversees the various services, can serve as a point of accountability or clinical home for each individual. This team can also ensure that the services are oriented to the individual's evolving needs. Clear communication regarding each team member's role and responsibilities will guard against a fragmented service system.

Focusing on the Individual

Another key element in effective discharge planning is a strong focus on the **individual**. Plans must take into account the client's needs and preferences, and cultural identity, considering such issues as race, ethnicity, religion, gender, age, primary language, and sexual orientation. Assessing the needs of the individual involves¹⁶:

- cataloging the individual's psychosocial, medical, and behavioral needs and strengths;
- gathering information – from law enforcement, court, corrections, correctional health, families and community provider systems – necessary to create a fully informed transition plan;
- incorporating a cultural formulation in the transition plan to ensure a culturally sensitive response;
- engaging the individual in assessing his or her own needs; and
- ensuring that the individual has access to and means to pay for treatment and services in the community.

Ensuring Continuity of Care

The transition to appropriate housing and services must be seamless. Integrated service planning can fulfill the needs of the individual after he or she is released from care or incarceration. Continuing support after housing placement is particularly important. Providing

¹⁴ 2005 New Draft Report, SAMHSA, p. 12, 13.

¹⁵ *Ibid.* at 12.

¹⁶ Fred Osher, et al., *A Best Practice Approach to Community re-entry from Jails for Inmates with Co-occurring Disorders: The APIC Model*, The National GAINS Center (2002).

long-term uninterrupted support may involve determination of status of community connections and reestablishment of those connections whenever possible for all individuals at the time of entry into system.

Discharge planning may require the following services: health care, mental health and substance abuse treatment, income support, social supports, and a range of other services such as transportation, job training, money management, and help with daily living skills. To provide uninterrupted care these services must be part of discharge planning that:

- Begins on admission to the facility
- Is based on a comprehensive assessment of the individual
- Is continuous and coordinated with clear communication between the individual and the person who will help manage their care when they leave the institution
- Facilitates linkage to supportive services beyond referrals alone
- Involves relapse prevention planning including contingency provisions that allow the individual to avoid being hospitalized or incarcerated when their symptoms worsen
- Provides follow-up after housing placement to ensure individuals maintain their housing and regain connections to the community.

Ensuring Housing Options and Access

Efficient discharge plans must identify and secure a variety of housing options, which are based on an assessment of the community's housing stock and the existing partnerships with housing and service providers. Addressing the issues of housing affordability and accessibility will require advocacy within and across systems. For example, discharge planners may have to use HUD mainstream programs or State housing subsidies for individuals who are not eligible for specific housing programs due to criminal justice system involvement. While working across systems, the discharge planners should establish a single point of access for housing so that high-risk individuals receive priority consideration in a limited housing pool.¹⁷

State and Local Agencies Working Together to Develop a Discharge Planning Strategy in California

Just as the team devising an individual's discharge plan must focus on the circumstances and background of the individual, a statewide discharge planning team should have a discharge planning strategy that is tailored to the specific population it serves and the agencies that play a role in the planning. The tailoring process will involve incorporating the research and advocacy coming out of California with best practice models from across the Country.

In 2002, Gray Davis issued a report that identified existing state-level programs that: served homeless persons or people at risk of homelessness; analyzed available data relating to the effectiveness of existing programs to address homelessness; and made recommendations on ways to improve services to the homeless, as well as reduce and prevent the incidence of homelessness in California.¹⁸ The report's number one recommended action was to make preventing and reducing homelessness a state priority.

¹⁷ 2005 New Draft Report, SAMHSA.

¹⁸ *A Summary Report on California's Programs to Address Homelessness*, Prepared for Governor Gray Davis, March 2002.

The analysis in Davis' report is a useful starting point for research and data collection on the current situation in California. The report's key findings that are relevant to discharge planning include:

- Nearly all of the more than 80 studies and reports on homelessness that have been issued by state agencies and statewide organizations in California have concluded that “effective programs require an integration of services and a strong link between services and housing assistance.”
- Approximately 75 programs in California are funded by the state and provide services to homeless people or to those at high risk of becoming homeless.
- The current system is fragmented and needs to be more accessible.
- Few programs have been formally evaluated for effectiveness.¹⁹

The report also assessed the programs that existed within the CDC, including those that addressed the prevention of homelessness, emergency housing and services, and transitional housing and services. With the reorganization of the CDC (described in further detail below), the Davis report's list of current programs may be become outdated. Assessing the programs within the new CDCR is only a small piece of the broader question of how we achieve service integration between local and state agencies. However, the assessment will reveal a clearer picture of how many of the programs that are part of the state are potential collaborators with local programs and many mainstream programs, such as those under HUD.

A useful example of data collection and current program assessment for statewide discharge planning is the “Research on Emerging Homeless Subpopulations” report produced by the Massachusetts Housing and Shelter Alliance (MHSA). The data collection began in 1997 with a Subpopulation Census: the collection of shelter based data on new guests entering from state systems of care, treatment and custody.²⁰ This data was compiled into a *Six-Year Comparison of Emerging Populations in Massachusetts Emergency Shelters (1997-2002)*. This data collection enabled reporting on the following questions:

- Ex-Prisoners and Massachusetts Shelters: Individuals Entering Emergency Shelters Directly Upon Discharge from a Federal, State, or County Correctional Facility
- State Prisons from which Shelter Guests were Discharged: January 2001- February 2002
- County Jails from which Shelter Guests were Discharged: January 2001-February 2002
- Corrections and Massachusetts Shelters: Individuals Entering Emergency Shelters With Prison or Jail Records
- Homeless Young Adults and Youth Services: Individuals 18 to 24, Entering New to emergency Shelters with State System Experience
- Who is Entering Massachusetts Shelters? Subpopulation Totals as Percentages of New Guests (this chart lists the following subpopulations: ex-prisoners, psychiatric hospital patients, detox, young adults, and elders)²¹

¹⁹ *Ibid*, p. 4, 5.

²⁰ “Massachusetts Housing and Shelter Alliance Census” National Alliance to End Homelessness Website, www.endhomelessness.org/best.

²¹ “Six-Year Comparison of Emerging Populations in Massachusetts Emergency Shelters (1997-2002)” *Massachusetts Housing and Shelter Alliance: Research on Emerging Homeless Subpopulations*

Following the research and data collection stage comes advocacy and the education of the agency itself, the state legislature, the administration, and the media.²² With these foundations in place, the statewide discharge planners can begin to look to the key elements of discharge planning that were discussed above, starting with policy change.

The following section will take a closer look at how at two of the key elements of effective discharge planning will play a role in California statewide discharge planning.

An Overarching Policy for California

In California, there is a clear need for a policy that will drive all involved agencies and systems of care across the state to help prevent homelessness after re-entry.

Devising a discharge planning policy for the state of California is a necessary first step, which will involve ensuring that the goals of the state are not very far removed from the goals of all the involved parties, including the California Department of Corrections and Rehabilitation (CDCR). This leads to the difficult question of how to make prisons responsible for housing. The CDCR has explicitly stated a goal of reforming parole programs to support successful discharge from parole.²³ As part of this policy the CDCR has voiced a dedication to creating “educational, vocational and treatment programming focused on improving the inmate’s ability to successfully re-integrate into the community.” This is a goal that local agencies share as well. The most important function of a statewide policy it is that it creates a cohesive force involving all the relevant government departments and local agencies, which already have shared goals, which have not been meshed them into an overarching policy. The policy can be as simple as that found on MHSA bumper stickers: “Zero tolerance for discharge to homelessness.”²⁴ The establishment of this policy will guide the state as it implements and integrates programs statewide.

Partnership and Collaboration in California

Education about the partners you are with whom you are collaborating is an essential step in effective integration of services. A review of our discussion at the November RSC meeting will give us background on the state correctional system.

Corrections System Overview

Prisons are operated by either a state or the federal government, and they confine only those individuals who have been sentenced to 1 year or more of incarceration. Generally, persons sentenced to prison have been convicted of a felony offense. Federal prison is where an individual is detained when they have committed a federal offense. State prisons hold felons who have broken state law. The scope of states’ criminal laws is much broader than that of federal criminal law. As a result, only about 150,000 adults are under federal correctional supervision, compared to about 1,220,000 in State prisons across the country. There are about 125 federal prisons and 1,375 state prisons in the United States.

²² *Discharge Planning: Massachusetts Model*, Montana Council on Homeless (meeting February 17, 2005).

²³ *Backgrounder* (under Strategic Parole Reform Press Releases), California Department of Corrections and Rehabilitation Website, www.cdcr.ca.gov/NewsRelease/backgrounder.asp

²⁴ *Discharge Planning: Massachusetts Model*, Montana Council on Homeless (meeting February 17, 2005).

The following facts may provide a clearer picture of the prevalence of certain convictions resulting in Federal imprisonment versus State imprisonment:

- In 2000, an estimated 57% of Federal inmates and 21% of State inmates were serving a sentence for a drug offense.
- About 10% of Federal inmates and 49% of State inmates were in prison for a violent offense in 2000.
- Violent offenders accounted for 53% of the growth in State prisons between 1990 and 2000; drug offenders accounted for 59% of the growth in Federal prisons.

There are two terms regarding what happens upon *release* from these facilities that are easily confused: probation and parole.

Probation

Probation is the sentence that a defendant gets instead of jail or prison time, though one would be hard pressed to find a judge who will sentence a person to probation in lieu of prison time. It is the release into the community of a defendant who has been found guilty of a crime. The release is typically under certain conditions, such as paying a fine, doing community service or attending a drug treatment program. Violation of the conditions can result in incarceration.

A person on probation is under the supervision of the county probation department. Each county has its own probation department, though it is often not part of the “local corrections system” per se. For example, in Alameda County, the sheriff’s office runs the local jail at Santa Rita and the probation department handles the probationers.

Parole

Parole is the release of a convicted defendant after serving a portion of their sentence, upon a finding that the person is sufficiently rehabilitated and not a threat to society. The parole period is defined as a certain length of time and is subject to conditions imposed by the releasing authority and to its supervision, including a term of supervised release.

Parole is not available to persons convicted of federal crimes, but most states, including California, still offer parole. Conditions of parole include, among other requirements, reporting to a parole officer, not associating with other ex-convicts, and staying out of trouble. Violation of the terms may result in a revocation of parole and a return to prison to complete the unexpired sentence. A person on parole is under the supervision of the California Department of Corrections for the period of the parole time. The CDC employs parole officers who supervise the inmate once he or she is released.

With Whom Should the Local Agencies Collaborate?

This past spring Governor Schwarzenegger negotiated a compromise with the legislature that resulted in the reorganization of the state’s \$7-billion prison system.²⁵ More power will be shifted to the Secretary of the newly named Department of Corrections and Rehabilitation (CDCR), formerly the Youth and Adult Correctional Agency. Under the reorganized system, the

²⁵Skelton, George, “On Prison Reform, Governor Breaks Free of Gridlock.” *LA Times*, www.latimes.com May 9, 2005.

Secretary, Roderick Hickman, and Schwarzenegger, his boss, can have more power and flexibility to institute reform.²⁶ The reorganization will flatten the structure of the Youth and Adult Correctional System, connecting the top management layer with all other aspects of the organization's performance.²⁷ Schwarzenegger claims that the addition of the word "rehabilitation" reflects an increased emphasis on preparing inmates for life outside prison²⁸ (See Appendix A for an organizational chart of the new Department of Corrections and Rehabilitation). Schwarzenegger proposed this reorganization to counter the current ineffective and fractured relationship between state and local governments, the Board of Corrections, the Department of Corrections, and the California Youth Authority. Under the CDCR there are several renamed divisions that are a change from the old system:

- **Division of Adult Institutions** (formerly Department of Corrections). Joseph McGrath, of Lodi, is Chief Deputy Secretary for adult operations; and John Dovey, of El Dorado Hills, is director of the Division of Adult Institutions.
- **Division of Juvenile Justice** (formerly the California Youth Authority). Bernard Warner, of Tallahassee, FL, becomes the Chief Deputy Secretary for Juvenile Justice.
- **Board of Parole Hearings** (combines three former entities – the Board of Prison Terms, Youth Authority Board and the Narcotic Addict Evaluation Authority). A director has yet to be named. Only two of the appointees on the board are new, the other eight have served on either the adult or youth boards.
- **Corrections Standards Authority** (combines the Commission on Correctional Peace Officer Standards and Training, and the Board of Corrections). A director has yet to be named.²⁹

In the budget for FY 2006 Schwarzenegger has laid out plans for the Governor's Council to Address Chronic Homelessness. While this is a promising step toward state and local collaboration, a fully integrated and effective system will require more than waiting for the state to establish the partnerships. The local agencies must actively engage the state from their own end.

What Steps Do We Need to Take to Engage the State?

Based on its assessment of existing programs and relationships, Governor Davis' report presented helpful questions regarding the state's roles and program emphasis. These questions included:

- What should be the division of responsibilities between federal, state, and local governments?
- Is homelessness service coordination and policymaking better addressed, in some instances, at a regional level?
- How well are current State programs integrated?
- Should there be a single point of contact on homelessness at the state level? What would the purpose of this single point of contact be, and how would it be structured?

²⁶ *Ibid.*

²⁷ "Correctional Agency Blows Up Organizational Boxes" Youth and Adult Correctional Agency press release, January 6, 2005.

²⁸ *Ibid.*

²⁹ "New Youth Prison Chief Named as Prison Reorganization Begins." *North County Times*, July 1, 2005.

With the reorganization of the CDCR, the assessment of existing state programs may be more complicated, but, at the same time, the reorganization creates a rare opportunity to begin integration and collaboration of state and local agencies before the programs become concrete and entrenched in their current practice.

Best Practices in Other States

*The Massachusetts Reentry Initiative Program*³⁰

- Assesses offenders' needs in housing, substance abuse, mental health, and employment, then address these needs by developing individual program participation plans. The grant will provide housing-related services and hire 6 full-time housing specialists.
- The initiative will target those high-risk offenders aged 18-35 who are being released without supervision.
- The Department of Corrections (MDOC) is committed to ensuring that each offender has safe and proper housing, with the understanding that emergency housing is not acceptable, safe, nor proper.
- The MDOC created a one-year contract with the South Middlesex Opportunity Counsel and HomeStart in Boston to hire 6 housing specialists.
- The MDOC itself will begin planning a year before each offender's release to find the services the offender will need, including housing. There is one case manager in each of the 18 MDOC facilities.
- The housing specialists will complement the MDOC's efforts, creating a two-tiered system. In the first tier, the Department of Corrections will work to house all returning offenders. In the second tier, the South Middlesex Opportunity Counsel and HomeStart will locate housing and stabilization services for those with out stable living arrangements and who have a rapidly impending release dates. HomeStart will provide one housing specialist to serve the Boston area and the South Middlesex Opportunity Counsel will offer placements in its own properties in Framingham, Fall River, Springfield, Lowell, and Wooster. The South Middlesex Opportunity Counsel owns 113 buildings, which equate to a total of 867 units of affordable housing in 14 communities. These include emergency housing, reentry housing, sober housing, low rent apartments, and even some home-ownership properties. It is estimated that HomeStart and the South Middlesex Opportunity Counsel will serve 400 offenders per year.

Allegheny County State Forensic Program (Allegheny County, PA)

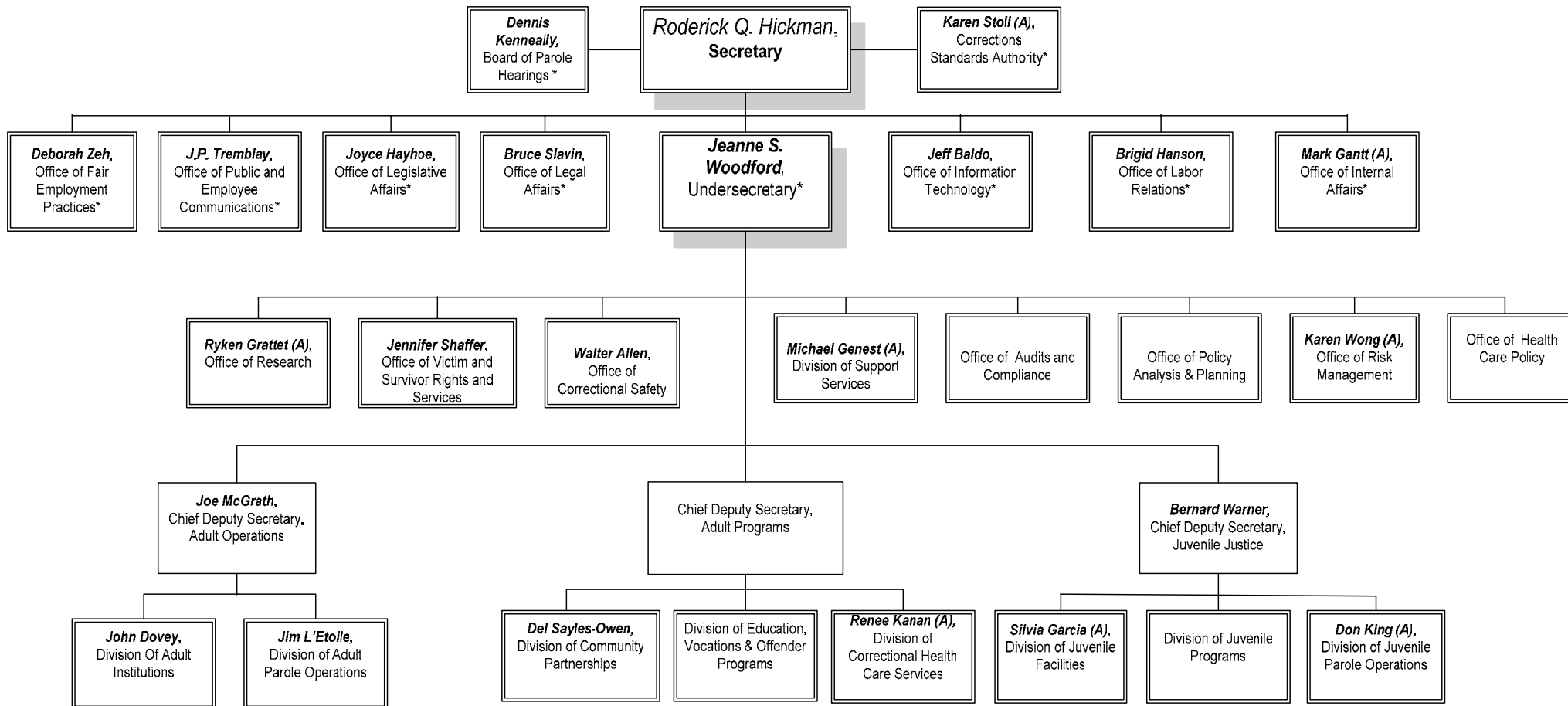
- Works with individuals with serious mental illnesses or substance abuse disorders as they are released from Pennsylvania penitentiaries.
- Individuals with behavioral health diagnoses who have ties to Allegheny County may be referred to the Program by a Department of Corrections psychologist. The program is voluntary.

³⁰ National Alliance to End Homelessness, www.endhomelessness.org

- A program staff member conducts a confidential interview with the referred individual to assess his interests and need and to determine whether or not he wants to participate in the program.
- Program includes:
 - ♣ Face-to-face meetings while in prison,
 - ♣ Post-incarceration housing,
 - ♣ Psychiatric treatment
 - ♣ Access to bus passes and new clothes, and
 - ♣ Help in applying for eligible benefits and job search assistance.
- Participants receive stipends to pay for housing for up to 90 days after their release from a corrections facility, even if they will live with family.
- In preparation for release from prison, the program staff member arranges for housing, if necessary, and schedules a psychiatric appointment.
- When the individual is released, a worker meets him at the bus terminal, or, if he is released from a nearby institution or is incapable of managing a bus ride, the staff person will pick up the individual from prison.
- The recidivism rate for program participants is one-fifth of that for all individuals released from a State penitentiary.

This memo was prepared by student intern Molly Thompson, a second-year law student at Northwestern University. For further information, please contact Jessica Flintoft, Staff Attorney, via email at jessica@homebaseccc.org or by phone at 415-788-7961, ext. 314.

DEPARTMENT OF CORRECTIONS AND REHABILITATION
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* Indicates direct reporting relationship to the Secretary