



# **Supportive Housing Network of New York**

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Marriott Marquis

# DATA

- Programmatic Opportunities
- Improve Women's Health
- Evaluation of a New Model
- Improve Nature of Referrals and Staff Efficiency
- Improve Rent Collections

BACKGROUND OF HU

# *Integrated Health Services Structure*

## **Integrated HIV Services**

## **Community Health Services**

**Adult Day Health Centers**

**Food & Nutrition**

**Supportive Housing  
(Women's Housing,  
Transitional Housing,  
Congregate, etc. )**

**COBRA Case  
Management**

**Family Support**

**Holistic Provider-Led,  
Patient-Centered Primary  
Care and Dental Services  
Behavioral Health Services  
Patient Navigation/Case  
Management Support**

**Community Based  
HIV/STI/HCV**

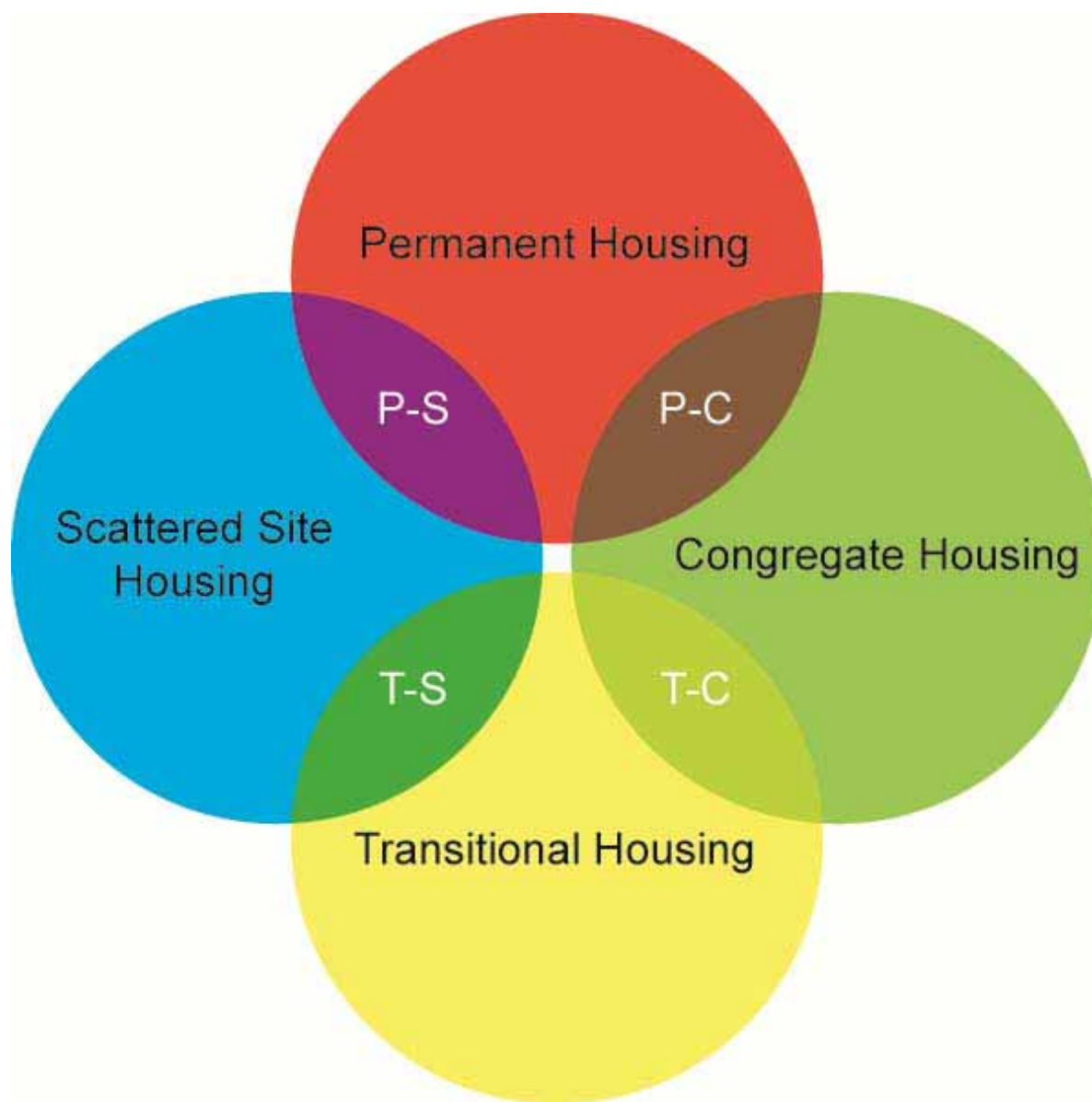
**Access to Care**

**Drug User Health Services  
(Syringe Access, Harm  
Reduction, Recovery  
Readiness)**

**Black Men's Initiative –  
integrated interventions  
for MSM of color**

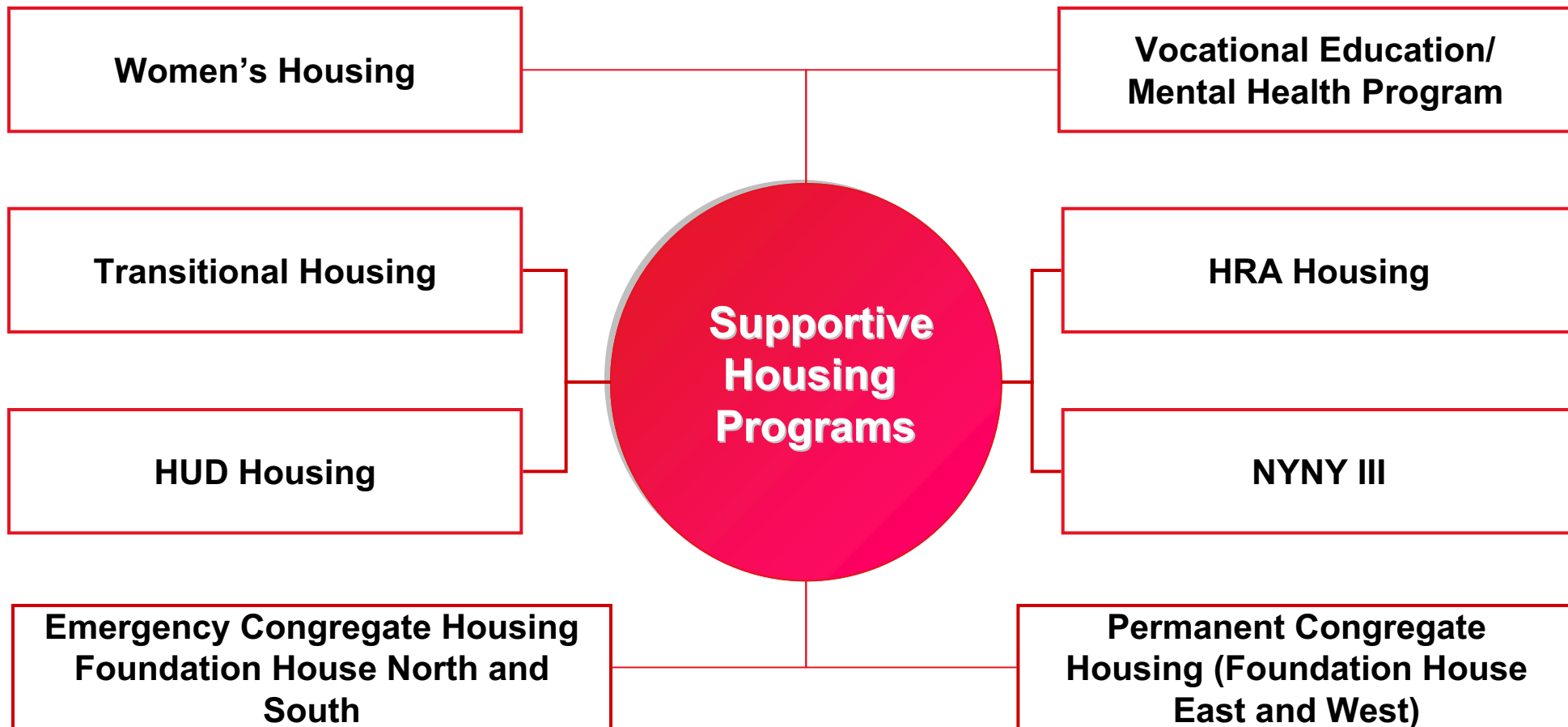
# Housing Options at Harlem United

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# Supportive Housing Programs

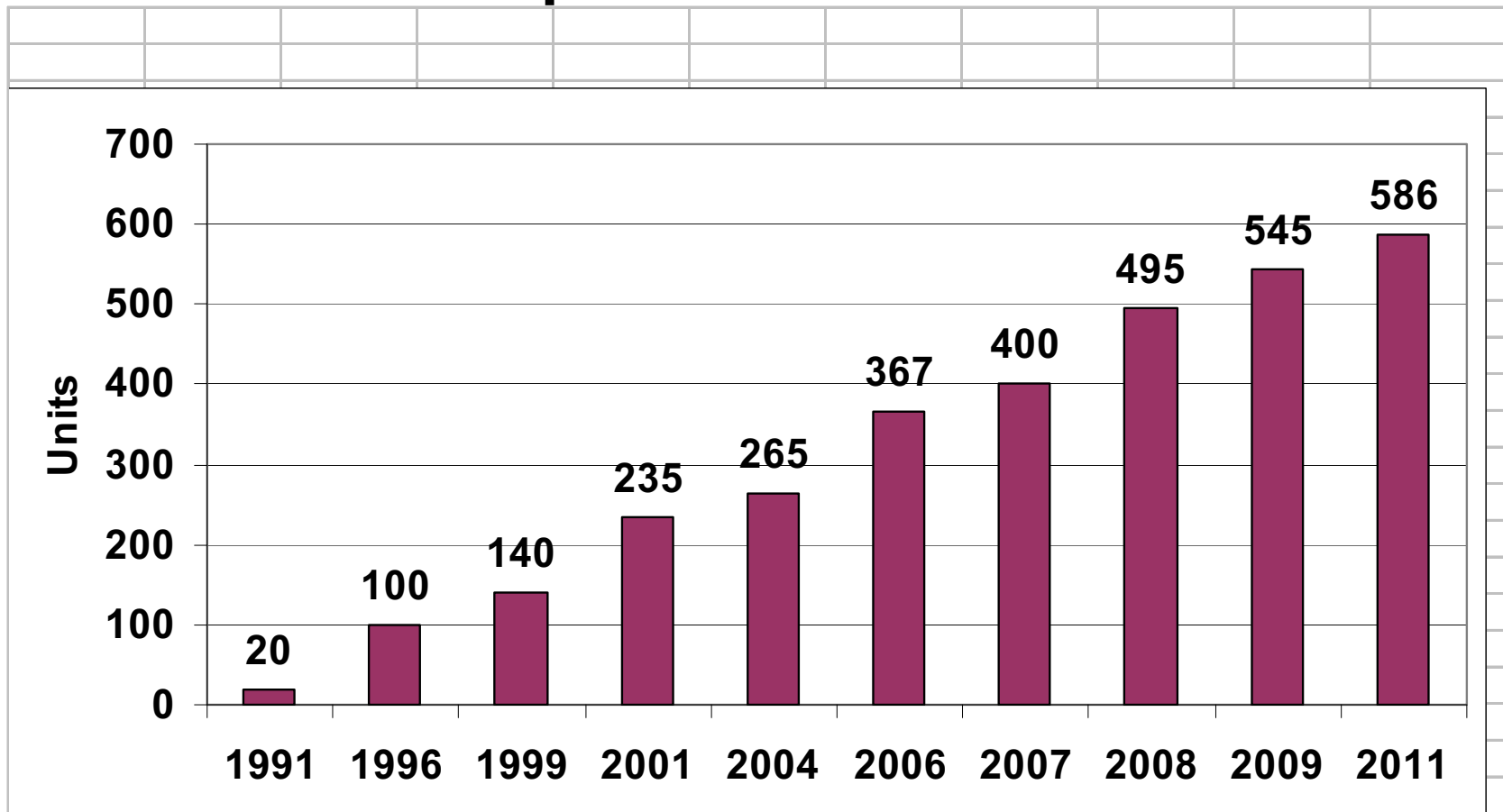
*Case Management, Primary Care Support,  
Treatment Education, Mental Health Services,  
Substance Use Counseling,  
Advocacy, Structured Socialization*



# Supportive Housing Division

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## Unparalleled Growth



- Intensive and sustained focus upon integrating Supportive Housing and Healthcare through Continuous Quality Improvement (CQI) Initiatives.
- Housing stock has grown to over 500 units.

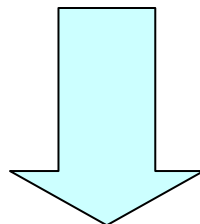
# Programmatic Opportunities

# Programmatic Opportunities

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## Finding

Over time, people living with HIV/AIDS often experience a decline in cognitive functioning.



## Response

- More skills-based training for clients
- Train staff to handle cognitive delays—Dr. Forstein
- Assess clients for cognitive impairment
- Re-frame “non-compliance”

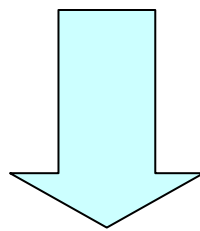


# Programmatic Opportunities

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## Finding

There is a high incidence of hostility (60%) and aggression (72%) among our clients as compared to depression (34%).



## Response

More coping skills building

More anger management groups

Clinical training geared towards de-escalation

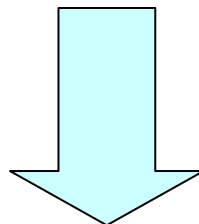
# Programmatic Opportunities

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## Findings

The most significant difference between clients with declining health and those whose health are not declining is current substance use.

41% of clients who do not pay rent attribute this to their substance use. This is the leading cause for non-payment of rent.



## Response

Partner with other areas of the agency to provide full continuum of harm reduction services

Provide more treatment adherence work

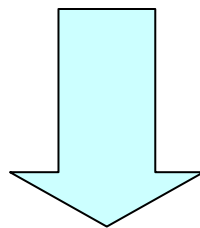
Hire more staff with background in substance use treatment/prevention

# Programmatic Opportunities

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## Finding

A woman's treatment adherence decreases approximately 9% with each child she has.



## Response

Parenting skills training

Parent-child interaction skills training-Saturday family programming

Coping skills training

Pro-social skills development for children

More family counseling

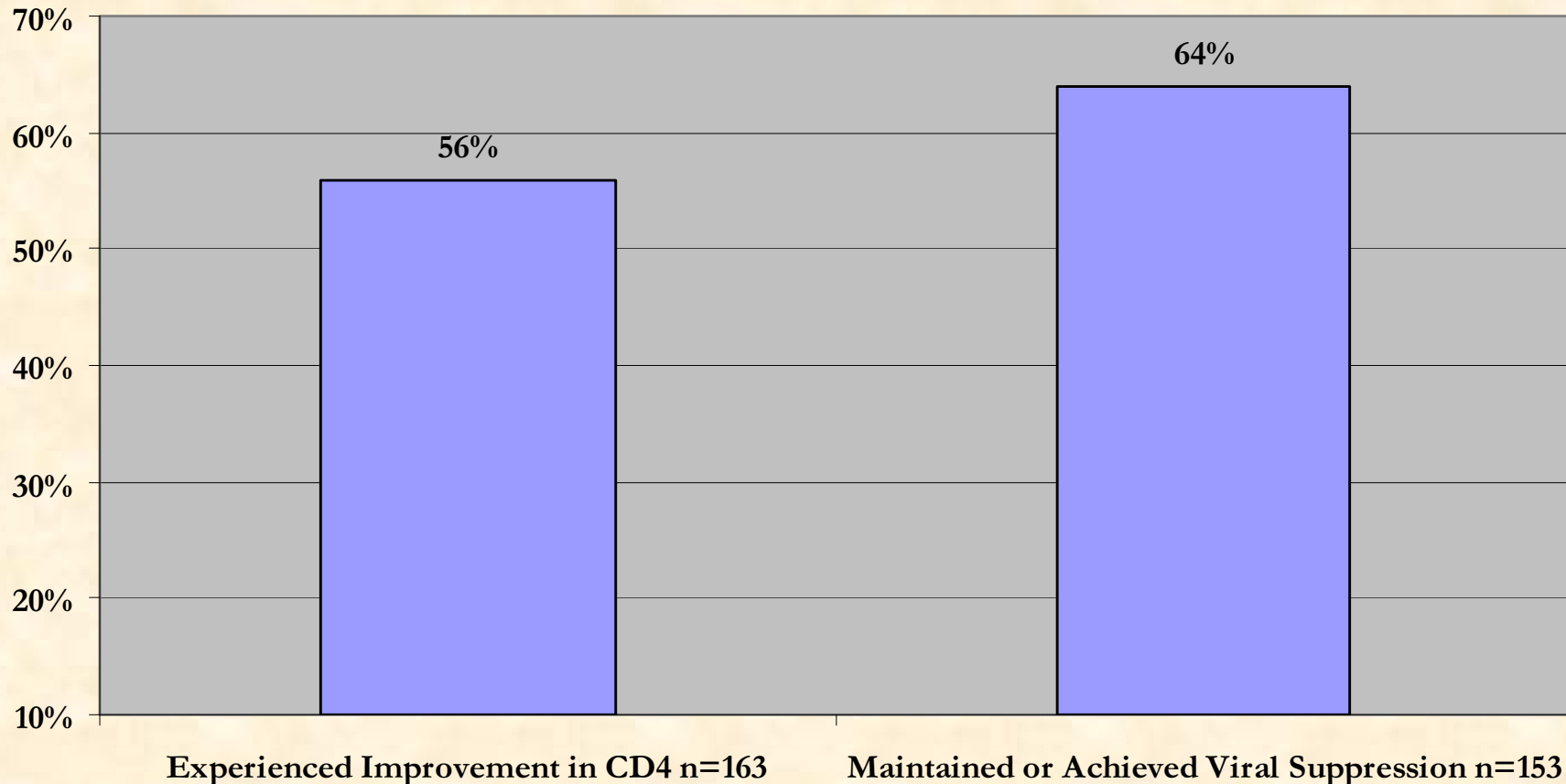
# Women's Health

**85% of our women in supportive housing visit their primary care doctor every four months, with an average number of 2 primary care appointment during the last six months.**

**Presently 89% of clients in our women's housing program are prescribed antiretroviral medication. Among those prescribed medication 88% self-reported adherence to their HIV/AIDS regiment**

Since placement a majority of clients have experienced improvement in their tcell and have either maintained or achieve viral suppression.

Stablizing Immunological Health: CD4 and Viral Loads



# NY/NYIII

ACT-like model of care

Pooled client

Interdisciplinary team

# Evaluation of New Model

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- Decreasing the frequency of emergency room visits and hospital stays;
- Improved health outcomes such as CD4 and viral load improvement;
- Increased connection to medical, psychiatric and harm reduction services to address substance use;
- Reduction in incarcerations;
- Comparative cost analysis regarding reduction in hospital utilization and reduced incarcerations.





# Client hospitalizations in the NY/NY III Housing Program

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| Baseline Assessment of NY/NYIII Client Hospital Utilization  | Six Months Prior to Move-in to NY/NY III                                  | Two Months After Placement in NY/NY III                 |
|--|---|---|
| <b>Emergency Room Visits</b><br>(n=64)<br><b>Average # of visits</b>                                     | <b>42%</b><br>(26/64)<br><b>1.81 visits</b>                               | <b>10%</b><br>(6/63)<br><b>1.16 visits</b>              |
| <b>Hospitalization</b><br>(n=63)<br><b>Frequency of hospitalization</b><br><b>Average length of stay</b> | <b>38%</b><br>(24/63)<br><b>1.67 hospitalizations</b><br><b>9.42 days</b> | <b>6%</b><br>(4/63)<br><b>1.00</b><br><b>14.5 days*</b> |

\*Increase due to clients no longer using emergency room for primary care

Decreases in emergency room visits and hospital stays over the course of client engagement in NY/NY III programming saved over two hundred thousand dollars in reduced hospital costs (\$236,779).

- In NY/NYII considerable decreases were also found in the frequency of emergency room visits (1.81days→1.12 days) and time spent in the hospital (9.42 days→7.13 days).

| <b>Cost Benefit of FHW and NY/NYIII</b> | <b>A. Cost of Hospital Visits Six Months Prior to Placement (ER Visits + Days Spend in Hospital) [1]</b> | <b>B. Cost of Hospital Visits Six Months After to Placement (ER Visits + Days Spend in Hospital) [2]</b> | <b>C. Saving in reduced Hospital Visits by Program (Column A-B)</b> |
|---|--|--|---|
| <b>NY/NY III</b>                        | <b>\$468,134</b>   | <b>\$231,355</b>   | <b>\$236,779</b>  |

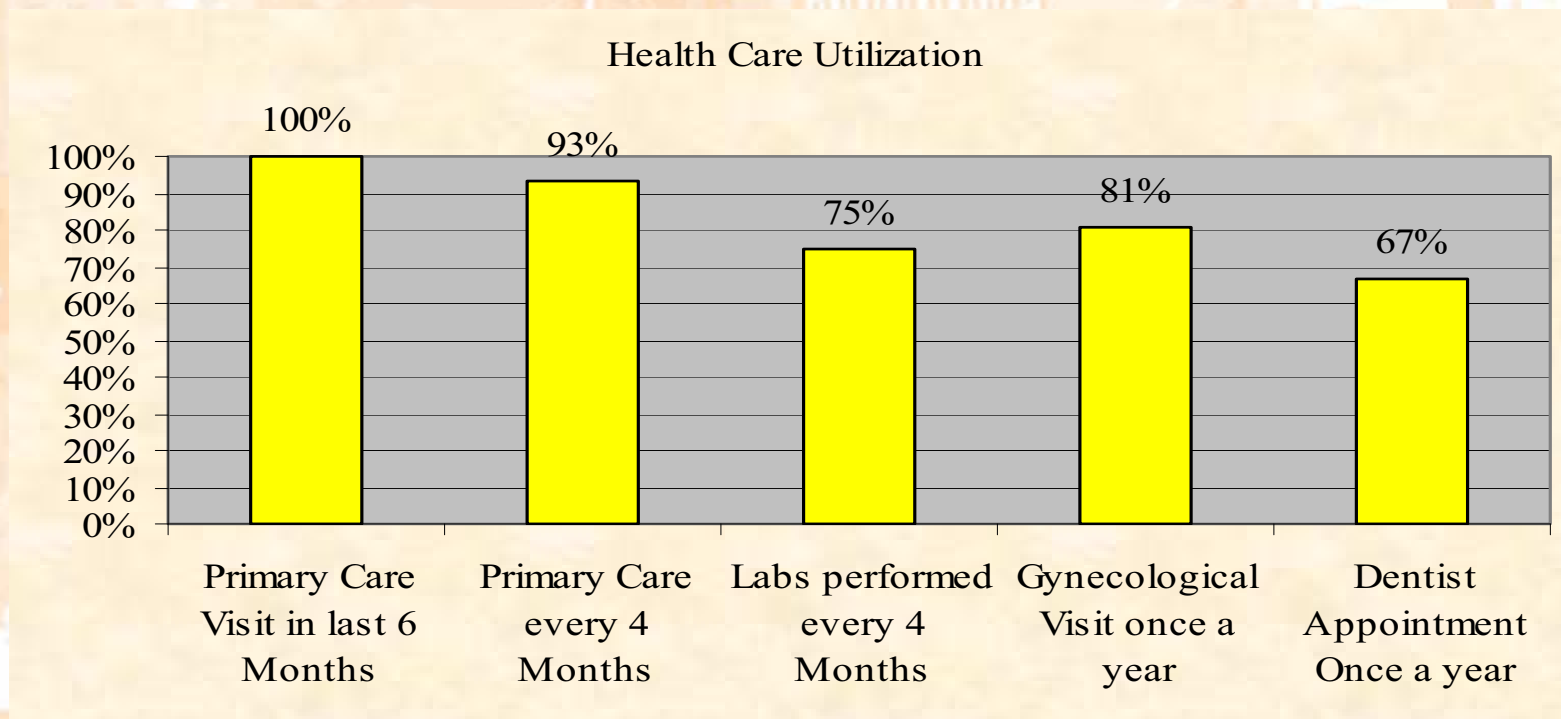
For Harlem United's annual report this year, data from the NYNY III program was analyzed to assess the program's ability to achieve outcomes.

Client demographic and service data was reviewed for 64 NYNY III clients who had been enrolled in the program since 2009 and were still active at the end of 2011.

The results revealed that our NYNY III program has a higher retention rate compared to the national average reported by the Federal HUD program.

| % Retained After 1 Year    |               |
|----------------------------|---------------|
| NY/NY III                  | Federal (HUD) |
| 83%                        | 76%           |
| ↓                          |               |
| % Retained After 2 Years   |               |
| NY/NY III                  | Federal (HUD) |
| 73%                        | 59%           |
| ↓                          |               |
| % Retained After 2.5 Years |               |
| NY/NY III                  | Federal (HUD) |
| 67%                        | 52%           |

All of our housing clients had at least one primary care visit in the last six months and 93% of dually enrolled clients had a primary care visit every four months. Over three quarters (77%) of dually enrolled client had labs performed to monitor their tcells and viral loads and also had regular visits to the gynecologist and dentist.



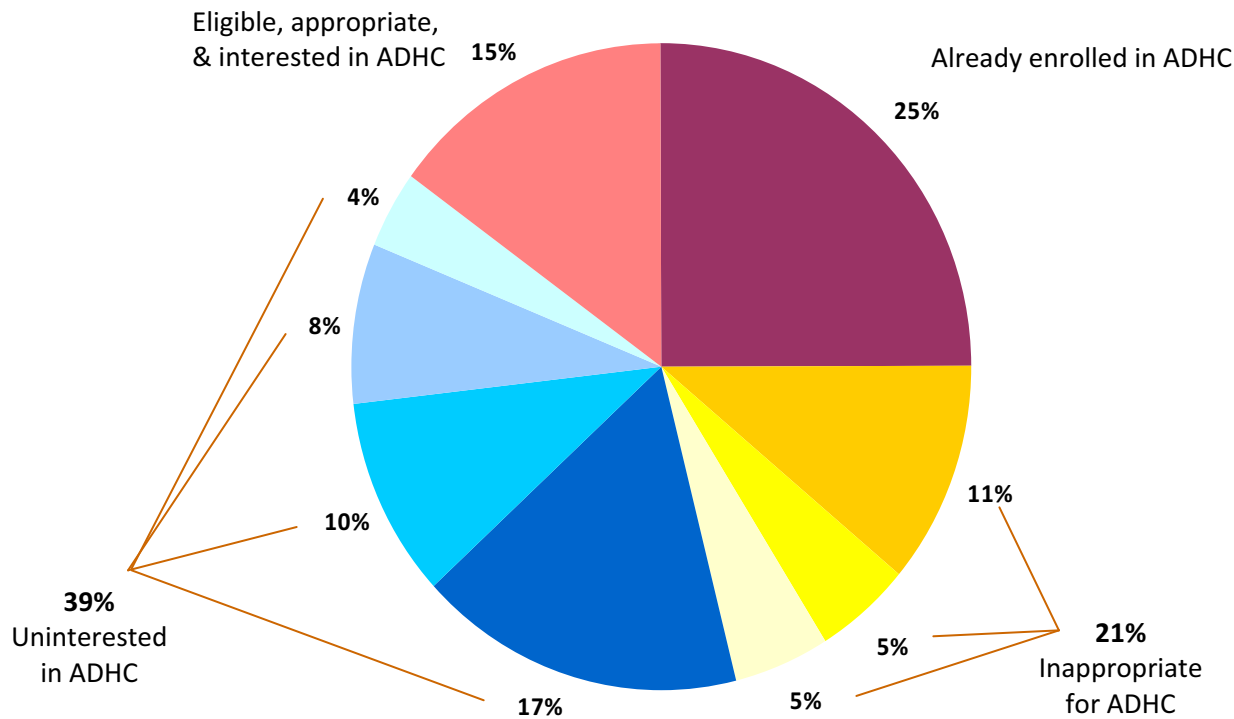


Service Needs of  
Housing Clients

# HIV/AIDS Treatment & Support Services

## Housing & Adult Day Healthcare

### Continuum of Care



| THE RELATIONSHIP BETWEEN HOUSING CLIENTS AND THE ADHCS |   |
|--|---|
| 25%  | of Housing clients already enrolled in ADHC   |
| 11%  | of Housing clients already program with another agency                              |
| 5%   | of Housing clients are without Medicaid   |
| 5%   | of Housing clients graduated or are suspended from ADHC                             |
| 17%  | of Housing clients don't like group (experience anxiety in group settings)          |
| 10%  | of Housing clients are working or want to pursue employment/stipend positions       |
| 8%   | of Housing clients find the distance from their home a barrier                      |
| 4%   | of Housing clients would rather spend time with family                              |
| 15%  | of Housing clients are eligible, appropriate, and interested in programming in ADHC |

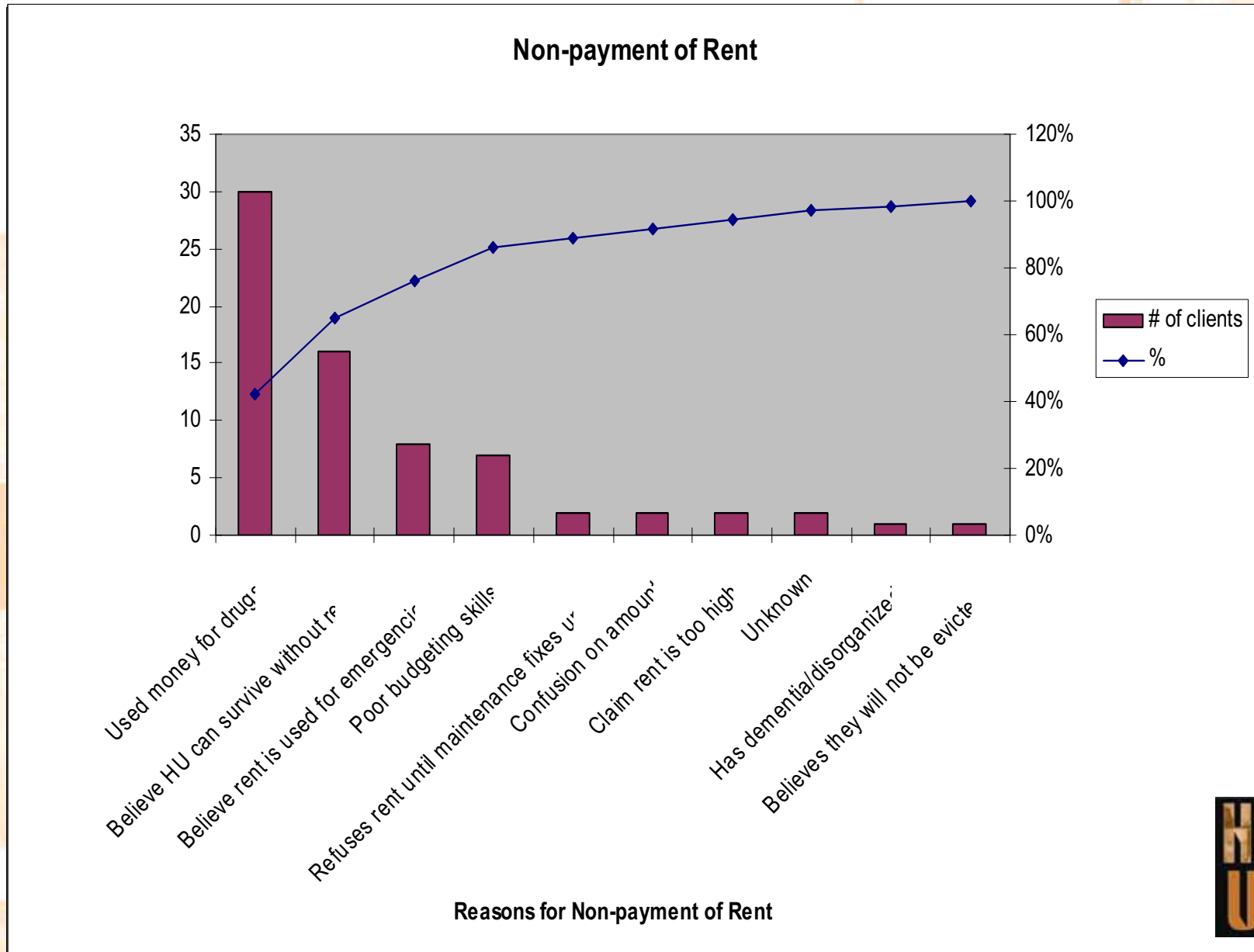


## Rent Collections

What's the most common reason why people don't pay rent?

| <i>Reason for Late Rent</i>               | <i># of clients</i> | <i>cum</i> | <i>%</i> |
|---|---------------------|------------|----------|
| Used money for drugs                      | 30                  | 30         | 42%      |
| Believe HU can survive without rent       | 16                  | 46         | 65%      |
| Believe rent is used for emergencies      | 8                   | 54         | 76%      |
| Poor budgeting skills                     | 7                   | 61         | 86%      |
| Refuses rent until maintenance fixes unit | 2                   | 63         | 89%      |
| Confusion on amount                       | 2                   | 65         | 92%      |
| Claim rent is too high                    | 2                   | 67         | 94%      |
| Unknown                                   | 2                   | 69         | 97%      |
| Has dementia/disorganized                 | 1                   | 70         | 99%      |
| Believes they will not be evicted         | 1                   | 71         | 100%     |
|   | 71                  |            |          |





# *Systematic and Sustained Changes Rent Collection Rates*

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2007

Rent Collection Rate

75.4%

2009

Rent Collection Rate

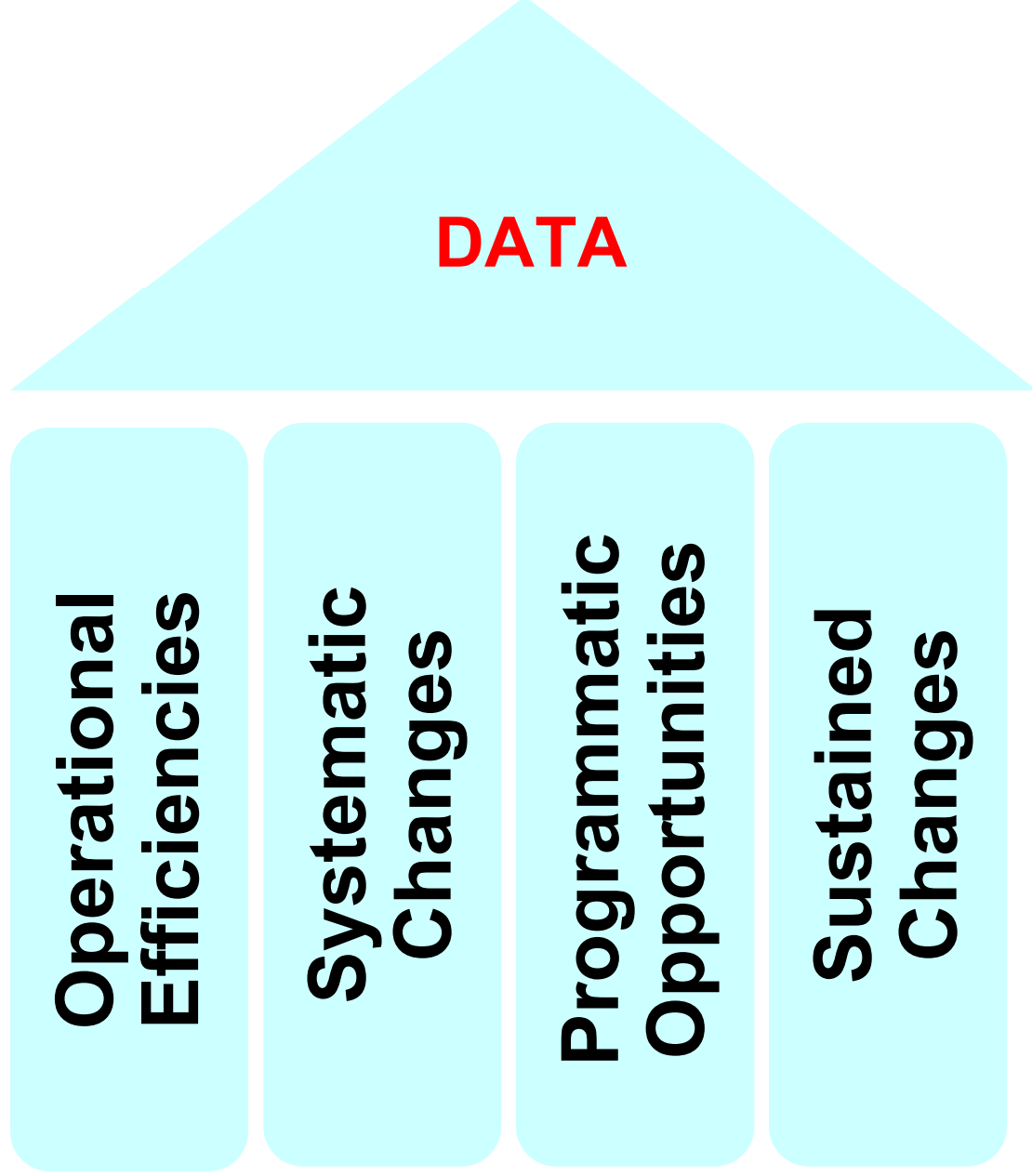
92.9%

2011

Rent Collection  
Rate

93.5%

Rent is framed as a clinical issue, managed by the same person who provides supportive services to clients.



**WANTED**



**Thank You!!**