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| <b>Subject:</b><br><br>Safe Haven Transfer Procedure | <b>Applicable To:</b><br><br>All Clients Residing in Safe Haven Facilities; All DHS Safe Haven Facilities | <b>Effective Date:</b><br><br>October 3, 2017 |
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| <b>Administered By:</b><br><br>Street Homeless Solutions | <b>Approved By:</b><br><br><br>Joslyn Carter<br>Administrator |
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**I. PURPOSE**

The purpose of this Procedure is to establish a process for Safe Haven staff to transfer individuals residing in Safe Havens operated through contract by the Department of Homeless Services (“DHS”) to alternate temporary shelter/safe haven when such individuals engage in conduct that threatens the health and safety of themselves or others. The Agency’s goal is to ensure a safe environment where Safe Haven clients, with staff assistance, can engage in productive activities to move towards permanency and achieve goals that bring more stability into their lives.

**II. APPLICABILITY**

The Safe Haven Transfer Procedure applies to all employees and clients of DHS Safe Haven facilities.

**III. NOTICE**

All Safe Haven clients to be transferred shall be provided a Notice of Transfer (Attachment A, B or C), except where emergency circumstances render notice impractical, such as an immediate threat to the safety of other clients or staff.

Under no circumstances may Safe Haven providers transfer a Safe Haven client, with or without notice, without first consulting with their DHS Program Administrator/Analyst.

#### **IV. SAFE HAVEN TRANSFER PROCESS**

A Safe Haven client may be transferred to an alternate temporary shelter/Safe Haven based on the following actions:

##### **A. Gross Misconduct**

1. Clients may be transferred expeditiously for acts that endanger the health or safety of oneself or others. This includes acts that cause, or intend to cause, bodily harm to another person, or threats of bodily harm to a client or staff person at the facility such as vandalism, possession of weapons, assault, arrest and fire setting. Safe Haven staff shall immediately contact NYPD for assistance, where appropriate, and inform their DHS Program Administrator/Analyst in these instances.
2. After the Safe Haven provider notifies the DHS Program Administrator/Analyst by phone and email about the incident. The provider needs to:
  - a. Complete a DHS Incident Report and document the gross misconduct immediately or within two (2) hours of the incident;
  - b. Send a copy of the Incident Report and all available supporting documentation from the client's case file to the DHS Program Administrator/Analyst within eight (8) hours of the incident. The Safe Haven Provider can amend the incident and/or provide any additional documentation later, if needed.
3. DHS shall determine whether to transfer the client to an alternate temporary shelter/Safe Haven once notified of the incident and notify the Safe Haven staff of their determination.
4. If DHS approves a transfer during business hours, the DHS Program Administrator/Analyst will inform the Safe Haven provider via email and phone.
5. If DHS approves a transfer during off hours, the DHS Program Administrator/Analyst will inform the Safe Haven staff of the decision via email.
6. The Safe Haven provider staff shall use the Administrative Transfer Form (Attachment A, B or C) to provide written notice to the client of his/her transfer.
7. Clients shall be offered a metro card to travel on public transportation or, if needed, driven in a Safe Haven or Outreach Provider's Vehicle to the new destination including: a Safe Haven, Shelter Intake or Drop In Center and shall be linked to their original Outreach Team.

## **B. Client Misconduct**

1. For the purposes of this Procedure, client misconduct is defined as any behavior or act that violates Safe Haven rules, but does not rise to the level of Gross Misconduct. This includes acts that substantially and repeatedly interfere with the orderly operation of the facility. For example; multiple instances of alcohol or other substance use on site; repeated verbal abuse directed at Safe Haven staff or other clients; or defacing Safe Haven property.
2. Safe Haven staff is expected to identify the causes of client misconduct and to work with the DHS Program Administrator/Analyst to develop solutions aimed at stabilizing the individual within the Safe Haven program. Solutions may include participation in substance use or mental health treatment, greater flexibility on the part of the staff in terms of storage of a client's personal property, or moving a client to a different bed within the program.
3. All staff efforts to work with clients must be documented in the client's case record, and must demonstrate staff engagement with the client to decrease misconduct and other negative behaviors.
4. If Safe Haven staff identifies a pattern of documented client misconduct, the Safe Haven Director may request that the DHS Program Administrator/Analyst participate in a case review. DHS expects the client's case record to reflect and document the completion of an individual service plan created with and provided to the client. The case record shall show the numerous efforts by the Safe Haven staff to work with the client, to decrease negative behaviors, and keep the client within the program.
5. Following receipt of the client misconduct report, DHS Program Administrator/Analyst shall follow up with the program staff within one (1) week with the timing depending on the circumstances. This may include a case review attended by the Safe Haven Director, case manager and staff from DHS including the Program Administrator and Program Analyst as necessary.
6. After the case review meeting, the DHS Program Administrator/ Analyst or their designee shall notify the Safe Haven of the Agency's recommendation within twenty-four (24) hours. The Safe Haven shall adhere to DHS' recommendation. Potential scenarios include the following:
  - a. Client will remain at the Safe Haven and will be expected to participate in appropriate social services (i.e., substance abuse or mental health treatment);
  - b. Client will conditionally remain in the Safe Haven;
  - c. Client will conditionally remain in the Safe Haven until an alternate Safe Haven bed is identified; or



- d. Client will be served the Notice of Administrative Transfer 48 hours in advance of transfer to Shelter Intake/outreach or other identified setting.

**V. LEGAL ACTIONS**

Safe Haven providers shall immediately notify the DHS Program Administrator/Analyst or their designee in the event a Safe Haven client seeks judicial redress to prevent his or her transfer from the Safe Haven, or for any other reason relating to his participation in the Safe Haven program.

## ATTACHMENTS

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|--------------|--|
| Attachment A | Notice of Administrative Transfer to another Safe Haven      |
| Attachment B | Notice of Administrative Transfer to Men's Intake Facility   |
| Attachment C | Notice of Administrative Transfer to Women's Intake Facility |

Joslyn Carter  
Administrator

**NOTICE OF ADMINISTRATIVE TRANSFER to another SAFE HAVEN**

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_  
**Client's Name**

**FROM:** \_\_\_\_\_  
**Program Administrator/Analyst's Name**

**CC:** \_\_\_\_\_  
**Assistant Commissioner's Name**

**CC:** \_\_\_\_\_  
**Program Administrator/Analyst's Name**

**FACILITY:** \_\_\_\_\_

Please take note that, as of this date: \_\_\_/\_\_\_/\_\_\_, you are being transferred to another safe haven that will better accommodate your needs.

Please be advised that on **this date:** \_\_\_/\_\_\_/\_\_\_, DHS will transfer you from your current Safe Haven: \_\_\_\_\_. **As of the date of the transfer, you will no longer be permitted to remain in your bed at this Safe Haven.**

Instead, you will be required to report to a different Safe Haven: \_\_\_\_\_, **located at the following address:**

**Your Street Outreach Team will assist with this transfer.**

**Importantly, this is not a discontinuance of services. DHS will continue to provide you with placement in a different Safe Haven.**

**You must be present and ready to leave your current Safe Haven placement on: \_\_\_/\_\_\_/\_\_\_, between 8AM – 4PM.**

Please be advised that items such as furniture, appliances and large televisions

are not permitted and must be placed in storage. **You are responsible for storing your belongings.** You can request funds for storage at your public assistance center. You will need to provide the center staff with three storage estimates. **Please note that an open and active public assistance case is required to be eligible for storage funds.**

If you feel your new Safe Haven placement is inadequate, you may request a State Fair Hearing by contacting the New York State Office of Temporary and Disability Assistance (OTDA) at:

**Phone: 1-800-342-3334;**

**Fax: Fax a copy of both pages of this notice to: (518) 473-6735;**

**Walk-In: Bring a copy of this entire notice to 14 Boerum Place, Ground Floor, (corner of Livingston), Brooklyn, NY. (By Subway: 2, 3, 4, 5 to Borough Hall; N, R to Court Street); or,**

**Mail: Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, NY 12201.**

Please keep a copy for yourself.

If you have any questions regarding your transfer, please call DHS Program Analyst: \_\_\_\_\_  
at the following number: \_\_\_\_\_.

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**Acknowledgement of Receipt of the Notice of Administrative Transfer**

( ) I have been given a copy of this **Notice of Administrative Transfer**.

Client Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

( ) Client not present at the Facility or client refused to sign Notice; therefore, I, \_\_\_\_\_,  
left a copy of the above Notice in the client's mailbox and also placed the Notice in an envelope  
and affixed it to the door of the client's unit at the following address:  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Joslyn Carter  
Administrator

**NOTICE OF ADMINISTRATIVE TRANSFER to MEN's INTAKE**

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_  
**Client's Name**

**FROM:** \_\_\_\_\_  
**Program Administrator/Analyst's Name**

**CC:** \_\_\_\_\_  
**Assistant Commissioner's Name**

**CC:** \_\_\_\_\_  
**Program Administrator/Analyst's Name**

**FACILITY:** \_\_\_\_\_

Please take note that, as of this date: \_\_\_/\_\_\_/\_\_\_, you are no longer appropriate for services at this Safe Haven and must seek services in the DHS shelter system for single men.

Please be advised that on **this date:** \_\_\_/\_\_\_/\_\_\_, DHS will transfer you from your current Safe Haven: \_\_\_\_\_. **As of the date of the transfer, you will no longer be permitted to remain in your bed at this Safe Haven.**

Instead, you will be required to report to the appropriate shelter intake facility for single men, located at: **400-430 East 30th Street New York, NY 10016.** Upon application, you will be provided with an appropriate shelter placement.

**Your Street Outreach Team will assist with this transfer.**

**Importantly, this is not a discontinuance of services. DHS will continue to provide you with placement in a shelter facility.**

**You must be present and ready to leave your current Safe Haven placement on:** \_\_\_/\_\_\_/\_\_\_, **between 8AM – 4PM.** DHS will provide you with plastic bags to assist you in packing your belongings.



Please be advised that items such as furniture, appliances and large televisions are not permitted and must be placed in storage. **You are responsible for storing your belongings.** You can request funds for storage at your public assistance center. You will need to provide the center staff with three storage estimates. **Please note that an open and active public assistance case is required to be eligible for storage funds.**

If you feel your new shelter placement is inadequate, you may request a State Fair Hearing by contacting the New York State Office of Temporary and Disability Assistance (OTDA) at:

**Phone: 1-800-342-3334;**

**Fax: Fax a copy of both pages of this notice to: (518) 473-6735;**

**Walk-In: Bring a copy of this entire notice to 14 Boerum Place, Ground Floor, (corner of Livingston), Brooklyn, New York. (By Subway: 2, 3, 4, 5 to Borough Hall; N, R to Court Street); or, Mail: Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201.**

Please keep a copy for yourself.

If you have any questions regarding your transfer, please call DHS Program Analyst: \_\_\_\_\_  
at the following number: \_\_\_\_\_.

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**Acknowledgement of Receipt of the Notice of Administrative Transfer**

( ) I have been given a copy of this **Notice of Administrative Transfer**.

Client Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

( ) Client not present at the Facility or client refused to sign Notice; therefore, I, \_\_\_\_\_, left a copy of the above Notice in the client's mailbox and also placed the Notice in an envelope and affixed it to the door of the client's unit at the following address:

\_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Joslyn Carter  
Administrator

**NOTICE OF ADMINISTRATIVE TRANSFER to WOMEN'S INTAKE**

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_  
**Client's Name**

**FROM:** \_\_\_\_\_  
**Program Administrator/Analyst's Name**

**CC:** \_\_\_\_\_  
**Assistant Commissioner's Name**

**CC:** \_\_\_\_\_  
**Program Administrator/Analyst's Name**

**FACILITY:** \_\_\_\_\_

Please take note that, as of this date: \_\_\_/\_\_\_/\_\_\_, you are no longer appropriate for services at this Safe Haven and must seek services in the DHS shelter system for single women.

Please be advised that on **this date:** \_\_\_/\_\_\_/\_\_\_, DHS will transfer you from your current Safe Haven: \_\_\_\_\_. **As of the date of the transfer, you will no longer be permitted to remain in your bed at this Safe Haven.**

Instead, you will be required to report to the appropriate shelter intake facility for single women, located at: **either 116 Williams Street, Brooklyn, NY 11207 or 1122 Franklin Avenue, Bronx, NY 10456.** Upon application, you will be provided with an appropriate shelter placement.

**Your Street Outreach Team will assist with this transfer.**

**Importantly, this is not a discontinuance of services. DHS will continue to provide you with placement in a shelter facility.**

**You must be present and ready to leave your current Safe Haven placement on:** \_\_\_/\_\_\_/\_\_\_, **between 8AM – 4PM.** DHS will provide you with plastic bags to assist you in packing your belongings.

Please be advised that items such as furniture, appliances and large televisions are not permitted and must be placed in storage. **You are responsible for storing your belongings.** You can request funds for storage at your public assistance center. You will need to provide the center staff with three storage estimates. **Please note that an open and active public assistance case is required to be eligible for storage funds.**

If you feel your new shelter placement is inadequate, you may request a State Fair Hearing by contacting the New York State Office of Temporary and Disability Assistance (OTDA) at:

**Phone: 1-800-342-3334;**

**Fax: Fax a copy of both pages of this notice to: (518) 473-6735;**

**Walk-In: Bring a copy of this entire notice to 14 Boerum Place, Ground Floor, (corner of Livingston), Brooklyn, NY. (By Subway: 2, 3, 4, 5 to Borough Hall; N, R to Court Street); or,**

**Mail: Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, NY 12201.**

Please keep a copy for yourself.

If you have any questions regarding your transfer, please call DHS Program Analyst: \_\_\_\_\_ at the following number: \_\_\_\_\_.

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**Acknowledgement of Receipt of the Notice of Administrative Transfer**

( ) I have been given a copy of this **Notice of Administrative Transfer**.

Client Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

( ) Client not present at the Facility or client refused to sign Notice; therefore, I, \_\_\_\_\_, left a copy of the above Notice in the client's mailbox and also placed the Notice in an envelope and affixed it to the door of the client's unit at the following address:

\_\_\_\_\_  
Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_