Investing in Independence through Supportive Housing

June 1, 2016

philanthropy new york

BREAKING GROUND
BUILDING AND RESTORING LIVES

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NEW YORK STATE Department of Health

The Fan Fox and Leslie R. Samuels Foundation, Inc.

Presentation Outline

- Housing & Service Needs of An Aging Population
  - Understanding the Unique Health Needs of Vulnerable Aging New Yorkers
  - What is Supportive Housing & Role for Vulnerable Aging New Yorkers
  - Enhanced Service & Capital Improvement Needs to Support Healthy Aging- in-Place
- Elder Care Health Outreach (ECHO) Pilot
  - Pilot Overview: On-site Service Enhancements for Tenants 62+
  - Significant Benefits & Operational Complexity of Integrated On-Site Care Model
  - Cost-saving Implications
- Current Initiatives Promoting Aging-in-Place and & Opportunities to Capitalize
  - DOH Initiatives Transitioning Institutionalized Individuals into Community
  - What Foundations Can Do?

CSH: Our Mission

Advancing housing solutions that:

Improve lives of vulnerable people

Maximize public & private resources

Build strong, healthy communities

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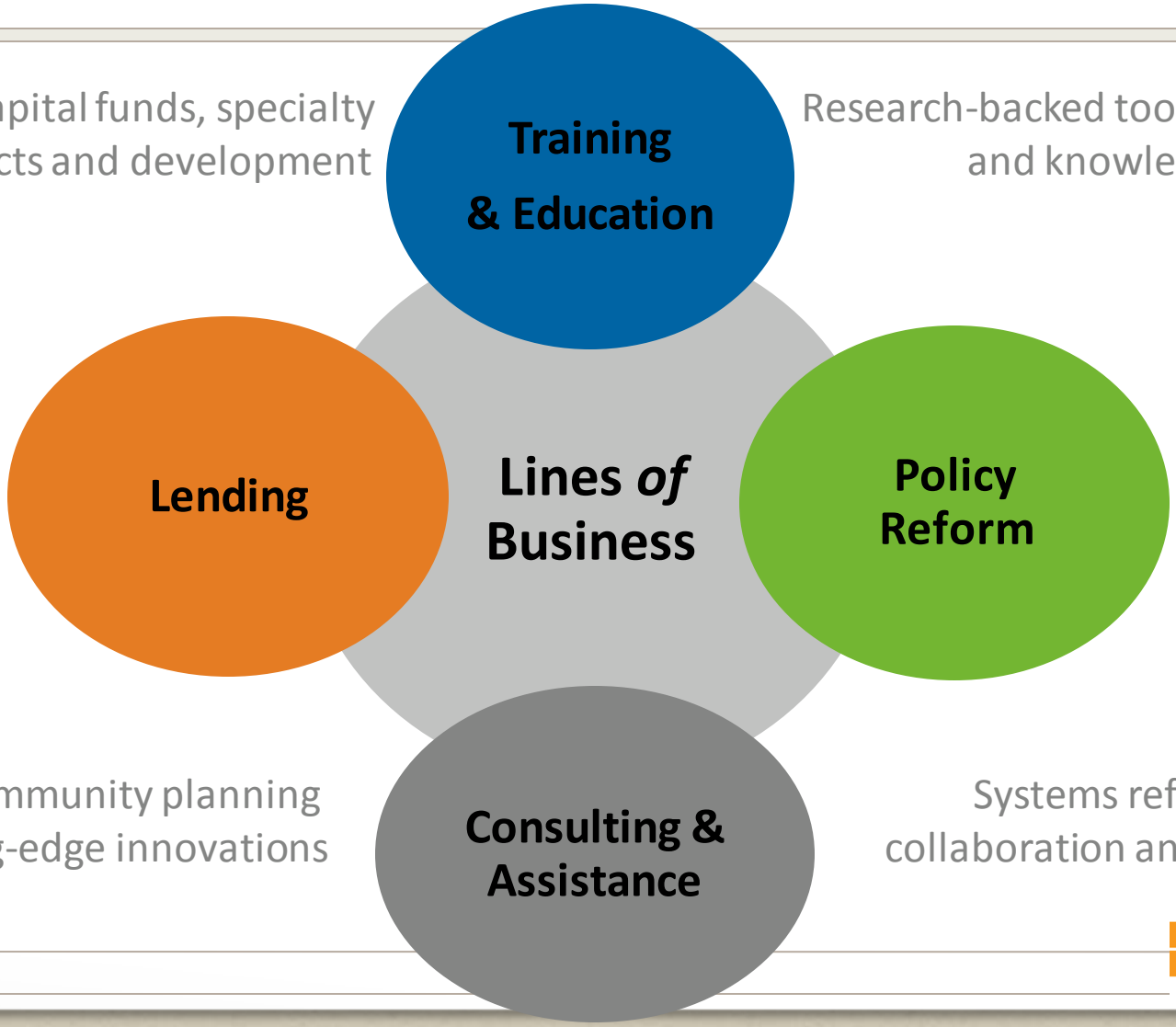
What We Do



Powerful capital funds, specialty loan products and development expertise

Research-backed tools, trainings and knowledge sharing

Custom community planning and cutting-edge innovations

Systems reform, policy collaboration and advocacy

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The Graying of America's Homeless

Between 2010 and 2020, the elderly homeless population is estimated to increase by

A. 19%, from 44,172 in 2010 to 52,565 in 2020

B. 27%, from 44,172 in 2010 to 56,098 in 2020

C. 33%, from 44,172 in 2010 to 58,772 in 2020

D. 50 %, from 44,172 in 2010 to 66,258 in 2020

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Old and on the Street: The Graying of America's Homeless

The emergence of an older homeless population is creating daunting challenges for social service agencies and governments already struggling to fight poverty.

By ADAM NAGOURNEY MAY 31, 2016

The Aging Population
National Trend

YEAR	65+ POPULATION	TOTAL POPULATION	65%+ SHARE OF TOTAL POPULATION
2000	34,991,753	281,421,906	12%
2010	40,229,000	310,233,000	13%
2030	72,092,000	373,504,000	19%
2050	88,547,000	439,010,000	20%

Source: U.S Census Bureau

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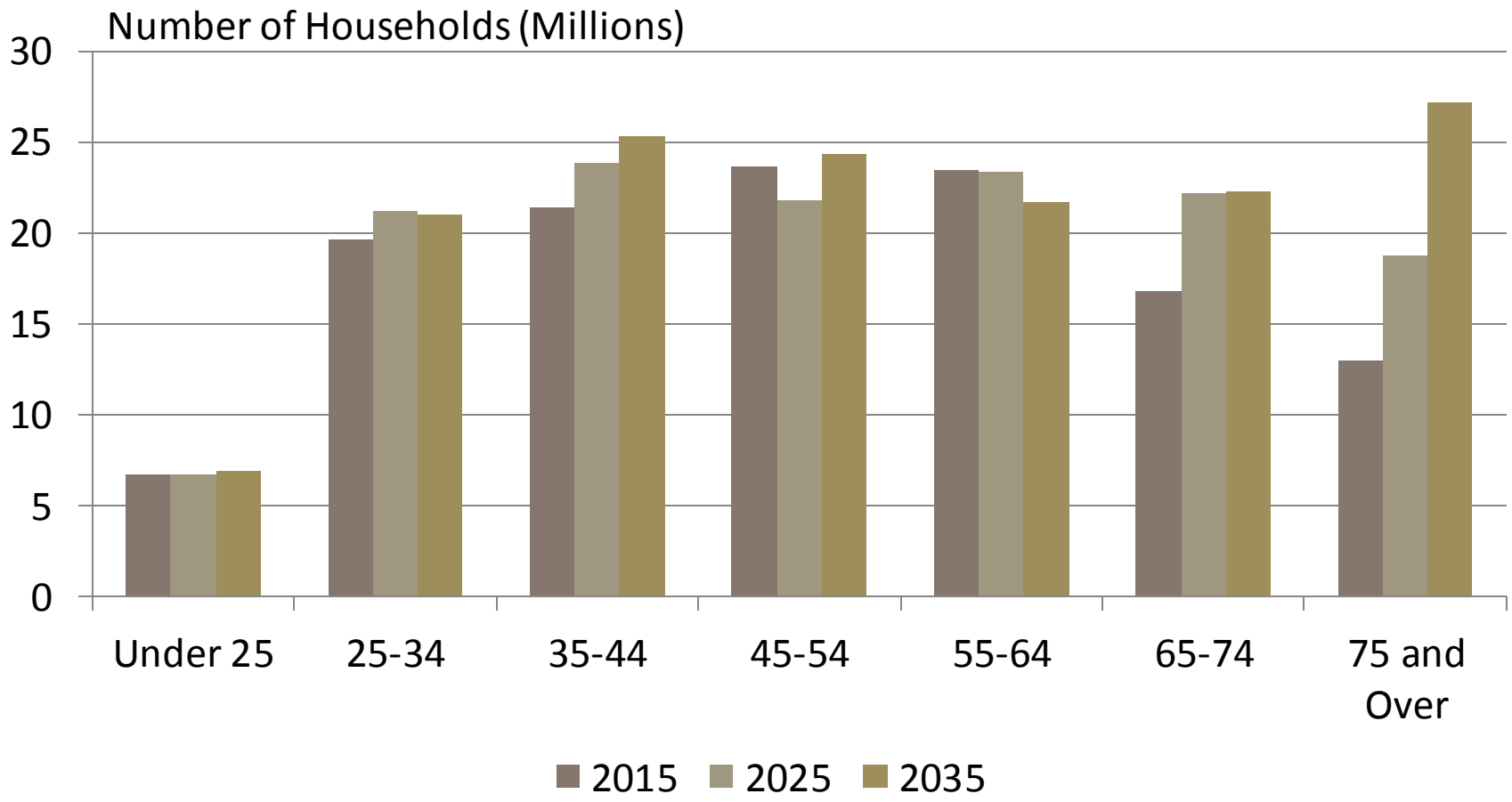
Aging of the Baby Boomers Swamps Growth Millennial Households Over Next Two Decades



Source: Joint Center for Housing Studies.

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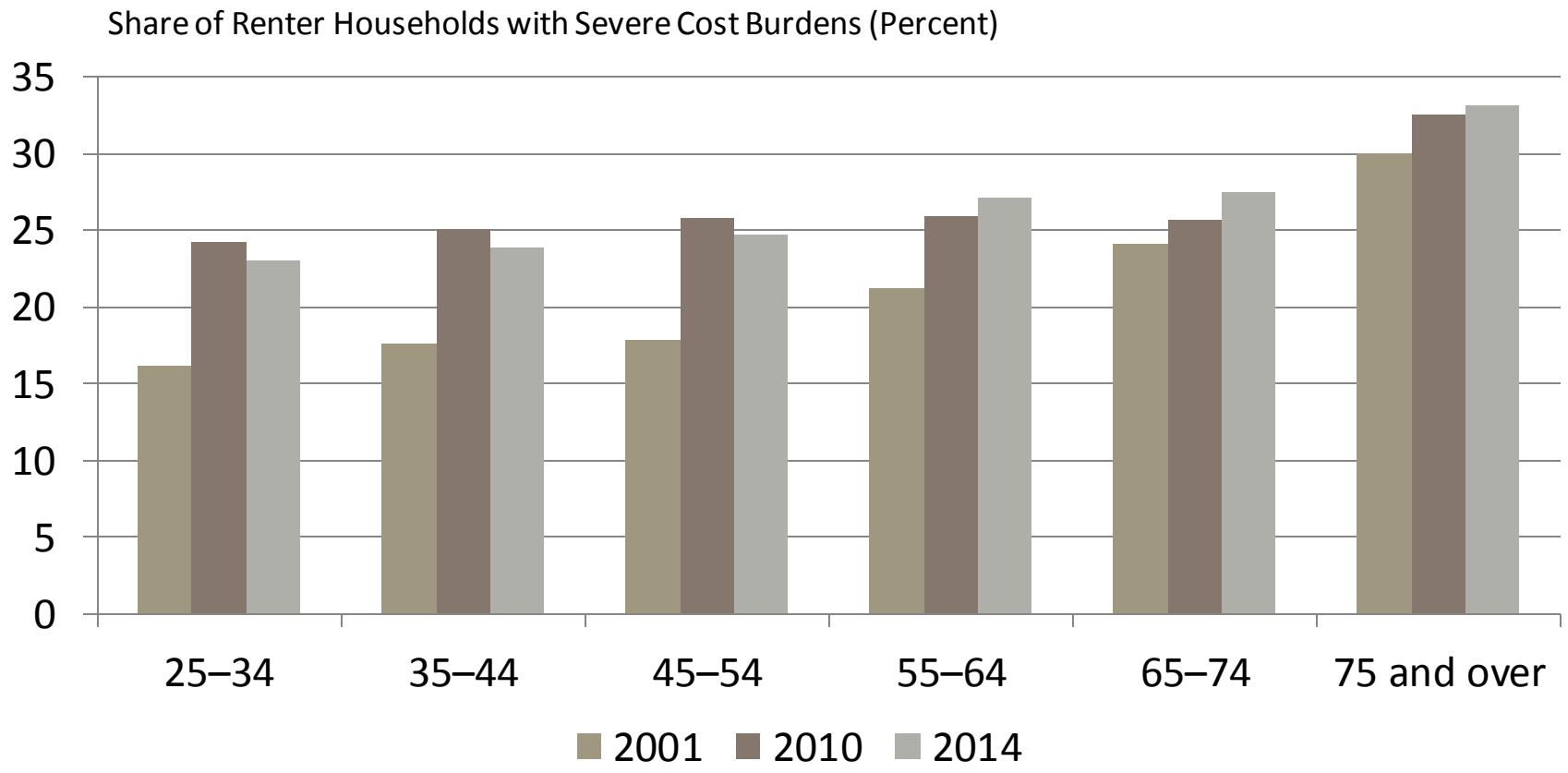
Severe Cost Burdens Have Risen Sharply Among Younger Renters, But Are Highest Among Seniors



Notes: Severe cost burdens are defined as housing costs more than 50% of household income.
JCHS tabulations of US Census Bureau, American Community Surveys.

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Elderly Homeless Population
(in shelter)

Growth in % of Homeless Population Over 62

- 2007 – 4.1%
- 2009 – 4.2%
- 2011 – 4.4%
- 2013 – 5.4%
- 2014 – 5.7%

Source: 2014 Annual Homeless Assessment Report to Congress

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Homeless Over 50

- Have rates of chronic illnesses similar to general population aged 65+
  - Are 4X more likely to have 1 or more chronic illnesses compared to younger homeless adults
- Have geriatric conditions of those 70+ in general population
  - Those w/ geriatric conditions more likely to frequent ER (4+ times/year) and more likely to be institutionalized
- Have lower rates of mental illness and substance use disorders than younger homeless people, but much higher than general population

*Information originally presented by Dr. Rebecca Brown from University of California, SF, Division of Geriatrics, Dept. of Medicine

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Pathways into Homelessness for Older Adults

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A Graying City

The Silver Tsunami in NYC

- NYC's senior population is growing larger, living longer and getting poorer
  - Nearly 20% of the City's elderly live in poverty
  - Older NYC renters are the most rent burdened . 60% pay more than 1/3 of their income toward rent.

The City's "Hidden" Homeless

- Over 2,000 seniors per night reside in the shelter system
- Particularly vulnerable due to their physical frailty, age related health problems and higher risk of memory loss, dementia and vulnerability to predators.

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CSH Aging Learning Collaborative

9 NYC Organizational Members

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Medical & Behavioral Health Service Coordination

- Home Health Care/ Visiting Nurses
- Occupational Therapy
- Discharge plan coordination
- Medication Assistance
- Policies that permit stays in hospitals, rehab and convalescent care without losing their housing
- Mobile Dr. Services/ Access to medical care for those who can't/won't travel

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Building Staff Competencies

- Staff being attentive to fears and concerns of older formerly homeless adults
- Staff possessing knowledge of geriatric health care principles
- Staff feeling that they have the emotional and professional support they need to serve aging tenants

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Physical Space Modifications

Most Important:

- Universal design principles
- Accessibility
- Communal spaces
- Dementia-friendly spaces

Retrofit/ Capital Needs

- Grab Bars
- Power Assisted Entranceways
- Entry/Ramps
- Motion Sensitive Burners
- Technology

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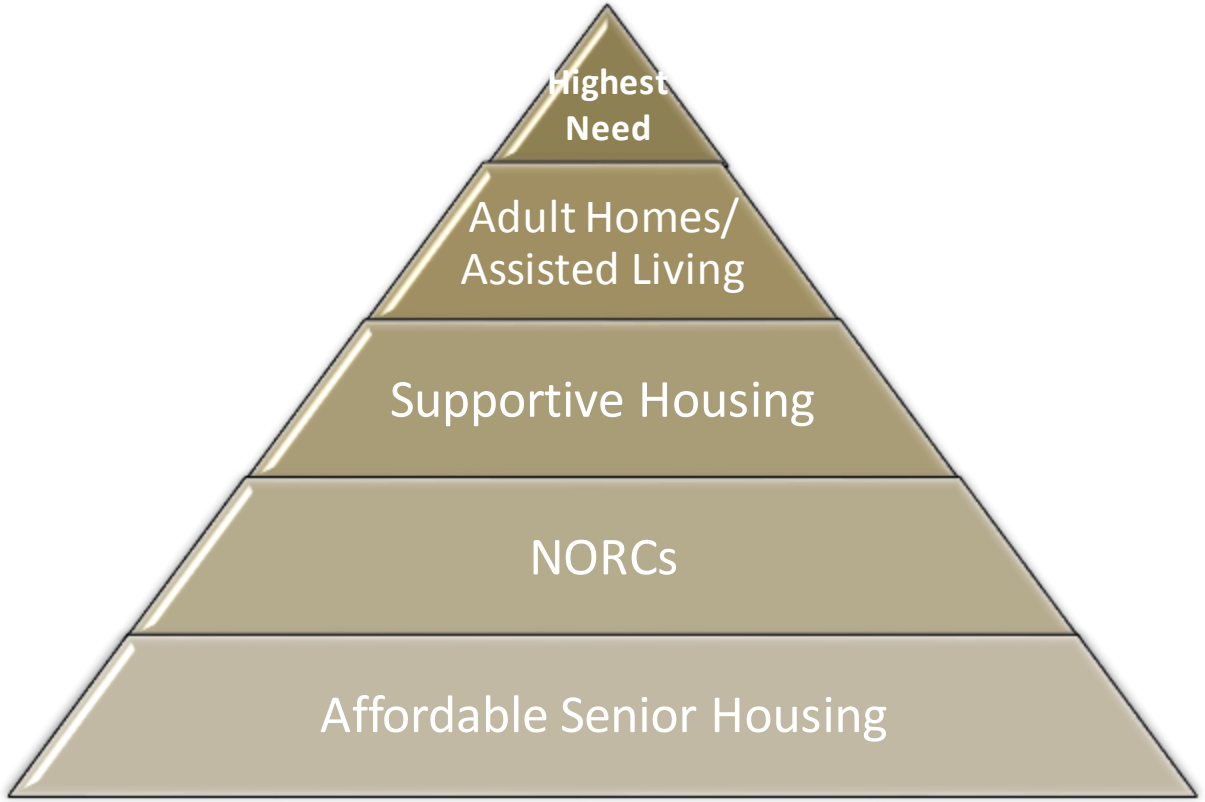
Housing & Support Service Needs for a Growing Aging Population

Highest Rent Subsidy & Support Service Need



Lowest Rent Subsidy & Support Service Need

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Describing Supportive Housing

Permanent, affordable, independent, tenant centered, flexible, targeted

Defining Supportive Housing

- Targets households with barriers
- Provides unit with lease
- Is affordable
- Engages tenants in flexible, voluntary services
- Coordinates among key partners
- Supports connecting with community

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About Breaking Ground (est. 1990)

Breaking Ground's mission is to strengthen individuals, families and communities by developing and sustaining exceptional supportive and affordable housing as well as programs for homeless and other vulnerable New Yorkers.

- The belief that everyone deserves a home is at the heart of everything we do.
- We provide a variety of homelessness solutions.
- We meet people "where they are" - both literally and figuratively - whether that means conducting a psychiatric evaluation on a street corner or sending an outreach worker who can speak to a client in his or her native language.
- We follow the proven "housing first" philosophy: once a person is stably housed, they are vastly more likely to achieve sobriety and other important needs for healthier living.
- We foster strong, vibrant communities within our buildings by constructing beautiful spaces and offering life-enriching workshops and social events.

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About Breaking Ground

New York City's largest provider of supportive housing & street outreach

Street Outreach

24/7 in Brooklyn, Queens, & a third of Manhattan

Transitional Housing

Permanent Supportive Housing

- 19 properties
- 3,500 permanent and transitional units
- 1,000 more in the development pipeline

...paired with supportive services

Medical care & substance abuse referrals

Mental health care

Benefits assistance

Self-sufficiency skills

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ECHO Pilot Overview

1. To implement two complimentary services at three pilot locations that would measurably promote successful aging in place for tenants 62+ years old:
   - Primary medical care
   - Enhanced tenant services
2. To evaluate the benefits of these interventions at the various pilot sites, including the cost-benefits of ECHO
3. To inform other supportive housing providers of the program concept, design, and learnings

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ECHO Funders

We are extremely grateful for the generous support of our ECHO funders:

- Charina Endowment Fund
- The Fan Fox and Leslie R. Samuels Foundation, Inc.
- John H. & Ethel G. Noble Charitable Trust
- MetLife Foundation
- Mizuho USA Foundation, Inc. of Mizuho Financial Group

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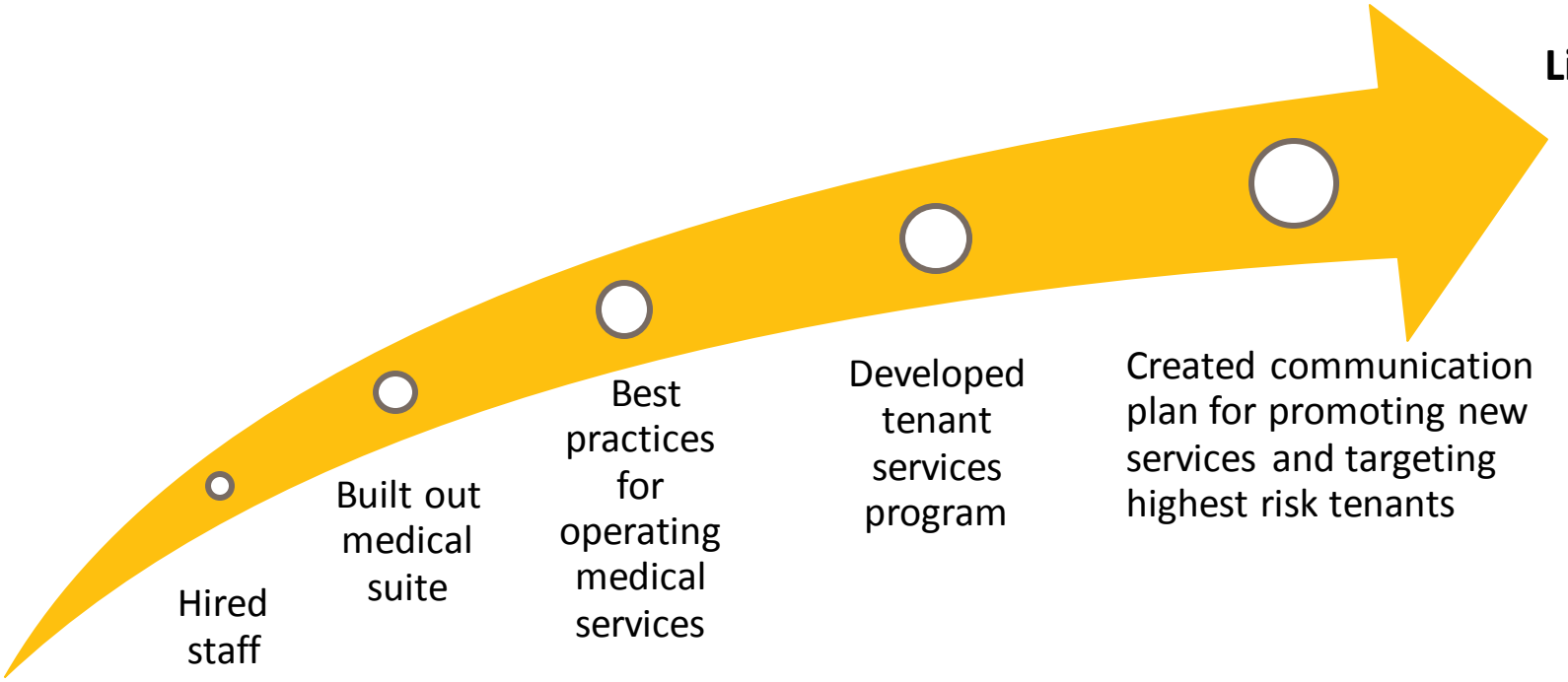
Launching ECHO



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Targeting the most Vulnerable: Why

- Aging prematurely
  - Higher rates of geriatric syndromes and illnesses earlier
- High co-morbidity
  - Mental illness and substance use disorders
  - Psychosocial struggles and weak external support systems
  - Chronic and acute illness
- Extremely at-risk for serious health conditions and grave outcomes
  - Accelerated onset and progression of chronic illnesses
  - Poor quality of life
  - Excessive and largely preventable hospitalizations and ER visits ($$$)
  - Early admission to nursing homes ($$$)
- Significant obstacles to high quality, integrated care

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Targeting the most Vulnerable: How

Guiding Questions tool developed for determining if a tenant is best-suited for on-site care. Considerations include:

- Highest-risk for poor outcomes, including
  - Age 62+
  - Living with severe mental illness and/or substance use disorders
  - Multiple and/or serious chronic medical problems
  - Misusing medical resources
- Unable to successfully engage in adequate care in the community, with some interest in onsite care
  - Maximize independent function in community
  - Minimize fragmentation of care
  - Direct resource-intensive services to those benefitting the most

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Intensive, Individualized, Integrated Care

Key Features

- Collaboration and coordination
- Long-term, person-centered medical treatment planning
- Therapeutic alliance
- Time, patience, and more time

Integration

- Primary care
- Behavioral/mental health care
- Social services
- Housing services

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ECHO Tenant Services

- **Wellness Promotion Activities**: designed to improve quality of life and complement primary care provider (PCP) lifestyle recommendations
- **Fall Prevention Focus**: awareness-raising kickoff, joint movement and relief, tackling clutter workshop, etc.
- **Event Highlights**: health and nutrition workshops, walking group, cooking class, art workshop, coffee talk, patient empowerment, end of life planning, dance fitness, farmers market trips, etc.
- **Health Groups**: direct collaboration with ECHO PCP

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ECHO Tenant Story

- Senior male with a history of chronic homelessness; coronary artery and peripheral vascular disease, Hepatitis C, Major Depressive Disorder and severe alcohol dependency.
- Prior frequent suicidal ideation closely associated with alcohol use despondency.
- Nine hospitalizations for alcohol-related and cardiac issues in one year before receiving on site primary care.
- Following severe health deterioration (requiring carotid artery and lower extremity stents), individual began accessing onsite primary care services.
- Consistency of medical care enabled greater treatment adherence and, most importantly, a will to abstain from alcohol use, with, so far, excellent commitment to recovery as demonstrated by over two years of sobriety.
- Integration of onsite primary care, onsite psychiatry, and social service staff at the housing site resulted in tenant being able to manage his chronic conditions and have a positive quality of life.
- Zero hospitalizations in past two years since receiving onsite integrated care!

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Recap: ECHO Challenges

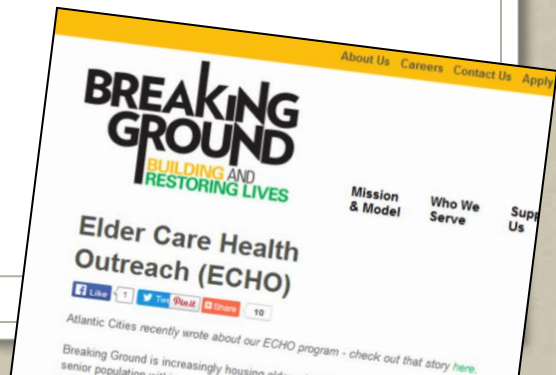
- Staffing
- Collaboration with external providers
- Defining the target population
- Evaluation
- Sustainability

ECHO Continuation

- **Medical Services**
  - Ongoing at three pilot locations and four expansion sites, all of which are permanent supportive residences for low-income and chronically homeless individuals.
  - Efforts to become credentialed provider for MCO billing
- **Tenant Services**
  - Best Practices Toolkit now available
  - Key programs incorporated across Breaking Ground locations
- **Final Report and Toolkit Online**

  Found on breakingground.org under “Our Programs”

  (www.breakingground.org/our-programs/elder-care-health-outreach-echo)



ECHO Participation

- **155** Tenants received on-site medical care
- Participant age range **62-96**
  - ✓ Average age 71
- **357** Tenants attended at least one ECHO activity
  - ✓ 81% formerly homeless

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ECHO Evaluation Overview

Surveys to measure care quality and health outcomes

Administered upon enrollment, then 1 and 2 years post-enrollment (n=13 for baseline and Y1; n=9 for Y2):

- Patient Assessment of Chronic Illness Care (PACIC)
- Health Outcomes Survey (HOS)

Administered at pilot close (n=40):

- Patient Care Quality – Homeless (PCQ-H)

ER and Hospital Utilization Data to measure impact and cost effectiveness

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PACIC Survey Data

Patient Assessment of Chronic Illness Care

- Measures specific actions or qualities of care that patients have experienced.
- Highlights of % of positive responses:

	Baseline	Y1	Y2
1. Asked for my ideas when we made a treatment plan.	23%	46%	78%
2. Given choices about treatment to think about.	23%	69%	78%
6. Shown how what I did to take care of myself influenced my condition.	39%	62%	89%
7. Asked to talk about my goals in caring for my condition.	23%	62%	89%
8. Helped to set specific goals to improve my eating or exercise.	31%	46%	89%
10. Encouraged to go to a specific group or class to help me cope with my chronic condition.	8%	31%	

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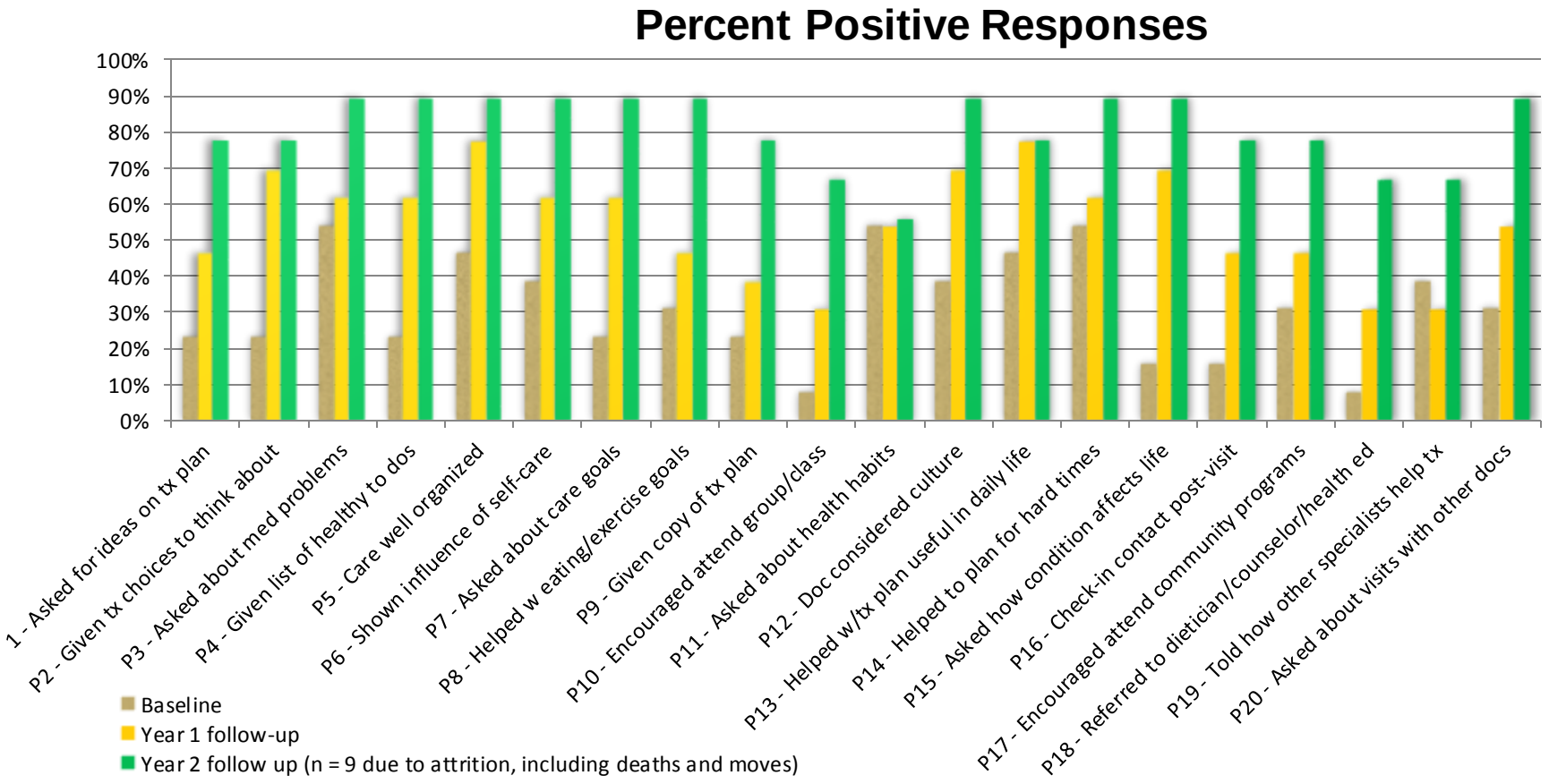
PACIC Survey Data

Patient Assessment of Chronic Illness Care



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Health Outcomes Survey Data

Patient-reported outcomes measure used by Medicare

	Baseline	Y1	Y2
In general, would you say your health is: *good, very good, excellent*	53%	62%	78%
Compared to one year ago, how would you rate your physical health in general now? *slightly better, much better*	31%	39%	67%
Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (*average days*)	11.69	7	1

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PCQ-H Survey Data

Patient Care Quality - Homeless

Designed for homeless/formerly homeless population

	% Positive
1. My PCP never doubts my health needs.	85%
3. My PCP makes decisions based on what will truly help me.	98%
4. I feel my PCP has spent enough time trying to get to know me.	100%
6. I can get enough of my PCP's time if I need it.	90%
7. If my PCP and I were to disagree about something related to my care, we could work it out.	95%
8. My PCP makes sure health care decisions fit with other challenges in my life.	90%
15. My PCP helps to reduce the hassles when I am referred to other services.	72%
19. If I could not get to the medical area, I think the staff would reach out to try to help me get care.	95%
28. The medical staff at this place listens to me.	

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ER and Hospital Data Summary

n = 45 for baseline and Y1
n = 41 for Y2

Utilization Summary

		Y0 Pre Enrollment	Y1 Post Enrollment	Y2 Post Enrollment
ER Visits	Aggregate	16	6	4
	Mean	2.3	0.9	0.6
Hospital Visits	Aggregate	17	8	6
	Mean	2.4	1.1	0.9
Total Days (ER +Hospital)	Aggregate	109	33	31
	Mean	15.6	4.7	4.4

Changes in Utilization

	Y0 to Y1	Y0 to Y2	Y1 to Y2
ER Visits	-10 (-63%)	-12 (-75%)	-2 (-33%)
Hospital Visits	-9 (-53%)	-11 (-65%)	-2 (-25%)
Total Days (ER + Hospital)	-76 (-70%)	-78 (-72%)	-2 (-6%)

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Cost Saving Implications

Projection Based on Cost of Services

- One day/week ECHO medical care serves caseload of 25-35, costs aprx. $67,704; translates into $1,934 cost per tenant per year
- Conservative estimates: $1000 = 1 ER day; $2,500= 1 hospital day
- 1-2 prevented ER or hospital days per tenant more than offsets expense

Projection Based on Actual Reduced Hospital Use during ECHO

- Comparing pre-enrollment Y0 to Y2 post-enrollment, ECHO data shows 12 fewer ER days and 66 fewer hospital days
- Translates into $177,000 savings, which covers more than twice the annual cost of a day of service per week

Note: Projected caseload and expenses do not 100% mirror those from pilot period

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Outliers: Looking Beyond ECHO

- Small number of data set outliers had significant hospital usage before and during the pilot
- Takeaways
  - Broader timeframe for analysis is warranted
  - Promoting aging in place requires early intervention
  - Though difficult to quantify with certainty, potential net cost savings by delaying costly, undesirable moves to nursing homes, estimated at $101,184 to $144,4082 per year in NYS

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Redesigning
THE MEDICAID PROGRAM

Medicaid Redesign Team's Supportive Housing Workgroup

Charged with making recommendations to Governor for allocating Medicaid savings into SH

- Multi-Agency Collaboration:
- NYS OASAS, OTDA, OMH, AIDS Institute, and OPWDD; NYC DOHMH and HPD
- SH Providers and intermediaries
- Supportive Housing Developers
- Advocacy/member organizations including aging, persons with disabilities
- Collective decisions made on how to allocate monies
- Financing across agencies

Medicaid Redesign Investment	Total $388 million
FY 2012-13	$75 million
FY 2013-14	$86 million
FY 2014-15	$100 million
FY 2015-16	$127 million

MRT Initiatives for Aging Supportive Housing Tenants

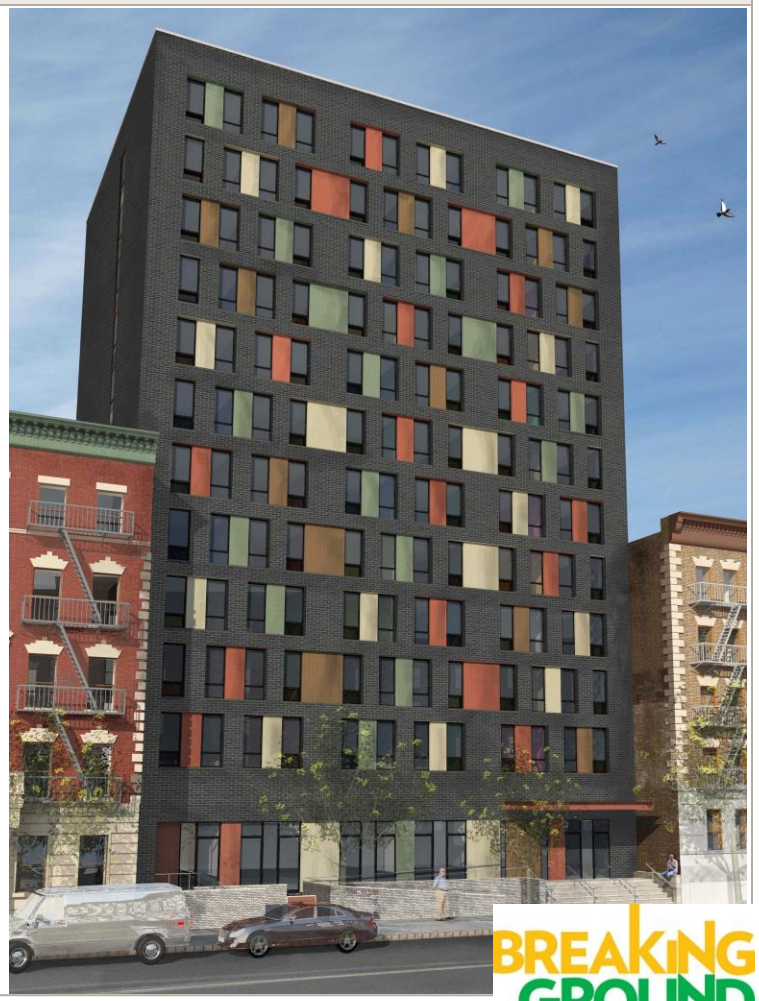
RENTAL SUBSIDIES / SUPPORTIVE SERVICES	2015-16	2016-17	
Housing Subsidy Program (Olmstead)	5,000,000	5,000,000	This program would provide rental subsidies to eligible participants enrolled in MLTC or FIDA, or individuals transitioning out of nursing homes or could be diverted from nursing homes.
Nursing Home Transition and Diversion Funding	5,000,000	5,000,000	Funding will support individuals currently accessing rental subsidies through the State's Nursing Home Transition and Diversion (NHTD) Program.
Nursing Home to Independent Living Rapid Transition	4,000,000	4,000,000	Funding will support rent and service subsidies to offer individuals with mobility impairments or other severe physical disabilities an alternative pathway to community living. (DOH)
Senior Supportive Housing Pilot Project	5,500,000	5,500,000	Funding will support capital and supportive services to enable low-income seniors to remain in the community. (DOH)
Homeless Senior and Disabled Placement Pilot Project	5,076,000	5,076,000	Funding will support rent and service subsides to seniors, the disabled, and/or any other high-cost Medicaid user currently residing within the shelter system and/or another setting. Funding will transition this population into the community. (OTDA)

Case Studies: First Completed MRT Supportive Housing Project Boston Road

Boston Road Apartment Complex, developed by Breaking Ground, has a total of 154 residential units; 94 of those are MRT Supportive Housing units. The amount invested in this project was $6,930,000.

Below: The rear yard of Boston Road Complex.

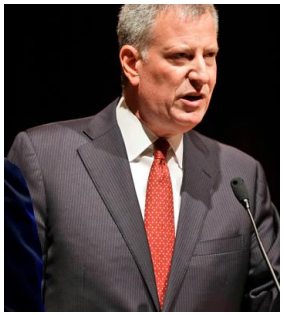
At right: Front of the Boston Road Complex from street.



Campaign 4 NY/NY Housing

35,000 Supportive Housing Units for the Most Vulnerable New Yorkers

A Tale of Two Plans:



AARP Real Possibilities in New York City

Brooklyn Community Housing and Services
105 Carlton Avenue Brooklyn, NY 11205
www.BCHandS.org
We're committed to ending homelessness in Brooklyn.

THE BRONX HEALTH & HOUSING CONSORTIUM

Catholic Charities 1899 Brooklyn and Queens

COMMUNITY ACCESS
www.communityaccess.org

CSH The Source for Housing Solutions

The Geriatric Mental Health Alliance

GODDARD RIVERSIDE COMMUNITY CENTER

THE NEW YORK ACADEMY OF MEDICINE
HEALTHY CITIES. BETTER LIVES.

PROJECT FIND

PROJECT RENEWAL
Renewing lives. Reclaiming hope.

WEST SIDE FEDERATION FOR SENIOR AND SUPPORTIVE HOUSING, INC. WSFSH

Promoting Healthy Aging in Place as Core Principles to City's Supportive Housing Plan

The aforementioned groups dedicated to promoting health and stability for New York City's most vulnerable residents suggest the following recommendations to support promising healthy aging-in-place practices in future supportive housing initiatives.

- Recognize that the City's aging homeless population experiences "accelerated aging" as a result of years of hard living on the street or in shelters and unattended health needs. Ensure that affordable housing with comprehensive support services are available for formerly homeless adults age 55 and older.

What Foundations Can Do: Increase Accessibility

John H. and Ethel G. Noble Charitable Trust, administered by Deutsche Bank Trust Company New York

Project FIND's Woodstock Hotel

- Used grant funds to convert an SRO unit into a fully-handicap accessible shower room for the use by any of the roughly 280 formerly homeless tenants with mobility constraints

Goddard Riverside's The Senate

- Utilized Noble Trust funds to complete several environmental projects at the Senate Residences including a new CCTV system and replacing heavy metal doors in communal spaces

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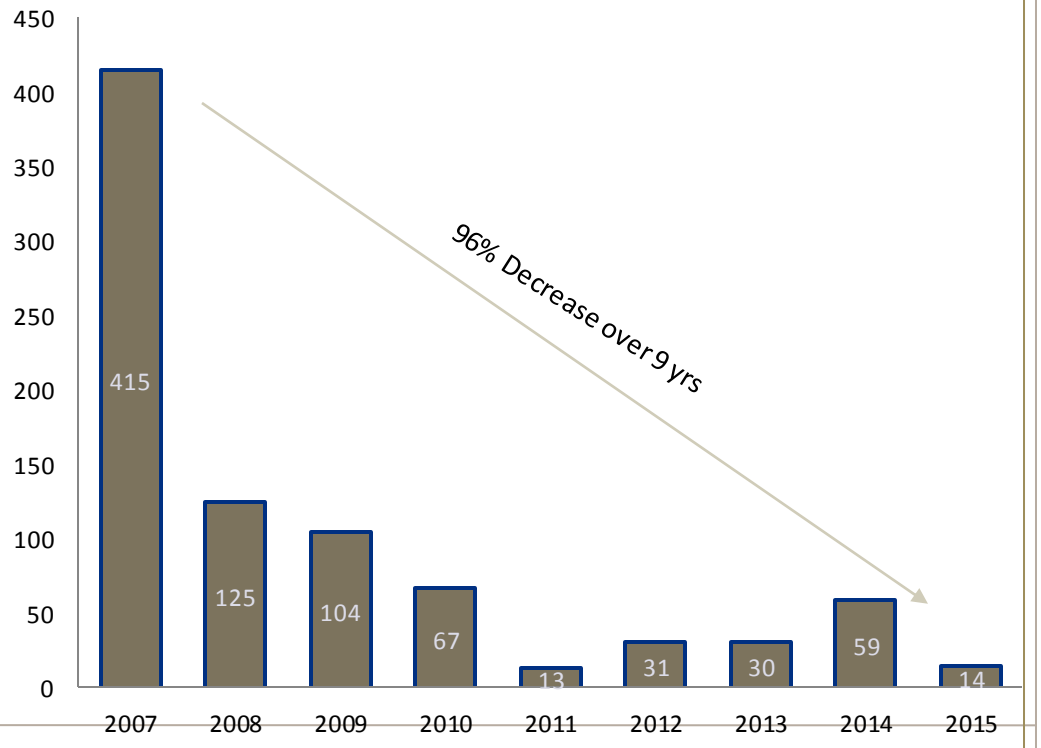
What Foundations Can Do: Bolster Enhanced On-site Support Services

Brooklyn Community Housing & Services Aging Program @ Oak Hall

How the Program Worked

- Geriatric Case Manager:
  - Caseload of 18-22; on-going training in and focus on wellness and aging; case management "by nudging"
- Weekly Wellness Groups:
  - Often peer led, topics include nutrition, exercise, coping with loss, reconciling familial relationships, aging and sobriety
- Weekly Game and Movie Night
- Wednesday is Nurse Day, no appointments necessary
- "Morning Action" – coffee and newspapers

Reduction in Inpatient Hospital Days



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What Foundations Can Do (BG)

- Make funding available to:
  - bring additional healthcare to the street;
  - enhance safety of tenant apartments via grab bars and motion sensor safety monitoring;
  - transport elder residents via an ADA accessible van;
  - train staff to serve the unique needs of older adults in supportive housing; and
  - provide seniors-focused tenant services staff, activities, and events.

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