

# FAIR SHARE NORTHGATE II SUPPORT SERVICES

INTEGRATING HOUSING AND HEALTH



# EVOLUTION OF FAIR SHARE HOUSING NETWORK OF ORGANIZATIONS

## ADVOCACY

Fair Share Housing Center 1975  
Mt. Laurel Doctrine - all NJ towns must  
have fair share of affordable housing  
Policy responsible for  
60,000 affordable units in NJ

Mt. Laurel I – 1975  
ruled exclusionary  
zoning illegal

Mt. Laurel II - 1983

Fair Housing Act,  
Council on Affordable  
Housing (COAH), NJ  
Balanced Housing  
Program -1985

Northgate II 1981 402 units  
New Sharon 1984 50 units  
Woods

Cooper 1995 64 units  
Historic Homes

Ethel 2006 140 units  
Lawrence Homes

*Coming soon – 472 units in  
Cherry Hill and Mt. Laurel*

## DEVELOPMENT

Fair Share Housing Development - 1986  
Develop and manage affordable  
housing  
656 units for 2000 people

Pro-active social and  
wellness services

Initial focus on Northgate II;  
possible expansion to other  
developments

Wellness Program to  
improve resident health  
outcomes and ability to age  
in place

Independent non-profit  
affiliated with Fair Share  
Housing Development

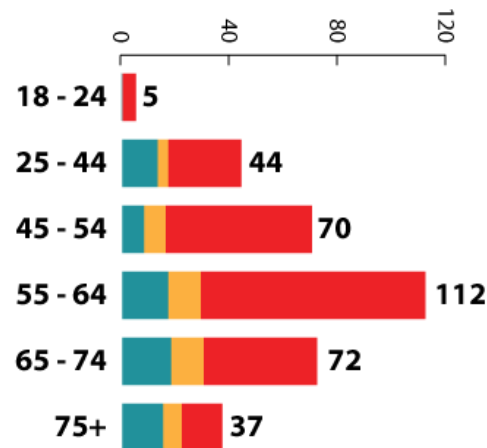
## SUPPORT SERVICES

Fair Share Northgate II 2004  
to become  
Fair Share Support Services, Inc. 2013

# WHO ARE THE NORTHGATE II HIGH RISE RESIDENTS?

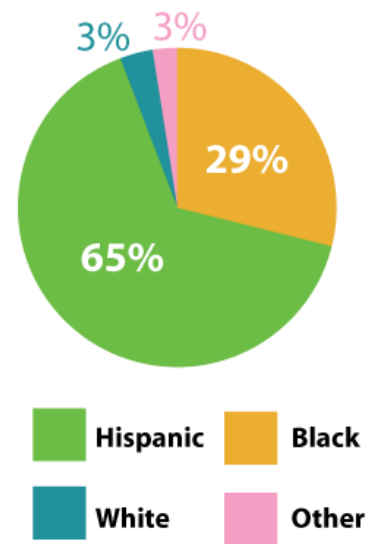


High Rise Age Breakdown



■ Non-Handicapped / Non-Disabled ■ Handicapped ■ Disabled

High Rise Race/Ethnicity Breakdown



# THE BROADER URBAN ENVIRONMENT IN CAMDEN

## Poverty

- Camden identified by US Census Bureau as being the most impoverished city in the country in 2012.
- 40% of Camden's population is below the poverty level, double the national rate and triple the Camden county rate.
- Approximately 25% of all elderly and disabled residents live in poverty.

## Crime

- 2014: Ranked by FBI as #1 for violent crime per capita in the US.
- 2011: Camden's overall crime rate is more than five times the national average and ten times the NJ rate.
- 100-170 open air drug markets operate in Camden on any given day.

## Trauma

- CDC notes that childhood trauma (poverty, exposure to crime and violence) increases the likelihood of physical, mental and social ills in adulthood.
- First Camden summit on trauma occurred in May 2013 advocating treatment of violent crime as a public health issue.

# CAMDEN ENVIRONMENT (CONT.)

## Health

- Disability rate for Camden residents is significantly higher in all age groups than for other NJ cities, Camden County and the State.
- Camden households with mobility-related disabilities account for 64.5% of Camden households.
- Infant mortality is 3 times the NJ rate and is comparable to many underdeveloped countries.

## Medical Transportation

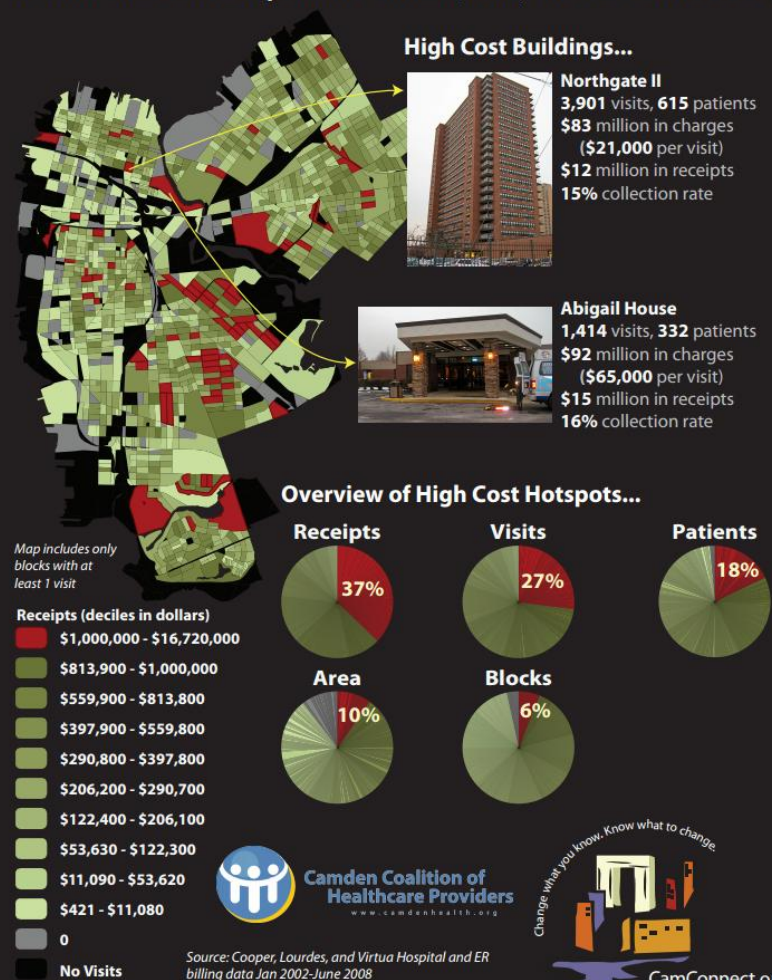
- 2009: LogistiCare becomes state's medical transport broker.
- Requires 48 hour notice to schedule medical transport.
- Identified by residents as a barrier to health care access.
- NGII currently pilot site for LogistiCare Preferred Provider Program.

# MOTIVATION FOR TRANSFORMATION

- Projected shift in residents' age ranges
  - 5-year trend analysis indicates 43% increase of 60+ year old residents
- Priority: Ability to allow residents to age in place with appropriate supports
- “Hotspotting” data was evidence of need to address residents' health issues, Emergency Department utilization, and multiple hospitalizations

# CCHP HOTSPOT DATA

## Healthcare Cost Hotspots in Camden, NJ (Jan 2002-June 2008)



Camden Coalition of Healthcare Providers (CCHP) data analysis in 2009 encourages FSNGII's transformation

## High Cost Buildings...



# CCHP'S ANALYSIS SUGGESTED A NEED FOR:

- Re-defined focus on health and wellness activities
- Monitoring high ER utilization and hospital admissions
- Partnership with CCHP
- Re-focusing of social service intervention from reactive to proactive
- Expanded Social Services team to conduct in-home physical functioning/psycho-social assessments
- Resident Advisory Board focused on health and health-related programming
- Expanded collaboration with other community agencies



# AGGREGATE 2012 HOSPITAL UTILIZATION

## 645 Residents

	Patients	Visits	Visits per Patient	% of Building Visiting	Camden Citywide % Visiting	US % Visiting
Emergency Department	290	640	2.2	45%	51%	20%
Inpatient	89	136	1.5	14%	11%	n/a

# UTILIZATION TYPES: HI RISE ONLY



**Non-Physically/  
Mentally Challenged**



**Physically  
Challenged**



**Mentally Challenged**



# ASSESSING RISK TO GUIDE WELLNESS PROGRAMMING

- ❖ Partnership with Rowan Medical School to assess medical risk
- ❖ Comprehensive high-rise resident health, psychosocial, and functional assessments

## ■ **HIGH** – Approximately 90 Residents

- Most frequent ER users
- Most days hospitalized
- Multiple chronic diseases

## ■ **MODERATE** – Approximately 270 Residents

# PROGRAMMING THAT RESPONDS TO RISK LEVELS

## High Risk

- Assisted Living Program
- Post-Hospitalization Care Coordination
- Case Management
- Community Health Worker

## Moderate Risk

- Enhance Wellness
- Chronic Disease Self Management
- Clinical Counseling
- Weight Loss Support Group
- Partnership with Touch NJ:
  - Food Pantry and Healthy Cooking Class
- Case Management
- Community Health Worker
- Massage Therapy
- Exercise Class

## All Residents

- Exercise Class
- Weight Loss Support Group
- Healthy Cooking Class
- Fresh Produce
- Healthy Cooking Class
- Food Pantry
- Twilight Harvest

REFOCUSING SUPPORT SERVICES	
<u>TRADITIONAL</u> : Reactive	<u>EXPANDED &amp; IMPROVED</u> : Proactive
Residents seek assistance in office	Staff seek residents for comprehensive, in-home case management assessment.
Provides bilingual assistance with benefits and entitlements	Coordinates medical and social service interventions from health care and community-based providers
Arranges transportation to medical appointments	Works with Camden Churches Organized for People (CCOP), RAB, and other stakeholders to address problems with transportation providers. Started LogistiCare Preferred Provider pilot program April 2014.
Social Service Coordinator and Administrative Assistant	Director of Support Services, Social Service Coordinators, Community Health Worker, Jesuit Volunteer, Social Work Intern
Recreational activities for residents	Wellness activities and programs
No 24-hr assistance with home care and health needs	Onsite assisted living

# BRIDGES TO HEALTH: PROGRAM ELEMENTS

- Post-Hospital Care Coordination
- Assisted Living
- Chronic Disease Self-Management
- Clinical Counseling
- Enhance Wellness
- Nutrition Programs/Healthy Cooking Class
- Fitness Class
- Resident Advisory Board
- Massage Therapy

# STRATEGIES FOR REDUCTION OF HOSPITAL READMISSION

- Mayo Clinic review of 47 studies assessing methods to reduce readmissions
- Saw 20% reduction in readmission when intervention in place to “help patients deal with the work being passed onto them at discharge.”
- Studies estimate 1 in 5 Medicare beneficiaries readmitted within 30 days of hospitalization (\$26 billion/year)
- Most effective interventions: Multi-faceted, proactive, include in-person visits to patient’s home after discharge

# FSNGII/CCHP PARTNERSHIP



- FSNG II seat on board
- Participating on Quality Committee
- CCHP Staff coordinating NGII residents' post-hospital care coordination
- Resident database – TrackVia
- Impact analysis/outcome measurement
- Limited access to Health Information Exchange (HIE)



# Progress Notes

\* Social Worker Name

Yeidy Marrero

Date of Progress Note

Fri May 16, 2014

\* ResidentID

LeVeg04111940

## Activity

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Insurance                   | <input type="checkbox"/> Utilities                                 | <input type="checkbox"/> Finances                      |
| <input type="checkbox"/> Medical transport planning  | <input checked="" type="checkbox"/> Medical appointment scheduling | <input type="checkbox"/> Caregiver/family coordination |
| <input type="checkbox"/> Supportive counseling       | <input type="checkbox"/> Resolving tenant disputes                 | <input type="checkbox"/> Referred to Enhanced Wellness |
| <input type="checkbox"/> Referred to assisted living | <input type="checkbox"/> Hospital follow-up                        | <input type="checkbox"/> Other                         |

If activity was face-to-face, what was the location?

Office visit

## Activity method

- ☐ Phone  
☒ Face-to-face

\* Number of hours

0.25 (15 minutes)

Scan and Upload

## Comments

Mr. Vega came down to give me a phone number from someone who called his home but he could not understand because they spoke English. I called back and it was North American Spine and Pain formerly Virtua Pain and Spine who he was seeing before and did not take his insurance but they are taking it now. I

<div> <div>HOME</div> <div>APPS</div> <div>DASHBOARD</div> </div> <div> <div>Search this table...</div> </div>									
<div> <div>pp: NGII Residents</div> <div>Table: Social Services Activities</div> <div>View: All records, all fields</div> </div>									
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	Activity	ActivityDate	ActivityID	NumberAttended					
<input type="checkbox"/>	Group Exercise	May 13, 2014	Group 05132014	2					
<input type="checkbox"/>	Nutrition Class	Apr 8, 2014	Nutrit04082014	4					
<input type="checkbox"/>	Group Exercise	May 13, 2014	Group 05132014	2					
<input type="checkbox"/>	Nutrition Support Group	Mar 27, 2014	Nutrit03272014	3					
<input type="checkbox"/>	Nutrition Support Group	Mar 27, 2014	Nutrit03272014	2					
<input type="checkbox"/>	Group Exercise	Feb 26, 2014	Group 02262014	5					
<input type="checkbox"/>	Nutrition Class	Apr 2, 2014	Nutrit04022014	2					
<input type="checkbox"/>	Nutrition Class	Mar 25, 2014	Nutrit03252014	5					
<input type="checkbox"/>	Group Exercise	Mar 19, 2014	Group 03192014	3					
<input type="checkbox"/>	Healthy Cooking Class	Mar 22, 2014	Health03222014	20					
<input type="checkbox"/>	Healthy Cooking Class	Feb 22, 2014	Health02222014	10					
<input type="checkbox"/>	Group Exercise	Mar 12, 2014	Group 03122014	3					
<input type="checkbox"/>	Group Exercise	Mar 5, 2014	Group 03052014	9					
<input type="checkbox"/>	Group Exercise	Feb 19, 2014	Group 02192014	7					

## TrackVia – Activities List

# CCHP POST-HOSPITALIZATION CARE COORDINATION

- Implementation Date: November 1, 2013
- Imbeds onsite CCHP nurses, medical fellows, community health worker at Northgate II.
- Targets high hospital utilizers.
- Provides intensive care coordination over a 1-2 week period to ensure post-hospitalization medical needs are met.
  - PCP visit within 7 days
  - Medication Reconciliation
- Ensures close collaboration between CCHP care coordination staff and NGII social services staff.
  - Bi-weekly Care Coordination meetings
  - “Hand-off” of patient to social services staff after intervention
    - Involvement of Community Health Worker is essential
- Limited access to HIE for Northgate II Social Services Staff



CARE COORDINATION TEAM

NGII/CCHP BI-WEEKLY MEETING

# ASSISTED LIVING PROGRAM

- Agreement executed with Caring, Inc., an experienced assisted living provider in South Jersey
- Targeted to residents with multiple chronic illnesses and who need assistance with at least 3 ADLS
- AL Staff assist residents during different times of the day according to needs.
- On-call 24-hour nursing support
- Will include an onsite social day program
- Caring, Inc.'s state license for NGII approved



# CHRONIC DISEASE SELF-MANAGEMENT



- Evidenced-based program that educates residents on how to better manage their chronic illness(es)
  - Developed by Stanford University
  - Allows residents to share their experiences of chronic illness
  - Scheduled for 6 weeks, 3 hours per session
  - Facilitated by Camden Area Health Education Center (AHEC) Master Trainer
- 1<sup>st</sup> Class: Oct-Nov 2013
- Spanish class planned for 2014

# TRAUMA INFORMED CARE

- City-wide effort to recognize impact of trauma on poor urban population in Camden
- 2013 – Trauma summit
- CCHP: Detrimental impact of high ACE Score on health
- Healing 10
- NGII social services staff administer ACE questions to residents
- Sanctuary Model

# CLINICAL COUNSELING



- Two part-time licensed clinical therapists from Catholic Charities of the Diocese of Camden
  - One bilingual counselor
- Provide in-home counseling for residents dealing with loss, grief, depression or trauma
  - Allows for privacy and avoids stigma associated with seeking therapy



# MASSAGE THERAPY



- Aim to serve individuals that have been affected by trauma
- Focus on healing
- Currently see 23 residents weekly/bi-weekly/monthly
- 2 Massage therapists work in the building 3 days out of the week
- Have held 2 on-site retreats



HEALING SPIRIT RETREAT  
APRIL 26<sup>TH</sup>, 2014

Residents have the opportunity to talk and participate in group healing activities

# NUTRITION SUPPORT GROUPS

- Led by two male residents
- Discuss health and nutrition related topics on a weekly basis
- Receive educational and financial support from Social Services Department
- 2 groups have formed for both English and Spanish speaking residents



## SUPPORT GROUP

Residents watch an informational video to learn more about healthy living.

# ENHANCE WELLNESS

- Evidenced-based self-motivational wellness program
- Web-based health assessment
- Participant selects 6-12 month action plan targeting change in health behavior
- Residents receives support in reaching goals and follow up from Community Health Worker







NORTHGATE II RESIDENT,  
MR. GREGORY STRATTON AND SOCIAL  
SERVICES COORDINATOR MS. PAQUITA  
LOPEZ

# NUTRITION CLASS

- ❖ Goal: Improve nutrition and healthy food choices
- Offered in partnership with Rutgers-Camden
- Focuses on nutrition education
- Provides a bag of groceries as an incentive



# FOOD PROGRAMS

- Twilight Harvest
  - Partnership with Food Bank of South Jersey
  - Deliver groceries once a month to 50 residents over the age of 60
- Touch NJ/AAA
  - Food pantry in May



*Resident, Thelma, picking up groceries from Twilight Harvest Program*



# HEALTHY COOKING CLASS



*Residents trying their hand at preparing a healthy dish*

- Began February 2014 in partnership with Touch NJ
- Residents taken offsite once a month to practice preparing wholesome meals
- Taught by trained chef



## COOKING CLASS

Residents learn from trained chef, Mahir, to create a delicious  
Curry Chicken meal

# FITNESS CLASS AT NORTHGATE II

- Sponsored by CCHP
- Led by trained fitness instructor
- Incorporates stretching, strength and cardio exercise, and relaxation techniques
  - Modified for those with disabilities
- Offered once a week for 1 hr



*Residents Participating in Exercise Class*



## FITNESS CLASS

Residents follow along to the exercises and movements Sara, the fitness instructor, provides



# SOCIAL EVENTS

- Parties are held in the Community Center and all residents are invited to attend
- Allows residents the chance to socialize, dance, and have fun!
- Past events include:
  - Harvest Party
  - Thanksgiving Dinner
  - African American History Celebration
  - Senior Prom



*Residents dress their best for Senior Prom*



## THANKSGIVING DINNER

Over 100 residents enjoyed a delicious meal sponsored by members of AquaCorps and Touch NJ

# COLLABORATION W/ OTHER COMMUNITY BASED ORGANIZATIONS & SERVICES

- ❑ Camden Area Health Education Center
- ❑ Camden Churches Organized for People (CCOP)
- ❑ Life at Lourdes PACE Program
- ❑ Home Health Agencies
- ❑ Hospice Agencies
- ❑ Senior Centers/Adult Day Services Centers
- ❑ Catholic Charities of the Camden Diocese
- ❑ Food Bank of South Jersey
- ❑ Camden Office of the Aging
- ❑ Behavioral Health Providers
- ❑ Greensgrow
- ❑ Camden pharmacies
- ❑ Camden Children's Garden
- ❑ Touch NJ
- ❑ Abigail House
- ❑ Primary Care Providers
- ❑ Leading Age



# **SUCSESSES AND CHALLENGES**





# SUCCESS

## Bridges to Health Program:

- Provides residents with an opportunity to improve their health and support
- Integrates well with other health initiatives
- Allows for peer support:
  - Initiation of Nutrition Support Group (Both in English and Spanish)
- Engages and empowers residents who have few opportunities to exercise decision-making about their care
- Reflects “whole person” perspective to improving health
- Strengthens engagement with other providers who offer expertise that we do not have

# CHALLENGES

- Literacy Issues
- Language Issues
- Cultural Issues
- Generational history of health management and health access
- Impact of Trauma
- Behavioral Health Issues
- Capacity
- Funding/Sustainability
- “Silo” mentality among some providers
- Impact Measurement/Tracking

# PROGRAM FUNDING

- **Total FSNG II Budget: \$300,000**
- **Current Funding**
  - CCHP: \$15,000/year
  - Fair Share Housing Associates LP: \$260,000/year
  - NJ Office of Faith-Based Initiatives: \$20,000
  - Leading Age NJ: \$20,000

**Projected Funding  
Gap: \$125,000**



# LOOKING TO THE FUTURE...

- Community Garden
- Intergenerational programming
- Trauma-Informed Care
- Health care coordination with townhouse families
- Exercise Room
- Potential partnership with MCOs





VACANT LAND NEXT TO NG II

Future sight of Community Garden for residents?

# WHERE DO WE GO FROM HERE?

- Build on what works based on outcome measurements
- Reject what does not work
- Continue to seek out & learn from others doing similar work
- Expand wellness program to include families with children
- Broaden funding base
- Serve as a model that can be replicated by other affordable housing providers

## **GOAL:**

- *A sustainable, effective, program that improves health outcomes, quality of life and ability to age in place for our NGII residents.*

# FOR MORE INFORMATION...

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