2016 Hospital Homeless Count

Results and Report

PREPARED BY THE BRONX HEALTH & HOUSING CONSORTIUM
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ABOUT THE BRONX HEALTH & HOUSING CONSORTIUM

The Bronx Health & Housing Consortium ("the Consortium") organized in 2011 as a collaborative network of health, housing, social service, government agencies and the four main Bronx Health Homes with the shared goal of streamlining client access to quality health care and housing in the Bronx. The Consortium achieves its mission through research, advocacy, training, and supporting collaboration between its more than 40 member organizations. One of ways the Consortium does this is through the annual hospital homeless count it organizes. This report shares the results and analysis of the 2016 hospital homeless count.

ACKNOWLEDGEMENTS

The Bronx Health & Housing Consortium wishes to acknowledge the hospitals that participated in this count:

Bronx-Lebanon Hospital Center: Concourse and Fulton Divisions
James J. Peters Veterans Affairs Medical Center
Montefiore Medical Center: Moses, Wakefield, and Weiler Divisions
New York City Health + Hospitals: Lincoln, Jacobi, and North Central Bronx
St. Barnabas Hospital System

The Consortium extends particular thanks to the organizations that provided the volunteers who worked into the early morning to conduct this count and to BronxWorks for organizing and training the volunteers:

BronxWorks: HomeBase and Dept. of Supportive Housing & Health Policy
Geel Community Services
Montefiore Medical Center: Housing at Risk Program
VA Hospital: Social Work staff

BACKGROUND

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 the night of February 8th, 2016, 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, between midnight and 4am, throughout the five boroughs and MTA system to identify homeless individuals. Through collaboration between the DHS and the Consortium, seven Bronx hospitals on ten sites worked to identify and count homeless people in their respective emergency departments (EDs). 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 ED and one with a psychiatric ED agreed to allow our 27 volunteers, comprised mostly of social workers, to conduct the DHS-designed homeless count. The following Bronx hospitals agreed to participate in this study: St. Barnabas Hospital, Bronx Lebanon Hospital Center (Grand Concourse and Fulton Divisions), Lincoln Hospital, North Central Bronx Hospital, Jacobi Hospital, Bronx VA Hospital, and Montefiore Medical Center (Weiler, Wakefield and Moses Divisions).

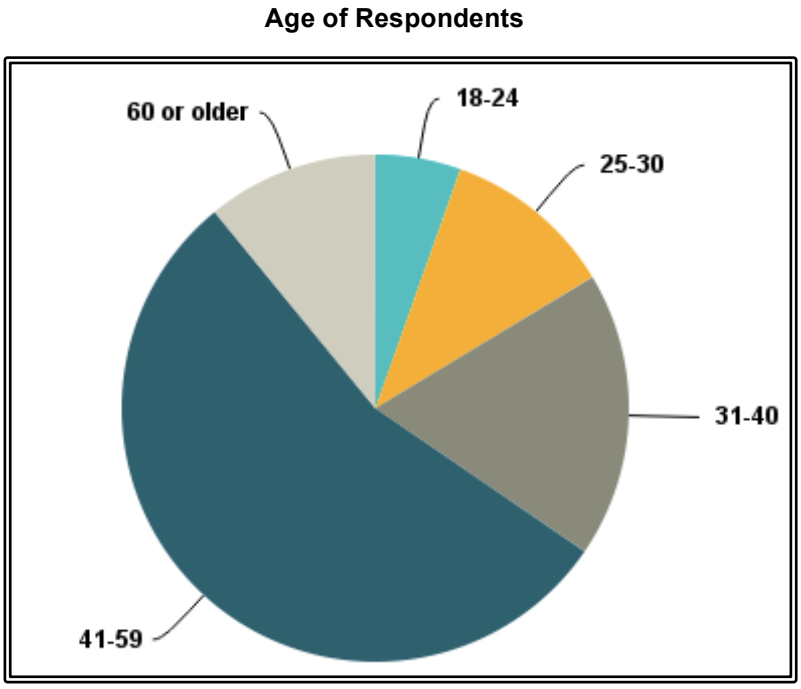
Every year, DHS asks the Greater New York Hospital Association (GNYHA) to have its member hospitals count their emergency departments and categorize people into three groups: those registered for care in the ED who report being unsheltered, those registered for care in the ED who report living in a shelter, and those not registered for care in the ED. The Consortium followed these same rules and volunteers also collected additional information related to household demographics and health resource utilization through a questionnaire developed by the Consortium.

HIGHLIGHTS OF FINDINGS

- 89 homeless people were identified. 24 (27%) of these were people were registered to receive medical care, of which 22 identified as unsheltered homeless and 2 reported living in a shelter. The remaining 65 (73%) were found in the ED waiting room or hallways but had not registered to receive medical care.
- Of the 89 homeless people identified, 73 (82%) were male.
- Most (78%) of the homeless people identified in this survey were found in Lincoln, St. Barnabas, and Bronx Lebanon hospitals, all of which are located in the south/central Bronx.

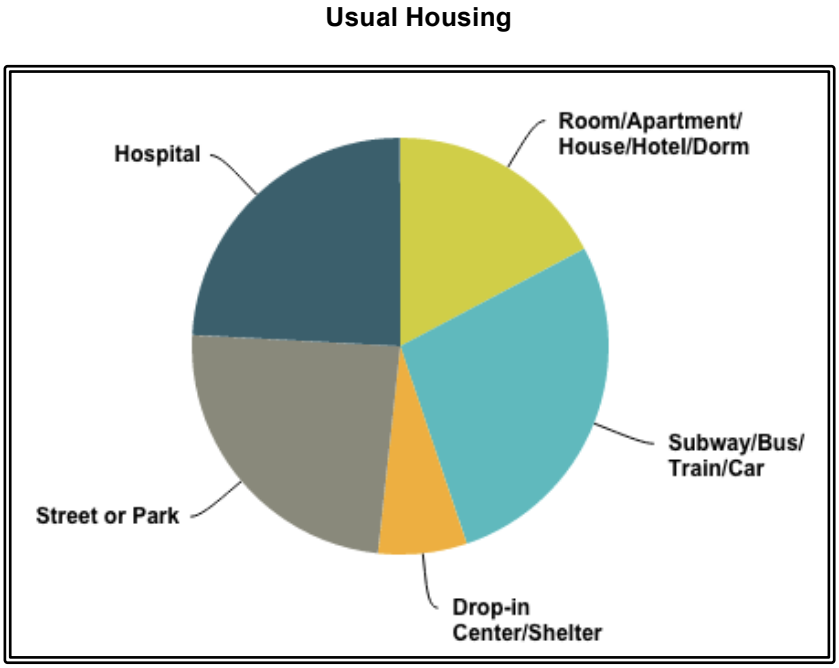
Hospital	# Homeless
Lincoln	33
St. Barnabas	27
Bronx Lebanon	9
Jacobi	7
Montefiore (3 locations)	11
North Central Bronx	2
Bronx VA	0
TOTAL	**89**

- Of the 89 individuals included in the general survey, 55 (62%) completed at least part of an additional questionnaire[1]. The following is a profile of those who completed the questionnaire:
  - *Age (n=55):* The age group that comprised the highest number of homeless people was those aged 41-59 years old (55%). This age group was followed by 31-40 year old adults (18%). Seniors over 60 years of age accounted for 11% of respondents, as did those aged 25-30 years. Persons under 25 years of age accounted for 5% of respondents.



[1] As with the DHS HOPE Count, surveyors were instructed not to wake up individuals who were sleeping and others may have refused to participate for some or all of the additional questionnaire. In these cases, the surveyor was asked to make a judgment if the individual appeared to be homeless.

- *Household composition (n=27):* 70% (19) identified as single, 19% (5) have at least one adult over the age of 18 living with them, 4% (1) reported having at least one child under the age of 18 as part of their household, and 7% (2) have at least one other adult over 18 and one or more children under 18 in their household.



- *Usual housing (n=30):* When asked about their current living situation, 27% (8) reported staying in a subway, bus, train station, or car; 23% (7) on the street or in a park, 23% (7) in a hospital, 17% (5) in a room, apartment, house, hotel, or dorm; and 10% (3) in a drop-in center or shelter.
- *Military Service (n=39):* 8% (3) reported having served in the United States Armed Forces. 69% (27) reported never having served and 23% (9) were unsure or refused to answer.
- *Connection to medical care outside of the ER (n=42):* 54% (23) reported they do not have a place they receive medical care other than the ER. 29% (12) were unsure or refused to answer.
- *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	23% (6)
5-9	19% (5)
10-19	15% (4)
20+	8% (2)
A lot/Often/Long-term[2]	35% (9)

[2] Several participants gave non-numerical responses such as "a lot" or "often". Others gave responses of "all year" or "72 weeks" which seems to indicate they have had long-term stays in hospitals.

ANALYSIS OF FINDINGS

This is the Bronx Health & Housing Consortium's third consecutive year organizing and conducting a homeless count in Bronx hospitals, using the same criteria, forms, and process as the DHS HOPE Count and reporting all of our data to DHS. Last year, we counted 120 people, of which 28 were registered for care in an emergency department and reported being unsheltered, 26 people were registered for care and reported living in a shelter, and 66 who were not registered for care but were using the ED waiting room and hospital lobby areas for shelter overnight.

This year, on the night of the DHS HOPE Count, February 8, 2016, the Consortium identified 89 homeless people in Bronx medical emergency departments and one hospital's psychiatric ED. Of those 89 people, 24 people registered for care in the emergency departments, of which 22 reported being unsheltered and 2 reported living in a shelter[3]. The remaining 65 individuals counted had not registered for care in the emergency department but were found in waiting rooms, in many cases asleep. All of these individuals were determined by the volunteers to be homeless. Looking more closely at these individuals, over 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.

Photo 1: People sleeping in the hallway of one hospital on the night of the DHS HOPE Count.

It is important to note that the HOPE Count took place on a Code Blue night[4], with a low temperature of 27 degrees. 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. As part of this procedure, DHS requests that all hospitals allow

[3] As the function of the HOPE Count is to identify *unsheltered* homeless individuals, we will exclude from this portion of our analysis the 2 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.

[4] http://www.nyc.gov/html/doh/html/environmental/hypothermia-homeless-outreach.shtml

unsheltered individuals to seek refuge during extreme cold temperatures as an intervention to avoid temperature related incidents. The cold temperature likely caused many people to seek shelter and could explain the high number of individuals we found sleeping in emergency department waiting rooms and hospital lobby areas who had not registered for care. Had this not been a Code Blue night, it is likely that many of these individuals would have been out on the street that night and therefore counted in the official DHS HOPE Count.

As the results for the 2016 DHS HOPE Count are not yet available, for the purpose of providing context for our analysis, we will use the 2015 HOPE Count results. In 2015, the HOPE count of people in the Bronx in "surface areas" - unsheltered on the street[5] - was 69. Assuming this number remains exactly the same for 2016, if DHS included those in our count who reported as unsheltered or were unregistered for care (N=87), our research indicates that the actual number of unsheltered homeless individuals in the Bronx could be 156 people, **226% higher** than the DHS count.

Furthermore, this count only included those in hospital medical EDs and in one hospital's psychiatric ED. At Lincoln hospital, volunteers were only permitted to count individuals in the waiting room and hallways, not inside the medical ED. If unsheltered homeless people who are in psychiatric EDs and hospital inpatient beds were included, the number would further increase. 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".[6] While DHS does have a protocol for having hospitals count homeless people in their EDs on the night of the HOPE count, it does not seem that this always happens and it is unclear what, if anything, DHS does with the data it does receive. Hospital data has not been included in DHS's official reports in previous years.

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 responded to this question in the additional questionnaire (n=42), only 17% (7) reported having a place outside of the ED where they received medical care and all individuals reported having had at least one other ED visit in the previous year. Two respondents indicated they visited the ED over 25 times in the previous year and three people said they visited the ED "daily" or had been living there "all year".

[5] The 2015 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 individuals identified in the hospitals would not affect this figure, we will not include it in our analysis.
[6] https://www.hudexchange.info/resources/documents/PIT-Count-Methodology-Guide.pdf

This year, we added a question to our supplementary questionnaire asking if the person had ever spent a night in a shelter in New York City. Of those who answered this question (n=30), 40% (12) people reported never having spent a night in a New York City shelter. Four of those 12 people reported the hospital as their most recent place of residence. This indicates that there are a noteworthy number of homeless people, many of them in hospitals, who may be unknown to DHS and therefore not receiving the housing support they need.

CONCLUSIONS

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. Nearly all of these individuals had multiple visits to the emergency department and did not have a regular place other than the ED where they received care. Acknowledging this "hidden homeless" population is significant for three 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, since DHS funding for homeless services is directly influenced by their annual HOPE count, this underestimation results in underfunding services for homeless people. Third, we are missing out on a crucial point of engagement in homelessness intervention by not working with and involving hospitals. We know that hospitals are reaching a large number of homeless people due to their medical and behavioral health needs as well as serving as de facto shelters for a significant number of people.

Because homeless individuals can be transient and difficult to engage when on the street, while they are in the hospital is an advantageous time for intervention. When people enter the hospital, there is a better opportunity to engage with them while they are safe, sober, and open to interventions that could be effective. We know that there are a number of people in hospitals who cannot be discharged because they have no home and are too sick to go to shelters. We need to move this population from their expensive and unstable housing in hospitals to specialized shelters or respite services and, eventually, appropriate permanent housing. We believe that close collaboration between hospitals, outreach workers, and shelters to target these populations will ensure rapid and stable housing for those in need and prevent avoidable hospital readmissions.

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 third year in a row, the Bronx Health & Housing Consortium's Hospital Homeless Count has shown a high number of homeless individuals found in hospital emergency departments on the night of the annual DHS HOPE Count. The Consortium only has the capacity and hospital relationships to conduct this count in the Bronx but a more concerted effort is needed to include medical and psychiatric emergency departments and inpatient wards on HOPE night throughout the City. This count is necessary to obtain a more accurate count of homeless individuals and provide greater understanding about the implications of homelessness on the healthcare system. The Consortium has shown over the past three years that hospital staff and community partners can be engaged to assist in the count.

Given that almost three quarters of the individuals who were identified as homeless in this count had not registered for care, there is a clear need for alternate 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. Furthermore, there needs to be a recognition and response at the City and State level to provide housing for this population of people who cycle in and out of the hospital, some of who may be well enough to leave the hospital but too sick to be able to stay in NYC shelters.