

**Affordable Housing Workgroup  
Discussion Framing Document  
November 21, 2011**

<u>Barriers</u>	<u>Solutions</u>
<i>Cost/Funding</i>	
Cost of Housing/population seeking Affordable and supportive housing ( AH/SH)	Expand use of Section 8 Housing Choice Vouchers set aside for disabled individuals transitioning to community settings from a long term institutional setting
	Increase federal and state funding; adequately fund a revolving pre-development fund for non-profit groups to develop SH; make new capital funding available to complete NY/NY III and new targets set by MRT
	Ensure continuation of housing subsidies provided through the NHTD/TBI waivers after transition to MLTC
	Reallocate HOME Block Grant Funds to Tenant Based Rental Assistance and give preference to individuals transitioning from institutional settings. However, there are significant financial pressure on HOME funds in federal budget process
Inadequate supply of affordable units (long Section 8 waiting list, or closed lists in some communities; lost privately subsidized housing units)	Invest in modernizing and making accessible older housing stock; target existing housing investments (HHAP/upstate)
Inadequate supply of move-in ready accessible units	Evaluate state's interpretation of Section 504 requirements for accessible housing.
Inadequate funding of home modification programs	Ensure home modification funds available through Medicaid through NHTD and TBI waivers are continued after transition to MLTC.
Inadequate funding of supportive services	Evaluate existing housing programs to maximize supportive housing models (i.e. 80/20, 202s, tax credits, etc.); Coordinate location of services and supports; increase master leasing of AH units in private affordable housing stock; look to models like NY/NY III SH Program; create NY/NY 4 targeting highest need/highest cost Medicaid recipients as alternative to institutionalization
Capital funding resources are inadequate to meet current needs	Unfreeze OMH capital funds

Land availability barriers	Change building code to allow increased floor area for Supportive Housing projects: follow OMH lead on early site investigations
Lack of access to robust early stage predevelopment financing	Provide reimbursable capital expense lines for site testing, etc.: increase LTV for NY Acquisition Fund Financing: provide low cost loans to experienced providers to expand eligibility
Increase leverage for capital funding	Revise HCR qualified education plan; increase set asides: mandate LIHTC projects have minimum set asides for SH units : incentivize SH across all housing efforts; share job/economic growth benefits of AH/SH housing; improve review process to ensure all agencies involved participate and inform process; change in HCR capital resources likely to be controversial
Lack of funding and regulatory support that promote respite care/ transitional care	State and City agencies to evaluation this issue
Lack of investor confidence and understanding of the model	Educate investors and provide subsidies with strong long-term contracts; protect existing investments from budget cuts
Lack of reliable subsidies	Need dedicated state and federal funding for development, operations, and services in AH/SH units.
<b><i>State Policy/Oversight</i></b>	
Multiple agency application processes for capital, operating and services; capital funding from multiple agencies creates duplication, inefficient and contradictory oversight of development and construction	Expedite development by consolidating and/or coordinating funding streams; consider designating a lead agency or consolidate effort
Discrimination, misinformed opposition to integrated affordable and/or supportive housing	Leadership; change to “notice and best effort education” not local approvals
Regulatory burden (developers are confused, oversight is poor, and enforcement is scattered); lack of interagency coordination	Governor’s office could establish an Executive position to oversee and coordinate SH across agencies
Housing is not necessarily included in care coordination models or MLTC	Ensure that NHTD, TBI and LTHHCP are fully incorporated into MLTC, CCM including their housing focus
DOH definition of independent senior housing -	Revise DOH definition to be more flexible

need additional clarity and flexibility	
Complexity of moving persons from the street or institution to supportive housing	Streamline process based on the national “100k homes” model; creation of registries of highest need individuals in geographic areas to maximize benefits of housing resources
Current minimum room sizes and other state regulatory requirements on state assisted housing blocks innovation	Evaluate existing requirements with an eye toward innovation and flexibility
Lack of outcome goals for supportive housing providers	Establish consistent measurement for all supportive housing providers
Need for additional onsite services to avoid inappropriate institutionalization	Link existing services to supportive housing
Financial exposure for not for profit developers	Evaluate current requirements; increase transparency in for-profit transactions; share risks
Lack of government assurances of reliable rent assistance to extremely low income households	Encourage state and local policymakers to collaboratively address issues in their Administrative plans to increase Section 8 development; prioritize Housing Choice vouchers for high-need, vulnerable populations (i.e. those transitioning from institutions, or with high-use of public systems)
No explicit targeting of high cost/high users of Medicaid	Expand use of data to identify and prioritize high cost Medicaid users lacking housing for SH intervention
Lack of flexibility in NYSDOH regulations to allow co-location of primary care and mental health services at supportive housing sites	Could be addressed in stand-alone facilities, special beds or units in SH facilities that are staffed by Article 28 facilities
Unfunded mandates and appropriations risk on the rental, operating and service funding side	Evaluate opportunities for regulatory relief across agencies that oversee AH/SH efforts
Program guidelines and requirements are mismatched <ul style="list-style-type: none"> <li>• NY/NY 3 rent subsidies do not generate LIHTC rent levels</li> </ul>	Review and revise existing requirements as necessary

<ul style="list-style-type: none"> <li>• Length of many rent/operating and subsidy contracts do not match the LIHTC compliance term</li> <li>• Different programs have different definitions (homelessness, chronic homelessness, mental illness, etc)</li> <li>• Timing of service contracts does not align well with underwriting timelines</li> </ul>	
Information on State and local supportive housing resources is compartmentalized and incomplete and inadequate marketing of accessible units	Consider a statewide database or consolidated education effort; NYHousingSearch.gov is an initial effort
Lack of viable independent housing alternatives for supportive housing residents	Incentivize those who are able to move to more independent housing through adequate subsidies and supports
Competition for Bond volume cap room	State to preserve sufficient room to address SH needs
Interaction with affordable housing for non special needs low income households	Savings that accrue to the system should be reinvested in a way that allows SH to support itself
Lack of safe affordable accessible housing for seniors in general	Develop and preserve quality independent AH for seniors
Regulatory requirements for independent senior housing	Need to develop a larger range of available services to meet variety of needs; make service provider licensee rather than the facility to maximize flexibility and enhance investment
<b><i>Special Populations</i></b>	
HIV state enhanced rental assistance program has no cap on tenant contributions	Cap tenant rent at 30% of income
HIV state enhanced rental assistance program only accessible for persons with clinical diagnosis of AIDS	Expand eligibility to all low-income persons with HIV
Lack of county participation in the HIV/AIDS rental assistance program	Require county participation ( Statutory change needed)

Lack of supportive housing for LGBT youth	Expand SH for this population
Lack of alternatives to hospitalization	Create alternatives to help people transition to permanent housing such as OMH beds in crisis facilities and respite care
Lack of options for active substance abuse and untreated psychiatric problem patients homeless individuals	Look to “Housing First” model to incorporate housing and supportive services
<b><i>Set Asides</i></b>	
Lack of clarity on HCR financed housing set aside policy compliance	Lack of clarity on HCR financed housing set aside policy compliance; HCR policy includes compliance reviews on set-asides included in regulatory agreements.