Discharge Planning Policies

River Valleys Continuum of Care (MN-502)

Adopted: April 2006

Background

The McKinney-Vento Act requires Continuums of Care to collaborate with State and Local Government partners and Healthcare institutions to ensure that persons exiting from institutions are not discharged to homelessness, but instead are supported in locating and accessing the housing and services necessary to prevent them from becoming homeless. Four systems identified as priorities for discharge planning are: foster care, health care, mental health and corrections. The CoC desires to support the institutions and systems through referrals, prevention partnerships, and data as needed.

Policy

Foster Care: The Minnesota Department of Human Services, through state legislation, has directed counties to develop discharge plans with all youth beginning at age 16. Discharge plans must include housing and employment options and the assigned county case manager is to work closely with the youth and foster provider to implement all discharge plans. Foster care youth may petition to stay in foster care until age 21. State wards stay in foster care until age 21.

The State of Minnesota is primarily responsible for the care of individuals within publicly funded institutions and does not use McKinney-Vento funds to assist such persons in lieu of State and local resources. Members of the River Valleys CoC are actively participating with counties and other stakeholders in planning forums to better coordinate Foster Care discharges with support services and alternative housing options.

Health Care: Each patient will receive appropriate discharge planning and referral assistance, prior to discharge from the hospital, in an effort to ensure a safe living environment. The discharge plan of each patient is considered individually and is to be kept confidential. Discharge planning begins at the time of admission during the completion of the Multi-Disciplinary Assessment and Referral Form.

Discharge planning is the joint effort of the patient, family, clinician, and other personnel involved in the patient's plan of care. The patient's physician may request a social work consult to assist with discharge planning needs and concerns. In the absence of the social worker, the Charge Nurse is responsible for discharge planning and psychosocial referrals. Discharge planning services are based on individual patient need, the availability of community resources, and the patient's social support network. The discharge planning process will provide continuing care based on the patient's need at the time of discharge. Discharge plans will be initiated, updated, and reassessed throughout the patient's hospitalization. For some patients, discharge planning will consist of a clear understanding of how to access services in the future should the need arise. Health care providers are active in many of our counties' Homeless Response Teams.

Mental Health: No person committed to a state regional treatment center is discharged homeless. All persons committed to any of the state regional treatment facilities are assigned a mental health case manager through the county that pursed the commitment. Discharge planning begins while the commitment process is still occurring. Housing after discharge is part of the treatment plan. Housing financed by HUD McKinney/Vento dollars is not used for people leaving state regional treatment facilities. T

he State of Minnesota is primarily responsible for the care of individuals within publicly funded institutions and does not use McKinney-Vento funds to assist such persons in lieu of State and local resources. Members of the River Valleys CoC are actively participating with counties and other stakeholders in planning forums to better coordinate discharges from mental health facilities with support services and alternative housing options.

Corrections: In order to prevent offenders from being released homeless, the State begins the process of discharge planning shortly after the offender begins serving his sentence in the institution. It is done with enough time to adequately prepare for the coordination of all risk and need areas critical to that offender's successful community reentry. This ensures that all services needed and all available entitlements are secured prior to release and that all stakeholders are included in the discharge planning process. At each correctional facility, a release plan is created for every offender released to supervision. The plan includes case management services, assistance in finding housing, employment, adequate medical and psychiatric treatment and aid in his/her readjustment to the community.

The State of Minnesota is primarily responsible for the care of individuals within publicly funded institutions and does not use McKinney-Vento funds to assist such persons in lieu of State and local resources. Members of the River Valleys CoC are actively participating with counties and other stakeholders in planning forums to better coordinate discharges from corrections facilities with support services and alternative housing options, as well as in designing new housing programs for ex-offenders.