GENERAL PRINCIPLES OF DISCHARGE PLANNING

Definition of Discharge Planning

- The process to prepare a person in an institution for return or re-entry into the community and the linkage of the individual to needed community services and supports.

Goals of Discharge Planning

- Linking consumers to appropriate next step resources;
- Preventing vulnerable populations from becoming homeless or criminalized;
- Assisting consumers with re-entry to community.

Elements of Successful Discharge Planning

- Discharges to emergency shelters are inappropriate for any situation.
- Discharges to homeless programs who have 24 hour transitional programs may be appropriate, but subject to the program's intake process.
- Determinations of discharge to a homeless 24 hour transitional program should be taken on a case by case basis.
- Discharge Planning must be tailored for different needs of different consumers – create an Individual Service/Treatment Plan.
- Discharge Planning needs to be comprehensive – all the consumer's needs must be addressed in the discharge plan.
- Discharge Planning must create a system that is continuous and coordinated.
- Discharge Planning must prevent consumers from falling into homelessness.
- Discharge Planning should begin on admision.
- Discharge Planning for consumers who abuse substances must include appropriate treatment, as such consumers are more at risk for homelessness and criminalization.

Resources and Discharge Planning

- Next step resources are central to discharge planning. Without these resources, discharge planning is illusory.
- Lack of good discharge planning is often related to lack of appropriate options.
- Funding must include wraparound services.
- A global view of budget options determines resources.

Who is involved in Discharge Planning

- Consumers and line staff, including psychologists, social workers, psychiatrists and housing professionals, should participate in creating the discharge plan, as well as community partners of the consumer.
- Managers and policy makers should participate in the discharge planning process by attending discharge planning meetings.

Source: Compiled by MHSA Staff based on the work of Dr. John Belcher, University of Maryland.

A CONVERSATION ABOUT DISCHARGE PLANNING:

NEXT STEPS

Friday, February 27, 1998

Agenda

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1. ***Recognition:*** Welcome and Introductions
2. ***Relevance:*** Discharge and Aftercare Planning and Homelessness Prevention
   - Prevention, Interdiction, Intervention, Stabilization
   - Research on Emerging Homeless Populations
3. ***Recapitulation:*** Discharge Planning Principles
   - Review of Principles from Discharge Planning Conversation, November 14, 1997
4. ***Release and Readmissions:*** Research Findings by Dr. Dennis Culhane WITH Q&A
5. ***Real-Life Scenarios:*** Discharge Strategies and Resources
   - Current Practice
   - Needs and Gaps
6. ***Resources****:* 1/888 Continuum of Care
7. ***Returning:*** Next Steps
   - Discharge Planning Conference, Late Spring, 1998

DISCHARGE PLANNING III

Tools and Resources for Practice and Policy

Thursday, May 7, 1998

Morning Program
9:00 am – 12:00 noon

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1. ***Welcome and Introductions***

- Philip Mangano, Executive Director
  Massachusetts Housing and Shelter Alliance

2. ***Discharge to Shelter Programs – Appropriate v. Inappropriate***

- Lyndia Downie, Vice President for Programs
  Pine Street Inn

3. ***Thought Experiment***

- Dr. Dennis Culhane - University of Pennsylvania

- Interaction

Dr. James O'Connell	*Boston Health Care for the Homeless*
Tamara Holden	*Massachusetts Halfway Houses, Inc.*
Linda Wood-Boyle	*Somerville Coalition for the Homeless*
Joseph Finn	*Quincy Interfaith Sheltering Coalition*
James Cuddy	*South Middlesex Opportunity Council*

4. ***1/888 Continuum of Care***

5. ***Upcoming Events***

6. ***Afternoon Policy Discussion***

DISCHARGE PLANNING III
TOOLS AND RESOURCES FOR PRACTICE AND POLICY

THOUGHT EXPERIMENT
DR. DENNIS CULHANE

PANEL RESPONSE

PANELISTS

- *Dr. James O'Connell, Boston Health Care for the Homeless,* ***Primary Health***
- *Tamara Holden, Massachusetts Halfway Houses, Inc.,* ***Corrections***
- *Linda Wood-Boyle, Somerville Coalition for the Homeless,* ***Youth***
- *Joseph Finn, Quincy Interfaith Sheltering Coalition,* ***Mentally Ill and Substance Abuse***
- *James Cuddy, South Middlesex Opportunity Council,* ***Substance Abuse***

Thank you for your participation!

The objective of the panel is to interact with issues raised in the Thought Experiment of Dr. Culhane.

Interaction can be in any form including questions or comment for Dr. Culhane, experiences of your agency, report on information you have gathered, your own thought experiments, etc.

The objective is to bring forward the value of your experience, thought, and concern.

To ensure that there is a comprehensive response to all the populations we serve, please note the sub-population or need area next to your name and speak to the issues faced by that group as part of your response.

Your response does not need to be limited to that group, but we would like all groups brought forward.

Also, please be on alert for "prompt" questions which may be given to you. These question will already be composed for you to raise.

Questions will also be gathered from the audience, during Dr. Culhane's talk, that Philip Mangano will forward to Dr. Dennis Culhane and the panel.

Again, Thank You!

DISCHARGE PLANNING CONVERSATIONS:
EXAMPLES OF HYPOTHETICAL SITUATIONS
USED FOR DISCUSSION AMONG DISCHARGE WORKERS

The following are examples of hypothetical situations posed to participants in the Discharge Planning Conversations convened by the Massachusetts Housing and Shelter Alliance (MHSA) in 1997-1998. Participants were front line workers from a variety of public systems.

Each hypothetical presents complex issues and identifies resources gaps in existing systems. Each discussion of an example was scheduled for about 15 minutes, with intensive note taking on both a white board (by two knowledgeable note takers) and by hand for later session notes. A facilitator kept the energy level high by ensuring that many participants were called on, that speakers were affirmed in offering front line their views in the group, and that succinct points were identified for followup.

Participation was always high in these discussions, and those in the groups valued the opportunity to use their knowledge, hear from others, and express their frustrations with the lack of resources in some systems and the shortage of information that they could use to help their clients. MHSA convenors assessed these sessions as a key component in overcoming "us versus them" feelings about who is responsible for inappropriate discharge outcomes.

EXAMPLE #1

- Frank is a chronic substance abuser aged 40 with no friends or family in the area.
- He has been to detox 10 times in 1998.
- Next week he will be released from a 10-day targeted homeless extended detox program.
- Help Frank avoid a shelter stay and relapse.

EXAMPLE #2

- Laurie, age 25, has been briefly hospitalized for diabetes and heart trouble. Prior to her hospitalization she was staying on the street.
- She will be released on Friday with her new insulin prescription and instructions for bed rest.
- Laurie may have a past history of mental illness. Help Laurie locate a stable place to recuperate.

EXAMPLE #3

- Larry has been incarcerated in MCI -Gardner for 4 years. When he committed his crime he was actively substance abusing.
- He has an underlying mental health problem that has been treated with medication during his sentence.
- Larry will be released on Monday with a 2 week supply of medication.
- Help prevent Larry's homelessness.

Discharge Planning

May 7, 1998

Corrections Work Group

Needs and Difficulties in Discharge Planning

Summary of Conversation

- Need more opportunities for information and networking to develop personal relationships and increase referral options
- Need greater consistency in eligibility criteria for entrance into programs – those who don't have personal relationships with a given program often find it more difficult to make referrals there than those who do not have such relationships – eligibility criteria seem to be arbitrary and shifting
- Need more overall flexibility in transitional programs
- Need streamlined eligibility process for benefits – systems often incompatible, process takes too long
- Need more transitional programs which don't limit client's sense of individual freedom
- Need greater awareness of "culture of corrections," greater understanding in services and transitional programs
- Need to have impact of public attitudes – i.e. on former inmate's job search
- Need greater resources for aftercare – inmate often makes wholehearted effort when incarcerated, but has to start over with no continuity of services when released
- Need more information on what's working, model programs
- Need more information on policy developments impacting discharge planning issues

Suggestions for Information Sources

- Need guide book organized by circumstances of client – i.e. "programs taking patients with substance abuse, mental health issues, and medications"
- Need information on job training resources
- Need reliable and up-to-date contact information
- Need information on family support services which a former inmate could receive with his/her family in order to increase the chances that the inmate could live with the family (thereby avoiding homelessness)
- Need feedback mechanisms which would allow those using 1-888 to voice concerns
- Need Internet access to this information
- Need youth line or resource with information specific to programs for young people
- Need information on vocational programs
- Need information on transportation assistance
- Need information on transitional programs which take people who are *not* already homeless and who *don't* need intensive services