Housing as Health Care

Addressing the Housing & Homelessness Crisis

ACMH, Inc.

A New York City Case Study

ACMH Inc.
Care Management & Housing

About **ACMH:**

ACMH, Inc., a not-for-profit corporation established in 1973, is committed to the mental and physical wellbeing of vulnerable New Yorkers.

ACMH serves more than 1,600 individuals and households daily through the following programs:

- **Treatment Apartment Programs**, licensed by the New York State Office of Mental Health (OMH) provide rehabilitative services in the home in leased apartments in Manhattan, Queens and the Bronx.

- **Transitional Community Residences**

  - Independence House in Washington Heights.

  - Garden House in the East Village.

  - **Convent Avenue Residence** in Harlem.

  - Sabra Goldman House in Queens Village.

  - 74 Avenue A in Queens Village.

Transitional residences are licensed by OMH to serve adults with a serious mental illness who are formerly homeless or leaving hospitals, State psychiatric centers or incarceration.

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About **ACMH:**

Permanent Affordable Housing

- **Markus Gardens** in Jamaica, Queens.
- **E. 144th Street Affordable Housing** in Mott Haven in the Bronx.
- **Ana's House** in the Morrisania section of the Bronx.
- **The Wilfrid** in the Tremont section of the Bronx.
- **Ryer Avenue Apartments** in Mount Hope in the Bronx.
- **The Grand** in Mount Hope section of the Bronx.

These projects provide on-site services for adults with serious mental illness in addition to affordable community units.

At Markus Gardens and E. 144th Street, there are additional supports for young adults, ages 18-25, to promote positive young adult development.

Supportive Apartment Programs, funded by OMH and the NYC Department of Health and Mental Hygiene (DOHMH), offer permanent housing with supportive case management in leased apartments throughout Manhattan, Queens and the Bronx.

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Other ACMH Services

- **Care Management Services**, under contract with Medicaid Health Homes and NYC DOHMH, assists adults to manage chronic mental health, substance use, and medical conditions through outreach, engagement, and care coordination.
- **Residential Crisis Support**, at locations in Washington Heights and the East Village, offers respite for guests experiencing a mental health crisis or transitioning from hospitalization in a home-like setting with round the clock peer support.
- **Adult Critical Time Intervention (CTI)** targeting individuals with mental illness hospitalized in Manhattan but not successfully engaged in services during critical times in transition.
- **Safe Options Support (SOS):** Mental health CTI teams engaging street/transit homeless in Midtown West and young adults in Brooklyn, Manhattan and the Bronx.
- **Assertive Community Treatment (ACT)**: a mobile multidisciplinary mental health team offering treatment, rehabilitation, case management and support services in the Bronx.

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ACMH services reduce hospitalization, incarceration and homelessness by facilitating increased participation in wellness self-management, engagement with outpatient care, and connection to social, peer and natural supports, education, and employment.

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ACMH Mission, Vision & Values

Our Mission

ACMH is committed to the mental and physical wellbeing
of vulnerable New Yorkers.

Our Vision

- Empower everyone whose life we touch to achieve goals important to them
- Be a benchmark for quality and innovation in everything we do
- Be a workplace of choice
- Expand to serve more people in more communities
- Create an intentional culture of antiracism that promotes actionable change at individual, interpersonal and institutional levels

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ACMH Mission, Vision & Values

<u>Our Values</u>

- Teamwork
- Professionalism
- Mutual respect
- Continuous learning
- Equity
- Inclusion
- Commitment to excellence

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Demographics and Outcomes for Persons Served

for the period of July 1, 2024– June 30, 2025

Program	Number Served	Admissions	
▪ Transitional Community Residence	202	41	
▪ Treatment Apartments	184	43	
▪ Permanent Supported Apartments	630	55	
▪ Young Adult Apartments	43	10	10 (100%)
Total Served in Housing:	**1010**	**139**	
▪ Crisis Residence	191	185	
▪ Safe Options Support (SOS)	146	52	
▪ Assertive Community Treatment (ACT)	90	48	
▪ Care Management Services	582	95	
Total Served	**1,592**	**522**	

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Client Demographics

	Total Served	Housing	Care Mgt	ACT
Gender				
Female	40%	31%	51%	33%
Male	59%	67%	45%	64%
Transgender	0.9%	0.8%	0.7%	2%
Race				
Black	47%	49%	34%	66%
Latino/a	30%	26%	46%	20%
White	16%	16%	15%	8%
Asian	5%	7%	2%	0
Other	3%	4%	2%	6%
Primary Language				
Not English	13%	11%	21%	3%
Spanish	10%	7%	21%	3%
Chinese	2%	3%	0	0
Other	1.4%	2%	1%	0

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Client Demographics

Race	Total Served	Housing	Care Management
Black:	45%	50%	34%
Latino:	29%	24%	46%
White:	15%	16%	14%
Asian:	5%	6%	2%
Other:	6%	5%	4%

Primary Language	Total Served	Housing	Care Management
Other than English:	14%	12%	23%
Spanish:	11%	7%	21%
Chinese:	2%	3%	0.2%
Other:	2%	2%	1%

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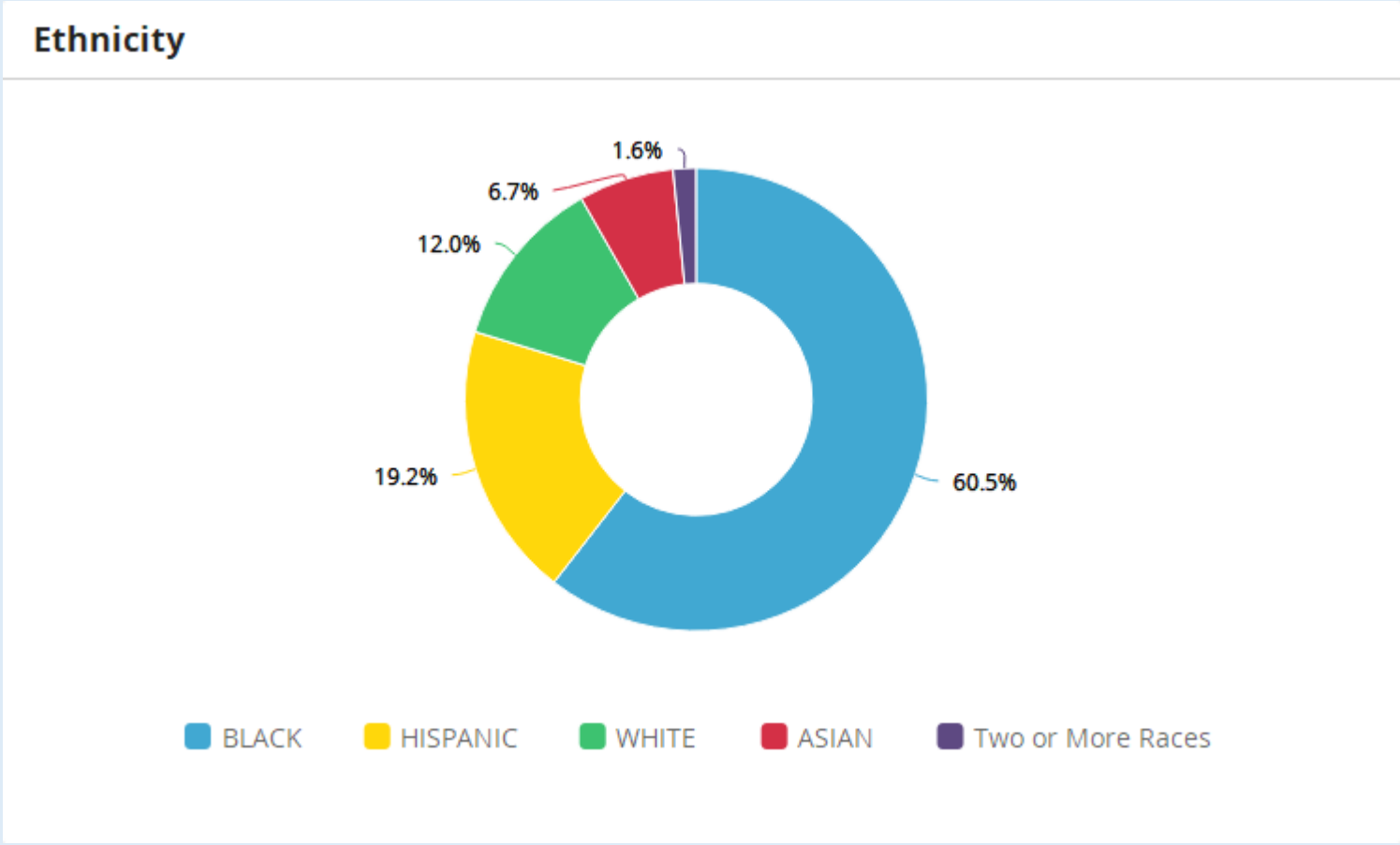
Staff Composition by Race



ACMH Mission, Vision & Values

Standing in Solidarity to Fight for Racial and Social Justice

ACMH is committed to becoming an anti-racist organization by promoting justice and equity.
We are intentional in creating a culture of equity at individual, interpersonal and institutional levels
while addressing racism, within and external to ACMH.

Through advocacy, ongoing training, and community partnerships,
ACMH strives to end all forms of systemic racism while challenging unconscious bias,
addressing racial disparities and creating equal opportunities for staff members and clients.

At ACMH, we strive to hear and learn from each other in an effort to combat hate and reject it in all its forms.

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Becoming an Anti-Racist Organization
Strategic Plan to Create a Culture of Change
Adopted February 2021

Vision: Advance the ACMH Mission, Vision and Values by engaging in antiracism work.
Goal: Create an intentional culture of antiracism that promotes actionable change at individual, interpersonal and institutional levels.
Objectives:

- Create a broader acknowledgment of implicit biases:
  - Encourage individuals to examine their own personal biases and recognize how such biases have resulted in structural and historic racism
  - Provide ways to mitigate biases
- Combat microaggressions and racial disparities within the workplace
- Implement data driven processes to identify and reduce disparities in access, quality service outcomes
- Promote leadership development and advancement for all staff
- Recognize the intersectionality of LGBTQIA+ and other non-privileged identities on racial equality work

Oversight: The implementation of the Plan will be the responsibility of a Task Force:

- Initially convened by the CEO
- Multicultural membership of leaders committed to change develops the Work Plan in partnership with the CEO
- Advises the executive team on an ongoing bases on Plan implementation
- Reviews the Strategic Plan and recommends revisions

Plan Components:

- Staff Training
- Staff Supervision & Performance Review
- Human Resources
- Intake
- Service Delivery
- External Presentation & Public Relations

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Incidence of Health Conditions (as of December 31, 2024)

	Total Served	Housing	Care Mgt.	Young Adults	ACT
Serious Mental Illness	98%	99%	96%	100%	100%
History of Alcohol/Substance Abuse	51%	56%	43%	67%	53%
Active Alcohol or Substance Abuse	23%	26%	17%	44%	42%
Chronic Medical Condition	61%	54%	78%	3%	35%
Cardiovascular Disease	23%	19%	30%	0%	8%
Diabetes	25%	22%	32%	0%	10%
Hypertension	36%	28%	54%	0%	22%
Pulmonary Disease	17%	13%	15%	3%	8%
Obesity	14%	10%	23%	0%	8%
Liver Disease	4%	4%	5%	0%	0%
HIV/AIDS	1%	0.5%	2%	0%	2%
Cancer	2%	2%	3%	0%	2%

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Outcomes for Persons Served

for the period of January 1, 2024 – December 31, 2024

Hospital Utilization

Psychiatric in-patient days as percentage of total client days:

Housing: 1.8% Care Management: 1.0%

Medical in-patient days as percentage of total client days:

Housing: 0.6% Care Management: 1.1%

Readmission to Hospital[5]

For New Admissions from Hospital Settings

Not readmitted to a psychiatric unit within 30 days of admission:	100%
Not readmitted to a psychiatric unit within 60 days of admission:	93%
Not readmitted to a medical unit within 30 days of admission:	100%
Not readmitted to a medical unit within 60 days of admission:	100%

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Outcomes for Persons Served

for the period of July 1, 2024 – June 30, 2025

Medication Adherence	Total	Housing	Care Mgt.	ACT
Psychiatric Medication Adherent				
Consistently:	62%	64%	60%	25%
Most of the time:	24%	20%	28%	36%
Sporadically or Non-Adherent:	14%	16%	11%	39%
Not Prescribed Psychotropic Medication:	9%	8%	12%	2%
Linkage to Primary and Psychiatric Care				
Clients with a Primary Healthcare Provider:	84%	84%	90%	36%
Clients with a Psychiatric Provider:	74%	72%	80%	82%
Prison Recidivism				
Clients who were not re-arrested:		53%		
Arrested for a parole violation:		47%		
Arrested for a new charge:		27%		

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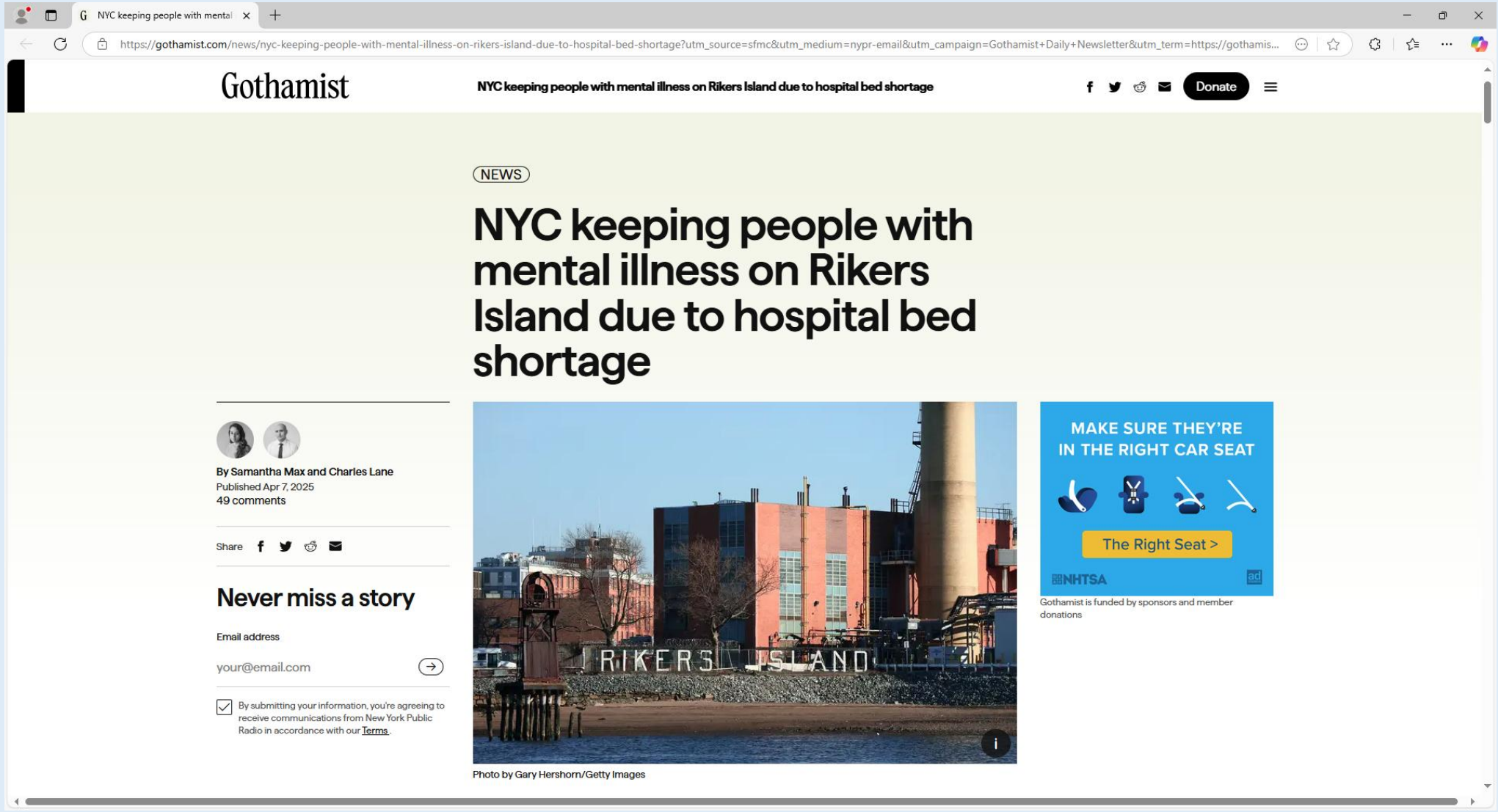
The Challenge: Incarceration Days on the Rise



NYC keeping people with mental

https://gothamist.com/news/nyc-keeping-people-with-mental-illness-on-rikers-island-due-to-hospital-bed-shortage?utm_source=sfmc&utm_medium=nypr-email&utm_campaign=Gothamist+Daily+Newsletter&utm_term=https://gothamis...

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NYC keeping people with mental illness on Rikers Island due to hospital bed shortage

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NEWS

NYC keeping people with mental illness on Rikers Island due to hospital bed shortage

By Samantha Max and Charles Lane
Published Apr 7, 2025
49 comments

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Photo by Gary Hershorn/Getty Images

Gothamist, April 7, 2025

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The Challenge: Homelessness on the Rise

HUD Annual Homelessness Assessment Report to Congress:

18.1% increase from January 2023 to January 2024 nationwide

NYC Coalition for the Homeless (April 2025):

125,000 people sleep in shelters, another 200,000 are doubled or tripled up in others' apartments and thousands more; 4,140 on an annual one-night count were sleeping on the streets and subways

Over the course of 2024, 12% increase of long-term New Yorkers in shelters.

New York Times, April 8, 2025:

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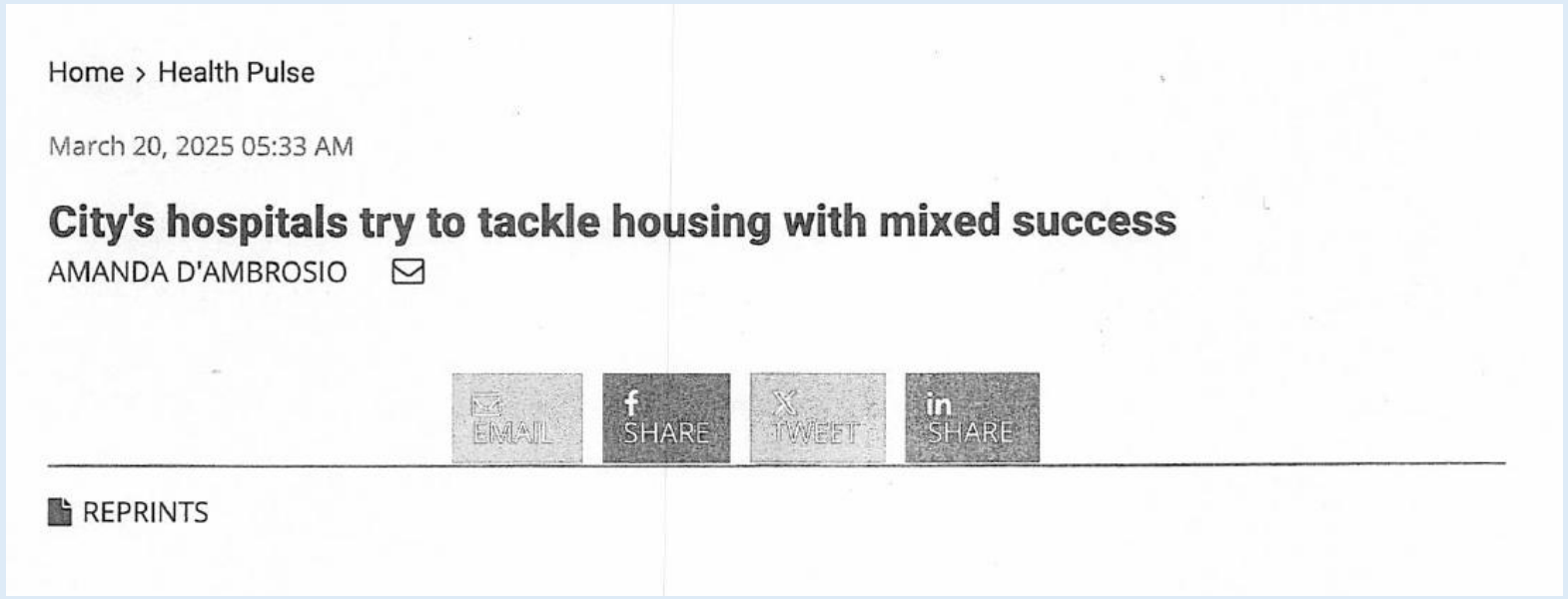

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March 20, 2025 05:33 AM

City's hospitals try to tackle housing with mixed success

AMANDA D'AMBROSIO

EMAIL SHARE TWEET SHARE

REPRINTS

Crains NY Business: “The public hospital system (Health + Hospitals) owns 11 million square feet of property in the five boroughs – more than half of which could be available for development, according to data compiled by the New York University Furman Center . . .the city has built nearly 1,700 units on hospital property to date . . . But not all projects are a smashing success . . pushback from communities and local politicians . . .

Homeless patients, who use emergency services three times as often as people with stable housing, make up 6% of Health + Hospitals total patient population.”

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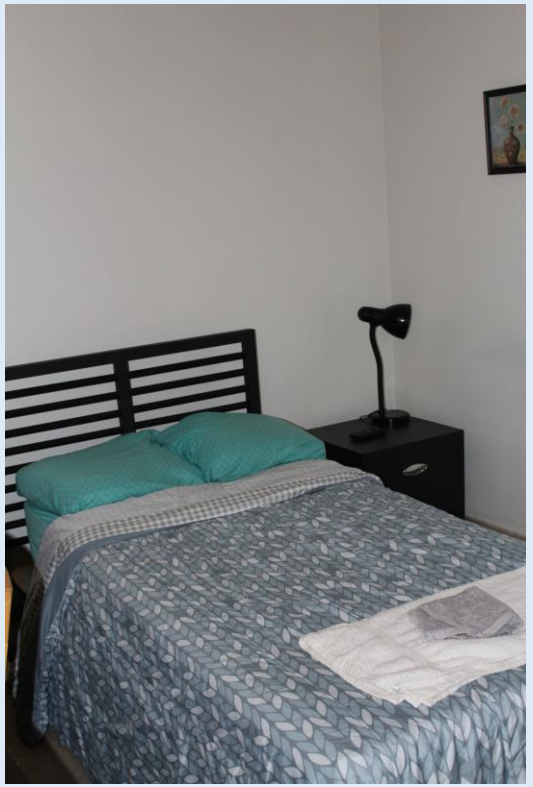
Crisis Residence Support

Respite for guests experiencing a mental health crisis or transitioning from hospitalization in a home-like setting with round the clock peer support.



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Crisis Residence Services

Clients admitted to Crisis Residence in lieu of hospitalization (self-report) :	40%
Clients admitted for step down services from a hospitalization :	13%
Clients hospitalized from the Crisis Respite:	1%
Clients hospitalized for a medical issue:	1.6%
Clients hospitalized for a psychiatric issue:	3.7%
Average length of stay:	11 days

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ACMH Crisis Residence Quarter 1 - Quarter 3 Performance Outcomes Report

7.1.24-12.29.24 (Q1, Q2 & Q3)	Mt. Sinai Attributed	Lincoln Referrals	NYP Referrals	SOS Referrals	Self-Refer/ Walk-in	Other	Total
ADMISSIONS							
# of Guests Admitted in the Reporting Period	39	0	8	8	1	96	152
# admitted as a Step-Down from Psychiatric Hospitalization	2	0	4	1	0	7	14
# admitted from an Emergency Department	1	0	0	0	1	0	2
# of enrollment decision within 24 hours	39	0	8	8	1	93	149
DISCHARGES							
# of discharges in the reporting period	36	0	8	7	0	99	150
# of discharged guests who completed PHQ-2/PHQ-9 upon admission and discharge	25	0	4	2	0	57	88
Of these, how many showed improvement on PHQ-2/PHQ-9 post tests?	21	0	3	2	0	44	70
# of outpatient behavioral health appointments scheduled upon admission	7	0	0	0	0	10	17
# of scheduled outpatient behavioral health appointments that were kept	8	0	0	0	0	9	17
# of primary or specialty appointments scheduled upon admission	3	0	1	1	0	2	7
# of schduled primary or specialty appointments that were kept	3	0	2	1	0	2	8
# of guests with prescriptions to be filled upon admission	0	0	0	0	0	0	0
Of those with prescriptions to be filled, # filled	0	0	0	0	0	1	1
# of patients hospitalized from Crisis Residence	1	0	1	0	0	5	7

FOR FISCAL ONLY	
# Admitted HARP Enrolled	52
# Admitted with MCO Authorizations	92
# Admitted in Medicaid Managed Care (including both HARP and non-HARP enrolled/Indicate MCO/BHO)	7 Amida, 5 Anthem, 18 Fidelis, 27 Healthfirst, 3 HIP, 3 Molina, 20 Metroplus, 6 Molina, & 3 United Healthcare

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Homelessness in NYC Post COVID-19

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Safe Options Support (SOS)

Mental Health Outreach in the Public Transit System

- Teams: Clinicians, Case Managers, Peers, Nurse
- Critical Time Intervention
- Engagement
- Bridge to Low Barrier Dedicated Housing
- System Wide Collaboration
- Psychiatric Treatment Add-On

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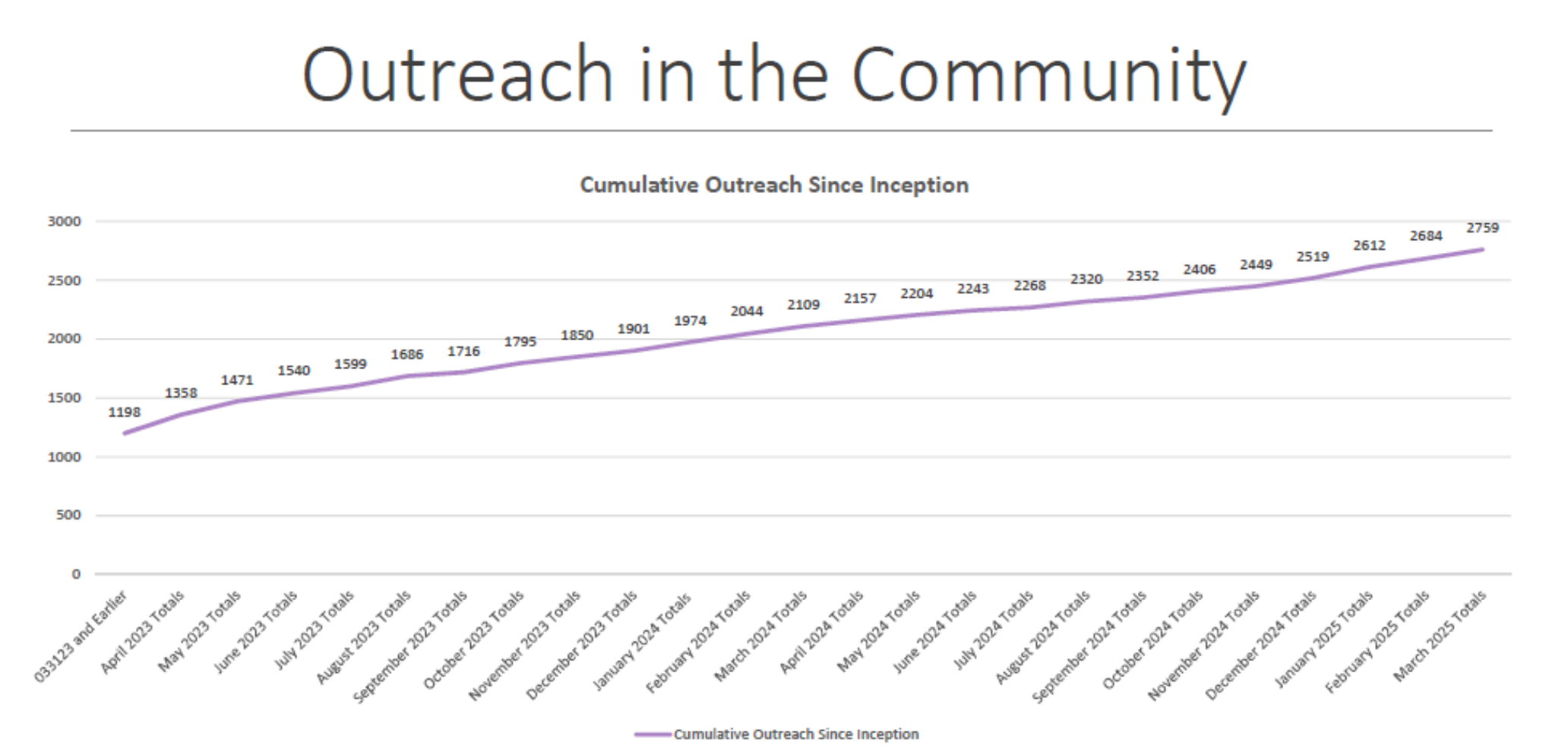
SOS Outcomes



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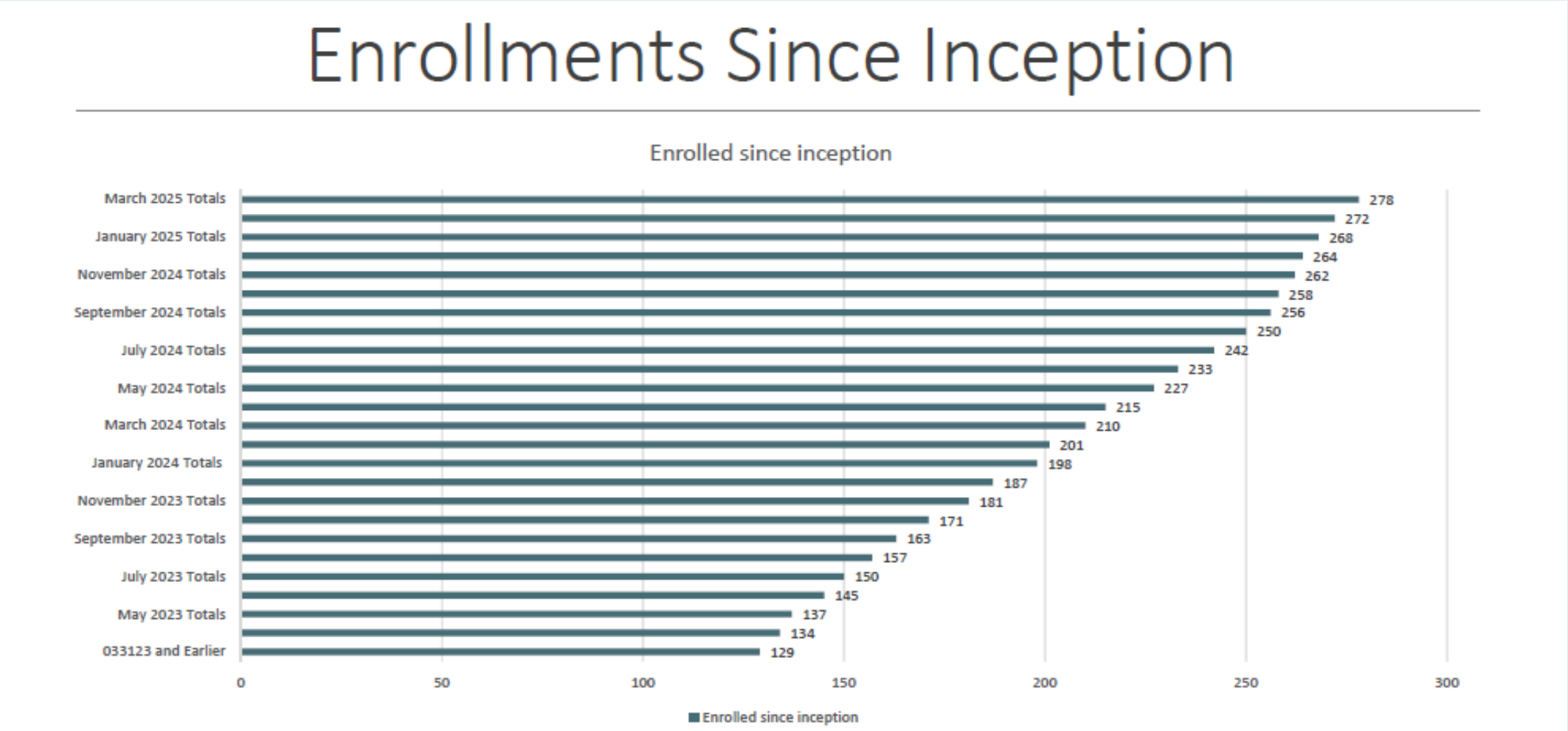
SOS Outcomes



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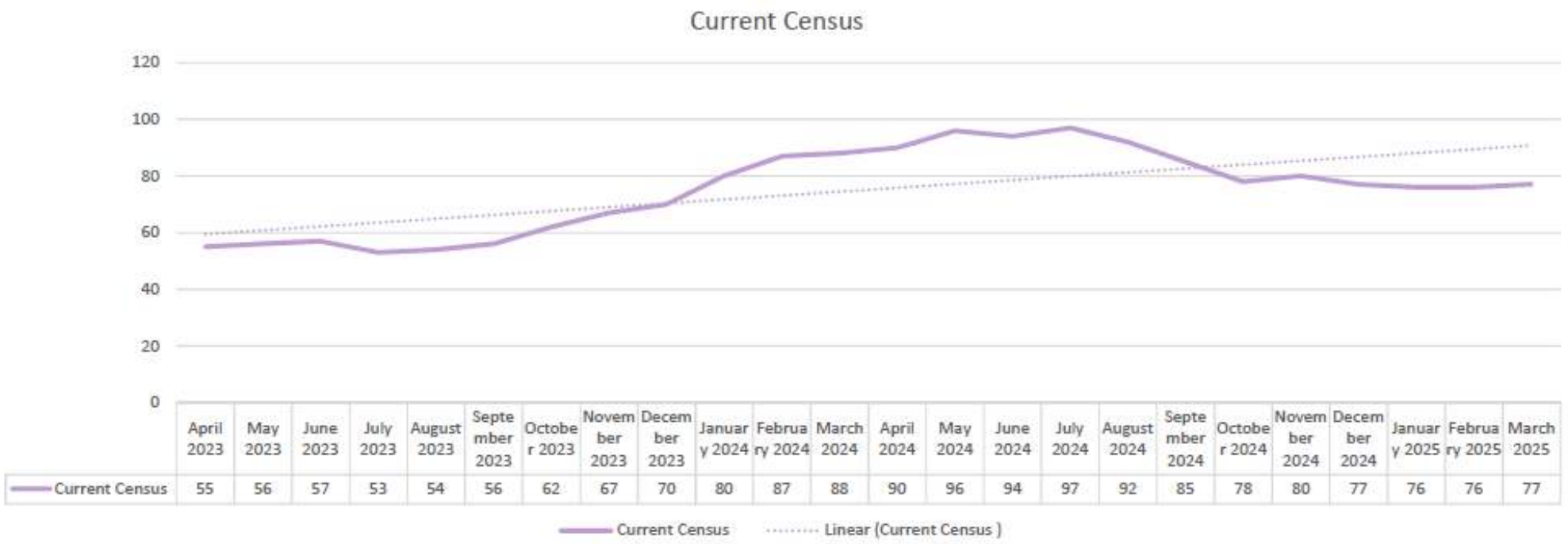
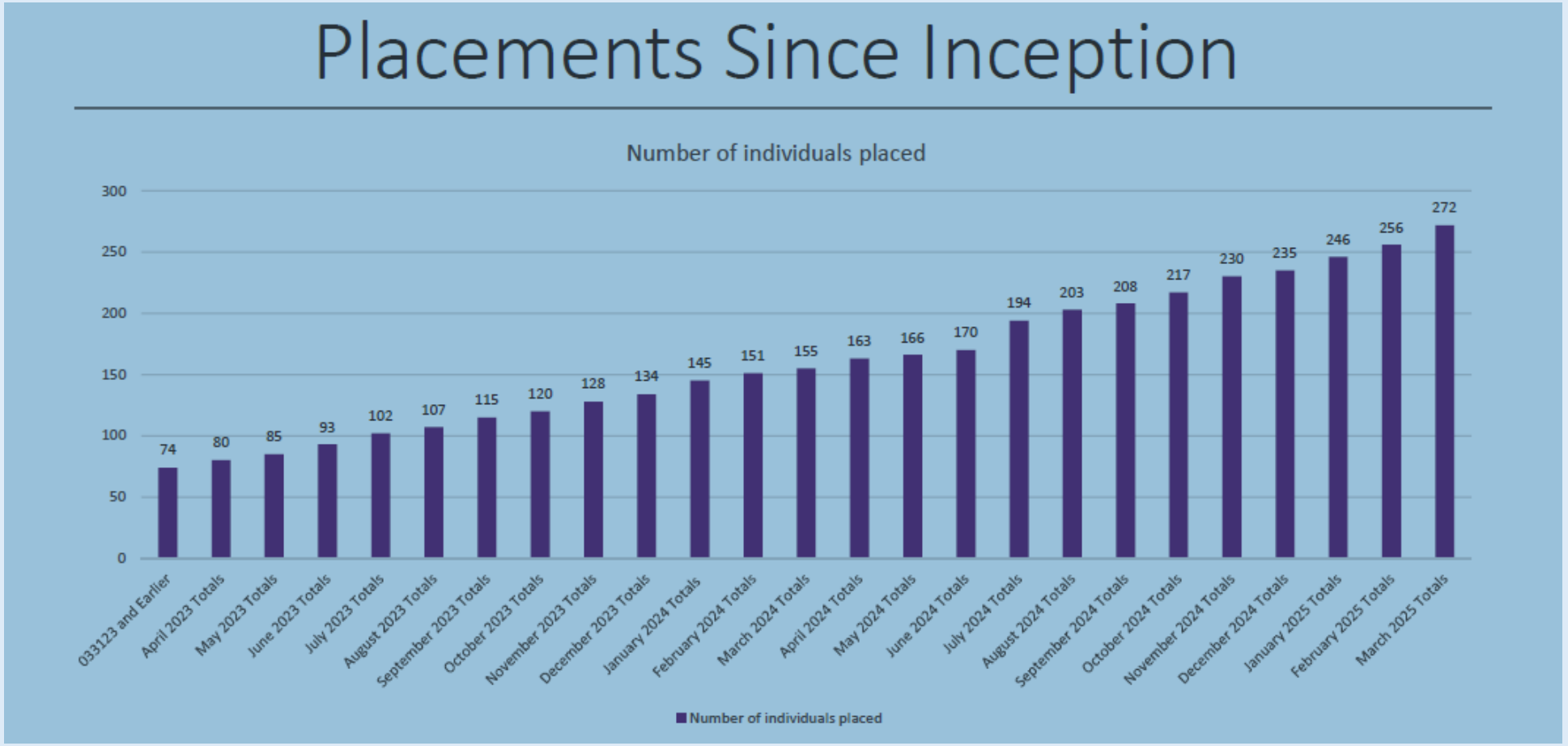
SOS Outcomes

Program Census (2 Year View)



	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025
Current Census	55	56	57	53	54	56	62	67	70	80	87	88	90	96	94	97	92	85	78	80	77	76	76	77

SOS Outcomes



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SOS Outcomes

Placement Types:

- Safe Havens: 98
- Shelters: 37
- Stabilization Beds: 13
- Welcome/Drop-In Center: 55
- Warming Bus: 1
- ACMH Crisis Residence: 17
- Other Crisis Residence: 1
- Hospital: 2
- Nursing Home: 1
- ACMH Low Barrier Housing: 34
- Other Low Barrier Housing: 2
- Other Supportive Housing: 8

  Total Supportive Housing: 44
- Independent Housing: 3

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ACMH Low Barrier Housing

- Studio or one bedroom scatter site apartments
- Dedicated to SOS, Shelter Partnered ACT or Intensive Mobile Treatment (IMT) admissions only
- Does not require City assessment & approval for Supportive Housing

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What's Next

- Two additional SOS teams targeting young adults, 18-15
- Critical Time Intervention team targeting inpatient/ED admissions
- 418 new affordable apartments with 251 supportive units in 3 projects
- 48 bed transitional residence
- Short Term (180 day) Transitional Residences (STTRs)

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Thank you!

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