

# Institutional Discharge and Homelessness

## Summary of Recommendations:

- **Prohibit discharge into homelessness from all publicly funded institutions** including hospitals and treatment facilities, prisons and jails, and the foster care system.
- **Invest in medical respite care facilities for patients without homes** who require supervised medical care but are not ill enough to remain hospitalized.
- **Require publicly funded institutions to help residents secure all available entitlements prior to discharge.**
- **Reintroduce, the Bringing America Home Act** – a multi-faceted legislative vehicle addressing many of the root causes of homelessness – which includes several provisions to make institutional discharge more effective and humane.

**Ineffective discharge from institutional and custodial settings plays a troubling role in generating homelessness.**<sup>1</sup> Institutional discharge defined as “the process to prepare a person for return or reentry to the community, and the linkage of the individual to essential community treatment, housing, and human services.”<sup>2</sup> Since at least 1994, when *Priority: Home* was published by the U.S. Interagency Council on Homelessness, authorities and advocates have grown increasingly aware of the causal relationship between ineffective institutional discharge and homelessness, particularly for persons with mental illnesses and/or substance abuse disorders. Among single adults surveyed recently in the shelters of Los Angeles, 31% reported having been released from some type of institutional setting before arriving at the shelter.<sup>3</sup>

Lacking comprehensive discharge planning, low-income individuals in particular are susceptible to an experience of homelessness upon departure from a hospital, treatment facility, penal institution, or the foster care system. Each such case 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 abuse treatment, entitlements and income support, and vocational training or employment support.”<sup>4</sup> 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.

## Recommendations

1. **Prohibit discharges into homelessness from all publicly funded institutions.** Effective discharge into safe, stable, permanent housing should be an imperative outcome measure for any residential program. Some programs and agencies have already established housing as a goal of discharge planning, but scarce oversight has led to 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

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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> “Exemplary practices in discharge planning.” *Substance Abuse and Mental Health Services Administration*. 1997.

<sup>3</sup> Burns, P., et al. “Homeless in LA: A working paper for the 10-year plan to end homelessness in Los Angeles County.” *Economic Roundtable*. 2003.

<sup>4</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.

that affects their lives, programs and agencies must not retain individuals against their will solely because suitable housing has not been arranged.

2. **Invest in medical respite care facilities for patients without homes.** Respite care arrangements should be made for individuals who require medical, mental health, or addiction treatment but lack housing and are not ill enough to remain hospitalized. Without a clean, comfortable environment in which to recover and heal after discharge from an acute care institution, one's health is likely to worsen. Medical Respite care is an effective means of providing stability during the transition into permanent housing. Public health insurance systems – including Medicare and Medicaid – should cover all medically necessary acute and sub-acute recuperative care services. Where necessary, Federal and State funds should contribute to the development of facilities appropriate for this purpose.
3. **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.
4. **Reintroduce the Bringing America Home Act.** Few programs exist that specifically address the problem of discharge into homelessness, particularly from correctional facilities. H.R. 4347 proposes numerous interconnected initiatives to combat homelessness, including provisions to improve discharge planning.  
*Section 303* requires Federally-funded care facilities to ensure that patients are made aware of available public benefits, provided with a Social Security card and state ID, and are otherwise duly protected against homelessness upon discharge.  
*Section 431* requires McKinney-Vento Continuum of Care applicants to show evidence that they provide assistance for persons to access permanent/transitional housing upon discharge from Federally-funded facilities.  
*Section 511* requires health care facilities receiving State or Federal funding to establish a system by which patients are guaranteed to be discharged into safe, stable housing.  
*Section 561* places the same requirement on recipients of Ryan White funds.

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