

19th SEPTEMBER, FRIDAY

14h00 – 15h20

SEMINAR SESSION 4 - Participants will be asked to select one of these 6 parallel seminars

Seminar 21: Mortality of People Experiencing Homelessness (Room: X) - Chair: Lars Benjaminsen, DK

Magdalena Mostowska, Ewelina Biczyska, Mateusz Słomski, PL: Exploring the Data on Homeless Mortality in Poland

There is growing recognition of health disparities and homelessness being particularly detrimental to health outcomes and increased mortality. However, data on the health and deaths of people experiencing homelessness are scarce and prone to selectivity and bias.

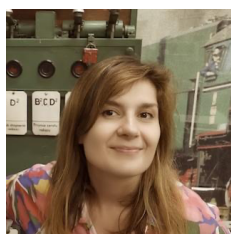
This paper examines the administrative data that could be used to estimate mortality among people experiencing homelessness in Poland. Linking administrative data has become a state-of-the-art method in homelessness research. The paper presents challenges of working with the available data and the caveats that the current data collection system entails with regards to homelessness.

We used a dataset of social assistance recipients in Poland. Only for a small part of the population receiving benefits due to homelessness was it possible to retrieve personal numbers and match them with the death register. Other deaths were identified based on municipal burials recorded in the database and an algorithm that calculates the probability of death based on entries with the same date of birth, gender, and municipality in the population register. We identify at least 1300 deaths per year of people who received benefits in the 12 months prior to death. The mean age at death in 2022 was 57.2 (SD=11.9). In 2022, the crude mortality rate CMR=3.39 and the standardized mortality ratio SMR=3.35 (driven mainly by the elevated SMRs for people under 50 years of age). Finally, the paper presents aggregate data on municipal burials. Urban municipalities have 4 times more such burials per capita than rural ones, which can be explained by more services, but also by weaker family ties.

The paper concludes by addressing the main shortcomings of the collection and sharing of registry data in Poland and their consequences for homelessness research.



Magdalena Mostowska is a sociologist, lecturer, and researcher at the Faculty of Geography and Regional Studies at the University of Warsaw. She has completed several research projects on migrant and women's homelessness in Poland, the EU, and the US.



Ewelina Biczyska is a sociologist and a geographer, teaching at the Faculty of Geography and Regional Studies at the University of Warsaw. Her main scientific interests revolve around spatial justice, social and urban transformations, and social problems, especially in Latin America. She has been involved in several scientific projects about changes and development in Latin-American cities and regions. She also has over 12 years of experience in quantitative market research.

Mateusz Słomski is a mathematician and works as a senior specialist at Statistics Poland. His works focuses on transforming administrative registers into statistical datasets, especially in the field of social policy: social support and education.

Daniel C. Farrell, Ashwin Parulkar, Tina Goodrich, Steve McFeely & Danielle Devine, USA: Responding to Mortality Risks of Permanent Supportive Housing (PSH) Tenants in New York City

Scholarship and reportage have confirmed that mortality rates among single adult Permanent Supportive Housing (PSH) tenants are unacceptably high (Eagen, 2023; Henwood et al., 2015; Raven et al., 2020). Scholars have identified high rates of chronic health conditions, substance use problems, and unmet medical needs among individuals experiencing homelessness before transitioning to PSH as significant contributing factors to these mortality rates (Henwood et al., 2015; Raven et al., 2020).

Critical Time Intervention (CTI), a model based on intensive client engagement during crucial phases of the service delivery process, has increased housing stability for PSH tenants but has never been used to decrease mortality (Herman et al., 2007, 2010). To address these gaps, HELP USA implemented CTI with over 200 single adult PSH tenants—including over 80 in recently leased units—from February 26, 2024, to February 25, 2025, aiming to decrease mortality and increase social connectedness and positive health outcomes. The program resulted in lower mortality rates compared to those previously observed in PSH tenants in Philadelphia and persons experiencing homelessness in New York City (Table 1).

Table 1: Comparative Mortality Rates: PSH & Populations Experiencing Homelessness (PEH)

Population	Crude Mortality Rate*	Person Years^
PSH - Philadelphia	3916	1045
PEH-NYC ('90-'08)	2170	-
PEH-NYC ('22-'23)	2144	16558
PSH single adults- HELP (high risk)	1892	159
PSH single adults- HELP	1099	729

*Crude mortality rate is the number of deaths per person year in a population of 100,000. ^Person years is the period of time (in years) that a sample population is observed for a study period. Person years for HELP PSH clients is derived from February 26, 2024, to November 26, 2024, for 222 clients, inclusive of exits, such as deaths. The presentation will include analysis of 12 months of data. Bold = $p < 0.01$ compared to Philadelphia PSH population (Henwood et al., 2015). Note: Data on PEH-NYC ('90-'08) refers to middle-aged men and is also from Henwood et al. (2015). The mortality rate of PEH-NYC ('22-'23) refers to middle-aged men. HELP Research calculated this rate based on local and federal government data (HUD, 2023; DOHMH, 2024).

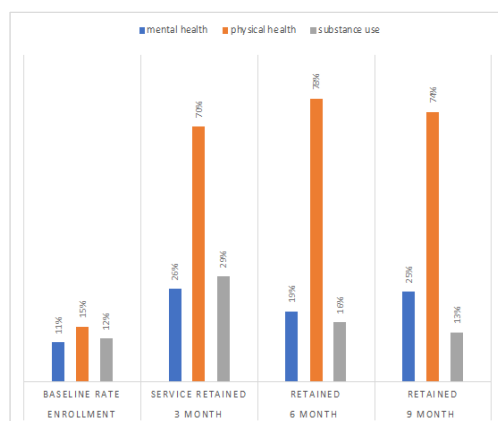
This talk will cover three topics:

1. Assessing Mortality Risks of PSH Clients

HELP USA designed a point-based risk assessment tool that screens for chronic physical conditions, chronic homelessness histories, incarceration experiences, and demographic characteristics associated with mortality. All clients are provided enhanced services. However, the program additionally tracks outcomes of clients at or above a minimum risk score to ascertain factors indicating the highest needs.

2. Implementing Enhanced Services

We will discuss how enhanced services are provided and measured across the following areas: early client engagement, social support, client visits, and healthcare coordination.



3. Impact Evaluation

We will discuss how researchers and clinicians worked together to track the performance of the CTI service model every three months for one year from the start of the program. This includes tracking the impacts of enhanced wellness checks and retention in social support work groups, healthcare programs, and substance use services on mortality rates. HELP USA will present early findings from the program, such as the impacts of enhanced services on significantly increasing access to critical physical and mental health care services (Figure 1). In this context, a clinician will discuss strategies for responding to high-risk clients through the appropriate provision of enhanced services.

Figure 1: Effects of Enhanced Engagement on PSH Single Adult Clients "in Need" of Services (February 26, 2024 – November 26, 2024)

Works Cited

- Eagen, J. (2023, September 11). Off the Street: A journey from homelessness to a room of one's own in New York City. *The New Yorker*
- Henwood, B.F., Byrne, T., & Scriber, B. (2015). Examining mortality among formerly homeless adults enrolled in Housing First: An observational study. *BMC Public Health* (15):12019:1-8
- Herman, D. B., & Mandiberg, J. M. (2010). Critical time intervention: Model description and implications for the significance of timing in social work interventions. *Research on Social Work Practice*, 20: 502.
- Herman, D., Conover, S., Felix, A., Nakagawa, A., & Mills, D. (2007). Critical time intervention: An empirically supported model for preventing homelessness in high-risk groups. *Journal of Primary Prevention*, 28, 295-312.
- Kerman, N., Kidd, S.A., Mutschler, C., Sylvestre, J., Henwood, B.F., Oudshoorn, A., Marshall, C.A., Aubry, T., & Stergiopoulous, V. (2023). Managing high-risk behaviours and challenges to prevent housing loss in permanent supportive housing: a rapid review. *Harm Reduction Journal*, 20(140).
- Raven, M.C., Niedzwiecki, M.J., & Kushel, M. (2020). A randomized trial of permanent supportive housing for chronically homeless persons with high use of publicly funded services. *Health Serv Res*. 55(Supplement 2): 797-806
- Rhoades, H., Wenzel, S.L. & Henwood, B.F. (2019). Changes in Self-Rated Physical Health After Moving Into Permanent Supportive Housing. *American Journal of Health Promotion*, 33(7):1073-1076



Tina Goodrich has 25 years of experience in the fields of affordable housing administration and homeless service delivery. Most of her initial experience in government subsidized housing and services came during her nine-year tenure at MBD Community Development Corporation in the Bronx. Tina currently serves as the Vice President for Supportive Housing and Services for HELP USA's permanent supportive housing program and services located in the Greater New York City area and Long Island. Tina has a BA from CUNY Brooklyn College and Master of Arts in Urban Affairs from CUNY Queens College. She also serves as Board Vice-Chairperson at The Institute of Family Health, a Federal Qualified Health Care non-profit organization providing quality patient centered primary care to those in underserved communities.



Danielle Devine holds a Master's degree in Social Work (Adelphi University, NY) and a Bachelor's Degree in Psychology (Queens College, NY). Danielle has over 10 years of clinical experience with working with diverse populations living with mental health issues, substance abuse, and serious medical ailments. During Danielle's career she assisted to pilot a successful aftercare program for veterans who could not access services at their local VA (Veterans Administration). The program heavily focused on utilizing CTI (Critical Time Intervention) to render services to the veterans. She currently holds a license for Master of Social Work in New York State. Danielle believes in expansion of services and advocacy for marginalized and vulnerable populations. Danielle is currently an Executive Director in NYC for homeless service provider HELP USA. She oversees operations for multiple social service programs in permanent housing.

Ashwin Parulkar is the Associate Vice President of Research at HELP USA (New York City).

Daniel C. Farrell is the Chief Operating Officer at HELP USA (New York City).