



"The Trauma of Homelessness" Seminar



Photo Credit: Karen Smul

In what ways does experiencing homelessness increase the likelihood of trauma? How can service providers develop programs that are trauma informed and can mitigate the long term effects of experiencing homelessness? This topic was the focus of the first Care For the Homeless Policy Seminar, "The Trauma of Homelessness", held on Tuesday, October 1st at 26 Federal Plaza in Manhattan.

We began the Seminar with our MC, Delise Du Pont Blenman, Chair of the Board of Directors at CFH. She introduced Barbara Andrews from the U.S. Department of Health and Human Services Administration for Children and Families who gave the opening remarks. Ms. Andrews discussed important points about the impact of homelessness on families with children, the largest demographic residing in the DHS shelter system.

George Nashak, CFH Executive Director, was the moderator for the panel.

The panelists were Michael Austin (CFH Client Advocate), Scott Auwarter (BronxWorks Assistant Executive Director), Dr. Andrea Littleton (BronxWorks Medical Director and CFH Physician), Dr. Regina Olasin (CFH Chief Medical Officer), and Frances Pierre (Suffolk County Department of Social Services Commissioner). All brought insightful perspectives to the conversation and lent their expertise on issues such as family homelessness, street homelessness, substance use disorders, adverse childhood experiences and the lived experience of homelessness.

NYC Council Member and General Welfare Committee Chair, Stephen Levin, delivered inspiring closing remarks about current legislation meant to address homelessness in NYC.

Policy is an essential component of the work that CFH does. We believe that bad policies created homelessness and therefore, better policies could end it. We conduct several public education events throughout the year and this Seminar is an integral part of that effort. Convening elected officials, advocates, services providers, academics and people with the lived experience of homelessness gives us a platform to discuss opportunities to not only respond to the immediate crisis of homelessness but contribute to long term solutions. The goal is to develop policies and procedures that will guide the delivery of well-rounded services which is an important component in the path to ending homelessness. Please keep an eye out for our next Seminar in the Spring of 2020.

A big thanks to all our speakers and the organizations who provide essential services for our neighbors most in need. Thank you to everyone that attended the Seminar. The discussion touched on several important issues and ones that we hope to continue developing to ensure that no one in NYC has to endure the trauma of experiencing homelessness.

CFH Responds to a Recent IBO Report

The Independent Budget Office (IBO) recently released a study that looks at the impact of shelters on housing values in Manhattan. The data covered the years between 2010 and 2018 and looked at the sales of condominiums and one to three family homes. The findings of the report have been widely criticized by homeless service providers, advocates, elected officials and the community. One of the most egregious impacts of this report is not the content itself, but the message it sends to critics of homeless services in different neighborhoods of NYC and the NIMBYism sentiment that goes along with it.

Our Executive Director, George Nashak, released the following statement: "Its alarming to see the IBO analysis of the alleged impact of homeless shelters on values be reported without a critical evaluation of its deeply flawed methodology. The study is based on a correlational analysis that, as we all know, does not by itself convey causation. No consideration is given in the analysis to potential intervening variables: for example, both the shelter and the housing unit might be located on a block with depressed housing values – a real possibility since the budgets to acquire shelters are very limited. The analysis also makes such egregiously false statements (to choose only one example: that shelters have no social services and supportive housing programs have intensive social services) that we must question any conclusions it reaches. The author demonstrates no



Source: CityLimits.org

CFH responds to a recent IBO report cont'd ...

understanding of the facts yet draws profound conclusions. The IBO also fails to account for why this 'effect' allegedly occurs. Are we to believe that many purchasers of housing in Manhattan conduct a scan for nearby shelters before making an offer on a property? An uncritical acceptance of its conclusions will contribute to the stigmatization of people experiencing homelessness and the services designed to assist them."

Even with the flawed methodology this report was still released, and to what end? Every day the City is trying to address its affordable housing crisis. On top of it being the right thing to do, it must adhere to a legal mandate to provide temporary emergency shelter to every man, woman, and child who is eligible for these services. This is a crucial safety net for many individuals who are unable to maintain stable housing due to a variety of intervening factors. All this report will do is increase the stigma that people experiencing homelessness already face every day. A better alternative is to report on policies that help us address the homelessness crisis, not hinder it.

The Link Between Health Care and Social Needs



A recent study by university-based investigators and the New York City Center for Innovation through Data Intelligence (CIDI) focused on the impact of emergency departments (ED) visits/ hospitalizations immediately preceding and immediately after shelter entry. The study, ["When Crises Converge: Hospital Visits Before and After Shelter Use Among Homeless New Yorkers"](#), was conducted in NYC as it has the nation's largest municipal shelter system and one of the largest homeless populations in the nation. The goal of the study was to identify any trends that could inform health care providers and homeless service providers on possible points of intervention to prevent someone from becoming homeless. It also gives insight in to the adverse health consequences of housing instability.

Researchers included only adults, defined as people eighteen and older, who were first time users of the New York City Department of Homeless Services (DHS) shelter system. If an individual had experienced more than one shelter stay during the study period, only the first stay was included. It was determined that in the year before

shelter entry, 39.3 percent of first-time adult shelter users had an ED visit or were hospitalized before shelter entry and 43.3 percent in the year following shelter exit. Most striking, was that the number of hospital visits—particularly visits to the ED—began to increase in the months leading up to shelter entry, peaking on the day of shelter entry.

There are practical implications of the findings relevant not only to New York City but to other areas throughout the United States. The health care system is in the position to help prevent homelessness by tracking the number of ED visits in a set period of time, which can indicate housing instability. If ED visits are increasing over weeks it is possible that medical providers can work with social service organizations on interventions or intensive case management to help prevent first-time shelter use. The benefit to the individual, in terms of reduction of anxiety and stress can easily be imagined. The benefit to the hospital may include reduction in the amount of hospital visits, thus reducing costs to the hospital.

Hospitals should also take steps to ensure that patients have access to appropriate and accessible outpatient follow-up care upon discharge. Where a patient enters a hospital after having already lost housing, it is noted that shelters are often used as "defacto aftercare facilities" that show the gaps of the discharge system. Medical respite programs are offered as one alternative to discharge to a homeless shelter. Other alternatives need to be developed to meet the needs of the individual.

We at Care For the Homeless know how intricately linked health care and homelessness is. Health care systems are becoming more interested in addressing the social needs and health care needs of an individual and this study shows how interwoven they can be. Closer collaboration between these two systems is a benefit to both the individual patient and to the health care system in the future. Most importantly, this cross collaboration can have a significant impact in preventing homelessness, an important tool in the fight against homelessness.

The Busy Advocate's October Calendar

October is Domestic Violence Awareness Month

Tue., Oct. 8th, 1:00 p.m., Oversight meeting addressing the mental health needs of Immigrants in NYC by the Mental Health, Disability, and Addiction Committee, and the Immigration Committee, City Hall Committee Room, New York, NY, 10007.

Wed., Oct. 16th, 10:00 a.m., Joint Committee Hearing on oversight of Leadfree NYC and enforcement of NYC's lead laws by the Health, Housing & Building, and the Public Housing Committee, City Hall Council Chambers, New York, NY, 10007.

Thur., Oct. 17th, 1:30 p.m., NY City Council Stated Meeting, City Hall Council Chambers, New York, NY, 10007.

Wed., Oct. 23rd, 12:30 - 2:00 p.m., CFH Consumer Advisory Board Meeting, CFH Conference Room, 5th Floor, 30 East 33rd Street, New York, NY.

Wed., Oct. 30th, 1:30 p.m., NY City Council Stated Meeting, City Hall Council Chambers, New York, NY, 10007.

For more information please contact at: policy@cfhnyc.org or at www.careforthehomeless.org

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