

HUD's

HOMELESS ASSISTANCE PROGRAMS



Customized Bibliography

Discharge Planning From Publicly Funded Institutions



Office of Community Planning and Development

Introduction

Many systems of care have responsibility for the discharge of people leaving their institutions. Publicly funded institutions are often a factor in creating and maintaining homelessness by discharging people to streets or shelters. Part of a comprehensive strategy to end chronic homelessness is to prevent people from becoming homeless in the first place and good discharge planning is the lynchpin of a comprehensive prevention strategy. Helping people make successful transitions to the community as they are released from foster care, jails, prisons, and health care, mental health, or substance abuse treatment facilities requires systems to work together to ensure continuity of care and linkages to appropriate housing and community treatment and supports.

This bibliography represents a selection of the literature on discharge planning from the systems that people who experience chronic homelessness are most often in contact with. It is divided into three sections: Criminal Justice; Youth; and Health, Behavioral Health, and Other Related Issues. Unless otherwise noted, most of the literature included in this bibliography is available from your local library or inter-library loan. Entries available for download on the Internet contain active links to the websites from which they are available.

Criminal Justice

Authors: Legal Action Center.

Title: **After Prison: Roadblocks to Reentry. A Report on State and Legal Barriers Facing People With Criminal Records.**

Source: New York, NY: Legal Action Center, 2004. (Report: 26 pages)

Abstract: This report focuses on the obstacles facing people with experience in the criminal justice system upon their reentry to society. The authors grade each state on whether its law and policies help or hurt those seeking reentry. This report includes a comprehensive catalogue of each state's legal barriers to employment, housing, benefits, voting, access to criminal records, parenting, and driving. The authors make recommendations on how federal and state policymakers can help reintegrate people with criminal records into society in ways that better promote public safety (authors). Available From: Legal Action Center, 153 Waverly Place, New York, NY 10014, (212) 243-1313, http://www.lac.org/lac/upload/lacreport/LAC_PrintReport.pdf

Authors: Osher, F., Steadman, H.J., Barr, H.

Title: **A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC Model.**

Source: Delmar, NY: The National GAINS Center, 2002. (Manuscript: 20 pages)

Abstract: Almost all inmates with co-occurring mental illness and substance use disorders will leave correctional settings and return to the community. Inadequate transition planning puts people with co-occurring disorders who enter jail in a state of crisis back on the streets in the middle of the same crisis. The outcomes of inadequate transition planning include the compromise of public safety, an increased incidence of psychiatric symptoms, relapse to substance abuse, hospitalization, suicide, homelessness, and re-arrest. While there are no outcomes studies to guide evidence-based transition planning practices, there is enough guidance from the multi-site studies of the organization of jail mental health programs to propose a best practice model. This manuscript presents one such model--APIC. The APIC Model is a set of critical elements that, if implemented, are likely to improve outcomes for persons with co-occurring disorders who are released from jail (authors). Available From: The National GAINS Center, 345 Delaware Avenue, Delmar, NY 12054, (518) 439-7415, www.gainsctr.com

Authors: Bazelon Center for Mental Health Law.

Title: **Building Bridges: An Act to Reduce Recidivism by Improving Access to Benefits for Individuals with Psychiatric Disabilities Upon Release From Incarceration--Model Law.**

Source: Washington, DC: Bazelon Center for Mental Health Law, 2002. (Report: 34 pages)

Abstract: This report offers a model law that states can use to afford recently released inmates with psychiatric disabilities a successful transition to community life. Following an overview of the model law, the text of the proposed legislation is paired with a commentary with background and explanation to assist advocates and policymakers in working to adapt the model to their state. The commentary highlights potential issues, explains the choices the authors made as the language was drafted and provides references to helpful sources and supplementary materials. The authors have assumed that states will want to enact implementing rules or regulations related to benefit-reinstatement legislation, and accordingly have included suggestions as to what those rules should contain (authors). Available From: Bazelon Center for Mental Health Law, 1101 Fifteenth Street, NW, Suite 1212, Washington, DC 20005, (202) 467-5730, <http://www.bazelon.org/>

Criminal Justice

Authors: The National GAINS Center.

Title: **Community Re-Entry for Inmates with Co-Occurring Disorders.**

Source: Delmar, NY: The National GAINS Center, 2004. (Information Packet: 1 packet)

Abstract: This packet includes a number of resources that provide a synopsis of topics regarding community re-entry from jails for inmates with mental health disorders. The documents in the packet include, "Maintaining Medicaid Benefits for Jail Detainees with Co-Occurring Mental Health and Substance Use Disorders" (The GAINS Center); "A Best Practice Approach to Community Re-Entry from Jails for Inmates with Co-Occurring Disorders" (The GAINS Center); "In Search of the Missing Linkages: Continuity of Care in U.S. Jails" (Veysey et al); "Prisons and Jails: Hospitals of Last Report" (Barr, H.); "For People with Mental Illnesses: Finding the Key to Successful Transition from Jail to Community" (The Bazelon Center); "The Mentally Ill in Jails and Prisons: Toward an Integrated Model of Prevention" (Lamberti, et al); "Case Management and Recidivism of Mentally Ill Persons Released from Jail" (Ventura et al); "Helping the Mentally Ill in Jails Adjust to Community Life: A Description of a Postrelease ACT Program and its Clients" (Lurigio et al); and "Release Planning" (Hartwell and Orr). Available From: The National GAINS Center, 345 Delaware Avenue, Delmar, NY 12054, (800) 311-GAIN, <http://www.gainsctr.org/>

Authors: Council of State Governments.

Title: **Criminal Justice/Mental Health Consensus Project.**

Source: New York, NY: Council of State Governments, 2002. (Report: 432 pages)

Abstract: This report reflects the results of a series of meetings among one hundred of the most respected criminal justice and mental health practitioners in the country. The report provides forty-seven policy statements that can serve as a guide or prompt an initiative to improve the criminal justice system's response to people with mental illness. Following each policy statement is a series of more specific recommendations that highlight the practical steps that should be taken to implement the policy. Woven into the discussion of each recommendation are examples of programs, policies, or elements of state statutes that illustrate one or more jurisdiction's attempt to implement a particular policy statement. While promising, many of these initiatives are so new that they have yet to be evaluated to certify their impact on individuals and systems. Still, they demonstrate how partnerships and resourcefulness can be successfully replicated or tailored to the unique needs of a variety of communities. These examples should also help communities to build on the achievements without duplicating the failures or inefficiencies of others (authors). Available From: Council of State Governments, 40 Broad Street, Suite 2050, New York, NY 10004, (212) 482-2320, http://consensusproject.org/the_report

Authors: National Association of State Mental Health Program Directors.

Title: **Diversion and Jail Discharge Programs for Homeless People with Mental Illness: Working with the Police, the Courts, and Local Jails.**

Source: PATHFinder Report: June, 1995. (Newsletter: 16 pages)

Abstract: This issue describes effective alternatives to jailing homeless people with mental illnesses who come into contact with the police. Jail discharge planning and follow-up services for those discharged from jail who are homeless and have serious mental illness are also addressed. Mental health services in jails are not discussed, except as they apply to discharge planning.

Criminal Justice

Authors: Byrne, J.M., Taxman, F.S., Young, D.

Title: **Emerging Roles and Responsibilities in the Reentry Partnership Initiative: New Ways of Doing Business.**

Source: College Park, MD: Bureau of Governmental Research, 2002. (Unpublished Paper: 35 pages)

Abstract: This paper reviews the Reentry Partnership Initiative programs which share a common vision about offenders, communities, and the issue of public safety. The Reentry Partnership Initiative requires key criminal justice system actors to define their role and responsibility in this area, focusing not on what individual agencies should be doing, but on what the partnership should be doing to improve public safety. To facilitate this shift from individual agency-level reentry activities to coordinated system-wide reentry efforts, fundamental changes in the roles and responsibilities of police, court, and corrections personnel will have to be made. A major development is the inclusion of the community - victims and offenders in the partnership - sharing responsibilities for offender reintegration (authors).

Authors: Hirsch, A., Dietrich, S., Landau, R., Schneider, P., Ackelsberg, I., Bernstein-Baker, J., Hohenstein, J.

Title: **Every Door Closed: Barriers Facing Parents With Criminal Records.**

Source: Washington, DC: The Center for Law and Social Policy, 2002. (Report: 109 pages)

Abstract: This report, jointly published by The Center for Law and Social Policy (CLASP) and Community Legal Services (CLS) of Philadelphia PA, documents the legal challenges that the approximately 400,000 mothers and fathers who have finished serving prison or jail sentences will face in successfully caring for their children, finding work, getting safe housing, going to school, and accessing public benefits. The report examines the barriers that, singly and in combination, tear apart families headed by ex-offenders, create unemployment and homelessness, and guarantee failure, thereby not only harming parents and children but entire communities as well. The report also offers recommendations for federal and state policymakers (authors). Available From: The Center for Law and Social Policy, 1015 15th Street, NW, Suite 400, Washington, DC 20005, (202) 906-8000, http://www.clasp.org/publications/EDC_fact_sheets.pdf

Authors: Center for Law and Social Policy.

Title: **Every Door Closed Fact Sheet Series. An Action Agenda.**

Source: Washington, DC: The Center for Law and Social Policy, 2003. (Fact Sheet Series: 16 pages)

Abstract: Each year, approximately 400,000 mothers and fathers finish serving prison or jail sentences and return home eager to rebuild their families and their lives. As these parents struggle to make a fresh start, they encounter many legal barriers that will make it very difficult for them to successfully care for their children, find work, get safe housing, go to school, access public benefits, or even, for immigrants, stay in the same country as their children. This new set of eight two-page fact sheets, a joint project of CLASP and Community Legal Services, Inc., of Philadelphia, details the scope of the challenges these families face and offers solutions for federal, state, and local policymakers. The titles are: Facts about Parents with Criminal Records; Ex-Offenders Thwarted in Attempts to Earn a Living; Low-Income Families Barred from Housing Because of Criminal Records; Lift the Ban on Financial Aid for Higher Education; Making Public Benefits Accessible to Parents with Criminal Records; Ex-Offenders Struggle with Child Support Obligations; Helping Incarcerated Parents Stay Involved with their Children; and Immigration Consequences of Contact with the Criminal Justice System (authors). Available From: The Center for Law and Social Policy, 1015 15th Street, NW, Suite 400, Washington, DC 20005, (202) 906-8000, http://www.clasp.org/publications/EDC_fact_sheets.pdf

Criminal Justice

Authors: Bazelon Center for Mental Health Law.

Title: **Finding the Key to Successful Transition from Jail to Community.**

Source: Washington, DC: Bazelon Center for Mental Health Law, 2001. (Guide: 10 pages)

Abstract: This guide is an explanation of the federal disability programs' complex and interrelated rules and some options for state and local officials to use them more effectively. It is designed to contribute to the development of a more appropriate system of care for individuals with serious mental illnesses and to reduce recidivism. This is an important part of an effective solution to ensure that people with serious mental illness are connected with appropriate community agencies as they are released, and are enrolled in the federal entitlement programs that they need to support themselves: federal disability payment programs and health coverage through Medicaid and Medicare.

Authors: Hals, K.

Title: **From Locked Up to Locked Out: Creating and Implementing Post-Release Housing for Ex-Prisoners.**

Source: Seattle, WA: AIDS Housing of Washington, 2003. (Report: 170 pages)

Abstract: This is a report about the tragedy of homelessness among exiting prisoners. It is written for anyone who believes in building and filling more homes for ex-prisoners instead of more jails to which they can return when homelessness, among other problems, sends them on a U-turn back to lock-up. It is a starting point for planning post-release housing and related services to support the transition out of prison. It is also written to improve housing programs where ex-prisoners now live but, perhaps, do not fit in or succeed. This book also intends to dispel fear. Housing providers with minimal experience in the field of criminal justice often have anxiety about serving ex-prisoners. In response, the book explains who today's prisoners really are and the degree to which many belong more to the mainstream of society, even if to its most unfortunate tributary, than to a subgroup of sociopaths. Also explained are the dynamics of prison life, the experience of coming back to society, and how helpers who have not been behind bars themselves can learn to relate to those who have. Throughout, the book presents examples of post-release housing and related services. It shares the opinions of those who succeeded at melding the worlds of housing and criminal justice together. It offers advice, from the concrete to the philosophical, about how to create and implement such programs. For readers looking for more information on particular topics, references for other reports, books, websites, and videos are listed for this purpose (authors). Available From: AIDS Housing of Washington, 2014 East Madison, Suite 200, Seattle, WA 98122, (206) 322-9444, <http://www.aidshousing.org/>

Authors: Travis, J., Solomon, A.L., Waul, M.

Title: **From Prison to Home: The Dimensions and Consequences of Prisoner Reentry.**

Source: Washington, DC: The Urban Institute, 2001. (Journal Article: 57 pages)

Abstract: This monograph is the first to document in a single source the various aspects of prisoner reentry - from preparation for release to post-prison supervision. This focus on reentry sheds light on issues of sentencing, punishment, public safety, and prisoner reintegration. The report also explores the challenges posed by substance abuse, health problems, employment, and housing, as well as the complex implications of prisoner reentry for families and communities. The monograph covers the state of knowledge in each of these areas, identifying key research findings and highlighting opportunities for policy innovation (authors). Available From: The Urban Institute, 2100 M Street NW, Washington, DC 20037, (877) 847-7377, <http://www.urban.org/>

Criminal Justice

Authors: Cho, R., Gary, D., Ball, L., Ladov, M.

Title: **A Guide to Reentry Supportive Housing: A Three Part Primer for Non-profit Supportive Housing Developers, Social Services Providers, and Their Government Partners.**

Source: New York, NY: Corporation for Supportive Housing, 2002. (Guide: 30 pages)

Abstract: This guide is intended to provide supportive housing providers with a basic introduction to community reentry supportive housing, that is, supportive housing targeted towards formerly incarcerated individuals or ex-offenders, including those living with special needs. The objectives of this guide are: to provide a basic understanding of the need for supportive housing targeted towards returning prisoners; to provide a general overview of the criminal justice system (its values, function, and practice) as relates to the community reentry of ex-offenders; and to discuss crucial issues surrounding both the partners (project sponsors) and the people (target population) involved in community reentry supportive housing (authors). Available From: Corporation For Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10173, (212) 986-2966, <http://www.csh.org/uploads/documents/live/GuideReEntrySH.pdf>

Authors: Hammet, T.M., Roberts, C., Kennedy, S.

Title: **Health-Related Issues in Prisoner Reentry.**

Source: Crime and Delinquency 47(3): 390-409, 2001. (Journal Article: 19 pages)

Abstract: This article reviews the state of programs and research in five health-related issues important to prison inmates' successful transitions to the community: discharge planning, community linkages, and continuity of care; adherence to treatment regimens; availability of housing; quick access to benefit programs; and the particular needs of dually and triply diagnosed individuals. In general, such services are currently inadequate, although there are exemplary programs and promising strategies in some of these realms. Additional research is needed to evaluate current programs and encourage their replication and enhancement. The disproportionate share of the nation's total burden of health problems found among inmates and the potential public health and fiscal benefits of an improved response should make this research a high priority (authors).

Authors: Cho, R.

Title: **The Impact of NY/NY Housing on Criminal Justice System Involvement Among Homeless Persons with Serious Mental Illness.**

Source: New York, NY: Corporation for Supportive Housing, 2002. (Fact Sheet: 2 pages)

Abstract: The study referenced in this fact sheet examined the impact of NY/NY housing on the use of medical, psychiatric, and emergency shelter services. The study also matched homeless individuals with mental illness who were placed into NY/NY housing with a set of cohorts who also had a similar record of shelter use, matched by various demographic characteristics, indicators of mental illness and substance abuse, and Medicaid eligibility. Criminal justice involvement was then compared for these groups for the two years before and after the first group was placed into supportive housing (author). Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, information@csh.org, <http://www.csh.org/index.cfm?fuseaction=document.showDocumentList&parentID=34>

Criminal Justice

Authors: Gillece, J.

Title: **Leaving Jail: Service Linkage and Community Re-entry for Mothers with Co-occurring Disorders.**

Source: Delmar, NY: The National GAINS Center for People with Co-occurring Disorders in the Justice System, Policy Research Associates, 2002. (Monograph: 4 pages)

Abstract: This is the seventh paper in the eight paper series that discusses the many issues surrounding justice-involved women with co-occurring disorders and their children. This paper focuses on the need for service linkage for mothers who are returning to the community after serving time in jail. The complex circumstances that lead to the incarceration of women require coordinated multi-agency solutions. The author lists mental health, substance abuse and trauma treatment as well as housing, entitlements, vocational and educational services as critical elements in successful re-entry programming. In addition, detainees who are mothers require special supports for themselves and their children. The author identifies the commitment to collaboration between service agencies within the state of Maryland, as exemplary. Available From: The National GAINS Center for People with Co-Occurring Disorders in the Justice System, Policy Research Associates, Inc. 345 Delaware Ave., Delmar, NY 12054, <http://www.gainsctr.com/> (800) 311-GAIN.

Authors: Hartwell, S.W., Orr, K.

Title: **The Massachusetts Forensic Transition Program for Mentally Ill Offenders Re-Entering the Community.**

Source: Psychiatric Services 50(9): 1220-1222, 1999. (Journal Article: 3 pages)

Abstract: On April 1, 1998, the Massachusetts Department of Mental Health established the forensic transition program for mentally ill offenders. The primary goal of the statewide program, which follows clients for three months after their release from correctional facilities, is to coordinate services and assist in community reintegration. In the first year of the program, 233 mentally ill offenders received services. Seventy-four clients had been discharged as of April 1, 1999. At discharge 42 of the 74 clients (57%) were living in the community and were receiving mental health services. The other clients were hospitalized immediately after release (20%), reincarcerated (10%), hospitalized after a brief stay in the community (3%), or lost to follow-up (11%) (authors).

Authors: Hausman, K.

Title: **Mentally Ill Inmates Win Right to Discharge Planning.**

Source: Psychiatric News 28(6): 21, 2003. (Journal Article: 1 page)

Abstract: This article discusses the outcome of the class-action lawsuit against New York City, to mandate the provision of discharge-planning for mentally ill inmates. To settle the suit against it, New York City agreed to implement a comprehensive discharge-planning program that will follow mentally ill inmates into the community. Before it decided to settle the case, the city lost two appeals of a July 2000 ruling by a state trial court that ordered the city to begin such a program. The suit against the city argued that while city law mandates discharge planning that provides continuity of care for inmates receiving mental health care, the city routinely sends inmates back to the community with no postdischarge agreements in place.

Criminal Justice

Authors: Black, K., Cho, R.

Title: **New Beginnings: The Need for Supportive Housing for Previously Incarcerated People.**

Source: New York, NY: Corporation for Supportive Housing, 2004. (Report: 62 pages)

Abstract: This report examines the housing needs of formerly incarcerated people, particularly those with special needs, and presents a national survey of existing models of re-entry housing. This publication will assist conversations already underway in New York and around the country on the tremendous need for and promise of supportive housing for ex-offenders. Making supportive housing - affordable housing combined with needed support services - available and easy to access has proven a successful strategy for reducing and preventing criminal recidivism and homelessness in places throughout the country (authors). Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, information@csh.org, <http://www.csh.org/>

Authors: Taxman, F.S., Young, D., Byrne, J.

Title: **Offender's Views of Reentry: Implications for Processes, Programs, and Services.**

Source: College Park, MD: Bureau of Governmental Research, 2002. (Unpublished Paper: 31 pages)

Abstract: This paper focuses on the offender returning from prison back into the community, since it is reported that these offenders are likely to recidivate within three years. The question confronting program designers is how to build reentry processes that reinforce the message of accountability and individual responsibility, while also attending to the issues about the offender's regaining legitimacy in society (authors).

Authors: Center for Law and Social Policy.

Title: **One Strike and You're Out: Low-Income Families Barred From Housing Because of Criminal Records.**

Source: Washington, DC: Center for Law and Social Policy, 2003. (Fact Sheet: 2 pages)

Abstract: This fact sheet is part of the eight part Every Door Closed fact sheet series on the struggles mothers and fathers face when they finish serving prison or jail sentences and return home. As these parents struggle to make a fresh start, they encounter many legal barriers that make it very difficult for them to successfully care for their children, find work, get safe housing, go to school, access public benefits, or even, for immigrants, stay in the same country as their children. This fact sheet details HUD's "one strike and you're out" policy, which prevents families from renting federally subsidized apartments if any member of the family has a criminal record. In this policy, families may be evicted: for the criminal behavior of a household member or guest; criminal behavior which occurs on or off the premises; regardless of whether or not there has been an arrest or conviction; without satisfying the standard of proof used for criminal conviction; and even if all of the criminal charges against the alleged offender are ultimately dismissed. This fact sheet details the scope of the challenges these families face and offers solutions for federal, state, and local policymakers. Available From: The Center for Law and Social Policy, 1015 15th Street, NW, Suite 400, Washington, DC 20005, (202) 906-8000, http://www.clasp.org/publications/EDC_fact_sheets.pdf

Criminal Justice

Authors: Solomon, A.L., Waul, M., Van Ness, A., Travis, J.

Title: **Outside the Walls: A National Snapshot of Community-Based Prisoner Reentry Programs.**

Source: Washington, DC: Urban Institute, 2004. (Report: 200 pages)

Abstract: This report provides descriptions of a broad array of prisoner reentry activity across the country, as well as briefing papers that discuss what is known about reentry as it pertains to employment, health, housing, family, faith, and public safety. The Urban Institute conducted a national survey of reentry programs that are addressing the needs and risks facing returning prisoners, their families, and communities. The report benefited significantly from the input of national experts who nominated programs that are implementing innovative approaches to easing the reentry process in their local communities (authors). Available From: Urban Institute, 2100 M Street, NW, Washington, DC 20037, (202) 833-7200, http://www.urban.org/UploadedPDF/410911_OTWResourceGuide.pdf

Authors: Corporation for Supportive Housing.

Title: **An Overview of the Criminal Justice System.**

Source: New York, NY: Corporation for Supportive Housing, 2002. (Guide: 12 pages)

Abstract: This document explains the courts, jail and prison system, and surveys existing community re-entry models. It provides a brief overview of the criminal justice system, including a discussion of the criminal justice system as a whole, its goals, its institutions, and as it relates to the arrest, adjudication, sentencing, incarceration, and discharge of inmates (authors). Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, info@csh.org, <http://www.csh.org/index.cfm?fuseaction=page.viewPage&PageID=420>

Authors: Petersilia, J.

Title: **Parole and Prisoner Reentry in the United States.**

Source: In M.Tonry and J. Petersilia (Eds.), Prisons, 479-529. Chicago, IL: University of Chicago Press, 1999. (Book Chapter: 50 pages)

Abstract: According to this article, with the average (median) prison term served of fifteen months, more than half of all inmates now in prison will be in the community in less than two years. Developing programs to reduce parole recidivism should be a top priority, and a few agencies are operating successful job-training and substance abuse programs. Experts argue that a new parole model is sorely needed, one that incorporates advances in technology, risk prediction, effective rehabilitation, and more "active" forms of supervision that incorporate citizens and others who know the offender. Such reforms are more promising than parole abolition, in that they reduce the public safety risks posed by parolees and increase the chances that offenders will succeed (authors).

Authors: National Coalition for Homeless Veterans.

Title: **Planning for Your Release: A Guide for Veterans Incarcerated.**

Source: Washington, DC: National Coalition for Homeless Veterans, 2004. (Guide: 15 pages)

Abstract: This guide offers instruction on how veterans can apply for VA benefits; where to look to find affordable housing; how to find employment training programs and job placement assistance; where to obtain medical and mental health services; and who is available to provide counseling and other assistance programs in their communities. The authors suggest that each veteran should have his or her own copy of the workbook in which notes can be recorded on the progress being made, community contacts who have helped, and agreements that are reached with service providers. The guide also serves as a guidance tool for corrections, social services and federal agency personnel who are trying to help incarcerated veterans. A wealth of contact information is provided, as well as tips on letter writing, filling out forms, and a timeline for when certain actions should be taken prior to the veteran's release (authors). Available From: National Coalition for Homeless Veterans, 333 ½ Pennsylvania Avenue, SE, Washington, DC 20003, (202) 546-1969, <http://www.nchv.org/>

Criminal Justice

Authors: La Vigne, N.G., Thomson, G.L., Visher, C., Kachnowski, V., Travis, J.

Title: **A Portrait of Prisoner Re-entry in Ohio.**

Source: Washington, DC: Urban Institute, 2003. (Report: 85 pages)

Abstract: This report describes the process of prisoner reentry in Ohio by examining the policy context surrounding reentry in Ohio, the characteristics of inmates exiting Ohio prisons, the efforts to prepare inmates for release, the geographic distribution of prisoners returning home, and the social and economic climates of the communities that are home to some of the highest concentrations of released prisoners. This report does not attempt to evaluate a specific reentry program or empirically assess Ohio's reentry policies and practices. Rather, the report consolidates existing data on Ohio prisoners released in 2001 (authors). Available From: Urban Institute, 2100 M Street, NW, Washington, DC 20037, (877) 847-7737, <http://www.urban.org/url.cfm?ID=410891>

Authors: Rodriguez, N., Brown, B.

Title: **Preventing Homelessness Among People Leaving Prison.**

Source: New York, NY: Vera Institute of Justice, 2003. (Report: 12 pages)

Abstract: This report examines homelessness among former inmates, shares examples of corrections agencies' efforts to address it, and offers insights from the Vera Institute's Project Greenlight, an in-prison program that provided comprehensive transition services, including housing assistance, to felony offenders reentering communities in New York City. Included are details on Project Greenlight's housing assistance program and suggestions for practitioners interested or engaged in similar efforts (authors). Available From: Vera Institute of Justice, 233 Broadway, 12th Floor, New York, NY 10279, (212) 334-1300, http://www.vera.org/publication_pdf/209_407.pdf

Authors: Community Shelter Board.

Title: **Preventing Homelessness: Discharge Planning from Corrections Facilities.**

Source: Columbus, OH: Community Shelter Board, 2002. (Report: 13 pages)

Abstract: This report discusses the reasons for prevention and discharge planning, as well as explores the housing barriers to successful reentry and the lack of benefits for people who are mentally ill. The authors define discharge planning, and give examples of what can be done to prevent homelessness. Innovative community programs are discussed, such as the Fortune Society, Safer Foundation, Project Return, and Druid Heights Transitional Housing for Ex-Offenders. The authors also give a sampling of policy initiatives from different states, including Massachusetts, Illinois, Ohio and Minnesota (authors). Available From: Community Shelter Board, 115 West Main Street, LL, Columbus, OH 43215, (614) 221-9195, <http://www.csb.org/>

Authors: Austin, J.

Title: **Prisoner Reentry: Current Trends, Practices, and Issues.**

Source: Crime and Delinquency 47(3): 314-334, 2001. (Journal Article: 20 pages)

Abstract: Using national data and a survey of eight states, this article examines the current "state of the art" of prisoner reentry. Not surprisingly, most state prison systems are ill equipped to ease the transition of inmates from prison to the community. A significant portion of released inmates pose minimal risk to public safety. Parole supervision increasingly results in ex-convicts being reincarcerated for noncriminal behavior or misdemeanor crimes. For most inmates, reentry should be curtailed by either eliminating supervision or greatly shortening the period of supervision (authors).

Criminal Justice

Authors: Lynch, J.P., Sabol, W.J.

Title: **Prisoner Reentry in Perspective.**

Source: Washington, D.C.: Urban Institute, 2001. (Monograph: 27 pages)

Abstract: In this report, data are presented on changes in characteristics of persons released from prison and of persons on parole, but these measures beg the question of whether reentry involves only those recently released, those under supervision, or the entire volume of persons who have previously been in prison. If the latter group is considered, then the scope of reentry expands to include the several million people who have spent time in prison (authors).

Authors: Barr, H.

Title: **Prisons and Jails: Hospitals of Last Resort. The Need for Diversion and Discharge Planning for Incarcerated People with Mental Illness in New York.**

Source: New York, NY: The Correctional Association of New York and The Urban Justice Center, 1999. (Report: 54 pages)

Abstract: This article states that deinstitutionalization and the closing of psychiatric hospitals, the rise of managed care, the growth of prisons and jails, and punishment of "quality of life" crimes have contributed to the incarceration of thousands of people with mental illness in New York City and New York State. This report examines the scope of the problem and recommends strategies which, if implemented, would lead to a more humane and sensible system. In such a system, seriously mentally ill minor offenders would be diverted to treatment rather than sent to jail, and prisoners requiring mental health services would be able to continue their treatment as they moved between correctional facilities and the community. The author states these strategies have the potential to be safer and cheaper for the community while providing better care for people with mental illness (author).

Authors: Travis, J.

Title: **Prisons, Work and Re-Entry.**

Source: Corrections Today 61(6): 102-105, 133, 1999. (Journal Article: 5 pages)

Abstract: This article describes developmental efforts by the National Institute of Justice (NIJ) to promote an increase in inmate labor participation, both in prisons and after release. These efforts are a response to the prison population growth rates and emerging evidence on the value of labor as a crime control device. The author lists the barriers, he describes as surmountable, and follows with NIJ's proposed solutions. NIJ has proposed a long-range demonstration program that systematically identifies, solves and removes obstacle to full employment in prisons. The demonstration would employ two strategies concurrently: Model Prisons and Model Programs. NIJ is also working toward better re-entry strategies, that are evolving into two models: Re-entry courts and re-entry police/correctional partnerships. This articles describes each of these initiatives.

Authors: Corporation for Supportive Housing.

Title: **Profiles of Successful Development Financing.**

Source: New York, NY: Corporation for Supportive Housing, 2002. (Program Description: 6 pages)

Abstract: This document provides project profiles of three criminal justice-related supportive housing projects that are in development or currently operating: Project Greenhope and Fortune Academy in New York, and St. Leonard's House in Chicago (authors). Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, info@csh.org, <http://www.csh.org/index.cfm?fuseaction=page.viewPage&PageID=420>

Criminal Justice

Authors: Corporation for Supportive Housing.

Title: **Project Financing Issues for Reentry Supportive Housing.**

Source: New York, NY: Corporation for Supportive Housing, 2002. (Guide: 7 pages)

Abstract: This document examines the funding sources available for those interested in developing supportive housing projects targeting ex-offenders or other criminal justice-involved persons. Most new residential projects targeting ex-offenders were made possible by accessing development funding streams in other areas of government besides corrections. These include homeless/housing funding, substance abuse funding, mental health funding, and affordable housing funding (including tax credits). The challenge that remains with these patchwork financing schemes has been around the definition of target populations. Since few of these funding streams were designed with returning prisoners in mind, developers have faced the challenge of narrowing their target populations to meet funding program eligibility requirements (authors). Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, info@csh.org, <http://www.csh.org/index.cfm?fuseaction=page.viewPage&PageID=420>

Authors: Cho, R.

Title: **Putting the Pieces Back Together: Overcoming Fragmentation to Prevent Post-Incarceration Homelessness.**

Source: New York, NY: Corporation for Supportive Housing, 2004. (Unpublished Paper: 39 pages)

Abstract: This paper is an attempt to redirect the growing dialogue around homelessness among formerly incarcerated people towards a systems approach to the problem. Such a view calls for a deeper understanding of the root causes of homelessness among formerly incarcerated people, thus identifying areas for policy and systems reform. The author argues that homelessness among formerly incarcerated people, as a recent manifestation of homelessness in general, stems from recent choices and practices within governance and institutional policy, choices and practices that can indeed be reformed. Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, information@csh.org, <http://www.csh.org>

Authors: Metraux, S., Culhane, D.P.

Title: **Recent Incarceration History Among a Sheltered Homeless Population.**

Source: Philadelphia, PA: University of the Sciences in Philadelphia, 2004. (Unpublished Paper: 25 pages)

Abstract: This study examined incarceration histories and shelter use patterns of 7,022 persons staying in public shelters in New York City. Through matching administrative shelter records with data on releases from New York State prisons and New York City jails, 23.1% of a point-prevalent shelter population was identified as having had an incarceration within the previous two-year period. Persons entering shelter following a jail episode (17.0%) exhibited different shelter stay patterns than those having exited a prison episode (7.7%), leading to the conclusion that different dynamics are predominant and different interventions are called for among shelter users released from jail and from prison (authors). Available From: Stephen Metraux, Ph.D., Health Policy Program, University of the Sciences in Philadelphia, 600 South 43rd Street, Philadelphia PA 19104, (215) 596-7612, s.metraux@usip.edu, <http://www.usip.edu/graduate/healthpolicy/info/metraux.shtml>

Criminal Justice

Authors: Travis, J., Petersilia, J.

Title: **Reentry Reconsidered: A New Look at an Old Question.**

Source: Crime and Delinquency 47(3): 291-313, 2001. (Journal Article: 22 pages)

Abstract: The profile of the current reentry cohort shows that prisoners are less prepared for reintegration and less connected to community-based social structures. Linkages between prisoner reentry and the related social policy domains of health policy, family and child welfare policy, workforce participation, civic participation, and racial disparities are examined to show the potential for more systematic reintegration policies. The article concludes with discussion of the implications of a reentry perspective for the development of new strategies for prisoner reintegration (authors).

Authors: Hughes, T., Wilson, D.J.

Title: **Reentry Trends in the United States.**

Source: Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2002. (Report: 27 pages)

Abstract: This report provides statistics pertaining to inmates returning to the community after serving time in prison. The authors present information on reentry trends in areas such as growth in State prison and parole populations, releases from State prison, entries to State parole, success rates for State parolees, recidivism, characteristics of releases, and Federal supervised release. They provide definitions for many of the key legal terms used. The report concludes with a description of data sources and a list of relevant reports produced by the Bureau of Justice Statistics.. Available From: Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531, (202) 307-0765, www.ojp.usdoj.gov/bjs/welcome.html

Authors: Hartwell, S.W., Karin, O.

Title: **Release Planning and the Distinctions for Mentally Ill Offenders Returning to the Community from Jails Versus Prisons.**

Source: American Jails (Nov/Dec): 9-12, 2000. (Journal Article: 4 pages)

Abstract: This article explores some of the differences found among a population of mentally ill offenders in Massachusetts sentenced to county or state facilities. It presents data collected from a model program that facilitates the transition of mentally ill inmates back into the community and explores the most effective strategies for those returning from prison versus those returning from jails or "county" facilities. Data from this program reveals that the distinction between short-term and longer term imprisonment is essential in considering services and programs offered as a bridge from incarceration to appropriate community-based care.

Authors: Wolff, N., Plemmons, D., Veysey, B., Brandi, A.

Title: **Release Planning for Inmates with Mental Illness Compared with Those Who Have Other Chronic Illnesses.**

Source: Psychiatric Services 53(11): 1469-1471, 2002. (Journal Article: 3 pages)

Abstract: The authors of this article evaluated the effort of New Jersey jails to plan for the postrelease treatment needs of inmates with mental illness compared with inmates with heart disease and HIV infection or AIDS. Seventy percent of interviewees expressed a belief that release planning for persons with serious mental illness is very or extremely important. However, virtually all the jails reported providing "no real release planning." A majority of the jails provide aftercare plans for fewer than 10 percent of inmates with serious mental illness. A lack of release planning was noted for the other chronic conditions. Release planning for particular chronic problems is most common and complete in facilities with special treatment programs, such as a mental health unit (authors).

Criminal Justice

Authors: Herman, S., Wasserman, C.

Title: **A Role for Victims in Offender Reentry.**

Source: Crime and Delinquency 47(3): 428-445, 2001. (Journal Article: 17 pages)

Abstract: The current scale of offender reentry creates unprecedented challenges for those, including victims, who have an interest in the successful reintegration of offenders into the community. Current problem-solving approaches emphasize the need for continuity between in-custody and postrelease programs and the importance of partnerships and collaborations in supervision and support for offenders. These developments offer increasing opportunities to victims and victims organizations because their experiences and knowledge are often directly relevant to reentry issues. Increased victim involvement in the planning, management, and implementation, of reentry policies and programs can contribute positively to better informed decisions and the achievement of reentry goals (authors).

Authors: Minnesota Department of Corrections.

Title: **Safe Homes, Safe Communities: A Focus Group Report on Offender Housing.**

Source: St. Paul, MN: Minnesota Department of Corrections, 2001. (Report: 38 pages)

Abstract: This report on housing for offenders represents a beginning step toward finding solutions that work, both for the offender and his/her family as well as the public at large. The reader will not find a "breakthrough" strategy in the recommendations, but there are important first steps that will hopefully lead to solutions that bring long-term and meaningful change. The bottom line is that it is necessary to cultivate relationships to help offenders get housing. While it is labor intensive work, the results are tremendous in keeping offenders out of prison. Available From: Minnesota Department of Corrections, 1450 Energy Park Drive, St. Paul, MN 55108, (651) 642-0200, <http://www.doc.state.mn.us/publications/pdf/housing.pdf>

Authors: Haimowitz, S.

Title: **Slowing the Revolving Door: Community Reentry of Offenders with Mental Illness.**

Source: Psychiatric Services 55(4): 373-375, 2004. (Journal Article: 3 pages)

Abstract: This article discusses existing programs that help offenders with mental illness reenter the community in New York, Massachusetts, Texas and elsewhere. It also presents the key elements of a successful reentry program. These include written individual discharge plans and effective collaborations between criminal justice agencies and behavioral health providers.

Authors: Lipton, L.

Title: **Suit Seeks Mandatory Discharge Planning for New York Jail Inmates.**

Source: Psychiatric News: October, 2000. (Newsletter: 3 pages)

Abstract: This article discusses suit being considered by the New York State Supreme Court on discharge planning for inmates who are mentally ill. In 1999, lawyers representing seven New York City inmates filed a class-action lawsuit known as "Brad H., et al., v. The City of New York, et al.," challenging the city's practice of not providing discharge planning for mentally ill inmates. They were granted a preliminary injunction requiring the city to provide discharge planning, pending a trial on the class action suit. The city appealed the discharge planning order and was granted a stay. If the plaintiffs lose the appeal the case will go to trial. If they win, the city must provide discharge planning immediately. The eventual decision could be among the most important in the last 20 years concerning the rights of people with serious mental illness (author).

Criminal Justice

Authors: Roman, G.C., Travis, J., Feldman, L.

Title: **Taking Stock: Housing, Homelessness, and Prisoner Reentry.**

Source: Washington, DC: Urban Institute, 2003. (Unpublished Paper: 79 pages)

Abstract: This report examines how those who have spent time in prison or jail fare in securing safe and affordable housing following their release and discusses housing programming and practice designed to assist returning prisoners. Many are finding that the difficulties in securing affordable and appropriate housing complicate the reentry process, further reducing their already limited chances for successful community reintegration. In this report, the authors draw on current research, policy, and practice to identify housing challenges for returning prisoners, as well as opportunities to improve the current system. The authors also examine the extent to which the population living in homeless shelters or on the streets has been involved in the criminal justice system; the experiences of former prisoners returning to their family homes, both in the private sector and particularly in public or subsidized housing; and the barriers former prisoners and ex-offenders face in securing their own housing. Finally, the report documents efforts to develop housing options for this population. Available From: Urban Institute, 2100 M Street, NW, Washington, DC 20037, (202) 833-7200, <http://www.urban.org/>

Authors: Barr, H.

Title: **Transinstitutionalization in the Courts: Brad H. v. City of New York, and the Fight for Discharge Planning for People with Psychiatric Disabilities Leaving Rikers Island.**

Source: Crime & Delinquency 49(1): 97-123, 2003. (Journal Article: 27 pages)

Abstract: This article describes a lawsuit that created a right to discharge planning for people with psychiatric disabilities leaving New York City jails. The article, written by one of the attorneys representing the plaintiff class, describes Brad H. v. City of New York, uses affidavits and records gathered during the litigation to highlight essential components of mental health discharge planning in jails and prisons, and argues that a so-called transinstitutionalization of the rights of incarcerated people with psychiatric disabilities through litigation may be one strategy for reducing criminalization of mental illness. (authors)

Authors: Nelson, M., Trone, J.

Title: **Why Planning for Release Matters.**

Source: New York, NY: Vera Institute of Justice, 2000. (Report: 8 pages)

Abstract: This paper describes states' efforts to provide release planning for prisoners - strategies that could be modified to work in other jurisdictions. It ends with specific suggestions for planning pre-release services, including considerations of cost (authors).

Criminal Justice

Authors: Taylor, S.D.

Title: **Women Offenders and Reentry Issues.**

Source: Journal of Psychoactive Drugs 28(1):85-93, 1996. (Journal Article: 9 pages)

Abstract: Women parallel men in their profile of physical disease, psychosocial configuration, addictive patterns, and criminal deviance. For women offenders in particular, the prison environment reinforces a victim role that originated in childhood and adolescence. In addition, such settings discourage both emotional expression (except for aggression) and responsibility, since basic needs such as food, lodging, and clothing are provided. Incarcerated women have significant treatment issues, including the lack of social and vocational role definition, psychological dependence and psychic craving, poorly developed social skills, and conflicts in social, family, and intimate relationships. This article describes the unique psychoeducational and skills-training needs of women offenders as they adjust to community living, and outlines specific treatment interventions that have proven to effect successful patient outcomes. Case studies are used to illustrate the reentry experiences of three women offenders with distinct backgrounds. One example illustrates how a woman who had been involved in the criminal justice system for 24 years overcame her addiction and self-confidence issues. A second case study profiles an offender with three children who had experienced sexual trauma during her childhood and adult years. A third case reports on an African-American woman whose crack-cocaine addiction resulted in the birth of a drug-exposed son. The treatment model tested in all three cases emphasized the practical and often overlooked treatment issues of incarcerated women (author).

Youth

Authors: Byrnes, M., Macallair, D., Shorter, A.

Title: **Aftercare as Afterthought: Reentry and the California Youth Authority.**

Source: San Francisco, CA: Center on Juvenile and Criminal Justice, 2002. (Report: 54 pages)

Abstract: This report highlights nine exemplary programs in seven states and the District of Columbia that have demonstrated success through collaborative, comprehensive services at a lower per-capita cost than incarceration and have resulted in improved public safety, lower costs, and positive investment in the future. While the specific elements of an effective reentry program may vary, the ultimate goal is the same: to preserve public safety, reduce recidivism, and assist individuals to achieve success (authors).

Authors: Gies, S.

Title: **Aftercare Services.**

Source: Washington, DC: Office of Juvenile Justice and Delinquency Prevention, 2003. (Bulletin: 31 pages)

Abstract: This bulletin describes how aftercare can address some of the problems that exist in the juvenile justice system. It also reviews relevant research, examines aftercare as it relates to systems change, and identifies promising aftercare programs (author).

Authors: United States General Accounting Office.

Title: **Foster Care: Challenges in Helping Youths Live Independently.**

Source: Washington, DC: U.S. General Accounting Office, 1999. (Testimony: 11 pages)

Abstract: This is the statement of Cynthia M. Fagononi, Director of Education, Workforce, and Income Security Issues, Health, Education, and Human Services Division before the Subcommittee on Human Resources, Committee on Ways and Means, House of Representatives. The author discusses the Department of Health and Human Services' (HHS) Independent Living Program (ILP) and the needs of youths leaving the foster care system. She focuses on the following: the problems faced by foster care youths once they leave care; what is currently known about the extent of services provided by ILP; and what is known about the effectiveness of ILP. Her testimony is based on her ongoing work for this subcommittee, including her visits to locations in California, Maryland, New York, and Texas and a preliminary review of about one-third of the 1998 annual ILP reports submitted by states to HHS. Available From: U.S. General Accounting Office, 441 G Street, NW, Washington, DC 20548, (202) 512-4800, www.gao.gov (GAO/T-HEHS-99-121)

Authors: Mech, E.

Title: **Foster Youths in Transition: Research Perspectives on Preparation for Independent Living.**

Source: Child Welfare 73(5): 603-623, 1994. (Journal Article: 20 pages)

Abstract: In this article, the authors discuss five studies that span from 1965 to 1991, and provide a valuable picture of the functioning of adults who have been in foster care. The authors also discuss the follow-up measures of post placement functioning, including: education, employment, housing, support networks and cost to the community. The article asserts that the trends that emerged provide insight into what must be strengthened in Independent Living Programs (author).

Youth

Authors: Wiebush, R., McNulty, B., Le, T.

Title: **Implementation of the Intensive Community-Based Aftercare Program.**

Source: Washington, DC: Office of Juvenile Justice and Delinquency Prevention, 2000. (Bulletin: 20 pages)

Abstract: The rehabilitation of serious, chronic juvenile offenders does not end with their release from secure confinement. Effective aftercare interventions are key to preventing recidivism among this challenging population. In 1987, the Office of Juvenile Justice and Delinquency Prevention established a program to develop, assess, and disseminate an intensive aftercare program targeted at these offenders. The program, the Intensive Aftercare Program (IAP), seeks to reduce recidivism among high-risk juvenile parolees by providing a continuum of supervision and services during institutionalization and after release. This bulletin provides an overview of the IAP model and describes its implementation over the first three years by participating sites in Colorado, Nevada, New Jersey, and Virginia. The bulletin also assesses the extent to which the implementation has been successful and identifies the factors that facilitate implementation and those that impede it.

Authors: Courtney, M., Terao, S., Bost, N.

Title: **Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care in Illinois.**

Source: Chicago, IL: Chapin Hall Center for Children at the University of Chicago, 2004. (Report: 61 pages)

Abstract: This report presents preliminary findings for a sample of 474 Illinois foster youth from the first wave of the Midwest Evaluation of Adult Outcomes of Former Foster Youth study. This report examines the transition to adulthood for 732 youth in three states: Iowa, Illinois, and Wisconsin, that are aging out of the child welfare system, and addresses the experiences of youth who are seventeen years old and still under the jurisdiction of the state child welfare system. According to the authors, the study found that foster youth who become ineligible for government-funded services because they age out of the child welfare system face formidable challenges making the transition to adulthood. The authors assert that many youth in the study had significant reading deficits and school disciplinary problems, suggesting that their odds of completing high school are considerably lower than for others in their age group. The report states that many have been involved in the juvenile justice system and many also receive services for mental health and substance abuse problems (authors). Available From: Chapin Hall Center for the Children at the University of Chicago, 1313 East 60th Street, Chicago, IL 60637, (773) 753-5900, http://www.chapinhall.org/article_abstract_new.asp?ar=1359&L2=61&L3=130

Authors: Barth, R.

Title: **On Their Own: The Experiences of Youth After Foster Care.**

Source: Child and Adolescent Social Work Journal 7(5): 419-440, 1990. (Journal Article: 21 pages)

Abstract: In this article, the author studies the experiences of fifty-five former foster youth in San Francisco Bay Area, including Sacramento, who have been emancipated from one to ten years. The author found that members of the group were often struggling with ill health, poor education, severe housing problems, substance abuse, and criminal behavior. The article states that a sizable number of the group suffered from headaches, dental, vision, weight, sleeping, drug or alcohol, sexual and hearing problems, depression, loneliness, thoughts of suicide, and vomiting, but only about one-third of those affected obtained treatment. The author concludes that the odds of moving easily into independence are stacked against foster children, and that foster youth need academic remediation and demonstrated problems in such areas as self-control, managing home and school learning demands, and peer and adult relationships (author).

Youth

Authors: Sheehy, A., Oldham, E., Zanghi, M., Ansell, D., Correia, P., Copeland, R.

Title: **Promising Practices: Supporting Transition of Youth Served by the Foster Care System.**

Source: Tulsa, OK: National Resource Center for Youth Services, undated. (Report: 107 pages)

Abstract: This report focused on the design and delivery of independent living services and supports. The authors outlined a series of criteria that the research team believed were necessary in order to fully prepare youth for a successful transition out of foster care. The authors also examined the number of programs that delivered directly, or indirectly through referrals, important services for youth in foster care (authors). Available From: National Resource Center for Youth Services, 4502 East 41st Street, Building Four West, Tulsa, OK 74135, (918) 660-3700, http://www.nrcys.ou.edu/nrcyd/publications/pubspdfs/promising_practices-1.pdf

Authors: Embry, L.E., Vander Stoep, A., Evens, C., Ryan, K.D., Pollock, A.

Title: **Risk Factors for Homelessness in Adolescents Released from Psychiatric Residential Treatment.**

Source: Journal of the American Academy of Child and Adolescent Psychiatry 39(10): 1293-1299, 2000. (Journal Article: 7 pages)

Abstract: The purpose of this article is to measure the incidence of homelessness among youths discharged from an inpatient facility as well as to identify factors that place these youths at risk for homelessness. Reports of homelessness during five years of follow-up interviews with 83 adolescents consecutively discharged from an inpatient facility were used in conjunction with chart reviews. One third of the youths experienced at least one homeless episode after discharge. Youths who had a history of substance use, physical abuse, running away, or being in state custody were more likely to become homeless than those without such factors. Having a thought disorder, however, was inversely related to becoming homeless after discharge. The authors conclude that youths discharged from a residential treatment facility are at high risk for becoming homeless (authors).

Authors: McMillen, J., Tucker, J.

Title: **The Status of Older Adolescents at Exit From Out-of-Home Care.**

Source: Child Welfare 78(3): 339-360, 1999. (Journal Article: 21 pages)

Abstract: In this article, administrative data and case record reviews were used to assess the exit status of a sample of older youths leaving out-of-home care in one Midwestern state. The authors state that most left without a job or a high school diploma, and that many left with neither, and that the most common living arrangement at the time of exit was with relatives, some through planned reunification and some through unplanned reunification. The article asserts that the majority of the youths exited out-of-home care in unplanned ways, and that the number of placements and the completion of high school predicted employment status. Implications for independent living programs for older youths are discussed (authors).

Authors: Baker, A., Olson, D., Mincer, C.

Title: **The WAY to Work: An Independent Living/Aftercare Program for High-Risk Youth.**

Source: Washington, DC: CWLA Press, 2000. (Book: 131 pages)

Abstract: The Work Appreciation for Youth (WAY) program is much more than an employment program. It is a long-term aftercare program for youth leaving the foster care system and encompasses youth development, dropout intervention, and independent living skills. This report is based on a 15-year study showing what happens to these at-risk youth leaving residential treatment who have been provided long-term follow-up services focused on school, work, and personal development. The results speak for themselves: low attrition rates, remarkable school success, strong employment experience, and overall evidence that the young people in WAY have been set on a solid path toward self-sufficiency. Available From: CWLA Press, 440 First Street, NW, Third Floor, Washington, DC 20001, (202) 638-2952, <http://www.cwla.org/pubs/pubdetails.asp?PUBID=8048> (COST: \$16.95).

Youth

Authors: Family and Youth Services Bureau.

Title: **Youth With Runaway, Throwaway, and Homeless Experiences: Prevalence, Drug Use, and Other At-Risk Behaviors.**

Source: Silver Spring, MD: National Clearinghouse on Families and Youth, 1995. (Report: 11 pages)

Abstract: This research summary reports on a study that focused on three populations of young people: youth in shelters; street youth; and youth in households. Four areas of focus were prevalence of at-risk behaviors; relationship between substance abuse by youth and substance abuse by their families; proportion of young people exposed to drug prevention efforts and their need for access to health care services; and total number of beds available to young people in youth shelters. Findings conclude that these youth face challenging family circumstances including: familial substance use; poverty; placement in institutional settings; suicide; throwaway experiences; harsh street realities; difficulty meeting basic needs; substance abuse; victimization; delinquency; unprotected sexual activity; and under-utilization of critical services.

Health, Behavioral Health, & Other Related Issues

Authors: Hall, M., DeFrances, C.

Title: **2001 National Hospital Discharge Survey. Advance Data From Vital and Health Statistics.**

Source: Hyattsville, MD: National Center for Health Statistics, 2003. (Newsletter: 18 pages)

Abstract: This report presents national estimates of the use of non-federal short-stay hospitals in the United States during 2001. The authors discuss numbers and rates of discharges, diagnoses, and procedures, classified by age and sex. Average lengths of stay are presented for all discharges and for selected diagnostic categories, and trend data for selected variables are also provided (authors). Available From: National Center for Health Statistics, 3311 Toledo Road, Hyattsville, MD 20782, (301) 458-4000, www.cdc.gov/nchs/data/ad/ad332.pdf

Authors: National Health Care for the Homeless Council.

Title: **2004 Policy Statements.**

Source: Nashville, TN: National Health Care for the Homeless Council, 2004. (Policy Statements: 37 pages)

Abstract: This document is a collection of policy statements adopted by the National Health Care for the Homeless Council for 2004. These statements recommend solutions to public policy issues that the authors view as critical to the resolution of homelessness. These statements focus on the following topics with relation to homelessness: health; universal health care; Medicaid and SCHIP; addiction and mental health; housing; institutional discharge; incomes; military spending; incarceration; and child and youth health. Recommendations are given on each topic (authors). Available From: National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, <http://www.nhchc.org/>

Authors: National Law Center on Homelessness and Poverty.

Title: **Abandoned to the Streets: An Analysis of Social Security's Pre-Release Program.**

Source: Washington, DC: National Law Center on Homelessness and Poverty, 1992. (Report: 109 pages)

Abstract: A 1986 Federal law required that a system be developed to permit people in institutions (i.e. mental health facilities, correctional facilities, nursing homes) to apply for Supplemental Security Income (SSI) benefits prior to discharge. Properly implemented, the Pre-Release Program could play a significant role in preventing homelessness among elderly and mentally and physically disabled people. A survey conducted for this report revealed SSA failure to implement the Pre-Release Program across the country: failure to enter into pre-release agreements; inadequate or no SSA knowledge of the program; lack of SSA outreach to institutions; failure to provide benefits prior to discharge; and failure to integrate food stamp applications. Available From: National Law Center on Homelessness and Poverty, 918 F Street, NW, Suite 412, Washington, DC 20004, (202) 638-2535, <http://www.nlchp.org/>

Authors: Semansky, R., Quinn, L., Azrin, S., Noftsinger, R., Moran, G., Koenig, T.

Title: **Assessing the Effectiveness of Discharge Planning to Prevent Subsequent Homelessness: Literature Review and Issues.**

Source: Rockville, MD: Westat, 2004. (Unpublished Paper: 63 pages)

Abstract: This study is an evaluability assessment to determine whether the effectiveness of discharge planning to prevent subsequent homelessness can be evaluated in four particular settings: inpatient psychiatric treatment; residential treatment centers for children and youth; residential programs for substance use disorders; and foster care. People with substance use disorders exiting institutional facilities such as detoxification and/or treatment programs, youth and adults with mental illnesses and/or substance use disorders released from inpatient treatment or residential settings, and young people aging out of foster care and state social services are all at risk of becoming homeless. Available From: Westat, 1650 Research Boulevard, Rockville, MD 20850, (301) 251-1500, www.westat.com

Health, Behavioral Health, & Other Related Issues

Authors: Corporation for Supportive Housing.

Title: **The Benefits of Supportive Housing: Changes in Residents' Use of Public Services.**

Source: New York, NY: Corporation for Supportive Housing, 2004. (Unpublished Paper: 35 pages)

Abstract: This report presents compelling information for policymakers and others who seek to maximize the value of public resources aimed at reducing homelessness, while also documenting the significant impact of funding from the California Endowment on the lives of hundreds of formerly homeless Californians and the local communities that provide care to them. This report includes an analysis of changes in use of behavioral health care services among residents of supportive housing in San Francisco and Alameda County in California. Findings demonstrate that permanent supportive housing can provide a stable alternative to life on the streets; and can do so while reducing costs to government (authors). Available From: Corporation for Supportive Housing, 50 Broadway, 17th Floor, New York, NY 10004, (212) 986-2966, info@csh.org, <http://documents.csh.org/documents/ke/HHISN02-04.doc>

Authors: Stewart, A., Cox, M., Rosenbaum, S., Teitelbaum, J.

Title: **Beyond Olmstead and Toward Community Integration: Measuring Progress and Change.**

Source: Princeton, NJ: Center for Health Care Strategies, 2003. (Report: 21 pages)

Abstract: This resource paper presents the results of a five-month project aimed at: assessing the need for a tool that can assist policy makers, program administrators, consumers, and others in measuring the progress of community integration both nationally and for each state; conducting preliminary research to identify the potential structure of such a tool, as well as illustrative applications of the tool; developing a community integration-oriented approach to examining state planning efforts; and reviewing the potential design and utility of such a tool with a broad range of experts in the field of community integration (authors). Available From: Center for Health Care Strategies, P.O. Box 3469, Princeton, NJ 08543, (609) 895-8101, http://www.chcs.org/usr_doc/BeyondOlmstead.pdf

Authors: Stewart, A., Teitelbaum, J., Rosenbaum, S.

Title: **CHCS Consumer Action Series: Implementing Community Integration: A Review of State Olmstead Plans.**

Source: Lawrenceville, NJ: Center for Health Care Strategies, Inc., 2002. (Unpublished Paper: 43 pages)

Abstract: This working paper is the fifth in a series of reports that explores key policy issues arising from the United States Supreme Court's decision in *Olmstead v. L.C.*, which held that the medically unnecessary placement of individuals with disabilities in institutional settings violates the public services portion of the Americans with Disabilities Act (ADA). Specifically, this working paper examines how states have responded to the court's suggestion regarding the development of comprehensive, effectively working plans for placing qualified persons with disabilities in less restrictive settings as a way of satisfying the ADA's reasonable modifications requirement. The authors begin with a brief overview of the reasonable modifications requirement and *Olmstead* decision, then describe the results of their review of several states' community integration plans, and conclude that the full implementation of the plans could allow additional numbers of qualified persons with disabilities to live in less restrictive settings (authors). Available From: The Center for Health Care Strategies, P.O. Box 3469, Princeton, NJ 08543, (609) 895-8101, http://www.chcs.org/usr_doc/ImplementingIntegration.pdf

Health, Behavioral Health, & Other Related Issues

Authors: Tuzman, L., Cohen, A.

Title: **Clinical Decision Making for Discharge Planning in a Changing Psychiatric Environment.**

Source: Health and Social Work 17(4): 299-307, 1992. (Journal Article: 8 pages)

Abstract: This article reviews the clinical decision-making process involved in planning for continuity of care following discharge from inpatient psychiatric services. According to the authors, the decision-making frame of reference requires the identification of the players in the process, parameters of their roles, performance expectations, and boundaries of rights and obligations; clear definition of objectives; collection of data and analysis of its relevancy; and study of possible alternatives, with evaluations of their consequences. The authors present an approach to clinical decision making that includes an analysis of modalities and practice skills and a critical review of practice in a psychiatric setting that emphasizes the role of the family; the importance of continuity of care; and the need to engage the patient, family, and care systems within briefer time frames (authors).

Authors: Valencia, E., Susser, E., Torres, J., Felix, A., Conover, S.

Title: **Critical Time Intervention for Homeless Mentally Ill Individuals in Transition from Shelter to Community Living.**

Source: In Breakey, W.R. and Thompson, J.W. (eds.), *Mentally Ill and Homeless: Special Programs for Special Needs*. Amsterdam, The Netherlands: Harwood Academic Publishers, 75-94, 1997. (Book Chapter: 20 pages)

Abstract: Critical Time Intervention (CTI) was designed to prevent homelessness among individuals suffering from severe mental illnesses by stabilizing them in the period of transition to living in the community. CTI was tested in a randomized clinical trial between 1990 and 1994 at the Columbia-Presbyterian Mental Health Program for Homeless Individuals at the Fort Washington shelter for men in New York City. Preliminary analysis of the results indicated that the intervention is effective in reducing recurrent homelessness among mentally ill individuals. The authors conclude that if the final results confirm its effectiveness, CTI could be implemented in many programs for mentally ill individuals who are homeless (authors).

Authors: Mathis, J.

Title: **Community Integration of Individuals with Disabilities: An Update on Olmstead Implementation.**

Source: *Journal of Poverty Law and Policy* (Nov/Dec): 395-410, 2001. (Journal Article: 16 pages)

Abstract: This article reviews post-Olmstead case law on the boundaries of the act's integration mandate and discusses arguments that defendants commonly raise on matters other than the merits of the claim, such as the applicability of sovereign immunity. Also briefly discussed are states' progress in implementing the integration mandate based on information recently collected in two nationwide surveys.

Authors: Rosenbaum, S., Teitelbaum, J., Bartoshesky, A., Stewart, A.

Title: **Community Integration: The Role of Individual Assessment.**

Source: Princeton, NJ: Center for Health Care Strategies, 2002. (Report: 13 pages)

Abstract: This working paper was developed to consider possible approaches to interpreting the concept of individual assessments. While the process of carrying out an assessment raises basic issues that are integral to a public determination of whether an individual qualifies for a good, benefit, or status, in reality there appear to be two types of assessments that states need to consider. This paper attempts to identify the two classes of assessments and identify issues for consideration in both cases (authors). Available From: Center for Health Care Strategies, P.O. Box 3469, Princeton, NJ 08543, (609) 895-8101, http://www.chcs.org/usr_doc/Integration_Assessment.pdf

Health, Behavioral Health, & Other Related Issues

Authors: American Hospital Association.

Title: **Complex Discharge Planning: Strategies for Hospital, Consumer, and Community Partnerships.**

Source: Chicago, IL: American Hospital Association, 1991. (Monograph: 20 pages)

Abstract: This monograph provides guidance on how hospitals can effectively and compassionately address patient care situations including appropriate discharge planning. It is designed: as a tool for strategic planning, especially for senior management and discharge planning coordinators; as a means of educating governing bodies, discharge planners, other hospital personnel, and the community; as an aid to hospital staffs in examining their own systems; and as a guide in developing creative ways to meet patient care needs through hospital, consumer, and community collaboration (authors). Available From: American Hospital Association, One North Franklin, Chicago, Illinois 60606, (312) 422-3000, <http://www.hospitalconnect.com/>

Authors: American Association of Community Psychiatrists.

Title: **Continuity of Care Guidelines: Best Practices for Managing Transitions Between Levels of Care.**

Source: Dallas, TX: American Association of Community Psychiatrists, 2001. (Guidelines: 9 pages)

Abstract: These guidelines were prepared to assist providers and planners in establishing standards for the management of transitions between levels of care, and are intended to provide a quality management framework by which systems of any type can continuously monitor and improve their processes for managing client transitions. The authors assert that the continuing engagement with treatment and recovery services is one of the most important aspects of addressing an episode of illness or ongoing disabilities associated with severe behavioral health problems. The authors also state that interruption of care, for whatever reason, is among the most significant obstacles to establishing a stable recovery, and it is in response to these circumstances that these guidelines were created (authors). Available From: American Association of Community Psychiatrists, P.O. Box 570218, Dallas, TX 75228, (972) 613-0985, <http://www.comm.psych.pitt.edu/finds/COG.DOC>

Authors: American Association of Community Psychiatrists.

Title: **Continuity of Care Guidelines for Addictions and Co-Occurring Disorders.**

Source: Dallas, TX: American Association of Community Psychiatrists, 2001. (Guidelines: 5 pages)

Abstract: This document presents general principles for developing transition plans for persons with addictions who are in treatment and are moving from one level of care to another. The authors assert that these guidelines can offer a framework for thinking about planning in a methodical and comprehensive way, and that they may provide a template for standard development regarding transitions in specific circumstances throughout the drug and alcohol service system (authors). Available From: American Association of Community Psychiatrists, P.O. Box 570218, Dallas, TX 75228, (972) 613-0985, <http://www.comm.psych.pitt.edu/finds/AddictionCOCGuidelines.pdf>

Authors: Holliman, D., Dziegielewski, S., Teare, R.

Title: **Differences and Similarities Between Social Work and Nurse Discharge Planners.**

Source: Health and Social Work 28(3): 224-231, 2003. (Journal Article: 7 pages)

Abstract: This article discusses how, historically the tasks involved in discharge planning have been a part of the practice of social work as well as the field of nursing. Based on a study conducted in 1998, which measured the responses of 178 nurses and social workers who practiced discharge planning in 58 different hospitals in Alabama, the authors state that social workers as well as nurses continued to be important service providers in the area of discharge planning. The article states that demographic data, work setting, caseload, and task difference were compared and significant differences were reported. This article makes recommendations for social work's participation in advocacy, policy, and outcome research in discharge planning (authors).

Health, Behavioral Health, & Other Related Issues

Authors: Belcher, J.R.

Title: **Discharge Planning.**

Source: Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1997. (Unpublished Paper: 36 pages)

Abstract: This paper addresses discharge planning for individuals with serious mental illness. The goal of effective discharge planning is to assist these individuals to live life to their maximum potential and to avoid becoming homeless or criminalized. The paper examines some of the key elements of discharge planning and explores the principal components of a comprehensive discharge system. The paper addresses: comprehensive assessment, the necessary participants in the planning process, the timing of services, the need for substance abuse treatment, cost and the need for cost controls, legal issues, and the support gained by individuals with serious mental illness from informal support networks. Finally, the author suggests a model of effective discharge planning (author).

Authors: Mangano, P.F.

Title: **Discharge Planning.**

Source: Boston, MA: Massachusetts Housing and Shelter Alliance, 1999. (Presentation: 15 pages)

Abstract: This PowerPoint presentation given at the National Health Care for the Homeless Council's Policy Symposium highlights the general principles of discharge planning including definitions; goals; elements of successful discharge planning; discharge planning resources; and federal legislative progress. Key principles adopted by the Massachusetts Housing and Shelter Alliance to ensure successful re-entry into the community and the linkage of the individual to essential community services and supports are presented. Available From: Massachusetts Housing and Shelter Alliance, 5 Park Street, Boston, MA 02108, (617) 367-6447, http://www.nhchc.org/discharge/discharge_planning_banner.htm

Authors: Lightman, E.S.

Title: **Discharge Planning and Community Housing in Ontario.**

Source: In Aviram, U. (ed.), *Social Work in Mental Health: Trends and Issues*. Binghamton, NY: The Haworth Press, 63-75, 1997. (Book Chapter: 13 pages)

Abstract: This chapter discusses the lack of sufficient community supports available to assist vulnerable persons discharged from hospitals in Ontario, Canada, with no place to go. The process by which vulnerable adults end up in unsuitable community settings as a result of deinstitutionalization is explored. The article places particular focus on the difficult role played by the discharge planner as conduit from hospital to community. The author discusses the situation of the planner being caught in the middle, facing hospital directives to empty beds, alongside an acute shortage of suitable housing in the community. The problem with many persons being discharged to unregulated housing is presented. Discharge planners' roles as well as implications for future discharge planning are also discussed (author).

Health, Behavioral Health, & Other Related Issues

Authors: Massachusetts Behavioral Health Partnership.

Title: **Discharge Planning for Adults Who are Homeless. Treatment Improvement Series 1.**

Source: Boston, MA: The Massachusetts Behavioral Health Partnership, 2000. (Manual: 7 pages)

Abstract: This Improvement Series is offered in response to, and in support of initiatives begun to increase awareness of and improve discharge planning for people who are homeless who are receiving care in acute settings (inpatient, detox, and crisis stabilization programs). The Partnership has developed the Treatment Improvement Series to ensure that the mental health and substance abuse treatment available through the Partnership's provider network is of the highest quality and optimally responsive to high risk members. The Improvement Series is designed to educate providers regarding improvement protocols, to articulate expectations regarding staff training, and to review treatment improvement monitoring systems (authors). Available From: The Massachusetts Behavioral Health Partnership, 150 Federal Street, 3rd Floor, Boston, MA 02110, (800) 495-0086, <http://www.masspartnership.com/>

Authors: Lurie, A., Ron, H.

Title: **Discharge Planning in a Psychiatric Hospital.**

Source: The Psychiatric Journal of the University of Ottawa 6(3): 139-143, 1981. (Journal Article: 5 pages)

Abstract: Large numbers of discharged psychiatric patients find themselves in the community without adequate aftercare resources to meet their basic human needs. This article reviews the problems faced by the discharged patient and evaluates needs, particularly for aftercare treatment, medications, rehabilitation, financial aid, residence problems, work and socialization. The role of the social worker in the discharge planning process is described. The authors contend psychiatric hospitalization should be used to achieve symptom relief. It can also be used as a resource for treatment rehabilitation and as a supportive system for the reintegration of the discharged patient into the larger community.

Authors: Olfson, M., Walkup, J.

Title: **Discharge Planning in Psychiatric Units in General Hospitals.**

Source: New Directions for Mental Health Services (73): 75-85, 1997. (Journal Article: 10 pages)

Abstract: This article discusses the potential for a better-integrated system of care for vulnerable patients when increased attention is paid to discharge planning. Discharge planners face the formidable challenge of linking severely ill psychiatric inpatients to a range of community services in a timely and clinically appropriate manner. Longitudinal research indicates that the skill with which this work is performed influences patient outcomes. Patients who receive adequate discharge planning are more likely to utilize outpatient mental health services, less likely to become socially isolated, and less likely to require rehospitalization in the months following hospital discharge (authors).

Authors: Iglehart, A.

Title: **Discharge Planning: Professional Perspectives Versus Organizational Effects.**

Source: Health and Social Work 15(4): 301-309, 1990. (Journal Article: 9 pages)

Abstract: This article discusses the rise in legitimacy and visibility of hospital discharge planning, which has been accompanied by competition between social work and nursing over control of this function. The author used a survey of 229 California hospitals to test the hypothesis that the discharge planning process is the same regardless of the discipline or department in which it is located. The article states that the only significant difference among the social work, nursing, and administrative departments was in the type of staff used. The author asserts that social work departments were more likely to have both a social worker and a nurse on the discharge planning staff and on the discharge planning team. More collaborative bonds between social work and nursing is suggested (author).

Health, Behavioral Health, & Other Related Issues

Authors: Kadushin, G., Kulys, R.

Title: **Discharge Planning Revisited: What do Social Workers Actually do in Discharge Planning?**

Source: Social Work 38(6): 713-726, 1993. (Journal Article: 13 pages)

Abstract: This article discusses whether discharge planning has a primarily focus on the provision of concrete services, counseling, or both. The authors asserts that, within a structured interview format, eighty social workers in thirty-six acute care hospitals were asked to estimate the amount of time they spent on and the importance of seventy-three discharge planning tasks. The article states that respondents were also asked to locate themselves on an activity continuum. The survey results are discussed in terms of the prospective payment system's emphasis on expeditious discharge and the challenge to social workers in enabling patients and families to have some control over decision making in this climate (authors).

Authors: Commonwealth of Massachusetts.

Title: **Discharge Planning Specifications for Requests for Responses.**

Source: Boston, MA: Commonwealth of Massachusetts, 2001. (Manual: 12 pages)

Abstract: This document addresses some of the requirements of a cross-cutting initiative developed by the Working Group on Discharge Planning, as included in the Executive Office for Administration and Finance's Policy Report: Moving Beyond Serving the Homeless to Preventing Homelessness. The initiative is "Ensure Consistency in Discharge Planning among the Commonwealth's Vendors." It contains required Request for Response specification language pertaining to discharge planning for Purchase of Service (POS) contracts with human and social service providers. The specifications were developed by the multi-department Procurement Review Team and will be incorporated into upcoming Requests for Responses (RFRs) for certain services. They are based on the "Characteristics of an Effective Discharge Planning Policy and System" as developed by the Working Group on Discharge Planning. The specifications will also be incorporated, wherever feasible, into Standard Contract Form Amendments when departments exercise their options to renew contracts with providers (authors). Available From: The Commonwealth of Massachusetts, Executive Office for Administration and Finance, Operational Services Division (OSD), One Ashburton Place, Room 1017, Boston, MA 02108-1552, (617) 720-3300, www.mass.gov/osd

Authors: Aviram, U., Minsky, S., Smoyak, S.A., Gubman-Riesser, G.D.

Title: **Discharge-Ready Patients Who Remain Hospitalized: A Re-Emerging Problem For Mental Health Services.**

Source: Psychiatric Quarterly 66(1):63-85, 1995. (Journal Article: 22 pages)

Abstract: Evidence suggests that patients with mental illnesses nationwide are retained in state hospitals in spite of the fact that they are ready for discharge. This article discusses this issue using New Jersey state hospital data. An analysis of the New Jersey data found that about 45% of the state hospital patients were designated by either the legal or the clinical system, or both, as discharge-ready. However, data on the length of time patients remain on the discharge-ready status before being discharged was not available. The authors contend that there is a need to better understand the factors associated with discharge from the hospital such as those that affect the final decision to discharge a patient as opposed to those that affect patients designated as discharge-ready who remain in the hospital (authors).

Health, Behavioral Health, & Other Related Issues

Authors: Solomon, P., Davis, J., Gordon, B.

Title: **Discharged State Hospital Patients' Characteristics and Use of Aftercare: Effect on Community Tenure.**

Source: American Journal of Psychiatry 141(12): 1566-1570, 1984. (Journal Article: 5 pages)

Abstract: A study of a publicly funded mental health system determined that the use of aftercare services by discharged patients had the effect of extending community tenure. Patients' clinical characteristics, particularly number of previous hospitalizations, had only minimal effect and patients' demographic characteristics had essentially no impact on community tenure. Increasing the variety and intensity of rehabilitation-oriented types of service rather than increasing the frequency of supportive contacts through individual therapy and case management appears to hold the greatest promise for extending community tenure (authors).

Authors: Appleby, L., Desai, P.

Title: **Documenting the Relationship Between Homelessness and Psychiatric Hospitalization.**

Source: Hospital and Community Psychiatry 36(7): 732-737, 1986. (Journal Article: 6 pages)

Abstract: In an effort to clarify the relationship between homelessness, mental illness, and deinstitutionalization the authors studied admission reports for the state hospital serving the majority of Chicago's homeless population. They found the rate of homelessness had increased substantially among psychiatric admissions over the past 10 years and was even higher among applicants for hospitalization. The homeless had lower admission rates than the domiciled, largely because of differing paths of referral. Nearly 20% of the homeless left the hospital against advice and relatively few were referred to licensed long-term-care facilities. The authors conclude by saying that until various systems develop adequate responses to the problem, both the numbers and visibility of the homeless who are mentally ill are likely to increase.

Authors: Snow, D.A., Anderson, L.

Title: **Down on Their Luck: A Study of Homeless Street People.**

Source: Berkeley, CA: University of California Press, 1993. (Book: 391 pages)

Abstract: This book presents a sociological case study of the subculture of street life among homeless single adults, mostly male, who lived in, or passed through Austin, TX, between the fall of 1984 and the summer of 1986. Although the authors address demographics and other population characteristics, as well as the structural causes of homelessness, their primary focus is on street life as it is experienced by those who are homeless. Through in-depth interviews, participant observation and random tracking of homeless people through social service agencies, the authors examine the daily routines, survival strategies, social networks and supports, mobility and work activities of this population. Constraints on the routines and movements of these homeless individuals and their methods of negotiating those constraints are also discussed (authors). Available From: University of California Press, 2120 Berkeley Way, Berkeley, CA 94720, (800) 822-6657. (COST: \$15.95)

Authors: Massachusetts Housing and Shelter Alliance.

Title: **Essential Tools for Discharge Planning.**

Source: Nashville, TN: National Health Care for the Homeless Council, 2002. (Resource Guide: 250 pages)

Abstract: These materials, developed by the Massachusetts Housing and Shelter Alliance, provide practical models that are replicable in many communities, as well as the major documents on the topic from the national level. Various public and private institutions contribute to homelessness by discharging their wards to the streets or shelters. Ending such practices is an important, current tactic in the struggle to end homelessness itself. The National Health Care for the Homeless Council encourages health care providers and other advocates for people who are homeless to examine the impact of ineffective institutional discharges on homelessness in their own communities and to advocate for policies that will help prevent homelessness. These "Essential Tools for Discharge Planning" will assist in investigating and organizing around these issues (author). Available From: National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, http://www.nhchc.org/discharge/discharge_planning_main.htm

Health, Behavioral Health, & Other Related Issues

Authors: Interagency Council on the Homeless.

Title: **Exemplary Practices in Discharge Planning: Working Conference on Discharge Planning Report and Recommendations.**

Source: Washington, DC: Interagency Council on the Homeless, 1997. (Report: 19 pages)

Abstract: The Interagency Council on the Homeless convened a Working Conference on Discharge Planning in June 1997 to identify and build consensus for the key elements of effective discharge planning and to develop recommendations for exemplary discharge planning practice. The statements and recommendations in this report represent the consensus of the Working Conference. They are organized in five categories: roles and responsibilities; elements of an effective discharge plan; collaboration and partnerships; and funding and cost issues. This report is intended to assist states, institutions and facilities, local communities, and the Department of Veteran Affairs to develop and implement effective discharge planning systems and practices.

Authors: Feather, J.

Title: **Factors in Perceived Hospital Discharge Planning Effectiveness.**

Source: Social Work in Health Care 19(1): 1-14, 1993. (Journal Article: 14 pages)

Abstract: In this article, the authors discuss the process of assessing the needs of hospitalized patients for post-acute care and the development of a coordinated plan to provide the care needed. The authors assert that this assessment is an important component of both the financial viability of the hospital and the overall quality of care provided to the patient across health care settings. This article, based on a random sample survey of U.S. non-federal acute medical/surgical hospitals, suggests those variables that may be most important in shaping the effectiveness of the hospital discharge planning program. The authors identify those variables that have the strongest independent effect on effectiveness, and to assess the relative strength of each. The article states that power (including discharge planner influence and physician and hospital administrator support) and role clarity emerge as the most important predictors of perceived effectiveness, and that the single most important factor is cooperation and support from the physician staff of the hospital. The authors conclude that this research suggests that organizational factors, rather than the use of a particular "system" of discharge planning, may be most important in discharge planning effectiveness (authors).

Authors: Burt, M.R., Aron, L.Y., Lee, E., Valente, J.J.

Title: **Helping America's Homeless: Emergency Shelter or Affordable Housing?**

Source: Washington, DC: Urban Institute Press, 2001. (Book: 355 pages)

Abstract: This book, based largely on findings from the National Survey of Homeless Assistance Providers and Clients (NSHAPC), provides a wide overview of homelessness, homeless services, and recommendations on what actions need to be taken to alleviate the problem. Chapter topics include: how many people are homeless; homeless families, singles, and others; alcohol, drug, and mental health problems among those who are homeless; issues in child and youth homelessness; patterns of homeless; comparing homeless subgroups within community types; factors associated with homeless status; homeless programs in 1996 compared to programs in the late 1980s; and program structures and continuums of care. Available From: The Urban Institute, 2100 M Street NW, Washington, DC 20037, (877) 847-7377, <http://www.urban.org/> (COST: \$29.50).

Authors: Christ, W., Clarkin, J., Hull, J.

Title: **A High-Risk Screen for Psychiatric Discharge Planning.**

Source: Health and Social Work 19(4): 261-270, 1994. (Journal Article: 10 pages)

Abstract: This article tests the hypothesis that psychiatric inpatients at high risk for presenting difficulties in aftercare planning can be accurately identified on admission to an inpatient unit. According to the authors, sixty-six percent of the patients rated high risk at admission were identically rated at discharge. The article states that differences among risk groups were also found with respect to key demographic variables, and that the high-risk screen permits early identification of patients who will require immediate and intensive environmental interventions. The authors assert that such data is critical to psychiatric social work in preventing overstays and in deploying department resources with maximum effectiveness (authors).

Health, Behavioral Health, & Other Related Issues

Authors: Burns, P., Flaming, D., Haydamack, B.

Title: **Homeless in LA: A Working Paper for the 10 Year Plan to End Homelessness in Los Angeles County.**

Source: Los Angeles, CA: Economic Roundtable, 2003. (Report: 74 pages)

Abstract: In this report the authors focus on providing information that helps the reader understand the population of individuals who are currently homeless in Los Angeles County, and the number of people who need recovery strategies. The authors also extract information from national and regional data sets to estimate the total number of homeless people in Los Angeles County at a point-in-time; the total number of homeless people in Los Angeles County over the course of a year; and the size of subgroups within the point in-time homeless population. In this report the authors present information about the attributes of the county's homeless population: where, why and for how long homelessness occurs; demographic composition of the homeless population; success rates in escaping homelessness through work and housing; estimated number of people who are homeless on a given day and over the course of a year; and sources and limitations of data used for estimates. The information in this report will be integrated with information from community meetings throughout the county to produce a 10-year strategic plan for ending homelessness. The strategic plan will include estimates of the scope, type and cost of services that are needed to enable homeless individuals and families to recover from homelessness and obtain stable housing (authors). Available From: Economic Roundtable, 315 Ninth Street, Suite 1209, Los Angeles, CA 90015, <http://www.economicrct.org/>

Authors: Burt, M.R., Aron, L.Y., Douglas, T., Valente, J., Lee, E., Iwen, B.

Title: **Homelessness: Programs and the People They Serve.**

Source: Washington, DC: Interagency Council on the Homeless, 1999. (Report: 536 pages)

Abstract: This report is based on the 1996 National Survey of Homeless Assistance Providers and Clients (NSHAPC). The survey was designed to provide updated information about the providers of homeless assistance and the characteristics of people who are homeless and who use services and is based on a statistical sample of 76 metropolitan and nonmetropolitan areas, including small cities and rural areas. Data for the survey were collected between October 1995 and November 1996. The survey was designed to provide up-to-date information about the providers of assistance to people who are homeless, the characteristics of those who use services that focus on people who are homeless, and how this population has changed in metropolitan areas since 1987. The analyses of the provider data examine factors such as geographic level, program type, and the types and levels of services delivered. It provides an important baseline and foundation for future assessments of the nature and extent of homelessness. It also provides a valuable overview that will improve understanding of the characteristics of homeless people who use services, the nature of homelessness, and how best to address it. (authors) Available From: HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-3691, www.huduser.org

Authors: Drake, R.E., Wallach, M.A., Hoffman, J.S.

Title: **Housing Instability and Homelessness Among Aftercare Patients of an Urban State Hospital.**

Source: Hospital and Community Psychiatry 40(1): 46-51, 1989. (Journal Article: 6 pages)

Abstract: Homelessness as a dimensional concept reflecting instability of community living arrangements was examined in an urban state hospital's sample of 187 aftercare patients with chronic mental illness. According to ratings by outreach clinicians, 17% of the patients were predominantly homeless, and 10% were occasionally homeless over the six months before evaluation. Younger, male patients were more likely to be homeless. Homelessness was strongly associated with abuse of alcohol and street drugs, treatment noncompliance, and a variety of psychosocial problems and psychiatric symptoms. Homeless patients were viewed by their primary clinicians as attracted to the hospital as a living alternative and, during prospective one-year follow-up, had a much higher rate of rehospitalization (authors).

Health, Behavioral Health, & Other Related Issues

Authors: Averyt, J.M., Kuno, E., Rothbard, A., Culhane, D.

Title: **Impact of Continuity of Care on Recurrence of Homelessness Following an Acute Psychiatric Episode.**

Source: Philadelphia, PA: Center for Mental Health Policy and Services Research, University of Pennsylvania, 1997. (Report: 19 pages)

Abstract: This paper examines the effectiveness of outpatient services delivered to people within 30 days of discharge from a psychiatric hospitalization. The sample consisted of 150 homeless adults with mental illness who were shelter users in the Philadelphia area. The study assessed the re-occurrence of homelessness following hospital discharge. Findings suggest that prompt connection with aftercare services was effective in reducing homelessness for people who used the shelter system a single time in the year prior to their psychiatric hospitalization. For repeated users of the shelter system, the recurrence of homelessness was not correlated to timely outpatient services following hospital discharge. The authors conclude this study to suggest that continuity of care is instrumental in preventing future homelessness among a portion of the homeless mentally ill population. For homeless mentally ill people with recent histories of repeated shelter use, greater diversity and intensity of outpatient services are necessary (authors).

Authors: Gantt, A., Cohen, M., Sainz, A.

Title: **Impediments to the Discharge Planning Effort for Psychiatric Inpatients.**

Source: Social Work in Health Care 29(1): 1-14, 1999. (Journal Article: 14 pages)

Abstract: This study investigates a methodology to systematically track the effort to overcome impediments to securing needed post-hospital care and support. The authors state that 494 consecutive admissions to the Mount Sinai Medical Center were evaluated for the quality of available support resources in the domains of housing, daily activity, and psychiatric treatment using the Mount Sinai Discharge Planning Inventory. The authors assert that having an impediment in any of the three resource categories (housing, daily activities, psychiatric treatment services) at day seven was predictive of a sub-optimal discharge plan, and that of all three resource categories studied, a decline in overall impediments from day seven to discharge was significant only for psychiatric treatment services. The article also states that an internal/clinical impediment in any of the three resource categories on day seven was associated with a patient history of alcohol and drug abuse, and a significant association was found between having external/environmental impediments identified at discharge for housing and psychiatric treatment services with return to the hospital within 90 days of discharge. The authors conclude that the study of the impediments to the discharge planning effort provides an opportunity to elucidate the factors that comprise the pathway of recovery from psychiatric illness, but which are normally ill-defined, poorly understood, or not readily measured (authors).

Authors: Cohen, N., Gantt, A., Sainz, A.

Title: **Influences on Fit Between Psychiatric Patients' Psychosocial Needs and Their Hospital Discharge Plan.**

Source: Psychiatric Services 48(4): 518-522, 1997. (Journal Article: 5 pages)

Abstract: This study examined factors that help determine a good or poor fit between the psychosocial support needs of hospitalized patients and the hospital's discharge plan, using the Mount Sinai Discharge Planning Inventory. The authors assert that one-third of admissions were found to have an optimal fit on admission in all resource categories studied. The article states that for patients who entered the hospital with suboptimal resources, discharge planning was significantly more likely to establish clinically relevant psychiatric treatment options and to strengthen daily living activities than to change housing resources. The authors also state that certain diagnoses and a history of drug abuse, criminality, violence, and treatment noncompliance were associated with poorer fits with first-choice disposition options. The article concludes that the Mount Sinai Discharge Planning Inventory provides a method to systematically evaluate discharge planning by tracking progress toward securing relevant post-hospital care and support (authors).

Health, Behavioral Health, & Other Related Issues

Authors: Shelton, R., Rissmeyer, D.

Title: **Involving Consumers in the Discharge Process.**

Source: Psychosocial Rehabilitation Journal 12(4): 19-28, 1989. (Journal Article: 10 pages)

Abstract: This article describes an innovative model, the Shenandoah Club, a psychosocial rehabilitation program in Stamton, VA, which organizes volunteer outreach visits to inpatients in a nearby state hospital. The article discusses why participants in self-help clubhouse programs are ideally suited for involvement in the hospital discharge process. The into-hospital outreach project is based on the premise that club members can make a significant impact in patient recovery, and therefore, should be included in the discharge process, as well as the usual clubhouse activities.

Authors: Iowa Department of Human Services.

Title: **Iowa Plan for Community Development: A Working Plan for Systems Change and Iowa's Response to the Supreme Court Decision in Olmstead, et al. v. L.C. and E.W.**

Source: Des Moines, IA: Iowa Department of Human Services, 2001. (Report: 32 pages)

Abstract: This document is intended to be a "living" plan that will necessarily change over time as change in the underlying system of disability-related services is accomplished. The Oversight and Implementation Committee identified in this plan will continue to monitor activities and offer recommendations throughout the life of the Iowa Plan for Community Development. Available From: Division of Mental Health and Developmental Disabilities, Hoover State Office Building, 5th Floor NE, 1305 East Walnut Street, Des Moines, IA 50319, (515) 281-5874, <http://www.dhs.state.ia.us/dhs2005/mhdd/docs/iowaplancommdevfinal.doc>

Authors: Wright, J.D., Rubin, B.A.

Title: **Is Homelessness a Housing Problem?**

Source: Housing Policy Debate 2(3): 937-956, 1991. (Journal Article: 20 pages)

Abstract: Homeless people exhibit high levels of mental illness and substance abuse, extreme degrees of social estrangement, and deep poverty. Each of these conditions poses unique housing problems, which are discussed in this article. In the 1980s, the number of poor people has increased and the supply of low-income housing has dwindled; these trends provide the background against which the homelessness problem has unfolded. The authors discuss the characteristics that contribute to the housing problems of mentally disturbed homeless persons and they suggest that adequate supported transitional and extended-care housing would be sufficient to address their housing needs.

Authors: Caton, C.L.M.

Title: **Mental Health Service Use Among Homeless and Never-Homeless Men With Schizophrenia.**

Source: Psychiatric Services 46(11): 1139-1143, 1995. (Journal Article: 5 pages)

Abstract: This article compares patterns of previous mental health service use among 100 homeless men with schizophrenia and 100 men with schizophrenia who have never been homeless. The relationship between treatment refusal, severity of illness, and access to services were examined for both groups. In addition, the differences in treatment histories and adequacy of discharge planning were reviewed. Findings indicate that both groups had similar treatment histories and recent patterns of inpatient, outpatient, and emergency service use. However, the homeless men were more likely to have been discharged from their most recent psychiatric hospitalization against medical advice and have experienced less than adequate discharge planning for living arrangements, aftercare, and finances (authors).

Health, Behavioral Health, & Other Related Issues

Authors: Sosin, M.R., Grossman, S.

Title: **The Mental Health System and the Etiology of Homelessness: A Comparison Study.**

Source: Journal of Community Psychology 19: 337-350, 1991. (Journal Article: 14 pages)

Abstract: The authors present the results of a study that compares homeless persons and other domiciled but vulnerable former psychiatric patients to determine what factors differentiate the two groups and contribute to homelessness. Their results suggest that, except for age, few measures representing the inability to use services or the lack of treatment services predict homelessness. In contrast, homelessness is related to traits that reflect the lack of tangible resources, including the lack of Supplemental Security Income (SSI), the lack of other income maintenance benefits, and the lack of work income (authors).

Authors: Commonwealth of Massachusetts Executive Office for Administration and Finance.

Title: **Moving Beyond Serving the Homeless to Preventing Homelessness.**

Source: Boston, MA: Commonwealth of Massachusetts Executive Office for Administration and Finance, 2000. (Report: 146 pages)

Abstract: The state of Massachusetts' emergency shelter system continues to feel strained despite the administration's overall efforts to implement initiatives that will improve the ability of all of its citizens to have safe, decent, and affordable housing. The Executive Office for Administration and Finance launched an examination of the state's efforts to prevent homelessness by appointing two working groups on homelessness, each of which were part of the Task Force on Housing and Homelessness. Both groups included representatives from state agencies, advocacy organizations, and service providers. One group, the Working Group on Housing Search and Retention, examined and assessed the Commonwealth's housing search and retention services available to families and individuals who are homeless or at risk of homelessness. The other group, the Working Group on Discharge Planning, examined and analyzed discharge planning policies and procedures within a number of correctional facilities as well as human service agencies that provide custodial, residential, or inpatient services to single adults. Available From: National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292
http://www.nhchc.org/discharge/Documents/IVE_MassachusettsExecutiveOffice.pdf

Authors: Belcher, J.R.

Title: **Moving Into Homelessness After Psychiatric Hospitalization.**

Source: Journal of Social Service Research 14(3/4): 63-77, 1991. (Journal Article: 15 pages)

Abstract: The author describes a six-month follow-up study of 132 former patients of a state hospital. The study examines persons who become homeless and compares characteristics with the persons who do not become homeless. A quantitative and qualitative approach is used to document the process of homelessness that occurs after psychiatric hospitalization. A set of policy options seeking to respond to the special needs of homeless persons who have mental illnesses is presented (author).

Authors: Moss, J.E., Flower, C.L., Houghton, L.M., Moss, D.L., Nielsen, D.A., Taylor, D.M.

Title: **A Multidisciplinary Care Coordination Team Improves Emergency Department Discharge Planning Practice.**

Source: Medical Journal of Australia 177(8): 435-439, 2002. (Journal Article: 5 pages)

Abstract: In this article, the authors discuss the integration of a multidisciplinary Care Coordination Team (CCT) into the emergency department at Royal Melbourne Hospital, in Australia. The article suggests that this resulted in a high degree of staff satisfaction with the team, along with improved discharge planning practices and the establishment of referral systems, links and relationships with internal and external service providers. The authors recommend this model, and the extension of community support services, to assist in the disposition of patients after acute care in emergency departments (authors).

Health, Behavioral Health, & Other Related Issues

Authors: Hospital Peer Review.

Title: **New Discharge Planning Standards are Issued.**

Source: Hospital Peer Review 25(11): 149-150, 2000. (Journal Article: 2 pages)

Abstract: This article discusses the Joint Commission's issued standards for discharge planners. The authors state that these new standards call for early planning and alert the patient and the patient's family to what lies beyond the hospital stay. The article asserts that the new standard places special importance on this information if the patient is expected to be transferred to another care facility (authors).

Authors: O'Hara, A., Day, S.

Title: **Olmstead and Supportive Housing: A Vision for the Future.**

Source: Lawrenceville, NJ: Center for Health Care Strategies, 2001. (Report: 29 pages)

Abstract: The Supreme Court's Olmstead v. L.C. decision of 1999 had major implications for consumers, multiple state and federal agencies, and health care providers. This report offers a basic primer on supportive housing, as well as a thorough review of states' current Olmstead planning efforts in this area. The authors hope that this report will help spur more state and local stakeholders to expand community-based supportive housing opportunities for people with disabilities (authors). Available From: The Center for Health Care Strategies, P.O. Box 3469, Princeton, NJ 08543, (609) 895-8101, <http://www.chcs.org/>

Authors: Belcher, J.R.

Title: **On Becoming Homeless: A Study of Chronically Mentally Ill Persons.**

Source: Journal of Community Psychology 17: 173-185, 1989. (Journal Article: 13 pages)

Abstract: A naturalistic study that focuses on the process of homelessness after psychiatric hospitalization is presented. The posthospital adjustments of 132 former patients were examined for six months. Thirty-six percent of these individuals became homeless, and a qualitative research approach was used to frame four categories that described how individuals in each category moved into homelessness. Categories identified were the Wanderers, Tenuous Planners, Socially Disadvantaged Homeless, and the Dropouts. Suggestions on how to reintegrate them back into the community after hospitalization are presented (author).

Authors: Bianco, C., Milstrey-Wells, S.

Title: **Overcoming Barriers to Community Integration for People with Mental Illness.**

Source: Delmar, NY: Advocates for Human Potential, Inc., 2001. (Report: 66 pages)

Abstract: This is a report on behalf of the Center for Mental Health Services. It presents some of the barriers to community integration including the lack of income support and entitlements, housing, employment, behavioral health care, and primary health care. Available From: Advocates for Human Potential, Inc., 262 Delaware Avenue, Delmar, NY 12054, (518) 475-9146, <http://www.ahpnet.com/pdfs/OvercomingBarriers.pdf>

Health, Behavioral Health, & Other Related Issues

Authors: Olfson, M., Mechanic, D., Hansell, S., Boyer, C.A., Walkup, J.

Title: **Prediction of Homelessness Within Three Months of Discharge Among Inpatients with Schizophrenia.**

Source: *Psychiatric Services* 50(5): 667-673, 1999. (Journal Article: 7 pages)

Abstract: This article identifies factors that place inpatients with schizophrenia at risk of becoming homeless after hospital discharge. Patients were assessed at discharge from general hospitals in New York City and reassessed three months later to evaluate whether they had become homeless. Twenty patients reported an episode of homelessness during the follow-up period. Patients who had a drug use disorder at discharge were significantly more likely to report becoming homeless than those without a drug use disorder. Patients with a total score above 40 on the Brief Psychiatric Rating Scale or less than 43 on the Global Assessment Survey were more likely to report becoming homeless. The findings indicate that the combination of a drug use disorder, persistent psychiatric symptoms, and impaired global functioning at the time of hospital discharge poses a short-term risk of homelessness among patients with schizophrenia. The authors conclude patients who fit this profile may be candidates for community-based programs that are specifically aimed at preventing homelessness among patients with severe mental illnesses (authors).

Authors: Pages, K., Russo, J., Wingerson, D., Ries, R., Roy-Byrne, P., Cowley, D.

Title: **Predictors and Outcome of Discharge Against Medical Advice From the Psychiatric Units of a General Hospital.**

Source: *Psychiatric Services* 49(9):1187-1192, 1998. (Journal Article: 6 pages)

Abstract: This article examined predictors of discharge against medical advice (AMA) and outcomes of psychiatric patients with AMA discharges, as measured by poorer symptom ratings at discharge and higher rates of re-hospitalization. The authors compared 195 patients discharged AMA from general hospital psychiatric units with 2,230 regularly discharged patients. The authors assert that the groups did not differ in primary psychiatric diagnoses, and that patients discharged AMA were significantly less likely to be Caucasian or to be functionally impaired due to physical illness. The authors also state that they were more likely to live alone, have a substance use diagnosis, use more psychoactive substances, and have more previous hospitalizations. The article asserts that patients discharged AMA had significantly shorter lengths of stay, higher re-hospitalization rates, and more severe symptoms at discharge, even when length of stay was taken into account. The authors state that the results suggest a profile of patients who may be discharged AMA (authors).

Authors: Wong, Y.I., Culhane, D.P., Kuhn, R.

Title: **Predictors of Exit and Re-Entry Among Family Shelter Users in New York City.**

Source: *Social Service Review* 71(3): 441-462, 1997. (Journal Article: 36 pages)

Abstract: This study explores the process of exit from and re-entry to public family shelters for homeless families in New York City. Based on eight years of administrative data on public shelter utilization among homeless families from New York City, the study identified the effects of demographic, family structure, reason for homelessness, and time-related variables for different types of shelter discharge and shelter re-entry. The study specifically explored the significance of type of housing placement as a predictor variable for shelter re-entry. Findings indicated that various demographic and family structure attributes are linked with shelter exit and re-entry, including race/ethnicity, family size, age of family head, pregnancy status, and public assistance reciprocity status. Findings also indicated that procurement of subsidized housing is associated with substantially lower probability of shelter readmission. Policy implications of these findings and future direction for research on the dynamics of family homelessness are discussed (authors).

Health, Behavioral Health, & Other Related Issues

Authors: Wenzel, S.L., Bakhtiar, L., Cashey, N.H., Hardie, E., Redford, C., Sadler, N., Gelberg, L.

Title: **Predictors of Homeless Veterans' Irregular Discharge Status From a Domiciliary Care Program.**

Source: The Journal of Mental Health Administration 22(3): 245-260, 1995. (Journal Article: 16 pages)

Abstract: This article addresses the relationship of homeless veterans' discharge status from a domiciliary care program to bio-psychosocial characteristics presented at admission into the program. Hypotheses were that younger age, less education, and substance abuse or psychiatric disorder would predict an irregular discharge. Research participants were 367 homeless male veterans who had been admitted to a domiciliary care program at the West Los Angeles Veterans Affairs Medical Center for treatment of medical, psychiatric, or substance use disorders. Status of veterans' program discharge (regular or irregular) served as the outcome measure. Findings indicated that irregular discharge from the program was more likely among veterans who were black, who had poor employment histories, or who had problems with alcohol. Results are discussed in light of the need to maintain homeless veterans in treatment programs so that they can achieve maximum benefit from available programs (authors).

Authors: Lezak, A.D., Edgar, E.

Title: **Preventing Homelessness Among People with Serious Mental Illnesses: A Guide for States.**

Source: Rockville, MD: Center for Mental Health Services, 1998. (Report: 50 pages)

Abstract: This paper has three objectives: to demonstrate the need for prevention-oriented approaches to end homelessness among people who have serious mental illnesses; to make recommendations regarding state-level strategies to strengthen prevention efforts; and to give examples of specific state-supported initiatives and local efforts that are assisting people who have a serious mental illness to avoid homelessness. Many of these state and local initiatives serve to expand the reach of federal homelessness assistance programs. The report is designed primarily for those involved in planning and administering mental health programs and services for homeless people (authors).

Authors: Susser, E., Valencia, E., Conover, S., Felix, A., Tsai, W., Wyatt, R.J.

Title: **Preventing Recurrent Homelessness Among Mentally Ill Men: A Critical Time Intervention After Discharge from a Shelter.**

Source: American Journal of Public Health 87(2): 256-262, 1997. (Journal Article: 7 pages)

Abstract: The authors describe a study that examined a strategy to prevent homelessness among individuals with severe mental illness by providing a bridge between institutional and community care. Ninety-six men with severe mental illness who were entering community housing from a shelter were randomized to receive nine months of a critical time intervention plus usual services or usual services only. The primary analysis compared the mean number of homeless nights for the two groups during the 18-month follow-up period. Results show, over the 18-month follow-up period, the average number of homeless nights was 30 for the critical time intervention group and 91 for the usual services group. Survival curves showed that after the nine-month period of active intervention, the difference between the two groups did not diminish. The authors conclude that strategies that focus on a critical time of transition may contribute to the prevention of recurrent homelessness among individuals with mental illness, even after the period of active intervention (authors).

Health, Behavioral Health, & Other Related Issues

Authors: Interagency Council on the Homeless.

Title: **Priority: Home! The Federal Plan to Break the Cycle of Homelessness.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 1994. (Report: 126 pages)

Abstract: In May of 1993 President Clinton signed an Executive Order directing the 17 federal agencies that make up the Interagency Council on the Homeless (ICH) to prepare "a single coordinated Federal Plan for breaking the cycle of existing homelessness and for preventing future homelessness." A product of that effort, this document describes the changing nature of homelessness in the United States, briefly reviews the characteristics of the homeless population, and goes on to sketch the causes and outline the scale of the problem. It then turns to a concise history of programs mounted to assist homeless individuals and families in the 1980s. It evaluates those efforts and makes recommendations for new policies and programs to end homelessness. The authors contend that the ultimate answer to homelessness is also the answer to poverty (authors). Available From: U.S. Department of Housing and Urban Development, 451 Seventh Street SW, Washington, DC 20410, (202) 708-1112, www.hud.gov

Authors: Tsang, H.W., Ng, B.F.

Title: **A Program to Assist People with Severe Mental Illness in Formulating Realistic Life Goals.**

Source: Journal of Rehabilitation 68(4): 59-66, 2002. (Journal Article: 7 pages)

Abstract: This article is based on a study done with 25 psychiatric inpatients regarding discharge planning. The authors describe a clinical protocol designed to assist people with severe mental illness to formulate realistic life goals. The clinical protocol adopted an individualized approach and was structured in a four-stage development sequence from affirming the individual's personal worth, imaging the new ways of living and establishing a sense of control to setting goals for the future. Implications and limitations of the study were discussed (authors).

Authors: Centers for Medicare and Medicaid Services.

Title: **Promising Practices in Home and Community Based Services.**

Source: Baltimore, MD: Centers for Medicare and Medicaid Services, 2004. (Report Series: 17 pages)

Abstract: This series of reports highlights promising practices in home and community based services. The six examples included here are from the states of Vermont, Utah, Washington, New Jersey, Wisconsin, and Texas. They include information about topics such as: nursing facility to community transitions; informing nursing home residents about community long-term care options; the community choice initiative; assistance to people who want to leave nursing facilities; and appropriations riders. These reports are intended to share information about different approaches to offering home and community based services. Available From: Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore MD 21244, (877) 267-2323, www.cms.hhs.gov/promisingpractices

Health, Behavioral Health, & Other Related Issues

Authors: Chaney, R.

Title: **Promoting Community Integration: Barriers and Best Practices from Seven State Recipients of Olmstead Planning Grants.**

Source: Princeton, NJ: Center for Health Care Strategies, 2003. (Report: 11 pages)

Abstract: The National Council on Disability's (NCD) report, *Olmstead: Reclaiming Institutional Lives*, examines the progress states have made since the 1999 ruling and identifies what obstacles stand in the way. This resource paper supplements the NCD report, focusing on the seven states awarded grants from Center for Health Care Strategies (CHCS) to work on Olmstead compliance. The overall findings are consistent. Fundamental system barriers must be overcome, with assistance from the federal government, in order for real change to occur and be sustained. This resource paper offers insight into what obstacles the seven states came up against as they began to institute Olmstead, and where available, solutions that brought them closer to compliance (author). Available From: Center for Health Care Strategies, P.O. Box 3469, Princeton, NJ 08543, (609) 895-8101, http://www.chcs.org/usr_doc/communityintegration_grants.pdf

Authors: New York State Assembly Standing Committee on Mental Health, Mental Retardation, and Developmental Disabilities.

Title: **Public Hearing on Discharge Planning for the Mentally Ill, October 18, 1996.**

Source: Brooklyn, New York: EN-DE Reporting Services, 1996. (Testimony: 450 pages)

Abstract: This is the testimony of a public hearing on discharge planning for the Mentally Ill in New York State, convened by the State Assembly Standing Committee on Mental Health, Mental Retardation, and Developmental Disabilities. The hearing attempts to address the many problems faced by mentally ill persons who are discharged into the community with a lack of support from a fragmented service system. These problems include: the widespread homelessness in New York City, the lack of adequate services for patients and their families, and the lack of housing. The panel discusses these issues with a group of 32 witnesses, including administrators from the New York State Office of Mental Health, as well as clinicians, educators, and advocates.

Authors: Bininger, C.J., Thompson, P.A.

Title: **The Relationship Between Congruence With and Degree of Preference for Postdischarge Living Situation and Social Functioning and Community Tenure in the Long-Term Mentally Ill.**

Source: Columbus, OH: Ohio Department of Mental Health, 1992. (Report: 92 pages)

Abstract: A large number of individuals who have a long-term mental illnesses reside with an immediate family member who also serves as caregiver. Although no longer residing within the confines of the hospital, many of these consumers require assistance to retain tenure in the community. This study examines the relationship between the degree of expressed preference for and congruence with the living situation and the social functioning and community tenure of the person with serious mental illness discharged from a psychiatric facility (authors).

Health, Behavioral Health, & Other Related Issues

Authors: Rickards, L.D., Ross, E.C.

Title: **Report on State Hospital Discharge Planning Policies, Procedures, and Practices and Proceedings of the Discharge Planning Workshop.**

Source: Rockville, MD: Center for Mental Health Services, 1993. (Report: 35 pages)

Abstract: This report reviews a project in which the purpose was to improve discharge planning and aftercare for seriously mentally ill adults and people who are homeless. The study concluded that most state hospitals had thorough discharge planning processes - with treatment plans that included discharge arrangements, input from professional staff, involvement of community mental health and other community service staff, and involvement of patient and family. Several facilities in the study were aware of weaknesses in their discharge planning procedures. Other hospitals had minimal discharge plans, with an orientation towards custodial care rather than community rehabilitation or integration. Many of these latter facilities reported very weak links with the community service system. Also included is a summary of the workshop convened to review and comment on the report. The workshop discussion focused on three main areas: the analysis of state mental hospital discharge planning, barriers and facilitators to implementing a discharge plan, and strategies for improvement (authors).

Authors: Interagency Council on the Homeless.

Title: **Report to the Interagency Council on the Homeless: Recommended Action Steps.**

Source: Washington, DC: Interagency Council on the Homeless, 1994. (Report: 4 pages)

Abstract: This report represents recommendations from the Interagency Council on the Homeless' Subgroup on Improving Discharge Planning. The group recognized that the heterogeneity of the homeless population and the diversity of their needs across housing, income, employment and job training skills, legal issues, health care, and mental health and substance abuse treatment requires multi-departmental and multi-agency collaboration. Discharge planning takes place in a variety of institutional settings with varying approaches. Recommendations on discharge planning from the report "Priority: Home! The Federal Plan to Break the Cycle of Homelessness" and additional implementation activities proposed by the subgroup include: strengthening discharge and aftercare planning; identifying effective discharge planning strategies; and using the Department of Veterans Affairs as an exemplary model.

Authors: Shinn, M., Baumohl, J.

Title: **Rethinking the Prevention of Homelessness.**

Source: In Fosburg, L.B., Dennis, D.L. (eds.), Practical Lessons: The 1998 National Symposium on Homelessness Research. Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1999. (Book Chapter: 34 pages)

Abstract: In this essay, the authors examine existing measures to prevent homelessness. The logic and critical terminology of prevention is discussed. The authors also review research on the effectiveness of programs that aim to prevent homelessness. The authors conclude that most programs intended to prevent homelessness do useful things for needy people, but they seem to have only a marginal impact on the prevention of homelessness. They recommend that homelessness prevention be re-oriented from efforts to work with identified at-risk persons to projects aimed at increasing the supply of affordable housing, sustainable sources of livelihood, and the social capital of impoverished communities (authors). Available From: HUD USER, P.O. Box 23268, Washington, DC 20026, (800) 245-2691, www.huduser.org/publications/homeless/practical.html

Health, Behavioral Health, & Other Related Issues

Authors: Texas Health and Human Services Commission.

Title: **The Revised Texas Promoting Independence Plan.**

Source: Austin, TX: Texas Health and Human Services Commission, 2002. (Report: 98 pages)

Abstract: This plan serves several purposes: responds to Olmstead; addresses an Executive Order from the Governor; and serves as an analysis of the availability, application, and efficacy of existing community-based supports for people with disabilities (authors). Available From: Texas Health and Human Services Commission, 4900 North Lamar Boulevard, Austin, TX 78751, (512) 424-6500, http://www.hhsc.state.tx.us/pubs/tpip02/02_12TPIPrev.pdf

Authors: Farrell, S.P., Koch, J.R., Blank, M.

Title: **Rural and Urban Differences in Continuity of Care After State Hospital Discharge.**

Source: Psychiatric Services 47(7): 652-654, 1996. (Journal Article: 3 pages)

Abstract: In a study to determine differences in continuity of care for state hospital patients discharged to rural and urban areas, all community mental health centers in Virginia were asked to complete a brief questionnaire about each patient discharged to the centers in fiscal year 1992. Discharges to rural centers had significantly higher levels of continuity of care on four of five dimensions of continuity. The authors suggest that rural centers' lower staff ratios and decreased role boundaries may make them better able than urban centers to carry out the diverse tasks needed to help discharged patients resume community living (author).

Authors: National Association of State Mental Health Program Directors.

Title: **State Hospital Discharge Planning Policies and Procedures.**

Source: Alexandria, VA: National Association of State Mental Health Program Directors, 1992. (Report: 38 pages)

Abstract: In this study, 39 states identified 45 distinct elements of discharge planning policies and procedures, and their relationship to homelessness. Attached is a state-by-state matrix of the 45 distinct elements. Many states may actually do more than is contained in their written policies; this analysis merely lists what is contained in written policies (authors). Available From: National Association of State Mental Health Program Directors, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333, <http://www.nasmhpd.org/> (COST: \$25.00).

Authors: Coleman, B., Fox-Grage, W., Falkemer, D.

Title: **The States' Response to the Olmstead Decision: A 2003 Update.**

Source: Washington, DC: National Conference of State Legislatures, 2004. (Report: 109 pages)

Abstract: This paper is the fourth annual Olmstead report prepared by the National Conference of State Legislatures (NCSL). This series attempts to help readers gain a better understanding of the Olmstead ruling on state policy, and examines the efforts to develop and implement state plans responsive to the Supreme Court's decision concerning community integration. Available From: National Conference of State Legislatures, 444 North Capitol Street NW, Suite 515, Washington, DC 20001, (202) 624-5400, <http://www.ncsl.org/programs/health/forum/olmstead/2003/03olmstd.pdf>

Health, Behavioral Health, & Other Related Issues

Authors: Smith, G.A.

Title: **Status Report: Litigation Concerning Home and Community Services for People with Disabilities.**

Source: Cambridge, MA: Human Services Research Institute, 2004. (Report: 50 pages)

Abstract: This periodic report compiles information about and tracks the status of lawsuits that revolve around home and community services for people with disabilities. The report tracks three broad categories of lawsuits: Access to Medicaid Home and Community Services; Community Placement of Institutionalized Persons; and Limitations on Medicaid Home and Community Benefits. In this report, the issues that have prompted these lawsuits are discussed and the lawsuits are summarized, including their current status. The report is not necessarily inclusive of all lawsuits in this arena. Available From: Human Services Research Institute, 2336 Massachusetts Avenue, Cambridge, MA 02140, (617) 876-0426, http://www.napas.org/I-3/I-3-D/Litigation_Status_December_27_2004.pdf

Authors: Klein, J., Walker, P., Feinstein, C., Margeson, P., Jones, D.L.

Title: **Strategies and Challenges in Promoting Transitions from Nursing Facilities to the Community for Individuals with Disabilities: A Pilot Study of the Implementation of Rider 37 in Texas.**

Source: Chestnut Hill, MA: Independent Living Research Utilization Program of TIRR, 2004. (Report: 26 pages)

Abstract: The Community Living Exchange Collaborative at Independent Living Research Utilization (ILRU), the National Resource Center on Supported Living and Choice, and the Center for Housing and New Community Economics conducted a small pilot qualitative study of the implementation of Rider 37 from June 1, 2003 through September 30, 2003. The objective of the pilot study was to investigate the implementation of Rider 37, with a focus on the transition process as well as quality of life outcomes in the community. Six people who moved out of nursing facilities under the Texas initiative participated in interviews. Individuals who assisted each of the six people in the transition, as well as other key stakeholders, also participated in interviews (authors). Available From: ILRU of TIRR, Boston College, McGuinn Hall 602, 140 Commonwealth Avenue, Chestnut Hill, MA 02062, (617) 552-6728, www.communitylivingta.info/moreInfo.php/topic/45/ofs/10/doc/595/Strategies_and_Challenges_in_Promoting_Transitions

Authors: Rosenheck, R.A., Dennis, D.

Title: **Time-Limited Assertive Community Treatment for Homeless Persons With Severe Mental Illness.**

Source: Archives of General Psychiatry 58(11): 1073-1080, 2001. (Journal Article: 8 pages)

Abstract: The assertive community treatment (ACT) model for people with severe mental illness was originally designed to be provided continuously without termination. This study evaluated postdischarge changes in health status and service use associated with the time-limited provision of ACT to people who are homeless with severe mental illness. The study concluded that clients who are homeless with severe mental illness can be selectively discharged or transferred from ACT to other services without subsequent loss of gains in mental health status, substance abuse, housing, or employment (authors).

Authors: Griffin, E.

Title: **Toward a Single Coherent Vision: Sustaining Interdepartmental Collaboration to Support Community Integration for Persons with Disabilities.**

Source: Princeton, NJ: Center for Health Care Strategies, 2003. (Report: 23 pages)

Abstract: This resource paper is written in the wake of a two-year process of developing Maine's response to the Olmstead decision. The purpose of this document is to marry the resulting vision for coordination and consistency across departments with a sustainable, collaborative governance structure that will incorporate that vision into the workings of Maine's state agencies. Other states facing the same scenario may benefit from Maine's work (authors). Available From: Center for Health Care Strategies, P.O. Box 3469, Princeton, NJ 08543, (609) 895-8101, http://www.chcs.org/usr_doc/singlevision.pdf