

POLICIES AND PROCEDURES

POLICY NUMBER : 01-06
SUBJECT: DISCHARGE POLICY
EFFECTIVE DATE: March 20, 2006
SUPERSEDES:
APPROVED BY: Board of Directors

POLICY

This policy addresses discharge planning for a variety of populations at risk of becoming homeless, including those who are to be released from public-funded Medical and Mental Health Institutions, prisons, substance abuse treatment facilities, and foster care.

DEFINITIONS

I. HUD Definition of a Homeless Person

According to the U.S. Department of Housing & Urban Development (HUD), a person is considered homeless if they are living in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings or on the street. In addition, persons are also considered homeless if:

- They reside in Emergency shelters
- They reside in Transitional or Supportive Housing for persons who are homeless and who originally came from the streets or emergency shelters.
- They came from any of the above places but are spending a short time (up to 30 consecutive days) in a hospital or other institution.
- They are being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
- They are being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
- They are fleeing a domestic violence situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

II. Guiding Principles

In order to develop recommendations for this discharge policy, the following guiding principals were developed:

1. In no instance should a person be discharged from a state or public facility with directions to seek housing or shelter in an emergency shelter. Every

effort must be made through careful discharge planning to work with the client and area resources to seek adequate, permanent housing.

2. If “temporary” shelter placement is unavoidable, the reasons for this should be well documented. Active case management should focus on locating a suitable housing alternative as well as ensuring that the client continues to receive appropriate services. In all instances, a case manager should be identified.
3. If a client exercises the right to refuse treatment and or aid with placement, this should be documented. Documentation should include case management efforts. Whenever possible, outreach efforts should continue.
4. If a client receiving out-patient services becomes homeless, the clinician/case manager should work actively with the client and community resources to locate suitable housing.

III. PROCEDURES

1. Adoption of Guiding Principles: All agencies and institutions serving homeless clients within the Continuum of Care shall adopt the guiding principals outlined in II, above.
2. Agency Adoption of Discharge Policy: All relevant agencies and institutions within the Continuum of Care shall develop and implement a discharge policy that includes the following:
 - a. Individual Discharge Plan: Upon entry, begin planning an individual discharge plan that includes consumer involvement and buy-in. When the consumer feels a sense of ownership of the plan, the consumer is more likely to follow it. This planning shall begin immediately upon a consumer’s admission to an institution.
 - b. Collaboration and partnerships: A variety of forms of partnerships and collaborations are needed to achieve an effective discharge planning system. It is the responsibility of each agency to partner and collaborate with other agencies in the Continuum of Care to ensure the best outcome for homeless clients.
 - c. Adequate information systems and tracking: All agencies shall participate in the Continuum of Care Homeless Management Information System (HMIS) to improve communication, facilitate access to resources, and track completion of the discharge plan.
 - d. Integration of Community Resources: All agencies shall collaborate to reduce the duplication of services and administrative functions. Effective discharge planning procedures and policies shall be supported by all relevant community planning documents, including the Consolidated Plan, Continuum of Care, and mental health and public housing authorities’ strategic plans. Agencies responsible for funding community re-entry services shall have the responsibility for utilizing resources as efficiently as possible.
 - e. Monitoring and accountability: All agencies shall build or improve the capacity to monitor the implementation and effectiveness of a discharge planning system. Service gaps and resource inadequacies shall be identified and documented in the Continuum of Care process.

- f. Develop adequate funding strategies: In order for discharge planning to be successful, it needs adequate funding for the resources and programs deemed likely to be most successful in assisting a consumer's re-entry into the community. Effective discharge planning systems shall make use of all available resources including Community Development Block Grant(CDBG), Projects in Transition from Homelessness (PATH), Supportive Housing Program (SHP) and Section 8 funds.

IV. FUTURE EFFORTS

Additional work is needed. Successful discharge planning policies to prevent homelessness are contingent upon identification of barriers and development of strategies to overcome those barriers. Some of the barriers identified by the committee include:

- Transportation
- Affordable housing
- Health care
- Timely access to SSI and other benefits, particularly easier reinstatement of benefits after release from jail
- More service beds, particularly emergency shelter and transitional housing
- Money for medications

To further identify and address these and other barriers will require involvement from service providers, consumers, funding agencies and advocacy groups. This may require the creation of ad-hoc committees or conducting regional focus groups.

**Memorandum of Agreement
Volusia/Flagler County Coalition for the Homeless, Inc.
Discharge Policy**

I, _____, hereby attest that I am authorized by my Agency, _____, to commit that my Agency has reviewed the Volusia/Flagler County Coalition for the Homeless' Discharge Policy, and that my Agency will comply with this Discharge Policy, and that any policies and procedures developed, adopted and implemented by my Agency, will conform with this Discharge Policy.

I also hereby attest that I understand that if my Agency fails to comply with this Discharge Policy, my Agency will be ineligible to apply for grant funds through the Volusia/Flagler County Coalition for the Homeless, which is the Continuum of Care for Volusia and Flagler Counties.

For: _____
Printed Name of Agency

Signed: _____ Date: _____

Printed Name and Title: _____

Witnessed by: _____ Date: _____

Printed Name and Title: _____