Suffolk County Legislature

WELFARE TO WORK COMMISSION
of the Suffolk County Legislature
c/o Clerk of the Legislature
725 Veterans Memorial Highway

June 8, 2018

TO: Members of the Suffolk County Legislature

RE: Welfare to Work Commission report on the need for affordable and supportive housing in Suffolk County

Attached please find the Welfare to Work Commission's report, "Finding Homes for Our Most Vulnerable Neighbors: The Need for Affordable and Supportive Housing in Suffolk County." This report draws from two-and-a half years of study by the Commission's Supportive Housing Work Group which met seventeen times during this period to assess the critical shortage of housing for Suffolk's most vulnerable residents *at risk of becoming homeless*: working-poor people earning under 50 percent of the Area Median Income ($55,400 for a family of four) and, more pointedly, people with mental illness who need supportive housing. The most recent count found 3,868 homeless people on Long Island*. It costs Suffolk $19 million a year to shelter the homeless.*

The Work Group met with 26 private and government stakeholders involved in housing the homeless and in providing services to people with mental illness, who shared their expertise, concerns and recommendations about a very complex but vitally-important public-policy area that make up the body of this report.

Their conclusions point to Suffolk's costly and persistent problem of homelessness resulting from the critical lack of affordable housing for working-poor people as well as insufficient State funding for community-based mental-health treatment and supportive-housing options in Suffolk County. While the report calls for additional State financial supports, it also has a number of recommendations that the County can act on now:

- Improve Single Point of Access (SPA) supportive-housing placements for people with mental illness;
- Prioritize homeless families on Public Housing Authority waiting lists;
- Create a coordinated County response to the lack of affordable housing.

We hope that you find the report of use.

Yours truly for the Commission,

RICHARD KOUBEK, Chair **KATHY LIGUORI, Vice Chair**

Suffolk County Legislature`

Welfare to Work Commission of the Suffolk County Legislature

Finding Homes for Our Most Vulnerable Neighbors

The Need for Supportive and Affordable Housing In Suffolk County

A Report to the Suffolk County Legislature

June, 2018

Acknowledgements

This report was prepared by the Supportive Housing Work Group of the Welfare to Work Commission of the Suffolk County Legislature: Michael Stoltz, Work Group Co-Chair, Welfare to Work Commission and Chief Executive Officer, Association for Mental Health and Awareness; Kimberly Gierasch, Work Group Co-Chair, Welfare to Work Commission and Suffolk County Department of Health; Richard Koubek, PhD, Work Group Facilitator and Chair, Welfare to Work Commission; Peggy Boyd, Welfare to Work Commission and Vice President for Community Services and Advocacy, Family Service League of Long Island; Christina DeLisi, Welfare to Work Commission and Office of the Presiding Officer, Suffolk County Legislature; Don Friedman, Esq., Welfare to Work Commission and Managing Attorney of the Long Island Office, Empire Justice Center; Greta Guarton, Welfare to Work Commission and Executive Director, Long Island Coalition for the Homeless; Linda Hassberg, Esq., Senior Staff Attorney of the Long Island Office, Empire Justice Center; Ellen Krakow, Welfare to Work Commission and Staff Attorney, Pro Bono Project, Nassau Suffolk Law Services; Kathy Liguori, Vice Chair, Welfare to Work Commission; Jeffrey Reynolds, PhD, Welfare to Work Commission and President and CEO, Family and Children's Association; Vincent Rothaar, Director of Housing, Suffolk County Department of Social Services. The report was drafted by Richard Koubek, adopted by the Work Group and then by the full Welfare to Work Commission on June 8, 2018. The Work Group is grateful to the 26 stakeholders, whose names appear below on page 49 who participated in the two-year assessment process. Special thanks to Clerk of the Suffolk County Legislature Jason Richberg and his staff and the Suffolk County Department of Public Works for their support in printing and distributing the report.

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Executive Summary

Long Islanders embody the American dream that home ownership is the foundation of their personal wealth and family stability. The home-ownership rate for Nassau and Suffolk Counties is about 82 percent compared with 63 percent for the nation. Renters are generally distrusted and shunned as transients, which explains why only 18 percent of Long Island's housing stock is rental compared with Westchester County – with similar demographics to Nassau and Suffolk Counties – where 38 percent of the housing stock is rental. Long Islanders are notoriously opposed to any types of housing that do not conform to the single-family ownership model, and their Not In My Back Yard (NIMBY) opposition to affordable housing – particularly rental housing – has created a serious shortage of housing for young people, workers and those with moderate and low incomes below $55,000 a year.

Numerous reports have demonstrated that the lack of affordable housing is a threat to the economic health and future of Long Island. For moderate and low-income people, this housing shortage creates short-term and long-term personal and family instability. The absence of permanent, safe and secure housing is the reason 56 percent of Long Islanders are paying more than the standard 30 percent of their incomes toward housing costs. Each month, some of these cost-burdened families have to make "Sophie's choices" – Do we feed the children or pay the rent? This is part of the reason that, each year, 300,000 Long Islanders seek help at local food pantries.

At its worst, the shortage of affordable housing leads to homelessness. The Long Island Coalition for the Homeless' latest Point-in-Time count for 2018 found 3,868 homeless people in Nassau and Suffolk Counties. The Suffolk County Department of Social Services (DSS) is the County's "first responder" to homelessness, sheltering about 2,500 people a night. Using one statistical snapshot, in June of 2018, 278 of the 540 homeless families (51%) being sheltered by the DSS had a source of income, including wages. They were homeless because they could not find an affordable rental unit. It costs Suffolk County $53,000 a night to shelter 540 homeless families, which is over $19 million a year. The human costs of homelessness to people, especially parents and children, are incalculable.

For people with mental illness, this housing shortage can be life threatening. Since the 1960s, American policy toward mental-health treatment has shifted from large mental institutions or asylums to community-based treatment services and supportive housing with case management and other services. Commonly referred to as deinstitutionalization, this well-intentioned policy was supposed to correct the abuses that had been documented in asylums. However, deinstitutionalization was predicated on adequate funding of community-based treatment and housing, which has been sorely lacking at the federal level and in most states, including New York.

The results of underfunding community mental-health services are that many mentally-ill people are misdiagnosed or not diagnosed at all or are undertreated and untreated for their illnesses which sometimes have co-occurring disorders such as substance abuse or chemical dependency.

A significant number of these people are at risk of homelessness or actually comprise the homeless population. Some of them are chronically homeless. In addition, some of them wind up in the Suffolk County Jail. One snapshot analysis revealed that 579 of the 1,184 Suffolk County Jail inmates (49%) had referrals to the Mental Health Unit. There is evidence that with better community-based mental-health services, some of these inmates might have avoided incarceration, which would result in long-term savings for the County since it costs $419 per day to house a prisoner in the jail. People with mental illness who have stable housing and supportive services are much more likely to be productive members of their local communities.

The correlation between mental illness and homelessness was taken up by the Welfare to Work Commission of the Suffolk County Legislature with the creation of its Supportive Housing Work Group, which first convened in February of 2016. Consisting of 12 members who are engaged in either housing and/or mental-health programs, the Work Group met 17 times through the spring of 2018. During this time, the Work Group invited 26 private and government stakeholders involved in housing the homeless as well as providing services to people with mental illness, to share their expertise, concerns and recommendations.

It should be noted that the Welfare to Work Commission and its Supportive Housing Work Group opted not to hold public hearings on this volatile topic out of concern that a public dialogue on how to house the homeless and the mentally ill might trigger a counterproductive reaction that would frustrate any resolutions to the problem.

The Work Group concluded that supportive housing linked to community-based mental-health treatment services, if properly funded, provide an excellent solution to one aspect of the homeless problem in Suffolk County. The Work Group identified a number of excellent supportive group-home models with on-site facilities management, architectural styles that are compatible with the local neighborhoods, case management for residents and that are linked to other health and social-service community programs. The core problem identified by the Work Group was that there are not enough supportive-housing options in Suffolk County to meet the need for them and State funding does not adequately meet the high construction and operational costs in Suffolk County.

During the two years that the Work Group studied this issue, the waiting list at the Single Point of Access (SPA) program which places people with mental illness in appropriate supportive-housing settings ranged from about 900 to 1,500 people. To be placed, a resident must have a physician’s diagnosis of mental illness, which, for many homeless mentally-ill people, is very difficult to obtain, either because there are not enough doctors available to make such a diagnosis and/or the person’s mental illness prevents him or her from seeking a diagnosis. This shortage of available doctors is linked in part to the chronic underfunding of community-based mental-health services. The Work Group even found evidence of hospitals discharging homeless people still in need of medical or psychiatric care, but with no viable housing setting other than a referral to DSS.

Having studied the interrelated problems of Suffolk's serious shortage of affordable housing, the federal and State underfunding of community-based mental-health services and the shortage of State supportive-housing options in Suffolk, the Work Group developed the following recommendations:

1. Countywide solutions:
    a. Address the systemic lack of affordable housing for low-income people in Suffolk County.
    b. Highlight short and long-term costs of not providing affordable and supportive housing.
    c. Assist high-needs clients to complete supportive housing applications.
    d. Improve SPA placements.
    e. Prioritize federal Emergency Solutions Grants that prevent homelessness.
    f. Prioritize homeless families on Public Housing Authority waiting lists.
    g. Create a coordinated County response for low-income housing.
2. Improve Suffolk hospital discharge policies for homeless people.
3. Encourage more flexibility by the NYS Department of Health in allowing housing adaptations and conversions from one modality of supportive housing to another.
4. Carefully assess substandard housing before Suffolk County, towns and villages shut down such facilities, thereby adding to the homeless population.
5. Create additional State supports for supportive housing:
    a. Turn over unused State property to the County for construction of supportive housing.
    b. Increase State financial supports for capital construction and for operating costs needed to build and maintain supportive housing on Long Island.
    c. Streamline State funding for capital construction of supportive housing.
    d. Stabilize staffing, with fixed caseloads, at the New York State Department of Health, Office of Mental Health and Office of Alcohol and Substance Abuse Services system of care management (including Health Homes).

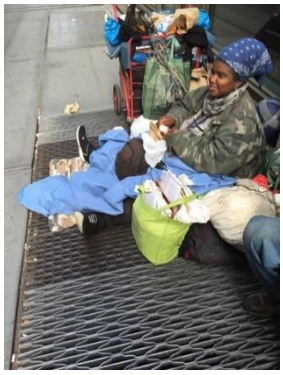
As this report was being finalized in April, 2018, the Work Group was alarmed to learn that the Department of Housing and Urban Development (HUD) was considering a proposal that would triple the contribution that poor people would have to pay for their subsidized housing. While this proposal still required Congressional approval, the Work Group concluded that this proposal would surely exacerbate the already critical shortage of affordable-housing options for poor people and would likely add to Long Island's homeless population.

Introduction
The Hidden and Pending Tragedies of the Homeless

Sheltering our most vulnerable Long Island neighbors is a daunting challenge. As the *New York Times* reported in 2007, "On Long Island, the problem of homelessness can be camouflaged by its general affluence."[1] A decade later, Long Island's homeless people remain camouflaged, hidden from sight, too often alone in their desperation and their suffering.

The human costs of homelessness are incalculable, especially for children. A recent study by the Institute for Children, Poverty and Homelessness found that homeless children missed on average 20 school days a year, had high rates of suspensions and high dropout rates. "The upheaval of homelessness means those children are often anxious and traumatized, and that their parents are as well…. It's almost becoming a death sentence for their futures."[2]

Then there are the tragic situations of people suffering from mental illness for whom homelessness is their only way of life. In March of 2018, the *New York Times* ran an extensive front-page story about Nakesha Williams, a "bright light" dimmed in the shadow of homelessness. Nakesha, a graduate of Williams College in Massachusetts, was described by one of her professors as having a "seemingly boundless future." But just a few years after graduation, Nakesha was struck down by serious and persistent mental illness, fell through the mental-health treatment cracks and became homeless, dying on a New York City street in 2016.[3]



Nakesha Williams living on the street in New York City[4]

[1] Correal, Annie. "Amid Affluence, the Hidden Poor," *The New York Times,* November 25, 2007.
[2] Harris, Elizabeth A. "Homeless Students Lag Behind Peers and Face High Dropout Rates, Study Shows," *The New York Times*, April 12, 2018.
[3] Weiser, Benjamin. "A "Bright Light" Dimmed in the Shadow of Homelessness," *The New York Times,* March 3, 2018.
[4] Ibid.

Nakesha Williams was among those individuals officially defined by the US Department of Housing and Urban Development (HUD) as Chronically Homeless adults. Studies have shown that approximately 20 percent of those who are chronically homeless use 80 percent of emergency resources. Pundits in the homelessness field argued that, if funding and programs concentrated on this group, homelessness would decrease across the country, and the savings could offset the cost of new permanent housing programs.

As early as the mid-1990's, regions throughout the country began to focus their efforts - and resources - on this "20%": the hardest to serve, long-term homeless single adults with disabilities. These chronically-homeless adults generally have a variety of disabilities, most commonly including mental-health disorders, substance-use disorders and traumatic brain injury, or a combination of these disabilities. Most regions, including Nassau and Suffolk Counties, dedicated the vast majority of their HUD (federal) homeless funding to permanent supportive housing for single adults with disabilities, including chronically-homeless adults. State entities serving persons with certain disabilities (including the NYS Office of Mental Health and NYS Office of Alcohol and Substance Abuse Services) leveraged federal dollars to develop permanent supportive housing programs for persons meeting those state entities' disability criteria.

Over time, as funding to HUD diminished and the Department's focus shifted to ending homelessness, a schism began to form between the priorities of each funding stream: one focused on ending homelessness; the other focused on continued services for vulnerable populations. While for over a decade, the focus had been on the "20%", a fresh look at homeless trends revealed that 85 percent of homeless households do not have disabilities, need relatively little assistance to become stable, and funding dedicated to serving them in the short term can be recycled the following year to serve new households. In places like Long Island, most of these families and individuals are homeless because they cannot find an affordable rental unit in the region's tight, extremely expensive housing market.

In an effort to ensure that the Long Island region remains nationally competitive (and does not lose federal funding), Nassau and Suffolk have, in line with HUD's new priorities, shifted significant funding to short-term subsidies to help homeless families and individuals find permanent housing, while mandating that the finite supportive housing units remaining be prioritized for the most vulnerable – and that a procedure be put in place to ensure that the most vulnerable are able to access it.

Although this shift will result in more families moving out of homelessness, it has also reduced the number of already limited units for chronically-homeless, single adults.

The Suffolk County Welfare to Work Commission's Supportive Housing Work Group has spent the last two years researching this issue, looking at exactly who are the region's homeless population and who among them are the most vulnerable, trends in serving them, and where gaps in service delivery remain. The Work Group began by focusing on the "20%" who are chronically homeless but expanded its analysis to include the full spectrum of individuals and families who are homeless or at risk of becoming homeless. The Work

Group concluded that Long Island's severe shortage of affordable housing places a heavy burden on individuals and families earning under 50 percent of the Area Median Income ($55,400 for a family of four) and contributes to the region's homelessness. The Work Group also found that, in comparison to the total number of homeless households in the Long Island region, chronically-homeless singles comprise a small percentage. However, for this group, successful interventions and the sustainable creation of permanent, affordable supportive housing may make the difference between life and death.

Supportive Housing Work Group Methodology

In the late fall of 2015, as the Welfare to Work Commission of the Suffolk County Legislature discussed its 2016 goals, several members suggested that the Commission revisit its 2007 report on the lack of affordable-housing for low and moderate-income residents of Suffolk County. This discussion narrowed to the housing needs of people with serious behavioral-health challenges, that is, people suffering from what is typically referred to as "mental illness." Of special interest to the Commission was the homeless population of Suffolk County, especially people who are chronically homeless, largely due to untreated mental-health disorders.

Since the 1960s, mental-health care has moved dramatically from large institutions – popularly referred to as asylums – to community-based treatment programs including supportive housing. The New York State Office of Mental Health uses the term "supported" rather than "supportive" housing. For purposes of this report, "supported" and "supportive" housing are interchangeable terms. Supportive (supported) housing is:

> A combination of housing and services intended as a cost-effective way to help people live more stable, productive lives, and is an active "community services and funding" stream across the United States. Supportive housing is widely believed to work well for those who face the most complex challenges—individuals and families confronted with homelessness and who also have very low incomes and/or serious, persistent issues that may include addiction or alcoholism, mental health, HIV/AIDS, diverse disabilities (e.g., intellectual disabilities, mobility or sensory impairments) or other serious challenges to a successful life. Supportive housing can be coupled with such social services as job training, life skills training, alcohol and drug abuse programs, community support services (e.g., child care, educational programs, coffee klatches), and case management to populations in need of assistance. Supportive housing is intended to be a pragmatic solution that helps people have better lives while reducing, to the extent feasible, the overall cost of care. As community housing, supportive housing can be developed as mixed income,

scattered site housing not only through the traditional route of low-income housing and building complexes.[5]

As the Commission discussed homelessness and its relation to the supply of supportive-housing options, a number of Commission members active in programs that serve Suffolk's homeless and/or mentally-ill populations described what they considered to be a serious shortage of supportive-housing options in Suffolk County. The Commission thus agreed that one of its goals for 2016 would be an assessment of barriers to the creation of supportive housing for chronically-homeless people and people who suffer from serious mental illness. To achieve this goal, the Commission created a Supportive Housing Work Group consisting of Commission members as well as professionals who work in the field of either homelessness or mental-health services.

One of the first decisions made by both the Commission and its Supportive Housing Work Group was that this topic did not lend itself to public hearings. The primary reason for this decision was the persistence of "Not in My Back Yard" (NIMBY) opposition to any forms of housing that do not conform to the suburban, single-family home ownership model. This NIMBY problem was well documented in the Commission's 2007 report, "Affordable for Whom? Creating Housing for Low and Moderate-Income People in Suffolk County." The Commission's concern was that public hearings about the need for more supportive housing for Suffolk's homeless and mentally-ill population might generate a significant amount of both negative publicity and public opposition that would frustrate if not torpedo any efforts to correct the problem.

The Supportive Housing Work Group began to meet in February of 2016 and continued its deliberations through the spring of 2018, having held 17 meetings, averaging 1 ½ hours each. Throughout this process, 26 private and government stakeholders engaged in housing the homeless as well as providing services and housing for people with serious mental illness met with the Commission to share their expertise, their concerns and their recommendations. A full listing of the Work Group's meeting dates, members and stakeholders who participated in the process can be found below on pages 48 and 49.

As the Supportive Housing Work Group framed its mission, these core questions emerged:

1. Who are the chronically homeless people in Suffolk County and what are their unmet housing and medical needs?
2. What are the supportive-housing options available for people with serious mental illness?
3. What are the barriers to creating more supportive housing in Suffolk County?
4. What successful housing programs – both government and private – exist in Suffolk that serve the needs of people with mental illness as well as people who are chronically homeless?

[5] "Public Housing Authorities: Helping to End Homelessness Through Permanent Supportive Housing", Journal of Housing & Community Development March/April 2008, p.18; Cohen, M.D. & Somers, S. (1990, April). "Supported Housing: Insights from the Robert Wood Johnson Program on Chronic Mental Illness." Psychosocial Rehabilitation Journal, 13 (4): 43-51; Journal of Housing & Community Development, March/April 2008 p18-21.

5. How does the need for more supportive housing relate to Suffolk's critical shortage of affordable housing for low and moderate-income people, especially those earning less than the 50 percent of the Area Median Income?
6. What can be done to overcome barriers to the creation of supportive housing in Suffolk County?
7. What are the human and fiscal effects of not meeting the actual needs for supportive housing in Suffolk County?

What follows is a summary of the Supportive Housing Work Group's deliberations, preceded first by a survey of the larger contextual constraints to the creation of supportive housing in Suffolk: the chronic shortage of affordable housing and the deinstitutionalization of mental-health services.

The Larger Context: A Chronic Shortage of Affordable Housing and The Deinstitutionalization of Mental-Health Services

Long Island's Chronic Shortage of Affordable Housing: In 2007, the Welfare to Work Commission issued a report to the Suffolk County Legislature, based on public hearings, titled "Affordable for Whom? Creating Housing for Low and Moderate-Income People in Suffolk County." The report opened with this warning: "The County's housing shortage was one of the most critical issues facing people on welfare and those transitioning from welfare to work" as well as working-poor people.

The report further noted that public opinion polls have shown approximately 70 percent of Long Islanders seeing the need for affordable housing while almost two thirds of those polled continue to resist the creation of affordable housing in their own communities.[6] The report observed that, while local opposition to affordable housing remained intense, public conversations about affordable housing were beginning to expand, allowing for some openness to affordable housing for young professionals and workers. Thus, there appeared to be more acceptance of affordable housing for households earning between 80 percent and 120 percent of the Area Median Income ($91,000 a year in 2007), that is, those earning between $70,000 and $120,000 a year in 2007 who could not afford Suffolk's high housing costs. The report further observed:

> "This important shift in the affordable housing debate to include young workers and professionals should not ignore the approximately 270,000 low and moderate-income Suffolk households (56 % of all households) who earn under $70,000 a year and will almost certainly bypass the 129,419 very low-income Suffolk households earning under $40,000 a year. Most disturbing, the 54,194 Suffolk households

[6] "Poll: Housing Crunch Hits Home," *Newsday*, January 27, 2005.

> earning less than $20,000 a year will be virtually shut out of the County's affordable housing. (*The Long Island Index*)"[7]

Ten years later, the lack of affordable housing remains a grave problem for Suffolk County. For example, the US Department of Housing and Urban Development (HUD) defines the 2017 Suffolk County Area Median Income as $110,800[8]. The median price of a home in Suffolk in 2017 was $376,000.[9] Using the frequently-applied standard that a family or individual should not spend more than 30 percent of their income on housing costs, a family would have to earn $125,000 to afford the median home price of $376,000. This is $15,000 more than the Area Median Income, which means more than half of Suffolk families do not earn enough to purchase an affordable home and many who do will be housing-cost burdened.

Moderate and low-income families earning less than 80 percent of the Area Median Income or $88,640 will thus find it extremely difficult if not impossible to purchase a home in Suffolk County. Many, perhaps most will have to rent. However, only about 18 percent of Suffolk's housing stock is rental, compared with 38 percent for Westchester County. As the Regional Plan Association, Long Island Community Foundation and Ford Foundation observed in their study of Long Island's rental-housing shortage:

> "On average, the Hudson Valley, northern New Jersey and southwestern Connecticut have two-and-a-half times the number of available rental homes per household than Long Island."[10]

Because of this shortage of rental housing on Long Island, and the resulting high rents, the report concluded:

- 56% of renters pay more than 30% of their income for housing as rents have increased much faster than incomes.
- 64% of Long Island renters cannot afford a typical two-bedroom apartment.
- 55% of 20-to-34-year-olds live with their parents or other older relatives.
- Over a quarter of all the rental homes on Long Island are concentrated in 10 communities.[11]

The U.S. Census Bureau reported that the Suffolk market rate for a rental apartment in 2017 was $1589.[12] Using the 30 percent formula, a family would have to earn $4,767 a month or $57,204 a year (or approximately 52 percent of the Area Median Income) to afford this

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[7] Welfare to Work Commission of the Suffolk County Legislature. "Affordable for Whom? Creating Housing for Low and Moderate-Income People in Suffolk County," 2007, p. 3.

[8] https://sites.google.com/site/nymortgagelimits/hud-median-income-limits

[9] https://www.census.gov/quickfacts/fact/table/suffolkcountynewyork/HCN010212

[10] Regional Plan Association, Long Island Community Foundation and the Ford Foundation. "Long Island's Rental Housing Crisis," 2013, p. 3.

[11] Ibid.

[12] https://www.census.gov/quickfacts/fact/table/suffolkcountynewyork/HCN010212

apartment. The many thousands of families earning less than 52 percent of the Area Median Income thus will have a difficult time finding an affordable rental unit. This is why a report by the New York State Comptroller found Suffolk County ranking 57 of 62 counties in rental affordability, with 54 percent of renters living in unaffordable units, that is, housing-cost burdened because they are paying more than 30 percent of their income toward rent.[13]

Efforts to create affordable housing by the Town of Huntington illustrate this Island-wide problem. Following an extensive housing assessment which included hiring a professional planning company as well as conducting a number of town hall hearings, Huntington released its "Horizons 2020" Comprehensive Plan in 2008 which noted that, "except for the affluent…all segments of the population are affected by the scarcity of affordable housing in Huntington." In addition, the Comprehensive Plan reported that "for Huntington's lower-income residents [and] for moderate and middle income members of the local workforce, such as nurses, police officers, secretaries, and mid-level managers, choices for quality, affordable rental housing are limited." The report went on to observe that the Town's 85%/15% ownership/rental housing ratio "falls short of providing a balance or range of choices for those with different housing needs" compared with the U.S. 67%/33% ratio and that "the shortage of decent affordable housing has resulted in the proliferation of illegal, overcrowded, and substandard housing".[14]

Huntington's conclusions about its affordable housing deficit were corroborated the same year the Comprehensive Plan was released in 2008 in a study by Rutgers University that had been commissioned by the Suffolk County Legislature, which identified the need for 2,789 units of workforce housing by 2020.[15] Nevertheless, a study conducted by the Huntington Township Housing Coalition inventorying the actual number of affordable units created since 2008 found that, despite the projected need for 2,789 affordable units by the year 2020, only 729 were completed or planned as of March 2018.[16]

According to the U.S. Census, there are 1.49 million people living in Suffolk County, residing in 474,311 households, of which 26 percent or 123,000 households earn below 50 percent of the Area Median Income. These are the Suffolk residents who have virtually no chance of ever owning a home and who will have great difficulty finding an affordable rental apartment. These are likely among the 300,000 Long Islanders each year who visit local food pantries because they have to make a monthly" Sophie's choice: "Do we feed the children or pay the rent?"

As this report was being finalized, the Work Group was alarmed by reports that the Department of Housing and Urban Development (HUD) had changes that would require many recipients of federal housing subsidies to pay as much as triple their current

[13] DiNapoli, Thomas, New York State Comptroller. "Housing Affordability in New York State," 2014, p. 26.
[14] "Horizons 2020: Town of Huntington Comprehensive Plan", pp. 127-129
[15] Burchell, Robert; Sean DiGiovanna; William Dolphin. "Suffolk County Workforce Housing Needs Assessments and Responses", Center for Urban Research, Rutgers University, 2008.
[16] Weaving, Roger. "Huntington Township Coalition Housing Report, 2018," 2018, p. 1.

contribution in order to continue to receive housing supplements such as Section 8 Vouchers. As National Public Radio reported the proposal:

> "Under current law, most tenants who get federal housing assistance pay 30 percent of their adjusted income toward rent, and the government kicks in the rest up to a certain amount. According to the HUD plan unveiled [April 25, 2018], the amount many renters would pay jumps to 35 percent of gross income. In some cases, rental payments for some of the neediest families would triple, rising from a minimum of $50 per month to a minimum of $150, according to HUD officials. Some 712,000 households would see their rents jump to $150 per month under the proposal, the officials said."[17]

While this proposal yet requires Congressional approval, the Work Group was deeply concerned that implementing this proposal will seriously exacerbate Long Island's already critical shortage of affordable housing options for poor people and might very well add to the Island's homeless population.

Deinstitutionalization of Mental Health Services: The critical lack of affordable housing for Suffolk residents earning less than 50 percent of the Area Median Income is, for people suffering from serious mental illness, an excruciating crisis.

Following a series of blistering media exposes about horrid conditions in large mental-health asylums, the Kennedy Administration initiated the Community Mental Health Act in 1963 that was supposed to end institutional abuses by creating a system of community-based mental-health care. As *The New York Times* recently reported, "The idea was that those released from the institutions would move back into neighborhoods, with easy access to a doctor, therapists and at-home services if needed. The money saved by closing the hospitals would be used to support independent living."[18]

However, *The New York Times* analysis of deinstitutionalization observed:

> "The downstream consequences of that legislation are now generally accepted. State governments, with some exceptions, did not make good on promises to provide adequate community care, like well-staffed local clinics, supports for housing, employment and daily living…. Perhaps [the] most critical point of agreement in the asylum debate is that money is lacking in a nation that puts mental health at the bottom of the health budget. These disorders are expensive to treat in any setting, and funds for hospital care and community supports often come out of the same budget."

The *Times* report further noted that, in the face of chronic budgetary constraints,

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[17] Booker, Brakkton. "HUD Unveils Plan to Increase Rent on Millions Receiving Federal Housing Assistance," Morning Edition, National Public Radio, April 25, 2018.

[18] Carey, Benedict. "Trump Wants More Asylums. Critics Fear a New Wave of Abuse," *The New York Times,* March 5, 2018.

> "States offloaded much of the expense of mental-health care to federal programs like Medicaid. Homelessness swelled in the nation's cities well through the 1980s. In more recent decades, an increasing number of people with mental disabilities landed in prison, usually for nonviolent offenses. Today there are at least 100,000 inmates with psychosis, far more if those with severe mood problems and drug problems are included, experts estimate. During this time, the number of public psychiatric beds available has plunged, to 11 per 100,000 people from 360 per 100,000 in the 1950s, according to Dr. E. Fuller Torrey, founder of the Treatment Advocacy Center."[19]

The bottom line of deinstitutionalization is that community-based mental-health services, which should have corrected the abuses of the large asylum system, have been so underfunded that "2.2 million of the severely mentally ill do not receive any psychiatric treatment at all. About 200,000 of those who suffer from schizophrenia or bipolar disorder are homeless. That's one-third of the total homeless population. Ten percent are veterans who suffer from post-traumatic stress disorder or other war-related injuries."[20]

The unresolved housing needs of this fragile population of unserved and underserved people with mental illnesses were a special focus of the Commission's Supportive Housing Work Group. For too many of them, homelessness is a condition as chronic as their underserved health-care needs.

Who Are Long Island's Homeless People?

The Unserved Population: According to New York State Office of Mental Health (OMH) regulations, homeless individuals or people who may become homeless cannot be admitted to a supportive-housing program without a medical diagnosis of a mental illness. At the May 26, 2016 session of the Work Group, Welfare to Work Commission Chair Richard Koubek asked if there are data demonstrating what portion of the chronically homeless population is served by supportive housing programs such as emergency or transitional housing and what portion is unserved.

The Work Group had already begun to focus on the difficulties involved in diagnosing people with mental illness (behavioral challenges) who are or might become homeless. Michael Stoltz, Co-Chair of the Supportive Housing Work Group and Chief Executive Officer of the Association for Mental Health and Awareness, stated that assessment for mental-health disorders cannot be done in a single interview. Mr. Stoltz noted that ideally three visits over a six-month period are needed to properly diagnose a mental-health problem, especially difficult-to-identify disorders such as subclinical depression or cases in which people have multiple problems on a spectrum of disorders. There was consensus among the Work Group that, due to staffing and funding limitations, three-hour assessments are difficult if not impossible to administer for the Suffolk County Department

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[19] Ibid.

[20] "Deinstitutionalization and the Homeless Mentally Ill," *Hospital Community Psychiatry*, September 1984, 35(9), pp. 899-907

of Social Services (DSS) and nonprofit agencies that serve people with behavioral challenges. These barriers to adequate diagnoses create a situation where numerous individuals "fall through the cracks," becoming homeless because they do not have a medical diagnosis and thus cannot be admitted to a supportive-housing program.

Thomas Grecco, who in 2016 was Suffolk County DSS Client Benefits Division Administrator, reported that DSS in May of 2016 was housing 2,600 homeless people in temporary or emergency housing which DSS provides to an eligible homeless individual or family to meet an immediate need for shelter as well transitional housing which is longer-term housing with less case management.[21] Mr. Grecco pointed out that while only 39 percent of Temporary Assistance DSS clients are employable, 43 percent of the homeless population is employable, suggesting that they may not be chronically homeless but rather are suffering from a temporary housing setback such as an eviction. There was consensus that Suffolk's lack of affordable rental housing contributes significantly to homelessness.

Tracy Lutz, Associate Executive Director of Community Housing Innovations stated that she has observed a "nomadic" segment of the homeless population who wander, some refusing shelter, some accepting temporary emergency shelter, then moving on. Michael Stoltz stated that some of the chronically homeless fall between the cracks as early as their high-school years. Several people noted that it is sometimes difficult to link chronically homeless people with mental-health professionals who often do not want to treat this difficult-to-serve population.

LICH Point-in-Time Homeless Count: At the June 22, 2016 Work Group session, Greta Guarton, Executive Director of the LI Coalition for the Homeless (LICH), reported that her agency had, on January 27 of that year, conducted its annual "Point-in-Time" snapshot count of homeless people in Nassau and Suffolk Counties. The 2016 homeless count was 3,947 of whom 2,884 were persons in families with at least one child and 1,063 were persons in households without children.

The January 2018 "Point-in-Time" Nassau-Suffolk homeless count is 3,868[22].

- 2,876 persons in families with at least one adult and one child were sheltered in in Emergency Housing or Transitional Housing; (None were unsheltered)
- Of those in households with at least one adult and one child, 1,752 were youth under the age of 18 (None were unsheltered)
- In households/households with at least one adult and one child, 638 of the household members were Hispanic/Latino; 1,774 were Black/African American (None were unsheltered)

[21] Email from Vincent Rothaar, Suffolk County Director of Housing, to Richard Koubek, March 19, 2018.
[22] Email from Greta Guarton, Executive Director, Long Island Coalition for the Homeless, to Richard Koubek, May 11, 2018.

- There were 15 persons in Child Only households (None were unsheltered)
- 977 persons in households without children were sheltered in emergency or transitional housing (52 were unsheltered).
- 59 chronically homeless individuals and 58 chronically homeless family members were sheltered and 19 chronically homeless individuals were unsheltered

The Chronically Homeless: The Work Group discussed the 174 individuals the 2016 Point-in-Time count identified as chronically homeless who are the most-difficult-to serve population. (The 2018 count of chronically homeless individuals was 117.) The U.S. Department of Housing and Urban Development (HUD) defines a Chronically Homeless individual as a single adult with a disability, who has been homeless for at least 12 consecutive months, or has had at least four episodes of homelessness in the last three years. Ms. Guarton noted that this group accounts for a significant portion of resources devoted to homelessness. She noted that homeless experts estimate that 20 percent of the homeless population uses 80 percent of resources. This "20%" are individuals who have multiple physical and/or psychiatric disorders, often compounded by substance-dependence issues, which can cause them to be rejected for or removed from shelters. Many in this population refuse to enter shelters and also tend to avoid treatment.

Continuum of Care: Ms. Guarton noted that LICH oversees the LI Continuum of Care (COC), a HUD-created entity, which brings together over 60 nonprofit organizations with the mission of helping people on Long Island who are facing homelessness or who are already homeless. Each month the members come together to discuss and hear about current concerns and opportunities within the nonprofit community. The meetings have a presentation from an agency to educate other professional about their services. Information is given out on upcoming events and openings in housing placements. As the lead of the Continuum of Care on Long Island, the LICH's successful coordination of the HUD grant application has resulted in over $10 million in funding for homeless programs each year.

Housing First Model: Ms. Guarton addressed the Housing First Model, which she believes is the most effective approach to sheltering chronically homeless people. These units have no prerequisites such as residents being alcohol or drug- free. The goal is stability first through housing, with treatment and supportive services to follow. She said that these can be individual units or mixed in with non-supportive housing or they can be exclusively Housing First residences with multiple units.

There was consensus among the Work Group that the Housing First Model employed by New York City and strongly recommended by the federal government is the best approach to housing and treating the chronically homeless. Housing First is a homeless assistance approach that prioritizes providing people experiencing homelessness with permanent housing as quickly as possible – and then providing voluntary supportive services as

needed. This approach prioritizes client choice in both housing selection and in service participation.

According to the National Alliance to End Homelessness, Housing First programs share critical elements:

- A focus on helping individuals and families access and sustain permanent rental housing as quickly as possible;
- A variety of services delivered to promote housing stability and individual well-being on an as-needed and entirely voluntary basis;
- A standard lease agreement to housing – as opposed to mandated therapy or services compliance.

For the last 16 months, housing providers funded through the COC have adopted a Housing First model and are prioritizing for housing the region's most vulnerable people who have been homeless for the longest lengths of time. These COC funded providers are receiving training and support through LICH and other partners to make this a successful model within the Long Island region.

Policy Implications for Suffolk County: Undiagnosed and untreated mental illness are a direct result of underfunded community-based mental-health services that were supposed to replace the large mental-health asylums. The human costs to these untreated individuals is incalculable. The fiscal costs to Suffolk County are enormous. People with undiagnosed mental illness, many of them chronically homeless, most of whom lack a medical diagnosis, as noted above, utilize as much as 80 percent of available resources, or $8 million of the $10 million dollars in grants for homeless programs awarded to the Long Island Continuum of Care. Additionally, also as noted above, many of these individuals are warehoused in the prison system. According to Dominic Sisti, a medical ethicist at the University of Pennsylvania School of Medicine, "When people are going back and forth from prisons to hospitals, that's a sign they might have benefited from longer-term treatment options."[23] It costs Suffolk County $419 per day to house inmates in the Suffolk County Jail.[24] A one-day snapshot study of the Suffolk County Jail found that 579 of the 1,184 prisoners (49 %) had referrals to the Mental Health Unit.[25] The cost to the County to house these 579 prisoners was thus approximately $242,601 a day, thereby begging the question: How much could the County have saved if some of these prisoners had received appropriate mental-health treatment that might have avoided their incarceration?

[23] Benedict, *The New York Times*, Op. Cit.

[24] Email from Steven Kuehhas, Suffolk County Undersheriff, to Richard Koubek, "Based on the Comptroller's numbers the inmate per diem per capita cost for 2017 was $419…" March 30, 2018.

[25] Cohen, Shelly, Pamela Linden, Robert Marno. "Inmates Referred for Mental Health Services at the Suffolk County Correctional Facilities. A One Day Snapshot," Suffolk County Criminal Justice Coordinating Council, 2012, p. 4.

The SPA Housing Placement System

The Suffolk County Department of Health Division of Community Mental Hygiene Services oversees the Single Point of Access for Adult Services (SPA) program that places people with serious behavioral-health challenges in housing. These questions about the SPA program were raised at several 2016 Welfare to Work Commission meetings:

1. What organizational changes have been undertaken this year in the SPA program?
2. What are the screening steps in the SPA process?
3. What criteria are used to determine eligibility for SPA housing?
4. Are there sufficient beds for families and singles seeking SPA housing?
5. How many people are screened and how many are on SPA waiting lists?

SPA Programs: SPA is overseen by the Suffolk County Department of Health Division of Community Mental Hygiene Services which follows regulations set by the New York State Department of Health (NYSDOH). As noted above, NYSDOH uses the term "supported" housing which, for purposes of this report, is interchangeable with "supportive" housing. These are the SPA supported/supportive housing programs in Nassau and Suffolk Counties:

SPA Housing Programs[26]

No.	Programs	Description
1	Supervised Community Residence - CR	These programs are supervised 24 hours per day. These residences typically house 8 – 15 individuals in one large house. Food is provided. Residents are offered all restorative services, generally with an emphasis on Daily Living Skills such as cooking, cleaning, personal hygiene, food shopping and money management. Medication is supervised as needed.
2	SRO Community Residence (CR-SRO)	This level offers individuals their own bedrooms usually in a large building with up to 50 residents. Staff supervision is present 24 hours per day. It is recommended that residents prepare their own meals. A meal plan may be available for purchase depending on location. Restorative services are available.
3	Apartment Treatment - ATP	These programs typically receive staff visits several times each week, depending on level of need. There are generally 2 – 3 residents per house or apartment. Residents are expected to have good daily living skills and be able to hold their own medication. Food is not provided. Instead, residents receive an allowance, which is used to purchase food and

[26] http://www.spahousingli.org/HousingPrograms.aspx

		cleaning supplies. Applicants should have some ability to manage their own medications.
4	Supported Housing - SHP	Supported Housing programs vary. Programs may offer shared apartments, houses for three individual adults, or families. Individuals residing in Supported Housing pay 30% of their monthly income toward their rent. The rest of their rent is subsidized. Residents of these programs live fairly independently and may receive visits 1- 4 times monthly. Supported Housing is considered long term housing.

SPA Criteria, Assessments and Placements: On October 16, 2016, the Work Group met with the staff of the Suffolk County Department of Health (DOH) Division of Community Mental Hygiene Services that coordinates SPA. Anne Marie Csorny, Director of the Division, pointed out that in an effort to streamline services, the Single Point of Access for Housing (SPA), the Single Point of Access for Care Management (CAMERA), Assertive Community Treatment (ACT) services along with the Assisted Outpatient Treatment (AOT) unit have been folded into one unit now identified as the Single Point of Access for Adult Services or SPOA. They are in the process of merging all units databases into one system except for the SPA/housing portion as this is a regional program that is operated by a contract agency.

Mr. Csorny stated that NYS Office of Mental Health (OMH) State-supported housing is not intended to be permanent housing in that the goal for people in these levels of housing and support is mental-health recovery – and the hope is for independent housing beyond the mental-health system. The level/type of housing can impact Length of Stay (LOS). There are several levels of housing and related-supports for which the SPA unit serves as the entry point, including Community Residences, CRSROs, Intensive Supported, and Supported Housing (which is not licensed but is monitored by (OMH). Some, such as community residences, have a goal LOS of two years or less.

Ms. Csorny stated that her staff screens applicants for eligibility to enter SPA housing which includes (1) Suffolk County residency; (2) that the applicant must be at least 18 years of age; (3) a medical diagnosis which is no older than two years, by a physician, of a Serious and Persistent Mental Illness (SPMI) such as schizophrenia, bipolar disorder or major depression. The process has been simplified so that if an application is incomplete it is now not accepted but the applicant/referring source is notified that they need to complete the application and resubmit it with corrections rather than start the application from the beginning.

Peggy Boyd of Family Service League noted, and several people agreed, that the absence of a medical diagnosis by a physician is a serious impediment to placement in SPA housing. Licensed social workers cannot provide a medical diagnosis, although they do provide an overall psychosocial assessment of applicants which can be used by case managers. It was also noted that SPA residents must have a funding source to receive a placement, such as Medicaid or DSS or SSI or a State supported housing program funding stream. It was also noted that the supportive-housing model has a minimum requirement of one-time visit per

month from case-management supportive services, which according to some of the Work Group participants is often not adequate to meet the needs of the residents.

Ms. Csorny stated that Nassau and Suffolk SPA are administered by a nonprofit agency – Family Residences Essential Enterprises (FREE) – which is housed in Bethpage. There are three workers each for Nassau and Suffolk Counties that operate the FREE single-point (SPA) housing program. Applications are now received directly through the new data base located at the FREE site where they are reviewed for all necessary documentation/eligibility. The staff at the county offices assigns a priority level for the applicant. Matches for available vacancies and anticipated vacancies are made daily.

Ms. Csorny stated that her Division screens about 125 applications a month. There are approximately 2,300 single adult SPA beds. In October of 2016 there was a Suffolk SPA waiting list of 1,500 people. The SPA wait list fell to 887 in late 2017. There was consensus by the Work Group that the State must provide additional beds and that the FREE staff is not large enough to adequately process all the Nassau and Suffolk applications it receives each month.

Expediting SPA Placements: Jessica Adelberg, Suffolk County Community Mental Hygiene Services SPA Coordinator, stated that they make every effort to process applications in a timely manner. They have prioritized applications into five levels with the two highest levels of priority assigned to applicants who are homeless, at risk of homelessness or in need of special behavioral-health services. The third and fourth levels of priority include people who are leaving hospitals, or who are seeking a different type of SPA housing, are at risk of eviction or are having problems with housemates. The lowest level of priority are people who are living with others but want a home of their own. In an effort to better expedite placement in the SPA housing program, FREE will now, in advance of a vacancy, begin outreach to those on the waitlist who are identified as the top 10 to 20 prioritized individuals. It is thought that by doing so they will be able to locate and better understand the current needs of the applicant since in many situations the applicant applied for SPA housing many months before and the needs/information have changed.

A number of Work Group participants stated that providers sometimes resist accepting SPA residents because they have standards of behavior which these residents cannot meet. Particularly problematic are residents who openly abuse drugs and alcohol. SPA applicants denied supportive housing can appeal the decision. There was some discussion of the need for confidentiality in the SPA assessment process since medical diagnoses are not permitted to be released for public discussion under HIPAA laws.

The Work Group again discussed the benefits of the Housing First model in which homeless people are stabilized with a housing assignment without any behavioral prerequisites. DSS Commissioner John O'Neill had stated at a Welfare to Work Commission meeting that DSS is not allowed by State regulations to opt for the Housing First model since there are pre-requisites for DSS emergency and transitional housing such as residents being drug or alcohol free. Nonprofit agencies can opt for Housing First.

DSS provides emergency and transitional housing for homeless people who are indigent. Vincent Rothaar and Janet Draffin from DSS stated that during the intake process staff are trained to identify potential behavioral-health issues, in which case, clients are referred to Industrial Medicine Associates (IMA) for assessments. Several members of the Welfare to Work Commission pointed out that they have been working with DSS for many years on a DSS disabilities policy and mental-health screening tool that would provide more accurate assessments of people with behavioral-health challenges. Ms. Draffin stated that she is the DSS liaison for SPA housing and that she receives many contacts from SPA regarding the whereabouts of SPA housing candidates. Requests from SPA for medical information about candidates are referred to IMA.

There was also discussion of the blurred lines that exist between the various State supportive-housing programs provided by agencies such as the NYS Office of Alcohol and Substance Abuse Services (OASAS) or the NYS Office of People with Developmental Disabilities (OPWDD). For example, some, SPA residents with drug and alcohol dependencies may actually belong in OASAS housing. The Welfare to Work Commission released a report several years ago on non-OASAS regulated sober homes, which led to DSS creating a Suffolk pilot with enhanced payments for providers who adhere to behavioral and management standards in these transitional recovery homes.

Finally, the Work Group again discussed the fact that many chronically-homeless people have challenges accepting the restrictions that are imposed at various licensed housing options. Some, due to their mental illness, have difficulty residing with others in a shared housing setting on a long-term basis. There was discussion about the need for housing temporary housing situations that are flexible to the needs of the individual and where a chronically homeless person would be able to develop relationships and trust with providers and hopefully be able to move on to a more permanent arrangement. Many of the 1,500 on the SPA waiting list in October 2016 lived with friends and relatives or in DSS emergency housing. Others are in one type of SPA housing such as a Single Room Occupancy (SRO) but wish to move to a different type such as a Community Residence (CR).

A Proposal for Expediting SPA Applications for People with Serious and Persistent Mental Illnesses: On Long Island, there are two centralized referral systems for different kinds of housing for persons in need: Single Point of Access (SPA) for all housing programs funded (at least in part) by the New York State Office of Mental Health (OMH), and the Coordinated Entry System (CES) for permanent housing programs for homeless households funded (at least in part) by the US Department of Housing and Urban Development (HUD). Some housing within the Long Island region is funded by both entities (and must therefore comply with regulations under both sources).

The referral process and program priorities/goals are different in each case:

- For SPA, community agencies (including clinics, hospitals, community-support service programs, housing agencies, and others) must submit complete applications, along with detailed documentation that an applicant has a “Serious and Persistent Mental Illness” (SPMI) – including a recent psychosocial and psychiatric medical

evaluation. Although homeless households are prioritized, SPA uses a loose definition of homelessness, and does not prioritize one category of "homeless" over any other. SPA's primary goal is to provide housing for persons with SPMI. All programs require SPMI.

- For CES, the Continuum o Care's CES Team is primarily responsible for identifying eligible households based on length of time homeless (LOH) and (any) disability. The CES team works with community partners to gather the required documentation to show the applicant meets HUD's definition of homelessness and that he/she has a documented disability. The disability does not have to be mental illness, nor does the application have requirements such as a psychosocial or psychiatric evaluation. Households are prioritized for housing based on how long they have been homeless (as per HUD's definition). CES's primary goal is to provide housing for the most vulnerable, longest-term homeless households within the Long Island region. Once documentation is obtained to "prove" a household eligible, that household is placed on a waiting list in an order based on LOH, and is then offered housing as it becomes available, in the order of the waiting list. All programs require homelessness; most do not require a specific disability and are therefore open to any disability.

Although the two systems work together, there are inadvertent challenges which have arisen. The SPA process, because it requires more extensive disability documentation, can take longer. However, the CES process offers housing to households based upon their length of time homeless, not just on a disability. A person with SPMI is also eligible for any other housing unit that may become vacant and will be offered that unit based on his/her place on the waiting list. Likewise, a person on a CES waitlist would not need to complete the SPA application for units that are funded only through CES – and would therefore be eligible for another unit before s/he would be eligible for a SPA unit. In the meantime, a SPA vacancy can take much longer to fill because those who would be eligible for a SPA unit are often offered housing sooner and faster at a non-SPA unit.

Due to limited staff resources, the CES team cannot complete SPA applications for clients. Although shelter staff are expected to do so, applications are not always completed before households are moved to a new shelter, and/or their documentation can get lost. The Suffolk County Department of Social Services (DSS) tracks SPA applications and follows up with shelter providers on the submission of SPA applications. However, because SPA staff are tasked with reviewing and approving applications (but not coordinating their completion), many who are eligible for SPA housing never complete applications.

The Long Island Coalition for the Homeless (LICH) and the COC recommended to the New York State Office of Mental Health (OMH) that funding be allocated (either through federal PATH funds awarded to NYS, or other funding) to hire at least one staff person for each county, to be tasked with completing/coordinating SPA applications for persons with SPMI living in shelters. It was recommended that funding be added to agencies with existing Care Coordination contracts, or similar, to carry out this task. Further, it is understood that LICH is

not requesting said funds for itself to carry out these activities (it would be a clear conflict of interest). Because the persons responsible for completing the applications would be separate from the shelter staff, these new staff members would continue to work with eligible persons, regardless of which shelter they were residing in.

Documentation for clients would also be in one location, reducing the risk of important documents being misplaced or lost. It would allow them to complete their applications prior to being identified as eligible for CES, so they could conceivably be housed through SPA (in other than dually-funded SPA/CES programs) sooner or be document-ready for a dually-funded program as soon as they are identified as CES eligible, potentially giving them more immediate options for housing (and leading to shorter-term vacancies in SPA programs).

Policy Implications for Suffolk County: The Work Group identified numerous types of supportive-housing options for people with mental illness and other disabilities as well for people at risk of homelessness. Using SPA and CES as centralized clearing houses and referral agencies helps to overcome some of the "silo" effects that occur when there are different State-funded housing programs with different, sometimes competing, requirements, regulations and funding streams. The core problem the Work Group identified was that there are not enough supportive housing units to meet the needs of the County, with a SPA waiting list of about 1,500 people when the Work Group addressed this issue in October, 2016. In addition, the Work Group had concerns that FREE, the agency which actually places people in SPA housing, is understaffed with only three personnel in each County assigned to find housing for SPA applicants. Each SPA applicant who cannot find supportive housing is at risk of homelessness, some more than others, depending on the severity of their mental illness or other disability. Finally, as discussed here and above, a medical diagnosis is critical for obtaining a supportive-housing placement. However, for many mentally-ill people who are homeless or at risk of homelessness, securing a medical diagnosis is a very difficult process. As noted above, and will be discussed further below, homelessness and the lack of community-based mental-health services burden the County with enormous short-term costs (e.g., emergency shelters) and long-term costs (e.g., prison confinement in lieu of mental-health treatment.)

DSS Housing Programs for the Homeless

DSS – Suffolk County's First Responder for Homelessness: The Department of Social Services (DSS) is in many ways Suffolk County's "first responder" in efforts to deal with homelessness. New York State regulations require DSS to provide housing for the homeless population. Typically, on any given day, DSS shelters about 2,500 people in short-term emergency housing, including motels and shelters. Currently, 22 providers are contracted by DSS to run 82 shelters in Suffolk County. Due to regulatory changes, in 2018 all DSS shelters will be required to be certified by the NYS Office of Temporary and Disability Assistance (OTDA) which oversees State welfare policies and programs. Six shelters are congregate, housing 20 or more families. The balance are individual homes or shelters housing two to six families or single individuals.

All shelters have live-in management and receive DSS case-management services. Nevertheless, the DSS shelters are not equipped to handle individuals with serious mental-health and physical problems, some of whom exhibit disruptive behaviors that cause some homeless people to resist being placed in shelters. Others, as noted above, are chronically-homeless people, most with serious behavioral-health challenges, who do not want the restrictions placed on them by shelters and/or who fear living in a shelter. Sometimes DSS has difficulty placing homeless people with mental-health and substance-abuse challenges. Vincent Rothaar, DSS Director of Housing, stated that effective April 1, 2017, the Long Island Coalition for The Homeless has begun overseeing a coordinated entry effort to house the chronically homeless. Any provider who receives Continuum of Care funds will be required to accept any homeless individual or family, regardless of their physical or mental-health conditions.

DSS Shelter Supplement Increase: DSS will assist in finding shelter for homeless people amid Suffolk's critical shortage of affordable housing which, as noted above, is especially onerous for low-income people earning less than 50 percent of the Area Median Income. In addition, DSS must find this housing amid the rampant NIMBY opposition to any type of affordable housing, also noted above. With rental housing scarce and expensive, the challenges faced by DSS in locating housing for its clients are formidable.

In addition to finding emergency shelter for people who are homeless, DSS, as per New York State regulations, pays the rent for on-going Public Assistance recipients. The State-prescribed schedule of rent allowances is notoriously low relative to the cost, particularly in expensive areas like Suffolk County. However, the New York State Office of Temporary and Disability Assistance (OTDA) does permit social services districts to apply for authorization to pay supplemental amounts when needed. Mr. Rothaar explained the successful DSS effort to get OTDA to increase the monthly shelter supplement standard for Suffolk County families from the State limit of $503 a month to $1258 a month for a family of four. This supplement increase applies only to families with children and to select childless families, but not to individuals and it can be withdrawn if a Public Assistance client is sanctioned for having violated a work rule or other DSS requirement.

The DSS request for the shelter supplement was approved by OTDA due to the high cost of rents in Suffolk County that can be traced, in part, to the serious shortage of rental housing for low-income people described above. The lack of affordable rental housing drives up rents in Suffolk. The current US Department of Housing and Urban Development (HUD) Fair Market rentals for Suffolk County are:

- $1533 for one bedroom
- $1878 for two bedrooms

The increase in the Suffolk DSS/OTDA shelter supplement thus brings it closer to the HUD Fair Market rental rates for Suffolk, although still below the cost of a typical rental unit in Suffolk County. Since DSS/OTDA regulations permit $250 from the Public Assistance cash grant to be applied to rent, $1,508 is available for DSS family

of four to apply to a Suffolk rental unit, which is close to Fair Market Rental of $1553 for a one-bedroom apartment. Obviously, a one-bedroom apartment is not sufficient for a family of four.

Funding for Temporary Assistance programs is dependent on the type of case. The shelter supplement is funded as follows:

- Temporary Assistance for Needy Families (TANF) cases (families that have not exceeded 60 months of assistance) are 100% funded by the federal government.
- Safety Net Cases (families that have exceeded 60 months of TANF and singles individuals) 71% County; 29% State.

State Legislative Efforts to Expand the Shelter Supplement: Two years ago, Assembly member Andrew Hevesi, Chair of the Assembly Social Services Committee, working with a group of advocates, introduced legislation to create the NYS Home Stability Support program (HSS). The basic concept of HSS is that families and individuals who are homeless or at risk of becoming homeless and who are eligible for public assistance would be able to receive a rent supplement to enable them to stabilize their housing situation. The HSS supplement would amount to as much as 85% of the area Fair Market Rent. Among HSS's additional features, it would, unlike current state supplements discussed above, be available statewide, would cover all eligible families and individuals, and would not be affected by the household's sanction status.

In the recently concluded 2018-2019 New York State budget session in the State Legislature, HSS was not included, but a very modest rent supplement pilot program was adopted. The eligibility rules are yet to be spelled out, but the significant limitation of this program is that it allocates only $15 million over a four-year period – a tiny fraction of the estimated need – and is available only to residents of New York City and the City of Rochester. Nevertheless, at least a few hundred families should benefit from the supplement and be able to live in decent, secure housing. It is anticipated that efforts to establish and adequately fund a statewide supplement program will continue in light of the urgent need for housing stability.

The Shelter Supplement: A Disincentive to Self-Sufficiency? Several members of the Work Group pointed out that the security of living in safe, affordable housing is essential to the well-being of all families, particularly those made vulnerable by poverty, income insecurity, family crises and on-going physical or mental-health challenges. This is the theory behind the Housing First model for chronically-homeless people that is recommended by the federal government. The Work Group discussed the advantages of the Housing First model numerous times in its deliberations.

Stable housing is especially critical to families that have faced homelessness. In addition, as noted above and in the Welfare to Work Commission's 2007 report on affordable housing, the lack of safe and affordable housing options for low-income and even middle-income families on Long Island is a continuous, serious and still largely unresolved problem.

Mr. Rothaar stated that of the 540 homeless families in DSS shelters in March of 2017, 285 (53%) had some form of income, which might include Social Security or employment. In June of 2018, 278 of the 540 homeless families in DSS shelters (51%) had a source of income. This is a 20 percent increase since 2013. Nevertheless, these homeless families with incomes have not been able to find affordable housing in the tight Suffolk housing market and thus became homeless.

This housing crunch is exacerbated by the fact that Section 8 Vouchers, administered by certain Suffolk towns and the Community Development Corporation of Long Island, which is a vitally important federal government program to make permanent housing available to low-income people, are very difficult to obtain and are prioritized for people with disabilities. For example, during the Commission's 2017 public hearing on proposed federal budget cuts, Siela Bynoe, Executive Director of the Huntington Housing Authority, which administers Section 8 Vouchers for Huntington, testified that her agency alone has 1,500 people on its waiting list for vouchers. Her agency is no longer accepting new applications due to the long waiting list. [27]

There are 40,300 families receiving Section 8 Vouchers in New York State[28]; a collective number for Suffolk was not available due to the fact that there are a number of different administrators such as the Community Development Corporation of LI, the North Fork Housing Alliance and the Towns of Huntington, Babylon, Islip, Southampton and East Hampton. As noted above, the changes in HUD regulations proposed on April 25, 2018, if approved by Congress, that would triple the amount that many recipients of federal housing subsidies must pay toward their rent will, in the view of the Work Group and many housing advocates, worsen the already serious shortage of landlords willing to accept Section 8 vouchers.

Families and individuals are eligible for the DSS shelter supplement only if they are eligible for Public Assistance. Since DSS eligibility is based on fixed income caps, people who receive the shelter supplement are reluctant to pierce the income cap since this will likely result in the loss of their permanent housing. This earnings cliff, in which Public Assistance clients lose benefits as soon as they earn more than the eligibility cap, serves as a disincentive to self-sufficiency. Given the choice between earning more or losing their housing, many clients feel compelled to choose to earn less and retain their housing. This is an especially serious concern for individuals and families who have experienced homelessness.

Mr. Rothaar pointed out that, with the increased shelter supplement, more landlords are willing to accept DSS clients. Consequently, the number of individuals and families who have moved from shelters to permanent housing has increased. For example, due to the increased shelter supplement and the resulting greater willingness of landlords to accept

[27] Welfare to Work Commission of the Suffolk County Legislature. "The 2018 Federal Budget Proposals: A Fiscal and Human-Services Crisis for Suffolk?" Report to the Suffolk County Legislature, November 12, 2017, p. 9

[28] http://www.nyshcr.org/Publications/HousingInformationSeries/hissec8.htm

Public Assistance clients, the Department housed 125 more homeless families in permanent housing in 2017 as compared with the same time period in 2016.

On-Going DSS Client Health Challenges and Sanctions: Another criterion for receiving the DSS shelter supplement is that the individual or family must be in compliance with State and federal welfare regulations. Failure to comply with these requirements such as missing appointments or a work assignment results in a sanction. Sanctioned DSS clients are not eligible for the shelter supplement. DSS can issue the shelter supplement payment to the landlord only when the client is not sanctioned. For this reason, numerous landlords are reluctant to accept DSS clients, even with the increased shelter supplement.

The fact that DSS sanctions might lead to homelessness for DSS clients, forcing them out of permanent housing into a shelter, raised questions about DSS clients who suffer from long-term behavioral health as well as physical-health challenges that can trigger sanctions. The DSS staff estimated that approximately 40 percent of the homeless population whom they serve suffer from either mental health or a combination of mental health, substance abuse and/or physical illnesses. They also stated that hospitals are too quick to discharge patients suffering from mental and/or physical impairments who are homeless or in danger of becoming homeless. Mr. Rothaar pointed out that since 2013 there has been a 450 percent increase in such hospital discharges, rising from 250 people in 2013 to 1,100 people in 2016. This is a difficult-to-serve population that further strains the DSS housing system. Moreover, in some situations, DSS shelters are not appropriate placements for these individuals. DSS requires that hospitals approve a safe and appropriate discharge plan as per State regulation NYCRR405.9 although hospitals sometimes have difficulty locating appropriate shelters for certain hospital discharge patients.

Policy Implications for Suffolk County: Vincent Rothaar informed the Work Group that it costs Suffolk County on average $95 a night to place a homeless person or family in a motel and $100 for a shelter. Thus, in March of 2017, Mr. Rothaar reported that Suffolk was paying about $53,000 a night to shelter the 540 families who were then homeless, which is over $19 million a year. This is a cost borne by, among others, the very taxpayers who oppose affordable housing – especially rental units – in their neighborhoods or towns, thereby creating the dearth of rental housing units that leads to the high rents that contribute to the homelessness which they have to pay for through DSS emergency and transitional housing programs. Similarly, taxpayers' resistance to funding community mental-health services also contributes to homelessness which adds to their tax burdens, not only in sheltering homeless people, but in ancillary costs such as expensive prisons which, as noted above, have become a form of public housing placements for many untreated or undertreated mentally-ill people. To this point, Norman J. Ornstein, a resident scholar at the conservative American Enterprise Institute, reported in March, 2018, on a new Miami-Dade County Florida program in which:

> "Those with serious mental illness who are charged with misdemeanors or non-violent felonies are given a choice of going to trial or accepting an outpatient treatment plan, with a place to live and care from doctors and counselors. Instead of

languishing in jail, many of the beneficiaries are now getting good jobs and participating constructively in their communities"[29]

NYS Office of Mental Health (OMH) and Office of Substance Abuse Services (OASAS) Supportive/Supported Housing Issues

Unregulated Sober Homes: On June 9, 2017, the Work Group met with five upper management officials from the NYS Office of Mental Health (OMH) and six upper management officials from the NYS Office of Alcohol and Substance Abuse Services (OASAS) to discuss the supportive/supported housing needs of Suffolk County. Dr. Jeffrey Reynolds, a member of the Welfare to Work Commission and President and CEO of Family and Children's Association, opened the meeting by focusing on the still-unresolved problem of unregulated sober homes. He is a member of the Suffolk County Sober Homes Oversight Board that was created out of the Welfare to Work Commission's 2010 sober homes report. OASAS does not regulate sober/recovery homes. Dr. Reynolds stated that the Board has developed with Suffolk County DSS a transitional recovery homes pilot program to provide enhanced payments to providers that meet criteria for quality programs such as house management, house rules and required links to treatment. While the pilot was authorized to provide up to 40-45 beds, only 16 have been created because the current census of DSS homeless individuals can only support the 16 slots for DSS clients.

Therefore, without a sufficient or a stable funding source, providers are reluctant to contract for private pays as they would need to pay the Suffolk County Living Wage and other high Long Island expenses. He noted that there is evidence of sober homes' residents being sicker and younger over the past several years, especially with the deepening opioid crisis, which places greater demands on providers. It should be noted that if the number of DSS homeless individuals with substance-use disorders rises, and with proper State funding, the DSS pilot could accommodate 44-45 residents. This program is available only for DSS clients.

Changes in Regional Supportive Housing Needs: Dr. Reynolds stated that Suffolk's sober-homes problem is symptomatic of the lack of adequate funding for supportive housing needs in general. He asked OMH and OASAS staff what regional trends they are seeing with regard to supportive-housing needs. Dr. Martha Carlin, Director, Long Island Field Office, New York State Office of Mental Health, stated that OMH has witnessed significant changes in the population needing supportive housing. In the past, the population served was primarily people with chronic mental illness coming out of large mental institutions. Today, the population is more heterogeneous, with a number of individuals in OMH supportive housing having co-occurring disorders such as chemical dependence and mental illness or criminal-justice backgrounds.

Dr. Carlin stated that OMH is now providing funding for additional community supports for people in supported (supportive) housing. These supports include mobile residential

[29] Ornstein, Norman J. "No Quick Fix for Mental Illness," *The New York Times*, March 7, 2018.

support teams that visit people in their homes to help assure that they are adjusting well to community living (e.g. adhering to prescribed medications, having sufficient food and quality of life activities). In 2016, OMH funded 22 Supported Housing beds in Suffolk and Nassau Counties, which were specifically targeted for individuals being released from State prisons and people with prison histories who were discharged from the State psychiatric hospital (Pilgrim Psychiatric Center.) Supported housing options can become permanent housing, with the resident paying 30 percent of their incomes toward the rent.

Antonette Whyte-Etere, Regional Coordinator for NYS OASAS stated that OASAS is primarily focused on treatment options for people with substance-use disorders, not on housing. There are some OASAS residential-treatment options such as Community Residences and Supportive Living that are connected with outpatient treatment programs that address the immediate treatment and transitional housing needs of individuals meeting criteria. Henri Williams from the OASAS Bureau of Housing Services stated that OASAS does have supportive-housing options for people with substance-use disorders who meet certain criteria such as homelessness and a medical diagnosis, generally connected with OASAS treatment programs. With a majority of OASAS housing initiatives, the Housing Bureau follows a Housing First model where program participants do not have to be connected to treatment programs. Mercy Medical Center and Concern for Independent Living are two OASAS supportive-housing providers on Long Island funded for housing units and case-management supports.

Empire State Supportive Housing Initiative (ESSHI): OASAS staff distributed copies of the ESSHI Request for Proposals (RFP). ESSHI is part of Governor Cuomo's $20 billion, five-year plan for affordable housing and supportive services, which "includes $2.5 billion in funding toward the creation and preservation of 100,000 affordable and 6,000 supportive housing units." Of the 6,000 supportive housing units, 5,000 will be located in New York City and the remaining 1,000 are designated for the Rest of the State. OMH is the lead agency in the ESSHI initiative, whereby seven other State agencies can access the RFP process as part of the ESSHI Interagency Work Group.

Mr. Williams stated that ESSHI is the largest funding stream for nonprofit supportive housing agencies in many years. The target is for most of the 1,000 units to be placed in counties outside of New York City (the Rest of the State counties) including Nassau and Suffolk. He noted that the funds can be used for Operating and Supportive services in new housing stock or rehabilitated, existing stock. Mildred Figueroa of OASAS stated that Suffolk shelters should consider applying for ESSHI funds.

Several of the Long Island providers and advocates expressed disappointment and concern that New York City was receiving 80 percent of the ESSHI funds due to the large number of City residents who are in need of supportive housing. There was consensus among the Long Island providers and advocates that the need for supportive housing is both serious and underfunded here on Long Island. Nevertheless, Greta Guarton of the LI Coalition for the Homeless stated that ESSHI is a "very exciting" initiative. She said she is particularly pleased that funding will be linked to HUD Continuum of Care requirements that holistic supportive services be provided to residents.

It should be noted that in 2018 a number of Suffolk County agencies that had applied for ESSHI were awarded funds, including Family Service League and Suffolk County United Veterans. Suffolk County DSS Commissioner John O'Neill stated that ESSHI is a good long-term solution to the lack of supportive housing but it does not address the pressing immediate needs for this housing faced by Suffolk County.

ESSHI Funding Constraints on Long Island: Mr. Williams, noting that ESSHI is in its second round of funding, asked why Long Island nonprofits have not been applying. Ms. Figueroa stated that by responding to the ESSHI Request for Proposals (RFP), a county demonstrates its need thereby providing a justification for additional housing for persons with disabilities. Thus, if Long Island does not apply in Round One, they have fewer opportunities to receive funding in Round Two. Ms. Figueroa stated that annual funding round decisions are based in part on the previous year's applications. Mary Ann Csorny of Suffolk County DOH stated that if the State funding is not adequate to build or rehab homes, providers will not apply. Mr. Williams noted that Westchester, a county comparable to Nassau or Suffolk, has submitted numerous applications. DSS Commissioner John O'Neill and Welfare to Work Commission Chair Richard Koubek stated that housing costs on Long Island are prohibitive, especially rental units which comprise only about 18 percent of Long Island's housing stock compared with about 38 percent of Westchester's housing stock. The fewer rental units that exist, the higher the rents.

Thus, in such a tight rental market, nonprofits cannot afford to either build or rehab rental units with current State funding levels. To illustrate, Dr. Reynolds again stated that one reason providers have not sought the enhanced payment rate for the Suffolk County DSS transitional recovery homes pilot program is that the requirements set down in the pilot are not cost effective for them. In order to access the enhanced rate in Suffolk, providers must abide by the pilot's guidelines, which include space requirements, building features and providing connections to community-based support services. In addition, providers must abide by the Suffolk County living wage law. This means that if a provider that receives the enhanced rate has a house manager who receives free rent as part of his/her compensation, they still must receive the living wage for any hours worked. There is also a fear that even if a provider has only two or three staff as part of the recovery home, but the agency also has a hundred other staff in other programs unrelated to the pilot program, the provider's accepting the enhanced pilot rate will sweep the employees in other programs into the living wage requirements, which will be difficult for the agency to fiscally sustain.

Trends in Supportive Housing Needs:

- ***More Heterogeneous Population*** As noted above, Dr. Carlin, of the New York State OMH, observed that the OMH population has become more heterogeneous. For this reason, Dr. Carlin indicated that with recent RFPs for the Supported Housing Unit, OMH has been more flexible with eligibility criteria to include: individuals with Serious and Persistent Mental Illness (SPMI) who are homeless, who are in problematic family situations and even homeless people who are residing with friends and relatives. DSS Commissioner John O'Neill stated that with more State funding for Supported Housing Units that flow through

the Single Point of Access (SPA), DSS would be able to place more mentally-ill clients in supportive housing settings. Dr. Carlin observed a pattern that had been identified in other Work Group sessions: some providers screen out "difficult" residents such as people who are convicted sex offenders or those with criminal records. She pointed out that even smoking has become an issue, with providers banning smoking and potential residents then refusing this housing because of their need to smoke. [Greta Guarton stated at a previous Work Group session that effective August, 2017, providers who receive Continuum of Care funding are prohibited from screening out residents.]

- ***Co-Occurring Disorders*:** Regarding the growth in the number of people with co-occurring diagnoses, Dr. Carlin stated that OMH treats all such people but that those who are suffering exclusively from substance-use disorders and do not take psychotropic medications would typically be referred to OASAS.
- ***Need for Family Housing*:** Linda Hassberg, a Work Group member representing the Empire Justice Center, asked if OMH is making progress toward providing family housing for people with mental illnesses. Ms. Csorny noted that there is a serious shortage of SPA family-housing options because such units are larger and therefore costlier and the families tend to have multiple needs.
- ***Need for Supportive/Supported Housing:*** Dr. Reynolds stated that there are many people with substance-use disorders who will not live in regulated sober homes because they do not want to submit to the house rules. Conversely, he affirmed that there is a growing population who are more self-sufficient and therefore require less oversight, similar to the supported housing model described earlier by Dr. Carlin.
- ***OMH and OASAS Supports for Shelters:*** Peggy Boyd of Family Service League asked if OMH and OASAS can infuse their services into existing homeless shelters. Ms. Whyte-Etere said that OASAS does provide off-site treatment services and can create satellite locations for service delivery in the larger shelter settings. Manual Mosquera of OASAS pointed out that OASAS has been meeting with New York City homeless shelter providers to create models for infusing OASAS services into homeless shelters and offered to connect the Welfare to Work Commission with this group to explore a similar implementation in Suffolk County. Commissioner O'Neill asked if a list of providers for supportive services is available. Dr. Carlin stated that the Long Island Field Office of OMH has a resource guide/power point that highlights some of the new services that have been developed by the Suffolk County DOH Division of Mental Hygiene and the NYS Office of Mental Health during the past few years. Ms. Whyte-Etere referenced the OASAS Part 822 Chemical Dependency Outpatient Providers list.

Policy Implications for Suffolk County: As the Welfare to Work Commission has found repeatedly with State funding of Suffolk programs, there is a disconnect between State criteria for funding and the fiscal and economic realities of Suffolk County as well as the County's program needs. Thus, over the years, the Commission has found Suffolk to be woefully underfunded in areas such as public transportation, child care and now, supportive housing. Too often, the State uses funding formulas that do not meet the program needs of the County. Thus, with regard to supportive housing, State officials do not understand why

Suffolk nonprofits were not applying for OMH supportive-housing grants. Conversely, Suffolk government officials and nonprofit leaders do not understand why these grants do not meet the high construction, labor and other costs of Suffolk County, thereby discouraging agencies from applying. The OTDA rent supplement described above was an all-too-rare incidence where the State increased funding to meet the actual high costs and needs of Suffolk. As long as New York City is prioritized in State funding for so many programs, as long as Suffolk is viewed as a "wealthy suburb" with fewer human-services needs than the inner city, as long as State funding formulas do not account for Suffolk's high costs, important programs like supportive housing and community mental-health services will remain underfunded, thereby contributing to homelessness in Suffolk County.

Innovative Programs to House Homeless People

CHI Transitional Housing Programs: Kim Livingston and Tracy Lutz described the Community Housing Innovations (CHI) supportive-housing program (Transitional to Permanent Housing Program or TPH) which provides gender-specific housing for singles, placed up to a maximum of 12 months, referred sometimes by DSS. The primary focus of this program is assessment and preparation for and eventual permanent housing placement. The average stay is seven months.

CHI uses Mental Health Single Point of Access, Nursing Home Transition Diversion Medicaid Waiver **(**NHTD) in their assessments. Many of their clients have multiple medical issues including physical, behavioral-health and substance-abuse disorders that require outpatient treatment. Ms. Livingston guesstimated that 80 percent of their clients have some form of behavioral-health challenges and 75 percent have been victims of serious physical or psychological trauma. Assessments are done by Nurse Practitioners in Psychiatry (NPPs), and substance-abuse counselors. CHI has public transitional homes as well as one Recovery House for people with substance-abuse disorders.

Each home has on-site case managers who provide supports to residents but are not licensed counselors. Residents are referred to psychologists and substance-abuse treatment centers for day treatment. CHI also maintains a Resource Center in Patchogue/Medford that provides food, clothing, job-skills training, assistance with job searches and other supportive services to its TPH residents.

Ms. Livingston and Ms. Lutz noted a number of challenges faced in their TPH programs: Woman residents are more difficult than men to house in part because they have suffered more trauma. Many were caregivers who experienced significant loss, including the removal of their children from their custody. Women are more likely than men to leave the TPH program. Many of the residents experience serious trauma-based issues including chronic homelessness and histories of sexual violence and domestic abuse. Criminal-justice issues including parole and probation violations negatively affect some residents.

There is great difficulty securing accurate psychological diagnoses. Some residents also deny that they have mental-health or personality disorders. In certain situations, a group home setting can exacerbate an existing mental-health issue such as the loss of privacy

triggering anxieties and panic attacks. But in other situations, the group setting, with assigned roles, tasks and on-going peer and professional support can be very helpful in stabilizing residents.

Family Service League's TLC Emergency Housing and Suffolk Hope Supportive Housing Programs: Peggy Boyd stated that TLC initially is a Family Service League (FSL) overnight facility housing 60 homeless individuals who qualify for DSS emergency housing. TLC is especially important during the winter months when it helps clients "get through the night." In 2011, two large, dorm-like rooms were set aside at the Family Service League's administrative building on Park Avenue in Huntington. TLC is well-staffed and can now shelter about 60 people a night (men and women) who have been authorized by DSS for a one night shelter. Clients receive dinner, breakfast and a shower in addition to a sleeping space.

During the day, half the clients stay in the Family Service League's day program where they receive services to help them stabilize; the remainder are sent to a DSS center for the day. While the program is meant to assist clients one night at a time, some have stayed in TLC for an extended period.

TLC clients who repeatedly return to the program tend to be people with behavioral-health challenges that are misdiagnosed or undiagnosed. Many have multiple medical issues (e.g., substance abuse and trauma.) Clients have to be willing to accept temporary shelter. There is a segment of the homeless population who refuse to stay in supervised shelters.

In addition to TLC, FSL offers a supportive housing program (Suffolk Hope) that provides permanent supportive housing to six homeless males (five of whom meet the definition of chronically homeless).[30] The program is funded by the NYS Office of Temporary and Disability Assistance, the New York State Supportive Housing Program (NYSSHP) and the Suffolk County Department of Social Services. Eligible clients are individual males who meet the criteria for chronically homeless according to HUD/ Homeless Housing Assistance Program (HHAP) federal standards.

Suffolk Hope utilizes a "Housing First" approach to service delivery recognizing that chronically homeless adults require incremental engagement in order to successfully engage in support services and that acceptance into the program is not contingent upon compliance with participation in mental health or other treatment programs. Housing placement is not contingent upon participation in treatment or services.

Eligible clients receive access to an affordable housing unit (a private bedroom with shared living space). DSS rental assistance is accepted for clients who do not have an income.

[30] Email from Peggy Boyd, Vice President for Community Services and Advocacy, Family Service League, to Richard Koubek, May 10, 2018.

Clients who have an income will not be charged more than 30% of that income. Rental amounts are adjusted based on changes in income.

Case-management services assist clients with accessing necessary services with the primary focus on maintaining housing and in accordance with goals contained in a written case-management plan. Case-management services assist eligible clients with obtaining needed medical, social, psycho-social, educational, financial and other services.

Case-management services for this program are provided by one case manager. The case manager serves a maximum of six clients. Case-management functions are determined by the client's individual circumstances and requests for services. Service Plans are developed collaboratively by the case manager and client and reviewed by the FSL Assistant Vice President of Housing and Homeless Services.

Concern for Independent Living Housing Options: Ralph Fasano, Executive Director of Concern for Independent Living, provided the full Welfare to Work Commission on January 8, 2016 with an overview of supportive-housing options provided by his agency. Mr. Fasano noted that Long Island currently has 3,787 units of supportive housing but, according to a survey by the Corporation for Supportive Housing, needs another 2,000 units. (Suffolk has approximately 2,200 units) Mr. Fasano provided a slide overview of Concern for Independent Living supportive-housing units on Long Island and in Brooklyn that include apartment complexes, condos and free-standing multi-family homes.

Concern for Independent Living
Homeless Veterans' Housing

Several Commission members commented on the attractive architectural styles of these residences, which blend into their neighborhoods. Mr. Fasano noted that the beautiful architectural styles and sound construction have overcome some of the local opposition to these multi-family residences, which can be found in Amityville, Ronkonkoma and Middle Island.

Mr. Fasano stated that Concern for Independent Living residences often mix people with psychiatric and other disabilities with residents from the general population. The

supportive-housing residents, who are chosen based on their abilities to function in a self-sufficient manner, receive numerous supportive services including counseling and education. He stated that sound case management and building management practices have minimized relational problems between these two populations.

Concern Ronkonkoma
Supportive and Affordable Housing Complex

Tiny Homes: Michael Giuffrida, Associate Director of the Long Island Coalition for the Homeless (LICH), has been researching the tiny homes movement that might possibly be used to create a Housing First model for chronically homeless individuals in a suburban environment. Tiny homes are part of a national tiny-life movement. The Tiny Life website (www.thetinylife.org) describes the Tiny Life movement this way:

> "Simply put, it is a social movement where people are choosing to downsize the space they live in. The typical American home is around 2,600 square feet, whereas the typical small or tiny house is between 100 and 400 square feet. Tiny houses come in all shapes, sizes, and forms, but they enable simpler living in a smaller, more efficient space. People are joining this movement for many reasons, but the most popular reasons include environmental concerns, financial concerns, and the desire for more time and freedom. For most Americans 1/3 to 1/2 of their income is dedicated to the roof over their heads; this translates to 15 years of working over your lifetime just to pay for it, and because of it 76 percent of Americans are living paycheck to paycheck."

This is an image of a tiny-homes complex:

Mr. Giuffrida stated that he has spoken with the CEOs of two New York based tiny homes agencies that are dedicated to housing the homeless: Second Wind Cottages in Newfield New York (http://www.secondwindcottages) and A Tiny Home for Good in Syracuse New York (http://www.atinyhomeforgood.org). He described how two to four tiny homes, perhaps only 300 square feet, can be placed on a single plot, with one unit potentially used for staff oversight, including case managers. Each chronically-homeless individual (tiny homes are not for homeless couples or families) receives his/her own tiny home, thereby reducing, if not eliminating the relational problems that often occur among this population in large group settings. He noted that the homeless people take pride in their own tiny home and that their resulting shelter stability opens them to greater responsiveness to counseling, substance-abuse prevention and job training services and programs.

On-site case managers are best suited to counsel residents, although referrals to community-based organizations such as drug and alcohol treatment programs can also be utilized. He believes that the best case-management model is to provide each tiny-home's resident with his/her personal mentor. He stated that any tiny homes for the homeless program would be linked to the LICH Continuum of Care network of over 60 Long Island nonprofit organizations that serve homeless people. He noted that chronically-homeless people are extremely fragile and face on-going, life threatening situations that can be reduced if not eliminated through the tiny homes approach to implementing the Housing First model. [For a detailed assessment of tiny homes for the homeless, refer to the website of Charter for Compassion at http://www.charterforcompassion].

This is an image of Second Wind Cottages homeless units:

According to the Charter for Compassion website, a typical unit of very low-income housing can cost up to $200,000, while tiny homes for the homeless cost a fraction of that.

> "Second Wind is truly affordable, built by volunteers on seven acres of land donated by Carmen Guidi, the main coordinator of the project and a longtime friend of several of the men who now live there. The retail cost of the materials to build the first six houses was somewhere between $10,000 and $12,000 per house...."

Wyandanch Homes and Property Development Corporation: As the Work Group expanded its focus from housing for the chronically homeless and people with mental illness to the broader population of homeless people, or those at risk of becoming homeless, who do not necessarily suffer from mental illness, the Work Group invited Wyandanch Homes and Property Development Corporation to describe its case-managed housing program for homeless families.[31]

Wyandanch Homes and Property Development Corporation (WHPDC) is a nonprofit community-based organization. Established in 1985, WHPDC's mission is to provide affordable rental housing and support services for low-income homeless families. Since 1985, WHPDC has built 22 modular houses and renovated five houses. These 27 affordable units provide homes and stability for the families accepted into their Project Self Sufficiency Program.

When a family enters the Project Self Sufficiency Program, they are placed in one of the 27 single-family residences. Along with the home, which provides them with much-needed stability, WHPDC offers intensive, weekly, case-management services. During the weekly case-management sessions, the program participants are provided with counseling and training so that they are able to become economically self-sufficient by adopting positive financial behaviors and accumulating the income necessary to pay for their families' needs, reduce their debts, and increase their savings for future financial growth. During their weekly visits, the case managers assist the participants with goal setting, financial education/coaching, job search, education, parenting, and advocacy. Where necessary, referrals are made for psychological counseling.

The program is tailored to the needs of the individual participants. The families live in WHPDC housing an average of 2-5 years. Each participant develops goals that they want to accomplish while in the program. The goals must include educational, career, and financial behavioral components. Each participant must have a long-term career goal. Therefore, the education they require is determined by their chosen career path. The case managers will provide the participants with information and referrals in order to assist them in choosing an appropriate educational institution for their chosen goals. The participants must attend classes regularly and are expected to provide WHPDC with documentation verifying their attendance and academic progress.

Financial education and planning are another major component of the program. All participants must create and maintain a monthly budget and weekly spending plan. These budgets help the participants to identify their needs and wants. Budgeting teaches financial discipline and illustrates spending patterns. These patterns help the participants to identify harmful financial behaviors and give them the opportunity to make more sound financial decisions. All the program participants have many factors that have influenced their

[31] Emails from Ayesha Alleyne, Executive Director, Wyandanch Homes and Property Development Corporation, to Richard Koubek, April 18 and 19, 2018.

economic decisions. WHPDC helps them to identify and recognize these behaviors and then modify the behaviors in order to see positive financial behavioral change and economic growth.

Once a participant completes the Project Self Sufficiency program and moves out of WHPDC housing, she/he is offered the opportunity to participate in the Aftercare Program. Aftercare is designed to track the recidivism rate, assess needs, and help these families maintain their economic stability. This aspect of the program is voluntary. Individuals who choose to participate are provided with case-management services, supports and advocacy, as needed.

Most of the WHPDC clients are homeless, single mothers with several children who themselves grew up in families with single mothers who were Public Assistance recipients. Many of these clients were frequently the victims of physical or sexual abuse or family neglect. Since 1987, WHPDC has accepted 149 families into the Project Self Sufficiency Program. One hundred twelve (112) of those families successfully completed the Project Self Sufficiency Program and transitioned into permanent housing upon leaving WHPDC. These clients were able to increase their education and learn new behaviors in order to secure sufficient income to obtain permanent housing and decrease the likelihood of their families returning to homeless shelters.

Of 112 adult participants who successfully completed the program, 89 were employed full-time and supporting their families without any cash assistance from Suffolk County Department of Social Services. The remaining 23 families were able to secure permanent housing but they continued to utilize some support from SCDSS and Section 8 housing.

The most successful WHPDC outcomes since the inception of the program include the educational accomplishments of adult clients: 22 have received Associates Degrees; 12 have received Bachelor's Degrees; 2 have received Masters Degrees; 31 have received GED/high school equivalency diplomas; 23 have received vocational training certificates.

A WHPDC Modular Home

Policy Implications for Suffolk County: The creative and successful supportive- housing models surveyed by the Work Group have several characteristics in common. They generally:

- require an initial investment by public and private agencies;
- contain housing styles compatible with the neighborhood;
- provide on-site case management and facilities management;
- are connected to community medical and mental-health treatment programs.

Michael Giuffrida of LICH observed that the chronically homeless are among the most expensive components of the homeless population with immediate costs to the community ranging from hospital emergency room treatments to long-term costs such as incarceration. He estimated that placing just 10-20 chronically-homeless people in Housing First shelters could save $2.5 million in government services over three years. If all 145 Long Island chronically-homeless individuals, identified at the time Mr. Giuffrida spoke to the Work Group, were placed into supportive housing, the savings would be close to $6 million in just one year.

RECOMMENDATIONS

Following months of intensive study and analysis, the Supportive Housing Work Group offered the following recommendations to address homelessness in Suffolk County and Suffolk's shortages of both affordable housing for people with low incomes and supportive housing for people suffering from mental illness as well as the underfunding of community-based mental-health services:

1. Countywide solutions:

a. **Address the systemic lack of affordable housing for low-income people in Suffolk County:** County efforts at economic development should lift up for consideration by local municipalities approaches to the expansion of the affordable-housing stock such as accessory apartments, increased density for Transit Oriented Development of rental housing, zoning for multi-family housing, etc.

b. **Highlight short and long-term costs of not providing affordable and supportive housing:** These costs, rooted in the social and psychological disruptions caused by housing instability and homelessness, might include: school dropouts; increased teenage crime; long-term unemployment and DSS welfare costs; incarceration costs, etc.

c. **Assist high-needs clients to complete supportive housing applications:** The Work Group is aware that there are efforts moving toward funding to provide additional resources for professional and para-professional staff in shelters to assist high-needs, homeless people with psychiatric disabilities -- treated or untreated -- to complete supportive housing applications and also to address barriers that these applicants/potential applicants have to successfully attain and maintain permanent housing. The Work Group supports more initiatives that can help engage people who turn to to high needs places (such as shelters and other places where homeless people may present) to complete applications for appropriate housing types and access special-needs housing, such as housing for people with psychiatric

disabilities, substance-abuse issues, and intellectual disabilities. In addition, the Work Group supports the Long Island Coalition for the Homeless (LICH) and the Continuum of Care (COC) recommendation that the New York State Office of Mental Health fund (either through PATH funds awarded to NYS, or other funding) the hiring of at least one staff person for each county, tasked with completing/coordinating SPA applications for persons with Serious and Persistent Mental Illness (SPMI) who are living in shelters. This funding should be added to agencies with existing Care Coordination contracts, or similar, to carry out this task.

d. **Improve SPA placements:** SPA needs to periodically reassess its waiting list which, during the two-year period of study by the Work Group, ranged from 887 to 1,500 people, in order to account for those on the list who have obtained housing. SPA should review the definitions of homelessness that are used by its staff and then prioritize people on the waiting list according to risk factors of homelessness. SPA should add one social worker per county to assess the needs of people on the waiting list.
e. **Prioritize federal Emergency Solutions Grants (ESG):** The Suffolk County HOME Consortium (a Suffolk County program that strengthens public-private partnerships to expand the supply of decent, safe, sanitary and affordable housing, for low and moderate-income home buyers and renters)[32] continues to work with non-profit agencies providing homeless housing and supportive services to implement programs that address the need for emergency shelters. However, there is not a Countywide, coordinated effort to secure and distribute these ESG funds. Islip, Huntington and Babylon are participating in the ESG program funding either through their own grants or through the Suffolk County HOME Consortium.
    - Emergency Solutions Grants (ESG) allows the County to provide direct funding to non-profit organizations to assist with the operation of emergency shelters. In addition to shelter funding, and in order to prevent families and individuals from becoming homeless in the first place, the Suffolk County Community Development Agency utilizes Emergency Solutions Grant funds to assist with a homeless prevention program. Therefore, ESG funds should be used for Short & Medium-Term rental assistance services (financial assistance and service costs) designed to quickly move homeless individuals and families from emergency shelters or places not meant for human habitation into permanent housing.
f. **Prioritize homeless families on Public Housing Authority waiting lists:** Towns that have Public Housing Authorities have waiting lists for public housing. These agencies should prioritize families on the waiting list who are in shelters. Public Housing Authorities should be encouraged to use DSS and LICH referral services to connect clients to the Care Coordination services of local Health Homes which are a group of health care and service providers working together to make sure people get the care and services they need to

[32]http://www.suffolkcountyny.gov/departments/EconomicDevelopmentandPlanning/CommunityDevelopment/HOMEInvestmentPartnershipsProgram.aspx

stay healthy. Once enrolled in a Health Home, people will have a care manager who works with them to develop a care plan. A care plan maps out the services they need, to put them on the road to better health. Some of the services may include:

- Connecting to health-care providers;
- Connecting to mental-health and substance-abuse providers;
- Connecting to needed medications;
- Help with housing;
- Social services (such as food, benefits, and transportation);
- Other community programs that can support and assist people in the Health Home network.[33]

g. **Create a coordinated County response for low-income housing:** The charge of the Suffolk County Community Development Agency (CDA) is to develop "projects designed to benefit persons of low and moderate incomes. Community Development is also charged with preventing or eliminating areas of slum or blight within [Suffolk] communities and assisting areas with urgent needs." Given this charge, the CDA should convene each of the town Public Housing Authorities and the Suffolk County HOME Consortium to develop a coordinated County response to homelessness and the lack of affordable housing options for low-income people earning less than 50 percent of the Area Median Income. This County response could leverage existing grant funds, coordinate applications for new grants, assist towns in applying for grants, link the development or revitalization of low-income housing to the County's economic development plans and coordinate with the Department of Social Services to provide permanent housing for homeless individuals and families.

2. Improve Suffolk hospital discharge policies for homeless people:

Due to limited supportive-housing options, hospitals often have difficulty meeting their State obligation to create a safe discharge plan that meets the post-hospital needs of homeless people. These homeless patients often are referred to DSS, which has difficulty placing them. Some of these discharged homeless patients can be placed in DSS shelters. However, some, due to their behavioral-health challenges, cannot be placed in shelters and thus require a "crisis respite services" setting with psychological services. The New York State Department of Health should therefore create additional "crisis respite" temporary housing settings for Suffolk County and local hospitals should craft discharge plans for homeless individuals that refer them to an appropriate temporary housing facility, either a shelter or a crisis respite facility. In addition, there are homeless people discharged from hospitals who require shelters that provide medical care. Since such shelters presently due not exist, the Work Group recommends that the State DOH assess creating shelters that provide these needed services.

[33] https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/

3. **Encourage more flexibility by NYS Department of Health in allowing housing adaptations and conversions:** The State needs to be more flexible in allowing providers to transition from one modality of supportive housing to another. For example, in Nassau County, Family and Children's Association was funded to provide supportive housing for children but improvements in service delivery eliminated the need for this housing for children. This agency wanted to convert the children's housing to housing for adults but has been denied approval by the Office of Mental Health pending their lengthy review process.

4. **Carefully assess substandard housing before Suffolk County, towns and villages shut down such facilities, thereby adding to the homeless population**: Substandard and problematic housing (such as unregulated sober homes) can trigger efforts by the County, towns and villages to enforce codes and reduce funding to facilities for which complaints are filed. However, such actions can result in homelessness. Decisions to close problematic affordable and supportive housing should therefore be made with adequate information and data and with a plan to house people displaced by such decisions.

5. **Create additional State supports for supportive housing:**
    a. The State should consider turning over unused State property to the County for construction of supportive housing.
    b. While State funding for supportive services per person seems to be adequate, there is a serious lack of State financial supports for capital construction and for operating costs needed to build and maintain supportive housing.
    c. The State should streamline funding for capital construction of supportive housing.
    d. The New York State Department of Health, Office of Mental Health and Office of Alcohol and Substance Abuse Services system of care management (including Health Homes) needs to stabilize their staffing levels with reasonable caseloads in order to equip clients with skills, resources, and ongoing supports to access and sustain housing opportunities. This system has expanded eligibility over the past several years but regulatory and rate changes and implementation challenges have obstructed the consistency of caseloads and services.

Conclusion
Neglect and Bias Have Human and Fiscal Costs

The Work Group views the chronic underfunding of community-based mental health services and treatment options as a major contributor to homelessness on Long Island. For example, the Welfare to Work Commission's 2017 report to the Legislature on federal budget reductions used funding for Catholic Charities' Mental Health Services to illustrate the chronic underfunding of community-based mental-health services. The report documented that the unit cost for Catholic Charities to provide mental-health services in 2008 was $82. Suffolk County reimbursed Catholic Charities $38 per unit of service using

federal and State funds. Each patient had a $25 copay bringing the total reimbursement to $63 that the agency received for each unit of service. Thus, Catholic Charities sustained a net loss of $19 per unit of mental-health service, which they had to make up with private fundraising or by using their reserve funds. This loss was exacerbated by the fact that the agency treated very poor people who often were unable to make their copay.[34] The Commission's federal budget report also cited a 2015 *Newsday* article titled, "Affordable mental-health care at risk as financially stressed LI clinics close." Catholic Charities, as reported in this article, was one of a number of agencies forced to close a mental-health clinic. These Suffolk community-based mental-health clinics that closed served 5,200 low-income Suffolk residents.[35]

In a June 3, 2018 editorial titled "The Crazy Talk About Asylums, *The New York Times* lamented the fact that the 1963 federal Community Mental Health Act had never "been given a chance to work" because "states failed to devote their savings from the closure of large institutions to community-based care, and few communities were willing to host the centers in their backyards. In the end, only about 750 [community-based] centers were ever built, and zero were ever fully funded." And, as noted above, here on Long Island, some of these centers have been forced to close. The *Times* editorial concluded, "Today, less than half of all adults suffering from mental health conditions receive help, and mental illness is the leading cause of lost workdays in the United States, costing about $193 million in lost earnings a year."[36]

For this current report, the Work Group identified numerous types of supportive/supported housing that provide safe, stable residences for people with mental illness. These homes have case management and are often linked to community-based treatment programs. The problem is that there simply are not enough supportive-housing units to meet the need for them in Suffolk County. During the two years that the Work Group met, the waiting list for SPA referrals to these programs ranged from almost 900 to 1,500 people. Some of the people on the SPA waiting lists are in danger of becoming homeless; some are already homeless.

The Work Group was impressed with the care SPA staff take in finding the appropriate housing setting for each person being referred and with the fact that the individuals seeking a SPA placement are not required to accept housing that does not meet their felt needs. However, the Work Group believes that the SPA staff of three per county is not sufficient to respond to the enormous demands of their long waiting lists, and, in the end, there are not enough housing options available to them. The State's underfunding of Suffolk County's supportive housing and community mental-health services require a serious public-policy dialogue.

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[34] Welfare to Work Commission of the Suffolk County Legislature. "The 2018 Federal Budget Proposals: A Fiscal and Human-Services Crisis for Suffolk?" Op. Cit., p.6.

[35] Figueroa, Laura. "Affordable mental health care at risk as financially stressed Long Island clinics close," *Newsday*, April 11, 2015.

[36] Editorial. "The Crazy Talk About Asylums," *The New York Times*, June 3, 2018.

Finally, the Work Group returned to the core issues of Long Island NIMBY opposition to any form of affordable housing, which were raised in the Commission's 2007 report on this topic. At the time that this Work Group's report was being drafted, *Newsday* reported yet another situation where neighbors in a Long Island community successfully blocked a group home for disabled people. As the Commission reported in 2007, the serious lack of affordable housing – especially rental units – threatens the economic vitality of Suffolk County. For low-income Suffolk residents earning less 50 percent of the Area Median Income ($55,400 for a family of four), this housing shortage is a daily burden that undermines their stability and, sadly, can lead to homelessness. The Work Group learned that 53 percent of the families sheltered by DSS had a source of income, including employment. They were homeless because they could not find an affordable rental unit. For those suffering from untreated or undertreated mental illness, this affordable-housing shortage can lead to life-threatening chronic homelessness.

Long Islanders have a deep commitment to the American values of self-sufficiency, hard work and independence. These values too often translate into a disdain for poor people who are deemed to be lazy and unwilling to work. Too many Long Islanders are also deeply distrustful of government programs designed to help poor and vulnerable people. And, Long Islanders are extremely hostile to taxes at all levels of government.

As the Work Group's report demonstrated numerous times, these cultural biases ultimately cost taxpayers when untreated mental illness, the shortage of supportive-housing options and the general lack of affordable housing lead to homelessness, incarceration and other problems that require very expensive government responses, such as $19 million a year for Suffolk County to shelter the homeless. No one can quantify the awful human toll borne by low-income families who cannot find or afford safe rental housing, or the suffering of people with untreated mental illness, homelessness and the grinding individual and family instabilities caused by not having a "secure roof over their heads." These are our most vulnerable neighbors; we can and must do better.

Welfare to Work Commission
Supportive Housing Work Group Meeting Schedule
(Note: each session lasted on average 1 ½ hour

- February 4, 2016
- March 11, 2016
- April 19, 2016
- May 26,2016
- June 22, 2016
- July 21, 2016
- October 20, 2016
- January 4, 2017
- February 10, 2017
- March 28,2017
- June 9, 2017
- August 11, 2017
- September 19, 2017
- October 26, 2017
- January 18, 2018
- February 22, 2018
- April 30, 2018

Members of the Welfare to Work Commission Supportive Housing Work Group

- Michael Stoltz, Work Group Co-Chair, Welfare to Work Commission and Chief Executive Officer, Association for Mental Health and Awareness
- Kimberly Gierasch, Work Group Co-Chair, Welfare to Work Commission and Suffolk County Department of Health
- Richard Koubek, PhD, Work Group Facilitator and Chair, Welfare to Work Commission
- Peggy Boyd, Welfare to Work Commission and Vice President for Community Services and Advocacy, Family Service League of Long Island
- Christina DeLisi, Welfare to Work Commission and Office of the Presiding Officer, Suffolk County Legislature
- Don Friedman, Esq., Welfare to Work Commission and Managing Attorney of the Long Island Office, Empire Justice Center
- Greta Guarton, Welfare to Work Commission and Executive Director, Long Island Coalition for the Homeless
- Linda Hassberg, Esq., Senior Staff Attorney of the Long Island Office, Empire Justice Center
- Ellen Krakow, Welfare to Work Commission and Staff Attorney, Pro Bono Project, Nassau Suffolk Law Services
- Kathy Liguori, Vice Chair, Welfare to work Commission
- Jeffrey Reynolds, PhD, Welfare to Work Commission and President and CEO, Family and Children’s Association

- Vincent Rothaar, Director of Housing, Suffolk County Department of Social Services

Stakeholder Participants in the Supportive Housing Work Group Process

- Jessica Adelberg, SPA Coordinator, Suffolk County Department of Health Division of Community Mental Hygiene Services
- Ayesha Alleyne, Executive Director, Wyandanch Homes and Property Development Corporation
- Neilia Amato, Esq. Attorney, New York State Office of Alcohol and Substance Abuse Services
- Roseann Avella, Director of Licensing, New York State Office of Mental Health
- Yvette Ortiz Baugh, Suffolk County Department of Social Services
- Robert Boyce, New York State Office of Mental Health
- Martha Carlin, PhD, Director, Long Island Field Office, New York State Office of Mental Health
- David Close, PhD, Deputy Director, Long Island Field Office, New York State Office of Mental Health
- Anne Marie Csorny, Director, Suffolk County Department of Health Division of Community Mental Hygiene Services
- Janet Draffin, Suffolk County Department of Social Services
- Antonette Whyte-Etre, Regional Coordinator, New York State Office of Alcohol and Substance Abuse Services
- Ralph Fasano, Executive Director, Concern for Independent Living
- Mildred Figueroa, Assistant Director, Bureau of Housing Services, New York State Office of Alcohol and Substance Abuse Services
- Michael Giuffrida, Associate Director, Long Island Coalition for the Homeless
- Thomas Grecco, Client Benefits Division Administrator (ret.), Suffolk County Department Social Services
- Andrew Heikkia, Suffolk County Department of Social Services
- Kim Livingston, Director of Supportive Housing Programs, Community Housing Innovations
- Tracey Lutz, Associate Executive Director, Community Housing Innovations
- Randi Maraviglia, Suffolk County Department of Social Services
- Manuel Mosquera, Director of Operations, New York State Office of Alcohol and Substance Abuse Services
- John O'Neill, Commissioner, Suffolk County Department of Social Services
- Esteban Ramos, Special Assistant to the Commissioner, New York State Office of Alcohol and Substance Abuse Services
- Anne Marie Sexton, Assistant Housing Director, Suffolk County Department of Social Services
- Maria Szczygiel, New York State Office of Mental Health
- Henri Williams, Bureau of Housing Services, New York State Office of Alcohol and Substance Abuse Services
- Jenine Yannuccieloi, Assisted Outpatient Treatment Program Coordinator, Suffolk County Department of Health Division of Community Mental Hygiene Services

This report was adopted unanimously by the Welfare to Work Commission of the Suffolk County Legislature on June 8, 2018 and is respectfully submitted to the Legislature:

Richard Koubek, Ph.D., Commission Chair, Gerald Ryan Outreach Center
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Sr. Lisa Bergeron, Catholic Charities
Peggy Boyd, Family Service League
Christina DeLisi, For Presiding Officer DuWyane Gregory
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Don Friedman, Empire Justice Center
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Karen Klafter for Legislator Tom Donnelly
Ellen Krakow, Nassau/Suffolk Law Services
Richard Krebs, Suffolk County Department of Labor, Licensing and Consumer Affairs
Nina Leonhardt, Suffolk County Community College
Christian Limbach, Suffolk County Association of Municipal Employees
John O'Neill, Commissioner, Suffolk County Department of Social Services
Jeffrey Reynolds, Family and Children's Association/LICADD
Michael Stoltz, Clubhouse of Suffolk
Luis Valenzuela, Long Island Council of Churches