Department of Homeless Services
Department of Social Services

NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES

Procedure Number: DHS-PB-2018-005

SUBJECT:	APPLICABLE TO:	ISSUED:
Guidelines for Addressing Clinical Needs and Request for Consultation from the DHS Office of the Medical Director	All Shelters and DHS Sites	July 2, 2018

ADMINISTERED BY:	APPROVED BY:
Office of the Medical Director	Joslyn Carter, Administrator Department of Social Services/ Department of Homeless Services

PURPOSE

To describe the process and procedure by which, and when, DHS shelter staff shall request for consultation with the Office of the Medical Director to address a medical or behavioral problem and to provide resources to shelter staff and clinical providers. This is a procedure internal to DHS/DSS and its site providers.

DEFINITIONS

- **Site:** for the purpose of this procedure, a "Site" is defined as a DHS directly-operated or contracted shelter, drop-in center, or safe haven.
- **On-Site Clinical Provider**: a contracted or sub-contracted medical provider delivering medical, mental health and/or substance use clinical services at a DHS directly-operated or contracted site.
- **Urgent Medical or Mental Health Need:** life-threatening medical or mental health crisis, including suicide threat or attempt, or resulting in aggressive behavior, and which requires immediate attention
  - **<u>Examples of Urgent Medical and Mental Health Needs:</u>**
    - A client is discharged from the hospital and shelter staff is concerned regarding medical appropriateness for shelter. If the site has an On-Site Clinical Provider, the matter can be addressed by the provider. If the On-Site Clinical Provider is unsuccessful in addressing their concern with the hospital and reaching a consensus, they will request assistance from the Medical Director's Office via the Request for Consultation and Intervention from the Office of the Medical Director (in Appendices**)**. If the Site does not have an On-Site Clinical Provider, the Office of the Medical Director will consult with the Site, and if it is agreed that the client is medically inappropriate for shelter, the Office of the Medical Director will intervene with the hospital and arrange re-admission to the hospital.

- A client exhibits erratic behavior that appears related to a mental health condition, such as responding to stimuli in a loud tone and with threatening gestures, or the client becomes violent and assaults a staff person or client. The client is sent to the hospital Emergency Department (ED), and the ED calls soon after to let the shelter know that the client will be discharged without a psychiatric evaluation.

- **Non-urgent Medical Need**: illness or medical condition not requiring immediate attention (i.e., client is ill and can wait to see their medical provider the next day, or, client is slowly deteriorating and consultation with the medical office is needed during business hours)
  - **Examples of Non-urgent Medical Needs:**
    - A client is diagnosed with multiple sclerosis and is gradually declining over time. In this case, the medical provider and shelter staff should work with the client by planning for alternative placement, i.e., a referral to a nursing facility for when the client is no longer able to care for self or permanent housing with long term care services.
    - If a client is mentally ill and non-adherent with treatment or medication, eventually the client will decompensate and may present a threat to self or others.
    - For such known chronic issues, the site medical provider or social worker or site staff will communicate with the client's medical or mental health provider or Health Home to help arrange for an appointment.

REASONS FOR CONSULTATION WITH THE DHS OFFICE OF THE MEDICAL DIRECTOR

The DHS Office of the Medical Director is available for consultations on client needs, for reasons including, but not limited to, the following:

- Consultation regrading a shelter applicant at intake/assessment who appears to be medically inappropriate for shelter
- Consultation regarding a shelter client returning to shelter prior to hospital discharge when such client may be medically inappropriate prior to hospital discharge (see institutional referral procedures) – when shelter staff find out in the course of communicating with hospitals
- Consultation regarding a shelter client's medical needs to assess whether the client may be in need of a hospital, nursing home or emergency department
- Evaluation and discussion with Streets Solutions' clinical providers regarding street homeless clients in a hospital ED or inpatient department
- Consultation with shelter staff regarding communicable disease occurrences and potential outbreaks in shelter
- Consultation regarding clients with acute behavioral health (mental health and substance use) issues

ROLES AND RESPONSIBILITIES OF DHS SHELTER STAFF REGARDING URGENT AND NON-URGENT MEDICAL NEEDS

When clients present Urgent or Non-Urgent Medical Needs, shelter staff will respond to those needs as described below. This response may vary depending on whether such Site has an On-Site Clinical Provider.

Sites with an On-Site Clinical Provider

Role of the On-Site Clinic Provider:

- On-Site Clinical Providers are expected to conduct medical and/or behavioral health assessments, provide clinical care and consultation, address clinical crises, and link clients to primary care, mental health, and substance use services, as per their contract or Memorandum of Understanding. Sites with part-time On-Site Clinical Providers will arrange for phone coverage during the times when such provider is not on site.
- On-Site Clinical Providers are expected to make all efforts to address and resolve clients' medical needs, including during nights and weekends. Such providers are expected to have an on-call system to respond to clinical questions and provide clinical consultation to the shelters that they serve at all times.
- In mental health shelters, mental health providers provide mental health support to prevent deterioration of the client's clinical condition and ensure that clients receive needed care on-site or via linkage to care.
- In single adult shelters other than mental health shelters, if a single adult appears to be in need of mental health services, the On-Site Clinical Provider should assess that client, and if necessary, request a transfer to a mental health shelter from the relevant DHS Program Administrator.
- For escalating clinical issues, crises, or complex clinical cases, a case conference can be requested by the On-site Clinical Provider along with site staff, the DHS Medical Office, as needed, and relevant Program staff (Program Administrator, for instance) to discuss the case and devise a plan of action.
- Provide consultation on clients being discharged from hospitals or long-term care facilities, including reviewing referral documents and communicating and advocating with the hospital and participating in conference calls.
- If a client is seen by an ACT Team, continue to be aware of the client, communicate monthly with the ACT team and coordinate between the ACT Team, shelter and hospital as needed. The on-site clinical and ACT Team are both part of the client's treatment team.

On-Site Clinical Provider's Role in Crisis Prevention:

- In many instances, clinical and behavioral conditions deteriorate over time if a client is not taking their medications or are not adherent to medical orders. Site staff should consult with their On-Site Clinic Provider at the first indication of clinical deterioration or change from a client, and not wait until the medical need has reached a crisis (*see* Section 3, below).
- On-Site Clinical Providers should anticipate potential clinical deterioration based on clients' clinical patterns and medical adherence history, and clinical plans should be made prior to weekends and holidays on how each high risk client may be managed.

- On-Site Clinical Providers shall evaluate clients who are either decompensating or becoming more medically frail, and/or, as requested by Site staff. The Site's clinical staff must be responsive to the requests of the program and evaluate the client as needed.
- On-Site Clinic Providers, along with Site staff, shall ensure detailed notes are left in the client's chart with a summary of the client's medical and mental health needs and clinical evaluations, especially those that may escalate to a crisis situation.
- On-site Clinical Providers shall assist clients in the manner described below. Resources are described in Appendix 4 (Clinical Resources for Shelters - Routine Care [**DHS-14h**]).
  - Linkage to care and assistance in enrolling into Medicaid Health Homes or by completing a Single Point of Access (SPOA) or a Children's Single Point of Access (CSPOA) application (for a non-Medicaid care coordinator to DOHMH by emailing a completed form).
  - Access to NYC-WELL for free crisis counseling, peer support, information and referral to behavioral health services that meet a person's insurance (or lack thereof) requirements, location and language preferences; or to request a Mobile Crisis Team (MCT) consultation.
  - If the client has a substance use disorder and will accept services and does not yet have a provider, the shelter/site will assist the client in accessing services by searching for a local provider online.
  - If the client is in a FWC shelter, request a Client Care Coordinator or DHS social worker be assigned to the case, for support and coordination with DOHMH and the Office of the Medical Director.
  - Assistance to eligible clients for enrollment into a Health Home program.

On-Site Clinical Provider's Responsibility in Crisis Management:

- Site staff will alert the on-site clinical provider when a client presents a clinical crisis.
- The on-site clinical provider will either assess the client if on-site, or consult with the site staff by telephone. The clinical provider will review and assess the situation and medical need to determine if there is an urgent medical or mental health need.
- The clinical provider may recommend calling NYC-WELL to request a MCT consultation or to call 911 if needed.
- If a crime was committed or the client has threatened staff or other clients, request NYPD presence (DHSPD, if available).
- If the client is sent to the hospital, the on-site clinical provider and/or the site director or social services staff must communicate with hospitals throughout the crisis, including calling the ED to discuss the client's clinical condition with the ED medical attending, advocating for admission if needed, and coordinating discharge from either the ED or inpatient department, if the client was admitted.
- If the client needs a psychiatric evaluation in the ED, a detailed note needs to be sent with the EMS team transporting the patient and by fax attention to the triage nurse; site staff needs to also call the ED where EMS will take the client and ask to speak to the triage nurse to explain the client's clinical. The clinical provider also needs to follow-up to ensure that the client's needs are met and that the evaluation is conducted.

On-site clinical provider role in communicating with hospitals for discharges:

- If an institutional referral form received by a shelter indicates a person to be discharged may be inappropriate for shelter, or, if shelter staff are concerned about a client that will be or has been discharged from a health care facility, shelter staff shall contact the on-site clinician to see the client or review the case.
- If the on-site clinician agrees with shelter staff assessment that the client is potentially inappropriate for shelter, the clinician will contact the health care facility and discuss the case with the physician caring for the client. The shelter staff will document the results of interaction via email and in CARES.
- If the on-site clinician is unsuccessful in convincing the healthcare facility to retain the patient, delay the discharge or send the patient to a higher level of care, the on-site clinician will contact their medical director for further support.
- If the on-site clinic medical director is unable to convince hospital not to discharge, either (1) shelter director contacts the PA who contacts OMD, or (2) the medical director of the shelter clinic contacts the medical office directly.
- The DHS medical office staff will discuss the case with the on-site clinic medical director and the DHS medical director's office. Depending on the situation, either the shelter clinic medical director or the DHS medical director's office will contact the contact hospital and may request a conference call.
- If DHS is unable to prevent the discharge, shelter and DHS will discuss the next best options.
- If a client has an ACT team, the on-site shelter clinician will communicate with the ACT Team physician for the optimal approach to solving the issue and optimal communication with the healthcare facility.

Process for Requesting a consultation with the DHS Medical Director's office:

- If the on-site clinical provider has been unable to resolve a client medical issue, and/or, the on-site clinical provider believes they will be unable to resolve the medical need because of prior experience and based on their clinical knowledge, the on-site clinical provider or shelter staff shall complete the Request for Consultation.
- The Request for Consultation and Intervention from the DHS Office of the Medical Director (**DHS-14f**) form (Appendix 1) must be completed in full and the requestor must clearly state the medical need(s) and circumstance and describe the assessment of the on-site clinical provider, and what action may be desired.
- The form may be completed by site staff or the clinical provider but all forms must be reviewed and approved by the clinical provider before submission.
- The Program Administration (PA) will review the consultation form and ensure that the form is complete and clear. Once the form is complete and clear, the PA will send the form to the medical office.
- If the client is in a Families with Children shelter, a Social Worker may be assigned to the case, upon request by the medical office or PA, to assist with coordination of care.

Sites Without an On-Site Clinical Provider:

Crisis prevention:

- For a non-urgent medical or mental health need, the client should be referred by their case manager or other appropriate shelter staff to their medical or mental health provider and asked to return to shelter with written documentation.
- Clinical issues should be addressed early by their case manager or other appropriate shelter staff by linking clients with a medical provider to avoid escalation.
- If a client does not have a medical provider, they can be referred by their case manager or other appropriate shelter staff to a public hospital or a Federally Qualified Health Center (FQHC), see LINKS in Appendix 4. Both accept Medicaid and have a sliding fee scale for the uninsured. The FQHCs listed in Appendix 3 (Federally Qualified Health Centers Resources [**DHS-14e**]) specifically serve homeless persons.
- Assist clients in enrolling in a Medicaid Health Home. A list of Health Home providers and more information can be found in Appendix 4.
- For access to care coordination for persons not eligible for Medicaid Health Homes, make a SPOA or CSPOA application to DOHMH by emailing a completed form to spoa@health.nyc.gov to request an evaluation and assignment of a care coordinator or mental health team. The link to the SPOA application in is in Appendix 4.
- For on-going substance use services, search for a local provider on the OASAS website, found in Appendix 4.
- For routine mental health services, search for a local provider on the NYS Office of Mental Health (OMH) website, found in Appendix 4. If the client is in the FWC shelter system, refer the case to an on-site Client Care Coordinator or DHS Social Worker to assist with coordination and follow-through.
- Greater New York Hospital Association operates the *Hite Site* to connect New Yorkers with free and low-cost health and social services, see Appendix 4.
- Site staff are expected to assist the client in making appointments with their medical provider or facilitating access to a local clinic, obtain consent to share medical information if one is not on file, and ask the client to provide medical documentation in case of hospitalization or injury.
- At first sign of clinical instability or unusual behavior:
  - The client should be assisted in making an appointment to see their clinical provider.
  - For FWC clients, an on-site Client Care Coordinator (as applicable) or DHS Social Worker may be assigned to support the client, based on the clinical picture.

Crisis management:

- A case manager, social worker or other appropriate site staff can call 888-NYC-WELL to request a MCT consultation, in the case of a non-urgent mental health need (see Appendix 4 for more information). Note that MCT have up to 72 hours to respond.
- Site staff will call 911 in the case of an urgent medical or mental health need.
- If a crime was committed, including staff or clients being assaulted or threatened, staff will also request NYPD presence (or call DHSPD if available at the site).

- Site staff will complete the Client Summary for Emergency Department Referral Form (Appendix 2 – NYC Department of Homeless Services Emergency Department Referral [**DHS-14g**]) detailing the clinical history and status and the client's past clinical/behavioral history at the shelter and send the completed form with EMS to be delivered to the triage nurse (and faxed to the ED to which EMS will bring the client), followed by a call to the ED to speak with the triage nurse or other clinical staff.
- The staff must follow-up with the ED to ensure that the form is received.
- If a consult from the medical office appears needed, site staff will discuss with the shelter director who will notify and discuss with the DHS Program Administrator. If needed, a consult will be requested with the medical office, via a completed consultation form.
- The Program Administrator will review the consult form and determine if a request for assistance from the medical office is necessary.
- If the client went to hospital for a natural cause or known medical reason, or known mental illness or substance use disorder, consultation from the medical office is usually not necessary. The shelter should ask the client or parent to bring back documentation and follow-up instructions. This information should be documented in CARES.
- If a client is injured, the shelter will request that the client or parent return with detailed documentation of the injury and follow-up plans. This information should be entered into CARES by shelter staff.
- If it appears that the hospital may be underestimating or downplaying the medical status of the patient and that intervention of the Medical Office is needed, the Program Administrator will ask the shelter to complete a Request for Consultation form.

Coordination for Clients assigned to an ACT Team:

- If a client is being cared for by an ACT team, the on-site shelter clinician will keep in contact with the ACT team to ensure that the client's needs are met.
- If the client needs a higher level of care or was admitted to a hospital and a discharge appears inappropriate or premature, the on-site shelter clinician will work with the ACT team clinician to resolve the situation.
- If advocacy and support is needed from the DHS medical office, either the Program Administrator or shelter clinic medical director will contact the medical office for consultation using the request for consultation form.

When to consult with the Medical Director's office:

- The issue relates to a medical or mental health condition or a substance use disorder and is not resolved or is escalating into a crisis and attempts were made to resolve the issue and were unsuccessful.
- A client is not compliant with treatment and appears to lack decisional capacity, displays disruptive behavior, or requires assistance from shelter staff to care for self.

- If the client is served in a FWC shelter, and it appears that a consult from the Medical Office may be needed, a Social Worker will be assigned to the case to support the family and coordinate with the Medical Office.
    - Once the Medical Office has advocated with the hospital, the FWC Social Worker will continue to coordinate directly with the hospital.

Process for submitting a request for consultation to the Office of the Medical Director

- Shelter staff or the Shelter Director will send a complete Request for Consultation form to the Program Administrator who will review the form for clarity and completeness and then forward the form to the Medical Office.
- The request will be sent by email to the Medical Director (Dr. Laraque, at flaraque@dhs.nyc.gov), Mental Health Director (Dr. Fenton, at bfenton@dhs.nyc.gov), and Director of Special Populations (Felicia Martin, at fmartin@dhs.nyc.gov) by the Program Administrator. Urgent Medical Needs will be addressed that day.

Coordination with the Medical Office and Hospital

Medical Office:

- For single adults, adult families and Street Solutions, the Program Administrator will be the liaison between the shelter and medical office.
- **Site staff may not contact the medical office directly.**
- Staff should not give the phone number of the medical office staff to hospitals and other medical providers. Requests must be transmitted via the site Program Administrator.
- For sites with a medical provider, the site medical provider may contact the Medical Office directly. Site staff and the Program Administrator will be copied to ensure communication and follow-up.
- For clients in Families with Children shelters, an on-site Client Care Coordinator or DHS Social Worker may be assigned to the family when a client's medical status requires a consultation from the medical office. Both the Program Administrator and Social Worker will review the clients' medical needs and status and one of them will be the liaison between the shelter and the medical office.

Hospital:

- DHS client care coordinator or social worker will contact social worker at the hospital to discuss and advocate for the client.
- A doctor or medical provider at the site may not contact the hospital social worker. If needed site social worker will obtain name, phone number and email of the clients' doctor, in order for onsite doctor to contact a doctor in the hospital to discuss clients' medical needs.

Review of the Request for Consultation - Office of the Medical Director:

- The Office of the Medical Director will receive requests from referring shelter staff via email, using the Request for Consultation Form from the Office of the Medical Director, found in Appendix 1. Forms need to be fully completed and clearly indicate the nature of the request. Phone consults are discouraged, unless for a simple question. Urgent medical requests should be emailed, accompanied by a phone call as needed to alert the medial office.
- Requests for consultation will be reviewed by the Office of the Medical Director, and a recommendation will be made within two business days, **unless urgent**, as determined by the Office of the Medical Director.
- Shelter and program staff are urged to alert the medical office in a timely manner, before a crisis occurs if possible, and prevent escalation due to delay, and for discharge-related issues. Send the consultation form as early in the day as possible and before 5:00PM so that hospital social work staff are available.
- A phone conference may be scheduled between the Office of the Medical Director and the site staff and medical provider.
- The Office of the Medical Director will make a recommendation and shelter staff will implement the recommendation, including, but not limited to, linkage to the client's primary care provider or to a primary care clinic, calling EMS, or contacting a hospital to discuss the client's status, including obtaining medical documentation from clients. If medical documentation needs to be verified by the medical office, shelter staff will provide name and phone number of the provider, obtained from the client.
- The Office of the Medical Director may call hospitals as needed to discuss client's medical needs, request information, advocate for the client, request admission or delay or prevent discharge, as the need requires.
- A designated medical provider staff (for shelters with a clinical provider) or designated site staff (ex., social worker) (for shelters without a clinical provider) or the assigned DHS social worker (for FWC) will follow up with the hospital, after intervention by the Office of the Medical Director as needed and keep the Medical Office and PA informed. Upon resolution of the medical event, the Office of the Medical Director will be notified of the outcome.
- Within 2 business days of the resolution of the medical event, a brief summary of the event will be entered into CARES as a case note by shelter staff. The summary will include precipitating events and a plan of how the incident will be addressed if it arises again.

LIST OF APPENDICES

Appendix 1: Request for Consultation and Intervention from the DHS Office of the Medical Director (**DHS-14f**)

Appendix 2: NYC Department of Homeless Services Department Referral (**DHS-14g**)

Appendix 3: Federally Qualified Health Centers Resources (**DHS-14e**)

Appendix 4: Clinical Resources for Shelters (**DHS-14h**)

Appendix 1

Department of Homeless Services
Department of Social Services

REQUEST FOR CONSULTATION AND INTERVENTION FROM THE DHS OFFICE OF THE MEDICAL DIRECTOR

This form is to be completed by the Site Director or Social Services staff. If there is a clinician affiliated with the site, the clinician (physician, nurse practitioner, PsyD, PhD) must review and approve the request and the form. The form should be submitted to the Program Administrator for review and approval.

Date of Request: _____

CLIENT INFORMATION

Name:_____ DOB: _____ CARES ID Number: _____

Shelter or site name: _____

Site Medical/Clinical Provider *(if applicable)*:

Name: _____ Telephone: _____ Email: _____

What is the specific consultation question for the Medical Director's Office?

_____

Rationale and description of the present situation: _____

_____

SAMPLE

Urgency of this request: ☐ Scheduled Discharge Dates ☐ Clinical Meetings
☐ AOT Application Needed ☐ Other _____

Desired outcome: ☐ Admission ☐ Arrange Placement in a Nursing Home
☐ Arrange a Psych Consult ☐ Other _____

Specific action requested: ☐ Liaison with the ED ☐ Call their Primary Case Provider
☐ Speak to the Hospital Social Worker ☐ Other _____

Document diagnosis/main medical, mental health or substance use issues

(including suspected diagnoses): _____

_____

Brief clinical history and key points:

_____

_____

_____

_____

(Turn Page)

Appendix 1

Has the client been admitted to a psychiatric hospital in the last 10 years? ☐ Yes ☐ No

Does client have outpatient mental health services? ☐ AOT Order ☐ ACT
☐ IMT ☐ Care Coordinator If yes, provide name: _____

Previous actions taken by shelter/DIC/outreach/Safe Haven team:

_____

Previous actions taken by site medical/clinical provider *(if site has one)***:**

_____

Site Clinical Provider Assessment:

_____

If shelter/DIC/outreach/Safe Haven team deemed client medically inappropriate for shelter, list reasons:

_____
_____

SAMPLE

For returning clients, did shelter receive and review discharge referral package? ☐ Yes ☐ No

If yes, what was the determination of appropriateness after review?

_____
_____

Client's current location: ☐ Hospital ☐ Shelter ☐ Other: _____

Hospital Social Worker:

Name: _____ Telephone: _____ Email: _____

Treating physician:

Name: _____ Telephone: _____ Email: _____

Covering attending *(if main physician is out)***:**

Name: _____ Telephone: _____ Email: _____

Resident *(if involved)***:**

Name: _____ Telephone: _____ Email: _____

Appendix 2

Department of Homeless Services
Department of Social Services

DHS-14g (E) 06 29 2018

NYC DEPARTMENT OF HOMELESS SERVICES EMERGENCY DEPARTMENT REFERRAL

To be completed by Shelter or Site Staff

Date: _____ Time: _____

Facility Name: _____ Facility Phone Number: _____

Staff Point of Contact: _____ Phone Number: _____

Client (Last Name, First Name)	**CARES ID #**	**Gender**	**Medical Record #**	**Age**	**DOB**

Mental Health		**Medical**	
☐ Suicide attempt ☐ Suicidal ideation ☐ Assault * ☐ Acute psychosis	☐ Allegations of: rape, attempted rape or sexual assault* ☐ Threatening staff or peers* ☐ Drug withdrawal or acute intoxication	☐ Difficulty Breathing ☐ Chest Pain ☐ Fall ☐ Bleeding	☐ Dehydration ☐ Seizures ☐ Other: _____

***If the client is not admitted, list any restrictions regarding the client returning to the shelter or site. The ED will contact the Staff Point of Contact listed above prior to release from the ED:

_____

_____

Brief description on the events prior to the incident:

_____

_____

_____

List any known medical or mental health problem, including any prescribed medication:

_____

_____

_____

SAMPLE

To be completed by Emergency Department Staff

Discharge Diagnoses:

_____

_____

_____

Recommendations (including aftercare appointments or follow-ups, medications):

_____

_____

_____

Referrals (please indicate any external referrals that were made):

_____

_____

_____

Hospital Name: _____ Doctor's Name: _____

Name of Hospital Social Worker: _____ Phone Number: _____

Please attach any medical records regarding the health of the client.

Appendix 3

Department of Homeless Services
Department of Social Services

Federally Qualified Health Centers Resources

Started in 1996, The New York City Providers of Health Care for the Homeless (PHCH) is a coalition of homeless-serving Federally Qualified Health Centers (FQHC) in New York City. Each member receives grant funds from the federal Health Resources & Services Administration (HRSA) to provide healthcare services to homeless individuals and/or families. PHCH works in close partnership with the Community Health Care Association of New York State (CHCANYS) around advocacy, policy and common challenges in the rapidly changing healthcare environment.

In 2016, PHCH members served 64,421 homeless patients, of whom 5,844 were children. PHCH members have increasingly become the trusted provider of choice, delivering **high-quality medical, mental health and support services** in places where homeless people live or congregate. Through this specialized, population-focused mode of service delivery, providers are able to effectively address many of the health disparities that homeless patients face.

As one of the original pilot programs for the national Health Care for the Homeless program, New York was instrumental in establishing the foundational principles of innovative, integrated care, with an **ongoing emphasis on extensive outreach, prevention, and a unique understanding of the social determinants of health for homeless people.**

SAMPLE

The members of PHCH operate **96 healthcare sites**, many of which are co-located with homeless shelters, allowing facilitated access to comprehensive healthcare for homeless patients. **In 2016, PHCH members provided 316,008 medical visits to homeless patients**. Some of the services provided by PHCH members include:

- Primary care
- Psychiatry
- Comprehensive behavioral health services
- Addiction treatment services
- HIV specialty care
- Women's health services
- Oral health services
- Podiatry
- Mobile healthcare
- Health education and counseling
- Pharmacy services
- Facilitated insurance enrollment
- Care management
- Benefits and entitlements assistance
- Full spectrum of prevention programs

By providing integrated, whole-person care to patients who are among the sickest, most underserved people in New York, PHCH is an essential part of the healthcare safety-net, and a leader in creating value in an extraordinarily complex and dynamic healthcare environment. For more information, please contact Aaron Felder at aaron.felder@projectrenewal.org.

(Turn Page)

Appendix 3

Providers of Healthcare for the Homeless	
Organization Name & General Contact	**Location Name & Contact Information**
Brightpoint Health Call Center for All Health Clinics (855) 681-8700	1669 Bedford Avenue (location provides mental health services) Brooklyn, NY 11225
	1545 Inwood Avenue Bronx, NY 10452
	Sutphin Health Center 105-04 Sutphin Blvd Jamaica, NY 11435
Callen-Lorde Community Health Center	**Callen-Lorde Manhattan** 356 West 18th Street New York, NY 10011 (212) 271-7200
Care for the Homeless	**Citadel Medical Clinic** 90-23 161st Street Jamaica, NY 11432 (718) 709-5054
	Mobile Health Clinic Varies (212) 935-CARE (2273)
Convenant House	460 West 41st Street New York, NY 10036 (212) 613-0300
Harlem United	**Harlem United Medical Services** 179 East 116th Street New York, NY 10029 (212) 987-3707 M (9 AM -8 PM), Tu (1 PM - 5 PM), W (9 AM -5 PM), Th (9 AM -7 PM), Fr (9 AM -5 PM)
	Harlem United- The Nest 169 West 133 Street New York, NY 10030 (646) 762- 4950 Medical, Dental & Behavioral Health - Hours M-F (9 AM to 5 PM)
Housing Works	**Housing Works- East New York Community Health Center** 2640 Pitkin Avenue Brooklyn, NY 11208 (718) 277-0386

SAMPLE

(Turn Page)

Appendix 3

Providers of Healthcare for the Homeless	
Organization Name & General Contact	**Location Name & Contact Information**
ICL Healthcare Choices	**HealthCare Choices** 6209 16th Avenue Brooklyn, NY 11204 (718) 234-0073
The Family Health Centers at NYU Langone *http://nycfreeclinic.med.nyu.edu/patient-information/schedule-appointment*	**16 East 16th Street** **To schedule an appointment:** (212) 206-5200 Calls can be made Mon-Fri between 8 AM and 10 PM or Sat-Sun between 8 AM and 8 PM
New York Children's Health Project, a Program of The Children's Hospital at Montifiore & Children's Health Fund *Website: montekids.org*	853 Longwood Avenue Bronx, NY 10459 (212) 535-9779
Project Renewal	@ [redacted] **Men's Shelter** [redacted] Offered to Shelter Residents: Primary Care, Dental and Optometry Services
The Floating Hospital (FH- 2 Queens Locations)	**FH Crescent Street Health Center** 41-43 Crescent Street (718) 784-2240 x107
	FH Queensbridge Health Center 10-29 41 Avenue Long Island City, NY 11101 (718) 361-6266
William F. Ryan Community Health Center	***Multiple Locations Throughout Manhattan*** General Appointment Number (212) 749-1820

SAMPLE

Appendix 4

Department of Homeless Services
Department of Social Services

DHS-14h (E) 06/29/2018

CLINICAL RESOURCES FOR SHELTERS – ROUTINE CARE

PRIMARY CARE

1. Public hospitals http://www.nychealthandhospitals.org/hospitals/
2. Federally Qualified Health Centers https://findahealthcenter.hrsa.gov/index.html, or http://www.hospitalyellow.com/clinic-federally-qualified-health-center-fqhc/new-york/1
3. Greater New York Hospital Association operates a site to connect New Yorkers with free and low-cost health and social services: http://hitesite.org/
4. Enrollment in a Medicaid Health Home:
   - List of health homes: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_map/index.htm#
   - Health homes brochure: https://www.health.ny.gov/publications/1123/hh_brochure.pdf
   - Health homes eligibility information: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/

SAMPLE

MENTAL HEALTH AND SUBSTANCE USE

1. For access to AOT, ACT, IMT or care coordination: make a SPOA or CSPOA application to DOHMH by emailing a completed form found here (http://www1.nyc.gov/site/doh/health/health-topics/recovery-from-mental-illness-single-point-of-access.page) to spoa@health.nyc.gov to request an evaluation and assignment of a care coordinator or mental health team.
2. For routine substance use care, search for a local provider at https://findaddictiontreatment.ny.gov/ or https://oasas.ny.gov/providerDirectory/index.cfm. OASAS has resources for individuals without insurance.
3. For routine mental health services, search for a local provider at https://my.omh.ny.gov/bi/pd/saw.dll?PortalPages. If the client is in the FWC shelter system, refer the case to an on-site Client Care Coordinator or DHS Social Worker to help with coordination and follow through.

FOR CRISES

1. For free crisis counseling, peer support, information and referral to behavioral health services that meet a person's insurance (or lack thereof) requirements, location and language preferences, contact NYC Well by calling 1-888-NYCWELL, texting to 65173 or opening a chat on their website at https://nycwell.cityofnewyork.us/en/.
2. Cal 888-NYC-WELL to request a Mobile Crisis Team (MCT) (https://www1.nyc.gov/site/doh/health/health-topics/crisis-emergency-services-mobile-crisis-teams.page) consultation. Note that MCT have up to 48-72 hours to respond. This service is available for adults and children.