

APPENDIX 3

BALANCE OF STATE DISCHARGE POLICY

Mental Health Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Section 330.1209b of the State Mental Health Code, effective March 28, 1996, requires that "the community mental health services program shall produce in writing a plan for community placement and aftercare services that is sufficient to meet the needs of the individual...". In addition, R 330.7199 (h) of the Administrative Code says that the written plan must at a minimum identify strategies for assuring that recipients have access to needed and available supports identified through a review of their needs. Housing as well as food, clothing, physical health care, employment, education, legal services, and transportation is included in the list of needs that must be appropriately addressed as a function of mental health discharge planning. As such, formal systems policy, protocol and historical practice all help to assure that persons exiting our public mental health system are not discharged into homelessness.

Corrections Discharge

For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Lack of appropriate housing is recognized by the Michigan Department of Corrections (MDOC) to be a major barrier to the successful reentry of returning prisoners. As such, safe affordable housing is often one of the key elements identified for funding within the Departments system-wide initiative to re-engineer the policies and protocols by which offenders are prepared for and supported in community re-entry the Michigan Prisoner Reentry Initiative (MPRI).

In the process of implementing MPRI, MDOC asks communities to assess their local assets, barriers and gaps relative to issues facing returning prisoners and then develop a Comprehensive Prisoner Reentry Plan based on that assessment. Supplemental Funding provided to local communities through MPRI is then allocated to help bridge identified gaps and to achieve a seamless transition for former prisoners as they re-enter the community.

Each communitys Comprehensive Plan includes an assessment of local housing issues and proposals for local solutions for housing assistance. Rent subsidy, move-in deposits and funding for limited-term transitional placements have been common elements funded in local plans. Parolees with substance abuse, mental and physical health disabilities or issues, and other hard-to-place returning prisoners are generally referred to appropriate transitional and treatment supports, and additional aid is, if needed, provided through traditional housing services.

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Michigan Department of Human Services has established and implemented formal protocols throughout its system (CFF 950) to help prevent youth aging out of foster care from being discharged into homelessness. The Youth in Transition Program prepares eligible foster-care teens for living independently by providing educational support, job training, independent living skills training, self-esteem counseling, and other supports to equip teens with educational, vocational, and psychological skills to function as independent self-sufficient adults. Case planning for transition actually begins with all youth in foster care (aged 14-21) several years prior to their discharge, in accord with CFF 722-6 (Independent Living Preparation). A treatment plan and services agreement (RFF67 and RFF 69) including attention to locating suitable living arrangements and assistance in moving in to housing (CFF 722-7) must be completed for each individual prior to systems discharge.

Health Care Discharge

For System of Care does not exist in CoC, explain:

There is no publicly funded statewide health care delivery system in Michigan. As such, discharge issues for persons leaving primary care in our Balance of State jurisdiction must be addressed on a community-by-community basis with health care providers in each area. Our Balance of State CoC has actively educated, encouraged and assisted local planning groups in developing strategies and protocols confronting these concerns at the community level. In support, one of our CoC core members, the Michigan Primary Care Association (MPCA) works actively with Federally Qualified Health Centers (FQHCs) and Health Care for the Homeless (HCFH) providers to assure that housing issues are addressed as a function of discharge in communities where those Centers and/or programs are located. MPCA and FQHCs work with consumers to ensure a smooth transition to necessary medical and/or supportive services in the community including housing when needed. Exiting a client into homelessness is never considered appropriate. To the contrary, local FQHCs and HCFH providers have adopted protocols that assure that links to other resources required for the client to achieve successful re-entry including housing -- are established prior to systems discharge.

O: CoC Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being discharged from publicly funded institutions or systems of care. Check “Yes” or “No” in each box, as appropriate. *If “Yes” is indicated for “Formal Protocol Finalized” or “Formal Protocol Implemented,” include a brief summary of the formal protocol for each applicable system category. Your response in this section should take up less than 2 pages.

| Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area | Initial Discussion | Protocol in Development | Formal Protocol Finalized* | Formal Protocol Implemented* |
|----------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| Foster Care | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Health Care | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Mental Health | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Corrections | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Foster Care:

The Michigan Department of Human Services has established and implemented formal protocols throughout its system (CFF 950) to help prevent youth “aging out” of foster care from being discharged into homelessness. The “Youth in Transition Program” prepares eligible foster-care teens for living independently by providing educational support, job training, independent living skills training, self-esteem counseling, and other supports to equip teens with educational, vocational, and psychological skills to function as independent self-sufficient adults. Case planning for transition actually begins with all youth in foster care (aged 14-21) several years prior to their discharge, in accord with CFF 722-6 (Independent Living Preparation). A treatment plan and services agreement (RFF67 and RFF 69) – including attention to locating suitable living arrangements and assistance in moving in to housing (CFF 722-7) – must be completed for each individual prior to systems discharge.

Health Care:

There is no publicly funded statewide health care delivery system in Michigan. As such, discharge issues for persons leaving primary care in our Balance of State jurisdiction must be addressed on a community-by-community basis with health care providers in each area. Our Balance of State CoC has actively educated, encouraged and assisted local planning groups in developing strategies and protocols confronting these concerns at the community level. In support, one of our CoC core members, the Michigan Primary Care Association (MPCA) works actively with Federally Qualified Health Centers (FQHC’s) and Health Care for the Homeless (HCFH) providers to assure that housing issues are addressed as a function of discharge in communities where those Centers and/or programs are located. MPCA and FQHC’s work with consumers to ensure a smooth transition to necessary medical and/or supportive services in the community – including housing when needed. Exiting a client into homelessness is never considered appropriate. To the contrary, local FQHC’s and HCFH providers have adopted protocols that assure that links to other resources required for the client to achieve successful re-entry – including housing -- are established prior to systems discharge.

Mental Health:

Section 330.1209b of the State Mental Health Code, effective March 28, 1996, requires that "the community mental health services program shall produce in writing a plan for community placement and aftercare services that is sufficient to meet the needs of the individual...". In addition, R 330.7199 (h) of the Administrative Code says that the written plan must at a minimum identify "strategies for assuring that recipients have access to needed and available supports identified through a review of their needs." Housing – as well as food, clothing, physical health care, employment, education, legal services, and transportation – is included in the list of needs that must be appropriately addressed as a function of mental health discharge planning. As such, formal systems policy, protocol and historical practice all help to assure that persons exiting our public mental health system are not discharged into homelessness.

Corrections:

Lack of appropriate housing is recognized by the Michigan Department of Corrections (MDOC) to be a major barrier to the successful reentry of returning prisoners. As such, safe affordable housing is one of the key elements identified for funding within the Department's system-wide initiative to re-engineer the policies and protocols by which offenders are prepared for and supported in community re-entry – the Michigan Prisoner Reentry Initiative (MPRI).

In the process of implementing MPRI, MDOC asks communities to assess their local assets, barriers and gaps relative to issues facing returning prisoners and then develop a Comprehensive Prisoner Reentry Plan based on that assessment. Supplemental funding through MPRI is then allocated to help bridge identified gaps and to achieve a seamless transition for former prisoners as they re-enter the community. In every community, these resources are at least partially allocated for housing solutions.

Each community's Comprehensive Plan includes an assessment of local housing issues and proposals for local solutions for housing assistance. Rent subsidy, move-in deposits and funding for limited-term transitional placements have been common elements funded in local plans. Parolees with substance abuse issues and other hard-to-place returning prisoners are generally referred to appropriate transitional and treatment supports, and additional aid is, if needed, provided through traditional housing services. In the initial year of MPRI implementation, funding for safe affordable housing initiatives totals nearly \$ 500,000. As the number of implementing communities continues to grow, that investment in housing assistance will also likely increase.