

# Appendix J: Homeless Prevention and Discharge Policies

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COUNTY HOMELESS PREVENTION INITIATIVE RECOMMENDATIONS

Department	Recommendation	Cost Assessment	Time Line	Comments
<b>Sheriff's Department</b>				
<p>1. <i>Sheriff:</i> <b>Stabilization Centers</b></p>	<p>Create five, 24-hour, multi-disciplinary/interdepartmental Stabilization Centers with short-term shelter beds, one in close proximity to the Central Jail and others located regionally. It is intended that the Stabilization Centers will serve two homeless or at-risk homeless populations: 1) those being released from County Jail with no identified place to go; and 2) homeless persons with mental health and/or substance abuse issues who have been arrested for minor offenses. The purpose of the Stabilization Centers is to provide temporary housing and triage of these homeless persons and then connect them with more permanent housing and health and human services programs.</p>	<p>County General Fund contribution will probably be needed to support the Centers.</p> <p>The People Assisting The Homeless (PATH) Chief Executive Officer has provided a definition and an estimate of the costs for the provision of an "ideal" Stabilization Center; the projected annual cost per center is \$1,425,000. This ideal model builds on the use and expansion of an existing regional homeless access centers; the above stated cost projection is in addition to the approximately \$400,000 in annual Federal funding that the centers now receive. There are currently 18 such centers in the County which are generally funded through HUD Supportive Housing Program Funds. The PATH paper is attached (Exhibit A) and will serve as a point of departure for the work group described in the Comments section to the right.</p>	<p>Long-term (over six months).</p>	<p>A work group consisting of private homeless service providers and County departments (Sheriff, CDC, CAO, DHS, DMH, and DPSS) has been convened to develop the cost and time line for implementation. Initially, it is intended to implement five Stabilization Centers; one in each Supervisorial District. To build on existing infrastructure, the work group will consider expanding existing regional Homeless Access Centers and/or drug/alcohol Community Service Access Centers as Stabilization Centers. The Work Group's first meeting was held on January 4, 2006.</p> <p>DMH has not committed to providing funding for Stabilization Centers although services for homeless mentally ill persons at these centers will be provided by DMH.</p> <p>The Stabilization Center's will be budgeted to support 40 shelter beds; 30 of which will be housed at the Centers for the general homeless population being released from County institutions; 10 will be housed at a nearby community partner facility and will be residential treatment beds set aside for homeless people being discharged from institutions who agree to drug treatment.</p>
<p>2. <i>Sheriff (Superior Court):</i> <b>Homeless Court</b></p>	<p>Create Homeless Court, in partnership with Superior Court, possibly located at the Stabilization Centers on a rotating basis. The purpose of the Court is to quickly divert homeless persons who are arrested for minor offenses, have frequent contact with the criminal justice system, and may have co-occurring mental illness and substance abuse issues out of the criminal justice system and into appropriate treatment and housing.</p>	<p>Annual administrative cost estimated at \$579,000.</p>	<p>Long-term (over six months)</p>	<p>A work group has been established to develop the plan for creating the courts. The work group will include Superior Court, District Attorney, Public Defender representatives as well as the Sheriff, CAO, DMH, and private parties such as the Public Counsel.</p>

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3. <i>Sheriff (DMH):</i> <b>Inmates with Mental Illness</b>	Identify additional funding streams to offset the cost of mental health prescriptions for inmates; and develop a pre-release protocol with DMH to ensure that released inmates do not experience "gaps" in medication upon discharge.	Sheriff is exploring alternative funding options.		Sheriff currently funds medications in the jail. DMH conducts assessments of inmates with mental health needs.
4. <i>Sheriff (DCFS):</i> <b>Title IV-E</b>	Explore the possibility of identifying jail inmates who are former foster youth (ages 18-21) and who were in the foster care system on or after their 16 <sup>th</sup> birthday) through the Sheriff's Jail Inmate Classification System (JICS). Once identified, these inmates will be provided with information materials regarding Transitional Resource Centers, services and benefits for which they may be eligible.	Sheriff is exploring the possibility of adding a question regarding an inmate's former foster care status to its classification process. Costs to be identified.	Short-term (less than six months).	DCFS materials that identify program benefits are currently available and can be provided to potentially eligible persons.
5. <i>Sheriff:</i> <b>Connecting Homeless Female Inmates with Their Children</b>	Expand on model that allows homeless female inmates to live with their child(ren) for two days/nights to experience a "family living situation" and prepares them for successful discharge. Program to include academic classes, parenting skills, and participation in job training and incentive programs. (Paul Newman Foundation for Homeless Women funds similar models.)	Total additional staffing needs are estimated at a cost of \$1.7 million: 7 Deputies 15 Custody Assistants 1 Supervising Nurse 1 Nurse Practitioner 1 Staff Nurse	Budgetary issue: Consider during 2006-07 Budget Deliberations.	Improves the ability of homeless female inmates to become successful parents.
6. <i>Sheriff:</i> <b>Job Training</b>	Create mini-career centers within the County jails/Pitchess Detention Center modeled after DPSS' GAIN program and the LA Works Mini-Career Center.	Sheriff has \$50,000 set aside per year, for three years.	Short-term (three months).	Funds will be disbursed within 30-days to LA Works to create a mini-career center in the jail targeting the high rate of unemployment of inmates transitioning from the jail system.
7. <i>Sheriff:</i> <b>Community Transition Unit Staffing</b>	Increase staffing for the Sheriff's Community Transition Unit (CTU), to improve assistance with transition of inmates from custody to the community (i.e., discharge, including follow-up with inmates post release). Develop partnerships/collaborations with other County departments that have resources to assist with the Sheriff's diverse population. Continue to seek collaboration with organizations that embrace Sheriff clients; seek to assure Sheriff discharge plans include linkages to essential housing, and other community services and support.	Total additional personnel needed to expand program are estimated at a cost of \$4.7 million:  45 Custody Assistants 4 Sergeants 2 Psychiatrists 2 Nurses 2 Social Workers 2 Supvg. Operations Assist I 5 Admin. Services Manager III's	Budgetary issue: Consider during 2006-07 Budget Deliberations.	Funding will help fill the gaps in the transition process that have been identified. For example, the CTU would be expanded to all jail facilities (CRDF where the females will be housed and released, Pitchess North, Pitchess East, NCCF) to allow those inmates to be case managed properly. Currently, the CTU is only downtown and is not 24-hours per day. Funding would allow for better discharge planning, including a psychiatrist, nurse, and social worker available to ensure that the transition from jail is comprehensive and successful. Funding would also allow the Sheriff to link and collaborate well with other agencies and to be an effective partner in efforts dealing with homelessness, HIV issues, substance abuse, benefits, etc. Currently,

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				many agencies work with inmates in and out of the jails, but effective partnership and collaboration is lacking.
8. <i>Sheriff:</i> <b>Maintenance of Supplemental Social Security (SSI) Insurance Benefits and Coordination of Benefit Receipt with Jail Transition Services</b>	Develop pre-release agreements with the Social Security Administration (SSA) to implement a "pre-release procedure" that establishes eligibility for SSI payments upon release from custody. The pre-release procedure applies to penal institution cases. Ensure ongoing collaboration between organizations related to jail transition, to ensure that an inmate's benefits/income, housing, and interactions with the justice system are coordinated to ensure a successful transition.	County General Fund may be needed to support a staff position in the Sheriff's CTU dedicated to establishing coordination/ collaboration protocols with the SSA and other organizations involved in jail transition.	Short-term (less than six months) Budgetary issue: Consider during 2006-07 Budget Deliberations.	Sheriff to provide details of how they will successfully re-establish SSI benefits for discharged inmates who received benefits prior to incarceration. For example, the Sheriff's CTU processes SSI paperwork prior to release to ensure \$200 in benefits is received by the inmate upon discharge. Sheriff would like a position assigned to the CTU and dedicated to liaison with SSA and other organizations and agencies involved in jail transition. This recommendation is consistent with recommendations coming out of the SSI/SSDI Outreach, Access and Recovery (SOAR) process, a Federally-funded technical assistance program to improve access to SSA Disability Benefits.
9. <i>Sheriff (DMH):</i> <b>Homeless Transportation Program for Mentally Ill</b>	Expand contracts with service providers to transport discharge clients to specific housing and support service situations. Initial expansion would be with the Volunteers of America (VOA) to increase transportation service from the jail on a 24/7 schedule and to a wide array of area community service providers.	\$99,000 from Inmate Welfare Funds to fund one year pilot with the VOA to be administered by the Inmate Reception Center (IRC); downtown LA service. The estimated cost for the expansion to all Supervisorial Districts is approximately \$400,000 annually.	Short-term (less than three months).  Long-term (over six months)  Budgetary issue: Consider during 2006-07 Budget Deliberations.	In 2000, the Volunteers of America (VOA) and the Sheriff's CTU worked together to create a program where VOA would provide transportation from the IRC to the VOA Drop-in Center in downtown Los Angeles throughout the day and night. Pickup times were posted throughout the release area. In 2003, VOA applied for a pilot project to expand the transportation program. This would include those individuals who had identified appointments or places to go to when released from the jail so that they were not released with nowhere to go.  VOA will receive \$99,000 to increase transportation service from the jail on a 24/7 schedule and to a wide array of area community service providers.  While it is estimated that VOA currently serves individuals from all Supervisorial Districts, the Sheriff would eventually like to see a driver assigned to each District that coordinates with the courts.
<b>Department of Health Services</b>				
10. <i>DHS:</i>	Provide ongoing training to social workers in each County hospital on	Two full-time equivalent	Need	Curriculum for CSW positions is yet to be

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<b>Social Worker Training – Systems Navigators</b>	resources (housing, shelter, community-based organizations (CBOs), interfaith groups, etc.); and ensure that an accurate assessment of housing, health care, and support needs of individuals with no fixed address is completed prior to discharge.	(FTE) positions for four facilities at \$61,424 per year per Clinical Social Worker. A community based organization specializing in homeless services is in the process of writing a grant to obtain support funding.	approximately six months subsequent to the identification of funding to hire and train.	developed.
11. <i>DHS:</i> <b>Social Security Administration (SSA)/DHS Liaisons</b>	Hire two SSA/DHS liaisons to cover the four DHS Healthcare Networks to initiate, streamline, and follow-up on DHS client SSI applications and to assist SSA and Disability Determination Services (DDS) by accessing and submitting appropriate medical records for SSI application processes.	Approximately \$190,000 per year (\$65,000 for salary and benefits for each liaison; \$30,000 for administrative costs).	Long-term (12 months). Budgetary issue: Consider during 2006-07 Budget Deliberations.	
12. <i>DHS:</i> <b>Residential Treatment and Recovery Beds</b>	Increase, by 100, the number of residential treatment and recovery beds to provide ready access for homeless persons.	Residential treatment services average \$75 per bed, per day, or \$27,375 annually; total annual cost for additional 100 beds is \$2,737,500. This per bed rate will fluctuate based on the type of service provided and the population and geographic area served.	RFP would take approximately one year to complete from writing it to the beds actually being available for use.	DHS Alcohol & Drug Program Administration (ADPA) currently contracts with CBOs to provide, among other things, approximately 2,000 alcohol and drug program treatment beds Countywide. It also provides partial funding for the County-operated Antelope Valley Rehabilitation Center's 500 bed residential treatment programs. All beds are routinely full and all programs usually have waiting lists for admission. In addition, many of these beds are committed to other County departments that have also provided funding. Therefore, in order to have beds that are readily accessible by homeless persons, additional beds need to be developed.
13. <i>DHS:</i> <b>Recuperative/Respite Care Beds</b>	Create 20 recuperative/respite care beds outside of the Skid Row area.	Projected cost is \$25,000 per-bed, per-year; total projected annual cost would be \$500,000. This projection is based on JWCH's cost of \$20,000 per-bed in skid row, which is less expensive than other parts of the County.		JWCH Institute, Inc., currently has 40 such beds in Skid Row. This recommendation, if implemented, would provide a lower level care bed for homeless persons not requiring acute inpatient care, but needing some minimal medical oversight, e.g., medication management, wound care, etc., including wheel chair bound clients.  LA County has one of the lowest, if not the lowest number of recuperative/respite care beds available for a large jurisdiction given the number of homeless per capita.

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<b>Department of Mental Health</b>				
14. <b>DMH: Children's Inpatient Clinical Case Management (CCIM) Unit</b>	Increase CCIM unit's staffing resources to allow more intensive and timely consultation services prior to client discharge, which will help to ensure that individuals under 18 are discharged to stable housing and linked to mental health services.	Proposed staff at a cost of \$600,000 per year is: 4 Psychiatric Social Workers 1 Mental Health Counselor 1 Registered Nurse 2 Supervising Psychiatric Social Workers 1 Intermediate Typist Clerk  It is anticipated that 80-90 percent of these costs would be offset by Medi-Cal revenue. Approximately 50 percent of the cost would be offset with Medi-Cal Federal Financial Participation (FFP) for individuals with Medi-Cal. The remaining funding would be NCC. MHSa will not fund this expansion.	Short-term (less than six months) contingent on hiring time lines.	Increased resource development should be a primary feature of any plan to address potential for homelessness with this population (i.e., including access to in-home mental health services, respite care, increased benefits establishment, and specialized residential placements).
15. <b>DMH: Safe Havens</b>	Develop two Safe Havens, as defined by HUD, for clients who are chronically homeless and mentally ill who are not connected to any mental health services and for whom traditional housing services have not been effective.	MHSa plan submitted to the State includes \$1 million for services and operational costs to support the development of two new Safe Havens. Funds should be available in February 2006.	Long-term (implementation to begin April 2006 with completion in late 2007).	Safe Havens (25 beds each) provide a permanent, low demand (not a lot of rules) housing option that targets people who have been unsuccessful in other housing options or have not been previously engaged in mental health services and supports.  This will link with the Outreach Teams: See Item 8 under Sheriff and DMH Item 17.
16. <b>DMH: Downtown Alternative Crisis Services/Wellness Center</b>	Increase the availability of crisis and recovery-based mental health services in the Skid Row area by implementation of an Alternative Crisis Services/Wellness Center located at Downtown Mental Health Center (DMHC) available twenty-four hours, seven days per week.  The Alternative Crisis Services/Wellness Center will serve homeless mentally ill persons living on Skid Row who are unable to secure shelter at night, and/or who require mental health services on an urgent need basis. The Alternative Crisis/Wellness Center will	\$4.0 million dollars per fiscal year.  Funding will be provided by MHSa.	Long term (over six months)	DMH has been collaborating with a variety of community agencies since December 2005 including other County Departments, non-profit providers on the Skid Row area, DMH Stakeholders. DMH intends to continue collaboration in the development and implementation this program in the future.

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	provide mental health services including crisis intervention, medication support, stabilization, and linkage to other community agencies, including housing or shelters. In addition, the Center will function as a resource for local area shelters and provide crisis intervention and stabilization to residents. This Center will interface with the proposed Stabilization Centers by providing more intensive mental health services and supports.			
17. <i>DMH:</i> <b>Patients' Rights</b>	Increase the number of Patients' Rights Advocates to provide full time advocacy and linkage services to mental health clients who are located in Men's Forensic Outpatient Program (FOP-all pods) at the Twin Towers Correctional Facility and the Women's Outpatient Program at the Women's Jail.	DMH is planning to provide two full-time Mental Health Coordinator II positions, funded by MHSA, at a cost of \$147,110 per year.	Short-term (less than six months).	This will link with the "Inmates with Mental Illness:" See Item 3 under Sheriff.
18. <i>DMH (Sheriff):</i> <b>Full Service Partnerships</b>	Ensure that inmates are assessed for, and linked to, the Full Service Partnerships. The MHSA plan includes jail transition and linkage services. The jail linkage team will outreach, engage, and enroll incarcerated individuals diagnosed with mental illness and substance abuse into appropriate mental health services and supports including Full Service Partnerships.	To be funded by MHSA funding in February 2006. The plan includes an annual amount of \$1,748,106 to hire jail linkage staff. DMH plans to enroll approximately 450 individuals directly from the jail in Full Service Partnership Programs at any given time, beginning in March 2006, at an average cost of \$15,000 per individual. In addition, an average of 300 individuals are currently enrolled from the jail in AB 2034 at any given time at a cost of \$11,000 per individual.	Short-term (less than six months), possibly by April 2006.	Currently in the development stage. Full Service Partnerships provide a wide array of services and support to help individuals (e.g., housing services, employment services, peer support services, and integrated mental health services, for individuals with co-occurring mental health and substance abuse disorders). There is a commitment to partner with individuals and families, where possible and appropriate, to identify the needs and preferences of the client as the foundation for the plan that will promote the individual's recovery and wellness.  This will link with the Outreach Teams: See Item 8 under Sheriff.
19. <i>DMH (Sheriff):</i> <b>Prototype Court (MHC)</b>	Create a Prototype Court which will serve as a model to support future expansion of the number of clients served and the number of similar courts. The Prototype Court will only target individuals with co-occurring substance abuse and mental illness. Individuals that meet the criteria and choose to have their cases heard in the Prototype Court will be eligible to be linked to Full Service Partnership (FSP) adult programs that are targeting the jail focal population under the Los Angeles County implementation of the Mental Health Services Act. Many of these individuals will be homeless and have frequent contact with the criminal justice system.	DMH is in the planning process with other stakeholders to develop a Prototype Court. The goal will be to link incarcerated individuals through the Court into Full Service Partnerships as a diversion to the criminal justice system. DMH has estimated that up to 50	Short-term (less than six months), possibly by April 2006.	A proposal to use MHSA funds for a mental health court was originally rejected during the DMH Stakeholder Process. DMH will revisit the idea of a Prototype Court as a method to link incarcerated individuals with mental health and substance abuse treatment needs to FSPs with Stakeholders during an upcoming Stakeholder Process. DMH will develop their concept for the Prototype Court through this Process. See Item 2 under Sheriff.

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		individuals will be served in FSP programs during the initial year of Prototype Court operations.		
20. <i>DMH:</i> <b>Countywide Resource Management</b>	Centralize management of DMH Countywide acute inpatient (uninsured), institutional, and intensive and supportive residential bed resources, which will coordinate functions to maximize flow between higher levels of psychiatric care and provide linkage to community-based mental health services and supports. This program will help mitigate the numbers of individuals being discharged from institutional settings into homelessness.	To be funded by MHA in February 2006. The plan includes \$250,000 which includes salaries, benefits, and administrative costs for: 1 District Chief 1 Mental Health Analyst II To provide administrative, fiscal, and clinical utilization management for 1,200 acute and residential beds at any given time.	Short-term (less than six months), possibly by April 2006.	The program will provide coordination, linkage, and integration of DMH inpatient and residential bed resources, including acute inpatient beds (uninsured), Institution of Mental Disease (IMD), State hospitals, and intensive residential programs. Coordination throughout the system will reduce hospitalization, incarceration, and the need for institutional care, while increasing the potential for community living and recovery.  Links to Sheriff Item 8 and DMH Items 17 and 18.
21. <i>DMH:</i> <b>Residential and Bridging Services</b>	Ensure that individuals with mental illness who are being discharged from institutional settings, including County hospitals, County-contracted private acute inpatient beds (for the uninsured), and intensive and supportive residential programs, are linked to appropriate levels and types of mental health and supportive services including residential, substance abuse, and other specialized programs on discharge. The program will be under direction of the DMH Countywide Resource Management Program.	To be funded by MHA in February 2006. The plan includes \$1.2 million annually (including salaries, benefits, and administrative costs) to provide: 8 Psychiatric Social Workers 2 Supervising Psychiatric Social Workers 5 Peer Advocates/Bridger's	Short-term (less than six months), possibly by April 2006.	DMH program liaisons and peer advocates/bridgers will assist in the coordination of psychiatric services and supports for individuals being discharged from County hospital psychiatric emergency services and inpatient units; County-contracted acute inpatient beds; long-term residential resources; and crisis, intensive, and supportive residential facilities. Program liaisons will provide linkage for individuals with mental illness to Full Service Partnerships, Service Area System Navigators, Impact Teams, MHC, substance abuse and residential programs, to ensure individuals are not discharged into homelessness.  Some individuals from the jails are sent involuntarily to County hospitals and subsequently

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				<p>are admitted to County inpatient units. The Residential and Bridging Services will provide DMH staff in the County ERs and inpatient units who will link these individuals to State hospitals, IMDs substance abuse and residential programs, Full Service Partnerships, System Navigators, and other community-based services as clinically appropriate. Linkage from the jail to outpatient services will be through the DMH Jail Linkage program that will link to Full Service Partnerships in item 17.</p> <p>Also links with Sheriff item 8 and DMH 18 and 19.</p>
<b>Department of Public Social Services</b>				
<p>22. <b>DPSS: Benefits for Families/ Individuals Exiting Other Systems</b></p>	<p>Expand linkages with other departments and agencies (DCFS, Probation, Sheriff, Courts, Public Defender, and DHS) to connect families/individuals exiting these systems with CalWORKs, Food Stamps, General Relief, and/or Medi-Cal.</p>	<p>The projected first year cost of taking applications at County Med Centers in the Assistance budget is \$328,000, with ongoing annual Assistance costs projected at \$414,000. Administrative cost to house five EWs, one supervisor and one clerk to service the four pilot hospitals is \$174,000. Both the Assistance and Administrative costs will be Net County Cost. The projected implementation date is July 2006.</p>	<p>Though there is not yet a specific time line, DPSS could begin taking applications at hospitals in 2006.</p>	<p>DPSS is currently meeting with the Sheriff, DHS, and DCFS on this and will expand to include other appropriate departments. For example, currently, DPSS takes GR applications at Twin Towers for inmates with mental health needs who are about to be released and who were on SSI prior to incarceration, or for those deemed potentially eligible for SSI. The possibility of expanding this project to include other aid programs and/or other groups of homeless inmates is currently being explored. Conditional upon additional resources, DPSS could out-station DPSS staff at the Central Jail and/or other County jails to assist individuals exiting jail in applying for CalWORKs, GR, Food Stamps, and Medi-Cal.</p> <p>Links with DPSS Item 23.</p>
<p>23. <b>DPSS: CalWORKs – Current Participants</b></p>	<p>A. Assign case managers to all homeless CalWORKs families to assist them in finding permanent housing while on aid.</p> <p>B. Provide “money management” classes to CalWORKs homeless families to better prepare them for exiting DPSS benefit programs.</p>	<p>A. Annual CalWORKs Single Allocation costs are as follows: 72 GSWs at \$4,639,000; and 9 GSSs at \$702,000</p> <p>B. Costs not available at this time; cost would depend on number of families participating in these classes and the</p>	<p>A. Pilot started May 2005; fully implemented Countywide in July 2005.</p> <p>B. Partially implemented at this time.</p>	<p>A. As of July 2005, all 24 CalWORKs district offices have homeless case managers on staff.</p> <p>B. DPSS homeless case managers initiate referrals to Broad Spectrum for Homeless CalWORKs families for money management training and tax preparation assistance. DPSS is continuing to explore the possibility of adding</p>

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	C. Pilot case managers providing services to help prevent homelessness for CalWORKs families where aid will be terminated because the only remaining eligible child will be reaching the maximum age limit.	type of provider for the classes.  C. No additional cost for pilot	C. Pilot targeted for July 2006.	life skills classes and expanding both to the total CalWORKs caseload.  C. Continuing the services and expanding to all districts will be dependent on pilot results and available resources.
24. <i>DPSS (Sheriff):</i> <b>Benefits for Homeless Inmates Program</b>	Expand the DPSS Twin Towers GR program whereby DPSS staff take GR applications for certain inmates pending imminent release. DPSS proposes to expand the program to the Central Jail; include other benefit programs, such as Food Stamps, CalWORKs and Medi-Cal; and provide application assistance to all inmates who are likely to be homeless upon release.	The projected first year cost in the Assistance budget is \$592,000, with ongoing annual Assistance costs projected at \$748,000. Administrative costs for staffing one unit (7 Eligibility Workers (EW), 1 Eligibility Supervisor and 1 clerk) at both Twin Towers and the Men's Central Jail will be \$349,000 per year. Both the Assistance and Administrative costs will require Net County Cost.	Within 2006	
<b>Department of Children and Family Services</b>				
25. <i>DCFS:</i> <b>Transitional Housing Program (THP)</b>	Secure funding from California State Department of Social Services (CDSS) for Transitional Housing Program Plus (THPPlus) services. The THPPlus funds will increase the Transitional Housing Program beds by at least 50 beds for 2006/07 (from 244 to 294). Secure funding for this program to continue in the next fiscal year.	DCFS was awarded \$600,000 in matching funds to implement THPPlus services.	June 2006	DCFS to determine if there are any community partners who can provide THPPlus services and the funding match.
26. <i>DCFS:</i> <b>Transitional Housing Program (THP)</b>	DCFS and the Emancipation Program Partnership (EPP) will ensure a thorough review of the Transitional Housing Program, including placement of beds, is conducted. Recommendations for enhancements will be provided to the Board upon completion of the review.	Cost is negligible.	90 days from Board approval.	This recommendation was created in response to Supervisor Knabe's March 14, 2006 motion instructing DCFS and the EPP to enhance the THP.
27. <i>DCFS:</i>	Expand P3 to increase services to dependent youth ages 12 and older	DCFS and CAO are currently	Hiring authority	

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<b>Permanency Partners Program (P3)</b>	that are currently in long term foster care. The goal of P3 is to create a partnership with a youth to connect them with individuals who are currently or who have in the past, been significant in the youth's life. If successful, the youth will exit foster care to permanency through reunification, adoption or legal guardianship. The P3 program has expanded services to the emergent runaway population that has been identified, to assist in placement stabilization and permanency planning. As a comprehensive strategy for addressing the runaway youth population is developed, P3 techniques and staff will continue to be utilized to support the Department's efforts to promote safety and permanency for all youth in care.	exploring funding options for 2006/07.	has been received for CSW items and hiring is commencing immediately.  DCFS and CAO are in discussion regarding remaining items and funding for next fiscal year.	
28. <b>DCFS: Community Partnerships</b>	Create alliances with CBOs and landlords capable of providing permanent housing and social services for foster youth who wish to reintegrate into communities.	Cost may be negligible and would be covered within existing budgeted programs.	In process.	DCFS continues to work with CDC and others to expand housing opportunities.
29. <b>DCFS: Governmental Partnership</b>	Work with community partners to make housing vouchers available to foster youth who "age out" of DCFS.	DCFS has budgeted \$5,000 to purchase housing vouchers from its annual State Independent Living Program allocation.		
<b><i>Cross-Departmental</i></b>				
30. <b>Cross-Departmental: Discharge Standards/ Guidelines</b>	Ensure that all discharging departments complete the Discharge Standards/Guidelines by tailoring the template to meet their specific departmental needs.	No cost foreseen at this time.	July 2006.	Departments have been provided ample opportunity to review and revise the template. Upon Board approval, departments will have until July 2006 to tailor and implement the standards/guidelines.
31. <b>Cross-Departmental: Universal Discharge Form</b>	All County health and human services departments that provide inpatient and residential services as part of their policies/procedures will develop a discharge risk assessment form that includes a scoring system to identify, on admission to inpatient and residential services, those patients/inmates/foster kids who may have complex needs following discharge.	No cost foreseen at this time.	July 2006.	A work group will be convened by the CAO to develop the universal discharge form.
32. <b>Cross-Departmental: Inventory Data Base</b>	Develop a housing data base to use as a tool for identifying housing opportunities (emergency, transitional, and permanent), with homeless persons as the priority, and support services.	Phase I start up cost: \$3,900 for design, \$15,000 to develop new systems, \$25,000 for marketing, and \$158,000 to launch; total start up cost is \$201,900  Annual maintenance cost: is projected to be \$180,000; total projected cost for year one:	Phase I short-term; Phase II long-term (six to eight months).	CAO currently exploring a contract to develop and maintain database. Phase I would focus on critical needs areas in the County; Phase II would focus Countywide.

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		\$381,900. Subsequent to year one annual cost will consist of the \$180,000 maintenance fee only.		
33. <i>Cross-Departmental:</i> <b>Client Data Base</b>	Develop an Internet-based data base that would, at a minimum, provide chronological information on services provided to discharged persons who become homeless in an effort to eliminate duplication of services.	Sheriff estimates the total cost, including start-up fees, is \$215,000. There will be no further cost since the data base will be maintained by the Sheriff.	Development could be short-term (less than six months).	This would work in concert with the standard discharge guidelines and universal discharge form. Confidentiality issues are being explored.
34. <i>Cross-Departmental (DPSS, LACOE, Probation, DCFS):</i> <b>Transition Age Youth (TAY) Education and Social Services</b>	Develop an educational and social services initiative for youth aging out of eligibility for County services.	Life skills classes for DCFS and Probation youth in out-of-home care are within the DCFS budget and paid through the State's allocation for the Independent Living Program.	Life skills classes have been implemented.	<p>The curriculum of DCFS' contracted life skills classes provides information to youth on how to address various social skills/issues (e.g., health and relationships), during their transition to independent living.</p> <p>Through the Emancipation Program Partnership, DPSS is currently working with DCFS and Public Counsel on an initiative to integrate Independent Living Program services with GR for former foster youth who are now on GR. The purpose of this is to assist these individuals (between the ages of 18 and 21) with expanded services, such as housing and case management.</p> <p>Probation has reported that they will collect data to project departmental need in relation to this recommendation and to assist with identifying strategies.</p>
35. <i>Cross-Departmental:</i> <b>SPA-Based Housing Locators</b>	All discharging departments or groups, establish at least one SPA-based team of housing locators/specialist in each SPA responsible for helping clients overcome barriers to obtaining permanent housing.	<p>The total cost for housing locators would depend on the number of families/individuals served. According to CDC, housing locator services cost at least \$1,500 for each successful permanent housing placement. At a projection of 1,000 placements per year, annual cost would be \$1,500,000</p> <p>Through MHSA funding, DMH will fund two housing</p>	<p>DPSS plans to execute a contract for housing locators for CalWORKs homeless families by July 2006.</p> <p>Currently, DMH funds two housing specialists in two SPAs; 14 additional staff to</p>	DPSS is working with CDC, DCFS, DMH, Probation, CAO, and County Counsel to structure the DPSS Request for Proposals for housing locator services for CalWORKs homeless families, in such a way that other departments will have the option of purchasing housing locator services for their clients from the contractor(s) secured by DPSS.

**DISCHARGE POLICIES WORK GROUP  
DISCHARGE POLICIES RECOMMENDATIONS**

Department	Recommendation	Cost Assessment	Time Line	Comments
		specialists per SPA, at a cost of \$849,216 effective February 2006: 5 Medical Case Worker II's 8 Mental Health Service Coordinator I's  DCFS is exploring with the State whether ILP funds can be blended with other County funds to support this initiative. Approximately \$400,000.00 has been identified in the ILP budget.	be hired in March 2006.	
36. <i>Cross Departmental:</i> <b>Homeless Family Access Center (HFAC)</b>	Create a HFAC would assess the service needs of homeless families at Skid row and to connect them with services provided on site; the HFAC would also target families living at missions, hotels, and shelters. The ultimate goal of the HFAC is to connect the families to services and permanent housing outside of Downtown/Skid row area.			

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