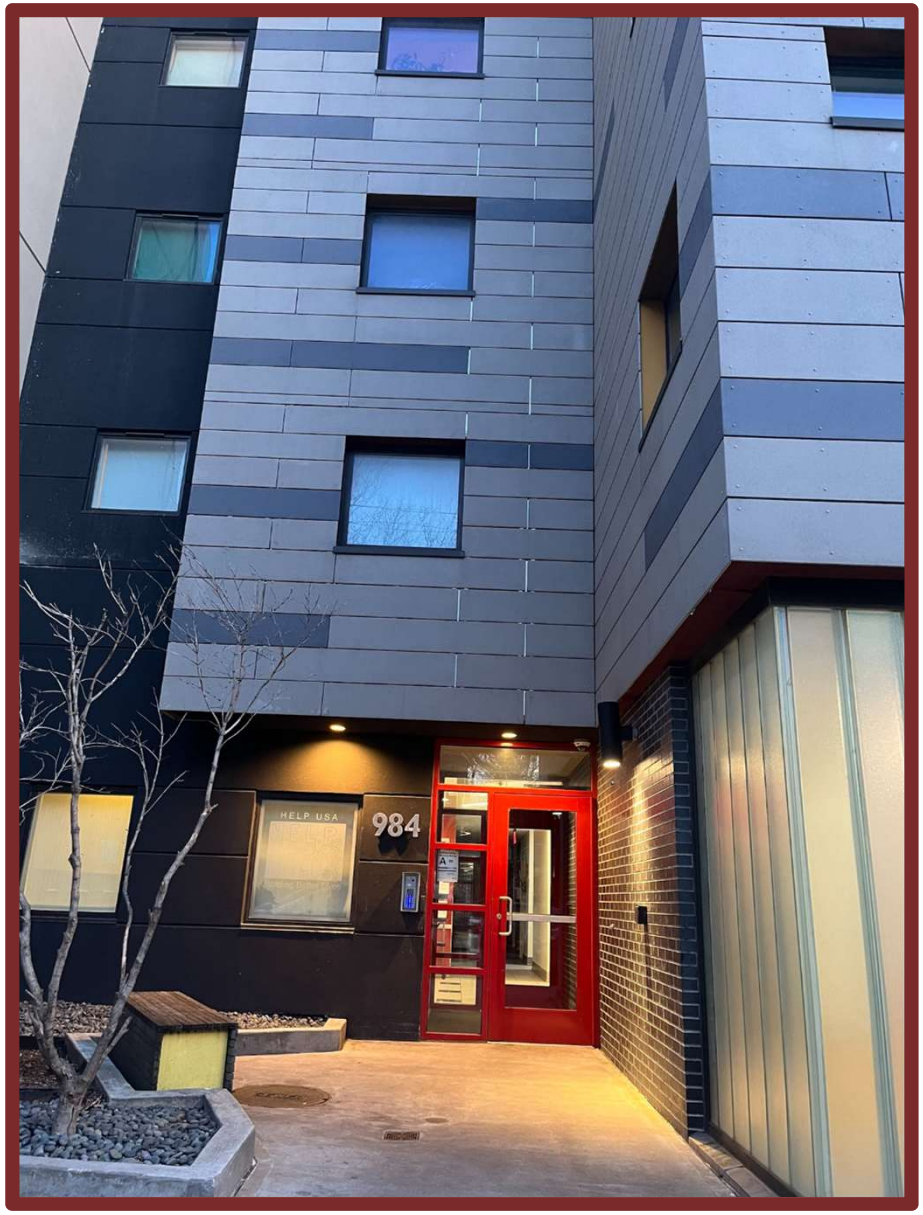
40 YEARS HELP USA BUILDING BETTER LIVES

Responding to Mortality Risks of Permanent Supportive Housing (PSH) Tenants in New York City



Danielle Devine, HELP ONE Executive Director
Tina Goodrich, VP of Supportive Services

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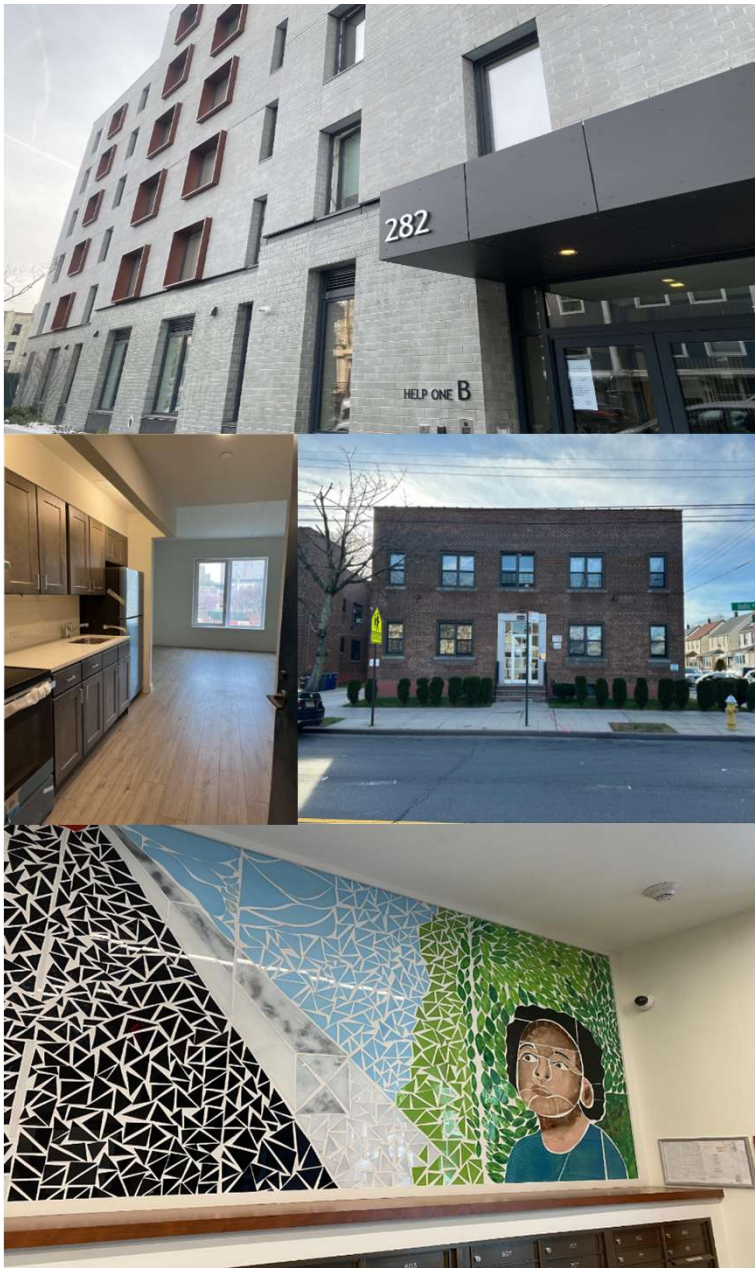
Objective

- To identify and reduce mortality risks with a scope of enhanced services through an adapted Critical Time Intervention (CTI) model

- To measure impacts of enhanced services on
  - Reduced mortality rates



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Critical Time Intervention (CTI) Framework within Supportive Housing

- Supportive Housing in NYC
- Staffing Pattern
- CTI History
- Framework Model
- Permanent Supportive Housing Pictures

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Mortality Risk Assessment Questionnaire (MRAQ)

Indicator	Questions	Total Possible	Baseline
NY/NYIII Category	Q1	1	
Demographics	Q2-6	3	3
Education	Q7	2	
Chronic Homelessness	Q8-Q11*	3	2
Incarceration	Q12	1	
	Q13	3	3
Chronic Physical Condition	Q14	27	3
	Q15	3	
	Q16	5	
Chronic Mental Healthcare	Q17	5	
Unmet healthcare needs	Q18	2	
	Q19	2	
Social Support	Q20	1	
		58	**11**

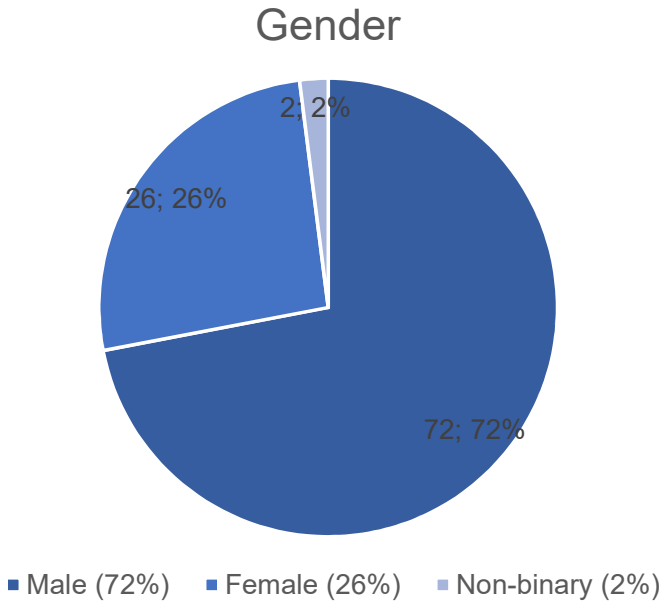
- * Two questions assess substance use histories to identify overdose risks

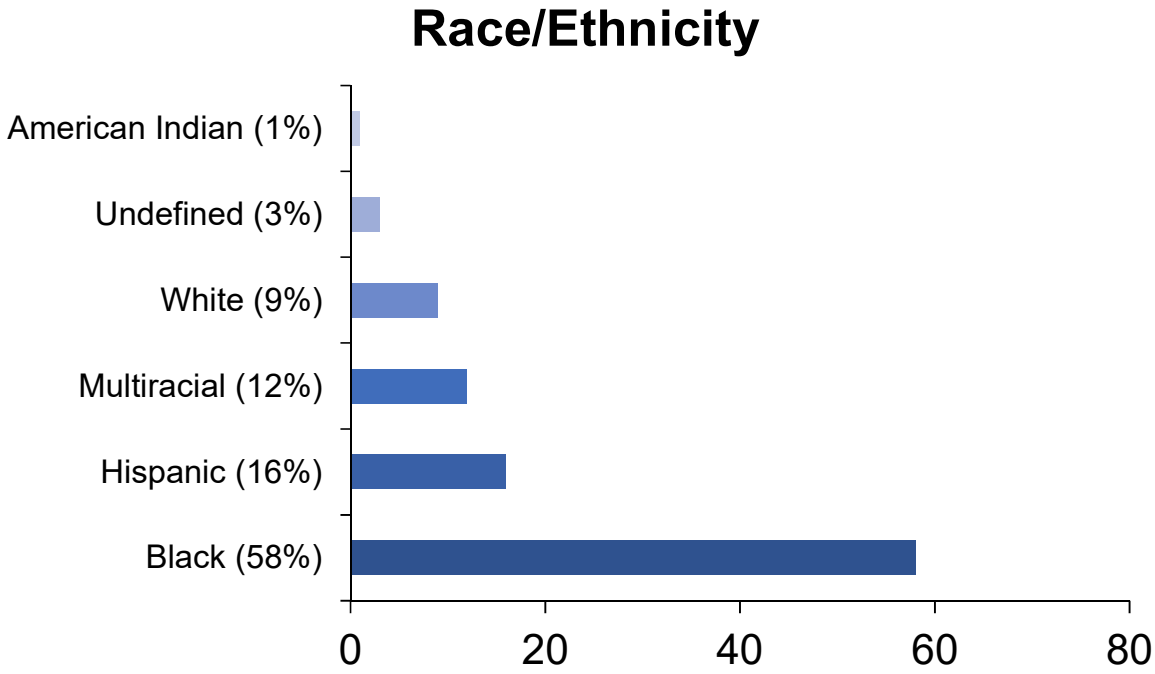
HELP USA PSH total and high-risk tenants

Buildings	MRA Score < 11	MRA Score >=11	Tenants (n)	% Risk
Hollis	95	6	101	5.94
Home Simpson	31	13	44	29.55
One B	22	20	42	47.62
Woodycrest	9	20	29	68.97
Total	157	59	216	27.31

Demographics: PSH Single Adults (n=206)

Average Age: 55.5 years (±12.4)





Implementation:
Early engagement with enhanced services

PSH Single Adults

Services	% Completed	Enhanced Care	Usual Care
Service Plans	75	15 days	30 days
Wellness Check	58	4x/month	2x/month
Workshops	69	15 days	Open
Mental Health	54	1 month	Open
Physical Health	59	1 week	Open
Substance Use	44	1 week	Open

PSH High Risk

Services	% Completed	Enhanced Care	Usual Care
Service Plans	73	15 days	30 days
Wellness Check	92	4x/month	2x/month
Workshops	63	15 days	Open
Mental Health	58	1 month	Open
Physical Health	59	1 week	Open
Substance Use	53	1 week	Open

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Simplified Data Summary

Key Findings:

- 27% of tenants identified as high-risk
- Early engagement reduces mortality
- CTI model shows promising outcomes
- Visuals and infographics available in handout

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Conducting Mortality Risk Assessments Questionnaire Interviews

Best Practices:

- Use Motivational Interviewing.
- Incentivize interactions with tenants.

Incentives:

- Groceries
- Household items (e.g., TV, furniture)
- Metrocards/transportation

Benefits:

- Encourages tenant engagement.
- Builds and maintains rapport without constant incentives.

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Early Engagement/Expedited Service Referrals

Best Practices:

- Motivational Interviewing
- Person-Centered Approach

Key Partnerships:

- SunRiver Health: Provides comprehensive healthcare services.
- Monthly collaboration with social service staff.

Case Management:

- Coordinates medical care and insurance.
- Ensures transportation to appointments.
- High-risk tenants get immediate appointments within 48 hours.

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Clinical Perspectives – Danielle Devine

CTI FRAMEWORK IN CLINICAL PRACTICE

STAFF ROLES AND TRAINING

WELLNESS CHECKS AND TENANT ENGAGEMENT

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The Phases of CTI

Phase I

Transition)

- Provide Support
- Engage in collaborative assessments
- Connect to mainstream resources
- Wellness Checks

Phase II

Try-Out)

- Monitor & Strengthen
- Observe and Address Issues
- Adjust if Needed

Phase III

Transfer of Care)

- Step Back to monitor
- Review Progress on Phase 2
- Celebration/Graduation

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Critical On-Site Services

Training:

- All staff trained in CPR/AED and Narcan.

Programs:

- Sharps program: Safe disposal of sharps.
- Medication assistance program.

Resources:

- Sharps boxes on each floor.
- Testing strips, Narcan, and clean needles available.

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Other Services

Workshops:

- Eco-Therapy: Contact with nature for counseling.
- Art Therapy: Uses art-making for expression

Additional On-site Activities & Services:

- Independent living skills
- Harm reduction
- Social hour
- Men's/Women's forums

Tenant Input:

- Workshops and activities curated based on tenant surveys.

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Client Profile: Reginald's Story

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Concluding thoughts:
Processes contributing to lower mortality rates

Early & continued engagement (CTI) + Tenant rapport (incentives + inputs) + On-site activities → Potentially increased use of **on-site** harm reduction services

Early & continued engagement (CTI) + Tenant rapport (incentives + inputs) + Healthcare partnerships + Coordinated case management → Increased physical healthcare access