



# Discharge Planning to Support People Experiencing or at Risk of Homelessness - Shelters

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Department of Housing and Community Development  
Division of Housing Stabilization

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## What To Expect From This Training

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- Brief overview of discharge planning and expectations for hospital staff.
- Overview of tools that have been developed to assist hospital staff with facilitating appropriate discharges for homeless patients.
- Overview of DHCD expectations for shelter staff.
- Review tools created for front-line shelter staff.



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## Discharge Planning Toolkit

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- Specific to assisting **people experiencing homelessness and at risk of homelessness**
- **Outlines expectations** for:
  - › Hospitals
  - › Payers (insurance plans)
  - › Shelters
- **Also includes tools** and resources to enhance current practices and build capacity
- **Cross-agency initiative** involving MassHealth, Interagency Council on Housing and Homelessness (ICHH), Dept. of Housing and Community Development (DHCD), and Dept. of Mental Health (DMH)
- Developed with input from stakeholders from housing, homelessness, and health care sectors
- Direct outgrowth of the [Commonwealth's Olmstead Plan](#)
- All available online at: [www.mass.gov/info-details/helping-patients-who-are-homeless-or-housing-unstable](http://www.mass.gov/info-details/helping-patients-who-are-homeless-or-housing-unstable)



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## Goal of New Guidance

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- **Increase Communication between Hospitals and Shelters**
  - › Fewer (if any) surprise discharges to shelters
  - › No discharges to shelters of individuals who are clinically inappropriate
- **Create a Team Working Collaboratively to Assist an Individual in Finding an Appropriate Housing Situation**
  - › Hospital discharge worker
  - › Homeless provider
  - › State/local service agencies
  - › Family/friends
- **Leverage All Available Community Resources**
  - › Access resources from state agencies
  - › Tap into knowledge and skills of shelter diversion staff
  - › Utilize diversion resources, if applicable
  - › Extend hospital stays to allow time for locating appropriate housing solution



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## Who Does the New Guidance Apply To?

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- **Not all Hospitals**
  - › Applies to **acute inpatient hospitals** participating in MassHealth
  - › Applies to **DMH licensed** freestanding psychiatric hospitals and licensed units within acute inpatient hospitals
- **Not All People Experiencing or At Risk of Homelessness**
  - › Applies to **patients in DMH licensed facilities**
  - › Applies to **MassHealth members**
- **Not all Hospital Patients**
  - › Applies only to **inpatient admissions**
  - › Does not apply to people in Emergency Departments
- **Not all Individuals**
  - › Applies only to those individuals who provide **consent** to share information and are **cooperative**
  - › Does not apply to patients that are involuntarily hospitalized and released per court order (e.g., Section 12/35)



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## Brief Overview – Resources for Hospital Discharge Staff

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- ***Online Housing Tool for Hospital Discharge Staff***: This decision tree can help guide hospital discharge staff when working with an individual experiencing homelessness or at risk of homelessness by providing specific action steps tailored to the individual's unique situation. A short companion [video](#) provides instructions for using the Housing Tool. [Transcript PDF](#) | [Doc](#)
- ***MassHealth Bulletins***: These three new Bulletins outline MassHealth's requirements for [Acute Inpatient Hospitals PDF](#) | [Doc](#), [Psychiatric Inpatient Hospitals PDF](#) | [Doc](#), and [Managed Care Entities PDF](#) | [Doc](#) with regards to discharge planning to support individuals experiencing or at risk of homelessness. A list of [Acute Inpatient Hospitals PDF](#) | [XLSX](#) and [Psychiatric Inpatient Hospitals PDF](#) | [XLSX](#) to which these Bulletins apply.
- ***Frequently Asked Questions about MassHealth Bulletins AIH-186 and PIH 27 PDF*** | [Doc](#): This document provides additional information to Acute Inpatient Hospitals and Psychiatric Inpatient Hospitals regarding the requirements related to discharge planning to support individuals experiencing or at risk of homelessness.
- ***Finding Alternatives to Shelter: A Discussion Guide for Hospital Discharge Staff PDF*** | [Doc](#): This document provides examples of specific prompts and questions to help facilitate an in-depth iterative conversation between hospital discharge staff and individuals about possible housing options post discharge.
- ***How to Obtain Identification Documents PDF*** | [Doc](#): A useful fact-sheet that hospital discharge staff can refer to in assisting individuals in accessing key identification documents
- ***Shelter Realities PDF*** | [Doc](#): This DHCD document provides clear information about things for an individual to consider before choosing to discharge to shelter, including space configurations (e.g., beds, privacy, storage), and operations (e.g., rules around daytime hours, time limits).



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## Brief Overview – Resources for Hospital Discharge Staff Cont'd

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- **List of Shelters and Contact Information**: A list of DHCD-funded emergency shelters across the state that serve individuals experiencing homelessness, including contact information for each shelter.
- **Discharging to Shelter Question Guide PDF | Doc**: This DHCD document provides a list of questions that hospital discharge staff can ask a shelter to learn more about a specific shelter's operations and resident experience.
- **Housing Consumer Education Centers**: Housing Consumer Education Centers (HCECs) offer answers to a wide range of questions about all types of housing problems.
- **DHCD Resources for People Facing Eviction**: Resources available to renters and homeowners.
- **ICHH Letter to State Agency Stakeholders**: This letter provides the context for the renewed focus on the intersection between facility discharges and homelessness.
- **DHCD Letter to Individual Emergency Shelter Providers**: This letter outlines DHCD's expectations and requirements for homeless providers that operate emergency shelters for individuals with regards to communicating and collaborating with hospital discharge staff.
- **Reporting Form for Inappropriate Discharge to Adult Individual Shelter**: This Reporting Form can be completed by shelter staff for any situations in which an individual may have been inappropriately discharged from a hospital to an emergency shelter. While this form will not be used to troubleshoot specific cases, the information collected will help guide future policy discussions.



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## Homeless Support Line for Discharge Staff

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In addition to the tools and resources in the previous slides, discharge support is available to assist staff from acute hospitals, behavioral health facilities, and other publicly assisted systems of care, who are working with current to secure appropriate housing post- discharge. Support Line staff aid with troubleshooting benefits issues, connecting with resources not known to the facility, and coordinating with state government partners to address the individual's needs.

- The Support Line is limited to providing support to staff for only those situations when the patient will be forced to go to a homeless shelter or the streets upon discharge

### **Types of assistance the Homeless Diversion Hotline can provide:**

Support Line staff will attempt to identify any agency that is currently assigned to work with the specific patient, such as a managed care organization or state agency, and bring that entity into the conversation about discharge options. Support Line staff will also attempt to identify any untapped resource that may be of assistance, such as resources from MassHealth, the Department of Mental Health, or the VA.

### **How to connect with the Homeless Support Line:**

- Discharge Support is available Monday through Friday, 9 a.m. to 5 p.m.
- You can reach the Support team by emailing [HomelessSupportLineforDischargestaff@mass.gov](mailto:HomelessSupportLineforDischargestaff@mass.gov) or by calling [\(617\) 660-4810](tel:6176604810).





## Inpatient Admission to Hospital

Within 2 days after admission, hospital contacts local shelter if person was homeless prior to admission

### Estimated LOS < 14 days

- If clinically appropriate, hospital discusses with shelter plan for return to shelter
- Hospital contacts shelter at least 24 hours prior to discharge
- Hospital keeps patient for a few days until a bed is available, if needed

### Estimated LOS >14 days

- If able to live independently, hospital calls shelter to brainstorm housing solutions and resources
- Throughout the hospital stay, hospital staff communicates with shelter, state agencies, community providers, family/friends to identify potential housing solution
- If unsuccessful, Hospital contacts Homeless Support Line



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## If an Individual is Discharged to Shelter, Hospitals Must...

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- Provide at least 24 hours advance notice to the shelter prior to discharge
- Discharge the patient only during daytime hours
- Provide the patient a meal prior to discharge
- Ensure that the patient is wearing weather appropriate clothing and footwear
- Provide the patient a copy of their health insurance information
- To the extent clinically appropriate and consistent with all applicable laws and regulations, provide the patient with a written copy of all prescriptions and at least one week's worth of filled prescription medications
- Provide the patient with access to paid transportation to the emergency shelter



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## What Does This Mean For You?

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### DHCD has asked shelters to:

- **Pick up the phone**; have clear protocols for handling calls from hospitals
- **Be helpful**, discuss the individual's situation, **brainstorm possible solutions**, utilize diversion resources if applicable
- If calling from a different community, **refer the caller to shelters in their community** and provide them with the link to shelter contact information
  - › However, in accordance with DHCD policies, shelters may not place geographic/shelter of origin restrictions on access
- **Be prepared to allow the individual to return to shelter** if they were hospitalized for fewer than 14 days, is clinically appropriate, and was living on the streets or in the shelter prior to the hospital stay
- **Report inappropriate discharges** including:
  - › Situations in which the individual cannot perform basic activities of daily living, including bathing, toileting, and eating without significant support.
  - › Situations in which the individual poses a clear risk to themselves and/or others.
  - › Situations in which the shelter was not contacted before the individual was sent from the facility to the shelter
  - › Situations in which the individual was housed prior to admission and the facility did not pursue available alternatives to shelter



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## Tools Created For Front Line Staff

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In order to assist with streamlining conversations between shelter and hospital discharge staff, DHCD has created the following tools:

- **Shelter Triage Questionnaire**
- **Shelter Triage Flowchart**

These tools have been designed to be customizable in order to appropriately reflect the needs of each individual agency.

- Each tool is intended to be a starting point for your agency to use and modify to assist staff with facilitating conversations.



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## Shelter Triage Questionnaire

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This questionnaire was designed to act as a script for staff to utilize when speaking to hospital discharge staff.

- Your agency should review the questionnaire and add/remove questions that are most appropriate for your individual shelter program.
  
- [Shelter Triage Questionnaire](#)



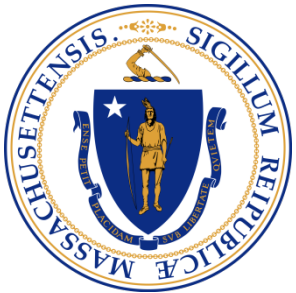
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## Shelter Triage Flowchart

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The flowchart was designed to be a one-page visual tool that can be posted at the shelter to help guide direct care staff conversations with hospital discharge staff.

- The flowchart is an abbreviated version of the triage questionnaire.
- Like the questionnaire, it is designed to be modified by your agency to meet your needs.
- [Individual Shelter Discharge Flowchart](#)



# Appendices

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# HOSPITALS COVERED BY NEW GUIDANCE



Hospital Name	DMH Licens Unit/Facilit	Hospital Name	DMH Licensed Unit/Facility
Anna Jaques Hospital	X	Lahey Hospital and Medical Center - Burlington	
Arbor Fuller - Boston	X	Lawrence General Hospital - Lawrence	
Arbour Hospital - Attleboro	X	Lowell General Hospital - Lowell	
Arbour HRI - Brookline	X	Martha's Vineyard Hospital - Oak Bluffs	
Athol Hospital - Athol		Massachusetts Eye and Ear - Boston	
BayRidge - Lynn	X	Massachusetts General Hospital - Boston	X
Baystate Franklin Medical Center - Greenfield	X	McLean Hospital - Belmont	X
Baystate Medical Center - Springfield	X	McLean Satellite Hospital - Middleboro	X
Baystate Noble Hospital - Westfield	X	MelroseWakefield Healthcare - Melrose	X
Baystate Wing Hospital - Palmer	X	Mercy Medical Center - Springfield	
Berkshire Fairview Hospital - Great Barrington		MetroWest Medical Center - Framingham	X
Berkshire Medical Center - Pittsfield	X	Milford Regional Medical Center - Milford	
Beth Israel Deaconess Hospital - Milton		Miravista Behavioral Health - Holyoke	X
Beth Israel Deaconess Hospital - Needham		Morton Hospital - Taunton	X
Beth Israel Deaconess Hospital - Plymouth	X	Mount Auburn Hospital - Cambridge	X
Beth Israel Deaconess Medical Center - Boston	X	Nantucket Cottage Hospital - Nantucket	
Beverly Hospital/Northeast Health - Beverly	X	Nashoba Valley Hospital - Ayer	X
Boston Children's Hospital - Boston	X	New England Baptist Hospital - Boston	
Boston Medical Center - Boston		Newton-Wellesley Hospital - Newton	X
Bournewood - Brookline	X	Norwood Hospital - Norwood	X
Brigham & Women's Hospital - Boston		Pembroke Hospital - Pembroke	X
Brigham and Women's Faulkner Hospital - Boston	X	Saint Vincent Hospital - Worcester	X
Cambridge Hospital - Cambridge	X	Salem Hospital - Salem	X
Cape Cod Hospital - Hyannis	X	Shriners Hospital for Children - Boston	
Carney Hospital- Boston	X	Shriners Hospital for Children - Springfield	
Cooley Dickinson Hospital - Northampton	X	Signature Healthcare Brockton Hospital - Brockton	X
Dana Farber Cancer Institute - Boston		South Shore Hospital - Weymouth	
Emerson Hospital - Concord	X	SouthCoast Behavioral Health - Dartmouth	X
Everett Hospital - Everett	X	Southcoast Hospitals Group - Fall River	
Falmouth Hospital - Falmouth		St. Anne's Hospital - Fall River	X
Good Samaritan Hospital - Brockton	X	St. Elizabeth's Medical Center - Boston	X
Harrington Memorial Hospital - Southbridge	X	Sturdy Memorial Hospital - Attleboro	
Haverhill Pavilion Behavioral Health - Haverhill	X	TaraVista Behavioral Health - Devens	X
Heywood Hospital - Gardner	X	Tufts Medical Center - Boston	X
Holy Family Hospital - Methuen	X	UMass Memorial Health Alliance Clinton Hospital - Leominster	X
Holyoke Medical Center - Holyoke	X	UMass Memorial Marlborough Hospital - Marlborough	X
		UMass Memorial Medical Center - Worcester	X
		Walden Behavioral Care - Dedham	X
		Westborough Behavioral Healthcare Hospital -	