

The Health & Housing Consortium

2020 Hospital Homeless Count

Results and Report



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ABOUT THE HEALTH & HOUSING CONSORTIUM

The Bronx Health & Housing Consortium (“the Consortium”) started in 2011 as a collaborative network of health care, housing, homeless services and social service organizations and government partners with the shared goal of improving health equity and addressing the role of structural racism in housing inequality and health disparities by fostering cross-sector relationships, informing policy, and building the capacity of frontline workers to support people with health and housing needs. The Consortium achieves its mission through research, advocacy, training, and supporting collaboration among its more than 60 member organizations through a series of cross-sector events.

The Brooklyn Health & Housing Consortium was formed in 2018 after a year-long assessment of the health and housing needs of Sunset Park and Southwest Brooklyn. It is led by the Department of Population Health at NYU School of Medicine and is supported by NYU Langone Health’s Community Service Plan. The Brooklyn Consortium is modeled after and partners with the Bronx Health & Housing Consortium. Together, they comprise the Health & Housing Consortium, Inc.

To learn more, visit our website at www.healthandhousingconsortium.org.

PERMISSIONS REQUEST

The Health & Housing Consortium encourages nonprofit organizations and government agencies to freely reproduce and share the information from our publications. The organizations must cite the Consortium as the source and include a statement that the full document is posted on our website, healthandhousingconsortium.org/hospital-homeless-count/. Permissions requests from other entities will be considered on a case-by-case basis and may be made to info@healthandhousingconsortium.org.

EXECUTIVE SUMMARY

On the night of January 27, 2020, for the seventh year in a row, the Bronx Health & Housing Consortium, with support from the Brooklyn Health & Housing Consortium, conducted its annual Hospital Homeless Count, a point-in-time census of people experiencing homelessness in New York City hospital emergency departments. We consider this hospital count to be a necessary supplement to the City's Homeless Outreach Population Estimate (HOPE) of people experiencing unsheltered homelessness, which only covers streets and subways.

This year, the Consortium's count was conducted in 30 hospitals, including all 11 public hospitals, across four boroughs of New York City: the Bronx, Brooklyn, Manhattan, and Queens. No hospitals in Staten Island participated. Surveys were conducted in emergency department treatment areas, as well as non-treatment areas such as lobbies, waiting rooms, and chapels.

The count identified 256 people experiencing homelessness, 30 of whom were living in shelter and 226 (88%) of whom were unsheltered. In order to be consistent with HOPE, the data in this report relates specifically to those who were identified as unsheltered homeless.

Our purpose for conducting this count has been to draw attention to what we refer to as a "hidden homeless" population of people who are being missed by the official unsheltered homeless population estimate in New York City, because they are in hospitals rather than on the streets or subways. We also aim to better understand the implications of homelessness on the health care system. Of those who responded to questions about health care utilization, 76% (n=39) reported 10 or more visits to the emergency department within the past year, including 22% (n=11) who reported visiting the hospital every day, and 69% (n=45) said they did not have a regular doctor outside of the ED where they received care.

In order to better understand whether this population is engaged in the homeless service system, this year we added a question asking if people had previous contact with a homeless outreach team. Of those who responded to this question, 30 people (41%) said they had previous contact, 24 people (32%) said they had not, and 20 people (27%) were unsure. We can conclude from this data that existing homeless outreach efforts may not be reaching all people experiencing homelessness.

This year, the City estimated there are 3,857 individuals experiencing unsheltered homelessness in New York City, which marks a 7% increase over last year (3,588 in 2019).¹ Looking at the breakdown of the subways and surface areas, the City estimates a 23% decrease in unsheltered homelessness on the subways (n=1,670) and a 55% increase in unsheltered homelessness on the streets (n=2,187). While the relatively warmer weather on the night of HOPE 2020 likely contributed to more individuals on the street and fewer on the subways, another factor may be that the City's increased efforts over the past year to move people experiencing homelessness off the subways has simply relocated many of them to the street.

Based on the information we have gathered over these past seven years, and in light of the current coronavirus pandemic, we have the following recommendations for how to better serve this highly vulnerable population:

- ❖ **Recommit collectively to ending homelessness in New York City.** The COVID-19 pandemic has underscored that **housing is health** and that homelessness poses unacceptable challenges to maintaining health. We should not acquiesce to living in a city where tens of thousands are in shelters or unsheltered.

¹ <https://www1.nyc.gov/assets/dhs/downloads/pdf/hope-2020-results.pdf>

- ❖ **Allocate funding and resources for homeless services and permanent housing based on the number of people within emergency departments (EDs) in addition to those on the street/subway.** Without including hospital EDs in the annual HOPE, the number of homeless people identified in NYC may be underestimated, resulting in underfunding and under-resourcing critical services for people experiencing homelessness.
- ❖ **Both public and private hospital EDs must recognize and support people experiencing homelessness within their walls,** at a minimum by: 1) asking all individuals—even if they are assumed to be primarily seeking shelter—whether they would like medical care and registering and providing medical screening and care for them as they would for non-homeless patients in accordance with the Emergency Medical Treatment and Active Labor Act (EMTALA); 2) designing intake assessments that include housing questions; and 3) developing effective links with the homeless outreach teams to support housing and shelter interventions for this population.
- ❖ **DHS should provide access to their homeless data systems, CARES and StreetSmart, to key hospital staff who may then identify their patients in the shelter system.** Patients are not always able to provide this information, so having another means of obtaining housing status and histories of homelessness is important for their treatment. Regional Health Information Organizations (RHIOs) could serve as a secure place where both hospital and homeless history data could reside.
- ❖ **Provide homeless outreach teams with the staff and resources needed to engage homeless patients inside hospitals.** This could be done through nightly outreach visits or by embedding their staff within EDs that are known to serve large numbers of people experiencing homelessness, some of whom might not yet be connected to services or are unable to access the shelter system due to their health issues.
- ❖ **Expand medical respite services for people in hospital EDs and inpatient beds who cannot be discharged because they have no home** and are too sick to go to traditional shelters or the street.
- ❖ **Invest in more supportive and affordable housing for single adults as well as families, with appropriate resources and staff training for housing providers to support people who are more medically vulnerable.** Efforts around improving health for people experiencing homelessness—especially those by City agencies—must focus on the end goal of housing every homeless New Yorker.
- ❖ **Meaningfully address the racial inequities that disproportionately cause homelessness among Black and Latinx individuals** with intentional policies and investments that work towards ending racial disparities in both health care and housing.

BACKGROUND

As mandated by the US Housing and Urban Development (HUD), since 2005 the NYC Department of Homeless Services (DHS) has conducted an annual Homeless Outreach Population Estimate (HOPE) of people experiencing homelessness.² The data gathered from this point-in-time annual census are used to allocate city resources to this population, including the determination of safe haven beds as well as the contracting of street outreach teams.

HUD recommends hospital emergency rooms as potential locations to screen for people experiencing homelessness, recognizing that hospitals are places that people experiencing homelessness frequent, regardless of their intent to seek medical care.³ However, DHS limits the deployment of volunteers to the streets and in the subway. While DHS has previously asked the Greater New York Hospital Association (GNYHA) to request that NYC hospitals count the number of people experiencing homelessness in their emergency departments (ED) on the same night as HOPE, the number of participating hospitals and their resulting data have never been made public.

Understanding the limitations of DHS' ability to consider this "hidden homeless" population in their census, in 2014 the Consortium launched an independent effort to survey hospitals the same night as HOPE. This year marks the seventh hospital homeless count that the Consortium has conducted in the Bronx, and the fourth year that hospitals across New York City have joined us. To view past reports from 2014 to 2019, please refer to our website (healthandhousingconsortium.org/hospital-homeless-count/).

In 2019, the Consortium worked with GNYHA to offer training to hospital staff on administering the Hospital Homeless Count survey. Beginning this year, DHS decided that it would not request that GNYHA ask hospitals to collect these data since the Consortium was leading this effort. However, DHS did not ask GNYHA to notify hospitals that the Consortium would be collecting this information or encourage their participation. Closer collaboration between the Consortium, DHS, and GNYHA for future counts will hopefully ensure better communication and greater hospital participation.

² <https://www.hudexchange.info/programs/coc/>

³ <https://www.hudexchange.info/resources/documents/PIT-Count-Methodology-Guide.pdf>, page 53

METHODOLOGY

Survey questionnaire

On the night of January 27–28, 2020, the Hospital Homeless Count took place from 12:00am–2:30am while HOPE occurred between 12:00am–4:00am. The questionnaire and methodology that the Consortium uses to conduct the Hospital Homeless Count is based on the questionnaire that DHS uses for HOPE. Over the years, we have made modifications to the survey to improve the quality and type of information that we collect. Both the DHS HOPE survey and the 2020 Hospital Homeless Count survey are available in the [Appendix](#) of this report.

In previous years, in accordance with DHS methodology, we asked people surveyed in the hospital if they were registered for care. We have learned from past years that hospitals have different policies around registering homeless patients, with some registering all individuals presenting to the ED and others designating separate areas where people looking for shelter are diverted without being registered. This year we asked homeless individuals instead what brought them into the hospital: seeking medical care for themselves, seeking medical care for someone they know, seeking someplace to sleep, or another reason.

The Hospital Homeless Count survey also asks the same questions as the HOPE survey tool related to demographics (age, gender, and race/ethnicity). For questions about age range, if the person was asleep or refused to answer, surveyors were asked to make a guess. Surveyors were instructed not to ask someone their gender or race/ethnicity, but instead were asked to make an observation, limiting the accuracy of this information.

Beginning in 2015, the Consortium added questions about family structure and health care utilization to gain further insight into this population and their connection to care. In 2020, we added two new questions asking unsheltered individuals if they had previous contact with a street outreach team and why they were not currently staying in a shelter in an effort to assess if these patients were known to the DHS system.

As with HOPE, the hospital count surveyors were instructed not to wake individuals who were sleeping if they did not respond to an initial greeting. If the individual was awake, they were asked if the surveyor could ask them a few questions. In cases where the individual refused to participate in the survey or was asleep, per the DHS HOPE methodology, the surveyors were asked to make a judgment as to whether the individual appeared to be homeless. We also encouraged surveyors to consult with hospital staff about a given person's housing status to make this determination. Surveyors were instructed to approach every person in ED waiting rooms, hospital hallways, lobbies, and other non-medical areas. However, in the hospitals that allowed surveyors to go into ED treatment areas, hospital staff generally directed surveyors to the patients they knew to be or believed to be homeless rather than having surveyors approach every patient in the ED treatment area. Since the hospital count survey was not a full survey of all ED patients, it is very likely that homelessness was under-recognized and undercounted.

For the second year, surveys were completed electronically through a web-based platform, SurveyMonkey, with surveyors using their personal or work cell phones. Volunteer surveyors were also provided with paper copies of the survey in case cell reception was not available inside the hospital. They were asked to enter any paper surveys into SurveyMonkey before ending the count.

Hospital participation, volunteer surveyors and training

In early January 2020, the Consortium began reaching out to NYC hospitals to request their participation in the Hospital Homeless Count via an online registration form. Upon registration, hospitals were asked to provide the name and contact information of a point person for the night of the count.

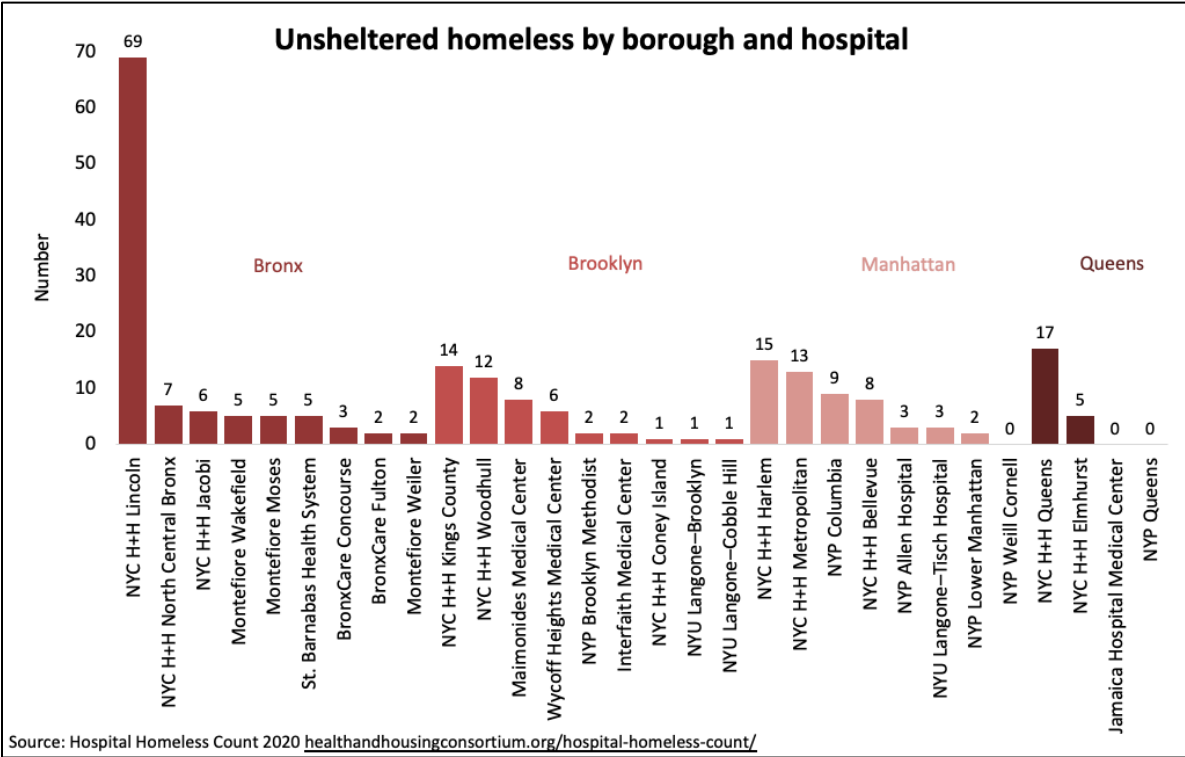
At the same time, we began recruiting volunteers from among our partner organizations to conduct the survey. All volunteers and, if possible, hospital point people, were required to attend a one-hour training webinar that covered the details of conducting the survey. Three live training webinars were offered to surveyors prior to the count. A total of 51 people attended a training webinar (out of 69 registered). On the evening of the count, 66 people volunteered in the field conducting surveys, and an additional 38 hospital staff served as point people and/or assisted by registering their hospital to participate.

Each volunteer surveyor was assigned to a hospital ED and provided with the names and contact information of their hospital point person and other surveyors assigned to their site. We attempted to allocate at least two surveyors per site, to pair new surveyors with more experienced ones, and to deploy one Spanish-speaking surveyor at each site, although these were not always possible. One surveyor at each hospital site was designated as Team Lead and asked to print out the provided name tags for the surveyors at their site, a hospital participation approval letter, and paper copies of the surveys. The paper surveys were available in both English and Spanish; however, the electronic survey through SurveyMonkey was only available in English.

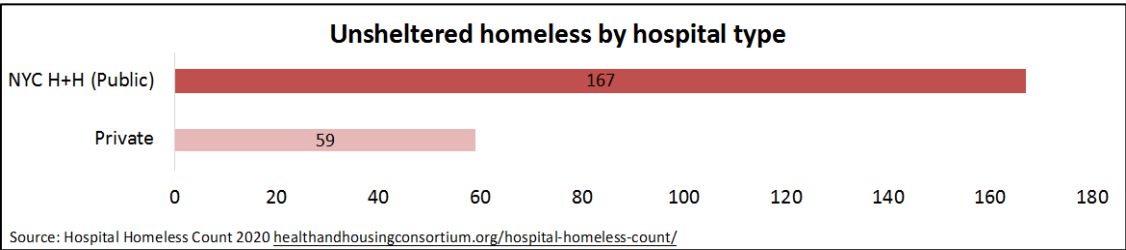
HIGHLIGHTS OF FINDINGS

This year, 30 hospital sites across four boroughs allowed their staff and/or our surveyors to conduct the homeless count in their respective ED waiting rooms, ED treatment areas, and non-medical areas such as hallways, lobbies, and chapels. These same 30 hospitals participated in the Hospital Homeless Count in 2019. A total of 574 surveys were completed. Of these, 312 respondents were identified as not homeless, 4 responded they had already been surveyed, and 2 incomplete surveys were missing the name of the hospital. Therefore, the final dataset included 256 valid surveys for individuals determined to be experiencing homelessness, both sheltered and unsheltered.

The vast majority (88%, n=226) were determined to be unsheltered/street homeless individuals and the remaining 30 people reported living in shelter. While the Consortium is interested in health care utilization and the needs of people living in homeless shelters, for the sake of this report and its correlation to HOPE, we will focus only on those who were identified as being homeless without shelter. We believe that this group represents the population of people who, were it not for the availability of the hospital, would be outside or on the subway on this night and therefore included in HOPE.

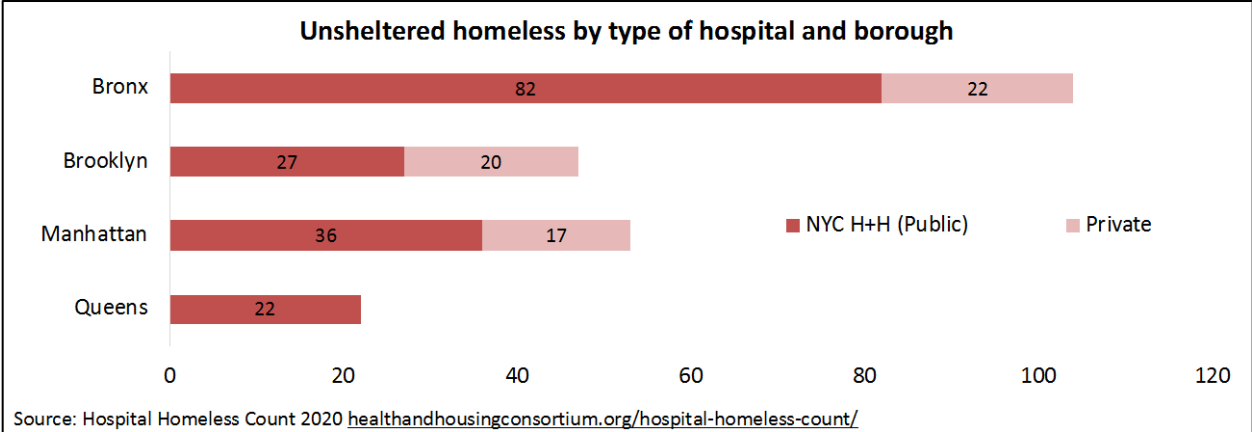


A full 74% (n=167) of the total unsheltered homeless individuals identified citywide the night of our count were located in NYC Health + Hospitals (H+H) sites (NYC’s public hospital system), with Lincoln Hospital in the Bronx accounting for 41% (n=69) of the total found in H+H sites.



RESULTS BY BOROUGH

Nearly half of the 226 people experiencing unsheltered homelessness identified were located in Bronx hospitals (n=104, 46%), followed by 23% (n=53) in Manhattan, 21% (n=47) in Brooklyn, and 10% (n=22) in Queens. The high total for the Bronx is almost entirely due to the unprecedented number of people found at Lincoln Hospital.



The Bronx

104 people experiencing unsheltered homelessness were identified in the nine Bronx ED sites (46% of the total counted across all EDs), a 25% **increase** from the 83 counted last year and more than double the 47 counted in 2018. Two-thirds, or 66% (n=69), of the total unsheltered homeless people identified in Bronx EDs were found in the Lincoln Hospital ED alone.

Brooklyn

47 people experiencing unsheltered homelessness were identified in nine Brooklyn ED sites, a 40% **decrease** from the 78 counted last year in the same hospitals. More than half (n=26; 55%) of the total unsheltered homeless people counted in Brooklyn EDs were identified in two public hospitals: Kings County and Woodhull Medical Center.

Manhattan

65 people experiencing unsheltered homelessness were identified in eight Manhattan ED sites, a 55% **decrease** from the 119 counted last year in the same hospitals. A full 68% (n=36) of the total unsheltered homeless individuals identified in Manhattan EDs were found in three public hospitals. Of the private hospitals in Manhattan that participated, NewYork-Presbyterian's Columbia ED had the highest number of unsheltered homeless individuals with 9 people (17%).

Queens

22 people experiencing unsheltered homelessness were identified in four Queens ED sites, a 52% **decrease** from the 46 found last year. Over three-quarters of those identified (n=17; 77%) were counted in the Elmhurst Hospital ED alone.

ADDITIONAL DATA ON SURVEY RESPONDENTS

As mentioned previously, the demographic information collected on the Hospital Homeless Count survey mirrors the questions asked on the HOPE survey. In addition, we included questions on what brought someone into the hospital that night, their health care utilization, any prior contact with street outreach, and their reasons for not staying in a shelter. Sample sizes for each question vary due to respondents not answering all questions. The data provided only reflects the surveys where a response was given, or the surveyor was able to make a determination. The high number of non-responses for some questions is due to 62% (n=139) of respondents being asleep at the time the survey was conducted. Additionally, some surveyors reported to us in a feedback survey that some people they approached showed apprehension toward survey participation and reluctance in answering certain survey questions. It was evident to these surveyors that individuals experiencing homelessness encounter negative stigma, as “some ER patients were embarrassed to admit [their housing status].” Another surveyor reported that a hospital security guard speculated that participants’ hesitations were due to fears of being questioned by or reported to Immigration and Customs Enforcement and subsequently risk deportation.

The following is a profile of those who responded to the survey questions from all participating hospitals citywide and who were determined to be unsheltered.

Demographic Data

Based on surveyors’ perceptions, 81% (n=183) of the 226 unsheltered homeless individuals were identified as male and 17% (n=38) as female. Nearly 70% of those identified were aged 25–59 (n=155) and 20% (n=45) were 60 or older.

A large majority, 72% (n=163) were identified as Black or Hispanic/Latinx. Only 13% (n=29) were identified as White, and one person (<0.5%) was identified as Asian. While this data on gender and race/ethnicity in particular are not entirely reliable as they are based on surveyor perception, they are consistent with available data on demographics of people experiencing homelessness and underscores the extent to which Black and Latinx people are disproportionately affected by homelessness due to decades of racist housing and social policies.⁴

Of all unsheltered homeless people identified, 28% (n=63) responded to the question about who would be a part of their household if they had a home of their own. Of those who responded, more than three-quarters (n=49, 78%) identified as single and 11 people (17%) reported having at least one additional adult over the age of 18 as part of their family. Just three people (5%) reported having a minor child as part of their household.

	N	%
Gender (n=226)		
Female	38	16.8
Male	183	81.0
Other	1	0.4
Unsure	4	1.8
Age (n=226)		
<18	0	0.0
18-24	9	4.0
25-59	155	68.6
60+	45	19.9
Unsure	17	7.5
Race/ethnicity (n=226)		
Black	85	37.6
Latinx	78	34.5
White	29	12.8
Asian	1	0.4
Multirace	4	1.8
Unsure	29	12.8
Family structure (n=63)		
Single	49	77.8
At least one other adult, no children under 18	11	17.5
At least one other adult, plus one or more children under 18	2	3.2
No other adult, plus one or more children under 18	1	1.6

Source: Hospital Homeless Count 2020
<https://healthandhousingconsortium.org/hospital-homeless-count/>

⁴ <https://www.coalitionforthehomeless.org/wp-content/uploads/2020/03/StateofTheHomeless2020.pdf>

Health Care Utilization

Sixty people (27%) responded to a question about what brought them into the hospital that night. Nearly half (n=28; 47%) reported being there to seek medical care for themselves, one person (<2%) indicated they were there seeking medical care for someone they know, 23 people (38%) reported being there for a place to sleep and 8 people (13%) reported being there for both medical care and someplace to sleep.

Looking at previous health care utilization, 65 people (29%) responded to the question about whether they have a regular doctor they see outside the hospital. Of those who responded, 69% (n=45) reported they do not have a regular doctor and 31% (n=20) reported that they do.

Of those who responded to the question about how many times they had visited the emergency department in the past year, almost all reported having at least one previous ED visit in the past year. Nearly a quarter (n=11; 22%) reported that they visited the ED more than 100 times in the past year, 24% (n=12 people) reported visiting the ED 30–100 times, and 31% (n=16) reported 10–29 visits. In total, 76% of respondents reported 10 or more visits to the ED in the previous year.

	N	%
Care-seeking (n=60)		
Medical care for myself	28	46.7
Medical care for someone I know	1	1.7
Someplace to sleep	23	38.3
Medical care for myself + someplace to sleep	8	13.3
Regular doctor (n=65)		
Yes	20	30.8
No	45	69.2
ED utilization (n=51)		
>100 visits/yr	11	21.6
30-100 visits/yr	12	23.5
10-29 visits/yr	16	31.4
1-9 visits/yr	10	19.6
0 visits	2	3.9

Source: Hospital Homeless Count 2020
<https://healthandhousingconsortium.org/hospital-homeless-count/>

We note that our sampling strategy (a point-in-time count in the ED) biases toward people who frequently use the ED. We also note that other studies have found different findings about homeless ED patients lacking other sources of health care. Nonetheless, our findings illustrate how the complex, concurrent medical and social needs of people who are homeless play out in high frequency ED use.

Contact with Street Outreach and Shelter System

When asked about ever having contact with a street outreach team, a third (n=74; 33%) of all unsheltered homeless people identified responded. Of those who responded, 41% (n=30) indicated that they had contact with at least one of the outreach teams, 32% (n=24) said they had not, and 27% (n=20) were unsure.

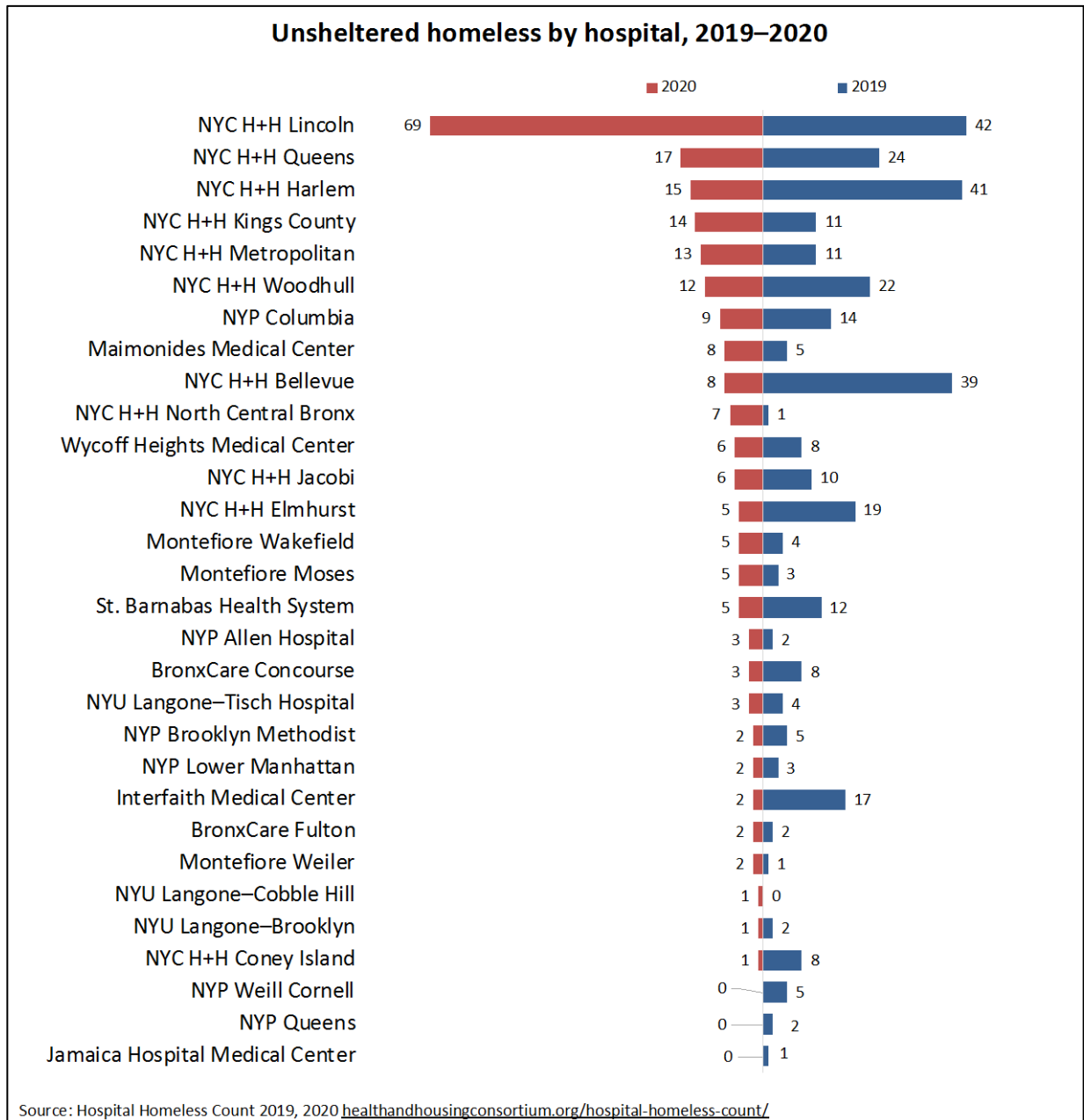
Over 40% (n=95) responded to an open-ended question about why they were not currently staying in a shelter. The most common response, given by 34% of respondents, involved safety concerns, with some respondents mentioning that they had previously been assaulted in shelter or were concerned about their belongings being stolen. Other reasons mentioned were that they did not get the assistance they needed from shelter staff (15% of respondents), they did not know about shelter or believed themselves to be ineligible (8%), they were deterred by shelter regulations (7%), or they preferred staying in the hospital to shelter (7%).

	N	%
Contact with street outreach (n=74)		
Yes	30	40.5
No	24	32.4
Unsure	20	27.0
Reasons for not seeking shelter system (n=95)		
Safety concerns	32	33.7
Not getting assistance from shelter staff	14	14.7
Unaware or believed to be ineligible	8	8.4
Shelter regulations	7	7.4
Prefer to stay in hospital over shelter	7	7.4
Unable to accommodate preferences	6	6.3
People using substances in the shelter	5	5.3
Unable to accommodate medical needs	4	4.2

Source: Hospital Homeless Count 2020
<https://healthandhousingconsortium.org/hospital-homeless-count/>

ANALYSIS OF FINDINGS

Compared to last year’s identification of 326 people experiencing unsheltered homelessness, this year we identified 31% fewer people in New York City hospitals. Most sites, particularly the H+H locations, reported much lower numbers than in 2019, which we largely attribute to the warmer weather. However, one hospital stood out as a significant outlier, with a 64% increase from 2019. Lincoln, an H+H hospital in the Bronx, identified 69 people experiencing unsheltered homelessness, nearly a third of those counted citywide. While Lincoln has consistently had some of the highest numbers, we suspect that Lincoln’s close proximity to three major subway lines and the City’s increased efforts to address the high rates of homelessness on subways reported in 2019, may have moved people who would ride the subways at night to instead seek shelter in the hospital.



Comparison by Hospital

As more hospitals across the city participate in the Consortium's annual Hospital Homeless Count, we get a fuller picture of the number of people experiencing homelessness in New York City hospitals. However, our data are still incomplete. There are 51 hospitals in New York City that have emergency departments but in 2020, only 30 hospitals participated in the Hospital Homeless Count. Additionally, during this year's count, 19 of the 30 participating hospitals allowed surveys to be conducted with patients in ED treatment areas. In the remaining 11 hospitals, surveyors only completed surveys in non-treatment areas of the hospital, including waiting areas and hallways, or no one was identified in their treatment areas. In no hospital were inpatient wards counted, but we know from prior Consortium work that hospitals struggle with disposition plans for patients who are homeless. Further, in no ED treatment area did surveyors ask every patient about their homelessness status, but rather relied on hospital staff directing them to patients they believed to be homeless. We therefore assume that our count represents a significant underestimate of homeless individuals in New York City hospitals on the night of the count and particularly an undercount of those who were seeking medical care. Access to treatment areas in all participating hospitals would have produced higher numbers and more accurate results.

The number of people who appeared to be in the ED seeking medical care varied from hospital to hospital and our results were likely influenced by whether or not a surveyor was able to enter ED treatment areas to conduct surveys. Hospitals have different policies and practices in regard to treating patients experiencing homelessness. Some hospitals have a strict policy not to allow anyone who is not seeking medical care to sleep in the hospital and will ask those people to leave, except on Code Blue nights when all hospitals are asked to allow people who are homeless to remain in lobbies or other waiting areas. Other hospitals routinely allow people to sleep in their waiting areas and lobbies. Still others have a practice of registering and examining anyone who comes in, unless they refuse care. This may be critically important because people experiencing homelessness are often in need of medical care, even if that was not their primary reason for coming to the hospital. In order to better understand our data, it would be helpful to know hospitals' policies and practices for how they care for the range of homeless individuals who come through their doors.

Of all hospital EDs that were surveyed, the highest number of unsheltered individuals were counted at H+H Lincoln Hospital in the Bronx, which alone had 69 unsheltered individuals, accounting for 31% of the total citywide. This was an unprecedented high for any hospital since we began the Hospital Homeless Count in 2014. That said, Lincoln has long opened up their auditorium during the winter months for people experiencing homelessness and has consistently had some of the highest numbers. Lincoln is located near a methadone clinic and a harm reduction drop-in center with a syringe exchange program. When these programs close, people tend to stay in the area and seek out Lincoln as a place to sleep until they can return to those programs in the morning.

Another factor may be the launch of the NYPD Subway Diversion Program in June 2019 to provide "new options to individuals [police officers] encounter in the subway system, diverting individuals from the criminal justice system towards outreach services and supportive programs."⁵ This program was largely developed in response to the 23% increase of homelessness in NYC subways in 2019.⁶ While the program is now defunct,⁷ the City's efforts to move homeless people off the subways may have contributed to more of these individuals seeking other places to stay. Lincoln Hospital is located near the D, 4, and 5 subway lines, so as people felt the pressure to move off subways,

⁵<https://www1.nyc.gov/office-of-the-mayor/news/303-19/supports-not-summonses-de-blasio-administration-pilot-initiative-divert-homeless>

⁶ <https://www1.nyc.gov/assets/dhs/downloads/pdf/hope-2019-results.pdf>

⁷ <https://gothamist.com/news/nypd-scales-back-outreach-homeless-subway-system>

they may have sought out Lincoln as an alternative place to stay that is known to allow people to sleep there. DHS recently opened a 24-hour drop-in center near Lincoln and Bronx street outreach provider, BronxWorks, now has one of their housing coordinators embedded in the Lincoln ED to engage patients experiencing homelessness. We hope these interventions will help connect more of these people to services and housing.

Overall, the large majority (74%) of the people who were identified as unsheltered homeless were found in H+H public hospitals, which only make up 11 of the 30 hospitals surveyed. The other 26% were counted in private hospitals. This is a slight increase from last year, when 70% of the unsheltered homeless people counted in hospital EDs were found in H+H public hospitals and 30% in private hospitals.

This is the second consecutive year that the public hospitals accounted for a large majority of people experiencing unsheltered homelessness, though this year, the high count at Lincoln Hospital skewed the total for H+H. Other H+H sites still tended to be higher than the private hospitals, but to a lesser degree than Lincoln. In previous years, there had been a more even split between the percentage of unsheltered homeless people counted in public and private hospital EDs. While all 11 H+H hospitals participated in the count this year, only 19 out of 40 private hospitals in New York City participated, so we know that we are undercounting private hospitals.

Yet this undercount of private hospitals does not fully explain the difference. It's possible that people experiencing homelessness perceive the H+H sites as more accepting of their situation or that the location of the H+H sites corresponds to neighborhoods with a higher rate of homelessness and related services. It is also possible that H+H sites were more likely to allow our surveyors to enter into ED treatment areas to conduct the count. In general, we believe that both public and private hospitals see patients who are experiencing homelessness, and all should be involved in efforts to better connect those patients to housing resources.

Comparison to DHS HOPE

This year, DHS estimates there to be 3,857 unsheltered homeless individuals in New York City, a 7% increase over 2019.⁸ DHS reports on numbers for “surface areas” (i.e. streets and parks) and the MTA subway system. The surface area totals are broken down by borough, with Manhattan having the largest number (n=1,283), followed by Brooklyn (n=400), the Bronx (n=231), Queens (n=218), and Staten Island (n=55). The surface area total increased by 55% from 2019. The total for the subways, which is not attributed to any borough, was 1,670, a decrease of 23% from last year.

	Estimate		Change	
	2019	2020	#	%
Surface Areas/ Streets	1,410	2,187	777	55%
Manhattan	829	1,283	454	55%
Bronx	115	231	116	101%
Brooklyn	237	400	163	69%
Queens	175	218	43	25%
Staten Island	54	55	1	2%
Subways	2,178	1,670	-508	-23%
Total Unsheltered Individuals	3,588	3,857	269	7%

NYC HOPE 2020

DHS attributes these changes to “increased focus on subway outreach and initiatives, with outreach teams bringing New Yorkers to shelter placements from the subways as well as out from the subways to the streets where we can better engage them; as well as unseasonably warm weather.”⁹ We have also found the weather on the night of the count to influence the numbers; however, if the subway outreach had been as effective as claimed, we would see an overall decrease in the unsheltered homeless population. Instead, the 55% increase on surface areas may indicate that the subway outreach primarily moved people off the subways and onto the street rather than into services and housing.

⁸ <https://www1.nyc.gov/assets/dhs/downloads/pdf/hope-2020-results.pdf>, page 5

⁹ Ibid, page 3

While we only surveyed 30 out of the 51 hospital emergency rooms in New York City, and are thus undercounting in hospitals, we can begin to compare the data we do have with the DHS HOPE numbers to understand the scope of people being missed by the City. Adding the total number of unsheltered homeless people found in hospitals (n=226) to the 3,857 unsheltered homeless people HOPE estimates to be on streets and subways, there would be nearly 6% more people experiencing unsheltered homelessness than reported by the City.

Citywide Unsheltered Homeless Counts, 2019-2020	2019	2020	% Change
DHS HOPE Total	3,588	3,857	7%
HOPE Subways	2,178	1,670	-23%
HOPE Surface Areas	1,410	2,187	55%
Hospital Homeless Count Total	326	226	-31%

Sources: 2020 Hospital Homeless Count and DHS HOPE 2020 results
<https://healthandhousingconsortium.org/hospital-homeless-count/>
<https://www1.nyc.gov/assets/dhs/downloads/pdf/hope-2020-results.pdf>

This is the Consortium’s seventh consecutive year conducting a Hospital Homeless Count, which allows us to look at the data over time. The 2014 Consortium Hospital Homeless Count focused on inpatients, therefore an ED comparison is not available for that year. We will restrict the following analysis to the Bronx since that is the only borough where all hospitals participated every year.

Bronx Unsheltered Homeless Counts, 2015–2020	2015	2016	2017	2018	2019	2020
Bronx Hospital Count (hospital)	94	87	45	47	83	104
DHS HOPE Bronx Surface Areas (street)	69	43	255	119	115	231
Bronx Total (hospital + street)	163	130	300	166	198	335
% increase when hospitals included with HOPE	136%	202%	18%	39%	72%	45%
Temperature	25°F	28°F	40°F	37°F	28°F	40°F

Sources: Hospital Homeless Counts, 2015–2020 and DHS HOPE 2020 results
<https://healthandhousingconsortium.org/hospital-homeless-count/>
<https://www1.nyc.gov/assets/dhs/downloads/pdf/hope-2020-results.pdf>

A consistent trend has been the impact of the night’s temperature and weather on the night of the counts. When the weather is warmer, the street numbers tend to be higher and the hospital numbers tend to be lower. Conversely, in the years when HOPE has taken place on a Code Blue¹⁰ night—when the temperature was below freezing and/or weather was inclement, and hospitals are required to allow homeless people to sleep in their waiting rooms or lobbies—we found greater numbers of people in hospital emergency rooms and fewer on the streets and subways. We have heard from people experiencing homelessness and from hospital staff that they tend to use hospitals for shelter when it is too cold to sleep outdoors. During Code Blue nights, city outreach teams and police encourage and often escort people indoors from the street to hospitals.

Looking at the combined totals of people identified on the street and in hospitals, 335 people experiencing unsheltered homelessness were identified in the Bronx in 2020, either on the street (n=231) or in hospital EDs (n=104). By including hospital EDs in HOPE, the total number of unsheltered homeless people in the Bronx would be 45% higher than the street estimate alone, assuming these people would have been found on the street if they were not in the hospital that night. It is also possible that some of these people would have sought shelter elsewhere, for example on the subway or in a City shelter or drop-in center.

For a more in-depth comparison of the Hospital Homeless Count to DHS HOPE numbers from 2014 to 2019, please refer to past reports at (healthandhousingconsortium.org/hospital-homeless-count/).

¹⁰ <https://www1.nyc.gov/site/dhs/outreach/street-outreach.page>

CONCLUSION

For the past six years, the Health & Housing Consortium’s Hospital Homeless Count has identified a high number of homeless individuals in hospital emergency departments and waiting rooms on the night of the annual DHS Homeless Outreach Population Estimate. Understanding the scope of this “hidden homeless” population in New York City hospitals, and ensuring they have access to appropriate housing and support services, has never been more important.

The novel coronavirus pandemic has unfortunately shown that homelessness is not just a moral injustice but a public health emergency. Going into a pandemic with an estimated 3,587 people living on our streets and subways¹¹—and more than 17,000 single adults in congregate shelters or settings with shared facilities¹²—has exposed weaknesses in the systems intended to protect homeless New Yorkers. We credit the City with eventually opening up new stabilization and Safe Haven beds for unsheltered adults and moving thousands of homeless New Yorkers from crowded shelters into hotel rooms, a critical public health intervention advocated for by more than 500 health care professionals working in NYC hospitals.¹³ The COVID-19 pandemic has revealed more strongly than ever the necessity of housing for health. As of this writing, more than 100 people experiencing homelessness in New York City have died due to COVID-19.¹⁴ In a crisis such as this one, as long as our neighbors are without homes and unable to protect themselves, we are all vulnerable.

People experiencing homelessness are resilient and resourceful, and seek out the best options available to them, as we all do. For those who are living on the streets and subways, many believe their best option is to go to hospital EDs rather than the shelter system. It is our responsibility to provide them with a better, safer option: permanent housing. We know that even before this pandemic, hospitals lacked the resources and expertise to adequately address their patients’ housing needs. During the height of the COVID-19 crisis, hospitals had even less capacity to address these needs, yet still faced the prospect of having to fill gaps in NYC’s social safety net.¹⁵

The impacts of the novel coronavirus have been devastating for our city. The loss of life is unfathomable, and we will feel the aftershocks of this crisis for years to come. But there is an opportunity to come out of this, not with a return to normal, but with a better approach to ending homelessness. In order to do that, we need to recognize every person who is experiencing homelessness, wherever they are, and bring every stakeholder to the table. Hospitals can and should be important partners in this effort. The Consortium’s Hospital Homeless Count provides a baseline of data to work from, but a large-scale commitment from the City and State is needed to *end*, rather than just continue to manage, homelessness.

¹¹ <https://www1.nyc.gov/assets/dhs/downloads/pdf/hope-2020-results.pdf>

¹² <https://www1.nyc.gov/assets/dhs/downloads/pdf/dailyreport.pdf>

¹³ <https://healthandhousingconsortium.org/wp-content/uploads/2020/04/A-Letter-from-Hospital-Providers-Regarding-COVID-19-and-Homelessness-in-New-York-City-4.15.2020.pdf>

¹⁴ <https://abc7ny.com/homeless-covid-coronavirus-update-nyc/6303504/>

¹⁵ <http://hdl.handle.net/2027.42/154767>

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- St. Barnabas Health System
- Interfaith Medical Center
- Jamaica Hospital Medical Center
- Maimonides Medical Center
- NYU Langone Hospital: Brooklyn, Tisch, Cobble Hill
- NewYork-Presbyterian: Allen, Queens, Brooklyn Methodist, Columbia, Weill Cornell
- Wyckoff Heights Medical Center

The Consortium extends our gratitude to all of our volunteer surveyors who worked into the early morning to make this count possible. In addition to volunteers from the community, we had staff from the following organizations participate:

- Breaking Ground
- BronxWorks
- CAMBA
- Care for the Homeless
- Center for Independence of the Disabled, NY (CIDNY)
- Comunilife
- Concern for Independent Living
- Empire BlueCross BlueShield HealthPlus
- GEEL Community Services
- Family Health Centers at NYU Langone Health
- HELP USA
- Human.nyc
- Janian Medical Care
- Make the Road New York
- MetroPlus Health Plan
- Montefiore Medical Center, Housing at Risk Program
- NYU School of Medicine, Department of Population Health
- Project Renewal
- RiseBoro Community Partnership

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APPENDIX A: 2020 Hospital Homeless Count Survey



2020 Hospital Homeless Count Survey

Hello, my name is _____ and I'm a volunteer for The Health & Housing Consortium. We are conducting an anonymous survey to better understand the housing needs of people in hospital Emergency Departments across NYC so that we can advocate for more housing. We're asking everyone a few quick questions about their housing situation. Your answers are confidential.

***1. DO NOT READ OUT LOUD: Is this person awake?**

- Awake
- Asleep (Say EXCUSE ME or HELLO to get their attention. If no response, DO NOT TRY TO WAKE THEM AND DO NOT TOUCH THEM. Mark "Asleep" for question #s 2–5 then respond to #6 with your best judgment)

***2. May I ask you just a few questions?**

- Yes
- No (Say THANK YOU, choose "Refused" for #3–5, then respond to #6 with your best judgment)
- Asleep

***3. Did someone else ask you about your housing situation tonight?**

- Yes (SAY THANK YOU AND END SURVEY)
- No/Unsure
- Refused
- Asleep

***4. What brought you to the hospital tonight? (CHECK ALL THAT APPLY)**

- Medical care for myself
- Medical care for someone I know
- Some place to sleep
- Refused
- Asleep
- Other (please specify): _____

***5. If you were not in the hospital, where would you be sleeping tonight?**

- Hospital = STREET HOMELESS
- Street / Sidewalk / Park / Outside / Abandoned Building / Lobby / Car = STREET HOMELESS
- Subway / Bus / Train Station = STREET HOMELESS
- Drop-In Center / Shelter / Safe Haven / Residential Program = SHELTERED HOMELESS
- Room / Apartment / House / Hotel / Dorm with your name on the lease/contract = NOT HOMELESS
- Staying with someone else in their home = NOT HOMELESS
- Refused
- Asleep
- Other (please specify): _____

***6. DO NOT READ OUT LOUD: Based on the person's responses in Questions 4 and 5 and using your best judgment, is this person homeless?**

- Yes, STREET homeless and seeking medical care for themselves / someone they know
- Yes, STREET homeless and NOT seeking medical care
- Yes, SHELTERED homeless seeking medical care for themselves / someone they know (SKIP TO #9)
- Yes, SHELTERED homeless NOT seeking medical care (SKIP TO #9)
- No, not homeless (SAY THANK YOU AND END SURVEY)

COMPLETE THESE QUESTIONS ONLY IF YOU BELIEVE THE PERSON IS HOMELESS.

7. Can you tell me why you are not currently staying in a shelter? (DO NOT READ RESPONSE OPTIONS. CHECK ALL THAT APPLY BASED ON PERSON'S RESPONSES)

- Shelter unable to accommodate medical needs
 - Safety concerns
 - People using substances in the shelter
 - Shelter regulations
 - Not getting assistance from shelter staff
 - Shelter unable to accommodate individual preferences (borough, family composition, etc.)
 - I prefer staying in the hospital to being in shelter
 - Refused
 - Asleep
 - Other reason (please specify): _____
-

8. Have you ever had contact with any of these Street Homeless Outreach Teams? (CHECK ALL THAT APPLY)

- BronxWorks
- Breaking Ground
- CUCS
- Goddard Riverside
- BRC
- No
- Unsure
- Refused
- Asleep

***9. What is your age? (ASK IF AWAKE OR GUESS IF ASLEEP)**

- Under 18
- 18-24
- 25-59
- 60 and older
- UNABLE TO ASK/OBSERVE

***10. Who is a part of your personal household and would live with you if you had your own apartment?**

- I live alone
- My household includes one or more other adults over 18, no children under 18
- My household includes one or more children under 18, no other adults over 18
- My household includes one or more other adults over 18 AND one or more children under 18
- Refused
- Asleep

***11. Do you have a usual doctor you go to outside the hospital?**

- Yes
- No
- Refused
- Asleep

12. How many times have you been to the Emergency Department seeking shelter or medical care in any hospital in the last year? (SKIP IF ASLEEP)

Enter a numeric value: _____

Thank them for completing the survey and step away to complete the following questions, which can be answered based on your observations and should not be read out loud to the person.

DO NOT READ THESE QUESTIONS OUT LOUD.
VOLUNTEERS SHOULD MAKE A GUESS BASED ON THEIR OBSERVATIONS.

***13. Perceived GENDER based on appearance**

- Male
- Female
- Other Gender
- Unsure

***14. Perceived RACE / ETHNICITY based on appearance (CHECK ALL THAT APPLY)**

- White
- Black
- Hispanic/Latinx
- Asian
- Other
- Unsure

***15. Time completed: _____:_____AM**

***16. Where did you conduct this survey?**

- ED Waiting Room
- ED Treatment Area
- Hospital Hallway
- Other (please specify): _____

***17. Hospital name: _____**

APPENDIX B: DHS HOPE Survey

HOPE 2020 Survey Tool

1. IS THIS PERSON:

- AWAKE
- ASLEEP – GO TO #5

Hello, my name is _____ and I'm a volunteer for the city of New York. We're asking everyone a few quick questions about their housing situation. Your answers are confidential.

2. May I ask you just a few questions?

- YES
- NO – GO TO #5

3. Did someone else ask you about your housing situation tonight?

- YES – SAY THANK YOU AND END SURVEY
- NO

4. Where are you sleeping tonight?

- ROOM / APARTMENT / HOUSE / HOTEL / DORM /
DROP-IN CENTER / SHELTER / SAFE HAVEN / RESIDENTIAL PROGRAM / OTHER
= MARK "NO" IN #5 (NOT STREET HOMELESS)
- STREET / SIDEWALK / PARK /
OUTSIDE / ABANDONED BUILDING / LOBBY / SUBWAY / BUS / TRAIN STATION / CAR
= MARK "YES" IN #5 (STREET HOMELESS)
- DON'T KNOW / REFUSED
= USE YOUR BEST JUDGMENT FOR #5

5. IS THIS PERSON STREET HOMELESS? If person did not answer question 4, use your best judgment.

- NO – SAY THANK YOU AND END SURVEY
- YES – GO TO #6

FILL IN QUESTIONS 6 – 8 ONLY IF THIS PERSON IS STREET HOMELESS.

6. What is your age? (ASK IF AWAKE, OBSERVE IF ASLEEP)

- UNDER 18
- 18 – 24
- 25 – 59
- 60 AND OLDER
- UNABLE TO ASK / OBSERVE

OBSERVE – DO NOT READ QUESTIONS 7 AND 8 OUT LOUD

7. Perceived GENDER based on appearance

- MALE
- FEMALE
- OTHER GENDER
- UNSURE

8. Perceived RACE / ETHNICITY based on appearance (FILL IN ALL THAT APPLY)

- WHITE
- BLACK
- HISPANIC / LATINX
- ASIAN
- OTHER
- UNSURE