

WIBOSCOC

Discharge Planning Toolkit Instructions

Purpose:

The purpose of this toolkit is to support WIBOSCOC's in connecting with any type of facility that would provide services in an inpatient/inmate setting to help collaborative efforts to ensure individuals/patients are not discharge or released into homelessness. The toolkit does this by providing templates and suggested topics to consider when approaching this work across communities.

Please note the templates and suggested topics are starting points to begin conversations and work with community partners. There can be changes, additions or other forms used that best support community partnerships in ending homelessness.

Tool Kit includes:

Links to identify local inpatient/Inmate organizations/setting:

Hospitals: <https://www.dhs.wisconsin.gov/library/hospitaldir.htm>

Residential Care Facilities: <https://www.dhs.wisconsin.gov/guide/seek.htm>

Substance Use Treatment Facilities:
<https://211wisconsin.communityos.org/addiction-helpline-guided-search>

Mental Health Treatment Facilities:
<https://211wisconsin.communityos.org/mentalhealthguidedsearch>

Department of Corrections Adult Institutions:
<https://doc.wi.gov/Pages/OffenderInformation/AdultInstitutions/AdultFacilities.aspx>

Attachments:

Instruction Template on how to use 211 to find other local resources (including Mental Health and Substance Use facilities).

Introduction E-mail Template

MOU Template

Domestic Violence Release of Information Template

HMIS Release of Information Template

Instructions for Document Use/Considerations to address:

- 1) Use the links above and 211 information database instruction to identify organizations in your area that standardly release patients/clients/inmates from their services. (i.e. Hospitals, assisted living/nursing care facilities, correctional facilities, etc.)
- 2) The Introduction E-mail Template can be used/modified and sent to the identified organization(s) to begin connecting and creating a plan to work together on discharge planning.
- 3) MOU template can be used when formalizing an agreement between the COC and local organizations.
 - a. When you are in the process of creating an MOU consider discussing how information will be securely transmitted from organization to organization. You may want process this included in the MOU or an addendum to the MOU.
 - b. Consider what are the systems and processes that will support your local collaboration/partnership in ensuring individuals/client/patients are not released into homelessness.
- 4) Release of information templates are provided to use when discussing information sharing. These templates are a jumping off point; other organization or partnership specific release of information forms can be used as agreed upon by all parties.

If you find that there are gaps in service in your community work to remedy the immediate situation, as well as inform your COC of the gap and explore how local services/partnerships can work to bridge gaps.

DISCHARGE PLANNING TOOL KIT

Introduction E-mail DRAFT

Hello [Community Partner]-

Your organization has been identified as one of many that provides a vital service in our community for so many individuals. We are hoping we could partner with your organization to ensure that individuals that are ending their time in your service have all the supports they need prior to their discharge. This includes a stable living situation. I'm _____ from _____ (organization) and we work with individuals to _____. Additionally, we are part of a larger statewide coalition that is working to ensure individuals that receive services at locations like yours have a plan upon discharge for stable housing or at a minimum are discharged with a plan for how to get into a shelter or temporary living supports.

Conversations like these are occurring in several communities across state organizations like ours along with making plans and even signing MOU's to help support this process and we would love the opportunity to start this conversation with your organization as well. Is there a time when we could meet to further discuss this?

I look forward to hearing from you!

Warm regards,

MEMORANDUM OF UNDERSTANDING

WHEREAS, The Discharge Planning Committee for the Wisconsin Balance of State Continuum of Care (WIBOSCOC) and [Click or tap here to enter text.](#) Hospital located at [Click or tap here to enter text.](#) of city [Click or tap here to enter text.](#), State [Click or tap here to enter text.](#) Zip-code [Click or tap here to enter text.](#) have come together to implement a pilot program that encompasses connections to prevent discharging individuals into homelessness.

WHEREAS, by policy and procedures implemented, developed and maintained through collaboration of a Medical Facility, and/or, Mental Health Facility, and/or, Corrections/Jail and/or, Foster Care. Incorporated will be a review of policies and procedures as well as provide information and ideas to foster these initiatives.

WHEREAS, through discussions with [Click or tap here to enter text.](#) of [Click or tap here to enter text.](#) hospital and The Discharge Planning Committee formed by the WIBOSCOC and the partnering agencies have agreed to move forward with a pilot program setting forth a step by step plan to be able to discharge individuals into a shelter, emergency shelter with provided levels of care as deemed by medical provider so that no person shall be discharged into homelessness from above mentioned facilities.

NOW, THEREFORE, a pledge to maintain in the community ongoing efforts and adjustments for quality and seamless transition of services to patients/consumers/clients in connection to being housed in the most appropriate setting with the necessary and prescribed level of care that is the least restrictive and allows freedom of choice and access to necessary services.

NOW THEREFORE, we agree the seamless transition will include entry into the coordinated entry system.

NOW THEREFORE, the agreed upon goal that encompasses individuals served be allowed access to services and support to safe, emergency shelter and shelter facilities with medical needs being assessed and implemented as deemed by medical professional and qualified staff for care.

NOW THEREFORE, we agree to remain actively involved in monthly Discharge Planning Committee meetings to collaborate and update our policies and procedures and examine the best possible outcome to the level of care of clients/patients/consumers and access to shelter be it emergency, transitional or temporary shelter facilities.

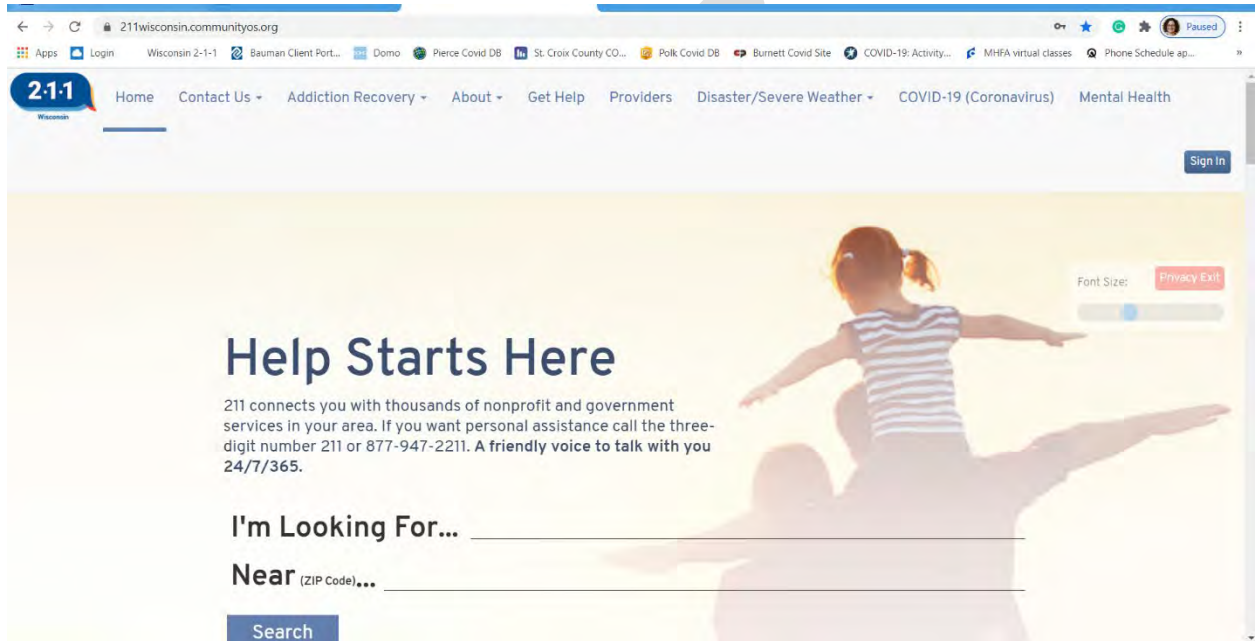
NAME:
AGENCY: & COUNTY SERVED
SIGNATURE:

WIBOSCOC- Discharge Planning

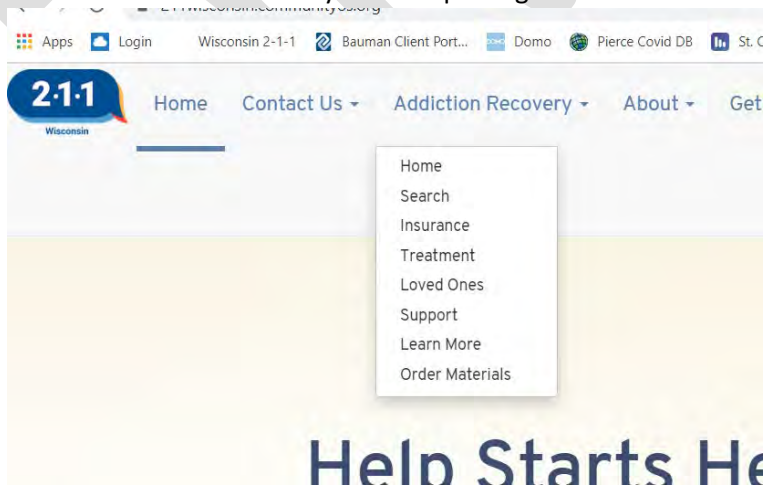
Instructions on how to look up information on the 211 Wisconsin Database for SUD services.

These instructions are the same for Mental Health Service you will just click on the Mental Health tab at the top of the 211 Website.

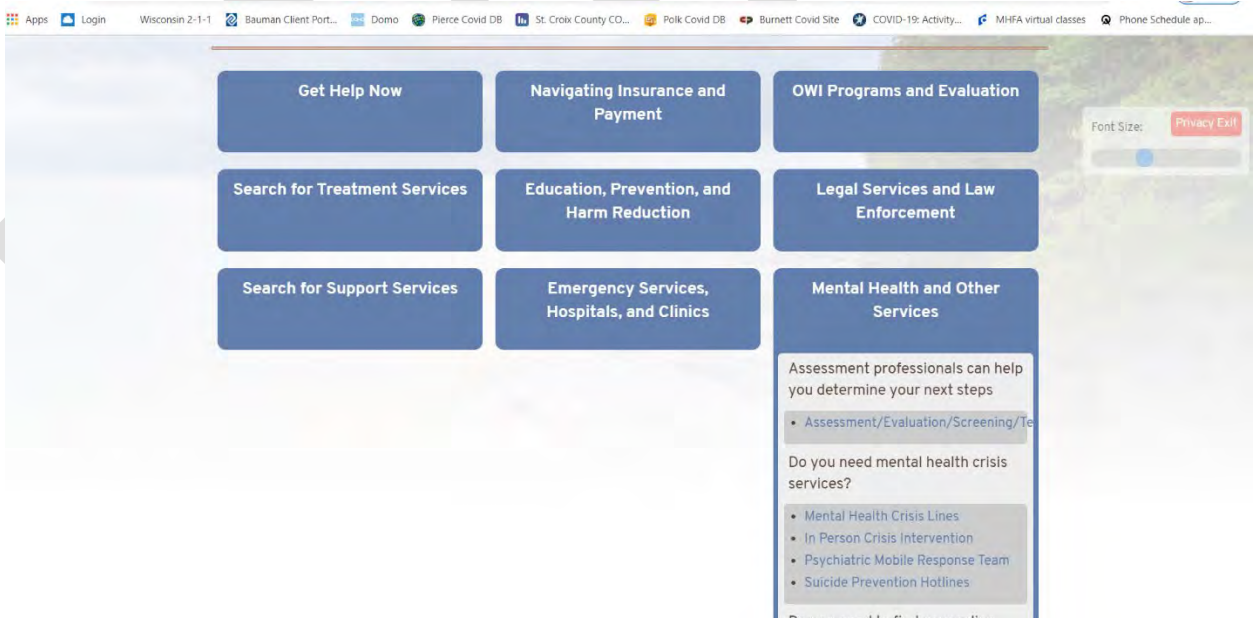
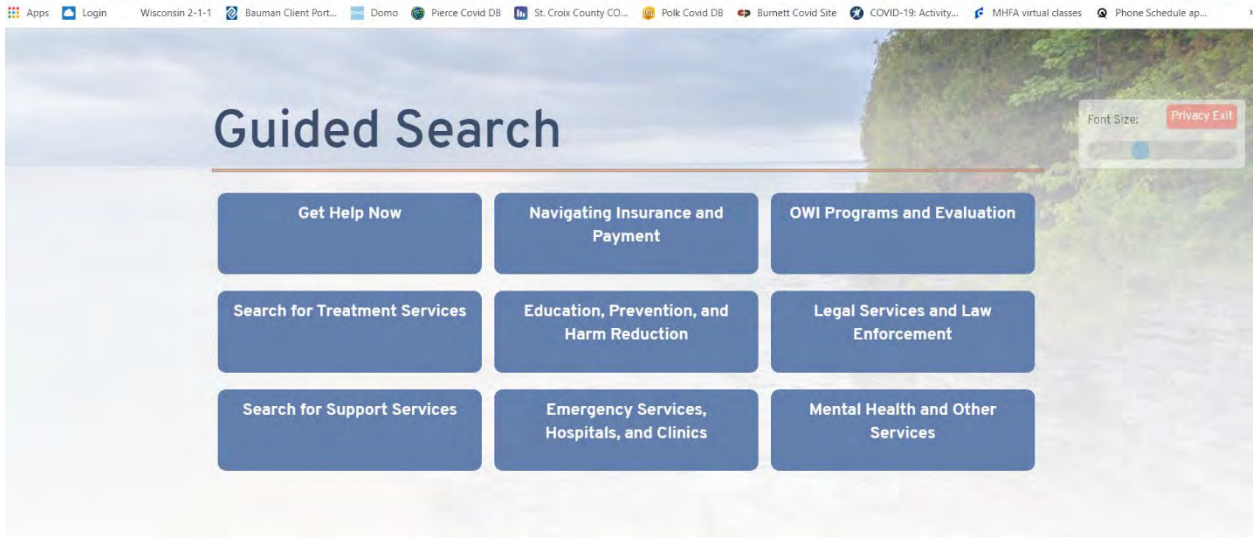
- 1) Go to 211wisconsin.org



- 2) Click on Addiction Recovery in the top navigation bar- this will reveal a drop down menu



3) You can select "Search" to get to the guided search



- 5) In this example we will look for inpatient treatment under the button “Search for Treatment Services”

A vertical menu with several sections, each with a question and a list of options:

- Detox Services
- Are you looking for outpatient treatment?
 - Comprehensive Outpatient Treatment
 - Day Treatment
- Are you looking for Medication-Assisted Treatment?
 - Medication Assisted Treatment
- Are you looking for residential treatment options?
 - Residential Treatment
- Are you looking for inpatient treatment options?
 - Inpatient Treatment
- Do you need to find counseling services or a therapist to help?

- 6) From here you are redirected to a search page: on this search page the first search will bring up facilities all over WI.

The screenshot shows a web browser window with the URL 211wisconsin.communityos.org/publicguidedsearch/render/ds/%7B%22service%5C%5Cservice_taxonomy%5C%5Cmodule_servicepost%3A%7B%22value%3A%5B%7B%22taxonomy_id%3A4...

On the left, there is a search criteria panel:

- 211 Wisconsin Search Criteria
- Selected Service Type(s): Includes any
 - Inpatient Alcohol Use Disorder Treatment Facilities
 - Inpatient Drug Use Disorder Treatment Facilities
- Selected Zip Code: Physical
- Zip: [input field]
- Sort by: [input field]
- Search button
- Narrow Your Results: Enter City or County: [input field]

On the right, a map shows search results for Wisconsin with markers for various locations.

The main content area displays the following information:

INPATIENT SUBSTANCE USE DISORDER TREATMENT FACILITIES by GREEN COUNTY HUMAN SERVICES

N3152 Wisconsin 81, Monroe WI, 53566 Located *miles from ZIP code entered in search*

Green County intensive inpatient detoxification services are provided by contract at Tellurian Detox as part of the residential program for people with alcohol, opioid, and other drug use disorders. Inpatient services are provided at Tellurian Detox, 2914 Industrial Drive, ...

608-328-9352 [View Website](#) [Get Directions](#)

Hours of Operation: County Crisis Line available 24 hours/day, 7 days/week

Intake Procedure: Intake for services is through the County Crisis Unit or outpatient program for referral.

Intake Requirements / Documents Required: Copy of insurance card.

Cost: Based on ability to pay

Eligibility Requirements: Individuals with alcohol, opioid, or other drug use disorders with a focus on those for whom the withdrawal process is potentially dangerous. This program also serves pregnant women and injection drug users.

7) Enter your zip code in the Selected Zip Code Box and click search to narrow down to closest facilities.

recommend **calling ahead** before visiting an agency or program. The 211 Wisconsin System is working hard to keep our database up-to-date, however, COVID-19 is causing daily changes in agency operations and capabilities.

211 Wisconsin Search Criteria

Selected Service Type(s):
Add or remove options to adjust your search
Includes any ▾ Inpatient Alcohol Use Disorder Treatment Facilities ✕
Inpatient Drug Use Disorder Treatment Facilities ✕

Selected Zip Code: Physical
Zip 54703
Sort by ▾

Search

Narrow Your Results
Enter City or County:
Select a zip, city, county, or state

Map Satellite

INPATIENT SUBSTANCE USE DISORDER TREATMENT FACILITIES by LE PHILLIPS LIBERTAS TREATMENT CENTER

2301 County Highway I, Chippewa Falls WI, 54729 *Located 10 miles from ZIP code entered in search*

LE Phillips Libertas Treatment Center is accepting patients during the COVID-19 emergency. Intensive inpatient detoxification services are provided at LE Phillips Libertas Treatment Center. Services include: 24-hour admissions; nursing and physician care; medical detoxific ...

715-723-5585 View Website Get Directions

Hours of Operation: Intake available 24 hours/day, 7 days/week
Intake Procedure: Call an Intake Coordinator.
Intake Requirements / Documents Required: Call for information.
Cost: Call for information. Prior approval is required for people paying with Medicare, county funds, or private insurance.
Eligibility Requirements: Adults, ages 18 and older in Chippewa, Dunn, Eau Claire, Pepin, and Pierce Counties

[More Details](#)

You can also use the plus and minus on the map to zoom in or out.

Additionally you click on the services name (in this instance it's "Inpatient Substance Use Disorder Treatment Facility" and it will open even more details:

2-1-1 Wisconsin Home Contact Us - Addiction Recovery - About - Get Help Providers Disaster/Severe Weather - COVID-19 (Coronavirus) Mental Health Sign In

LE PHILLIPS LIBERTAS TREATMENT CENTER

- Program
- LE PHILLIPS LIBERTAS TREATMENT CENTER
- Service
 - INPATIENT SUBSTANCE USE DISORDER TREATMENT FACILITIES**
 - RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT FACILITIES
- Site

Service(s): Use left navigation bar to search entire agency listing

Service Details Additional Contact Information

SERVICE DETAILS

Service Name
INPATIENT SUBSTANCE USE DISORDER TREATMENT FACILITIES

Hours of Service
Intake available 24 hours/day, 7 days/week

Service Description
LE Phillips Libertas Treatment Center is accepting patients during the COVID-19 emergency.
Intensive inpatient detoxification services are provided at LE Phillips Libertas Treatment Center. Services include: 24-hour admissions; nursing and physician care; medical detoxification for alcohol, methamphetamines, opiates, and other drugs; daily individual sessions with a counselor and psychiatric consultations; pastoral care available.

CONTACT INFORMATION

Phone Number
715-723-5585

Emergency/Crisis Number

Toll Free Number

Email
info@libertascenter.org

Website/URL
http://www.libertascenter.org

ELIGIBILITY AND INTAKE

Eligibility
Adults, ages 18 and older in Chippewa, Dunn, Eau Claire, Pepin, and Pierce Counties

Application/Intake Process
Call an Intake Coordinator.

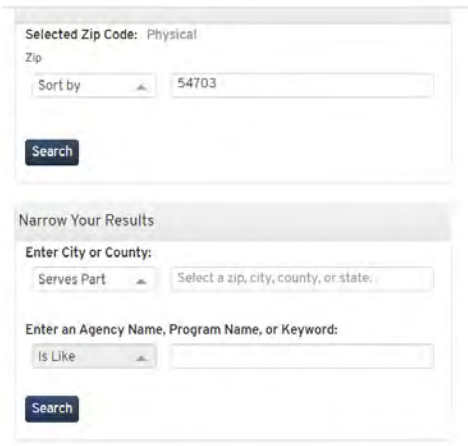
Documents Required
Call for information.

Method of Payment Accepted
Medicare, county funding, Indian Health Service Program, private insurance, and private pay

Fee Structure

Hide Menu

If you are not finding a location you are looking for you can search by name of the facility:



The image shows a search interface with two main sections. The top section is titled "Selected Zip Code: Physical" and includes a "Zip" field with a "Sort by" dropdown menu and a text input containing "54703". Below this is a "Search" button. The bottom section is titled "Narrow Your Results" and includes two input fields. The first is "Enter City or County:" with a "Serves Part" dropdown menu and a text input containing "Select a zip, city, county, or state:". The second is "Enter an Agency Name, Program Name, or Keyword:" with an "is Like" dropdown menu and a text input. Below this section is another "Search" button.

If you still cannot find the service you can call the Wisconsin Addiction Recover Helpline at 211 and pressing option 3 OR by dialing- 833-944-4673.

**AUTHORIZATION FOR RELEASE/EXCHANGE
OF INFORMATION**

Participant Name: _____ **Date of Birth:** _____

Name of Parent/Guardian if Minor Child: _____

The above named person must indicate when this authorization is to expire by initialing the applicable box

	One time release/ when information is exchanged/released
	In one (1) month.
	In six (6) months.
	In one year (12 months).
	Other as detailed by participant.

The person named above hereby authorizes:
 YOUR ORGANIZATION NAME HERE and/or Advocate or Representative
 123 YOUR ADDRESS
 YOUR ORG CITY, WI 11111
 Ph: 111-111-1111 Fax: 111-111-1111

To: (initial)

	Request information from		Send information to
	Discuss information with		Receive information from

The Program/Representative as indicated below:

Name			
Provider/Agency	ORGANIZATION NAME		
Address	Organization Address, City, WI 111111		
Phone	111-111-1111		
Email			

Information To Be Released/Exchanged: (initial)

	Psychological Exam/Recommendations/Tx	<small>Today's Date</small>	From	To
	AODA Assessment/Recommendations/Tx	<small>Today's Date</small>	From	To
	Physical exam/history/recommendations	<small>Today's Date</small>	From	To
	Social Assessment/History		Criminal Complaint	
	Treatment Plan/Goals/Aftercare Plan		Battersers/ DV Assessment/Recommend..	
	Discharge Summary/Recommendations		Other:	
	General information regarding program participation.		Other:	

Purpose for the disclosure/release of information: (initial)

	In case of emergency notify contact person.		Coordinate services/s with other agency
	Facilitate family involvement in services.		(Other)

The above named participant has the following rights:

- ❖ This authorization is effective for the above requested and authorized information only. You may ask for and receive a copy of this authorization form.
- ❖ This authorization will expire on the date indicated above. Additionally, you may revoke this authorization at any time by submitting a written request to this program. Your revocation will be honored except to the extent that has already been acted upon in good faith while in force.
- ❖ You have the right to inspect the information you are authorizing to be released.
- ❖ The information you are authorizing to be released could be re-released or disclosed by the recipient. Such additional disclosures or releases may not be prohibited by law. **We are not responsible for the actions of others** who may be provided with information released as a result of this authorization.
- ❖ You may refuse to sign this authorization. Such refusal will not affect your ability to obtain services except to the extent that the information being requested may be needed to assist staff in determining appropriate service delivery.
- ❖ Unless otherwise specified by law, we will release only that information which has been created by this program, Advocate, or Representative of Safe Haven Domestic Abuse Support Center of Shawano County. Records created by and available from other providers must be obtained directly from those other providers or facilities.
- ❖ There may be a fee associated with the copying of your records. For personal use, you are entitled to one (1) copy of your requested information free of charge per release. Additional copies for you, future release to you, or releases to other providers, persons or facilities may be subject to a charge of: pages 1-9 free of charge; pages 10-19 ten cents per page (.10); pages 20 and more fifteen cents per page (.15). Contact the site administrator for additional information about applicable copying fees.

AUTHORIZATION

Printed Name of Participant: _____ **Date of Birth:** _____

Participant Signature or Authorized Representative: _____ **Date:** _____

Relationship of authorizing person to participant: Parent Guardian Other: _____

Staff Signature: _____ **Date:** _____

Note to Recipient of Information

This information has been disclosed to you from records whose confidentiality is protected. You are prohibited from making any further disclosure of this information without the specific written consent of the person whom it pertains. A general authorization for the release of medical or other information is not sufficient for this purpose.



Wisconsin HMIS Client Informed Consent and Release of Information

PERMISSION TO SHARE CONFIDENTIAL INFORMATION TO SECURE NECESSARY SERVICES *Please read the following notice and authorization (or ask to have it read to you) before signing.*

This agency _____ participates in the Wisconsin statewide Homeless Management and Information System. Agencies that participate in the Wisconsin HMIS belong to an internet-based network. This network is administered by the Institute for Community Alliances (ICA). The name of the software vendor that developed and maintains the software is called Bitfocus. The name of the software that stores this data is called Clarity Human Services.

Benefits to Data Sharing for the Consumer	
Eliminates Duplicate intakes	Faster access to the Coordinated Entry System, resulting in receiving services more quickly
Reduces the amount of time spent answering basic questions regarding your situation	Allows agencies to focus on meeting your unique service needs
Reduces the amount of times you have to tell your story to service providers	Multiple Services can be easily coordinated and streamlined

**Bitfocus ensures the security of its system. Please see below for detailed information on security measures.*

Because this network is made up of many service providers, you have the option to share your information with other service providers from whom you might be seeking services. Your identity and information collected in the WI HMIS will be shared, with your written consent, in the network and with network partners who have written agreements with ICA. WI HMIS includes your demographic information and other essential personal information needed to best determine your service needs.

The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements. The information you provide will only be shared with this agency, the network, network partners and limited staff of the Institute for Community Alliances. Personally identifying information will not be shared with any State or Federal department for the purposes of determining your eligibility in other State or Federal programs (for example, Food Share). Information collected is housed in a secure server owned and hosted by Bitfocus in Virginia, Ohio, Oregon, and California. Limited Bitfocus staff have access to this server and the data for the purposes of network support and maintenance. Data collected for the network will be maintained for at least seven years from the last date of service.

The list of agencies participating in the network and network partners can be accessed on the ICA website here, [HMIS Release of Information](#). This list may change.

Please note if you grant permission for your information to be shared, that agreement will be in effect until you revoke it in writing. You may end your agreement in writing and your personal and service information will no longer be shared from that date going forward. If you do not give permission for this agency to release your information, no other agency in the network or network partner will have access to it.

Maintaining the privacy and the safety of those using our services is very important. Your record will only be shared if you give permission. You cannot be denied services that you would otherwise qualify for if you choose not to share information. However, even if you choose not to share your information with other agencies, federal and state regulations may require limited data collection for funding purposes.



Wisconsin HMIS Client Informed Consent and Release of Information

Type of Information to be shared:

- Personal Identifying Information: Name (First, Middle and Last), Social Security Number, Date of Birth, Gender, Race, Ethnicity, Last Residence Information, Military Status
- Housing/Program Specific: Program Enrollments, Assessments, Services, Case Notes, Referrals, File Attachments

Please indicate your choice regarding data sharing

- **Option 1:** Verbal Consent

_____ By initialing here, I agree to share my and my child/children's above specified information and coordinate services with all participating agencies in the network and network partners.

- **Option 2:** Verbal Consent

_____ By initialing here, I agree to share my and my child/children's specified information, *except* for the information identified below. I do not want to share my and my child/children's:

- Program Enrollments
- Assessments
- Services
- Case Notes
- Referrals
- File Attachments

- **Option 3:** Verbal Consent

_____ By initialing here, I agree I do not want to share my and my child/children's above specified information and coordinate services with other agencies/network partners.

I understand that signing below relates only to data sharing within the WI HMIS and does not guarantee I will receive assistance. Alternatively, I understand that I will NOT be denied services if I refuse to consent to data sharing.

Print Name: _____

Client Signature: _____ **Date:** _____

Adult #2 Print Name: _____

Adult #2 Client Signature: _____ **Date:** _____

Agency Witness Signature: _____ **Date:** _____

Verbal Consent obtained by phone (Agency Staff Initials): _____ **Date:** _____