Supportive Housing Discussion Group (Archived)

Supportive Housing (MRT Housing) & Functional Issues

Hi There,
I am a social worker with the Housnig at Risk Program in the Bronx and I am interested in understanding the supportive programs in a number of these facilities. The issue I am coming across is that patients are sometimes kicked out of housing because they may continue to over utilize the ER for primary care and therefore are not helping the MRT initiatve meet their numbers. I wonder if supportive housing was taken a step further, to coordinate medical care and also provide the housing peice, would not Medicaid's dollars be better spent? I know ICM's are sometimes for third party agencies but why not put care under one roof? So much time and funding went into getting this patient (I am thinking of one particular individual as I write this though its happened multiple tiems) a placement and it seems like it is so easily lost. I guess I am just struggling to undestand what is "supportive" about some of this Medicaid housing and why it is so easy for some of these facilities to get rid of patients when their goal should be in concert with what we do as a hospital, keeping them housed and then continunally working to decrease service use. If this is not the case, indeed what is supportive about the housing?

Message by Margaret Williams 1

On november 28, 2014 at 14:55 - 98 views, 6 replies, 8 followers

Hello Margaret, I understand your concern lies in the understanding the reasons why some patients are discharged from housing facilities. Many sources of funding directed at housing facilities are actually aimed supporting on-sight case management to coordinate care and monitor health of residents more closely, just as you suggest. Am I perhaps understanding a suggestion from you that hospitals might synchronize more closely with their affiliated supported housing units in order to achieve the same goals? Increasing on-site care is a necessity; perhaps one task of the hospital system could be to reconnoiter their current work force to become more involved with care at housing sites.

By Logan Tierney, about 1 year ago 0

I mean... that is what we are doing. Our team really works to keep our highest service users in their placements and get housing or at least a transitional housing set up for patients. We also started a community outreach program where our own NP will coordinate appointments for patients, many in supportive housing. My question then remains, what exactly are these supportive facilities doing? Yes, you are offering a homeless individual a home for the first time. That's wonderful. But for a lot of these people having an apartment is a HUGE life change. Facilities shouldn't be surprised if ER utilization takes a little while to drop... or if people relapse or break the rules. What I am saying is that all this time and energy goes into housing people and what we are finding is that it seems to fall on us, the hospital to keep them there.
Further, there seems to be a dearth of supportive housing for patient without severe mental illness or substance abuse. There is, believe it or not, a VERY large population of individuals in NYC supported by SSI/SSD who cannot afford an apartment given the housing costs in New York. This group is often medically fragile, discharged to shelters where they medically decline at an alarming rate and transitioned back to the ED/inpatient in a revolving door type motion that only begins once they become ill and cannot work. This group is excluded from 2010e populations and a lot of MRT housing. They therefore shuttle between the shelter and the hospital. Just today I was told by HRA that the specific patient I tried to place "would need to relapse and be back in treatment again" to be eligible for supportive housing. This seems to be a rather large waste of tax dollars, no? Should he just keep becoming ill and back to the ED only to go back to the shelter again until the cycle repeats or he dies? Where is he supposed to be housed? Might I suggest MRT for this group as well?
Overall... As an on the ground worker I am frustrated like so many of my peers by the lack of resources and then the brevity of time given to claim resources when they appear. It costs 37,000/year to house people in the shelter system not to mention near absurd medical costs when said individual's health decline in a sub-standard setting. This money would be dramatically better spent by a massive one time investment in housing rather than 10 years in which NYS continues to over spend its Medicaid budget... but I digress...

By Margaret Williams, about 1 year ago 0

Hi Margaret,
Thanks again for your thoughts and observations. This is clearly an area with a profound impact on the health of some of the most vulnerable in our communities.
You mention that the process of supporting patients in staying in their new housing arrangements often falls to the hospital. I'm interested in hearing more about what support and resources would help improve this aspect of supportive housing.
What other resources would help with this process? How could they be integrated with the current system? What skills would they need to possess? Are there any case studies that you know of where other jurisdictions are doing interesting work in this area that we might be able to learn from?

By Darryl King, about 1 year ago 0

Providing and coordinating stable housing is a common challenge throughout several of the PPS applications. It's hard to figure out the right steps in order to provide care for the patient and guide the patient in learning how to self manage their care without frequent visits to the ER. Bouncing off of what Logan touched on - Strengthening the relationship between the PCP and housing facilities will help align our efforts. Maybe having a PCP on call or working at the actual housing facility with the NP (similar to the work flow that Margret mentioned) would help bridge the gap of care. Maybe starting out even smaller like having a community directory with up to date information that the PCP's can use as a resource. I'm sure many communities already have this but in my experience many hospitals aren't familiar with their community housing facilities regarding their services and operations.

By Elise Kohl-Grant, about 1 year ago 2

Thank you for sharing your ideas Elise! You propose excellent suggestions - to highlight just one, you propose at minimum PCP's should have a comprehensive community directory of housing facilities with details related to services and operations. What information would need to be captured in a directory to make it effective? I am curious as to whether anyone has had success with this type of reference and how we can improve coordination between hospital and supportive housing settings.

By Deanna Ripstein, about 1 year ago 0

Hi all - There are many different kinds of "Supportive Housing" but I must say that one thing they all have in common is very little money for supports. For example, the State Office of Mental Health sponsors, funds, licenses nearly 40,000 units of housing for people with serious and persistent mental illnesses. However, most have lost 40% - 60% or more to inflation over the last 20 years at the same time that client needs have become more and more challenging. Some models do all case management and full medication supervision but with paraprofessionals and minimal staff to do it with. NY has 4,100 of those beds in the entire state, they are transitional, and they are woefully underfunded. There are more than 17,000 permanent scattered site supported housing beds in the state but the rates vary from $15,500 per year in NYC to $7600 per year in Syracuse and these rates include ALL costs, e.g. rent, staffing, administration - far too low to provide more than check ins once a month - the plan here was that Health Home Care Coordinators would step in and save the day but they have caseloads that are too high. Large congregate facilities that could provide a lot of support under the roof have 2 or 3 staff for 65 - 85 residents. The MRT is reluctant to spend any of its dollars on supports. So we keep building new as people clamor for more housing, but no-one wants to fund the supports. The newest plan is that HCBS waiver services will provide extra support for HARP eligible folks but the CMS setting rule will preclude those services from being delivered in many large congregate urban settings and each client must be eligible and there are per year limits, etc. The bottom line is: if the state would pay for the supports there would be more supports and more people might be successful. Many non-profit housing providers are expert at providing case management and coordination of care but they can only do what they can with what they have. We have advocated that the state add $82 million this year to all the OMH beds' rates. We ARE getting $10 million for one type of program but it will not make the providers whole nor will it allow providers to offer more services. It will just plug the holes in the boats. Also, eligibility is a tough one because existing beds were developed with money from a variety of funding sources that each have their own criteria that providers must follow (HUD, OMH, OASAS, HCR, OPWDD,tax credits, etc.) The state fully expects providers to put together financing packages that involve multiple funders.
Finally, OMH does have an online, geographically driven directory of all its programs, housing and otherwise, with definitions and eligibility criteria. The Bronx Health Home and Housing Consortium is a good resource in the Bronx. www.bxconsortium.org
Many years ago we had psychiatrists who made regular visits and who were on call in a lot of OMH housing but that fell out of favor because it wasn't normalizing. PCPs or Psychiatrists or even psychiatric nurses could be a help. The state has worked very hard to separate services from housing and continues in that direction particularly as Olmstead becomes a bigger issue.
In summary - there is not enough special needs housing and there are not enough supports in the housing that we have.
I know that I haven't been very helpful in finding a solution but I think it's important to understand the parameters of the problem.

By Toni Lasicki, 11 months ago 1

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