Efforts to End Homelessness in New York City

Madrid, Spain
Single Adults: Average Census
Fiscal Year 2001 – Fiscal Year 2007 (year to date through September)
Families: Average Census

Fiscal Year 2001 – Fiscal Year 2007 (year to date through September)
Adult Families: Average Census
Fiscal Year 2001 – Fiscal Year 2007 (year to date through September)
Shelter Population Growth

- Recession of Spring 2001
- Impact of the World Trade Center

### Total Individuals in DHS Homeless Shelters

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Individuals</th>
</tr>
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<tbody>
<tr>
<td>CY 1998</td>
<td>20,000</td>
</tr>
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</tr>
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<td>30,000</td>
</tr>
<tr>
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<td>32,000</td>
</tr>
<tr>
<td>CY 2002</td>
<td>36,000</td>
</tr>
<tr>
<td>CY 2003</td>
<td>38,000</td>
</tr>
<tr>
<td>CY 2004</td>
<td>40,000</td>
</tr>
<tr>
<td>CY 2005</td>
<td>42,000</td>
</tr>
<tr>
<td>CY 2006</td>
<td>44,000</td>
</tr>
</tbody>
</table>

Source: DHS Administrative Data
First Year of the Bloomberg Administration: Growth of Homelessness Continues

- DHS develops its own strategic plan focused on:
  - Improving Shelter Management
  - Increasing Provider Accountability
  - Improving Use of Existing Resources

Total Individuals in DHS Homeless Shelters

Source: DHS Administrative Data
Management Plan Takes Hold

- Shelter population stabilizes primarily due to:
  - Increased family shelter exits given the Housing Placement Process
- Limits of agency-only approach become clear

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<tr>
<td>CY 2001</td>
<td>26,000</td>
</tr>
<tr>
<td>CY 2002</td>
<td>28,000</td>
</tr>
<tr>
<td>CY 2003</td>
<td>30,000</td>
</tr>
<tr>
<td>CY 2004</td>
<td>32,000</td>
</tr>
<tr>
<td>CY 2005</td>
<td>34,000</td>
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<tr>
<td>CY 2006</td>
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Source: DHS Administrative Data
Bloomberg Commitment

5 Year Citywide Comprehensive Effort

- Ending Chronic Homelessness
- Reducing Homelessness by two-thirds in 5 years
5 year plan

Major Themes

- 1. Prevention
- 2. Minimize LOS
- 3. Client and Provider responsibility
- 4. Coordinate with other systems
- 5. One City Strategy
- 6. Discharge Planning
- 7. Promoting strategies for Work and Asset Building
- 8. Rental Assistance-Affordable Housing
- 9. Data and Evaluation
Five Year Targets

- Prevention:
  - HomeBase Program
  - Provider and Client Responsibility
- Data Tracking and Evaluation

- Housing:
  - Rental Assistance
  - NY/NY II and III
  - Affordable Housing

Total Individuals in DHS Homeless Shelters: Actual and Target

Source: DHS Administrative Data
Data Driven Approach

- Prevention Efforts
- Performance Investment Program
- Homeless Outreach Population Estimate (HOPE)
- Improving Health Outcomes
Data Driven Approach: Prevention

Based on data from 1999 to 2003, we identified 6 NYC communities that account for 25% of all families entering shelter.
Data Driven Approach: Prevention

DHS tracks family shelter entrants according to their community of origin.
Data Driven Approach: Prevention Community-Specific At-Risk Profile

For Example: In CD 6 of the Bronx, we identified the following characteristics of the population at risk of becoming homeless:

**The Primary Tenant**
- Older couples
- Older females with adult children
- Permanently housed/lease holder
- Experiencing landlord discord
- Limited income and work history
- Limited education and skills
- Eligible for legal services for housing
- Poor budgeting and money management skills

**The Secondary or Doubled Up Tenant**
- Younger single adults
- Single females with small children
- Transient, with negative or limited rental histories
- Experiencing household discord
- Limited income and work history
- Limited education and skills
- Ineligible for legal services for housing
Invest in Good Performance (PIP)

- Providers earn/lose money based on outcomes achieved
- Criteria
  - Result Card score
  - Housing Target achievement
- Budget
  - Each criterion can increase or decrease the rate (minus rent and debt service) by 5% for a total increase or decrease of up to 10%
The annual Homeless Outreach Population Estimate (HOPE) tracks the number of people residing on the street each year.
Street Homelessness: Why We Care

- Street homelessness is harmful for those who live in public spaces, and has negative effects on the communities and areas in which street homelessness proliferates.

- For humanitarian, and quality of life reasons alike, people on the street should be helped, and street homelessness, as a condition of urban life, should not be tolerated.
Each borough was divided into small study areas (groups of blocks and/or park areas) which were stratified based on their expected density (high or low) of unsheltered homeless individuals. A stratified random sample was obtained in each borough.

Subway stations were stratified based on the expected density (high or low) of unsheltered homeless individuals on the platforms and in subway cars. A stratified random sample was drawn for New York City subways.

Density estimates were based on the expertise and experience of the New York Police Department’s Homeless Outreach Unit, the Metropolitan Transportation Authority, the Parks Department, community groups, social service organizations, DHS and DoHMH outreach teams, and others.

Teams of volunteers were assigned to survey areas/stations during a four-hour period in the middle of the night to enumerate unsheltered homeless individuals.

Using statistical methodology, DHS counts all high density areas and extrapolates from the number of unsheltered homeless individuals encountered in low density areas/stations to produce the initial estimate of the unsheltered homeless population in New York City.

Decoys were placed throughout the five boroughs to determine whether volunteer enumerators successfully found and counted the visible homeless people in their assigned study areas. The estimate was adjusted based on those decoys that were not enumerated to account for homeless individuals who may also have been missed.
Data Driven Approach: HOPE

HOPE 2006 Shows 13% Fewer Individuals On the Street Since Last Year

4,395

2,000

3,000

4,000

5,000

2005

3,843

13% Fewer Individuals

552 Fewer Individuals

2006
### Data Driven Approach: HOPE

**Comparison of Street Homelessness in Some Major Cities**

<table>
<thead>
<tr>
<th>City/County</th>
<th>Population</th>
<th>Street Census</th>
<th>Ratio of Street Homeless to General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York City</td>
<td>8,104,079</td>
<td>3,843</td>
<td>1 in 2,109</td>
</tr>
<tr>
<td>Miami-Dade County</td>
<td>2,363,300</td>
<td>1,754</td>
<td>1 in 1,347</td>
</tr>
<tr>
<td>Phoenix</td>
<td>1,418,041</td>
<td>1,834</td>
<td>1 in 773</td>
</tr>
<tr>
<td>San Francisco</td>
<td>744,230</td>
<td>2,655</td>
<td>1 in 280</td>
</tr>
<tr>
<td>Los Angeles County</td>
<td>9,935,475</td>
<td>72,413</td>
<td>1 in 137</td>
</tr>
</tbody>
</table>

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*This represents a list of the largest U.S. cities with a similar street count methodology for which DHS was able to confirm a recent census. All population figures are from the 2004 U.S. Census Bureau Population Estimate with the exception of Los Angeles County (2005).*
Analyses

- Matched DHS registry to multiple DOHMH registries using name, date of birth and Social Security number (when possible).
  - NYC Vital Statistics mortality files
  - Tuberculosis registry
  - HIV/AIDS registry
- Analyzed hospitalization data by address.
- Rates were age-adjusted to 2000 expected US population.
Data Driven Approach: Health

Results: *Cause of death*

- Similar to the NYC adult population, the highest death rates were due to cancer and heart disease among the adult and family shelter users.
Data Driven Approach: Health

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- Similar to the NYC adult population, the highest death rates were due to cancer and heart disease among the adult and family shelter users.
- Among shelter users, substance use and HIV/AIDS accounted for nearly one-third of all deaths; these causes accounted for less than 5% of deaths among NYC adults.
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The largest proportion of deaths among female adult shelter users was due to HIV/AIDS; among men the largest proportion was due to substance use.
Data Driven Approach: Health

Leading causes of death* among adults who used DHS single adult shelters and NYC adults, 2001-2003

<table>
<thead>
<tr>
<th></th>
<th>Deaths/100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DHS female</td>
</tr>
<tr>
<td>Heart disease</td>
<td>385</td>
</tr>
<tr>
<td>Cancer</td>
<td>284</td>
</tr>
<tr>
<td>Substance use</td>
<td>188</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>249</td>
</tr>
</tbody>
</table>

*age-adjusted rates
Data Driven Approach: Health

Exposure deaths by homeless status, 2001-2003

Number of deaths

<table>
<thead>
<tr>
<th></th>
<th>Homeless</th>
<th>Not homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive cold</td>
<td>17</td>
<td>27</td>
</tr>
<tr>
<td>Excessive heat</td>
<td>36</td>
<td></td>
</tr>
</tbody>
</table>
Data Driven Approach: Health
Results: *Hospitalizations*

- Homeless adults in NYC are disproportionately hospitalized (1.6% of hospitalizations, less than 1% of adult population).

- The average length of stay for homeless adults was 9 days, compared to 7 days for non-homeless adults.

- Of hospitalizations among homeless adults, 69% were due to drug use, alcohol use and mental illness, compared with only 10% from these causes among non-homeless New Yorkers.
<table>
<thead>
<tr>
<th>Cause</th>
<th>Among homeless adults</th>
<th></th>
<th></th>
<th>Cause</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td></td>
<td>Heart disease</td>
<td>338,917</td>
<td>12%</td>
</tr>
<tr>
<td>Substance use</td>
<td>14,865</td>
<td>31%</td>
<td></td>
<td>Pregnancy related</td>
<td>250,997</td>
<td>9%</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>11,589</td>
<td>24%</td>
<td></td>
<td>Injuries</td>
<td>229,662</td>
<td>8%</td>
</tr>
<tr>
<td>Mental illness</td>
<td>6,821</td>
<td>14%</td>
<td></td>
<td>Cancer</td>
<td>148,845</td>
<td>5%</td>
</tr>
<tr>
<td>Injuries</td>
<td>1,874</td>
<td>4%</td>
<td></td>
<td>Mental illness</td>
<td>130,775</td>
<td>5%</td>
</tr>
<tr>
<td>Pregnancy related</td>
<td>1,724</td>
<td>4%</td>
<td></td>
<td>Substance use</td>
<td>88,427</td>
<td>3%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>1,045</td>
<td>2%</td>
<td></td>
<td>Influenza/pneumonia</td>
<td>76,730</td>
<td>3%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>692</td>
<td>1%</td>
<td></td>
<td>Alcohol use</td>
<td>66,622</td>
<td>2%</td>
</tr>
<tr>
<td>Influenza/pneumonia</td>
<td>670</td>
<td>1%</td>
<td></td>
<td>Diabetes</td>
<td>59,380</td>
<td>2%</td>
</tr>
<tr>
<td>Asthma</td>
<td>632</td>
<td>1%</td>
<td></td>
<td>Benign cancer</td>
<td>53,833</td>
<td>2%</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>263</td>
<td>&lt;1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DOHMH-DHS Action Steps

1. Enhance the medical screening and treatment provided to shelter residents.
   - Increase rapid HIV testing.
   - Increase the identification and treatment of alcohol and drug abuse.
   - Reduce smoking.
2. Increase services for shelter residents.

- *Increase services for substance users and those with mental health needs.*
- *Increase the distribution of condoms in shelters.*
- *Provide assistance for new mothers (Nurse Family Partnership).*
DOHMH-DHS Action Steps


- Create performance indicators.
- Continue to analyze exposure deaths.
Pulling it together: Plan Takes Hold

HomeBase: **8% decrease** in high need target communities compared to a **7% increase** in control communities*

Housing: Increased placements of single adults into housing

Housing: New Rental Assistance plan moves 8,000 families from shelter

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**Total Individuals in DHS Homeless Shelters: Actual and Target**

Source: DHS Administrative Data. Actual 2006 data is based on data available through September.

* First quarter of 2006
What Happened?
It’s Not Easy

- More Entrants
  - Housing Market
  - Lower wages
- Fewer Move Outs
  - Rental Market
  - Psychosocial components

Total Individuals in DHS Homeless Shelters: Trend and Target

Source: DHS Administrative Data
Recent Trend Data is based on information from the 3rd quarter of 2006 but is not an official calculation of CY 2007
Next...

Homelessness is a complex and dynamic system
- Strong Management
- Disruptive Technologies

Total Individuals in DHS Homeless Shelters

Source: DHS Administrative Data.
Possibility Calculations are not official