Human Resources Administration
Department of Homeless Services
Department of Social Services

Outlined below is information for Calendar Year 2023 solicited in Local Law 114 of 2017

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Introduction

Pursuant to Local Law 114 of 2017 to amend the administrative code of the City of New York, in relation to requiring information on medical services in shelters, the Department of Social Services (DSS) submits the calendar year (CY) 2023 report below.

Those most at risk of homelessness are affected by high rates of poverty, often compounded by family conflict, interpersonal violence, poor health – including high rates of chronic disease and behavioral health diagnoses, and limited access to high quality health care services.

This report describes medical conditions and services for individuals experiencing homelessness in shelters and on the street. It should be viewed against the backdrop of the many other services Human Resources Administration (HRA), DHS, and other City agencies provide to address social and structural determinants of health and homelessness.

DHS and HRA strive to continue to improving how medical services are accessed and provided for those experiencing unsheltered homelessness, who are coming to intake seeking shelter, or who are currently residing in a shelter or safe haven and, in alignment with City and State laws governing the right to shelter and the Americans with Disabilities Act, makes reasonable accommodations available to all clients upon demonstration of need.

As per New York State regulations 18 NYCRR Part 491.9(c): “A social services district shall not, without the approval of the office, place any person in a shelter for adults, a small-capacity shelter, or a shelter for adult families who: (1) has a mental or physical condition that makes such placement inappropriate or otherwise may cause danger to himself/herself or others; (2) requires services beyond those that the shelter is authorized to provide by law and regulation, and by an operational plan approved by the office; (3) is likely to substantially interfere with the health, safety, welfare, care or comfort of other residents; (4) is in need of a level of medical, mental health, nursing care or other assistance that cannot be rendered safely and effectively by the facility, or that cannot be reasonably provided by the facility through the assistance of other community resources; (5) Is incapable of ambulation on stairs without personal assistance unless such a person can be assigned a room on a floor with ground level egress or the facility is equipped with an elevator; (6) has a generalized systemic communicable disease or a readily communicable local infection which cannot be properly isolated and quarantined in the facility.”

Please note that while shelters may be equipped with mental health services/supports and/or some may have qualified medical providers on site, shelters are not assisted living facilities, psychiatric centers, or medical institutions; as such, there are no shelter programs, Safe Havens, or Drop in Centers (DIC) that have medical services appropriate for clients with medical or disabling conditions that fall within the absolute exclusion criteria detailed on pages 6-7 of the DHS Institutional Referral Procedure. There are no medical or respite shelters in the DHS shelter system. No shelters or Safe Havens have 24/7 healthcare.

Shelter Medical Programs in 2023

In addition to having medical services available on-site at some shelters or by referral in all shelters, system-wide medical programs increase in availability in shelters were implemented or continued in 2023, including:

- Promoting connections to H+H Virtual Expresscare, a virtual urgent care service for DHS clients, regardless of insurance status
- Continuing Nurse Call Line so clients can speak to a nurse 24/7 and ask questions or request referrals to services
- Centralized care coordination provided by health staff in the DHS medical office
- Enhanced discharge planning to ensure a safe hospital discharge and coordinate entry to shelter directly from hospital
- Close collaboration with the public hospital system and providers of healthcare for the homeless
- Infectious disease response, infection control, and outbreak prevention, in partnership with the local health department

1. The total number of shelters and facilities and number with on-site medical services

The number of shelters, domestic violence shelters, and HASA facilities with on-site medical health services, as well as the total number of shelters, domestic violence shelters and HASA facilities

DHS and HRA performed a count of all the shelter programs and collected information about availability of on-site medical services. On-site medical services through co-located clinics, mobile health clinics, or contracted visiting medical provider. A total of 82 (15%) DHS shelters and 1(2%) Domestic Violence shelters report providing on-site medical health services in 2023 (Table 1).

Table 1: Number of shelter programs and shelter programs with on-site medical health services, 2023

	Number of shelters	**Number of shelters with on-site medical services[1]**
DHS Shelters[2]	**565**	**82**
Single adults	169	46
Streets[3]	53	24
Veterans short term housing/Criminal Justice Shelter	1	0
Adult Families	16	4
Families with Children	326	8
Domestic Violence Shelters	**54**	1
Domestic Violence Emergency Shelters	42	1
Domestic Violence Tier II shelters	12	0
HASA Facilities	**94**	**0**
Emergency SRO /Family Provider Sites	66	15
Emergency Transitional Provider Sites	13	0

Note: These are shelter programs that were active as of December 31 of the reporting year

2. A description of the medical health services in each intake center

New York City Department of Homeless Services Intake Centers

Families with children

Families with children enter DHS shelter through the central intake center called the Prevention Assistance and Temporary Housing (PATH) center. Families that report a health issue at intake and those with specific medical needs (such as pregnant people, families with infants or who have a member with an acute medical condition or recent hospitalization) have the opportunity to access the clinic at PATH, which is operated by a Federally Qualified Health Center (FQHC). The clinic provides health screening, urgent care services, referrals, health education, and coordination with the client's

[1] This clinic data is derived from a Point in Time (PIT) count conducted in Summer 2023 by the DSS Health Services Office (HSO)

[2] This data includes DHS Emergency Sites. This data is housed on the Building Compliance System (BCS) and has historically been updated by shelter staff.

[3] Streets includes Safe Havens, Drop in Centers, and Stabilization Beds.

existing health care providers as needed. Pregnant people and those with infants who are eligible are referred to the NYC DOHMH Nurse Family Partnership and Newborn Home Visiting Programs.

Single adults

Single adults enter DHS shelter through a central Intake Center, and then are placed in an Assessment Shelter for an average of 21 days. During Assessment, single adult clients are offered medical and behavioral assessments at onsite clinics operated by contracted medical providers, including medical history and physical, routine laboratory testing and infectious disease screening, urgent care and referrals for community care. Participation in medical services is voluntary. Medical visits are generally scheduled within five to ten days of the client's arrival to intake, with urgent care and telehealth services available on-demand as needed. Intake clinics have worked hard in 2023 to continue to meet the unique needs of the influx of new migrants into the New York City shelter system.

Adult families

For adult families going through intake, staff assessments using a client questionnaire are conducted at intake centers where individuals respond to questions posed by staff. Clinical assessments are not conducted by a clinician at adult family sites.

Human Resource Administration Domestic Violence Services

HRA's Domestic Violence Services (DVS) provides oversight for the 24‐hour NYC domestic violence hotline which serves as one of the contact points for the domestic violence shelter system, but also provides safety planning and referrals. Safe Horizon, a private not‐for‐profit social service agency and DV service provider, is the City contracted provider operating the hotline.

Upon arrival at a domestic violence shelter, as required by State mandate a client will be assessed within 48 hours of arrival. As a part of the client assessment process, the following medical and mental health questions are asked:

- Do you consider yourself or your children in good health? Yes or No
    - If no, explain medical problem
- Have you or your child(ren) ever been hospitalized? If yes, please explain.
- Have you or your child(ren) ever received psychiatric treatment or counseling? If yes, please explain.
- Is anyone in the family currently in treatment (Yes) or (No)?
- If yes, Name of Psychiatrist, phone#, Treatment schedule, List of medications,

- Is anyone pregnant (Yes) or (No).
    - If yes, who and expected date of delivery?
    - If yes, receiving prenatal care (Yes) or (No)? Where?

    - Any complications with the pregnancy (Yes) or (No), Explain
- We also ask the following Drug /Alcohol History:
    - Does client have a history of alcohol or substance abuse? (Yes) or (No)
    - Has client ever been in detox or rehab? (Yes) or (No)
- Is client currently in treatment? (Yes) or (No) If yes, where? Address / Counselor's name, telephone phone.

Depending on the responses, referrals are made. In every case there is on-going case management at the shelter.

HIV/AIDS Services Administration

Persons who are medically eligible for the HASA program must still apply for and be found eligible for cash assistance. All clients applying or recertifying for cash assistance who self-identify or appear to have a substance use history are referred for a substance use assessment by an on-site Credentialed Alcoholism and Substance Abuse Counselor (CASAC) and are offered a referral for the appropriate treatment and/or harm reduction services as needed. We use an electronic instrument that is based upon the Addiction Severity Index that assesses client functioning with respect to substance use and treatment history as well as medical, mental health, employment, legal, and housing issues. It also includes a section to assess a client's motivation towards treatment and has decision support logic that helps the CASAC make determinations and standardizes determinations among CASACs. At intake, clients applying for HASA will submit lab results and or sign a HIPAA release, so staff are able to access health records in order to confirm eligibility.

3. Description of medical services provided at drop-in centers and safe havens

A description of the medical health services provided at drop-in centers and safe havens

Services at drop-in centers and safe havens include medical care, assessment services and referrals to clinical care.

At the Safe Havens and Drop-In Centers, which have clinical services on site, clients are provided a clinical assessment upon intake.

All placements to low-barrier street beds, including safe havens and new stabilization beds, are processed through the Joint Command Center (JCC). This ensures that clients are receiving the level of care which they require. Stabilization beds are small-scale, low-barrier programs specifically tailored for individuals experiencing unsheltered homelessness who may be resistant to accepting or who may not be best served by other services, including traditional transitional housing settings. Stabilization beds are specifically meant to address individuals' unique needs, including smaller physical settings, as well as on-site services and compassionate staff who work closely with these New Yorkers to build trust, stabilize lives, and encourage further transition off the streets and ultimately into permanent housing.

Safe Havens provide an immediate transitional housing alternative for individuals who have experienced unsheltered homelessness, with a focus on those who've experienced chronic unsheltered homelessness. As a result, street outreach teams are the sole referral source and can place clients into a Safe Haven directly from the street based on individualized engagements/assessments. Safe Havens are generally smaller settings (smaller capacity), with clinically rich staffing and flexible program requirements, such as no curfew. The program embraces housing-first and harm-reduction models. The primary goal is to encourage clients to accept services and come in off the streets into flexible settings with strong clinical supports, which will help clients further transition to permanent housing. Equipped with MSW level clinicians, CASAC certified staff, and psychiatrists, the clinically rich staffing model and lower client to staff ratio allow for more intensive work with each client.

4. Description of medical services provided to the unsheltered homeless population

A description of the medical health services provided to the unsheltered homeless population, including but not limited to the number of clients served by a provider under contract or similar agreement with the department to provide medical health services to the unsheltered homeless population, and the number of clients transported to the hospital

Outreach teams work from a harm-reduction approach, building relationships with unsheltered individuals who over time have historically rejected services. Outreach teams are also focused on continuing to revisit and reengage and monitor our most vulnerable unsheltered clients, who may not be ready to accept services, to ensure they are safe and/or not at risk for injury or death and to continue discussing directly with them the services/supports/options available to them. Outreach teams also perform crisis intervention assessments and work on placements to indoor settings through on-going case management and supportive services. This includes linking clients to medical benefits as they continue to work with these individuals throughout their journey. The outreach teams meet people "where they are" both literally and figuratively— whether that means conducting a medical or psychiatric evaluation on a street corner or sending an outreach worker who can speak to a client in his or her native language.

Starting in FY21, DHS began piloting a street medicine team for outreach providers. The street medicine teams are intended to include a prescriber and a registered nurse who could offer medical services in the field.

Central to the HOME-STAT effort, outreach teams continue to build the City's first-ever by-name list of individuals known to be homeless and residing on the streets and in City subways/underground, more effectively enabling the teams to directly and repeatedly engage New Yorkers in need where they are, continually offering supports and case management resources while developing the trust and relationships that will ultimately encourage these individuals to accept services and transition off the streets.

As this information is the most accurate real-time reflection of what outreach teams see on the ground every day, the City reports a summary of this by-name information on a quarterly basis as Local Law 217 of 2017 has required since September of 2018:

As of the end of CYQ1 2023:

- 3,132 HOME-STAT clients on the street (and other settings)[4]
- 999 prospective clients engaged by teams to assess living situations

At the end of CYQ2 2023:

- 3,156, HOME-STAT clients on the street (and other settings),
- 840 prospective clients engaged by teams to assess living situations

At the end of CYQ3 2023:

- 2,805 HOME-STAT clients on the street (and other settings),
- 886 prospective clients engaged by teams to assess living situations

At the end of CYQ4 2023:

- 3,527 HOME-STAT clients on the street (and other settings),
- 1,135 prospective clients engaged by teams to assess living situations

In calendar year 2023, 504*individuals were transported to the hospital by outreach teams.

**This data may include removals that were initiated pursuant to section 9.58 of the Mental Hygiene Law due to the ways in which this information was recorded. DSS is working to streamline the manner in which this information is reported for future submissions of this report. Additionally, the total quantity of removals initiated for calendar year 2023 pursuant to section 9.58 of the Mental Hygiene Law has been provided as required in DSS' report on Mental Health Services Provided in Shelters required pursuant to LL 115 of 2017.*

[4] This refers to the total number of New Yorkers wo are (1) known to HOME-STAT outreach teams, AND (2) confirmed to be experiencing unsheltered homelessness, AND (3) currently being engaged by HOME-STAT outreach teams, AND (4) included in the record, also know as the City's "by-name list" of street homeless individuals.

5. Ten most common self-reported medical health issues among adults and children at intake/assessment

A list of the 10 most common medical health issues for adults living in shelters, as self-reported at intake/assessment, and the 10 most common medical health issues for children living in shelters, as self-reported at intake/assessment

Table 2 and Table 3 (below) display the top 10 self-reported medical conditions among adults in Adult Families, Single Adults, and Families with Children shelters. This self-reported data is collected at the time of application, when they arrive at the assessment or intake site, from every adult client that spent the night in an adult family, families with children or single adult shelter in 2023.

Each client can report several health conditions and therefore these data are not mutually exclusive, and the same client may report several medical conditions. These counts include clients that turned 18 while in shelter during 2023. Asthma was the leading medical condition reported by adults in Families with Children and Adult Families shelters. Among adults in single adult shelters, hypertension was the leading medical condition.

Table 2. Top ten self-reported medical conditions at intake/assessment for adults entering adult families shelters, January 1, 2023 – December 31, 2023

Rank	Medical Condition	N
1	Asthma	453
2	Hypertension/high blood pressure	450
3	Diabetes (Type 1/2/diet-controlled)	335
4	Back pain or herniated, slipped disc	215
5	Arthritis or other joint disease	193
6	Allergies (seasonal or medications)	180
7	High cholesterol	165
8	Heart/cardiac (CAD/MI/CHF/Afib)	126
9	Seizure disorder/epilepsy	113
10	Anemia	103

Table 3. Top ten self-reported medical conditions at intake/assessment among single adults entering shelters, January 1, 2023 – December 31, 2023

Rank	Medical Condition	N
1	Hypertension/high blood pressure	5,029
2	Asthma	3,803
3	Diabetes (Type 1/2/diet-controlled)	3,204
4	Arthritis or other joint disease	1,952
5	Back pain or herniated, slipped disc	1,839
6	High cholesterol	1,249
7	Heart/cardiac (CAD/MI/CHF/Afib)	1,206
8	Seizure disorder/epilepsy	780
9	Allergies (seasonal or medications)	726
10	Anemia	437

Table 4. Top ten self-reported medical conditions at intake/assessment for adults in families with children shelters, January 1, 2022 – December 31, 2023

Rank	Medical Condition	N
1	Asthma	1,685
2	Hypertension/high blood pressure	818
3	Diabetes (Type 1/2/diet-controlled)	623
4	Allergies (seasonal or medications)	446
5	Back pain or herniated, slipped disc	371
6	Anemia	328
7	Pregnancy (high-risk/pre-term labor)	298
8	Arthritis or other joint disease	256
9	High cholesterol	178
10	Heart/cardiac (CAD/MI/CHF/Afib)	174

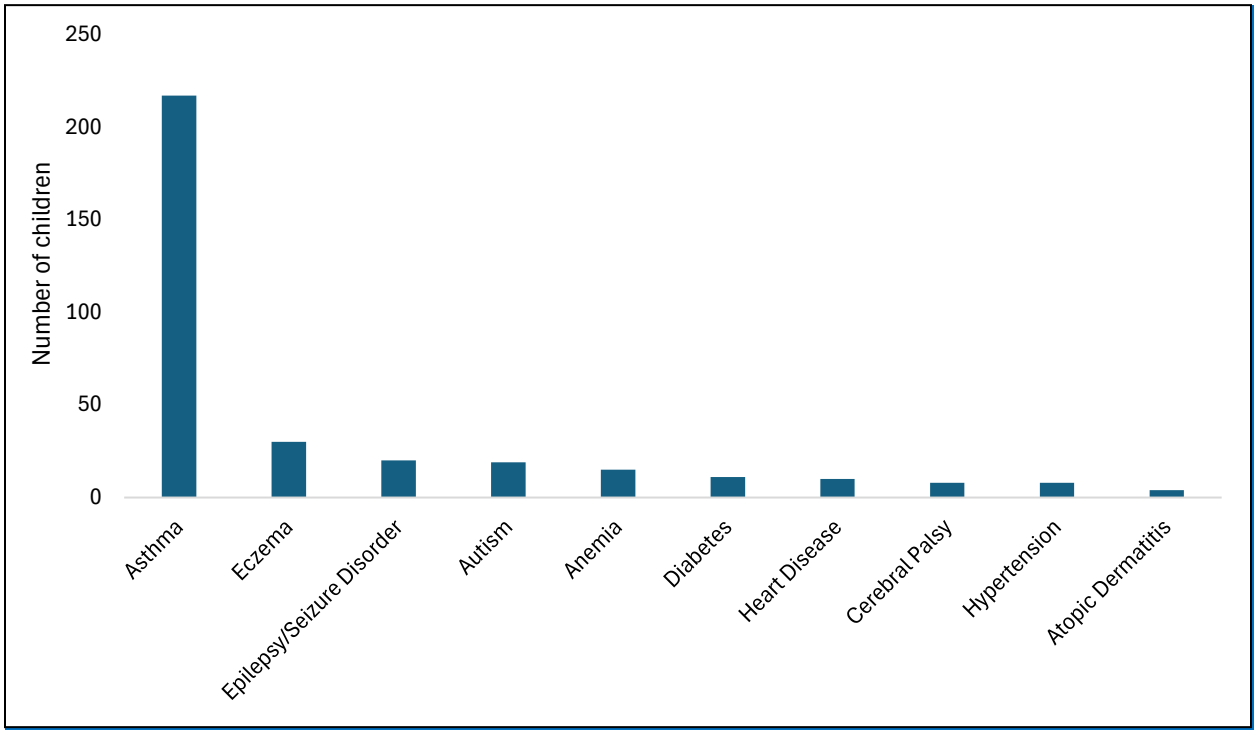
Note: These counts include clients that turned 18 while in shelter during 2023

The DSS Health Services Office/DHS Office of the Medical Director collects self-reported medical conditions for new families applying for shelter at the Families with Children (FWC) intake center (PATH)

who are seen in the onsite clinic. Clients seen at the PATH clinic includes those who report a health issue at intake (e.g., feeling sick or have a contagious condition) or those who present to the clinic for another issue (e.g., pregnancy, recent hospitalization).

- In 2023, data were collected for 1,827 children of those, 358 children (20%) had at least one chronic medical condition. Asthma was the leading medical condition reported among children (Figure 1).
- Figure 1 shows the top 10 medical conditions among children as reported by the head of the household for each family member. Some children have more than one medical condition.

Figure 1. Self-reported medical conditions among children, as reported by the household for each family member at families with children intake center, January 1, 2023 – December 13, 2023



Notes: N=358; includes developmental conditions, children may report more than one condition

6. Ten most common medical issues among adults and children living in shelters

A list of the 10 most common medical health issues for adults living in shelters and the 10 most common medical health issues for children living in shelters, as reported by providers under contract or similar agreement with the department to provide medical services in shelter

Tables below outline the 10 most common medical conditions among children (Table 5) and adults (Tables 6 and 7) living in shelter as reported by medical providers. In 2023, asthma was the leading medical conditions reported among children and adults in the family with children assessment clinic, and hypertension was the leading medical condition reported by single adult assessment clinics.

Table 5. Ten most common medical conditions among children as reported by the medical provider at PATH, January 1, 2023 - December 31, 2023

Rank	Medical conditions
1	Asthma
2	Autism
3	Anemia
4	Unspecified convulsions (seizures)
5	Atopic dermatitis
6	Heart disease
7	Dermatitis
8	Diabetes Mellitus
9	Hypertension
10	Cerebral Palsy

Note: includes developmental conditions

Table 6. Ten most common medical conditions among adults in in family with children shelters as reported by the medical provider at PATH, January 1, 2023 – December 31, 2023

Rank	Medical conditions
1	Asthma
2	Anemia
3	High risk pregnancy
4	Hypertension
5	Diabetes Mellitus
6	Heart disease
7	Unspecified convulsions (seizures)
8	Obesity
9	Hypothyroidism
10	Chronic kidney disease

Table 7. Ten most common medical conditions among single adults as reported by the medical providers at adult assessment shelters, January 1, 2023 – December 31, 2023

Rank	Medical Condition
1	Hypertension
2	Diabetes Mellitus
3	Asthma
4	Hyperlipidemia
5	Obesity
6	Nicotine dependence
7	Vitamin D deficiency
8	Arthritis
9	Gastroesophageal reflux disease (GERD)
10	Pre-diabetes

7. Number entering shelter who self-report having been discharged from hospital to shelter

The number of individuals entering shelter who self-report having been "discharged" from a hospital to a shelter*

In 2023, 517 individuals entering shelter as single adults reported having been discharged from a hospital to shelter.

Table 8. Number of single adults entering shelter who self-reported having been discharged from a hospital to a shelter, January 1, 2023 – December 31, 2023

Prior Residence – Single Adult entrants in 2023	**Women**		**Men**		**Total**	
Hospital	158	2.0%	359	1.3%	517	1.5%

*LL114 captures the number of single adults who self-report "discharge" from a hospital or medical facility as a reason for entering shelter. Because this information is self-reported, it may include but is not limited to those who have been formally/officially discharged from a hospital or medical facility by the institution. For example, the number above could include someone who reported "discharge" from a hospital or medical facility as a reason for entering shelter, but was not formally referred to shelter by the hospital: i.e. an individual visited and departed a hospital on their own, but called this a "discharge" or was discharged from a hospital to alternative housing before losing that housing and seeking shelter. Alternatively, the number could exclude someone who was, in fact, officially discharged and referred to shelter from a hospital or medical facility, and may have chosen to self-report a different "reason" for their homelessness and not disclose their discharge. This number does not represent the verified number of formal "discharges"/referrals from hospitals or similar institutions to shelter.

8. Number entering shelter who self-report having been discharged from nursing home to shelter

The number of individuals new to the shelter system who self-report having been "discharged" from a nursing home to a shelter*

In 2023, 43 individuals entering shelter as single adults reported having been discharged from a nursing home to a shelter.

Table 9. Number of single adults entering shelter who self-reported having been discharged from a nursing home to a shelter, January 1, 2023 – December 31, 2023

Prior Residence – Single Adult entrants in 2023	**Women**		**Men**		**Total**	
Nursing Home	8	0.1%	35	0.1%	43	0.1%

*LL114 captures the number of single adults who self-report "discharge" from a hospital or medical facility/nursing home as a reason for entering shelter. Because this information is self-reported, it may include but is not limited to those who have been formally/officially discharged from a hospital or medical facility/nursing home by the institution. For example, the number above could include someone who reported "discharge" from a hospital or medical facility/nursing home as a reason for entering shelter, but was not formally referred to shelter by the hospital: i.e. an individual visited and departed a hospital on their own, but called this a "discharge" or was discharged from a hospital to alternative housing before losing that housing and seeking shelter. Alternatively, the number could exclude someone who was, in fact, officially discharged and referred to shelter from a hospital or medical facility/nursing home, and may have chosen to self-report a different "reason" for their homelessness and not disclose their discharge. This number does not represent the verified number of formal "discharges"/referrals from hospitals or similar institutions to shelter.

9. Metrics relevant to the provision of medical health services

Any metrics relevant to the provision of medical health services reported to the department by any entity providing such services.

Please refer to the new overdose report and the annual mortality report submitted pursuant to LL225 of 2017 and LL63 of 2005, replaced by LL 7 of 2012, respectively.

10. Most frequent causes of hospitalizations for homeless adults (SPARCS)

No later than September 1, 2020 and every three years thereafter, the most frequent causes of hospitalizations, excluding HIV or AIDS, for homeless adults based on information available through SPARCS.

The table below outlines the most frequent admitting diagnoses of hospitalizations for homeless adults in 2022 according to data from the Statewide Planning and Research Cooperative System (SPARCS). Diagnoses were identified using the Clinical Classifications Software Refined (CCSR) for ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification) Diagnoses.

Table 10. Ten most common admitting diagnoses for hospitalizations of adults experiencing homelessness who spent at least one night in a New York City Department of Homeless Services shelter, January 1, 2022 – December 31, 2022

Rank	Admitting Diagnosis
1	Schizophrenia spectrum and other psychotic disorders
2	Alcohol-related disorders
3	Other specified substance-related disorders
4	Nonspecific chest pain
5	Respiratory signs and symptoms
6	Skin and subcutaneous tissue infections
7	Abdominal pain and other digestive/abdomen signs and symptoms
8	Nervous system signs and symptoms
9	Opioid-related disorders
10	Musculoskeletal pain, not low back pain

Note: This publication was produced from raw data purchased from or provided by the New York State Department of Health (NYSDOH). However, the conclusions derived, calculations, and views expressed herein are those of the author(s) and do not reflect the conclusions or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.