About Breaking Ground (est. 1990)

- Mission is to strengthen individuals, families and communities by developing and sustaining exceptional supportive and affordable housing as well as programs for homeless and other vulnerable New Yorkers.

- Permanent Housing Portfolio:
  - 10 buildings in NYC, 2 large sites in the Bronx under construction / in development, 3 buildings outside NYC
- Programs include:
  - Andrews Safe Haven, Scatter Site housing, Veterans transitional housing program in Montrose, and Street-to-Home outreach in Brooklyn, Queens and a portion of Manhattan

- Programs benefit approximately 4,000 individuals annually
- CUCS is Breaking Ground's longest term social service partner

About CUCS (est. 1994)

- Originally founded at Columbia University in 1979; established as an independent not-for-profit in 1994
- Mission is to rebuild the lives of homeless and disadvantaged individuals and families
- Nonprofit housing developer and service provider for homeless and low-income people.
- Programs include:
  - 10 Permanent Supportive Housing Sites (2 at CUCS-owned buildings)
  - 4 Shelters and Transitional Living Centers
  - 9 Single Stop Sites (Community-based and Rikers)
  - Assertive Community Treatment
  - Janian Medical Care
  - Home to Stay and Scatter Site Housing
  - Street to Home Outreach
  - Career Network
  - CUCS Training Institute
  - Health Home Services

Context for ECHO

- Tenancy of supportive housing is aging in New York and nationally, as is the homeless population overall.
- In 2008, 19% of residents in BG buildings were 62+ years of age – today it's 27%, and in three years it will be 33%.
- Fundamental goals of supportive housing
  - To enable homeless and at-risk populations to realize residential stability for as long as possible, including as they experience aging-related health concerns.
  - To contribute to efficiency in use of societal resources.
- ECHO was developed to promote both goals

ECHO Program Objectives

1. To implement two complimentary services that will measurably promote successful aging in place of supportive housing tenants 62+ years old:
   - Primary medical care
   - Enhanced tenant services
2. To evaluate the benefits of these interventions at the various pilot sites, including the cost-benefits of ECHO
3. To inform other supportive housing providers locally and nationally of the program concept, program design, and learnings

ECHO Program Goals

1. To bolster Breaking Ground and CUCS's ability to promote successful aging in place of older tenants in supportive housing, particularly those who experienced years of chronic homelessness

2. To demonstrate that this model merits public funding

3. To affect a similar enhanced capability at other Breaking Ground and CUCS sites and among peer nonprofits in New York and nationwide

ECHO Program Rollout

- Hiring Staff
- Medical suite build-out
- Best practices for operating medical services
  - (ex. scheduling, referrals to specialists)
- Tenant services program development
- Communication plan for promoting new services and targeting tenants who are best-suited for onsite services

Aging & Leaving Homelessness Behind: Extremely At-Risk

- Mortality rates 3-4 times higher for homeless people
- Life expectancy 25 years shorter for those with severe mental illness
- Aging adults in permanent supportive housing
  - Many years on the street before supportive housing

Aging Tenants

- Aging prematurely
  - Higher rates of geriatric syndromes and illnesses earlier
- High co-morbidity
  - Mental illness and substance use disorders
  - Psychosocial struggles and weak external support systems
  - Chronic and acute illness
- Extremely at-risk for serious health conditions & grave outcomes
  - Accelerated onset and progression of chronic illnesses
  - Poor quality of life
  - Excessive and largely preventable hospitalizations and ER visits ($$$)
  - Early admission to nursing homes ($$$)
- Significant obstacles to high quality, integrated care

Primary Care (PC) in Supportive Housing

- Usual community care models have failed many of our tenants

- Janian-developed, resource-intensive, onsite PC services
  - Target most complex tenants, who have been unsuccessful engaging in usual community-based care

Targeting the Highest Risk Tenants

- Criteria
  - Highest-risk for poor outcomes, including
    - Age 62+
    - Living with severe mental illness and/or substance use disorders
    - Multiple and/or serious chronic medical problems
    - Misusing medical resources
  - AND has been unable to successfully engage in adequate care in the community, with some interest in onsite care
    - Maximize independent function in community
    - Minimize fragmentation of care
    - Direct resource-intensive services to those benefitting the most
- Process

What is Primary Care?

- Includes:
  - Health promotion
  - Disease prevention and early detection
  - Health maintenance
  - Counseling
  - Patient education and empowerment
  - Diagnosis, treatment, management and follow-up of acute and chronic illness
  - Engagement in therapeutic process and alliance
  - Access to care for a wide array of conditions
  - A hub from which patients are guided through the healthcare system
    - Building a network of specialists and relationships with larger healthcare orgs
  - Participatory decision-making by tenants

Group Visits

- In addition to onsite primary care
  - For PC tenants
  - For non-PC tenants with community care
    - Would benefit from additional medical support
- Bidirectional and interactive rather than didactic
- Some examples

-Fall Prevention

-Cool & Hydrated

-Understanding Diabetes

-Medication Literacy

-Breathing Well

From Triple Aim to Triple I (I^3)

Janian person-centered collaborative primary care is:

- **I**ntensive, **I**ndividualized, **I**ntegrated care
  - Benefits are exponential
  - Some key features
    - Collaboration and coordination
    - Long-term, person-centered, medical treatment planning
    - Therapeutic alliance
    - Time, patience, and more time
    - **Integration**

"Integrated" Care

- Historically: medical and psychiatric

- Janian Medical Care/PPOH, CUCS, and Breaking Ground
  - Primary care
  - Behavioral/mental health care
  - Social Services, includes
    - Socio-occupational rehabilitation
    - Finances management support
    - Care collaboration
    - Assisted self-administration of medication
  - Housing services

Why Integration?

- Synergy
- Integration is key to successful health outcomes and cost savings
- Difference for social service staff between coordinating with outside providers and onsite primary care providers
- Improving tenant's health outcomes and helping them age in their housing is a shared responsibility of onsite medical staff, social service staff, and housing staff

How Integration Occurred

- Occurred at all levels of the organizations
- Put formal processes in place
  - Senior program staff meetings
  - Role of site liaison
  - Formal communication processes
    - Sign in / Sign out
    - Debrief
    - Case conferences
  - Monthly primary care provider liaison meetings
  - Role Clarity

What is Integrated?

EVERYTHING!

- Direct on site primary care services
- Schedule management
- Medication
- Specialty Referrals
- Hospitalizations
- Insurance issues
- Form completion
- Medical Suite Management
- Case Conferences
- Public Health Activities
- Managing data and reporting

Tenant Story

- Senior male with a history of chronic homelessness; coronary artery and peripheral vascular disease, Hepatitis C, Major Depressive Disorder and severe alcohol dependency.
- Prior frequent suicidal ideation closely associated with alcohol use despondency.
- 9 hospitalizations for alcohol related and cardiac issues in one year before receiving on site primary care.
- Following severe health deterioration, requiring carotid artery and lower extremity stents, individual began accessing onsite primary care services.
- Consistency of medical care enabled greater treatment adherence and, most importantly, a will to abstain from alcohol use, with so far excellent commitment to recovery as demonstrated by over two years sobriety.
- Integration of onsite primary care, onsite psychiatry, and social service staff at the housing staff resulted in tenant being able to manage his chronic conditions and have and have a positive quality of life.
- Zero hospitalizations in past 2 years since receiving onsite integrated care!

ECHO Participation

	Goal	Actual
# of recipients of onsite ECHO medical care	150/year	**155**
# of participants in ECHO tenant services	300/year	**357**
Currently being served by medical services	N/A	**70**

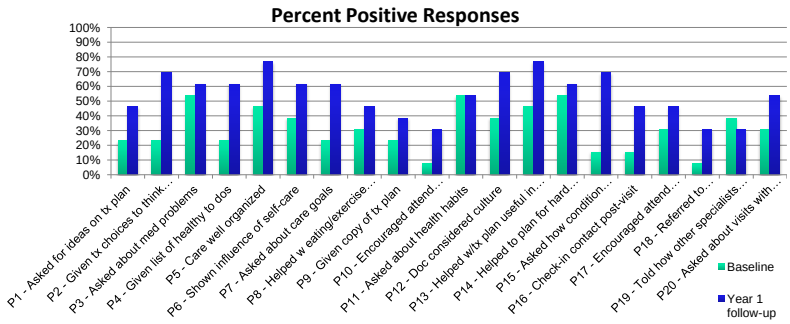
Preliminary Evaluation Data

- Two surveys administered to all tenants when they formally enrolled in onsite primary care, then again after 1 and 2 years of service, with aim of measuring quality and impact of care:
  - Patient Assessment of Chronic Illness Care (PACIC);
  - Health Outcomes Survey (HOS).

- To date we have data from baseline and Year 1 follow-up surveys, which include the following highlights:
  - 69% Report being given treatment choices to think about, compared with only 23% at baseline;
  - 62% Report being given a list of healthy to-do's, compared with only 23% at baseline;
  - 77% Report that they were helped to make a treatment plan they could carry out in their daily life, compared with only 46% at baseline; and
  - 46% Report receiving a check-in contact following a visit to their PCP, compared with only 15% at baseline.

Preliminary Evaluation Cont.

Year 1 PACIC survey data highlights positive impact of medical services:



Preliminary Hospitalization Data

- Overall decrease in hospital and ER visits from the year prior to engagement with onsite medical services to 1 year after engagement. This analysis will be repeated at the 2-year mark.

	Year Prior to Enrollment	1 Year After Enrollment
Hospital Visits	31	24
ER Visits	14	11

Absolute Change:

- All hospital visits decreased by 7
- ER visits decreased by 3

Percent Change:

- All hospital visits decreased by 23%
- ER visits decreased by 21%

Continuation of the Program

- ECHO Medical Services are being sustained at three pilot locations
- ECHO Medical Services are now offered at four expansion sites, all of which are permanent supportive residences for low-income and chronically homeless individuals.
- ECHO Tenant Services programs for an older population are being incorporated into overall BG tenant services best practice
- Future Dissemination effort will include:
  - Senior Tenant Services Activities Toolkit
  - Final Report including rollout narrative, evaluation finding and analysis, recommendations and tools