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&
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MEMORANDUM

TO: MEMBERS OF THE MA INTERAGENCY COUNCIL ON HOUSING AND HOMELESSNESS (ICHH)

FROM: CO-CHAIRS, SECRETARY SUDDERS AND SECRETARY KENNEALY

RE: DISCHARGE PLANNING UPDATE AND PROTOCOLS

DATE: JULY 2021

Over the past year, ICHH, the Department of Housing and Community Development (DHCD) and MassHealth have worked to expand and enhance discharge planning for housing unstable individuals exiting healthcare facilities. The Commonwealth believes it is possible to reduce homelessness by engaging in more robust “discharge planning” once an individual enters a healthcare facility. This initiative is an outgrowth of the [Commonwealth’s Olmstead Plan](#) and ongoing efforts with municipalities, shelters, and stakeholder groups to address homelessness. The Commonwealth’s Olmstead Plan highlighted discharge planning as a critical tool to prevent homelessness.

In general, discharge planning is the process of developing a plan to meet a patient’s needs once they leave a facility. While historically discharge planning has been focused on *medical* needs (i.e., wound care), growing recognition of the social determinants of health have made *housing* a particularly essential component of effective discharge planning.

Effective discharge planning begins at admission and includes developing a plan for housing or other appropriate placement and support upon discharge. This could be placement into a DMH respite facility, retention of a housing voucher, or reunification and placement with family or friends.

A considerable portion of individuals in shelters spent the prior night in an “upstream system of care”, which might have included a hospital, behavioral health facility, or correctional facility. These individuals might regularly cycle in and out of shelters and upstream systems of care, experience episodic homelessness, or experience homelessness for the first time after discharge. The flow from discharging institutions to shelters is harmful for several reasons, most notably:

- Shelters have limited bed capacity, particularly because of the pandemic.
- Shelters are generally not equipped to provide higher levels of care that some recently-discharged individuals might require.

Discharge planning alone will not end homelessness; expanding permanent, affordable housing remains a necessary complement to this work. Nevertheless, intentional engagement with homeless and housing unstable individuals can help improve post-discharge placements by better leveraging existing resources and, only when necessary and better alternatives do not exist, improve processes for placement into shelter.

While some hospitals and behavioral health facilities already incorporate housing considerations into discharge planning and/or coordinate with local shelters, EOHHS research has found the practice to not be adopted statewide.

Discharge Planning Toolkit

Over the past year, ICHH has been working closely with DHCD and MassHealth to better align expectations for acute care hospitals, behavioral health facilities, and individual shelters in order to decrease the number of individuals who are discharged from these facilities directly to shelters. As part of this effort, we have jointly developed a Discharge Planning Toolkit – a series of guidance documents and technical assistance products - to help achieve this goal. The section below provides an overview of these tools.

All of the Toolkit materials can be accessed online at [Helping Patients who are Homeless or Housing Unstable](#). This website includes resources, information and a support line to assist hospital staff in placing individuals who are experiencing homelessness or housing instability

- *Online Housing Tool for Hospital Discharge Staff*

Housing resources – particularly during COVID – can be challenging to navigate. This online decision tree can help guide hospital discharge staff when working with a housing unstable or homeless individual by providing specific action steps tailored to the individual’s unique situation

- *DHCD Letter to Individual Emergency Shelter Providers*

This newly released letter outlines DHCD’s expectations and requirements for homeless providers that operate emergency shelters for homeless individuals with regards to communicating and collaborating with provider hospital discharge staff. Highlights of the letter include reminders that emergency shelters: may not place geographic/community of origin restrictions on access; may not refuse entry to individuals taking prescribed medications, including opiates, oxygen, and benzodiazepines. In addition, DHCD guidance encourages shelters to be prepared to receive and be receptive to inquiries from provider hospitals who may have an individual who previously resided in shelter by sharing information about the individual’s housing history and any other support systems they may have (family, friends, case managers, housing leads, etc.).

- *New MassHealth Bulletins*

These three new Bulletins outline MassHealth’s expectations and requirements Acute Inpatient Hospitals, Psychiatric Inpatient Hospitals, and Managed Care Entities facilities with regards to helping homeless and housing unstable patients, including discharge planning that starts early and includes communicating with local housing agencies and shelters.

- *How to Obtain Identification Documents*

A useful fact sheet that hospital discharge staff can refer to in assisting patients in accessing key identification documents

- *Reporting Form for Inappropriate Discharge to Adult Individual Shelter*

To develop more robust information related to discharges from facilities into shelters, DHCD, in consultation with ICHH and MassHealth have developed a Discharge Reporting Form for shelters to complete for any situations in which an individual may have been inappropriately discharged from a hospital to a shelter. This information will help guide future policy discussions

- *Finding Alternatives to Shelter: A Discussion Guide for Hospital Discharge Staff and Shelter Realities*

Together, these documents are helpful tools for discharge staff when having conversations with individuals to identify a possible housing solution post discharge that is not a shelter. *Finding Alternatives to Shelter: A Discussion Guide for Hospital Discharge Staff* provides examples of specific prompts and questions to help facilitate an in-depth iterative conversation about possible housing options. *Shelter Realities* provides clear information about things to consider before choosing to discharge to shelter including space configurations (e.g., beds, privacy, storage), and operations (e.g., rules around daytime hours, time limits).

- [*Homeless Support Line for Discharge Staff*](#)

EOHHS currently operates a *Homeless Support Line for Discharge Staff* for hospitals to call when they have exhausted all potential placement options, including speaking with a local shelter. Support Line staff aid with trouble-shooting benefits issues, connecting with resources not known to the facility, and coordinating with state government partners to address the individual's needs.

- [*EOHHS Long Term Care Discharge Support Line*](#)

EOHHS currently operates a *Long Term Care Discharge Support Line* for provider hospitals to assist staff from provider hospitals and other settings, who are working with individuals in need of facility-based long-term care post discharge.

In addition, training opportunities will be forthcoming over the summer and fall.

In Conclusion

With the understanding that many facilities are not aware of existing obligations or resources to support appropriate discharge planning, it is the goal and expectation that this guidance, tool kit, training and reporting protocols will clarify responsibilities of providers and insure accountability on the part of state funded facilities and programs. We are fully aware that there will be incremental progress in the implementation of appropriate discharge planning protocols on the part of state funded facilities and programs. However, it is essential that progress towards preventing discharges to the streets or shelters begins now as our homeless neighbors need our immediate support.