Department of Homeless Services

Procedure Number: DHS-PB-2018-002

Subject:	Applicable To:	Issued: March 30, 2018
Guidelines for Referral of DHS clients to the Emergency Department	All DHS Shelter Programs	

Administered By:	Approved By:
Office of the Medical Director	Joslyn Carter, Administrator Department of Homeless Services / Department of Social Services

I. Purpose

To improve communication of pertinent medical information between the Department of Homeless Services (DHS) and New York City hospital Emergency Departments (EDs) regarding DHS shelter clients sent to EDs to ensure clients receive medical treatment that properly takes into account events and clinical presentations in shelter as well as any relevant history of the presenting problem.

II. Background

Homeless individuals are often displaced from their home community when entering shelter, thereby disrupting links to existing medical providers. Consequently, when a homeless individual receiving shelter in the DHS system exhibits a need for medical or behavioral health treatment from medical professionals, such clients may be referred to EDs not served by their original medical providers, who may not have the background on the individual to make the best clinical decisions and recommendations. When clients are referred to an ED by DHS shelter or street outreach staff, direct and frequent communication between shelter staff and ED staff is thus critical, both for an optimal and targeted evaluation by the ED and for either a rapid decision to admit the client or for a prompt return to the DHS shelter or site.

III. Applicability

All DHS shelter programs and sites

IV. Definitions

- **Site:** for the purpose of this procedure, a "Site" is defined as a shelter (either for families with children, adult families, or single adults), a drop-in-center, a safe haven, or an outreach team street location.
- **On-site Clinical Provider**: medical provider providing medical, mental health and/or substance use clinical services at selected DHS sites, via contract or MOU.
- **Medical emergency:** life threatening or potentially life threatening event
- **Behavioral health emergency:** potentially life threatening event

V. Procedure

For any DHS client exhibiting a medical or behavioral health emergency, and for whom the site has called EMS for transport to the ED, site staff or on-site clinical provider staff shall contact the appropriate ED within one hour of a client being sent via EMS in order to coordinate care and to communicate the reason for the referral to ED staff.

If the client is refusing medical treatment and EMS agrees not to transport the client to the ED, and site staff believes the client is in need of emergent care, site staff can request that EMS call their 24-hour Telemetry Physician on call at 718-899-5062. The Telemetry Physician will evaluate the situation and explain the potential risks to the client if the client does not receive medical intervention.

A. Roles and responsibilities of DHS Site Staff

1. Sites with an On-Site Clinical Provider:

a) On-Site Clinical Providers shall coordinate all ED referrals for medical or behavioral health emergencies.

b) All ED referrals shall be accompanied by a completed NYC Department of Homeless Services Emergency Department Referral Form (attached as Appendix 1), and the On-Site Clinical Provider shall provide such completed form to EMS (to deliver to the triage nurse), and shall also fax it to the ED. A signed copy of the consent to exchange information with the ED regarding the client will accompany the referral form, if available. Any additional assessments that were completed by site or on-site clinical provider staff shall also be sent by site staff to the ED, along with the referral form by fax and by giving a copy to EMS, followed by a telephone call. This could include, for example, psychiatric assessment, psychosocial evaluation, or medical intake information. Referral information that is given to EMS to deliver to the triage nurse shall be placed in an envelope and clearly indicate that the information should be given to the triage nurse.

c) The on-site clinical provider shall also call the ED to speak to the clinical staff and explain the reason the client is being referred to the ED. This is especially important for clients being referred for behavioral health concerns.

d) Communications with the ED staff shall be documented in an individual log (attached as Appendix 2) that will be added to the clinical chart, as well as in CARES. This log will keep track of referral contacts, including, when initial communication was made, who the provider talked to in the ED, and when follow-up communication is needed This will serve as a reference point across site shifts.

e) The on-site clinical provider shall communicate with hospital EDs throughout the client's stay in the ED to ensure the client is being evaluated for the reason such client was referred to the ED, as well as based on the situation and clinical status at the site. For example, a client may express suicidal ideation and intent at the site, but deny such intent while in the ED. The shelter will ensure that such occurrence is shared with the ED staff.

f) The on-site clinical provider shall advocate for a client's admission to the hospital if additional care or monitoring is needed, especially if the client has threatened harm to self or others, or, is in need of acute medical care.

g) If the on-site clinical provider is unable to successfully advocate for hospital admission, the on-site clinical provider shall complete the Request for Consultation Form (attached as Appendix 3), so that the Office of the Medical Director has the pertinent information to intervene, if necessary.

h) The on-site clinical provider shall assist the client in adhering to discharge recommendations as detailed in the returned ED Referral form and/or the discharge paperwork provided to the patient. This may entail scheduling follow-up appointments, etc.

i) If the on-site clinical provider referred a client to an ED for a behavioral health crisis, and the client was a single adult residing in a shelter other than a mental health shelter, the client shall be evaluated by the on-site clinical provider upon return to the shelter to assess if a transfer to a mental health shelter is warranted. If the client is in need of more intensive services than what can be provided at a community clinic, the on-site clinical provider will complete a SPOA (Single Point of Access) application, and submit the application to DOHMH by emailing a completed form to spoa@health.nyc.gov. SPOA application can be found at (http://www1.nyc.gov/site/doh/health/health-topics/recovery-from-mental-illness-single-point-of-access.page).

2. Sites without an On-Site Clinical Provider:

1. Site staff shall call 911 and complete the NYC Department of Homeless Services Emergency Department Referral Form (Appendix 1) and provide it to EMS to deliver to the triage nurse, and shall also fax a copy to the appropriate ED. A signed copy of the consent to exchange information with the ED regarding the client will accompany the Referral Form, if available. Any additional assessments that were completed by site staff or on-site clinical provider staff shall also be sent by site staff to the ED, along with the referral form by fax and by giving a copy to EMS, followed by a telephone call. This could include, for example, psychiatric assessment, psychosocial evaluation, or medical intake informatioin. Referral information that is given to EMS to deliver to the triage nurse shall be placed in an envelope and clearly indicate that the information should be given to the triage nurse.

2. For Clients whose health is visibly deteriorating or decompensating, site staff shall prepare a summary sheet with relevant information, including a brief history, current behaviors and symptoms, medication regimen if known, and compliance. The summary sheet shall be left in an envelope in the client's case notes as well as uploaded into CARES so that staff on all shifts are aware of the existence of the clinical summary to provide it to EMS if necessary. If the client is in need of evaluation at the ED, the summary sheet must be sent to the hospital with EMS staff.
3. Site staff shall follow-up with the ED to ensure the Referral Form is received. Communications with the ED staff will be documented in an individual log that will be added to the clinical chart, and in CARES, to keep track of when initial communication was made, who did the provider talked to in the ED, when follow-up communication is needed, etc. This will serve as a reference point across shifts.
4. Site staff shall alert the shelter director if a shelter client is being sent to the ED. The shelter director shall notify the appropriate DHS Program Administrator if consultation with the medical office may be warranted.
5. The Program Administrator will review the situation and decide if a request for assistance from the medical office is necessary. If it appears that that intervention of the Medical Office is needed, the Program Administrator will ask the shelter to complete a Request for Consultation form (attached as Appendix 3).
6. Site staff shall provide any shelter client who was referred to an ED with linkages to community resources to assist the client in adhering to discharge recommendations as per the retuned ED Referral Form and /or as detailed in the discharge paperwork given to the patient. This may entail scheduling follow-up appointments, etc.
7. If a single adult not in a mental health shelter was referred to the ED for a behavioral health crisis, that client's needs must- be evaluated by the Program Administrator upon return to the shelter to assess if a transfer to a mental health shelter is indicated. If the client is in need of more intensive services than what can be provided at a community clinic, the site staff shall complete a SPOA application, to DOHMH by emailing a complete 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.

B. Recommended Best Practices for Hospital Emergency Departments (ED)

B1. Shelter Residents

1. When DHS site staff refer a DHS shelter client to an ED:
   a. Site staff shall provide ED staff with a direct contact at the shelter to call for further information as needed, on the referral form and during the call to the ED. A designated staff at each ED will receive a contact list for all shelters and DHS sites.
   b. It is strongly encouraged that ED staff call the shelter to communicate discharge plans prior to discharging the DHS client back to DHS shelter. A list of site directors' name and telephone number will be distributed with this procedure. DHS shelter staff can help facilitate transportation back to the shelter if they are aware of the discharge. It is also

recommended that ED staff complete the bottom section of the ED Referral form and send it back with the DHS client and/or by encrypted email.

c. If a signed copy of the consent to exchange information with the ED regarding the client was not included with the referral, or if additional consent is needed, it is recommended that ED staff ask the client to sign a hospital consent. Below is a suggested script that staff can use to obtain consent.

"We are getting ready to discharge you but would like to communicate with shelter staff the follow-up care and plan we discussed so that they can assist you with getting your medication, scheduling appointments with your preferred provider, and/or referring you to substance use treatment or mental health provider of your choice. Can we have your permission to contact the shelter director?"

d. If the client refuses to sign the consent, ED staff are encouraged to provide the patient detailed discharge paperwork, containing information regarding their assessment and care that was delivered and the follow-up appointments and treatment needed. If the client chooses to share this paperwork with shelter staff, shelter staff can assist the client in receiving the appropriate aftercare.

2. If a patient arrives in the ED independently and appears to be homeless
   a. The ED staff can call the DHS Hospital line (212-361-5590) to verify if the patient is known to DHS and obtain the contact information for the shelter of record if one exists.
   b. It is recommended that the ED contact the shelter for discharge planning if the patient is being discharged from the ED, or inform the shelter of record that the patient is being admitted, if admission is warranted.

B2. Street Homeless Persons

1. If the patient was brought or sent by a DHS Outreach Team (see Appendix 4 for the list of Outreach Teams)
   a. The ED staff will be asked to evaluate the client in light of their history and behavior and may be asked to conduct a psychiatric evaluation based on behavior observed by the Outreach Team.
   b. The Outreach Team medical provider shall remain in contact with the ED.
   c. If the Outreach Team medical staff and ED staff have diverging opinions on management of the client, the Office of the Medical Director may be asked to intervene, after the Outreach Team medical director has discussed with the ED physician and failed to reach consensus.
   d. The Outreach Team shall coordinate ED discharge with the ED.

2. In case of an involuntary removal (9.58 order), the Outreach Team shall accompany the client and communicate the reason for removal with the ED staff, including medical, mental health and other behavioral and situational history, such as being a danger to self and/or others. Coordination and communication will proceed as above.
3. If an apparently street homeless person arrives at the ED for medical care, the ED staff can call the respective borough Outreach Team for assistance.

VI. Appendices

1. NYC Department of Homeless Services Emergency Department Referral Form
2. Communication Log Between Shelter and ED Staff
3. Request for Consultation form
4. List of Street Outreach Teams

Appendix 1

This communication contains confidential or privileged information which is only for use by the individual or entity to which the transmission is addressed.

NYC DEPARTMENT OF HOMELESS SERVICES EMERGENCY DEPARTMENT REFERRAL

To be completed by Shelter or Site Staff

Date: Time:

Facility Name: Facility Phone#:

Staff Point of Contact: Phone#:

Client Last Name, First Name	CARES ID #	Sex	Medical Record #	Age	DOB

Mental Health	Medical
[ ] Suicide attempt	[ ] Difficulty Breathing
[ ] Suicidal ideation	[ ] Chest Pain
[ ] Assault *	[ ] Fall
[ ] Acute psychosis	[ ] Bleeding
[ ] Allegations of: rape, attempted rape or sexual assault*	[ ] Dehydration
[ ] Threatening staff or peers*	[ ] Seizures
[ ] Drug withdrawal or acute intoxication	[ ] 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 LEADING UP TO THE INCIDENT

LIST ANY KNOWN MEDICAL OR MENTAL HEALTH PROBLEM, INCLUDING ANY PRESCRIBED MEDICATION

To be completed by Emergency Department Staff

DISCHARGE DIAGNOSIS

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#:**

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

Appendix 2

LOG for ED Referrals			
Client name:		CARES id:	
Reason for going to the ED: [ ] 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			
Referral sent: [ ] Yes [ ] No [ ] Confirmation received			
Time client left for ED: ___:___ am/pm			
1st contact staff:	Date:	Time: ___:___ am/pm	Outcome
2nd contact staff:	Date:	Time: ___:___ am/pm	Outcome
3rd contact staff:	Date:	Time: ___:___ am/pm	Outcome
4th contact staff:	Date:	Time: ___:___ am/pm	Outcome
5th contact staff:	Date:	Time: ___:___ am/pm	Outcome
Discharge contact staff:	Date:	Time: ___:___ am/pm	Outcome
Notes:			

Appendix 3

Request for consultation Form

Note: copy and paste this outline onto your mobile devices so it is readily available.

Request for Consultation and Intervention from the Office of the Medical Director, DHS
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 name:
DOB:
Client CARES ID number:
Shelter or site name:
Site medical/clinical provider (if applicable) (name, tel, email):
What is the specific consultation question for the Medical Director's Office?

Rationale and description of the present situation:

Urgency of this request: (are there scheduled discharge dates, clinical meetings, AOT application needed, etc):
Desired outcome (admission, arrange a psych consult, or arrange placement in a nursing home, etc):
Specific action requested (liaison with the ED, call their primary care provider, speak to the hospital social worker, etc):

Document diagnosis/main medical, mental health or substance use issues (including suspected diagnoses):
Brief bulleted clinical history and key points:
Has the client been admitted to a psychiatric hospital in the last 10 years?
Does client have outpatient mental health services (AOT order, ACT, IMT, or 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/safe haven/DIC/outreach team deemed client medically inappropriate for shelter, list reasons:
For returning residents, did shelter receive and review discharge referral package? If yes, what was the determination of appropriateness after review?

Client's current location (hospital, shelter, other, specify):
Hospital Social worker (name, tel, email):
Treating physician (name, tel, email):
Covering attending (name, tel, email) if main physician is out:
Resident (name, tel, email) if involved:

Appendix 4

Contact Information for DHS Outreach Teams

Bronx Outreach 24-hour number: Director: Juan Rivera	BronxWorks 718- 893-3606 jrivera@bronxworks.org
Brooklyn/Queens Street to Home Program Directors:	Breaking Ground Brooklyn: Casey Burke 917-753-1837 Queens : Cara Ochsenreiter 613-875-4353
Manhattan Outreach Consortium 24-hour number: Director: Erica Strang	Center for Urban Community Svcs 212-234-9631 212-801-3340 Office or estrang@cucs.org
Staten Island 24-hour number: Director: Teisha Diallo	Project Hospitality 347-538-2314 teisha_diallo@projecthospitality.org
MTA Outreach 24-hour number: Director: Jose del Toro-Alonso	BRC 212-533-5151 jtoro@brc.org