

# Finding Alternatives to Shelter: A Discussion Guide for Hospital Discharge Staff

Many individuals who are admitted to an Acute Inpatient Hospital or Behavioral Health facility report that they do not have a stable home or housing situation to return to when they leave the hospital. These individuals may assume that a crowded, possibly unsafe emergency shelter, or even outdoor living, is the only option for them upon discharge. In general, emergency shelters are not an adequate housing option – they lack privacy, are closed during the day, and have strict rules and limits about length of stay.

Evidence has shown that housing problem solving strategies that utilize in-depth iterative conversations between hospital staff and patients prior to discharge can help identify alternative housing options. This model, known as “shelter diversion”, has also been successfully utilized at intake by emergency shelter staff, finding a safer non-shelter housing option and thereby diverting someone from entering the shelter.

This document serves as a discussion guide to help hospital discharge staff have difficult problem solving conversations with patients that may identify a feasible housing solution rather than emergency shelter. It is recommended that discharge planning staff have housing problem solving conversations multiple times throughout a patient’s stay. A patient’s capacity and interest to find alternatives to shelter may change as trust is built and stressful circumstances change.

As part of problem solving, discharge planning staff may need to coordinate the planning process with the patient’s support systems, state agencies, insurance plans, community-based providers, and at times shelter staff. *Note that in order to make these connections, you may need to complete a release of information.*

## Introduce the Conversation

Frame the conversation as a two-way discussion on options the patient may have upon discharge from the hospital. Below are some questions that may be helpful. You may need to decide which questions are appropriate based on the setting in which these conversation(s) will take place.

- “Talking about the past may be difficult and our conversation can be stopped at any time.”
- “The goal is to talk about places you have lived where you felt safe and see what options you might have for finding a safe housing situation again.”

- “Continued homelessness and/or unstable living situations can take a toll on a person’s health and well-being, let’s explore other options you may have to returning to shelter or to unstable living situations, from the hospital.”
- “This is just the first of multiple conversations that we can have; in fact it will probably help if we meet regularly during your stay at this facility.”

### Discussion of Past Living Situations

This is the opportunity to discuss where the patient has lived in the past, both immediately prior to hospital admission as well as in previous times. Questions that can prompt this discussion:

*If the patient came directly from emergency shelter or living outside:*

- I understand that you were admitted to the hospital from an emergency shelter/being homeless.
  - “Can you tell me how long you were in the shelter/living outside?”
  - “Can you tell me about the place you stayed or lived before you went to the shelter?”
  - “Is this the primary place you stay or is there somewhere else you normally stay?”
  - “If there’s somewhere else you normally stay, can you tell me about that place?”

*If the patient came directly from an unsafe or unstable housing situation:*

- “I understand that you were admitted to the hospital from a housing situation that felt unstable...
  - ...Can you describe how this housing situation felt unstable?”
  - ...Can you tell me how long you were in this housing situation?”
  - ...Can you tell me about the place you stayed or lived before?”
  - ...Can we explore why you do not feel safe or feel that you cannot return to where you were living?”

*Additional questions:*

- “What was your most recent living situation? How long did you stay there?”
- “In the past, where have you stayed when/if you could not go back to your current living situation?”

### Brainstorm Possible Housing Solutions

Engage in active listening and brainstorm possibilities. Use interviewing skills to explore potential options by asking:

- “Is there anyone, including family, friends, a case manager, a health care provider that may want to know you are being discharged or may want to know that you need help?”
- “Do you have family, friends or anywhere to stay other than shelter or your current unstable housing?”
- “Tell me about past places you’ve stayed that have been positive.”
- “Where was the last place you stayed where you felt safe?”
- “Tell me about any strengths you have to navigate this difficult situation you are facing at this time” (Note: this may open up the conversation to help point out strengths the patient discusses, coping with anxiety, a positive attitude, maintaining hope, qualities that help them care for family members or a pet, advocating for their needs to be met, being resourceful, having technology skills, etc.)
- “What support, resources, or money would you need to stay somewhere else or make a housing option work?”