Homeless deaths in New York City increased in FY 2016

By BRENDAN CHENEY | 01/15/17 04:47 PM EST | Updated 01/16/17 10:09 AM EST

The number of homeless people who died in New York City reached a new high in Fiscal Year 2016, according to the latest city report provided to POLITICO New York.
The city Department of Homeless Services, the Department of Housing Preservation and Development and the Office of the Chief Medical Examiner reported that 239 homeless people died in FY 2016, 27 more than in Fiscal Year 2015. The city began reporting the data in 2006 under a City Council law.

Another 51 deaths were reported by the Human Resources Administration. The agencies report the numbers separately because other departments cannot access the individual
Homeless deaths in New York City increased in FY 2016. According to the report, the increased number of deaths in FY 2016 was due to more deaths from drug overdoses and heart disease. There were 61 homeless deaths due to overdoses in FY 2016 in the HPD, DHS and OCME data, making it the leading cause of death. There were 16 more deaths attributed to overdose in FY 2016 than in FY 2015.

Social Services Commissioner Steven Banks told POLITICO New York that the increase in overdose deaths is consistent with overall national and citywide trends. The city has been dealing with increased use of synthetic marijuana and increases in deaths related to fentanyl, a powerful drug that is often mixed with heroin. It’s unclear from the data how many of the deaths are from opioids and Fentanyl and how many are from synthetic marijuana.

Shelter providers and city officials have been taking action in response to the fentanyl and heroin-related deaths. Banks said that in September and December, DHS trained shelter staff to administer naloxone, a drug that can reverse the effects of an opioid overdose and prevent death. Virtually all city shelters are now capable of administering the drug, Banks said.

Twenty of the drug-related deaths in 2016 happened in shelters and were considered accidental poisonings, as opposed to deaths from long-term chronic drug usage, and therefore could have been prevented by shelter staff with naloxone. According to DHS, shelter staff administered naloxone 112 times in 2016, saving a patient 94 of those times.

David Pobereskin, security director at shelter provider BronxWorks, told POLITICO New York that he's seeing far more overdoses. He said at most there were a few in 2013 and 2014, but there have been record numbers in 2015 and 2016.

He said that in 2016, his staff administered naloxone roughly 15 to 20 times, a sign of how many more overdoses they are seeing.

BronxWorks, Pobereskin said, has been training staff to use naloxone since at least 2013, when he started there. But the staff has been more aggressive about naloxone training as
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Overdoses have increased in recent years, so he said now basically everyone that works in BronxWorks shelters gets trained.

Banks said the recent partnership between DHS and the New York Police Department, with the department expanding the number of police officers to help manage and train shelter security staff, should help decrease the amount of contraband that gets into shelters.

Muzzy Rosenblatt, the CEO and president of BRC, a homeless services provider, said the increase in overdose deaths might also be related to challenges getting access to residential treatment programs for people right after they are done with a detox program, as well as challenges getting health insurance authorization for appropriate treatment. The gap in service between detox and treatment can leave individuals more vulnerable to relapse and overdose. Rosenblatt said the state recognizes these challenges and is working to address them, in part by announcing plans to add residential treatment capacity.

Banks said the deaths from heart disease are reflective of the type of health problems shelter clients historically have and continue to have. Homeless individuals have a greater likelihood of mental health issues, which can compound underlying medical issues. And the stress of homelessness, from living in shelter and especially from living unsheltered, can also worsen medical health issues.

He said the increase in deaths related to heart disease might be driven by increases in single adult males coming for shelter, many of whom are reentering communities from prison and have trouble finding mental health services.

And shelters are not always capable of handling people with significant health problems. The City Council held a hearing in November highlighting the unmet medical needs of some people in shelters.

Banks said, “Overall, many social systems look to the shelter system to meet all needs. And so we end up providing a roof over the heads of people that have fallen through every other social safety net. And in many cases they are people that need a different level of care than just a shelter bed.”

The long-vacant medical director position at DHS may have also hampered the city’s efforts. Banks said that the 90 day review of homeless services, which the city conducted when former commissioner Gilbert Taylor stepped down at the end of 2015, identified this as a problem, and the position was filled in September.

There is some more positive news in the report. The number of people who died from cold
exposure decreased to two in FY 2016, from five in FY 2015. Banks linked the decrease to the city's funding for 387 outreach workers, up from 191. The additional staff, hired by contracted providers, started coming online in January 2016 and ramped up through April.

_This story contains a chart. If you are reading this in your inbox, click on the link in the alert at the bottom of the email to see the full story with graphics._

_This story has been updated with additional data on drug-related deaths in shelters and naloxone use._