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CITY OF NEW YORK
DEPARTMENT OF HOMELESS SERVICES
ADULT AND FAMILY SERVICES

PROCEDURE No. 00-425

SUBJECT: Protocol for Kendra's Law Referrals from the Adult Shelter System and the Family Shelter System	APPLICABLE TO: Adult Services and Family Services	EFFECTIVE DATE: 7/1/00
ADMINISTERED BY: Division of Adult Services Division of Family Services	APPROVED BY: Marcia Stevenson <i>Marcia Stevenson</i> 7/24/00 Deputy Commissioner Dennis Piericenti <i>Dennis Piericenti</i> 7/24/00 Deputy Commissioner	

I. PURPOSE

To provide guidelines and detailed instructions to the DHS Adult and Family Shelter Systems on the process, procedure and requirements of Kendra's Law as set forth in Section 9.60 of the New York State Mental Hygiene Law (MHL). This legislation provides for Assisted Outpatient Treatment (AOT) for certain people with mental illness who, in view of their treatment history and present circumstances, are unlikely to survive safely in the community without supervision.

II. APPLICABILITY

Applicable to all staff in the Adult Shelter System (Shelters, Outreach and Drop-in Centers), and the Family Shelter System (Emergency Assistance Unit, Reception Centers, Hotels and Tier II Facilities), Program Analysts and Program Administrators.

III. FORMS

DHS/KL 00-1	Kendra's Law Eligibility Criteria Checklist
DHS/KL 00-2	Kendra's Law Referral
DHS/KL 00-3	Kendra's Law Monthly Report

IV. RELATED PROCEDURES

SCIMS	Lodging History for Single Adults
HERO	Lodging History for Families
97-001	Adult and Family Services Incident Reports

V. INTRODUCTION

The New York City Department of Homeless Services (DHS) provides temporary emergency shelter for eligible homeless people in a safe, supportive environment. DHS has two program divisions: Adult Services and Family Services. The primary purpose of DHS is to plan, implement, and manage services for eligible individuals and homeless families.

The system currently offers a continuum of care that includes outreach, assessment, education, job training and placement, transitional programs, and permanent housing services. Programs include substance abuse, mental health, and employment services. Clients progress through these services according to their individual needs, until they can transition to an independent or supported living arrangement. In order for the continuum of care approach to succeed, services must be flexible, the length of stay in the shelter system must be limited, and there must be the expectation that clients will be full participants in the programs designed to assist them to become independent.

DHS provides mental health services in the system for shelter residents who are known to be either mentally ill or mentally ill chemical abusers. There are also a significant number of individual clients in general, pre-program, non-mental health program facilities, and in the family system, who may be mentally ill but who are not yet receiving mental health services. Some of these clients, both at mental health programs and general adult or family shelters, are resistant to treatment and become long-term users of homeless services and shelter resources. Many have histories of incarceration, repeated emergency or inpatient psychiatric treatment, repeated relapses or episodic treatment for addictive disorders, and have displayed violent behavior, and/or experienced abusive relationships. Very often there is a significant correlation between these events or behaviors and non-compliance with, or aborted, treatment.

As a result of these, and other issues, some of these clients have been resistant to effective engagement in an integrated system of shelter and community-based services. Therefore, there is a critical demand for specialized treatment interventions, designed to engage and assist these individuals to stabilize their conditions, and attain their highest potential for functioning outside of the system. Kendra's Law, which was enacted in November, 1999 is designed to provide Assisted Outpatient Treatment (AOT) for certain people with mental illness who, in view of their treatment history and present circumstances, are unlikely to survive safely in the community without supervision. This statute provides DHS an opportunity to intensify efforts to engage and motivate the previously resistant among the mentally ill population, to receive appropriate clinical interventions and treatment.

The legislation establishes a procedure that includes the development of a prescribed treatment plan, and the filing of a court petition. If the court determines that the individual meets the criteria for AOT, an order is issued. The court order will require the appropriate borough director to provide or arrange for those services, described in the written treatment plan, that the court finds necessary. The initial order is effective for up to six months, and can be extended for successive periods of up to one year. If an individual in AOT fails to comply with the treatment plan as stipulated, Kendra's Law allows for a psychiatric evaluation in an emergency room to

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determine if an involuntary inpatient psychiatric admission is necessary. In order to implement Kendra's Law, DHS has coordinated presentations by the borough-specific Assisted Outpatient Treatment (AOT) Teams that are under the auspices of the Department of Mental Health, Mental Retardation and Alcoholism Services (DMHMRA), and operate through contract, with selected Health and Hospital Corporation (HHC) facilities. These hospitals were designated by the City of New York DMHMRA, to oversee and monitor Kendra's Law.

The AOT Teams provided shelter staff with an overview of the process, procedure, and requirements of Kendra's Law that are specific to each borough. Based on these meetings with Bellevue Hospital (Manhattan), Elmhurst General Hospital (Queens), North Central Bronx Hospital (Bronx), and Woodhull Hospital (Brooklyn and Staten Island), a protocol has been developed for use in the DHS shelter system. This process describes the responsibilities of the Director of Social Services and Case Management staff at shelter sites, the respective AOT Team in each borough, the Intensive Case Management (ICM) or Assertive Community Treatment (ACT) Teams, and the DHS Medical Director. A checklist has been developed to assist sites in determining potential eligibility for AOT (DHS/KL 00-1). A referral form has also been developed for use when referring a potentially eligible client to AOT (DHS/KL 00-2).

VI. DETAILED INSTRUCTIONS

A. Adult Shelter System

This protocol will be utilized by the following: Outreach Services, Drop-In Centers, Assessment Shelters, General/Pre-Program Shelters, Mental Health Programs/Shelters and shelters/programs that serve Mentally Ill and Chemical Abusing (MICA) clients. It will focus on client identification and referral, filing the Assisted Outpatient Treatment (AOT) Petition, monitoring the treatment plan, and tracking/reporting.

The staff at these facilities will be expected to identify through observation, assessment, and clinical evaluation, clients who are potentially eligible for referral under Kendra's Law. Additionally, clients will be identified through the Program Referral Unit (PRU) and Medical Review Team (MRT) hospital discharge procedures; forensic referrals to DHS through the State Office of Mental Health (SOMH), and shelter-generated reports of violent behavior (Incident Reports, Procedure 97-001). Each potential referral from the shelter system will be cleared/approved by the Director of Social Services (or equivalent position), or his/her designated supervisor at the individual single adult/family facility or drop-in center. Also, as needed, the DHS Medical Director will be available to discuss individual referrals with Directors of Social Services or their designees, prior to their contacting the appropriate AOT Team. The DHS Medical Director can be reached at (212) 361-0584. Subsequent to the necessary supervisory clearance and consultations with the respective borough AOT Team, the Kendra's Law Referral (DHS/KL 00-2) will be completed and faxed to the appropriate AOT liaison/location.

Outreach/Drop-In Centers:

Outreach and Drop-In Center programs may assess, evaluate and develop service plans for their clients who may be eligible for Kendra's Law.

- For those clients that they are unable to engage in treatment and who appear to meet the eligibility requirements for Kendra's Law, the outreach provider will contact the AOT Team in that borough to investigate. The AOT Team will provide a physician examination and file the petition for court-ordered treatment, as indicated.
- The Drop-In Center program will initiate the referral and provide appropriate documentation to the AOT Team in that borough, who will provide a physician examination and file the petition for court-ordered treatment, as indicated.

Adult Shelters:

- For those individuals who are new or returning to the Adult Shelter System, an assessment and medical/mental health evaluation will be completed. If appropriate, clients will be assigned by the Assessment Shelters to shelter-based mental health programs.
- Clients residing in DHS general, pre-program and program shelters, will also be assessed and evaluated as indicated, for referral to shelter-based mental health programs.
- Mental health programs will further assess and attempt to engage clients in treatment.
- If it is determined that the client cannot be engaged in treatment and appears to meet the established eligibility requirements for Kendra's Law, the mental health program will initiate a referral to the AOT Team to investigate, provide a physician examination, and file the petition for court-ordered treatment, as indicated.
- If a vacancy in a mental health program is not available, the shelter will assume responsibility for making a referral to the AOT Team to investigate, provide a physician examination, and file the petition for court-ordered treatment, as indicated.

B. Family Shelter System

This protocol applies to the Emergency Assistance Unit (EAU), Reception Centers, Hotels and Tier II Facilities in the Family Shelter System. In general, because of time limits in the EAU and the Reception Centers (10 days), referrals will be made primarily from the Tier II Facilities which will have had the opportunity to observe and further assess the families' service needs. Each potential referral from the family system will be cleared/approved by the Director of Social Services (or equivalent position), or his/her designated supervisor. Also, as needed, the DHS Medical Director will be available to discuss individual referrals with Directors of Social Services or their designees, prior to their contacting the appropriate AOT Team. The DHS Medical Director can be reached at (212) 361-0584.

- Each of these facilities will be expected to identify clients who are potentially eligible for referral under Kendra's Law. This will occur primarily through direct observation or through

the prompting of third party mandated reporters such as the Administration for Children's Services (ACS) or the Board of Education. These agencies are mandated to report any alleged conditions or treatment in the home that place children in danger of neglect or abuse.

- If the client appears to meet the established eligibility requirements for Kendra's Law, the Director of Social Services, or designee, will initiate a referral to the appropriate AOT team to investigate, provide a physician examination, and file the petition for court-ordered treatment, as indicated.
- In addition, as in the Adult Shelter System, these facilities will also review Incident Reports of violent behavior (Procedure 97-001), as a method to screen for potential candidates.

C. Assisted Outpatient Treatment (AOT)

DMHMRA has contracted with four (4) HHC hospitals to investigate those for whom AOT court orders have been sought and, when appropriate, to develop treatment plans prior to referring potential AOT participants to appropriate community-based case managers.

These borough-based AOT Teams have been designated to oversee and monitor AOT programs. Their responsibilities, with regard to DHS clients, are to:

- Review and assess referrals for court-ordered treatment, to ensure they meet the eligibility criteria for Kendra's Law;
- Provide education, information, and technical assistance to the DHS shelter system, as needed;
- Conduct an investigation that includes obtaining medical records on individual clients;
- Provide physician examinations;
- Develop treatment plans in conjunction with case management, social work, medical and psychiatric staff in the DHS Adult and Family shelter sites/programs, that include medication monitoring, other critical treatment components, as well as appropriate supported housing goals;
- Require the AOT examining physician to testify in court;
- File petitions and appear in court on behalf of the proceedings;
- Forward copies of court-approved treatment plans to the shelter;
- Monitor treatment plans of ICM or ACT Teams and DHS shelter case management, social work, medical and psychiatric staff, and
- Monitor ICM or ACT Team staff.

The AOT Teams can be contacted at the following locations:

Elmhurst Hospital, Queens

79-01 Broadway
Elmhurst, NY 11373
(718) 334-3547
(718) 334-5378 (fax)

North Central Bronx Hospital

3424 Kossuth Avenue
Bronx, NY
(718) 519-2475
(718) 519-4877 (fax)

Bellevue Hospital

27th Street and First Avenue
New York, NY 10016
(212) 562-4073
(212) 562-4556 (fax)

Woodhull Hospital (Brooklyn and Staten Island)

760 Broadway
Brooklyn, NY 11206
(718) 963-8337
(718) 963-3159 (fax)

D. ICM/ACT Team

The ICM/ACT Team has the overall responsibility of monitoring the client's compliance with treatment. Additionally, these teams will assist clients in accessing essential community resources, coordinate overall service delivery, and ensure that treatment, rehabilitation, and support services are integrated by:

- Providing case management support services;
- Monitoring the client's clinic appointments and attendance in treatment programs;
- Advocating for the client, as needed;
- Developing appropriate linkages and resources needed to meet the goals of the treatment plan, and
- Holding consultations and case reviews with shelter staff and other linkages.

E. Tracking/Reporting

- DHS will track and monitor this program through the Kendra's Law Monthly Report (DHS/KL 00-3) that will be submitted by the shelters/programs. Indicators include # referrals submitted, # of petitions filed, # of petitions pending, and number of petitions/treatment plans approved. Monthly reports will be sent to DHS central office as part of the standard monthly reporting package that shelters/programs are required to submit.
- DMHMRA will notify DHS of clients who are already under court-ordered AOT, who report a shelter as their current address.
- Upon request, DHS will inform DMHMRA whether an individual client is currently residing in our shelter system.

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- Treatment plans will be forwarded to DHS central office by the AOT liaison. Copies will be distributed to the Program Administrators and shelters.
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ira's Law Monthly Report

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Telephone

New York City
Department of Homeless Services
KENDRA'S LAW REFERRAL QUESTIONNAIRE

(Circle) Adult Services _____ Family Services _____

Client's Name: _____ Case #: _____
(Last) (First)

Alias: _____

DOB: ____/____/____ SS#: ____/____/____ Sex: __ Male __ Female

Shelter: _____ County: _____

Address: _____ Tel #: _____

Last Known Address (Prior to Shelter): _____

Name of Nearest Relative(s): _____ Relation: _____

Date of Entry into Shelter: ____/____/____

Case Manager: _____ Date: ____/____/____

Supervisor: _____ Date: ____/____/____

Psychiatrist/NPP (if any): _____ Date: ____/____/____

REFERRAL TO ASSISTED OUTPATIENT PROGRAM

This Client, _____ may meet eligibility criteria for Assisted Outpatient Treatment. To explore this option further, the AOT team below has been contacted.

Manhattan: Bellevue Hospital AOT team Tel#: (212) 562-6137; Fax # (212) 562-4556
was contacted on _____ at _____ am/pm

Bronx: North Central Bronx Hospital AOT team Tel#: (718) 519-2475; Fax # (718) 519-2410
was contacted on _____ at _____ am/pm

Brooklyn/Staten Island: Woodhull Hospital AOT team Tel#: (718) 963-5744; Fax # (718) 963-870
was contacted on _____ at _____ am/pm

Queens: Elmhurst General Hospital AOT team Tel#: (718) 334-3547; Fax # (718) 334-1041
was contacted on _____ at _____ am/pm

This form was faxed to the _____ on _____ at _____ am/pm.

Case Manager: _____ Date: ____/____/____

Supervisor: _____ Date: ____/____/____

Director of Social Services: _____ Date: ____/____/____

New York City
Department of Homeless Services
Kendra's Law Eligibility Criteria/Checklist

NAME OF CLIENT: _____ Date: ____/____/____
(please place check next to each criterion that is met; all items must be checked to be eligible for Assisted Outpatient Treatment);

TO BE ELIGIBLE FOR ASSISTED OUTPATIENT TREATMENT, AN INDIVIDUAL MUST:

- BE 18 YEARS OF AGE OR OLDER; AND
- BE SUFFERING FROM A MENTAL ILLNESS; AND
- BE UNLIKELY TO SURVIVE SAFELY IN THE COMMUNITY WITHOUT SUPERVISION (BASED ON A CLINICAL DETERMINATION); AND
- HAVE A HISTORY OF LACK OF COMPLIANCE WITH TREATMENT FOR MENTAL ILLNESS THAT HAS CONTRIBUTED SIGNIFICANTLY TO OR RESULTED IN:
 - TWO OR MORE HOSPITALIZATIONS OR RECEIPT OF SERVICES IN A FORENSIC OR OTHER MENTAL HEALTH UNIT IN A CORRECTIONAL FACILITY WITHIN THE LAST THREE YEARS*;

AND/OR

- ONE OR MORE ACTS OF SERIOUS VIOLENT BEHAVIOR TOWARD SELF OR OTHERS, OR THREATS OF, OR ATTEMPTS AT SERIOUS PHYSICAL HARM TO SELF OR OTHERS WITHIN THE LAST FOUR YEARS*;

*Do not include any period during which the person was hospitalized or incarcerated immediately preceding the determination of eligibility status.

AND

- AS A RESULT OF HIS OR HER MENTAL ILLNESS, BE UNLIKELY TO PARTICIPATE VOLUNTARILY IN THE SERVICES IDENTIFIED IN THE RECOMMENDED TREATMENT PLAN; AND
- BASED ON TREATMENT HISTORY AND CURRENT BEHAVIOR, BE IN NEED OF ASSISTED OUTPATIENT TREATMENT IN ORDER TO PREVENT RELAPSE OR DETERIORATION THAT WOULD BE LIKELY TO RESULT IN SERIOUS HARM TO THE INDIVIDUAL OR OTHERS; AND
- BE LIKELY TO BENEFIT FROM ASSISTED OUTPATIENT TREATMENT

This client, _____, does not appear to meet eligibility criteria for Assisted Outpatient Treatment at this time.

His/her case will be reviewed at intervals to determine if eligibility status has changed.

Case Manager: _____ Date: ____/____/____

Supervisor: _____ Date: ____/____/____

Director of Social Services: _____ Date: ____/____/____