Housing with Services Summit

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LeadingAge Center for Housing Plus Services

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LeadingAge California & California Housing Consortium

Los Angeles, CA

December 4, 2014

Characteristics of Seniors in Publicly Assisted Housing

- Roughly 2 million lower-income seniors live in independent, federally subsidized rental properties
- Median income = $10,236
- They are growing older
  - Median age = 74 years old; about 30% are age 80+
  - Median age at move in = 70; almost 20% were age 80+
- They are racially/ethnically diverse
  - Hispanic – 13%
  - White – 56%
  - Black – 19%
  - Other – 9%

Data is for residents of Section 202 properties, 2006

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Characteristics of Seniors in Publicly Assisted Housing

- Chronic conditions and functional limitations more prevalent among advanced ages, lower incomes and minorities
- Twice the prevalence of disability as home owner counterparts
- One-third have difficulty with routine activities
- 12% have cognitive impairments

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Characteristics of Seniors in Publicly Assisted Housing

- High level of mental health needs
  - Study of 190 residents 60+ in 4 public housing properties
    - 25% anxiety and/or depression (21% anxiety, 15% depression
    - 31% in need of mental health care
  - Study of 635 residents in 13 low-income senior housing buildings
    - 26% major depressive disorder
    - 12% generalized anxiety

Resident Profile of 4 San Francisco Properties

- Median age – 78 years old
- Gender – 37% male, 63% female
- 60 % live alone
- Race/Ethnicity
  - Hispanic – 9%
  - White – 34% (Russian immigrants)
  - Black – 3%
  - Asian – 58%
  - Native Hawaiian/Pacific Islander – .3%
  - American Indian/Alaska Native – 1%
- Diversity
  - 14% born in the U.S.
  - 16% English first language
- 71% health fair to poor; 29% good to excellent
- 54% report 3+ chronic conditions
- Functional limitations
  - No IADLs/ADL – 25%
  - Only IADLs – 21%
  - 1+ ADL – 55%
- 35% fall in the past year
- 32% ER visit in past year
- 20% hospital stay in past year

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Policy Priorities

- Expansion of home and community-based services
- Improve coordination and integration of health and long-term care services and supports
- Increased focus on dual eligibles

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Policy Priorities – Example Activities

- Medicare Advanced Primary Care Practices Demonstration
- State Demonstration to Integrate Care for Dual Eligible Individuals
- Money Follows the Person
- Balanced Payment Incentives Program
- Accountable Care Organizations
- Community-based Care Transitions Program
- Independence at Home Demonstration
- FQHC Advanced Practice Demonstration
- Medicaid Incentives for the Prevention of Chronic Diseases
- State Innovation Models Initiative
- Bundled Payments
- Comprehensive Primary Care Initiative

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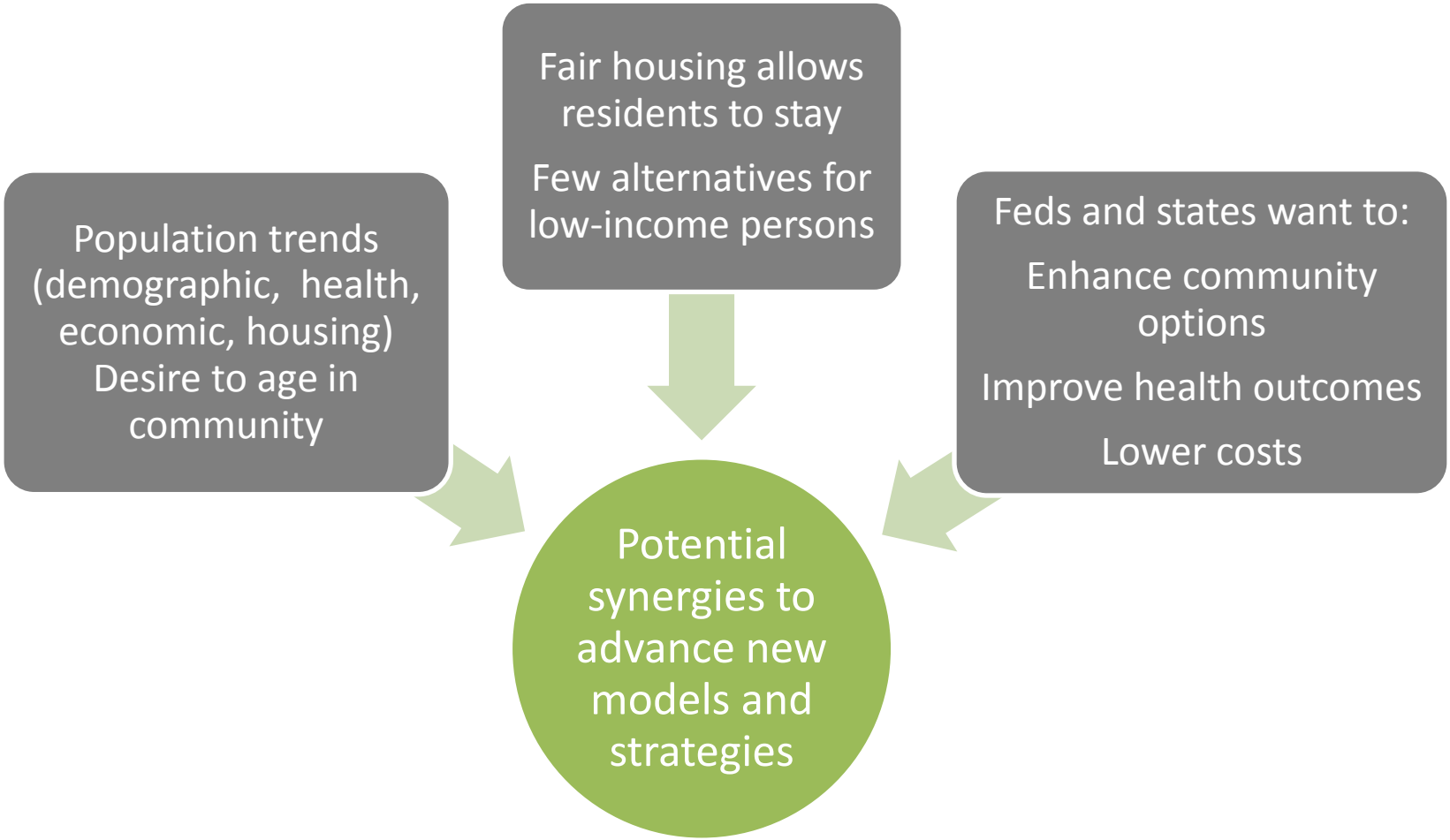
Bringing It All Together



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Value of Housing Plus Services

- Build on existing infrastructure of housing, health and community service networks
- Provides potential concentration of high-risk/high-cost individuals (many are dual eligibles)
- Offers economies of scale; can increase delivery efficiencies for providers and affordability for seniors
- Provides residents easy access to services; may encourage greater utilization and follow-through
- Offer a more regular staff presence on site with residents; can help build
  - Knowledge of resident needs, abilities and resources
  - A sense of trust among residents, which encourages better use of services
  - Early recognition of potential issues before they become costly crises
- Help preserve seniors' autonomy and independence

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HHS/HUD Demonstration Design Project

- Task order: “determine how congregate housing might be coupled with targeted, coordinated health and long-term services and supports to help certain older adults age better and longer in the community, while promoting efficient service delivery”
- Multiple tasks informing demonstration design
  - Develop conceptual framework
  - Explore value of targeting and potential strategies
  - Conduct case studies
  - Data linkage exploration of HUD and HHS data
  - Technical advisory group

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Supports and Services at Home (SASH), Vermont

- Care coordination model anchored in senior housing
  - Serves residents and individuals in surrounding community
- Formalizing what already exists and filling in gaps
- Interdisciplinary team
  - Housing-based staff: SASH coordinator, wellness nurse
  - Network of community-based providers: home health agencies, area agencies on aging, PACE, mental health providers, others
- Participants receive comprehensive assessment
  - Create individual health aging plan
  - Monitor and coordinate plan

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Supports and Services at Home (SASH), Vermont cont.

- Aggregate into Community Health Aging Plan
  - Address community need with evidence-based programming
- Linked in with state's health reform efforts
  - Connected with medical homes, community health teams and health information exchange
- Statewide expansion funded through Medicare Advanced Primary Care Practice demonstration grant
  - Medicare pays for SASH coordinator and wellness nurse
  - Currently in 80 housing sites
- HHS/HUD funded evaluation

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Homecrest House
Silver Spring, MD

- Choices at Home – partnership with home care agency and home health agency
  - Aids on site M-F full-time and nurse 24 hours/week
  - Home care agency also dedicates LCSW for behavior health needs
- Other services coming to property
  - Pharmacy
  - Nurse Practitioner (house calls program)
  - Dentist, audiologist, dermatologist, podiatrist
  - Grocery delivery
- Baseline nursing assessment for every resident
- Weekly interdisciplinary team meeting with service coordinator, home care and home health agencies. . .goal is to bring in other service partners

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WellElder Program,NCPHS
San Francisco, CA

- Provide wellness and health education, health monitoring, assistance identifying and accessing health and supportive resources
- Teams service coordinator with part-time health educator (RN or LVN) → comprehensive set of skills/expertise
  - SC: help navigating service and resource networks, monitoring and motivating, education, etc.
  - HE: monitors vital signs, assessments, individual and group education, help communicate with health providers, monitors returns from hospital/rehab, etc.
- SC & HE assist residents independently and jointly
- Health educator contracted from community provider
- Developing linkage with senior-center based hospital transition program
  - Participating in CMS Community-based Care Transitions Program

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Housing with Services Initiative
Portland, OR

- Pilot in State Demonstrations to Integrate Care for Dual Eligible Individuals project
  - Deliver services at subsidized housing properties through a consortium of community service providers
- Develop comprehensive service package based on community needs assessment
  - May include service coordination, home and personal care, resident inclusion and involvement, recreation/community inclusion, money management, emergency fund, technology support, transportation
- Partner and coordinate with Coordinated Care Organizations (Accountable Care Organizations in OR)
  - Per-participant-per-year funding mechanism to implement a client-centered blend of health and social services

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Presbyterian Senior Living
Harrisburg, PA

- Partnership with area health system
  - New IRS requirements - community health needs assessments and health improvement plans for communities served
  - Penalties for unnecessary readmissions
  - Move from volume to value-based payment
- Started with developing diabetes education and management program
- Piloting program to help residents manage healthcare
  - Physician at property weekly
  - Nurse navigator – follows residents transitioning from hospital or needing assistance coordinating clinical care
  - Physician, navigator, service coordinator communicate to coordinate range of health and social service needs

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Presbyterian Senior Living
Harrisburg, PA

- Initial results (150 residents)
  - 6 months before pilot - vs - 6 months into pilot
    - 20% reduction in ED visits (81 - vs - 65)
    - 49% reduction in admissions (57- vs -29)

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Eliza Jennings Clinics in Senior Housing Cleveland, OH

- Operates in two properties
  - Large complex (500 units): 8 hrs/day, 5 days/week
  - Small complex: 4 hrs/day, 3 days/week
- NP & nurse staffed clinic – primary and preventative care
  - Health and wellness education (one-on-one and group)
  - Chronic disease self management
  - Primary care (serve as PCP or coordinate with PCP)
  - Transitional care (using Coleman model)
- OT/PT - provide in apartment so helping resident work within and adapt to their specific surroundings

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Eliza Jennings Clinics in Senior Housing Cleveland, OH

- Skilled home health
- Coumadin/respiratory clinic
- Individuals served in the Westerly (500 units)
  - 80 walk-ins weekly
  - 60 NP visits weekly
  - 70 skilled home health monthly
- Outcomes (7/11-6/12, 184 Medicare patients)
  - ED use – 3% -vs- 12% in state
  - Readmission rate – 11% -vs- 18%

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Trinity House
Baltimore, MD

- Partnership with Greater Baltimore Medical Center (GBMC)
  - community benefit commitment
- Sends NP to 5 housing properties, 1 day/week
  - Wellness checks, answer health-related questions, medications, helps coordinate with physicians, engages with service coordinator
- GBMC formed ACO – exploring enhanced partnership, including other housing properties in catchment area
  - ACO recognizes value of stable, supportive housing

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Tower One/Tower East
New Haven, CT

- Goal is to serve a diversity of functional levels; services support range of needs
  - Service coordination
  - Dining – café, mandatory meal program in Tower One
  - Housekeeping – residents purchase
  - Activities - extensive array, including wellness and fitness programs
  - ElderCare clinic – onsite primary care clinic operated by local hospital
  - Geriatric psychiatrist – see residents onsite, conducts staff training
  - Assisted living services - staff onsite 24/7, services delivered in any unit
- Formal and informal interaction between service coordinators and service partners; service partners have frequent informal interaction with each other

Peter Sanborn Place
Reading, MA

- Tenant selection plan: 40% daily services, 30% weekly scheduled services, 30% who may choose to use services
- Assist residents through sister corporation, Sanborn Home Care – assigned “cluster” provider for Sanborn Place and Reading HA
- Located onsite allowing for more flexible 24/7 assistance and monitoring
- Provides case management/service coordination, personal care, medication monitoring, homemaker services, transportation, meals
- Services paid for through variety of mechanisms (public programs, LTC insurance, out-of-pocket, service fund from building refinance)

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Some Case Study Observations

- Onsite home/personal care assistance appears to allow for
  - Greater flexibility
  - Support of more complex individuals
- Advantage of onsite services, service/housing provider partnerships
  - Better picture/understanding of client → see in their home, insight from housing staff
  - Build relationship and trust with client
  - Clients often get more time than technically allotted
  - "Free" advice/assistance for non-clients
  - More continuous presence may result in better outcomes for client → know people better, catch things earlier
  - Staffing efficiency for home care agencies
  - Service providers can communicate with each other → more comprehensive picture

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