



# **2018 HOSPITAL HOMELESS COUNT**

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## **RESULTS AND REPORT**

PREPARED BY THE BRONX HEALTH & HOUSING CONSORTIUM  
June 2018

## 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, and government agencies with the shared goal of streamlining client access to quality health care and housing in the Bronx. Since that time, we have expanded our work to more hospitals, housing organizations, Managed Care Organizations and Performing Provider Systems. The Consortium achieves its mission through research, advocacy, training, and supporting collaboration among its more than 70 member organizations.

One of ways the Consortium works to better understand and publicize the extent and needs of homeless people is through an annual **hospital** homeless count it organizes alongside the official NYC Homeless Outreach Population Estimate (HOPE) count. This is the fifth hospital homeless count that the Consortium has conducted in the Bronx and the second year that hospitals across the City have joined us. Please refer to our website ([www.bxconsortium.org/hospital-homeless-count](http://www.bxconsortium.org/hospital-homeless-count)) for past reports from 2014 through 2017. This report shares the results and analysis of the 2018 hospital homeless count, which took place on January 22-23, 2018 between the hours of midnight and 4 a.m.

## ACKNOWLEDGEMENTS

The Consortium wishes to acknowledge the hospitals that participated in this count:

- BronxCare Health System (formerly Bronx-Lebanon Hospital Center): Concourse and Fulton Divisions
- Montefiore Medical Center: Moses, Wakefield, and Weiler Divisions
- New York City Health + Hospitals: Lincoln, Jacobi, North Central Bronx
- St. Barnabas Health System
- Interfaith Medical Center
- Jamaica Hospital Medical Center
- New York City Health + Hospitals: Woodhull, Bellevue, Harlem, Kings County, Coney Island, Queens
- NYU Langone Hospital: Brooklyn, Tisch, Cobble Hill
- NewYork-Presbyterian: Queens, Brooklyn Methodist, Columbia, Weill Cornell

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 volunteers:

- BronxWorks: Adult Homeless Services, HomeBase, Department of Supportive Housing & Health Policy
- GEEL Community Services
- Montefiore Medical Center: Housing at Risk Program
- New York Legal Assistance Group
- Hospital staff in all participating hospitals

## PERMISSIONS REQUEST

The Bronx 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, [www.bxconsortium.org/hospital-homeless-count](http://www.bxconsortium.org/hospital-homeless-count). Permissions requests from other entities will be considered on a case-by-case basis and may be made to [info@bxconsortium.org](mailto:info@bxconsortium.org).

## BACKGROUND

With the growth of homelessness in New York City, the implementation of healthcare reform, innovations in health systems design and payment structures, and Medicaid redesign in New York State to focus on high cost Medicaid populations, it continues to be apparent that homeless and unstably housed populations have higher than average hospital-based health care utilization. For a small group of “frequent users” of hospitals, factors such as a lack of integrated, coordinated services and particularly a lack of stable housing result in high Medicaid costs.

Consequently, the Consortium has been involved in several research projects to better understand the unstably housed/homeless population that our member organizations collectively serve. The Hospital Homeless Count is one way that we begin to understand the full scope of homelessness in the Bronx, recognizing that hospitals are frequently a place where homeless people go, whether for medical care, shelter, or both. Only by counting, questioning, and collaborating can we understand and address the needs of this population and the organizations that serve them. While this research began in the Bronx, it has expanded to Manhattan, Brooklyn, and Queens as hospitals in other boroughs also want to better understand this population and how they may address their needs.

## METHODOLOGY

The U.S. Department of Housing and Urban Development (HUD), authorized by the McKinney-Vento Homeless Assistance Act, requires Continuums of Care (CoC)<sup>1</sup> to conduct Point-in-Time (PIT) counts of sheltered and unsheltered homeless people. HUD published a Point-in-Time Count Methodology Guide in 2014 to provide standards and guidelines to CoCs concerning acceptable methodologies and approaches to conducting PIT counts of homeless people. In this guide, HUD lists hospital emergency rooms as a known location where homeless people might be found and provides the following guidance for counting people in hospitals:

*"Some CoCs might choose to send count enumerators to local emergency rooms to see if any persons who are homeless are using the facility to keep warm or for emergency medical care and are not otherwise admitted or going to be admitted for an overnight stay in the hospital. CoCs surveying homeless peoples in these locations should include screening questions to determine where the person was staying on the designated PIT count night." <sup>2</sup>*

In New York City, the Homeless Outreach Population Estimate (HOPE) point-in-time count is organized by the NYC Department of Homeless Services (DHS) and has been conducted since 2005, typically on the fourth Monday of January. The HOPE Count, which took place this year on the night of January 22, 2018, consists of an outdoor/street and subway count between midnight and 4 am throughout the five boroughs and Metropolitan Transit Authority system.

The official HOPE Count does not include hospital emergency rooms, but every year, DHS asks the Greater New York Hospital Association (GNYHA) to have its member hospitals administer surveys in their emergency departments (ED) on the same night as the HOPE Count. Hospitals are asked to categorize people into three groups: those registered for care in the ED who report living in a shelter or drop-in center, those registered for care in the ED who report being unsheltered (staying

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<sup>1</sup> <https://www.hudexchange.info/programs/coc/>

<sup>2</sup> Page 53 <https://www.hudexchange.info/resources/documents/PIT-Count-Methodology-Guide.pdf>

on the street, in a park, car, subway, hospital, etc.), and those not registered for care in the ED who reported being unsheltered.

This count is presumably used to allocate outreach resources to hospitals with high homeless counts, though this data has never been made public and it is unclear what the hospital response rate was before the Consortium began organizing this effort or how DHS has used this data. Anecdotally, we have heard that hospitals receive very short notice of the count, leaving little time to adequately train and prepare staff to administer the survey appropriately.

For this reason, the Consortium has led a collaborative effort to conduct our own survey in hospitals on the same night as the HOPE Count. We used the questions used by DHS in their count as a model for several of our own, but we also added new questions that would provide us more in-depth information about this population. We are hoping to use this additional information to help improve the services that our member organizations offer to the homeless people of New York. This year, 24 hospital sites across four boroughs allowed their staff and/or our volunteers, comprised mostly of licensed social workers, to conduct the homeless count in their respective EDs. The 24 participating ED sites in 2018, up from 17 sites in 2017, indicates the growing interest in this initiative.

The Consortium designed this survey such that it meets the DHS criteria, and we also reviewed the raw data to ensure that the surveys were completed correctly. If there was any question or discrepancy in any of the data, we erred on the side of caution and eliminated the individual case from our report. As with the DHS HOPE Count, surveyors were instructed not to wake up individuals who were sleeping if they did not respond to an initial greeting. In these cases, the surveyor was asked to make a judgment if the individual appeared to be homeless. We eliminated any surveys in which the person was determined not to be homeless.

As the Consortium is a Bronx-based organization, we provide our findings in the Bronx separately, in addition to our total findings across the four participating boroughs. Our findings and analysis follow.

## HIGHLIGHTS OF FINDINGS

As we do every year, we include all three DHS categories in our count: (1) registered for care and living in shelter, (2) registered for care and unsheltered, and (3) not registered for care and unsheltered. Table 1 indicates the number of people found at each participating hospital, broken down into two groups—the total number of homeless people found across all three categories and the total number that reported being unsheltered (registered for care and not registered). People within the ‘Unsheltered’ column of Table 1 is the cohort that likely would have been included in the DHS HOPE Count had they not been in the hospital on the night of the count.

**Total Homeless and Unsheltered Homeless by Hospital**

Hospital	Total Homeless (all categories)	Unsheltered (HOPE Equivalent)
H+H Bellevue	17	10
NYP Columbia	15	13
<b>H+H Lincoln</b>	<b>13</b>	<b>12</b>
<b>St. Barnabas</b>	<b>13</b>	<b>12</b>
Interfaith	11	8
H+H Woodhull	11	8
H+H Harlem	10	7
<b>BronxCare Concourse</b>	<b>9</b>	<b>8</b>
<b>H+H Jacobi</b>	<b>8</b>	<b>6</b>
H+H Queens	7	7
NYU Brooklyn	6	6
NYP Weill Cornell	6	5
NYU Tisch	5	3
<b>H+H North Central Bronx</b>	<b>4</b>	<b>3</b>
H+H Kings County	3	1
NYP Brooklyn Methodist	3	2
H+H Coney Island	3	3
<b>Montefiore Moses</b>	<b>3</b>	<b>3</b>
<b>Montefiore Wakefield</b>	<b>2</b>	<b>1</b>
Jamaica	1	1
<b>Montefiore Weiler</b>	<b>1</b>	<b>1</b>
<b>BronxCare Fulton</b>	<b>1</b>	<b>1</b>
NYP Queens	0	0
NYU Langone Cobble Hill	0	0
<b>TOTAL</b>	<b>152</b>	<b>121</b>

**Table 1:** Total number of homeless people counted. Total Homeless includes people from all three DHS categories. Unsheltered Homeless includes only those from categories 2 and 3 (see above). Hospitals whose names are written in bold font and whose data are in dark gray box are located in the Bronx.

## Hospital Homeless Count Data – Total

- 152 homeless people were identified in the 24 hospital EDs at a single point in time on the night of January 22-23, 2018. Over half were found in six of the 24 hospital EDs—New York City Health + Hospitals (H+H) Bellevue Hospital, New York-Presbyterian (NYP) Columbia University Medical Center, H+H Lincoln Hospital, St. Barnabas Hospital, Interfaith Medical Center, and H+H Woodhull.
- Of the 152 people identified, 83 (55% of total) were registered to receive medical care. Of those 83 people who registered for care, 52 people (63%) were unsheltered and 31 (37%) reported living in a shelter.
- The remaining 69 people (45% of the 152) found in the ED waiting rooms or hallways, sometimes asleep, had not registered to receive medical care and either reported being unsheltered or were determined to be by volunteers/staff.
- We assume that those 121 people who were identified as unsheltered (whether they registered for care or not) were the hidden homeless population that the street HOPE count essentially missed because they were in a hospital on the night of the Count rather than on the street. They represent 79% of the 152 people identified that night in these hospitals. They are included in the most right-hand column in Table 1.

## Hospital Homeless Count Data – Bronx

- 54 people who were homeless were identified in the nine Bronx ED sites, slightly fewer than the 56 found last year. Almost half (48%) of the total people in the Bronx were found in Lincoln and St. Barnabas hospital emergency departments.
- Of the 54 people identified in the Bronx, 30 (56%) were registered to receive medical care, compared to 46% last year. Of those 30 people registered for care, 23 (77%) were unsheltered and 7 (23%) reported living in a shelter (see Table 4)
- 24 people (44% of the total) were unsheltered and were not registered for care, potentially because they were using the ED as a place to stay overnight.
- Those who were unsheltered, whether registered or not, numbered 47 or 87% of those counted in the Bronx. We assume they were the hidden homeless who were missed by the HOPE count that night

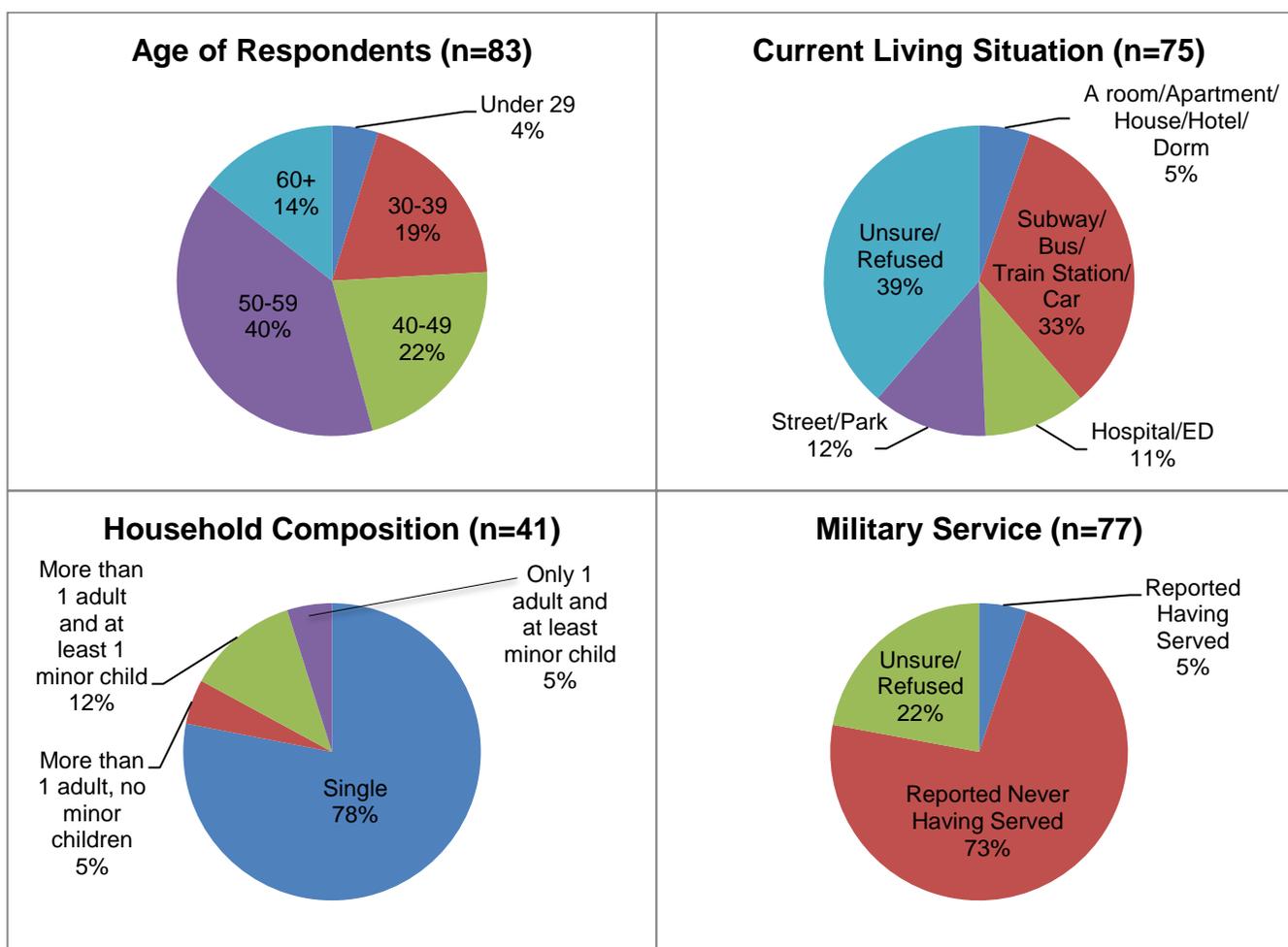
## Sheltered vs. Unsheltered Homeless Data

While the Consortium is interested in health care utilization and needs of both unsheltered and sheltered homeless people, for the sake of this report and its correlation to the DHS HOPE Count, we will exclude from this analysis people who reported being sheltered, as they would similarly be excluded from the DHS HOPE Count results. The data and analysis that follow represent only those who were registered for care and reported being without shelter and those who were not registered for care and were identified as being homeless without shelter. We believe that these two groups represent 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 counted in the HOPE Count.

## Additional Demographic Data

As mentioned previously, our volunteers collected additional information related to household demographics and health resource utilization through a questionnaire developed by the Consortium to gain further insight into this population. Most people participated in the Consortium’s survey, responding to at least some of the additional questions. However, some identified persons may have been asleep, refused to participate in the additional questionnaire, or refused to respond to particular questions. Because not every patient answered every question, sample sizes for each question vary in the report. Questions that were left blank were considered skipped. The data provided only reflects the surveys where a response was given. For each question, we indicate the number of people who responded. The following is a profile of those who completed the questionnaire from all participating hospitals citywide and who reported being unsheltered:

### Demographic Data from Consortium Questionnaire



**Figure 1:** Demographic Data from the Consortium Questionnaire and relative percentages. Percentages are based on the number of respondents for each question, listed above each graph. Data is from all surveys citywide.

**Gender (n=107):** 82 respondents identified as male (76%) and 25 respondents identified as female (24%). No respondents reported identifying as transgender or non-binary.

**Age (n= 83):** The age range was 23-76, with a median of 50. The age group that comprised the highest number of homeless people was those aged 50-59 with 33 people (40%), followed by 18

people who were 40-49 years old (22%), 16 who were 30-39 (19%), 12 seniors over 60 years of age (14%), 3 people aged 25-29 years (4%) and finally one person under 25 (1%). This is a slightly older distribution than last year.

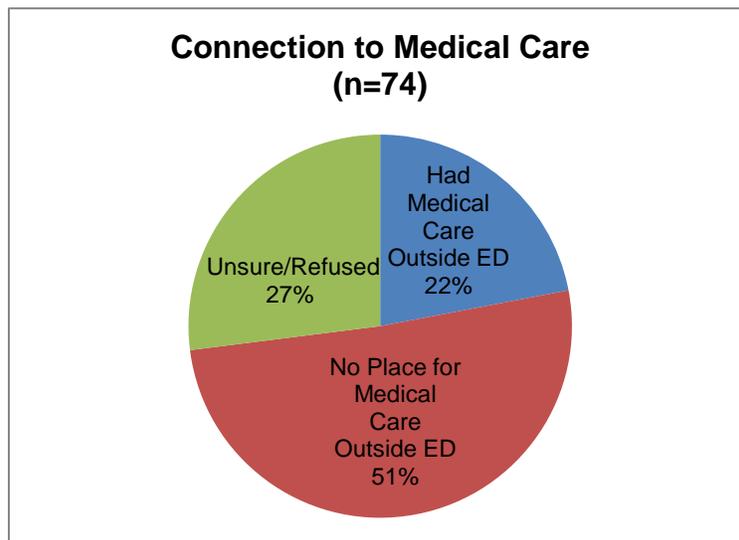
**Current Living Situation (n=75):** When asked about their current living situation, 25 (33%) reported staying in a subway, bus, train station, or car; 9 (12%) on the street, park or stairwell; eight (11%) in a hospital; and four (5%) in a room, apartment, house, hotel, or dorm, often recently evicted or belonging to others. We did not get clear data from the other 29 (39%) who said they had no place to live but did not respond to the clarification question about where they are staying.

**Household Composition (n=41):** 32 (78%) identified as single, two people (5%) have at least one additional adult over the age of 18 and no children under 18 living with them, two households (5%) reported having at least one child under 18<sup>3</sup> and no other adults over 18, and five (12%) have at least one other adult over 18 and one or more children under 18.

The response rate for Household Composition is particularly low compared to the other questions. The question asks respondents to indicate the number of adults and children under 18 that are part of their household and would live with them if they had their own apartment. We suspect that some surveyors left this question blank if the person indicated that there were no other adults or children as part of their household, rather than marking '0', indicating that they are single. However, because of this ambiguity, questions left blank were considered skipped.

**Military Service (n=77):** Four people (5%) reported having served in the United States Armed Forces, 56 (73%) reported never having served, and 17 (22%) were unsure or refused to answer.

### Medical Care and Utilization



**Figure 2:** Connection to Medical Care. 74 of the total 152 homeless people identified on the night of the count answered this question asking if they have a regular doctor or place they receive care other than the ED. The data show that a majority of homeless people are not connected to primary care and often use the ED for all forms of medical care—even if their medical needs do not constitute a health emergency.

**Connection to Medical Care (n=74):** when asked if they have a regular doctor they see or a place they receive medical care other than the ED, 38 people (51%) reported they do not, 16 (22%) reported that they do have a doctor they see, and 20 (27%) were unsure or refused to answer.

<sup>3</sup> Respondents were asked who would be a part of their household if they had a home of their own. This might have included minor children who were not currently living with them while they were homeless.

**Emergency Department Utilization (n=58):** Almost all of the individuals who responded to this question reported having previous emergency department visits in the past year. In total, three (5%) survey respondents reported that they go to the ED 365 days/year thus spending every night in the hospital ED or waiting areas. These three people were all in Bronx hospitals that night.

### Emergency Department Visits

ED Visits in the Last 12 Months	Bronx Respondents (n=28)	Total Respondents (n=58)
0	2 (7%)	4 (7%)
1-4	9 (32%)	21 (36%)
5-9	2 (7%)	5 (9%)
10-19	2 (7%)	4 (7%)
20-99	7 (25%)	14 (24%)
100+	6 (21%)	10 (17%)

**Table 2:** Emergency Department Visits data show that a large percentage of the group of people surveyed makes frequent trips to the emergency department. In general, the trend shown in the Bronx follows the citywide trend.

### A note about our numbers

The Consortium, via BronxWorks, provides training to all volunteers about how to conduct the count, including timing, approaching people, completing the surveys and submitting forms to the Consortium and in some cases, to DHS directly. We received 164 surveys in total, reviewed the raw data, and eliminated 12 forms because the data was ambiguous as to whether the person had been asked the questions already. These forms came primarily from two hospitals and we suspect that some of these were clerical errors as it is unlikely that so many people were surveyed twice. Still, we erred on the side of caution and eliminated these forms. Therefore, the real count may include a few more people than this report indicates.

## ANALYSIS OF FINDINGS

### Comparison by Year

This is the Bronx Health & Housing Consortium’s fifth consecutive year organizing and conducting a hospital homeless count. The 2014 Consortium Hospital Homeless Count focused on inpatients, so an ED comparison for that year is not available. We *can* compare the Bronx ED count to the DHS HOPE count for 2015 through 2018. For two of these prior four years, the number of people identified in the Bronx hospital homeless count has been higher than the DHS HOPE street count for the Bronx.

**Bronx Homeless Count by Year**

	2015	2016	2017	2018
<b>DHS HOPE Count Bronx</b>	<b>69</b>	<b>43</b>	<b>255</b>	<b>119</b>
<b>Bronx Hospital Count Unsheltered (HOPE Equivalent)</b>	<b>94</b>	<b>87</b>	<b>45</b>	<b>47</b>
Unsheltered homeless-registered for care	28	22	15	23
Unsheltered homeless-not registered for care	66	65	30	24
<b>Bronx Total (street + hospital)</b>	<b>163</b>	<b>130</b>	<b>300</b>	<b>166</b>

**Table 3:** Comparison of Bronx data from DHS HOPE Count and the Consortium’s Hospital Homeless Count in the Bronx (unsheltered) from 2015 to 2018. DHS numbers only reflect people identified in “surface areas” of the Bronx and do not include people identified in the subway system (which accounted for another 1,976 people in 2015, 1,573 in 2016, 1,812 in 2017, and 1,771 in 2018) as those numbers cannot be attributed to a borough. In two of the four years for which we have data from both the Consortium’s hospital ED count and the DHS HOPE count, we found more unsheltered homeless people in Bronx hospitals than DHS found on the streets of the Bronx.

In total, 166 unsheltered homeless people were identified in the Bronx in 2018, either on the street (n=119) or in hospital EDs (n=47). By including hospital EDs in the count, the total number of unsheltered homeless people in the Bronx was 39% higher than the street count alone. If we extrapolate this percentage increase to the surface total in the City (n=1,904), excluding subway count, it would mean there could be an additional 743 unsheltered homeless people who are not being counted because they are in hospitals on the night of the HOPE Count.

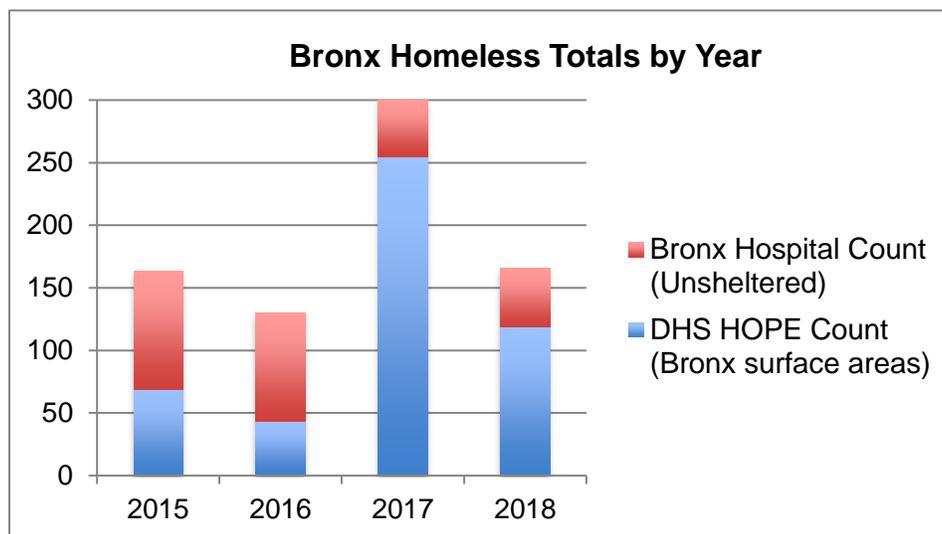
Looking over the past four years, the total number of unsheltered homeless people found in Bronx hospital EDs has decreased by half. The numbers for 2015 and 2016 were relatively close, then there was a 48% drop between 2016 and 2017, and the numbers remained roughly the same from 2017 to 2018. We think the more substantial decrease in 2017 was largely due to the fact that the 2015 and 2016 counts were conducted during ‘Code Blue’ nights when the temperature was below freezing and/or weather was inclement. The temperature was well above freezing in 2017 and 2018—43° F for both dates.

The numbers from the DHS HOPE Count in the Bronx have varied significantly over the past three years. The dramatic 493% *increase* in the DHS HOPE Count in the Bronx from 2016 (n=43) to 2017 (n=255) compared to the 48% *decrease* in the Bronx Hospital Count over the same period could suggest two things. We can assume there was an undercount in the 2016 HOPE Count, which was postponed due to cold and snow. Each postponement decreases the number of volunteers available,

which means some map areas may not get covered. Second, since the 2017 HOPE Count was conducted on a warmer night, there may have been more people outside rather than seeking shelter in a hospital or elsewhere. Anecdotally, people who are homeless with whom we have spoken have told us that they tend to use hospitals for shelter when it is too cold to sleep outdoors.

Moreover, during Code Blue nights, the City (via outreach teams, police and others) urges and often escorts people indoors from the street, including to hospitals. Hospitals are required to allow homeless people to sleep in their waiting rooms or lobbies during Code Blue nights, unlike other nights. This is one reason the Consortium has continued to urge DHS to include hospital waiting rooms in its official HOPE count. In addition, the Department of Housing and Urban Development (HUD) Point-in-Time Count guidelines<sup>4</sup> include the need to count people in “emergency rooms if the persons are not being admitted or seeking overnight care.”

Looking at the combined totals of homeless people identified on the street and in hospitals, other than the outlier year of 2017, the numbers have remained relatively consistent between 2015 and 2018. This seems to support our notion that we are counting the same people, but they are moving between the street and the hospital, largely depending on the weather. This is further reason why hospital EDs should be included in the DHS HOPE Count.



**Figure 3:** Bronx Homeless Totals by Year. The total numbers of homeless people identified on the streets and in hospital EDs in the Bronx were relatively the same in both 2015 (n=163) and 2018 (n=166). What changed was the portion of people identified on the street and the portion found in hospital EDs. In 2016, 130 homeless people were identified, which we suspect was an undercount with only 43 people found on the street. 2017 appears to be an outlier and was likely an over count.

It should also be noted that the 53% decrease in the Bronx street count number between 2017 and 2018, while due in part to a likely over count in 2017 for reasons previously stated, is also a result of the City’s investment in additional Safe Haven beds and the work of the Bronx Homeless Outreach Team to target high population areas and rapidly place people from the street into Safe Haven beds as they become available. These Safe Haven beds have been a critical transitional step for people who have been chronically street homeless to move towards living in permanent housing.

<sup>4</sup> <https://www.hudexchange.info/resources/documents/PIT-Count-Methodology-Guide.pdf>

## Comparison by Hospital

During this count, some hospitals only granted volunteers access to the ED waiting areas, while others allowed access to the ED itself in order to interview patients. In these hospitals, volunteers were able to identify some homeless people in the ED treatment areas, often with the help of hospital staff, so we assume that access to these treatment areas in all participating hospitals would have produced higher numbers. According to HUD guidelines, people who are in the hospital to receive emergency medical care may be counted as long as they are not going to be admitted for overnight care. Therefore, ED treatment areas are a permissible location to conduct the count according to HUD and we hope that more hospitals will allow volunteers access to these treatment areas in future counts.

Of all hospital EDs that were surveyed that night in four boroughs, the hospitals that found the highest number of homeless (unsheltered or living in a homeless shelter) people were H+H Bellevue Hospital and NYP Columbia University Medical Center. Overall, less than half (47%) of the people who were unsheltered homeless were found in H+H public hospitals, and the other 53% were in private, not-for-profit hospitals. This challenges the notion that homeless people tend to visit public hospitals much more frequently than private hospitals.

The proportion of people in each of the three different DHS categories captured in the hospital homeless count varied significantly from hospital to hospital. If we look at the overall sheltered and unsheltered data from the six hospitals that identified at least 10 homeless people that night, the range of people who were not registered for care was between 29% to 73%. This could mean that hospitals are addressing this population differently in terms of their registration practices. For example, some hospitals may decide to allow people who do not choose to register for care to just sleep, as long as they do not disturb other people in the waiting areas. Other hospitals may ask people who are not registered for care to leave the hospital. And some hospitals may be more aggressive about registering everyone for care and examining them. This is critically important because homeless people are often in need of medical care, even if they state or staff assumes that their primary reason for coming to the hospital was for a place to sleep. We have anecdotally heard about each of these scenarios. Overall the data are as follows:

**Homeless Count by Bronx and Non-Bronx Hospitals**

	Sheltered Homeless (registered in ED)		Unsheltered Homeless (registered in ED)		Unsheltered Homeless (not registered in ED)	
	Number	Percentage	Number	Percentage	Number	Percentage
Bronx Hospitals	7	13%	23	43%	24	44%
Non-Bronx Hospitals	24	24%	29	30%	46	46%
<b>Overall Total</b>	<b>31</b>	<b>20%</b>	<b>52</b>	<b>34%</b>	<b>69</b>	<b>45%</b>

**Table 4:** Comparison of homeless people found in Bronx versus non-Bronx hospitals in each DHS category. While all Bronx emergency rooms were counted, not every hospital emergency room in the other boroughs were counted so a comparison by borough would not be exact. Therefore Table 4 combines non-Bronx hospitals.

## Implications on Healthcare System

The Consortium conducted this hospital count not only to get a more accurate estimate of the homeless population in the Bronx and elsewhere, but also to better understand the implications of homelessness on the healthcare system. Nearly all of the individuals who completed the Consortium's questionnaire had multiple visits to the emergency department, and over half did not have a regular place other than the ED where they received care (see Fig. 2)

From the hospitals' perspective, homeless people are not just those who are unsheltered but also include those in shelters because their housing situation is very unstable. People, especially singles, often live in shelters part of the time and are moved to other shelters, return to the street, or stay with friends for short periods. This housing instability can impact their healthcare utilization and a hospital's ability to discharge them safely.

We note that our sampling strategy (a point-in-time count in the ED) biases toward people who use the ED more frequently and also 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. We also note that some homeless people may be unknown to DHS, as the shelter system is not available to homeless people who are ill and do not meet the screening criteria<sup>5</sup> for admission to shelter. Consequently, they may not be receiving the housing support they need.

## Volunteer Observations

Several of our volunteers reported that ED staff told them that numerous people who frequent the ED almost nightly were missing during this HOPE night. Others told us of hospital staff were asking people who were homeless to leave or making them feel unwelcome. Finally, volunteers who met homeless people who were interested in shelters were not able to access the homeless outreach teams that night. The 311 number recording noted that these teams were not available that night because they were counting people. We would like to request that this vital DHS service—linking people in need to the shelter system—be available this night as well as all others.

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<sup>5</sup> [https://www1.nyc.gov/assets/dhs/downloads/pdf/061410\\_dhs\\_form\\_1\\_screening\\_form.pdf](https://www1.nyc.gov/assets/dhs/downloads/pdf/061410_dhs_form_1_screening_form.pdf)

## RECOMMENDATIONS

For the fifth year in a row, The Bronx Health & Housing Consortium discovered a significant group of “hidden homeless” individuals in emergency departments who are not traditionally counted in the annual DHS HOPE Count. Based on the information we have gathered over these past five years, we have the following recommendations for how to better serve this highly vulnerable population.

### Resources

Acknowledging this “hidden homeless” population is significant for several reasons. Without including hospital emergency departments in the annual HOPE Count, the number of homeless people identified in NYC may be *significantly* underestimated. Resource allocation should take into account the number of homeless people within the ED rather than solely the numbers from the street/subway. From our count in 2014, we also know that there are people in inpatient wards who are homeless and not counted. Without a place to go, they oftentimes cannot be safely discharged from the hospital. Because Safe Haven beds for homeless individuals are directly allocated based on the annual DHS HOPE count results, this underestimation results in underfunding and under-resourcing of direly needed services for homeless people. As the number of homeless people in NYC grows, the resources that are available to support them are more necessary than ever.

### Links between homeless outreach teams and hospitals

Homeless individuals tend to be transient and difficult to engage on the street. 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 social service sites (e.g. shelters) for a significant number of people. Therefore, outreach efforts to locate and work with homeless people need to include most, if not all, NYC hospitals to address both health and housing needs.

The Bronx Homeless Outreach Team, run by BronxWorks, has used the data and analyses from our annual Hospital Homeless Counts to develop stronger relationships with various hospitals that have high homeless counts. That team and the Bronx hospitals they visit have reported improvement in the ability to address the housing and health needs of people who are homeless. However, not all hospitals have developed this type of relationship with the homeless outreach teams in their respective boroughs. We are encouraged to hear that homeless outreach teams have been urged by DHS to make connections with hospitals. However, we have yet to hear about any new guidelines or expectations about activities and outcomes.

From our Bronx experience, we think that at a minimum, hospitals need to recognize and support the people who are homeless within their walls by: 1) designing intake assessments that include housing questions, and 2) developing effective links with the homeless outreach teams for their respective boroughs to support housing and shelter interventions for this population. Housing assessments to understand people’s housing situation will lead to more appropriate treatment plans. DHS could provide access to their homeless data system, CARES, to key hospital staff, who may then identify their patients who in the shelter system. As patients, homeless people are not always able to provide this information, so having another means of obtaining housing status and histories of homelessness is important for treating patients.

The homeless outreach teams could personally meet key hospital staff, including ED social workers, social work managers, and ED security staff, who are very knowledgeable about people who frequent the ED. Together, the outreach team and ED staff could agree on protocols about identifying people who are homeless, contacting each other with key information (within HIPAA guidelines), and arranging follow up plans. Homeless outreach teams could also make nightly visits to EDs known to serve large numbers of people who are homeless, some of whom might not yet be receiving street outreach services. Employing a Hospital Coordinator as part of a homeless outreach team, as is done in the Bronx, can bridge the health and housing sectors. Similarly, employing a Housing Coordinator as part of the ED or hospital team has been successfully implemented at two hospitals in the Bronx. Although there are many organizations that provide care management services, this population requires staff to be specially trained and adept at working with them. Measures of success can be jointly developed, and ongoing case conferencing can be used to agree on interventions. Using information in this report allows resources and interventions to be more data-driven helps develop hospital-outreach team relationships where they are most needed.

### Need for appropriate housing

Of course, the *major* issue is the **lack of housing** for these and all homeless people in NYC. Without stable housing, people are often unable to appropriately address their medical conditions and will most likely return to hospitals for further medical attention. Access to safe, appropriate housing will foster better health outcomes and can often decrease system costs that stem from multiple ED visits, inpatient hospitalizations, and number of nights in the hospital. ***The cost of people staying in hospitals longer than necessary, or even staying in hotels or shelters, is often higher than the cost of supportive housing.*** People's health status and hospital utilization should be accounted for when assessing vulnerability and priority for supportive housing. Efforts around improving health for homeless individuals—especially those by City agencies—must focus on the end goal of housing.

In terms of the type of units required, our ED sample on HOPE night found that 22% of respondents would require family housing units. While the sample size is small, this figure is consistent with our findings in previous years. This is important to note because there continues to be a shortage of permanent housing for homeless families as well as singles. These units are necessary to keep families stably housed. If appropriate housing were available and affordable, many of the resources for the outreach teams, shelters, specialized medical care, etc. could be saved.

### All-hospital approach

This inclusion of hospitals as partners in the homeless services system cannot be limited to the public hospitals. If we compare New York City Health + Hospitals (H+H) public hospitals to the others in our hospital count across the City, H+H had an average of six unsheltered homeless people the night of the count and non-H+H had an average of five. Clearly, efforts to identify and intervene to work with homeless people in hospitals need to include *all* hospitals in NYC. Hospitals serving homeless patients should find ways to engage this population while in the ED in order to address their significant health needs as well as more effectively address their social determinants of health (e.g. housing). Of note, the Emergency Medical Treatment and Active Labor Act (EMTALA) mandates EDs to at the very least perform a medical screening exam for everyone who presents to the ED and requests care.

## Need for respite services

We also know that there are a number of people in hospitals who cannot be discharged because they have no home or because they live in inappropriate homes (e.g. buildings with flights of stairs for those with severe heart disease or COPD) and are too sick to go to traditional shelters. We need to move this population from their expensive and unstable housing in hospitals to respite services and, eventually, to appropriate permanent housing. Medical respite provides short-term acute and post-acute care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets but who are not ill enough to be in a hospital. Close collaboration between hospitals, outreach workers, and shelters to target these populations will ensure rapid and stable housing to prevent avoidable hospital readmissions and stop the revolving door between hospitals and homelessness. ***Eighty respite programs exist throughout the U.S., several of which provide shelter to more than 50 people. So far, in all of NYC there are fewer than 20 medical respite beds.*** It is time that New York City catches up with the rest of the country by addressing this substantial gap in our homeless services.

## CONCLUSION

The Bronx Health & Housing Consortium's Hospital Homeless Count continues to show a high number of homeless individuals found in hospital emergency departments and waiting rooms on the night of the annual DHS HOPE Count. When we began conducting this count in 2014, we wanted to better understand and draw attention to the scope of "hidden homeless" people in Bronx hospitals. Over the past five years, in part through the work of the Consortium and the Hospital Homeless Count in particular, there has been growing acknowledgement of the connection between housing and health. More and more hospitals across the city are showing interest in identifying their patients who are homeless or unstably housed and connecting them to services. Through DSRIP, the Medicaid Redesign Team (MRT), and the Empire State Supportive Housing Initiative (ESSHI), there are new investments in housing for people who are high utilizers of Medicaid.

Despite this progress, there is still work ahead. The Consortium will continue to meet with DHS to share this data and our findings, with the desired outcome that the HOPE count will include hospitals in the future. Hospitals in New York City are clearly seeing a significant number of people who are homeless and could be integrated into system-wide solutions to attempt to reduce the number of people who are homeless in this city.