

Health Care as the Door to Housing

- Stably housed people experience illness and injury 3 to 6 times less than precariously housed individuals
- People experiencing homelessness die an average of 30 years earlier than housed individuals.
- Stably housed women are 9 times less likely to die of HIV than those who are homeless
- Congregate style living:
 - Increases exposure to potentially traumatic events
 - Increases exposure to illness
 - Is a barrier to managing medication and physician visits
- Housing is the foundation upon which health outcomes can be improved – It is a critical building block of wellness

The Policy Environment of Housing and Health Care: NYS MRT

- “Health Homes will align care with prioritize (sic) housing to directly address *the arguably largest social determinate of poor health which is **homelessness and precarious housing.***”
 - Lead Health Home Agencies are specifically encouraged to partner with housing providers
- **From MRT:** “Housing is a perfect example of how social determinants of health are paramount... New York is committed to demonstrating through this program that supportive housing when provided in careful orchestration with health home care management will help bend the Medicaid cost curve as well as improve lives.”
- New York State Medicaid Redesign has allocated **\$750 million** to supportive housing efforts aimed at increasing health outcomes and lowering costs (FY13 \$75 million)

Incorporating Housing Supports into FQHC operations

- One study found that 60% of the most high cost Medicaid patients in NYS were homeless or precariously housed
- Applicable to all FQHC grantees, not just 330(h)
- HUD Definition of Homelessness:
 - Lack fixed regular night time residence
 - Public/private place not typically used for nighttime accommodation
 - Public or private shelter
 - Threat of eviction within 14 days or non-permanently living in a hotel or motel
- HRSA definition:
 - “An individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.” A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation.
 - “Doubled Up,”
 - Living in Permanent Supportive Housing (Pending Congressional Legislation)

Documenting Housing Status

- Predictors of Homelessness:
 - Have been diagnosed with major depression
 - Be suffering from substance abuse
 - Be suffering from two lifetime mental health diagnoses
 - Be suffering from three or more lifetime mental health diagnoses
 - Have been the victim of stranger violence
 - Have been the victim of childhood sexual abuse
 - Have been runaways as children
 - Out of home placement as a child
- ***These are FQHC Patients!***

Documenting Housing Status

- Documenting a patient's housing situation can help prevent a patient from becoming homeless and allows FQHC providers to connect patients to appropriate services before losing housing
- ***“Where did you sleep last night?”***
 - A culturally competent way of arriving at a patient's housing status
 - Avoid using the word “homeless” in initial conversations due to the associated stigma; instead, use terminology such as “in a temporary living arrangement”
 - Keeping it positive and supportive instead of invasive and threatening is essential.
- ***“Is your name on the lease?”***

Eviction Avoidance Referrals

- In NYC, the **Homebase** program assists people who are at risk of losing their housing with ensuring long term housing stability
- Homebase offers:
 - Family or tenant/landlord mediation
 - Household budgeting
 - Emergency rental assistance
 - Job training and placement
 - Benefits advocacy (child care, food stamps, tax credits, public health insurance)
- Preventing homelessness avoids a traumatic experience that negatively affects health outcomes and avoids costly shelter and hospital services
- The cost of one night in supportive housing is*: **\$41.00**
- The cost of one night in a NYC shelter is: **\$54.54**
- The cost of one night in the hospital is: **\$1,185.00**

New York City Housing System

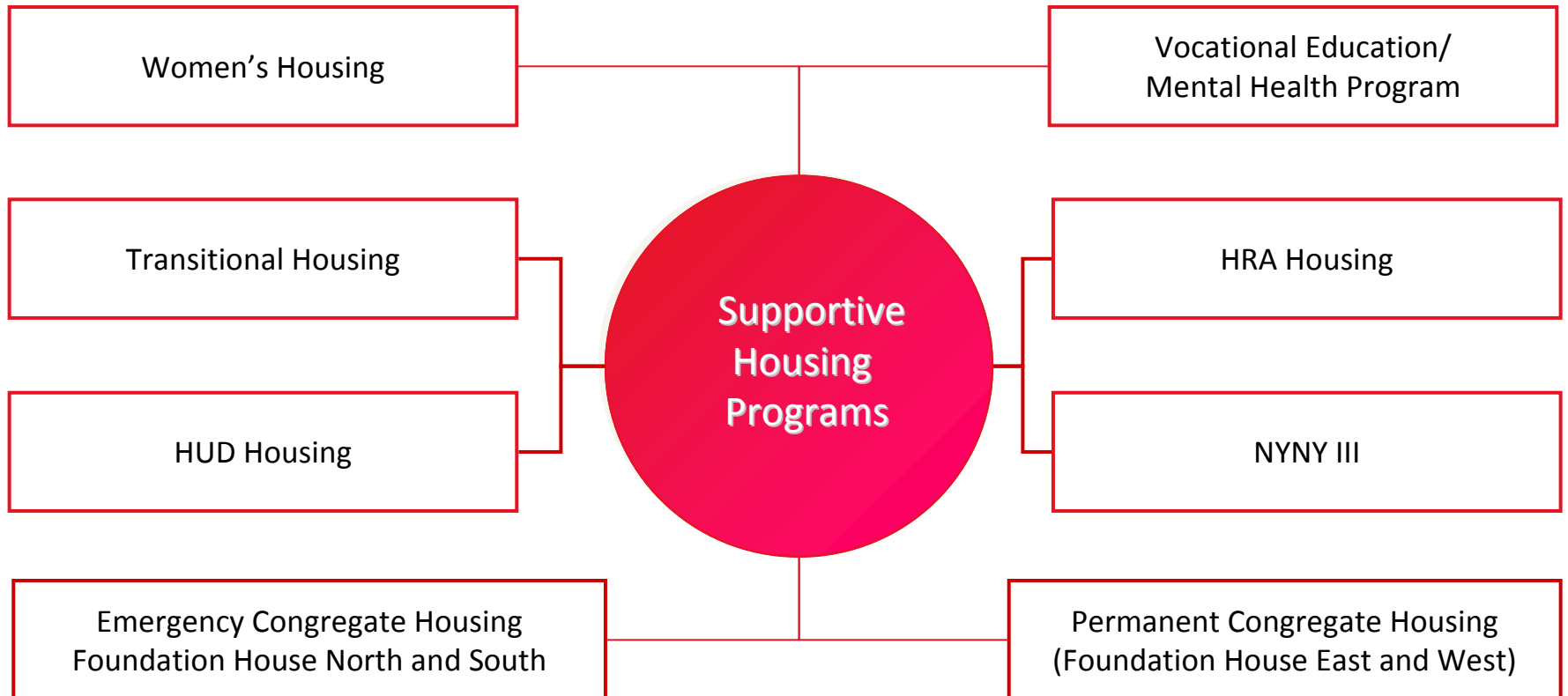
- Street/Drop-in Centers
- Intake/Assessment Shelters
- Emergency Shelters
- Safe Havens
- SROs
- Transitional Housing
- Permanent Supportive Housing
- Public Housing
- Independent Housing

Housing at Harlem United

- Connections to transitional, supportive and permanent housing
- All supportive housing programs are fully integrated with Harlem United's clinical operations.
- Placement in supportive housing programs has been shown to enhance health outcomes (improved management of HIV) and lower costly hospital utilization

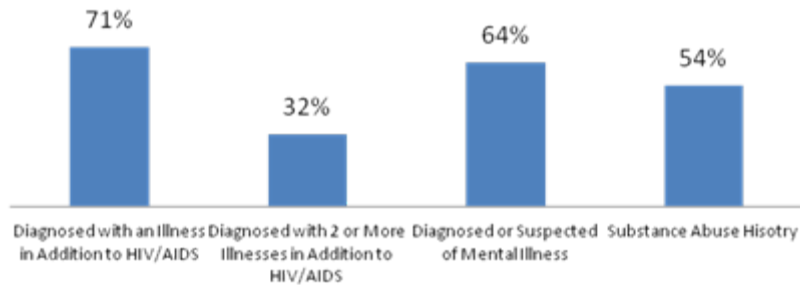
Supportive Housing Programs at Harlem United

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

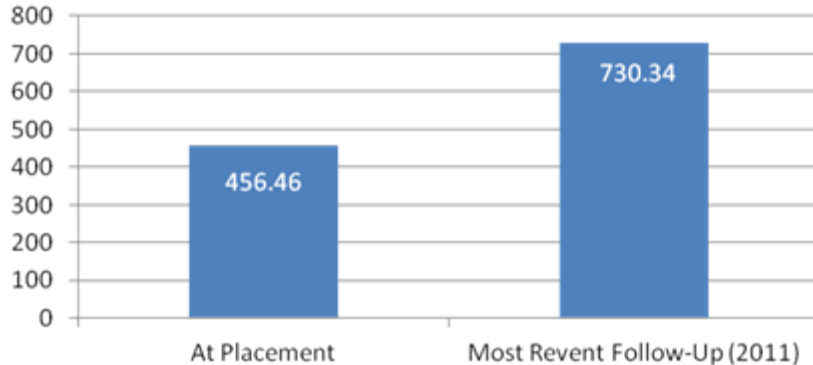


Supportive Housing for Women Living with HIV/AIDS

Illness Among Women in Supportive Housing
n=157

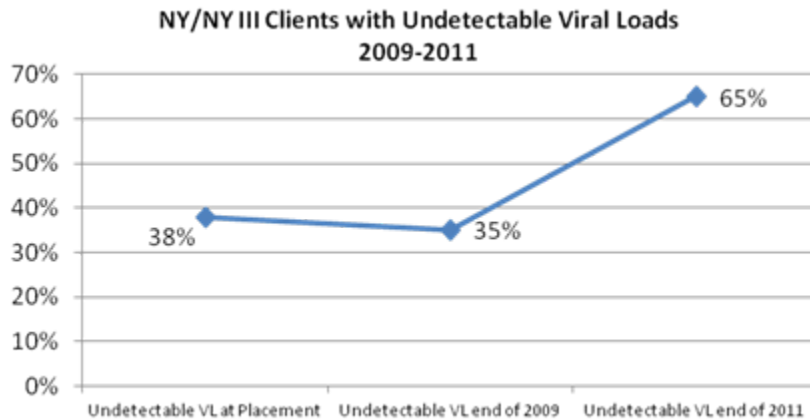
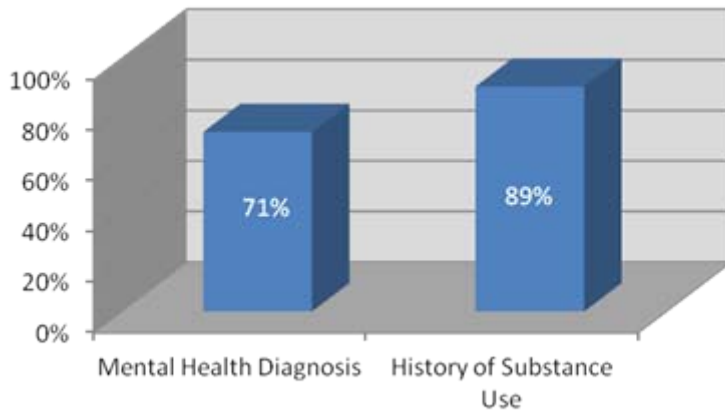


Average Improvement in Tcell Count for Women in Supportive Housing
n=89



- Harlem United has over 150 supportive housing units dedicated to women living with HIV/AIDS
- 88% of these women are currently prescribed ART (90% self reported adherence)
- 68% experienced or maintained viral load suppression
- During the first six months of 2011, women in the program met, on average, 2.7 times with a primary care provider
 - 43% were engaged in treatment with a mental health provider

Harlem United's NY/NY III Housing



- Funded by city and state dollars
- Majority of patients triply diagnosed with HIV/AIDS, mental illness and substance use
- 100% become connected to Primary Care

Improvements in Care for Clients in NY/NYIII Program

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
Emergency Room Visits (n=64) Average # of visits	42% (26/64) 1.81 visits	10% (6/63) 1.16 visits
Hospitalization (n=63) Frequency of hospitalization Average length of stay	38% (24/63) 1.67 hospitalizations 9.42 days	6% (4/63) 1.00 14.5 days*

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

Housing Resources in NYC

- **DHS Homebase**
Ph: 212-361-8000
<http://www.nyc.gov/html/dhs/html/atrick/homebase.shtml>
- **Call 311**
 - HRA Rental Arrears Grants
 - Family Eviction Prevention Services
 - Foreclosure Prevention
- **Coalition for the Homeless**
129 Fulton Street
New York, NY 10038
Ph: 212-776-2039
- **The Bridge Fund**
105 East 22nd Street, Suite 621 E
New York, NY 10016
Ph: 212-674-0812
- **Community Service Society**
105 East 22nd Street
New York, NY 10010
Ph: 212-614-5375
- **Supportive Housing Network of New York**
475 FDR Drive
New York, NY 10002
(212) 870-3303