WELCOME TO THE HOUSING, HEALTH, AND LONGEVITY LEARNING COLLABORATIVE

In the chat, please tell us your name and the county where you work.

This map shows the health departments across NYS that registered for the Learning Collaborative.
NYS Health, Housing, and Longevity Learning Collaborative

DIANE KOLACK, MPH
PROGRAM OFFICER
CENTER FOR COMMUNITY PARTNERSHIPS & POLICY SOLUTIONS
DKOLACK@NYAM.ORG
Welcome and Orientation

State & National Partners – ASTHO, DOH, OFA, DOS, and HCR

Q & A for State Agency partners

Review of data from enrollment survey

Introduction to Supportive Housing: Patricia Hernandez, Corporation for Supportive Housing

Q & A about supportive housing in NYS

Group Discussion

10:30 End of Meeting
ABOUT THE LEARNING COLLABORATIVE

Our webinars will be 90 minutes. We will have formal presentations with speakers and opportunities to engage with them and your peers.

We ask that you attend all four webinars. Recordings will be posted for those who may have a conflict.

The office hours sessions are also on Zoom. They will be less formal and will have a theme, but no presentations. Office Hours sessions are opportunities for peer-to-peer networking and connecting.

The office hours meetings are optional, and you can attend or not, depending on your interest and availability.

Wed. April 13 - 9:00-10:30 – Webinar 1
   Wed. April 27 - 1:30-2:30 – office hours 1

Wed. May 4 - 9:00-10:30 – Webinar 2
   Wed. May 11 - 1:30-2:30 – office hours 2

Wed. May 18 – 9:00-10:30 – Webinar 3
   Wed. May 25 - 1:30-2:30 – office hours 3

Wed. June 8 - 9:00 – 10:30 Webinar 4
   Wed. June 22 - 1:30-2:30 – office hours 4

Wed. July 13 - 1:30-2:30 – office hours 5

NYS Health, Housing, and Longevity Learning Collaborative
ABOUT THE LEARNING COLLABORATIVE

Please register for each event using Zoom, even if you “accepted” the invitation on your calendar already. This helps us track who is attending the webinars and office hours sessions.
ABOUT THE LEARNING COLLABORATIVE

We will post webinar slides, recording, and resources from our Learning Collaborative on the NYAM Health & Age Across All Policies website, https://www.nyam.org/haaap
HEALTH AND HOUSING ARE CONNECTED

Source:
Kimberly Libman, PhD, MPH; Shauneequa Owusu, MS; Lindsey Realmuto, MPH
HEALTH AND HOUSING ARE CONNECTED

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Kimberly Libman, PhD, MPH; Shauneequa Owusu, MS; Lindsey Realmuto, MPH
NYS APPROACH TO HEALTH & AGING

New York State Prevention Agenda
Prevent Chronic Disease; Promote a Healthy & Safe Environment; Promote Healthy Women, Infants & Children; Promote Well-Being and Prevent Mental Health & Substance Use Disorders; and Prevent Communicable Diseases

NYS Health Across All Policies/Age Friendly NY

Smart Growth Principles
Environmental Preservation; Mixed-Use Land Projects; Existing Infrastructure; Housing Options; Transportation & Access Choices; Community Character; Walkability; Economic Sustainability; and Spaces Designed for Personal Interaction

World Health Organization’s 8 Domains of Livability
Outdoor Space & Buildings; Housing, Transportation; Communication & Information; Community Support & Health Services; Civic Participation & Employment; Social Participation; and Respect & Social Inclusion

Used with permission from The New York Academy of Medicine
NYS Health, Housing, and Longevity Learning Collaborative

JANET OPUTA
SENIOR ANALYST, CLINICAL TO COMMUNITY CONNECTIONS
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO)
JOPUTA@ASTHO.ORG
NYS Health, Housing, and Longevity Learning Collaborative

CHARLIE WILLIAMS, J.D.
SENIOR HEALTH CARE PROGRAM SPECIALIST
NYS DEPARTMENT OF HEALTH
CHARLES.WILLIAMS2@HEALTH.NY.GOV
NYS Health, Housing, and Longevity Learning Collaborative

JOHN COCHRAN
DEPUTY DIRECTOR OF THE EXECUTIVE DIVISION
NYS OFFICE FOR THE AGING
JOHN.COCHRAN@AGING.NY.GOV
NYS Health, Housing, and Longevity Learning Collaborative

PAUL BEYER
STATE DIRECTOR OF SMART GROWTH PLANNING
NYS DEPARTMENT OF STATE
PAUL.BEYER@DOS.NY.GOV
NYS Health, Housing, and Longevity Learning Collaborative

LINDSEY COUNTS
DEPUTY DIRECTOR OF THE FAIR AND EQUITABLE HOUSING OFFICE
NYS HOMES AND COMMUNITY RENEWAL
LINDSEY.COUNTS@HCR.NY.GOV
BREAK (5 MIN)
NYS Health, Housing, and Longevity Learning Collaborative

KANA TATEISHI, MS
PROGRAM ASSOCIATE, COMMUNITY PARTNERSHIPS AND POLICY SOLUTIONS
NEW YORK ACADEMY OF MEDICINE
KTATEISHI@NYAM.ORG
HOUSING, HEALTH, AND LONGEVITY LEARNING COLLABORATIVE PARTICIPANTS

Allegany
Broome
Chemung
Clinton
Columbia
Erie
Essex
Fulton
Genesee
Herkimer
Montgomery
New York
Oneida
Orange
Rensselaer
Rockland
Schenectady
Schuyler
Sullivan
Wayne
Westchester
Ulster
What do you think are the biggest housing challenges for older adults in your county?
What do you think are the biggest housing challenges for older adults in your county?

“Affordable housing; Accessible housing that meet the needs of an older adult - one level living, safe housing concerns with grab bars in showers, handrails, updated fire safety, etc.”

- Learning Collaborative participant
What do you think are the biggest housing challenges for older adults in your county?

“There is a significant lack of affordable, accessible housing for older adults in our county.

There are also areas of our county that have no access to public transportation, so if an older adult is unable to drive, they have no access to grocery stores, pharmacies, or health care.

Many older adults have expressed concern that they will not be able to continue living in their communities when they can no longer drive due to this lack of access, but there are no options for many as far as senior housing.”

- Learning Collaborative participant
To what extent are you familiar with the following frameworks?

<table>
<thead>
<tr>
<th>Age-Friendly Frameworks</th>
<th>Familiar</th>
<th>Not at all familiar</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYS Health Across All Policies/Health in All Policies</td>
<td>82%</td>
<td>18%</td>
</tr>
<tr>
<td>Dementia Friendly Communities</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>AARP Age-Friendly Communities</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>WHO 8 Domains of Livability</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>Age-Friendly Health Systems (The 4 M's)</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Age-Friendly Public Health</td>
<td>64%</td>
<td>36%</td>
</tr>
</tbody>
</table>
NYS Health, Housing, and Longevity Learning Collaborative

PATRICIA HERNANDEZ
DIRECTOR, METRO TEAM (NY, NJ, & PA)
CORPORATION FOR SUPPORTIVE HOUSING
PATRICIA.HERNANDEZ@CSH.ORG
CSH is a touchstone for new ideas and best practices, a collaborative and pragmatic community partner, and an influential advocate for supportive housing.
Older Adults with Housing & Services Needs wishing to Age-in-Community

- Includes Adults 50+
  - Experiencing homelessness
  - Inappropriately institutionalized, or
  - Current aging in supportive housing who desire to age healthily and safely in their homes for as long as they can

- Supportive housing is seen as an ideal solution to address the needs of aging tenants with adaptable housing models and flexible service packages.
Housing Continuum in NY

- Emergency Shelter/Safe Haven
- Transitional Programs
- Affordable Housing
- Supportive Housing
- Market Rate Housing

Permanent Housing
Supportive Housing: A Powerful Social Determinant

Supportive housing combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity.
Supportive Housing Models

**Project-Based or “Congregate”**
- Buildings typically have not more than 40% of units designated as “supportive housings” and the remaining units are affordable and available to the wider community. These buildings have onsite case management. Some smaller projects are 100% supportive housing.

**Tenant-Based or “Scattered Site”**
- This model typically utilizes vouchers to rent units on the private market, and case managers visit the tenants and connect them to community-based services.
Financing Supportive Housing

Putting together the financing for a housing project can be thought of like a three-legged stool with capital, operating, and service funding each comprising a leg. The budget for each of these three pieces can include multiple funding sources braided together.
Who lives in Supportive Housing?

- Chronically Homeless Individuals
- Aging Adults
- Child Welfare Involved Families
- Justice-Involved
- Adults with Intellectual & Development Disabilities
- Adults with Behavioral Health Needs
- Youth
Supportive Housing

In NYS, 67% of supportive housing residents are age 50+*

*NYS OMH Child and Adult Integrated Reporting System (CAIRS), residents of OMH supportive housing (Scattered and Single-Site) as of January 2, 2018.
Key Components of Quality Supportive Housing

- Follows Housing First Model
- Targets households with multiple barriers
- Housing is affordable
- Provides tenants with a lease
- Engaged tenants in flexible, voluntary services
- Coordinates among key partners
- Supports connecting with community
Improved Health Outcomes through Supportive Housing

• Reduction in health care costs
• Improved access to ambulatory care
• Increased adherence to medications
• Overall improvement in well-being
• Cost savings for public systems
Growing Needs of Older Adults

- Premature aging (for those with current or previous history of homelessness)
- Accessibility challenges and performing ADLs
- Limited services for geriatric mental health
- Increased needs for older adults with behavioral health
- Isolation and loneliness
- Increased complex medical needs
- Cognitive decline, including dementia
- Risk of institutionalization
Housing and Support Services Needs for a Growing Aging Population

Supportive Housing with HCBS/Healthcare services, can enable folks to age in place and not have to enter a "higher level of care".

- Highest Expense and Support Need
- Nursing Home
- Adult Homes/Assisted Living
- Licensed residential programs
- Supportive Housing
- Naturally Occurring Retirement Communities (NORCs)
- Affordable Senior Housing
- Lowest Expense and Support Need
Determining the Housing Need in the Community

- **The Continuum of Care (CoC)** is a collective body of community stakeholders, a planning process for addressing local need for homeless services, a geographic region encompassed in the planning process, and a source of homeless assistance funds from HUD.

- CoCs must collaboratively assess the need for homeless services, evaluate and rank projects, and submit a single, consolidated application to HUD for funding.
Development of the Coordinated Assessment and Placement System (CAPS)

• To meet the HUD requirement of Coordinated Entry System, the NYC Continuum of Care (CoC) developed the Coordinated Assessment and Placement System (CAPS).
• In its full development, CAPS is a tool that streamlines and improves the assessment, prioritization, housing matching, and placement system for homeless and at-risk households within NYC’s five boroughs.
Four Main Components to CAPS

UNIVERSAL ASSESSMENT

VULNERABILITY & PRIORITIZATION

REFERRAL & PLACEMENT

EVALUATION
Components of a Healthy Aging Model in Supportive Housing

- Healthy Aging Team/Staff
- Data Infrastructure
- Enhanced Training
- Partnerships
- Building Community
- Age Friendly Designs
Innovations in Supportive Housing

Pairing Supportive Housing with PACE

- **PACE**: Program for All Inclusive Care for the Elderly
- Provides comprehensive, coordinated medical, social, and in-home services for older adults age 55+
- Financed through Medicaid (and usually Medicare)
- Increase in PACE / Supportive Housing Partnerships across the country

**The Talmage Gateway Supportive Housing**
San Diego, CA
- St. Paul’s PACE – Wakeland Housing & Development Corp. Partnership
- 200 Formerly Homeless Individuals 55+ Housed
  - Expansion across city and state
Medicaid and Housing (1115 Waivers)

• Create incentives for health care delivery systems to fund tenancy support services as an option within the “Whole Person Care Pilots. Includes Outreach, Engagement in services for supportive housing and Move in Costs (e.g. security deposits).

• Medicaid funds used for tenancy support services, billed monthly on a per diem rate

• Have Medicaid fund Pre-Tenancy, Tenancy Sustaining Services and Supportive Employment
## "Supportive Housing" Resources for Older Adults

<table>
<thead>
<tr>
<th>ESSI (Empire State Supportive Housing Initiative)</th>
<th>SARA (Senior Affordable Rental Apartments)</th>
<th>AIRS (Affordable Independent Residences for Seniors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides services and operating financing up to $25K per supportive housing unit. Capital comes from several NYS and NYC sources.</td>
<td>SARA provides capital gap financing in the form of low-interest loans of up to $75,000 per unit. New York City Department for the Aging also dedicated $5,000 of service funding for each non-supportive housing unit, for a period of five years.</td>
<td>Incentivizes developers to set aside housing units for low-income seniors by enabling zoning allowances permitted under the NYC Zoning Resolution. This program incentivizes developers by increasing the density, or Floor Area Ratio (FAR), allowed on development sites, thereby increasing the revenue for the developer and the number of units in a project.</td>
</tr>
</tbody>
</table>

**Frail Elderly/Senior:** Any person who is age 55 and older, who is enrolled in Medicaid, and requires assistance with one or more activities of daily living or instrumental activities of daily living. Eligible persons are referred from a Skilled Nursing Facility (SNF), or identified as homeless by a Health Home, hospital, Managed Care Organization (MCO), medical respite, Managed Long-Term Care (MLTC), Performing Provider System (PPS), or shelter. Projects developed with SARA funding are required to set aside 30% of the units for homeless seniors referred by a City or State agency, typically the New York City Department of Homeless Services. Eligible adults 65+. |
Resources

- Healthy Aging in Supportive Housing Toolkit - CSH
- Impactful Innovations: Serving a Vulnerable Aging Population - CSH
- AARP HomeFit Guide
- Health System Investments in Housing: A Development Guide
- Centering Equity in Health and Housing Partnerships in Times of Crisis and Beyond
- Policy Brief: Summary of State Actions on Medicaid & Housing Services – CSH
- HOME-ARP and Supportive Housing: A Great Pairing - CSH
Q&A
DISCUSSION:
What do you hope to get out of this learning collaborative?
What resources would be most helpful to you?
Anything else you’d like us to know?
THANK YOU