

Discharge Planning from the Shelter Perspective

Reasons for collaboration between
hospitals and shelter providers

Advantages of Discharge Planning for Shelters

- ▶ More information about client history, needs, medications, etc.
- ▶ Assess ability to provide competent level of services based on client needs
- ▶ Plan for service needs, referrals, and staff assignment
- ▶ Pre-scheduled follow up appointments
- ▶ Knowing that qualified mental health staff are consulting may lead to acceptance of more clients

Advantages of Discharge Planning for Hospitals

- ▶ Confirmation of appropriate shelter space upon discharge (reserved bed)
- ▶ Assist client with transition from hospital to shelter – plan follow up care
- ▶ Build relationship for future collaborations
- ▶ Knowledge that client is being discharge to an appropriate place – reduce likelihood of sudden re-admission

Advantages of Discharge Planning for Clients

- ▶ Reduce anxiety that comes with not knowing where they will stay
- ▶ Consistency with follow-up appointments and medications reduce episodes
- ▶ Knowledge that a support network has been (is being) established that can meet needs
- ▶ Not having to re-tell story and have multiple service plans

Problems for Shelters when Discharge is Not Planned

- ▶ Unknown clients in shelters with unknown mental health issues
- ▶ Risk potential for staff and other clients
- ▶ Too many clients with mental health issues for specialized staff to appropriately assist
- ▶ Clients not on medications, clients on unknown medications with side-effects
- ▶ Potential for sell and theft of medications

Problems for Hospitals when Discharge is Not Planned

- ▶ Clients returning to hospital quickly and in state of rapid decompensation
- ▶ Reluctance of shelters to accept clients in the future
- ▶ Wasted funds on medications that get lost, stolen, abused, or sold
- ▶ Client hostility for feeling “bounced around”

Problems for Clients when Discharge Not Planned

- ▶ Lack of consistency in services being provided by multiple agencies
- ▶ Access to medications, assistance with follow-up appointments
- ▶ Lack of stability and support network leads to rapid decompensation
- ▶ Feeling that nobody care