CITY COUNCIL
CITY OF NEW YORK

----------X

TRANSCRIPT OF THE MINUTES

of the

COMMITTEES ON GENERAL WELFARE and HEALTH

----------X

January 24, 2012
Start: 1:15 p.m.
Recess: 2:45 p.m.

HELD AT: 250 Broadway
Committee Room, 14th Fl.

B E F O R E:
MARIA del CARMEN ARROYO,
ANNABEL PALMA
Chairpersons

COUNCIL MEMBERS:
Inez E. Dickens
Mathieu Eugene
Julissa Ferreras
Helen D. Foster
Peter F. Vallone, Jr.
James G. Van Bramer
Brad S. Lander
Stephen T. Levin
Ydanis A. Rodriguez
Gale A. Brewer
Joel Rivera

A P P E A R A N C E S

Seth Diamond
Commissioner
Department of Homeless Services

Dr. Dova Marder
Medical Director
Department of Homeless Services

Regina Zimmerman
Director, Office of Vital Statistics
Department of Health and Mental Hygiene

Nancy Clark
Assistant Commissioner
Bureau of Environmental Disease Protection
New York City Department of Health and Mental Hygiene

Dr. Laura DiGrande
Chair
New York City Child Fatality Review Advisory Team

Patrick Markee
Senior Policy Analyst
Coalition of Homeless

CHAIRPERSON ARROYO: Good afternoon. I apologize for my tardiness, but the stomach commanded my attention, so. Thank you all for being here and good afternoon. And before I begin, happy New Year to everyone, and I hope that moving forward we continue to do the good work for our city and wish you all the best. My name is Maria del Carmen Arroyo, and I chair the Committee on Health here at the Council. And today we will be conducting a joint hearing with the General Welfare Committee and my incredible colleague, Chair Palma, on two pieces of legislation. The first piece of legislation, Intro 751, which I am the prime sponsor of, would reauthorize the Child Fatality Review Advisory Team. And the reauthorization would continue the mandate of the advisory team as it currently exists. The law is actually about to sunset and we don't want to let that happen. Council Member Palma, the prime sponsor of the second bill, will discuss Intro 753, legislation which would reauthorize the Homeless Death Reporting Law. I would like to thank and acknowledge my incredible colleague for her leadership on this issue and many others that

affect the systems and processes that we as a city engage in to provide for those who find themselves without a home. The Council first passed legislation in establishing the Child Fatality Review Advisory Team in 2005. The team's responsibility is to examine the facts and circumstances pertaining to the death of any child in New York under the age of 13 whose death is unanticipated, the result of trauma, or the result of suspicious, obscure, or otherwise unexplained circumstances. However, the advisory team doesn't investigate deaths of children under 13 which are the subject of pending criminal investigations or proceedings. And I guess that is very appropriate. The advisory team is chaired by the Commissioner of Health and Mental Hygiene and consists of representatives from the Administration for Children's Services the Police Department, the Office of the Chief Medical Examiner; we have two mayoral appointees, which include a pediatrician and a child welfare advocate, and the City Council, which appoints two individuals in those same categories. And there is one individual also appointed by our colleague,

the Public Advocate. The advisory team members serve two-year terms and meet quarterly. It reviews aggregate data on child fatalities and formulates recommendations to improve child protection to decrease future incidents of child fatalities in our city. The 2007 report focused on motor vehicle accidents, the leading cause of child deaths in New York City. And in 2008 the report concentrated on fire and burn-related deaths, the second leading cause of death. The 2009 report emphasized unintentional child injuries in the home environment. The 2010 report focused on individual and neighborhood-level disparities in child injury deaths that reflected both social and economic inequities. In 2011, the report updated statistics reported from 2001 to 2009. Between 2001 and 2007, the City's overall death rate for children between 1 and 12 was 30% lower than the nation as a whole. The report revealed that between 2001 and 2009, 28% of child deaths were injury deaths. Unintentional injuries accounted for 69% of child injury deaths, of which 41% were transportation related. Unintentional injuries made up 24% of child injury deaths, with

a 91% percent constituting certified homicides and 9% suicides. The advisory team found that between 2001 and 2009 there were higher injury death rates among younger children, boys, and black non-Hispanic children, but girls experienced a higher proportion of intentional injury death than boys. The report also expanded to include information on injury deaths among infants one year and younger whose death was primarily attributable to unsafe sleeping arrangements. Co-sleeping is what I understand the term is correctly used. Ultimately the team suggested that policy makers can increase child safety through enforcement of existing laws and regulations, that parents and caregivers watch children closely and learn about safety risks, and that healthcare and other providers screen for safety risks. Today we will hear from the administration, advocates and other concerned members of our community about the important work of the Child Fatality Review Team, and how we can learn from reviewing the data and further shape our city's policies. I want to thank the Committee's staff for their hard work, for making me sound so smart. Lacey Clarke, our Committee

Counsel; Joe Mancino, who is Policy Analyst--somewhere in the background, who is looking real scruffy these days. And Pamela Corbett, who is the Fiscal Analyst for the Committee. Thank you guys for your incredible work. My colleagues from the Health Committee and may also serve on the other committees, so I think Council Member Palma will double check that, but I know that we have Council Member Julissa Ferreras from Queens; Council Member Gale Brewer, Manhattan; Council Member Rivera, from the Bronx; Council Member Mathieu Eugene, from Brooklyn; Council Member Peter Vallone; and I think Council Member Rodriguez is General Welfare, but I could be wrong. So, thank you all for joining us. Before I turn it over to my incredible co-chair, those of you who are here to testify who have not filled out one of these forms, please do so and see the Sergeant, because otherwise we won't call you and we don't want to miss you. And now, our co-chair. You want to make him leave?

[crosstalk]

CHAIRPERSON ARROYO: Oh. I have a family matter that I need to attend to, so I will

not be staying for the duration of the hearing, but my incredible co-chair will carry it through its completion. So, I apologize for having to do that in advance. And now, my incredible co-chair.

CHAIRPERSON PALMA: Thank you, Council Member Arroyo. Good afternoon and welcome everyone. I would like to thank everyone who is here today to testify. And I want to thank both the staff on my Committee, Jennifer Gomez, Pakhi Sengupta, and Liz Hoffman, who prepared for today's hearing, as well as the staff on the Health Committee, and the members who have joined us who may sit on Health and General Welfare as well. We're here today as Council Member Arroyo, my co-chair, had mentioned before, to discuss introduction 753, which will reauthorize Local Law 63. Local Law 63 was first enacted by the Council in December of 2005. This law requires the Department of Health and Mental Hygiene, the Department of Homeless Services, the Department of Housing Preservation and Development, the Human Resource Administration and the Office of the Chief Medical Examiner to issue quarterly reports to the Council summarizing the occurrence of

homeless death in New York City. In order to generate these reports, DHS, HPD, and HRA maintain records on death for people for whom they provide temporary housing. Additionally, OCM investigates the deaths of some homeless individuals, including those who die in suspicious or unusual manner, or those who die alone or who die in apparent good health. OCM also investigates homeless individuals who pass away in a correctional facility from criminal violence, or from suicide. The latest report that the Council has received, covering April 1st, 2011, through June 30th, 2011, indicated a total of 42 homeless deaths reported by DHS, HPD and OCM. Of these deaths, 62% were non-shelter homeless individuals and 38% were sheltered. This is a significant change from the previous quarter where, on average, 53% of the deaths reported and 47 were shelter. Additionally, according to this report, 57% of the deaths occurred in hospitals. 21% occurred in other locations. 17 occurred outdoors and 5% occurred in homeless shelters. Other locations included a friend or family member's apartment, subway cars, subway platform, subway station, an

abandoned building, public space in a building, a hotel room, drop-in center, building vestibule or place of employment. Lastly HRA reported a total of ten homeless deaths during this period. All ten deaths were among residents of single-room occupancy units, SRO housing, which is a supportive housing provider to individuals and families coping with mental illness, trauma, abuse, addiction or chronic illness. This is important to note, because residents of SRO housing are defined as sheltered and therefore not defined as homeless at the time of their death. Today we expect to hear from the Department of Health and Mental Hygiene, the Department of Homeless Services, and advocates on Intro 53, and learn the impact and the benefits of these bills. And I also want to state, you know, my support for not letting these bills sunset, because they do allow the City to continue to do the great work that they do on behalf of this population. Thank you.

CHAIRPERSON ARROYO: Thank you. We've been joined by Council Member Brad Lander, who I believe is a member of the General Welfare

Committee. Thank you for joining us. Our first panel, and again, if you're here to testify and have not filled out the form, please see the Sergeant-At-Arms at the desk so that we can include you in the public testimony. I want to welcome Commissioner Seth Diamond, Department of Homeless Services; Regina Zimmerman, Director of Vital Statistics, DOHMH, welcome; and Nancy Clark, Department of Health and Mental Hygiene, Assistant Commissioner. You guys know the drill. Speak into the mic or the sergeant will yell at you. Identify yourself for the record, and you may begin when you're ready.

SETH DIAMOND: Thank you, and 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. And I'm pleased to be joined today by Dr. Dova Marder, DHS's medical director. Also seated with us, representing Commissioner Farley at the Department of Health and Mental Hygiene is Rita Zimmerman, the 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, and to share how the analysis has improved collaboration between DHS and the Health Department. 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 Health 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 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 benefitted homeless services, and how DHS has further refined our knowledge and targeted resources to create or enhance programs to prevent deaths among homeless persons. The safety of infants who are staying in the City's 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 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 family's 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, the Office of the Chief Medical Examiner, ACS, the New York State Center for Sudden Infant Death, and the Office of Deputy Mayor Gibbs. 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 intranasal 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 Peace Officers to become New York State certified opiate overdose prevention counselors. 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, also known as 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 Local Law 63 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. The Chronic Public Inebriate program, also known as CPI, is 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 or patients an opportunity to consent to be part of this program, and then links them with the appropriate borough outreach teams. 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 hospitals 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, the Health Department reported

zero hypothermic deaths in Fiscal Year 2011. As I've explained, there is value in this measure, and both agencies are supportive of extension. Tracking homeless deaths is an important tool in DHS's monitoring and in managing our programmatic initiatives. As we continue to track and analyze the information, we will undoubtedly save lives. And we're now happy to answer your questions.

CHAIRPERSON PALMA: Thank you, Commissioner. Before I ask a couple of questions, and I know my colleagues have questions as well, I want to recognize that we've been joined by Council Member Inez Dickens from Manhattan. We're not going to hear any testimony on Intro 751? So, we'll hear the testimony and then we'll take questions. Okay.

NANCY CLARK: Good afternoon. Am I on? Oh, now I'm on. Thank you. Good afternoon, Chairperson Palma and Chairperson Arroyo and members of the General Welfare Committees. My name is Nancy Clark. I'm Assistant Commissioner of the Bureau of Environmental Disease Protection at the New York City Department of Health and Mental Hygiene. With me today is Dr. Laura

DiGrande, Chair of the New York City Child Fatality Review Advisory Team. On behalf of Commissioner Farley, I'd like to thank you for the opportunity to testify on Intro 751. And thank you, Chairperson, for your good summary on the work that the Committee has done. Childhood injury deaths are tragic events that prematurely end the lives of young New Yorkers each year. While Injury is the most common cause of death for children in New York City and the nation, the rate of injury deaths among children in New York City is less than half the national rate. In 2005, Local Law 115 established a multi-discipline Child Fatality Review Advisory Team, to better understand unnatural deaths among children and to identify strategies for injury prevention. The CFRAT reviews aggregate data, not individual injury cases, and identifies trends and risk factors for injury related deaths among New York City children. Over the past five years, the CFRAT has released annual reports describing the number and causes of child injury deaths, along with information on age, gender, race, ethnicity and borough where cases occurred. Examining these

data over the past several years, we have reported that the number of injury deaths averages about 50 each year, with some variation from year to year. 69% of child injury deaths were caused by traffic accidents, falls, fires, and other unintentional causes. About 25% were homicides and suicides, and 6% were from other causes. We have also learned that the risk of injury deaths are higher in neighborhoods with high poverty rates, and higher among younger children, less than three years of ages, boys and Black non-Hispanic children. Working with agency partners, pediatricians and community advocates to review and disseminate information on child injury deaths and ways to prevent them is important for advocating policies and programs on injury prevention and child protection. The Department and its partners also use the report for public information programs among parent and tenant groups, as well as for health and safety professionals. The Department wholeheartedly supports Intro 751 to extend the work of the Child Fatality Review Advisory Team, and the issuance of annual reports on the nature and causes of child

fatalities. We look forward to our continued work with the Council and the Child Fatality Review Advisory Team to prevent child injuries and to assure safe and healthy environments for children and families. I thank you again for this opportunity to testify, and I'm happy to answer any questions.

CHAIRPERSON ARROYO: Thank you. Since I'm going to excuse myself in a few minutes, I'm going to ask a couple of questions concerning Intro 751, the Child Fatality Review Team. My sense is that the administration is supportive of this, so your position is--let's move it, right? Vote it out, call it a day. It's been funded in the past. What's the administration's position on the funding to cover the work of this team?

NANCY CLARK: The resources applied to the Committee Work and to our review of the data will be unchanged. We just apply whatever is needed to get that work done to meet the mandate.

CHAIRPERSON ARROYO: Okay. And I'm going to ask a couple of questions, kind of together. Does the Team hold discussions and conduct presentations in neighborhoods, in

communities? Is that part of what the team does? Or all they do is analyze the data and give us back recommendations?

NANCY CLARK: The main responsibility of the team as described in the legislation is to review the data and to sponsor the report that's released. Many of the members of the committee do take the data and they do present them. A variety of our stakeholders do use this data in presentations. The Health Department itself, we do present this in several citywide meetings as well as several neighborhoods. In addition, over the last two years since the injury group has been part of the Environmental Bureau, we've also been incorporating child injury prevention education in a lot of our healthy home presentations that we do in high-risk neighborhoods.

CHAIRPERSON ARROYO: Okay, thank you. And with that, Madam Co-Chair, I'm going to excuse myself.

CHAIRPERSON PALMA: Thank you. Commissioner Diamond, the Deputy Commissioner ended her testimony saying they wholeheartedly

support Intro 751, but I didn't see that comment in your testimony, so I want to know what do we have to do to just basically say, okay, you wholeheartedly support intro 753? But I honestly want to get a better understanding of the Department of Homeless Services' position on Intro 753, and what recommendations, if any, would you make for its approval?

SETH DIAMOND: As I outlined in the testimony, we certainly are very supportive of the intent and believe it has helped with other efforts that have been made to substantially reduce the number of shelter deaths and unsheltered deaths, so it's been, I think, a tremendous boost to the City's efforts to gather the information that we need to help people who are without homes. There have been some technical discussions about definitions that I think have up to this point prevented our wholehearted endorsement. But my understanding is those discussions have gone well. We're awaiting a final version of the bill, which we expect to get before the end of the day, and then we will be able to review that and make a decision.

CHAIRPERSON PALMA: And when we talk about the discussions on definitions, definitions to?

SETH DIAMOND: I think it was we were trying to clarify the definition of homelessness. We have no disagreement about what it should cover. It should cover people in shelter and people who die on the streets. I think it was just making sure that the language was crafted in a way that captured that, and so there were some discussions about that. I think there was some discussions about monthly and quarterly reporting and making some adjustments there. But I think, again, we certainly support moving forward with the legislation. We understand the importance of having this data. We have a great partnership with the Health Department and the Medical Examiner's Office, which was largely a result of passage of the bill, and that has really helped tremendously in the City's efforts to help people who are in shelter or who are in the streets. So, we want to move forward. We just want to see the final version of the bill before we can give a full endorsement.

CHAIRPERSON PALMA: In your everyday line of work, how have you seen the threat trends in homeless deaths change? And how are you using the report, or the findings in the report, to sort of compare the change in those trends?

SETH DIAMOND: Well, thankfully as you pointed out in your opening remarks, we've seen a decrease, a substantial decrease in the number of deaths, from 190 just last year to 157 this year. And that is partly a result of--or largely, I think--a result of efforts that have been made as a result of the bill and the greater awareness that the bill has brought to our attention. Two hard examples of where we've taken--or three--where we really have, you can see concretely, especially in the winter weather where being on the street can be particularly deadly, we've refined our protocols for how to handle people who are unsheltered during the coldest days of the year, what we call the Code Blue time, and make greater efforts to make sure that we're addressing them, that we understand the risk factors, that we're pinpointing the people who are

most vulnerable. That knowledge has come as a result of some of the reporting in the bill. We've done a lot of work on Safe Sleeping, which for children in the shelter system, of course, is a tragedy--a tragedy for any child who dies--but preventable deaths in the shelter system from Safe Sleeping are something we feel like we can particularly make a--reduce. And we've been able to make a mark there in doing not just training but really a more active role in families' lives, and giving them intervention and going into rooms and inspecting cribs and making sure that the family understands the importance of safe sleeping. And then we've done a lot of work with our own staff on--for people who are potentially at risk of substance abuse, to make sure that the harm reduction strategies are in place, and if we do see a potential opiate death, that we can take steps right away to address that.

CHAIRPERSON PALMA: These were done through new initiatives within the Department or existing initiatives, expanding on those?

SETH DIAMOND: Well, we have a wonderful partnership with the Health Department,

who has helped in every one of these. Where children are involved we also involve ACS, and so it really is a citywide effort. This is certainly a citywide priority to make sure that all our citizens of course are as healthy as possible, but those who are in our shelter system or living on the streets are less able to handle those issues on their own. So, we had done some of this work before, but the bill spurred us to greater action, and by sort of mandating the cooperation and the data sharing, it brought some of the trends and the important facts together that allowed us to even refine our actions further.

CHAIRPERSON PALMA: And I want to take you back to your testimony in the four points you sort of outlined in terms of what the Department has been doing. But according to the six annual report, the leading cause of homeless death was heart disease, by 20%. Why was that not mentioned in your testimony or left out? And what kind of work is being done around that issue?

REGINA ZIMMERMAN: Heart disease is the leading cause of death in New York City, so likely we'd expect to see it in other populations.

So, the numbers are also relatively low at large, and we--

CHAIRPERSON PALMA: [Interposing] Low within the homeless population? Is that what you're referring to?

REGINA ZIMMERMAN: The numbers of deaths are relatively low within the homeless population if you compare it to the relative numbers of heart disease deaths in the New York City population. The other thing is probably this is more for DHS to speak to, is they intervene on preventative causes of death, and in most cases these natural causes of death, there's limited intervention that they can have. Does that make sense?

CHAIRPERSON PALMA: It's on.

DOVA MARDER: So, with each annual report we've noticed--I mean with heart disease we're actually, it's a good thing that heart disease has edged out overdose deaths as the leading cause of shelter deaths and the leading cause of death overall, so we see that as a good trend in deaths, if there is such a thing. But when we noticed it years ago, actually, in the

kind of evolving as the annual reports came out, in all of our--well before even the New York City Food Guidelines came out officially, we conferred with DOHMH's nutritionists, and in all of our--we reconfigured the food contracts. We have food vendors for our directly run shelters and we reconfigured those as per advice that we garnered from DOHMH nutritional experts and changed our--actually the menus that were served to our clients in shelter fairly radically. And again, well before this became kind of the norm for the City. That in turn has been concretized or codified in all of our contracts with our non-for-profit providers going forward, in that they not only how have to adhere, of course, to the New York City food guidelines, but prior to that needed to confer with us prior to their developing any menus through their subcontracted vendors for our food. So, we did take note of the fact that heart disease was rising--

CHAIRPERSON PALMA: [Interposing] Right.

DOVA MARDER: --and we did do what we could to address it in a formal fashion.

CHAIRPERSON PALMA: Thank you. I have more questions, but I'm going to call on my colleagues and then I know that we'll--I have more questions to follow. Council Member Vallone.

COUNCIL MEMBER VALLONE: Thank you, incredible Chair Palma. My first line of questioning was about the fact that heart disease in the regular population is higher than that, and that was a good sign. So, I'll just skip. But what percentage of the homeless population is mentally ill?

SETH DIAMOND: It's a hard number to be definite about. About a third is a rough estimate.

COUNCIL MEMBER VALLONE: And what percentage would you characterize as drug users?

SETH DIAMOND: Another quarter, but there's overlap between the two.

COUNCIL MEMBER VALLONE: And when you issue a Code Blue, what actually happens? How does your agency mobilize and do they work with other agencies? How does it work?

SETH DIAMOND: When the weather looks like it will be cold enough to generate a

Code Blue alert, we alert our partners in the morning before the evening when we expect it to be cold enough. That sets in place an enhanced outreach and cooperative protocol with a number of city agencies. The primary response is our outreach teams, which are out 24 hours a day, seven days a week all the time, but during our Code Blue period, we double the number of people out on the street, plus they check on known homeless people every two hours to make sure that they're okay. We also step up our cooperation with 311 so that if citizens call in to 311, we make sure that that information gets right to the outreach teams. And the Parks Department and other city agencies that we work with very closely, where homeless people who are unsheltered might be, are also alerted so they can be--have a heightened state of alert.

COUNCIL MEMBER VALLONE: At what point is your policy to forcibly remove homeless from the streets because it gets too cold?

SETH DIAMOND: All the outreach teams have trained staff who are alert, who understand what might be the situation if somebody

is posing a risk to themselves by not--being outside, given the clothing they have, their mental health status, their understanding of the cold weather situation. If they believe they are at risk to themselves, they would call the police department and EMS, and they would work together to assess the situation. And if they determine that they need to be removed, they would take them to a hospital where their condition would be addressed.

COUNCIL MEMBER VALLONE: So I didn't realize there's discretion involved. I thought maybe if it went below a certain temperature it would be remove from the street.

DOVA MARDER: Yeah, the Police have that authority. So under 32 degrees, from an edict set by former Mayor Koch, that is still in place, and in the NYPD's protocols, any time under 32 degrees, if they decide to take someone off, they can take someone off the street and remove them to a hospital or shelter. What Commissioner Diamond was referring to was the ability of our outreach teams as certified by the Department of Health to have 9.58 Authority, which is Mental

Hygiene 9.58, they are essentially mobile crisis teams, that should a person with mental illness or the appearance of mental illness be out in the cold, they can summon NYPD and EMS to do an involuntary removal to a hospital. But there is no--we have as an agency and among our outreach teams, a very, very low tolerance, essentially a zero tolerance for people being on the street in this--in severe cold weather. But there's no--we engage the person to come off and into a safe setting. Apart from the 9.58 we don't have the authority ourselves to remove someone involuntarily from the streets in cold weather.

COUNCIL MEMBER VALLONE: Okay. I know other people have questions, so I'll go back to this here I just wanted to say that I think you're all doing a great job and keep up the good work.

SETH DIAMOND: Thank you.

CHAIRPERSON PALMA: Council Member Mathieu Eugene.

COUNCIL MEMBER EUGENE: Thank you very much, Madam Chair. And thank you, Commissioner, and thank you to all of you for the

job that you are doing. And Commissioner, in your testimony you say that we have also learned that the risk of injury deaths are higher in neighborhoods with high poverty rates. Yes, I'm sorry. And is there any study that has been conducted to identify the cause or the causes why the death rate is higher in neighborhoods with high poverty?

NANCY CLARK: That's a good question. There have--the data that we report out for New York City specific just identifies those risk factors. We're not able to associate a particular risk factor with why it results in a higher death. So, there have been certain studies on risks associated with lower socio-economic, also takes in educational attainment, employment and school, as kind of a cross-layered characteristics of a community. I can't answer your question directly about what--how those societal factors and economic factors actually result in these higher death rates. We can just observe that they occurred and characterize the neighborhood for those other characteristics.

COUNCIL MEMBER EUGENE: We know

that in medicine and even in life, prevention is very important in everything, prevention. But if we observe there is a high rate of death or any other complication of life, I think it is very important that we focus in energy and research this to identify exactly why. I think this is something very important,

NANCY CLARK: Yeah.

COUNCIL MEMBER EUGENE: And I would advise you and your Department very strongly to look into why that we have a very high rate of death in areas where there is a high rate of poverty. This is very important, because we're talking about life of children, life of people. This is so important that we have to focus some energy and do some research and see what happened and what can we do to decrease certain rate. But my second question is that, is there anything that has been done or anything that has been put in place to reduce the rate of death in the neighborhood with high poverty?

NANCY CLARK: Your question is, is there a specific intervention that's been implemented in--

COUNCIL MEMBER EUGENE:

[Interposing] Yes.

NANCY CLARK: --neighborhoods of high risk? Well, when you look across the board at child injury deaths, traffic is one of the highest, of children mostly being hit as pedestrians in automobile crashes. And there have been a number of interventions in those high risk neighborhoods to make intersections safer, to calm traffic, as well as doing education and outreach. But there have been actual city interventions, and I would refer you to Department of Transportation for specifics on it. That's one example of targeting a neighborhood. That's what we do in public health. When we recognize a problem is more prevalent in a particular community or neighborhood, we do try to target our intervention and prevention measures to try to prevent those occurrences.

COUNCIL MEMBER EUGENE: But since there has been no study conducted to identify exactly the causes of the high rate of death in the areas of high poverty--but I don't think that we can say that the traffic issue is the main one.

NANCY CLARK: Well, it is.

COUNCIL MEMBER EUGENE: Can we say that?

NANCY CLARK: Yeah, we do say.

COUNCIL MEMBER EUGENE: Based on what exactly?

NANCY CLARK: No, we say that the main cause of injury death amongst children are traffic related. Most of those children who are killed are hit as pedestrians. And very important prevention is to have better control of traffic conditions. And we categorize those as engineering controls, enforcement controls, as well as educational controls to inform everybody--drivers especially, but also parents, communities, schools, to be as safe as you can around traffic.

COUNCIL MEMBER EUGENE: And what would be after traffic issues, what would be the second cause?

NANCY CLARK: The next?

COUNCIL MEMBER EUGENE: The next one.

NANCY CLARK: The next cause is fire. And again, the interventions, we know that

fires that result in fatalities are often associated with housing stock. The City requires that every residential unit have a smoke alarm as well as a carbon monoxide alarm. There is also a tremendous amount of education that takes place in schools and in communities, both among building owners, parents, and children themselves. And there's a variety of partners working on those initiatives. And again, many of those--I don't have them here, but as a follow up we could probably inquire with Fire Department to exactly how they target those prevention activities.

COUNCIL MEMBER EUGENE: Thank you very much. This is my last question because I know that my colleagues are waiting also. In your testimony, commissioner, you say as the report confirms, over doses are a leading cause of death among shelter clients. What has been put in place, you know, to prevent, you know the high increase, the high rate of death among those shelter clients? What have been put in place to treat overdose and to prevent overdose, treatment or any type of intoxication?

SETH DIAMOND: Well, I mean a

couple things. First, we do have substance abuse treatment as part of one of our main rehabilitative programs for people in shelter, so we don't get to the point, obviously, of overdose, that we're trying to deal with treatment, who have treatment issues. As we talked about with Council Member Vallone, we do have a substantial number of people who come into the shelter system with substance abuse issues that need to be addressed. For those where it does reach a critical point and there is an overdose, we have trained 400 staff in our shelter system and in our partner agencies on the protocol that should be used. We have naloxone available to treat the overdoses, so we've tried to have an immediate response available with trained people who know how to administer it so that they can address it as soon as possible.

COUNCIL MEMBER EUGENE: Thank you very much, and thank you, Madam Chair. Thank you very much.

CHAIRPERSON PALMA: Thank you, Council Member Brewer.

COUNCIL MEMBER BREWER: Thank you

very much. Two quick questions. One is, which hospitals does DHS have an affiliation with? Does it depend on, like which borough? Or how does the hospital work if there is an emergency? And second, either Code Blue or Code Red, what do you do with the individuals when you take them off the street? Like, where do they actually go? Those are my two questions.

DOVA MARDER: There's no--we have relationships and affiliations in a sense with every hospital in the City, so that--and the hospitals are obviously whichever hospital is closest to the person who is on the street who is in crisis or who is closest to the shelter is likely the hospital to which that person will be taken via EMS. So, we do not have specific affiliations. I'm not sure if you're referring to the Commissioner's testimony about the three hospitals mentioned here, which we're happy to go into in further detail if you'd like. The other question in terms of where people are removed to, if the police are involved and using their authority during a Code Blue during the first shot under 32 degrees, they are removing them,

essentially to a hospital, hospital waiting room potentially. We send out letters to all of the hospitals in the metropolitan area asking them to allow our clients who need to be there overnight, even if they are not registered--

COUNCIL MEMBER BREWER: [Interposing] And they all agreed to that? Do they all agree to it?

DOVA MARDER: You know, they're very, very receptive. We send it out through the Greater New York Hospital Association and to all of their members, and then we send it out through HHC as a kind of, you know, extra nudge to HHC, and they have been fabulous about it. And this has been for many, many years. So, the police may take them to a shelter, and as you're likely aware, any shelter in the entire system will welcome that person with open arms. Whichever shelter is closest is the shelter to which they are taken during a Code Blue. If this is--if they are removed by our outreach teams under their 9.58 authority, they are by definition removed to a hospital with a psychiatric emergency room so that they can be evaluated for what is potentially the

underlying cause of why they're out in the cold.

COUNCIL MEMBER BREWER: The reason I ask is, is it an opportunity? I know many of these people, and is it an opportunity to get them different kinds of services? In other words, they don't like to come in, period. And so is it an opportunity you could use--I know maybe this is a different hearing--to get them to come in and get services? Because they don't like the shelters; that's why they're on the street, etcetera, etcetera.

DOVA MARDER: Right. And so the outreach teams, having engaged these people at the time, talking about the unsheltered person on the street, will before--they will not take them, I mean they'll offer them, but the likelihood is that they will refuse to go to shelter. We have an array now of other places, including drop-ins, that are open during Code Blue hours continuously, where the unsheltered person or the street homeless person would much more likely go, as well as safe havens. So, yes, we're already on that and we are engaging them to go to places other than shelter or hospital, which are appropriate

for their needs at the time.

COUNCIL MEMBER BREWER: Okay. Sounds too good to be true. That's the only problem. So I just leave it at that. Thank you.

CHAIRPERSON PALMA: Thank you. Before Council Member Rodriguez asks questions, I want to welcome Council Member Van Bramer, Council Member Foster, and Council Member Ruben Wills. Council Member Rodriguez, then Council Member Lander.

COUNCIL MEMBER RODRIGUEZ: Thank you, Chairman Palma. Commissioner, I think that we can agree that still the number of homeless who die every year is a number that we need to reduce.

SETH DIAMOND: Absolutely.

COUNCIL MEMBER RODRIGUEZ: So, when we look at the number of homeless dying every year for the last--I think 2005, there's not like a major difference of that number, right?

SETH DIAMOND: Well.

COUNCIL MEMBER RODRIGUEZ: I mean, based on what I see, yeah, there is a difference but still it's not…

SETH DIAMOND: One homeless death

is too many, and we need to work to reduce the number of people who are living on the City streets who have inadequate healthcare, who are not properly housed, and that's what the City's efforts are focused on. We don't, obviously wait until someone is in critical condition. We try and work with them at the point they are--at any point they're on the City streets, to get them off, because death is a possibility whenever you're living on the City streets. You're at greater risk for a whole host of health conditions, to say nothing of the weather-related conditions. So, we are working very aggressively to try and reduce the number of people on the street. We had a 15% reduction from last year, a 40% reduction in that number since, 2005, and we are working very hard to reduce the number who die on the city streets. As a result, more people who do die who are unsheltered have died in hospitals, which is again, we never want people do die--obviously that's our priority--but at least that shows progress in terms of moving them to that they're getting treated, that they weren't on the city streets where nobody was paying attention to

them, that we had tried to or made efforts to try and address their condition. We need to do better. That's why we're supportive of the bill, so that we can continue to gather the information and the analysis that will help us, along with other efforts, improve what we're doing.

REGINA ZIMMERMAN: There has been a non-significant all cause mortality decrease over these five years. It's a very small trend, but we really do need more time to evaluate whether or not this trend is valid.

COUNCIL MEMBER RODRIGUEZ: When we look at the general trend and say, we have--in 2005 we have 41 death per quarter, right? So how many--that's like close to 200, right, in 2005, right?

[crosstalk]

COUNCIL MEMBER RODRIGUEZ: How many dead did we have in 2005?

SETH DIAMOND: Well, the first year of reporting was Fiscal Year '06. And that was--Fiscal Year '06--there were 162 in that year. But it went as high as Fiscal Year '10, where there were 190, and last year, Fiscal Year '11, to 157.

Again, that's 157 too many. So, I'm not making excuses for or saying that we're proud it's gone down. We are happy that it's gone down, but it's clearly more work to be done. But the better work and the more important work is the investment in not having people on the City streets at all. And our unsheltered deaths--that's the number of total including people in shelter--unsheltered deaths has gone down from 114 to 93, so there's been a decline in the number of people on the streets, but again, the real effort is to try and not have people on the streets at all.

COUNCIL MEMBER RODRIGUEZ: And I agree with you. I think that this is like, there's no one to be blamed. It's more like, how much more can we do?

SETH DIAMOND: Absolutely.

COUNCIL MEMBER RODRIGUEZ: My concern was more looking at the number, how we had that number in 2005, and then it went up last year and then it went down in 2011. But I agree with you, even one is much. And I think there's much more that we can do to keep reducing the number. Who has the last call on calling for the Blue

Code? Is that automatically or you ask the Commissioner or who calls for the Blue Code?

SETH DIAMOND: We use the National Weather Service data. We have criteria based on temperature and wind conditions.

COUNCIL MEMBER RODRIGUEZ: But you make the decision or there is somebody else who makes the decision when?

SETH DIAMOND: Somebody who works for me makes the--puts out the official alert. But again, they look at--there's established criteria. They wait for the 11:00 a.m. National Weather Service report, and depending on what that shows, we put out the--if appropriate we put out the Code Blue right after that.

COUNCIL MEMBER RODRIGUEZ: So what about the homeless who they like a place where to sleep, a safe haven, and the day after in the morning they have to leave the place? Where do we send those people when we call for a Blue Code?

SETH DIAMOND: They don't necessarily have to leave the place. They can stay. Again, some people want to leave, which isn't always advisable based on the conditions,

but we want people to be safe. One of the things we do in a Code Blue is open our facilities more widely to people who aren't necessarily assigned to a particular site--they can go to any DHS site as a warming site. So we try and make more places available during Code Blue. And I will, to our Chairman, I would also like to share with you places where people are being told, you have to leave in the morning and come back in the evening.

SETH DIAMOND: Yeah, I don't think that's true during Code Blue, but if you've heard that we'd be happy to look into that further.

COUNCIL MEMBER RODRIGUEZ: Yeah, this happened last week.

SETH DIAMOND: So, I'll follow up with that.

COUNCIL MEMBER RODRIGUEZ: I'll show you that.

SETH DIAMOND: Absolutely.

COUNCIL MEMBER RODRIGUEZ: What about, like, reading your testimony it talks about the Hospital - - you refer to how the team, the hospital together with the Manhattan Outreach Consortium, that you explain that if homeless--a

team engages the individual, provides case management, provides in hope to place them in stabilization beds. And then at the end you also share that the last goal is to provide permanent housing. What percentage of homeless who have started this process really get placed, get to receive permanent housing?

DOVA MARDER: So these are three pilots that we've begun in three different hospitals, one just again yesterday at Elmhurst. And so, they are--do you want any further detail or--

COUNCIL MEMBER RODRIGUEZ: [Interposing] The number.

DOVA MARDER: The answer to your question is that out of 20 people who are engaged in this pilot at Bellevue, 2 out of those 20 within record time, within a three or four month period were housed permanently within that time. So, that--but before that they were actually in stabilization beds and inside and doing well. These are all chronically street homeless people with severe alcohol dependence. And the top ED, the top Emergency Department users at these

hospitals for alcohol dependence. So, it's a triumph really that two out of those 20 within just a couple of months were already permanently house.

COUNCIL MEMBER RODRIGUEZ: But in reality--the reality is that we are at a place and point in time where we don't have enough funding to provide permanent housing to--only a lower percentage of them get to get permanent housing.

SETH DIAMOND: As we've discussed before, our permanent housing resources are certainly very stretched, and, you know, it's a great success what we've been able to do in this partnership. It's still early. I'm sure over time as the case managers are able to work with people that number will go up. But we are always open to more permanent housing opportunities. The City as, we've talked about before this Committee before, has a very substantial effort on affordable housing, and the Mayor is very committed to fulfilling that goal and is well on the way to doing so.

COUNCIL MEMBER RODRIGUEZ: Thank you.

CHAIRPERSON PALMA: Council Member Lander, followed by Foster.

COUNCIL MEMBER LANDER: Thanks very much, Madam Chair. I have questions about both of those. I'd like to start with the child fatality review bill. I want to make sure I heard right, and if I do, try to underline what seems to me to be by far kind of the almost missed most important point to me of this hearing. So the number one cause by far of child death from injury is getting hit by a car, as a pedestrian.

NANCY CLARK: Correct.

COUNCIL MEMBER LANDER: By far. More than homicide, more than suicide--

NANCY CLARK: [Interposing] Oh, yes. Absolutely.

COUNCIL MEMBER LANDER: More than fires.

NANCY CLARK: Yes.

COUNCIL MEMBER LANDER: Okay. So I would like to just underline that, because it took me a while to get to that. And I appreciate today is about extending our ability to do the review and it's not a report on the review, but I was

reading the review while I was sitting up here. And I think you said it, but I still think it's striking and it really bears repeating that the number one cause of childhood death from injury in New York City is not gunshots, it's not fires, it's not falls, it's not sleep deaths, it is getting hit by a car as a pedestrian.

NANCY CLARK: Well, that's for our children 1 to 12 years old.

COUNCIL MEMBER LANDER: For children 1 to 12, not for infants.

NANCY CLARK: Right, right. And I appreciate you picking that out, because it is a very important finding.

COUNCIL MEMBER LANDER: An I mean I just--so I am a big fan of the Safe Streets efforts of the New York City Department of Transportation and the Bloomberg administration and Commissioner Sadik Kahn and your partnership with them, but I don't think most New Yorkers know that statistic. And when the next time New Yorkers express frustration to me that the City of New York is trying to make our streets safer and raises complaints about some new bump out to try

to turn--slow cars going down around a corner near an elementary school, I'm going to say, hey, did you know that the number one cause of child--kids 1 to 12 being killed in New York City is being hit by cars? So, and I hope others will join me in doing the same, because I think sometimes we treat street safety like it's the province of yuppies and cyclists and not the number one thing we could do to keep kids from dying. So.

NANCY CLARK: Thank you.

COUNCIL MEMBER LANDER: And I will, this is not necessarily the hearing to say it, but I will say that a lot of that is through engineering and education, and our Department of Transportation has taken a lot of steps, but boy a lot of that is through enforcement. And I'm not sure we're policing the City as though that is the number one cause of death for kids 1 to 12. So, I look forward to following up with the Police Commissioner and asking him, if he's aware and what we can do. Again, we've made good strides, but, as Council Member Rodriguez said about the homeless too here, even one is too many. Those numbers--broadly--deaths of pedestrians have come

down, although it looks like not as much among kids as we would like. Anyway. So thank you for that and I think we should just attend to it and follow up on it. And then I, on the homeless death survey, first I want to say thank you for the work that you guys are doing, what you're learning. It is nice to be in a space where the Council and the administration on homeless issues are working together. I do want to I guess just ask one question, which I think maybe was implicit in what you said in your answer to Councilman Rodriguez, but I'm not sure. Obviously there's an area where the Council and the DHS are less in agreement these days around eligibility rules. And in light of what you said about Code Blue and the likelihood of people dying on the streets in the extreme cold, is it your intention or your operational plan that the eligibility rules for singles that you guys have proposed to move forward with over Council objection would be suspended on Code Blue days?

SETH DIAMOND: Well, we're not--as you know, we've agreed not to move forward on implementing the rules until there's been a full

court airing. That is still going forward. So, we will evaluate that. That is an important consideration to make sure that we handle Code Blue fairly and we evaluate all the circumstances, the weather, the person's ability to find other alternatives when they come to the door.

COUNCIL MEMBER LANDER: So there hasn't been a decision made that if and when--and look, I hope that they're not implemented, as you know, but you haven't made a decision if they are whether they would be suspended on Code Blue?

SETH DIAMOND: Again, certainly we would evaluate all the factors when somebody came to apply, which would include the weather, which would include their ability to travel, which would include what alternatives they had and look at the full range of circumstances. So I don't want to prejudge anything. We may end up with a policy that's very different than what we have in place, and I think to lock us into one or the other when we're not sure what policy is going to be implemented would be premature. I understand the issue you're raising. We have the same interest in making sure that no one is out on the City

streets at any time, particularly when it's cold. So that will certainly be a factor in how we apply the rules.

COUNCIL MEMBER LANDER: All right. Thank you. I hope that we come to a different place in what those rules are and what policy is implemented, but I certainly hope that if there are restrictions on--additional or increased restrictions on eligibility that they are relaxed, extremely or entirely, at moments when we fear that if we turn people away they'll die of cold on the street. So, thank you for acknowledging that concern. Thank you very much to the panel and to the chair.

CHAIRPERSON PALMA: Thank you. We've also been joined by Council Member Steve Levin from Brooklyn. Council Member Foster, followed by Council Member Levin.

COUNCIL MEMBER FOSTER: Thank you. Just two quick questions. And I did show up late, but I tried to be caught up, so I don't think it's been answered. Commissioner Diamond, with the deaths that are due to overdoses, what drugs are they overdosing on? And is there any type of

services that DHS has or a different--well, answer the first part. What are they OD'ing on? Okay. I'm sorry.

DOVA MARDER: All the overdoses have had--all--I mean, uniformly the overdoses include opiates, which is why we've introduced the naloxone initiative.

COUNCIL MEMBER FOSTER: Oh, okay. I see that.

DOVA MARDER: Often they're mixed drugs, and most of the overdoses in New York City are mixed drug overdoses, but most of them also contain opiates.

COUNCIL MEMBER FOSTER: And are there any type of services similar to how we're able to identify those that are chronic users coming through hospital emergency rooms, is there anything that is being done to kind of identify those chronic drug users and maybe steer them towards a treatment program?

DOVA MARDER: Yes. Part of our harm reduction initiative as a whole, apart from the intranasal naloxone that we're introducing for staff to administer at a time of crisis, is to

identify through a screening at the door. We've introduced in our intake across the board a substance abuse screening tool, which is an established tool. It's called the DAST 10, D-A-S-T. That allows us very, very early in that person's assessment to understand whether substance use is a part of their contributing factor to their homelessness or a part of what they're struggling with. And that will allow us to in turn to personalize their treatment plan there going forward.

COUNCIL MEMBER FOSTER: And I don't know if you have done this, but is there a correlation or have you seen that there's a correlation between the information you gather on these forms in terms of someone identifying themselves as being a drug user or having this problem--and not necessarily the overdoses, but access to services, access to services.

DOVA MARDER: This screen has just been introduced within the last few weeks as part of our electronic case record, so we don't have that information yet, but that's the kind of information that we'll be hoping to be able to

extract from these records.

COUNCIL MEMBER FOSTER: To make sure that the information you're getting at the beginning really is able to tell you--

DOVA MARDER: [Interposing] What their needs are.

COUNCIL MEMBER FOSTER: What their needs are. Great, thank you. And just to follow up on the situation or the issue about the number one killer of children, 1 to 12, is pedestrians being hit by cars. I think that what we need to do as a City, but especially as an administration is, the same way that everybody is kind of aware of the harms of smoking because of those horrible commercials, that's the type--if it's something we're concerned about, those are the type of public service announcements that need to get out there, so that--I mean, I don't think there is a New Yorker who is not aware of, you know, the guy in the shower or the woman with no fingers. We need to do that in terms of getting the information out about the number one killer of kids, because clearly it's preventable. And you know, some people may differ on the smoking--

that's kind of a choice--whereas a child walking across the street or running out or following a ball or whatever, those are things that we can get information out to parents, rivers, to make them more aware. Thank you.

CHAIRPERSON PALMA: Thank you. Council Member Levin?

COUNCIL MEMBER LEVIN: Thank you, Madam Chair. My questions are mostly directed towards Commissioner Diamond regarding Intro 753. And I just want to talk kind of specifically about the issues that are in the district that I represent and happen to be in the neighborhood that I live in at the end of my block, where throughout the winter we have a number of chronic public inebriate homeless men who sleep under the BQE. But it's throughout my community, in the parks in Greenpoint, along the waterfront. According to the Brooklyn Paper, a Brooklyn Paper article from a couple months back, there have been in the last 15 months five deaths that have occurred outdoors in the parks in Greenpoint. One man committed suicide on September 24th, another man drowned to death in March of 2011. Another

man had committed suicide in April of 2011, two men died last winter in McCarren Park. According to DHS, only two of those as I can tell have been recorded by DHS, in addition to one other individual that died in a shelter in that community district. My question is, who has recorded the other three deaths? Why are these people not being recorded? This kind of speaks to the issue of who we're considering homeless in New York City. Who is keeping track? If DHS isn't tracking these guys, then who is?

DOVA MARDER: I could go over the individual cases again if you'd like, but I think a general answer to your question might be more helpful. So, OCME, it gets called for, as you know, any suspicious death and certainly any park death, they'd be call. Right? Any outside death they'd be called for. They in turn, sometimes even prior to their investigation will call me. I get called on every single homeless death, regardless of whether they're sheltered or unsheltered. And I hear about them in detail from the medical legal investigator from OCME. That sets off a chain of events where I will report on

that homeless death. And some of the OCME sometimes will determine that, will think that somebody is homeless, when in fact they are not homeless, and that's readily--we can figure that out very easily, because some of the places that they go are in fact supportive housing, and so that person is not homeless, that person is permanently housed, and we do a little detective work and feed that back to them. They call me for those in the parks. Right? That appear to be homeless. They will call me at very, very low threshold for those individuals. I will report that up through my agency. They will report that up through their agency, and as part of this bill, we both end up reporting it to the Department of Health, so that the Department of Health has both sources coming in and since the MOU from 2007, there have been virtually no discrepancies in our reporting. If there is, if OCME reports something that somehow hasn't gotten to me for some reason, an--MOI forgot to notify me about the death--we will hear it on the reconciliation side from Dr. Zimmerman's office, and we will work through that death then. So there should be, you know, as far

as OCME, DOHMH and we are concerned, this is the universe of homeless people who have died in New York City. And I speak with great confidence about that.

REGINA ZIMMERMAN: That was actually the intent of the MOU. What you're talking to is really reconciling these, and by being able to feed back information to DHS for anything that's missed between their communications. So there were two major things, was that MOU and then the direct communication for any death that was suspected to be homeless by OCME to DHS.

COUNCIL MEMBER LEVIN: But it's just my overall concern, because a number of these individuals that are at risk, they're outside in the cold during Code Blue times, they're really braving the elements and often have a significant alcoholism problem, that these guys may in fact be functionally homeless. They spend most of their nights outdoors, but they may have some family member that they live with at some point. And so that's--it goes to the concern that I had with the administrative change that DHS was looking to

implement a couple of months ago, where the definition of homeless becomes a big question in a community like this, where if in fact an individual, you know the DHS personnel may be able to identify a family member--even if they could potentially go back and stay with that person, they don't, and they're sleeping out on the street. So is there, I guess one question would be, is there a sense of how that change, if that change were to go through, how that would then effect DHS's--would you predict that the number of homeless deaths would go down because less people would be considered homeless? I mean is that the sense? Is that something that would logically make sense?

SETH DIAMOND: No, no, no. The policy we talked about is for people who have alternatives. So, it's not for people--the goal as we talked about rather extensively at another hearing was of course not to have more people on the city streets, but to have--use the policy to identify people who have housed places to go. So we--nobody wants more people on the city streets. Of course nobody wants more people dying on the

city streets. So we do not think the eligibility policy, should we be able to move forward with it, which we are hopeful and confident we will be able to, will have an impact on the city streets. And if it does, then we are not applying it correctly.

COUNCIL MEMBER LEVIN: Well, Commissioner if it's three out of the five individuals that have died since 2010 in Greenpoint, Brooklyn, died in the City's parks, are not considered homeless by DHS, but functionally they are. They're out there, they're spending the night in the park. There's a real disconnect there, because clearly under the DHS rules they're not considered homeless. They might have some place, their wife kicked them out--they're no longer staying--I mean, functionally they're not staying in the apartment that they may be able to be tracked to. They're sleeping underneath the BQE. They're sleeping in McCarren Park. They're sleeping in McGolrick Park. That's my concern, is that these are folks that we're not considering homeless, but they are in fact sleeping on the street. That's my concern.

SETH DIAMOND: Well, we have a

couple responses. Want to talk about the overall reporting?

DOVA MARDER: I mean, just generally speaking, the death is captured by the Department of Health as a death and goes--and is in our statistics, whatever the cause of death. The age, you know, where they were at the time of death, if there was an injury involved or an external injury, probably those deaths that you're talking about, depending on the cause, are captured by the OCME and are investigated and are reported in. If the OCME suspects anything in the description that they're getting that they're homeless, then they do discuss it with DHS.

REGINA ZIMMERMAN: And they do. They're on detective work, as you know, to identify not only next of kin but to question that next of kin as to the circumstances of that person's living, you know, residential status. So that the investigation, I mean not only are they going by what they see, but they're going by interviewing people. OCME is going by interviewing those people in that person's life. So, as I said, I mean we have--I'm confident that

we have all of the people who are homeless and who OCME similarly identified as being homeless through their investigations after the death.

COUNCIL MEMBER LEVIN: But you understand the concern that if they--they may in fact be determined to not be homeless by DHS, but in fact they were sleeping out on the street.

REGINA ZIMMERMAN: And it's not our determination. It's OCME's--in these cases it's OCME's determination of their homeless status. We defer to them.

COUNCIL MEMBER LEVIN: So OCME is the one determining. But there are folks--I mean, the concern is that there are guys that are sleeping out in the parks. They're dying out in the parks. They may have--according to OCME they're not homeless but they're living out on the street all winter. That happens. It happens a lot. There are probably more homeless guys in my district, in the Greenpoint section of my district, on any given night than supportive housing units in that neighborhood. It happens. It's more prevalent than those that are in supportive housing units.

SETH DIAMOND: Well, first just on your particular district, we have numbers. We may not be as far apart as you were portraying in terms of the death, so we'd be happy to sit down. Because I think, without going into specific names and circumstances, it looks to me like the data is much closer to what you're talking about in terms of homeless reported. But the general issue, we don't want anybody on the city streets. Our outreach teams will work with people who are on the city streets, whether they have been identified as having a place previously to go to or not, to get them off the street. So, we are making every effort to get people, no matter what their circumstance, off the city streets. Obviously the winter is of particular concern. But every day, every night, all through the year. And in parks, that's one of the places where we have the additional partner. The Parks Department is attuned to this issue. So we work very hard with a number of city agencies to try and address it.

COUNCIL MEMBER LEVIN: Okay. And I do just want to--before I relinquish the mic, I

just want to thank both the Health Department and DHS, because--and we do have monthly meetings where Lou is out and Jodi is out, and they're very involved. It's just it's a big challenge. But I do appreciate both of your departments' continued work on it.

DOVA MARDER: I'm not familiar with these individual cases that you're talking about, but it is true that there are people who do go to the park or do go outdoors, just for the purpose of committing suicide or for going towards their death. So, it might not have anything to do with their homeless status as well.

COUNCIL MEMBER LEVIN: Fair enough. Thank you, Madam Chair. Thank you.

CHAIRPERSON PALMA: Thank you. I just have a couple of more questions. Commissioner, in regards to those homeless individuals that do not live in shelter, how long is it typically before they're found if they die?

SETH DIAMOND: How long is it typically between time of death and when somebody?

DOVA MARDER: I can speak to that. It's very seldom that it's more than a couple of

hours or--a few hours. I mean, usually it's a passerby who calls 911. I mean, for those who are dying outdoors, which as we've mentioned is a much decreased percentage than it used to be, the--it's usually a passerby who comes across them. It's very seldom that OCME will be called for a body that's significantly decomposed.

CHAIRPERSON PALMA: And in the last quarterly report I noticed the numbers for death of non-shelter homeless individuals in Queens and Staten Island are significantly lower than the other three boroughs. Is there any specific explanation to why those numbers are lower in those boroughs, or?

DOVA MARDER: So you're asking why Staten Island had a bump in unsheltered deaths? A decrease or a bum?

CHAIRPERSON PALMA: It's a decrease, yes.

DOVA MARDER: Their numbers are so tiny. It's hard to say.

CHAIRPERSON PALMA: So that population differs from borough to borough, so that can be…

REGINA ZIMMERMAN: Well, in general also when you're looking at quarterly numbers, they are very small and you'll find a lot of fluctuation as you go from quarter to quarter. So sometimes where--

CHAIRPERSON PALMA: [Interposing] So, if we were took at the annual, at the report annually, those numbers would probably--

REGINA ZIMMERMAN: [Interposing] You would probably--right. And also, the other factor in the quarterly report and why we want to look at the annual is that you have a seasonality effect. You know, people are going in and out of shelters and living outside on the street, and the exposure risks are different from season to season. So, you're going to see that fluctuation in the smaller areas that you're looking at, whether or not it's community district or borough.

CHAIRPERSON PALMA: And I guess my last question would be, if in putting together the report and working together, have you faced any challenges, what those challenges would be, other than having to do a quarterly report, which I think--you know?

REGINA ZIMMERMAN: It's actually been a wonderful relationships. It was one of my first charges when I came into the Department was to work on the Homeless Report and to meet up with Dova and work with her and start to establish the statistics together. There were definitely barriers with communication. There were definitely barriers, difficulties, with definitions, coming up with categorization of the outdoor deaths and how do you classify them. Because some of these classifications come outside of what's typically on a death certificate. But I think through communication and working together and editing each other's work and looking at the numbers together, we've really been able to come out with some good work that helps to affect their policy.

CHAIRPERSON PALMA: And Commissioner, Assistant Commissioner Clark, I know in your testimony you spoke of the 69% child injury death caused by traffic, and you listed categories. Is it possible that you can submit to the Health Committee and to the General Welfare Committee a breakdown in terms of numbers of each

of those categories?

NANCY CLARK: Sure. It's published in our latest report. It's there. And just to clarify, the 69% includes--that's the proportion of unintentional deaths. So, that includes traffic, which is the number one.

CHAIRPERSON PALMA: Okay.

NANCY CLARK: Fires, and then it gets into the home, falling mostly amongst young kids. But we can certainly pull that out there. The report is pretty dense, so we'd be happy to pull that out for the Health Committee.

CHAIRPERSON PALMA: We would appreciate that.

NANCY CLARK: Sure.

CHAIRPERSON PALMA: And I want to again thank you for coming to testify and just want to, you know, Commissioner Diamond, I think around the changes that were made within the Department of Homeless Services, changing the menus, you know, around heart disease, I think that's something that the Department should highlight, because it's important. You know, you're mindful that even though someone is

homeless, they still need to be eating right. And you know, the Department is doing everything they need to in order to make sure that we are taking care of that population. Thank you so much for your testimony.

SETH DIAMOND: Thank you for all your leadership on this effort.

CHAIRPERSON PALMA: Our next panel and sole person to testify is Patrick Markee, from the Coalition of Homeless. Pat? The red light has to be on, Patrick.

PATRICK MARKEE: Thank you. Hi. Thank you Chair Palma. My name is Patrick Markee. I'm the Senior Policy Analyst at Coalition for the Homeless, and I present this testimony on behalf of the Coalition. We've also submitted joint written testimony from ourselves and the Legal Aid Society. Because we've submitted that written testimony, I will be exceptionally brief here, because I know you're looking to finish the hearing. I just wanted to say, first of all, a huge thank you to the Committee Chairs, and particularly to Speaker Quinn, who really spearheaded this legislation back in 2005. And

also, just frankly note that we're extraordinarily grateful for the Council's support, not only in passing the law back in 2005, but in considering making it permanent now, which we strongly support, the tracking and reporting of homeless deaths. It's also fairly remarkable that it took more than 25 years, since the beginning of modern homelessness, for the City of New York to begin tracking and reporting on the deaths of homeless individuals in the city. And I just wanted to provide one sort of brief historical anecdote to kind of underline why this reporting is so important. You know, back in the late 70's, when modern homelessness first emerged on the streets of the City and we saw enormous numbers of homeless men and women sleeping in public spaces and transportation terminals and the parks and the subway system, there were reports from City officials to founders of Coalition for the Homeless and other folks who were working in that kind of crisis situation back in those days that they had been finding hundreds of people dying on the street every year. It was one of the reasons that the founders of the coalition brought the

Callahan lawsuit and argued that under the state Constitution we should have a legal right to shelter for homeless men and women. And of course the City, fortunately, settled that lawsuit in 1981 as a consent decree, and over the last 30 plus years, that consent decree has literally saved countless lives. It's the reason that we do have relatively few homeless deaths on the streets of this city, particularly compared to other large cities in this country. However, we are in total agreement with the members here who have stated this and with the City officials who stated the same thing, one homeless death is too many. The fact that we still have around 100 deaths of unsheltered homeless people on the streets of the city every year is a tragic fact and we should be doing everything we can to prevent those deaths, to stop those deaths. The reporting that's been provided in these reports, pursuant to Local Law 63 over the last several years has really helped to illuminate the scale of that problem and also give some important detail about causes of death, about the locations of these deaths, about the folks that are dying, and it's just a real wakeup

call to the City. And so we're really grateful to the support of the Council and the Speaker. We think the law should be made permanent with no sunset. We think the law should essentially be kept as it is now, and we're happy to work with you in the coming weeks to make that happen.

CHAIRPERSON PALMA: So, being that the law is not permanent as of yet would be the only fact that you would find that's not being captured in the report?

PATRICK MARKEE: Yeah. I mean, I think, you know, look. We think that one of the reasons, you know, just to respond to I think something one of the officials said just a moment ago, one of the reasons that we were supportive of quarterly reporting--in fact we would have preferred, you know, back in the day to have seen monthly reporting--is that there is seasonality to these issues, particularly the risk of death to exposure, to hypothermia and other cold-related injuries in the winter months is much greater. It's one of the reasons you do see a spike in those kinds of deaths, and deaths sort of in public spaces in those months. So, the idea of

eliminating quarterly reporting we think would be a real mistake. If anything, the reports would be more useful and the data would be richer if we had some of that data at least on a monthly basis so that we could see the time of year that some of these deaths were occurring. That, unfortunately doesn't happen now, but at least we have the quarterly reporting to allow us to look at some of the seasonal factors.

CHAIRPERSON PALMA: Okay, thank you. You have…?

COUNCIL MEMBER LEVIN: Patrick, do you have a feeling of whether--you know, I'm still very concerned about the folks that are kind of not getting captured because they're not necessarily considered homeless. Are there any kind of amendments that you might--or any kind of way to strengthen the reporting requirement to include those? I mean, have you ever thought of that or has the Coalition ever looked at that?

PATRICK MARKEE: You know, it was some of the interchange here actually was very interesting about some of the folks that you were talking about who had died in the Greenpoint

section of Brooklyn. I think we'd be interesting in how OCME is making those determinations and getting a little more detail on that. I mean, you know, just because somebody has--maybe has a reported address, doesn't necessarily mean that person isn't living in that place or hasn't lived in that place for some period of time, it is effectively homeless. And so I think there's probably some issues there on particular cases. I mean, I think the, you know, the definition that the Council included in the law back in 2005 is fairly clear. People who lack a fixed residence. And I think there was some care taken in crafting that definition back in the day.

COUNCIL MEMBER LEVIN: So then you don't think that OCME is adhering necessarily to that definition or are they?

PATRICK MARKEE: You know, I can't really answer that question. I don't know, particularly with regard to the individual cases there. It would be something that would be worth maybe all of us taking a look at and seeing how they're making those determinations in specific cases.

COUNCIL MEMBER LEVIN: Great. Thank you. Thank you, Madam Chair.

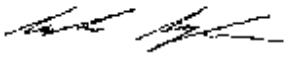
CHAIRPERSON PALMA: Thank you. I want to thank everyone who came to today's hearing, again, thank the administration for their testimony. Patrick, as always for your input and your recommendations on what--how we can continue to do better on behalf of the vulnerable population of the City of New York. Thank you--

PATRICK MARKEE: [Interposing] Thank you.

CHAIRPERSON PALMA: --to Helen and Steve for staying with me to the end. And this meeting is now adjourned.

C E R T I F I C A T E

I, Erika Swyler certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.



Signature

Date _____2/16/2012_____