

NEW YORK CITY DEPARTMENT OF HOMELESS SERVICES

Procedure Number: DHS-PB-2018-013

SUBJECT: Protocol for Brad H Class Members Entering DHS Shelters	APPLICABLE TO: All DHS shelters, DHS Office of the Medical Director, and General Counsel	ISSUED: July 2, 2018
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ADMINISTERED BY: Office of the Medical Director	APPROVED BY: Joslyn Carter, Administrator Department of Social Services/ Department of Homeless Services
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PURPOSE

To ensure coordination between the NYC Health and Hospitals (H+H) Correctional Health Services (CHS) Division and the NYC Department of Homeless Services (DHS) in expeditiously placing Brad H Class Members into a Program Shelter, including a Mental Health shelter, as appropriate, upon their release from the Rikers Island Correctional Facility, per the stipulations laid out in the Brad H. et al, v. the City of New York Stipulation of Settlement.

BACKGROUND

The Brad H. et al, v. the City of New York Stipulation of Settlement provides that DHS has the duty to directly place Class Members meeting specific criteria into a Program shelter that best meets their needs, when feasible. The previous MOU was signed in 2008 between the Department of Health and Mental Hygiene (DOHMH), where Correctional Health Services (CHS) was located, and DHS. Since then, Health and Hospitals (H+H) has taken over CHS. In present operation, CHS will identify Rikers Island inmates who are Class Members and ensure that DHS receives relevant documents under the Stipulation, and coordinate with DHS so such Class Members can be placed in the appropriate program shelter as soon as possible upon presentation at a DHS intake site, or their previously assigned shelter if they have been in the DHS system in the past year.

APPLICABILITY

All DHS shelters, DHS Office of the Medical Director, and Health and Hospitals, Division of Correctional Health Services.

DEFINITIONS

- **BRAD H Settlement:** The settlement reached by the City of New York in 2003, requiring the City to provide comprehensive discharge planning to all inmates who qualify as a Brad H Class Member, and for other defendant agencies to comply with post-release stipulations.
- **CHS:** Correctional Health Services, a division of Health and Hospitals.
- **Class Member:** Any person who is confined in a city jail for over 24 hours, receives treatment for mental illness, and may need continued treatment upon release.
- **Class Member Benefits:** All Brad H Class Members are entitled to a comprehensive treatment and discharge plan for their release, including a 7 day supply of medication, prescription lasting 21 days, reinstated Medicaid or Medicare, if applicable, and a referral for mental health treatment and services. Class Members who have a serious and persistent mental illness (SPMI) may receive additional services, including assistance in applying for public assistance and supportive housing, SSI, veterans benefits (if applicable), food stamps, case management, transportation, follow-up calls for housing and medical appointments, and submission of medical information packets that document the need for a Mental Health Shelter placement.
- **H+H:** Health and Hospitals, the City agency overseeing Correctional Health Services.
- **Mental Health Shelter:** Specialized DHS shelter providing mental health services onsite. All SPMI Class Members are entitled to be referred to a Mental Health Shelter.
- **Program Shelter:** Any DHS shelter for single adults, aside from Assessment shelters. These include Mental Health, Substance Use Disorder, Employment, General, LGBTQI, Veterans shelters, etc., that provide specialized services to meet the needs of the clients in the respective shelter.
- **SPMI:** Serious and Persistent Mental Illness. This term is used to describe a diagnosis for individuals who are aged 18 or older who currently have, or at any time during the past year have had a diagnosable mental, behavioral or emotional disorder resulting in functional impairment that substantially interferes with or limits one or more major life activities

PROCEDURE

The procedure for coordination, communication, and placement of Brad H Class Members in DHS shelters is as follows:

A. Daily Reports from CHS

CHS will send DHS Office of the Medical Director (OMD) via a secure email:

- a. A list of inmates that will be homeless upon release within the next seven days; and
- b. A list of all Brad H Class Members who were identified as homeless and were released within the last 30 days.

Both reports shall include each Class Members' **last name, first name, date of birth, sex, book and case number, social security number, facility, projected release date, release date, SPMI (y/n), and date Discharge Planner sent package to DHS**, but cover different time frames.

- c. DHS transportation list, which includes homeless, sentenced class members who have SPMI, have consented to release medical documents to DHS, and have orally agreed to be transported to a DHS shelter upon release from incarceration.

B. Roles and responsibilities of CHS

- a. CHS will send DHS OMD 3 daily reports as outlined in Section A.
- b. For homeless, sentenced class members who have SPMI, have consented to the release of medical documents to DHS, and have orally agreed to be transported to a DHS shelter upon release from incarceration, CHS will send to one of the two female DHS intake shelters for female Class Members and DHS OMD for male Class Members via secure email a packet of the following documents optimally 3 days before discharge of Class Members from a DOC facility:
 - History, medical & physical, problem list, medication list, discharge plan, and aftercare letter which summarizes the healthcare needs;
 - Psychiatric assessment;
 - Psycho-social assessment;
 - 2010e application/approval; and
 - Comprehensive Treatment Plan and most recent Treatment Plan Review if applicable.
- c. CHS will send information packets for Class Members that are not identified on the DHS transportation list as requested by DHS or the respective shelter, provided that Class Member provides consent.

C. Roles and responsibilities of DHS OMD

- a. An administrative staff member at the OMD will search for Class Members listed in the daily files a. and b. in Section A in CARES.
 - For Class Members who have an existing CARES profile, information received from CHS pertaining to the Class Member will be entered in the CARES Institutional Referral page, including the SPMI status, Brad H status, Transportation List status, and Brad H status expiration date. This will automatically produce an alert on the client's homepage in CARES;
 - For Class Members who do not have an existing CARES profile, the OMD staff will create a CARES profile by generating a CARES ID number and enter the necessary information in the CARES Institutional Referral page that will identify them as a Class Member and indicate their SPMI status.

- b. Review daily reports from CHS as outlined in Section A and identify new Brad H Class Members that are projected to be released in the next 7 days or have been released and identify needed actions as follows:
 - Obtain medical records of Class Members entering the DHS system.
 - Determine if the Class Member arrived at DHS.
 - For clients who have SPMI and are not in a Mental Health shelter, email the shelter director and Program Administrator to request a transfer to a Mental Health Shelter.
 - Generate the Brad H monthly report. The report includes the following information for all Class Members : **first name, last name, book and case number, sentenced (y/n), SPMI status, on the transportation list (y/n), DHS notified prior to release (y/n), presented to DHS at time of release (y/n), directly placed in program shelter (y/n), if not placed directly, reason: {DHS determined further assessment necessary, no program shelter bed available, Class Member did not present on release date} , transported from assessment to shelter (y/n), CARES ID, release date, initial date presented to shelter, initial shelter, program date, shelter name, mental health shelter (y/n).**

- c. OMD staff shall maintain an Excel spreadsheet that includes Brad H Class Members projected to be released in the next 7 days or have been released in any given month and shall update the spreadsheet daily based on the daily reports received from CHS and when a Class Member arrives at shelter. The spreadsheet is used to track in which shelter Class Members are and OMD staff sends emails to alert shelter directors and Program administrators as outlined above in b.3. This spreadsheet is also used to generate the monthly report.

- d. DHS OMD will take all appropriate and necessary steps to ensure the confidentiality of all information.

D. Roles and responsibilities of DHS sites

- a. When the client presents at Intake, Intake staff shall check the alerts on clients' profile page to identify clients who are Brad H and have SPMI. The alert will notify Intake staff that a client is a Class Member and whether or not the individual has SPMI, and the staff will transfer the Class Member to an appropriate Program shelter when a bed becomes available.
- b. DHS facility staff shall review the packet outlined in section B, and incorporate the contents into intake, housing assistance, and other relevant CARES sections and use the information provided for shelter services.
- c. If a Class Member presents at a DHS shelter but the packet of documents has not been received at the site, the shelter shall notify DHS OMD to request the packet of documents. In the event that the Class Member has not provided CHS with consent to release information to DHS, the shelter staff will request the Class Member provide consent, utilizing the Health and Hospitals consent Form (Appendix A.)
- d. If the Class Member has SPMI they shall be transferred to a Mental Health Shelter when a bed becomes available. If the client was not placed in a Mental Health Shelter from an Assessment shelter, it is incumbent on the current shelter staff to facilitate a transfer of the Class Member to a Mental Health Shelter.
- e. If the Class Member does not have SPMI, they should be placed from the Assessment shelter into an appropriate Program Shelter, based on their needs and level of functioning
- f. If the Class Member has been transferred to a new shelter from a previous shelter, the shelter that has received the packet of information will forward the documents to the current site.
- g. DHS providers and staff will take all appropriate and necessary steps to ensure the confidentiality of all information, including medical records or portions thereof, transmitted from CHS to DHS, and from DHS to DHS shelters.

APPENDIX

Appendix A: Authorization for Disclosure of Medical Records Including Confidential HIV Related Information and Consent to Access Confidential Medicaid Information

Appendix A

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION Correctional Health Services

Authorization for Disclosure of Medical Records Including Confidential HIV Related Information and Consent to Access Confidential Medicaid Information

Patient (Print Name): _____ Date of Birth: _____
Book and Case Number: _____ NYSID Number: _____
Date(s) of Incarceration: _____

Facility/Facilities: _____

1. I hereby request and authorize the New York City Health and Hospitals Corporation (“HHC”) Correctional Health Services (“CHS”) to release information from my medical record and other files relating to the medical/mental health treatment I received while incarcerated at the above facility or facilities, to the following Person(s) or Organization(s) whose full names are listed below for the purpose of obtaining and determining my eligibility for benefits and/or services from each organization for financial, medical, insurance and housing placement services and other benefits at discharge from custody of the Department of Correction.

Entitlements

- Medical Assistance Program, 785 Atlantic Avenue, 1st Floor, Brooklyn, NY 11238
- Human Resources Administration (“HRA”), 785 Atlantic Avenue 5th floor Brooklyn, NY 11230
- Department of Homeless Services (“DHS”), 33 Beaver Street, Rm 1522, NY, NY 10004
- Veterans Affairs (“VA”), PO Box 100-620 181 Bldg # 52 Montrose, N.Y. 10548

Health Homes

- Bronx Lebanon Hospital Center
- Bronx Accountable Healthcare Network Health Home (BAHN)
- Community Care Management Partners (CCMP), LLC (Visiting Nurse Service of New York Home Care)
- Community Health Care Network (Queens Coordinated Care Partners)
- Continuum Health Home Network (St. Luke's-Roosevelt Hospital Center)
- Heritage Health and Housing Home Network
- New York City Health and Hospitals Corporation
- The New York and Presbyterian Hospital
- Southwest Brooklyn Health Home LLC d/b/a Brooklyn Health Home (Maimonides Medical Center)
- Coordinated Behavioral Care Inc./Pathways to Wellness-JBFCS
- Coordinated Behavioral Care Inc./Pathways to Wellness-ICL
- Institute for Family Health

Community Mental Health Services

(Name)

(Address)

The specific information to be provided by CHS is confined to the following: Problem list with Lab results, Intake Physical and History, Psychosocial Evaluation, Psychiatric Assessment, Discharge Plan, Recent Medication Information, Mental Health Progress notes, DSN, Entitlement Applications and Responses, Medical Encounter Notes, PPD/QFT Results, Referral Information, Specialty Visit Encounters, Hospital Discharge Summaries, EKG Results, and radiology (imaging) results if applicable. The information provided by CHS may also include drug/alcohol treatment or HIV/AIDS related information, but only if specifically authorized in paragraph 3, below. CHS may disclose Confidential Medicaid Information, including Client Identification Number (“CIN”) to my health home.

If I authorize disclosure to the Medical Assistance Program, the information to be disclosed also includes a copy of my DOC identity card and birth certificate or similar documentation of birth record.

2. I hereby request and authorize the Social Security Administration to release information as to the status/outcome of my SSI and/or SSD applications and/or appointments to the New York City Health and Hospitals Corporation, Correctional Health Services (Discharge Planning Unit), 19-19 Hazen Street, East Elmhurst, NY (RMSC) **for the purpose of assisting with my SSI or SSD application. The Social Security Administration will not release confidential HIV/AIDS related information.**

3. If any of the requested records maintained by HHC’s Correctional Health Services Program (CHS) contain information pertaining to drug or alcohol treatment or mental health or contain HIV related information, I specifically authorize the release of such information by CHS to those entities listed in paragraph 1, above, only for the purposes noted in paragraph 1, by initialing where indicated below. **If I do not initial each of the following paragraphs, CHS will remove the information described in that paragraph from the copy of records provided pursuant to this release.**

Initials I understand that if my records contain information concerning drug or alcohol treatment, such information will be released pursuant to this consent form.

Initials I understand that if my records contain confidential HIV related information, such information will be released pursuant to this consent form. Confidential HIV related information is any information indicating that a person was

Appendix A

administered an HIV test or has HIV infection, HIV related illness or AIDS, or is any information which could indicate a person has been potentially exposed to HIV.

Initials I understand that if my records contain mental health information, such information will be released pursuant to this consent form.

4. CHS collaborates with community healthcare providers and care coordinators to facilitate post-release care services. CHS seeks to enhance this service by accessing your Confidential Medicaid Information available through the New York State Department of Health - Health Home Member Tracking System and/or subsequent state portal. By checking one of the boxes below, you may choose to provide or deny consent for CHS to access your Medicaid information through the New York State Department of Health - Health Home Member Tracking System and/or subsequent state portal. **Your choice to provide or deny consent is voluntary and will not affect your ability to receive medical care or obtain health insurance coverage. Your choice to provide or deny consent will not be the basis for a denial of any services.**

Please check the appropriate box below indicating your consent or denial of consent:

- I CONSENT;** CHS is authorized to access my confidential Medicaid information through the New York State Department of Health - Health Home Member Tracking System and/or subsequent state portal.
- I DENY CONSENT;** CHS is **not** authorized to access my confidential Medicaid information through the New York State Department of Health - Health Home Member Tracking System and/or subsequent state portal.
5. Revocation of this authorization: I understand that I may revoke this authorization, in writing, at any time by delivering or sending a copy of the written revocation to CHS or other agency that I authorized to disclose information. I also understand that I may not revoke this authorization to the extent that CHS or the other agency has already provided a copy of the records to the person(s) or organization(s) named in paragraphs 1, 2 or 3.
 6. I understand that I may not be denied any benefits if I do refuse to sign or initial any part of this authorization form, but that if I do refuse to sign or initial, CHS may not be able to provide me with some or all discharge planning services.
 7. Expiration: This authorization expires sixty (60) days after my release from incarceration in a New York City jail.

Appendix A

[SIGNATURE PAGE TO FOLLOW]

Appendix A

Signature of patient or representative [**Required**]

Date signed [**Required**]

If signed by a representative, print name of representative

Authority to serve as representative: Check one: Parent Guardian
 Executor/Administrator
 Agent (health care or other proxy)

Other: (specify) _____

Note: CHS will NOT provide copies of records to any person who is not authorized by applicable law to have access to such records. Authorizations signed by a representative other than a parent of a minor must include documentation satisfactory to CHS authenticating such representation. Authorizations requesting copies of records of a minor must also contain the signature of the minor authorizing the release of the records.

All fields marked [Required] must be completed or this form will be returned to you and the requested copy of medical records will not be released.