

RE: MRT Affordable Housing Workgroup - List due 11/4/11 @ noon

Bobby Watts to Mark L. Kissinger
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Hello Mr. Kissinger,

I'm sorry I missed the deadline, but I would like to add two items to the list of barriers.

But first, I met with Karen Westervelt who said some wonderful things about you, so I am glad that you are involved with leading our group.

Here are my items:

- 1) There needs to be greater flexibility in NYSDOH regulations to more readily allow co-location of primary care and mental health services at supportive housing facilities. Currently, a CON application process must be followed to add the site to the Operating Certificate of the (Article 28 or 31, probably) health operator. Frequently, a barrier is getting the clinic space approved since it may not meet all of the specific criteria for stand-alone clinics, even though the public health is not compromised – in fact, it is advanced by increasing access to services.
- 2) There needs to be funding and regulations that promote Respite Care (also referred to as transitional care) for people who are not sick enough to warrant a hospital bed, but need a higher level of short-term care than can be provided by staff of the supportive housing facility (or often, shelter). This would save the health system millions of dollars by shortening hospital stays for this high-utilizing, vulnerable population, and improve their health, by ensuring they have the level of care they need in the least restrictive setting.

There are many ways to accomplish this: stand-alone facilities, special beds or units in supportive housing facilities that are staffed by Article 28 facilities, or some combination of various ideas.

Thank you very much, and I look forward to introducing myself to you in person at the next meeting.

Sincerely,

Bobby Watts
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