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Housing
INTRODUCTION

Differing circumstances, needs, and preferences characterize the residents that make up a community. These differences include financial, familial, functional, health, cultural, racial, and social situations; and all have a major impact on an individual's or family's quality of life. Across the country, there is a growing desire to create communities that residents deem to be "livable." Quality of life is a critical element in determining livability, and housing is a crucial element of quality of life. A livable community includes housing alternatives that respond to the critical differences among resident populations, thereby creating a need for maximum choice in housing options.

Tables 1-4 below provide information about several major groups as an illustration of the need for communities to: (1) be fully aware of the make-up of their communities, (2) identify the differing characteristics, needs, and preferences associated with their various resident groups, and (3) understand that all residents seek and prefer housing options that appropriately respond to those differences.

Owners / Renters: The housing and housing-related needs of families, caregivers, and individuals of all ages, abilities, circumstances, and financial status differ between owners and renters. Table 1, which includes all households (families and individuals of all ages), provides a picture of how New York's owner/renter householder ratio differs from the rest of the country, as well as how housing tenure differs between New York City's five counties and the counties in the rest of the State. New York's higher proportion of renters compared to the rest of the country reflects the State's more numerous urban centers.

Table 1
All Householders
Proportion: Owners and Renters
Estimates: 2007

Tenure	U. S.	NY State	NY City	Rest of State
Owner	67 %	56 %	34 %	72 %
Renter	33 %	44 %	66 %	28 %
Total	100 %	100 %	100 %	100 %

U. S. Census Bureau, 2005-2007 American Community Survey; American Factfinder, Table B25007: Tenure by Age of Householder

Older Population: As the number of older people increases, particularly those aged 85 and older, their housing and housing-related service needs and preferences will require increasing attention by communities. The first baby boomers turned age 60 in 2006, and in 2024, the entire boomer cohort will be aged 60 and over. Table 2 shows the projected increase in the State's older population, and Table 3 shows the proportional shift between the elderly and non-

Table 2
New York State
Ages 60 and Over
Number of Persons

Age Group	2005	2015	2025
60 and Over	3.4 M	4 M	4.8 M
85 and Over	371,057	487,445	548,011

U.S. Census Bureau, Interim State Population Projections, 2005, File 2, July 1, 2005 to 2030

elderly populations as the boomers age. The overwhelming majority of people aged 60 and over live in the community, in age-integrated single-family homes and apartments. The Census Bureau does not measure the number of older people living in "age-segregated senior housing" alternatives that are restricted to people above a specified age. However, estimates from a variety of research studies consistently indicate that only between six and ten per cent of all older people live in all types of age-segregated housing options; and the proportion of older people living in nursing homes has remained constant at slightly under five per cent. Across the country, including New York State, the large majority of older people who are living in conventional housing in the community reflects two significant factors that will have an impact on community planning efforts: (1) the overwhelming preference of this population (even throughout the frail elderly years) to age in place in their long-time homes or apartments and to live in an age-integrated environment, and (2) federal and state public long-term care policies that support and promote those preferences.

Table 3
New York State
Age Groups as Proportion of Total Population

Year	Ages 0 – 59	Ages 60 and Over
2000	83 %	17 %
2015	79 %	21 %
2025	75 %	25 %

U.S. Administration on Aging: U.S. Census Bureau, Interim Population Projections, 2005.

People with Disabilities: The significant number of New Yorkers with one or more disabilities will increase, requiring communities to understand and consider the specific needs of these residents when making housing and planning decisions. Overall, 14 per cent (2,533,000) of New York's residents have one or more of five disabilities: sensory, physical, mental, self-care, and ability to go outside the home. Table 4 shows that the prevalence of these disabilities increases with age.

Table 4
New York State
Persons with Disabilities
Number and Proportion
2007

Age	Total Population	1 or More of 5 Disabilities	
		Proportion	Number
5 and over	17,839,000	14 %	2,533,000
5 - 15	2,675,000	6 %	160,000
16 – 20	1,447,000	6.3 %	92,000
21 - 64	11,305,000	12 %	1,327,000
65 – 74	1,248,000	27 %	340,000
75 and over	1,165,000	53 %	614,000

2007 Disability Status Report, Rehabilitation Research and Training Center on Disabilities and Statistics, Cornell University: American Community Survey, 2007

While the *likelihood* of having one or more disability is dramatically greater among the elderly population (substantially higher *proportion)*, a significantly greater *number* of New York's non-elderly individuals are living with one or more disability. Like the general population, individuals with all types of disabilities are living longer and longer lives because of medical advances, life style changes, and other factors. While the specific needs of people with various types of disabilities may differ from those of the general population, their housing and care preferences are no different from those of other community residents. These preferences are reflected in the fact that the greater majority of individuals with disabilities are living in conventional housing—single-family homes or multiunit apartments. These preferences,

supported and promoted by federal and New York State public policies, have a major impact on community planning efforts.

In the Housing section in this *Resource Manual,* a number of traditional housing choices, some innovative housing models, and some successful, but under-used alternatives are described. Some of these options are meant for a specific population, while others are desired and beneficial for a variety of population groups. In addition, several effective housing-related services are described, as well as a number of housing development approaches and elements.

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AFFORDABLE HOUSING in NEW YORK STATE

Housing is the ultimate expression of choice and is essential to true integration, independence, and self-direction. More fundamentally, housing is a basic human need. New York State's long-time housing policy has exemplified the right of all New Yorkers to have access to a safe, decent and *affordable* place to live. In communities where affordable housing exists, families are strengthened and the quality of life for all residents is improved, maintained, and sustained. In addition, housing policymakers have long understood that affordable housing is also a foundation for economic development and job creation. In communities where affordable housing exists, businesses are healthier, neighborhoods are more diverse, the economy is revitalized, economic security is provided, and the environment is sustained. Nothing is more fundamental to the American dream than a safe, affordable place to call home. Yet, as we move into the future, the desire of many New Yorkers to access affordable housing is now a "dream deferred" rather than a "dream achieved."

Nationally, our state is recognized as one of the least affordable places to live. Today, 2009, New York is in a full-blown affordable housing crisis. The future of affordable housing for low- and moderate-income populations is in crisis mode . . . for people living with disabilities, low-income seniors, and other households below 30 percent of the area median income, the crisis has reached epidemic proportion. In community after community, blight and abandonment prevail and foreclosures are skyrocketing at a phenomenal rate. State and local governments are attempting to address the affordable housing crisis as they also face increasing pressure to balance budgets and cut spending. What may become the bottom line at every level of government is less funding for new affordable housing, less funding for affordable housing targeted to households below 30 percent of the area median income, and more discretion given to government over who gets access to affordable housing assistance. The questions then become, "How did New York get to this point?" "How does New York restore its pioneering legacy in affordable housing?"

How did New York get to this point?
There is no one answer to this question. In a crisis of any sort, multiple factors converge to contribute to the problem. State and local budget situations, federal budget issues, and regulations that strangle the very fiber of programs that assist low- and moderate-income households are among the many contributory factors. The state played a role, with a capital budget for housing that has been basically flat for 10 years; when coupled with federal affordable housing capital subsidies that have also remained flat – the end result is disaster. Any increases that have surfaced have almost exclusively come in the form of rental subsidies for tenants in existing homes and for home heating and weatherization assistance. What

happened to individuals seeking homes for the first time? In actuality, the result has been higher costs rather than the expansion of services or programs.

At the federal level, the Department of Housing and Urban Development (HUD) is responsible for administration and oversight of most affordable housing programs throughout the country. Initially, national housing policy was based on the belief that the federal government could help solve housing problems; and the efforts of several federal agencies combined to play an expansive role in housing, including subsidized housing through a variety of programs such as Section 8 projects, Section 515 projects, public housing, and housing units supported by the Low Income Tax Credit Program, as well as subsidies to private developers for low- and moderate-income housing.

However, during the past few decades, federal housing programs were reduced, drastically. Funding for programs that supported the poor was frozen and/or cut and thousands of housing units were lost as government subsidies expired, resulting in an increase in poverty and homelessness. New York's very neediest residents literally found themselves in dire straits. With the role of the federal government shrinking, state and local governments were forced to shoulder more responsibility for the availability of affordable housing.

In New York State, three major agencies – the State's Housing Finance Agency (HFA), the State of New York Mortgage Agency (SONYMA), and the Division of Housing and Community Renewal (DHCR) – administer a variety of housing programs that produce, maintain, preserve, or repair affordable housing units, as well as provide rental and operating subsidies and assist low- and moderate-income homebuyers. The success of their programs depends not only on state initiatives but also on local initiatives, strong leadership, creativity, and on an active and effective federal role.

How does New York restore its Pioneering Legacy of providing high quality, affordable housing?

As one of its initial steps in addressing the federal government's shrinking role in housing, New York State reviewed the separate responsibilities of its three major housing agencies—its existing resources for affordable housing—and determined that the efforts of these agencies would be significantly more effective if they acted in concert, collaborating in carrying out the State's housing agenda. The State's housing agencies can further increase their effectiveness by expanding their collaborative efforts to include other agencies, in order to achieve greater efficiencies and develop innovative solutions to the housing challenges we face. In addition, the State can enhance public private partnerships to better leverage scarce public dollars. And, the State can use New York's programs and dollars to promote the State's green agenda, thereby enhancing energy efficiency and creating healthier and more sustainable homes for our citizens.

There is no doubt that we will face challenges in our efforts to place an increasing number of New Yorkers in suitable and affordable homes. The increase in foreclosures will likely continue as the subprime and predatory lending crises

unfold. A corollary may be continued tightening of credit markets for low- and moderate-income borrowers. In addition, worldwide demand will continue to drive the price of raw materials higher, resulting in higher construction costs. Unfortunately, the price that investors are paying for tax credits is also declining, increasing the need for additional government resources to build the same amount of housing. However, despite our intense lobbying in Washington, it is uncertain whether New York will receive any additional tax exempt bond allocation or federal tax credits that we desperately need. Finally, it is clear that 2009 will be a challenging year for the State Budget, as tax revenues are down significantly from a year ago.

In the face of these challenges, state agencies remain committed to making New York a leader among states in providing quality housing for all our citizens; and New York is blessed to have the most innovative, experienced, and comprehensive affordable housing network in the country, including local governments, developers, housing advocates, lenders and investors, universities and think tanks, foundations, and community development organizations. By expanding our relationships, both among the state agencies and between the state agencies and the special network across our State, there is no doubt that we can achieve great things.

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MICRO-HOMES / SMALL HOMES

Description:
The growing emphasis on environmental sustainability and energy efficiency, coupled with volatile home prices and a declining economy, has spawned an expanding market for living "small." Devotees have replaced the belief that "bigger is better" with one of "less is more." Included in this movement are small, ultra-compact houses. The development of architecturally designed "small houses" became popular in Japan shortly after World War II in response to the availability of loans to build houses no larger than 50 m^2 (approximately 538 sq. ft.). Taking the concept of small living even further, Japan's recent "net rooms" development is booming—creating closet-sized rooms for short-term living while job-searching, providing Japan's underemployed with a place to stay and an address to put on a job application.

While still a tiny portion of the housing market, in the United States the small house and micro/tiny house movement is expanding in tandem with the increasing focus on energy efficiency, environmental sustainability, and green building. Small houses are typically smaller than 1,000 square feet, and micro houses are often smaller than 200 square feet, some as small as 85 square feet.

Architectural styles of micro/small homes vary dramatically, and plans are available from architects. Homes are both stick-built and pre-fabricated. Some micro homes are mounted on wheels and can be easily transported to various locations, while other small houses are permanently sited in any location where permitted by zoning rules; for example, the back yard of another primary home, as an addition to an existing home, on a separate lot in a residential neighborhood, in a wooded rural area, in an urban in-fill space, etc.

SUS, a Japanese factory automation equipment maker, developed cube-like frames, which can be arranged into stand-alone homes or used as attachments to existing houses (952 cubic feet, at a cost of $17,000, and which can be assembled in one day). Yamaha is selling soundproof rooms that can fit into an existing home or added to an exterior of an existing home (1.4 meters x 1.8 meters x 2 meters high, for $3,700. Commdesign's founder, Yasuyuki Okazaki, custom designs homes on 320 sq. ft. plots.

Benefits:
- Provides an affordable option for individuals living on a small budget— minimal utility bills and maintenance costs; financial freedom from a large mortgage.

- Is an environmentally friendly alternative—a small structural and carbon footprint; fewer resources for energy and water are used.

- Encourages a low-consumption lifestyle.
- Can be mobile, easily moved from one location to another.
- Are a viable model for emergency housing: In 1995, after the earthquake in Kobe, Japan, 300 "temporary" micro row houses (288 sq. ft. each) were completed in less than 90 days. Five years later, some residents did not want to leave those homes.
- Provides good temporary housing for special populations, such as work crews, staff housing, homeless individuals, and others.
- Offers young adults an affordable first step into home ownership.
- Good alternative where suitable land is scarce.
- Have been successfully sited in urban, suburban, and rural areas.
- Easily designed to fit on odd-shaped lots (long and narrow, triangular, etc.).
- Designed modules can be fit *within* an existing home or be *attached* to an existing home.
- Can be individually sited or grouped to form a complex.

Impediments or barriers to development or implementation:

- For many individuals, the small size is claustrophobic. If housing several residents in a unit, the psychological stresses of close living quarters must be considered.
- There is limited space for those individuals who accumulate "stuff."
- Usefulness requires the ingenious use of space that is seen in the designs created by the current proponents of small living.
- Currently, designs do not include the universal design features necessary to accommodate the needs of individuals with frailties or physical disabilities.
- Siting may not be in compliance with local zoning or building codes.

Resource—examples:

- "Halving It All," *Dwell—At Home in the Modern World*—David Sarti, architect, Seattle, Washington: Sarti's 1,100 sq. ft. residence built for $227 per sq. ft. including land. http://www.dwell.com/articles/halving-it-all.html.
- Peter King, Bakersfield, VT.: teaches workshops on constructing small houses. peterking@vermonttinyhouses.com;

http://www.smallhousestyle.com/2008/12/01/the-king-of-small-houses-tiny-houses-the-vermont-way/.

Resources—written and web:

- Michael Freeman (August 7, 2004), *Space: Japanese Design Solutions.* New York, NY: Universe Publishing. A photographic exploration of Japanese architecture and design in size-constricted areas, exploring ingenious and revolutionary solutions to space-compromised living. Freeman was the photographer for *Frank Lloyd Wright Masterworks, American Masterworks, Adobe,* and *Angkor*, and is an authority on Asian design and art.

- Shay Salomon, et al. (2006), *Little House on a Small Planet: Simple Homes, Cozy Retreats, and Energy Efficient Possibilities.* Guilford, CT: Lyons Press. A guidebook, including floor plans, photographs, advice, and anecdotes.

- Peter King, Vermont: *Small House Style*, Web magazine; (802) 933-6103. King teaches hands-on workshops for constructing small houses. Web magazine includes plans, builders, books, and other resources. http://www.smallhousestyle.com/2008/12/01/the-king-of-small-houses-tiny-houses-the-vermont-way/.

- Jay Shafer, Principal, Tumbleweed Tiny House Company, PO Box 941, Sebastopol, CA, 95473. Stick-built small houses between 90 sq. ft. and 837 sq. ft.; workshops, plans, books, consultation. http://www.tumbleweedhouses.com/.

- Steven Kurutz (September 10, 2008), Online: *TimesPeople, The New York Times,* Home and Garden, "The Next Little Thing?" In print: (September 11, 2008), *The New York Times*, Section F, p. 1. http://www.nytimes.com/2008/09/11/garden/11tiny.html?ex=1378872000&en=10f7c60b8ec81580&ei=5124&partner=permalink&exprod=permalink.

- Hiroko Tashiro (March 13, 2007), "Japan: Micro-Homes in the Big City," Architecture Section, *Business Week.* http://www.businessweek.com/globalbiz/content/mar2007/gb20070313_145902.htm.

- Tiny House Blog: http://tinyhouseblog.com/gallery/.

Resource (free or fee-based)—technical assistance contact names:

- Gregory Paul Johnson
  Founder, Small House Society
  Director, Resources for Life internet site
  Life web site
  P.O. Box 2717
  Iowa City, IA 52244-2717
  (319) 621-4911

mail@resourcesforlife.com
http://www.resourcesforlife.com
The Small House Society supports the research, development, and use of smaller living spaces that foster sustainable living for individuals, families, and communities worldwide. Johnson also provides full time technology support through his company, Technology Services Resource Group.

- Bray Kittel, Owner
  Tiny Texas Houses
  20501 East Interstate 10
  Luling, Texas 78648
  (830) 875-2500
  Contact: http://tinytexashouses.com/contact-us/.
  http://tinyhouseblog.com/category/blog.
  Kittel built four houses in 2007 and ten in 2008, ranging in size from 70 sq. ft. to almost 800 sq. ft ($20,000 - $90,000).
  http://tinytexashouses.com/.

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COHOUSING

DESCRIPTION:

The primary goal of a cohousing complex is to provide the social and practical benefits experienced in a close-knit community—to design a neighborhood where residents all know each other and interact frequently, where children can freely and safely run and play among the houses, and where older people who become frail and residents who incur an impairment can rely on the informal, mutual support of their cohousing neighbors to care and help out. The physical plan is deliberately designed to encourage a strong sense of community and increased potential for social contact.

Cohousing is an "intentional community"—a small (average of 26 units) planned unit development (PUD—see PUD section in the *Resource Manual*) in which single family homes, townhouses, or rental units are clustered around various community facilities such as a community kitchen and dining room, common areas for sitting, recreational activities, teen and children's areas, workshops, craft and meeting rooms, guest facilities, laundry facilities, child care facilities, and, possibly, adult day service facilities. Residents manage the community, sharing tasks, activities, and decision-making.

Cohousing communities are designed through consensus-planning by the individuals and families who will live there. While all residents share in the cost and upkeep of common land areas, there is no overall shared community economy; individual ownership units are bought and sold at market rate by the individual household owners. Residents participate fully in a Home Owners Association (HOA) and in the decision-making that affects the community as a whole.

The philosophical underpinnings of the cohousing concept include:

- Intergenerational resident composition;
- The privacy of full, self-sufficient private residences;
- A strong sense of community that is promoted through shared common facilities, voluntary participation in community dining and social interactions, and mutual assistance;
- A pedestrian-orientation (walkable design), with parking at the periphery of the community, which frees up the residential area for walking, playing, and flower-growing;
- Major decisions affecting the welfare of the entire community made through community-wide discussion and consensus; and

- Environmental sensitivity, particularly for those that follow the principles of "eco-villages," which stress energy-efficiency, environmental sustainability, green building, and a minimum carbon footprint.

Communities may include a large communal garden, an orchard, a pond, or off-grid power. Features present in each community reflect the unique skills, talents, and desires of the residents.

Cohousing originated in Northern Europe in the 1980s. Development first started in the United States in 1989, and has steadily increased in response to families' growing concern about environmental issues and the impact of raising children in the isolating environment of many of today's communities. The aim of cohousing residents is to purposefully recreate the traditional neighborhood atmosphere and strong sense of place found in small villages and seemingly lost as families have scattered and a commuter-culture has dominated, as well as to have much greater input into how safe, green, and healthy their immediate living environment will be.

Senior Cohousing:
Until very recently, all cohousing developments were age-integrated, with a design emphasis on families with children. Two factors have led to the development of new age-segregated senior cohousing communities, to the incorporation of senior "neighborhoods" into existing developments, and to a rethinking of the design of new age-integrated cohousing developments to accommodate the aging of existing residents and the needs of new residents who are already older or already frail:

(1) Existing cohousing residents are aging and finding that the physical design of their homes, common facilities, and general community layout do not accommodate mobility impairments or other aging-related frailties, and

(2) The cohousing model responds to several major housing-related preferences of older adults:
- A desire to have their own home and to live independently for as long as possible;

- A desire for privacy, coupled with ample opportunity for social interaction and to be part of an identified community;

- A desire for the perceived safety of a neighborhood where everyone knows each other; and

- The preference to live in, or as part of, an intergenerational living environment.

Benefits:
For older adults and people with disabilities:
- A homeownership option, which is a strong preference of these populations;

- Combines the privacy of one's own living unit with the mutual help and strong socialization and active life style opportunities of a close-knit neighborhood among friends;

- An age-integrated living environment;

- Cohousing homes and communities that incorporate universal design and walkability features promote successful aging in place.

- Strong sense of safety, security, and neighborliness.

- Continued decision-making control over how and when supportive and health services are delivered.

For the community:
- Can be successfully developed in urban, suburban, and rural areas.

- Emphasis on energy-efficiency, green building, and environmental preservation.

- Most cohousing complexes are private-pay communities, which contributes to the wider community's tax base.

- Very positive interactions exist between co-housing communities and the wider community.

For the developer:
- Close, very early collaboration between the future residents (buyers) and the private developer creates a co-developer relationship— with shared responsibility, shared liability for investment and profits, greatly diminished homeowner lawsuits, and buyer-support in public hearings and in getting the various approvals developers must negotiate during the planning process.

- The pre-sold feature of cohousing developments is instrumental in raising the comfort level of bankers and other financers who may be reluctant to fund development because of the unconventional design of cohousing communities (for example, no attached garages, peripheral parking, community garden, etc.).

- While the open, deliberative, up-front design process is much longer, close-out time is very short because the homes are pre-sold.

Impediments or barriers to development or implementation:
- The initial planning and design process can be lengthy because of the consensus-building, deliberative decision-making process used that includes all future first-time residents. Technical assistance from developers experienced in developing this model, articles and how-to books by experts, and professional conferences, as well as practical guidance from proponents, have gone a long

way to streamlining the collaborative planning, site-identification, and decision-making design processes.

- Bankers who are unfamiliar with the cohousing concept may make conventional financing difficult to obtain because of the nontraditional design concepts incorporated into cohousing communities.

- Local zoning and land use laws on population density, building standards, environmental protections, open space, and parking can inhibit or delay the development process and increase the cost of a community. For example, high density development is often prohibited in rural areas.

- In some cohousing communities, a heavy emphasis on preserving the ecosystem and minimizing the carbon footprint can lead to a vertical house design, with two- and three-floor residences that require multiple sets of stairs and walkways. These features can prove difficult or unmanageable for individuals who use walkers or wheelchairs or have other mobility problems, and do not support successful aging in place.

- While a few cohousing communities include some subsidized units (using public financing), thus far, cohousing is primarily an option for middle-class individuals and families. Tenancy/rental laws and funding regulations governing publicly funded housing may require modifying to successfully integrate lower-income tenants into a cohousing community.

Resource—examples:

- Eco Village at Ithaca, Ithaca, New York. A cohousing community, begun in 1992 and expanded over time, the community complex now includes two 30-home neighborhoods, with a third neighborhood in the planning stages. Built on 174 acres of land, the community also includes six subsidized units, a barn, and a ten-acre organic farm. One of a very few cohousing communities in the United States that is also an "eco village"—sustainable aspects and values are a priority, with a very strong emphasis on energy alternatives, green building features, land preservation, a minimal ecological footprint, maximized environmental sustainability, and hands-on education. http://ecovillageithaca.org/evi/.

- Muir Commons, 26 units, built in 1991, and modeled after cohousing communities in Denmark. One of the two oldest cohousing communities in the United States. 2222 Muir Woods Place, Davis, California, 95616; (530) 758-5202; http://www.muircommons.org.

- N Street Cohousing, 19 homes, begun in 1986 and gradually expanding. One of the two oldest cohousing communities in the United States. Termed "retro-fit cohousing," this community has all the traditional features of a cohousing community; but it is unusual because it gradually evolved from an already-existing suburban development—fences were taken down between 17 houses and their backyards were integrated. By 2007, two additional houses from

across the street were added to the community, and more will be added as they become available. Davis, California. Contact: Kevin Wolf (530) 758-4211 or kjwolf@dcn.davis.ca.us; http://www.nstreetcohousing.org.

- Silver Sage Village, senior cohousing currently in development, 16 duplexes and attached homes built on one acre. Yellow Pine Avenue, between 16th & 17th Streets, Boulder, Colorado. Contact: Georgette, (303) 449-3232, ext. 203 or georgette@whdc.com; http://www.silversagevillage.com.

- Wonderland Hill Development Company, 4676 Broadway, Boulder, Colorado, 80304; (303) 449-3232—award-winning developers, including development of several co-housing communities. http://www.whdc.com/.

Resource—written and web:

- Charles Durrett (2009), *Senior Cohousing: A Community Approach to Independent Living. The Handbook.* Definition and benefits of cohousing, how senior cohousing differs from other types of senior housing, how to create a cohousing project; descriptions of successful cohousing communities in the United States and in foreign counties, and "frequently asked questions." Gabriola Island, BC, Canada: New Society Publishers.

- Chris ScottHansen and Kelly ScottHansen (2004), *The Cohousing Handbook: Building a Place for Community*, second edition. Covers all elements of what goes into the creation of a cohousing project, including group processes, land acquisition, finance and budgets, construction, development professionals, design considerations, permits, approvals and membership. Gabriola Island, BC, Canada: New Society Publishers.

- Kathryn McCamant, Charles Durrett, and Ellen Hertzman (1993), *Cohousing: A Contemporary Approach to Housing Ourselves*. Introduced the concept of cohousing in the United States. Berkeley, CA: Ten Speed Press.
  - The third edition of this book will be published in 2011: Kathryn McCamant and Charles Durrett (2011), *Creating Cohousing: Building Sustainable Communities.* Gabriola Island, BC, Canada: New Society Press.

- Diana Leafe Christian (2003), *Creating a Life Together: Practical Tools to Grow Ecovillages and Intentional Communities.* A guide to launching and sustaining successful new ecovillages and sustainable communities — and avoiding the typical mistakes in the process. Gabriola Island, BC, Canada: New Society Publishers.

- Liz Walker (2005), *Eco Village at Ithaca—Pioneering a Sustainable Culture.* Describes the development of an internationally recognized example of a vibrant, ecologically sustainable cohousing development. Gabriola Island, BC, Canada: New Society Publishers. (Walker is the director and co-founder of Eco Village at Ithaca).

- Diana Leafe Christian (2007), *Finding Community: How to Join an Ecovillage or Intentional Community.* A comprehensive overview of ecovillages and intentional communities and offers advice on how to research, visit, evaluate, and join an intentional community. Gabriola Island, BC, Canada: New Society Publishers.

- *Communities Directory— A Comprehensive Guide to Intentional Communities and Cooperative Living,* fifth edition (2007). Descriptions of 900 intentional communities in North America and around the world, including maps, reference charts, and articles. Rutledge, MO: Fellowship for Intentional Community. Sixth edition due: Fall, 2009. Also available online: http://directory.ic.org/.

- *Communities: Journal of Cooperative Living.* A journal published quarterly by the Fellowship for Intentional Community. Available from *Communities*, 138 Twin Oaks Road, Louisa, VA, 23093. www.ic.org.

- Cohousing Association of the United States: Coho/US, #1445, 22833 Bothell-Everett Highway, #110, Bothell, WA, 98021; 1-866-758-3942 or (314) 754-5828; http://www.cohousing.org.

Resource (free or fee-based)—technical assistance contact names:

- Charles Durrett and Kathryn McCamant, Principals
  McCamant and Durrett Architects and The Cohousing Company
  241-B Commercial Street
  Nevada City, CA 95959
  (530) 265-9980
  Also, 1810 Sixth Street
  Berkeley, CA 94710
  (510) 549-9980
  info@cohousingco.com
  http://www.cohousingco.com

- Cohousing Partners
  241 Commercial Street
  Nevada City, CA 95959
  (530) 478-1970
  info@cohousingpartners.com
  http://www.cohousingpartners.com

- Chris ScottHansen and Kelly ScottHansen, Principals
  Cohousing Resources, LLC
  5950 Maxwelton Road
  Clinton, WA 98236
  (360) 321-7840
  Kelly@CohousingResources.com

- Raines Cohen and Betsy Morris, PhD, Cohousing Coaches
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betsy@kali.com
http://www.AgingInCommunity.com/

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STAYING IN THE COMMUNITY and AGING IN PLACE (Single Family Homes and Multiunit Buildings)

Description:

The overwhelming preference of all population groups—single people, families, elderly people, people with short-term impairments, and those with chronic disabilities—is to live in the privacy of their own homes or apartments, and to stay where they are (age in place). This preference is borne out in demographic data. Out of the 299 million people in the United States, 87 per cent live alone or with spouses, unmarried partners, their children, or their grandchildren in conventional housing; only 10 per cent live in with other relatives and nonrelatives; and just three per cent live in group quarters.[1] In addition, the propensity to move around is relatively low. In 2004 (prior to the 2008 economic downturn, which had a significant dampening impact on relocation by people in the United States), migration measures indicated that 81 per cent of people aged 1-59 (children and working-age adults) and 93 per cent of people aged 60 and over lived in the same house as the previous year.[2]

Aging in Place

The term "aging in place" arose among researchers who studied both the expressed preferences of older people to remain living independently in their own homes (age in place) and the negative impact of involuntary relocation on the physical and mental health of older people. Greater understanding of the impact of "relocation trauma," as well as the perceived financial savings of providing long-term care in non-institutional settings, prompted policy makers and service providers to focus increasing emphasis on environmental designs and supportive services to support the ability of older people to continue living where they are. However, over time, the emphasis on universal design features to create "housing for a lifetime" has extended to all people, and the concept of "aging in place" has come to be applied to other population groups—people of all ages, of all sizes, and with all types of functional abilities, disabilities, and conditions.

Policy trends: In response to consumer expectations, preferences, and advocacy, as well as to the burgeoning costs of long-term care, the direction of public policies across the country has been to delay or avoid the use of costly institutional facilities and to shift the delivery of health and long-term care to people's own homes, through in-home and community-based programs and services, through home modifications, and by incorporating universal design features in both new home construction and housing rehabilitation. This shift was strongly promoted by the 1999 Supreme Court Decision, *Olmstead v. L. C.,*[3] which held that people with disabilities had a right to live in the least-restrictive appropriate environment and integrated with the rest of the community, and that states had to take steps to make such alternatives possible. Unnecessary institutionalization could be deemed discrimination on the basis of disability under Title II of the Americans with

Disabilities Act.[4] In addition, both the public and private sectors have placed increasing emphasis on creating homes that are useable for a lifetime (see *Universal Design in Housing* and *Accessibility/Adaptability in Housing* in the *Resource Manual*) and creating communities that are "livable" (see *Livable Communities* in the *Resource Manual*). Such policies, decisions, and strategies respond to the desire of people of all ages and functional abilities to remain in their own homes and communities for as long as possible.

Older people: Across the country, the number of older people continues to increase, and more people are living longer lives—life expectancy has now reached 78 years. Many people assume that a significant proportion of this growing older population lives in age-segregated "senior housing" or health care facilities. In reality, most older people live in age-integrated housing—single family homes and multiunit family apartment buildings. The U. S. Census Bureau does not measure the number of people living in senior housing (purpose-built, age-segregated units). However, reflecting the strong housing preferences of older people, researchers have consistently reported that only between six and 12 per cent of all older people live in all types of age-segregated senior living options.[5] In addition, for over 20 years, the proportion of older people living in nursing homes has remained consistent at less than five per cent.

As the baby boomers age, a market is growing among young, healthy, financially stable retirees (beginning at age 50) for age-segregated "active adult" communities that provide a new lifestyle, but do not include the supportive services associated with traditional senior housing. Despite this new trend, more than 80 per cent of older people live in single-family homes and in age-integrated multifamily rental, condominium, and cooperative units.[6] AARP's 1999 national survey[7] reports that 36 percent of people aged 45 and over have lived in the same house for more than 20 years; and this trend increases with age—60 per cent of people aged 75 and over have lived in their present home for more than 20 years. Preferences to age in place are robust, with 71 per cent of people aged 45 and over strongly agreeing with the survey's statement, "What I would really like to do is stay in my current residence for as long as possible"; again, this preference grows stronger with increasing age—92 per cent of people aged 65-74 strongly agreed with the statement, and 95 per cent of people aged 75 and over strongly agreed.

These trends reflect a general preference of older people to live in a place that is familiar to them and in an environment that includes people of all ages. Evidence that this preference extends even into the frail, very elderly years is the gradual rise in average entry age (now between 80 and 85) into supportive senior housing facilities. For older people, the various supportive and health care facilities, and even "independent senior housing," represent a loss of privacy, a loss of independence and personal control over daily life, and a loss of a "sense of self" that is intertwined with one's long-time home.

In New York, an array of in-home and community-based programs and services are available to help older people age in place safely and successfully. Such programs and services are provided by the State's network of 59 Area Agencies on Aging, by

Senior Service Centers, and by community-based public, non-profit, and for-profit aging, health, long-term care, housing, education, and transportation providers. For information on these programs and providers, contact your county Area Agency on Aging (AAAs); a list of AAAs can be found at: http://www.aging.ny.gov/.

People with disabilities: Over 2.5 million of New York's population have one or more of the five types of disabilities (sensory, physical, mental, self-care, go-outside-the-home) that are measured by the Census Bureau. Like the rest of the population, the preference of people with disabilities is for privacy, maximized self-management and independence, and maximum control over their daily lives. As is characteristic of the general population, individuals with chronic and congenital disabilities are experiencing increasing longevity—living well into old age—and the greater majority of these individuals live in single-family homes, age-integrated multiunit housing, and at home with their parents.

The majority of individuals born with *developmental disabilities* is cared for and live with their parents in the parents' homes and apartments; and these individuals, too, are living longer lives. New York State has a significant number of families that consist of very elderly parents (aged 80 and over) caring at home for their adult children with developmental disabilities who are, themselves, aged 60 and over.

Increasingly, public policies support the ability of individuals with developmental, physical, and mental disabilities to live in all types of conventional housing. A network of agencies and a variety of programs and services are available to support the ability of people with all types of disabilities to age in place independently, safely, and successfully in the housing of their choice.

References:

U. S. Census Bureau, *American Factfinder:* 2005-2007 American Community Survey:
[1] Table B09016: Household Type (Including Living Alone) by Relationship.

[2] Table B07001: Geographical Mobility in the Past Year by Age for Current Residence in the United States.

[3] Olmstead v. L.C., 1999 Supreme Court Decision, which held that unnecessary institutionalization of persons with disabilities may constitute discrimination based on disability under Title II of the Americans with Disabilities Act.
Bazelon Center for Mental Health Law—*Olmstead v. L.C.:*
http://www.bazelon.org/issues/disabilityrights/incourt/olmstead/index.htm.
The Center for an Accessible Society—*Supreme Court Upholds ADA 'Integration Mandate' in Olmstead Decision:*
http://www.accessiblesociety.org/topics/ada/olmsteadoverview.htm.

[4] U. S. Department of Justice—Americans with Disabilities Act:
http://www.ada.gov/pubs/ada.htm.

[5] Vera Prosper (1990), *Preferences: Housing Older New Yorkers*. Albany, New York: New York State Office for the Aging.

[5, 6] Charlotte Wade and Randall Cantrell (September 2005), *The National Older Adult Housing Survey: A Secondary Analysis of Findings.* Upper Marlboro, MD: NAHB Research Center: http://www.toolbase.org/PDF/CaseStudies/NOAHSecondaryAnalysis.pdf.

[7] Ada-Helen Bayer and Leon Harper (May, 2000), *Fixing To Stay: A National Survey of Housing and Home Modification Issues.* Washington, DC: AARP. *http://assets.aarp.org/rgcenter/il/home_mod.pdf*.

Benefits:

- Policies, programs, services, and design features that promote the ability of residents to remain living in their own homes and apartments—
  - Support the ability of older people and people with disabilities to be self-managing and independent for longer periods of time, maximize residents' privacy and personal control over daily life, and delay or eliminate relocation to institutional environments.
  - Support the preferences of older people to live in an environment that includes other age groups.
  - Support the ability of people with disabilities to live with others as integrated members of the community.
  - Allow all residents to exercise their living environment preferences; the ability to live in the housing of one's choice, and to live as independently as possible, has a direct impact on mental and physical health status.
  - Increase the potential for all residents to remain active and involved with the wider community, reducing social isolation and depression.
  - Maintain residents' perceptions that they continue to be "members of the community."

- Integration of people of all ages and functional abilities strengthens a neighborhood's "sense of community and builds understanding and communication among different population groups.

- The ability to viably age in place as an integrated part of the wider community increases the base of community residents available to contribute their time, ideas, skills, and resources for civic engagement activities and for participating in identifying and addressing community issues.

Impediments or barriers to development or implementation:

- Zoning language often restricts flexibility in the use of single family homes; for example, may not allow conversion of part of a home into an accessory unit or addition of a secondary unit on a lot.

- Zoning language may not allow mixed-use within a single-family residential district; for example, prohibit a mix of multiunit rentals and single family homes, a mixture of homes and light commercial, high-density construction of small

homes on small lots, incorporation of a small residential health facility into a residential neighborhood, etc.

- While substantial in-home and community-based services and programs exist to make it possible for people to successfully age in place, availability of services and programs is inconsistently available; in some cases, residents cannot afford the costs of services and programs; in other cases, specific services are unavailable for everyone—for example, public transportation.

- Many existing homes do not include the appropriate home features (such as a bathroom and clothes washer on the first floor, a ramped entrance, etc.) that allow a resident to remain living in the home or apartment; many residents cannot afford to modify their homes or apartments to include such features.

- Many residents are unaware of universal design features (such as single-lever faucets, sit-to-work counter space, adjustable rods in closets, grab bars, etc.), or where to acquire such features, or that many features are no-cost or very-low-cost, or that incorporation of such features may be available through community programs. Many cannot afford to incorporate other features (such as a walk-in shower) that are costly.

Resource—written and web:

- Partners for Livable Communities and National Association of Area Agencies on Aging: *Aging in Place Initiative: Developing Livable Communities for All Ages*; Washington, DC: http://www.aginginplaceinitiative.org/index.php?option=com_content&task=view&id=13&Itemid=78.

- *National Aging In Place Council*—a membership organization serving as a national forum for individuals from the aging, healthcare, financial services, legal, design, and building sectors to work together to help meet the needs of the growing aging population, so they can continue living in the housing of their choice: http://www.ageinplace.org/.

- Pew Research Center, Washington, DC:
  - *Social and Demographic Trends:* http://pewsocialtrends.org/2008/12/17/u-s-migration-flows/.
  - Paul Taylor, et al.(December 29, 2008), *American Mobility— Who Moves? Who Stays Put? Where's Home?:* http://pewsocialtrends.org/files/2010/10/Movers-and-Stayers.pdf.
  - Paul Taylor, et al. (June 29, 2009), *Growing Old In America—Expectations vs. Reality:* *http://pewsocialtrends.org/assets/pdf/Getting-Old-in-America.pdf*.

- Mary Yearns, *Elderly Housing Options & Preferences*—extensive list of links to resources, publications, and agencies, related to housing for older people and people with disabilities. Iowa State University, University Extension: http://www.extension.iastate.edu/Pages/housing/options.html.

- Sharon Suarez (March, 2005), *55+Housing Preference Survey.* Maryland: Montgomery County Department of Park and Planning, Research and Technology Center: http://montgomeryplanning.com/research/data_library/housing/studies/housing_55_final_version.pdf.

- Vera Prosper (1990), *Preferences: Housing Older People*. Albany, New York: New York State Office for the Aging.

- Emily Cooper, Marie Herb, and Ann O'Hara (December, 2003), "Solutions That Work: Innovative Strategies to Meeting the Housing Needs of People with Disabilities," *Opening Doors: A Housing Publication for the Disability Community,* Vol. 23, published by Technical Assistance Collaborative, Inc. and the Consortium for Citizens for Citizens with Disabilities. http://www.c-c-d.org/task_forces/housing/opendoor12.08b.pdf.

- Michael Allen, "Increasing the Usability of Housing Choice Vouchers for People with Disabilities," *Housing Law Bulletin.* Washington, DC: Bazelon Center for Mental Health Law. http://www.bazelon.org/pdf/HousingFactsheet14.pdf.

- Homes and Communities, *Information for People with Disabilities.* Washington, DC: U. S. Department of Housing and Urban Development: http://portal.hud.gov/hudportal/HUD?src=/topics/information_for_disabled_persons.

- Falls Prevention Center of Excellence: *Welcome to Homemods.org*—resources, online certification courses in home modification, and a national directory of home modification and repair resources. Los Angeles, CA: University of Southern California, Andrus Gerontology Center: http://www.homemods.org/.

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ACTIVE ADULT COMMUNITIES

Description:
Across the country, the aging of the baby boomers has spawned a growing trend devoted to developing "active adult communities." These communities are housing developments restricted to persons at or over a specified age—defined variously as 50, 55, 60, 62, or 65 years of age. An active adult community can be a single multiunit building; multiple multiunit rental apartment buildings, condominiums, or cooperatives; or a complex of single family homes, duplexes, or mobile homes. If an active adult community in New York State is structured as a condominium, or includes an entrance fee, its financial aspects may be regulated by the State's Attorney General's Office.

Sometimes called "leisure communities," "retirement living," "independent living communities" or "retirement communities," active adult communities may include amenities, a dining program, and recreational and social activities; but they are not planned to include supportive assistance, personal care, or health care coordinated by the housing provider. Since they do not provide personal care or health services, these communities do not require licensure or oversight by the New York State Health Department. Any in-home care, doctors' visits, or other health-related services are arranged for privately by the resident. Many active adult communities are architecturally designed to address some of the physical limitations that growing older may bring. For example, bathrooms may be equipped with handrails and grab bars, kitchen and bathroom sinks may have single-lever faucets, or electrical outlets may be located within easier reach.

Active adult communities are typically marketed to active, healthy, younger seniors, some of whom are still working and many who are new retirees; a major market are the Baby Boomers. This is a "market-driven" housing option, chosen by older people who do not initially need a supportive living environment, but who are seeking a lifestyle change during their early retirement or pre-retirement years.

Active adult communities can be:
(1) A market-rate development—for example, *Glenwood Village*, a complex of 500 single-family homes in Riverhead, Long Island, for moderate-income older people; or *The Seasons*, a luxury complex of over 200 condominiums in East Meadow, New York, for upper-income older people. In market-rate communities, residents pay the rents or fees that are set by the owner or manager. Very often, communities include leisure amenities and facilities (such as a community center, pool, exercise/fitness room, golf course, meeting spaces), which may be included in the monthly charges or charged as an additional fee.

(2) A subsidized development—for example, *Northern Pines*, a 36-unit rental complex of attached garden apartments in Wilton, New York, for low-income older people; or *Council Meadows*, a 24-unit rental community of quad-plex apartments in Burnt Hills, New York, for low- and middle-income older people. Public (government) funds are used for the construction or operation of subsidized developments in order to make them affordable to individuals whose household incomes are insufficient to pay market rates. Residents must meet income-eligibility criteria, which can vary according to the geographic location of the housing development and according to the state or federal government financing program under which the development was built. In some cases residents pay a specified portion of their income for rent and other charges, and the balance of the rent/charges needed to operate the development is paid (subsidized) by the government financing program; in other cases, a development's lower schedule of affordable rents is set because of the government's subsidizing the mortgage. For instance, in most HUD Section 202 programs residents will pay 30 per cent of their adjusted income for rent.

The development of active adult communities began slowly, in several states, more than forty years ago—typically as market-rate, large, age-segregated complexes of several hundred or several thousand single-family homes—and development gradually moved into other states across the country, including New York. As the huge Baby Boomer population began entering retirement age, development of both market-rate and subsidized active adult communities has expanded in New York State and across the country.

Benefits:

For residents:

- Active adult communities successfully respond to the specific preference of a segment of the older population who seek to live among others in their own age group, particularly age peers who are active, healthy, and involved.

- Many active adult communities are purposely built in warm climates or near vacation havens, resort areas, golf courses, waterfronts, ski resorts, national parks, the mountains, etc., attracting residents who are seeking a change in lifestyle in their healthy, early-retirement years.

- The increased opportunities for socialization with peers in an active adult community keep residents involved with others and with the wider community, reduces social isolation and depression, and promotes physical and mental health.

- Many older adults wish to relinquish the home- and yard-maintenance burdens of a large single-family home, preferring the typically smaller living units in an active adult community, as well as the maintenance, upkeep, and repair services provided by the owner/manager or the homeowner association.

- Some active adult communities are gated and most include security and safety features that provide residents with an increased level of personal safety.

For the community:

- Active adult communities provide an alternative choice for older adults, encouraging them to remain living in the community and in New York state, which:
  - Helps the population remain stable,
  - Supports the tax base, and
  - Adds to the community's economy through older adults' spending of their discretionary income and through the increasing practice of early retirees to re-enter the workforce following traditional retirement.

Impediments or barriers to development or implementation:

- Local municipalities are allowed by New York State law (General City Law §20 and §25; Town Law §263; Village Law §7-704) to develop age-restricted senior residences in accordance with an implemented municipal comprehensive plan. In some communities, some members may object to the development of multiunit housing or affordable housing units, leading to comprehensive plans and zoning codes that restrict or discourage such development. Making changes in comprehensive plans or in zoning codes can be a controversial community topic and difficult to achieve, requiring committed efforts devoted to community-wide education and increasing awareness of the benefits of various housing options.

- While, in recent years, the availability of lists of various housing options has increased, each list is typically non-comprehensive and lists are not available in all areas. A centralized, comprehensive source of information on types of housing (including active adult communities), costs/rents, amenities and services, and vacancies is not available to assist older adults and their caregiver families in making housing decisions.

- The supply of subsidized active adult communities does not meet the on-going demand; availability of these units lags because of insufficient public funding at both the state and federal level.

Resource—examples:

- Use an Internet search engine—type in "active adult communities" or "retirement communities" to find an extensive array of sites that provide lists, by state, of successful active adult communities.

Resource—written and web:

- Diane R. Suchman (2001), *Developing Active Adult Retirement Communities.* Washington, DC: Urban Land Institute. PublishersRow.com: 1-888-813-26657; http://www.publishersRow.com.

- "Active Adult Communities: Enjoying the Resort Life–Among Peers" (August 17, 2006), *Crains' New York Business.com*: http://www.crainsnewyork.com/article/20060817/STATIC/60817005.

- *New York Housing Search*, Searchable directory of housing in New York State, by location and various features. Albany, New York: New York State Division of Housing and Community Renewal. http://www.nyhousingsearch.gov/index.html.

- New York State Office of the Attorney General, Albany, New York:
  - Information and laws regarding condominiums: http://www.oag.state.ny.us/bureaus/real_estate_finance/condominiums.html.
  - Disclosure requirements for Senior Residential Communities that require an entrance fee—General Municipal Law 13 NYCRR Part 25.3:
  - http://www.ag.ny.gov/sites/default/files/pdfs/bureaus/real_estate_finance/part25.pdf.
  - *A Housing Guide for Senior Citizens* (August, 2011): http://www.ag.ny.gov/sites/default/files/pdfs/publications/Housing_Guide_for_Seniors_2011.pdf.

- James A. Coon Technical Series—New York State Department of State, Office of Coastal, Local Government and Community Sustainability, Albany, New York:
  - (Revised 2009; reprinted 2011), *Zoning and the Comprehensive Plan*. http://www.dos.ny.gov/LG/publications/Zoning_and_the_Comprehensive_Plan.pdf.
  - (June, 2011), "Guide to Planning and Zoning Laws of New York State": http://www.dos.ny.gov/lg/publications/Guide_to_Planning_and_Zoning_Laws.pdf.
  - (2005; reprinted 2011), "Zoning Board of Appeals": http://www.dos.ny.gov/LG/publications/Zoning_Board_of_Appeals.pdf.

Resource—technical assistance contact names:

- Ken Harris, Director
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MATCH-UP HOME SHARING PROGRAM

Description:

Match-Up Home Sharing is a housing program that brings together a homeowner who has room to spare (the home provider, or host) and a person who is looking for a place to live (the home seeker, or guest). The provider and the seeker each has a private bedroom, but both have full use of the rest of the provider's (owner) home. There are many benefits derived from such an housing strategy, and there are many types of participants in a Match-Up Home Sharing Program—for example, senior citizens, people of all ages with disabilities, working professionals, students, individuals who cannot find affordable housing, single parents, individuals with chronic impairments, or those who are temporarily unemployed, recovering from an injury, or have reduced income because of a loss of full-time work—or those who simply want to share their lives and homes with others.[1]

For the home provider (who, most often, is living alone), a shared arrangement offers companionship and socialization, a source of income or assistance with home maintenance or in-home care, and an increased sense of security from having a second person living in the home. For the home seeker, home-sharing is an affordable housing alternative, an environment that provides social and mutual-support opportunities, or a manageable option for someone for whom total responsibility for an entire house is not feasible.

In a Match-Up Home Sharing option, the *participants* make the decisions about with whom they will live. This option differs from a Shared Living Residence (a single-family home for up to ten unrelated individuals), which is owned and operated by a community agency, with the agency bearing responsibility for decisions about accepting or discharging renting residents (see *Shared Living Residence* in the *Resource Manual*).

Home sharing opportunities in which the participants themselves make the decisions can be: (1) an *informal* arrangement, or (2) a transaction made through a *formally operated* Match-Up Home Sharing Program.

Informal home-sharing arrangements:

Informal sharing arrangements among unrelated persons have always existed. Through word-of-mouth, newspaper ads, real estate agents, and postings in supermarkets, church bulletins, community centers, college newsletters, etc., homeowners and home seekers have contacted each other and, without involvement of a third party, have made private arrangements for the seeker to live in the owner's home. Typically, the seeker has use of a specific room or area of the home in exchange for rent or in exchange for discounted rent and some assistance

in maintaining the home. The provider and the seeker are the only parties involved in deciding the terms of the arrangement and in dissolving the shared arrangement when it is no longer needed or suitable. This option differs from: (1) a roommate arrangement (or roommate referral service), where two or more individuals agree to rent living quarters together, sharing expenses and upkeep, and where none of the parties owns the home; or (2) a situation where two or more unrelated individuals jointly purchase a home, a condominium, or cooperative.

***Formal Match-Up Home Sharing Program**:*
Formal Match-Up Home Sharing Programs are a concept that originated in the second half of the 20th Century; and they are typically developed as a strategy to address various living-environment issues of older adults—for example, an inability to afford the rising costs of homeownership; inability to find affordable rental options; loneliness, isolation, and decreased sense of safety and security when living alone; the need for some assistance in maintaining a home's upkeep; or the need for some assistance with instrumental activities of daily living.

Match-Up Home Sharing arrangements can include only older people, or can involve intergenerational matches:

- The homeowner is an older adult and the home seeker is also an older adult;
- The homeowner is an older adult and the home seeker is a younger-aged individual—a student, a young or middle-aged adult, or a member of a special needs population;
- The homeowner is a younger-aged adult and the home seeker is an older adult.

Match-Up Home Sharing Programs are sponsored, developed, and managed by a variety of community organizations, including an Area Agency on Aging or other aging services agency, a multi-service or social services agency, a housing counseling agency, or other community organizations such as a Co-operative Extension Agent, faith-based group, and others. The sponsoring agency maintains a list of homeowners who have indicated that they want to have someone share their home and a list of people who are seeking a home-sharing option as a place to live, and the agency acts as a broker between a provider and a seeker.

Typically, Match-Up Home Sharing Programs are not regulated by a government agency, and early programs were loosely structured. However, as programs evolved, it became evident that various steps and activities were necessary elements to assure a program's sustainability and to maximize the ongoing success of the individual matches made between providers and seekers. Today, the match-up process will generally consist of the following tasks, each of which is an additional step in both screening the providers and seekers and in maximizing the compatibility of the sharers:

- *Application*: Home providers and home seekers complete and submit an application form to the sponsoring agency; this form is designed to solicit basic home characteristics and demographic and reference information, but also a

number of preferences, traits, and personal behaviors, all of which are used to select a provider and a seeker for a potentially compatible match.

- *Home visit:* The sponsoring agency's program staff person will make a site visit to the provider's home to assure that the living environment is appropriate to accommodate a sharer.

- *Interviews:* The sponsoring agency's staff person will conduct an in-person interview with both the home provider and the home seeker. Interviews help the staff know the individuals better and provide additional information and perceptions, which help staff make a more successful match.

- *Proposing a match*: Using all of the information gathered, staff will propose a match. Several universal sorting/matching computer programs are available for organizations to use to assist the matching process. For example, as a first screening step, to help determine potentially compatible match-mates, the New York Foundation for Senior Citizens' Match-Up Home Sharing Program uses *Quick-Match*, a database tool comprising 31 lifestyle objectives.[2]

- *References:* Either program staff or the participants involved will contact references provided by both the provider and the seeker, checking on such items as character, past behaviors, financial status, etc. Some programs require fingerprints and will conduct a criminal background check.

- *Meeting/site visit:* A visit in the provider's home is arranged between the prospective provider and seeker to provide an opportunity for both parties to meet and talk with each other prior to the actual match being formalized with an agreement.

- *Match-Up Home Sharing agreement*: When the provider and seeker decide to enter into the home sharing arrangement, they will complete and sign a home sharing agreement, which provides a clear outline of what is expected of the provider and of the seeker and is designed to circumvent potential future disagreements. Both parties will have input into the terms of the agreement, customizing the agreement to fit the needs and desires of the sharing participants; and program staff can help negotiate areas of disagreement.

  Agreements spell out such items as: house rules (such as a smoking policy, loud music after certain hours, whether the seeker can have overnight or other visitors, who is responsible for keeping the home clean, whether the guest is expected to help with chores and maintenance, a pet policy, use of the car, etc.); payment arrangements (such as rental charges or the amount the seeker will pay as a household contribution, whether the seeker will assist the provider with any kind of supportive or personal care in exchange for reduced rent, etc.); and any other items of importance to either party. In addition, an agreement will often stipulate a time period (such as 30 days) that is required for either party to give notice that they will withdraw from the home sharing arrangement. Home sharing agreements can be drawn up by the participants themselves, or

they can be completed with the help of program staff, using an agreement template designed by the sponsoring program.

Often, a program will provide an opportunity for a short trial period (such as a week) for the provider and seeker to live together before the agreement is signed, which can help them decide if they are well-matched.

- *Follow-up and facilitation/mediation*: Following the start of a sharing arrangement, in many programs, staff will remain available to the provider and seeker to: (1) facilitate conflicts that can naturally arise when people live together, (2) renegotiate the sharing agreement, and (3) help participants dissolve the sharing arrangement when it no longer meets the needs and preferences of either party. Program sponsors typically report that mediation is seldom needed due to the meticulous nature of the matching process.

Some Match-Up Home Sharing Programs are free for consumers; others charge a one-time, non-refundable fee to cover the cost of background checks, reference checks, and program operations. Funding to support these programs comes from a variety of sources, including private foundation and corporate grants, various state and federal government entities (including Community Development Block Grants, Community Service Block Grants, Housing Trust Funds, Housing Counseling Programs, government agency grants, and legislative member items), fund-raising events, donations, and program fees.

Homeshare International[3] has identified Match-Up Home Sharing Programs operating in twelve countries around the world, with most located in the United States. Existing programs vary in size. For example, the Chicago Department of Aging provides funding for 12 programs, and the Interfaith Housing Center creates close to 40 home-share matches every year in the northern Chicago suburbs. The New York Foundation for Senior Citizen's Match-Up Home Sharing Program is over 25 years old and operates successfully across the five boroughs of New York City; the Foundation has made over 1,400 matches since 1995.

The rising costs of homeownership and rentals over the past decade, as well as the financial impact of the 2008 economic decline, saw a significant rise in interest among all age groups in using Match-Up Home Sharing as a viable affordable housing strategy.

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[1] Monica Steinisch (2010), "Senior Homesharing," *NOLO: Legal Solutions for You, Your Family & Your Business*: Articles: http://www.nolo.com/legal-encyclopedia/senior-homesharing-30159.html.

[2] New York Foundation for Senior Citizens, "Home Sharing Program," *Services*: http://www.nyfsc.org/services/home_sharing.html.

[3] Homeshare International, *Programmes Worldwide:* http://homeshare.org/;

http://homeshare.org/programmes-worldwide/.

Benefits:

For older adults:

- Increased opportunity to successfully age in place, delaying or avoiding unwanted relocation or institutionalization:
  - *Affordability:* Home-sharing is a source of additional monthly income for an older home provider and an affordable rental option for an older home seeker.
  - *Companionship:* Older adults who live alone are more vulnerable to loneliness, social isolation, and depression. Home-sharing maintains social interaction, which has a positive impact on physical and mental health.
  - *Sense of safety and security:* Having another person in the home, particularly at night, allows an older person to feel less vulnerable to crime, as well as more emotionally secure in knowing another person is available in the event of a health or other emergency.
  - *Continued independence:* Shared arrangements typically include the sharing of household tasks, with each participant compensating for any functional limitation of the other—such as driving, vacuuming, shopping, cooking, laundry, etc. An arrangement that involves a younger-aged participant can include an agreement that the younger person will assist the older one with routine chores and activities of daily living, accompany the older adult to medical appointments, and, sometimes, provide personal care.

For caregivers:

- A major preference of older people is to remain living in their own homes, and there is a strong association between advancing age and living alone. The greater majority of care and services for older adults is provided informally (unpaid) by family members and friends. Match-Up Home Sharing supports the substantial efforts of these informal caregivers:
  - The presence (and, often, supportive assistance) of another person living with an older adult reduces the number of tasks that must be assumed by the caregiver and the number of hours of caregiving provided.
  - The presence of another person in the older adult's home provides caregivers with a comfort level, reducing their continual worry about the safety of their older family member, their concern about emergency situations going unnoticed, and their anxiety about the impact of the older person's social isolation.
  - In addition to emotional and instrumental responsibilities, caregivers assume financial responsibilities for older family members. The additional income provided through a Match-Up Home Sharing arrangement reduces a caregiver's financial burden.

For younger-aged participants:

- *Affordability:*
  - For low-income younger home seekers, Match-Up Home Sharing is a very affordable rental option—as, very often, to older home providers, rental

income is secondary to companionship, sense of safety, and help with chores as a reason for engaging in a home-sharing arrangement.
  - Match-Up Home Sharing offers a home seeker the potential of free rent or reduced rent in exchange for various types of assistance (driving, socialization, home upkeep, personal care, etc.).
  - For younger-aged home providers, home sharing is a source of additional income for covering the costs of homeownership.

- *Flexibility:* Home sharing is an attractive temporary option for many people, including students, temporary workers, individuals whose jobs require employment in two different locations, a company's traveling employees who find shared housing a more practical, affordable, and comfortable alternative to a hotel, and others.

For the community:
- *Housing stock is maintained:* The greater proportion of older people are homeowners, and most continue living in their homes until very old age or death. There is an association between advancing age and physical and mental frailty, which can result in a resident's inability to adequately maintain a home, leading to its subsequent deterioration. The financial, emotional, and supportive assistance benefits of a Match-Up Home Sharing arrangement can mitigate this decline and help stabilize a community's housing stock.

- *Affordable housing:* Match-Up Home Sharing is an excellent housing alternative that can help ease the continual gap in many communities between the demand for affordable housing and the available supply of traditional affordable housing models.

- *Stabilized population:*
  - The affordable rents for younger-aged home seekers and the financial/home-assistance/social-integration benefits for older home providers help keep both these populations remaining in the community—with positive impacts on labor pools, institutional health-care costs, and sense of community.
  - The thoroughness of a Match-Up Home Sharing Program's protocols and processes greatly reduces the opportunity for victimization of either the home provider or the home seeker, providing a safe community housing alternative for residents.

Impediments or barriers to development or implementation:
- *Legal constraints:*
  - Zoning:
    - In some states other than New York, some municipalities may define "family" in a way that prevents a homeowner and home seeker from using a shared housing agreement.
    - Some municipalities may designate "single-family dwellings" in a way that precludes unrelated individuals living together.

  - Landlord/tenant issues:
    - Some municipalities do not accept shared housing agreements as valid landlord/tenant contracts; thus, sharers have no formal recourse for handling unresolved disputes.

- *Preferences:* In the United States, there is a long, strong tradition and preference of preferring one's own living quarters: (1) for the maximum privacy that comes from living alone or with members of one's nuclear family, (2) from a reluctance to living with unrelated individuals, and (3) from a stigma often felt from not having one's own home or apartment. Thus, despite the many benefits of home-sharing, as well as the expressed satisfaction experienced by sharers, this is typically not a high initial housing option preference. Education and repeated discussions are required to convince individuals to give serious consideration to engaging in a home-sharing alternative.

- *Slow start-up:* A program requires a sufficiently large pool of both providers and seekers from which to draw successful (compatible) matches. A new program may require an extended start-up time while a sufficient list of applicants is identified.

- *Rural/urban:* New programs have an easier start-up in urban areas than in rural or suburban areas because of the large population base in urbanized areas, the greater lack of affordable housing units in urban areas, and the greater number of low-income individuals in urban areas who will consider home sharing because other options are unavailable.

- *Stable funding:* New programs may succeed in locating initial funding to develop a Match-Up Home Sharing Program, but be unsuccessful in sustaining a stable source of funding to maintain the program over time. Successful programs are often subsumed as one component of a larger housing program, with stable funding from several sources dedicated to providing multiple housing services, a including matching program.

Resource—examples:

- New York Foundation for Senior Citizens, 11 Park Place, 14th Floor, New York, NY, 10007: nyfscinc@aol.com; http://www.nyfsc.org/about/index.html. The Foundation's 25-year-old *Match-Up Home Sharing Program* serves the five boroughs of New York City, matching homeowners with home seekers, one of whom must be aged 60 or over; also matches adult homeowners aged 55 and over with adults with developmentally disabilities who are capable of living independently: (212) 962-7559; http://www.nyfsc.org/services/home_sharing.html and http://www.nyfsc.org/about/contact.html.

- Richmond Senior Services, Inc., 500 Jewett Avenue, Staten Island, NY, 10302; Contact: Beverly Neuhaus, (718) 816-1811; rss500@earthlink.net. *Project SHARE* matches older adults with homeowners; *Share-a-Rent* matches people for shared apartments that are leased by Richmond Senior Services.

- Home Share Now—matching people and homes, 115 North Main Street, Barre, VT, 05641; (802) 479-8544; info@homesharenow.org. http://www.homesharenow.org/.

- Home Share Long Island, a collaborative partnership with Family Service League, Intergenerational Strategies, and Family and Children's Association (FCA). The program brings together older Homeowners and Home Seekers of all ages to share a single family home. Family Service League, Huntington, NY; contact: Program Coordinator at (631) 427-3700. Program description: http://www.fsl-li.org/programs/senior_HomeShare_Long_Island.php.

- Marcus Jewish Community Center of Atlanta (MJCCA), a multi-service agency with locations in a variety of sites in Atlanta, GA: http://www.atlantajcc.org/. http://www.atlantajcc.org/main/our-locations/.
  MJCCA's services include two award-winning Match-Up Home Sharing Programs:
  - *Housemate Match*, MJCCA's nationally recognized, long-standing Match-Up Home Sharing Program that matches older homeowners with adults of any age who are seeking a place to live. Their Web site provides extensive information and a video about the program, an AARP article, and a *Good Morning America* segment. Contact: Rita Zadoff, Director, Housemate Match, (678) 812.408; http://www.atlantajcc.org/services/housemate-match/.
  - *Home But Not Alone* (HBNA), a national-award-winning Match-Up Home Sharing Program for homeowners and home seekers, one or both of whom are living with HIV/AIDS. Their Web site provides a list of partner organizations that cater to individuals with HIV/AIDS and extensive information about the HBNA home sharing program, including how the program works, application forms, and medical release forms. Contact: Rita Zadoff, Director, Housing Services, (678) 812.4081; http://www.atlantajcc.org/services/home-but-not-alone/; http://www.atlantajcc.org/services/home-but-not-alone-what-is-hbna/; http://www.atlantajcc.org/services/home-but-not-alone-how-does-hbna-work/.

- Elder Help of San Diego, 4069 30th Street, San Diego, CA, 92104, (619) 284-9281, http://www.elderhelpofsandiego.org:
  - *Clairemont Home Share*: 4425 Bannock Street, San Diego, CA, 92117, (858) 200-0011;
  - *Poway Home Share*: 13094 Civic Center Drive, Poway, CA, 92064, (858) 748-9675.

- HomeShare Vermont helps older adults and people with disabilities live independently in their own homes by matching them with someone in search of affordable housing or in search of caregiving opportunities. Their Website includes a newsletter, application, description of services, and an annual report. Located at 412 Farrell Street, South Burlington, Vermont, 05403; (802) 863-5625; home@sover.net; http://homesharevermont.org/.

- Shared Housing Center, Inc., provides a Match-Up Home Sharing Program in Dallas, Texas. Their Web site provides substantive information about the program's home share process, including intake/screening services, reference-checking, housing contracts, follow-up assistance, interviewing process, and housing counseling. Located at 402 North Good Latimer Expressway, Dallas, TX, 75204; (214) 821-8510; services@sharedhousing.org; http://www.sharedhousing.org/homeshare.html.

Resource—written and web:

- Homeshare International, 11 Divinity Road, Oxford, OX4 1LH, United Kingdom; Founded in London, UK, in 1999 to stimulate development of new Match-Up Home Sharing Programs and to forge links among programs operating around the world (including programs known to be running in eight countries); raise awareness of the benefits and potential of home sharing among professionals and policy makers in housing, social work and other relevant fields; provide resources and manuals; and encourage academics to do research on the contribution that home share programs can make to the social needs of older people, other age groups, and communities. Phone: +44 1865 699190 (messages only); http://homeshare.org/welcome/.
  - Contact Homeshare International: http://homeshare.org/contact-us/.
  - FAQ: http://homeshare.org/faq/.
  - *Homeshare Resources* —an extensive list of questions and checklist items to be considered by individuals who are considering homesharing as a housing alternative: http://homeshare.org/resources/.
  - *Programmes Worldwide—Directory of Homeshare Programmes in 12 countries, including the United States: http://homeshare.org/programmes-worldwide/.*

- National Shared Housing Resource Center (NSHRC)—a volunteer membership organization established in 1981 by Gray Panther activist Maggie Kuhn, the NSHRC promotes all types of shared housing options on a national level in the United States by providing training, technical assistance, conferences, and a network of representatives throughout the country, as well as information to individuals who are interested in finding a shared housing organization or help in getting a program started: http://nationalsharedhousing.org/.

  - In addition, the Center maintains a directory of shared housing programs throughout the United States and internationally: http://nationalsharedhousing.org/program-directory/.

- Eleanor Bader (May, 2009), "City Home Sharing Program Promotes Aging in Place," *The Brooklyn Rail*, Local. This article describes the home sharing agreement process and how home sharing can meet the needs of impoverished seniors, allowing them to age in place: http://www.brooklynrail.org/2009/05/local/city-home-sharing-program-promotes-aging-in-place.

- ElderHelp of San Diego, "Home Share," *Helping Seniors Stay in Their Homes*: http://www.elderhelpofsandiego.org/index.php?option=com_content&view=article&id=77&Itemid=143.
  Home Share Seeker Enrollment Forms—extensive information about all aspects of the homes haring process: http://www.elderhelpofsandiego.org/index.php?option=com_content&view=article&id=102&catid=39&Itemid=167.

- Mike Rolls (April 1, 2005), "Great Matches: The Homesharing Program at Senior Services," *Seniors Digest: Seattle-King County Edition*. http://www.poststat.net/pwp008/pub.49/issue.303/article.348/.

- Barbara Bassler (September 19, 2009). "Home Sharing is Helping Retirees Save," *AARP Bulletin Today.* This article highlights the benefits of home sharing for older adults who are currently living by themselves. http://www.northsuburbanhomesharing.org/wp-content/uploads/2010/10/AARP_HomeSharing_Is_Helping_Retirees_Save_Sept_19_2008.pdf.

- St. Ambrose Housing Aid Center was created to provide and maintain equal housing opportunities for lower- and moderate-income individuals in Baltimore City, Maryland. Their Match-Up Home Sharing Program Web site contains information, eligibility criteria, and application forms for homeowners and seekers considering a sharing arrangement; several news articles about the Center's Match-Up Home Sharing Program; and benefits of home sharing. Contact: 321 East 25th Street, Baltimore, MD, 21218; (410) 366-8550; Annette Brennan, Director of Homesharing (annetteb@stambros.org); Rebecca Sheppard, Homesharing Coordinator & Counselor, (410) 366-6180, rebeccas@stambros.org); http://www.stambros.org/pages/homesharing.html.

- Interfaith Housing Center in the Northern Chicago suburbs is an active membership-based, nonprofit organization providing various services. Their Web site is a rich source of information detailing their Match-Up Home Sharing Program and includes video clips of members who have benefitted from the program, examples of successful matches, news articles, and public service announcements. Located at: 614 Lincoln Avenue, Winnetka, IL, 60093-2308; (847) 501-5760; ihcns@interfaithhousingcenter.org; http://www.interfaithhousingcenter.org.
  - Home Share Program Coordinator: (847) 501-5732, ext. 401.
  - Home Share Program: http://www.northsuburbanhomesharing.org/.
  - Home Share Program—Frequently Asked Questions: http://www.northsuburbanhomesharing.org/faq/.

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ELDER COTTAGES (ECHO Housing)
(secondary dwelling unit)

Description:

An Elder Cottage is a small self-contained dwelling unit designed for installation on the same property as an existing single-family home. It is most often thought of as a "temporary" or time-limited placement. As a housing option, in the United States, an Elder Cottage is thought of as a small "secondary" housing unit placed at the side or back of a family member's home, on the same lot, for use by a relative for whom members of the family are providing assistance and care.

The concept of placing a small home for an elder family member on a family member's property is not new. In rural areas of our country, where space is plentiful, regulations are minimal, and housing choices for those who need care are limited, it is not uncommon to find small 'secondary' housing units for a relative to be situated on the same property lot as a family residence. In Australia, Elder Cottages are known as "Granny Flats," in Amish communities in the U.S. an elder cottage is known as a Gross Daadi Haus, and in Hawaii these are known as 'Ohana Units.'

Although a very small home can be placed on its own lot, and in some places in the United States and elsewhere there are developments with several small units in a cluster, in this article we consider the concept of the Elder Cottage as a single unit (temporarily) placed on the property of an existing single-family home. The difference between an Elder Cottage and any other small single-family home is in its placement on the lot of an existing residence, its purpose to permit family support, and its easy removability and relocation to a new site.

Like Accessory Apartments (see *Accessory Apartments* in the *Resource Manual)*, Elder Cottages enable relatives to live near to each other but not together. They provide privacy, with proximity, for both households. For an older person or a person with a disability, living near to family members provides emotional security and social interaction. For family members, the close proximity makes it convenient to provide care, and it lessens the strain of worrying about the daily welfare of a relative who lives some distance away.

Elder Cottages are similar to other 'secondary' housing units in that they are an efficient land use (using a property that has already been developed), affordable, and need-specific. The small one- or two-bedroom units may be built on-site, or fabricated off-site and assembled on-site. The basic idea is that the cottage is hooked into the electric/gas, water, and sewer facilities of the primary residence on the lot. An Elder Cottage can be constructed in a variety of ways, including panel and modular construction, and one can be designed to complement the lot's

primary home—a variety of styles and materials are available. For example, the exterior, including overall size (length, width, and height), the roofline, the roof and siding materials, etc., can be specified to assure compatibility with the primary residence and/or the surrounding neighborhood. Universal design features can be incorporated to accommodate the resident's needs. The interior, including kitchen, bath, doorways, hallway, bedroom features, fixtures, cabinets, counters, appliances, flooring, and lighting can be custom specified. All state and local codes and regulations including those for water, sewer, fire safety, housing, building, and manufactured housing, as appropriate, can be met.

Elder Cottage units may be individually purchased and privately owned, or they may be owned by a public, quasi-public, or not-for-profit program and rented to families and individuals in the community. In both cases, an Elder Cottage is a relatively affordable housing choice. Whether owned or rented, there are certain up-front expenses for installing an Elder Cottage, including the delivery of the unit itself; any permit and application fees; utility, water, and sewer extension and hook-up fees; and any site development and landscape expenses such as foundation, footings, and drainage, etc. The expenses of installing a privately owned unit will be borne by the unit's owner. If the unit will be rented from an Elder Cottage program, the program may cover some or all of these expenses. Regardless of ownership, there also may be a property tax liability. In some localities, however, depending on the circumstances of the cottage's occupant and/or the terms of any municipal or other agreements of an Elder Cottage program, this may amount to little or nothing. The balance of the ongoing expenses of living in an Elder Cottage should be quite similar to those of anyone who lives in a small detached house.

The ongoing costs of Elder Cottage living also varies by locale and type of ownership. When an Elder Cottage program owns the unit, the occupant is a tenant who pays rent. This may be subsidized, depending upon the mission or intent of the Elder Cottage program and/or the circumstances of the resident. A privately owned unit is purchased outright or with some sort of financing. Yet, depending upon housing market conditions at the time, part or all of the capital costs of a privately owned unit should be recovered when the unit is sold. Even without considering the substantial added benefits of family proximity, the cost of living in an Elder Cottage is often very favorable in comparison to the cost of other housing or care options.

The concept behind Elder Cottages is not new. What is *relatively* new, however, is that today, suburban and urban communities in the United States are interested in this housing option. As awareness of this concept spreads, an increasing number of communities are devising means to permit the installation of the units as they are needed. Some communities have amended zoning language to include regulations for the siting, removal, and relocation of Elder Cottage units and are actively promoting their use. Other communities, though still relatively few, have established programs to own and manage the placement, occupancy, removal, and relocation of Elder Cottages.

Continuing innovation—the Med Cottage: Public policies continue to stress the provision of health and long-term care in an individual's own home, and continue to strengthen support for informal family caregivers and for consumer-directed care. In response, housing innovations for "home-based care" continue to crop up. One such model is the Med-Cottage, developed by The Reverend Kenneth Dupin, which promotes family-managed health and long-term care as an alternative to facility-based care. This 288 square foot free-standing, portable, modular medical home is essentially a mini mobile home; like an Elder Cottage, the Med Cottage is parked in a family member's backyard and is hooked up to the water and electricity of the lot's primary home.

The Med Cottage provides the same privacy, caregiver-support, socialization, and close-to-family benefits associated with an Elder Cottage. However, in addition to the Med Cottage's home elements (sleeping, bathing, and living areas), it is also equipped with the latest technical advances to assist with family members' care-giving duties; for example, a smart robotic feature can monitor vital signs, filter the air for contaminants, and communicate with the outside world via high-tech video; sensors alert caregivers to an occupant's fall; medication reminders are provided via computers; and technology can also provide entertainment options, including music, literature, and movies. Currently, a Med Cottage rents for about $2,000 a month.

Benefits:

For Elder Cottage residents and caregiver families:

- Maximized privacy in their living environment is a primary preference of people of all ages. An Elder Cottage permits privacy and independence for the occupants of both the existing primary house and those of the Elder Cottage itself.

- A major preference of older people is to live *near* family, but not *with* family. An Elder Cottage enables people to exercise this preference.

- The proximity of an Elder Cottage to a family member's home enhances continued relationships among the generations in the family:
  - The proximity to one's family provides the Elder Cottage resident with emotional and social support, and permits opportunities for socialization and family interaction, thereby reducing social isolation and loneliness.
  - The proximity of an Elder Cottage facilitates family care and assistance with items such personal care, daily household tasks, meals, and transportation.

- An Elder Cottage is a relatively economical housing choice.

For communities:

- The "temporary" nature of a Cottage's use has no permanent impact on the character and resources of a neighborhood or community.

- An Elder Cottage can be designed to complement the primary house and blend in with the community.

- Elder Cottages are an element of a "livable community," strengthening family ties and "sense of community."

- An Elder Cottage is a "sustainable" land use.

- An Elder Cottage is meant to be used, and then relocated to be reused by successive occupants. As such, Cottages make intensive use of already developed housing sites on an as-needed basis.

- An Elder Cottage will use a community's natural resources such as sewer, water, gas, and electricity for only a limited time. The units are not intended to be permanent installations.

Impediments or barriers to development:

- *Cost:*
  Elder Cottages, regardless of their ownership, require an initial financial investment:
  - A private purchase: Although the initial expense can be an impediment to the private purchase of a unit, an individual buyer should recover most, if not all, of the capital cost of an Elder Cottage upon resale.
  - An Elder Cottage program: In addition to administrative and management costs, as well as reserve funds for refurbishing and relocating units, a public or nonprofit Elder Cottage program also needs the up-front financial resources to purchase and site its several units.
  - Available funding for a public or nonprofit program is limited.
  - Removal for relocation can be quite costly.

- *Community acceptance:*
  Some communities have expressed concern that Elder Cottages will detract from the character of a neighborhood and/or that Elder Cottages will increase the demand for municipal resources and services.

  It is important to note that, at this point in time, only a few Elder Cottage units have been placed in any one community in the United States. While the increase in public knowledge, demonstration programs, and funding for Elder Cottages may change this, experience with Elder Cottages is still limited and ways to address community concerns continue to evolve. To date, however, no research shows that the temporary placement of Elder Cottages has had any negative community impacts.

  Many communities have addressed concerns about community character and resources through regulation. In communities throughout New York State, as well as in other states, numerous communities have amended zoning ordinances to address items such as minimum lot size; maximum unit size; style; front, side, and rear set-backs; placement on the lot and distance from the primary existing home; and, landscaping and other design features such as siding and roofing. Although in New York State there is a sizeable body of experience with

zoning for Elder Cottages, zoning is still a local municipal matter in New York. Each community is best served by custom-tailoring its own provisions.

Similarly, concerns related to the increase in demand for municipal services, such as police and fire safety, parking, street clean-up, sewer, and water, etc., have been addressed through regulation, inspection, and permits.

- *Lack of awareness:*
  Elder Cottages are a relatively new housing option in many communities. Many municipal officials, planners, consumers, and zoning officials are unaware of their characteristics and benefits of Elder Cottages. Often, families and municipal officials themselves only learn about Elder Cottages when there is an immediate need for them.
  - The process to gain approval to site a Cottage is often too time-intensive to allow the timely, successful use of the unit by a family who needs the unit immediately and is learning about it for the first time.
  - Municipal officials and families may know about Elder Cottages, but be unaware that Cottages cannot be installed unless all municipal regulations are met, which include, at the least, fire safety, water and sewer, and zoning.
  - Similarly, unless code enforcement officers, building and fire inspectors etc. are knowledgeable about Elder Cottages they may not see how the units can comply with pertinent regulations.

- *Municipal regulations:*
  Unless a community has no zoning at all, an Elder Cottage can only be installed if the local code or ordinance permits them. When a zoning ordinance either: (1) designates certain areas for *only* single-family homes, and/or (2) restricts development in certain places to *one primary use per lot*, zoning is an impediment to the installation of Elder Cottages.

  There are numerous examples of how communities in New York State and elsewhere have amended zoning ordinances to preserve community character and still permit Elder Cottages.

- Sometimes a regulation written to assure public safety, yet prepared without any knowledge of Elder Cottages, includes specific language that effectively prohibits the units. For example, a code might limit the number of bedrooms on a property in order to regulate water or sewer usage. Yet, if the bedroom formerly occupied by an older relative was to become a study and the relative was now to occupy the Elder Cottage, there would be no additional water or sewer usage on the property. Similarly, since an Elder Cottage is meant to share utility hook-ups with the primary residence, there would be no new *permanent* lasting utility installations. Accommodating the specific language of various codes and regulations is sometimes a matter of extending knowledge and assuring an understanding of the Elder Cottage concept; sometimes it is necessary to adjust the regulation so that the units can be permitted while still assuring public safety.

- City, village, and town planning boards; professional planners; housing, building and fire inspectors; code enforcement officers; assessors; municipal officials and attorneys; etc., together with residents and advocates, among others, need to work together to make proactive adjustments to and interpretations of local codes and ordinances to permit the placement of Elder Cottages.

Resource—examples:

- *Ownership by a community organization for rent to residents:*
  - Better Housing for Tompkins County—Elder Cottage Program: Through a grant from the New York State Division of Housing and Community Renewal, several small modular homes are rented to income-eligible older people. The Cottages, which include various universal design features to support aging in place, are installed temporarily next to the family home of the older person's adult child, other supportive relative, or friend. For information about the program, the Cottage's specifications, income-eligibility and Section 8 rent subsidization, and the town's zoning requirements:
    950 Danby Road
    Ithaca, New York 94850
    (607) 273-2187
    info@betterhousingtc.org
    http://www.hsctc-cf.org/itx/hsc_hsdsearch.cfm?pageID=16&function=detail&ID=1378.
    Also, http://www.tompkins-co.org/cofa/documents/2011Housing.pdf , "Housing for Seniors in Tompkins County": scroll down to page 33.
  - Northwest New Jersey Community Action Program, Inc. (NORWESCAP)—Elder Cottage Housing Opportunity Program (ECHO): Twelve rental Cottages are available for use by elderly persons in Hunterdon, Warren, Somerset, and Sussex Counties. Cottages temporarily placed in the rear or side yard of a dwelling owned by the elderly person's relative. For information about the program, Cottage specifications, cost of each Cottage unit, municipality requirements, ground lease agreements, Section 8 income-eligibility for renters, and an *ECHO Housing Guide* produced by NORWESCAP as part of their involvement with the U. S. Department of Housing and Urban Development's Section 202 ECHO Demonstration Project:
    NORWESCAP
    350 Marshall Street
    Phillipsburg, New Jersey 08865
    (908) 454-7000, ext. 160
    housing@norwescap.org
    http://www.virtualcap.org/viewprogram.cfm?pid=115
    http://www.norwescap.org/intranet/pdf/Echo%20Cover%20Letter.pdf
    Echo Housing Guide:
    http://www.virtualcap.org/downloads/NJ/NJ_NORWESCAP_ECHO_Housing_Packet.pdf .

Resource—written and web:

- Patricia B. Pollak and A. N. Gorman (December, 1989), *Community-Based Housing for the Elderly: A Zoning Guide for Planners and Municipal Officials.* Chicago: American Planning Association. Available from P. B. Pollak, Liveable.ny@gmail.com.

- Patricia B. Pollak (1986; 1991), *Secondary Units (Accessory Apartments and ECHO Housing): A Step-by-Step Program Development Guide.* Ithaca, New York: Cornell Cooperative Extension and the New York State Office for the Aging. Available from P. B. Pollak, Liveable.ny@gmail.com.

- C. Theodore Koebel, et al. (2003), *Evaluation of the HUD Elder Cottage Housing Opportunity (ECHO) Program*. Blacksburg, Virginia: Center for Housing Research, Virginia Polytechnic Institute and State University.

- MedCottage™, N2Care, Virginia Tech Corporate Research Center, 2000 Kraft Drive, Blacksburg, VA, 24060, 1-(888) 797-5818: http://medcottage.com/index.php.
  - In 2010, the Governor of Virginia signed Bill HB 1307, "Zoning Provisions for Temporary Family Healthcare Structures," enabling families to place mobile units on their property without special use permits: http://www.medcottage.com/press/press-releases/94-virginia-gov-mcdonnell-conducts-ceremonial-bill-signing-in-support-of-medcottage.

- Patricia B. Pollak (August 2, 1990), "Regulatory Impediments to the Development and Placement of Affordable Housing," pp 358-694, *Hearing, before the Subcommittee on Policy Research and Insurance of the Committee on Banking, Finance and Urban Affairs.* Washington, DC: United States House of Representatives, One hundred first Congress, 2nd session.

- Patricia B. Pollak (January, 1989), *Final Report: Removing Regulatory Barriers to Housing Innovation*. Washington, DC: U.S. Department of Health and Human Services, Administration on Aging. Grant # 90-AM-0175/01.

- Deborah E. Althus, et al. (2003), "Evaluating the Impact of Elder Cottage Housing on Residents and Their Hosts," *Journal of clinical Geropsychology.* The Netherlands: Springer Publishers.

- Department of Land Utilization (1983), *Assessment of 'Ohana Zoning.'* Hawaii: City and County of Honolulu.

- Arthur J. Reiger (1983), *Granny Flats: An Assessment of Economic and Land Use Issues*. Washington, DC: U.S. Department of Housing and Urban Development.

- Helen E. Hedges (1983), *Legal Issues in Elder Cottage Housing Opportunity*. Washington, DC: AARP.

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- Patricia B. Pollak (Fall, 1987), "Housing Options for Seniors Today," *Aging,* Vol. 356, pp. 2-5.

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ACCESSORY APARTMENTS
(secondary dwelling unit)

Description:

An Accessory Apartment (sometimes called an in-law apartment) is a separate independent dwelling unit installed as part of a single-family home, converting the home into two units. The accessory unit is a full, self-contained dwelling unit (includes a kitchen), is typically smaller than the "primary" part of the home, and can be created in a variety of ways: (1) often, the Accessory Apartment is created entirely *within* the framework of an existing home by renovating a portion (for example, basement, garage, several bedrooms) into a full apartment; (2) sometimes a modest apartment is added onto the existing single-family home; or, (3) in response to the growing number of older people, the caregiver adult children of frail parents are building new homes with an in-law apartment included in the design. While residents of both units in the house live independently, the yard, parking area, and sometimes the entrance are shared.

Accessory Apartments provide a successful beneficial housing option for a variety of situations. For example:

- A non-elderly homeowner family lives in the main part of the house, with a frail elderly family member or a younger-aged member, perhaps with disabilities, residing in the accessory unit;

- An elderly homeowner chooses to live in the accessory unit and might rent the main portion of their home to their adult children;

- An elderly homeowner or a younger homeowner with disabilities who has room to spare can convert the home into a shared housing arrangement, with another elderly or younger person or a caregiver aide living in the accessory unit; or

- A homeowner family of any age lives in the main part of the house, with a developmentally disabled adult child residing in the accessory unit.

Regardless of which unit becomes the homeowner's residence, a home with an Accessory Apartment has benefits for both parties, as well as for communities. For the occupants of both units, this housing arrangement allows privacy and independence, which is a major preference of individuals of all ages. For adult homeowners who have relatives who have aging-related or other disabilities, this arrangement substantially supports their ability to provide emotional, instrumental, health care, supportive, and financial assistance for those relatives. For an older homeowner, an Accessory Apartment enables him or her to affordably remain in their own home, in their familiar community setting—receiving supplemental

income, assistance with maintenance, and the sense of security that comes from having others nearby.

For the community, Accessory Apartments are one way to meet the demand for additional affordable housing, with minimal impact on community character or resources. Because Accessory Apartments are constructed as part of an existing house, there is no change in the outward appearance of the house or neighborhood; and no additional land is developed because Accessory Apartments are created from space that is already devoted to a residential lot. In addition, there is little or no demand for additional community resources with the installation of an accessory unit—public services such as schools, fire, and policing, as well as material/natural resources such as water, sewer, roads, etc. As a result, and considering the high cost of new construction and, in many places, limited sites available for new housing construction, many places are considering Accessory Apartments as they explore new low-cost and low-impact ways to expand their housing supply.

The number of Accessory Apartments in the United States has grown significantly in recent years, due in most part to individual, private initiative by homeowners. The U.S. Bureau of the Census has documented a surprising number of “hidden housing units” in American communities, and some places estimate that as many as 10 to 20 per cent of their original single-family homes now contain second units. It is not surprising, therefore, that communities are increasingly interested in creating land-use mechanisms to both encourage and control their development.

Benefits:

For frail older people and younger-aged people with disabilities

- When individuals lose the ability to live completely independently, an Accessory Apartment is another version of "one's own home," maximizing their ability to continue living privately, independently, and be self-managing for longer periods of time.

- Provides an opportunity for elderly people to exercise a major preference during the frail years—to live near, but not with, family members.

- Proximity to other people facilitates companionship and a sense of security for an older, frail individual or a younger, impaired individual.

- As an elderly or impaired homeowner, installation and rental of an Accessory Apartment provides the homeowner with an additional source of monthly income.

For caregivers

- Close proximity supports the caregiving efforts of relatives to provide emotional and instrumental support, care, and assistance for frail and impaired family members.

- Close proximity relieves caregivers' concerns about the safety, security, and quality of care of frail relatives who are living alone and farther way or living in housing or health care facilities.

- Close, but separate, living quarters allows family members to retain privacy in their home environment while caring for frail or impaired relatives.

- As caregivers consider alternative living environments for a frail or impaired relative, development/installation of an Accessory Apartment is an economical, affordable housing choice compared to constructing a new house or relocation of relatives to housing or health care facilities.

For the Community

- Accessory Apartments are a housing option that respond to the needs of multiple community populations, thus helping stabilize a community's resident population—
  - This option is well-suited to someone who does not want, does not need, or cannot afford a large home.
  - An Accessory Apartment tenant can provide services at low cost or in exchange for a portion of rent—making personal assistance and home maintenance services available inexpensively to older people and people with disabilities.
  - Shared expenses (utilities, taxes, home maintenance, and repair) sustain neighborhood stability as older residents and others with disabilities do not have to move from their homes due to affordability issues.
  - Neighborhood stability is also sustained through intergenerational integration, as the demand for community services (fire, police, etc.) and social and health services remain stable.
  - Supporting the efforts of family caregivers reduces demand on a community's formal social and health services networks.

- An Accessory Apartment—
  - Can be created with little or no impact on the character or appearance of a neighborhood.
  - Increases a community’s affordable housing supply by converting excess space in a single-family home into another dwelling unit.
  - Reduces development on additional land by using existing housing to create additional residential quarters.

Impediments or barriers to development or implementation:

For the Homeowner

- While Accessory Apartments are considered an affordable housing option, remodeling a home to include one can be expensive. While ongoing rental income and future revenue from the sale of the home will often repay the investment, an initial outlay is required.

- There may be federal and state income tax implications; for example, if the Accessory Apartment is a source of rental income, when a house with an

Accessory Apartment is sold, capital gains taxes may apply to the rental portion of the house.

- The property value of a home that includes an Accessory Apartment may be enhanced, causing the homeowner's real property taxes to increase.

- *Future marketability of the home:* While the desire for homes with Accessory Apartments is increasing in response to the growing frail elderly population, some zoning codes may restrict the use of these apartments. For example, a few communities that permit the installation of Accessory Apartments have regulations requiring that, in a home with an Accessory Apartment, one of those units must be occupied by a person with specified characteristics—such as, the owner of the primary home, a resident of a minimum age, a resident with a disability, or a family member. Recent court decisions have cast doubt on the legality of such restrictions; however, since zoning is a local matter in New York State, regulations such as this may still exist in some places. In these communities, barring a successful legal challenge, such restrictions can have an impact on the future marketability of a house with an Accessory Apartment.

For the Community

- Neighbors may object to the installation of an Accessory Apartment, fearing that an apartment in one house may devalue other properties in the neighborhood. However, to date, no research has shown that the careful and sensitive installation of an Accessory Apartment has had any negative impact on the value of any nearby property.

- Zoning regulations, compliance, and conformity:
  - In many communities, zoning regulations prohibit the installation of Accessory Apartments in single-family neighborhoods. The primary concern voiced when considering the addition of regulations for Accessory Apartments is that the very act of permitting the units will encourage their development and thereby turn a neighborhood that is zoned for single-family dwellings into a two-family dwelling area. The fear is that such an effect will detract from the ambience of the single-family neighborhood. In fact, quite the opposite is often true. Since research has shown that homeowners are installing Accessory Apartments when and where there are no regulations—with no adverse effect on neighborhood ambience—in these places there is no public control over the units. Unless municipal codes and ordinances specifically address Accessory Apartments, it is likely that new units will continue to be created "sub-rosa."

    In New York State and across the country, numerous communities have amended zoning ordinances to address community concerns and to assure compliance with community plans, so that the presence of an Accessory Apartment is not noticeable from the street. Zoning regulations can be written to (1) permit the units and (2) also assure the retention of single-family neighborhood character. These regulations include items such as maximum unit size for an Accessory Apartment, maximum lot coverage after

conversion, permitted exterior appearance and alterations, provision for off-street parking, etc. Since zoning is a local matter in New York State, each community should devise zoning ordinance elements in a way that will permit Accessory Apartment conversions as well as allay the concerns of residents. The very existence of regulations will also confer upon the community the ability to enforce compliance with the regulations. Appropriate zoning provisions, therefore, assure that Accessory Apartments are created with community input, regulation, and the ability to be enforced.

In addition to conformity with zoning ordinances, for public safety and well-being, communities require conformity with other municipal regulations such as housing, building, water and sewer, and fire safety codes and ordinances. Sometimes a regulation written to assure public safety, yet prepared or interpreted without an understanding of the nature of Accessory Apartments, includes specific language that effectively prohibits the units. For example, a code might limit the number of bedrooms on a property in order to regulate water or sewer usage. Yet, if the home will be divided and no additional bedrooms will be added, there would be no additional water or sewer usage on the property. Accommodating the specific language of various codes and regulations is sometimes a matter of expanding knowledge and assuring an understanding about Accessory Apartments; sometimes it is necessary to adjust the language of a regulation so that the units can be permitted while still assuring public safety.

Resource—examples:

- Sage Computing, Inc. (June, 2008), *Accessory Dwelling Units: Case Study*. Washington, DC: U. S. Department of Housing and Urban Development, Office of Policy Development and Research. http://www.huduser.org/Publications/PDF/adu.pdf.

- Jaime Ross, *Accessory Dwelling Units: A Smart Growth Tool for Providing Affordable Housing:* http://www.1000friendsofflorida.org/housing/rossaduarticle.pdf.

- Leo L. Cram (1993), *Accessory Apartments*. Columbia, MO: University of Missouri Extension: http://extension.missouri.edu/publications/DisplayPrinterFriendlyPub.aspx?P=GG14.

- For numerous examples of communities that have instituted Accessory Apartment programs and/or zoning regulations, use an Internet search engine (such as Google) and type in "successful accessory apartment programs."

Resource—written and web:

- Patrick Hare (1981), "Carving Up the American Dream," *Planning,* Vol. 47, No. 7.

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- Martin Gellen (1985), *Accessory Apartments in Single-Family Housing*. New Brunswick, NJ: Rutgers-The State University of New Jersey, Center for Urban Policy Research.

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- Margie Hyslop (September 3, 2008), "Accessory apartments draw new support," *Gazette.Net—Maryland Community Newspapers Online*: http://ww2.gazette.net/stories/09032008/montnew214356_32498.shtml.

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- Patricia Pollak (August 2, 1990), "Regulatory Impediments to the Development and Placement of Affordable Housing," pp. 358-694, *Hearing, before the Subcommittee on Policy Research and Insurance of the Committee on Banking, Finance and Urban Affairs.* Washington, DC: United States House of Representatives, 101st Congress, 2nd session.

- Patricia Pollak (January, 1989), *Final Report: Removing Regulatory Barriers to Housing Innovation,* Grant # 90-AM-0175/01. Washington, DC: U.S. Department of Health and Human Services, Administration on Aging.

- Patricia Pollak (with Denise DiGregorio) (Winter, 1988), "Aging-In-Place: Housing Options for Seniors," *Journal of Extension,* Vol. 26.

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- Smart Growth Vermont, *"Accessory Apartments," Community Planning Toolbox:* http://www.smartgrowthvermont.org/toolbox/tools/accessoryapartments/.

- The Community Alliance Blog (April 14, 2008), "Should We Legalize Accessory Apartments?" http://thecommunityalliance.blogspot.com/2008/04/should-we-legalize-illegal-accessory.html.

- Mary Vizard (July 7, 1991), "A New Look at Accessory Apartments," *The New York Times*.

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SHARED LIVING RESIDENCE and ABBEYFIELD HOME

Description:
A Shared Living Residence is a housing option in which a small group (typically, three to ten—sometimes, a few more) of unrelated people share the housing unit and the expenses and tasks of running the household. Residents may be all elderly adults or an intergenerational mix of older and younger adults. Each resident has a private bedroom and a shared or private bath; all residents share the kitchen, dining room, and living room/areas.

Shared Living Residences are attractive to residents who are capable of independent living, but whose circumstances make them unable or unwilling to continue living alone—for example, can no longer manage tasks such as snow shoveling, lawn mowing, or cooking; are no longer driving; are lonely or isolated because social networks have dwindled or families live far away; can no longer afford their housing costs; are afraid to stay alone at night; are experiencing aging-related frailties such as vision and hearing loss, arthritis, or loss of agility, which can compromise feelings of competency for safely living alone; etc.

A Shared Living Residence is owned/sponsored by a community organization, and residents pay a monthly charge that includes rent, housing expenses, and food. Often, the sponsoring organization provides a staff person (live-in or daily on-site) who acts as a "housemother," to facilitate any disagreements that can arise from living together, to help residents operate the household and manage household decision-making, to help residents coordinate social activities, and to assist elderly residents with relocation tasks and counseling when a higher level of care and assistance is needed.

In a Shared Living Residence, residents live together "as a family," sharing meals, companionship, socialization activities, and benefiting from the familial environment of mutual emotional and supportive assistance. This option differs from:
(1) A Match-Up Home Sharing Program, which typically involves two participants, one of whom owns the home (see *Match-Up Home Sharing Program* in the *Resource Manual*);

(2) An arrangement in which a group of unrelated individuals of any age live together, but not as a family unit; there is a traditional rental lease; each individual pays a portion of the rent (which may or may not include utilities); the landlord is responsible for housing-related expenses; and the arrangement does not presume the sharing of meals, activities, and mutual support;

(3) Small-sized facilities for a small number elderly people—which are licensed and overseen by a variety of government agencies; which are, from their initial

development, specifically designed as a licensed, professionally staffed facility for residents who are provided with personal care and health aide services; and which are known by a variety of names across the country (such as alternative family care, assisted living, personal care homes, adult residential facilities, enriched housing, and others);

(4) Group homes for a small or large number of adult or adolescent special-needs populations, which include specially trained professional staff and specialized programming and training, are available in most states, and which are licensed by various government agencies, such as the Department of Health, Department of Social Services, Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, Office of Children and Family Services, Office of Alcoholism and Substance Abuse, Department of Community Affairs, and others; or

(5) Green Houses,® which are small, home-like Skilled Nursing Facilities (nursing homes) for a small number (typically six to 12) of residents and which are licensed by a government agency (in New York—the State Department of Health) (see *Small House Nursing Homes—some are trademarked as Green Houses*.® in the *Resource Manual).*

Typically, across the country, Shared Living Residences do not require licensure and oversight by a government agency because *no* personal care or health aide services are provided or arranged for by the sponsor/owner organization. On an individual basis, a resident and/or his physician or family member can arrange privately for personal care or home health services from a community-based home health care agency. In New York, a Shared Living Residence would require licensure by the State Health Department as an Enriched Housing Program or Adult Home *if* the sponsor/owner chose to provide/arrange for personal care assistance with Activities of Daily Living (bathing, dressing, grooming, eating, toileting, transferring in and out of a wheelchair) to be provided to frail residents.

Across the country, according to Patricia Pollak and Alice Gorman, the definition of "family" in a locality's zoning ordinance is the restriction most likely to prevent the use of a Shared Living Residence as a housing option. Over time, "both federally and state-by-state statute and case law are continually evolving to clarify what communities can and cannot do with regard to defining 'family' for the purpose of zoning," as well as clarifying language to define what constitutes a "single housekeeping unit," "necessary biological or legal relationships among residents of a sharing arrangement," and "the validity of ordinances that specify the maximum number of unrelated people who can live together in a single-family residence."[1]

Abbeyfield Homes:
An Abbeyfield Home is a housing concept very similar to Shared Living Residences. Abbeyfield, a nonprofit organization, originated in England and currently has over 500 houses and 80 care homes across the United Kingdom, all of which are self-supporting, affordable homes that provide a familial living environment for a small number (10 – 15) of older adults and/or younger-aged individuals who are unable to live independently alone. A proportion of Abbeyfield Homes, like Shared Living

Residences in the United States, include an on-site house manager; provide companionship, a supported independent lifestyle, and the benefits of living together as a "family" (shared expenses, activities, and tasks); maintain close ties with the surrounding community; and utilize both volunteer and paid staff. However, unlike Shared Living Residences, a proportion of Abbeyfield Homes also include teams of volunteers and professional care staff who provide personal care, home health aide services, higher levels of care, and 24-hour supervision for frailer residents.

The Abbeyfield Society provides information and technical assistance for the development of Abbeyfield Homes throughout the world, with about 900 homes currently in existence in 16 countries. For example, there are 30 Abbeyfield Homes in Canada; the Abbeyfield Initiative of Western Massachusetts is an effort to start self-organizing group homes, based on the Abbeyfield Homes model, for older adults and younger “at risk” populations; and Abbeyfield US, which is based in East Central Illinois, is working with Abbeyfield St. Joseph in Illinois and the Massachusetts Initiative to develop the first Abbeyfield Homes in the United States. Across the world, each Abbeyfield Home is connected to a worldwide support network called Abbeyfield International, based in St. Albans, England. In England, Prince Charles serves as a patron to the Abbeyfield network.

Reference:

[1] Patricia B. Pollak and Alice N. Gorman (1989), "Shared Living Residences," *Community-Based Housing for the Elderly: A Zoning Guide for Planners and Municipal Officials.* Washington, DC: American Planning Association.

Benefits:

For older adults:

- Shared Living Residences provide an increased opportunity for older people to successfully age in place:
  - *Environment:* The physical structure is a single-family home, the living environment is non-institutional and familial, and the number of residents is always limited—providing a housing option that is very similar to an older person's previous life style.
  - *Affordability:* Home-sharing allows several individuals to share food and housing-related expenses.
  - *Companionship:* Older adults who live alone are more vulnerable to loneliness, social isolation, and depression. Home-sharing sustains interactions with other people and promotes involvement in socialization activities, which have a positive impact on physical and mental health.
  - *Sense of safety and security:* Having other people in the home, particularly at night, allows an older person to feel less vulnerable to crime, as well as more emotionally secure in knowing others are available in the event of a health or other emergency.
  - *Continued independence:* Shared arrangements typically include the sharing of household tasks and activities, allowing each participant to compensate for the functional limitations of the others. Even if a "housemother" is on site to

perform different tasks, residents actively engage in household duties and activities to the extent they are able.

For younger-aged people with disabilities:

- Shared Living Residences can include only older people or can be an intergenerational mix of older people and younger-aged individuals with various types of disabilities.
  - The same benefits that accrue to older adults living in a Shared Living Residence also accrue to younger-aged residents who have various types of disabilities that preclude their living alone successfully.

For caregivers:

- A major preference of both older people and younger-aged people with disabilities is to remain living in their own homes. The greater majority of care and services for both these population groups is provided informally (unpaid) by family members and friends, and these caregivers have a strong desire to accommodate the living environment preference of the people they care for. A Shared Living Residence provides: (1) a home-like, familial environment that closely matches a older person's previous housing environment; (2) matches the previous living environment for people with disabilities who have lived with and been cared for by parents who have now aged or have died; and (3) provides a non-institutional, familial environment for individuals with disabilities who are transitioning from institutions but who are unaccustomed to living alone. Thus, this housing option addresses the living environment preferences of all these population groups while supporting the substantial efforts of their informal caregiving family members and friends:
  - The presence (and, often, supportive assistance) of other people in the Shared Living Residence reduces the number of tasks and the number of caregiving hours that are being provided by the caregiver.
  - The presence of other people (and, often, a "housemother") in the Shared Living Residence provides caregivers with a comfort level, reducing their continual worry about the safety of their family member, their concern about emergency situations going unnoticed, and their anxiety about the impact of a family member's social isolation when living alone.
  - In addition to emotional and instrumental responsibilities, caregivers assume financial responsibilities for older or disabled family members. The sharing of housing-related expenses in a Shared Living Residence can reduce a caregiver's financial burden.

For younger-aged participants who do <u>not</u> have a disability:

- Shared Living Residences can include an intergenerational mix of younger and older people:
  - For low-income younger individuals, the sharing of housing-related expenses provides an affordable rental option.
  - A Shared Living Residence offers a younger-aged individual the potential of free rent or reduced rent in exchange for providing various types of assistance (driving, home upkeep, household tasks, etc.).

For the community:

- *Housing stock is maintained:* The greater proportion of older people are homeowners, and most continue living in their homes until very old age or death. There is an association between advancing age and physical and mental decline, which can result in an inability of elderly adults to adequately maintain their existing homes, leading to the subsequent deterioration of the physical structure. Relocation to a Shared Living Residence can prevent deterioration of these structures—thus, helping to stabilize a community's housing stock.

- *Affordable housing:* A Shared Living Residence is an excellent housing alternative that can help ease the continual gap in many communities between the demand for affordable housing and the available supply of traditional affordable housing models.

- *Stabilized population:*
  - The affordability aspects and the home-assistance/social-integration benefits of a Shared Living Residence for both younger and older individuals help keep both these populations remaining in the community—with positive impacts on labor pools, institutional health-care costs, economic vitality, and "sense of community."
  - The presence of multiple residents in a Shared Living Residence greatly reduces the opportunity for crime and victimization that can occur to individuals who are living alone, providing a community with a safe housing alternative.

- *Volunteer opportunities:* Abbeyfield Homes and Shared Living Residences maintain close ties with the surrounding community, utilizing both paid and volunteer staff in operating the household and in arranging/providing social and educational activities. In keeping with the principles of a *livable community*, these models provide meaningful volunteer opportunities for residents of all ages from the wider community.

Impediments or barriers to development or implementation:

- *Legal constraints:*
  - Zoning:
    - In some states, a municipality's definition of "family" or its language specifying a maximum number of unrelated individuals who may live together can prevent the establishment of a Shared Living Residence or may not allow a sufficient number of residents needed to make the Residence both affordable for residents and financially feasible to operate.
    - Some municipalities may designate "single-family dwellings" in a way that precludes unrelated individuals living together.
  - Landlord/tenant issues:
    - Shared Living Residences may use a residential agreement to spell out the rights and responsibilities of residents; however, some municipalities might not accept shared housing agreements as valid landlord/tenant contracts; thus, sharers will have no *formal* recourse for handling unresolved disputes.

- *Preferences:* In the United States, there is a long, strong tradition of preferring one's own living quarters: (1) for the maximum privacy that comes from living alone or with members of one's nuclear family, (2) from a reluctance to living with unrelated individuals, and (3) from a stigma often felt from not having one's own home or apartment. Thus, despite the many benefits of home-sharing, as well as the expressed satisfaction experienced by sharers, this is typically not a high initial housing option preference. Education, repeated discussions, media exposure, and a community's ongoing successful experience with a Shared Living Residence can convince individuals to give serious consideration to engaging in a home-sharing alternative.

- *Slow start-up:* A program requires a sufficiently large pool of potential residents to which to market a Shared Living Residence. Because of strong preferences for traditional housing options and a general lack of awareness of the benefits of Shared Living Residences, a new program may require an extended start-up time while a sufficient number of applicants apply for residency.

- *Rural/urban:* New programs may have an easier start-up in urban areas than in rural or suburban areas because of the larger population base in urbanized areas, the greater lack of affordable housing units in urban areas, and the greater number of low-income individuals in urban areas who will consider home sharing because other affordable options are unavailable.

- *Stable funding:* New programs may succeed in locating initial funding to develop a Shared Living Residence. However, since the number of residents is small, financial sustainability over time requires continued marketing and maintaining a viable waiting list in order to avoid extended vacancies, which can either drive up rental costs or create operating deficits.

Resource—examples:

- Harvest Houses, a non-sectarian, non-profit organization directed by the Sisters of Saint Dominic and run by the Emmaus House Foundation, Inc., Syosset, NY. The Foundation operates three very successful Shared Living Residences on Long Island, NY, for well-elderly people:
  - Harvest House, Syosset, New York
  - Harvest Grove, Lake Grove, New York
  - Harvest Park, Floral Park, New York

  Contact: S. Jeanne Brendel, Executive Director, Harvest Houses, 235 Cold Spring Road, Syosset, NY, 11791; (516) 496-9796; jabharvest@att.net; http://www.harvesthouses.org/.

- Fairport/Perinton Senior Living Council (SLC), a coalition located in Fairport, NY, made up of Perinton Churches Housing (1030 Whitney Road East, Fairport, NY, 14450, (585) 377-4390) and Senior Living Council (31 South Main Street, Fairport, NY, 14450, (585) 421-3240). The coalition provides several apartment housing developments, Roselawn Shared Living Residence, and numerous services for older people: http://www.seniorlivinginperinton.org/index.htm.

  - Roselawn Shared Residence, 41 Roselawn Avenue, Fairport, NY, a Shared Living Residence for individuals aged 60 and over who are able to live independently, operated by Senior Options for Independence (SOFI), a joint program of SLC. Contact: SOFI, 4646 Nine Mile Point Road, Fairport, NY, 14450; (585) 377-7830; http://www.seniorlivinginperinton.org/housing.htm#Roselawn.

- Senior Home Sharing, Inc., a nonprofit organization in DuPage County, IL, dedicated to helping meet the need for affordable senior housing. Located at 711 East Roosevelt Road, Wheaton, IL, 60187. Contact: (630) 407-0440, Ext. 251; lcooney@seniorhomesharing.org; http://www.seniorhomesharing.org/about_us.htm; http://www.seniorhomesharing.org/history.htm.
  - The organization operates four Shared Living Residences for older people:
    Park Place in Downers Grove;
    Chase Place in Lombard;
    Van Buren Place in Elmhurst; and
    Eagle Place in Naperville.
  - Photos: http://www.seniorhomesharing.org/our_homes.htm.
  - Video: http://www.seniorhomesharing.org/.

- *The Park House: a Shared Elder Residence,* a Shared Living Residence for people aged 60 and over and some qualifying individuals under age 60. Their Web site provides extensive descriptive information, application forms and rates, admission criteria, a virtual tour, newsletter, news article, and more. Located on Main Street, Rochester, Vermont, 05767. Contact: (802) 767-3416. http://parkhousevt.org/index.php.

Resource—written and web:

- *National Shared Housing Resource Center* (NSHRC), a nonprofit membership organization that provides publications and conferences and serves as a clearinghouse for information on Shared Living Residences and Match-Up Home Sharing Programs. NSHRC provides a national state-by-state directory for those who wish to identify/locate a shared housing organization in their community or who wish to start a program. While NSHRC *does not* register/match individual home providers and home seekers or help them create a shared living arrangement, the state-by-state directory helps individuals identify organizations in their area that *will* assist them in making home-sharing arrangements or apply for a Shared Living Residence. NSHRC is located at 364 South Railroad Avenue, San Mateo, CA, 94401. Contact: Jacqueline Grossmann, Co-President: jackie@interfaithhousingcenter.org; Eva Gertzfeld: Co-President: eva@centerofconcern.org; http://nationalsharedhousing.org/.
  - Contact information for NSHRC Regional Coordinators: http://nationalsharedhousing.org/about-us/ .
    - Region 2: NY, DE, PA, NJ: Angele Leaptrot, Women's Rights Information Center; (201) 568-1166; sharedhousingprogram@yahoo.com.
  - Order form (http://nationalsharedhousing.org/resource-center/publication-ordering/) for:

    - *A Planning Guide for Shared Living Residences*, a practical guide for developing, financing and managing a Shared Living Residence;
    - *Shared Housing Directory,* A national directory with information on more than 300 programs;
    - *Shared Housing Newsletter*, a national newsletter for members (consumers and professionals) containing timely information on current trends, recent legislation, marketing strategies, fundraising ideas, and more.
  - State-by-state directory of home-sharing organizations: http://www.cohousing.org/directory.

- Marsha Ritzdorf (June 28, 2008), "Challenging the Exclusionary Impact of Family Definitions in American Municipal Zoning Ordinances," *Journal of Urban Affairs,* Vol. 7, No. 1, pp. 15-26.

- Leo L. Cram (1993), "Shared Housing," University of Missouri Extension Web site—extensive information about shared housing, including benefits and barriers, steps to starting a program, funding, zoning issues, etc. http://extension.missouri.edu/publications/DisplayPub.aspx?P=GG13.

- Abbeyfield Houses:
  - "A Brief History of the Abbeyfield Society": http://www.abbeyfieldberkhamstedandhemelhempstead.co.uk/history.htm.
  - "Frequently Asked Questions," http://abbeyfield-usa.org/faq.htm.
  - Contact: The Abbeyfield Society Limited, 9 George Street, Hemel Hempstead, Hertfordshire, England, HP2 5HJ; Mrs. Susan Pullen, phone: 01442 217578, email: susanpullen.abbeyfield@virgin.net.

  - Abbeyfield Houses Society of Canada, Box 1, 427 Bloor Street West, Toronto, ON M5S 1X7 Canada. Contact: (416) 920-7483; Fax (416) 920- 6956; info@abbeyfield.ca; http://www.abbeyfield.ca.

  - Only one Abbeyfield House in the United States:
    - Abbeyfield House—nursing and personal care, 8817 Gerritsen Avenue, Brookfield, IL, 60513; (708) 387-9303): http://www.eldercareoptions.org/4275.html.

- Michael deCourcy Hinds (Sunday, February 10, 1985), "Shared Housing Emerges as an Option for Elderly," *Sarasota Herald-Tribune* (from *New York Times News Service):* http://news.google.com/newspapers?nid=1755&dat=19850210&id=AqIcAAAAIBAJ&sjid=72gEAAAAIBAJ&pg=6565,5456332.

- Linda Stern (December 7, 2009), "A Smaller, Kinder Way to Retire," *Newsweek* : http://www.thedailybeast.com/newsweek/2009/12/06/a-smaller-kinder-way-to-retire.html.

- P. Wayland Harkey and Herbert G. Traxler (1982), "Share-A-Home: A Unique Community-Based Residential Alternative for the Dependent Elderly," *Journal of Applied Gerontology,* Vol. 1, No. 1.

- H. Traxler (1983), "SHARE-A-HOME: Economics and Logistics of Unrelated Elderly Living as a 'Family,' " *Journal of Applied Gerontology,* Vol. 2, No. 1.

- Carol A. Schreter (December, 1986), "Advantages and Disadvantages of Shared Housing," *Journal of Housing for the Elderly*, Vol. 3, Issue 3 and 4.

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GRANDFAMILIES HOUSING

Description:

A grandfamily house is a housing option that caters specifically to the needs of grandparents who have assumed custodial responsibility for raising their grandchildren. This option creates an enriching, supportive, and safe community for multigenerational families to thrive.

New York State Grandparents Assuming Custodial Responsibility for Raising Their Grandchildren*		
Households	Grandparents	Households
Number of *households* headed by grandparents who have custodial responsibility for raising their grandchildren	Number of *grandparents* with custodial responsibility	Number of grandparent-custodial *households* where the grandchildren's parents are *not* present
129,805	132,010	44,417
*U. S. Census Bureau, 2007 American Community Survey, Tables B10002, B10050		

Close to 290,000 children in New York State live in households that are headed by their grandparents. Across the United States, there are almost five million children living in grandparent-headed households, up from 3 million in 1995. In a significant proportion of these households, the grandparents have assumed total custodial responsibility for raising their grandchildren. Often, the parents of these children are not present in the household; but, in many cases, the grandparents are caring for both the grandchildren and those children's parents.

This growing phenomenon crosses all socio-economic classes, geographic areas, races, and ethnicities; and some causal factors have been identified: the parents are unable or unwilling to carry out their parental duties because of alcohol or substance abuse, incarceration, mental health problems, teenage pregnancy, divorce, poverty, or unemployment; the grandchildren may be victims of child abuse, violence, or neglect; and/or the parents may be dead, deployed into the military, or suffer from debilitating diseases such as HIV/AIDS.

Grandparents experience a variety of issues when taking on a custodial responsibility. For example, grandparents of all ages experience significant financial burdens when assuming the added expenses of raising grandchildren—younger-aged grandparents are often forced to give up their jobs; elderly grandparents must stretch their fixed incomes to absorb these costs. If they are unable to gain *legal* custody or a guardianship arrangement, financial problems are compounded by a lack of legal authority to make medical, school-related, and other decisions regarding their grandchildren. Elderly grandparents find they are

unfamiliar with the current culture and norms of their grandchildren's school and social environments.

In addition, when surveyed, grandparent caregivers identified both isolation and housing difficulties as primary sources of concern. The greater majority of custodial-grandparent households are located in urban areas, where family-size and age-eligibility regulations in rental properties often prohibit grandchildren from readily moving in with their grandparents, forcing the grandparents into the disruption of finding alternative, and affordable, living arrangements. Older grandparents may also experience the frailties and impairments that are more prevalent with age. The grandchildren also face the disruption of relocating from their homes, their friends, and their schools, as well as, often, the emotional and physical upset of being separated from their parents. Custodial grandparents need information, referral and access to services, counseling, and respite. The grandchildren need transportation, activities, counseling, and help with school work.

It was from such concerns that grandfamily housing was created. Typical supportive services offered in these developments include site security; age-specific programming; caregiver support groups; access to community-based aging, children, and family services; tutoring services; and transportation. However, the variety of services offered depends on the surveyed needs of each development's residents. In addition to programming, the construction of the development includes universal design features, such as handrails, wide hallways, elevators, and call buttons, to address the differing needs of the development's varying resident age groups. The organization of the resident community also includes well-defined policies to ensure safety, behavior standards, and conflict resolution.

The first grandfamily house was established in Boston, MA, in 1998. Boston's GrandFamilies® House was developed out of four years of research and a collaboration between Boston Aging Concerns—Young and Old United and The Women's Institute. The multiunit building has 26 family-sized apartments that are adapted to the needs of both the grandchildren and their aging caregivers. Amenities include grab bars in the bathrooms and showers, a playground, wide hallways, elevators, shared laundries on every floor, and a live-in manager who organizes the residents and handles concerns. Additional onsite services include van transportation, before-school and after-school tutoring, a fully functioning pre-Kindergarten for three- and four-year olds, and an AmeriCorps volunteer to work with the children. When necessary, services for residents are brought in and events are held in the community room.

The success of the Boston project is greatly attributed to its ability to obtain special, tenant-based Section 8 vouchers, which were created by the State of Massachusetts Department of Housing and Community Development and the City of Boston specifically for grandparents raising grandchildren. The section 8 vouchers,

along with the help of pro-bono attorneys who brought together public and private funding, financed this breakthrough initiative.

The success achieved in Boston's GrandFamilies® House has been replicated in other parts of the United States and in New York State. In 2005, in the South Bronx, the New York City Housing Authority (NYCHA), in collaboration with Presbyterian Social Services and West Side Federation for Senior and Supportive Housing, built PSS/WSF GrandParent Family Apartments, which was the first-ever grandfamily complex in New York. The $12.8 million construction project includes a six-story building with 40 two-bedroom apartments, 10 three-bedroom apartments, an apartment for a live-in resident manager, 5,760 square feet for community and supportive services programs, 6,051 square feet for retail and office space, 12 parking spaces, and a landscaped courtyard. On-site services include after-school programming for children; sports activities; computer instruction; respite care for grandparents; and workshops on health, entitlements, taxes, and legal assistance. The complex has a social worker onsite who is available to provide assistance and support to residents of all ages. NYCHA leased the Prospect Avenue site to the developer for $1 a year in a 99-year ground lease, and will contribute a public housing subsidy that will keep the rents affordable. Additional funding was provided by New York State and private sources.

In addition to the Boston and South Bronx developments, similar housing has been developed in Hartford, CT; Buffalo, NY; Chicago, IL; Phoenix, AZ; Detroit, MI; and Baton Rouge, LA.

To date, grandfamily houses have been developed only in urban areas, reflecting the fact that a larger proportion of grandparents raising children live in urban areas. However, in other geographic areas, custodial grandparent households live in single family homes in the wider community, as well as in scattered units in conventional apartment buildings. In contrast to the large apartment buildings that are more typical of grandfamily housing in urban areas, a grandfamily house could be implemented in both suburban and rural settings on a smaller scale; for example, using four-family homes, a street with a number of duplex homes, or a small number of dedicated apartments in multiunit family housing or senior housing.

Grandfamily houses are specific buildings. However, as the phenomenon of grandparents raising grandchildren continues to grow, an increasing number of aging services providers have begun to target attention and services specifically to this population, regardless of where they are living. For example, the New York City Department for the Aging's Grandparent Resource Center—the first of its kind in the nation— was established in 1994. The Center provides a number of supportive services that include information and referral, recreational activities, educational workshops, advocacy, and case assistance to people who are raising grandchildren and other young relatives and who need services to help them cope with this new role. The Center also sponsors a network for grandparent support

group facilitators to exchange ideas, collaborate on events, and receive specialized training.

Benefits:

- Provides a tailored response to a specific set of family circumstances that present a unique set of issues, challenges, and opportunities.
- Provides a safe, supportive, and stable living environment for children whose parents are unable or unwilling to provide such an environment.
- When unable to live with their parents, children are able to remain with family members rather than enter the foster care system.
- Provides a supportive community environment for grandparents who take on this unexpected role at a later stage of life.
- Reduces isolation typically faced by these multigenerational families.
- Each development flexibly provides programming and services in direct response to the surveyed needs and preferences of the development's residents.
- Housing is affordable for low-income populations.
- The model demonstrates the successful use of already existing subsidy programs (Section 8 vouchers; public housing).
- Physical aspects of the buildings are designed to provide the optimal environment for the entire age spectrum, as well as making the living environment accessible and easily negotiable by residents of all ages with disabilities or frailties.
- Development by a collaborative team, together with involvement by community-based organizations, results in a safe, secure, well-maintained, aesthetically pleasing building.

Impediments or barriers to development or implementation:

- While the number of custodial grandparent households is growing, there continues to be a low general awareness of this population among community members and policy makers, as well as a lack of understanding of the unique needs and issues faced by these aging grandparents and displaced grandchildren and the implications for the wider community of those needs going unmet.
- This population is relatively hidden because, often, grandparents do not file for legal custody of their grandchildren.

- These households are not thought of as "high need" by the general public because family-raising-family is looked at as what is expected.

- The grandfamily house concept is relatively new and not well known to developers, service providers, and policy makers.

- Each existing grandfamily house serves a limited number of families, and there are long waiting lists.

- Grandfamily houses have high start-up costs, as most custodial grandparent families are low-income, thereby requiring subsidized housing.

- Sponsors need to advocate for use of limited Section 8 housing vouchers.

- There is not a functioning grandfamily house model in rural or suburban areas for replication, so any development would be a pilot program.

- Custodial grandparent households in rural and suburban areas may not live in close proximity to one another and may not be willing to relocate to another area or school district in order to live in a grandfamily house. In such cases, the Grandparent Resource Center model may be a viable alternative.

- In rural and suburban areas, needed services and activities are not as readily available as they are in urban areas.

Resource—examples:

- GrandFamilies® House, 214 Harvard Street, Boston, MA 02124. Developed by Boston Aging Concerns—Young and Old United (BAC-YOU), The Women's Institute for Housing and Economic Development, and Boston YWCA.
  - *Mind the Gap—Grandparents Raising Grandchildren:* a description of Boston's GrandFamilies® House: http://www.bos.frb.org/commdev/c&b/2002/spring/gf.pdf.
  - Program brief for GrandFamilies® House, including funding breakdown: http://johnpilling.net/I_Love_LA/Intergenerational_Center_files/grandfamilies%20house.pdf.
  - Article by BAC-YOU and The Women's Institute for Housing and Economic Development: http://www.peaceworkmagazine.org/pwork/0399/039902.htm.

  - PSS/WSF GrandParent Family Apartments in the South Bronx at 163rd Street and Prospect Avenue, Bronx, NY, 10459. Developed by West Side Federation For Senior and Supportive Housing, Inc. (WSFSSH) and Presbyterian Senior Services (PSS). http://www.prnewswire.com/news-releases/first-affordable-housing-in-ny-for-grandparent-led-families-comes-to-the-south-bronx-55234287.html.

  - Description of apartments, Presbyterian Senior Services Web site: http://www.pssusa.org/index.asp?Type=B_JOB&SEC=%7BE0BACB81-7379-479F-AA58-5FDDE453DF7B%7D.
  - Eight-minute video of the GrandParent Family Apartments in the South Bronx: http://www.youtube.com/watch?v=nlogRucpkTc.

- Urban Villa "Grandparents House" Apartment Community, Baton Rouge, LA. Developed by the Urban Restoration Enhancement Corporation (UREC), The Grandparents Information Center of LA (which is housed on site), and a number of other partners: http://www.urecbr.com/affordablehousing.htm.
  Urban Villa Grandparent's House, 7325 Caprice Drive, Baton Rouge, LA, 70812, (225) 357-8883.
  UREC Main Office, 6315 Greenwell Street, Suite #1, Baton Rouge, LA, 70812, (225) 356-8871.

Resource—written and web:

- S. Salimi, P. Stein, and S. Solomon (November 22, 2005), *Affordable Housing Initiatives For Grandparents Raising Grandchildren*, a briefing paper. New York City Council, Human Services Division, Committee on Aging. http://webdocs.nyccouncil.info/attachments/69954.htm

- Generations United, Washington, DC: extensive information on grandfamilies, including State Fact Sheets, GrandFacts, and links to other resources: http://www.gu.org/Defin8191322.asp.
  - *Fact Sheets:* http://www.aarp.org/relationships/friends-family/grandfacts-sheets/.
  - ***New York State Fact Sheet:*** http://www.aarp.org/content/dam/aarp/relationships/friends-family/grandfacts/grandfacts-newyork.pdf: Provides contact information for 58 agencies and organizations across New York State that provide information, programs, and assistance for "kinship care"; that is, grandparents and other relatives who have assumed custodial responsibility for the children and grandchildren of family members. Also provides legal information and laws specific to New York State.

- Grandparent Resource Center, New York City Department for the Aging: for more information: 212-442-1094.

- New York State kinship care information: New York State Office of Children and Family Services, (518) 473-1327, Jamie.greenberg@dfa.state.ny.us.

- U.S. Department of Housing and Urban Development (May 30, 2007), *Affordable Housing for Intergenerational Families*, power point presentation for satellite training.

http://www.gu.org/documents/A0/Affordable_Housing_Intergenerational_Families.pdf.

- R. Karaim (2006), "Grandfamily Housing," *AARP Bulletin Today.* Washington, DC: AARP.

- C. Davies (June, 2002), *The Grandparent Study 2002 Report*. Washington, DC: AARP, Grandparent Information Center. A national survey of 1,500 grandparents conducted by Roper ASW for AARP.

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SUPPORTIVE HOUSING FOR OLDER ADULTS

Description:

Throughout New York and the rest of the nation, supportive housing alternatives are a "need-driven" option, chosen by seniors who need a supportive living environment when frailties have compromised their ability to continue living safely and successfully in their own homes. While the primary preference of most older people is to continue living where they are for as long as possible, frailties can trigger a relocation decision and, increasingly, the adult caregiver children of older people play a strong role in these decisions.

Across the country, supportive housing options can be a single home; a single multiunit building; multiple multiunit rental apartment buildings, condominiums, or cooperatives; or a complex of single family homes, duplexes, or mobile homes. Many supportive housing options have been developed as conventionally financed market-rate developments for residents who can afford the prices or charges set by the owners, and many others have been publicly financed through federal- or state-government programs for income-eligible residents who cannot afford market-rate housing. While there are many versions of supportive housing for older people, the major types can be categorized into two broadly defined groups: (1) traditional senior housing and (2) supportive senior housing.

Traditional senior housing—

The development of *traditional senior housing* has continued steadily for the past 50 years. These developments are not originally planned to include activities, supportive assistance, personal and health-related care, or staff trained in aging issues. In the early years, these developments provided only the housing unit, as most entering residents were aged 60–70 and healthy, and some eligible residents were non-elderly persons with disabilities. However, over the years, several trends have had an impact on the evolving character of *traditional senior housing*: (1) in many of the developments that were built in earlier years, a significant proportion of residents have aged in place and are now aged 80, 90, and 100—and requiring various levels of assistance and care; and (2) over the past 20 years, the average entry age of new tenants into many of these buildings has risen to between 80 and 85, with most new residents requiring supportive assistance upon entry or shortly thereafter.

As a result, today, almost all *traditional senior housing* developments consist of older people with significant proportions of their resident populations being frail, including mild dementia; and, to one degree or another, most of these developments have evolved to provide a supportive living environment. In order to help frail residents continue living where they are, owners and managers have incrementally added, or arranged for an outside agency to provide, one or more

supportive features, such as: amenities, activities, programs, a resident advisor/services coordinator, assistance with routine instrumental activities of daily living, transportation, an Area Agency on Aging subsidized congregate meals program, and information to support residents' private access to personal care and health-related services from community-based agencies.

Such features vary from one development to another, as incremental additions are made directly in response to the specific needs of a development's own resident population. The cost of these features is not included in the monthly rent/charge and is either provided at no cost to the residents or on a fee-for-service basis. As these developments do not provide personal care or health-related services, *traditional senior housing* does not require licensure and oversight by the New York State Health Department.

Many developers currently build *traditional senior housing*, but do not wish to attract frail residents, nor do they wish to retain residents who become frail and require assistance and care. Such developments are marketed as "active adult communities" (see *Active Adult Communities* in the *Resource Manual*) and are targeted to healthy, agile seniors aged 55–70.

The *supportive senior housing* model described below is *primarily* a market-rate alternative for older people who can afford rates set by development owners. For government-subsidized *traditional senior housing*, the trend to incrementally evolve into a supportive living environment provides a flexible strategy for providing an affordable version of a *supportive senior housing* model for lower-income older people.

Supportive senior housing—
As more and more older people wait until very late age to move out of their own homes, developers of housing for older persons often anticipate the frail characteristics of their entering residents. In response, during a development's design stage, these developers will incorporate a standard supportive program package, including physical design features to accommodate frailty, programs and amenities, a resident advisor/services coordinator, specially trained managers and staff, supportive assistance (dining program, housekeeping and laundry services, and transportation), and communication with community-based aging services agencies in order that residents' additional needs can be appropriately accommodated as a private arrangement between a resident and the service agency.

For *supportive senior housing* developments, residents pay a monthly charge that includes both the rental fee and the standard supportive program package. As the development does not directly provide or arrange personal care or health-related services, *supportive senior housing* does not require licensure by the New York State Health Department.

Some market-rate *supportive senior housing* developments will charge an entrance fee as well as monthly charges. The amount of entrance fees can vary

dramatically, and may be based on the average price of home values in the area. Often, residents will sell their home, using the proceeds to cover the cost of an entrance fee; and most entrance fees are refundable at a certain percentage after a resident leaves the residential community. In New York State, if an entrance fee is above a certain amount, the development's financial offering plan must be filed with the New York State Attorney General's Office, disclosing significant aspects of the development; and the plan is subject to review and regulation by that Office's Investment Protection Bureau (NY Codes, Rules, and Regulations 13 NYCRR, Part 25).

Owners of market-rate *traditional senior housing* and *supportive senior housing* typically choose to market their developments to people aged 55 and over, in response to the federal Fair Housing Amendments Act of 1988, which defines "elderly" as aged 55 and over. For subsidized housing, each federal and state funding program specifies the tenant age-eligibility criteria governing the housing developed under its program—which may be aged 55 and over, 62 and over, or 65 and over.

In response to older adults' strong preference to avoid repeated relocations, as well as owners' business-based desires to retain tenants, developers are increasingly choosing to create continuum-of-housing-and-care developments that may include one or more of the following levels: traditional senior housing units, supportive senior housing units, licensed Enriched Housing units, and one or more levels of licensed Assisted Living units. Such a continuum allows residents to remain living in a familiar environment as increasing frailties require increasingly greater levels of care.

Benefits:

For residents—

- When one's own home is no longer a viable option, supportive housing alternatives provide a non-institutional environment in which to safely and successfully age in place.

- The socialization aspects of supportive housing alternatives counter social isolation and depression.

- The physical design features and the flexible nature of service-availability and service-provision in supportive housing alternatives promote maximized independence and self-management by residents, thereby increasing their feelings of competency, as well as reducing the need for costly personal assistance.

- Availability of a resident advisor or services coordinator provides residents with information on community resources, programs, and care alternatives.

- Subsidized traditional senior housing, with incrementally available services, provides an affordable version of supportive senior housing for older adults who cannot afford market-rate options.

- Continuum-of-housing-and-care developments allow residents to move between levels of service within a familiar environment, avoiding the "relocation trauma" experienced when moving into a completely different facility and to different geographic locations.

- The living units in both traditional senior housing and supportive senior housing are full apartments, satisfying the major preferences of older people for maximized privacy and for a personal kitchen.

For caregivers—
- The supportive features in these housing options supplement the extensive caregiving efforts of family members.

- The supportive environment alleviates an ongoing major concern of caregivers regarding the physical safety of older family members who are living alone in their own homes.

- Supportive housing alternatives provide a viable environment for older family members who are suffering from mild dementia.

For states and localities—
- The level of supportive assistance provided in both traditional senior housing and supportive senior housing reflects the level of need experienced by the greatest number of older people in a community.

- Supportive housing alternatives prevent or delay placement in higher, more expensive, levels of care, such as assisted living, nursing homes, or hospitals, thereby reducing both state and local shares of Medicaid expenses.

- Supportive housing alternatives provide needed, nearby options for community residents, encouraging older adults to remain living in their familiar communities and living in New York State.

- Development of supportive housing is an economic development activity.

- The ongoing operational aspects of supportive housing create stable job opportunities.

Impediments or barriers to development or implementation:
- There is a continuing gap in available housing for many middle-income older people who are not eligible for subsidized housing, but for whom some market-rate supportive housing developments are unaffordable.

- Older people prefer to remain integrated within their residential neighborhood, but some communities continue to object to the development of age-restricted housing or multiunit housing in residential areas.

- The demand for affordable housing has continually outstripped the supply; over the past 30 years, the availability of development funds from the federal government has declined significantly, leaving insufficient funding from both federal and state government sources for subsidized models.

- For many subsidized senior housing developments, managers are overburdened and the living environment has become less appropriate because the resident profile in these developments continues to increase in frailty. However, while the staffing position of a Resident Advisor or Service Coordinator addresses this situation, neither the federal nor the state housing agencies will include this position as a standard line-item in a development's operating budget, leaving developments to fund this position from reserves or excess revenues, neither of which is often available. Funding for a Resident Advisor or Service Coordinator position at times can be limited for both federal Section 202 and tax credit programs built for seniors.

- Too few developments can take advantage of federal funding to convert the physical environment of senior housing apartments into an 'assisted living' environment because the federal regulations governing this program require the facility to obtain an Adult Care Facility license instead of allowing the senior housing facility that has supportive services included.

- The State's Assisted Living regulations dampen the ability of housing managers, aging service agencies, and social services departments to collaborate to flexibly provide supportive and other services, without requiring licensure and governmental oversight.

Resource—examples:

- For examples or lists of traditional senior housing and supportive senior housing in your county, contact:
  - Your County Office for the Aging (for a list of offices and phone numbers: http://www.aging.ny.gov/).
  - The New York Association of Homes and Services for the Aging: (518) 449-2707.

- *Housing Options for Senior Adults in the Capital* Region, a publication providing a descriptive list of traditional senior housing developments and supportive senior housing developments in the Capital District of New York State: Albany Guardian Society, Albany, NY, (518) 434-2140.

- For examples/lists of senior housing and supportive senior housing:
  - NYS Housing Finance Agency: http://www.nyhomes.org/index.aspx?page=47 & http://www.nyhomes.org/Modules/ShowDocument.aspx?documentid=3901.
  - U. S. D. A. Rural Development: http://rdmfhrentals.sc.egov.usda.gov/RDMFHRentals/select_state.jsp.
  - U. S. Department of Housing and Urban Development: http://search.usa.gov/search?affiliate=housingandurbandevelopment&query=Section+8.

- Supportive Housing Network of New York: http://shnny.org/.
- NYS Homes and Community Renewal (previously, Division of Housing and Community Renewal—DHCR)—*New York Housing Search,* the State's searchable housing directory: http://nyhousingsearch.gov/.

Resource—written and web:

- New York State Homes and Community Renewal (previously, Division of Housing and Community Renewal—DHCR), New York's state government housing agency—for information on housing development, development design manual, housing laws and regulations, subsidy and rent programs, development funding opportunities, and location of the agency's regional offices across the State: http://www.nyshcr.org/.

- New York State Housing Finance Agency (HFA), a New York State public benefit corporation whose mission is to create and preserve affordable multifamily rental housing in areas across the State—for information on HFA's programs, products, and funding opportunities: http://www.nyhomes.org/index.aspx?page=47.

- U. S. Department of Housing and Urban Development (HUD), the federal government's major housing agency—for information on housing development, the federal government's numerous housing programs, development design manual, laws and regulations, reverse mortgage program, approved housing counseling agencies, location of HUD's state and regional offices, and the requirements of the Fair Housing Law and Amendments: http://portal.hud.gov/hudportal/HUD.

- U.S.D.A. Rural Development, the federal government's agency devoted to rural issues, including housing—for information on housing development, housing programs, laws and regulations, and location of Rural Development's state and regional offices: http://www.rurdev.usda.gov/.

- New York Codes, Rules, and Regulations governing the payment of entrance fees by residents of senior housing communities. NYCRR Title 13, Part 25—Senior Residential Communities: http://www.ag.ny.gov/sites/default/files/pdfs/bureaus/real_estate_finance/part25.pdf.

- New York State Office of the Attorney General, Investor Protection Bureau: http://www.ag.ny.gov/bureaus/investor_protection/contact.html.

- Susan Brecht (March 22, 2002), *Analyzing Seniors' Housing Markets.* Washington, DC: Urban Land Institute.

- Charlotte Wade and Randall Cantrell (2005), *The National Older Adult Housing Survey: A Secondary Analysis of Findings.* National survey of older adults' housing preferences and housing behaviors, conducted jointly by the National Association of Home Builders (NAHB) Research Center, the National Center for

Seniors' Housing Research (a cooperative effort between the NAHB Research Center and the U.S. Administration on Aging), and Harvard University's Joint Center for Housing Studies. Upper Marlboro, MD: NAHB. http://www.toolbase.org/PDF/CaseStudies/NOAHSecondaryAnalysis.pdf.

Resource—technical assistance contact names:

- Ken Harris, Director
  Center for Senior Living and Community Services
  New York Association of Homes and Services for the Aging
  150 State Street, Albany, New York
  (518) 867-8383
  kharris@leadingageny.org

Cynthia Stuart, Communications Director
Supportive Housing Network of New York
New York, NY

SUPPORTIVE HOUSING
For Homeless, Disabled, and Very-Low-Income New Yorkers

2007	
New York – Total Homeless Persons	**62,601**
Homeless Persons Per 10,000 Population	**US: 22 NY: 32**
Source: National Alliance to End Homelessness	

Description:
Supportive housing is permanent affordable housing with on-site services that helps low-income people with histories of homelessness, mental illness, or some other barrier to independence live independently in the community. First developed to serve the needs of people living with mental illness, supportive housing has been developed in New York City for more than 30 years and now helps a wide range of individuals and families across the State, including seniors at risk of homelessness, youth aging out of foster care, grandparents raising grandchildren, people in recovery from alcoholism or substance abuse, people with HIV/AIDS, families, and veterans.

Supportive housing is a common sense solution to the often complex problems that the homeless population faces, offering people a decent, affordable place to live, together with easy access to whatever support services they need to stay housed. Services are designed to flexibly meet individual tenants' needs "where they are" and are tailored to address residents' barriers to stability. While on-site services differ from residence to residence, they are organized around the principle of preventing relapse into homelessness—including case management; assistance with benefits, education, and employment; access to healthcare, addiction counseling, psychiatric care, and crisis management; and help with daily living skills. For example, a residence for grandparents raising grandchildren in the Bronx provides services and physical features (e.g., faucets that prevent scalding and cord pulls for emergency assistance) for children as well as for seniors.

Common characteristics of supportive housing models include:
- Tenants have leases or lease-like agreements;
- Tenants pay no more than one-third of their income for rent;
- Services are not mandatory—tenants may not be evicted simply because they refuse services;
- Residences feature common spaces to help tenants build social networks; some models provide meals;

- Most supportive housing units (90 per cent) are designed for single occupancy and usually provide tenants with modest efficiency apartments; and

- All supportive residences are owned and operated by nonprofit agencies with City, State, and/or Federal funding and oversight.

Supportive housing can be developed by either for-profit or nonprofit entities, but must be owned by a nonprofit organization. Since supportive housing provides housing and services, some owner-organizations prefer to partner with service organizations rather than play the triple role of landlord, property manager, and service provider themselves, while others prefer to perform all three functions "under one roof."

While New York State has one of the largest homeless populations in the nation, there are homeless individuals and families in all states; and supportive housing models are increasingly being built across the country as the most effective means for addressing the housing and service needs of these populations. Various programs that make up the Steward B. McKinney Act (Shelter Plus Care, Supportive Housing, and Single-Room Occupancy Program) are the primary sources of Federal funding for supportive housing options. In addition, across the country, states and cities provide additional resources, mostly to fund support services. New York City and the State lead the nation in funding supportive housing.

There are more than 39,000 units of supportive housing statewide, 25,000 of which are in the five boroughs of New York City. Nearly half (48 per cent) of the supportive housing units in New York City are set aside for individuals living with mental illness. Statewide, approximately ten per cent of supportive housing serves families with children. Slightly more than half of the State's total units are in 'single-site' locations—multiunit residences that are developed specifically to house formerly homeless and low-income families and individuals. The remaining 49 per cent are "scattered site" units— individual apartments or single-family homes rented by nonprofits to house homeless and near-homeless individuals and families, which are visited regularly by teams of professionals to ensure tenant success.

Dozens of studies have been conducted nationwide of both single- and scatter-site supportive housing (most for people with mental illness) attesting to its effectiveness in keeping very vulnerable people housed, healthy, and integrated with the wider community. As a result, both forms of supportive housing have become the nation's preferred response to ending chronic homelessness, and funding for supportive housing has dramatically increased.

A factor in single-site (or congregate) supportive housing's success lies in the *quality* of the housing offered. As a result, the nonprofits that design and develop supportive housing work to ensure it both "fits" the surrounding neighborhood and is the nicest building on the block. A recent study by New York University's Furman Center on Real Estate and Policy found that, over the past 18 years, property values nearest supportive housing residences rose slightly over the norm.

Benefits:

For older adults:

- Supportive housing provides the independent living environment older people want combined with whatever supportive assistance they need.

- The inclusion of common spaces promotes socialization.

- Supportive housing can provide an intergenerational living environment for those older people who need such an alternative (such as grandparents who have custodial responsibility for grandchildren) or who prefer to live with a variety of age groups.

- Older people are physically and emotionally threatened in homeless shelters; supportive housing provides a safe, secure living environment for aging individuals.

For people with disabilities:

- Supportive housing was and is designed specifically to meet the varying needs of people coping with chronic disabilities, including mental illness, substance abuse, HIV/AIDS, etc.

For the wider community:

- Supportive housing is a cost-effective alternative—once tenants are stably housed, their use of a community's costliest services decreases significantly, thereby containing local budgets and saving tax dollars.

- Several key components of supportive housing assure that the overall physical building, as well as individual living units, remains in good condition over the long term, adding to the maintenance and value of a community's housing stock: (1) for each supportive housing development, there is on-going, solid involvement of a nonprofit agency dedicated to helping vulnerable people, and (2) services are specifically designed to address residents' barriers to stability.

- Supportive housing can be successfully developed in all areas of the State and in a variety of forms—from a single-family house in a rural or suburban setting, to individual apartments in large or small multiunit buildings in all geographic locations, to specifically designed large apartment buildings in urban areas . . . from rehabilitation of a 652-unit run-down tourist hotel in mid-town Manhattan to helping to renovate a blighted neighborhood in Utica through development of a three-apartment house.

- The person-centered service-provision in supportive housing flexibly meets the differing needs of a community's diverse homeless and near-homeless population.

- Supportive housing is an optimal permanent housing solution for a community's residents who have histories of homelessness or who need a measure of support in order to stay housed and healthy in the community.

- Supportive housing is an affordable option for low-income community residents.

Impediments or barriers to development or implementation:

- *Resources*—While funding for supportive housing has increased in response to evidence of its significant effectiveness, demand for such housing continues to significantly outstrip the supply. The recent economic downturn, including housing foreclosures, has increased the number of homeless families and individuals of all ages, including elderly people.

- *Development process*—Because developing supportive housing requires building capital and operating and service dollars, an individual development deal can require nonprofits to apply for, and report to a half-dozen funding sources.

- *NIMBYism (not in my backyard)*—Because supportive housing serves several vulnerable populations, siting a project can be controversial and challenging as neighbors are often fearful of the proposed tenants and voice their various concerns through the prism of fear of lowered property values.

  While there is no "silver bullet" to overcoming neighborhood opposition, the Supportive Housing Network of New York has found that certain strategies and tools are often successful, including:
  - Community education;
  - Tours of existing supportive housing residences;
  - Recommendations from neighbors of existing supportive housing residences.

  Several education tools, including a power point presentation, video, and "Myths and Realities of Supportive Housing" are available on the Supportive Housing Network of New York Web site at: http://www.shnny.org under "What is Supportive Housing."

Resource—examples:

- The Lee is located at 133 Pitt Street, on the Lower East Side in Manhattan, New York. The development will provide affordable supportive housing linked to on-site social services for 263 residents, including homeless adults, young people aging out of Foster Care, and low-income individuals. Developed by Common Ground and the New York City Department of Housing Preservation and Development, The Lee is a winner in the New York City Department of Environmental Protection's 2005 Green Building Design Competition and is New York City's first LEED-certified (Silver level) "green" supportive housing development. Common Ground, 505 Eighth Avenue, 15th Floor, New York, NY, 10018, (212) 389-9300. http://www.commonground.org/.

- The GrandParent Family Apartments is located in the South Bronx, New York. Developed by West Side Federation for Senior and Supportive Housing, with services provided by Presbyterian Social Services, the building provides housing

for fifty families in which grandparents are raising grandchildren. The building was the first residence providing supportive housing to this population and was the first supportive housing developed with the participation of the New York City Housing Authority. GrandParent Family Apartments provides comprehensive support services for grandparents—including individual and family counseling, language and computer classes, stress reduction workshops, and legal assistance—as well as services for the 93 grandchildren currently living there (2009). The building features a 'green' roof garden. West Side Senior and Supportive Housing, 2345 Broadway, New York, New York 10024; (212) 721-6032. Presbyterian Social Services, 2095 Broadway, Suite 409, New York, New York 10023; (212) 874-6633.

- The Corporation for Supportive Housing (CSH) is a national organization whose mission is to help communities create permanent housing with services to prevent and end homelessness. For profiles of diverse supportive housing projects around the country, see the CSH Web site: http://www.csh.org/index.cfm?fuseaction=page.viewPage&PageID=422&C:\CFusionMX7\verity\Data\dummy.txt.

Resources—written and web:

- Supportive Housing Network of New York: *What is Supportive Housing*—an excellent summary of the history of SRO's, homelessness, and supportive housing models in New York: http://shnny.org/learn-more/history-of-supportive-housing/.

- Furman Center for Real Estate and Urban Policy (November, 2008), *The Impact of Supportive Housing on Surrounding Neighborhoods: Evidence from New York City*. NY, NY: New York University, School of Law and Wagner School of Public Service: http://furmancenter.org/files/FurmanCenterPolicyBriefonSupportiveHousing_LowRes.pdf.

- National Health Care for the Homeless Council—web site links to an extensive list of publications documenting the impact of supportive housing on the health and well-being of homeless persons, cost-benefit analyses, and other resources: http://www.nhchc.org/resources/housing/.

- "HOMELESS AND ELDERLY: Understanding the Special Health Care Needs Of Elderly Persons Who Are Homeless," *Health Center Program: Program Assistance Letter*, Health Resources and Services Administration, U. S. Department of Health and Human Services—excellent overview of many issues that distinguish the elderly homeless population: http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pal200303.pdf. http://bphc.hrsa.gov/policiesregulations/policies/pal200303.html.

- National Coalition for the Homeless—Fact Sheet #15 (June, 2008)—good overview of the issues surrounding homeless older people and causes of

increases among this subset of homeless people: http://www.nationalhomeless.org/factsheets/Elderly.pdf.

- W. Sermons and M. Henry (January 12, 2009), *Homelessness Counts: Changes in Homelessness from 2005 to 2007.* Washington, DC: National Alliance to End Homelessness. A report on changes in homelessness, by state, and among subpopulations, including an interactive, online map that features state profiles and the economic indicators (unemployment, poverty, housing affordability) most closely associated with homelessness. For full report: http://www.endhomelessness.org/content/article/detail/2158. For New York State homeless count: http://www.endhomelessness.org/content/article/detail/2797.

- J. Khadduri (Abt Associates, Inc.), D. Culhane (University of Pennsylvania), et al (July, 2009), *The 2008 Annual Homeless Assessment Report to Congress.* Washington, DC: U. S. Department of Housing and Urban Development: http://www.hudhre.info/documents/4thHomelessAssessmentReport.pdf.

- J. Baumohl (editor) (1996), *Homeless In America.* Santa Barbara, California: Greenwood Publishing Group, Inc. 19-chapter book describing various homeless sub-populations, including rural, elderly, veterans, families, African-Americans, Latinos, and persons with alcoholism, substance abuse, and mental disorders, as well as definitions and information on causes of homelessness and neighborhood challenges to developing housing for homeless persons.

- U. S. Department of Housing and Urban Development (HUD)—list and descriptions of HUD's homeless assistance programs under the McKinney-Vento Homeless Assistance Act (Supportive Housing Program; Shelter Plus Care Program; Single Room Occupancy Program): http://www.hud.gov/offices/cpd/homeless/programs/index.cfm.

- The Stewart B. McKinney Act (U. S. Code, Title 42, Chapter 119—Homeless Assistance) (as of January 3, 2007). Full text of the Act: http://uscode.house.gov/download/pls/42C119.txt.
  - Section 833 of the Act—Supportive Housing Demonstration Program: http://www.hud.gov/offices/adm/hudclips/acts/naha833.txt.

- U. S. Interagency Council on Homelessness (March, 2008), *Inventory of Federal Programs That May Assist Homeless Families With Children.* Extensive information about 73 federal programs that serve homeless families with children: http://www.commerce.wa.gov/DesktopModules/CTEDPublications/CTEDPublicationsView.aspx?tabID=0&ItemID=6160&MId=870&wversion=Staging.

- National Mental Health Information Center, Substance Abuse and Mental Health Services Administration, U. S. Department of Health and Human Services—web site provides information and links to resources and various federally funded programs for addressing homelessness:

http://www.healthfinder.gov/orgs/HR2480.htm.

- New York State Office of Temporary and Disability Assistance, Bureau of Housing and Support Services—information on New York State's array of assistance programs for homeless persons, those at risk of homelessness, and low-income households. These programs are designed to prevent homelessness, provide shelter for homeless persons, construct supportive housing for homeless populations, and offer essential services to stabilize tenants' housing situations and increase their levels of self-sufficiency. Homeless assistance programs include the Homeless Housing and Assistance Program (HHAP), as well as a range of supportive services programs: Homelessness Intervention Program, Supplemental Homelessness Intervention Program, Single Room Occupancy Support Services Program, Emergency Shelter Grants Program, Housing Opportunities for Persons with AIDS Program, Supported Housing for Families and Young Adults Program, and the Operational Support for AIDS Housing Program. http://otda.ny.gov/programs/housing/. http://otda.ny.gov/programs/housing/programs.asp.

- New York City Department of Homeless Services (Fall, 2008), "A Progress Report on Uniting for Solutions Beyond Shelter: The Action Plan for New York City," *Ending Homelessness in New York City*. Extensive information about the City's five-year action plan to address and reduce homelessness: http://www.nyc.gov/html/dhs/downloads/pdf/progress_Report.pdf.

- New York / New York III Supportive Housing Initiative, an agreement signed by New York City and New York State to expand (by 9,000 units) the number and flexibility of supportive housing units for homeless New Yorkers. The program is being collaboratively implemented by thirteen City and State agencies including the New York State Division of Housing and Community Renewal, State Office of Mental Health, State Office of Temporary and Disability Assistance, the State Office of Alcoholism and Substance Abuse Services, and New York City's Department of Housing Preservation and Development, Human Resources Administration, and Department of Health and Mental Hygiene: http://www.nyc.gov/html/doh/html/dmh/dmh-housing-agreement.shtml.

- National Alliance to End Homelessness—"a national nonprofit, non-partisan organization committed to preventing and ending homelessness in the United States through efforts focused on national policy, capacity-building assistance to communities, and education and research through the Homelessness Research Institute"; extensive information, resources, tools, and data: http://www.endhomelessness.org/.

- Corporation for Supportive Housing (CSH)—"a national nonprofit organization and community development financial institution that helps communities create permanent housing with services to prevent and end homelessness": http://www.csh.org/. CSH provides its services through eight geographic hubs: California, Illinois, Michigan, Ohio, Minnesota, New Jersey, New York, and Southern New England.

  - *CSH New York Program*: http://www.csh.org/index.cfm?nodeId=89. Since its inception in 1991, CSH New York has "committed over $30,500,000 in 179 grants, 145 predevelopment loans and forgivable loans, and 243 consultant contract services to over 100 nonprofit organizations; has facilitated the development or rehabilitation of 5,454 units of supportive housing, with 2,177 in development and 3,277 operational; and has placed over $51 million in gross tax credit equity in 16 New York City projects with over 1,332 units of supportive housing." *Tool Kit for Ending Homelessness:* http://www.csh.org/resources/toolkit-for-ending-long-term-homelessness.

- U. S. Interagency Council on Homelessness, a coalition of 20 federal government agencies, whose purpose is to coordinate the federal response to homelessness; assist state and local governments, advocates, service providers, and customers in creating effective local solutions to homelessness; and provide technical assistance and evidence-based innovation and best practice information to agencies at every level of government and to the private sector: http://www.usich.gov/.
  - United States Interagency Council on Homelessness, et al. (2010), *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, ten objectives and 52 strategies focused on preventing and ending chronic homelessness among veterans, families youth, children, and other individuals. U. S. Interagency Council on Homelessness, Washington, DC. http://www.usich.gov/PDF/OpeningDoors_2010_FSPPreventEndHomeless.pdf.
  - National Coalition for the Homeless: *Response to Opening Doors:* http://www.nationalhomeless.org/advocacy/nationalstrategicplan.html.

Resource—technical assistance contact name:

- Supportive Housing Network of New York (SHNNY) represents more than 180 not-for-profit organizations in New York State that develop and operate more than 39,500 units of supportive housing. The Network provides advocacy, public education, technical assistance, training, and policy analysis.
  247 West 37th Street, 18th Floor
  New York, New York 10018
  (646) 619-9640
  Fax: (646) 237-8505
  http://shnny.org/.

Marlene Papa, Executive Director
Rensselaer Organization United for Senior Endeavors (ROUSE)
Troy, NY

ENRICHED HOUSING

Description:
Enriched Housing is defined in New York State law (NYCRR, Title 18, Chapter II, Subchapter D) as an Adult Care Facility and is licensed and overseen by the New York State Department of Health. The intent of Enriched Housing is to allow frail older residents who can no longer live independently on their own to successfully and safely age in place in a private apartment setting.

Housing-and-services models similar to Enriched Housing exist in a many states, are known by a variety of names, licensed by various state government agencies, and, like New York, are supported through both private-pay resources and the Supplemental Security Income program (SSI).

In New York, an Enriched Housing provider can provide long-term residential services, activities, and personal care to five or more older adults who are unrelated to the operator. Residents live in an apartment setting, which includes a bedroom, bath, living room, and kitchen, and have access to a package of services that includes one-to-three meals per day, shopping assistance, housekeeping, laundry, transportation, some supervision, assistance with self-administered medications, case management, socialization and recreational activities, and some personal care assistance. Enriched Housing residents may pay for housing and services/care on a private-pay basis (averaging between $2,400 and $4,000 a month); or, for low-income residents who are eligible for the Supplemental Security Income Program (SSI), New York provides a reimbursement to Enriched Housing operators at the State's SSI Congregate Level III monthly rate of up to $1,368 for an individual (2009 rates), with residents receiving a monthly SSI personal needs allowance of $178.

There are two models of Enriched Housing in New York State:
- ***Program model***: The program operator receives a license and approval from the State Health Department to provide housing and a package of services to a specified number of tenants aged 65 and older in an existing apartment building (senior housing buildings or age-integrated family apartment buildings). The availability of the program allows aging tenants to continue living where they are instead of relocating to a higher-care facility. The program operator must provide evidence of relevant knowledge and experience to appropriately care for frail older people. If the housing operator does not possess the required level of knowledge and experience, a community-based service agency may apply to operate the program in the apartment building.

- ***Facility model***: This Enriched Housing model emerged as the frail elderly population increased in New York State. As a growing number of older people could not continue to live independently on their own and needed a more supportive

living environment, developers responded by constructing new multi-unit buildings in which *all* units are licensed and approved by the Health Department as Enriched Housing, the functional frailty of *all* residents requires the assistance provided by the program, and the facility operator meets the required knowledge, experience, and staff needed to appropriately operate the facility and provide the services to all residents.

Some Enriched Housing limits resident-eligibility to individuals aged 65 and over; some private-pay models accept people aged 55 and over. Residents in Enriched Housing must not have a medical condition requiring 24-hour skilled nursing; not be a danger to themselves or others; not chronically need the assistance of another person to walk, move about, or to transfer in and out of bed; not have unmanaged incontinence; and, in some facilities, must be able to medicate herself/himself without assistance.

Both Enriched Housing and Adult Homes (another Adult Care Facility) form the foundation for the State's Assisted Living Residence Program. When residents reach a level of frailty that can no longer be appropriately addressed through the care and services of an Enriched Housing program or an Adult Home, an operator may apply to the State Department of Health for certification to provide a higher level of care as a "basic Assisted Living Residence Program"; operators may subsequently apply to the Department of Health for further certification to provide the Enhanced Assisted Living Residence level of care for residents who are very physically frail, as well as additional certification to provide the Special Needs Assisted Living Residence level of care for residents with dementia (see *Assisted Living Residences* in the *Resource Manual*). Enriched Housing and Adult Homes also form the foundation for the State's Assisted Living Program (ALP) (see *Assisted Living Program* in the *Resource Manual*).

Benefits:

- The services and care provided through the Enriched Housing program are those that are typically provided by a spouse or other caregiver family member. When no family member is available, Enriched Housing acts as a substitute caregiver, keeping the older person safe and appropriately cared for. For long-distance caregivers, the program's supportive living environment provides family members with a level of comfort regarding their older parent's safety and care. The need for this level of services and care will grow in the future as demographic trends show an increase in individuals who never marry, divorced couples, childless couples, and older persons who do not live near their adult children.

- Many family caregivers who work and who have additional family responsibilities (children, second jobs, etc.) cannot provide the total amount of care needed by their aging family members. The Enriched Housing program supplements the on-going efforts of these caregiving family members.

- Enriched Housing residents have private telephones, enabling family members to stay in regular contact with the resident. If contact cannot be made, a family

member can always reach the program monitoring station to make certain the resident is all right.

- A major preference of older people is to retain maximized privacy in their living environment. Residents in Enriched housing can lock their apartment doors and, unless there is an emergency, service staff must knock and gain a resident's agreement to enter the apartment.

- The socialization aspects of the program keep participants interacting with others, reducing the chances of isolation and depression and helping to maintain emotional and mental health.

- Case management and regular supervision assures that residents receive appropriate levels of service and personal care, access to needed medical treatment, and assistance in relocating to another facility if a resident's level of frailty warrants a higher level of care.

- Enriched Housing, together with the three Assisted Living Residence levels of care, provides a continuum-of-care living environment that reduces or eliminates the need for repeated relocations as an aging resident's functional circumstances change.

Impediments or barriers to development or implementation:

- Unless the number of participants in a "program model" of Enriched Housing exceeds at 25 individuals, the current SSI reimbursement level is insufficient for the program to remain financially viable in public housing and other subsidized housing developments for low-income residents. All "program models" with fewer than this number have ceased operating, leaving this valuable housing/services option largely unavailable to low-income seniors.

- Recent development of "facility models" of Enriched Housing is targeted to private-pay residents, with a very limited number of units available for low- and moderate-income residents.

Resource—examples:

- Family Service of Rochester, Inc.:
  - Operates the Enriched Housing Program in three Rochester Housing Authority sites (subsidized through the SSI program):
    - Danforth Towers, 140 West Avenue, Rochester, NY 14611; 585-436-9400.
    - Jonathan Child Apartments, 399 Colvin Street, Rochester, NY 14611; 585-436-9462.
    - Hudson Ridge Apartments, 401 Seneca Manor Drive, Rochester, NY 14621; 585-266-5610.
  - In cooperation with the Fairport Baptist Home Care Ministries, operates one Enriched Housing facility (at a private-pay rate):
    - The Northfield, 4560 Nine Mile Point Road, Town of Perinton, NY; 585-377-1810.

- New York Foundation for Senior Citizens operates Enriched Housing programs in seven of its subsidized buildings in New York City (Enriched Housing Program, 225 East 93rd Street, NY, NY, 10128; (212) 369-5523):
  - Arthur B. Brown and William Brown Gardens, East 93rd Street, Manhattan.
  - 1850 Second Avenue, Second Avenue between 95th and 96th Streets, Manhattan.
  - Ridge Street Gardens, Ridge Street, on the Lower East Side, Manhattan.
  - Clinton Gardens, West 54th Street, Manhattan.
  - Cumberland Gardens, 425 Cumberland Street and Atlantic Avenue, Brooklyn.
  - Alma Rangel Gardens, West 137th Street, Manhattan.
  - River View Gardens, 412 49th Ave, Long Island City, Queens.

Resource—written and web:

- Regulations governing the Enriched Housing Program are located in the New York Code of Rules and Regulations: Title 18, Chapter II, Subchapter D (Adult Care Facilities), Parts 485-488 (Enriched Housing).
  - To view the Enriched Housing Regulations on-line, follow these steps:
    - New York State Department of State, Division of Administrative Rules: http://www.dos.ny.gov/info/register.htm;
    - On menu on left side: choose "Online New York Codes, Rules and Regulations";
    - At top of page: click on "VIEW THE UNOFFICIAL NYCRR ONLINE HERE";
    - In the list of titles: choose "Title 18 Department of Social Services";
    - If you encounter a pop-up blocker: click on "Continue to WebLinks";
    - In the list of titles: click the small icon in front of "Title 18 Department of Social Services";
    - From the drop-down menu: choose "Chapter II, Regulations of the Department of Social Services";
    - Under Chapter II: choose "Subchapter D Adult Care Facilities";
    - Under Subchapter D: choose Parts 485 through 488.

- Family Service of Rochester, Inc., Enriched Housing Program: http://www.fsr.org/: on the menu at the top of the web page, select "Enriched Housing."

- Northfield Enriched Housing Facility: http://www.thenorthfield.org.

- New York Foundation for Senior Citizens: http://www.nyfsc.org/services/housing_buildings.html.

- Erie County Department of Senior Services, 95 Franklin Street, Buffalo, NY, 14202; (716) 858-8526. The Department's Web site lists the location of nine Enriched Housing Programs (both subsidized and private-pay): http://www2.erie.gov/seniorservices/sites/www2.erie.gov.seniorservices/files/uploads/pdfs/enriched_housing.pdf

Resource—technical assistance contact name:

- Gloria Harrington
  Vice President, Operations / CEO
  Family Service of Rochester, Inc.
  4646 Nine Mile Point Road
  Fairport, New York 14450
  (585) 388-2372
  gharrington@fsr.org

Rich Piche, Coordinator, Family Type Homes for Adults
New York State Office of Children and Family Services
Rensselaer, NY

FAMILY TYPE HOMES FOR ADULTS

Description:
Family Type Homes are one of the most prolific, but largely unrecognized, housing options available for adults aged 18 and over who have difficulty living alone because of physical or mental frailties. Tens of thousands exist in at least half the states across the country. They are known by a variety of names, are certified and regulated by varying government agencies, and operate under varying licensure and operating requirements. Despite this variety, a common philosophy characterizes all these homes—a family-home environment for a small number of individuals (one to six clients), personalized supportive assistance, a flexible daily routine, and maximized autonomy and privacy—as an alternative to an institutionalized environment. National surveys of this housing option indicate that Family Type Homes serve a heterogeneous population—all elderly residents; all younger-aged individuals with physical impairments, developmental disabilities, or mental health issues; or a combination of both older and younger residents. In New York State, the State's Office of Children and Family Services (OCFS) currently (2009) certifies over 500 Family Type Homes for Adults, with a capacity for 1,500 residents.

In New York, a Family Type Home for Adults is defined in law (NYCRR, Title 18, Chapter II, Subchapter D, Part 489) as a type of adult residential care facility, certified by OCFS, and offering an important way to provide care for disabled or dependent adults who are unable to live on their own. Operators can care for one to four adults; an operator caring for five or more adults must be licensed as an Adult Home. The Family Type Home can be an operator's private house, part of a two-family house, or part of an apartment building. Operators are people who enjoy sharing their home and abilities with adults who can no longer live safely alone, due to physical or other limitations associated with age, physical or mental disabilities, or other factors.

New York's Family Type Homes provide long-term residential care, including room, board, housekeeping, personal care, and/or supervision to four or fewer adults who are unrelated to the operator. What makes this living environment a "home," with a family atmosphere, rather than an “institution” is the limited number of residents and the fact that the operator, who holds the certificate, lives with the residents and provides 24-hour-a-day supervision/services. This housing alternative helps residents age in place as long as possible, serving to protect New York’s most vulnerable adults in a comfortable, supportive, safe environment with the added benefits of companionship and the friendship of others. Residents do not need the skilled medical or nursing services provided in nursing homes. In addition, residents are not confined to the Home; many attend sheltered workshops, senior citizen centers, and other activities.

New York's Family Type Home operators are mandated by regulation to maintain a clean and safe environment, prepare nutritious meals, and assist with personal care/supervision, medication management, and medical appointments. Residential services and supportive care are bundled into a monthly charge, and payment can be arranged on either a private-pay basis or, for those residents in receipt of SSI/Safety Net benefits, the Social Services Law and State regulations established a congregate care rate (Supplemental Security Income (SSI)—New York State Supplement Level 1) for the room, board, and services provided by the operator. The resident receives a portion of the rate as a Personal Needs Allowance, and the balance is paid to the operator. All services and fees must be clearly set out in a written admission agreement, which is signed by the operator and the resident and which must be provided to a prospective resident prior to the date of admission. The admission agreement describes the services to be provided; the resident's rights and responsibilities; all financial arrangements, including the Personal Needs Allowance, refunds, and security deposits, if any; and discharge or transfer procedures.

OCFS' main goal is to provide a safe, healthy, and secure environment for the residents; and the Office administers a system of supervision, inspection, technical assistance, and enforcement for Family Type Homes to assure compliance with regulations and to maintain standards of care. Applications to operate a Home must be made on OCFS forms, along with supportive information, and filed with the Local Department of Social Services, which is responsible for verifying the information in the application, providing OCFS with a recommendation of approval or denial, conducting unannounced inspections at least once a year, and supervising the Home under the direction of OCFS.

Most Family Type Homes are the operator's single family home in a residential neighborhood. In regard to zoning, New York courts have defined “family” to extend beyond the nuclear family and to include small groups of individuals living together as a family unit. Accordingly, municipalities cannot restrict the establishment of a Family Type Home for Adults in areas that are zoned for single family dwellings. In addition, where certain zoning restrictions have been put into place, these have been found to violate the Federal Fair Housing Act and the Americans with Disabilities Act.

Benefits:

- This housing and services alternative is easily established in urban, suburban, and rural areas.

- For rural areas, where limited populations do not provide the market size necessary for conventional multiunit housing options to be financially feasible, the limited-resident size of Family Type Homes makes them an ideal long-term care model for less populated areas.

- Family Type Homes provide an age-integrated living environment, which studies have shown is preferred by most older people. The operators, who live with the residents as a family unit, are typically not elderly; in many instances, the

young children of the operator are also living at home. For many homes, residents also comprise a variety of ages.

- The homelike atmosphere and familial surroundings, together with safety and supportive supervision, appeal to older people who do not like the impersonal environment of a large multiunit development.

- The majority of individuals with developmental disabilities never enters the formal services system, but remain living at home with their parents as primary caregivers. Increasingly, developmentally disabled individuals are living into old age; and their very elderly parents are dying or becoming too frail to care for them. For people with developmental disabilities, Family Type Homes provide an option that closely replicates their previous living-at-home arrangement, allowing them to age in place in a setting that is environmentally familiar and manageable. The personalized level of care and the intimate family environment provides a level of comfort for the aging parents as they reach the end of their caregiving abilities or the end of their lives.

- For family caregivers who cannot bring their elderly or younger disabled relatives into their own homes to live, but who do not want to move these relatives into an institutional, impersonal, or unsupervised environment, Family Type Homes offer an alternative family environment that is safe, supportive, and intimate.

- For operators, this option provides both a source of income and a meaningful role.

- For a community seeking to expand the availability of housing options, establishment of a Family Type Home can be more easily accepted by neighboring residents, as it is most often established in the provider's private home and, thus, is less obtrusive than multiunit housing and is completely integrated into the surrounding neighborhood.

- Since the operator and residents are defined as a family unit, the Home is considered a single family residence and does not require special zoning accommodations.

Impediments or barriers to development or implementation:

- The 2009 SSI Congregate Level I reimbursement rate for operators caring for SSI recipients is $902 upstate and $940 downstate. This *monthly* reimbursement (covering the costs of room, board, services, and care provided) is minimal. An additional *annual* allotment of $865 from a Special Needs Fund is available for clothing, transportation, recreational activities, substitute care in the event of an operator's emergency absence, and health and safety equipment.

- Each local Department of Social Services has only one staff person for the Family Type Homes Program, who is responsible for all recruitment, training,

and home inspections for quality of care and conditions of the physical environment.

- Across the country, the variety of names for this housing alternative, the lack of publicity about them, and their primary establishment in the private homes of the operators combine to make them an "invisible option." Most housing advocates, community leaders, and consumers are unaware of them and, thus, do not include them when considering the housing needs of the community's aging or impaired adults.

- The large number of these small homes makes it difficult to monitor the quality of the environment or the quality of the care.

- There is an inconsistent level of professionalism among the providers and there are varying staff-to-resident ratios among homes.

- Like any large network of a specific housing option, living environment quality varies widely, as does the qualifications and abilities of the operators.

Resource—laws and regulations:

- To view the regulations governing certification and operation of Family Type Homes on line, follow these steps:
  - New York State Department of State, Division of Administrative Rules: http://www.dos.state.ny.us/info/register.htm;
  - On the left menu, choose: Online New York Codes, Rules and Regulations (NYCRR);
  - At the top of the page, click on: *VIEW THE UNOFFICIAL NYCRR ONLINE HERE;*
  - In the list of titles, choose: Title 18 Department of Social Services;
  - If a pop-up blocker notice is given, click on: Continue to WebLinks;
  - In the list of titles, click on the icon in front of: Title 18 Department of Social Services;
  - In the drop-down menu, choose: Chapter II Regulations of the Department of Social Services;
  - Under Chapter II, select: Subchapter D Adult Care Facilities;
  - Under Subchapter D Adult Care Facilities, select: Part 489 Adult Care Facilities Standards for Family Type Homes.

Resource—example:

- Orange County, New York—Department of Social Services, Family Type Homes for Adults Program: 39 certified homes with a capacity for 123 residents; contact the Program Coordinator at (845) 291-4554.

Resource—written and web:

- Vera Prosper (2005), "Ádult Foster Care and Adult Family Care," *Oxford Handbook of Social Work in Health and Aging.* Editor: Barbara Berkman. New York: Oxford University Press.

- A list of Family Type Homes in New York State is available from The Bureau of Adult Services, New York State Office of Children and Family Services, 518-473-6446.

Resource—technical assistance contact name:

- For information and application forms for establishing a Family Type Home for Adults:
  - Bureau of Adult Services, New York State Office of Children and Family Services (OCFS), (518) 473-6446;
  - New York City: Division of Voluntary and Proprietary Homes for Adults, Human Resources Administration, (212) 971-2930;
  - Office of Children and Family Services (OCFS) Web site: http://www.ocfs.state.ny.us (click on ADULTS:PSA; then, PSA Forms and Brochures);
  - Contact the local Department of Social Services in the county in which the Family Type Home is to be established and ask for the Coordinator of the Family Type Home for Adults Program.

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ADULT HOME

Description:
In New York State, an Adult Home is defined in law as an Adult Care Facility. Adult Homes are licensed and regulated by the New York State Department of Health and offer long-term, supportive residential care for five or more elderly people and non-elderly adults with disabilities. Models that are similar to New York's Adult Homes exist in many other states, where they are known by a variety of names (such as Personal Care Homes, Adult Congregate Care, Domiciliary Care, and others); and they provide the same types of housing and the same level of services. Like New York's model, they provide "hands-on" personal care assistance and, therefore, are licensed by a state government agency (Aging, Health, Social Services, or Human Services). Like New York, most states' models serve adults aged 18 and over.

New York—
Adult Homes provide a private or semi-private room, private or shared bath, all meals and snacks, housekeeping and laundry services, and 24-hour supervision. Supportive services provided are targeted to those residents who need personal care assistance with activities of daily living, such as bathing, dressing, grooming, eating, and assistance with the self-administration of medications, but who do not need continual nursing or medical care. Other supportive services include case management, scheduling doctors' appointments, helping people obtain their financial entitlements, and offering meaningful on-site and community activities.

According to the most recent census data reported by Adult Home providers and summarized by the New York State Department of Health, as of December 31, 2007, there were 485 adult care facilities (Adult Homes, Enriched Housing, Assisted Living Program, and Assisted Living Residences), serving approximately 39,000 residents across the State. About one-third of residents living in Adult Homes rely on public assistance in the form of Supplemental Security Income (SSI) Level III to pay for room, board, and services.

Approximately 75 per cent of the residents living in New York's Adult Homes are frail elderly persons. The remaining 25 per cent are residents who have a severe and persistent psychiatric disability and who tend to be younger, many in their 40's and 50's. There is a mix of elderly and non-elderly psychiatric disability populations in some Adult Homes, particularly in small communities. However, for the most part, Adult Homes primarily serve *either* frail elderly persons, *or* people with psychiatric disabilities.

A Certificate of Need process, administered by the New York State Department of Health, is required to obtain a license to operate an Adult Home. Applicants must successfully demonstrate that there is a need for their proposed project in the community; and they must pass financial-feasibility, character and competence,

and legal reviews. An applicant must obtain letters of support for their project from the county Social Services District and the county Area Agency on Aging. To date, such approvals have been successfully obtained because, in general, localities recognize the growing consumer demand for this socially based congregate living option; and communities welcome the job-creation and increased tax revenues associated with an Adult Home's development and operation.

Adult Homes have been successfully implemented in all geographic areas of New York—urban, suburban, and rural—and homes typically reflect the area in which they are located. For instance, in small and rural communities, an Adult Home may be a house integrated into a residential neighborhood. In urban areas, they are more likely to be larger and purpose-built. Regardless of their size or location, they are all subject to strict architectural/building standards, as outlined in New York State's Adult Home regulations.

Benefits:

For frail elderly residents and younger-aged residents with disabilities:

- For individuals who can no longer live independently in their own homes, Adult Homes provide a more flexible, community-based supportive living environment in place of relocation to more institutional nursing homes and other facilities.

- The functional abilities of residents in any one home can vary significantly, providing a more normalized living environment for residents than is possible in care facilities that cater to a homogeneous older frail resident group or where all residents have mental health disabilities.

- The goals of service-design and service-provision are person-centered, to:
  - Personalize the level of assistance provided based on each individual's needs;
  - Provide services in a manner that maintains a resident's dignity and promotes his/her independence to the greatest extent possible; and
  - Provide an environment in which the ability for residents to make choices about their own lives is paramount, regardless of a person's level of need.

For the community:

- There are Adult Homes of all shapes and sizes throughout the State, providing a housing option that meets the unique profile of each community's population and level/type of need.

Impediments of barriers to development or implementation:

- **Community-level problems** – such as antiquated or unclear zoning laws, lack of municipality provided utilities, or poor community planning efforts can make it difficult for developers to construct new Adult Homes.

- **Zoning** – zoning requirements differ from one community to another—each municipality may consider an Adult Home in a different way. When considering a potential location, it is important to find out early if a potential site location is zoned appropriately, needs to be re-zoned, or if you can apply for a special use permit from the municipality to allow for a specific use.

- **"Not In My Back Yard"** (NIMBY) – Adult Homes can experience the same neighborhood resistance as other congregate or multiunit residential options for special-needs populations. Typically, neighborhood opposition stems from a fear of how such a development will change the character of the neighborhood, change traffic flow or density, lower land or housing values, increase noise, and alter community aesthetics. These issues can be mitigated, public sentiment influenced, and potential opposition disarmed by (1) having good communication with the municipality and the residents of the town/village/city, and providing community residents with ample opportunity to express concerns and ask questions via town or city meetings, and (2) educating residents about housing needs and Adult Home residents, and showing evidence from studies of existing Adult Homes about the impact on neighborhoods. Such efforts can convince local residents that a good-quality Adult Home can be a community asset and is an important part of any comprehensive community planning effort.

- **Regulations -** strict regulations in all areas of the operational aspects of an Adult Home can make operation unaffordable if indigent people are being served.

- **Funding for operations -** development and, ultimately, operation is much more challenging in economically depressed areas of the State because government funding for low-income Adult Home residents (SSI Level III), is inadequate. As of January 1, 2009, the monthly SSI reimbursement rate per eligible resident was $1,368, of which $178 goes to the individual as a personal needs allowance, leaving the remaining $1,190 for the Adult Home provider to cover the costs of mortgage payments, utility expenses, and repair costs, as well as the costs of residents' board and services. If an Adult Home has an inadequate pool of consumers who have private financial means to pay market-rate monthly rent and service charges, the development may not maintain financial feasibility.

Resources—examples:

- **Case Study: Newark, New York**
  While attempting to develop a 58-bed, full-service Adult Home/assisted living community, a developer experienced problems regarding proper zoning and resistance from neighborhood residents. After many meetings with town officials, the developer was able to apply for a "special use permit," which allowed for the construction of this type of housing project in an "agricultural" zone. The NIMBY issue was addressed through a series of "town hall" meetings that allowed for open conversation among the developer, town officials, and neighborhood residents. The project was conceived in August of 2006; it was finally approved for construction in June of 2008; and its opening was scheduled for June, 2009.

  When considering where best to construct a new Adult Home, there are many considerations that play a part in determining where the facility should be built. Once a developer/provider finds a community that may benefit from the Adult

Home "housing and services" model, a suitable location must be identified. A first step is to talk with local officials and community leaders to determine how much, if any, resistance they may encounter regarding zoning, neighborhood residents, and/or infrastructure issues. Through persistence and patience, developers can help communities make "caring for all segments of their resident populations" a part of their strategic comprehensive community planning.

- For specific examples of successfully operating Adult Homes, contact the Empire State Association of Assisted Living: (518) 371-2573; lnewcomb1@aol.com.

- New York State Department of Health—for a list of Adult Care Facilities, by county, in New York State (including Adult Homes, Enriched Housing Programs, Assisted Living Programs, and three levels of Assisted Living Residences): http://www.health.ny.gov/facilities/adult_care/.

Resource—written and web:

- For laws and regulations governing development and operation of Adult Homes in New York—New York State Health Department Web site: http://www.health.ny.gov/regulations/nycrr/title_18/.
  - Title 18 NYCRR Social Services regulations: Licensure: Part 485;
  - Regulatory Oversight: Part 486; Operations: Part 487

- For information regarding Adult Homes in New York—New York State Health Department Web site: http://www.health.ny.gov/facilities/adult_care/.

- Extensive information about Adult Homes, enriched housing, and assisted living in New York—Empire State Association of Assisted Living Web site: http://www.esaal.org/pdf/NYConnectsGuide.pdf.

Resource—technical assistance contact name:

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ASSISTED LIVING RESIDENCE (ALR)

Description:
In New York State, an Assisted Living Residence (ALR) is defined in Section 4662 of the Public Health Law and in 10 NYCRR Part 1001 as an entity that provides or arranges for housing, 24-hour on-site monitoring, personal care (help with bathing, dressing, eating, grooming, and transferring), and/or home care services in a home-like setting to five or more adult residents. In addition, supportive services, socialization activities, meals, case management, and the development of an individualized service plan for each resident are also provided. Residents requiring continuing nursing or medical care are not eligible for an ALR.

Operators of Adult Homes (which are available to adults aged 18 and over) and operators of Enriched Housing (which are available to people aged 65 and over) are eligible for licensure to provide the additional levels of services and care provided under an assisted living license in New York, and ALRs are licensed and regulated the New York State Department of Health.

Across the country, the concept of "assisted living" began in the 1980s as a response to the very strong preference of older people for a non-institutional, flexible, home-like supportive living environment when frailties compromised their ability to continue living on their own. Development of assisted living facilities grew rapidly as the older population increased dramatically; and, over time, individual states gradually increased government oversight as the age and frailty of assisted living residents continued to rise. As a result, assisted living facilities exist all across the country, but models vary among states, as does the level of services and care provided, the extent to which these models are defined in law, the extent to which they are licensed and regulated, and the government agency selected to govern their oversight.

New York—
In many states, any housing and services development or community for older people can market itself and call itself "assisted living." In New York State, any development, community, or facility that (1) calls itself assisted living, or (2) represents itself as offering "assisted living services," or (3) whose provision of services and care meets the law's description of assisted living must obtain an Adult Home *or* Enriched Housing Program license *and* an Assisted Living Residence license from the New York State Department of Health. For the most part, an ALR operates under the same rules and regulations as an Adult Home or Enriched Housing Program; however an ALR license does impose some additional requirements, particularly in the areas of resident protections and disclosures, as well as additional architectural and reporting requirements.

New York law identifies three levels of Assisted Living licensure:

- ***Basic Assisted Living Residence (ALR)*** – The characteristics and needs of residents in Basic ALR (admission and retention standards) are the same as those in Adult Homes or Enriched Housing Programs.

- ***Enhanced Assisted Living Residence (EALR)*** – A licensed Assisted Living Residence provider may obtain certification from the New York State Department of Health to provide an enhanced level of care, which authorizes the ALR provider to serve individuals who no longer meet the admission/retention criteria for the Adult Home/Enriched Housing program/basic assisted living residence—particularly residents who have become physically frailer. For example, EALR residents may need another person to assist them to walk, to transfer, to descend stairs, or to operate medical equipment. To achieve certification, the provider must show evidence of having appropriate levels of service capacity, staff, and staff training to provide an enhanced level of care; and, in some cases, EALR certification allows the provider to use his/her own licensed or registered nurse staff to provide some nursing services.

- ***Special Needs Assisted Living Residence (SNALR) –*** A licensed Assisted Living Residence provider may obtain certification from the New York State Department of Health to serve individuals who, due to Alzheimer's Disease or other dementia conditions, require a need for more specialized services, more intense supervision, and a safer, secure environment specifically designed to appropriately meet their evolving needs as their cognitive abilities decline. To achieve SNALR certification, the provider must show evidence of having sufficient levels of programming, staffing, and services that address the specialized needs of SNALR residents.

The State's Assisted Living Residence regulations became effective in early 2008, and over 250 providers (most of which were existing Adult Home and Enriched Housing Program providers) applied for ALR licensure. By 2010, fewer than ten have completed the application process and have received the new license and certifications, with the remaining still being processed by the State Department of Health.

A Certificate of Need process (administered by the State Department of Health), which is required to obtain an Adult Home or Enriched Housing Program license, is also required to obtain licensure and certification as an ALR. ALR applicants must successfully demonstrate that there is need for their proposed project in the community and pass financial feasibility, character and competence, legal, and architectural reviews. The applicant must also obtain letters of support for their project from the county Social Service District and the Area Agency on Aging. To date, such letters of support have been successfully obtained because, in general, localities recognize growing consumer demand for the socially based assisted living level of housing and services, and they welcome the job creation and increased tax revenues associated with the ALR's development and operation.

Assisted Living Residences can be successfully implemented in all geographic areas of New York—urban, suburban, and rural—with their sizes, architectural designs, and programming reflecting the characteristics of the residents and the communities in which they are located. For example, in small and rural communities, an ALR may be a house integrated into a residential neighborhood. In urban areas, they are more likely to be larger and purpose-built.

Benefits:

For both older residents and younger residents with disabilities:

- The various levels of assisted living, as additions to Adult Homes and Enriched Housing, provide a continuum-of-housing-and-services for residents, eliminating the need for multiple relocations when increasing frailties require higher levels of care. This is important for younger-aged residents with disabilities, but particularly critical for older residents, for whom the trauma of multiple relocations has a significant negative impact on mental and physical health.

- For older people who can no longer successfully live at home or who need more care than is provided in other senior housing options, Assisted Living Residences provide an advanced level of care in a home-like, flexible living environment, lessening the need to relocate into a nursing home.

- Assisted living services are personalized, based on each individual's needs, with the goals of (1) promoting residents' independence to the greatest extent possible, and in a dignified manner; and (2) regardless of a person's level of need, making paramount the ability of residents to make choices about their own lives.

- Special Needs Assisted Living Residences provide a safe, secure living environment where specialized design elements, programming, and services provide maximized freedom together with appropriate care for residents with Alzheimer's Disease and other cognitive disabilities.

For the community:

- There are Assisted Living Residences of all shapes and sizes throughout the State, providing a housing alternative that meets the unique profile of each community's population and level/type of need.

Impediments or barriers to development or implementation:

- **Community-level problems** – such as antiquated or unclear zoning laws, lack of municipality provided utilities, or poor community planning efforts can make it difficult for developers to construct new Assisted Living Residences.

- **Zoning** – zoning requirements differ from one community to another—each municipality may consider an ALR in a different way. When considering a potential location, it is important to find out early if a potential site location is

zoned appropriately, needs to be re-zoned, or if you can apply for a special use permit from the municipality to allow for a specific use.

- **"Not In My Back Yard"** (NIMBY) – Assisted Living Residences can experience the same neighborhood resistance as other congregate or multiunit residential options for special-needs populations. Typically, neighborhood opposition stems from a fear of how such a development will change the character of the neighborhood, change traffic flow or density, lower land or housing values, increase noise, and alter community aesthetics. These issues can be mitigated, public sentiment influenced, and potential opposition disarmed by (1) having good communication with the municipality and the residents of the town/village/city, and providing community residents with ample opportunity to express concerns and ask questions via town or city meetings, and (2) educating residents about housing needs and about assisted living residents, and showing evidence from studies of existing Assisted Living Residences about the impact on neighborhoods. Such efforts can convince local residents that a good-quality ALR can be a community asset and is an important part of any comprehensive community planning effort.

- **Funding for operations -** development and, ultimately, operation is much more challenging in economically depressed areas of the State because government funding for low-income residents (SSI Level 3) is inadequate to cover the costs of the base Adult Home/Enriched Housing program, let alone the additional services associated with the three levels of ALR services. The only viable funding available at this time for ALR/EALR/SNALR development and operation is the consumer's private resources. If there is not a market or adequate pool of consumers who have private financial means to pay market-rate monthly rent and service charges, the development may not be feasible.

Resource—examples:

- **Case Study – Newark NY**
  While attempting to develop a 58-bed full-service adult home/assisted living community, a developer experienced problems regarding proper zoning and resistance from neighborhood residents. After many meetings with town officials, the developer was able to apply for a "special use permit" to allow this type of project to be constructed in an "agricultural" zone. The NIMBY issue was addressed through a series of town hall meetings, which allowed for open conversation among the developer, town officials, and neighborhood residents. The project was conceived in August of 2006; it was finally approved for construction in June of 2008; and its opening was scheduled for June, 2009.

  When considering where best to construct a new ALR, there are many considerations that play a part in determining where the facility should be built. Once a developer/provider finds a community that may benefit from the ALR "housing and services" model, a suitable location must be identified. A first step is to talk with local officials and community leaders to determine how much, if any, resistance they may encounter regarding zoning, neighborhood residents,

and/or infrastructure issues. Through persistence and patience, developers can help communities make "caring for all segments of their resident populations" a part of their strategic comprehensive community planning.

- For specific examples of successfully operating Assisted Living Residences, contact the Empire State Association of Assisted Living: (518) 371-2573; lnewcomb1@aol.com.

- New York State Department of Health—for a list of all Adult Care Facilities, by county, in New York State (including Adult Homes, Enriched Housing Programs, Assisted Living Programs, and three levels of Assisted Living Residences): http://www.health.ny.gov/facilities/adult_care/.

Resource—written and web:

- New York State Department of Health—for laws and regulations governing development and operation of Adult Homes and Enriched Housing Programs in New York State: http://www.health.ny.gov/regulations/nycrr/title_18/; click on "Search Title 18"; then use the search tool to view the following parts under Title 18, as well as other parts of the regulations:
  - Title 18 NYCRR Social Services regulations:
    - Licensure: Part 485;
    - Regulatory oversight: Part 486;
    - Operations for Adult Homes: Part 487;
    - Operations for Enriched Housing programs: Part 488.

- New York State Department of Health:
  - For information pertaining to Assisted Living Residences in New York State: http://www.health.state.ny.us/facilities/assisted_living/index.htm.
  - For regulations governing the operation of Assisted Living Residences in New York State: http://www.health.ny.gov/facilities/assisted_living/adopted_regulations/ :
    - Assisted living residence/enhanced/special needs: Part 1001.

- For information about Adult Care Facilities and Assisted Living Residences—Empire State Association of Assisted Living: http://www.esaal.org/pdf/NYConnectsGuide.pdf.

- The National Center for Assisted Living—an entity of the American Health Care Association; provides national advocacy, education, networking, professional development, publications, resources, and quality initiatives for assisted living providers across the country: http://www.ahcancal.org/ncal/Pages/default.aspx.

- Consumer Consortium on Assisted Living—a national organization focused on the needs, rights, and protection of assisted living consumers and their caregivers;

extensive educational information about assisted living, choosing an assisted living facility, resources, etc.: http://www.ccal.org/.

- National Ombudsman Resource Center—for a list of each state's Long-Term Care State Ombudsman, each of whom oversees the network of local ombudsmen throughout their state who advocate on behalf of nursing home and assisted living residents and their families and who help residents and families resolve issues and problems related to living in the facilities: http://www.ltcombudsman.org/ombudsman.
  List for New York State: http://www.ltcombudsman.org/ombudsman; on map, click on New York State; then scroll down the page and see the list of ombudsman coordinators in New York.
- National Center for Assisted Living (2009), *Assisted Living State Regulatory Review,* including descriptive and contact information for each state's governing agency overseeing assisted living facilities: http://www.ahcancal.org/ncal/resources/Documents/2009_reg_review.pdf.
- Center for Excellence in Assisted Living—their mission is to act as an objective resource center to facilitate quality improvement in assisted living: http://www.theceal.org/.

- Assisted Living Federation of America—a national 500-member professional association of assisted living providers; advocates on behalf of members and provides educational events and conferences meant to increase operational excellence among provider members: http://www.alfa.org/alfa/Default.asp.

- B. Wright (October, 2004), "An Overview of Assisted Living: 2004," *Issue Brief.* Washington, DC: AARP, Public Policy Institute.
  http://assets.aarp.org/rgcenter/il/ib72_al.pdf.
  B. Wright (October, 2004), "Assisted Living in the United States—a research report," *Policy and Research for Professionals in Aging*. Washington, DC: AARP:
  http://assets.aarp.org/rgcenter/post-import/fs62r_assisted.pdf.

- C. Hawes, M. Rose, and C. Phillips (Myers Research Institute) (December 14, 1999), *A National Study of Assisted Living for the Frail Elderly--Results of a National Survey of Facilities*. Washington, DC: U. S. Department of Health and Human Services. http://aspe.hhs.gov/daltcp/reports/facres.htm.

- C. Rudder, D. Smith, and G. Lieberman (November, 2001), *Assisted Living in New York State—A Summary of Findings.* Philadelphia, PA: Temple University's Fox School of Business and Management and the Health Care Management Program; and New York City: the Nursing Home Community Coalition of New York State, and the Coalition of Institutionalized Aged and Disabled.
  http://www.ltccc.org/papers/assisted_living_project.htm.

- *Creating Affordable Assisted Living: A Coming Home Case Study* (Garden Place: Affordability with Distinction—Providing Elders in Milwaukee, WI, with a New Alternative) (July, 2006). A collaborative development project among: Wisconsin Housing and Economic and Development Authority, Wisconsin

Department of Health and Family Services, NCB Capital Impact, and SunStarr Real Estate Group. Provides a description of all aspects of the development process for this project: http://www.wiaffordableassistedliving.org/demonstrations/GardenPlaceReport06.pdf.

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ASSISTED LIVING PROGRAM (ALP)

Description:
New York State's Assisted Living Program (ALP) was instituted in 1987 and is defined in state law (18 NYCRR Part 494) as an entity which is established and operated for the purpose of providing long-term residential care, including room, board, housekeeping, personal care, supervision, and providing or arranging for case management, home health services, physical therapy, occupational therapy, speech therapy, medical supplies and equipment, adult day health care, and intermittent nursing care for five or more eligible adults unrelated to the operator. Other ALP support services include scheduling doctors' appointments, helping people to obtain their financial entitlements, and offering meaningful on-site and community activities. Residents who need continual nursing care or are chronically bed-fast or chair-fast are not eligible for an ALP.

An ALP is licensed and regulated by the New York State Department of Health; its basic licensure is as an Adult Home or Enriched Housing Program, and the additional licensure as an ALP is intended to serve individuals who require services above and beyond what is typically provided in those basic settings and who have been assessed as nursing-home-eligible.

In an ALP, the Adult Home or Enriched Housing Program holds a license as a home care services agency—providing some home care services under that license and additional services through a contract with a Certified Home Health Agency. For low-income ALP residents, the basic services provided as an Adult Home or Enriched Housing Program are subsidized through the Supplemental Security Income (SSI) program at the Level III rate, and the Medicaid Program subsidizes the additional ALP services, including personal care, home care, therapies, and short-term nursing services. A substantial majority of ALP residents are Medicaid recipients, and Medicaid funding is provided in the form of a daily capitated payment, which is based on the combined Resource Utilization Group (RUGs) assessment score for each resident's needs. On average, Medicaid reimbursement for an ALP resident is approximately 50 per cent of what the Medicaid reimbursement would be for that same person if he/she were living in a nursing home.

The State's recently enacted law governing Assisted Living Residences (ALRs) does not provide for public subsidization of services for low-income residents. The ALP program is the State's only formally defined assisted living model that incorporates Medicaid reimbursement for low-income residents. By 2008, there were approximately 60 ALPs serving nearly 3,700 private pay and subsidized individuals, with another 1,584 beds awarded and scheduled to come on line during 2009 and 2010.

ALP capacity (number of occupied units) is authorized in statute through the New York State legislative process, and the program's statewide capacity is strictly limited. When new ALP capacity is made available, applications to develop new units are subject to a highly competitive review process; and thus far, applications have far exceeded the number of units that have been allotted. All applicants must undergo a Certificate of Need process (administered by the State Department of Health) to obtain an Adult Home or Enriched Housing Program license, as well as the ALP license— applicants must successfully demonstrate that there is need for their proposed project in the community and must pass financial feasibility, character and competence, legal, and architectural reviews. In addition, they must obtain letters of support for their project from the local Social Services District and the county Area Agency on Aging. To date, such letters of support have been successfully obtained because, in general, localities recognize growing consumer demand for this socially based "housing-services-and-health care" model, and welcome the job creation and increased tax revenues associated with the ALP's development and operation.

The Assisted Living Program operates under three sets of regulations: (1) the Adult Home or Enriched Housing Program; (2) licensed home care service agencies; and 3) the oversight specific to the ALP level of services and care that serves as a supplement to (1) and (2). The ALP's unique combination of Adult Home/Enriched Housing and home care services allows nursing-home-eligible individuals to age in place beyond what is otherwise allowed in an Adult Home or Enriched Housing Program.

Assisted Living Programs can be successfully implemented in all geographic areas of New York—urban, suburban, and rural—with their sizes, architectural designs, and programming reflecting the characteristics of the residents and the communities in which they are located.

Benefits:

For older people and younger adults with disabilities:

- The greatest benefit of the ALP program is that, through involvement of Medicaid funding as a supplement to SSI reimbursement, an affordable assisted living option is available for low-income New Yorkers.

- As additions to Adult Homes and Enriched Housing, the various levels of housing and care available in an ALP provide a "continuum-of-housing-and-services" for residents, eliminating the need for multiple relocations when increasing frailties require higher levels of care. This is important for younger-aged residents with disabilities, but particularly critical for older residents, for whom the trauma of multiple relocations has a significant negative impact on mental and physical health.

- For people who can no longer successfully live at home or who need more care than is provided in other senior or family housing options, ALPs provide an

advanced level of care in a non-institutional, home-like, flexible living environment, lessening the need to relocate into a nursing home.

- For residents with Alzheimer's Disease or other dementia conditions, ALPS provide a safe, secure living environment, with appropriate care and integrated with other individuals who do not suffer from cognitive impairments.

- The functional abilities of residents in any one home can vary significantly, providing a more normalized living environment for residents than is possible in care facilities that cater to a homogeneous older frail resident group or where all residents have mental health disabilities.

- The goals of service-design and service-provision are person-centered, to:
  - Personalize the level of assistance provided based on each individual's needs;
  - Provide services in a manner that maintains a resident's dignity and promotes his/her independence to the greatest extent possible; and
  - Provide an environment in which the ability for residents to make choices about their own lives is paramount, regardless of a person's level of need.

For the community:
- There are ALPS of all shapes and sizes throughout the State, providing a housing alternative that meets the unique profile of each community's population and level/type of need.

Impediments or barriers to development or implementation:
- **Capacity** - Development of ALPs is limited by the State, and growing demand for this option continues to outstrip the supply.

- **Community-level problems** – such as antiquated or unclear zoning laws, lack of municipality provided utilities, or poor community planning efforts can make it difficult for developers to construct new ALPs.

- **Zoning** – zoning requirements differ from one community to another—each municipality may consider an ALP in a different way. When considering a potential location, it is important to find out early if a potential site location is zoned appropriately, needs to be re-zoned, or if you can apply for a special use permit from the municipality to allow for a specific use.

- **"Not In My Back Yard"** (NIMBY) – Assisted Living Programs can experience the same neighborhood resistance as other congregate or multiunit residential options for special-needs populations. Typically, neighborhood opposition stems from a fear of how such a development will change the character of the neighborhood, change traffic flow or density, lower land or housing values, increase noise, and alter community aesthetics.

  These issues can be mitigated, public sentiment influenced, and potential opposition disarmed by (1) having good communication with the municipality

and the residents of the town/village/city, and providing community residents with ample opportunity to express concerns and ask questions via town or city meetings, and (2) educating residents about housing needs and about assisted living residents, and showing evidence from studies of existing ALPs about the impact on neighborhoods. Such efforts can convince local residents that a good-quality ALP can be a community asset and is an important part of any comprehensive community planning effort.

- **Funding for operations –**
  - Unlike nursing homes, there is no construction capital "add-on" or reimbursement for ALPs. Some operators who have newly constructed buildings have difficulty covering development and operational costs at the SSI/Medicaid reimbursement rate for ALPs.
  - SSI Level III reimbursement is inadequate to cover the costs of the base Adult Home/Enriched Housing program services in an ALP.
  - The Medicaid reimbursement rate for ALPs is significantly less than the reimbursement rate for nursing homes. While ALPs are the only Medicaid-subsidized assisted living model available for low-income individuals, an operator must carefully assure a workable mix of low-income residents and residents who can afford to pay all charges with private resources. If there is not an adequate pool of consumers who have private financial means to pay market-rate monthly rent and service charges, the development may not remain financially feasible.

Resource—examples:

- New York State Department of Health—for a list, by county, of ALPs operating in New York State: http://www.health.ny.gov/facilities/assisted_living/licensed_programs.htm.

- New York State Department of Health—for a list of all Adult Care Facilities, by county, in New York State (including Adult Homes, Enriched Housing Programs, Assisted Living Programs, and three levels of Assisted Living Residences): http://www.health.ny.gov/facilities/adult_care/.

Resource—written and web:

- New York State Department of Health: http://www.health.ny.gov/regulations/nycrr/title_18/; click on "Search Title 18"; then use the search tool to view the various parts listed below, as well as other parts of Title 18.
  - For information on Title 18 NYCRR Social Services regulations:
    - Licensure: Part 485;
    - Regulatory Oversight: Part 486;
    - Operations for Adult Homes: Part 487;
    - Operations for Enriched Housing Programs: Part 488.
    - Operations for Assisted Living Programs, Part 494.

- New York State Department of Health: http://www.health.ny.gov/regulations/nycrr/title_10/; click on "Search Title 10" and use the search tool to view the various parts listed below, as well as other parts of Title 10:
  - For information on Title 10 NYCRR Social Services regulations:
    - Licensure for Licensed Home Care Service Agencies: Part 765;
    - Operations for Licensed Home Care Service Agencies: Part 766.

- Empire State Association of Assisted Living—information about adult care facilities, assisted living programs (ALP), and assisted living residences: http://www.esaal.org/pdf/NYConnectsGuide.pdf.

- New York State Department of Health (June, 2006), "New York State Medicaid Program—Assisted Living Program (ALP) Manual: Policy Guidelines," *emedNY* : http://www.emedny.org/ProviderManuals/AssistedLiving/PDFS/ALP_Policy_Section.pdf.

- Long Term Care Community Coalition (2008), *Recommendations for Making Affordable Assisted Living a Reality.* New York City: Long Term Care Community Coalition, Assisted Living Committee: http://www.assisted-living411.org/documents/WHITEPAPER_001.pdf

- Dormitory Authority of the State of New York—for information on capital financing and construction services: http://www.dasny.org/.

Resource—technical assistance contact name:

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Continuing Care Retirement Communities
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CONTINUING CARE RETIREMENT COMMUNITY (CCRC)

Description:
The "continuing care" concept began in the 1920s, with isolated religious, labor, and fraternal organizations providing their own elderly members with housing and care for the rest of their lives. In the 1960s, in the western part of the United States, the current, more familiar, model of Continuing Care Retirement Communities (CCRC) emerged as a retirement "housing and care" option for the general elderly population. Their popularity grew across the country in response to the preference of older people for a living environment that included a complete continuum of housing, services, and health care—all provided in close proximity and under one sponsorship.

A CCRC consists of independent living apartments and/or cottages, supportive residential services, socialization activities, personal and health aide care available in a resident's apartment/cottage or in a separate "assisted living" residence, and nursing home care that can be provided on-site or in an affiliated arrangement with a nursing home in the wider community. Typically, the various buildings comprising a CCRC are built in a campus arrangement, making them a viable option for suburban and rural locations. However, recent market demands have resulted in "vertical" CCRCs being successfully developed in urban centers, with distinct levels of housing and care occupying separate floors of a high-rise building.

The organizational structure of CCRCs varies, including nonprofit and for-profit entrance-fee models and resident-equity models (entrance fee, cooperative or condominium independent living residences). A CCRC is considered a community, where each resident enters into a contract that covers housing, services, and care utilized by the resident. Government licensure and regulatory oversight of CCRCs varies significantly among states.

CCRCs strive to keep residents healthy and living independently for as long as possible through provision of a variety of activities, health screening, and healthy life choices. Residents participate in the operational aspects of their community through a resident organization and, in the case of cooperative and condominium options, through participation on the Board of Directors.

New York— Through Chapter 689 of the laws of 1989, Article 46 of the State's Public Health Law authorized the establishment of CCRCs in New York. The CCRC Council provides oversight of CCRCs, with oversight of health and nursing home care residing with the State Department of Health and primary oversight of the financial aspects of a CCRC residing with the State Department of Insurance.

In New York, CCRCs can be for-profit, nonprofit, or equity models. All CCRCs are required to provide room and board, supportive and social services, access to

personal and health care, and nursing home care as part of the resident's contract in exchange for payment of an entrance fee and monthly fees. In the case of an equity CCRC, a resident purchases the independent living residence as a condominium or cooperative, with the purchase price serving as the entrance fee. CCRC contracts will specify whether any portion of the entrance fee is refundable to the resident (or the resident's estate) upon cancellation of the contract, with refunds of 50 to 90 per cent of the original entrance fee a common practice. Upon sale of a cooperative or condominium in an equity CCRC, residents (or their estates) receive the sale price as well as any appreciation in the real estate value of the independent living unit. New York State requires that all refunds be made upon resale of the residence or one year's time following cancellation of the contract, whichever is sooner.

There are three types of CCRC resident contracts allowed in New York, and many CCRCs offer more than one type as choices to residents:

- *Type A (life care) contract: All* nursing home care is provided as needed during the resident's lifetime, and the resident's monthly charges in the nursing home do not increase as his/her level of care increases, but remains the same as that paid by the resident if he/she were living in the independent living residence.

- *Type B (modified) contract:* A limited amount of nursing home care (specified in the resident's contract) is available to the resident, at the same monthly charge as was paid in the independent living residence; and any additional nursing home care is charged at a per diem rate. New York law requires a minimum of sixty nursing home days at the same monthly fee as paid in the independent living residence, although CCRCs may choose to offer contracts that provide additional coverage at that same amount.

- *Type C (fee-for-service) contract:* The resident's contract does not include the provision of nursing home care, and residents are required to pay a per diem rate for any nursing care as it is needed.

Benefits:

For residents:

- Various models, contract types, and refund policies have an impact on the amount of entrance fees and monthly fees charged; most CCRCs offer more than one contract option, thereby providing each resident with choices to better match his/her preferences and financial status.

- Life care contracts (a long-term care insurance concept) provide peace of mind for residents and their families by assuring that a continuum of appropriate care will be available and affordable when needed, while minimizing or eliminating the trauma of relocation as frailties increase.

- Residents find a comfort level in knowing exactly who will be providing their care when it is needed.

- Residents are not impoverished, as communities must guarantee that each contract holder will be cared for by the community even if a resident's assets are depleted.

- Long-term nursing care is typically provided on the same campus so that the resident stays within the community, among familiar surroundings, and with easy access by their spouse and friends.

- Communities respond in emergency situations and can easily arrange for resident health services and care planning as needed, freeing residents and their families from those tasks.

- CCRCs generally have a high level of staffing, allowing for upscale services, including those provided in the long-term care setting.

- Residents retain their ability to use private long-term care insurance, if they so choose.

- Transportation, residence cleaning and maintenance, social/cultural activities, health screening, and other preventative services are normally provided or arranged by the community for residents at little or no additional cost.

- Refundable-entrance-fee contracts allow CCRC residents to preserve assets for their heirs.

- The continuum of housing and care provides a resident's family with peace of mind regarding a frail resident's on-going safety, care, and supervision . . . as well as a comfort level that their own care giving efforts will be consistently supplemented by the CCRC's services and care.

For the state/locality:

- Substantial job creation and use of local resources . . . during development and continuing during operations.

- For-profit CCRCs make major contributions to the property and school tax base of the surrounding community.

- Affluent residents remain in the State, contributing to both state and local economies.

- CCRCs make a special effort to maintain the integration of their residents with the wider community; thus, residents contribute substantial time, effort, and financial support to many civic, intergenerational, and other projects in the wider community.

- CCRC residents do not divest themselves of assets for Medicaid eligibility.

- CCRCs are a successful model for rural, suburban, and urban areas.

Impediments or barriers to development or implementation:

- Lack of continuing bonding authority for the development phase:
  - Industrial Development Agency (IDA) authority to issue tax-free bonds lapses periodically, making financing uncertain, delaying the start of new CCRC communities, or requiring more costly financing sources, all of which increase residents' entrance fees and monthly charges.
  - No authority for the Dormitory Authority to issue unrated bonds for CCRCs.

- Lack of affordable seed capital – sponsors are unable to obtain bond anticipation notes, although allowed by existing legislation. High cost of seed capital increases resident fees.

- Excessive regulatory oversight:
  - Two State agencies (Department of Health; Department of Insurance) review applications of entrance-fee models, and three State agencies (Department of Health; Department of Insurance; Office of the Attorney General) review applications of equity models. The resulting review process delays application approvals.
  - State Insurance Department micromanagement of community operations, contracts, fee changes, investments.
  - Lengthy process for updating resident contracts.

- Unique New York State requirements make establishment and operation of CCRCs more expensive than in other States:
  - Unique actuarial requirements;
  - Investment restrictions;
  - Restricted use of deposits for construction;
  - Application and finance delays require additional seed capital.

- Inability of CCRCs to accept outside residents into the community's nursing home and assisted living residence on a continuing basis increases resident fees.

- Unfamiliarity with the CCRC concept by potential sponsors and prospective residents throughout New York State.

- A discouraging business climate for CCRC development due to local zoning restrictions, development-financing sunsets, and lack of payment-in-lieu-of-taxes (PILOT) agreements.

Resource—laws and regulations:

- New York State Public Health Law:
  - New York Public Health, Article 46, §4600-4624, "Continuing Care Retirement Communities," *onecle* on line: http://law.onecle.com/new-york/public-health/article46.html.

Also: "Article 46 - (4600 - 4624) Continuing Care Retirement Communities," *Attorney.org* on line: http://statutes.attorney.org/new-york/pbh/article-46.

- "New York Public Health, Article 46A, §4650-4676, Fee for Service Continuing Care Retirement Community Demonstration Program," *onecle* on line: http://law.onecle.com/new-york/public-health/article46-a.html.

- *Westlaw*, New York State Department of State, Division of Administrative Rules—to find the regulations governing Continuing Care Retirement Communities: NYCRR, Title 10 (New York State Department of Health), Part 900 (Certificate of Authority), Chapter VII (Life Care Communities): http://w3.health.state.ny.us/dbspace/NYCRR10.nsf/56cf2e25d626f9f785256538006c3ed7?SearchView: in the search slot, type "Part 900."

Resource—examples (one co-op; the rest are entrance fee communities):

- Peconic Landing (the State's only cooperative CCRC), Greenport, NY, Suffolk County, www.peconiclanding.org.

- Canterbury Woods, Amherst, NY, Erie County, www.canterburywoods.org.

- Kendal at Ithaca, Ithaca, NY, Tompkins County, www.kai.kendal.org.

- Glen Arden, Goshen, NY, Orange County, http://elant.org.

- Summit at Brighton, Brighton, NY, Monroe County, www.jewishseniorlife.org.

- Jefferson's Ferry, South Setauket, NY, Suffolk County, www.jeffersonsferry.org.

- Westchester Meadows, Valhalla, NY, Westchester County, www.westchestermeadows.org.

- Kendal on Hudson, Sleepy Hollow, NY, Westchester County, www.kohud.kendal.org.

Resource—written and web:

- Continuing Care Accreditation Commission (CCAC), a national organization which is now part of the national Commission on Accreditation of Rehabilitation Facilities (CARF). CCAC is the nation's only accrediting body for CCRCs. http://www.carf.org. On the home page, choose CARF-CCAC on the menu on the left.

- Sarah Mashburn (March 22, 2011), "Fact Sheet: What You Need to Know About CCRCs," *Aging Services—What You Need to Know About CCRCs.* Washington, DC: LeadingAge. http://www.leadingage.org/Article.aspx?id=205.

- Perry Edelman and Jan Montague (April, 2008). "Wellnessness: First National Survey Identifies Changing Expectations for LTC," *Long-Term Living,* Vol. 57, No. 4: http://matherlifeways.com/archives/337. Findings of a national survey of CCRCs conducted February, 2005, through May, 2006, by Mather LifeWays

Institute on Aging, Dorsky Hodgson Parrish Yue (architectural firm), and Ziegler Capital Markets Group (financial services company for senior living projects).

- Continuing Care Accreditation Commission (2007). *Consumer Guide to Understanding Financial Performance and Reporting in Continuing Care Retirement Communities.* Washington, DC: Commission on Accreditation of Rehabilitation Facilities.

- John Harrigan, Jennifer Raiser, and Phillip Raiser (1998). *Senior Residences: Designing Retirement Communities for the Future* (Wiley Series in Healthcare and Senior Living Design). New York City: Wiley Publishing.

- CCRCs are available in Canada and the United Kingdom. The following book is a guide for use by developers who are designing and developing CCRCs in England: Robin Tetlow (2006): *Continuing Care Retirement Communities: A Guide to Planning.* York, United Kingdom: Joseph Rowntree Foundation. A PDF version of this publication can be viewed at: http://www.jrf.org.uk/sites/files/jrf/9781859354544.pdf.

Resource (free or fee-based)—technical assistance contact names:

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Judith Rabig, Vice President of Research and Innovation
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SMALL HOUSE Nursing Homes
Some are trademarked as GREEN HOUSES®

Description:

A small house is an intentional residential community of 5 to 14 persons who have self-care limitations and who need on-going nursing care; supportive assistance; and help with activities of daily living, chronic-disease management, and sometimes dementia care. Small houses (some are created under the trademarked Green House® logo) are licensed as nursing homes, and a staff of highly trained workers lives and works on site. The houses are well-designed for easy usability by frail residents; they are organized and operated around the humanistic guiding principles of autonomy and dignity, and a home-like living environment is maximized.

The concept of a small, home-like nursing home was developed by Dr. William Thomas and termed a Green House,® with the first one built and licensed in Tupelo, Mississippi, in 2003 as an alternative to the traditional institutional nursing home. Since then, this housing and care concept has been replicated as nursing homes, incorporated into assisted living facilities, and built as additions to Continuing Care Retirement Communities. Multiple small houses have been clustered on a defined property; embedded individually in residential neighborhoods; and, in urban areas, an apartment configuration has been utilized. In addition, the concept has the potential to be operated as a cooperative by community dwelling groups.

Small house programs have been implemented in a variety of ways: (1) tightly defined, registered-trademark models such as the Green House,® (2) loosely defined, consultant-led implementations that accommodate an individual organization's choice, and (3) versions that have been internally envisioned and self-implemented by a group or organization.

While all small houses bear some unique implementation aspects, there is a set of design characteristics that define all of them:

- Each building is:
  - A self-contained house or communal apartment.
  - Accessible—permitting users to move freely and normally.
  - Adaptive—designed for very easy modification in order to accommodate people with a wide range of disabilities.
  - Accommodating and compatible—yielding, tolerant, and amenable to the functional limitations of the user.

- The physical environment is legible—that is, provides environmental cues that:
  - Enable frail residents to understand their surroundings, retain a feeling of familiarity, and perceive a "sense of place"—which is particularly essential for residents with dementia.
  - Supply messages and features that orient residents, help with way-finding and direction, and amplify differences between walls/floors, doors/walls, etc.

- Key design components include:
  - An open kitchen, to which residents are welcome and participate in meal preparation.
  - A dining room with a large table where family-style meals are served.
  - A living room with a fireplace.
  - A communal "heart" of the house, or hearth.
  - Private bedrooms that are configured around the hearth, within short distance, to eliminate facility-induced wheelchair use.
  - Bedrooms that are equipped with ceiling lifts and private baths with showers.
  - A spa-like bathing room for use by all residents.
  - A den.

- Each house includes a small office for use by staff and a utility area.

- There is outdoor space that is fenced or landscaped to eliminate wandering by residents with cognitive impairment, with access for residents to freely move in and out independently without requiring accompaniment by staff.

- Design emphasis is on use of the environmental details to support function, including incorporation of technology that enhances the environment.

There are many design elements that are integrated in small houses to improve outcomes for both elderly and younger-aged residents, including the small scale of the overall building, short walking distances, and outdoor access. Maximized functional independence is achieved by attention to "universal design" details such as "D" handles for doors and cupboards, single-lever faucets for bathrooms and kitchens, sit-to-work space at counters, adjustable closet rods, angled bathroom mirrors for grooming, reachable placement of light switches, furniture selection and placement, and many more.

Directly related to resident-outcome is: (1) the relationship between residents and on-site direct care workers, and (2) relationship between direct care workers and supervising nursing and medical staff. The direct care workers are given more training and added responsibility for making day-to-day decisions regarding the residents with whom they interact on a daily basis. Direct care workers maintain consulting contact with supervising nursing and medical personnel, who are typically stationed in a larger facility; and workers are accountable to these personnel who provide regular oversight. The increased status and responsibilities of the direct care staff imbue them with a greater investment in the successful

operation of the small house and with greater interest in the positive outcomes of their individual residents.

When completely implemented—physical design, trained staff, truly person-centered programming and care, and the philosophical underpinnings regarding both staff and residents—a small house reframes: (1) the philosophical view of the "person," integrates both the tangible and intangible aspects of "home" and of "family," and provides high quality care and support; and (2) the professional view of the direct care worker, increasing his/her responsibilities and decision-making, and, ultimately, job status and job satisfaction.

Small houses are a radical departure from traditional nursing home designs and operations. At the federal regulatory level, according to ncb capital impact, "In a February 2007 letter, Leslie Norwalk, Acting Administrator of the Centers for Medicare and Medicaid Services (CMS), found 'no barriers' that would prevent Green House homes adhering to the model's principles from being 'qualified as nursing homes under Federal regulations.' The letter includes the Green House model among the larger culture change movement that CMS supports, commenting that 'we believe these innovations more fully implement the Nursing Home Reform provisions of the Omnibus Budget Reconciliation Act of 1987, from which our CMS nursing home regulations are derived.'" The full CMS letter to the United States Senate from the U. S. Department of Health and Human Services can be viewed at: http://www.ncbcapitalimpact.org/uploadedFiles/downloads/GH_CMS_MSCongressDelegation_Feb07.pdf.

In New York State, small houses and Green Houses® are regulated and overseen by the New York State Department of Health and must follow the regulations stipulated by the Department.

Benefits:

- *For residents:*
  - Residents receive high levels of care and service in a true home-like setting.
  - Non-institutional living environment.
  - On-going, routine access to the life and activities of a home; residents are directly involved in day-to-day decisions about meals, activities, programming, and operational aspects of the home.
  - Physical and programmatic design encourages maximized functional competence and self-confidence.
  - Residents retain their connection to the wider community.
  - Living in a small community encourages on-going interaction and decreases social isolation.

- *For staff:*
  - Greater decision-making status for direct care workers.
  - Positive working environment leads to greatly reduced staff turnover and high job-satisfaction by staff.

- *For the small house sponsor and the wider community:*
  - Cost-effective operation, because of (1) greater use of direct care worker staff and less use of more costly nursing staff, and (2) much less worker turnover because of increased job satisfaction.

Impediments or barriers to development or implementation:

- Small house nursing homes are complicated to plan and to implement. They require compliance with complex local, state, and federal regulations.

- New construction is usually necessary to achieve maximization of design that supports function. Retrofitting of existing structures is rarely cost-effective.

- Construction of a nursing home or assisted living small house is expensive – usually 1.5 times residential construction.

- The small scale of a small house does not take advantage of the economies of scale characteristic of a large nursing home.

- No current models of cooperatively owned small houses exist.

Resource—examples:

- Eddy Village Green, 421 W. Columbia Street, Cohoes, NY, 12047; cluster of 16 Green Houses® planned; six completed and operating; an additional 10 under development; (518) 237-5630: http://www.nehealth.com/Senior_Services/Nursing_Homes/Eddy_Village_Green/.

- The Green Houses® at Traceway, Tupelo, MS., Methodist Senior Services of Mississippi. First small houses in the country— 11 houses licensed as nursing homes. Steve McAlilly, President and CEO, (662) 844-8977, http://www.mss.org.

- Avalon by Otterbein, Otterbein Communities. Six clusters of small houses, embedded in residential neighborhoods, are scattered throughout Northwestern Ohio. Each cluster contains five houses. Jill Hreben, President and CEO, (419) 833-8912, http://www.otterbein.org.

- The Green House Project, ncb capital impact—extensive information about Green Houses® (http://www.ncbcapitalimpact.org/forms.aspx?ekfrm=1278) and a link to a list of Green Houses® in operation or development across the United States (http://www.ncbcapitalimpact.org/default.aspx?id=150).

Resource—written and web:

- New York State Nursing Home Regulations (Title 10, New York Codes, Rules, and Regulations), New York State Department of Health: http://w3.health.state.ny.us/dbspace/NYCRR10.nsf/56cf2e25d626f9f785256538006c3ed7?SearchView.

- J. Rabig and D. Rabig (2008). *Small House Design Manual*, Vol. 1. Salt Lake City, Utah: Aardvark Global Publishing.

- R. Kane, T. Lum, L. Cutler, H. Degenholtz, and T. Yu (2006). "Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program," *Journal of the American Geriatrics Society*, Vol. 55.

- The National Alliance of Small Houses (NASH) lists current projects and resources information: http://smallhousealliance.ning.com/.

- J. Rabig and D. Rabig (March 1, 2008). "From 'Nursing Home' to 'Home': The Small House Movement," *Long-Term Living:* http://www.ltlmagazine.com/article/nursing-home-home-small-house-movement.
  Also view this article at: http://www.thefreelibrary.com/From+'nursing+home'+to+'home'%3A+the+small+house+movement%3A+from+the...-a0187996968.

- J. Rabig, et al. (2006). "Radical Redesign of Nursing Homes: Applying the Green House Concept in Tupelo, MS," *The Gerontologist*, Vol. 46, #4.

Resource—technical assistance contact name:

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Cynthia Jordan, Certified Housing Counselor
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HOUSING COUNSELING

Description:
Across the country, housing counseling is provided to the general population, as well as specifically to older people and to people with disabilities. Counseling is available through discrete, formal Housing Counseling Programs or as an integral component of other service programs. Housing counseling can provide advocacy, information, technical assistance, training, education, crisis intervention, and help with decision-making skills—to first-time home buyers, homeowners, and renters—tailoring the information and help to the client's specific needs or problems.

FORMAL PROGRAMS

Formal Housing Counseling Programs are operated by community-based housing organizations, consumer credit-counseling agencies, and other community service organizations. While housing counseling does not require certification or licensure, most programs are funded by the U. S. Department of Housing and Urban Development (HUD), the counselors complete HUD's housing counselor training, and the organization is certified as a "Hud-Approved Housing Counseling Agency."

Homeownership:
Traditionally, the majority of first-time home buyers are young adults. However, public policies have increased the number of established families and mid-life individuals with disabilities who are buying their first homes. In addition, young, mid-life, and elderly homeowners are facing financial difficulties and foreclosures. Regardless of age, homeownership counseling and education is a critical step in producing an informed consumer who is better equipped to attain homeownership status and to sustain that status over time. Counselors work to build healthy communities and expand homeownership opportunities and successful retention.

Pre-purchase— A pre-purchase housing counselor prepares a client for successful homeownership by informing and educating the client. The counselor will then advise, guide, and advocate for that client, as well as collaborate and negotiate on the client's behalf. Homeowners who have taken part in pre-purchase counseling have increased knowledge and are able to experience a more efficient real estate transaction. They also have reduced loan delinquency and improved financial health. The primary ways to attain these goals are through: (1) group homebuyer education workshops (six to eight hours in length), and (2) individual counseling sessions (as many as necessary), which supplement group education by focusing on problems and issues that are specific to a particular homebuyer. Both group workshops and individual sessions include information on budgeting, developing a savings plan, credit issues and repairing credit, and finally selecting a home.

Foreclosure— A foreclosure-intervention counselor assists homeowners of all ages who are facing the loss of their homes because of financial difficulties. These

counselors are required to have a strong technical background, with emphasis on foreclosure laws; credit counseling; and the mortgage, mortgage insurance, and real estate industries. It is crucial that foreclosure counselors be artful negotiators, facilitating outcomes that are acceptable by both the homeowner and the mortgage holder, as well as determining if there is an appropriate alternative to foreclosure, by evaluating the situation and helping both parties decide on the best workout option. Some of these options include special forbearance, loan modification, partial claim, short sale, or deed-in-lieu. By utilizing strengths-based counseling—inspiring homeowners with praise, empowering them with education, explaining the process, identifying options, guiding the homeowner, and restoring hope and confidence—a foreclosure-intervention counselor can effectively assist all homeowners in trouble, even those who will ultimately lose their homes.

Reverse Mortgage— The greater majority of older people are homeowners and are living longer lives, often on fixed incomes that lose buying power over time. A reverse mortgage provides homeowners aged 62 and over with monthly income in the form of loans that are drawn against the equity value of their homes, and which do not require repayment (through the sale of the home) until the resident moves out or dies. Some Hud-Approved Counseling Agencies also provide Reverse Mortgage Counseling, with HUD providing specialized training on this complex financial product. In addition, as more older people are living longer and exercising their preference to remain living in their own homes, some aging services providers have also become HUD-certified to provide Reverse Mortgage Counseling.

Reverse mortgage counselors are independent third parties who assist older homeowners understand the various resources available to them and determine if a reverse mortgage is the best option; other resources include housing programs and options, social and health services, and financial strategies. It is an important safeguard for anyone considering a reverse mortgage to have questions answered by an unbiased party, and the key is to understand the client's overall situation and needs. In addition to knowing the diverse resources available for older people, the reverse mortgage counselor must know and be able to communicate the different types of reverse mortgage products, as well as the options available within each of these loan products.

Reverse mortgage programs have been developed by HUD, Fannie Mae, and a variety of private finance companies who operate under the reverse mortgage laws established by individual states. HUD and Fannie Mae require that consumers receive counseling by an independent third party before making a reverse mortgage decision. Following counseling, the client receives a "Certificate of Home Equity Conversion Mortgage Counseling," which is provided to the lender prior to the reverse mortgage application process.

HOUSING COUNSELING AS AN INTEGRAL PART OF OTHER SERVICES

Older People:

Most older people continue living in their own homes and apartments throughout old age, even when independence is compromised by frailties, health issues, and financial difficulties. Increasingly, as part of their overall counseling, case

management, and in-home assessment services, aging services providers include information and counseling about housing issues and housing options, and help older people and their caregiver adult children negotiate the difficult decision-making process about where to live during the elder years. Counselors help older people to "age-in-place" safely and successfully by providing information and guidance about and linkages to:
(1) Programs providing home maintenance and upkeep, home repair, home modification, universal design features, and energy/weatherization assistance;
(2) Financial strategies to support homeownership affordability, such as sale-lease-back agreements, property tax abatements, reverse mortgages, and home-sharing arrangements;
(3) Alternative community-based housing options;
(4) Affordability strategies and options for renters; and
(5) In-home and community-based supportive and health-related services for homeowners and renters, which delay/prevent relocation to health facilities and nursing homes. When circumstances make aging-in-place untenable, counseling provides information and guidance about the variety of supportive housing options and health care facilities available and how to make the best choice to meet an individual's needs and preferences.

People with Disabilities:
Most people with disabilities live in conventional housing in the community, and public policies promote their preference to live as independently as possible and integrated with the wider community. As part of their overall service provision, both Independent Living Centers and Associations of Retarded Citizens (ARC) provide information and counseling about housing options, universal design features, home modifications, and community-based housing programs and services, as well as provide training in independent living skills. Such counseling and assistance is available to individuals in the community, and also helps those living in group homes or facilities to transition successfully to their own apartments and homes.

Benefits:
For individuals and families:
- Receive correct and consistent information.
- Have a solid source of information to rely on both before and after a home purchase.
- Build assets.
- Gain decision-making skills.
- Have raised self-esteem and confidence.
- Have a positive and stable living environment.
- Some mortgage products will allow for discounted rates or “gifts” that may be used for down payments or closing costs.

For older people and people of all ages with disabilities:
- Increased opportunity to live in the housing of their choice.
- Increased opportunity for integration as regular members of the community.

- Both renters and owners have increased ability to age in place safely and successfully.
- Unbiased source of accurate information for reverse mortgages.
- In-depth help making the decision and negotiating the process regarding relocation, which is a traumatic event for older people
- Caregivers receive critical information and support in carrying out their caregiving activities for family members who have disabilities or are aging.

For communities:
- Promotes sustainability for homeownership.
- Revitalizes and improves neighborhoods.
- Builds stronger and safer communities.
- Builds a stable resident population—individuals feel they are an integral part of the community and are less inclined to move away.

Impediments or barriers to development or implementation:
- The need and demand for housing counseling continues to outstrip the supply because of (1) public policies promoting homeownership, aging-in-place, and integration into the wider community by persons of all ages with special needs; and (2) economic fluctuations that have negative financial implications for growing numbers of people of all ages.

- Formal, discrete housing counseling programs:
  - Dedicated funding sources for formal housing counseling programs are too limited to sustain a discrete program, requiring sponsors to supplement the program with other funding sources. Smaller organizations cannot maintain the program over time.
  - Legal, technical, and financial aspects of housing issues change on a continuing basis, requiring significant on-going training and experience in order for housing counselors to successfully provide their services; however, pay scales result in turnover among counselors and the loss of trained staff**.**
  - Housing counseling funders *require* specified training and certification of counselors.
  - The successful outcome a counselor can attain is completely dependent on the honesty of their client.

- Housing counseling as an integral part of other services:
  - There is no dedicated funding for the housing counseling that is provided by community service agencies for older people and people with disabilities, even though the demand for this specific service is growing dramatically and the level of technical knowledge required to provide adequate information continues to increase, which requires dedicated, trained staff.
  - Housing counselors located in community housing organizations or credit-counseling agencies may not be adequately knowledgeable about aging issues or aging services resources to be able to assist older people in the most appropriate way; such counseling may be better provided through aging services organizations, or through a collaboration between aging and housing organizations.

Resource—examples:

- Better Neighborhoods, Inc., 986 Albany Street, Schenectady, New York, 12307, (518) 372-6469, http://www.better-neighborhoods.org.

- Affordable Housing Partnership, 255 Orange Street, Albany, New York, 12210, (518) 434-1730, http://www.ahphome.org.

- Quaranta Housing Services Center, 43 Hale Street, Norwich, New York, 13815, (607) 336-2101, http://www.quarantahousing.org.

- Family and Children's Association, 336 Fulton Avenue, Hempstead, New York, 11550, (516) 292-1300 Ext. 2282, http://www.familyandchildrens.org.

Resource—written and web:

- A list of HUD-Approved Housing Counseling Agencies in New York State, together with type of housing counseling provided and contact information: http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm?webListAction=search&searchstate=NY.

- United States Department of Housing and Urban Development—on home page, see "At Your Service" for links to information about housing counseling: http://www.hud.gov.

- National Industry Standards for Homeownership Education and Counseling—provides a set of guidelines for quality homeownership education and counseling services, to help practitioners and organizations serve families and communities with consistent service and professional excellence: http://www.homeownershipstandards.org/.

- Government Accountability Office (June, 2009), *Reverse Mortgages: Product Complexity and Consumer Protection Issues Underscore Need for Improved Controls Over Counseling for Borrowers,* a report to congressional requesters, *#GAO-09-606.* Washington, DC: U. S. Government Accountability Office.
  Highlights: http://www.gao.gov/highlights/d09606high.pdf.
  Summary: http://www.gao.gov/products/GAO-09-606.
  Full text: http://www.gao.gov/new.items/d09606.pdf.

- Barbara Stucki (June, 2009), *Tapping Home Equity in Retirement: The MetLife Study on the Changing Role of Home Equity and Reverse Mortgages.* Washington, DC: National Council on Aging.
  http://waystohelp.ncoa.org/site/R?i=ekqrleS-4AGEHrdKMEpjMg.

- National Center for Home Equity Conversion, an independent non-profit organization specializing in reverse mortgage education and analysis for consumers; extensive information and technical assistance. http://reverse.org/.

- C. Herbert, J. Turnham, and C. Rodger (September, 2008), *The State of the Housing Counseling Industry: 2008 Report.* Study by ABT Associates, Inc., Cambridge, MA. Washington, DC: U. S. Department of Housing and Urban Development. http://www.huduser.org/Publications/PDF/hsg_counsel.pdf.

- A. Carswell, R. James, and Y. Mimura (2009), "Examining the Connection Between Housing Counseling Practices and Long-Term Housing and Neighborhood Satisfaction," *Community Development*, Vol. 40, #1, pp. 37-53.

- AARP's web site has extensive information on reverse mortgages: http://www.aarp.org/money/budgeting-saving/; type "reverse mortgages" into the search tool.

- National Association of Housing Counselors and Agencies, Inc. (NAHCA): http://www.n-a-h-c-a.org/.

Resource (free or fee-based)—technical assistance contact names:

- Better Neighborhoods, Inc.
  986 Albany Street
  Schenectady, New York 12307
  (518) 372-6469

Esther Semsei Greenhouse, Environmental Gerontologist
Professional Instructor (CAPS)
National Association of Home Builders (NAHB)
Ithaca, NY

CERTIFIED AGING-IN-PLACE SPECIALIST (CAPS) PROGRAM

Description:
The Certified Aging-in-Place Specialist (CAPS) Program was developed by AARP and the National Association of Home Builders (NAHB) to assist consumers in making their homes usable for a lifetime—regardless of their age, size, or functional ability. In New York, the New York State Builders Association's Research and Education Foundation (NYSBA-REF) began offering the CAPS training courses in 2006. As of April 20, 2009, there were 55 CAPS-registered professionals in New York State.

The program's goals are to train and certify building industry professionals, as well as interior designers and health care professionals, to understand:

- Housing-related features that present challenges to older adults who have incurred aging-related frailties or other impairments and younger-aged people with disabilities, which limit or prevent their ability to successfully negotiate their living environment and which limit or prevent their ability to continue living where they are;

- How a traditionally designed home is not built to address the normal variation in size and functional ability typically seen among any home's family members;

- How universal design features and home modifications enable people to continue living independently in their homes for much longer periods of time and, often, throughout their lifetimes;

- Common remodeling projects; and

- Solutions to common environmental barriers.

The CAPS program was developed in response to AARP's 2000 study*, Fixing to Stay*, which revealed that over 80 per cent of respondents aged 45 and over wanted to remain in the own homes for as long as possible (age in place). According to AARP, "Professionals certified in CAPS training have been taught the strategies and techniques for designing and building aesthetically pleasing, barrier-free living environments. However, the CAPS program goes beyond design to address the codes and standards, common remodeling projects and their costs, product ideas, and resources needed to provide comprehensive and practical aging-in-place solutions."

As part of the CAPS training program, instructors use information, discussion, and hand-on exercises to raise attendees' level of awareness, understanding, and sensitivity to changing human needs as an individual's life circumstances change or as he/she ages. For example, during the Sensitivity Training segment, attendees

simulate several disabilities, then work together to complete a simple task—developing a first-hand, visceral understanding of how impairments and an improperly designed environment can pose significant obstacles to daily functioning. Attendees become more aware of and more sensitive to the disabilities faced by the consumers they serve, and they learn strategies to improve the environment to help consumers.

NYSBA-REF's CAPS training course consists of three full-day courses focusing on marketing to older adults, effective communication with older adults, design and building solutions, and business management. A complete description of these courses is found in the CAPS section of NAHB's website.

Both NYSBA and NAHB have successfully developed relationships with the American Occupational Therapists Association (AOTA); and, since 2008, there has been a significant increase in the number of Occupational Therapists pursuing the CAPS designation. This supports the team approach to home modifications, which is a hallmark of the CAPS training classes. AARP, NAHB, NYSBA, AOTA, and other groups continue to publicize the CAPS professional designation and its benefits for both professionals and consumers; media articles on universally designed and accessible homes, or on aging and disability issues, often include information about the CAPS program; and CAPS professionals raise awareness by conducting presentations to both consumer and professional organizations. As a result, knowledge of the program, as well as the number of certified professionals, is growing.

Benefits:

- There is an association between a person's physical/mental well-being and his/her feelings of autonomy and competence regarding routine activities of daily living. Universally designed and accessible homes and buildings support an individual's ability to continue doing things for him/herself and sustains his/her sense of personal control over his/her environment—resulting in a higher quality of life, more choices and independence, and greater interaction with family, friends, and community.

- Environments that are universally designed, and therefore more easily negotiated by residents who need services and care, make caregiving easier for professional health care workers and for family members who are providing informal, unpaid caregiving.

- Homes designed or modified by CAPS-trained professionals incorporate the principles of universal design, allowing frail older adults and persons with disabilities to function independently at a higher level, thereby enabling them to be self-managing for longer periods of time and to safely and appropriately live in their own homes longer.

- Modifying a home to allow continued, successful use by a resident with frailties or impairments reduces or delays the need for costly in-home care and reduces the incidence of needed relocation to costly institutional environments.

- The principles of universal design stress that housing and other buildings should be designed to be as usable as possible for as many people as possible for as long as possible—with features such as roll-in showers, adjustable counters, appropriate lighting, no-slip floors, and many others—making daily living easier for all ages and abilities. Universal design also advances the concept of *visitability* (no-step entry; doorways and bathrooms that accommodate individuals in wheelchairs), by allowing mobility-impaired individuals opportunities to successfully visit the homes of friends and family members (thereby supporting the benefits of continued socialization and interactions with other people), as well as to successfully negotiate public buildings such as grocery stores, banks, churches, schools, medical offices, and many others.

- The CAPS program increases the number of available professionals who have the awareness, sensitivity, knowledge, and resources to design housing and other buildings that can accommodate the differing abilities of residents as those abilities change over time because of aging or life events.

- The CAPS program provides *professional* certification, requiring graduates to sign a Code of Ethics, as well as participate in Continuing Education.

Impediments or barriers to development or implementation:

- The greatest barrier to the development of the CAPS program is lack of awareness among both professionals and consumers about the program and its benefits.

- Architects may postpone or choose not to pursue this training as they cannot earn CEUs as other professions do because, while they are able to take the course, the American Institute of Architects (AIA) has not yet approved CAPS courses for continuing education units.

- The cost of the CAPS training may be an impediment for some professionals. For non-NAHB members in 2009, the cost of three days of training ranged from $600 to $750 (this varies according to the association offering the courses); there is a graduation application cost of $245; and there is a certification-renewal fee of $75 every three years.

Resource—examples:

- *Homes for Life Award*, a joint program by NAHB and Best Bath, a major manufacturer— This award "recognizes CAPS designees for excellence in aging-in-place design and/or accessible home modifications in a remodeled home; these homes offer specific design or programmatic solutions that aid resident(s) to continue living in the house as they grow older and/or face physical challenges."
  http://www.nahb.org/award_details.aspx?awardID=600&sectionID=121 .
  2008 award-winning projects:
  http://www.nahb.org/generic.aspx?genericContentID=103971.

- *Livable Communities Award*, a joint program by NAHB and AARP to encourage design innovation— This awards "recognizes homes and communities that are well-designed, safe, comfortable, and accessible, regardless of the occupants' age or abilities." See: Pat Curry (December 13, 2007), "NAHB and AARP Honor Builders for Universal Design: First Livable Communities Awards Spotlight Accessibility for all Ages and Abilities," *Builder:* http://www.builderonline.com/awards/nahb-and-aarp-honor-builders-for-universal-design.aspx.

- "Tuesday Toolmen" created by CAPS instructor Annie Morgan, Home Repair Director, Senior Services, Inc., Kalamazoo, MI— This program recruits retired, volunteer handymen to perform repairs and modifications to the homes of older adults. Volunteers install grab bars, fire alarms, wheelchair ramps, and other accessibility and safety modifications: 41490 County Road 653, Paw Paw, MI, 49079; (269) 330-2054; info@tuesdaytoolmen.com; http://www.tuesdaytoolmen.com/.

Resource—written and web:

- For lists of CAPS professionals:
  - *New York State Builders Association* (NYSBA), One Commerce Plaza, Albany, NY, 12210; (518) 465-2492; info@nysba.com. For a list of CAPS professionals in New York State: http://www.nysba.com/newsite/index.php?q=node/144.
  - *AARP,* 601 E Street NW, Washington, DC, 20049; 1-888-687-2277, TTY: 1-877-434-7598— for a list of CAPS professionals in New York State, as well as those in other states (which is useful for New York caregivers who are providing long-distance caregiving for family members living in other states): http://www.nahb.org/directory.aspx?sectionID=0&directoryID=188.
  - *National Association of Home Builders (NAHB)*,1201 15th Street, NW, Washington, DC, 20005; 1-800-368-5242, (202) 266-8200—for a list of CAPS professionals, by state. Contains all professional remodelers for the United States, with states listed alphabetically; scroll down to "NY" to identify seven remodelers holding CAPS certification in New York; long-distance caregivers can scroll down to the appropriate state to identify remodelers holding CAPS certification in the geographic location of their family member: http://www.nahb.org/directory_list.aspx?pageNumber=1&pageSize=0&directoryID=387&version=1&activeFlag=1&proximityLimit=0&orderBy=5703. This web site takes a long time to download.

- National Association of Home Builders (NAHB):
  - Extensive information on the CAPS program, including a description of the program, its goals, courses, and other requirements for professionals: http://www.nahb.org/category.aspx?sectionID=686.
  - How to earn CAPS certification—NAHB: http://www.nahb.org/page.aspx/category/sectionID=1389.
  - "CAPS Connection" newsletter: Google "CAPS Connection," or see: http://www.nbnnews.com/capsco/issues/.

  - Information about CAPS directed to the consumer: http://www.nahb.org/generic.aspx?sectionID=717&genericContentID=46799.

- New York State Department of State, 1 Commerce Plaza, Albany, NY, *Code Enforcement and Administration:* http://www.dos.ny.gov/dcea/.

- HUD User (May, 1996). *Residential Remodeling and Universal Design: Making Homes More Comfortable and Accessible*, 125-page resource. Washington, DC: HUD User, P.O. Box 23268, 20026; 1-800-245-2691, TDD: 1-800-927-7589; helpdesk@huduser.org. http://www.huduser.org/publications/destech/resid.html.

- Rehabilitation Engineering and Assistive Technology Society of North America (RESNA), 1700 North Moore Street, Arlington, VA, 22209; (703) 524-6686, TTY: (703) 524-6639:
  - *Making Homes Accessible: Assistive Technology and Home Modifications*. A resource guide providing information about assistive technology and home modifications— covering definitions; laws and guidelines; initiatives from the Assistive Technology Act grantees; advocacy, financing, modification, and research resources; accreditations; online courses; and a bibliography: http://www.resnaprojects.org/nattap/goals/community/HMRG.htm.
  - For a list of RESNA publications related to home modification and assistive technology—RESNA Book Store: http://resna.org/store/.
  - National Assistive Technology—Technical Assistance Partnership: Information on the Assistive Technology Act of 1998 and the Individuals with Disabilities Education Act of 2004; information on providing technical assistance to the 56 state and territory technology programs: http://www.resnaprojects.org/nattap/.

- The Center for Universal Design, North Carolina State University, PO Box 8613, Raleigh, North Carolina; (919) 515-3082; http://www.design.ncsu.edu/cud/. This is a national information, technical assistance, and research center that evaluates, develops, and promotes accessible and universal design in housing, commercial buildings, public facilities, outdoor environments, and products. The Center's mission is to improve environments and products *for all people* through design innovation, research, education, and design assistance. The Center was founded by the late Ron Mace, the father of universal design.

- AARP (formerly known as the American Association of Retired Persons), Washington, DC:
  - *Life-Span Design of Residential Environments for an Aging Population:* http://www.homemods.org/resources/life-span/index.shtml.
  - *Fixing to Stay*, a national study (2000): http://assets.aarp.org/rgcenter/il/home_mod.pdf.
  - *The Do-Able Renewable Home: http://www.homemods.org/resources/doable-home/index.shtml.*
  - *Home Modifications*, a free pamphlet available at major bookstores.

- Jack McClintock (November, 2006). "What Makes A Home Easier To Live In As We Get Older?" *AARP Bulletin Today.* Washington, DC: AARP.

- Infinitec, Inc., a joint effort of the United Cerebral Palsy Association of Greater Chicago (547 West Jackson Street, Chicago, IL, 60661; (312) 765-0419; dhohulin@ucpnet.org) and United Cerebral Palsy Associations, Inc. (Washington D.C.). This Web site provides extensive information and multiple resources for modifying one's home to accommodate people of all ages—from small children to elderly individuals. Infinitec's position: contemporary planning values require that making homes accommodating and usable is no longer just for people with disabilities, but that words like "barrier free" and "ergonomic" are now part of the common vocabulary, applying to all residents in a community: http://www.infinitec.org/live/homemodifications/basics.htm. http://www.infinitec.org/index.html.

Resource (free or fee-based)—technical assistance contact names:

- Juli Turner, Education Manager
  Research and Education Foundation
  New York State Builders Association
  One Commerce Plaza, Suite 704
  Albany, New York 12210
  (518) 465-2492, Ext. 110
  jturner@nysba.com

- Esther Greenhouse, M.S., CAPS, CGP
  Environmental Gerontologist
  NAHB CAPS Instructor
  Enabling Environments
  (607) 592-5433
  esg10@cornell.edu

Vera Prosper, Senior Policy Analyst
New York State Office for the Aging
Albany, NY

RESIDENT ADVISOR / RESIDENT SERVICES COORDINATOR

Description:
Public policymakers, service providers, and consumers strive to promote the ability of older people to successfully "age in place," even into the frail elderly years. Across the country, multi-unit housing developments (both senior housing and age-integrated family housing) are increasingly employing a Resident Advisor (RA) or a Resident Services Coordinator (RSC) as an adjunct to management staff to coordinate activities and services for those aging tenants whose ability to continue living independently has been comprised by frailties and impairments. Reports and evaluations of this strategy conclude that this is the most flexible, effective, and cost-efficient means to:

- Support the ability of aging tenants to continue living where they are safely and appropriately;

- Relieve the housing manager from spending increasing amounts of time performing non-traditional management tasks as the needs of aging tenants increase;

- Reduce unnecessary and costly tenant turnover rates; and

- Contain the inadvertent deterioration of the physical building when frail elderly residents can no longer attend to routine apartment maintenance.

History— In 1977, in response to growing service needs among the thousands of aging tenants in the New York City Housing Authority's (NYCHA) multi-unit senior housing buildings, Kallia Boxer, NYCHA's Aging Services Coordinator, first conceived and designed the strategy of employing a Senior Resident Advisor (SRA) as a adjunct to housing management staff. She demonstrated and evaluated the SRA program through a three-year grant from the federal Administration on Aging. Boxer's model, which continues in 24 of NYCHA's buildings today, includes these features:

- The program is available to tenants 24 hours a day, and SRAs act as friends and confidants to tenants, facilitate linkages and referrals to all levels of community-based services and agencies, monitor the delivery of services by outside providers, provide respite services as surrogate family members, provide ombudsman advocacy, help tenants with family communication, and maintain a community resource directory;

- A paraprofessional SRA is located in each senior housing building; the SRA is trained and acts in consultation with and under the supervision of the professional social worker in NYCHA's central office;

- The SRA in each building is a tenant who lives in the building and who is chosen through a careful selection process to possess strong inter-personal, communication, listening, facilitation, problem-solving, and decision-making skills, as well as the ability to strictly maintain confidences and privacy; and

- There is a volunteer Floor Captain on each floor of a building, who functions as a vital communication network for the program, checking daily on the well-being of other tenants on the floor and referring problems to the SRA.

Boxer subsequently developed the Seniors Safe At Home Program, which extended the Senior Resident Advisor Program's service delivery framework to serve elderly residents in NYCHA's age-integrated family apartments.

In the early 1990s, the New York State Office for the Aging (NYSOFA) and the State Division of Housing and Community Renewal (DHCR) sought to encourage the replication or adaptation of Kallia Boxer's model as an effective means to: (1) support the ability of aging multi-unit housing residents to continue living where they were, and (2) address the growing aging-related challenges and burdens facing managers as the number of aging tenants in all multi-unit housing significantly increased. NYSOFA received a federal Administration on Aging grant to implement the New York State Resident Advisor Program (RAP) and, in conjunction with DHCR and the U. S. Department of Housing and Urban Development, trained senior housing and multi-family housing managers across the State in all aspects of the RAP strategy.

At the same time, the Robert Wood Johnson Foundation funded the development and evaluation of ten demonstration programs across the country to test the feasibility of service coordination in multi-unit buildings, all of which included the concept of employing a trained individual (Resident Service Coordinator) as an adjunct to management staff, and whose responsibility was to address the non-management, aging-related issues of elderly tenants. In 1990, the federal Service Coordinator Program was established, which authorized the U. S. Department of Housing and Urban Development (HUD) to allow service coordination as an eligible activity for elderly persons and younger-aged persons with disabilities living in HUD-assisted projects financially supported under the Sections 202, 221(d), 236 and Section 8 Programs. HUD funds Service Coordinators three ways: (1) limited funding through a national competition, (2) the use of a development's residual receipts or excess income, or (3) application for a budget-based rent increase or special rent adjustment. HUD subsequently began allowing Service Coordinators to serve low-income elderly and disabled persons living in the vicinity surrounding their multi-unit development.

Rapid expansion of the use of RAs and RSCs across the country can be explained by the concept's design-flexibility and cost-efficiency, as well as high consumer satisfaction and managers' strong acknowledgement of the value of the program. Use has spread among both market-rate and subsidized multi-unit housing—in both senior and age-integrated housing.

The huge size of the New York City Housing Authority (240 buildings) lent itself to Boxer's pyramid model of a central-office supervising professional social worker, a paraprofessional Senior Resident Advisor in each individual building, and a volunteer Floor Captain on each floor of each building. However, most developments in other areas of the country consist of a single building, and the predominant RSC model involves the hiring of a single full-time or part-time RSC—with most housing operators hiring professional individuals who were trained or experienced in working with older people, and calling the position by a variety of names, such as assistant manager, tenant counselor, resident specialist, social worker, and others.

Over time, most service and housing providers have settled on using the term Resident Service Coordinator, and proponents have strongly advocated for recognizing service coordination as a profession and for bringing consistency to the job tasks and qualifications of RSCs. In 1999, the American Association of Service Coordinators was established, providing training, conferences, materials, a Web-based data management system, and a Standards of Practice and Code of Ethics booklet for RSCs across the country.

In a number of states, Resident Service Coordinators have organized into statewide associations, which provide training, conferences, materials, networking, and technical support for RSCs. Several state housing agencies have each developed their own RSC Manual of policies, procedures, and guidelines as a resource for Coordinators and property managers in their states; and some provide technical assistance in establishing an RSC program. Some states have defined an RSC program in law and provide grant funding to state-assisted rental housing for this position. In New York State, RSCs and RAs have organized into regional networking groups, but no cohesive statewide association has been established.

Tasks and responsibilities of RSCs and RAs—In New York, RAs and RSCs perform one or more of the following tasks and responsibilities:

- Program is available to residents up to 24 hours a day, seven days a week.
- Assess collective needs of the development's resident population.
- Advocate for/on behalf of residents.
- Establish and maintain networking relationships with community-based services and organizations.
- Provide residents with information and referral lists for community services.
- Check whether promised services from community agencies are being provided.
- Arrange for educational and socialization programs for residents.
- Active listening and informal counseling for residents with concerns or issues, such as grief and loss, interpersonal relations, family dynamics.

- Coordinate wellness fairs where healthcare providers offer free blood pressure screenings, cholesterol tests, nutrition counseling in the development for interested residents.

- Assist residents with such needs as reading and understanding utility bills and medical forms; filling out eligibility, entitlement program, and legal forms; sign up for discounted heating and phone services, etc.

- Bring in appropriate individuals who can regularly help residents with balancing check books or other personal finance issues, negotiate quantity discounts for residents with area businesses, etc.

- Help residents arrange for housekeeping, shopping, transportation, meals-on-wheels, cooking, laundry assistance.

- Promote interactions and shared activities among residents.

- Conduct orientation of new residents in the development.

- Help residents organize activities, library deliveries, purchase of a common computer, establishing religious services in the development.

- Help residents organize a residents' council.

- Provide resources for problem-solving, and help resolve conflicts between residents.

- Liaison with residents' families and informal caregivers.

- Establish a "buddy" program or crime watch program to enhance safety.

- Crisis intervention.

- Serve as a neutral liaison between residents and management, and promote effective communication between residents and management.

- On behalf of residents, bring tenant concerns and housing environment issues to management staff.

- Work with hospital discharge planners to make a transition back home go smoothly.

- Help tenants with eviction issues.

- Collaborate with family members and management to appropriately address situations where residents can no longer continue living in the development.

- Help residents when relocating to alternative living arrangements.

In other states, in addition to the activities and services listed above, RAs and RSCs also provide the following services:

- Conduct assessments of individual residents' needs.
- Case management.
- Formalized (through an agreement or contract) liaison with community-based service programs and organizations.
- Link residents to health and long-term care services in the wider community.
- Arrange for home a health aide, nursing services, physician appointments, or delivery and set-up of medical equipment.
- Coordinate and implement medical, psychological, and rehabilitative services.
- Formally monitor service-delivery arrangements and provide follow-up.

Across the country, as well as in New York, public policymakers strive to keep older people and people with disabilities in conventional housing for as long as possible. These policies have had a major impact on (1) the character of multi-unit housing populations, and (2) the tasks and responsibilities required for managing these buildings. The RA and RSC strategy has been shown to be the most programmatically effective and most cost-efficient means for addressing these two impacts.

Benefits:

For older people:

- Extends successful aging in place, which is a primary preference of older people.
- Delays or eliminates relocation to costly health or long-term care facilities.
- In family multi-unit buildings, allows older tenants to continue living in an age-integrated living environment, which is a major preference of older people.
- Increases the safety of the living environment.
- Each program's design is based upon the unique needs and preferences of the program's client population.

For younger-aged people with disabilities:

- Supports the ability of people with disabilities to live in conventional housing units.
- Supports a consumer-directed approach to service choice, access, and usage, which is a primary preference of people with disabilities.

For family caregivers:
- Supplements and supports the substantial efforts of family caregivers.

For housing owners and managers:
- Reduces costly apartment turnover.

- Reduces deterioration of the physical building.

- Allows managers to focus their effort and time on traditional management tasks and responsibilities, and decreases the manager's role in actively assuming non-traditional tasks, activities, and services.

- Reduces tenant complaints and chronic requests.

- Provides a moderating influence in the development, maintaining overall tenant stability, increasing tolerance and understanding among tenant age groups, and reducing friction and active conflict between individual tenants and among tenant groups.

Impediments or barriers to development or implementation:
- For market-rate housing, the cost of an RA or RSC is borne through rent charges, which is a feasible system. However, for subsidized housing, the cost of an RA or RSC is typically not accepted as an eligible line item in the development's operating budget and, thus, is not factored into the rent structure, leaving managers to rely on a development's limited reserve funds or residual receipts or the limited competitive funds of HUD's federal Service Coordinator Program to cover the cost of the RA/RSC position.

Resource—examples:
- Resident Service Advisor: The Beverwyck, market-rate supportive senior housing, 40 Autumn Drive, Slingerlands, New York, 12159, 518-451-2103.

- Resident Services Coordinator: Embury Apartments, subsidized independent senior housing, 133 Lawrence Street, Saratoga Springs, New York, 12866, 518-587-3301.

- Resident Advisor: New York City Housing Authority, public housing (senior and multi-family), central office: 250 Broadway, New York City, 10007. Senior Resident Advisor Programs: contact the Social Services office in: The Bronx, 718-409-8699; Brooklyn, 718-498-3243; Manhattan, 212-334-2506; Queens, 718-206-3286; Staten Island, 718-816-1521.

- Resident Services Coordinator: Doubleday Woods, subsidized independent senior housing, 91 Church Avenue, Ballston Spa, New York, 12020, (518) 885-1900.

Resource—written and web:

- State of Connecticut Department of Economic and Community Development: Public Act 98-263 (Chapter 128 of the laws of 2005) created the Resident Service Coordinator Program and provides general fund appropriations to sponsors of state-assisted rental housing for seniors. http://www.ct.gov/ecd/cwp/view.asp?a=1096&Q=256916.

- Tenant Assistance Program (August, 2008), *Massachusetts Resident Service Coordinator's Handbook.* Boston, MA: Massachusetts Housing Finance Agency. Includes job description and qualifications for service coordinators, as well as guidelines, policies, and forms for all aspects of establishing and operating a Resident Service Coordinator Program. http://www.masshousing.com/; on the home page, use the search button: type in Massachusetts Resident Service Coordinator's Handbook. Or, simply type the title into an Internet search button.

- New England Service Coordinators, Inc., whose mission is to expand and enhance the profession of Service Coordination throughout New England, through education, conferences, and training for service coordinators and property management professionals. http://www.nerscinc.org/.
  This site includes excellent written resource materials; on the home page, on site map on the left side, click "Resources": find links to the following comprehensive training manuals and articles:
  - V. Lysogorski, and D. Landry (April, 2008), *Resident Service Coordinator Training Manual.* Portland, Maine: Preservation Management, Inc., 177 High Street, 04101. Comprehensive guidelines, policies, procedures, and forms on all aspects of establishing and operating a resident service coordinator program.
  - Vermont Housing Finance Agency and Vermont Resident Service Coordinators, Inc. (September, 2008), *Vermont Resident Service Coordinator Resource Guide.* Comprehensive guidelines, policies, procedures, and forms on all aspects of establishing and operating a resident service coordinator program. This guide is also available on the Vermont Resident Service Coordinators, Inc., web site: http://www.vrsc.org/. Click on "Tools and Resources" on the homepage.
  - Alex Ruiz (June, 2007), "Results from Affordable Housing Study Demonstrate Cost Savings in Properties with Residents Services," *The Valuation Report,* Volume VI, Issue, VI. Publisher: Novogradac & Company LLP.
  - New Hampshire Housing Finance Authority (New Hampshire Housing) (January, 2009), *Resident Service Coordinator Manual.* Comprehensive guidelines, policies, procedures, and forms on all aspects of establishing and operating a resident service coordinator program. This guide is also available on the New Hampshire Housing Finance Authority web site: http://www.nhhfa.org/; on the home page, type "Resident Service Coordinator Manual" into the search tool and press "search"; select "bp_hspubs.cfm"; select "Resident Service Coordinator Manual" to see the manual.

- U. S. Department of Housing and Urban Development (HUD), Multifamily Housing—Program Description, *Multifamily Housing Service Coordinators*.
  - http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/servicecoord.
  - KRA Corporation (August, 1996), *Evaluation of the Service Coordinator Program, Vol. I—Study Findings*. Washington, DC: U. S. Department of Housing and Urban Development. Includes HUD's "Training Guidelines for Service Coordinators." http://www.huduser.org/Publications/pdf/HUD7316.pdf.
  - KRA Corporation (August, 1996), *Evaluation of the Service Coordinator Program, Vol. II—Case Studies.* Washington, DC: U. S. Department of Housing and Urban Development. http://www.huduser.org/Publications/pdf/HUD7316.pdf.

- American Association of Service Coordinators, whose mission is to advance the interests of the service coordinator profession and provide guidance in the creation and maintenance of service-enhanced housing through leadership, education, training, conferences, networking, advocacy and other services. Web site includes numerous technical assistance resource documents. http://www.servicecoordinator.org/.

- Massachusetts Association of Resident Services Coordinators, Inc., a professional, nonprofit corporation whose mission is to promote the role of Resident Service Coordinators in the housing community and to provide professional development, certification, and resources to Resident Service Coordinators (RSCs) and others interested in this field. http://www.marschlink.net/.

- D. Meyer, T. Britt, S. Cardenas, D. Fromm, I. Kennedy, P. Magnuson, and R. Petersen (2006) (Editor: Catherine Hyde), *Creating Opportunities for Families Through Resident Services: A Practitioner's Manual—Guidance and Resources for Offering Effective Services to Residents.* Columbia, MD: Enterprise Community Partners, Inc. Funded through FreddieMac. Available for free downloading at: http://www.enterprisecommunity.org/resources/publications_catalog/#resident.

- Tony Proscio (2006), *More Than Roof and Walls: Why Resident Services are an Indispensable Part of Affordable Housing*. Columbia, MD: Enterprise Community partners, Inc. Funded through FreddieMac. Available for free downloading at: http://www.enterprisecommunity.com/knowledge-central/publications-catalog/resident-services.

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Naturally Occurring Retirement Community (NORC) Services Program

Description:

A Naturally occurring retirement community is not "senior housing," but is an age-integrated living environment for individuals and families of all ages. Michael Hunt (University of Wisconsin—Madison) is credited with coining the term "naturally occurring retirement community" (NORC) in the early 1980's.[1] Hunt referred to housing developments or neighborhoods that were not initially planned or marketed for only older people, but which gradually evolved into defacto retirement communities when significant proportions of residents were 60 years old or older.

There are two types of NORCs:
(1) A multiunit housing development or complex (for example, apartment building, condominium complex, mobile home park); and
(2) A defined geographic area (for example, neighborhood, community, town, city).
Both types evolve, unplanned, into a NORC through accumulation (aging-in-place of existing residents) and relocation (in-migration of elderly residents who are attracted to the NORC because of its location, management, features and activities, or environment).

Across the country, there is no standard definition of when a building or community is considered a NORC.[2] Some specify that a certain *proportion* of residents (such as 50, 40, or 35 per cent) or a certain *number* of residents (such as 2,500) are over the age of 55 or 60. Others consider a building or community to be a NORC when the proportion of elderly residents is more than twice the proportion of elderly people in the general population. Still others say that a building or community *feels* like a NORC when a disproportionate segment of the residents are elderly, or is thought of as a NORC when an area has a relatively high concentration of persons who moved there as a retirement choice. Various researchers estimate that, across the country, between 36 and 50 per cent of *people* aged 55 and over are living in buildings or communities that can be considered NORCs. AARP's analysis of the 2003 American Community Survey[3] reported that 17 per cent of *households* with one or more residents aged 55 and over were living in an age-integrated area where most of their neighbors were also aged 55 and over.

Until recently, across the country, most aging-related services and programs were individual-case-based and focused primarily on older people living in their own homes and in purpose-built senior housing, which led researchers to call NORCs the most common and overlooked form of retirement housing. Most NORCs do not include environmental or design features, activities and programs, managers trained in aging issues, or services that are appropriate to help older residents successfully age in place. However, over time, recognition of the widespread

evolution of naturally occurring retirement communities has expanded as policymakers and providers became aware of the growing numbers of older people, increasing longevity and the attendant need for services and care, the preference of older people to continue living where they are—even into the frail elder years, and public policies that promote aging in place through home and community-based services. With that recognition has come an understanding that the concentrated groups of older people in NORCs present an ideal opportunity for cost- and staff-efficient delivery of coordinated services and care and, thus, a sustainable mechanism for supporting successful aging in place.

In 1985, in New York City, the United Jewish Appeal, Federation of Jewish Philanthropies of New York, instituted what is considered the first NORC Supportive Services Program for aging residents in age-integrated multiunit housing developments. In 1995, New York became the first state that defined a NORC in law and provided funding to nonprofit agencies to provide a coordinated program of activities and services for older residents in 10 building-based NORCs. The program is administered by the New York State Office for the Aging, and the number of developments funded increased to 14 in 1996-97 and 22 in 2005-06. Through a 2005 expansion of the program, the Neighborhood NORCs Services Program funds nonprofit agencies to coordinate the provision of services to older people living in their own homes—in nine *geographic areas* across the State. New York State currently supports 20 building-based NORCs Services Programs and 17 neighborhood-based NORCs Services Programs. In 1999, with funding from the New York City Department for the Aging and the City Council, the City Department for the Aging instituted a similar NORCs services program in 34 multiunit buildings throughout the five boroughs of the City.

In both building-based and neighborhood-based versions, core services provided by each program include case management, case assistance, information and referral, and health-care-related services. In addition, since each program is designed to specifically respond to its own unique member group, services provided may also include meals; homemaker services; social and educational activities; handyman and home maintenance; library services; assistance with a variety of instrumental activities of daily living, such as bill paying, income tax preparation, dog-walking; housekeeping; transportation; support groups and counseling; crisis intervention; health screening; intergenerational activities; volunteer opportunities, and others. For program members, some activities are provided at no cost, some are provided at a discount, some are provided on a fee basis; and, for income-eligible members, some services and care are provided through existing publicly funded programs. Local program administrators are required to provide matching funds to supplement the State's grant funds.

There has been some expansion of NORCs services programs in other states, with funding from a variety of private and governmental sources. In 2002, through the federal Older Americans Act (OAA, Title IV NORC-SSP demonstration projects), funding from the Administration on Aging was available to nonprofit organizations for research and demonstration projects, some of which was used to test the efficacy of NORC service programs. Between 2002 and 2008, Congress provided

funds to support the development of 45 demonstration NORC programs in 26 states. The 2006 reauthorization of the OAA includes language supporting the development of NORCs supportive services programs, but no federal funding has been allocated to implement this concept nationally.

The conceptual development of NORCs Services Programs can be considered a precursor to the Virtual Village Movement (see *Village Movement* in the *Resource Manual*) that is expanding across the country—because of three key characteristics underpinning both movements: (1) the senior clients play an active role in shaping the program, participating in needs assessments, advisory boards, program committees, leadership roles, etc.; (2) a mix of community partners (housing entities, aging and social service providers, health care providers, volunteers, residents, community agencies, and others) all play a coordinated role in shaping the program as well as in providing support and resources to the program; and (3) a main goal of both movements is to fill gaps in existing service provision, not duplicate what is already available.

References:

[1] M. E. Hunt and G. Gunter-Hunt (1985). "Naturally Occurring Retirement Communities," *Journal of Housing for the Elderly*, Vol. 3, No. 3/4.

[2] Vera Prosper (2000). *Tenant Aging in Public and Publicly Assisted Multifamily Housing and Its Implications For Housing and Long Term Care Policy.* Doctoral Dissertation. Albany, NY: University at Albany.

[3] Kirsten Colello (December 18, 2007), CRS *Report for Congress: Supportive Services Programs to Naturally Occurring Retirement Communities.* Washington, DC: Congressional Research Service, Domestic Social Policy

Benefits:

For residents:

- The benefits of NORCs (both types) that include appropriate environmental, design, management, and a program of services:
  - This model supports the ability of older residents to *successfully* age in place – stay where they are and live as independently as possible for as long as possible.
  - Older residents enjoy the proximity to age peers—but within an age-integrated living environment, which is the preferred choice of the majority of older people.
  - Services are tailored to the specific needs and characteristics of the residents in each NORC . . . in place of a one-size-fits-all service model.
  - Aging residents report an enhanced perception of safety in a NORC.
  - Older residents have increased opportunities for socialization and activity, which reduces vulnerability to social isolation and depression.
  - A coordinated services and activities program supplements and supports the substantial caregiving efforts of a resident's family members.

- In those instances where a resident has no family members or whose family members live long distances away, such a program can take the place of family caregivers.

For multiunit housing managers:

- The benefits of NORCs that do include a program of services and features, as well as NORCs that do not include such a program—managers report that:[4]
  - The presence of a significant number of older tenants in the building results in greater overall tenant stability, because older residents stay longer than younger families and have excellent histories of paying rents on time.
  - A large proportion of older residents in a building exerts a moderating influence on the behaviors of younger tenants.
  - Older tenants, in general, exert less wear and tear on the physical structure.

For service providers:

- The benefits of both types of NORCs include:
  - There are cost-saving efficiencies and economies of scale in addressing the needs of concentrated groups of older people, in place of case-basis service delivery. This benefit will become increasingly critical as the growing older population continues to age in place in their own homes and apartments.

For communities:

- Both types of NORCs services programs are a low-cost, preventative approach to facilitating healthy aging and *successful* aging in place—delaying or eliminating the need for older people to relocate into costly health-care facilities or nursing homes.

- Both types of NORCs services programs allow older people to remain living in their homes and communities instead of relocating to other areas or other states—thus:
  - Providing a stabilizing influence on a community's population base.
  - Helping maintain a community's economic base by keeping older people, their discretionary income, and their buying power within the community.

- In a Neighborhood NORCs Services Program, the services provided to care for the residents, as well as those provided for the upkeep and repair of the home itself, protects s a community's housing stock—thus, maintaining the value of the community's housing and preserving homes in good condition for turnover to younger families.

Reference:

[4] Vera Prosper (2000). *Tenant Aging in Public and Publicly Assisted Multifamily Housing and Its Implications For Housing and Long Term Care Policy.* Doctoral Dissertation. Albany, NY: University at Albany.

Impediments or barriers to development or implementation:

For a building-based NORC:

- Implementing design and environmental features that support aging in place and implementation of a successful services program require the cooperation of the housing owner and manager. Lack of philosophical support by the manager or owner will lead to failure of the program.

- Private pay residents in building-based NORCs can financially support the development of a coordinated services program. However, low-income residents in a subsidized housing development may not be able to support a coordinated services program without the infusion of public funds, which are limited.

For a neighborhood-based NORC:

- A program's financial sustainability often depends upon the ability of resident members to cost-share for services; in a predominately low-income community, members may not be able to sufficiently support the program's financial requirements.

Resource—examples:

- *NORC Blueprint: A Guide to Community Action.* New York City: United Hospital Fund. Lessons learned through the development and operation of NORC supportive services programs, as well as descriptions of best practices models: http://www.norcblueprint.org.

- Building-based NORCs Services Program: *Penn South Program for Seniors*, Penn South Cooperative Housing Development , 290 9th Avenue, New York, New York 10001, (212)243-3670.

- Neighborhood-based NORCs Services Program: *Hands on Huntington*, covering the Huntington-Greenlawn area between Pulaski Road and Little Plains from Elwood Road to Broadway-Greenlawn Road, in the Town of Huntington, Suffolk County, New York. Program Coordinator: Tina Block, Federation Employment and Guidance Service, (631) 351-6610.

Resource—written and web:

- New York State Elder Law, Article 2, Title I, Section 209: Naturally Occurring Retirement Communities: http://www.norcblueprint.org/uploads/File/NYS%20NORC%20Law%20Elder%20Law%20Article%202%20Title%20I%20Section%20209.pdf.

- Older Americans Act, Title IV, Section 422, *Community Innovations for Aging in Place—Naturally Occurring Retirement Communities.* See federal Administration on Aging Web site: http://www.aoa.gov/. On their homepage, use the "Search AOA" button—type in: Section 422 of OAA. Then select "Older Americans Act Amendments of 2006."

- Kirsten Colello (December 18, 2007), CRS *Report for Congress: Supportive Services Programs to Naturally Occurring Retirement Communities.*

Washington, DC: Congressional Research Service, Domestic Social Policy. http://aging.senate.gov/crs/aging15.pdf.

- *NORC Blueprint: A Guide to Community Action*. A step-by-guide for establishing a NORCs services program, developed by the United Hospital Fund, 350 5th Avenue, 23rd Floor, New York, NY, 10118; phone: 212-494-0700; email: norcblueprint@uhfnyc.org. http://www.norcblueprint.org.

- *NORC Blueprint News* e-newsletter: email: norcblueprint@uhfnyc.org.

- Designer/builder (January/February, 2008). "Naturally Occurring Retirement Communities: An Interview with Fredda Vladeck," *Designer/builder: A Journal of the Human Environment.* Santa Fe, New Mexico: Kingsley Hammett. http://www.norcblueprint.org/uploads/File/DesignerBuilderFV.pdf.pdf.

- Paul Masotti, et al. (July, 2006). "Healthy Naturally Occurring Retirement Communities: A Low-Cost Approach to Facilitating Healthy Aging," *American Journal of Public Health.* Vol. 96, No. 7.

- United Jewish Communities, *NORCs Aging in Place Initiative* (begun in 2001), 45 demonstration programs in 26 states, which were funded through Title IV of the Older Americans Act, *NORC-Supportive Service Program.* http://www.norcs.org/index.aspx?page=1.

Resource (free or fee-based)—technical assistance contact names:

- Donna DiCarlo, Coordinator
  Naturally Occurring Retirement Community Program
  New York State Office for the Aging
  (518) 474-0441
  donna.dicarlo@ofa.state.ny.us

- Karen Taylor, Deputy Assistant Commissioner
  Bureau of Community Services
  New York City Department for the Aging
  (212) 442-0917
  kataylor@aging.nyc.gov

- Fredda Vladeck, Director
  Aging In Place Initiative
  United Hospital Fund of New York
  (212) 494-0700
  fvladeck@uhfnyc.org
  http://www.uhfnyc.org/

- Anita Altman, Deputy Managing Director
  Department of Government Relations and External Affairs
  UJA-Federation of New York
  (212) 836-1619

altmana@UJAfedny.org
http://www.ujafedny.org

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VILLAGE MOVEMENT
(also known as Intentional Communities and Virtual Villages)

Description:
Villages, sometimes called Virtual Villages or Intentional Communities, are an innovative consumer-initiated and consumer-led strategy to support the ability of older people and people with disabilities to successfully age in place. A Village is a membership organization that covers a defined neighborhood or area (the "virtual village"). Villages often begin as a loosely structured group and are later incorporated as a 501(c)(3) nonprofit entity. Village staff (trained volunteers or paid) identify, arrange for, coordinate, and provide the delivery of services, care, and items that members may request, on a 24-hour basis, including social, cultural, and recreational events; transportation; home maintenance, repair, and modification; grocery shopping; meals; counseling; friendly visiting; personal care and home aide care; adult day care; medical care, and others . . . whatever is needed to keep someone safely and appropriately at home.

A Virtual Village is both a need-driven and a demand-driven model. The movement originated as a grass-roots effort to fill a gap in the social safety net; to make access to screened, appropriate services and care easier for consumers; and to respond to the demand for a "one-stop-shop" approach to personalized services and programs when frailties or impairments compromise the ability to live independently.

Some services and programs are provided by volunteers and others by provider agencies that have been thoroughly screened and approved by Village staff. Provider agencies enter into service agreements with the Village. Village members pay an annual fee; in some instances, scholarships are available, or fees are reduced based on income. Services and programs are provided on a fee-for-service basis, or at a discount, or are covered by the membership fee.

A distinguishing feature of this grass-roots movement is the variability seen among individual Villages, as each one develops in response to its own members' expressed needs and preferences, thereby reflecting the unique characteristics of its user-group. Variability and membership-responsive development is enhanced by the fact that Villages (in states other than New York) do not require licensure and oversight by a regulatory agency, and there is no regulation-defined framework that must be followed. Nevertheless, some common themes are seen in all Villages:

- Development emerges from a grassroots network of community residents working together;

- One-stop-shop characterizes the approach to service provision;

- There is a consumer-directed approach to service choice and usage;
- Programs and services evolve and are modified as consumers' demands change;
- Attention is placed on the whole person; and
- Strengthening a sense of community and community identity, and building social networks are emphasized.

Beacon Hill Village, created in Boston, MA, in 2001, is one of the oldest in the Village movement and has served as a model for replication in many places across the country. By 2007, approximately 14 villages were in operation, and 24 were expected to open in 2008. Extensive information about Beacon Hill Village is available on their Web site at http://www.beaconhillvillage.org.

There are a few consumer-initiated, volunteer-driven, membership-based service-coordination models that are forerunners to the recent Village movement, including:

- *Friends Lifecare at Home*, Philadelphia, Pennsylvania, is a pioneer in the "coordinated-care-at-home" movement. Started in 1985, there are currently 1600 members in this defined-area, service-coordination model, which is regulated by the Pennsylvania Department of Insurance as a "continuing care retirement community without walls." A "long-term care insurance approach" is used to provide the same full complement of services and care as is provided in a residential Continuing Care Retirement Community, except that all care and services are provided in the members' own homes. Services and care are provided by a team of credentialed, carefully screened and selected professionals, and Care Coordinators are on call 24 hours a day, seven days a week, to identify and arrange for members' needs. Monthly or yearly fees are based on the care and services desired by the member.

- *Community Without Walls, Inc.* (CWW), created in 1992 in Princeton, New Jersey, is a less comprehensive model. Membership fees are minimal ($15 - $30 annually), and activities focus on social support, information, advocacy, and educational programs on aging and community-building. CWW does not include regular arrangement of the more intensive supportive services, personal and health care, nursing care, and medical services provided through recent Village models.

Benefits:

- Flexibility: Consumer initiation, leadership, and input provide maximum flexibility in program design and on-going modifications in response to evolving consumer needs.
- Market model: Consumer satisfaction is a major determinant of a Village's success or demise.
- The use of volunteers:

  - Promotes the personal benefits community residents derive from engaging in civic engagement activities;
  - Saves the health and long-term-care public costs associated with the formal services system;
  - Helps ease the impending gap in availability of direct care workers.

- Consumers' enhanced self-esteem:
  - Consumers view the concept as a "social insurance" model (not welfare) as it includes membership fees and service fees;
  - The "consumer cooperative" or "hotel concierge" aspect increases consumers' feelings that they are using general community services rather than those targeted specifically for elderly or impaired people; and
  - The consumer-driven aspect maximizes a client's personal control over his/her own daily life and well-being.

- Age in place:
  - Residents can exercise their preference to remain living where they are, safely and appropriately, for as long as possible.
  - The model supports public long-term care policies, which support cost-saving in-home and community-based care in place of relocation to institutional facilities.

- Caregivers: The ability to tailor the help provides the most effective means for supporting the substantial efforts of family caregivers. For frail or impaired clients with no nearby families, the model's features substitute for both the socializing benefits and the tangible service assistance provided by family members.

- Livable community: The approach strengthens a community's livability and sense of community, encouraging families and individuals to stay in New York State.

Impediments or barriers to development or implementation:

- Financial viability:
  - Paying staff and covering various services under the membership fee require an adequate number of members to maintain financial stability;
  - A Village relies on fundraising and member fees; care must be taken to balance the number of paying members and the number of scholarship and discount members;
  - The movement is not old enough to have tested the financial viability of caring for many members with intensive health care needs or frailties.

- Rural areas: The concept works best in suburban and urban areas where the defined "community" or "neighborhood" consists of a sufficiently large population base and residences that are in close proximity. For rural areas:
  - Population characteristics (lack of density) may preclude this model from achieving financial stability;

  - If residences (and people) are dispersed, the social and community-building benefits may not be realized; and
  - Some services, such as transportation, may become too costly.

- Regulation: While Village models can operate without government regulation in many other states, it is unclear whether New York's health and long-term care regulatory environment would permit the implementation of this model in the State.

Resource—examples:

- Beacon Hill Village, 74 Joy Street, Boston, MA 02114; Executive Director: Judy Willett; (617) 723-9713; info@beaconhillvillage.org; www.beaconhillvillage.org.

- At Home on the Sound, P. O. Box 1092, Larchmont, NY, 10538; (914) 899-3150; athomeinfo@athomeonthesound.org; http://www.athomeonthesound.org/.

- Capitol Hill Village, Box 15126, Washington, DC, 20003-0126; Executive Director: Gail Kohn; (202) 543-1778; info@capitolhillvillage.org; www.capitolhillvillage.org.

- Avenidas Village, 450 Bryant Street, Palo Alto, CA, 94301; Avenidas Village Program Director: Vickie Epstein; (650) 289-5405; vepstein@avenidas.org; http://www.avenidas.org/village/.

- Cambridge At Home, 1770 Massachusetts Avenue, PMB 232, Cambridge, MA, 02140; Executive Director: Kathleen G. Spirer; (617) 864-1715; info@cambridgeathome.org; www.cambridgeathome.org.

- Friends Lifecare at Home, Philadelphia, PA. President: Carol A. Barbour; in Pennsylvania: (215)-628-8964; in Delaware: (302)426-1510; http://members.friendslifecare.org/page/home. http://www.pcacares.org/OrganizationDetail.aspx?organization=Friends+Life+Care+at+Home.

- Community Without Walls, Princeton, NJ. President: Ruth Randall; (609) 921-7338; jkr@princeton.edu; http://www.princetonol.com/groups/cww/.

Resource—written and web:

- Planning for Sustainable Communities, *Aging in Community—We Can Do It Better*. Links to 17 operating villages: http://www.agingincommunity.com/models/village_networks/.

- Tanika White (March 24, 2008), "Supporting Seniors in Their Own Homes: A Growing Elderly Population is Turning to a Network of Caregivers and Volunteers to Retain Independence," *Baltimore Sun.* Newspaper article describes the

village concept and names several villages and professional contacts: http://www.globalaging.org/health/us/2008/supporting.htm.

- Judy Willett (Beacon Hill Village) and Candace Baldwin (NCB Capital Impact) (September 27, 2010), *Intentional Communities: The Village Movement*. Power point presentation made at the 26thAnnual Home and Community-Based Services Conference, describing the Village Movement, including examples of Villages, resources, and trends and other data about Villages across the country. http://www.nasuad.org/documentation/hcbs2010/PowerPoints/Monday/Making%20the%20Case%20for%20the%20Village%20Model.pdf.

- Nicole Dube (June 9, 2008), "Aging in Place Communities," *OLR Research Report*, #008-R-0322. Connecticut General Assembly: Office of Legislative Research. http://www.cga.ct.gov/2008/rpt/2008-R-0322.htm.

- Community without Walls, Princeton, NJ. President: Ruth Randall; (609) 921-7338; jkr@princeton.edu; http://www.princetonol.com/groups/cww.

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PARISH NURSE
(Also known as Community Nurse, Ministry Nurse, and Faith Community Nurse)

Description:

What is Parish Nursing—

Parish Nursing is a set of services delivered to individuals in their own homes by a Parish Nurse (PN) who is a licensed, registered nurse (RN). This is a specialized practice of professional nursing that focuses on the promotion of health within the context of the values, beliefs, and practices of a faith community.[1]

PNs are not employed by a health or medical organization, but are recruited from among a faith community's congregation to work independently as part of the pastoral team, addressing the health issues of community members. Some Parish Nurse programs target their services to their congregation's members, but most programs also address the health issues of others in the wider community regardless of their faith affiliation. Some Parish Nurse programs serve residents of all ages, while others focus their services on the elderly population.

A faith community's Parish Nurse program establishes partnerships with organizations such as hospitals, college nursing schools, wellness programs, professional nursing and healthcare associations, community colleges, Public Health Departments, the International Parish Nursing Resource Center, and others, to provide their PNs with access to continuing training and education, certification, retreats, workshops, materials, and other resources that support and assist PNs in successfully carrying out their tasks. Often, a member of the health care system (for example, hospitals, health departments, or multi-service community health providers) will sponsor a Parish Nurse program as a preventative-care strategy for reducing health care costs related to re-hospitalizations, premature institutionalization, and the deteriorating health conditions that can arise from lack of routine health maintenance visits.

Parish Nursing is recognized by the American Nursing Association (ANA) as Faith Community Nursing. The role of a PN is governed by the ANA's Scope and Standards for Registered Nurses, the Scope and Standards for Faith Community Nurses, and the Nurse Practice Act in the state in which the PN practices.[2]

Historical Context of Parish Nursing—

The Reverend Granger Westberg began the modernized version of the Parish Nurse concept in the 1980s in Chicago, but this concept has its roots in the community nursing outreach provided by religious orders in both Europe and America in the

1800s.[2] The modern model started as an attempt to encourage local faith congregations to provide a team approach to both wellness and illness care, using clergy, physicians, nurses, and social workers.

While the term "parish" is often associated with Christian denominations, the traditional meaning of the term refers to a whole neighborhood, community, or town. Thus, in addition to Christian faith communities, the basic Parish Nurse model is also provided by a variety of other faith communities and is known by various names (for example, Jewish Congregational Nurses and Muslim Crescent Nurses); and, typically, PN services are made available to all members of the community. Use of the Parish Nurse model has grown rapidly as a successful, primarily volunteer, means for individually educating and supporting community members and coordinating their access to health-related care. Currently, there are Parish Nurse programs operating in all 50 states (with about 15,000 Parish Nurses) and in at least 23 countries across the world in a variety of religions and cultures, with PNs functioning in both unpaid and paid positions.[2]

United States: Parish Nurse Tasks—
PNs are charged with different tasks from those that are generally identified with the role of the RN, typically taking a more holistic approach to patient health maintenance—that is, serving as healers of the mind and spirit as well as the body. A PN's in-home practice is focused on education/advice, counseling, and organization of medical resources, including such tasks as personal health counseling; emotional and spiritual support; health-related and other-topic education; health system navigator; advocacy; teaching parenting skills; arranging for in-home religious rituals, sacraments, and ceremonies; making resource referrals for supportive assistance, home maintenance, home modification, socialization opportunities, and other community and faith resources; and coordinating volunteers and support groups. While PNs are registered RNs, a main difference between the two practices is that Parish Nurses do not operate under the supervision and orders of a physician and, thus, cannot provide hands-on skilled nursing or medical care, and cannot administer medications.

Funding—
Individual Parish Nurse programs rely on one or more of various funding sources, including donations; foundation and government grants and other short-term sources; on-going support from the program's faith-based sponsoring organization; and partnerships with hospital systems, health care provider agencies, and other organizations that understand the net value of supporting a Parish Nurse program as a strategy for reducing health care costs. Some programs are embedded as an integral part of programming within a stable-funded organization, such as the local Public Health Department.

An Example of a Successful Parish Nurse Model[3]

In upstate New York, the Tri-Lakes area of the Adirondack mountain range is a rural environment, which makes access to healthcare difficult for residents, particularly those who are physically restricted to their

homes or who rely on others for transportation. For example, major teaching hospitals offering advanced treatment can be over three hours away, placing a significant burden on transportation services; and, similar to other rural areas, established Visiting Nurse Associations (VNAs) do not exist.

Mercy Care for the Adirondacks is a mission-driven non-profit organization in the Tri-Lakes area, which is sponsored and supported by the health and medical care consortium, Sisters of Mercy. Mercy Care for the Adirondacks provides elders of all faiths living in their own homes and independent apartments with companionship, friendship, and spiritual care. To address elderly clients' service-coordination and access issues, Mercy Care for the Adirondacks has partnered with local Catholic churches to create a Parish Nurse/Faith Community Nurse program, and collaborates with health-care providers and other public and private agencies that provide services and care to older community members and their caregiving families.

The program's volunteer PNs are recruited through the various partnering Catholic churches and coordinated under Mercy Care's Parish Nurse/Faith Community Nurse program. They visit elderly community residents in their own homes and help them better understand diagnosis and treatment options received from care providers, help them practice using new medical equipment in the home, organize their medications, arrange appointments and transportation, and help them access resources from a variety of community agencies and programs—thereby supporting a resident's ability to continue living in his/her own home, as well as supporting the efforts of family caregivers.

PNs work in close partnership with two other Mercy Care programs, the Friendship Volunteer Program (in which volunteers ease the isolation and loneliness of elders or infirm persons through friendship, companionship, assistance, and spiritual care), and the Education and Advocacy Program (providing advocacy, conferences, presentations, and education programs as a means of promoting high quality long-term care for elders and infirm persons and raising awareness of the need for aging-friendly communities).

The long-term care and health policies of both the federal and state governments across the country promote the use of in-home and community-based services and care in place of institutional care; promote strategies to improve coordination of services and support, as well as streamline the integration of medical care and supportive assistance; and encourage approaches that support the ability of individuals of all ages to direct and manage their own care. In response, several community-initiated service-coordination models have proliferated that help individuals remain living in their own homes and maximize their access to needed services and support; for example, see articles describing the Village Movement, Naturally Occurring Retirement Community Services Program, and Resident Advisor in the *Resource Manual*. The Parish Nurse concept is another such model, furthering the same coordination, integration, and resident-empowerment goals.

References:

[1] *AllNurses.com*, a Nursing Community for Nurses website (Retrieved July 28, 2011), "Parish Nursing." http://allnurses.com/parish-nursing/.

[2] International Parish Nurse Resource Center (March, 2011), *Parish Nursing Fact Sheet.* http://www.queenscare.org/files/qc/pdfs/ParishNursingFactSheet0311.pdf.

[3]Donna Beal (June 8, 2011), Executive Director, Mercy Care for the Adirondacks, Lake Placid, NY; personal interview. http://www.adkmercy.org/.

Benefits:

- In situations where individuals are unaware of, do not understand, or are confused by the multiple networks of services, care, and programs available in their community, the Parish Nurse assures that services/care provision is better coordinated, gaps in an individual's services/care are reduced or eliminated, and more appropriate matches are made between an individual's needs and the services and care he or she receives.

- The innovative, volunteer-based Parish Nurse model provides RN-qualified nurses in the home to address the critical social, psychological, and spiritual needs of individual patients, which provides critical preventative measures that help keep individuals' physical and mental health conditions from spiraling downward and requiring additional, costly treatments and hospitalizations.

- The majority of PNs are volunteers. By providing services free of charge, Parish Nurses are able to fill the services gap for individuals and families who may not qualify for subsidized assistance or who are unable to afford the private cost of services.

- The connection of Parish Nurses to a social network (through their own faith organization) affords facilitated, active outreach to needy community members; their connection to collaborating health care and other organizations allows easier access to the array of community services to which clients can be referred.

- The Parish Nurse model supports the ability of frail elderly persons and younger-aged individuals with disabilities to remain living in the community.

- The services of Parish Nurses support the intensive efforts of informal, unpaid caregivers, thereby strengthening families and promoting community-building.

Impediments or barriers to development or implementation:

- *Funding*— Across all programs, sources of funding vary in stability and amount, which has an impact on the design, size, and day-to-day operations of individual programs, as well as on the ability of programs to remain in operation.

- *Outcomes of the overall concept are difficult to measure*— A stable funding resource will require information about the concept's proven benefits. Solari-Twadell and McDermott[4] provide a good review of the status of *comparable* outcomes measurement of the Parish Nurse concept, discussing the challenges involved in the attempts that have been made to measure and draw conclusions about the overall concept's benefits. For example, the authors note that:
  - The Parish Nurse concept provides a bridge between health care systems and faith communities, which are two distinct cultures that may recognize and value different outcomes and different measurement strategies.
  - A complicating factor for outcomes measurement is the varying set of multiple stakeholders that can characterize each of the numerous Parish Nurse programs, compromising across-programs measurement comparability.
  - In any one program, the different stakeholders may each value and strive to achieve very disparate goals—for example, the faith organization's goals may be to expand the congregation's membership and improve spiritual health; the collaborating health system's interest may be to increase referrals to that health care system or to meet its regulatory community-service requirements; the funder's goal-needs may be specifically related to the intent of a government initiative; the professional Parish Nurses providing the services may be striving to promote whole-person health and to modify client behaviors; and the community members receiving the services will have multiple, varying personal goals in mind when joining the program.

- *Separation of church and state*—
  - Some individuals oppose the public funding of faith-based organizations; and court challenges have been mounted regarding the use of federal funds for Parish Nursing, contending that this model is a religious activity and, thereby, constitutes government endorsement and advancement of religion.
  - If a Parish Nurse program receives public funding, it may have to be more careful than otherwise in how and to what extent it integrates the sponsoring faith community's brand of spirituality into the program's services, which may leave the faith community sponsors feeling that the spiritual-healing intent of their program is being compromised.

Reference:

[4] Phyllis Ann Solari-Twadell and Mary Ann McDermott (August 31, 2005), *Parish Nursing: Development, Education, and Administration.* New York, NY: Mosby.

Resource—examples:

- Rural location, Catholic Churches—
  Mercy Care for the Adirondacks, Lake, Placid, NY: http://www.adkmercy.org/:
  - *Mercy Care Parish Nurse/Faith Community Nurse Program at Mercy Care* (serves all elderly community members): http://www.adkmercy.org/index.php?pageTitle=programs: scroll down to "Mercy Care Parish Nurse/Faith Community Nurse Program." Contact: Sr. Catherine Cummings, (518) 523-5582, ccummings@adkmercy.org.

- Urban location, Baptist Churches—
  Seton Health Care Family, Austin, TX:
  - *Seton Parish Nurse Health Ministry* (serves all community members): http://www.seton.net/about_seton/news/2001/08/29/seton_parish_nurse_health_ministry_making_a_difference_in_the_community. Contact: Pam Castles, Coordinator, (512) 324-3170

- Large program involving all faiths and religious organizations, including Muslim, in 31 counties in Illinois, Indiana, and Missouri—
  The Carle Foundation and Carle Hospital, Urbana, IL:
  - *Community Parish Nurse Program* (serves all community members)*:* http://www.parishnurse.org/Scheduled%20Courses.html. Contact: Faith Roberts, RN, BSN, program coordinator at (217) 326-2683, faith.roberts@Carle.com.

- Two-nurse program in small township, Jewish Synagogues—
  Collaborative program among Temple Sha'arey Shalom, Temple Beth Ahm Yisrael, and Congregation Israel. serving the Jewish community, Springfield, NJ:
  - *Springfield Congregational Nursing Program*:
    Contact: Jaclyn Herzlinger, R.N., Program Director, or Andrea Cook, R.N., (973) 376-0539, ext.27.

- Large program involving 62 churches in the tri-state area of Maryland, Pennsylvania, and West Virginia—
  Western Maryland Health system, Cumberland, MD:
  - *Parish Nursing Program: http://www.wmhs.com/index.php?option=com_content&view=article&id=129&Itemid=180.* Contact: Joyce Hedrick, RN, BSN, Coordinator, (240) 964-8421, jhedrick@wmhs.com.

Resource—written and web:

- International Parish Nurse Resource Center: www.parishnurses.org.
  - "What is a Parish Nurse/Faith Community Nurse": http://www.parishnurses.org/WhatisaParishNurseFaithCommunityNurse_299.aspx.
  - "Starting a Parish Nurse Program": http://www.parishnurses.org/StartingaParishNurseProgram_222.aspx.

- American Nurses Association: http://www.nursingworld.org/.
  - Carol J. Smucker, PhD, RN, and Linda Weinberg, DNSC, CRNP, RN (January, 2009), *Faith Community Nursing: Developing a Quality Practice.* Silver Spring, MD: American Nurses Association:
    - Table of Contents (pdf): http://www.nursesbooks.org/Table-of-Contents/Specialties/Faith-Community-Nursing-Developing-a-Quality-Practice-.aspx.
    - Purchase 115-page book for $17.95, *Amazon.com*: http://www.amazon.com/Faith-Community-Nursing-Developing-Association/dp/1558102523.

  - American Nurses Association and Health Ministries Association (August, 2005), *Faith Community Nursing: Scope & Standards of Practice*. Silver Spring, MD: American Nurses Association.
    - Purchase for $18.95, *Amazon.com*: http://www.amazon.com/Faith-Community-Nursing-Standards-Practice/dp/1558102280.

- Phyllis Ann Solari-Twadell and Mary Ann McDermott (August 31, 2005), *Parish Nursing: Development, Education, and Administration.* New York, NY: Mosby.

- International Parish Nurse Resource Center (March, 2011), *Parish Nursing Fact Sheet:* http://www.queenscare.org/files/qc/pdfs/ParishNursingFactSheet0311.pdf.

- Theresa M. Bachhuber (2006), *The Collaboration Between Parish Nurse and Public Health Programs in Connecticut*, Graduate School Master's Thesis, University of Connecticut Health Center Graduate School, Storrs, CT. http://digitalcommons.uconn.edu/cgi/viewcontent.cgi?article=1014&context=uchcgs_masters&sei-redir=1.

- Granger Westberg (retrieved on line 7-2011), "The Health Cabinet," *International Parish Nurse Resource Center*, on line: (http://www.parishnurses.org/DocumentLibrary/Granger's%20Vision%20for%20Health%20Cabinets.pdf.