Joint City Council Hearing - General Welfare & Health Committees
**"Intro 753: Reauthorizing Local Law 63 of 2005 requiring DOHMH to track and report deaths of homeless persons in the city of New York"**
Tuesday, January 24, 2012

**INTRODUCTION**
Good afternoon Chair Palma, Chair Arroyo and members of the General Welfare and Health Committees. I'm Seth Diamond, Commissioner of the Department of Homeless Services (DHS) and I'm pleased to be joined today by Dr. Dova Marder, DHS' Medical Director. Also seated with us and representing Commissioner Farley at the Department of Health & Mental Hygiene (DOHMH) is Regina Zimmerman, Director of the Office of Vital Statistics.

We appreciate this opportunity to discuss with you the importance of the annual reports that are generated as a result of Local Law 63 (LL63), and to share how the analysis has improved collaboration between DHS and DOHMH. More importantly, we will explain how the data has enhanced the health of the City's homeless population overall.

DHS has long cooperated with the Heath Department to improve the wellbeing of those in shelter. Following the initial enactment of this measure, in 2007, we formalized that cooperation with a Memorandum of Understanding (MOU) to establish a data sharing agreement to assist the agencies in providing accurate, reliable and timely information regarding the death of homeless individuals.

I'd like to outline four prominent ways that the agencies' collaborative analysis has benefited homeless services and how DHS has further refined our knowledge and targeted resources to create or enhance programs to prevent deaths among homeless persons.

- **Safe Sleeping:** The safety of infants who are staying in the City shelter system has been a longstanding priority for DHS and our providers. The agency's Safe Sleeping programs have historically focused on passive education through posters, literature and requiring families to view the Administration for Children's Services' (ACS) "A Life to Love" video. As we've analyzed fatality data, DHS has also strengthened its Safe Sleeping campaign − adding face-to-face counseling at different phases of the families' intake process and shelter stay. DHS now requires weekly room inspections, documentation of non-compliance with Safe Sleeping protocols and interventions geared to motivate parents to ensure infant safety. DHS also follows a new protocol after an infant death which includes site visits and reviewing Safe Sleeping principles with parents of babies who are less than six months old. In addition, last Spring DHS coordinated a joint training entitled, "Keeping Our Babies Safe," for more than 500 family shelter case managers with the Health Department, Office of the Chief Medical Examiner (OCME), ACS, the New York State Center for Sudden Infant Death and the Office of Deputy Mayor Gibbs.

- **Overdose (OD):** As the reports confirm, overdoses are a leading cause of death among sheltered clients. The data enables us to advance harm reduction protocols, including training single adult shelter staff and DHS Peace Officers in the use of intra-nasal Naloxone to treat opiate overdoses. The agency is currently training more than 200 staff from outreach teams, drop-in centers and Safe Havens, as well as more than 200 additional DHS Peace Officers to become New York State Certified Opiate Overdose Prevention Counselors.

- **Extreme Weather:** Our ability to review trends in extreme heat waves and in the cold winter months has provided us an opportunity to refine our weather procedures (Codes Red and Blue). For instance, DHS issues a Code Blue alert when the National Weather Service predicts a temperature below 32 degrees in New York City for at least four consecutive hours. During Code Blue events, we enhance our outreach resources and ask the outreach teams to contact high-risk, vulnerable individuals with greater frequency. Prior to LL63, our vulnerability criteria were quite broad and based on theoretical risk factors for death from hypothermia. Now, armed with cause of death data and real-time reporting of potential exposure deaths, DHS refined our criteria to prioritize factors including alcohol dependency, known heart disease, severe mental illness, previous cold weather injury and age to reflect emerging trends in street homeless mortality.

- **Hospital Partnerships**: The Chronic Public Inebriate program (CPI), a joint initiative of Bellevue Hospital Center, DHS, and the Manhattan Outreach Consortium, originated at Bellevue Hospital in Manhattan and has recently been replicated at Beth Israel and Elmhurst Hospital Center. With a few variations by site, each hospital identifies top emergency room users who are thought to be street homeless and alcohol dependent. The hospital offers clients/patients an opportunity to consent to be part of this program and then links them with the appropriate borough outreach team. The teams engage the individual, provide case management services and help to place them in stabilization beds or safe havens, and ultimately permanent housing. The participating hospital and outreach team work together to coordinate care plans for the high-risk individuals enrolled in the program**.**

  The work done through CPI is an amazing example of harm reduction successfully employed In fact, for the first time since this analysis began, DOHMH reported zero hypothermic deaths in Fiscal Year 2011.

**CONCLUSION**

As I've explained, there is value in this measure and both agencies are supportive of its extension. Tracking homeless deaths is an important tool in DHS' monitoring and managing our programmatic initiatives. As we continue to track and analyze the information, we will undoubtedly save lives.

We're now happy to take your questions.