



# DISCHARGE PLANNING: AGENCY COLLABORATION TOOLKIT

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## Why did we do this work?

- To provide tools to support state and local policies and protocols to ensure individuals being discharged from public funded institutions or systems of care **ARE NOT** discharged immediately into homelessness.
- Encourage agencies from all sides to approach this in new and different ways that work in their communities in partnership.

## **What did we do?**

- **Discharge Planning Committee under the Wisconsin Balance of State Continuum of Care worked to create an entire tool kit that will take agencies step by step through creating this process.**
- **What we are sharing today is in DRAFT form, pending BOS board approval and may slightly change once fully approved.**

## **What is included:**

- **Policy for Avoiding Discharge into Homelessness**
- **Toolkit Instructions**
- **How to use 211 to find local partner agencies (Mental Health and Substance Use Treatment)**
- **E-mail/Contact template**
- **MOU Template**
- **Domestic Violence Release of Information Template**
- **HMIS Release of Information template.**

# Policy for Avoiding Discharge into Homelessness

## Policy for Avoiding Discharge into Homelessness

### Overview:

HUD Definition of Homeless: According to the U.S. Department of Housing and Urban Development (HUD), a person is considered homeless if they are living in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings or on the street. In addition, persons are also considered homeless if they reside in Emergency Shelters; reside in Transitional Housing for persons who are homeless and originally came from the street or emergency shelters; came from any of the above but are spending a short time (up to 90 consecutive days) in a hospital or other institution; are being evicted within 14 days from a private dwelling unit and no subsequent residence has been identified; are being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 90 consecutive days and no subsequent residence has been identified; are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence, and the person has no other residence and lacks the resources or support networks to obtain other permanent housing.

### Guiding Principles:

- Homelessness is unacceptable in Wisconsin.
- In no instance should a person be discharged from a state or public facility without directions to seek housing or shelter in an emergency shelter.
  - o Every effort must be made through careful discharge planning to work with the client and are resources to seek adequate, permanent housing.
- If after having exhausted all efforts to engage the client in a discharge plan, if the client continues to refuse services, the efforts will be noted in detail and the client will confirm their refusal with their signature.
- If a client receiving out-patient services becomes homeless, the state or public facility should work actively with the client and community resources to locate suitable housing.

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly funded institutions or systems of care **ARE NOT** discharged immediately into homelessness.

- **Health Care:** Under 42 CFR 482.43(b) and (6) all hospitals must have in place a discharge planning process that applies to all patients and the discharge planning evaluation must include an evaluation of the likelihood of a patient needing post-hospital services and the availability of those services. The hospital must include the discharge planning evaluation in the patient's medical record for use in establishing an appropriate discharge plan and the hospital must discuss the results of the evaluation with the patient or the person acting on the patient's behalf. Wisconsin Administrative Code HFS 124 defines the requirements for discharge planning.

## 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.comunitvos.org/addiction-helpline-guided-search>

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

Department of Corrections Adult Institutions:  
<https://dcr.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

# Toolkit Instructions

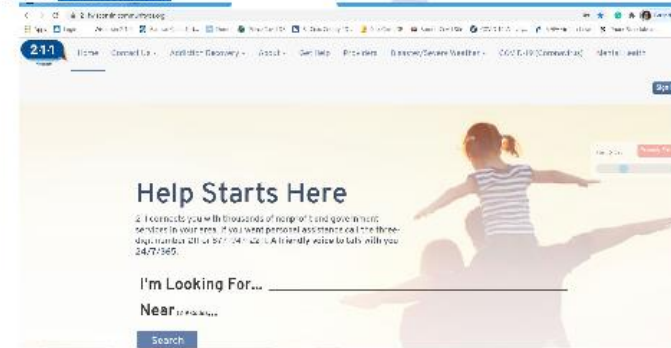
# How-To-Guide for 211 Resource

## 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](http://211wisconsin.org)



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



DISCHARGE PLANNING TOOL KIT

Introduction E-mail

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 can 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,

# Email/Contact Template



# MOU

## 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:

# ROI's

## 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

<input type="checkbox"/>	One time release/ when information is exchanged/released
<input type="checkbox"/>	In one (1) month.
<input type="checkbox"/>	In six (6) months.
<input type="checkbox"/>	In one year (12 months).
<input type="checkbox"/>	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)

<input type="checkbox"/>	Request information from	<input type="checkbox"/>	Send information to
<input type="checkbox"/>	Discuss information with	<input type="checkbox"/>	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)

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

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

<input type="checkbox"/>	In case of emergency notify contact person.	<input type="checkbox"/>	Coordinate services/s with other agency
<input type="checkbox"/>	Facilitate family involvement in services.	<input type="checkbox"/>	(Other)



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.

Contact information:

WIBOSCOG

<https://www.wiboscoc.org/>

Discharge Planning Committee Chair

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