DSRIP Transitional Support Housing Project

**HOSPITAL**
- Identify Eligible patients in inpatient units
- Housing and Health home Referral

**TRANSITIONAL HOUSING (CBO's)**
- Assess housing need & Prioritize high risk
- Arrange Placement in appropriate TSH site
- Outreach Encounters to address housing related

**CARE MGMNT & SUPPORT SERVICES**
(e.g. HHs)
- Arrange and provide Services (Medical, BH, Social)
- Share patient info with other providers

**HOUSING (CBO’s)**
- Assess, plan and arrange permanent housing based on patient need
# FLPPS Vision: DSRIP Transitional Supportive Housing Project

<table>
<thead>
<tr>
<th>PATIENT PROFILE</th>
<th>CURRENT STATE</th>
<th>POTENTIAL FUTURE STATE</th>
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<td><strong>Patient admitted:</strong>&lt;br&gt;• <strong>Cardiac condition.</strong>&lt;br&gt;• Rural Housing with poor ventilation&lt;br&gt;• Limited Transportation&lt;br&gt;• Limited Family Support&lt;br&gt;Need:&lt;br&gt;• Housing closer to medical resources&lt;br&gt;• Access to public transportation&lt;br&gt;Barriers:&lt;br&gt;• Applying for housing without support&lt;br&gt;• Documentation and application requirements</td>
<td>Either:&lt;br&gt;a. Hospital pays for hotel and sends home care&lt;br&gt;b. Patient remains in hospital.&lt;br&gt;In both scenarios, long term housing situation not likely addressed.</td>
<td>Medical Respite for sub acute care plus access to case management to support long term housing stabilization plan.</td>
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<td><strong>Patient admitted:</strong>&lt;br&gt;• <strong>COPD exacerbation and co-occurring SMI</strong>&lt;br&gt;• Ambulating short distances independently&lt;br&gt;• Independent w. ADL with set-up from an aide&lt;br&gt;Need:&lt;br&gt; • Housing&lt;br&gt;Barriers:&lt;br&gt;• Cost</td>
<td>• Discharge to emergency shelter&lt;br&gt;• Lacks onsite follow up medical or BH support&lt;br&gt;• Likely to readmit</td>
<td>Provide DSRIP Transitional Supportive Housing while awaiting entry into Licensed OMH housing via SPOA.</td>
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# Parallel & Progressive Project Strategies

## Short Term
- Place patients in existing non-permanent community sites
- Current state SWOT of provider coordination, transitions of care and housing inventories and housing navigation across systems
- Gather data to profile and prioritize highest risk highest need patients with housing instability that are under-served by existing non-permanent community housing options

## Medium Term
- Support providers to create new or enhance existing sites to deliver new models
- Likely options include enhancements to existing emergency shelters for medical respite and new unlicensed transitional supportive sites capable of safely transitioning BH patients with medical needs while awaiting placement into OMH/OASAS/OPWDD residential services or HARP + affordable housing
- Standardize protocols and guidelines for provider coordination and transitions of care

## Long Term
- Coordinated inventory management and access – integration across network and with other systems (e.g. HUD, ODTA, DSS, OMH/OASAS/OPWDD leveraging SPOA and HUD Coordinated Access)
- Gather evidence to continue medical respite and flexible unlicensed transitional sites: cost savings, acute service use reduction, health outcome improvement among homeless
- Advocacy and support to increase affordable permanent and long term housing in region
FLPPS Region Housing Context

Challenges to DSRIP Success

- Limited discharge options for from hospital medically complex individuals under 55

- Hospitals have difficulty discharging BH patients safely
  - In western counties, ~4 in 10 homeless patients hospitalized for BH diagnoses are discharged with no change to housing
  - <10% of OMH residential admissions are from Hospitals

- Inadequate permanent affordable and supportive housing available in region
  - Section 8: ~9,000 families waiting average of 74 month in Monroe and surrounding counties; ~2,500 waitlist in other FLPPS counties
  - Monroe County has 2nd highest rate of homelessness and unmet supportive housing need (1,569 units) among communities outside NYC

- Aging population and aging housing stock mean poor accessibility for seniors and individuals with disabilities
FLPPS Region Housing Context: Challenges to DSRIP Success

- Limited availability of capital funds and CRFP delays to establish new unlicensed sites or enhance existing sites
- Existing BH (OMH/OASAS) supportive/supported sites have waitlists and are not easily accessed by homeless
  - In 2013 across 11 of FLPPS’ counties: 398 homeless individuals (31%) reported mental illness; yet only 91 admissions to OMH Residential Programs (10% of total admissions) were from shelters/DSS
    - 29% of OMH Transitional sites in region have ALOS >2 years
- Behavioral health accounts for 63% of ED visits and increase average length of stay by 2.1 times
  - 59% of FLPPS super utilizers have mental disorders