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Presenter: Pascale Leone, MPP Senior Program Manager at Corporation for Supportive Housing (CSH)
Our Mission

Advancing housing solutions that:

- Improve lives of vulnerable people
- Maximize public & private resources
- Build strong, healthy communities

Today's Takeaways (webinar objectives)

- Describe the impact of stable housing on positive health outcomes
- Name at least three types of housing options across New York State
- List at least two components of supportive housing
- Identify at least three referral resources in New York State

Housing Instability & Homelessness
Grace's Story

Grace is a 25 year old woman who has a history of serious and persistent mental illness and illegal substance use. She cycles through the hospital system's emergency department. She uses a manual wheelchair for long distances and a rollator for short distances. Grace was recently admitted for an injury sustained to her head while under the influence but has been cleared for discharge. However, while inpatient, Grace was legally evicted for non-payment of rent. Hospital staff know that without access to treatment and adequate housing, Grace will be back again and perhaps with a more serious injury.

Many People Experience Homelessness

On any given night

86,352

people in the New York State experience homelessness, of which
73,523 (85%) are in New York City

Source: HUD, Annual Point-in-Time Count

Causes of Housing Instability and Homelessness

- Structural Causes
  - Lack of affordable housing, unemployment rates, poverty
- Institutional Causes
  - People leaving care (prisons, mental health facilities, nursing homes)
- Relationship Causes
  - Family breakdown, DV, divorce, death
- Personal Causes
  - Mental illness, drug/alcohol use
Health Impacts Housing Stability

- Medical Expenses
- Poor Physical Health
- Poor Mental Health

Housing Is Healthcare

Poor Health & Housing Instability is a Cycle

- Poor health puts one at risk for homelessness
- Homelessness puts one at risk for poor health
- Homelessness complicates efforts to treat illnesses and injuries

Source: National Healthcare for the Homeless Council, "Housing is Health Care," 2011
Social Determinants of Health

The circumstances in which people are born, grow up, live, work and age, as well as the health systems they utilize.

Social Determinants of Health

<table>
<thead>
<tr>
<th>Determinant</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Health Behaviors</td>
<td>60%</td>
</tr>
<tr>
<td>Medical Care</td>
<td>15%</td>
</tr>
<tr>
<td>Genes &amp; Biology</td>
<td>15%</td>
</tr>
<tr>
<td>Social/Societal Characteristics and Total Ecology (Physical Environment)</td>
<td>10%</td>
</tr>
</tbody>
</table>


Maslow’s Hierarchy

Basic human Needs

- Basic Physiological
- Safety and Security
- Love and Belonging
- Self Esteem
- Self Actualization
No Housing = Higher Exposure to Hazardous Situations

Communicable Diseases
Violence
Malnutrition
No Medication Storage
Harmful Weather

No Housing = More Frequent Emergency Dept (ED) Use

Patients who were homeless or precariously housed were six times more likely to name the emergency department as their usual source of care or to say they had no usual source of care than patients who had stable housing.
The strongest healthcare intervention for high utilizers is supportive housing.

**Triple Aim Alignment**

- **Improving Quality of Care**
  - Continuity of care from hospital to community: patients get care they need

- **Reducing Costs**
  - Reduced readmissions to ER and hospital

- **Improving Health Outcomes**
  - Stabilizes very fragile individuals through housing and intensive case management services

**Housing Interventions and Solutions**
Types of Housing Interventions

- Crisis Response System Interventions
- Affordable Housing
- Supportive Housing

Shelter/Housing Universe in New York

- Congregate vs. Scattered Site
  Units Are Located in One Building or Scattered Throughout Multiple Properties or Buildings
Crisis Response Programs In New York

**Prevention**
- 2-1-1
- DSS/BSS

**Emergency Shelters**
- Shelter
- DV Shelter
- Boarding Rooms
- Hotels/Motels
- Long-term Treatment
- CR SRO
- 1/2 & 3/4 Housing
- Safe Haven
- Apartment Treatment
- Respite

**Other**
- Warming/Drop-In Centers
- Jail
- Nursing Homes

Emergency Shelter Key Characteristics
- Intended for short-term stays (0-3 months)
- Often the first place people go to seek shelter

Emergency Shelter Services
- Limited or no services during stay

Emergency Shelter Examples
- Warming, Drop-in centers
- Overnight Shelters
- DV Shelters

Housing Categories In New York

**Market Housing**
- Typical market rate rental housing

**Affordable Housing**
- Public Housing
- Section 8
- DRIE
- SEPS/FEPS
- SCRIE
- Home Ownership

**Rapid Rehousing**
- Typical market rate rental housing
- SSI-P

**Permanent Supportive Housing**
- Supportive SRO
- S+O
- HUD VASH
- MRT
- DV
- Supported
Emergency Shelter

Hotels/ Motels
- Temporary housing for homeless individuals/families. Usually placed when shelters are full. Difficult to provide services in hotels/motels. Typical stay is a month – goal is to get into housing
- Homeless families/individuals
- DSS does pay for the vouchers

Code Blue/Warming Centers
- Short-term emergency shelter that operates when temperatures and/or precipitation has become dangerously inclement
- For single adults and families in need
- NY – 211

Boarding Homes / Rooming Houses
- Single room with shared kitchen, bathroom, and/or common areas. May have as few as three rooms or more than a hundred. Not widely used statewide
- Typically single individuals with SSI/SSD. Individuals can also self-pay
- Dept. of Social Services; self-pay

DV Shelter
- Provides temporary safe housing and support services (i.e., emergency housing, hotline, support groups, case management, and court services) for victims of domestic violence
- For victims of domestic violence

Rapid Rehousing

Home to Stay
- Enriched housing placement and support services to episodic and repeat homeless families who appeared likely to require such

Supportive Services for Veteran Families Program (SSVF)
- Short-term rapid rehousing and homeless prevention services to homeless and at-risk Veterans and their families
- VA, non-profit, CBOs

Crisis Intervention

Key Characteristics
- Time-limited subsidy and services
- Members live in market-rate housing scattered in the community

Rapid Rehousing

Services
- Case management
- Referrals

Examples
- Supportive Service for Veteran Families (SSVF)
### Transitional Housing

#### Key Characteristics
- Medium-term (3-24 months)
- Highly-structured
- Congregate Living

#### Services
- Intensive
- Treatment or Goal Oriented (i.e. recovery, employment)

#### Examples
- Treatment facilities
- Nursing Homes
- Half-way homes
- DV Housing
- VA Grant Per Diem

### Transitional Programs

**Apartment Treatment (scattered-site)**
- Shared apartments in community for individuals with mental illness or substance abuse. Provides an apartment in the community with staff visits as necessary to provide rehabilitative services designed to improve functioning and develop greater independence. Typically 18+, Level II
- Eligible individuals must have Medicaid and/or SSI, SSD or be on public assistance.
- NYS - OMH SPOA

**CR SRO (congregate)**
- Community Residences/Single Room Occupancy: Usually 2-5 years before transitioning to more independent living. Level II
- Chronically homeless, SMI or MICA single adults. Preference for those discharged from long-term psychiatric hospitalization.
- OMH

**Long-term Treatment**
- Shared apartments in community for individuals with substance abuse or substance abuse and concurrent mental illness. Typically 18+, Level II
- DMH, DASAS

**Adult Care Facility**
- Assessment completed by an RN; forms valid for 30 days for hospitalized individuals & 90 days for those who are in any other setting, including their home (required by NYS DOH)
- For adult care, must apply to the individual, privately-owned facility

**Safe Haven**
- Housing and rehab services for hard to reach homeless population with SMI who aren’t engaged in conventional housing/outpatient treatment
- Drop-in centers are the portals of entry for Safe Havens

**Three-Quarter Houses aka Sober Homes (congregate)**
- The congregate sites are not licensed by a NYS authority
- There are at least 500 such “Sober Home” beds on Long Island
### Affordable Housing

#### Key Characteristics
- No time-limit subsidy
- Can be project-based or scattered site

#### Services
- Members find own services in community

#### Examples
- Housing Choice Voucher (Section 8)
- Public Housing

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### Affordable Housing

#### Public Housing
- Affordable housing for low- and moderate-income residents
- 18+, income restrictions/criminal background restrictions
- Local PHAs

#### Housing Choice Voucher (Section 8)
- Tenant-based vouchers to extremely low-income (30% AMI), very low-income (50% AMI) and low-income (80% AMI) families living in the State of New York (project-based or individual “portable” vouchers)
- 18+, Income-based, restrictions (background)
- Local PHAs

#### 80/20
- Multi-family rental developments where at least 20% of units are set aside for very low-income residents (50% or less local AMI)
- Similar to 80/20 but targeted specifically to homeless, usually 10-30%
- HCR/HFA

#### Low Income Housing Lotteries
- Completed application and enter it in an apartment lottery via the development/project
- HCR

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### Affordable Housing

#### Sect. 202
- Supportive Housing for the Elderly program (Section 202) provides rent subsidies to make units affordable
- Available for very low-income individuals comprised of at least one person who is at least 62 years old
- HUD website for 202 developments

#### Home Ownership (Mitchell-Lama)
- Affordable rental and cooperative housing to moderate and middle-income families
- Income requirements set by each development
- HCR for lists, apply directly to development

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### Affordable Housing

#### Supportive Housing for the Elderly
- Provides rent subsidies to make units affordable
- Available for very low-income individuals

#### Housing Choice Voucher
- Tenant-based vouchers to low-income families

#### 80/20
- Multi-family rental developments with set-aside units

#### Low Income Housing Lotteries
- Completed application, enter lottery via development/project

#### Sect. 202
- Supportive Housing for the Elderly
- Affordable housing for elderly

#### Home Ownership (Mitchell-Lama)
- Affordable rental and cooperative housing

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### Affordable Housing

#### Public Housing
- Affordable housing for low- and moderate-income residents
- 18+, income restrictions

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### Affordable Housing

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#### Sect. 202
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- Affordable rental and cooperative housing

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Supportive Housing combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity. It is permanent, affordable, independent, tenant centered, flexible and voluntary.
Supportive Housing: Key Components

1. Targets households with barriers
2. Is affordable
3. Provides tenants with leases
4. Engages tenants in voluntary services
5. Coordinates among key partners
6. Connects tenants with community

1. Targets households with multiple barriers
Residents of institutions who prefer to live in the community
Chronically homeless
Includes individuals, families and youth
People exiting jail or prison with chronic health conditions (esp. mental health)
Mental health, substance use and/or physical health disabling conditions coupled with housing need

2. Housing is Affordable

3. Provides Tenants with Leases
4. Engages tenants in flexible, voluntary services

Supportive Services

- Health/Mental Health Services
- Independent Living Skills
- Child Care
- Employment Services and Support
- Substance Abuse
- Community Building Activities
- Budgeting & Financial Management Training

Supportive Housing Services

<table>
<thead>
<tr>
<th>Tenancy Supports</th>
<th>Housing Case Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach and engagement</td>
<td>Service plan development</td>
</tr>
<tr>
<td>Housing search assistance</td>
<td>Coordination with primary care and health homes</td>
</tr>
<tr>
<td>Collecting documents to apply for housing</td>
<td>Coordination with substance use treatment providers</td>
</tr>
<tr>
<td>Completing housing applications</td>
<td>Coordination with mental health providers</td>
</tr>
<tr>
<td>Advocacy and negotiating</td>
<td>Coordination with case and dental providers</td>
</tr>
<tr>
<td>Advocacy with landlords to rent units</td>
<td>Coordination with hospital/emergency departments</td>
</tr>
<tr>
<td>Tenant lease regulations</td>
<td>Crime intervention and Referral for Intercession</td>
</tr>
<tr>
<td>Acquiring furnishings</td>
<td>Mediation and conflict resolution</td>
</tr>
<tr>
<td>Purchasing cleaning supplies, dishes, bed, etc.</td>
<td>Mediation and conflict resolution</td>
</tr>
<tr>
<td>Moving assistance if 1st or 2nd housing situation does not work out</td>
<td>Housing advocacy</td>
</tr>
<tr>
<td>Tenancy rights and responsibilities education</td>
<td>Transportation to appointments</td>
</tr>
<tr>
<td>Eviction prevention (paying rent on time)</td>
<td>Financial assistance</td>
</tr>
<tr>
<td>Eviction prevention (court fees/violation)</td>
<td>Independent living skills coaching</td>
</tr>
<tr>
<td>Eviction prevention (legal behavior requirements)</td>
<td>Intergenerational, job skills training, and employment</td>
</tr>
<tr>
<td>Eviction prevention (skills management)</td>
<td>Support groups</td>
</tr>
<tr>
<td>Landlord relationship maintenance</td>
<td>Referral planning</td>
</tr>
<tr>
<td>Fidelity provider relationship maintenance</td>
<td>Re-engagement</td>
</tr>
</tbody>
</table>
What are voluntary services?

- Participation in services is not a condition of tenancy
- Services are voluntary for tenants...not staff
- Emphasis should be on user-friendly services driven by tenant needs and individual goals

5. Coordinates among key partners

6. Connects Tenants with Community
**Supportive Housing**

- Mental Health
  - Shelter + care
  - Supported: Single Room Occupancy (Congregate)
  - Supported (Scat-site)
  - Health/Home Supportive Housing (Scat-site)
  - Medicaid Redesign Team (MRT)

- Substance Abuse
  - MRT (Scat-site)
  - Shelter + care

- HIV/AIDS
  - AIDS Institute Rental Subsidies & Supports
  - Health Home HH + Rental Assistance Program
  - HOPWA

- Elderly/Disability
  - Sect. 811
  - MRT
  - Consolidated Supports & Services (CSS)
  - Individual Supports and Services (ISS)
  - Olmstead Rental Subsidy Program (Scat-site)
  - Nursing Home to Ind Liv (Scat-site)
  - Access to Home for Medicaid
  - Assisted Technology (TRIADS) Program

- Veterans
  - HUD VASH
  - Housing Choice Vouchers (Section 8)

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**Potential NYNY IV Agreement?**

- The Problem:
  - Recent statewide CSH study found unmet supportive need for 36,000 households
  - Homelessness in New York has nearly doubled in the last decade since NY/NY III was created
  - Most NYNY III units are filled up
  - Not nearly enough supportive housing to meet demand. Four out of every five people found eligible for supportive housing in New York City have had to stay in shelter or on the street because there are too few supportive housing units left

- The Ask:
  - 35,000 units of supportive housing statewide

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**Troubleshooting Housing Access: Tips & Strategies**
General Strategies

- Connect with the right people
- Keep an updated account of housing resources and eligibility criteria
- Participate in your local Continuum of Care
- Consider initiatives, collaborations or partnerships to better coordinate healthcare and housing

Partnerships are the Key

Care coordination requires the deliberate organizing of a patient’s care needs and involving and sharing information among all pertinent providers involved in a patient's care to achieve optimal outcomes.
Uncoordinated Patient Care

Why make care coordination a priority?

• Patients/tenants hate it when we can’t make this work.
• Poor hand-offs lead to delays in care that may be dangerous to health.
• There is enormous waste associated with unnecessary referrals, duplicate testing, unwanted and unnecessary specialist to specialist referral.
• Primary care practice will be more rewarding.

QUESTIONS?
Thank You!

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