

LEGISLATIVE DIGEST

[Administrative Code - Priority Housing Status for Persons Discharged from Residential Behavioral Health Programs]

Ordinance amending the Administrative Code to require the Department of Homelessness and Supportive Housing to give a priority to adults who have been discharged from residential behavioral health programs when making assignments to housing programs, and to coordinate with the Department of Public Health to ensure access to uninterrupted supportive services for such persons.

Existing Law

Currently, local law does not establish priorities for the assignment of individuals experiencing homelessness to supportive and transitional housing.

Amendments to Current Law

The proposed ordinance would require the Department of Homelessness and Supportive Housing (“DHS”) to recognize discharge from a residential behavioral health program as a condition that would confer upon the participant a priority for assignment to supportive and transitional housing. For purposes of this ordinance, “residential behavioral health programs” are defined as programs in which the patient receives treatment for a substance use disorder and/or mental health disability.

The ordinance would also require the DHS to coordinate with DPH to ensure that individuals who are being discharged from residential behavioral health programs and placed in housing have uninterrupted access to supportive services.

Background Information

The Department of Public Health (“DPH”) operates a wide variety of residential behavioral health programs, including but not limited to: board and care facilities, inpatient psychiatric programs, an acute diversion program, psychiatric emergency services, mental health residential treatment programs, and substance abuse residential treatment programs. Individuals who participate in these programs receive treatment and care until they are stabilized.

Each year, more than 5,000 individuals are discharged from DPH’s residential behavioral health programs after having received treatment to address their mental health or substance abuse issues. Upon discharge, many individuals do not have a home or address to go to, and are discharged to the streets.

Discharging people to the streets following their participation in a residential behavioral health program is associated with a high incidence of substance abuse disorder relapse, deterioration of mental health, and medical compromise.

Behavioral health treatment would be associated with improved outcomes if participants knew that they would be housed after treatment, and had access to ongoing supportive programs upon placement in housing.

DHSH is developing a Coordinated Entry system that will implement a consistent, community-wide intake process to match people experiencing homelessness to available community resources that meet their needs. The Coordinated Entry system includes a standardized method to assess and prioritize people needing assistance, and a streamlined process for rapidly connecting people to a housing solution. Adults with the greatest barriers to housing, the longest histories of homelessness, and the highest level of vulnerability are prioritized for services.

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