



Process for Inpatient Medical Facility Discharges to DHS Shelters, Safe Havens, and Outreach Teams

I. Discharges to DHS Shelters and Safe Havens

Effective 7/1/10, this process will apply for inpatient discharges from all hospitals and other inpatient medical and psychiatric facilities to the DHS shelter system. Inpatient medical facilities will communicate directly with shelter staff regarding appropriate discharges of their shared patients/clients. An updated list of contacts will be provided quarterly, via email, through Greater New York Hospital Association.

A. During Inpatient Stay

1. Only medically and psychiatrically appropriate patients may be referred to the DHS system. The inpatient medical facility will complete and sign the DHS Screening Form for Shelter and Outreach Referral (Form 1) to determine whether a referral to shelter or outreach is appropriate.
2. During the patient's hospital course, the inpatient medical facility is expected to make every effort to prevent a patient from entering or re-entering the homeless shelter system. The hospital or other inpatient medical facility is responsible for filling out the DHS Discharge Planning Worksheet (Form 2), which will document these efforts and work with the patient to access permanent housing.
3. In the event the inpatient medical facility cannot prevent an appropriate discharge to the DHS system, the inpatient medical facility will call the **Hospital to Shelter Referral Line at 212-361-5590 during business hours, to determine the patient's official shelter/safe haven, and obtain site contact and fax numbers in order to fax the completed referral packet.**
 - a. **If the patient was in the shelter system, anytime within the past year**, the inpatient medical facility will refer the patient back to their "official" shelter. Exceptions may include chronically street homeless individuals who are refusing shelter (see street homeless referral process, below).
 - b. **If the patient is new to the shelter system or has been away from the shelter system for longer than one year, the referral will go to the DHS Intake facility - for women: either the Franklin Shelter in the Bronx, fax # 929-281-2312 or the Help Women's Center in Brooklyn, fax # 718-240-9178; for men: the 30th Street Intake referrals (only), are faxed to the DHS Office of the Medical Director for review @ fax # 917-637-7372.**
 - c. **If the patient was in a Safe Haven within the last year**, the inpatient medical facility will call the program to verify and determine if there is likely to be an available bed for the patient upon discharge. If a vacancy is likely to exist, the inpatient medical facility will work with the program to coordinate the discharge and submit the appropriate forms (see below). If a vacancy will not be available, the inpatient medical facility should urge the patient to come into shelter. (The patient would then be referred to a shelter intake facility.) If the patient refuses shelter, the inpatient medical facility should contact the outreach team and follow the process below.

B. At Least 24 Hours Pre-Discharge from Inpatient Medical Facility – Appropriate Discharges

1. Inpatient medical facility completes and faxes or emails Forms 1, 2, and 3 to the appropriate shelter or Intake site.
2. Shelter/Intake/Safe Haven receives forms, and, as possible, plans for a bed for that client for the next day.

C. Day of Discharge from Inpatient Medical Facility

1. Inpatient medical facility faxes or emails the DHS Day of Discharge Form (Form 4), with patient's updated medication list (as necessary), appointments for follow-up care, and contact numbers to shelter.
2. Shelter assigns the patient/client a bed or works with Vacancy Control to re-route.
3. If the client arrives at facility and is in need of emergent medical/psychiatric care, shelter staff will call EMS for transport to a hospital emergency room.
4. If the facility believes that the individual is medically or psychiatrically inappropriate for shelter, but, does not meet the threshold for an EMS call, shelter staff will contact their Program Administrator, and DHS Office of the Medical Director's staff will consult.
5. If, after consultation with the shelter staff/Program Administrator, Medical Director's staff/Agency Medical Director agrees with the shelter's concerns, Medical Director's staff will contact the inpatient medical facility to request that they submit the DHS Post-Discharge Review Form (Form 5), with follow up and a revised discharge plan, if indicated.
6. Within one business day, the DHS Office of the Agency Medical Director will render a decision as to the individual's medical/psychiatric appropriateness for shelter placement. The Office of the Agency Medical Director will determine if further contact with senior medical staff or other inpatient medical facility management staff is needed, and will act accordingly.

II. Discharges of Street Homeless Individuals to Outreach Teams

DHS Outreach Teams work to place clients off the streets. They prioritize the placement of *chronic* street homeless clients (those who have been on the streets for 9 of the last 24 months) into transitional and permanent housing. In some instances, outreach will be able to facilitate a placement, directly from the inpatient medical facility, and, in other cases, the hospitalization will be the beginning of a period of engagement, ultimately resulting in a housing placement.

A. During Inpatient Medical Facility Stay

1. The inpatient medical facility will confirm that the street homeless patient meets the following three criteria:
 - a. Individual has been on the streets for a minimum of 9 months of the last 2 years (validated through self-report and/or medical records)
 - b. No viable alternatives to shelter have been identified by the inpatient medical facility, including nursing homes, supportive housing, family reunification, return to country of origin
 - c. The patient is not amenable to entering the shelter system
2. The inpatient medical facility will contact the borough outreach team and establish if the client is known to them.
 - a. If the patient is known to the outreach team, they will evaluate existing placement options to determine if there is a vacancy for the client. The outreach team may ask the inpatient medical facility to delay discharge, for up to a few days, in anticipation of an upcoming vacancy. If no vacancy exists, outreach will continue to work with the client, upon discharge, on placement into permanent or transitional housing.
 - b. If the patient is unknown to the team, they will make best efforts to engage the client at the inpatient service within 24 hours of hearing from the inpatient medical facility. This initial engagement is the beginning of a process which may or may not result in an immediate placement.

B. At Least 24 Hours Pre-Discharge from Inpatient Medical Facility – Appropriate Discharges

1. If patient is accepted by outreach, these forms should be forwarded to the team, at least 24 hours before discharge.
 - a. DHS Screening Form for Shelter and Outreach Referral (Form 1)
 - b. DHS Discharge Planning Worksheet (Form 2)
 - c. DHS Shelter and Outreach Referral Form (Form 3)

If patient is not going to be accepted onto the outreach caseload and will accept shelter, refer the client to a men's or women's intake site, as described above.

2. Placement of client will be subject to bed availability, and clients will be prioritized for vacancies, based on chronicity and vulnerability. There is no assurance that a chronic street homeless client, exiting the inpatient medical facility hospital, will access a bed. The outreach team will notify the inpatient service as soon as they determine whether a client will be placed. If a placement has been identified, outreach will coordinate transportation from the inpatient medical facility to the site, if needed.

C. Day of Discharge from Inpatient Medical Facility

Inpatient medical facility faxes or emails the DHS Discharge Form (Form 4), with the patient's updated medication list, appointments for follow-up care, and contact numbers to the outreach team.

For clients going to placement:

1. If client is going to a placement, the inpatient medical facility will call the outreach team with sufficient time to coordinate the time of pick-up, once cleared for discharge
2. If the client's health deteriorates, while at the placement site, or if the program believes that the individual is medically or psychiatrically inappropriate upon arrival, but does not meet the threshold for an EMS call, the outreach team will contact the DHS Program Administrator and Office of the Medical Director will consult.
3. If, after consultation with the shelter staff, Medical Director's staff/Agency Medical Director agrees with the outreach team's concerns, Medical Director's staff will contact the inpatient medical facility to request that they submit the Post-Discharge Review Form (Form 5), with follow-up and a revised discharge plan, if indicated.
4. Within one business day, DHS Office of the Agency Medical Director will render a decision as to the individual's medical/psychiatric appropriateness for outreach placement. The Office of the Agency Medical Director will determine if contact with senior medical staff or other inpatient medical facility management staff is needed, and will act accordingly.