**MRT SENIOR SUPPORTIVE HOUSING SERVICES**

**PROGRAM AWARDEES**

**Provider: Project Renewal, Inc.**

**Project Name: Tools for Aging in Place (TAP)**

Manhattan, New York City

The program serves Medicaid eligible seniors who are currently residing in Geffner House (housing for formerly homeless men and women). Project Renewal plans to carry out 35 accessibility modifications of existing housing units, put in place assistive technologies and employ Occupational Therapy (OT) and social work student interns to work with seniors to adapt and enhance their life skills. The Program Coordinator will create and later re-assess Individualized Care Plans. Project Renewal plans to develop and implement Tools for Aging in Place (TAP) program, an innovative senior supportive housing program that includes support services allowing residents to age in place with dignity and a high quality of life. TAP will also include quarterly volunteer-led “senior-friendly” activities to provide additional social opportunities for the seniors. Project Renewal will outreach to direct-care facilities as well as various supportive housing programs and housing agencies to identify other eligible seniors who can be enrolled as units become available.

**Provider: Ithaca Housing Authority (IHA)**

**Project Name: Expanding On-Site Health Care and Improving Accessibility: Optimal,**

 **Affordable Low Income Senior Housing at the Ithaca Housing Authority’s**

 **(IHA) Titus Towers.**

Ithaca, NY, Tompkins County

The program intends to restore and expand the Nurse Case Manager Program and modify apartments (primarily bathroom safety and accessibility modifications) in Titus Towers (250 units) to minimize the risk of potential injuries. IHA utilizes Westmead Home Safety Assessment to identify needed support services for the elderly. The Nurse Case Manager Program will ensure compliance with medication protocols, physician instructions, and self-care instructions, as well as advocate for healthcare needs. The Support Services Coordinator provides a full range of non-medical services. The program will utilize Redmoon Assessment Tool to comprehensively assess the needs of seniors and develop a care plan. To guide eligible targeted populations into this program, IHA utilizes its Pipeline Partners (such as Tompkins County DSS, Office for the Aging, Cayuga Medical Center, Rescue Mission Emergency Shelter, etc.) that are part of Ithaca/Tompkins Continuum of Care (CoC). IHA will also utilize non-CoC Pipeline contributors: independent living apartment complexes, nursing homes, adult care facilities, etc.

**Provider: PROMESA, Inc. (Puerto Rican Organization to Motivate, Enlighten and**

 **Serve Addicts, Inc.)**

**Project Name: South Bronx Senior Supportive Housing Services Program**

Bronx, New York City

PROMESA is part of the Acacia Network (community-based, Latin-lead health and human services agency in NYS).

The program is set to enroll 50 seniors in Oub Houses (mixed use affordable housing complex with 361 units). The program intends to undergo extensive universal design modifications, renovations, and reconfiguration on the existing housing units: counter and sink reconfigurations, single-lever control faucets, pull out/drop leaf shelves, etc. The program plans to modify 10 units per year. A majority of the funding will be used to provide comprehensive support services to the residents including assistance on housing retention, as well as assistance with language barrier in the healthcare field. The Project Team will assess seniors and focus on issues related to independent living and self-sufficiency. PROMESA plans to employ a licensed creative arts therapist to provide additional supportive services. Specific services include case management, benefits counseling and services, therapeutic workshops and services; substance abuse education; treatment, referral and intervention; service coordination; medication counseling; and nutrition counseling. PROMESA operates several medical and behavioral programs and plans its in-reach from them. PROMESA also uses existing partnerships such as Montefiore Bronx Accountable Healthcare Network (BAHN) to secure referrals for the program.

**Provider: Westchester Independent Living Center, Inc.**

**Project Name: Senior Supportive Housing Pilot Project (SHHPP)**

Westchester and Putnam Counties

The program intends to help keep current residents in their housing by increasing accessibility and developing supportive services. The plan anticipates to present the seniors with several empowerment/educational events with the main focus on empowering the residents to work together and assist each other to live independently in the community. There will be a multitude of empowerment sessions scheduled each quarter. The key elements of the program are personal awareness, personal responsibility, and personal empowerment. The project will use the Partners for Success program to empower seniors to support each other. Educational events will be conducted as well, featuring topics such as budgeting, how to use a computer, how to talk to your doctor, eating healthy, etc. Senior ambassadors (residents/ volunteers) play a crucial role in determining initial needs of residents and deficiencies in the housing units. To open the lines of communication among all stakeholders, the project will establish a toll free number, a social media site as well as conduct tenant surveys. The program will have its focus on identifying and assessing the needs for e-mods, renovations and reconfigurations, including those that have been denied in the past. The program will seek out alternative contractor resources to provide support services.

**Provider: Goddard Riverside Community Center**

**Project Name: Goddard Riverside Senior Supportive Housing Program (GRSSHP)**

Manhattan, New York City

The program will serve 45 seniors, giving priority to those who are currently or formerly homeless. Goddard Riverside Community Center partners with a number of advocacy, supportive or direct care entities to ensure the services provided comprehensively meet the needs of the seniors. The program plans to partner with Visiting Nurse Services of New York to ensure participants have adequate health care. The program plans to use in-reach strategy within its own 600 housing units. Goddard Riverside is a lead agency of Manhattan Outreach Consortium (MOC) and has established two outreach methods: a street outreach model that has a proven track record of being successful in housing those difficult to reach; and nursing home outreach. The plan intends to make housing units more accessible or modify them by conducting home safety assessments, as well as comprehensive geriatric medical and functional assessments. The project utilizes Housing Focused Case Management to prevent nursing home placement and ensure long-term stability in community- based housing. Case managers will provide home-based, office-based, and/or community- based services depending on individual needs.

**Provider: Family Service Society of Yonkers (FSSY)**

**Project Name: Westchester Senior Supportive Housing Services Program**

Westchester and Putnam Counties

 The program intends to recruit and assess 100+ potential participants annually and develop housing retention, rehousing or community transition plans for 60+ enrolled participants. FSSY will survey existing housing participants for potential accessibility needs and modifications. FSSY plans to outreach and recruit through the network of hospitals, nursing homes and assisted living facilities. FSSY utilizes the full list of 73 senior housing developments in Westchester County published by the Westchester County Department of Senior Programs. The program will analyze the needs for supportive services and develop supportive services using linkage agreements with service providers to sustain independent living. FSSY utilizes a nationally recognized assessment tool, the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), and uses Westchester’s Homeless Management Information System (HMIS) for client tracking and reporting. FSSY utilizes the Westchester County Continuum of Care partnership to outreach and coordinate all available resources.

**Provider: Catholic Charities of the Diocese of Rockville Centre**

**Project Name: Senior Supportive Housing Services**

Nassau and Suffolk Counties

 The program intends to establish a mobile team to serve eligible tenants residing in 1,329 senior housing units, as well as the homeless population. The mobile team will regularly visit seniors in current housing and engage them in social activities and community meetings. This program is a part of mental health services. Supportive services are based on integrated approach and concentrate on physical and behavioral health. The provider will be offering in-home behavioral health care. The outreach mechanism is developed partnering with the Long Island Continuum of Care. The program will provide capital assistance to provide accessibility features in existing housing units as well as assess the needs for assistive technologies and provide them to consumers to increase independence and promote safety at home. All of the services are open to people of all faiths.

**Provider: United Helpers Management Company, Inc.**

**Project Name: Services within Senior Housing (SWISH)**

St. Lawrence and Jefferson Counties

 The program plans to increase accessibility of senior housing units, reach out to100+ eligible seniors (in-reach within 15 housing complexes) and work toward reducing institutionalization. The buildings were constructed according to earlier HUD standards and have a very limited number of accessible units. This program will utilize funds to close this gap and allow residents to stay housed. The outreach is conducted within the United Helpers waiting lists, swing beds in hospitals, rehabilitation centers, nursing homes and health homes. The plan will be converted to a formal program based on individual’s assessment and will create facility-wide service plan. The program uses the Resident Assessment Tool developed by LeadingAge and the Foothold software for care planning. The program focuses on both renovation (replacing tubs, lowering kitchen cabinets, etc.) and innovative technology (programmable shut-off devices, strobe alarm smokes, auditory thermostats, remote door openers, etc.) to better meet tenants’ needs. Two types of support service plans will be developed: 1) intended for the delivery to the tenant’s living unit and services delivered via group activities; and 2) services and activities developed together with the community partners. The organization’s program budget includes funds for a variety of services: creative, cognitive, nutritional, physical activity, socialization, education as well as funds for key physical fitness equipment.

**Provider: RUPCO, Inc.**

**Project Name: Senior Supportive Housing Program (SSHP)**

Ulster County

 The program plans to increase the number of universal design modifications to housing units available to the SSHP population and/or community spaces. The program targets 100+ at-risk residents throughout RUPCO’s six properties. The plan intends to improve social, emotional and long-term function of the targeted population via integrating care and case management. RUPCO plans to contract with the Ulster County Resource Center for Accessible Living to comprehensively review proposed modifications and make sure they meet the needs of program participants. RUPCO’s two newly established care managers will assess and design a comprehensive individualized service plan for each program participant. The plan will acquire digital technologies to improve the physical, social, and emotional health of participants and improve quality of life. The program will deliver a number of wellness and health workshops to the SSHS program tenants. As an outreach mechanism, RUPCO closely works with the Ulster County Care Transitions Committee, health homes, NY Connects, Ulster County Continuum of Care and others where eligible seniors are referred to RUPCO for housing and supportive services.

**MRT NURSING HOME TO INDEPENDENT LIVING**

**PROGRAM PARTICIPANTS**

**Provider: The Salvation Army (Syracuse Area Services)**

**Project Name: CNY Nursing Home to Independent Living Project**

Onondaga County

 The program’s main goal is to place and sustain 250 eligible participants in community- based, independent housing. The Salvation Army will establish an Advisory Council consisting of major stakeholders that will be charged with oversight, guidance, and evaluation of program implementation. The project will develop a system to locate affordable, accessible, and sustainable housing. With the help of a housing specialist, the Salvation Army plans to provide housing subsidies to pay for security deposits, moving expenses, and rental subsidies. The program will provide intensive case management through comprehensive in-home intervention and an array of support services. Service coordinators will provide intensive services to help coordinate care for eligible individuals. They will work together with a transition manager and a housing specialist. The program has broad outreach partners; among them are VNA, Loretto, ARISE, and the Long Term Care Executive Council. The Salvation Army closely collaborates with major provider stakeholders and hosts the United States Department of Housing and Urban Development’s Homeless Management Information System database.

**Provider: Federation of Organizations for the NYS Mentally Disabled, Inc.**

**Project Name: Nursing Home to Independent Living Supportive Housing Program**

Nassau and Suffolk Counties

 The program intends to develop 70 two-bedroom apartment units housing 140 senior residents. The units proposed are scattered-site apartments. The program will provide rental subsidies to the eligible population, making sure the supportive housing units are affordable. The proposed units will house two participants per apartment. Staff will assess and interview applicants to ensure a successful match. Federation of Organizations for the NYS Mentally Disabled, Inc., will develop and provide a range of services to assist participants to remain in the community. The services will help establish independence, wellness, self-management and pursuance of new opportunities. Residents and staff will create and implement an individualized health and recovery plan that includes community integration, health and wellness, and ongoing mental health rehabilitation goals. The project proposes to employ peer specialists who will provide outreach to such entities as health homes, acute care facilities, long term care facilities and local departments of social services. They will also provide direct services to participants, and be positive role models for independent living and attainment of necessary life skills.