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Subject: MRT Affordable Housing Workgroup

In response to the request at the conclusion of the discussion at our first meeting, I offer the following reflections.

The Problem:

As a provider of supportive housing for people who are homeless and low income (and do not necessarily have a mental illness or , alcohol or drug addiction history), the problem is three-fold: inadequate supply of supportive housing, inadequate funding for the supportive services, and inadequate supply of affordable housing. Emergency shelter stays and housing waiting lists are getting longer.

At the same time, the limited supply of truly affordable housing (for a person or family with the wage earner/s making minimum wage; for an SSI recipient; for a public assistance recipient for whom the housing allowance has remained woefully low) makes it challenging for people who are able to live with fewer supports to move out of the supportive housing programs. At the same time, we have seen that when some of our supportive housing tenants have been offered portable section 8 vouchers and they leave the supportive housing environment, they find it challenging to remain independent. Many have returned to supportive housing or, if not returning to the housing, return to the housing communities and the supports.

In many of the counties of upstate NY where we operate, it is difficult to develop any housing using tax credits. The population densities in the rural areas particularly do not support projects large enough to make the costs of the programs work. (The same geography issues make it more costly and challenging to provide the support services...transportation is a particular challenge.)

As a provider of housing for seniors, the key issue in existing housing communities is the growing need for onsite supportive services for senior residents. Existing DOH regulations defining "independent senior housing" have a chilling effect on housing providers' efforts to serve this need of the residents and their families. We need to recognize that that people move to senior housing not only to remain independent but to avoid the isolation of living "alone." So, greater clarity in the regulations that senior housing providers can keep an eye on the residents and note changes in their behaviors or health (and share with family as authorized) and offer staff who can help senior residents and families navigate the complex service systems would go a long way to meeting this need.

Further, there continues to be a significant challenge in meeting the housing needs of seniors who are over income for subsidized housing but unable to afford fully market rate housing. The tax credit program addresses this to some extent but the fact that rents are not subsidized in that program means that significant numbers of relatively low income seniors cannot afford the rent.

For both senior and general affordable housing, linking rent subsidies to the units developed is a significant need.

Broad strategic directions to achieve solutions for the defined problems.

Look at existing housing development or renovation programs and see if targeting them to specific geographic areas may make them go farther and do more good. I am particularly thinking that this may make sense with the HHAP program. HHAP is often able to fully fund housing development in

some areas of upstate NY but in other areas, especially in downstate areas, it is a part of a quilt of funding put together to make a project work. It may be more valuable to have HHAP funding targeted in large part to upstate and rural area housing development/renovation.

Link development investments by government with subsidies for rent in permanent housing units (HCR has section 8 vouchers, for example) as well as funding support for supportive services. Some of these supportive services may be able to be funded to some extent by Medicaid.

Look at benefits of having a Certified HUD Counseling program housed at OPWDD. While that program's future is questionable (Federal budget), and homeownership is not the answer for many people, it does not seem a good use of that resource to have it identified with one specific group. While I understand that the program is open to more than clients served by OPWDD, the fact remains that having it located there and not in a housing or housing support services agency focuses it in a specific way.

As mentioned above, revise the "independent senior housing" definition in the DOH regulations to allow for more flexibility in meeting the needs of seniors who chose senior living so they won't be alone and someone will be watching out for them as they age. Using words like "monitor", "coordinate" in the definition of what independent senior housing cannot do eliminates flexibility and makes it hard to meet the basic expectations of seniors who move to senior housing..they expect that someone is monitoring them (not in health monitoring but behavior) so they will be safe; and they want to have an easier time getting the help they need when they need it.

Opportunities for use of Medicaid dollars that would have downstream benefits and long term savings to the Medicaid system

Support funding for smart technologies in subsidized senior housing communities. Many of these kinds of technologies are often available in full service retirement communities because residents and families can afford to pay for them. However, this is not the case for many subsidized senior community residents. Sensor technologies, tele-health programs, smart technologies that assist with nutrition, liquid intake could help to identify issues earlier and avoid unnecessary hospitalizations or removal from the housing environment

Improved access to and more easily usable programs to encourage investing in home modifications that help a senior or person with a physical disability continue living in the community.

Support funding of case management and case work services for former residents of supportive housing programs that are now living in the community. While these kinds of program exist for people linked to mental health and substance abuse systems, they do not exist for people not so linked. Yet, these individuals will have responded well to case management services while in housing. In this way, we continue to encourage independence but provide the supports that many former residents need to avoid a return to the challenging behaviors and loneliness that lead to a return to the need for supportive housing.

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