

# Exemplary Practices in Discharge Planning

**Report and Recommendations  
of the Working Conference  
June 1997**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
5600 Fishers Lane  
Rockville, MD 20857

## EXEMPLARY PRACTICES IN DISCHARGE PLANNING

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In May 1994 the federal government published *Priority: Home! The Federal Plan to Break the Cycle of Homelessness*. The plan reviewed the causes and characteristics of homelessness, and recommended federal administrative and legislative initiatives to alleviate and end homelessness.

*Priority: Home!* recognized that inadequate discharge planning can contribute to homelessness among people with serious mental illnesses and/or substance use disorders and recommended that:

- Federal agencies to collaborate with states and local communities to "review and strengthen discharge and aftercare planning strategies to ensure appropriate linkages with housing and community-based care in order to ensure that supports necessary to avoid subsequent homelessness are in place."
- A discharge planning working group be established "to identify discharge planning strategies for hospitals and community-based treatment facilities as well as ensure continuity of care and explore options for federal, state, and local initiatives ... to develop necessary linkages to avoid discharging people who do not have a place to live."
- The Department of Veteran Affairs "work with the discharge planning group and others to develop new strategies to address these problems - including the development of new partnerships with other public and private agencies and organizations."

To implement these recommendations, the Federal Interagency Council on the Homeless (ICH) established the "Interagency Work Group on Improving Discharge Planning." This group 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 two-day conference brought together a group of 18 experts from across the United States - all nominated by federal agency members of the ICH or national organizations. This group included researchers, consumers, program directors, managed care representatives, advocates, substance abuse specialists, and social workers. Members of the work group observed and participated in the Working Conference.

The work group prepared a detailed agenda for the Working Conference, developed a set of focus questions, and commissioned a working paper on discharge planning. The paper was prepared by John Belcher, Ph.D., LCSW-C, a professor in the School of Social Work at the University of Maryland in Baltimore. The goals of the Working Conference were to:

- Identify and build consensus for the key elements of effective discharge planning; and
- Develop recommendations for exemplary discharge planning practices.

The Working Conference explored the principal components in effective discharge planning, and discussed factors that impeded or facilitated the development and implementation of effective discharge plans. The conference also examined a number of exemplary practices from across the nation in discharge planning. During the Working Conference, participants split into focus groups to discuss in detail the relationship of discharge planning to hospitals, other institutions, and the systems of care administered by Department of Veteran Affairs (DVA).

The work group defined discharge planning as "the process to prepare a homeless person with psychiatric and/or substance use disorders for return or reentry to the community, and the linkage of the individual to essential community services and supports." The Working Conference examined goals and purposes of exemplary discharge planning, and procedures and processes associated with it. The conference looked at the participants in the planning process and their various roles and responsibilities. Participants discussed issues such as decision making, confidentiality, cultural and language competency, crisis situations, and length of stay. The conference addressed institutional and system issues including the relationship of discharge planning to managed care, funding streams, and collaboration.

The statements that follow represent the consensus of the Working Conference. These statements are organized in four categories: roles and responsibilities; elements of an effective discharge plan; collaboration and partnership issues; and cost and funding issues. These statements are intended to assist local communities and the Department of Veteran Affairs to develop and implement the most effective discharge planning systems possible.

## **I. ROLES AND RESPONSIBILITIES IN EXEMPLARY DISCHARGE PLANNING**

### **A. Mission Statements**

*Well-crafted mission statements are instrumental to exemplary discharge planning systems. Mission statements articulate the goals, hopes, and spirit of the system and provide a point of reference and accountability.*

1. Exemplary discharge planning is "the process to prepare a homeless person with psychiatric and/or substance use disorders for return or re-entry to the community, and the linkage of the individual to essential community services and supports."
2. Exemplary discharge planning flows from well-crafted mission statements that articulate the goals and spirit of the discharge planning system.
3. While the federal government can suggest elements for inclusion in mission statements, in exemplary discharge planning local communities or the Department of Veteran Affairs have the responsibility for developing these statements.
4. Exemplary mission statements are consistent with state mental health vision statements.
5. Mission statements support the goal of linking the consumer to the local community and its resources in the most appropriate possible way.

## **B. Community Responsibility**

*The Working Conference considers discharge planning to be a partnership between local communities and institutions with designated community agencies having the primary responsibility for re-entry.*

1. In exemplary discharge planning, in most cases communities of the Department of Veteran Affairs have the responsibility for developing and implementing the plans.
2. As discharge planning is most properly understood as community re-entry, institutions have the responsibility for connecting consumers in their care to the consumer's local community and its resources. This is best accomplished through active partnerships with the agencies that will provide the primary support and services to the consumer in the community.
3. In instances in which the consumer is transient, the institution will attempt to connect the consumer to the most appropriate community.
4. Community agencies and institutions have the responsibility of communicating and following through to ensure that the consumer receives all the services and supports necessary to live as independently and self-sufficiently as possible in the community.

## **C. Team Approach to Discharge Planning**

*In exemplary discharge planning, a team approach involving all people with*

*significant discharge and transition responsibilities, is essential. A team approach can facilitate efficient communication and effective use of resources.*

1. Teams **emerge from partnerships** among agencies and institutions which are responsible for the care, support, housing, and treatment of the consumer.
  
2. Team **composition is flexible** and can include persons serving in the following capacities:
  1. Consumer\*
  2. Family member(s) of other supporters
  3. Community case manager\*
  4. Institutional representative\*
  5. Community resource specialist (information broker)\*
  6. Mental health and substance abuse specialists
  7. Housing specialist
  8. Entitlement/income specialist
  9. Criminal justice system representative
  10. Health care system representative
  11. Pay-or representative
  12. Policy maker
  13. Advocate
  14. Peer supporter

(\* = Core members of a discharge planning team. Members of the Working Conference noted that while a team might have many members, not every team member needs to be present at meetings with the consumer.)

3. Team members must have the ability to commit the resources of the institution which they represent. In the case of the Community Resource Specialist, this resource is information.

#### **D. The Importance of the Team Leader**

*The team leader is the person with the primary responsibility for the re-entry of the consumer into the community. In most instances, the team leader will be the community case manager. The team leader collaborates with the other members of the team to ensure that the consumer has the necessary resources and support available to assist with the re-entry.*

1. The team leader is responsible for following up with the consumer to ensure the implementation of the discharge plan, including the need for ongoing assessment.

2. The team leader identifies the other members of the team, secures their participation, and ensures communication among the team.
3. The team leader has conflict resolution authority among the team.
4. While in most instances a community-based case manager will serve as the team leader, the position is flexible and subject to community determination.
5. The team leader is an individual who is able to work well with and gain the trust of the consumer.

#### **E. Information Systems and Tracking**

*A well-designed management information system underlines the discharge planning process by improving communication, facilitating access to resources, and tracking completion of the discharge plan.*

1. Information systems link the community and the institution.
2. Information systems and tracking procedures feature safeguards and consent agreements that protect confidentiality and civil rights.
3. Funding sources need to devote adequate resources to ensure the development of effective information systems.

#### **F. Incentives and Flexibility**

*Exemplary systems offer incentives both to consumers and providers as well as allow for flexibility in meeting consumer needs.*

1. Incentives that emphasize performance and outcomes and encourage agency collaboration and participation need to be developed.
2. Exemplary discharge planning systems and community re-entry procedures are flexible, allowing appropriate latitude for responding to consumer need.

#### **G. A Single Entity Coordinates the Discharge Planning System**

*The Working Conference felt the need to locate for the system in a "single entity," a single agency in a community which would have responsibility for coordinating the activity of all the institutional players involved in a community re-entry system.*

1. In exemplary discharge planning, two single entities have fiscal and legal responsibility for developing and implementing plans. The Department of Veteran Affairs has this responsibility for veterans; a community agency has this

responsibility for all other members of the community.

2. The single entity develops relationships with other agencies and institutions within a community and coordinates planning activities.

3. The single entity ensures a fair and effective distribution of funds.

## **H. Funding Agencies**

*Agencies responsible for funding community re-entry services have the responsibility for utilizing resources as efficiently as possible.*

1. The Funding agencies have the responsibility for ensuring the development and implementation of discharge policy.

2. Effective discharge planning is based on successful, replicable models that the funding agencies have tested in various communities and states.

## **I. State Governments**

*State governments are responsible for monitoring the implementation of the discharge planning system. This process works best when all state agencies with an interest in community re-entry collaborate.*

1. State governments have the responsibility for monitoring the implementation of effective discharge policy and planning.

2. Discharge planning is more effective when state mental health administrations make it a priority and involve other state agencies, especially those with responsibilities for housing, human services, and criminal justice.

## **J. Advocacy Groups**

*Advocacy groups have an important role to play in ensuring the integrity of the discharge planning system.*

1. Advocacy groups have the responsibility to monitor the state governments to ensure that they fulfill their responsibilities.

## **II. ELEMENTS OF THE PLAN**

### **A. Consumer Involvement and Cultural Competence**

*The most important element of the re-entry plan is consumer involvement and buy-in. When the consumer feels a sense of ownership of the plan, the consumer is more likely to follow it.*

1. Exemplary discharge plans are developed with consumers and feature the most extensive input possible from consumers.
2. Exemplary discharge plans are written in the form of a contract between the consumer, service providers, institutions, and the community representative.
3. Exemplary discharge plans are culturally competent and consider the important issues in race, ethnicity, religion, gender and sexual orientation.
4. Exemplary discharge plans are conscious of factors such as the relationship between genetics and medication; the role of eye contact, language, social space, and body language in a culture and the relationship of these elements to diagnosis; and the culture's view of mental illness and stigma.
5. Professionals who assist in the development of exemplary discharge plans are culturally competent and achieve a "good fit" between the consumer and the clinician.

## **B. Housing, Health Care, and Treatment**

*For a discharge plan to be successful, it needs to facilitate the consumer finding and maintaining housing and health care and treatment.*

1. Exemplary discharge plans identify and secure a variety of housing options, recognizing that the needs and preferences of consumers vary and change over time as conditions and interest change.
2. Exemplary discharge plans stem from an assessment of a community's housing stock and partnerships between housing and service providers. Given these resources, under no circumstances should a consumer be discharged to the streets.
3. In many communities, a significant increase in the stock of affordable, supportive housing is necessary for successful community re-entry.
4. On-going, comprehensive assessment, undertaken in collaboration with the consumer and emphasizing the consumer's strengths and preferences, is essential to the discharge and community re-entry processes.
5. Exemplary discharge plans provide for the mental and physical health needs of the consumer on a level of parity.
6. Exemplary discharge plans ensure substance abuse treatment, occupational therapy, or physical therapy if needed.

### **C. Income, Employment, and Entitlements**

*Exemplary discharge plans encourage consumers to be as independent and self-sufficient as possible.*

1. Exemplary discharge plans ensure that consumers receive all the entitlements for which they are eligible.
2. Exemplary discharge plans examine the possibility of employment, education and training.
3. Exemplary discharge plans ensure appropriate management of money and other resources.

### **D. Personal Support and Life Skills Training**

*Individuals have better opportunities for a successful and permanent community re-entry if they can develop adequate support systems. Exemplary discharge planning facilitates the development of this support.*

1. Exemplary discharge plans feature case managers with small caseloads who work with consumers and agencies to ensure that the discharge plan is followed or revised as necessary.
2. Exemplary discharge plans ensure the development of support networks.
3. Exemplary discharge plans involve family members, friends and other supporters as appropriate or requested.
4. Peer support groups can be very helpful to community re-entry, and discharge plans should make use of these resources whenever appropriate.
5. Exemplary discharge plans feature training, as needed, in community-based life skills.

### **E. Timing of the Plan**

*With de-institutionalization, the average length of stay in mental health institutions has declined sharply in the past thirty years. Therefore, in the majority of cases discharge planning has to begin immediately upon a consumer's admission to an institution.*

1. As the majority of stays in hospitals and other institutions are relatively short-term, it is critical that discharge planning begins when the consumer enters the institution.

## **F. Difficult Cases**

*For some individuals, non-compliance or relapse may be part of their community re-entry experience. Exemplary discharge planning recognizes and anticipates these possibilities.*

1. Exemplary discharge planning recognizes that, for a variety of reasons, difficult cases happen. Some consumers will choose to become disconnected from the system and some agencies will occasionally refuse to offer services to certain consumers.
2. Exemplary discharge planning anticipates these difficulties and attempts to develop alternative resources to meet potential and likely needs. These resources might include outreach programs, Safe Havens, jail diversion programs, alternative programs developed in unused areas of state hospitals, and other innovative programs.
3. Exemplary discharge planning ensures that if consumers leave a program or facility against medical advice, they will be able to return to the system and resources will be available.

## **III. COLLABORATION AND PARTNERSHIPS**

### **A. Levels of Collaboration**

*A variety of forms of partnerships and collaboration can achieve an effective discharge planning system. It is the responsibility of each local community to determine which level works best in its own situation.*

1. Exemplary discharge planning recognized a continuum of collaboration. It ranges from shared information and memorandums of understanding to blended staffs and joint financial agreements. Exemplary discharge planning utilizes each level as appropriate.

### **B. Developing Partnerships**

*The major benefit of partnerships is that successful ones expand the amount of resources available to consumers engaged in community re-entry.*

1. In most cases, the network of partnerships in a collaboration will begin with agreements between a few agencies and will grow, over time, to include all agencies and institutions necessary to the system.
2. Exemplary partnerships involve agencies in the areas in which they have demonstrated expertise.

3. An exemplary discharge planning system features a review mechanism to ensure that the procedures and structures established to facilitate collaboration do not obstruct or impede the collaboration.

### **C. Think "Outside the Box"**

*In developing partnerships to facilitate community re-entry, it can be helpful to explore relationships with non-traditional allies as well as those with entities which have an obvious interest in discharge planning (providers of housing, substance abuse treatment, mental health care, or support services). These relationships can result in new resources and fresh perspectives for discharge planning.*

1. Exemplary discharge planning systems feature partnerships among all entities that can facilitate a consumer's re-entry into the community. Examples of such entities include Business Improvement Districts, private foundations, advocates, the media, and criminal justice institutions. The scope of "the box" often extends beyond a local community to the regional, state, or national levels.

2. Exemplary collaboration involves agencies or institutions that have had a competitive or adversarial relationship in a common endeavor that creates new understandings and cooperation while reducing historic tensions.

### **D. Written Agreements**

*Written agreements provide a necessary underpinning for successful collaborations. These agreements clearly delineate roles and responsibilities and ensure the correct functioning of collaborations if they are impacted by personnel transitions.*

1. Exemplary collaboration is built on written agreements between agencies and institutions. These agreements take the form of memorandums of understanding (MOUs), contracts, or instruments of agreement, as appropriate.

2. Exemplary agreements are usually reflective of an agency or institution's mission statement, are time-limited, feature an evaluation component, and are drafted with input from staff who will be responsible for implementing the agreement.

### **E. Community Resources and Systems Integration**

*Systems integration can reduce the duplication of services and administrative functions, thus increasing the amount of resources available to support a consumer's re-entry into the community. Support for systems integration is included in a community's official policy documents.*

1. Effective discharge planning procedures and policies are supported by all relevant community planning documents, including the Consolidated Plan, Continuum of Care, and mental health and public housing authorities' strategic plans.

2. Effective discharge planning systems make use of all available resources including Community Development Block Grant (CDBG), Projects Assisting in Transition from Homelessness (PATH), Supportive Housing Program (SHP), and Section 8 funds.

#### **IV. FUNDING AND COST ISSUES**

##### **A. Funding Considerations**

*In order for discharge planning to be successful, it needs adequate funding for the resources and programs deemed likely to be most successful in assisting a consumer's re-entry into the community.*

1. In order for the process to be effective, agencies should adequately fund the discharge planning system.

2. Funding agencies should support those practices and services that have been proven effective in assisting consumers to re-enter a community.

3. Comprehensive strategic planning facilitates exemplary budgeting and allocation of resources.

4. In order to establish consistency in a community's discharge planning system, funding agencies need to ensure that the strategic plan is fully implemented.

##### **B. Partnerships**

*Exemplary partnerships can secure both additional resources for a community re-entry system and the more effective use of existing resources.*

1. The establishment of partnerships among agencies in a discharge planning system can result in cost savings and the more effective use of existing resources.

2. It is essential that each agency in a partnership commit resources including personnel, funding, or in-kind services.

##### **C. Research and Evaluation**

*Research can document and support exemplary practices in discharge planning.*

1. To ensure that exemplary practices are adopted and receive adequate

funding, rigorous research and program evaluation that identifies and documents effective services and systems approaches to discharge planning need to be supported.

**D. Community Responsibilities**

*Each local community, based on a thorough needs assessment, is responsible for establishing funding priorities for its discharge planning system.*

1. Since available services and resources vary from local community to local community, it is the responsibility for each local community to establish funding priorities for discharge planning.
2. Each community, based on findings from research and program evaluations, can develop a "report card" evaluating the effectiveness of each component of its discharge planning system.
3. The savings achieved through the use of exemplary practices should be re-invested in the discharge planning system.