THE BRONX HEALTH & HOUSING CONSORTIUM

Hospital HOPE Count 2015 Snapshot

The Bronx Health and Housing Consortium organized in 2011 as a collaborative network of health, housing, social service, government agencies and the four main Bronx Health Homes. The common goal of the Consortium has been streamlining client access to quality health care and housing in the Bronx. The underlying premise is that shared housing and healthcare provider understanding is necessary to support high cost/high need clients who require intensive, coordinated services to achieve improved health outcomes. With the implementation of healthcare reform, the establishment of Health Homes and the emerging Delivery System Reform Incentive Payment program (DSRIP) to focus on high cost Medicaid populations, it is apparent that homeless and unstably housed populations are a significant driver of hospital-based health care utilization. This increased utilization results in high Medicaid costs due to a lack of integrated, coordinated services – including stable housing.

Consequently, the Consortium has been involved in several research projects to better understand the unstably housed/homeless population that our member organizations collectively serve. On February 9th, 2015 between midnight and 4am, the annual Homeless Outreach Population Estimate (HOPE) count took place in New York City. This event, facilitated by the NYC Department of Homeless Services (DHS), consists of an outdoor street count throughout the five boroughs and MTA system to identify homeless individuals. Through collaboration between the DHS and the Consortium, six Bronx hospitals on eight sites worked to identify and count homeless people in their respective emergency departments. These patients can be considered the "hidden homeless" because they are indoors and not subject to being counted during HOPE.

On the night of HOPE count, all Bronx hospitals with a medical emergency department agreed to allow our nine volunteers, comprised mostly of social workers, to conduct the DHS-designed homeless count. Volunteers also administered a questionnaire developed by the Consortium to collect additional information related to household demographics and health resource utilization. The following Bronx hospitals agreed to participate in this study: St. Barnabas Hospital, Bronx Lebanon Hospital Center (Grand Concourse Division), Lincoln Hospital, North Central Bronx Hospital, Jacobi Hospital, and Montefiore Medical Center (Weiler, Wakefield and Moses Divisions).

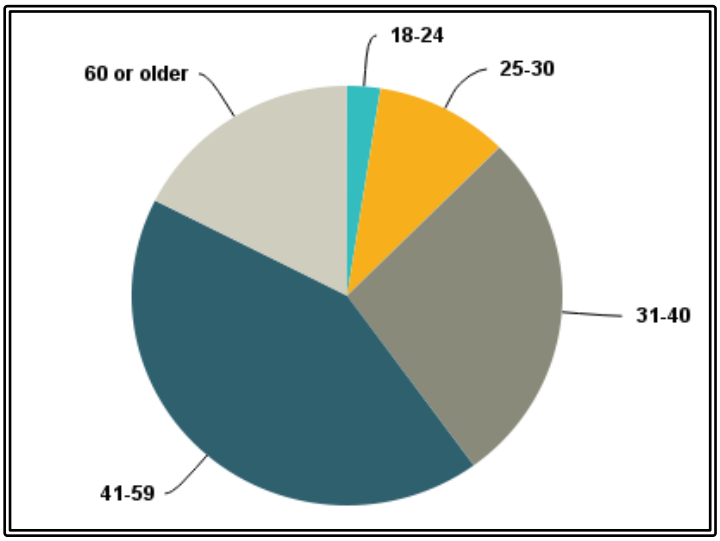
Highlights of the Findings

- 120 homeless people were identified, of which 28 (23%) identified as unsheltered homeless, 26 (22%) reported living in a shelter, and 66 (55%) were found in the ED waiting room but had not registered to receive medical care.
- Of the 120 homeless people identified, 85 (71%) were male.
- Most (77%) of the homeless people identified in this survey were found in Lincoln, St. Barnabas and Bronx Lebanon hospitals, all of which are south of Fordham Road.

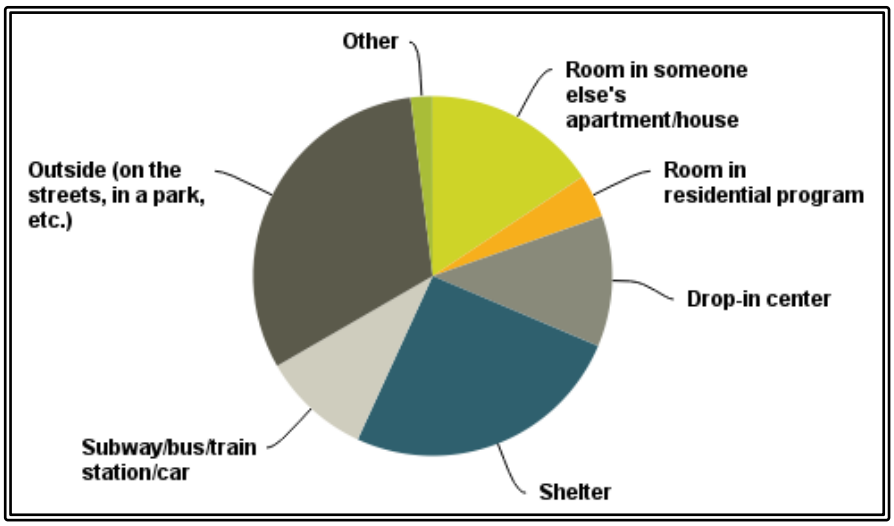
Hospital	# Homeless
Lincoln	37
St. Barnabas	28
Bronx Lebanon	26
Jacobi	13
Montefiore (3 locations)	13
North Central Bronx	3
TOTAL	**120**

- Of the 120 individuals included in the general survey, 51 (43%) completed at least part of an additional questionnaire[1].
- Profile of those who completed the questionnaire:
  - *Age (n=40):* The age group that comprised the highest number of homeless people was those aged 41-59 years old (43%). This age group was followed by 31-40 year old adults (28%) and seniors over 60 years of age (18%). Persons 18-30 years of age accounted for 13% of respondents.

Age of Respondents



Usual Housing



  - *Usual housing (n=51):* When asked about their current living situation, 31% reported living in the street, 25% in a shelter, 16% in someone else's home, 12% in a drop-in center, 10% in a subway/bus/train station/ car, 4% in a residential type setting such as detox, and one person reported the hospital as their current place of shelter.
  - *Household composition (n=38):* 66% (25) identified as single, 24% (9) have at least one adult over the age of 18 living with them, 5% (2) reported having at least one child under the age of 18 as part of their household, and 5% (2) have at least one other adult over 18 and one or more children under 18 in their household.
  - *Military Service (n=40):* 10% (4) reported having served in the United States Armed Forces.
  - *Connection to Primary Care (n=39):* 62% (24) reported no link to a primary care provider.
  - *Emergency Department Utilization (n=29):* all the individuals who responded to this question reported having previous emergency department visits in the previous year.

ED Visits in the Last 12 Months	Percent of Responders
1-4	59%
5-9	24%
10-19	7%
20+	10%

[1] As with the DHS HOPE Count, surveyors were instructed not to wake up individuals who were sleeping and others

Analysis of Findings

For this hospital homeless count, the Consortium used the same criteria, forms, and process as the DHS HOPE Count and reported all of our data to DHS. On the night of the DHS HOPE Count, February 9, 2015, the Consortium identified 120 homeless people in Bronx medical emergency departments. Of those 120 people, 54 people registered for care in the emergency departments, of which 28 reported being unsheltered and 26 reported living in a shelter. As the function of the HOPE Count is to identify *unsheltered* homeless individuals, we will exclude from our analysis the 26 registered patients who reported living in a shelter, as they would likely have been in their shelter of residence during this time had they not been seeking emergency medical attention.

The remaining 66 individuals counted had not registered for care in the emergency department but were found in waiting rooms, in many cases asleep. Looking more closely at these individuals, half of them (n=33) were identified at one hospital that regularly opens its auditorium during the winter months to provide shelter to homeless individuals. It is important to note that the HOPE Count took place on a Code Blue night[2]. When the temperature drops below 32 degrees and/or there is inclement weather, DHS calls for increased street outreach efforts to check on individuals on the street and help them access any of the agency's adult facilities, including shelters and drop-in centers, without going through the usual intake process. On extremely cold nights, people who would usually be on the street are likely to find someplace indoors to stay warm. This could explain the high number of individuals we found in emergency department waiting rooms who had not registered for care.

The 2015 DHS HOPE Count results were released on May 7, 2015. The count of people in the Bronx in "surface areas" was 69. The count also found 1,976 individuals in MTA subways and stations throughout the city. As these numbers were not broken down by borough and since the individuals we identified in the hospitals would not affect this figure, we will not include it in our analysis. Looking at the 69 individuals that DHS counted in surface areas in the Bronx, it is unclear whether DHS included in this number the data from the hospitals that the Consortium submitted to them. Attempts to clarify these findings with DHS have thus far failed to get a response. We note that the HUD Point-In-Time Methodology Guide includes the need to count people in "emergency rooms if the persons are not being admitted or seeking overnight care". [3]

Assuming DHS did not include our data in their results, if we were to add the 28 people who were registered in an emergency department and reported themselves unsheltered to the 69 people reported by DHS, the actual count of homeless would be 97, or ***41% higher*** than the official DHS count. If we also included the 66 individuals who were in the ED waiting room but not registered to receive care, that figure could go up to 163, ***136% higher*** than the DHS count. Furthermore, this count only included those in hospital medical emergency departments. If unsheltered homeless people who are in psychiatric emergency departments and hospital inpatient beds were included, the number would further increase.

The Consortium conducted this hospital count not just to get a more accurate estimate of the unsheltered homeless population in the Bronx but also to better understand the implications of homelessness on our healthcare system. Among the individuals who completed an additional questionnaire, 24 were not connected to a primary care provider and 29 individuals reported having had at least one other ED visit in the previous year. Four respondents indicated they visited the emergency department over 17 times in the previous year, including one person reporting over 80 visits and another saying they visited the ED "daily".

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[2] http://www.nyc.gov/html/dhs/html/communications/code-blue2014.shtml

[3] https://www.hudexchange.info/resources/documents/PIT-Count-Methodology-Guide.pdf

Conclusion

Through this count, we discovered a significant group of "hidden homeless" individuals in emergency departments who would not traditionally be counted in the annual DHS HOPE Count. Most of these individuals had multiple visits to the emergency department and were not linked to a primary care provider. Acknowledging this "hidden homeless" population is significant for two reasons. First, without including hospital emergency departments and inpatient wards in the annual HOPE Count, the number of homeless people identified in NYC may be *significantly* underestimated. Second, this underestimation results in underfunding services for homeless people because they are staying in hospitals.

We conclude that additional housing outreach resources should be allocated to hospitals that serve large numbers of homeless patients to obtain stable housing for these individuals, especially those who are frequent emergency department users. Without stable housing, many of these individuals will be unable to appropriately address their medical conditions and will most likely return to hospitals for further medical attention.

There is clear need for: 1) stronger Hospital-to-Home programs to support high public resource utilizers and link them to housing and community-based health care and 2) more post-hospital medical/respite services with clear links to supportive, transitional and other housing. These steps are necessary to reduce utilization of EDs both for homeless patients' medical and behavioral health needs, and also as a provider of shelter. Health and housing organizations must work more closely to identify and support this population, using Health Homes and other community resources to collaborate effectively and link people to both health care and housing. At the same time, more housing needs to be available for this population, which may not meet current supportive housing categories.

Next Steps

For the second year in a row, the Consortium's Hospital HOPE Count has shown a high number of homeless individuals found in hospital emergency departments on the night of the annual DHS HOPE Count. A more concerted effort is needed to include medical and psychiatric emergency departments and inpatient wards on HOPE night throughout the City to obtain a more accurate count of homeless individuals and provide more understanding about the implications of homelessness on the healthcare system. Hospital staff and community partners can be engaged to assist in the count.

Given that more than half of the individuals who were identified as homeless in this count had not registered for care, there is a clear need for diversion services for this population so that they do not have to rely on hospitals for shelter. Particularly with the goals of Medicaid Redesign and DSRIP in mind, it is recommended that hospitals utilize patient navigators and/or health home care coordinators and work with homeless outreach teams to connect these individuals to care and to the appropriate housing or shelter for their needs.