# Baby Boomed: Healthy Aging in Supportive Housing

The Supportive Housing Network of NY Conference

Thursday, June 13, 2019





# Today's Presentation

National Demographic Data/ Service Enriched SH

CSH's Healthy Aging in SH

ProjectFIND
Enhanced Services/
Community
Partnerships

Housing & Community
Medicine Partnerships

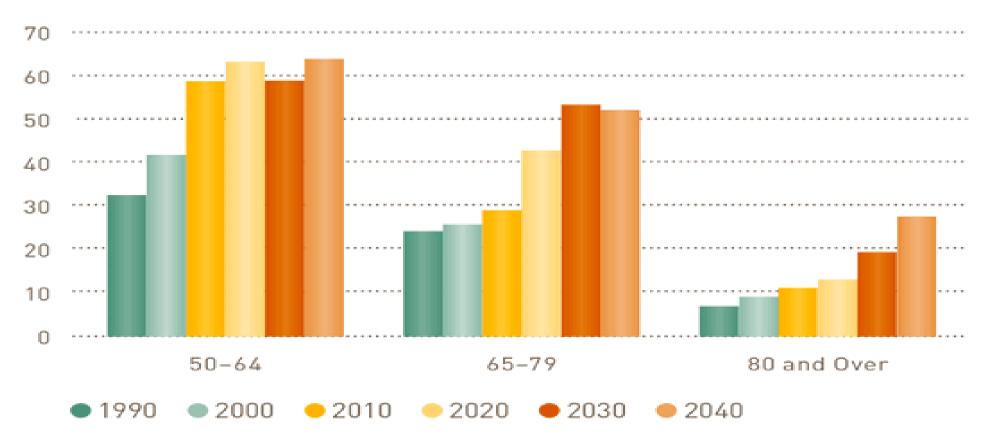
## CSH's Focus On Aging Adults

- Older Adults with Housing & Service Needs Wishing to Age-in-Community
- Includes Adults 50+
  - experiencing homelessness,
  - inappropriately institutionalized, or
  - currently aging in place in SH who desire to age healthily and safely in their own homes for as long as they are able
- SH seen as ideal solution to address needs of aging tenants with adaptable housing models and flexible service packages

## Aging Population Projections

# The Older Population Is on Track to Increase Dramatically

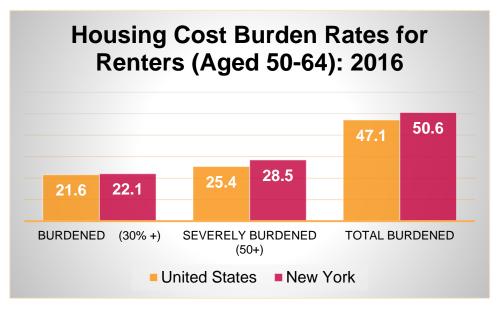
Population by Age Group (Millions)

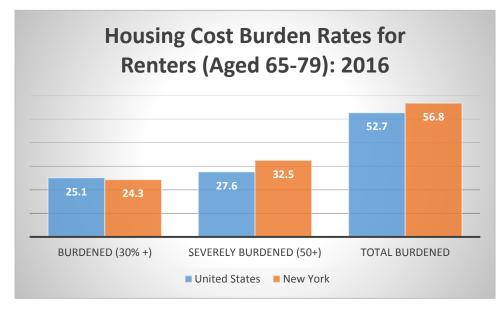


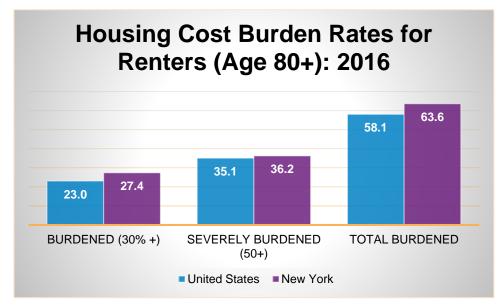
Source: US Census Bureau, Decennial Censuses and 2012 National Population Projections (middle series).



## Cost-Burden Rates for Renters 2016

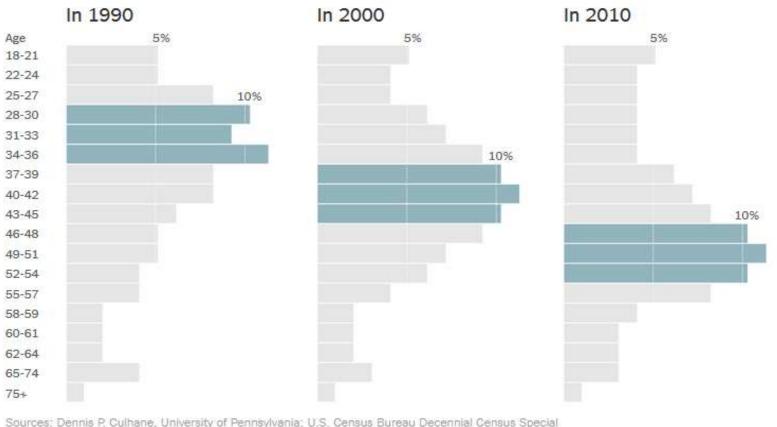








### % of Older Adults in Homeless Shelters



Sources: Dennis P. Culhane, University of Pennsylvania; U.S. Census Bureau Decennial Census Special By The New York Times



# Aging & Homeless in NYC

### DHS DATA DASHBOARD - FISCAL YEAR TO DATE 2019

DHS DATA DASHBOARD - FISCAL YEAR 2019												
Single Adults: Age, Number of Unique Individuals In Shelter												
										FYTD Comparison		% Change Jun- 2019 vs. Jun-
Age	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	FYTD 2019	FYTD 2018	2019 vs. 2018	Jun-18	2018
18 thru 29	3,295	3,353	3,338	3,331	3,326	3,310		3,326	3,020	10%	3,187	-
30 thru 44	5,831	5,905	5,935	6,090	6,106	6,092		5,993	5,304	13%	5,802	-
45 thru 64	9,131	9,122	9,155	9,406	9,369	9,334		9,253	8,518	9%	8,984	_
65 thru Highest	1,350	1,365	1,354	1,399	1,429	1,438		1,389	1,197	16%	1,334	_
Total	19,607	19,745	19,782	20,226	20,230	20,174	-	19,961	18,039	11%	19,307	-





40%
supportive housing tenants are 50+ years of age



# Homelessness, Health & Aging

Homeless adults 50+ have higher rates of chronic illnesses similar to housed individuals 65+

Homeless adults 50+ are 4X more likely to have 1+ chronic illnesses compared to younger homeless adults

Homeless adults 50+ 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



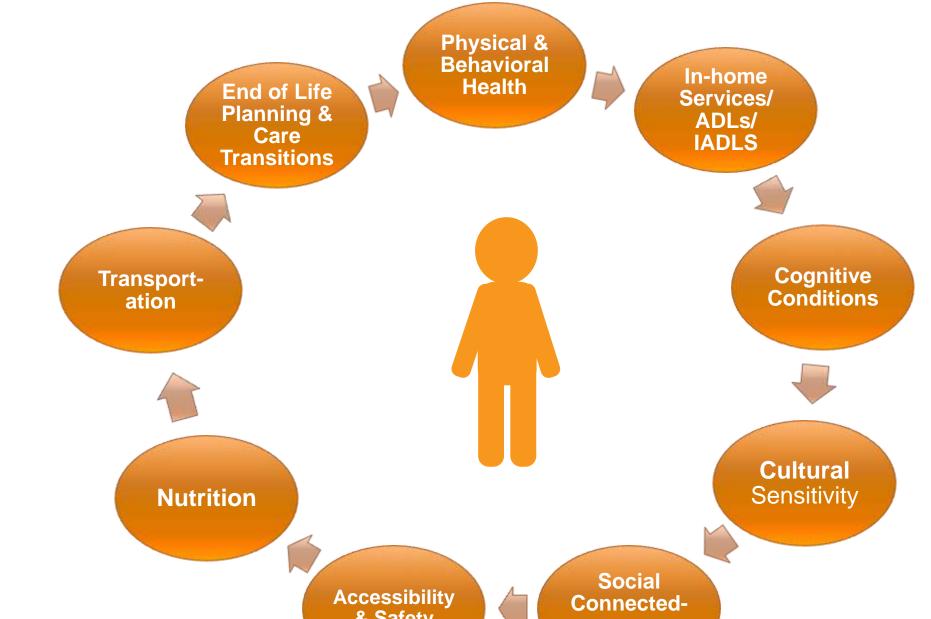
# Culhanes et. al Study

- □ Examines shelter & health care use of older homeless adults in New York City, Boston and Los Angeles
- ☐ Findings suggest that if nothing is done, by 2030 the homeless population over 65 triples
- ☐ Used a cluster analysis to categorize the mix of services used by homeless seniors, and provides a range of appropriate service models.

	Intervention	Annual Housing Cost	Annual Service Cost	Total Annual Cost
Cluster 1	Self-Resolve + Subsidy,	\$4,795	\$1,650	\$6,444
Cluster 2	PSH	\$15,468	\$11,500	\$26,968
Cluster 3	PSH	\$15,468	\$11,500	\$26,968
Cluster 4	PSH + Additional Supports	\$15,468	\$23,000	\$38,468

# Enhanced Service Models / Service Enriched Supportive Housing

# What is Service-Enriched Housing?



# A Strengths-Based Approach to Healthy Aging

- Living longer and fuller lives should be celebrated and not looked upon as a crisis / drain on society
- Honor and recognize the strength and resiliency of aging tenants



# The Intersectionality of Age, Race, Health and Mass Incarceration

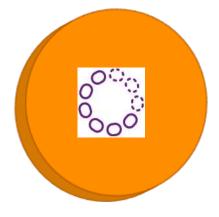
- Between 1993 2013, the population of those aged 55+in state prison increased by 400%
- Disproportionate impact of mass incarceration on African Americans
- Incarceration worsens health outcomes



# Impactful Innovations Across the Country Serving Vulnerable Older Adults



**Health Center & SH Partnerships** 



PACE & SH Partnerships



Service Enriched Models in SH



Innovations in Medicaid/
Medicare



# CSH's Healthy Aging Academy



## **CSH Healthy Aging Academy**



The Healthy Aging Academy builds the capacity of housing and human services providers to offer services tailored to meet the unique needs of aging tenants.



The training series includes 6 in-person half-day sessions on targeted topics to understand key aging-related topics and discuss best practices.



Trainings are led by topic-specific content experts and include facilitated discussions and opportunities for case conferencing and peer learning.



## Past Academies

2 local, in-personNYC Academies50 Participants34 Organizations

National, webbased Academy 135 Participants 17 states + DC

Registration for NYC 2019
Academy open until Friday 6/14!

Please visit the CSH booth for registration information!



## **CSH Healthy Aging Academy Curriculum**

Housing First and Housing-Based Case Management for the Aging and Medically Frail Recognizing the Differences: Health, Social and Cognitive Changes Among Older Adults Identifying Signs of Dementia and Providing Trauma Informed Care

Addressing Isolation, Community Integration

Nutrition Challenges for an Aging Tenancy

**Navigating Entitlement & Benefit Programs** 

Serving a Hard to Engage and Medically Complex Population

**Fall Prevention** 

Design Features to Help Age in Place

**Understanding Compulsive Hoarding** 

**Emergency Preparedness** 

**Elder Care Law** 

Building Management and Assessing In-Home & Building Safety Advance Directives, Palliative Care and End of Life Care Planning





# Academy Feedback: In Their Own Words...



"This has been a wonderful resource when completing ESSHI proposal in July, with just a few trainings completed"

- Karen G., Federation of Orgs

"The handouts were very helpful. The speakers were of a high quality"

- Wendy W., BronxWorks

"This training is crucial and imperative to the work that we do, particularly in supportive housing. I believe (strongly) that this training/curriculum should be mandated for all agencies working with senior citizens/older adults"

David B., Breaking Ground

"Aging Academy was a great learning experience. I consider it an honor to have been selected by my agency to attend and I look forward to bringing all information back to my agency for intensive All Staff training which will be conducted by me and my colleague"

- Shanice J., Jericho Project

"I learned so much. So many helpful things I will take back to my agency + phase in + implement what I have learned through this Aging Academy. The Academy has addressed a very real + pressing need facing tenants + staff in supportive housing. Thank you"

- Mark D., Goddard Riverside Community Center



# **Lessons Learned**

- Wide need for supportive and affordable housing to be seen through an "aging lens"
- Focus on strengths-based view of aging to empower tenants to thrive
- Need for collaboration between "housing/homelessness" and "aging/seniors" (and other sectors!)
- Focus on diversity and race & health equity

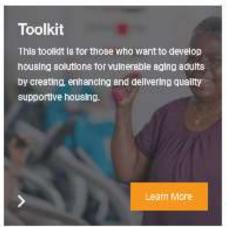




Supportive Housing 101

Salutions Resources

#### **Healthy Aging Resources**









#### Cross-Sector Approach to Aging in Supportive Housing

Emily Martiniuk, a supportive housing resident and graduate of the CSH SpeakUp! program, kicked off a dynamic discussion with experts in healthcare, supportive housing, philanthropy, policy, systems change and research who came together as part of CSH's fourth annual national Summit to offer perspectives on the current state of an aging population in supportive housing.

www.csh.org/aging



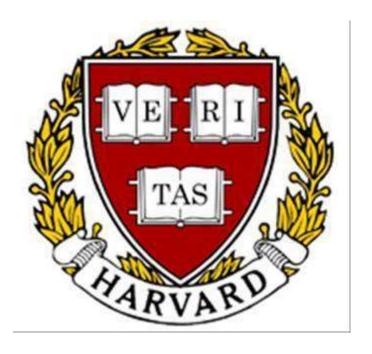
# THANK YOU!



stay connected

f o in

csh.org









# Why the CSH Healthy Aging Academy?

Mark Jennings, MDIV & LMSW

Deputy Executive Director at Project FIND

# Transition









# 9.0 in 22 cm

# Organizational Assessment – "Listening for Change"

- What are the service gaps?
- Who are the staff?
- Who are our funders?
- What are our goals?
- How are we unique and special?
- What role does the board play?
- What technology do we need?
- Who are our partners?
- Who do we serve?
- What is our voice and standing in the community?

# Filtered through the Healthy Aging Academy

#### Service Team

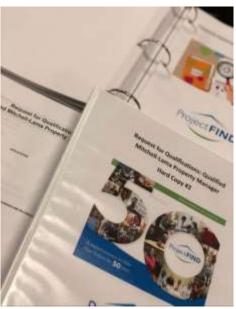
- Grief and Loss staff & tenants
- Use of Peers in program services for Housing and Homeless In Reach
- Integrated Health Care Services
- Community Partnerships and Resources
- Focus on Thriving Tenants

#### Property Management

- Developing formal accommodation strategies
- Understanding Fair Housing Policies
- Thinking about aging persons in capital improvements

#### Fiscal

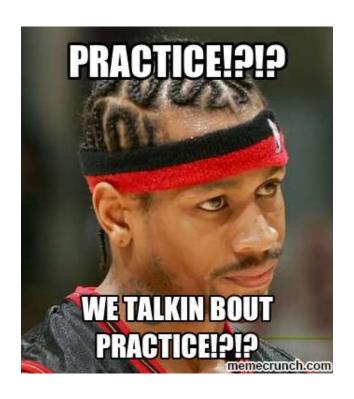
- Using Volunteers to offset limited staffing dollars
- Budget for accommodation costs













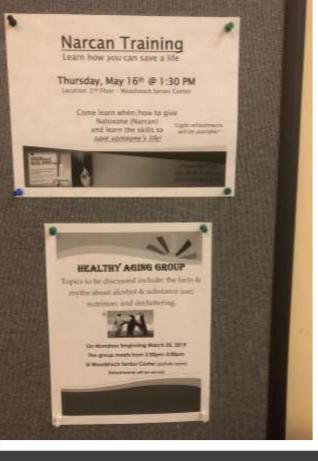
Healthy Aging Academy: Theory to Practice

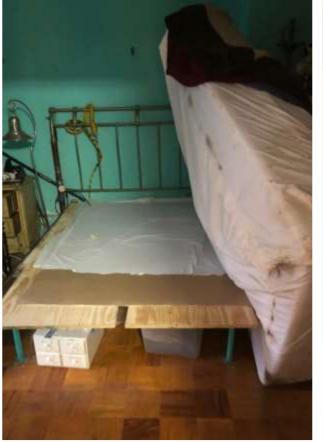






# Fair Housing









Staying in their homes: Harm Reduction







# Development and Community Partnerships

Hearing Voices:
Training Partnership
with Community
Access







Medical Care
An Affiliate of CUCS



#### **HTH Peer Training Program**

Information and Application packet for:

Fall 2018 Term (Training begins in July 2018)

Howie The Harp's Peer Training program offers a 20 week intensive classroom training and a 12 week intensitip experience that gives people in mental health recovery an opportunity to use and develop their lived experience into a professional supportive role in mental health services.

#### To apply, applicants must (at a minimum):

- · Have a mental health diagnosis
- · Have earned a high school diploma (or GED/TASC equivalent) or more
- · Be a resident of New York City

We seek applicants with diverse experiences. People with mental health conditions who also have co-experiences such as a history of incurrenation, homelessness, substance use, military service or identify as LGBT, for example, are strongly encouraged to apply.

> Application deadline for Fall 2018 For May 11, 2019

Havie the Harp Advacacy Center 2098 Adam Clayton Powell Jr. Boulevant, 12th Floor New York, N.Y. 10087
Phone: 212-685-0775 Pair. 212-685-1100 Website: www.communityacons.org/bith





## HIR Plus Program

### HIR Plus Program

Psychiatrist Identified by Janian Medical with a projected September 2019 start date.

Working with NYACK
College School of Social
Work to forge an
evaluation process and
upgrade the intake
workflows

Working with Nick to upgrade CMS to handle outcome measures

MSW Intern from NYACK college provided feedback on the implementation of a new aftercare process using an evidenced based practice called Critical Time Intervention (CTI).

Implemented Bi-weekly meetings to hone our workflows and improve communication

Peer Specialist Position to be posted by 7/15 with help from HTH





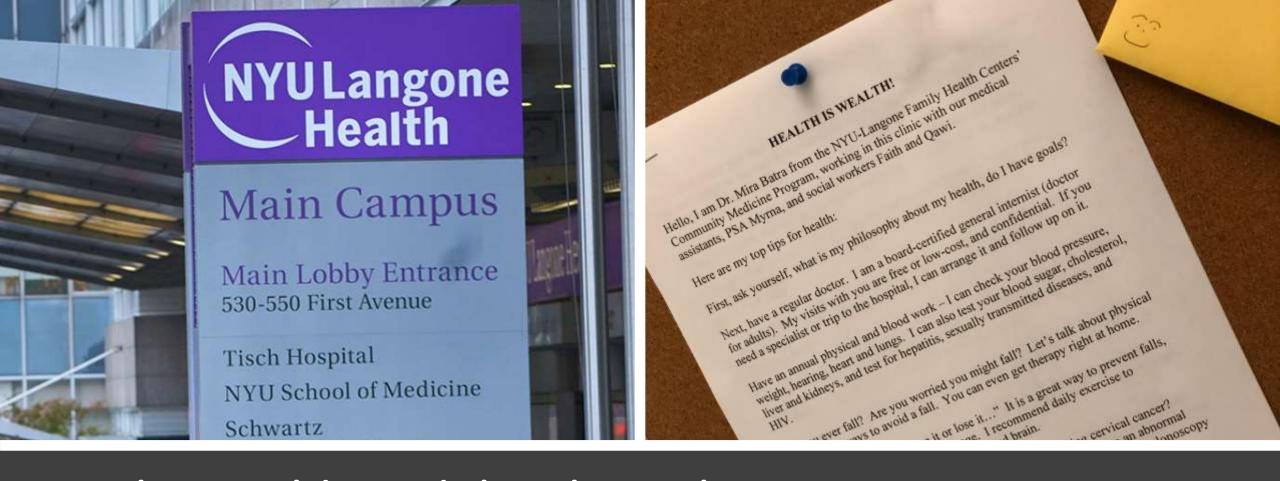
## Caregivers Project – Step One: Assessing the Need



Determined who has caregivers in all of the buildings

Developed a survey to understand the trends/needs of internal caregivers

- Understanding Current ServiceProvision
  - We visited the Riverstone Senior Life Services in Upper Westside and learned about their senior center, health home and caregiver programs.
  - Still to visit with Encore and Presbyterian Services



## Helping Older Adults Through Community Medicine Partnerships

Dr. Mira Batra, MD

**NYU LAGONE** 

Community Medicine: founded in 1969 to care for the underserved, wherever they are living Health care pioneer Dr. Philip W. Brickner – making a home visit



https://www.nhchc.org/2014/03/in-memoriam-philip-w-brickner-md/



#### NYU Langone – Brooklyn Family Health Centers' Community Medicine Program

- Provides primary care in homeless shelters,
   SRO hotels, and substance abuse programs
- 11 sites with an experienced and varied staff
- Funding: city/state/federal grants, site contracts, and billing insurance plans
- A part of the NYU-Langone Hospital system and its Federally Qualified Health Center
- Clinic operating at Woodstock since 1981
- http://www.lutheranhealthcare.org/Main/CommunityMedicineProgram.aspx





### The Woodstock Hotel

"Up in the old hotel..."

- Built in 1903
- Operating since 1975
- Located in NYC, in the heart of Times Square, singleroom-occupancy (SRO)
- Serves those 55+, extremely low income, formerly homeless
- Uses Housing Stability Model to pair service providers and case managers to ensure tenants retain housing and independence

http://www.projectfind.org/woodstock

## The Woodstock Hotel Demographics



Age Data	
55-59	7%
60-64	21%
65-69	22%
70-74	18%
75-79	18%
80+	14%



Race	
African American	43%
White	37%
Hispanic	17%
Asian	3%

## The Woodstock Hotel Demographics

# The Woodstock Hotel Demographics



Gender	
Male	75%
Female	25%

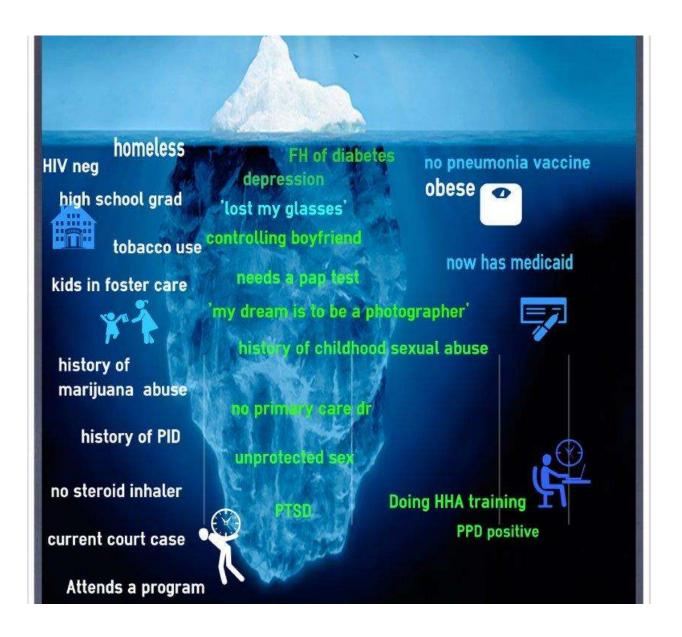




'1019' – who we are and our shared goals with Project FIND

Blood Pressure Screening



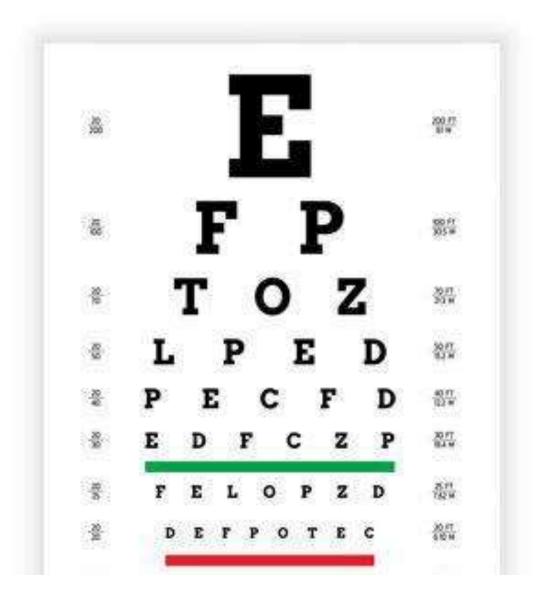


#### Tip of the Iceberg

Patient #1 –
Mr. G at the Woodstock Hotel and 'the iceberg'

### Patient #1: Mr. G – 'The King'

- Referred by his case manager for weakness, cataracts, and 'failure to thrive'
- His medical and social history
- What we found on home visits
- Collaboration and encouragement



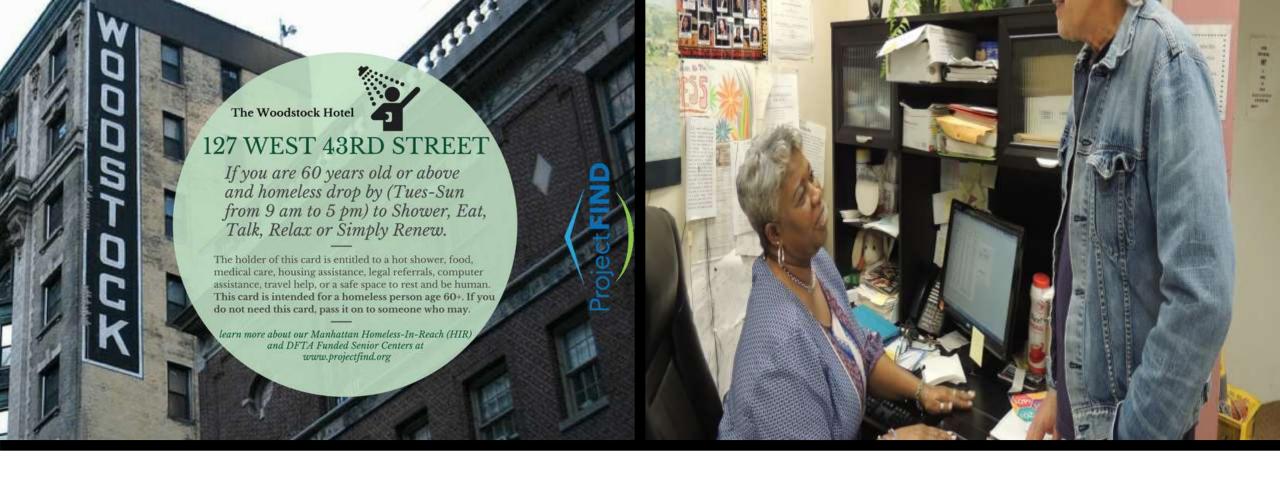
A room at the Woodstock Hotel SRO



## Mr. G – the story continues...

- Financial abuse and 'undue influence'
- Services put in place, ongoing team approach
- His illness worsens, palliative care and hospice
- Https://www.ncbi.nlm.nih.gov/pubmed/ 24579269
- http://nationalhomeless.org/aboutus/projects/memorial-day/

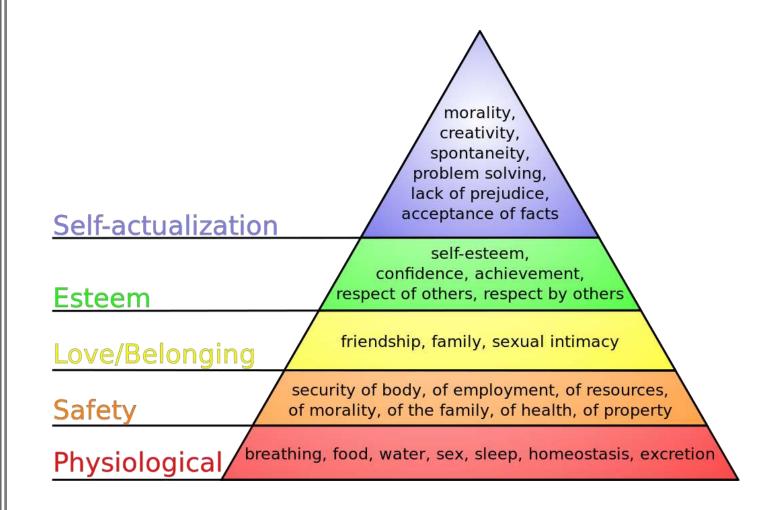




## The Homeless In-Reach program at Woodstock - for adults over 60



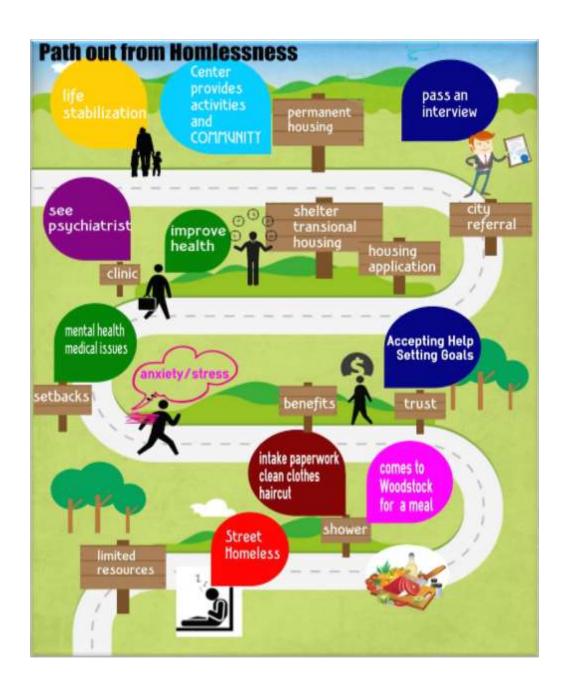
# Patient #2: Mr. F: Maslow's 'Hierarchy of Needs'



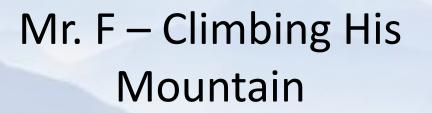


Mr. F – Street Homeless

- How he became homeless
- His entry to the in-reach program
- Begins care at the medical clinic
- Medical problems from being homeless
- Works with our clinic social worker & nurse
- Establishes clear goals



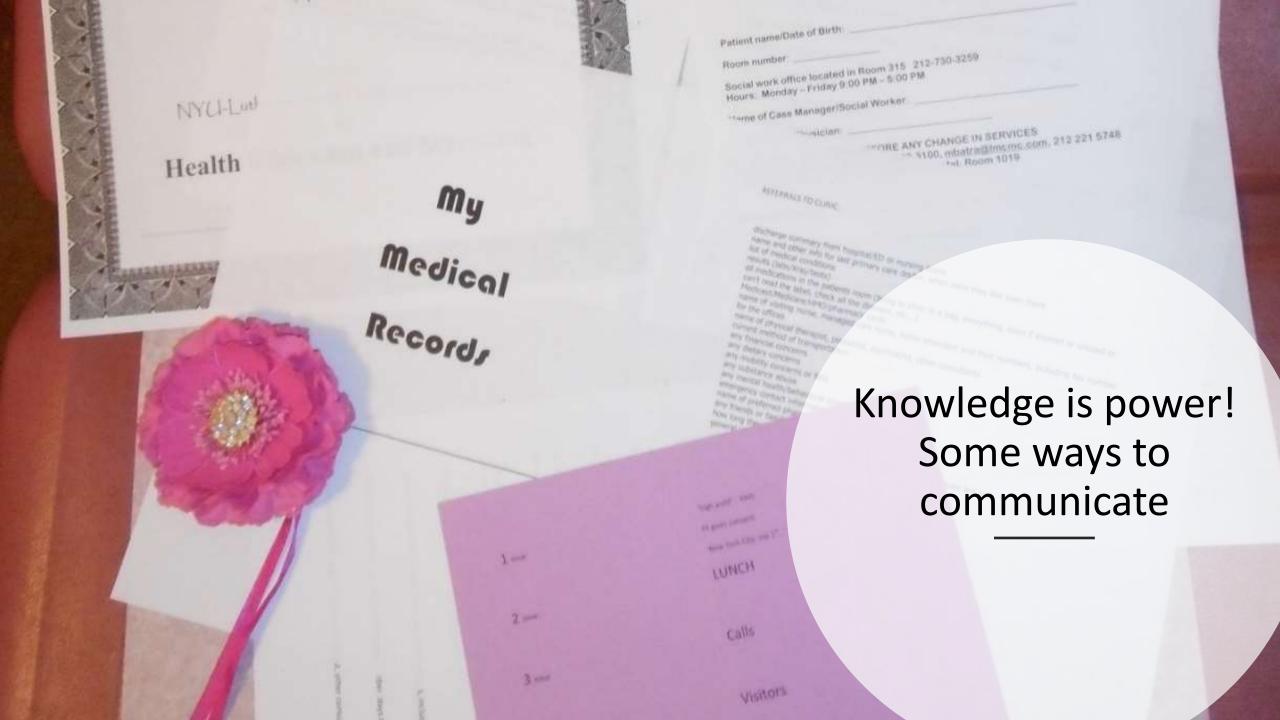
# Project FIND's Pathways to Housing

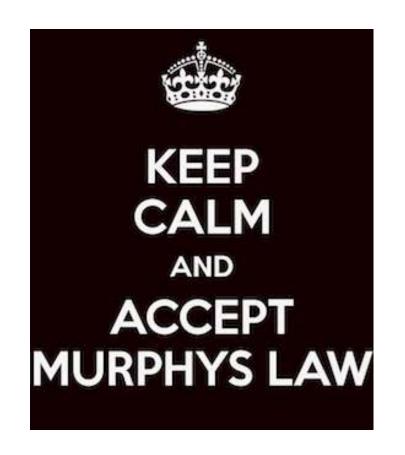


- Moves to drop-in shelter
- Continues work on ID papers, legal status
- Medical and psychiatric needs intensify
- Applies to Woodstock Hotel SRO
- Moves in and able to focus on his health
- Ascent up the hierarchy of need
- How is he doing now?



A proud day – Mr. M in his new home

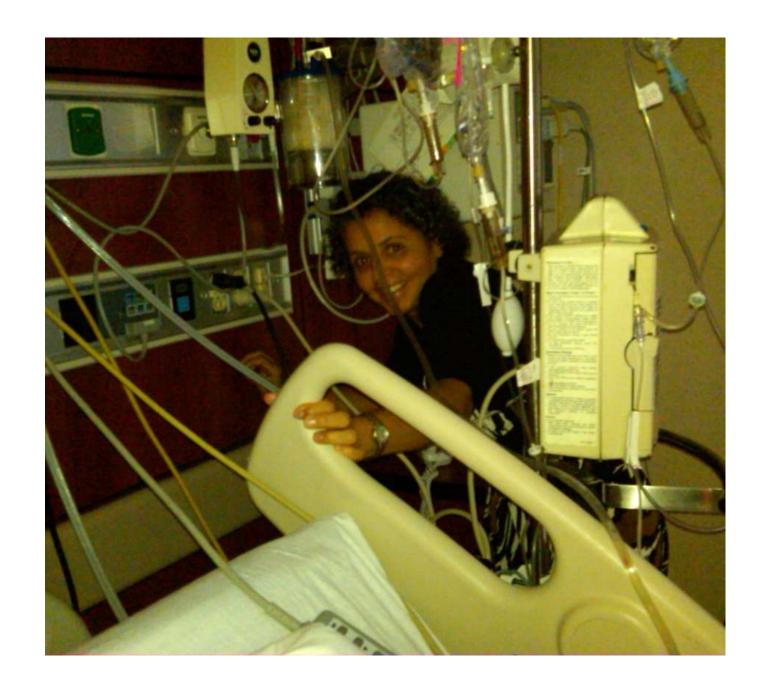




## Tips from the Trenches..

- Remember 'Murphy's Law' anticipate!
- Transitions in and out of hospital, nursing home, and shelter – are key times for visits, coordination, and progress
- https://www.nhchc.org/resources/clinical/ tools-and-support/discharge-planning/
- https://acphospitalist.org/archives/2010/0
   8/homeless.htm

Visit and keep the connections strong!



## Some principles...for our work

- Address the 'chief complaint'
- Know thy patient
- Be available, say yes ('4:59')
- Follow up outreach, outreach, outreach
- Meet clients where they are in life, keep an open mind
- Go slow, respect 'no'
- Credit their losses and their strengths
- Be reliable and 100% trustworthy
- Always listen
- Remember, you can make a difference!

