



Permanent and Supportive Housing

January 16, 2018

Presenter Biographies



Patricia Hernandez, LCSW is a Manager in the Division of Community and Population Health at NewYork-Presbyterian Hospital. Patricia has committed her five years at NYP to providing direct services to high-risk, vulnerable populations as well as managing efforts to integrate the community into the healthcare system. Patricia also helped develop and lead the NYP Health Home. Most recently, Patricia has lead NYP's housing efforts. These efforts

include, developing programming aimed at addressing our patients' housing needs, consultation on difficult cases, community network development, and education/training for care coordination staff in and outside the hospital. Before joining NYP, much of Patricia's experience was around providing direct clinical services to individuals with significant behavioral health and housing needs in inpatient and outpatient settings. Patricia graduated with a Masters of Social Work from New York University's Silver School of Social Work with a focus on clinical practice.



Bonnie Mohan has spent the past 15 years navigating the worlds of housing and health care, learning how they intersect, and identifying ways they can become more integrated in order to better serve people with complex health and housing needs. Bonnie began her career in affordable housing at the University Neighborhood Housing Program (UNHP) in the Northwest Bronx, moved on to homeless services at BronxWorks, and then made the leap to health care, serving as Assistant Director of the Bronx Lebanon Health Home during its implementation. In 2011, Bonnie helped found The Bronx Health & Housing Consortium, a collaborative network of health, housing, government, and community-based organizations in the Bronx. Under her leadership as Executive Director, the Consortium has grown to over 70 member organizations, cultivated innovative partnerships, and emerged as a go-to thought leader on health and housing in New York City. Bonnie has a BA in Urban Studies and Political Science from Fordham University and served for two years in Ethiopia in the United States Peace Corps.

Patricia Hernandez email (housingishealth@nyp.org), Bonnie Mohan email (info@bxconsortium.org)

Logistics

- This presentation will be recorded and shared with attendees
- All attendees are muted and in listen only mode.
- Use the question box and chat function throughout the session. At the end of the presentation, we will answer your questions.
- Please do not put us on hold. If you have to take a call, please hang up and rejoin after.

Housing Instability Webinar Series

Part 1: The Intersection between Health and Housing	November 14, 2018	Click here to view webinar	
Part 2: Navigating the Shelter System	December 12, 2018	Click here to view webinar	
Part 3: Permanent and Supportive Housing	Wednesday, January 16, 2019	10:00am – 11:00am	
Part 4: Affordable Housing	Wednesday, January 30, 2019	10:00am – 11:00am	Click here to register
Part 5: Eviction Prevention	Wednesday, February 20, 2019	10:00am – 11:00am	Click here to register

Learning Objectives

- Define the key components of permanent, supportive housing
- Identify different categories of supportive housing, eligibility, and how to access them
- Describe innovative partnerships between hospitals, MCOs, and supportive housing providers around shared clients/patients
- Identify opportunities for NYP staff to help our patients access supportive housing resources



Housing Crisis in New York City

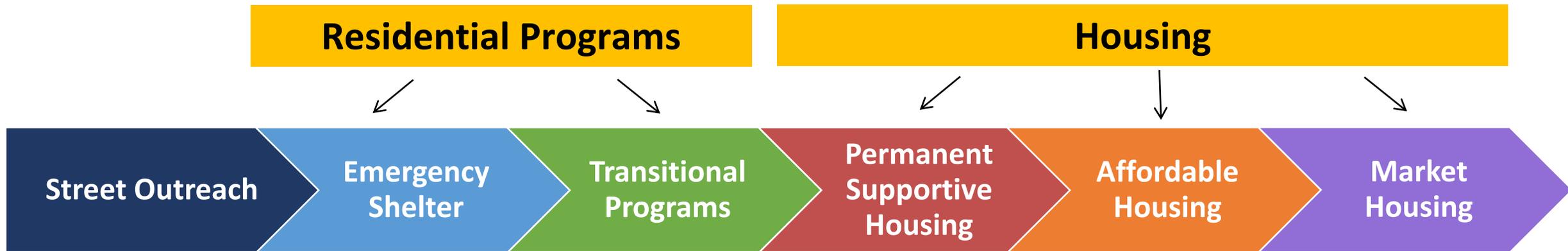
- In November 2018, there were **60,934 homeless people**, including **12,721 homeless families with 22,493 homeless children**, sleeping each night in the New York City municipal shelter system
- On January 22nd, 2018 the City counted **3,675 unsheltered individuals** on NYC streets and subways
- **Families make up 3/4 of the homeless shelter population**
- More than **half of New Yorkers are rent burdened**
- Between 2005 and 2015, **New York rents increased by 13.8%**, while renter income increased by just 1.9%
- Homelessness is driven by poverty and racism: **89% of the homeless population are African-American or Latino**

Pop Quiz!

How many units of
supportive housing
currently exist in New
York City?



Continuum of Shelter/Housing in New York City



Other

- Jail*
- Nursing Home*
- Hospital*

History of Supportive Housing in New York

- Emerged in the homelessness crisis of the 1970s and 1980s
 - Deinstitutionalization of psychiatric patients from New York State hospitals
 - Dramatic reduction of single room occupancy (SRO) units
- 1981 *Callahan v Carey* consent decree creating a right to shelter
- Reevaluation of mental health funding after Institute for Mental Health study
- Early 1980s, first supportive housing programs started by nonprofit housing developers
- Combining housing with social services in SROs
 - 1964: Six-month experiment providing services in an SRO
 - 1967: Project FIND first nonprofit to manage an SRO

Defining Supportive Housing

Targets households
with barriers

Is affordable

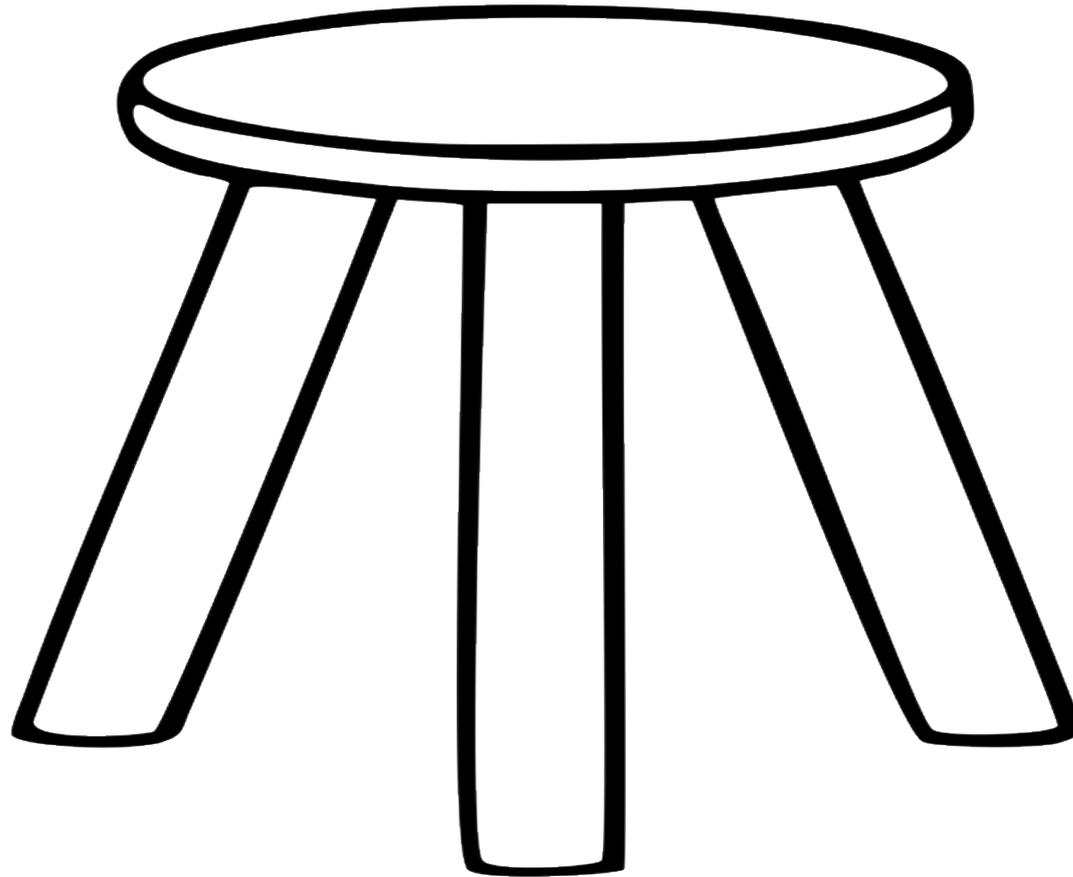
Provides tenants
with leases

Engages tenants in
voluntary services

Coordinates among
key partners

Connects tenants
with community

Financing Supportive Housing: The “three-legged stool”



Capital

Services

Operating

Pop Quiz!

All Supportive Housing is access through a centralized application process.

True or False?



Glossary

- ACS: Administration for Children’s Services
- AMI: Area Median Income
- COD: Co-occurring disorder (2 or more of substance use, mental health, physical, or cognitive disorders)
- CR/SRO: Community Residences/Single Room Occupancy
- DHS: New York City Department of Homeless Services
- DV: Domestic Violence
- DOH: State Department of Health
- DYCD RHY: Dept. of Youth and Community Development – Runaway Homeless Youth
- HASA: New York City HIV/AIDS Services Administration
- HH: Health Home
- HCR: State Department of Housing & Community Renewal
- HDC: New York City Housing Development Corporation
- HFA: State Housing Finance Agency
- HRA: New York City Human Resources Administration
- HUD: U.S. Department of Housing and Urban Development
- MCO: Managed Care Organization
- MICA: Mentally Ill and Chemically Addicted
- MLTC: Managed Long-Term Care
- MRT: Medicaid Redesign Team
- OASAS: State Office of Alcohol and Substance Abuse Services
- OMH: State Office of Mental Health
- OPWDD: State Office of People with Developmental Disabilities
- OTDA: State Office of Temporary and Disability Assistance
- PPS: Performing Provider System
- SH: Supportive Housing
- SMI: Serious Mental Illness
- SNF: Skilled Nursing Facility
- SPMI: Serious & Persistent Mental Illness
- SUD: Substance Use Disorder

Supportive Housing

Mental Illness	Shelter + Care → Continuum of Care (Coc) Program	<ul style="list-style-type: none"> • Provides rental assistance with supportive services for homeless and disabled persons and their families. • For homeless persons with disabilities, (SMI, SUD, AIDS or related diseases) and their families who are living in places not intended for human habitation • NYC – HPD
	Supported /Single Room Occupancy (Congregate)	<ul style="list-style-type: none"> • Permanent housing in SRO buildings. Chronically homeless single adults diagnosed with SPMI or diagnosed as mentally ill and may also have a substance use disorder. • NYC – DOHMH, DHS, HASA; OMH • HRA 2010e applications required for special needs tenants only
	Supported (Scattered-site)	<ul style="list-style-type: none"> • Permanent, independent level of housing. Clients pay 30% of their income towards rent and utilities and hold own lease or provider’s sublease • OMH

Supportive Housing

Mental Illness	NY/NY I, II	<ul style="list-style-type: none"> • Affordable housing tied with supportive services for SPMI, street or shelter homeless • NYC – HRA 2010e
	NY/NY III <i>(Scattered-site & Congregate)</i>	<ul style="list-style-type: none"> • Affordable housing tied with supportive services; Populations A-D Chronically homeless, at-risk of homelessness and SMI • NYC – HRA 2010e
	Medicaid Redesign Team (MRT)	<ul style="list-style-type: none"> • For single adults with SMI and/or substance abuse problem who are high cost Medicaid recipients. • NYC – HRA 2010e
	NYC 15/15 <i>(Scattered-site & Congregate)</i>	<ul style="list-style-type: none"> • Services funding for single adults (Population 1) or families with children (Population 2) with a head of household with SMI and/or substance abuse disorder • NYC HRA

Supportive Housing

Substance Abuse

NYC 15/15
(Scattered-site & Congregate)

- Services funding for single adults (Population 1) or families with children (Population 2) with a head of household with SMI and/or substance abuse disorder
- NYC HRA

NY/NY III
(Scattered-site & Congregate)

- Population E: for chronically homeless single adults who have substance abuse disorder that is primary barrier to independent living and who also have a disabling clinical condition (non-SPMI) that further impairs their ability to live independently.
- NYC – HRA 2010e

NY/NY III
(Scattered-site & Congregate)

- Population F: for homeless single adults who've completed a course of treatment for substance abuse disorder and at-risk for street/ shelter homelessness
- NYC – HRA 2010e

NY/NY III
(Congregate)

- Population G: for chronically homeless families or families at risk of chronic homelessness in NYC in which the head of household has a substance use disorder (SUD).
- NYC – HRA 2010e

Supportive Housing

Substance Abuse

MRT (Scattered site)

- For single adults who are chronically addicted and homeless; OR at risk of homelessness and are high-cost Medicaid recipients.
- NYC – DHS

Re-Entry PSH Initiative (scattered-site)

- Provides rental subsidies up to Fair Market Rental rates, case management, job development and job counseling services to parolees returning to their communities.
- Eligible person must have substance abuse problems and being released on parole to NYC and would be functionally homeless if not placed in this PSH program.
- NYC only – OASAS

Shelter + Care → CoC

- Provides rental assistance with supportive services for homeless and disabled persons and their families.
- For homeless persons with disabilities, (SMI, SUD, AIDS or related diseases) and their families who are living in places not intended for human habitation
- NYC – HPD

Supportive Housing

HIV/AIDS	NY/NY III (Congregate)	<ul style="list-style-type: none"> Population G: for chronically homeless families or families at risk of chronic homelessness in NYC in which the head of household has HIV/AIDS NYC – HRA 2010e
	NY/NY III (Scattered-site & Congregate)	<ul style="list-style-type: none"> Population H: for chronically homeless single adults who are living with HIV/AIDS (clients of HASA) and suffer from co-occurring SMI, SUDNYC – HRA 2010e
	HOPWA	<ul style="list-style-type: none"> Housing Opportunities for Persons with AIDS (HOPWA): provides housing assistance and related supportive services for low-income (at/ below 80% AMI) persons living with HIV/AIDS (PLWHA) and their families. NYC – DOHMH, HASA
	HASA	<ul style="list-style-type: none"> Homeless individuals diagnosed with HIV/AIDS or homeless families that include individuals living with HIV/AIDS. NYC – HASA

Supportive Housing

Physical / Developmental Disabilities	Sect. 811	<ul style="list-style-type: none"> • Allows persons with disabilities to live as independently as possible with rental assistance • 18+; Single qualified person with very low (50% AMI) and physical or developmental disability or chronic mental illness • HUD
	MRT	<ul style="list-style-type: none"> • Community-based units for people with developmental disabilities currently living in certified settings into more independent, less restrictive housing options. • OPWDD
	Consolidated Supports and Services (CSS)	<ul style="list-style-type: none"> • Housing subsidy for individuals able to live independently, apply 30% of income toward housing costs prior to making a request for subsidy. • OPWDD
	Individual Supports and Services (ISS)	<ul style="list-style-type: none"> • Subsidy based on an individual's income and Housing and Community Renewal (HCR) payment standards. Historically, assisted adults with DD who wish to live independently by providing funds to pay for housing costs, and on a limited basis, for such things as food, transportation and clothing • OPWDD

Supportive Housing

Veterans

HUD VASH

- Permanent housing via “Housing Choice” Section 8 vouchers for eligible homeless single Veterans or eligible homeless Veterans with families. Clinical and supportive services provided through VA. Vets must meet McKinney Act “homelessness” definition. Restrictions based on discharge status
- To apply contact local VA Homeless Program. Vets can contact HUD-VASH program directly, or obtain a referral

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

Supportive Housing

<p>Elderly</p>	<p>Sect. 202</p>	<ul style="list-style-type: none"> • Supportive Housing for the Elderly program (Section 202) provides rent subsidies to make units affordable • Available for very low-income household comprised of at least one person who is at least 62 years old
<p>Youth/ Young Adults</p>	<p>NYC 15/15 (Scattered-site & Congregate)</p>	<ul style="list-style-type: none"> • Services funding for Population 3: young adult individuals (ages 18-25 years) who are homeless or at risk of homelessness with high service utilization of DHS, DYCD RHY, or ACS Foster Care and have risk factors • Population 4 – Young adult families with children or pregnant women 18-25 where the head of household is homeless or at risk of homelessness with high service utilization of DHS, DYCD RHY, or ACS Foster Care and have risk factors
	<p>NY/NY III (Scattered-site & Congregate)</p>	<ul style="list-style-type: none"> • Population C: Young adults with SMI or Severe Emotional Disturbance who are at risk of homelessness • Population I: Young adults aging out of foster care who are at risk of homelessness • NYC – HRA 2010e
<p>High Medicaid Utilizers</p>	<p>MRT Health Home SH</p>	<ul style="list-style-type: none"> • Enrolled in or eligible for Health Home (2+ chronic illnesses or SMI or HIV/AIDS and in need of support services) • High Medicaid utilization (defined differently program to program) • Apply directly to program

NYC Coordinated Assessment and Placement System (CAPS)

- CAPS is NYC's initiative to meet the HUD requirement of Coordinated Entry to ensure we are serving the most vulnerable clients and placing them into permanent housing
- Beginning with PSH but intent is to expand to other types of housing
- HRA leading CAPS development in PACTWeb
- Coordinated Assessment Survey is the entry point to CAPS
 - Universal assessment tool to determine potential eligibility for housing and/or rental subsidies
 - Required before beginning 2010e
- Standardized Vulnerability Assessment (SVA) prioritizes people as High, Medium or Low based on Medicaid utilization, systems contacts, and functional impairments

Supportive Housing

Empire State Supportive Housing Initiative (ESSHI)

Serious mental illness (SMI)

Substance use disorder (SUD)

Persons living with HIV or AIDS

Victims/Survivors of domestic violence

Military service with disabilities (including veterans with other than honorable discharge)

Chronic homelessness as defined by HUD (including families, and individuals experiencing street homelessness or long-term shelter stays)

Youth/Young adults who left foster care within the prior five years and who were in foster care at or over age 16

Homeless young adults between 18 and 25 years old

Adults, youth or young adults reentering the community from incarceration or juvenile justice placement, particularly those with disabling conditions;

Frail Elderly/Senior: Any person who is age 55 and older, who is enrolled in Medicaid, and requires assistance with one or more ADLs or instrumental ADL.

Individuals with intellectual or developmental disabilities (I/DD)

Innovations between Health Care and Supportive Housing

- Urban Pathways medical wellness programs in four supportive housing/licensed residential programs reducing avoidable ED use
- Bronx Health & Housing Consortium working with BronxCare and nearby supportive housing providers to coordinate around shared clients/patients
- BronxFUSE initiative facilitating partnerships between MCOs and SH providers



NYP Health and Housing Goals

Improve
knowledge through
housing curriculum
/ consultation

Improve patient
outcomes through
dedicated housing
team

Improve housing
access through
established
network

Improve patient
outcomes through
medical respite

NYP and Supportive Housing Efforts

- **Housing Marketplaces**

Over 15 supportive housing providers shared their program eligibility and vacancies

- **Development of Housing Network**

- **Efforts to increase NYP's access to the Coordinated Assessment and Placement System (CAPS)**

If you are an NYP employee and are interested in obtaining access to CAPS, email Patricia Hernandez.

Q&A



Thank You!

Patricia Hernandez email (housingishealth@nyp.org), Bonnie Mohan email (info@bxconsortium.org)