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
The Older Population Is on Track to Increase Dramatically

Population by Age Group (Millions)

Cost-Burden Rates for Renters 2016

**Housing Cost Burden Rates for Renters (Aged 50-64): 2016**

- **United States**
  - Burdened: 21.6%
  - Severely Burdened: 25.4%
  - Total Burdened: 47.1%

- **New York**
  - Burdened: 22.1%
  - Severely Burdened: 28.5%
  - Total Burdened: 50.6%

**Housing Cost Burden Rates for Renters (Aged 65-79): 2016**

- **United States**
  - Burdened (30% +): 25.1%
  - Severely Burdened (50+): 32.5%
  - Total Burdened: 52.7%

- **New York**
  - Burdened (30% +): 24.3%
  - Severely Burdened (50+): 27.6%
  - Total Burdened: 56.8%

**Housing Cost Burden Rates for Renters (Age 80+): 2016**

- **United States**
  - Burdened (30% +): 23.0%
  - Severely Burdened (50+): 35.1%
  - Total Burdened: 58.1%

- **New York**
  - Burdened (30% +): 27.4%
  - Severely Burdened (50+): 36.2%
  - Total Burdened: 63.6%

% of Older Adults in Homeless Shelters

## Aging & Homeless in NYC

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

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<tbody>
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<td>30 thru 44</td>
<td>5,831</td>
<td>5,905</td>
<td>5,935</td>
<td>6,090</td>
<td>6,106</td>
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<td></td>
<td>5,993</td>
<td>5,304</td>
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<td>5,802</td>
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<tr>
<td>45 thru 64</td>
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<td>9,122</td>
<td>9,155</td>
<td>9,406</td>
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<td></td>
<td>9,253</td>
<td>8,518</td>
<td>9%</td>
<td>8,984</td>
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<td>65 thru Highest</td>
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<td>1,365</td>
<td>1,354</td>
<td>1,399</td>
<td>1,429</td>
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<td>1,389</td>
<td>1,197</td>
<td>16%</td>
<td>1,334</td>
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<td>19,745</td>
<td>19,782</td>
<td>20,226</td>
<td>20,230</td>
<td>20,174</td>
<td></td>
<td>19,961</td>
<td>18,039</td>
<td>11%</td>
<td>19,307</td>
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40% supportive housing tenants are 50+ years of age

Photo Courtesy of Brooklyn Community Housing and Services (BCHS) Oak Hall’s Aging Program
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

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

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Annual Housing Cost</th>
<th>Annual Service Cost</th>
<th>Total Annual Cost</th>
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<tr>
<td>Cluster 1: Self-Resolve + Subsidy</td>
<td>$4,795</td>
<td>$1,650</td>
<td>$6,444</td>
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<tr>
<td>Cluster 2: PSH</td>
<td>$15,468</td>
<td>$11,500</td>
<td>$26,968</td>
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<tr>
<td>Cluster 3: PSH</td>
<td>$15,468</td>
<td>$11,500</td>
<td>$26,968</td>
</tr>
<tr>
<td>Cluster 4: PSH + Additional Supports</td>
<td>$15,468</td>
<td>$23,000</td>
<td>$38,468</td>
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</table>
Enhanced Service Models / Service Enriched Supportive Housing
What is Service-Enriched Housing?

- Physical & Behavioral Health
- In-home Services/ADLs/IADLS
- Cognitive Conditions
- Cultural Sensitivity
- Social Connectedness
- Accessibility & Safety
- Nutrition
- Transportation
- End of Life Planning & Care Transitions
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

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CSH’s 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-person NYC Academies
50 Participants
34 Organizations

National, web-based 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 ESSH1 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

Nat’l Aging Academy
Participants rated it 9 out of 10
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
One-Stop-Shop for Healthy Aging in Supportive Housing Resources

Healthy Aging Resources

Toolkit
This toolkit is for those who want to develop housing solutions for vulnerable aging adults by creating, enhancing and delivering quality supportive housing.

Resources
Search our comprehensive resource library for the latest in serving aging adults in supportive housing.

Webinars & Training
Catch up on our healthy aging trainings and webinar series in the CSH Supportive Housing Training Center.

Cross-Sector Approach to Aging in Supportive Housing

Emily Markman, a supportive housing resident and graduate of the CSH Speakeasy program, joined other 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!
Why the CSH Healthy Aging Academy?

Mark Jennings, MDIV & LMSW
Deputy Executive Director at Project FIND
Transition

COMMUNITY ACCESS
BUILDING HOMES, HOPES AND FUTURES

Project FIND
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
Fair Housing

Getting in the Door
Staying in their homes: Harm Reduction
Development and Community Partnerships
Hearing Voices: Training Partnership with Community Access
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
- Implemented Bi-weekly meetings to hone our workflows and improve communication
- Peer Specialist Position to be posted by 7/15 with help from HTH

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).
FRIENDLY VISITORS PROGRAM

| 10 | Hargrave Tenants Requested the Service |
| 11 | Volunteers from Forbes expressing interest |
| 7  | Total Volunteers passed background check |
| 3  | Matches made between volunteers and tenants |
| 8  | Final number of tenants who wish to test the program |

SUCCESS
Our expertise has helped with the following:

1) Our Woodstock architect is helping with social service space design.
2) Our advocacy helped to install a second elevator
3) An ADA compliant ramp will be installed in front of the building
4) Senior Center Services is a big selling point!!!!
Determined who has caregivers in all of the buildings

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

Understanding Current Service Provision

- 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, single-room-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

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<td>60-64</td>
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<td>65-69</td>
<td>22%</td>
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<td>70-74</td>
<td>18%</td>
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<td>75-79</td>
<td>18%</td>
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<tr>
<td>80+</td>
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The Woodstock Hotel

Demographics

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<th>Race</th>
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<tr>
<td>African American</td>
<td>43%</td>
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<tr>
<td>White</td>
<td>37%</td>
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<tr>
<td>Hispanic</td>
<td>17%</td>
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<tr>
<td>Asian</td>
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The Woodstock Hotel
Demographics

<table>
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<tr>
<th>Gender</th>
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<tr>
<td>Male</td>
<td>75%</td>
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<tr>
<td>Female</td>
<td>25%</td>
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Woodstock is full of life!
‘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

The Homeless In-Reach program at Woodstock - for adults over 60
Patient #2: Mr. F: 
Maslow’s ‘Hierarchy of Needs’

- **Physiological**: breathing, food, water, sex, sleep, homeostasis, excretion
  - **Safety**: security of body, of employment, of resources, of morality, of the family, of health, of property
  - **Love/Belonging**: friendship, family, sexual intimacy
  - **Esteem**: self-esteem, confidence, achievement, respect of others, respect by others
  - **Self-actualization**: morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts
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
Mr. F – Climbing His Mountain

- Moves to drop-in shelter
- Continues work on ID papers, legal status
- Medical and psychiatric needs intensify
- Applie{s 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
Knowledge is power!
Some ways to communicate
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://www.nhchc.org/resources/clinical/tools-and-support/discharge-planning/)
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!