

# HOUSING: *The Hub of Public Policy 2010*

## Policy Recommendations

Housing Plus Services: *Promoting Independent Living for the Elderly & People with Disabilities*

March 24, 2010



*Please note that the opinions and views expressed below are from the participants at the forum and are not necessarily shared by the Partnership for Strong Communities.*

## SHORT-TERM POLICY RECOMMENDATIONS

i.e. systems change, simple change in policy from the audience

### Nursing Homes

The nursing home census is down in many nursing homes. It may be time to downsize number of beds  
→ decrease potential for “woodworking effect.”

Educate nursing home personnel to know that residents diagnosed with mental health issues deserve to be transitional out with the community.

### Investment

Create clear expectation for dollars being invested in programs/initiative/services. We can no longer afford to run programs where there are only modest outcomes and outcomes that are too expensive.

### Connect Service Providers with Housing Creation

Most of the service providers are not familiar with housing language and development. I’d like to see partnership between housing developers and providers.

Streamline programs/ applications and simplify for potential applicants who at times are overwhelmed by the process.

Increase in technical assistance for front line providers and case managers including town social workers.

### Federal and State Collaboration

Incorporate housing- Connecticut Housing Finance Authority (CFHA), U.S. Dept. of Housing and Urban Development (HUD) into interagency council to maximize resources.

Link federal funds to state projects and programs.

### Elderly

Address the fact that the Connecticut Home care program for elders is charging recipients of care for services. Many residents are cutting services because they cannot afford it, making them at risk for long term placement.

### **Money Follows the Person**

Bring Money Follows the Person (MFP) services to elderly at risk of going to nursing homes- potentially greater member than moving folks out of nursing homes.

### **Medicare**

Encourage Medicare practitioners to utilize community housing alternatives to nursing home placements.

For-profit nursing homes actively market to Medicare practitioners sometimes using financial incentives.

### **Medicaid**

Participation in Medicaid reimbursement options.

### **Rental Assistance Program (RAP)**

More Rental Assistance Program (RAP) for the CT Dept. of Mental Health and Addiction Services (DMHAS.)

### **Individuals with Mental Illness**

Community housing vs. institutional care for disabled/mentally ill.

### **Preservation**

Preservation of existing housing units.

Protect the supportive housing already in place.

### **Creation of New Housing Plus Services Units**

Access existing housing units

Provide incentives for new units to create additional housing for the elderly and disabled.

Bring more services directly to existing complexes to reduce the placement in nursing homes so that tenants are served in existing units.

### **Miscellaneous**

Need for advertisements i.e. TV, bus, radio – catchy, positive, “feel good” messages around the fact that people do need help.

Learn from other states’ successes.

Believe that change starts at the beginning and bottom.

## **LONGER-TERM POLICY RECOMMENDATIONS**

i.e. systems change, simple change in policy from the audience

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Reconsider the use of Medicaid waivers (silos) as opposed to default of institutionalization and consider “universal” long term needs and supports.

Eliminating Home care 15% co-pay for individuals receiving state assistance - budget cuts for the low income people can't be justified.

Look at all transitional housing (and associated services) provided in Connecticut and how these resources and dollars could be recommitted to more permanent options.

Affordable housing shortage needs to be addressed- it is crucial to service coordination

We need a state housing policy- so that every state holder is clear and focused on these goals.

Incorporate new supportive housing when renovating/preserving existing affordable housing stock

Targeting those who need permanent assistance and then identifying those who may be able to transition out of services. Concerns of co-dependency and reliance need to be looked at and discussed.

Continue to support congregate elderly housing and promote more of this housing in order to keep elders out of nursing homes.

Temporary/Short term housing for undereducated, low income young adults- provide with job training many management, etc., especially those aging out of CT Department of Children & Families (DCF) care (21-26 yr. olds.)

Develop Housing sites for elderly.

Develop affordable housing near public transportation facilities enabling younger people to afford residing in Connecticut to improve tax bases.

Encourage enterprise zones for business to locate in Connecticut.

Increase number of residents in nursing homes with mental health diagnoses transferred to the community.

Home based care- culture change regarding elder care & CT Dept. of Connections (DOC) population transition to workforce and community – collaboration of community organizations

Make affordable housing development a priority for the state to house young people and the populations with special needs as well as those squeezed out of “middle class.”

Universalize what is available for Medicaid and title IXX.

Utilize existing structures to build housing units like old department stores that have gone out of business and are unlikely to be used again.

## **CONCEPTS/QUESTIONS/POLICY RECOMMENDATIONS**

**from the audience**

### **Housing Models**

Build accessible housing across the board or in a campus setting where services can be utilized and combined.

Look into Scandinavian model of assistant living or the Minneapolis model. How do we connect the roles in policy or advocacy between “home care” for elderly/disabled and “home based” services for people who are homeless i.e. supportive housing?

How about attention to transitional housing arrangements to work on skill building and recovery- especially to address crisis situations involving hospital emergency room & inpatient admissions?

### **Public Housing Authorities and HUD Funding**

How to work with our local Public Housing Authority (PHA?)

What exactly is the Housing Choice Voucher program and how to apply for them? *The Housing Choice Voucher Program is a type of Federal assistance provided by the United States Department of Housing and Urban Development (HUD) dedicated to sponsoring subsidized housing for low-income families and individuals. It is more commonly known as Section 8. You can apply for Housing Choice Vouchers by applying to the individual local public housing authorities and/or through the state Department of Social Services.*

Information about memorandums of understanding (MOU) with public housing authorities- how do they got started & how are they working?

How can small housing authorities which now have elders, disabled and younger people implement more supportive systems to keep residents in place (not just patient care) and self sufficient?

Advocate/Fund Section 811 & 202 programs and grow them.

Track the Section 811 & 202 changes and advocate for the removal of barriers and ensure that the performance of Connecticut is recognized and units not lost.

Provide a choice for people seeking supportive housing. Government housing subsidies are limited by the level of the vouchers which don't realistically provide access to many high opportunity communities. As a movement we should support redefining the Section 8 and Rental Assistance Program (RAP) formulas to create access to these areas.

### **Other Federal Funding (non-HUD)**

National Housing Trust Fund

### **Medicaid**

What are the pros and cons of the different Medicaid waivers?

Medicaid was originally conceived based on default of institutional care, why not eliminate waivers (silos) and simply address long term care needs and supports?

Has the legislature designated a significant portion of Medicaid savings from increased home care to the development and capital costs of new affordable service-rich housing?

CDBG funding to start services; sustained through Medicaid

### **Collaboration**

We have a very successful model in the “interagency committee” that has addressed housing-services in a “horizontal” approach. How can we now integrate the interagency committee vertically with federal agencies – i.e. U.S. Dept. of Housing and Urban Development (HUD) and U.S. Dept. of Health and Human Services (HHS)? This would alleviate the demand on state funding and create opportunities to link projects to new federal sources.

How do we promote regional collaboration? Each town is its own silo.

Cross disability implementation.

### **Elderly**

Can we do for elderly housing and housing for people with disabilities who are not homeless what we have begun to do for the homeless? We built a good system- can we use it for broader purposes?

Regarding the new cost sharing/co-pays for elderly people who receive homecare under the CT Homecare program for elders, people are dropping their homecare because they can no longer afford it. This will lead to an increase in hospitalization and nursing home admissions.

Where does supportive housing come into play for people with dementia? With the projected growth in people over age 85, are there better models than nursing home placement when families can no longer cope? Can you discuss supports for family members who are providing 80% of in home care/support?

It would be great to see the Agency on Aging especially the CHOICES program help with needed services in housing and the communities.

### **Individuals with Mental Health Disabilities**

In Connecticut, there are approximately 3,000 people w/ mental illness in nursing facilities. They have determined that 400 are “discharge ready” and Money Follows the Person (MRP) only addresses 200 - what is the state’s criteria for “discharge ready” vs. “reality?” Re-examine and revise.

### **Miscellaneous**

There is power in the Fair Housing Act. The CT Fair Housing Center won \$600,000 in a law suit last year on behalf of a client who had been denied housing because the landlord decided she could not live independently, counter to her doctor’s opinion.

Where are all of the case managers going to come from? Who will pay for the training of case managers? Who will pay them to do the work?

More attention to investment in relationship building with folks who are institutionalized or have been institutionalized chronically or long-term who might initially say “no” to moving out and be bypassed but may just need a little support information about choices and trust-building to change their mind.

Bridge the gap to build relationships w/ clients to transition to healthy wellness & lifestyle changes from institution to supportive housing & beyond.

Bridge services and housing

Avoid “services light.” We are in danger of slipping backward if we lose our devotion to high quality, substantial services to those who need them.

Advocate for issues to expand “housing first.”

### **Next Steps**

How can what was talked about at the forum fit into the existing state initiatives supportive housing? If we call our legislators, what should the ask be?

How can we convince legislators running for election this year that short term solutions are not the answer?

Create a follow-up session in October 2010 when the state budget is passed and possibly federal housing bills are passed. The landscape will be changing quickly and folks will need additional guidance.

Possibly break next session for elderly with services from disabled plus services, there is some overlap but more differences. Specialized issues – separate elderly session and disabled.

Is there a way to move this brainstorming to smaller work groups/community levels?

Money devoted to cultural change such as the Connectivity advertisements.