



Long Term Care Coordinating Council

Regular Meeting
December 12, 2012
10:00 -11:30 am

RICCMHO

40 Sharpe Drive, Suite 3
Cranston, RI 02920

Minutes

Jennifer Wood	Craig Stenning
Lindsay McAllister	Jenn Bergeron
Maria Barros	Cristina Amedeo
Marylouise Gamache	Jim Nyberg
Jill Anderson	Roberta Merkel
Carlos Hernandez	Michelle Brophy
Holly Garvey	Ray Rusin
Ellen Mauro	Maureen Maigret
Thomas Marcello	Deanna Casey
Ken Parisean	Catherine Taylor
Sally Hay	Emmanuel Falck
Joan Kwiatkowski	Tina Spears
Rebecca Martish	Kathy Heren
Bonnie Sekeres	Kathleen Kelly
Jennifer Reid	Virginia Burke

1. **Report of Nursing Home Deficiencies Monitoring by Ray Rusin** – Ray had two months to report on because the LTCCC did not meet last month. The Department had no substandard quality of care in October, but we had one in November. The survey report is available upon request.
 - a. Ray also mentioned the concerns of the Director of the Department of Health, Dr. Fine's around the strong flu virus this year. There have been a series of teleconferences with licensed facilities across the state to discuss protective actions.
2. **Update on 1115 Waiver Renewal Application from EOHHS** – Ellen Mauro provided the update. EOHHS is definitely going forward with the application. They're lining up the work plan this week. At the Global Waiver Task Force meeting, Elena highlighted the fact that they're seeking input about items the state may want to pursue in this process.
 - a. Input can be given at the Task Force meetings.

- b. They'll be working up until March on this application so there is plenty of time to provide input. The December deadline we've been hearing about is for the letter of intent to apply once again that EOHHS must send to CMS.
 - c. This work will remain on the agenda for the LTCCC and participants are encouraged to think about how their agencies interact with the Waiver and provide input on this renewal application.
3. **Assessing the State of Rhode Island's Housing Resources –**
Direct Stenning - Opening Doors initiative.
- a. BHDDH began looking at behavioral health, substance abuse and disability issues as they relate to the housing situations of people living in the state a number of years ago. Homelessness presents challenges to the medical system as well – showing up at the emergency department, for example.
 - b. To break the relapse cycle, something needed to be done about housing and meaningful activity (namely, employment) during the day. This was a new way of thinking for BHDDH, as they hadn't been thought of as housing or employment agency in the past.
 - c. Part of their grant support went to the Housing First initiative.
 - d. Now working on focus groups with anyone touching homelessness in any way to come up with a 5-year plan; chronic homelessness, families who are without homes and children. Changing crisis intervention response so that we can interrupt the cycle. It is an ambitious plan, but RI has a finite number of homeless. The sentiment in general is that this is achievable.
 - e. Michelle Brophy explained that this work was started in March, 2011 when the Governor reestablished the Interagency Council on Homelessness with a focus on alignment with federal homelessness goals.
 - f. The goals of the plan include creating 5,048 new affordable housing units (newly constructed or rehab into affordable housing), including rental properties. The Council is working with the state's 25 Housing Authorities, which are municipally based. Trying to encourage the authorities to look at their rules and regulations to become more unified to think more holistically about the needs and services their residents need.
 - g. The plan also calls for 300 deeply subsidized units. This will assist with first and last months rent obstacles, which is a big contributor to the cyclical nature of this problem.
 - h. They're also working on a housing retention package for services to submit to EOHHS for consideration in the 1115 Waiver application. Intensive services are not currently available, but care coordination, in particular, must be made available.
 - i. RI is one of the only states that does not have a rental assistance program – they are therefore asking the Governor for consideration of a pilot program.
 - j. Maria Barros added that finding housing for those with chronic homelessness is a challenge. If we place them in a high rise with elderly and disabled, there may be concerns about fear and discomfort. We don't want to disrupt the residents already within the setting.

- k. Michelle Brophy responded that they conference often with DEA as many who they're trying to place are actually over 65.
- l. Virginia Burke said that diversion from jails, hospitals, substance abuse facilities saves us money, but how do you target that funding to where we'll realize savings and avoid the "woodwork effect?" We all want state subsidized housing, but there's a concern about managing the demand.
- m. Director Stenning answered that behavioral health and developmentally disabled or chronic long term illnesses are under his statutory mandate. Veterans with PTSD also fall under that umbrella. The thresholds – where HUD puts up the majority of the funding – are very effective at addressing that concern.
- n. Michelle Brophy added that we can target our efforts by looking at chronically homeless and highest Medicaid spenders and working with those individuals.

Carlos Hernandez, Director of Resident Services at Rhode Island Housing –

- o. Carlos began with an introduction to resident services. This is a high traffic agency with many people coming in every day seeking rental assistance or who are having trouble with leases or are in the process of being evicted. They have dedicated staff to work on these issues, for example, Lisa Sanchez, who trouble shoots these issues.
- p. RI Housing is the oversight agency for 15 towns who don't have an municipally-based authority of their own.
- q. RIH is 'a Section 8 only' public housing authority. They have a \$14 million budget authority, which allows them to serve approximately 15-16,000 families per year. They own no units of their own. They're currently 100% utilized. The waiting list has been closed since 2004 and they currently have about 1,200 applicants waiting for Section 8 housing assistance.
- r. They also play the role of Contract Administrator for HUD, and manage 15,420 units, which are primarily senior housing units. They have certain tasks they must do; primarily health and safety tasks. They monitor these issues at each property. The properties are their own entities and the owner can set their own preferences and waiting list criteria.
- s. There is a common misperception about the bounds of what RIH is able to do. Section 8 Senior Housing list can stay open. There's been a trend of confusion that RIH oversees the public housing authorities, but it does not.
- t. The mix of seniors and young disabled or homeless – the trend on the senior housing side is that owners are implementing a senior-only preference, which will cause problems by disallowing the young and disabled. This is allowed under HUD regulations. There are about 4 properties that have implemented this preference. The "senior" age is 62.
- u. Maureen Maigret asked Carlos to talk more about what is available to fund resident service coordinators and what RIH does to train them, if at all. Carlos said that HUD just issued a notice stating that owners who have

escrows (residual receipts – excess subsidy funds) can now be used to implement an RSV program.

- v. Ellen Mauro asked about the housing assistance amount. Carlos answered they pay about 30% of their Adjusted Monthly Income.
- w. Maureen Maigret said that she'd heard some instances of bullying in public housing and asked if there are programs available for when there are conflicts among residents in senior housing units?
- x. Carlos said that he hadn't heard anything specifically, though they hear about other issues. RIH, starting next year, will be visiting each property and educating the properties about their role as the contract administrator because many don't know about their role. This will start in April. They'll talk about smoking, criminal background checks, why they must provide income information, etc. Some residents feel they're being treated differently than others, this should help with that.
- y. The local housing authority does an inspection of any housing that intends to become Section 8. The owner has to wait for a voucher holder to approach them. Once that happens, the authority will go out and inspect (standards set by HUD) and then the authority will enter into a contract with the owner. The resident pays their share directly to the owner and the authority pays the remainder. Once the tenant moves, the owner can let the housing authority know they have an available unit.
- z. If an authority is issuing vouchers, which they're not currently because they're at their limit, they're given a list of owners who are able to rent. There's a housing resource guide at RhodeIslandHousing.org.
- aa. Bonnie Sekeres said that they'd had someone from RI Social Workers come in to speak with the residents. The standard HUD lease has a clause about peaceful enjoyment of the residents so that if someone is bullying, you can begin eviction proceedings. Getting through that process, however, is the challenge, particularly if the person is elderly.
- bb. Jennifer Wood added that there are criminal and civil remedies, however, there is a threshold question and the harassment may not rise to the level sufficient to substantiate a claim or criminal offense.
- cc. Bonnie Sekeres added that they'd brought eviction action against a resident and the judge gave the resident 6 months to vacate.
- dd. Michelle Brophy said that the services offered to other residents is often a good step.

4. **The POINT/ADRC – Cristina Amadeo & Marylouise Gamache**

- a. The 211 Call Center and the POINT call centers are available and housing is a part of that. If we don't address homelessness it will become a bigger issue later.
- b. 211 just began a new partnership with RI Coalition for Homelessness. The Office of Housing and Community Development is involved as well to help track families who are currently homeless and on a waiting list for assistance.

- c. They're available 24 hours a day. Prevention and housing issues are available – for example, weathering the storm offers rental and heating assistance. If at 300% FPL or lower, they're eligible for help.
- d. They also do an unofficial list of affordable apartments – it is informal and is available to those who ask. They also keep track of shelter availability on a daily basis. Most are full. There are 6 family shelters and the remaining are individual.
- e. The POINT gathered residential coordinators from housing units following the October 4th Storm.
- f. Marylouise Gamache: during Irene, we had over 600 calls in one day from elderly housing and disabled adults. They put together a group to inform themselves of what we do in an emergency and to then better inform the populations. Resident Service Coordinators that work as program managers in the housing locations are key to this (RISCC, Rhode Island service coordinators collaborators). They meet monthly. They know to refer people to the POINT. One way the bullying is addressed is with these coordinators and with the AG's office.
- g. One of the biggest problems was loss of power and when someone is on oxygen or has medication that must be refrigerators. Not all buildings have the same HUD requirements – some private buildings could be built 3 stories high and under a certain number of units and you may not have to provide a generator. Or, where there are multiple buildings on a campus, the generator may be a few buildings away.
- h. In hurricane Sandy, they only received 2 calls. Those meetings truly made a difference.
- i. Carlos Hernandez added that HUD has no requirement for owners to have generators – it's a state law. State statute requires property with 150+ units of senior housing must have a generator to function for one common area during a power outage. There is no requirement that there be an RSC at a building.
- j. Marylouise confirmed that there is no requirement for RSC's. It is independent senior living – this doesn't include an assistive services.
- k. Jim Nyberg followed up on the availability and level of services provided by RSC's varies. The waiver Task Force may be a way to supplement these services. The HUD money and patchwork support for these services isn't enough. We also need to think about assisting people in senior housing.
- l. Michelle Brophy added that RIH and DEA put together a certification program for RSC's – this used to be provided, but has since been disbanded. It was a two-day training with state agencies and other agencies coming in to talk about their services.
- m. Carlos added that this no longer happens. At one point, RIH took the lead on these meetings. There used to be a RSC and Property Manager at every property. This is no longer the case. One person covers so many properties they're unable to be there as often as they should.
- n. DEA's resources have really dwindled down to nothing on this point.

5. Jennifer added the point was to do an environmental scan about the continuum of options and services for seniors who are remaining independent but are in public housing, homelessness and housing, assisted living all the way up to assisted and nursing home care. We'll have an interest in bringing this back for a future meeting.
6. Maureen Maigret – there are models across the country. At recent LeadingAge meeting, Cathedral Square, from VT attended and presented on Care Coordinators they're using in their housing units.
7. Cristina Amadeo proposed sharing the bond fact sheet with the group and Lindsay McAllister agreed to send it around.
8. The meeting was adjourned at 11:28 am.