



MRT Affordable Housing Work Group

October 24, 2011 - 2:00-4:00 p.m.
90 Church Street, Conference Room A/B

*Working together to build a more affordable,
cost-effective Medicaid program*



Co-Chair: James Introne
Co-Chair: Edward Matthews

MRT Affordable Housing Workgroup Charge



- evaluate New York's current programs of supportive housing in reference to the reasonable availability and adequacy of those programs for the purpose of assuring that the availability of necessary care and services. Supportive housing will be broadly defined as any combination of market rate or subsidized housing and services that will meet the needs of the targeted populations.

MRT Affordable Housing Workgroup Charge



- identify barriers to the efficient use of available resources for the development and utilization of supportive housing. It shall make recommendations intended to overcome those barriers, including, if appropriate, revisions of program design proscribed by statute or regulation and the reassignment of responsibilities and resources for supportive housing development and oversight.
- identify opportunities for the investment of additional resources for supportive housing that will result in savings to the Medicaid program and improvements in the quality of services to targeted individuals. It shall identify opportunities and make recommendations for enhancing private sector participation in the provision of such housing.

MRT Affordable Housing Workgroup Charge (cont.)



- in making recommendations, the workgroup shall be mindful of the rights of individuals conferred upon them by the Olmstead Decision and applicable Federal and State law. It also shall be mindful of the resource limitations that affect State and local decision-making.
- create opportunities for stakeholders to contribute ideas and information and it will consult with New York City and other local governments and authorities actively engaged in the provision of housing.
- This work is related to MRT recommendation # 196.

DOH Housing Options



- Nursing Home Transition and Diversion (NHTD) Waiver Housing Subsidy
- Traumatic Brain Injury (TBI) Medicaid Waiver Housing Subsidy
- Medicaid Waiver Community Transitional Services (CTS)
- Money Follows the Person (MFP) Demonstration
- Adult Care Facilities (ACF)
- Assisted Living
 - Program
 - Residences
 - Enhanced
 - Special Needs
- Housing and Supportive Housing Services for People Living with HIV/AIDS and New York New York III



Nursing Home Transition and Diversion (NHTD) Medicaid Waiver Housing Subsidy

Nursing Home Transition and Diversion (NHTD) Medicaid Waiver Housing Subsidy

- Available to eligible waiver participants from beginning of waiver program in 2007
- Average Rent Subsidies (9/2011):
 - Upstate = \$460 (85 participants)
 - Downstate = \$1,030 (126 participants)
 - Statewide Average = \$750 (211 participants)

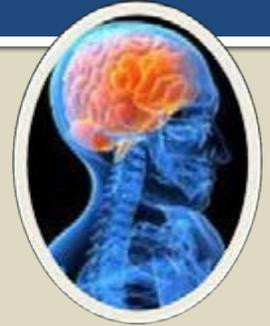


Note: CMS does not allow Medicaid funding for ongoing rental assistance. The NHTD Housing subsidy is 100% State General Fund supported.



Traumatic Brain Injury (TBI) Medicaid Waiver Housing Subsidy

Traumatic Brain Injury (TBI) Medicaid Waiver Housing Subsidy



- Available to eligible waiver participants from beginning of waiver program in 1995
- Approximate Average Subsidies (9/2011)
 - *Upstate = \$260 (600 participants)*
 - *Downstate = \$1000 (500 participants)*
 - *Utilities Only = \$50/month (400 participants)*

Note: CMS does not allow Medicaid funding for ongoing rental assistance. The TBI Housing subsidy is 100% State General Fund supported.



Medicaid Waiver Community Transitional Services (CTS)

Medicaid Waiver Community Transitional Services (CTS)



- Medicaid waiver service to assist with cost of first-time moving expenses and/or establishing a household when transitioning from a nursing facility to the community.
- Available to participants in NHTD, TBI, and Long Term Home Health Care Program (LTHHCP).
- Similar assistance may be available from Local Departments of Social Services (LDSS) for non waiver participants.



Money Follows the Person (MFP) Demonstration

Money Follows the Person (MFP) Demonstration



- MFP provides 25% additional federal Medicaid reimbursement for individuals transitioned from nursing homes to community care.
- NYS must use the additional reimbursement for long term care rebalancing activities.

Money Follows the Person (MFP) Rebalancing Housing Related Initiatives

- **NYSDOH, in collaboration with stakeholders, identified two housing initiatives:**

- www.NYHousingSearch.gov
- Housing Education contract with NYAIL



Money Follows the Person (MFP)

www.NYHousingSearch.gov



- NYSDOH provided NYS Homes and Community Renewal with one-time MFP rebalancing funds to establish www.NYHousingSearch.gov, a free online housing listing and locator service for affordable, accessible housing.

Money Follows the Person (MFP) Housing Education Initiative

Partnership with NY Association on Independent Living (NYAIL) to promote affordable, accessible, and integrated housing options:

- Training for people with disabilities, seniors and their representatives (1400 to date):
 - *Universal/Accessible Design*
 - *Affordable Housing*
 - *Section 8 housing opportunities*
 - *Consolidated Housing Plan Process*
- Policy Academies (6 to date) on local housing issues for housing officials, aging and disability representatives, and other stakeholders across NYS
- Marketing www.NYHousingSearch.gov





Adult Care Facilities (ACF)

Adult Care Facilities (ACF)

- Adult care facility shall mean a family-type home for adults, a shelter for adults, a residence for adults or an adult home, which provides temporary or long-term residential care and services to adults who, though not requiring continual medical or nursing care as provided by facilities licensed or operated pursuant to Article 28 of the Public Health Law or Articles 19, 23, 29 and 31 of the Mental Hygiene Law, are, by reason of physical or other limitations associated with age, physical or mental disabilities or other factors, unable or substantially unable to live independently.

Adult Care Facilities (ACF)

- Adult Homes
- Enriched Housing

Adult Care Facilities (ACF)

- Adult Homes
 - An adult care facility (ACF) established and operated for the purpose of providing long-term residential care, room, board, housekeeping, personal care, and supervision to five or more adults unrelated to the operator.
- Enriched Housing
 - An adult care facility (ACF) established and operated for the purpose of providing long-term residential care to 5 or more adults, primarily persons 65 years of age or older, in community-integrated settings resembling independent housing units. Such programs shall provide or arrange for the provision of room, board, housekeeping, personal care, and supervision.



Assisted Living

Assisted Living Program (ALP)

- Must be licensed as an adult home or enriched housing program (pursuant to Parts 485, 486, 487, 488, & 494).
- Provides long-term residential care, room, board, housekeeping, personal care, supervision and provides for or arranges home health services.
- Must also be a licensed home care services agency (LHCSA), a certified home health agency (CHHA), or a long term home health care program (LTHHCP).
- If licensed as a LHCSA, the ALP must contract with a CHHA or LTHHCP for home health care, nursing, or therapy services.
- Requires that a contract be executed between a CHHA and the local social services district (LDSS) or with the Dept. of Health if the ALP is located in New York City.
- Has a Medicaid rate established.

Assisted Living Program (ALP)

- Established by Chapter 165 of the Laws of 1991.
- For the purpose of providing long-term residential care, room, board, housekeeping, personal care, supervision, and providing or arranging for home health services to five or more eligible adults unrelated to the operator.
- Must be licensed as an adult home or enriched housing program.
- Receives capitated medical assistance payments based on the patient review instrument (PRI) score.

Assisted Living Program (ALP)

- ***Services included in the medical assistance rate are:***
 - Personal Care Services.
 - Home Health Aide Services.
 - Personal Emergency Response Services
 - Nursing Services.
 - Physical, Occupational, and/or Speech Therapy.
 - Medical supplies and equipment not requiring prior authorization.
 - Adult Day Health Care in a program approved by the Commissioner of Health.

Assisted Living Program (ALP) Requirements

- ALPs must be a licensed home care services agency (LHCSA), a certified home health agency (CHHA), or a long term home health care program (LTHHCP).
- If licensed as a LHCSA, the ALP must contract with a CHHA or LTHHCP for home health care, nursing, or therapy services.
- Requires that a contract be executed between a CHHA and the local social services district (LDSS) or with the Dept. of Health if the ALP is located in New York City.

Assisted Living Program (ALP) in New York State

- There are currently 97 facilities designated as an ALP with a total capacity of 5,674 beds.
- DOH is currently reviewing 45 ALP applications for an additional 2,724 beds.
- Including the applications currently being reviewed, ALPs are represented in 44 counties throughout New York State.

Assisted Living Residences (ALR)

- Licensure for Assisted Living Residences is IN ADDITION TO the requirements of an adult care facility pursuant to Parts 485, 486, 487 & 488 of Title 18 NYCRR.
- Facilities licensed as an ALR may apply for certification as an EALR (aging in place) and/or SNALR (special needs, i.e., dementia services)
- Provide *or arrange for provision* of: housing, 24-hour on-site monitoring, personal care, *and/or home care (directly or indirectly)*
- Provide for: *daily* food service, case management, and *development of an individualized service plan (ISP)*



**Housing and Supportive
Housing Services for People
Living with HIV/AIDS
and New York/New York III**

Housing and Supportive Housing Services for People Living with HIV/AIDS and New York New York III

- To assist people living with HIV/AIDS who are:
 - *homeless*
 - *at risk of homelessness*
 - *multiply diagnosed*
- to secure and maintain their housing.

Housing and Supportive Housing Services for People Living with HIV/AIDS and New York New York III

- The first and primary goal is to obtain stable housing and promote housing retention and stability as a baseline for HIV health care.
- Provide services designed to assist consumers to overcome barriers that prevent them from addressing issues that compromise housing stability and their health status.
- Ensure each consumer is linked to the medical treatment and supportive services they need.

Studies have supported the idea that once stably housed, clients are more likely to become active participants in their own medical and psychological care, and access supportive services.

Housing and Supportive Housing Services for People Living with HIV/AIDS and New York New York III

AIDS Institute has provided supported housing services since 1988

- Last solicitation of Housing Programs Unit (HPU) was in 2010
 - Awards
 - Financial Assistance Outside NYC (8 contracts) \$1,040,000
 - Supportive Housing Services Outside NYC (12 contracts) \$1,400,000
 - Supportive Housing Services in NYC (5 contracts) \$ 650,000
- Total **\$3,090,000**

New York New York III

- Funding has been allocated annually since 2007 through the NYS budget process to support operational units as they are implemented
- Current funding \$6,828,750 (SFY 2011 -2012)

Housing and Supportive Housing Services for People Living with HIV/AIDS and New York New York III

Financial Assistance (Emergency Rental & Utility Assistance/Short-term Rental and Utility Assistance) Outside of New York City

Objectives

- Improve consumers' ability to obtain and maintain safe, appropriate, affordable housing.
- Increase the number of consumers who can remain in appropriate housing.
- Improve consumers' ability to access and/or maintain medical care and other supportive services.
- Increase consumer's ability to live independently.
 - Funding provided to all Ryan White Regions upstate and in Long Island
 - Funds are used as dollars of last resort. Providers are required to demonstrate efforts to access all other available benefits and funding sources for housing-related financial assistance prior to utilizing funding from this initiative.

Housing and Supportive Housing Services for People Living with HIV/AIDS and New York New York III

Enhanced Supportive Housing Services for People Living with HIV/AIDS

Objectives

- Promote clients' housing retention and stability.
- Assist clients to obtain and maintain stable housing.
- Support the greatest possible level of consumer independence.
- Improve consumers' ability to access and/or maintain medical care.
- Improve access to and participation in a full continuum of care services.
- Improve coordination and timeliness of housing placement services and other needed supportive services.
- Locate and place clients in appropriate, permanent housing.
 - Funding provided to all Ryan White Regions in the NYS including NYC

Housing and Supportive Housing Services for People Living with HIV/AIDS and New York New York III

Enhanced Supportive Housing Services funding is used to provide one or any combination of services and staffing for the following:

- *Health and Independent Living Skills Development*
- *Non-Intensive Case Management (Supportive Case Management)*
- *Psychosocial Support Services*
- *Supportive Housing Coordination*
- *Housing Placement Assistance and Referral Services*

Housing and Supportive Housing Services for People Living with HIV/AIDS and New York New York III

New York New York III

- The initiative is a cooperative agreement between New York City and New York State agencies to provide a total of 9,000 units of supportive housing over a ten year period (through 2016) to the chronically homeless population, including those with HIV/AIDS.
- The AIDS Institute (AI) and the New York City Human Resources Administration (HRA) are charged with development of units that house chronically homeless individuals with HIV/AIDS and co-morbidities of substance abuse and/or mental illness.
- Each of the two agencies (AI and HRA) is in the process of developing 500 units over a ten year period (July 2007 – June 2016), for a total of 1,000 HIV/AIDS units (400 scatter-site units and 600 congregate units).

Housing and Supportive Housing Services for People Living with HIV/AIDS and New York New York III

New York New York III

- The AI is responsible for supporting the operational expenses for 200 scatter-site and 300 congregate units.
- Through a Memorandum of Understanding, the New York City HRA has responsibility for procuring and managing the contracts for supportive housing targeted for People Living with HIV/AIDS.
- Funds are used to subsidize payment of clients' rent, provide support services, and cover maintenance, brokers' fees, and security deposits on the apartments.



Andrew M. Cuomo, Governor



Courtney Burke, Commissioner

NYS Office For People With Developmental Disabilities

Putting People First

(A HUD-Approved Housing Counseling Agency)

Presented to:

Medicaid Redesign Team

Affordable Housing Work Group



OPWDD Residential Supports Now and in the Future



Overview

This presentation outlines OPWDD's existing residential programs and initiatives, other models with residential components, and presents the strategic direction for the future. The new direction for residential programs and initiatives at OPWDD will be facilitated through the development and implementation of an 1115 research and demonstration waiver called the **People First Waiver**.



Mission Statement

*We help people
with developmental disabilities
live richer lives.*



Vision Statement

People with developmental disabilities enjoy meaningful relationships with friends, family, and others in their lives, experience personal health and growth, live in the home of their choice, and fully participate in their communities.



Person Controlled Housing that OPWDD Supports

- Home of Your Own (HOYO)
- Home sharing
- Apartment living

Home Ownership (HOYO)

- Memorandum of Understanding (MOU) with NYS Homes and Community Renewal (NYSHCR), State of New York Mortgage Agency (SONYMA), NYS Housing Finance Agency (HFA)
- Partnership with M&T Bank
- MOU with the US Department of Agriculture's Rural Development, Section 502



Home Ownership (HOYO), cont.

Eligible Populations

- Individuals with developmental disabilities
- Income eligible parents or legal guardians
- Direct support professionals



Assistance with Home Ownership

(if you live in your own home or apartment)

- Pre-post housing counseling and training
- Individual development account (IDA)
- Home grant — down payment assistance
- Foreclosure prevention — mortgage delinquency/
mortgage default program
- Credit counseling/credit repair
- Financial management
- Homeowner Transit Use Incentive Program
- NYHousingsearch.gov



OPWDD

A HUD-Approved Housing Counseling Agency

Approved by US Department of Housing and Urban Development (HUD) to assist people with intellectual and developmental disabilities build independent lives through pre- and post-housing counseling and other initiatives



Home Sharing/Apartment Living

- Shared room and board costs
- Co-sharing staff supports
- Live-in caregiver



Supports for People Who Live in their Own Home or Apartment

- Individual Supports and Services (ISS)
- Consolidated Supports and Services (CSS)



Individual Supports and Services (ISS) (A Housing Subsidy)

- Assists adults with developmental disabilities who want to become more independent
- Available to individuals seeking choice and self-direction to live in an *uncertified community-based setting*



Consolidated Supports and Services (CSS)

- An option used to create individualized services through person-controlled, portable budgets
- May provide residential supports and/or day supports
- Allows individual and their families to design and manage their services based on individual needs
- Allows individuals to manage a personalized budget
- Empowers individuals to hire staff and purchase supports and services



Other Models with Residential Components

- Intermediate care facilities (ICFs)
- Community residences (CRs)
- Individualized residential alternatives (IRAs)
- Family care homes



Future Direction of Residential Supports and Services



1115 Research and Demonstration People First Waiver



1115 Research and Demonstration People First Waiver

- Evaluate current infrastructure adequacy of housing opportunities
- Identify barriers
- Minimize reliance on institutional care and other residential settings requiring 24-hour care
- Identify additional public/private partnerships



People First Waiver

- Access technological innovations that can enable more independent living
- Improve opportunities for choice and community participation
- Enhance focus on person-centered planning, individual responsibility and self-determination
- Coordinate all efforts with outcomes of MRT

NYS Office of Mental Health

Presented

by

Robert W. Myers PhD

Senior Deputy Commissioner

October 24, 2011

History of OMH HOUSING

- ▣ Historical Perspective
 - 1970's - Group Homes & Licensed Apartments
 - 1990's - Supported Housing with flexible supports
 - SRO's Housing with flexible services
 - 2000's - Integrated Housing

Housing Example



- ▣ Common Ground
- ▣ Times Square Hotel
- ▣ 652 units total
 - Over 200 NY /NY I Units

255 West 42nd Street, Manhattan

Housing Example

- ▣ Project Renewal
- ▣ 53 NY/NY II units



Tinton Avenue, Bronx

Housing Example



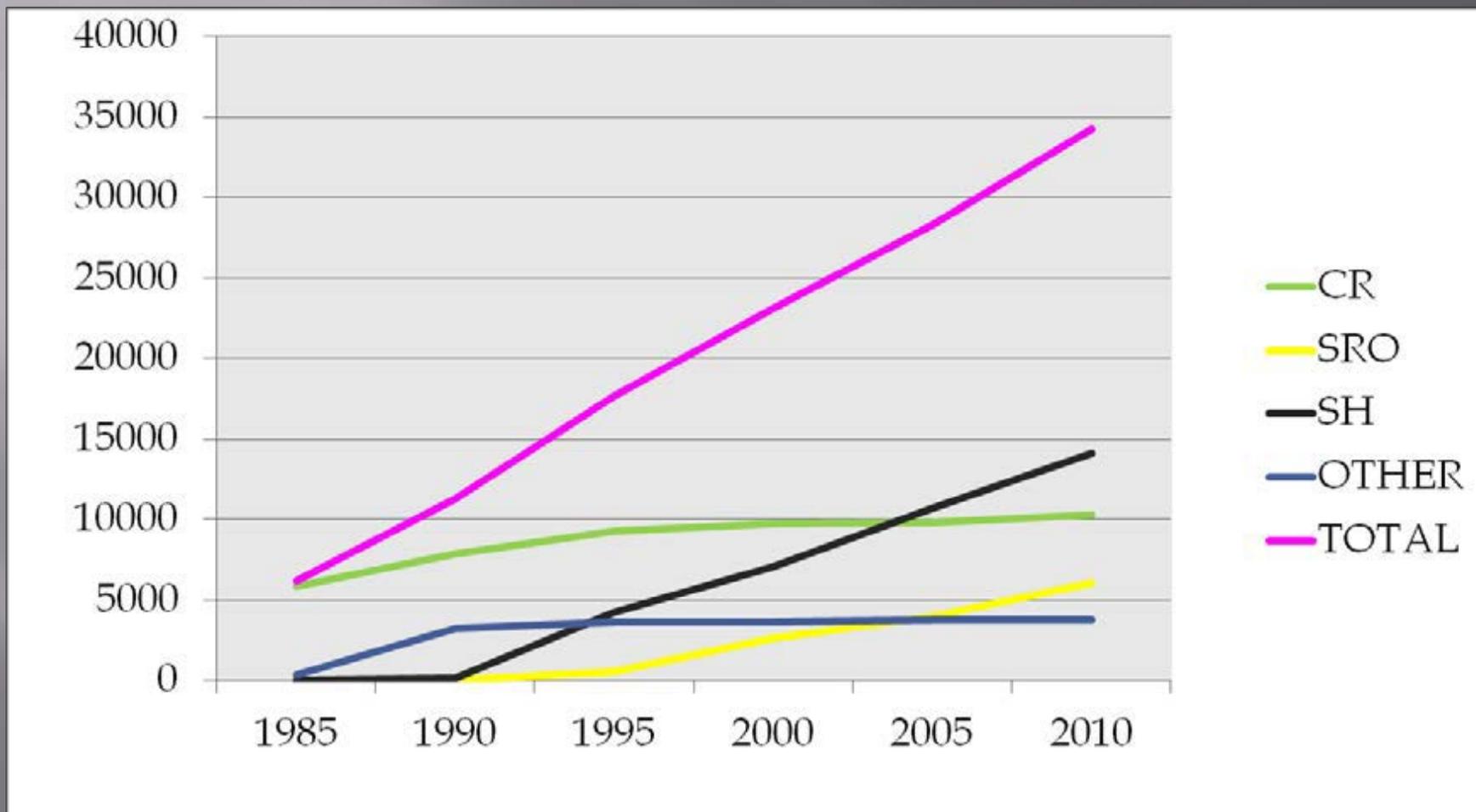
- ▣ Community Access
- ▣ 64 units total
 - 37 NY/NY II SPMI Units

DeKalb Avenue, Brooklyn

OMH-Funded Housing Units as of March 2011

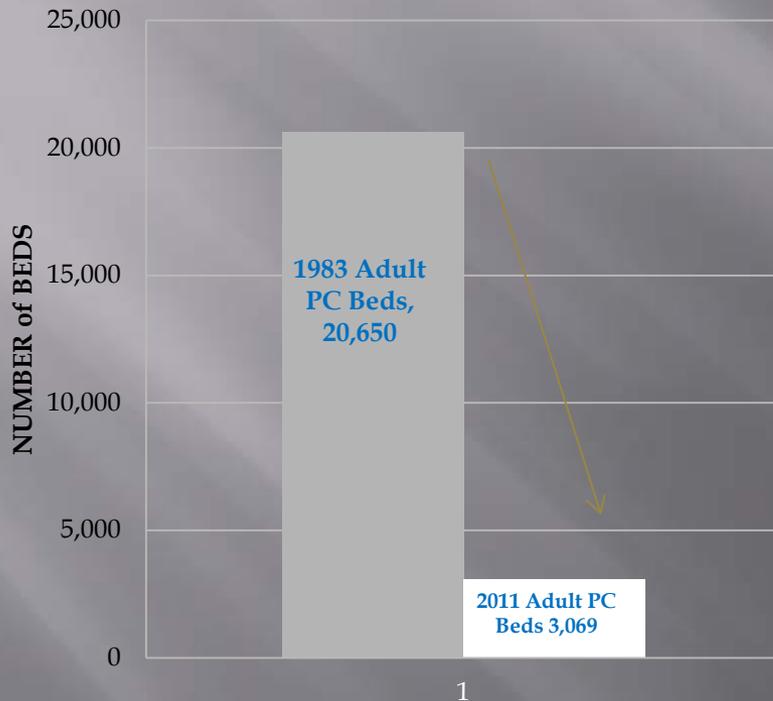
Congregate Treatment	5,896 Beds
Apartment Treatment	4,202 Beds
Adult Family Care	2,413 Beds
CR-SRO	2,366 Beds
SP-SRO	4,051 Beds
Supported Housing	14,260 Beds
Other	<u>427 Beds</u>
Sub-Total Adult Housing	33,615 Beds
Pipeline	<u>8,704 Beds</u>
TOTAL Adult Housing	42,319 Beds

OMH HOUSING DEVELOPMENT SUMMARY 1985-PRESENT

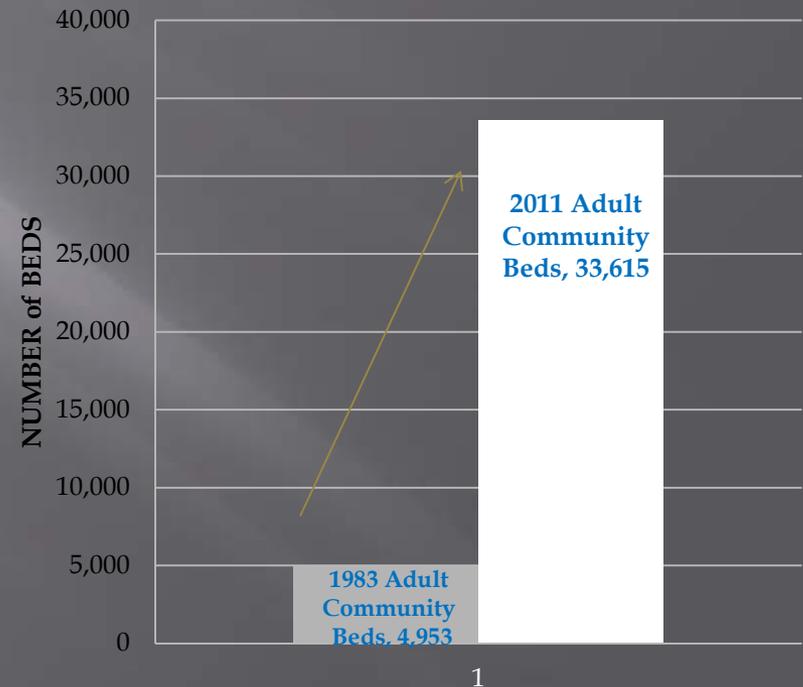


Adult Housing Census

Adult PC Beds 1983 vs. 2011



Adult Community Beds 1983 vs. 2011



Since 1983, the number of Adult Community Housing beds have increased 579% to 33,615 in 2011. The number of Adult PC beds decreased by 85.14% to 3,069 beds in 2011.

Housing Development/Finance

- ❑ OMH works with private non-profit agencies to develop housing.
- ❑ OMH provides development, capital and operating funding and rent stipends to non-profit sponsors.
- ❑ OMH promotes integrated housing, serving people with and without disabilities at the same location.
- ❑ Sponsors are encouraged to apply for other State and Federal funding in addition to OMH funding.

Capital Funding

- ▣ OMH provides interim Capital Financing for up to 100% of the capital costs of projects, within acceptable OMH cost parameters.
- ▣ Long Term financing is through the sale of municipal bonds by the Dormitory Authority of the State of New York (DASNY) or Homes and Community Renewal (HCR).
- ▣ Both DASNY and HCR require OMH to make semi-annual debt service payments directly on behalf of the Providers & projects that use this type of financing.

Capital Funding State Partners

- ▣ DASNY
 - Permanent Financing is provided from the sale of Tax Exempt Bonds issued by DASNY.
- ▣ HCR
 - Tax Credits
 - ▣ 4% - As of Right
 - 2007 - 20 to 25% savings to NYS
 - ▣ 9 % - Competitive
 - HFA Bonding
- ▣ OTDA
 - Collaboration on Joint Funded and Integrated Homeless Housing Projects
 - Commissioner Hogan appointed to HHAC Board

Operating Funds for OMH Housing

- ▣ OMH funds the operating costs of most OMH housing
 - Property operating, including rent stipends and mortgage payments
 - Program/Services

- ▣ Sources of Funding
 - SSI
 - Medicaid
 - State aid
 - HUD

BENEFITS OF OMH'S PARTICIPATION IN HOUSING DEVELOPMENT

- ❑ Stigma associated with mental health special needs housing requires OMH involvement to ensure this population is represented in the affordable housing development community.

- ❑ OMH Capital and Rent Subsidies
 - Flexible
 - Used to fill funding gaps
 - Guaranteed Operating Cash Flow
 - Provides For Flexible Supportive Services
 - Increases Applicants Credit Worthiness

- ❑ OMH management fees exceed \$1.2 million per year, which offsets housing staff costs

Mental Health Housing: A Frank Assessment of *Where We Are*

The housing crisis for
people with mental illness... is a housing crisis

Affordability Gap

- ▣ Need:
 - Poor people with serious mental illness are the largest and the most vulnerable group with “worst case housing needs.”
 - ▣ People with SMI are the largest group on SSI
 - ▣ 200,000+ people with SMI on SSI in NYS, over 125,000 downstate
- ▣ Housing Affordability:
 - People with SMI are “Priced Out” ...Downstate, completely priced out

SSI Living Alone NYC

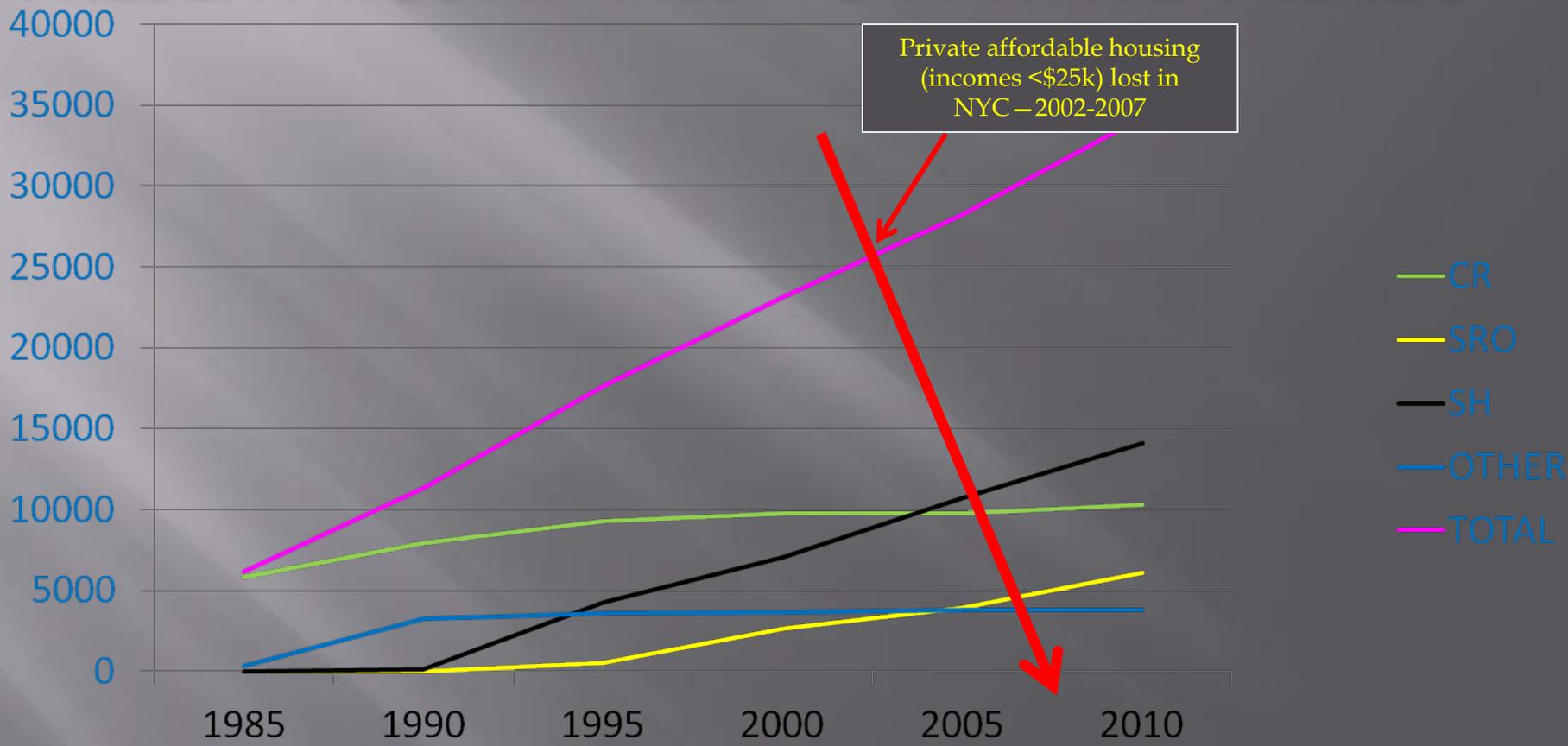
\$761

Per Month

Priced Out in 2008: Data for NYS

<u>NYS SMSA's</u>	<u>Median 1-bedroom Apt Rent as % SSI</u>
▣ Albany/Schenectady/Troy	98.2%
▣ Binghamton	80.5%
▣ Buffalo/Niagara Falls	83.1%
▣ Elmira	87.8%
▣ Glens Falls	88.1%
▣ Ithaca	108.8%
▣ Kingston	111.2%
▣ Nassau/Suffolk	184.9%
▣ New York	163.0%
▣ P'keepsie/Newburgh/Middletown	126.1%
▣ Rochester	90.1%
▣ Syracuse	86.5%
▣ Utica/Rome	82.9%
▣ Westchester County	191.3%

OMH HOUSING DEVELOPMENT 1985- PRESENT...COMPARED TO PRIVATE TRENDS



Potential Vulnerabilities to NYS

▣ Olmstead Litigation

■ Adult Homes

- ▣ Per Remedial Order and Judgment entered by the United States District Court for the Eastern District on March 1, 2010, 28 Adult Homes (AH) were considered Impacted
- ▣ Per 2010 Medicaid and Medicare Claims Data, 4311 Individuals residing within the impacted AH's had a Mental Illness.
- ▣ Per Remedial Court Order, NYS to provide 4500 units of Supported Housing
- ▣ Individuals in AH receive SSI Level III - \$1368 per month

■ Nursing Homes

- ▣ Approximately 2000 individuals with mental illness live in Nursing Homes

What Are The Right Actions Now to Move Forward?

- Continued OMH Housing Development
 - Rental Subsidies
 - Capital Development
- Collaborative Efforts with OTDA, HCR, HFA, and DASNY bonding
- Set asides in *any* development
- National Low Income Housing Trust Fund.
- Leveraging resources better
 - Consumer resources
 - Provider equity
- Housing Preservation, Neighborhood Development

THANK YOU!



HOUSING SUPPORT SERVICES

Presentation to MRT Supportive Housing Workgroup
October 24, 2011

Andrew M. Cuomo
Governor

Arlene González-Sánchez
Commissioner



OASAS
Improving Lives.

NEW YORK STATE
OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES
Addiction Services for Prevention, Treatment, Recovery



OASAS VISION

Permanent Supportive Housing

Individuals and Families can be successful in sustaining long-term recovery when they have:

- **Access to safe, affordable housing**
- **A stable living wage employment**
- **A personal recovery plan**



Facts

✓ **4,000 Persons a year enter OASAS treatment programs when they are homeless;**

✓ **2,000 Persons are discharged from residential services without a stable home to return to;**

✓ **50% of single homeless men admitted to shelters have addiction problems;**

✓ **25% of single homeless women admitted to shelters have addiction problems;**



Facts – cont'd

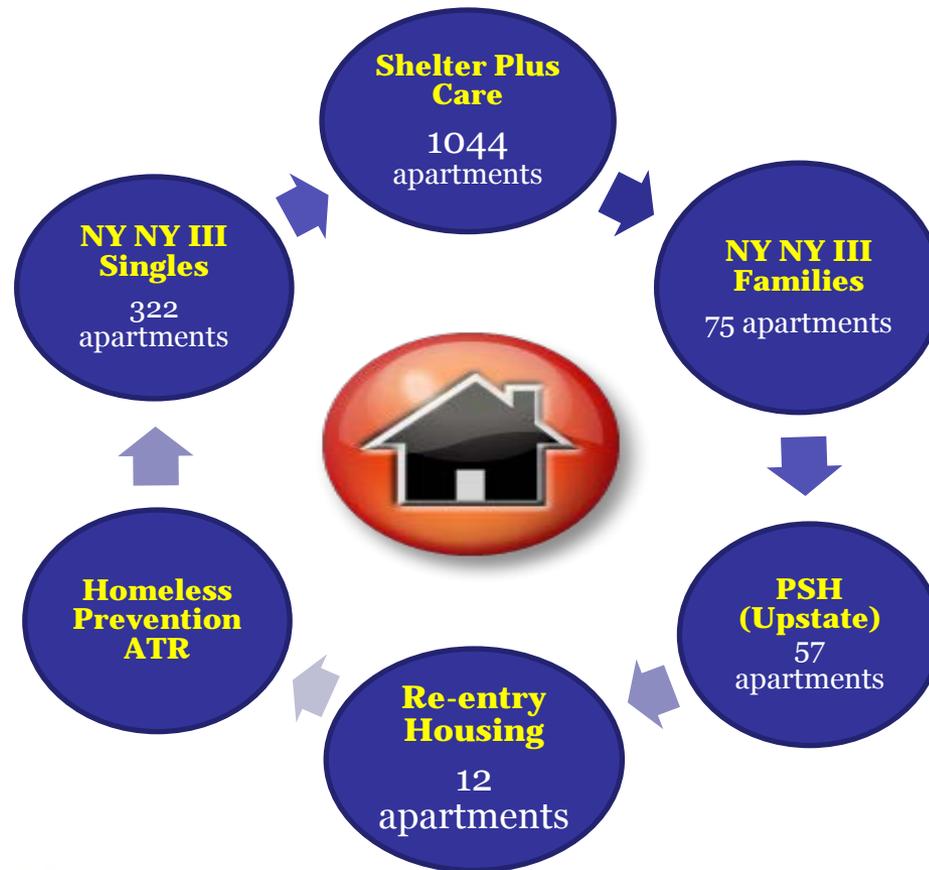
- ✓ **25% of homeless families admitted to shelter are headed by a parent with addiction problems;**
- ✓ **Homelessness is a problem in big cities, suburbs, and rural communities;**
- ✓ **31 NYS counties identify housing for people with substance abuse problems as a major service priority.**



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Addiction Services for Prevention, Treatment, Recovery

OASAS HOUSING BRANDS



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Addiction Services for Prevention, Treatment, Recovery

OASAS Housing Portfolio

Statewide the OASAS housing portfolio has 1,450 apartments
1,050 S+C, 325 NY NY III, and 73 Upstate PSH/Re-entry

New York City/830 Apartments



493 S+C;



325 NY NY III;



12 Reentry

Long Island & Mid-Hudson/ 139 Apartments



125 S+C



14 PSH



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OASAS Housing Portfolio

481 in Upstate New York



434 S+C



47 PSH

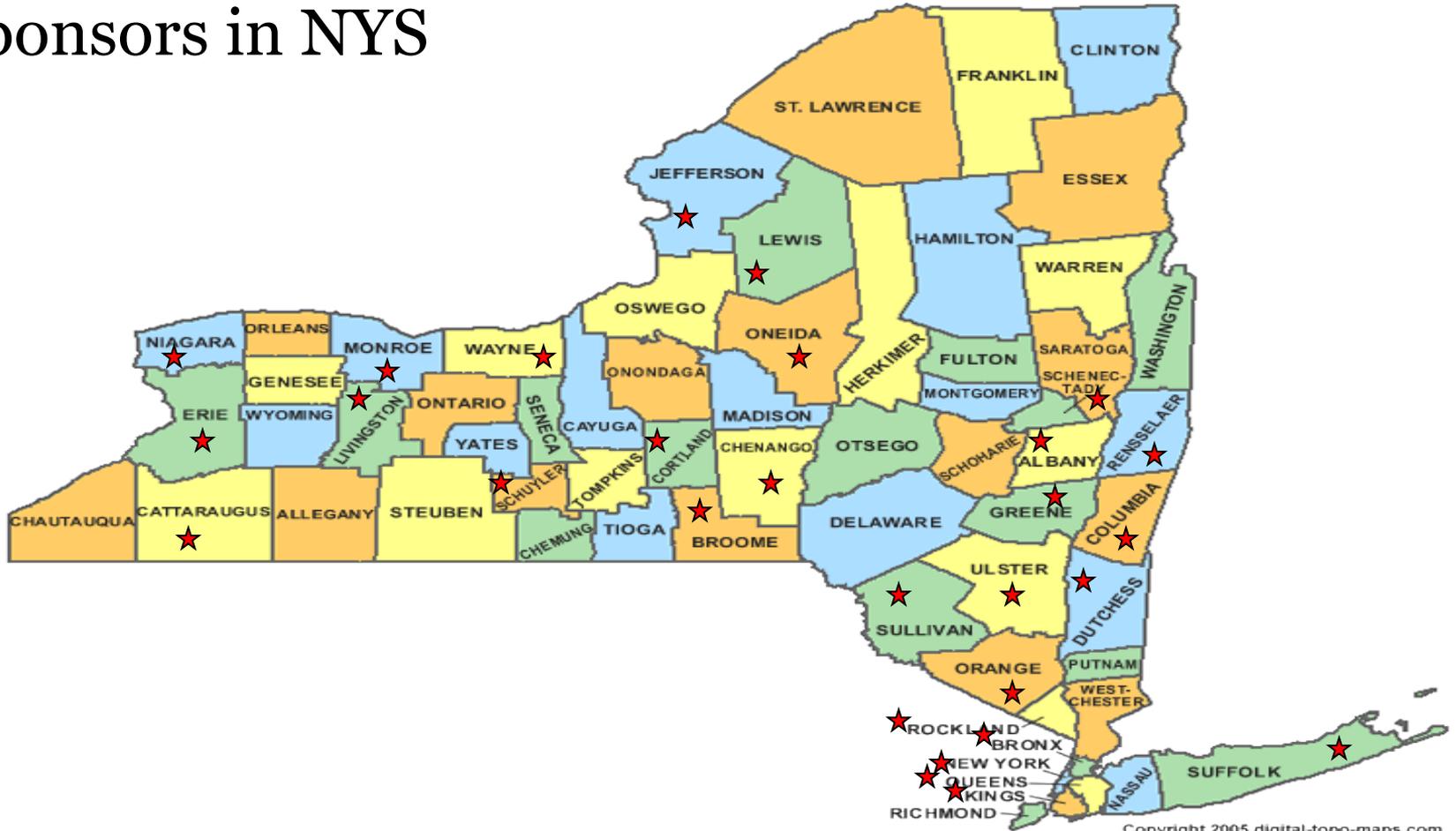


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Shelter Plus Care & Upstate PSH Sponsors in NYS



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Permanent Supportive Housing Programs are:

Efficient

- **113% Occupancy rate statewide**
- **NYC, the occupancy rate is 107% (801-751),**
- **in Metro NY 99% (121-122), and**
- **Upstate 130% (511-393).**



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Permanent Supportive Housing Programs are:

Retention

- **17% Stay less than 6 months;**
- **37% Stay 6-24 months;**
- **46% Stay more than 2 years;**
- **Of “leavers” 11 left in the first 2 months while 130 left after 1 year.**



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Permanent Supportive Housing Programs are:

Economic Development Drivers

- **33% are employed;**
- **15% are attending college full-time;**
- **48% combined rate.**





MRT & HOUSING

An evaluation of a supported housing program for chronically homeless persons with severe alcohol and substance use problems found that utilization of Medicaid funded health services declined by 41 percent in the one year following program entry. In accounting for reductions in all acute services subsequent to housing placement, this study found that savings more than offset the cost of the housing intervention, yielding a net monthly savings of \$2,449 per person.

(Ending Chronic Homelessness: Cost-Effective opportunities for Interagency Collaboration)

From the Selected Works of Dennis P. Culhane

University of Pennsylvania, March 2010



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OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES
Addiction Services for Prevention, Treatment, Recovery

New York State Office of Temporary and Disability Assistance (OTDA)

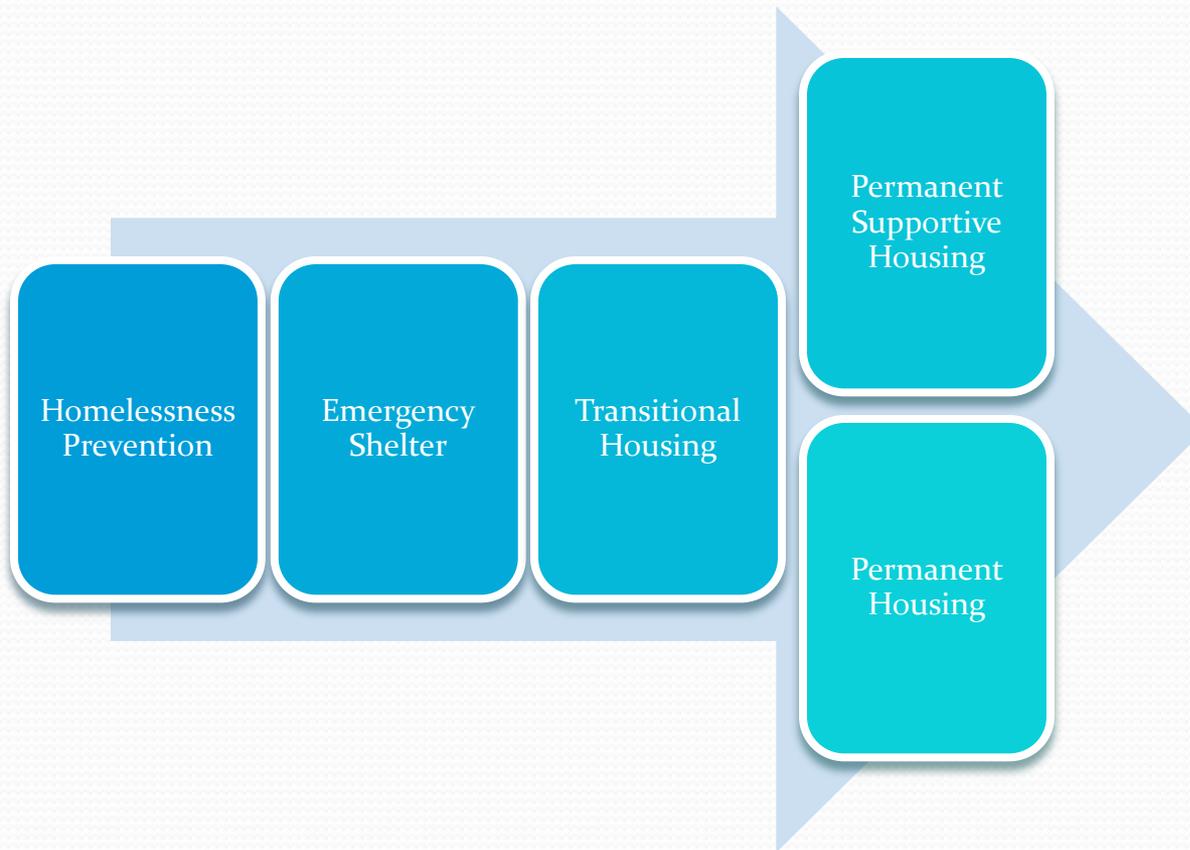
Center for Specialized Services

Homeless Housing Resources

Homeless Housing and OTDA's Mission

OTDA is the State agency which serves homeless individuals and families. OTDA supervises local social services districts (LDSS) in the provision of emergency shelter and temporary housing assistance and also directly funds programs designed to reduce homelessness and promote housing stability.

Continuum of Care Model to Address Homelessness



Emergency Shelter Services

- Supervision and certification of emergency shelters for homeless individuals and families
- Provision of funding for emergency shelter through local social service districts

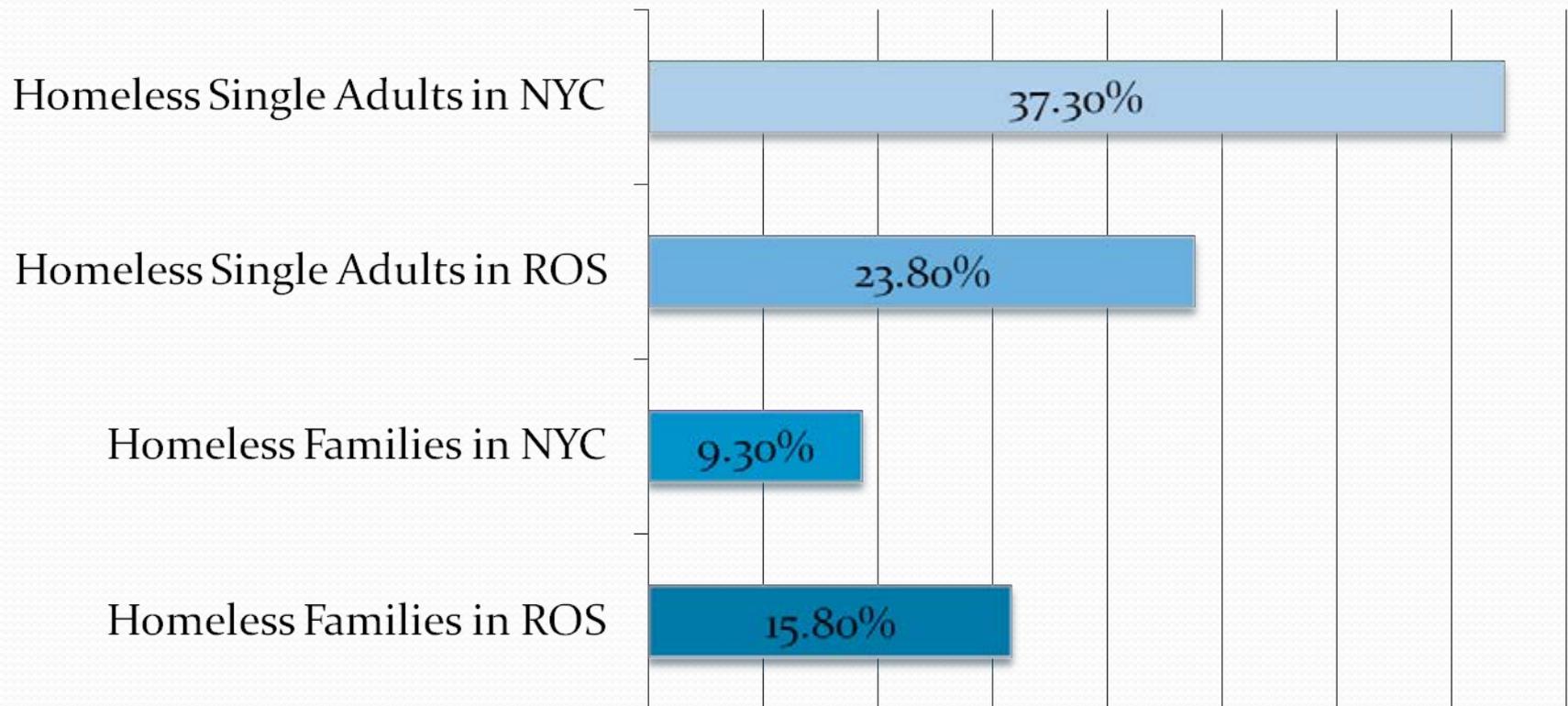
Number of Persons Receiving Emergency Shelter

At any given time, emergency shelter is being provided for approximately:

- 11,225 homeless families
- 11,870 homeless single adults
- **Total of 46,000 homeless individuals receiving emergency shelter in NYS**

Emergency Shelter Utilization

% Increase from 2008 to 2011



Future Trends

- There is likely to be even a greater increase in the number of individuals and families seeking emergency shelter because:
 - Homelessness is a “lagging indicator”
 - End of the \$140 million stimulus-funded Homelessness Prevention and Rapid Rehousing Program (HPRP)
 - Homelessness due to recent floods caused by Hurricane Irene and Tropical Storm Lee

Transitional and Permanent Supportive Housing

- Homeless Housing and Assistance Program (HHAP)
- New York State Supported Housing Program (NYSSH)
- Housing Opportunities for Persons with AIDS (HOPWA) Program

Homeless Housing and Assistance Program (HHAP)

HHAP was the first program in the country to target substantial financial resources for the development of homeless housing. It is governed by the Homeless Housing and Assistance Corporation (HHAC) which is a public authority housed at OTDA.

HHAP Partners

- Board and Advisory Board Members:
 - New York Homes and Community Renewal (HCR)
 - Office of Mental Health (OMH)
 - Office of Alcoholism and Substance Abuse Services (OASAS)

Types of Housing Funded by HHAP

Emergency
Shelter

Transitional
Housing

Permanent
Supportive
Housing

Permanent Supportive Housing

- The HHAP program has been a pioneer in supportive housing
 - Housing for persons living with HIV/AIDS
 - “Low demand” housing for the chronically homeless
 - Reentry housing for former inmates
 - Smaller scale supportive housing programs in rural communities

HHAP Eligibility

- Eligible Applicants:
 - not-for profit corporations
 - charitable organizations
 - municipalities
 - public corporations

Eligible Activities

- acquisition
- construction
- or rehabilitation of housing for persons who are homeless and are unable to secure housing without assistance



Eligible Persons

- Persons eligible for HHAP housing include homeless single adults, homeless youth, and homeless families.
- These homeless persons often have life challenges such as mental illness, chemical dependency, victimization by domestic violence, and/or HIV/AIDS. Many are veterans.
- These homeless persons typically have incomes ranging from 0 to 30% of the Average Median Income (AMI) in the area in which the project is located

Emergency Shelter Populations

Single Men

Single Women

Homeless Families

Victims of Domestic Violence

Homeless Youth

Transitional Housing Populations

Homeless Youth

Veterans

Victims of Domestic Violence

Persons with Chemical Dependencies

Persons with Mental Illness

Persons with HIV/AIDS

Permanent Supportive Housing Populations

Homeless Families

Homeless Men

Homeless Women

Chronically Homeless Adults

Persons with HIV/AIDS

Persons with Physical Disabilities

Persons with Mental Illness

Homeless Youth

Veterans

Victims of Domestic Violence

Elderly

Existing HHAP Units

- A total of \$785.5 million has been appropriated for HHAP since its inception (from 1983 through State Fiscal Year 2010-2011)
- A total of 13,777 units with 23,745 beds have been constructed or rehabilitated through 571 HHAP contracts

HHAP Projects in Development

33 HHAP Projects, totaling
\$101,087,966



ultimately will produce 1,073 new
housing units with 1,482 beds

HHAP Projects Funded in FY 2010-2011

- 12 new projects totaling \$28,926,109 were funded in FY 2010-2011
- This investment of HHAP funding will leverage federal funding, tax credits, and other State funding totaling \$174, 862,761

Funding Partners

- Capital Development:
 - NYC Department of Housing Preservation and Development (HPD)
 - New York Homes and Community Renewal (HCR)
 - NYS Office of Mental Health (OMH)
 - NYS Office of Alcoholism and Substance Abuse Services (OASAS)
 - Federal Home Loan Bank
 - Private fundraising
 - Foundation grants

Funding Partners

- Operating Costs:
 - HUD Continuum of Care Funding
 - HUD Section 8 Vouchers
 - OTDA (New York State Supportive Housing Program)
 - Office of Mental Health (OMH)
 - Office of Children and Family Services (OCFS)
 - Office of Alcoholism and Substance Abuse Services (OASAS)
 - Other federal, State, and local governmental funders
 - Private fundraising and foundation support

HHAP Asset Management

- HHAP's Asset Management Unit is key to providing oversight and support of its extensive portfolio through:
 - Regular inspections of project sites
 - Analysis of annual reports submitted by project sponsors
 - Providing financial and programmatic support to distressed projects

New York State Supported Housing Program(NYSSHP)

NYSSHP provides supportive services to homeless individuals and families living in supportive housing programs with the goal of assisting them in remaining stably housed

NYSSHP Funding

- The NYSSHP program is a combination of the former Single Room Occupancy (SRO) program and the Supportive Housing for Families and Young Adults (SHYFA) program
- The recent procurement totals \$20.4 million
- This will support approximately 6,500 supportive housing units

NYSSHP Services

- Examples of services funded by NYSSHP include:
 - Twenty-four hour program staff
 - Security staff
 - Housing-based case management
 - Life skills training
 - Linkages to employment/benefits



*Warren/Washington County HYC
Six units of transitional housing for homeless youth in Warren County*

Housing Opportunities for Persons with AIDS (HOPWA)

HOPWA is a HUD-funded program that provides housing and housing-related support services to persons living with HIV/AIDS

NYS HOPWA Funding

In State Fiscal Year 2009-2010, OTDA received \$1.9 million from HUD. OTDA contracted with not-for-profit agencies which provided housing for persons living with HIV/AIDS:

- 266 households received long-term rental subsidies
- 131 households received short-term rental subsidies
- Operating costs for 48 congregate units of AIDS housing were funded

SUMMARY

- The supportive housing provided by OTDA is part of a continuum of housing and services provided to homeless youth, single adults, and families.
- OTDA works in collaboration with local social services districts and Federal, State and City agencies to provide these programs.
- The goal of all of OTDA's homeless housing programs is assisting formerly homeless persons in attaining and maintaining housing stability.

New York / New York Service -Enriched Supportive Housing Initiatives

Presented by:

Robert W. Myers, PhD
Senior Deputy Commissioner, OMH

October 24, 2011

NY / NY I Agreement to House Homeless Mentally Ill Individuals: A Brief History

- Joint Initiative Signed in 1990 by New York State through the Office Of Mental Health and New York City through the Human Resources Administration, and the Department of Mental Health, Mental Retardation, and Alcoholism Services. The agreement was signed by Governor Mario Cuomo and Mayor David Dinkins.
 - ✓ **Goal to reduce chronic homelessness among individuals who suffer from serious mental illness. ¹**
 - ✓ **Created over 3,500 Service –Enriched Supportive Housing Units within the five Boroughs of New York City. ¹**
 - ✓ **Over 50 non-profits were awarded units through the city and/or state over a period of 9 years.¹**

A Brief History (continued)

- ✓ Together the City and State allocated a total of \$194.7 million in capital funds to build the housing. Both the City and State used Federal Funds to supplement their commitment.¹
- ✓ NY State provided the operating funds for all supportive housing units.¹
- ✓ The agreement also set responsibilities for client eligibility determination and for oversight and implementation of the agreement.¹

¹ (Stephen Metraux, Steven C. Marcus, and Dennis P. Culhane. "The New York-New York Housing Initiative and Use of Public Shelters by Persons with Severe Mental Illness" *Psychiatric Services* 54.1 (2003): 67-71. Available at: http://works.bepress.com/dennis_culhane/28).

NY / NY I Housing Types

Both permanent and transitional housing models were developed

- **Transitional housing included:**
 - *OMH Licensed Community Residences*

- **Permanent Types Included:**
 - *Supportive single room residences;*
 - *Supportive SROs;*
 - *Scattered-site supportive;*

All types of housing provided various levels of voluntary on-site or community-based case management, clinical and social services.

NY / NY I Population

1. Eligible Residents must have a diagnosis of severe and persistent mental illness such as:
 - ✓ *schizophrenia,*
 - ✓ *major depression,*
 - ✓ *bipolar disorder.*
2. Residents must also have spent a recent period of time homeless in municipal shelters or on the street.

NY / NY I Outcomes

○ Cost- Effective

- ✓ Once placed into service-enriched housing, a homeless mentally ill individual reduces his or her use of publicly funded services by an average of \$12,145 per year. ²
- ✓ Accounting for the natural turnover that occurs as some of the residents move out of service-enriched housing, these service reduction savings translate into \$16,282 per year for each unit of housing constructed. ²
- ✓ The reduction in service use pays for 95% of the costs of building, operating and providing services in supportive housing. ²

NY / NY I Outcomes (continued)

- ✓ \$14,413 of the service reduction savings resulted from a 33% decrease in the use of medical and mental health services. ²
- ✓ Much of these savings resulted from NY/NY residents' experiencing fewer and shorter hospitalizations in state psychiatric centers, with the average individual's hospital use declining 49%. ²
- ✓ After 7 years, more than 80% of clients remained successfully housed. ³

² (Stephen Metraux, Steven C. Marcus, and Dennis P. Culhane. "The New York-New York Housing Initiative and Use of Public Shelters by Persons with Severe Mental Illness" *Psychiatric Services* 54.1 (2003): 67-71. Available at: http://works.bepress.com/dennis_culhane/28)

³ (Summary Placement Report of the New York New York Agreement to House Homeless Mentally Ill Individuals through September 30, 1997)

NY / NY I Outcomes (continued)

○ Shelter Use Decreased

- ✓ Individuals who received a NY/NY housing placement used, on average, 128.2 fewer shelter days than those in not placed in NY / NY housing. ⁴
- ✓ NY/NY housing initiative reduced the average nightly census in New York City shelters by an estimated 4.6 percent. ⁴

⁴ (Stephen Metraux, Steven C. Marcus, and Dennis P. Culhane. "The New York-New York Housing Initiative and Use of Public Shelters by Persons with Severe Mental Illness" *Psychiatric Services* 54.1 (2003): 67-71. Available at: http://works.bepress.com/dennis_culhane/28)

NY / NY II Supportive Housing Initiative

Second joint initiative signed in 1999 by New York State through the Office Of Mental Health and New York City through the Department of Housing Preservation and Development (HPD), the Human Resources Administration, the Department of Homeless Services, and the Department of Mental Health, Mental Retardation, and Alcoholism Services. The agreement was signed by Governor George Pataki and Mayor Rudolph Giuliani.

❖ **Similar to NY / NY I agreement**

- Called for the city and state to build and operate 1,000 additional service-enriched units, 500 from each.
- Called for the state to fund rent stipends and services for 500 units of existing apartments throughout the city.

NY / NY III Agreement

Third joint initiative signed in 2005 by Governor George Pataki, Mayor Michael Bloomberg and 10 New York State and New York City Agencies.

GOAL:

To create 9,000* units of Supportive Housing in 10 years for nine distinct chronically homeless or at-risk of homelessness populations defined by the agreement:

- 2,750 Scatter – Site Units*
- 6,250 Congregate Units*

When fully implemented , the NY / NY III Agreement will represent an approximate investment of more than \$1 billion. This represents a Capital Investment of \$953 million for 6,250 units and an annual operating cost of approximately \$160 million for 9,000 units. ⁵

⁵ (Governor Pataki, Mayor Bloomberg Press Release Monday November 7, 2005)

NY / NY III Agreement & Chronically Homeless

The NY /NY III agreement reserves the majority of units for the chronically homeless.

Chronic homelessness is defined in the agreement as:

- ✓ *an individual with a disability must have spent one of the last two years in a shelter or living on the street;*
- ✓ *a family must have lived in a homeless shelter for at least one year out of the last two years.*

Populations Served NY / NY III

Severe Mental Illness (SMI)

- **Pop A:** Chronically homeless mentally ill single adults
 - *3,200 Congregate Units*
 - *750 Scatter – Site Units*
- **Pop B:** Singles released from state psychiatric centers at risk of homelessness
 - *500 Congregate Units*
 - *500 Scatter – Site Units*

Populations Served NY / NY III

Substance Use

- **Pop E:** Chronically homeless single adults who have a substance use disorder
 - *250 Congregate Units*
 - *500 Scatter – Site Units*
- **Pop F:** Homeless single adults who have completed substance use treatment
 - *250 Congregate Units*
 - *500 Scatter – Site Units*

HIV/AIDS

- **Pop H:** Chronically homeless single adults with HIV/AIDS and who have mental illness, substance use, or both
 - *600 Congregate Units*
 - *400 Scatter-Site Units*

Populations Served

Young Adults

- **Pop C:** Young mentally ill adults (18-24) released from state psychiatric centers or foster care at risk of homelessness
 - *200 Congregate Units*
- **Pop I:** Young adults (18-25) leaving or having left foster care who are at risk of homelessness
 - *100 Congregate Units*
 - *100 Scatter Site*

Populations Served

Families

- **Pop D:** Chronically homeless families in which head of family is mentally ill or mentally ill & substance addicted
 - *400 Congregate Units*
- **Pop G:** Chronically homeless or at risk of homelessness families in which head of household has substance use disorder, disabling medical condition, or HIV/AIDS
 - *750 Congregate Units*

New York State Agencies

1. Office of Mental Health
2. Office of Alcoholism and Substance Abuse
3. Office of Children and Family Services
4. Office of Temporary and Disability Assistance
5. Division of Housing and Community Renewal

New York City Agencies

- Administration for Children's Services
- Department of Health and Mental Hygiene
- Department of Homeless Services
- Housing Preservation and Development
- Human Resources Administration/DSS

Financial Responsibility of NY / NY III

Per the NY / NY III Agreement, the State and the City agreed to allocate the financial responsibility for the capital and operating/service expenses for the 6,250 Congregate Units and 2,750 Scatter-Site Units based on the unit breakdown contained in the following table:

POPULATION	CAPITAL DEVELOPMENT (# of Units)		SCATTER – SITE (# of Units)		OPERATING SUPPORT SHARES (% of funding)		TOTAL (# of Units)
	State	City	State	City	State	City	Total
Population A	1450	1750	750	0	100%	0	3950
Population B	500	0	500	0	100%	0	1000
Population C	200	0	0	0	100%	0	200
Population D	0	400	0	0	100%	0	400
Population E	125	125	250	250	50%	50%	750
Population F	125	125	250	250	50%	50%	750
Population G	375	375	0	0	50%	50%	750
Population H	300	300	200	200	50%	50%	1000
Population I	50	50	50	50	50%	50%	200
TOTAL	3125	3125	2000	750			9000

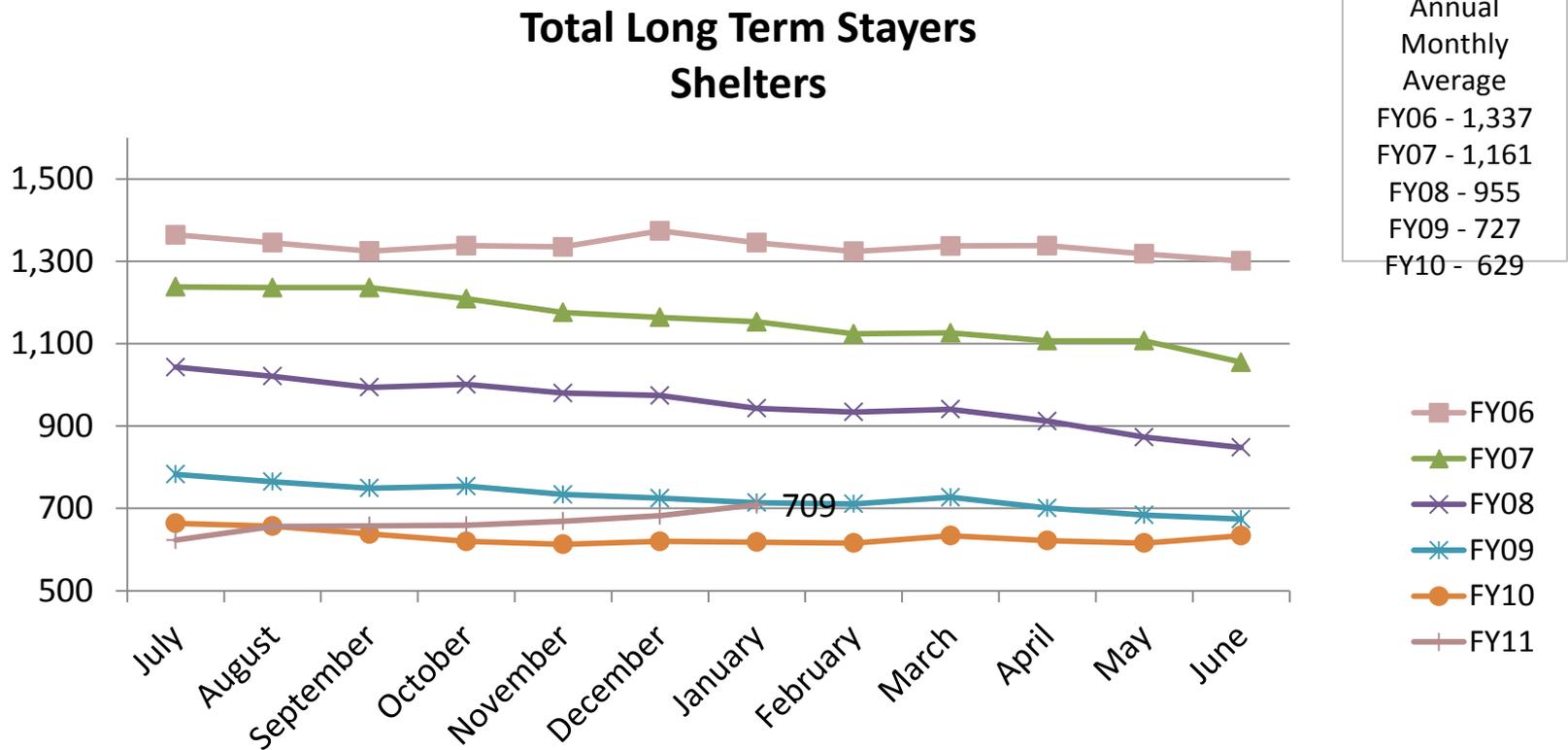
Current Status NY / NY III

NY / NY III UNITS AVAILABLE
As of September 30,2011

POPULATION	CONGREGATE	SCATTER - SITE	TOTAL
Population A	336	600	966
Population B	82	400	482
Population C	15	0	15
Population D	41	0	41
Population E	58	574	632
Population F	74	606	680
Population G	165	0	165
Population H	121	400	521
Population I	61	115	176
TOTAL	983	2695	3678

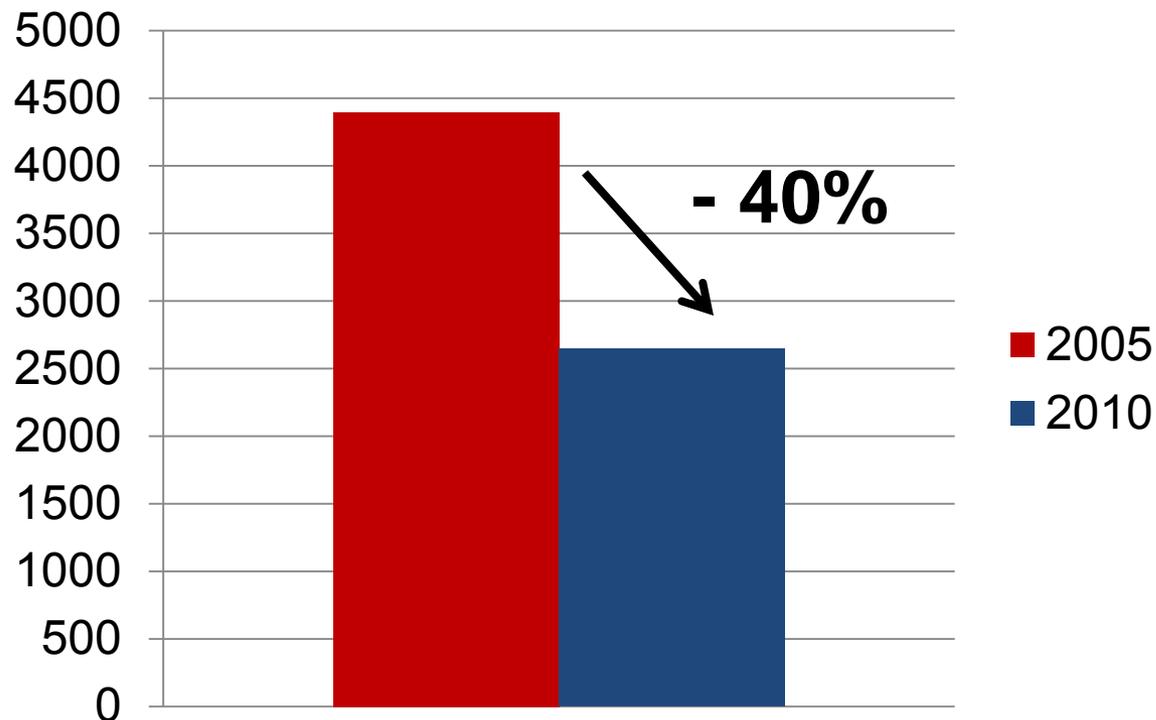
(Data
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from New
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York III
Implementa
tion
Summary
September
30, 2011.)

NY /NY III & Shelter Use Trends



(Charts provided by George Nashak, NYC DHS 2011)

NYC Street & Homeless Population



(Data retrieved from HOPE 2011 The NYC Street Survey, NYC DHS, 2011)

NYC Shelters & Homeless Population

- Steepest declines in Shelter Use are associated with the period when the City and State were rolling out the NYNY III scattered site beds.

Questions?

Thank You!



Partnering to
improve and
preserve our
homes and
communities

HCR Supportive Housing: Categories of Housing Assistance 2008-2011

- **Development of New Supportive Housing - 3044 units**
 - LIHC Supportive Housing Set-Aside
 - NY/NYIII
 - Special Needs Rating and Ranking Criteria

- **Accessibility Modifications - 1,300 units**
 - Access to Home Program

- **Rental Assistance - 543 units**
 - Nursing Home Transition And Diversion Waiver Housing Subsidy Program (NHTD)

 - HUD-VASH Program

HCR Capital Housing Programs: Supportive Housing Incentives



- LIHC Supportive Housing Set-Aside
- NY/NYIII Priority
- Special Needs Rating and Ranking Criteria
- Funding Boosts for Supportive Housing

Supportive Housing: HCR Capital/Credits



Eligible Costs:

- Development (bricks and mortar)

Non-Eligible Costs:

- Capitalization of supportive services
- Services funded from operations

HCR Capital Housing Programs: Demand for Funding in 2011



Program	\$ Available	\$ Requested	Excess Demand
Housing Trust Fund	\$29 million	\$111 million	\$82 million
HOME	\$12 million	\$37 million	\$25 million
9% Low Income Housing Tax Credit	\$25 million	\$85 million	\$60 million
State Low Income Housing Tax Credit	\$4 million	\$12 million	\$8 million

HCR
Supportive
Housing
Development
Model

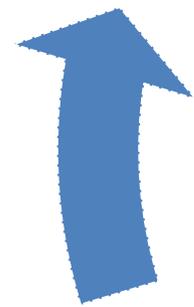
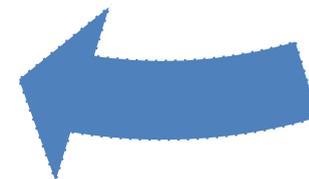
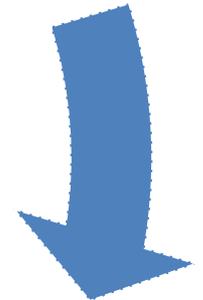
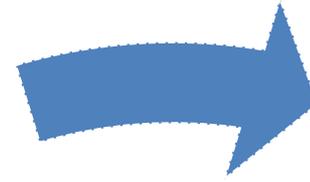
Partner
Capital
Funding

HCR
Capital
Funding



Partner
Operating
Funding

Partner
Services
Funding



HCR Supportive Housing: Unified Funding 2011



- 52% increase in supportive housing units funded in 2011 from the number funded in 2010
- 249 NYNYIII units funded in 2011 , more than 260% increase over 2010
- 538 units funded in 2011 for tenants with special needs

Supportive
Housing
Development
- Needs
Partner
Agency
Capital,
Service and
Operating
Funds



**Without Partner Agency Capital,
Service and Operating Funds**

HCR Supportive Housing: Rochester Avenue Apts., Brooklyn



HCR Supportive Housing : Rochester Avenue Apts, Brooklyn



HCR Supportive Housing: Rochester Ave, Brooklyn



Awardee: Concern For Independent Living

Location: Crown Heights, Brooklyn

Number Of Supportive Units: 65

Population Served: Chronically Homeless
Persons With Severe and
Persistent Mental Illness

HCR Supportive Housing: Rochester Ave, Brooklyn



Service Funding:

NYS OMH - NY/NYIII

Operating Subsidy:

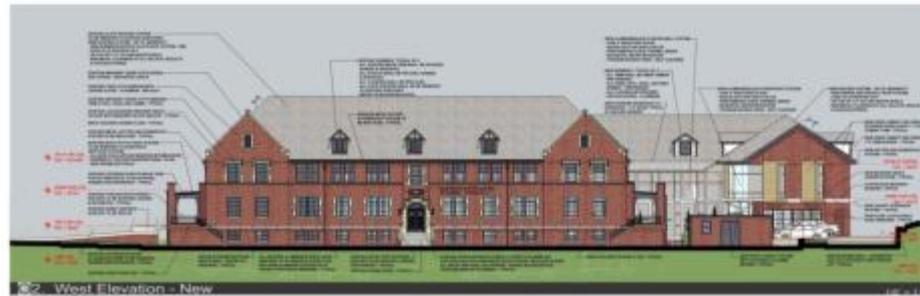
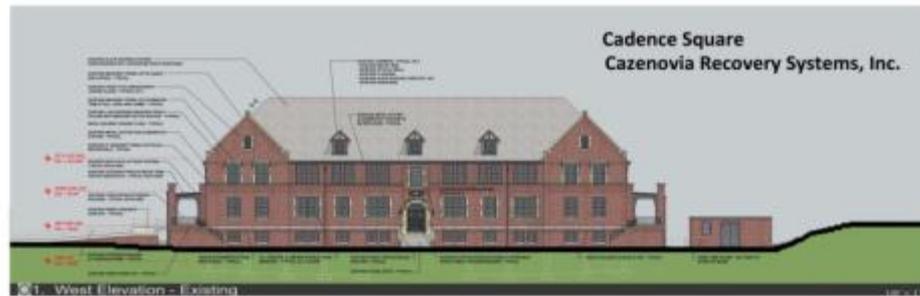
NYS OMH - NY/NYIII

Capital:

NYS OMH \$12.7 Million

NYS HCR \$10.4 Million

HCR Supportive Housing : Cadence Square Town of Canandaigua, Ontario Co.



The Canandaigua New York Campus - VAMC

Department of Veterans Affairs - Enhanced-Use Lease Development Project



FONTANESE
FOLTS
ABBRECHT
ERBS
ARCHITECTS
Cadence Square
CONTINUUM OF CARE CAMPUS
08

HCR Supportive Housing: Cadence Square - Ontario Co.



Awardee: Casenovia Recovery Systems

Location: Town Of Canandaigua, Ontario County

Number Of Supportive Units: 22 (33 Units Total)

Population Served: Veterans in Long-Term
Recovery From Substance Abuse

HCR Supportive Housing: Cadence Square, Ontario Co.



Service Funding:

NYS OASAS Licensed Local Service Provider

Operating Subsidy

NYS OTDA Congregate Care

Capital:

NYS OASAS	\$500,000
NYS HHAC	\$2.3 Million
NYS HCR	\$6.1 Million

HCR Capital Housing Programs: Supportive Housing Incentives



- LIHC Supportive Housing Set-Aside
- NY/NYIII Priority
- Special Needs Rating and Ranking Criteria
- Funding Boosts for Supportive Housing