

*DISCHARGES INTO  
HOMELESSNESS*

*STRATEGY BRIEFS*

December 3, 2015



## **8. DISCHARGES INTO HOMELESSNESS STRATEGIES**

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**Potential Strategy 8.1**  
**Adopt Discharge Planning Guidelines with the Goal of Avoiding Discharges into Homelessness**

## 1. Description of the proposed strategy

Develop and implement discharge planning guidelines utilizing known best practices that are specific to institutions that discharge individuals who are homeless. These institutions include but are not limited to foster care, hospitals, and jails/prisons. General guidelines can be developed, but they must ultimately meet pertinent state and federal regulations that regulate the individual institution.

When effective discharge planning is implemented, the process prevents clients/patients from entering a “revolving door” in and out of homelessness. The discharge plan should successfully reintegrate an individual back into his/her community with a goal of preventing an individual from falling into homelessness.

Effective discharge planning also includes annual reviews of discharge planning processes to ensure uniformity in the implementation of an institution’s written protocol; and re-evaluation of available community resources. If resources allow, this annual review should include an evaluation of whether staff is following protocol and adhering to written guidelines.

- **Target Population(s):** Single adults, TAY, Veterans, and families
- **The following best practices and guidelines for discharge planning are shared across various institutions:**
  - Discharge/release planning begins at the time of assessment/admission and continues to be updated throughout the service delivery process;
  - Link client’s individualized needs to appropriate available services and supports;
  - Seek to prevent vulnerable clients from becoming homeless and/or criminalized;
  - Minimize community/external risks that can cause individuals to decline and thereby necessitate institutional readmission;
  - Establish a “community team,” which is a network of community based partners/providers, to assist with linkages to clothing, food, transportation, etc., in order to preserve continuity of care;
  - Engage client in the development of the discharge plan;
  - Engage family in the discharge process when appropriate and applicable, subject to the institution’s policy and protocol;
  - Schedule appropriate follow-up appointment with identified provider (ex.: mental health, primary care) and provide limited medication supply;
  - Involve pertinent members of the multidisciplinary team to be involved in the discharge planning process; and
  - Utilize the Coordinated Entry System (CES) when appropriate to increase linkage to potential housing opportunities.

- **Below are potential elements of an effective discharge plan:**

#### ***Programmatic***

- Family Reunification
- Coordinated Entry System
- Managed Care Plan
- Substance Use Treatment
- Federally Qualified Health Centers
- Mental Health (FSP, outpatient treatment)

#### ***Housing types***

- Recuperative Care
- Board and Care
- Motel Voucher
- Halfway House

- **The following are additional best practices/discharge planning guidelines targeting an institution's specialized needs:**

#### **Foster Care System**

Emancipating from foster care is a contributing factor for youth becoming homeless. Based on the 2015 Los Angeles County Homeless Count, there are approximately 2,781 Unaccompanied Minors and Transition Age Youth experiencing homelessness. Therefore, it is crucial to implement specialized discharge planning guidelines that are tailored to youth transitioning from Foster Care to prevent and/or reduce homelessness. The following are specific recommendations for discharge planning when working with Unaccompanied and Transition Age Youth:

- All foster youth must be involved in partnership with their case manager to develop and implement a solid transitional/discharge plan that includes supportive services, independency and autonomy prior to exiting the system;
- Implement opportunities for youth to practice living on their own as they prepare to transition into adulthood prior to exiting the foster care system;
- Coordinate access to safe, stable and affordable housing prior to discharge;
- Assist youth with establishing permanent connections to adults and a supportive network prior to exiting foster care, e.g., peers, mentors, service provider etc.; and
- Appropriate arrangements are made with securing access to necessary resources, supportive services and financial supports that promote long-term success, e.g., higher education, employment, medical insurance, housing etc.

#### **Hospitals**

The costs of inpatient hospital medical services are very expensive. The role of a hospital is to stabilize an acute episode and make arrangements to transfer a patient back into the community based on his/her individual needs, by preparing a discharge plan that is in compliance with federal and state requirements. Specifically, Health and Safety Code Section 1262.5 outlines discharge planning to include:

- Evaluate patient's wishes and desires for placement;

- Appropriate arrangements with post-hospital care, e.g., home care, skilled nursing, recuperative care, etc.;
- Hospitals shall inform orally and in writing of continued healthcare needs; and
- Transfer summary shall accompany the patient upon transfer to a skilled nursing facility or other designated facility (include diagnosis, pain treatment; medications, treatments, dietary, allergies, MD signature).

### **Jail / Prison**

The role of the jail and prison system is to help inmates successfully reintegrate back into the community by ensuring appropriate resources and supports are in place to prevent recidivism and return to homelessness. The lack of adequate discharge planning increases the likelihood of individuals returning to jail or prison, homelessness or relapse into addictive behaviors. In an effort to avoid costs, reduce homelessness and reduce recidivism rates, specific discharge recommendations for the forensic population include:

- Individuals exiting the jail/prison system must be active participants in pre-release planning and the development of an individualized discharge plan;
- Discharge plans should have a second option available to the person being released, i.e., a contingency plan, in the event the initial plan does not come to fruition;
- Identification of community organizations and/or government agency programs that will be involved in post-release services;
- Jails/Prisons shall inform orally and in writing of continued healthcare, substance use and mental health needs;
- Linkage to temporary and/or permanent housing placements;
- Identification of opiate users who are then enrolled and provided overdose prevention training in Narcan; and
- Establish “treatment on demand” options for individuals who are identified as needing substance use treatment and/or mental health services immediately following release from jail/prison.

## **2. Opportunities that make this proposed strategy feasible (is this currently done elsewhere? Is there legislation that makes this possible?)**

State regulations require hospital discharge plans for an individual that needs one.

The Center for Medicaid and Medicare Services (CMS) recently released a proposed rule that requires a discharge plan for every inpatient that is discharged, as well as those discharged from an observation unit

(<http://www.gpo.gov/fdsys/pkg/FR-2015-11-03/pdf/2015-27840.pdf>). In addition, the proposed rule would require a discharge plan to reflect family engagement.

## **3. Barriers to implementing the proposed strategy and recommendations on how they can be resolved:**

- A primary barrier to implementing a discharge process that prevents homelessness is limited access to bridge housing, which offers short stay housing, while an individual qualifies for permanent housing, income and benefit establishment or other social support services.

**Recommendation:** Increase funding for bridge housing.

- Lack of sufficient community providers who serve former inmates, foster youth, and individuals who struggle with mental illness, addiction, physical illness and/or permanent disability.

**Recommendation:** Increase “treatment on demand” options and community resources that offer expanded hours and days of operation.

- Limited access to social services and community resources during after-hours, weekends and holidays.

**Recommendation:** Expand hours of operation and/or offer a live after-hours phone line for institutions that operate 24/7.

- Lack of funding to allow institutions to provide follow-up support post discharge for at least thirty 30 days.

**Recommendation:** Increase funding to enable institutions to provide discharge follow-up support for at least 30 days in order to monitor the effectiveness of the discharge plan and provide additional support as needed to increase an individual’s stability and success when returning or reintegrating into the community.

#### 4. Potential performance measures

- Number of individuals who are homeless upon discharge from an institution.
- Number of individuals who are successfully placed into some type of housing upon discharge.
- Number of individuals who decline or opt-out of housing.
- Reduction in costs and costs saving by implementing successful discharge plans.
- Reduction in readmissions or recidivism rates.

#### 5. Potential funding stream(s)

- Cities
- County General Fund
- DMH
- DHS
- Foundations
- Medi-Cal, including Health Homes
- U.S. Department of Housing and Urban Development
- Los Angeles Homeless Services Authority
- Veterans Administration
- Managed Care Organizations
- Private Hospitals

## Potential Strategy 8.2 Interim / Bridge Housing for those Exiting Institutions

To ensure that individuals have a place to be directed for immediate short-term housing in order to be staged for permanent housing and connections to systems of care, a significant increase in interim/bridge housing is required. The following housing types should be available for individuals exiting institutions:

- **Shelter:** The least intensive program. Shelter includes year-round or cold-weather shelters that generally provide 2 meals per day, a cot, a shower and minimal case management. Many require individuals to sign-in during late afternoon/early evening hours and to leave the shelter in the morning at about 6:00 AM. (In another potential Homeless Initiative strategy, there is a recommendation to convert all LAHSA-funded shelters to be open 24 hours/day.) Shelters have no regular census, which means that shelter beds are not assigned and are allocated on a first come, first served bases.
- **Stabilization:** Shelter that is operated year round - 24/7. Stabilization housing includes all meals, shared or single room, case management with a focus on permanent housing acquisition, and transportation. Stabilization beds operate under a regular census process, which means that beds are assigned by referral from the agency funding the client's stay at the housing site.
- **Shared Recovery Housing (can be used for interim OR permanent housing):** Shared room in a fully-furnished and equipped private home that offers ongoing peer support. Residents must be willing to help with household chores and are encouraged to attend self-help support groups. Peer Bridger's provide supportive services and linkages to services. There is a regular census for this housing type.
- **Recuperative Care:** Shelter that is operated year round – 24/7. Recuperative Care provides a higher level of medical oversight and clinical care (although it is not licensed) and includes all meals, shared or single room, case management with a focus on permanent housing acquisition, and transportation. There is a regular census for this housing type.
- **Board & Care (can be used for interim OR permanent housing):** Community-based residential care for individuals who are disabled that require some supervision and assistance with activities of daily living. Meals are included and rooms are shared. There is a regular census for this housing type.
- **Target Populations –** Single adults, TAY, families
- **Estimated cost per person -**
  - Shelter - \$25 to \$30/day
  - Stabilization - \$50/day
  - Shared Recovery Housing with supportive services – \$750/month (about \$25/day) or as low as \$10/day if individuals use some of their SSI or other income.

- Recuperative Care - \$120/day
- Board & Care - SSI Rate/month (about \$30/day)

## **2. Opportunities that make this proposed strategy feasible (is this currently done elsewhere? is there legislation that makes this possible?)**

All of these models are implemented in most jurisdictions throughout the United States. They are viewed as standards of care for most HUD Continua of Care communities. Many shelter models are funded by HUD under the McKinney Vento Homeless Assistance Act, which is legislation that supports homeless programs. Recuperative care is less prevalent; however, in some jurisdictions, health plans and/or hospitals pay for these services privately. Shared Recovery Housing is a SAMHSA evidence-based best practice. None of these programs are billable to regular Medi-Cal, though health plans/providers may be able to use the capitated Medi-Cal funding they receive to pay for bridge housing for their Medi-Cal patients.

## **3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved**

The biggest barriers to implementing interim/bridge housing are: 1) identifying new funding; and 2) siting new facilities within communities across the County. Although NIMBY has been a longstanding barrier to the siting of homeless housing, there are communities with less residential areas that work well for shelters. There are also existing facilities, such as: motels, vacant motels, skilled nursing facilities, transitional housing providers and retirement homes that could be re-purposed for the target population. Additionally, State law (SB 2) requires a reduction in zoning barriers that have historically stood in the way of adequate housing opportunities for homeless individuals, the elderly, persons with disabilities, veterans, and other special needs populations. The full implementation of these requirements could open the way for the siting of additional bridge housing facilities. In the case of Shared Recovery Housing and Board and Cares, residential homes are used that are already integrated into the community.

## **4. Potential performance measures**

- Number of individuals being discharged from institutions needing interim/bridge housing.
- Number of individuals who are discharged from institutions to interim/bridge housing.
- Number of individuals who are discharged from institutions to interim housing who are connected to physical health, mental health, substance use disorder treatment and sources of income.
- Number of individuals who are discharged from institutions to interim housing who leave interim housing for permanent housing.
- Number of individuals who are discharged from institutions to interim/bridge housing who leave prior to permanent housing.

## **5. Potential funding stream(s)**

- DMH
- DHS
- LAHSA



- DPSS
- Probation Department
- Sheriff's Department
- DCFS
- County General Fund
- Cities
- Private Hospitals

**Potential Strategy 8.3A**  
***Targeted SSI Advocacy for Inmates***

## **Targeted SSI Advocacy for Inmates**

### **1. Description of Proposed Strategy**

Assist incarcerated individuals in completing and submitting their Supplemental Security Income application prior to discharge and provide continued support, case management and SSI legal advocacy after discharge.

The strategy would be a coordinated effort between Los Angeles County Sherriff's Department (LASD), Disability Determination Services, LA County Department of Mental Health, LA County Department of Health Services, and a countywide Supplemental Security Income (SSI) Advocacy Program, as described in Strategy Brief 3.1. The countywide SSI Advocacy Program described in Strategy Brief 3.1 could serve the incarcerated individuals addressed in this Strategy Brief.

A significant number of disabled inmates being released from Los Angeles County Jails may be eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits. Making these types of benefits available to qualifying former inmates as soon after release as possible can be key to preventing relapse, recidivism, and reinstitutionalization. One way to increase the probability that benefits commence shortly after release is to file the necessary paperwork before inmates are released. Because the application processes are typically complex and time-consuming, and because inmates face a number of obstacles to completing applications themselves, ill inmates are likely to fare best when qualified benefit assistors assist in filing applications.

- **Target Population**

Individuals scheduled for release from incarceration within three to six months who have been assessed with severe mental or physical impairments.

- **Estimated cost per person - TBD**

### **2. Outline of SSI Advocacy for Inmates**

To implement the proposed strategy, LASD should execute a pre-release agreement with the Social Security Administration to accept and process for medical eligibility an SSI/SSDI application prior to release of inmates.

#### **Pre-Release**

- A. Facility gathers list of release-eligible inmates (at least three months prior to release but six months is preferable to allow enough time to develop necessary medical evidence).

- B. Benefits eligibility specialists are assigned to screen for SSI and SSDI eligibility. Screening encompasses:
- Checking each inmate's social security number, citizenship or eligible immigration status and current benefit status;
  - Meeting with inmate to complete a questionnaire to determine whether individual has a severe mental or physical impairment or is aged (age 65) for potential eligibility for SSI. Also review work history and get earnings record to determine potential eligibility for SSDI.
- C. Inmates who are potentially eligible for SSI or SSDI will be invited to participate in the advocacy program. Once the inmate decides to participate, he/she will authorize LASD to initiate a SSI/SSDI application and will sign release of information documents. Medical and mental health records are obtained from private providers, public providers, incarceration facility providers and other identified providers:
- An assessment is made by a benefits specialist to determine if medical evidence is likely to be sufficient to prove disability according to SSA standards.
  - If assessment determines that available records may not be sufficient to show disability, refer individual to in-house or county medical and mental health providers for assessments and reports.
- D. Once sufficient medical evidence is gathered, forward eligible claims for disability to the Disability Determination Services (DDS) office. Benefits specialists maintain contact with DDS and SSA to check on progress of application.
- E. DDS/SSA makes the initial determination regarding disability while individual is still incarcerated.
- F. Housing specialist or benefits specialist assists in locating interim or permanent housing to ensure an appropriate housing placement upon the inmate's discharge.

### **Post-Release**

- G. If medical eligibility is approved, upon discharge the individual is connected to a contracted agency within the countywide Supplemental Security Income (SSI) Advocacy Program to complete the application process.

If medical eligibility is denied, the individual is connected to a contracted agency within the countywide Supplemental Security Income (SSI) Advocacy Program for case management and to assist with the appeal.

- H. Once a formerly incarcerated individual begins receiving SSI or SSDI, an appropriate agency will assist the individual in transitioning to appropriate permanent housing, if the individual was placed in interim housing upon discharge.

### 3. Opportunities that make this proposed strategy feasible

Different versions of this strategy are currently in use in New York, Texas, and the City of Philadelphia. A 2007 follow-up by Catherine Conly to the 2005 Helping Inmates Obtain Federal Disability Benefits report offered the following lessons learned:

- Partnerships keep the process alive
- Filling gaps until benefits commence is essential
- Centralizing operations reduces delays and improves communication

With sufficient funding and willingness of government agencies and community organizations to partner, this strategy could result in a significant number of individuals being qualified for a sufficient stream of income to cover housing after release.

### 4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

Barrier	Recommendation for Resolution
Insufficient funding	Budget and allocate sufficient funding
Lack of will to implement	Obtain commitment from requisite parties
Lack of sufficient coordination	Appoint overseer to coordinate; develop MOUs that clearly articulate roles and responsibilities of all parties.
Lack of follow up on behalf of formerly incarcerated	Identify and fund organizations that have a proven track record in case management and SSI advocacy; Incorporate expectations and protocols for follow-up and data collection into the MOU or contract.
Applicant impairments – inmates themselves may be so ill or disabled that they are not able to meaningfully participate in the process.	Employ specialists who are trained to deal with this population.
Disability determination delays – the Disability Determination Service (state agency) can take a very long time to make decisions on cases.	Have a special MOU or agreement with the state agency that oversees DDS to make these cases a priority or assign a specific set of DDS analysts to handle this caseload.

### 5. Potential Performance Measures

- Number of incarcerated individuals assessed for potential SSI eligibility
- Number of individuals with sufficient medical evidence of disability to warrant an SSI application
- Number of SSI applications made prior to release
- Number of SSI applications medically approved prior to release
- Number of SSI applications medically approved post release

- Number of formerly incarcerated individuals who obtained SSI benefits
- Number of formerly incarcerated individuals who obtained housing paid for with SSI benefits.

## **6. Potential Funding Streams**

- AB 109
- SB 678
- Interim Assistance Reimbursement for housing subsidies between release date
- Other Funding Streams TBD

## Potential Strategy 8.3B Family Reunification Program

### Family Reunification Program

#### 1. Description of the proposed strategy

The purpose of this strategy is to grow the Housing Authority of the City of Los Angeles' Family Reunification Program by increasing the Sheriff's (LASD) and Probation Department's (Probation) use of the program. The program goal is to house formerly incarcerated persons (FIP) released from the criminal justice system within the last 24 months with family members who are current participants of HACLA's Section 8 Housing Choice Voucher Program. Family and FIP voluntarily agree to re-unite. FIP agrees to case management and supportive services with one of the partnering non-profit agencies for one year to assist them in reintegration to the family and community, and remain successfully housed. HACLA would like to make LASD and Probation more fully aware of and connected with the program in order to make referrals directly from their systems to the three partner non-profit agencies currently working with HACLA.

- **Target Population**

Section 8 participant families who would like to reunite with a formerly incarcerated family member released from the criminal justice system within the last 24 months.

- **Estimated cost per person**

There would be a minimal, to no cost for the Probation Department and LASD to refer inmates/former inmates to this program.

#### 2. Opportunities that make this proposed strategy feasible

Non-Profit organizations assist this population by providing supportive services to the FIP to ensure successful re-integration to the family and community. The Sheriff and the Probation Department would identify inmates who appear to be potential candidates for the program and are about to be released from prison or jail, and refer them directly to one of HACLA's three partnering non-profit agencies.

- ***Is this currently done elsewhere?***

HACLA seems to be the only public housing authority in the State that has initiated this program with its Section 8 Housing Choice Voucher Program. However, other housing authorities, such as Cook County in Chicago and New York City Housing Authority, have implemented such a program for their Public Housing Departments.

- ***Is there legislation that makes this possible?***

The HUD Secretary has asked Housing Authorities to find ways to serve this population.

### **3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved**

- Section 8 participant families can be uncomfortable adding the FIP to their household.
- FIP & family change their minds about reunification.
- Distrust of the Section 8 program.
- Fear of losing Section 8 assistance if FIP commits a crime.
- FIP unwilling to receive services.
- Owners reluctant to add FIP to the lease.
- If the Section 8 participant's unit is not large enough to add a person to the lease, they may be unwilling to move.

Each of these barriers is unique in its own way and recommendations to remove them may not work in all cases. Resolutions are delivered on a case-by- case basis.

### **4. Potential performance measures**

Increase in number of families participating in this program

### **5. Potential funding stream(s):**

N/A

## Potential Strategy 8.3C Expand Jail In Reach

### 1. Description of the proposed strategy

Create a Jail In Reach program that is available to all people incarcerated in the Los Angeles County Jail.

Jail In Reach (JIR) is a process that links an incarcerated person with the services he or she will need upon release. In many cases, the services are delivered by the same service provider pre and post-release, so that a trusting, engaged relationship can help bridge the shift from incarceration to post-incarceration. An expanded program should be built from the current successful programs and designed with the input of experienced community providers, as well as people previously incarcerated in county jail.

The term “Jail In Reach” is used broadly and specifically in Los Angeles County. These services have been funded from various sources, which have not included the Los Angeles County Sheriff’s Department. This document discusses three formal programs, all sanctioned by the County over the past several years.

Program Design recommendations:

Los Angeles County jail inmates present a variety of different levels of need ranging from people being held simply because they cannot afford bail to people serving multi-year sentences who have serious behavioral health and/or complex medical needs. A Jail In Reach program should have programming that meets these differing needs, such as:

- Offering all people jail in reach services from the beginning of incarceration.
- Providing intensive case management for people experiencing homelessness and/or behavioral health disorders (mental illness, substance use disorder, or both). The emphasis should initially be on housing and/or healthcare-based depending on the post-incarceration needs of the individual.
- Develop a less intensive case management model for other individuals that focus on his or her education, job training, job search, and/or family reunification needs post incarceration.
- Coordination of all services provided to incarcerated people so that physical health, behavioral health, housing, education, employment, and other needs are integrated into one case plan monitored by one assigned case manager. This will most certainly involve multiple providers for people with complex needs. However, the primary case manager should ensure strong service integration.
- Recruiting community-based service providers from across the county so that services can continue post-release with the same case management team. Fund providers to deliver these services.
- The Department of Health Services’ Housing for Health intensive case management program provides a model for the style of case management that will be required for many individuals.

**Target Population:** All people in county jail including those being held prior to trial.



**Estimated cost per person: TBD**

## **2. Opportunities that make this proposed strategy feasible**

There have been three formal Jail In Reach programs in Los Angeles County in recent years. There have been strong results from each of these.

- ❖ The Homeless Prevention Initiative established a Jail In Reach demonstration program in 2008. The LASD Community Transition Unit (CTU) was allocated \$1.5 million to administer a 24-month jail in-reach demonstration program. CSH, through the generous support of the Robert Wood Johnson Foundation, provided an additional \$250,000 to leverage the public investment. The resulting pilot, Just in Reach (JIR), was designed to focus on the hardest to serve population - homeless, repeat offenders (incarcerated three times over three years and with three episodes of homelessness in five years). During the pilot (2008-2010), only 34% of participants were re-arrested. This program is referred to as "Jail In Reach 1.0."
- ❖ In January 2014, CSH re-launched Just in Reach (now named JIR 2.0) in collaboration with its service provider and County partners. The redesigned program was launched in January 2014 with funding from a combination of public and private sources and continues to focus on chronically homeless, frequently incarcerated individuals. However, compared to JIR 1.0, JIR 2.0 features increased collaboration with permanent supportive housing providers, an assessment tool designed to prioritize the most vulnerable clients, and a robust evaluation.

### ➤ **JIR 2.0 GOALS**

JIR 2.0 is a jail in-reach program that connects chronically homeless, frequently incarcerated individuals with a permanent housing solution. While JIR 2.0 has several metrics of success related to the overall health & well-being of program participants, the program's primary emphasis can be encapsulated in two main goals:

GOAL #1: Reduce rates of re-incarceration for JIR 2.0 clients.

GOAL #2: End the cycle of homelessness for JIR 2.0 clients.

### ➤ **JIR 2.0 TARGET POPULATION**

JIR 2.0 serves individuals who:

- Are currently incarcerated and sentenced at the Los Angeles County jail; and:
- Are expected to be discharged from jail in 30-120 days; AND
- Have been incarcerated at least 3 times in the past 3 years; AND
- Prior to entering jail were homeless continuously for at least 1 year OR on at least 4 separate occasions in the last 3 years; AND
- Has a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of these conditions.

## ➤ JIR 2.0 PROGRAM DESCRIPTION

JIR 2.0 uses an intensive case management model to connect the most vulnerable inmates to permanent housing and works with clients 2-4 months prior to discharge from jail, through temporary housing, and into permanent housing for as long as necessary to ensure that clients remain stably housed. Further, JIR 2.0:

- Embraces a Housing First approach, which prioritizes quick access to permanent housing without requiring “housing readiness”.
- Utilizes Multi-agency and inter-disciplinary team which provides wrap-around support.
- Is Data-driven and outcome-oriented.

## ➤ JIR 2.0 SERVICES

Collectively, the JIR 2.0 partner agencies provide the following housing and services to participants:

- Needs assessment and intensive case management
- Temporary housing immediately upon release from jail
- Permanent housing placement and short-term rental assistance
- Employment assistance (individualized and group)
- Benefits enrollment
- Mental health services
- Connection to drug and alcohol treatment
- Mentoring and other community support
- On-going services once placed in housing

JIR 2.0 includes the following agencies as part of an inter-disciplinary, inter-agency team:

- Amity Foundation
- Chrysalis
- Volunteers of America Los Angeles
- Skid Row Housing Trust
- Kedren

- ❖ LASD’s Inmate Welfare Funds are used for a Jail in Reach program operated by HealthRIGHT360 for people incarcerated in the County under AB109-Penal Code Section 1170(h), which applies to non-violent, non-serious, and non-sexual felony convictions. Since 2012, HealthRIGHT360 has provided transitional planning and case management services to the Sheriff’s jail population, linking over 7,000 inmates to community and faith-based services including substance abuse, mental health, homeless housing, dental and medical services and applications for health insurance. In 2013, HR360 placed 1,070 inmates directly into licensed community-based treatment, mental health or housing

services. To maximize positive outcomes, HR360 also provided transportation directly from the jail to the service location, transporting 859 in 2014.

### **3. Is this currently done elsewhere?**

JIR programs have been implemented in other jurisdictions. Generally, they focus on housing for homeless inmates or on behavioral health linkages to after-care.

#### **Harris County Texas**

The Jail In Reach Project is a health care-based intensive case management “in reach” program that engages incarcerated persons from the homeless population who have behavioral health disorders (mental illness, substance use disorder, or both) in establishing a plan for specific post-release services. The Jail In reach Project aims to provide continuity of care and integrate this highly marginalized subpopulation of homeless persons into primary and behavioral health care systems by establishing patient-centered health homes. Preliminary results indicate that more than half of the persons referred to the program remained successfully linked with services post release.

### **4. Barriers to implementing the proposed strategy and recommendations on how they can be resolved**

- Lack of funding
- Differences between a public health approach to reentry and the traditional criminal justice approach.

### **5. Potential performance measures**

- Reduction in recidivism
- Reduction in Homelessness
- Increased employment
- Improved healthcare outcomes

### **6. Potential funding streams**

- AB 109
- SB 678
- 1115 Waiver – Whole Person Care Pilot
- Medi-Cal

## Potential Strategy 8.3D Community Model in Corrections

### 1. Description of the proposed strategy

Community Model in Corrections is a pre-release program which connects inmates with positive role models and support in the community, while educating them on how to be successful when they leave custody. It is an evidence-based program and has been shown to reduce recidivism to single digits over the past eight years. <http://www.nij.gov/topics/corrections/recidivism/pages/measuring.aspx>

The Community Model in Corrections provides daily programming which addresses substance abuse, mental health, trauma issues and homelessness. The programming can fit into the jail's schedule and services can be in the evening, on weekends, and/or between other jail activities. It is known to reduce violence and contraband, while being consistent with all jail rules and facilitating all jail functions. It is a voluntary recovery program run almost entirely by the inmates.

The program uses self-help support groups within the jail, such as Alcoholics Anonymous, Narcotics Anonymous, and Recovery International to address substance abuse, mental health and trauma issues. When people leave the jail, participation in this program while in jail can facilitate assimilation into the community, by assisting former inmates to get connected with sober living, shared housing or, even, a "couch commitment" where someone in the support group lets the person sleep on his/her couch until the former inmate finds a job and becomes self-supporting.

- **Target Population**

Homeless or at-risk-of-homelessness inmates who volunteer to participate, including those with substance abuse, mental health issues, and/or low or negative social capital.

- **Estimated Cost per person**

The cost for the program is anywhere between \$500 and \$2,500 per person depending on the needs of each individual inmate, e.g., substance abuse, anger management, violent tendencies. The cost is a fixed cost and can fluctuate among programs across the Country based on local economy. The length of the program also depends on the need(s) of the inmate.

### 2. Opportunities that make this proposed strategy feasible

Developed by two psychologists with many years of experience in corrections, it is currently implemented in eight jails/prisons across the US.

Former inmates who participate in this program while in jail will have additional opportunities to integrate into the community, as LA County has more than 12,000 support groups into which former inmates will be welcomed when they leave incarceration. These former inmates will be familiar with the way the groups are run and the norms of the groups, thereby creating a safe space for them to go. Community integration and safe, non-offending social connections are a predictor of success in the community.

**3. Barriers to implementing the proposed strategy and recommendation and how they can be resolved.**

TBD

**4. Potential performance measures**

- Number of former inmates who participate in this program and remain housed after release
- Number of former inmates who participate in this program and are not rearrested

**5. Potential funding streams**

- AB 109
- SB 678
- County General Fund

## Potential Strategy 8.4 Discharges Data Tracking

### 1. Description of the proposed strategy

As part of an overall effort to improve and enhance effective discharge planning processes to reduce and prevent homelessness within LA County, a consistent approach to tracking and identifying homeless persons and those at risk of being homeless upon discharge is critical. There is currently no consistent method of identifying and tracking current and potentially homeless persons in jails, hospitals, the foster care system, or other public systems which may discharge individuals into homelessness.

This strategy includes the following main components:

- Adopt common data elements with definitions to be incorporated into data and reporting structures within critical institutions and agencies involved in discharge planning. This especially applies to the Los Angeles County Sheriff's Department (LASD), Los Angeles County Department of Mental Health (DMH), Los Angeles County Department of Health Services (DHS), Los Angeles County Department of Public Health (DPH), Los Angeles County Department of Children and Family Services (DCFS), Los Angeles County Probation Department and private hospitals.
- Update LAHSA Homeless Management Information System (HMIS) data collection fields to track and report on homeless clients who are discharged from institutions such as hospitals, jails, prisons, and the foster care system.
- Utilize the County of Los Angeles Enterprise Linkages Project (ELP) to capture data and produce reports that can be used to measure progress in reducing homelessness and regularly inform discharge planning processes.

- **Target Population(s)**

The populations targeted are those currently or potentially homeless who are in an institution or receive residential services from LASD, DMH, DHS, DPH, or DCFS.

- **Estimated cost** - Cost involved in this effort would include :

- The coordination and development of data elements and agreement on definitions associated with data elements will take staff time involving multiple agencies and institutions.
- Technical and system upgrades to include or refine data elements may require technology changes or upgrades to existing systems and databases within each entity to be included in this process.

### 1. Opportunities that make this proposed strategy feasible (is this currently done elsewhere? is there legislation that makes this possible?)

Currently, institutions and agencies that directly impact discharges into homelessness within the County have data systems in place that produce reports and data on those they manage or serve. This strategy is recommending that updates be made in these systems to capture

information that would better track and manage those who are homeless or may become homeless after discharge.

The Homeless Management Information System (HMIS), managed by LAHSA, captures information on homeless clients across the LA Continuum of Care. At this time, some information is captured on individuals that might have been discharged from jail, hospitals, child welfare and other systems. An enhancement could be made to specifically track where clients were last housed or placed before becoming homeless or returning to homelessness. The annual Point in Time (PIT) Homeless Count includes a demographic survey component that specifically asks questions about institutions or systems in which homeless people may have been placed before becoming homeless. Enhancing HMIS by including this information would enhance HMIS data.

The County's ELP project serves to track administrative data and utilization patterns across various agencies. ELP can be used to generate data on a regular basis once standard data elements are established for discharge planning and tracking of homeless and formerly homeless clients. ELP can help with streamlining and managing reporting, as well as producing County-wide trends and reports.

## **2. Barriers to implementing the proposed strategy and recommendation on how they can be resolved**

Potential barriers center around the timeline and reaching agreements on data elements.

## **3. Potential performance measures**

Performance measures in this area should be centered on tracking participation of public agencies, the hospital systems and others in collecting and tracking the targeted populations. Performance measures could include:

- The rate of participation of agencies and institutions in capturing data;
- The quality of data produced on clients with improved capacity to profile their needs and produce trends; and
- Increases in homeless prevention related activities before people are discharged from institutions or agencies.

## **4. Potential funding stream(s)**

Funding for this strategy will most likely already be imbedded in the administrative structure of institutions and agencies involved in the discharge processes presented in this brief. Funding may be needed to support the development of overall performance measures for discharge planning and data elements needed to better track and monitor the population targeted.

## Potential Strategy 8.5 Foster Care Discharges

### 1. Description of the proposed strategy

In 2010, the State of California passed Assembly Bill 12, the CA Fostering Connections to Success Act. One of the key changes made by AB 12 was extending the age that youth can remain in foster care to age 21.<sup>1</sup> The intent of extended foster care is to provide additional time that youth can utilize resources in order to increase positive outcomes that support long-term self-sufficiency and prevent homelessness. According to national data, between 31% and 46% of youth who exit foster care experience homelessness at least once by age 26.<sup>2</sup> In states that have had an extended foster care age for decades, such as Illinois, the rates of youth that experienced homelessness after exiting foster care at 21 were no different from those states where youth exited foster care at age 18.<sup>3</sup> These findings indicate that the policy of extending the age youth can stay in foster care is not sufficient to prevent youth homelessness on its own, and that the need exists to identify opportunities to better support youth in transitioning out of care.

Youth are eligible for extended foster care (EFC) if they are in foster care (out-of-home) placement in the child welfare or juvenile probation system at age 18. At that point, they are identified as non-minor dependents (NMDs). If, after the age of 16 years, they were adopted or placed in guardianship with a relative receiving KinGap funding, the caregiver will continue to receive extended foster funding until the youth turns 21. In these situations, the non-minor is not eligible for direct foster funding nor subsidized transitional housing unless the caregiver dies or is no longer providing support to the youth after their 18<sup>th</sup> birthday. In Los Angeles County, foster and probation youth have the option to participate in extended foster care. If they chose to leave foster care, these NMDs may re-enter foster care as many times as needed until they turn 21 years old.

The goal of EFC is to better prepare a NMD for success after they leave care. As such, this program is set up to support the NMDs along a continuum to independent living. There is a range of placement options that offer independence in incremental stages. From a foster home or group home to supportive transitional housing to independent living, each NMD is offered services support to move through each phase. Once they are assessed to be ready for independent living, these NMDs receive a monthly Supervised Independent Living Program (SILP) stipend to support their own housing choice.

Prior to AB 12, approximately 1500 youth exited foster care in Los Angeles annually at age 18. Since the implementation of AB 12, there have been approximately 2500 foster and probation youth participating annually in extended foster care in Los Angeles. Throughout 2015, the original cohort of youth who were EFC eligible in 2012 has begun to exit care. Statistics are

<sup>1</sup> Courtney, M., Dworsky, A., Napolitano, L. (2013). Providing Foster Care to Young Adults: Early Implementation of California's Fostering Connections Act. [http://www.chapinhall.org/sites/default/files/Providing%20Foster%20Care%20For%20Young%20Adults\\_2\\_13.pdf](http://www.chapinhall.org/sites/default/files/Providing%20Foster%20Care%20For%20Young%20Adults_2_13.pdf)

<sup>2</sup> Peters, C., Dworsky, A., Courtney, M., Pollack, H. (2009). Chapin Hall Issue Brief. Extending Foster Care to Age 21: Weighing the costs to government against the benefits to youth.

<sup>3</sup> Dworsky, A., Courtney, M., et al (2010). Chapin Hall Issue Brief. Assessing the Impact of Extending Foster Care Beyond Age 18 on Homelessness: Emerging Findings from the Midwest Study.

[https://www.chapinhall.org/sites/default/files/publications/Midwest\\_IB2\\_Homelessness.pdf](https://www.chapinhall.org/sites/default/files/publications/Midwest_IB2_Homelessness.pdf)



not available as yet, but anecdotally TAY providers are seeing that these youth are still in need of subsidized housing.

Although there has not been a specific analysis of the cost of youth homelessness in Los Angeles County, a 2011 study analyzing LA County's administrative data across multiple agencies looked at the young adult outcomes of three cohorts of youth: 1) youth who exited from foster care; 2) youth who exited juvenile probation supervision; and 3) youth who exited from both foster care and juvenile probation.<sup>4</sup> Findings from this study show that youth who exited from both systems experienced the most challenges while in care, including earlier out-of-home placement age and more DCFS out-of-home placements, and experienced "less desirable outcomes"<sup>5</sup> as young adults. Regarding costs to public agencies, the study found that in the first four years after exiting, the child-welfare-only cohort utilized an average of \$12,532; the juvenile-probation-only cohort utilized an average of \$15,985; and the cohort with involvement in both systems utilized an average of \$35,171.<sup>6</sup> The study also showed that higher educational attainment and consistent employment were associated with positive young adult outcomes, and that stable housing helped youth achieve educational and employment goals.

In California and in Los Angeles County, key gaps have been highlighted throughout the implementation of AB 12 that could be addressed with the following strategies:

- **Hold transition planning meetings 6 months before discharge.** The transition planning meeting is a turning point for youth in preparing to exit foster care. It is meant to assess, identify, and develop the support services that youth will continue to need, their education and employment plan, and housing plan. Currently, the official meeting takes place 90 days before the day the youth exits care, which does not provide sufficient time or flexibility to identify, prepare for, and get in to housing. It is also not enough time for youth to save enough money or identify funding sources to cover basic housing needs, such as first/last/security deposit, utility deposits, moving costs, etc. Earlier transition meetings could also allow for social workers to provide supports to family members if the youth identifies family as part of their housing plan, and support the youth through the referral and application process for subsidized housing. Given that a study of local data found that youth who exited both the child welfare and juvenile probation systems from out-of-home placements were at greatest risk for experiencing undesirable outcomes, DCFS and Probation should work together to identify youth in both systems, and prioritize those youth for support services and housing.
- **Offer wrap around support services to families when youth exit back to a family member's home.** A number of youth identify family as their housing plan at exit. While there's no currently available data to show how many choose family and how successful that living situation is, it is widely accepted that not all living situations with family are successful. Families need support when youth are coming from out-of-home placement, and the need for services may not always be apparent until the youth exits foster care and is in the family member's home. Supports can include mental health supports and therapeutic services and family conflict resolution.

<sup>4</sup> Culhane, D., Byrne, T., et al (2011). Young Adult Outcomes of Youth Exiting Dependent or Delinquent Care in Los Angeles County. <http://ceo.lacounty.gov/sib/pdf/RES/Youth%20Exiting%20Dependent%20&%20Delinquent%20Care%20In%20LA%20November%202011.pdf>

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

- **Ensure that community college or vocational training, at minimum, is part of the education component of the transition plan.** Higher educational attainment is a key factor for long-term self-sufficiency. Every community college in California has a Foster Youth Success Liaison who can provide resources to pay for youths' books, fees, and assist with transportation and food. They are a resource for helping navigate the community college system and for linking youth to other supports and resources. With the passage of recent state legislation, foster youth can now access expanded resources through the Extended Opportunity Programs and Services (EOPS) office, including resources for housing.
  - **Link youth to supports that promote career pathways, particularly through the YouthSource system, other WIOA programs, or other private employment initiatives targeting foster youth.** Ongoing employment opportunities are associated with a decreased risk of homelessness. The system of YouthSource centers has identified foster and probation youth as a target population, and is working to decrease barriers to access and increase employment resources and supports for foster and probation youth.
  - **Improve utilization of assessment for determining placement into the Supervised Independent Living Program (SILP).** The SILP is meant to be for highly independent youth; however, it's unclear how many youth are actually being assessed before being connected to a SILP. As a result, a number of youth are receiving SILPs who may actually need more support services than are offered through the SILP.
  - **Systematically collect data regarding youth exit destinations.** Data is not currently collected to track where youth are going after exit. This data is important to better understand where youth are going after exiting the child welfare system. An analysis is needed to determine what would be required to collect this data.
  - **Increase housing capacity and options for non-minor dependents.**
    - Expand the number of beds available in the housing programs for youth, including THP Plus Foster Care providers.
    - Increase the number of crisis beds or bridge housing for youth, to provide a safety net when they experience gaps in their housing.
    - Increase mental health supports connected to housing.
    - Explore utilization of community-based shared housing with support services.
    - Set a target number of affordable housing units to be set aside for youth.
- 2. Opportunities that make this proposed strategy feasible (is this currently done elsewhere? is there legislation that makes this possible?)**
- **Hold transition planning meetings 6 months before discharge.** Earlier discharge planning provides additional time to plan with youth in the multiple critical areas for their transition. The current time period of 90 days/3 months leaves little time for amending the plan if needed, which adds an immense amount of anxiety on the youth.
  - **Offer wraparound support services to families when youth exit back to a family member's home.** The LA LGBT Center recently completed an initiative called RISE,

focused on family reunification of homeless, LGBT youth with child welfare experience. It was in partnership with DCFS and funded by the U.S. Department of Health and Human Services over a five- year period to develop the curriculum for the intervention. UCLA also evaluated a wrap-around family reunification program called STRIVE that has shown to have very positive results in reunifying newly homeless youth with family.

- **Ensure that community college or vocational training, at minimum, is part of the education component of the transition plan.** Individualized educational or vocational planning is generally regarded as a best practice when working with youth.
- **Link youth to supports that promote career pathways, particularly through the YouthSource system, other WIOA programs, or other private employment initiatives targeting foster youth.** Los Angeles received a grant to focus on foster youth employment through the Opportunity Youth Collaborative, and was recently selected as a grantee of the federal Performance Partnership Pilot (P3) initiative to remove barriers facing disconnected transition age youth. WIOA also provides increased flexibility to target disconnected transition age youth and individuals with mental health disabilities.
- **Improve utilization of assessment for determining placement into the Supervised Independent Living Program (SILP).** Assessment is a requirement by the County.
- **Systematically collect data regarding youth exit destinations.** The infrastructure seems to already exist at the national and state levels. In 2006, the Administration of Children and Families (ACF) established the National Youth in Transition Database (NYTD), and required states to collect data on demographics, outcomes, and independent living skills services being received by youth. Data is collected by surveying a sample of youth transitioning out of care, and the most recent national response rate was 53%.<sup>7</sup> California also collects broader child welfare data through the Child Welfare Services/Case Management System (CWS/CMS). This system captures data in four broad categories that are focused on programs and services for families in the child welfare system, and less about the outcomes of youth transitioning out of care.<sup>8</sup> Research is needed to understand the process and timeline for adding data fields regarding destinations at exit into these existing databases, in order to determine the feasibility of utilizing this existing infrastructure.
- **Increase housing capacity and options for non-minor dependents.** All of the housing models identified above exist in differing scales in LA County. In 2008, the City & County of San Francisco, through a community-driven process, set a target goal of creating 500 units/beds of housing specifically for transition age youth. Setting this goal has helped to garner political support and leadership.

<sup>7</sup> National Youth in Transition Database Data Brief #4 (2014). Comparing Outcomes Reported by Young People at Ages 17 and 19 in NYTD Cohort 1. [http://www.acf.hhs.gov/sites/default/files/cb/nytd\\_data\\_brief\\_4.pdf](http://www.acf.hhs.gov/sites/default/files/cb/nytd_data_brief_4.pdf)

<sup>8</sup> CA Dept. of Social Services Website: <http://www.childsworld.ca.gov/PG1328.htm>

### 3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

- **Hold transition planning meetings earlier than 90 days before discharge.** There should not be additional barriers to implementing this strategy.
- **Ensure that community college or vocational training, at minimum, is part of the education component of the transition plan.** There should not be additional barriers to implementing this strategy.
- **Link youth to supports that promote career pathways, particularly through the YouthSource system, other WIOA programs, or other private employment initiatives targeting foster youth.** Determining which types of supports or program best fit the needs of the youth may be a barrier. Access to vital documents, such as an ID, may also be a barrier. However, foster youth are able to obtain IDs free of charge. Background checks may also be a barrier to accessing employment and employment programs. Employment programs and employers should be encouraged to waive the results of background checks as long as the youth is connected to support services.
- **Improve utilization of assessment for determining placement into the Supervised Independent Living Program (SILP).** A key barrier is the lack of housing options outside of the SILP. With few housing options available, SILPs provide some level of support for the youth. Expanding housing options for youth who may not be ready for a SILP is a critical need.
- **Systematically collect data regarding youth exit destinations.** Both databases utilized by DCFS are not locally managed. CWS-CMS is a statewide database, while NYTD is a national database. Research is needed to determine where the data should be reported and the process for adding that data point.
- **Increase housing capacity and options for non-minor dependents.** Funding to increase beds/units is the main barrier. Convincing municipal leadership to set a target goal for affordable housing set-asides, and garnering buy-in from developers are key barriers.

### 4. Potential performance measures

- **Hold transition planning meetings earlier than 90 days before discharge.**
  - Increase in number of transition plans completed 6 months before discharge
- **Ensure that community college or vocational training, at minimum, is part of the education component of the transition plan.**
  - Increase in enrollment into community college or vocational training
- **Link youth to supports that promote career pathways, particularly through the YouthSource system, other WIOA programs, or other private employment initiatives targeting foster youth.**
  - Increase in enrollment to these types of programs

- **Improve utilization of assessment for determining placement into the Supervised Independent Living Program (SILP).**
  - Increase in assessments
- **Systematically collect data regarding youth exit destinations.**
  - Increase in data entry of this data point
- **Offer wrap around support services to families when youth exit back to a family member's home.**
  - If there was exit destination and follow-up data, the performance measure would be a decrease in the number of youth who leave the family member's home
- **Increase housing capacity and options for non-minor dependents.**
  - Decrease in number of homeless foster and probation youth
  - Increase in number of former foster youth in subsidized housing

## 5. Potential funding stream(s)

- **Hold transition planning meetings earlier than 90 days before discharge.** No additional funding would be needed to start transition planning meetings earlier.
- **Ensure that community college or vocational training, at minimum, is part of the education component of the transition plan.** No additional funding would be needed to ensure a community college or vocational training is included in the plan. No additional funding would be needed to connect youth to the Foster Youth Liaison at the community college. SB1023 made funding available to community colleges to provide additional monetary and support service resources to foster youth. The Los Angeles Community College District was selected as a recipient of this funding.
- **Link youth to supports that promote career pathways, particularly through the YouthSource system, other WIOA programs, or other private employment initiatives targeting foster youth.** No additional funding would be needed to start transition planning meetings earlier.
- **Improve utilization of assessment for determining placement into the Supervised Independent Living Program (SILP).** No additional funding would be needed for already-required assessments to be completed.
- **Systematically collect data regarding youth exit destinations.** The scope of the cost here needs to be assessed. Where the data should live will determine if the cost would need to be covered locally or at the State level.
- **Offer support services to families when youth exit back to a family member's home.** Title IV-E Waiver could be considered as a potential funding source. Current funding or staffing resources under family reunification or family preservation could be explored and considered for shifting in order to meet this need.

- **Increase housing capacity and options for non-minor dependents.** Setting aside units in affordable housing developments should not require additional funding, but it would be a policy that requires leadership. Utilizing community-based shared housing resources will require funding for support services. Expanding beds in general will also require additional funding sources. Federal and State funding currently utilized for these programs, primarily Chafee funding, should be explored to identify opportunities for increasing the number of beds.

## Potential Strategy 8.6 Criminal Record Clearing Project

### 1. Description of the proposed strategy

Los Angeles County Criminal Record Clearing Project (LACCRCP) will serve to expand access to criminal record clearing and remove barriers to housing and employment for individuals in LA County (County) who have criminal records. LACRCP will provide comprehensive training on criminal record clearing remedies so that County agencies, community organizations, and legal advocates can increase the workforce and outreach for criminal record clearing in the County. Through strategic partnerships and collaborative efforts, the project will aim to identify job-seekers who have criminal records and connect them to a legal advocate who will assist them with record clearing and other legal barriers to stable housing and employment. This project could be implemented as a two-year pilot, after which it could be evaluated and a determination could be made as to whether to extend the project based on the results and availability of funding.

A diverse LACRCP team should include the following staff:

- County departments (Public Defenders, Alternate Public Defenders, Probation, DPSS GAIN & GROW caseworkers, at a minimum).
- Nonprofit legal service providers (Legal Aid Foundation of Los Angeles, Neighborhood Legal Services of Los Angeles, A New Way of Life, etc.), pro bono attorneys and law students
- Community-based organizations (Homeboy Industries, Drug Policy Alliance, Bend the Arc, etc.)

Individuals with criminal backgrounds face unique challenges in the public and private housing market in Los Angeles County. Public housing is scarce and many programs have specific restrictions that apply to individuals with criminal records. For example, the Housing Authority of the County of Los Angeles has broad authority to exclude applicants based on their own or another household member's past involvement with the criminal justice system. In addition, the United States Congress has passed legislation giving public housing authorities more discretion in prohibiting persons with criminal records from living in public assisted housing.

The private rental market is also competitive and it is no surprise that landlords and property managers tend to have reservations about renting to individuals with criminal backgrounds. A 2007 study entitled "Landlord Attitudes Toward Renting to Released Offenders" found that 66% of surveyed landlords and property managers would not accept an applicant with a criminal history (<https://www.ncjrs.gov/App/Publications/abstract.aspx>). The law permits property owners to refuse housing to any person who has any drug-related or violent conviction.

Criminal records, especially felony records, can also diminish a person's ability to earn a viable income. In March 2015, the Center on Budget and Policy Priorities (CBPP) released a policy brief entitled "Strategies for Full Employment through Reform of the Criminal Justice

System.” It showed that a vast majority of large companies conduct criminal background checks as part of their hiring process and over 75% of employers were negatively influenced by a felony conviction or arrest. Those who do make it past the hurdle of finding a job then face a second hurdle—low wages. That same CBPP study found that having a criminal record can reduce a worker’s annual earnings by up to 40 percent.

- **Target Population(s)**

Individuals who have recently completed their parole or supervision; Individuals with criminal records who are currently enrolled in Los Angeles County's GAIN or GROW program; Individuals with criminal records who are seeking employment or housing

**Estimated cost per person - TBD**

## **2. Opportunities that make this proposed strategy feasible**

California is in a unique position of having more avenues for reduction or clearance of criminal records than many other states. Voters recently expanded the array of criminal record clearing remedies with the passage of Proposition 47, which provides for the reclassification of certain non-violent felonies to misdemeanors. People with criminal records can also apply for an expungement, the legal process by which individuals can have their convictions dismissed on their public record. These legal remedies have the potential to open up housing and employment opportunities that are denied to those with criminal records.

County and legal service providers have existing infrastructure through which the program can be piloted. GAIN is a welfare-to-work program administered through the Los Angeles County Department of Public Social Services (DPSS) that provides employment-related services to CalWORKs participants. GROW, also administered through DPSS, is the welfare-to-work program that is mandatory for all employable General Relief (GR) recipients. DPSS’ Job Development Services provides a wide range of services to assist GAIN and GROW participants in obtaining employment and becoming self-sufficient. LACRCP could utilize the GAIN & GROW programs to identify job seekers with criminal backgrounds.

The Public Defender (PD) and Alternative Public Defender assist their clients with criminal record clearing. Both spread the workload for Proposition 47 filings among the lawyers with some assistance from paralegals and student workers. The PD also has dedicated paralegals to assist former clients with completing forms needed to petition for a dismissal or expungement.

## **3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved**

Funding is needed for organizations to adequately staff the project.

*Resolution – Allocation of required funding.*

**Awareness & Understanding** - The depth of understanding about criminal record clearing remedies varies among County staff that engage with the reentry population, many of whom face barriers to housing and employment because of their criminal records. While many County staff and community based organizations are familiar with Proposition 47 eligibility and



filing process, most have little understanding about the benefits, eligibility and process of petitioning for dismissal (expungement).

*Resolution- LACRCP legal advocates would conduct a comprehensive training(s) on the wide array of criminal record clearing remedies available in California.*

Coordination & Outreach - While many public agencies and nonprofit organizations are engaged in outreach, education and service provision related to criminal record clearing, collaboration among the agencies needs to be improved. This can result in greater capacity to serve those seeking assistance, reduce applicants getting lost during the referral process from one organization to another, more consistency in the tracking of data, and improved results.

*Resolution- Create an inter-agency committee to develop a coordinated outreach plan and a cross agency protocol for referring clients and tracking outcomes.*

#### **4. Potential performance measures**

- Number of staff from LACRCP organizations that complete the criminal record clearing training
- Number of individuals who complete and file a Prop 47 application or petition for dismissal (expungement).
- Number of individuals served through this program who demonstrate an increase in income within 6-12 months after a dismissal.
- Number of individuals served through this program who maintain or secure housing within 6 - 12 months after a dismissal.

#### **5. Potential funding stream**

SB 678

## Potential Strategy 8.7 Discharges Revenue Sources

### Description of the proposed strategy

The following revenue sources are presented as potential funding sources not only for the strategies developed under Discharges into Homelessness, but also for strategies that are being developed under other Homeless Initiative focus areas. The format of this strategy brief has been adapted, because this brief addresses potential revenue sources, rather than a specific programmatic strategy.

#### A. SB 678

- **Description of the potential revenue source**

The California Community Corrections Performance Incentive Act of 2009 (SB 678) established a system of performance-based funding that shares State General Fund savings with county probation departments when they demonstrate success in reducing the number of adult felony probationers going to state prison because of committing new crimes or violating the terms of their probation. This measure is designed to help decrease California's prison admissions by reducing criminal behavior, and thus relieve prison overcrowding and save public funds.

The State shares a portion of its savings achieved with those jurisdictions that are successful in reducing the number of felony probationers committed to state prison. At the end of every calendar year, the California Department of Finance (Finance) is required to determine the Statewide and county specific felony probation failure rates.

Using a baseline felony probation failure rate for calendar years 2006 through 2008, Finance calculates the amount of savings to be provided to each County probation department.

- **Target Population:** SB 678 funds are spent at the discretion of county probation departments to serve their probationers.
- **Estimated Funds Available:** It is estimated that there are currently \$140M dollars in reserve and another \$20-\$40M available annually to the LA County Probation Department's SB 678 program.
- **Opportunities that make this proposed revenue source feasible (Is this currently done elsewhere?)**
  - SB 678 funds are currently being used to fund housing programs in Los Angeles County. For example, SB 678 funds support the Breaking Barriers program which is a housing model focused on adult felony probationers who are at moderate to high risk of recidivating and are precariously housed. The program was launched in June 2015 and represents a \$4M investment of SB 678 funds.

- These funds are also being used by the Probation Dept. to fund therapeutic interventions for felony probationers. Deputy Probation Officers are being trained to use such interventions as Motivational Interviewing and Cognitive Behavioral Therapy.
- **Is there legislation that makes this possible?** SB 678.
- **Barriers to tapping the proposed revenue source and recommendation on how they can be resolved**
  - Ultimately, probation departments determine how SB 678 funds are spent at the county level, subject to approval by the Board of Supervisors. In LA County, the Probation Department has been hosting community meetings to share how they have spent the funding.
- **Potential performance measures**
  - The most important performance measure for this funding source is the rate at which an intervention is able to lower probation failure rates. Additional performance measures for any housing program could include: lower rates of re-arrests, housing stability, and connections to mainstream resources.

## B. AB 1056

- **Description of the proposed revenue source:**

*What does Prop 47 do?* Prop 47 reduces non-violent and non-serious drug and property crimes to misdemeanors. Savings captured from this shift will be placed into a funding pool called the “Safe Neighborhoods and Schools Fund.”

*What is the Safe Neighborhoods and Schools Fund?* The Fund is where savings captured from reduced sentencing will be placed. Twenty-five percent goes to the State Dept. of Education, 10% goes to the Victim Compensation and Government Claims board, and 65% will go to the Board of State and Community Corrections (BSCC). BSCC is directed to grant the money to agencies that provide services “aimed at supporting mental health treatment, substance abuse treatment, and diversion programs for people in the criminal justice system, with an emphasis on programs that reduce recidivism of people convicted of less serious crimes, such as those covered by this measure, and those who have substance abuse and mental health problems.”

Funds will not be distributed to the State departments listed above until August 15, 2016. The timeline for granting those funds back out to service providers is, as of yet, unclear. Estimates range from \$150 million to \$250 million in annual savings. BSCC will be discussing the implementation of the funds “periodically” between now and August 2016.

*What does AB 1056 do?* AB 1056 earmarks some of the Prop 47 funds for community based interventions that are focused on reducing recidivism. The bill specifically calls out mental health services, substance use treatment services, housing, housing-related job assistance, job skills training, and other community-based supportive services as eligible.

- **Target population:** Criminal Justice Involved populations
- **Estimated funds available:** Up to \$5M – 3 counties will receive grants for \$500,000 and \$2M each for a Pay-for-Success or social impact financing program focused on reducing recidivism.
- **Barriers to tapping the proposed revenue source and recommendations on how they can be resolved**
  - This funding appears to be limited to Pay for Success projects.
- **Potential performance measures**
  - Performance measures for any housing program could include: lower rates of re-arrests, housing stability, and connections to mainstream resources.

### C. Potential County Prop 47 Savings

- **Description of the proposed revenue source:** (see above for Prop 47 description) Alongside the state level savings that will be generated by Prop 47, there may be savings at the County level.
- **Barriers to tapping the proposed revenue source and recommendation on how they can be resolved**
  - It is unclear how much savings (if any) will be realized in LA County and no County policy has yet been adopted regarding the utilization of any such savings.

### D. AB 1228

- **Description of the proposed revenue source:** AB 1228, which was enacted in October 2015, requires California Community Colleges to provide priority housing to current and former homeless youth. This priority is identical to the priority already extended to current and former foster youth.
- **Target population:** Current and former homeless youth, i.e., a student under 25 years of age, who has been verified at any time during the 24 months immediately preceding the receipt of his or her application for admission by a campus of the California Community Colleges, as a homeless child or youth, as defined by the federal McKinney-Vento Homeless Assistance Act.
- **Estimated funds available:** It does not appear as if there is a specific funding stream attached to this legislation. Instead, this bill provides an opportunity for community colleges to provide housing for homeless or formerly homeless youth who are attending Community Colleges in California.
- **Potential performance measures:** Performance measures could include educational attainment, housing stability, and connections to mainstream resources.

## E. AB 109

- **Description of the proposed revenue source:** The Public Safety Realignment of 2011 (AB 109) resulted in annual funding from the state to the counties. Prop. 30 in the following year made this a permanent source.
- **Target population:** The funds can be used by counties for any criminal justice purpose, as long as it does not supplant county funds.
- Estimated funds available: Approximately \$325,000,000 per year.
- **Opportunities that make this proposed revenue source feasible**

- LA County set up a percentage allocation for the funds when they were initially received. That formula has been modified only slightly in subsequent years. The priorities have been clearly established as incarceration and supervision. LA County spends more than 80% on incarceration and supervision and less than 20% on healthcare, mental health and substance abuse treatment, housing, and other support services.

Since then, the AB 109 jail and probation population has decreased substantially; however, there has been no change in the allocation of AB 109 funding.

- **Is this currently done elsewhere?** Each county is able to determine funding priorities for AB 109 dollars. For example, in FY 2013-14, Santa Clara County allocated almost 34% of its AB 109 funding to programs and services. Earlier this year, the Alameda County Board of Supervisors voted to allocate 50% of its AB 109 funding in FY 2015-16 to reentry services such as housing and employment assistance and medical and mental health care.
- **Is there legislation that makes this possible?** Funding allocations are local; no State or Federal legislation is required.
- **Barriers to tapping the proposed revenue source and recommendation on how they can be resolved**
  - LA County funding priorities have not focused on rehabilitation, healthcare, or behavioral health in jail or reentry. Of the \$311M received via AB 109 funding from the State last fiscal year, LASD is expected to claim 142% (\$257,608,740) of its FY 14-15 AB 109 allotment.
  - While the vast percentage of AB 109 funding is being given to LASD to incarcerate N3s, the percentage of N3s receiving split sentences, i.e., half their sentence in jail and the other half under Probation supervision, has risen from about 4% to close to 25%. Therefore, there are far more N3's who will need services upon release than can be covered by the small share of the LA County's N3 funding that does not go to LASD.
  - None of the people who have been jailed for AB 109 felonies since October 1, 2011, have received any County funded support services or housing upon release (the Just In Reach Programs are not funded by the County and said programs have been the main source of the services and housing cited above). Those few that have received services

were part of non- County-funded programs, e.g., Hilton Foundation, Inmate Welfare Fund (IWF). The IWF dollars are raised from inmates through their use of pay phones, canteen, etc.

- Line items not spent for services by other County departments (DMH, DPH, and DHS) are not rolled over to that line in future fiscal years, but are moved to the AB 109 general fund where they have been claimed by LASD.
- With DHS managing the Office of Diversion and Reentry, there will be cultural differences between a public health approach to reentry and the traditional criminal justice approach.

Each of these barriers could potentially be addressed through a modification to County policy.

- **Potential performance measures:** Not directly applicable, as this is not a programmatic strategy.

## Potential Strategy 8.8 AB 109

### 1. Description of Proposed Revenue Source

In April 2011, the California Legislature passed the Public Safety Realignment Act, Assembly Bill (AB) 109, which transferred responsibility for supervising specific low-level inmates and parolees from the California Department of Corrections and Rehabilitation (CDCR) to counties. This program is part of California's solution for reducing the number of inmates in prisons and decreasing the recidivism rate, while promoting crime free lives by creating a plan for permanent housing and employment through support services.

The Public Safety Realignment Act of 2011, AB109, allocated funding to counties to support the custody, supervision, and treatment services provided to non-serious, non-violent, non-sexual offenders (N-3).

The Board of Supervisors identified and designated certain County departments, based on their role in the Criminal Justice system, as best suited to deliver services to the N3 population. Those departments receive an annual funding allocation to support the supervision, services, and treatment of Post-Release Community Supervision individuals.

- **The target populations include the following:**

Post release Community Supervised Individuals; Split Sentenced Individuals; Straight sentenced offenders under Penal Code 1170(h); Proposition 47 Offenders; Resentenced Released from County Jail; Released from State Prison; Proposition 36 Offenders;

**Estimated funds available:**

TBD

### 2. Opportunities That Make This Proposed Source Feasible

The existing Probation Department budget includes funding for temporary/transitional housing. The Department's housing program includes support services and case management to assist Post Release Community Supervised individuals in obtaining long-term/permanent housing upon their release from custody. However, the housing program is limited in its ability to provide services to meet the needs of supervised persons with medical issues and mental health issues.

The Department of Health Services, Department of Mental Health, and Department of Public Health each had carryover funding over the last three fiscal years. This carryover funding could be redirected to service providers that possess the skill and willingness to provide transitional and long-term housing for the Post Release Community Supervision (PRCS) population that are medically fragile and diagnosed with mental health illness. The Department of Health Services, Department of Mental Health, and Department of Public Health could coordinate this critical housing component.

On October 13, 2015, the Board approved a motion mandating that all County departments that provide support and treatment services to the Post Release Community Supervision and Split Sentence AB109 population expand the pool of eligible populations to include split sentenced offenders [PC 1170(h)], Proposition 47 offenders, and Proposition 36 offenders. This motion has the potential to increase the number of individuals served who are medically fragile and/or have mental health issues. For this reason, it is critical that long-term/permanent housing be secured to meet the needs of offenders with medical and mental health issues. As such, the aforementioned departments may need to expand the contract service providers' network to identify providers with the skill and willingness to serve the target population.

### **3. Barriers to Implementing the Proposed Strategy and Recommendation on How They can be Resolved**

- Barrier: There are limited programs offering long-term housing to the target population.  
Potential Approach:  
The Probation Department could potentially expand the Breaking Barriers Program.
- Barrier: There is limited transitional and long-term housing for the subset of the target population that is medically fragile and/or diagnosed with mental illness.  
Potential Approach:  
Establish a collaboration with the Department of Health Services, Department of Mental Health, and Department of Public Health to increase the number of contract housing providers.

### **4. Potential Performance Measures (if applicable)**

Potential performance measures are not applicable at this time.

### **5. Potential Funding Stream**

AB109, including current and future unspent funds at the end of each fiscal year