Institutional Discharge Planning Toolkit

Purpose of Toolkit

To facilitate coordination between discharge planners in state institutions and the networks of housing and service providers operating to assist people experiencing or at risk of homelessness.

In particular, the tools are intended to assist discharge planners:

- 1. Determine whether clients are homeless and, if so, chronically homelessness, as defined by the U.S. Department of Housing and Urban Development (HUD), for the purpose of determining certain housing program eligibility.¹
- 2. Document clients' homeless and chronic homeless status to meet requirements set by HUD.
- 3. Refer clients to homeless assistance/housing system:
 - Connect client to Coordinated Entry system in the region to which (s)he will be discharged and ensure a smooth hand-off by providing the Coordinated Entry system with pertinent client information and documentation.
- 4. Understand alternative housing options in the event Coordinated Entry does not provide a sufficient avenue for determining adequate post-discharge housing.

Background: Connecting with the Homeless Assistance Housing and Services System

Continuums of Care

If a client will not have housing upon discharge from an institution, (s)he may be eligible for housing assistance through the network of Continuums of Care operating in the same region. A Continuum of Care (CoC) is a is a regional or local planning body that coordinates housing and services funding and programs for homeless families and individuals. The number of CoCs operating in each state varies. More information on CoCs – including contact information for CoCs operating in a given area - is available at: www.hudexchange.info/programs/coc/.

Coordinated Entry

Each CoC around the country has been tasked by HUD to implement a Coordinated Entry System. Coordinated Entry describes a system-wide approach to coordinate the access, assessment, prioritization, referral and delivery of homeless housing and services consistently within a Continuum of Care. Previously, individual service providers were responsible for assessing and placing clients directly into their programs. Coordinated Entry replaces this patchwork of policies, waitlists, and practices with a universal assessment and prioritization process that ensures all clients are treated equally regardless of which agency he or she seeks assistance from.

¹ Discharge planners are not expected to make those eligibility determinations themselves. However, information collected by discharge planners about homeless or chronically homeless status will assist housing-system staff to make eligibility determinations.

Disclaimer: This document was generated by TA providers to support direct TA for H2 Initiative communities and other communities working to improve Housing – Healthcare Systems Coordination. It is a working tool being offered in "beta" (i.e., test pilot) form. This is not a HUD-endorsed document. To provide feedback, email Gillian@homebaseccc.org.

Coordinated Entry Systems are in various stages of development and implementation.

Connecting Institutional Discharge Planning to Coordinated Entry

Coordinated Entry Systems all prioritize assistance based on client vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Each CoC has flexibility to choose its own assessment tool make the necessary determinations regarding each client's vulnerability and needs. Assessment tools are also used to determine eligibility for various programs.

In some states, all CoCs may use the same or similar assessment tools. In others, each CoC may use a different tool. Regardless of the assessment tool(s) used, there is a small subset of information that every Coordinated Entry System needs to know about each potential client. Therefore, it is possible for discharge planners to get a jumpstart on the assessment process for clients that need to be connected to a CoC, regardless of the jurisdiction to which they will be discharged.

Specifically, all CoCs must know whether or not a client is homeless or chronically homeless according to HUD's definition, and have proper documentation of that status. All CoCs also require some basic information about the client, such as name and age. The **Assessment Tool for Discharging Institutional Clients with Housing Needs** gathers this information.

Tools Included

- Assessment Tool for Discharging Institutional Clients with Housing Needs for discharge
 planners to collect pertinent information and documentation to send to relevant
 Coordinated Entry System access point to streamline client access to housing and services.
- A Handout and Flow Charts to help Discharge Planners determine whether a client is literally homeless, and if so, chronically homeless, as defined by the U.S. Department of Housing & Urban Development (HUD), as well as to determine whether sufficient documentation exists to demonstrate literal or chronic homelessness.

Using the Tools

Discharge planners working with clients with post-discharge housing needs should:

- Fill out the Assessment Tool for Discharging Institutional Clients with Housing Needs, including compiling and attaching supporting documentation. The included handout and Flow Charts, will help to answer many of the questions contained in the Assessment Tool.
- Obtain written consent (through a signed Release of Information, for example) from the client to share the information with the appropriate CoC.
- Identify and contact the appropriate Coordinated Entry Access Point in the jurisdiction to which the client will be discharged. If you are unable to locate contact information for the appropriate Access Point, the contact person for the CoC operating in that region should be able to provide that information. Contact information for each CoC is available at: www.hudexchange.info/programs/coc/.

• Describe the information and documentation that has been collected, and offer to send it to the Coordinated Entry Access Point to facilitate the client's entry into the CoC's system.

Checklist

Fill out the Basic Information in the Assessment Tool.
Determine to the best of your ability whether your client is homeless per the HUD
definition.
If your client is homeless, identify and compile sufficient documentation.
Determine to the best of your ability whether your client is chronically homeless per the
HUD definition.
If your client is chronically homeless, identify and compile sufficient documentation.
Obtain client consent to share their information with the CoC in which they will be
discharged.
Prepare packet, including the completed Assessment Tool and documentation.
Identify the Coordinated Entry Access Point for the geographic area to which the client will
be discharged.

Assessment Tool for Discharging Institutional Clients with Housing Needs

1.	Date of Assessment://	
2.	Client Name	
	First Name:	Nickname:
	Last Name:	
3.	Date of Birth:/	
4.	Social Security Number:	-
5.	Upon discharge, how long will the client ☐ Under 90 days ☐ 90 days or more	t have been in this institution during this stay?
6.	Is this client <u>homeless</u> , according to HUD Institutions to determine)	regulations? (see the Homeless Definition Flowchart –
	☐ Yes ☐ No	
	Notes:	
7.	Is the client's homeless status document determine)	ted? (see the Homeless Definition Flowchart – Institutions to
	☐ Yes☐ Check here if the appropriate	e documentation is attached. List the documentation Here:
	□ No	

	Is this client chronically homeless, according to HUD regulations? (see the Chronically Homeless Definition Flowchart – Institutions to determine)		
	☐ Yes		
	□ No		
	Notes:		
		<u>chronically homeless</u> status documented? (see the Chronically Homeless Definition nstitutions to determine)	
•	☐ Yes	is determine,	
		Check here if the appropriate documentation is attached. List the documentation Here:	
	□ No		
10. I	Did you obtai	n the client's written consent to share this information with the CoC in which they will be	
(discharged?		
	☐ Yes		
	□ No		
	Notes:		

Determining & Documenting Homeless & Chronic Homeless Status

Determining & Documenting Homeless Status

Please see the "**Homeless Definition – Institutions Flowchart**" is for a more user-friendly way to determine and document homeless status

An individual exiting an institution can only be considered homeless according to HUD if:

- (s)he has resided for in the institution for fewer than 90 days; AND
- (s)he resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Please note: if a person has resided in the institution for 90 days or longer, s(he) is not considered homeless within the HUD definition, nor can (s)he be considered to be chronically homeless. However, the person may still be eligible for various state-, locally-, or privately-funded programs. Please see the Housing Resource Guide and contact the appropriate Coordinated Entry Access Point.

To sufficiently document homeless status, two (2) documents are required: ONE of the following:

- Written observation by an outreach worker of the conditions where the individual or family was living;
- Written referral by another housing or service provider; or,
- Certification by the individual or head of household seeking assistance.

PLUS ONE of the following:

- Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution stating the beginning and end dates of residency. All oral statements must be recorded by the intake worker; **or**,
- If evidence described above isn't obtainable, a written record of the intake worker's due diligence in attempting to obtain that evidence <u>PLUS</u> a certification by the individual seeking assistance that states (s)he is exiting or has just exited an institution where (s)he has resided for fewer than 90 days.

Determining Chronically Homeless Status

Please see the "Chronic Homeless Definition – Institutions Flowchart" is for a more user-friendly way to determine chronically homeless status

If a client is homeless within HUD's definition, you will next want to determine whether the client meets the definition of chronic homelessness. For discharge planning purposes, to meet the definition of chronic homelessness, a person who has been residing in an institutional care facility - including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility – must have been there for fewer than 90 days, AND must satisfy all of the following criteria:

- Homeless Status Prior to Entering Institution: Person was Homeless immediately before
 entering the institution (i.e., living in a place not meant for human habitation, a safe
 haven, or in an emergency shelter)
- Duration: Pre-institution homelessness was either:
 - o Continuous for at least 1 year, OR
 - On at least four separate occasions² in the last 3 years, where the cumulative total of the four occasions is at least one year.
 - Note: Stays in institutions of fewer than 90 days do not constitute as a break in homelessness, but rather are included in the cumulative total.
- Disabling Condition: Person can be diagnosed with one or more of the following conditions: Substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), posttraumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.
 - A person shall be considered to have a disability if (s)he has a condition that:
 - Is expected to be long-continuing or of indefinite duration;
 - Substantially impedes the individual's ability to live independently;
 - Could be improved by the provision of more suitable housing conditions;
 and,
 - Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, posttraumatic stress disorder, or brain injury.
 - A person shall also be considered to have a disability if:
 - (S)he has Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV); or
 - (S)he has a developmental disability. Developmental disability is defined as a severe, chronic disability of an individual that is:
 - Attributable to a mental or physical impairment or combination of mental and physical;

² The final rule provides that a break in homelessness spent living in a place not meant for human habitation, a safe haven, or in an emergency shelter is considered to be any period of 7 or more consecutive nights where an individual or family is not living or residing in such a place.

- Is manifested before the individual attains age 22;
- Is likely to continue indefinitely;
- Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and,
- Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Documenting Chronic Homeless Status

Please see the "Chronic Homeless Definition – Institutions Flowchart" is for a more user-friendly way to determine needed documentation of chronically homeless status

The definition of Chronic Homelessness includes three components: (1) homeless status, (2) duration, and (3) disability. Each component of chronic homelessness - homeless status, duration, and disabling condition - must be documented, as described in the tables below.

1. Homeless Status

See above section on documenting homeless status.

2. <u>Duration</u>

Definition Used	Documentation Needed		
An individual who has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year.	 ONE of the following providing evidence that the homeless occasion was continuous, for a year period, without a break (i.e., seven or more continuous nights in place meant for human habitation) in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter: Written observation by an outreach worker of the conditions where the individual or family was living; Written referral by another housing or service provider; or, Certification by the individual or head of household seeking assistance. PLUS at least nine (9) months of the 1-year period must be documented by ONE of the following: HMIS data; A written referral; or, A written observation by an outreach worker. 		
OR			

An individual who has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for on at least four separate occasions in the last 3 years.

ONE of the following providing evidence that the head of household experienced at least four separate occasions of homelessness in the past three years:

- Written observation by an outreach worker of the conditions where the individual or family was living;
- Written referral by another housing or service provider; or,
- Certification by the individual or head of household seeking assistance.

<u>PLUS</u> at least three occasions must be documented by <u>ONE</u> of the following (any other occasion may be documented by a self-certification with no other supporting documentation):

- HMIS data;
- A written referral; or,
- A written observation by an outreach worker.

3. Disability

ONE of the following:

- Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that:
 - The person has a disability (according to the previously provided definition);
 - o The disability is expected to be long-continuing or of an indefinite duration; and,
 - The disability substantially impedes the individual's ability to live independently;
 OR,
- Written verification from the Social Security Administration;
- The receipt of a disability check (e.g., Social Security Disability Insurance or Veteran Disability Compensation);
- Intake staff-recorded observation of disability that, no later than 45 days of the application for homeless assistance, is confirmed and accompanied by the evidence described above; **or**,
- Other documentation approved by HUD.



