Department of Homeless Services
Department of Social Services

OFFICE OF POLICY, PROCEDURES AND TRAINING

James K. Whelan
Executive Deputy Commissioner

Procedure Number: DHS-PB-2019-014

SUBJECT:	**APPLICABLE TO:**	**ISSUED:**
Guidelines for Facility Staff: Medical and Critical Incident Follow-Up	All shelters and DHS sites	07/10/2019

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

■ PURPOSE

The purpose of this policy bulletin is to provide guidance to shelter and other Department of Homeless Services (DHS) site staff on appropriate follow-up actions after medical or behavioral health critical incidents.

■ BACKGROUND

Within DHS facilities, there may be incidents that affect the health, physical or mental, of DHS clients, including assault between unrelated clients, domestic violence, drug overdoses, hospitalizations, and attempted suicide. This document aims to describe follow-up actions needed in any case where such incidents result in health-related consequences.

■ DEFINITIONS

I. Site/ facility staff

Social services staff at DHS directly-operated and contracted facilities/programs.

II. Suicidal ideation

Thinking about, considering, or planning suicide.

III. Attempted suicide

A non-fatal, self-directed, and potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.

IV. Contagious illness

Includes diseases which are transmitted to other person either by physical contact with the person who has the disease, or by casual contact with their secretions or objects touched by them, or an airborne route.

■ APPLICABILITY

All DHS intake sites, DHS shelters, DHS Safe Havens and DHS Drop-in-Centers.

■ PROCEDURE

The incidents types listed below are named and defined as per Process for Reporting Incidents Occurring in Shelters procedure (DHS-PB-2018-004).

I. Accidents/Health Concerns/Hospitalizations

A. Leading to Life Threatening Injury, Accident, Injury or Health Issues Resulting in Hospitalization

- The on-site medical provider or site staff (for facilities without an on-site medical provider) shall remain in contact with hospital staff to provide information relating to the incident and obtain regular updates on client progress and discharge plans. Such updates shall occur on a daily basis for the first week, and weekly thereafter, and as needed. All follow-up shall be recorded in Client Assistance and Re-Housing Enterprise System (CARES).
- On-site Clinical Providers shall assist clients in the manner described below. Resources are described in attached Clinical Resources for Shelters – Routine Care (**DHS-14h)**.
- Facility staff shall continue to obtain updates for 30 days for Adult Families, 15 days for Single Adults. Families with children will be followed up daily for the first week and then weekly for, at least, an additional 30 days, or until discharge.
- Site staff shall inquire if the client has a medical provider and will involve the medical provider, provided that the client consents, to work with the hospital and assist the client in making follow-up appointments.
- Site staff shall provide the DHS institutional referral protocol for single adults to hospitals and health care facilities so that the DHS referral forms can be sent to DHS prior to sending the client back to the facility. See procedure

DHS-PB-2018-009 institutional referral protocol for single adults admitted to a health care facility.

- Site staff will review the institutional referral forms according to guidelines outlined in the Institutional Referral Procedure and will reach out to their medical provider or the DHS Office of the Medical Director (OMD) (for sites without a medical provider) if a returning client appears to be medically inappropriate for DHS based on the documentation received from the hospital. The DHS OMD will inform the shelter/site on the next steps and what to communicate to the hospital.
- On-site Clinical Providers shall also use the resources described in the attached Clinical Resources for Shelters – Routine Care (**DHS-14h**).

B. Contagious Illness That Results in Isolation of Clients

- Site staff shall inform the appropriate Program Administrator about clients with contagious illness, and the Program Administrator shall inform the DHS OMD.
- DHS OMD shall communicate with DOHMH if there is a reportable condition and shall advise the DHS facility of next steps, as well as provide educational materials and/or fact sheets and existing procedures for managing reportable and communicable diseases.
- If client needs to be isolated, OMD shall recommend to the Program Administrator to place the client in a private room or be sent to a hospital, depending on the DHS facility and on the disease in question. If necessary, OMD shall assist in communicating with a hospital and advocate for hospitalization.

C. Accident/Health Issues Without Major Injury or Illness

- Facility staff shall ask the client to bring back a doctor's note to document the illness or injury.
- Facility staff shall assist client with any needed follow-up.

II. Deaths

A. Facility staff shall provide support and refer surviving family members for grief counseling as well as other clients who may have known the deceased and/or witnessed the death, and staff as needed.

B. If grievants do not have a current mental health provider, facility staff will advise them to contact NYC-WELL for free crisis counseling, peer support, information and referral to behavioral health services that meet a person's insurance requirements, or lack thereof, as well as location and language preferences (1-888-NYCWELL, texting to 65173 or opening a chat on their website at https://nycwell.cityofnewyork.us/en/).

C. Notification

- Facility staff shall ensure the critical incident report has all available information surrounding the death that is available at the time, if the deceased was a DHS client at time of death or the death occurred within 30 days of the client being in facility.
- OMD reviews all the deaths each month. If the death meets the pre-determined criteria, where cause of death is suicide, overdose, premature death; death of children < 18 years; deaths which were potentially preventable, then these deaths are reviewed with DHS mortality review committee on quarterly basis to identify interventions. OMD may request for information on circumstances of death, health status, prior hospitalization and emergency department visits, if known, within a week after the client's death. The shelter director or director of social services will complete and send the Individual Death Report (**DHS-14m**) form to OMD within one week of receiving the request. OMD will collect information on the deaths to review and analyze selected cases, to determine if certain deaths could have been prevented.

III. Intimate Partner Violence/Domestic Violence

See the procedure for responding to domestic violence incidents in shelter, Procedure No.11-003.

IV. Drug/Alcohol Use Related Events

Addiction is a medical condition and persons suffering from addiction may not be in control of their medical condition and may require treatment and supportive services. Language choice is important, and individuals should be referred to as "persons who use drugs/alcohol", as opposed to "drug/alcohol abuser". The term "drug/alcohol abuse" is not to be used, rather, the terms "substance use" or "drug use" or "alcohol use" should be used.

A. Drug or Alcohol Use/Intoxication

- Site staff shall inquire if the client has a medical or mental health provider and is accessing services for drug use or alcohol harm reduction or cessation.
- If a client has more than one drug/alcohol use incident per week requiring notification (e.g., inebriation which results in disruptive behavior or the inability to perform social activities), staff shall offer to link the client to harm reduction services, including access to needle exchange, syringe disposal and storage; medication for addiction treatment including, methadone, buprenorphine and suboxone; and related education, health promotion and counseling, in a harm reduction philosophy (see more information at Harm Reduction Coalition at https://harmreduction.org/). Refer to Substance Use and Overdose Response Policy (DHS-PB-2019-006) and toolkit for resources.

- For single adults who experience intoxication more than once a week, facility staff will consider transferring the client to a Substance Use Disorder (SUD) or mental health shelter if client also requires mental health services.
- For adult families or families with children, clients who experience intoxication more than once a week should be referred to substance use or alcohol services/treatment in the community.

B. Drug Overdose

- An individual with drug overdose presents with the following signs and symptoms of an overdose:
  - Unresponsiveness
  - Slowing or cessation of breathing
  - Snoring or gurgling
  - Blue/gray lips and nails, and grey or ashen skin color
- An overdose is more likely to have occurred if the client has a positive response to naloxone administration, or if drug paraphernalia are found on or near the client. However, someone can have a drug overdose and not respond to naloxone administration.
- Site staff shall report the incident as a possible drug overdose if the signs and symptoms listed above are present, regardless of whether naloxone was administered.
- Staff shall always indicate if naloxone was administered, and if not, provide the reasons for not administering naloxone.
- **Steps Following a Non-Fatal Overdose**
  - Site staff shall determine to which hospital emergency department (ED) EMS took the client.
  - The on-site medical provider or site staff (for facilities without an on-site medical provider) shall call the hospital to determine if the client is admitted and obtain an update on client progress and discharge plans.
  - The overdose responder shall complete the State reporting form and email it to the DHS Opioid Overdose Prevention Program, at dhsoopp@dhs.nyc.gov.
  - If a client is admitted to the hospital, the on-site medical provider or site staff shall communicate with the hospital regarding the client's medical and mental health issues, if known, history of drug and alcohol use, drug of choice, if known, involvement with outpatient drug treatment program, if any, and other relevant information. The on-site medical provider or site staff shall include a signed client consent to share information. If there is no consent on file, it is recommended that the hospital ask the client if they would sign consent for the hospital to release information to the facility.
    - Site staff must request the hospital refer the client to substance use services and treatment, including medication for addiction treatment or medication assisted therapy (MAT).

- Upon the client's return to facility or street solutions facility, site staff shall determine if the client has been linked to substance use treatment and the type of treatment they are receiving.
  - If client is linked to substance use treatment, site staff shall obtain a signed client consent to obtain information from the client's treatment provider. Staff shall update CARES with treatment providers' information and add a case note in CARES regarding overdose and linkage to care and treatment provider.
  - If client was not linked to care by the hospital, facility staff shall refer client to SUD services in the community, and consider transferring the client, if a single adult, to a mental health or SUD shelter. See DHS-PB-2019-006 and toolkit for resources.
- Once linked to care, site staff shall obtain client's appointment schedule and assist or remind the client to attend their medical appointments, including their SUD appointment.
- Site staff shall follow-up with client during their scheduled Independent Living Plan (ILP) meeting, which occurs at minimum every two weeks and more frequently if needed, to verify and stress the importance of treatment compliance.
- Site staff shall offer the client, household members, and the client's unit or dorm-mates, acquaintances or friends with overdose prevention and naloxone administration training and SUD counseling, whether on-site or by referral.
- In addition to routine naloxone training and dispensing drives, site staff shall conduct a dispensing drive for the entire facility within a few days of the on-site overdose.

V. Psychiatric Event

Mental illness is a medical condition and persons with mental illness may not be in control of their condition when not stabilized. Such persons require treatment and supportive services. Staff shall use positive language, such as "person with mental or behavioral health condition", etc.

A. Mental Health Concern

- If the client:
  - is in a mental health shelter, clinical staff shall follow-up with the client after the event and implement preventive measures.
  - is a single adult but not in a mental health shelter, facility staff shall discuss whether to transfer the client to a mental health shelter based on the severity of the incident.
  - is in an adult families or families with children facility, facility staff shall engage the client to assess if the client has a mental health provider or needs assistance or support for linkage to care and other supportive mental health services.

- Site staff shall inform client about NYC-WELL services and community resources. Also refer to the Guidelines for Addressing Clinical Needs and Request for Consultation from the DHS Office of the Medical Director DHS-PB-2018-005 for additional clinical resources. If the client continues to exhibit symptoms or behaviors associated with mental health condition, i.e., depressed mood, talking loudly to self, facility staff shall refer the client for evaluation by on-site medical provider or community provider (for facilities without a medical provider). If needed, they should be referred to DOHMH services including Care Coordination, Assertive Community Treatment (ACT), or co-response. Staff shall complete a Single Point of Access (SPOA) application or Child SPOA (CSPOA) application in the instances associated with mental health condition found here https://www1.nyc.gov/site/doh/providers/resources/mental-illness-single-point-of-access.page and will be routed to the NYCMED page to sign up for an account to submit an electronic application or fax a CSPOA application to (347)-396-8849. For more information about CSPOA or the referral process, call (347)396-7205.
- If a client is prescribed psychotropic medication, site staff shall assist the client in scheduling a visit for follow-up. In case of medication non-compliance, a medication re-evaluation with their community provider or facility Medical Provider should be completed, including an assessment for medication compliance, need for supervision of self-administered medication, and change in the medication regimen.

B. Psychiatric Hospitalization

- The on-site medical provider or site staff (for facilities without a medical provider) shall maintain contact with hospital staff to provide information on the client's clinical condition and medical history, if known, and obtain updates on client progress and discharge plans. Facility staff shall maintain daily calls for the first week, and as needed thereafter.
- Upon hospitalization, the on-site medical provider or site staff (for facilities without a medical provider) shall ask the hospital to complete a SPOA or CSPOA application, if client doesn't already have an outpatient mental health team.
- If client has an ACT, Flexible Assertive Community Treatment (FACT) Incident Management Team (IMT) team or care coordinator, site staff shall contact them to coordinate.
  - If client was admitted to the hospital and is in the single adult shelter system, facility staff shall remind the hospital to complete and submit the institutional referral form found here: https://www1.nyc.gov/site/dhs/shelter/singleadults/single-adults-hospital.page.
- If a single adult, facility staff shall coordinate with the hospital to discharge the client to a mental health shelter, if they were not previously there, and if a bed is available. The on-site medical provider or facility staff (for facilities without a

medical provider) shall ask the hospital to delay a discharge, if possible, until a bed in a mental health shelter is available.
- If the client is in a Families with Children shelter, the site shall ensure that a client care coordinator or social worker is assigned to the family.
- Site staff shall coordinate linkage to treatment and supports with the site medical provider or community provider (for shelters without a medical provider).

C. Suicidal Ideation

- On-site medical or site staff shall contact the hospital's emergency department (ED) to communicate the circumstances related to the incident, including if client previously expressed intent to commit suicide or expressed a plan. Refer to the Guidelines for Referral of DHS Clients to Emergency Department DHS-PB-2018-002.
- Upon release from ED or after a hospital discharge, the client (if single adult) shall be assessed by a clinician at the shelter, i.e., director of social services, LCSW, on-site medical provider, to see if a transfer to a mental health shelter is indicated, if they were not in a mental health shelter prior to being referred to the ED or hospital.
- The on-site medical provider, if the facility has one, and/or the site social worker or client care coordinator along with site staff will meet with client to discuss any incidents leading up to the suicidal ideation, identify precipitating factors and current stressors. A plan will be devised as to what resources the client can access if he/she is in a similar situation again.
- If the client is in a Families with Children shelter, the site must ensure that a client care coordinator or social worker is assigned to the family.
- Site staff shall coordinate linkage to care and treatment in the community as needed and supports with the site medical provider or community provider (for sites without a medical provider). If the client does not have an outpatient mental health team, the medical provider, social worker, client care coordinator, or case manager will complete a SPOA or a CSPOA application. Site staff will inform the client, or family members that are part of the family composition, about NYC-WELL.

D. Attempted Suicide

- Medical or facility staff shall advocate for admission to the inpatient psychiatric unit. If not successful, Program Administrator will contact OMD to advocate for admission.
- During any hospitalization, medical or site staff shall contact the inpatient team to coordinate a safe discharge, including a transfer to a mental health shelter for a single adult client if not previously at one and ensure a follow-up appointment with a community provider within 72 hours of discharge is kept.
- The site medical provider, if the facility has one, and/or the site social worker or client care coordinator along with site staff shall meet with client to discuss

any incidents leading up to the suicide attempt, identify precipitating factors and current stressors. Community resources shall be provided to client to access if they are in a similar situation again.

- If the client is in a Families with Children shelter, facility staff shall ensure that a client care coordinator or social worker is assigned to the family.
- Site staff will coordinate linkage to care and treatment in the community as needed and supports with the site medical provider or community provider (for sites without a medical provider). If the client does not have an outpatient mental health team, the medical provider or case manager will complete a SPOA or a CSPOA application.
- Site staff will inform the client, or family members that are part of the family composition, about NYC-WELL.

Effective Immediately

■ RELATED ITEMS

Procedure No.11-003	Procedure for Responding to Domestic Violence Incidents in Shelter
DHS-PB-2018-002	Guidelines for Referral of DHS Clients to Emergency Department
DHS-PB-2018-004	Process for Reporting Incidents Occurring in Shelters
DHS-PB-2018-005	Guidelines for Addressing Clinical Needs and Request for Consultation from the DHS Office of the Medical Director
DHS-PB-2018-006	Procedures Related to Selected Communicable Diseases
DHS-PB-2018-009	Referral from Healthcare Facilities to DHS Single Adult Facilities
DHS-PB-2019-006	Substance Use and Overdose Response Policy

■ ATTACHMENTS

FORM # DHS-14h Clinical Resources for Shelter-Routine Care (02/20/2019)
FORM # DHS-14m Individual Death Report (07/10/2019)

Department of Homeless Services
Department of Social Services

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/

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 https://www1.nyc.gov/site/doh/providers/resources/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. Call 888-NYC-WELL to request a Mobile Crisis Team (MCT) (https://nycwell.cityofnewyork.us/en/providers/mct-referral/) consultation. Note that MCT have up to 48-72 hours to respond. This service is available for adults and children.

Department of Homeless Services
Department of Social Services

Individual Death Report

(TO BE COMPLETED BY SHELTER STAFF)

The Office of Medical Director at DHS is reviewing selected death reports of DHS clients. We request that the appropriate shelter staff or program director complete this form for the requested client to provide details on the circumstance of the death. This form should take no more than 15-20 minutes to complete. This form is in fillable format. Once complete, please save in PDF and send it to OMD at soodr@dhs.nyc.gov.

Name of client: _____

CARES ID: _____

Date of death: _____ **Time of death:** _____

Date of completion of the form: _____

Name of individual completing the form: _____

Contact phone: _____

Name of shelter: _____

Name of Shelter Director: _____

Phone number of Shelter Director: _____

1. **Information regarding the individual's death**

   Date client admitted to DHS shelter: _____

2. **Description of incident around the death:**

Location of death:
Taken to hospital: ☐ Yes ☐ No If taken to hospital, Name & address of the hospital:
OCME on scene: ☐ Yes ☐ No
NYPD on scene: ☐ Yes ☐ No
Possible related factors to death:
ACS involvement (if known):
Record of unit inspection for adult families and a family with children only (for a family with children provide information on safe sleeping environment, proper crib use etc.):

(Turn page)

Description of the event (who found out about the incident; how body was found; where body was found; if known, symptoms at the time of death):
Social history of the client (if known):
Engagement with outreach team (if known):

3. Confirmed medical condition based on clinical assessment (list below) ☐ None

4. Confirmed mental health condition based on assessment (list below) ☐ None

5. Substance use by client (if known, then list below) ☐ None

(Turn page)

6. Hospitalization in last 6 months (if known)

Date	Specify the diagnosis/reason of hospitalization (if known)	Description	Name of the hospital

7. Emergency room (ER) visits in last 6 months (if known)

Date	Specify the diagnosis/reason of ER visit (if known)	Description	Name of the hospital

8. Non-fatal Overdose (if known)

☐ None

Date	Type of substance used (if known)	Naloxone administered
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

(Turn page)

Date	Type of substance used (if known)	Naloxone administered
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

9. Name of prescription medication used by client (if known)

☐ None

10. Enrolled in drug treatment program:

☐ Yes ☐ No	Date: _____ to _____

11. Medical provider of client (including drug treatment), if available

Provider Name	
Address	
Telephone	

Provider Name	
Address	
Telephone	

12. Comments:

Thank you for completing the form.

For any questions, please reach out to Radhika Sood, soodr@dhs.nyc.gov.