

# Institutional Discharge and Homelessness

## Summary of Recommendations:

- **Support discharge planning policies and prohibit institutional discharge into homelessness from all publicly funded institutions**
- **Require publicly funded institutions to help residents secure all available entitlements prior to discharge**

**Ineffective discharge from institutional and custodial settings plays a troubling role in generating homelessness.**<sup>1</sup> Institutional discharge, as defined by the federal government, is “the process to prepare a person for return or reentry to the community by connecting the individual to essential community treatment, housing, and human services.”<sup>2</sup> In the 1994 report *Priority Home*, the U.S. Interagency Council on Homelessness identified inadequate institutional discharge as a significant factor contributing to homelessness, particularly for persons with mental illnesses and/or substance use disorders.<sup>3</sup> Low-income individuals are increasingly more susceptible to experience homelessness upon departure from a hospital, treatment facility, penal institution, or the foster care system. In 2006-2007, one in five homeless individuals admitted to shelter programs came from either in-patient medical facilities (12%) or correctional institutions (9%).<sup>4</sup> The lack of comprehensive discharge planning increases the chance that these individuals will return to jails, treatment facilities, or relapse into substance use, which ultimately is a more costly burden on society. Placing people into permanent or supportive housing provides a stable alternative to life on the streets, and research demonstrates that this type of housing coupled with supportive services provides significant cost savings.<sup>5</sup> Numerous studies have indicated that homeless persons who are discharged into supportive housing experience significant reductions in shelter use, hospitalizations, length of stay during hospitalization, and incarceration.<sup>6</sup>

**Improper institutional discharge represents a failure of publicly-operated or regulated institutions to fulfill their responsibilities to persons in their care.** The U.S. Department of Health and Human Services asserts that effective discharge planning should ensure linkages to “adequate housing arrangements, as well as access to health, mental health, and substance use treatment, entitlements and income support, and vocational training or employment support.”<sup>7</sup> It is important to highlight that discharge planning will have very little impact unless adequate housing and proper services and community resources are available. (See the policy statement on Medical Respite Services at [www.nhchc.org](http://www.nhchc.org) for an explanation of a crucial approach to this problem.) These linkages, however, are far from guaranteed, and there remains a paucity of community support to meet the housing, health care, and other basic needs of discharged individuals. Advocates, institutional administrators and staff, and elected officials must therefore work to create adequate and responsive service infrastructures and to break the untenable cycle of discharge into homelessness.

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<sup>1</sup> Discharge Planning from Publicly Funded Institutions: Customized Bibliography. Office of Community Planning and Development, U.S. Department of Housing and Urban Development. 2005. <http://www.hud.gov/offices/cpd/homeless/library/bibliobyauthor.pdf>

<sup>2</sup> Substance Abuse and Mental Health Services Administration. “Exemplary practices in discharge planning.” 1997. <http://www.ich.gov/innovations/1/IV%20B%20Exemplary%20Practices%20in%20Discharge%20Planning.PDF>

<sup>3</sup> Interagency Council on Homelessness (IHC). *Priority Home: The Federal Plan to Break the Cycle of Homelessness*. 1994.

<sup>4</sup> National Health Care for the Homeless Council. “Tools to Help Clinicians Achieve Effective Discharge Planning.” *Healing Hands*, Vol.12, No. 5, October 2008. <http://www.nhchc.org/Network/HealingHands/2008/Oct2008HealingHands.pdf>

<sup>5</sup> Corporation for Supportive Housing. *Benefits of Supportive Housing: Changes of Residents’ Use of Public Services*. 2004. <http://documents.csh.org/documents/doclib/HHISNEvaluationFINAL.pdf>

<sup>6</sup> Backer, Thomas E., Howard, Elizabeth A., Moaran, Garrett E. *The Role of Effective Discharge Planning in Preventing Homelessness*. *Journal of Primary Prevention*, online publication June 2007. <http://www.springerlink.com/content/58864pn68610j9r1/fulltext.html>

<sup>7</sup> Moran, Garrett, et al. “Evaluability Assessment of Discharge Planning and the Prevention of Homelessness.” U.S. Department of Health and Human Services. September 2005. <http://aspe.hhs.gov/hsp/05/discharge-planning/index.htm>

## Recommendations

1. **Support discharge planning policies and prohibit institutional discharge into homelessness from all publicly funded institutions, including hospitals, treatment facilities, jails and prisons, and the foster care system.** Effective discharge into stable permanent housing should be an imperative outcome measure for any residential program. Policies that support discharge planning are becoming more prevalent at state and local levels, and nearly every state 10-Year Plan to End Chronic Homelessness has incorporated discharge planning as a prevention strategy. Some programs and agencies already have established housing as a goal of discharge planning, but scarce oversight and inadequate funding for supportive housing has resulted in limited success. Accountability for securing housing upon discharge should be a condition of public funding at every level of government, and institutions must have staff persons trained to provide housing placement assessment and assistance as part of their case management and social services activity. Naturally, consistent with the principle that people should be fully involved in decision-making that affects their lives, programs and agencies must not retain individuals against their will solely because suitable housing has not been arranged.
2. **Require publicly funded institutions to help residents secure all available entitlements prior to discharge.** Frequently, due to poor exit planning from institutional placements, individuals lose or are kept from accessing health insurance, food stamps, and income supports to which they are legally entitled. Programs and agencies should be required as part of their discharge planning to arrange for the immediate resumption (or initiation) of entitlements upon discharge, and existing policy barriers at entitlement agencies should be eliminated (See the policy statement on Disability Benefits at [www.nhchc.org](http://www.nhchc.org)).

A packet of resources to aid communities and policy-makers in improving institutional discharge practices is available at: <http://www.nhchc.org/dischargeplanning.shtml>