

Understanding Housing & Health Home Integration

Hudson Valley Region

Presented By
Kristin Miller, NY Program Director
Pascale Leone, Sr. Program Manager

The Source for
Housing Solutions



What We'll Cover

Housing
Universe
in NY

Supportive
Housing

Health
Homes

Integrating
Health &
Housing

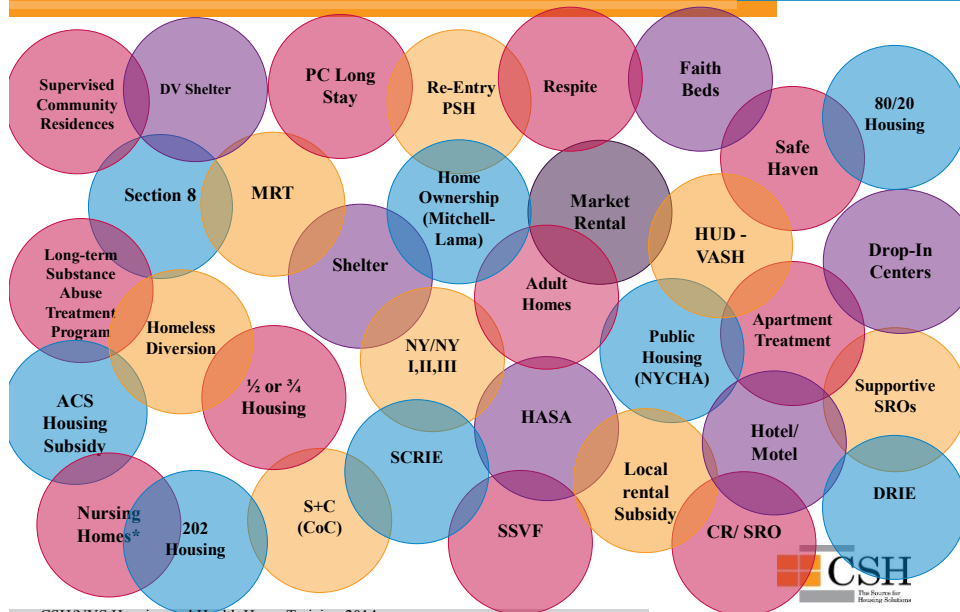


Housing Options in New York



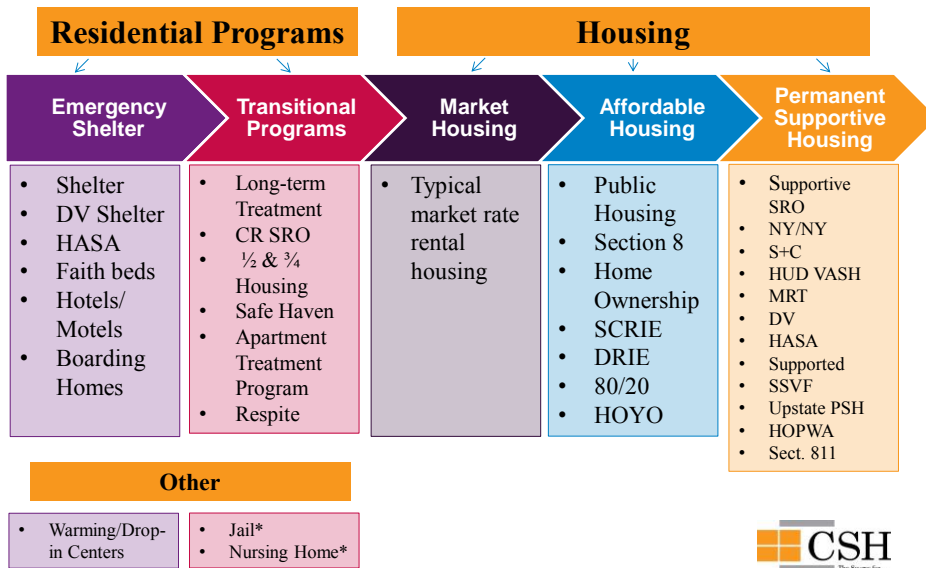
Shelter/Housing Universe in New York

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Housing Categories In New York

5



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Housing Categories In New York

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Emergency Shelter

Faith-based Shelter	<ul style="list-style-type: none"> • Over 200 faith-based beds in New York City located in places of worship • Drop-in centers
Drop – In Centers*	<ul style="list-style-type: none"> • Provide hot meals, showers, laundry, clothing, medical care, recreational space. * Typically no sleep-in beds. Connects people with case managers. For chronically street homeless, or other hard-to-reach homeless • Referrals from street outreach; drop-in center
Warming Centers	<ul style="list-style-type: none"> • Short-term emergency shelter that operates when temperatures and/or precipitation has become dangerously inclement. • For single adults and families in need • NYS – Not-for-profit agencies; NYC – 311
Hotels/ Motel rooms	<ul style="list-style-type: none"> • Temporary housing for homeless individuals/families. Usually placed when shelters are full. Difficult to provide services in hotels/motels. Typical stay is a month – goal is to get into housing • Homeless families/ individuals • DSS does pay for the vouchers

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Emergency Shelter

DHS Shelter	<ul style="list-style-type: none"> Centralized intake for men, women and families Intake process to be deemed homeless and eligible for shelter. Client is assigned to one shelter NYC only
HASA	<ul style="list-style-type: none"> Temporary emergency housing and non-emergency housing Homeless individuals with HIV/AIDS or homeless families with individuals living with HIV/AIDS NYC only HASA Application
DV Shelter	<ul style="list-style-type: none"> Temporary emergency shelter (90-135 days) to domestic violence victims NYC's Domestic Violence Hotline at 1-800-621-HOPE 24/7
Housing Preservation & Development Emergency Shelter	<ul style="list-style-type: none"> HPD's Emergency Housing Services Bureau assists displaced tenants with temporary housing at one of four family centers or at Red Cross-contracted hotels and facilities NYC's HPD (212) 863-8561

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Transitional Programs

Long-term Treatment <i>(Scattered-site or Congregate)</i>	<ul style="list-style-type: none"> Shared apartments in community for individuals with substance abuse or substance abuse and co-occurring mental illness. Typically 18+, Level II OMH, OASAS
CR SRO <i>(congregate)</i>	<ul style="list-style-type: none"> Community Residences/Single Room Occupancy: Usually 2-5 years before they transition to more independent living. Level II Chronically homeless, SPMI or MICA single adults. Preference for those discharged from long-term psychiatric hospitalization. OMH
Nursing Homes/ Adult Care Facility	<ul style="list-style-type: none"> Assessment completed by RN; forms valid for 30 days for hospitalized individuals & 90 days for those who are in any other setting, including their home (required by NYS DOH) For adult care, must apply to the individual, privately-owned facility
¾ Houses aka Sober Homes <i>(congregate)</i>	<ul style="list-style-type: none"> The congregate sites are not licensed by a NYS authority There are at least 500 such "Sober Home" beds on Long Island and another 500 in NYC

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Transitional Programs

<p>Apartment Treatment <i>(Scattered-site)</i></p>	<ul style="list-style-type: none"> • Shared apartments in community for individuals with mental illness or substance abuse. Provides an apartment in the community with staff visits as necessary to provide rehabilitative services designed to improve functioning and develop greater independence. Typically 18+, Level II • Eligible individuals must have Medicaid and/or SSI, SSD or be on public assistance. • NYS – SPOA; NYC – HRA 2010e; NYS - OMH; Operated by non-profit agencies
<p>Safe Haven</p>	<ul style="list-style-type: none"> • Housing and rehab services for hard to reach homeless population with SMI who aren't engaged in conventional housing/outpatient treatment • NYC – Drop-in centers are usually the portals of entry for Safe Havens
<p>DV Housing</p>	<ul style="list-style-type: none"> • Provides temporary safe housing and support services (i.e. emergency housing, hotline, support groups, case management and court services) for victims of domestic violence. • Can be accessed directly or Dept. of Social Services

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Affordable Housing

<p>Public Housing</p>	<ul style="list-style-type: none"> • Affordable housing for low- and moderate-income residents • 18+, income restricted/ criminal background restrictions • NYS – Local PHAs; NYC – NYCHA
<p>Section 8</p>	<ul style="list-style-type: none"> • Tenant-based vouchers to extremely low-income (30% AMI), very low-income (50% AMI) and low-income (80 % AMI) families living in the State of New York (project-based or individual “portable” vouchers) • 18+, Income-based, restrictions (background) • NYS – Local PHAs; NYC – NYCHA
<p>80/20</p>	<ul style="list-style-type: none"> • Multi-family rental developments where at least 20% of units are set aside for very low-income residents (50% or less local AMI) • Similar to 80/20 but targeted specifically to homeless, usually 10-30% • HCR/HFA
<p>Low-Income Housing Lotteries</p>	<ul style="list-style-type: none"> • Completed application and enter it in an apartment lottery via the development/project • NYS- HCR; NYC – HDC

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Affordable Housing

<p>Senior Citizen Rent Increase Exemption Program (SCRIE)</p>	<ul style="list-style-type: none"> • Exempts low-income renters who are 62 or older from some or all rent increases. • Elderly persons living in Mitchell-Lama housing, Article XI cooperatives, federally assisted cooperatives, or rent regulated apartments may be eligible • NYS - HCR; NYC – NYC Dept. of Aging
<p>Disability Rent Increase Exemption (DRIE)</p>	<ul style="list-style-type: none"> • Offers qualifying tenants with disabilities an exemption from future rent increases • Eligible persons must be at least 18, receive either SSI, SSDI, VA disability pension, or disability-related Medicaid, living in Mitchell-Lama housing, Article XI cooperatives, federally assisted cooperatives, or rent-regulated apartments • NYS – HCR; NYC - Applications can be mailed to NYC Finance Dept, SCRIE/DRIE Walk-In Center, on online
<p>Home Ownership (Mitchell- Lama)</p>	<ul style="list-style-type: none"> • Affordable rental and cooperative housing to moderate and middle-income families • Income requirements set by each development • HCR for lists, apply directly to development

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Supportive Housing

<p>Mental Illness</p>	<p>Shelter + Care</p>	<ul style="list-style-type: none"> • Provides rental assistance with supportive services for homeless and disabled persons and their families. • For homeless persons with disabilities, (SMI, SUD, AIDS or related diseases) and their families who are living in places not intended for human habitation • NYS – OMH, OASAS, local housing authorities/ non-profits; NYC – HPD
	<p>Supported /Single Room Occupancy <i>(Congregate)</i></p>	<ul style="list-style-type: none"> • Permanent housing in SRO buildings. Chronically homeless single adults diagnosed with SPMI or diagnosed as mentally ill and may also have chemical addictions (MICA). • NYC – DOHMH, DHS, HASA; OMH • NYS – OMH; NYC – HRA 2010e applications required for special needs tenants only
	<p>Supported <i>(Scattered-site)</i></p>	<ul style="list-style-type: none"> • Permanent, independent level of housing. Clients pay 30% of their income towards rent and utilities and hold own lease or provider's sublease • OMH

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Supportive Housing

Mental Illness	Medicaid Redesign Team (MRT)	<ul style="list-style-type: none"> For single adults with SMI and/or substance abuse problem who are high cost Medicaid recipients. NYS – SPOA; NYC – HRA 2010e
	NY/NY I, II	<ul style="list-style-type: none"> Affordable housing tied with supportive services for SPMI, street or shelter homeless NYC – HRA 2010e
	NY/NY III <i>(Scattered-site & Congregate)</i>	<ul style="list-style-type: none"> Affordable housing tied with supportive services; Populations A-D Chronically homeless, at-risk of homelessness and SMI NYC – HRA 2010e

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Supportive Housing

Substance Abuse	MRT <i>(Scattered site)</i>	<ul style="list-style-type: none"> For single adults who are chronically addicted and homeless; OR at risk of homelessness and are high-cost Medicaid recipients. NYS - Any existing referral process (e.g. DSS, OASAS-funded providers, Shelters, CoC, etc.) and Health Homes; NYC – HPD, DHS
	Re-Entry PSH Initiative <i>(scattered-site)</i>	<ul style="list-style-type: none"> Provides rental subsidies up to Fair Market Rental rates, case management, job development and job counseling services to parolees returning to their communities. Eligible person must have substance abuse problems and being released on parole to NYC and would be functionally homeless if not placed in this PSH program. NYC only – OASAS
	Shelter + Care	<ul style="list-style-type: none"> Provides rental assistance with supportive services for homeless and disabled persons and their families. For homeless persons with disabilities, (SMI, SUD, AIDS or related diseases) and their families who are living in places not intended for human habitation OASAS, OMH, local housing authorities/ non-profits; NYC – HPD

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Supportive Housing

Substance Abuse	NY/NY III <i>(Scattered-site & Congregate)</i>	<ul style="list-style-type: none"> Population E: for chronically homeless single adults who have substance abuse disorder that is primary barrier to independent living and who also have a disabling clinical condition (non-SPMI) that further impairs their ability to live independently. NYC – HRA 2010e
	NY/NY III <i>(Scattered-site & Congregate)</i>	<ul style="list-style-type: none"> Population F: for homeless single adults who've completed a course of treatment for substance abuse disorder and at-risk for street/ shelter homelessness NYC – HRA 2010e
	NY/NY III <i>(Congregate)</i>	<ul style="list-style-type: none"> Population G: for chronically homeless families or families at risk of chronic homelessness in NYC in which the head of household has a substance use disorder (SUD). NYC – HRA 2010e

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Supportive Housing

HIV/AIDS	HOPWA	<ul style="list-style-type: none"> Housing Opportunities for Persons with AIDS (HOPWA): provides housing assistance and related supportive services for low-income (at/ below 80% AMI) persons living with HIV/AIDS (PLWHA) and their families. NYS – OTDA or Eligible Metropolitan Statistical Areas (EMSA's); NYC – DOHMH, HASA
	HIV/AIDS	<ul style="list-style-type: none"> 18 housing providers statewide (3 in Capital District/ North Country region) are funded to deliver one or more of the following enhanced supported housing services: rental subsidy, emergency financial assistance, independent living skills development, non-intensive case management, psychosocial support services, supportive housing coordination and housing placement and referral services. For homeless individuals living with HIV/AIDS or homeless families that include individuals living with HIV/AIDS, at risk of losing housing or significantly challenged to remain in housing.

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Supportive Housing

HIV/AIDS	NY/NY III (Congregate)	<ul style="list-style-type: none"> Population G: for chronically homeless families or families at risk of chronic homelessness in NYC in which the head of household has HIV/AIDS NYC – HRA 2010e
	NY/NY III (Scattered-site & Congregate)	<ul style="list-style-type: none"> Population H: for chronically homeless single adults who are living with HIV/AIDS (clients of HASA) and suffer from co-occurring SMI, SUD, or a MICA disorder NYC – HRA 2010e
	HASA	<ul style="list-style-type: none"> Homeless individuals diagnosed with clinical symptomatic HIV (AIDS Institute), or AIDS (CDC) or homeless families that include individuals living with HIV/AIDS. NYC – HASA

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Supportive Housing

Physical / Developmental Disabilities	Sect. 811	<ul style="list-style-type: none"> Allows persons with disabilities to live as independently as possible with rental assistance 18+; Single qualified person with very low (50% AMI) and physical or developmental disability or chronic mental illness HUD
	MRT	<ul style="list-style-type: none"> Community-based units for people with developmental disabilities currently living in certified settings into more independent, less restrictive housing options. OPWDD
	Consolidated Supports and Services (CSS)	<ul style="list-style-type: none"> Housing subsidy for individuals able to live independently, apply 30% of income toward housing costs prior to making a request for subsidy. OPWDD
	Individual Supports and Services (ISS)	<ul style="list-style-type: none"> Subsidy based on an individual's income and Housing and Community Renewal (HCR) payment standards. Historically, assisted adults with DD who wish to live independently by providing funds to pay for housing costs, and on a limited basis, for such things as food, transportation and clothing OPWDD

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Supportive Housing

Veterans	HUD VASH	<ul style="list-style-type: none"> • Permanent housing via “Housing Choice” Section 8 vouchers for eligible homeless single Veterans or eligible homeless Veterans with families. Clinical and supportive services provided through VA. Vets must meet McKinney Act “homelessness” definition. Restrictions based on discharge status • To apply contact local VA Homeless Program. Vets can contact HUD-VASH program directly, or obtain a referral
	Supportive Services for Veteran Families Program (SSVF)	<ul style="list-style-type: none"> • Short-term rapid rehousing and homeless prevention services to homeless and at-risk Veterans and their families • VA, non-profit, CBOs
Elderly	Sect. 202	<ul style="list-style-type: none"> • Supportive Housing for the Elderly program (Section 202) provides rent subsidies to make units affordable • Available for very low-income household comprised of at least one person who is at least 62 years old • NYC – DFTA

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Understanding Supportive Housing



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Dimensions of Quality



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Defining Supportive Housing

Targets
households
with barriers

Is affordable

Provides
tenants with
leases

Engages
tenants in
voluntary
services

Coordinates
among key
partners

Connects
tenants with
community



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1. Targets Households with Barriers

- Are chronically homeless.
- Cycle through institutional and emergency systems and are at risk of long-term homelessness.
- Are being discharged from institutions and systems of care.
- Without housing, cannot access and make effective use of treatment and supportive services.



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2. Housing is Affordable

Whenever possible, adequate financing is secured to allow tenant's payment for rent and utilities to be no more than 30% of tenant income.

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3. Provides Tenants with Leases



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4. Tenant-Centered Service Design



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Supportive Services

**Health/Mental
Health Services**

Child Care

**Employment
Services and
Support**

**Budgeting
& Financial
Management
Training**

**Independent Living
Skills**

**Community
Building
Activities**

**Substance
Abuse**



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Why are Services Important?



Affordable Housing



Supportive Services

Platform

Health, Recovery and Personal Growth



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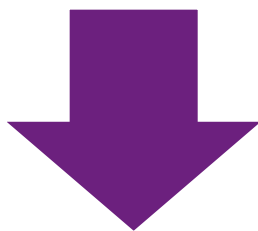
Voluntary Services

<p>Participation in services is not a condition of tenancy</p>	<p>Services are voluntary for tenants...not staff</p> <p>Staff must work to build relationships with tenants</p>	<p>Emphasis should be on user-friendly services driven by tenant needs and individual goals</p>
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Does Voluntary Work?



Low Demand

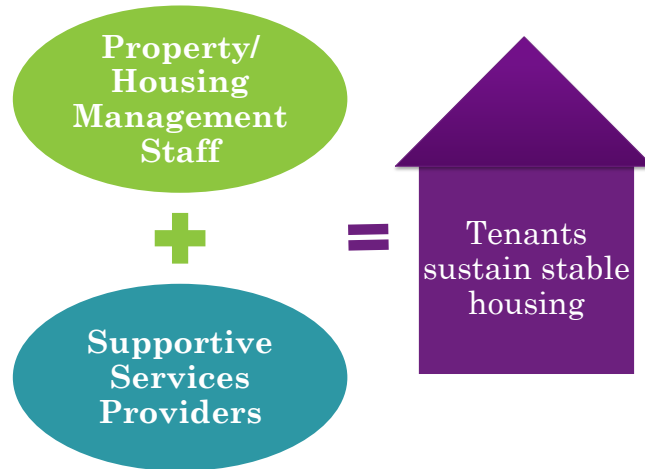


High Rate of Housing Stability



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5. Coordinates Among Key Partners



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6. Connects tenants with community

- **Units are located within safe neighborhoods with close proximity to:**
 - Transportation
 - Employment opportunities
 - Services
 - Shopping, recreation and socialization
- **Staff supports tenants in developing and strengthening connections to their community**



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Core Outcomes for Tenants in SH



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Understanding Health Homes



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Health Homes Defined

- **Authorized under the Patient Protection & Affordable Care Act (ACA) of 2010**
 - Optional State Plan benefit authorized under Section 2703 of ACA
- **Health Home - care management model**
 - provides enhanced care coordination and integration of primary, acute, behavioral health (mental health and substance abuse) services
 - linkages to long-term care community services
 - supports, social services, and family services for persons with chronic conditions
 - “whole-person” and “person-centered”
 - integrates a care philosophy that includes both physical/behavioral care and family and social supports



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Who Is Eligible for a Health Home in New York?

- **To be eligible for New York’s Health Home Program a person must be enrolled in Medicaid and have:**
 - Two chronic conditions or
 - One single qualifying condition of
 - HIV/AIDS or
 - Serious Mental Illness (SMI)

Chronic Conditions include (but are not limited to):

- ✓ Alcohol and Substance Abuse
- ✓ Mental Health Condition
- ✓ Cardiovascular Disease (e.g., Hypertension)
- ✓ Metabolic Disease (e.g., Diabetes)
- ✓ Respiratory Disease (e.g., Asthma)

- **Persons meeting the criteria above must also be appropriate for Health Home care management**
 - i.e., the person has significant behavioral, medical or social risk factors and can benefit from comprehensive care management services



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Core Requirements of Health Homes

Comprehensive
Care
Management

Care Coordination
& Health
Promotion

Comprehensive
Transitional Care

Individual &
Family Support

Referral to
Community
& Social Support
Services

Use of HIT to Link
Services



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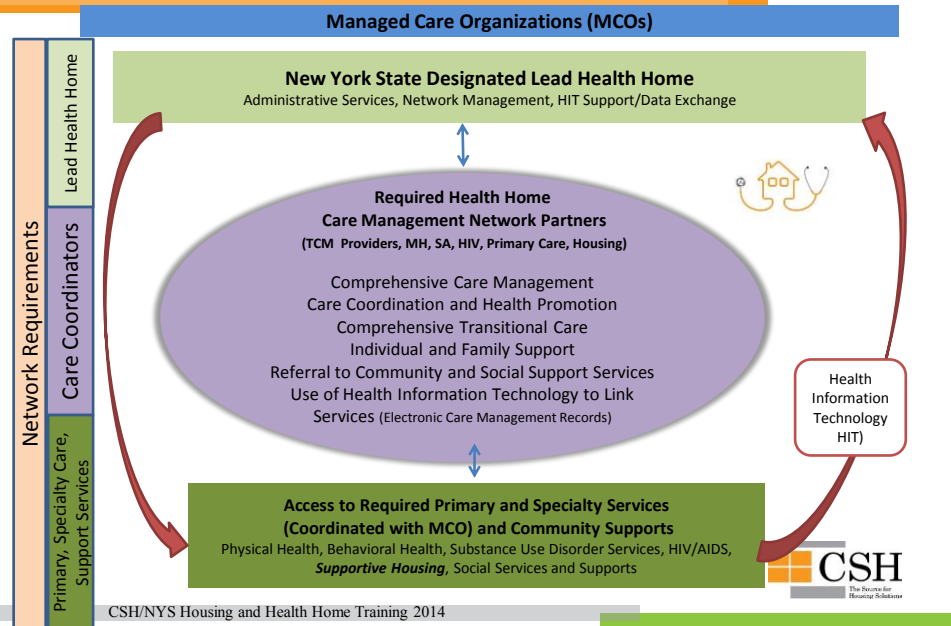
New York State's Health Home Model

- **There are 34 organizations operating 48 Health Homes in NYS**
www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
- **Health Homes establish a network of providers**
- **Health Home network of partners includes:**
 - *Health Home Care Coordinators (or care manager)*
 - *Connections with Mental Health/HIV/AIDS/Chronic Illness/Addiction Care Management programs*
 - *One or more hospital systems*
 - *Multiple ambulatory care sites with both physical, mental health and substance abuse specialization*
 - *Community based organizations, including **housing providers***
 - *Managed care plans*



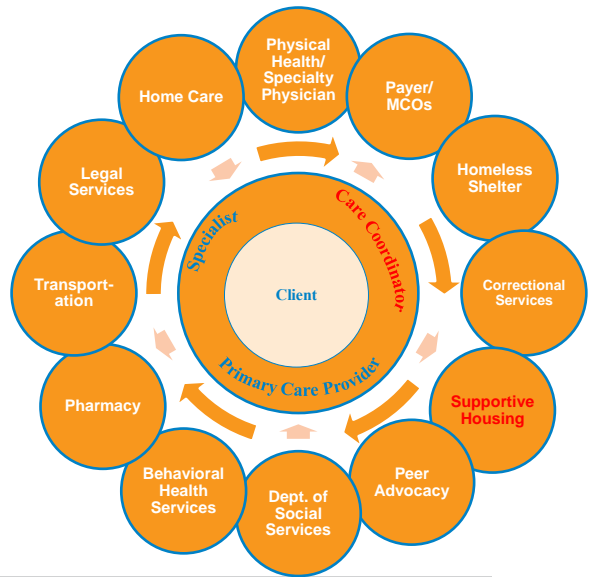
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New York State Health Home Model



Coordinating Care: Health Homes & Supportive Housing

Health Home Model w/ Supportive Housing Needs

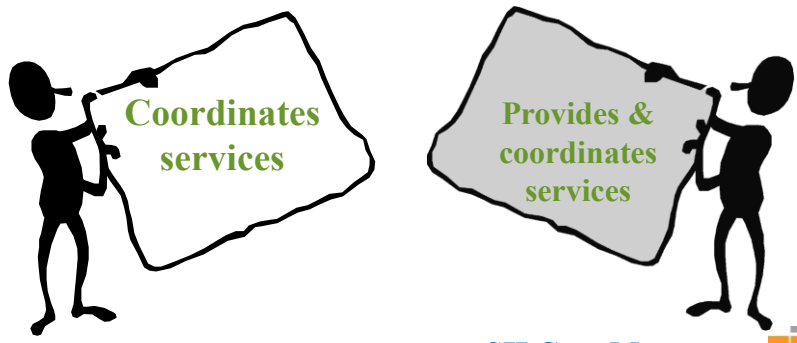


Example:
Health Home Client with Behavioral Health Needs



HH Care Coordinators & SH Case Managers

- Health Home Care Coordinator coordinates services to be received
- Supportive Housing Case Managers provide and coordinate direct services

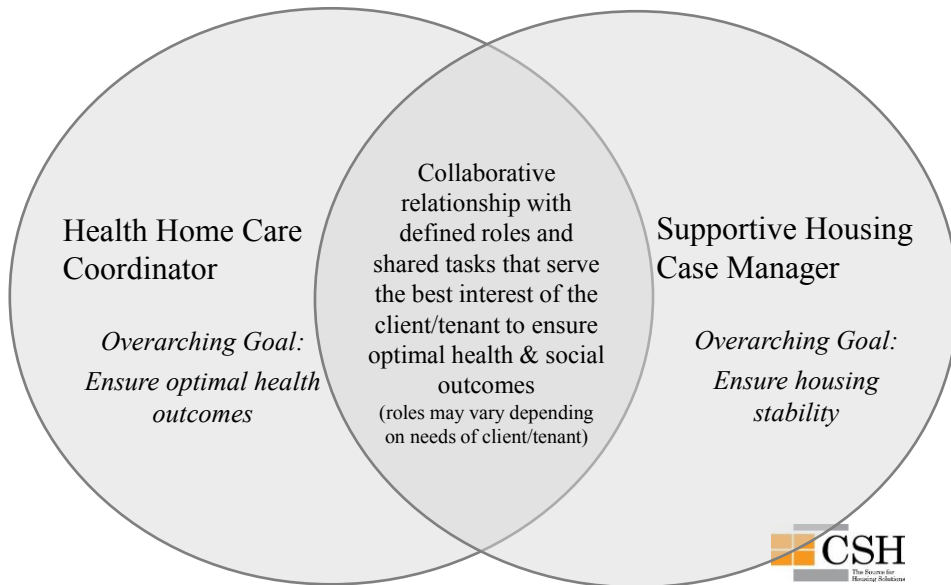


HH Care Coordinator

SH Case Manager

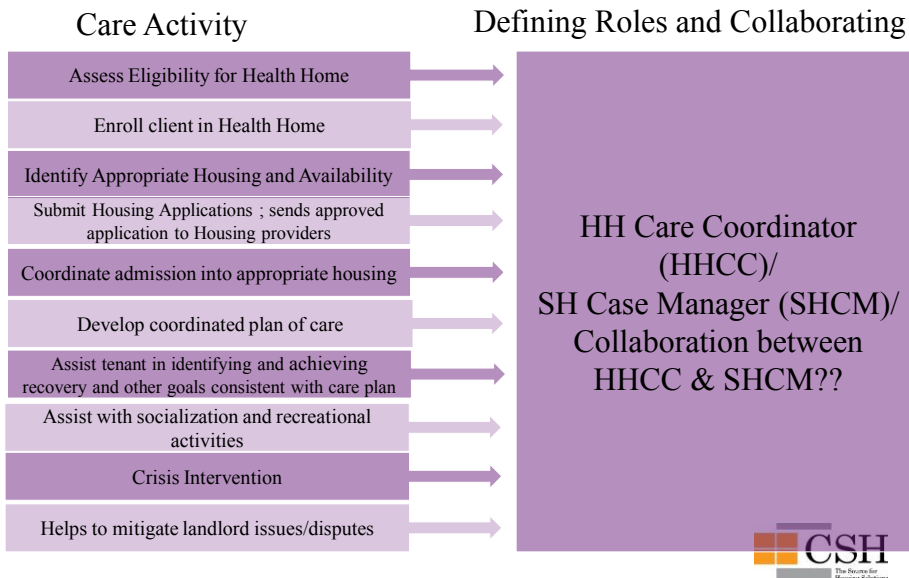


Integrating SH & HH Services



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What's Been Working For You



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New York State Agencies Panel

- ❖ Elizabeth Misa, Deputy Director of NYS Medicaid, Office of Health Insurance Program (DOH)
- ❖ Raná Meehan, Mental Health Program Specialist, (OMH)
- ❖ Barry Kinlan, Housing and Data Coordinator, Health Home Program (DOH)
- ❖ Cindy Brownell, Manager, Housing Program Unit, AIDS Institute
- ❖ Judy Monson, Addictions Program Specialist 2, Bureau of Housing (OASAS)
- ❖ Kerri Neifeld, Excelsior Fellow- Center for Specialized Services (OTDA)
- ❖ Vivian Street, Rockland County Community Support Team Leader, Housing Coordinator for Region 3, Hudson Valley DDRO (OPWDD)
- ❖ Lisa Irizarry, Director of Special Needs Housing, NYS Homes and Community Renewal (HCR)



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Housing Is Health Care: *New York's Medicaid Redesign Supportive Housing Initiative*

UNDERSTANDING HOUSING AND
HEALTH HOME INTEGRATION TRAINING



AGENDA

Overview of MRT Supportive Housing Units

- *What is MRT supportive housing?*
- *What populations are served?*
- *What resources are available?*



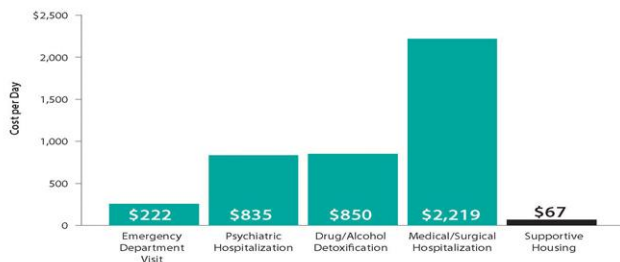
Housing is Health Care

- Addressing the Social Determinants of Health
- Link high-cost Medicaid members with housing
 - *Bend the Medicaid cost curve*
 - *Improve quality of care for high-cost Medicaid members*





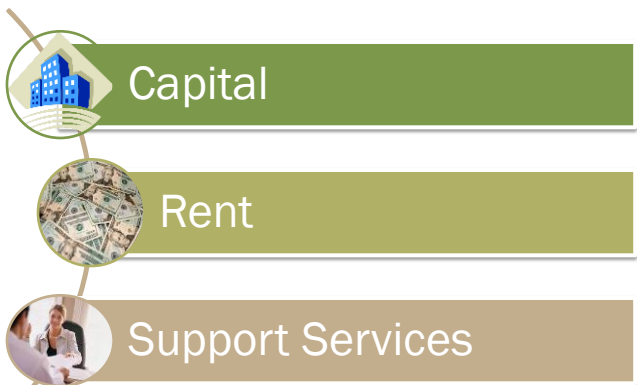
Costs per day to Medicaid of supportive housing versus health care services



Footnote: Costs for supportive housing provided by the Supportive Housing Network of New York and based on average yearly estimates of \$24,000-\$25,000 for congregate supportive housing in New York City (scattered site supportive housing is approximately \$18,000-\$20,000 per year). Hospitalization, nursing home, emergency department, and detoxification costs represent average 2012 fee-for-service Medicaid payments in New York.



MRT SUPPORTIVE HOUSING COMPONENTS



MRT Supportive Housing Populations



5
1

MRT SUPPORTIVE HOUSING RESOURCES

- **\$222 million over two years (in 2014-15 and 15-16)**
 - Capital
 - Rental and Service Supports
 - Pilot Projects

Health Homes Supportive Housing Pilot
Step-Down/Crisis Residence Capital Conversion
Nursing Home to Independent Living Rapid Transition
OMH Supported Housing Services Supplement
Homeless Senior Placement Pilot Project
Health Home HIV + Rental Assistance Pilot Project
Senior Supportive Housing Pilot Project



TRACKING AND EVALUATION



- All individuals will be tracked
- Analyze pre and post Medicaid spending
- Partnering with researchers
- Robust tracking and evaluation
- Short Term and Long Term Results



**To learn more about MRT Supportive Housing, please
visit our website at:**

http://www.health.ny.gov/health_care/medicaid/redesign/affordable_housing_workgroup.htm



DOH North Country/ Capital District Health Home Contacts

1. Adirondack Health Institute, Inc.

Counties: Clinton, Essex, Franklin, Hamilton, Warren, Washington
Main Contact: *Annette Parisi* 518-761-0300 Ext. 31578, aparisi@medserv.net
Referral Contact: *Annette Parisi* 518-761-0300 Ext. 31578, aparisi@medserv.net
Member Referral Number: 1-866-708-2912

2. Capital Region Health Connections (Samaritan Hospital)

Counties: Albany, Rensselaer
Main Contact: *Rachel Handler* 518-271-3188, Rachel.Handler@sphp.com
Referral Contact: *Roxanne Health* 518-271-3473, RoxanneK.Heath@sphp.com
Referral Number: 1-855-358-4482 or 518-371-3301

3. Glens Falls Hospital

Counties: Clinton, Essex, Franklin, Hamilton, Saratoga, Warren, Washington
Main Contact: *Tracy Mills* 518-926-6998, tmills@glensfallshosp.org
Alternate Contact: *Joanne DeWeese* 518-926-7240 ext 403, jdeweese@glensfallshosp.org
Referral Contact: *Joanne DeWeese* 518-926-7240 ext 403, jdeweese@glensfallshosp.org
Referral Contact: *Jessica Schwartzman* 518-926-5929, jschwartzman@glensfallshosp.org
Member Referral Number: 1-855-414-4663

4. Hudson River Healthcare, Inc.

Counties: Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Suffolk, Sullivan, Westchester
Main Contact: *Allison McGuire* 914-734-8543, amcguire@hrhcare.org
Main Contact: *Katie Clay* 914-734-8513, kclay@hrhcare.org
Member Referral Number: 1-888-980-8410

5. St. Mary's Healthcare

Counties: Fulton, Montgomery
Main Contact: *Brenda Maynor* 518-841-3896, Brenda.maynor@smha.org
Alternate Contact: *Heather Clear-Rossbach* 518-773-3531 ext.4116, Clearh@smha.org
Referral Contact: *Devin Smullen* 518-773-3531 ext. 4747, Devin.smullen@smha.org
Referral Contact: *Heather Clear-Rossbach* 518-773-3531 x4116, Clearh@smha.org

6. Visiting Nurse Service of Schenectady and Saratoga Counties, Inc

Counties: Saratoga, Schenectady
Main Contact: *Joseph Twardy* 518-382-8050 ext. 211, twardyj@vnshomecare.org
Alternate Contact: *Timothy Berger* 518-382-7932, bergert@vnshomecare.org
Alternate Contact: *Donna Jennings* 518-243-4695, jenningsd@vnshomecare.org
Referral Contact: *Donna Jennings* 518-243-4695, jenningsd@vnshomecare.org
Member Referral Line: 1-855-204-0888

• For other Health Home Contact Information visit
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_contacts.htm



Central New York Region Health Home Contacts

1. Catholic Charities of Broome County

Counties: Broome
Main Contact: *Julie Smith* (607) 723-9991 Ext. 224, jsmith@ccbc.net
Referral Contact: *Gary Tucker* (607) 723-9991 Ext. 317, gtucker@ccbc.net
Referral Contact: *Barbara Marko* (607) 723-9991 Ext. 427, bmarko@ccbc.net

2. Central New York Health Home Network, Inc.

Counties: Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, St. Lawrence
Main Contact: *Laura Eannace* (315) 724-6907 Ext. 2303, laura.eannace@cnyhealthhome.net
Alternate Contact: *Kim Pecor* (315) 266-0627 Ext. 309, Kimberly.pecor@cnyhealthhome.net
Referral Contact: *Carleen Stewart* (315) 266-0627 Ext. 226, carleen.stewart@cnyhealthhome.net
Referral Contact: *Lea Tolman* (315) 266-0627 Ext. 312, lea.tolman@cnyhealthhome.net
Referral Contact: *Betsy Weaver* (315) 266-0627, Betsy.weaver@cnyhealthhome.net

3. The Mary Imogene Bassett Hospital

Counties: Chenango, Delaware, Otsego, Schoharie
Main Contact: *Ann Hutchison* (607) 212- 2594, Ann.Hutchison@Bassett.org

4. Onondaga Case Management Services, Inc.

Counties: Cayuga, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins, Chemung
Main Contact: *Adele Gorges* (585) 613-7656, agorges@ccsi.org
Main Contact: *John Lee* (585) 613-7642, John.Lee@beaconhs.com
Referral Contact: *Tracy Marchese* (585) 613-7642, tracy.marchese@beaconhs.com

5. St. Joseph's Care Coordination Network (SJCCN)

Counties: Cayuga, Madison, Onondaga, Oswego
Main Contact: *Kristen Mucitelli-Heath* (315) 744-1383, kristen.heath@sjhsyr.org
Referral Contact: *Dyana Morrow* (315) 703-2768, Dyana.Morrow@sjhsyr.org
Referral Contact: *Eric Stone* (315) 703-2802, Eric.Stone@sjhsyr.org

6. United Health Services Hospitals

Counties: Broome
Main Contact: *Robin Kinslow-Evans* (607) 762-2801, robin_kinslow-evans@uhs.org
Referral Contact: *Anne Bishop* (607) 762-2862, Anne_Bishop@uhs.org

• For other Health Home Contact Information visit
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_contacts.htm



New York City Downstate Health Home Contacts

BRONX

1. Bronx Lebanon Hospital Center

Main Contact: *Virgilina Gonzalez* 718-901-8927, vgonzale@bronxleb.org
Main Contact: *Boris Vigorin* 212-366-8536, bvilgron@fegs.org
Alternate Contact: *Amanda Semidey*, 212-590-2574, asemidey@cbcare.org
Referral Contact: *Virgilina Gonzalez* 718-901-8927, vgonzale@bronxleb.org
Member Referral Line: 855-866-9432

2. Bronx Accountable Healthcare Network Health Home (BAHN)

Main Contact: *Nicole Jordan-Martin* 914-378-6151, njordan@montefiore.org
Referral Contact: *Obidi Ikpeze* 914-378-6151, oikpeze@montefiore.org
Referral Contact: *Jacqueline Santiago* 914-378-6151, jacsanti@montefiore.org

3. Community Care Management Partners (CCMP), LLC (Visiting Nurse Service of New York Home Care)

Main Contact: *Alyssa Lord* 212-216-9911, alyssa.lord@vnsny.org
Alternative Contact: *Phil Opatz* 212-290-6467, phil.opatz@vnsny.org
Referral Contact: *Alyssa Lord* 212-216-9911, alyssa.lord@vnsny.org

4. Community Health Care Network (Queens Coordinated Care Partners)

Main Contact: *Rosemary Cabrera* 212-545-2469, rcabrera@chnnyc.org
Main Contact: *Elizabeth Malavé* 212-545-6206, emalave@chnnyc.org
Alternate Contact: *Ryan Wilcoxson* 212-545-6211, rwilcoxson@chnnyc.org
Alternate Contact: *Cady Herman* 646-477-2833, caherman@chnnyc.org
Member Referral Number (Brooklyn): 1-855-CHN-HHCC (1-855-246-4422)
Member Referral Number (Queens): 1-855-CHN-HH01 (1-855-246-4401)

5. New York City Health and Hospitals Corporation

Main contact: *Dr. Deborah Rose* 212-788-2455; deborah.rose@nychhc.org
Referral contact: *Kenza Martin* 212-788-5437; kenza.martin@nychhc.org
Member Referral Line: 1-855-602-4663

• For other Health Home Contact information visit
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_contacts.htm



New York City Downstate Health Home Contacts

Manhattan

1. Community Care Management Partners (CCMP), LLC (Visiting Nurse Service of New York Home Care)

Main Contact: *Alyssa Lord* 212-216-9911, alyssa.lord@vnsny.org
Alternative Contact: *Phil Opatz* 212-290-6467, phil.opatz@vnsny.org
Referral Contact: *Alyssa Lord* 212-216-9911, alyssa.lord@vnsny.org

2. Continuum Health Home Network (St. Luke's-Roosevelt Hospital Center)

Main Contact: *Miriam Martínez* 212-523-2025, mimartinez@chpnet.org
Referral Contact: *Kristina Monti* 212-523-5002, KMonti@chpnet.org

3. Heritage Health and Housing Home Network: Heritage Health Home Network (Heritage Health and Housing Inc., Northern Manhattan Health Home Network Inc.)

Main Contact: *LaQuita Henry* 212-866-2600 ext 1148, lhenry@heritagenyc.org
Alternate Contact: *Fred Humphrey* 212-866-2600 ext 1364, fhumphrey@heritagenyc.org
Referral Contact: *LaQuita Henry* 212-866-2600 ext 1148, lhenry@heritagenyc.org
Referral Contact: *Dr. Alvaro Simmons* 212-862-0054 ext 1148, asimmons@heritagenyc.org

4. Coordinated Behavioral Care, Inc

Main Contact: *Inna Borik* 212-590-2573 iborik@cbcare.org
Main Contact: *Danika Mills* 212-590-2407, dmills@cbcare.org
Referral Contact: *Berenice Almandariz* 212-590-2406, balmendariz@cbcare.org
Member Referral Line: 866-899-0152

5. New York City Health and Hospitals Corporation

Main contact: *Dr. Deborah Rose* 212-788-2455; deborah.rose@nychhc.org
Referral contact: *Kenza Martin* 212-788-5437; kenza.martin@nychhc.org
Member Referral Line: 1-855-602-4663

6. The New York and Presbyterian Hospital

Main Contact: *Victor Carrillo* 212-342-0236, vac9009@nyp.org
Referral Contact: *Peggy Chan* 212-342-0274, psc9031@nyp.org
Referral Contact: *Victor Carrillo* 212-342-0236, vac9009@nyp.org

Richmond (Staten Island)

1. Coordinated Behavioral Care, Inc

Main Contact: *Inna Borik* 212-590-2573 iborik@cbcare.org
Main Contact: *Danika Mills* 212-590-2407, dmills@cbcare.org
Referral Contact: *Berenice Almandariz* 212-590-2406, balmendariz@cbcare.org
Member Referral Line: 866-899-0152

• For other Health Home Contact information visit
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_contacts.htm



New York City Downstate Health Home Contacts

Queens

1. North Shore LIJ Health Home

Main Contact: *Irina Mitzer* (516) 876-6778, IMitzer@nshs.edu

2. Community Health Care Network (Queens Coordinated Care Partners)

Main Contact: *Rosemary Cabrera* 212-545-2469, rcabrera@chnyc.org

Main Contact: *Elizabeth Malavé* 212-545-6206, emalave@chnyc.org

Alternate Contact: *Ryan Wilcoxson* 212-545-6211, rwilcoxson@chnyc.org

Alternate Contact: *Cady Herman* 646-477-2833, Caherman@chnyc.org

Member Referral Number (Brooklyn): 1-855-CHN-IHCC (1-855-246-4422)

Member Referral Number (Queens): 1-855-CHN-HH01 (1-855-246-4401)

3. New York City Health and Hospitals Corporation

Main contact: *Dr. Deborah Rose* 212-788-2455;

deborah_rose@nychhc.org

Referral contact: *Kenza Martin* 212-788-5437;

kenza.martin@nychhc.org

Member Referral Line: 1-855-602-4663

Long Island – Nassau and Suffolk

1. FEGS Health & Human Services System

Main Contact: *Sue McKenna* 516-505-2003 x 312285,

smckenna@fegs.org

Main Contact: *Melissa Firmes* 631-691-7080 x 332238,

smckenna@fegs.org

Alternate Contact: *Steve Rutter* 516-505-2003 x 312211,

srutter@fegs.org

Referral Contact: *Allegra D'Alo* 516-505-2003 x 312342,

adalo@fegs.org

Referral Contact: *Gina Laserra* 631-691-7080 x 332390,

glaserra@fegs.org

Member Referral Number (Nassau): 855-544-8484

Member Referral Number (Suffolk): 855-838-0021

2. North Shore LIJ Health Home

Main Contact: *Irina Mitzer* (516) 876-6778,

IMitzer@nshs.edu

3. Hudson River Healthcare (DBA) Community Health Care Collaborative (CCC)

Main Contact: *Allison McGuire* 914-734-8543,

amcguire@hrhcare.org

Main Contact: *Katie Clay* 914-734-8513,

kclay@hrhcare.org

Member Referral Number: 1-888-980-8414

• For other Health Home Contact Information visit http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_contacts.htm



New York City Downstate Health Home Contacts

Brooklyn

1. Community Health Care Network (Queens Coordinated Care Partners)

Main Contact: *Rosemary Cabrera* 212-545-2469,

rcabrera@chnyc.org

Main Contact: *Elizabeth Malavé* 212-545-6206,

emalave@chnyc.org

Alternate Contact: *Ryan Wilcoxson* 212-545-6211,

rwilcoxson@chnyc.org

Alternate Contact: *Cady Herman* 646-477-2833,

Caherman@chnyc.org

Member Referral Number (Brooklyn): 1-855-CHN-IHCC (1-855-246-4422)

Member Referral Number (Queens): 1-855-CHN-HH01 (1-855-246-4401)

2. Coordinated Behavioral Care, Inc

Main Contact: *Inna Borik* 212-590-2573 iborik@cbcare.org

Main Contact: *Danika Mills* 212-590-2407, dmills@cbcare.org

Referral Contact: *Berenice Almendariz* 212-590-2406,

balmendariz@cbcare.org

Member Referral Line: 866-899-0152

3. New York City Health and Hospitals Corporation

Main contact: *Dr. Deborah Rose* 212-788-2455;

deborah_rose@nychhc.org

Referral contact: *Kenza Martin* 212-788-5437;

kenza.martin@nychhc.org

Member Referral Line: 1-855-602-4663

4. Southwest Brooklyn Health Home LLC d/b/a Brooklyn Health Home (Maimonides Medical Center)

Main Contact: *David Cohen* 718-283-6392,

dcohen@maimonidesmed.org

Alternate Contact: *Karen Nelson* 718-283-6470,

knelson@maimonidesmed.org

Referral Contact: *Karen Nelson* 718-283-6470,

knelson@maimonidesmed.org

Referral Contact: *Madeline Rivera* 718-283-7098,

mrivera2@maimonidesmed.org

Member Referral Line: 1-800-356-7480

• For other Health Home Contact Information visit http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_contacts.htm



Hudson Valley Region Health Home Contacts

1. Community Health Care Collaborative (CCC)

Counties: Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Suffolk, Sullivan, Westchester
Main Contact: *Allison McGuire* (914) 734-8543, amcguire@hrhcare.org
Main Contact: *Kathleen Clay* (914) 734-8513, kclay@hrhcare.org
Member Referrals: 1-888-980-8410

2. Hudson Valley Care Coalition

Counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Main Contact: *Gladys Johnson* (914) 372-2374, gjohnson@hccheq.org
Alternate Contact: *Lena Johnson* (914) 606-3305, lena.johnson@hccheq.org

3. Institute for Family Health

Counties: Ulster
Main Contact: *Virna Little* (347) 203-8856, Vlittle@institute2000.org
Referral Contact: *Melissa Martinez* (877) 207-3387, memartinez@institute2000.org
Referral Contact: *Carmen Beltre* (212) 633-0800 Ext. 1345, cbeltre@institute2000.org

• For other Health Home Contact Information visit
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_contacts.htm



Western New York Region Health Home Contacts

1. Chautauqua County Department of Mental Hygiene

Counties: Allegany, Cattaraugus, Chautauqua
Main Contact: *Adele Gorges* (585) 613-7656, agorges@ccsi.org
Main Contact: *John Lee* (585) 613-7642, John.Lee@beaconhs.com
Referral Contact: *Tracy Marchese* (585) 613-7642, tracy.marchese@beaconhs.com

2. Greater Buffalo United Accountable Healthcare Network-GBUAHN

Counties: Erie
Main Contact: *Raul Vazquez* (716) 830-4840, raul.vazquez@gbuahn.org
Main Contact: *Momba Chia* (716) 247-5282 Ext. 230, momba.chia@gbuahn.org
Alternate Contact: *Kirsten Newby* (716) 247-5282 Ext. 218, kirsten.newby@buffalo.edu
Alternate Contact: *Lou Santiago* (716) 628-1674, lousantiago1@gmail.com
Member Referral Number: (716) 247-5282 – ask for Member Services

3. Greater Rochester Health Home Network

Counties: Monroe
Main Contact: *Deborah Peartree* (585) 737-7522; rhn@Rochester.rr.com
Referral Contact: *Deborah Peartree* (585) 737-7522; rhn@Rochester.rr.com

4. Health Home Partners of Western New York

Counties: Erie, Niagara, Wyoming
Main Contact: *Bruce Nisbet* (716) 662-2040, nisbetb@shswny.org
Referral Contact: *Christopher Hartnett* (716) 539-1794, hartnettc@shswny.org
Referral Contact: *Amy Ditta* (716) 539-1762, dittaa@shswny.org

• For other Health Home Contact Information visit
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_contacts.htm



Western New York Region Health Home Contacts

5. Health Homes of Upstate New York (HHUNY)

Counties: Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Yates, Genesee, Orleans
Main Contact: *Adele Gorges* (585) 613-7656, agorges@ccsi.org
Main Contact: *John Lee* (585) 613-7642, John.Lee@beaconhs.com
Referral Contact: *Tracy Marchese* (585) 613-7642, tracy.marchese@beaconhs.com

7. Onondaga Case Management Services, Inc.

Counties: Cayuga, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins, Chemung
Main Contact: *Adele Gorges* (585) 613-7656, agorges@ccsi.org
Main Contact: *John Lee* (585) 613-7642, John.Lee@beaconhs.com
Referral Contact: *Tracy Marchese* (585) 613-7642, tracy.marchese@beaconhs.com

6. Niagara Falls Memorial Medical Center

Counties: Niagara
Main Contact: *Sheila Kee* (716) 278-4301, Sheila.Kee@nfmhc.org
Main Contact: *Vicki Landes* (716) 278-4647, Vicki.Landes@nfmhc.org

• For other Health Home Contact Information visit http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_contacts.htm



NYS Office of Mental Health

OMH REGIONS



Counties within Regions

Central Region : Broome, Cayuga, Chenango, Clinton, Cortland, Delaware, Essex, Fulton, Franklin, Hamilton, Herkimer, Jefferson, Madison, Montgomery, Lewis, Oneida, Onondaga, Oswego, Otsego and St. Lawrence

Upper Hudson River Region : Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren and Washington.

Lower Hudson River Region : Dutchess, Orange, Putnam, Rockland and Westchester

Western Region: Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, and Yates

Long Island Region: Nassau and Suffolk

Counties in NYC Region: Bronx, Kings, New York, Queens and Richmond



How to Locate OMH Regional Specific Providers

All Programs Statewide:

<http://bi.omh.ny.gov/bridges/index>

Medicaid Redesign Team Affordable Housing Units Central
New York Region:

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/omh.pdf



OMH Bureau of Housing Development and Support

Moira Tashjian, Director

518 474-5191

Moira.tashjian@omh.ny.gov

Or

Raná Meehan, Mental Health Program Specialist

518 474-5191

Rana.Meehan@omh.ny.gov



Hudson Valley Region Health Home Contacts

1. Community Health Care Collaborative (CCC)

Counties: Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Suffolk, Sullivan, Westchester
Main Contact: *Allison McGuire* (914) 734-8543, amcguire@hrhcare.org
Main Contact: *Kathleen Clay* (914) 734-8513, kclay@hrhcare.org
Member Referrals: 1-888-980-8410

2. Hudson Valley Care Coalition

Counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Main Contact: *Gladys Johnson* (914) 372-2374, gjohnson@hcheq.org
Alternate Contact: *Lena Johnson* (914) 606-3305, lena.johnson@hcheq.org

3. Institute for Family Health

Counties: Ulster
Main Contact: *Virna Little* (347) 203-8856, Vlittle@institute2000.org
Referral Contact: *Melissa Martinez* (877) 207-3387, memartinez@institute2000.org
Referral Contact: *Carmen Beltre* (212) 633-0800 Ext. 1345, cbeltre@institute2000.org

• For other Health Home Contact Information visit http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_contacts.htm



Housing and Supportive Housing Services in the Capital Region

- The NYS Department of Health AIDS Institute funds 3 providers in the Capital Region for Supportive Housing services
- Funded providers include: AIDS Council of Northeastern New York, Catholic Charities Community AIDS Services and Unity House of Troy
- Services include: Long Term Rental Assistance & Housing Retention Services (MRT), Financial Assistance & Enhanced Supportive Housing Services

Housing and Supportive Housing Services in the Hudson Valley

The NYS Department of Health AIDS Institute funds 3 providers in the Hudson Valley region

- Funded providers include: Family Services of Westchester, Hudson Valley Community Services and Pathstone Corporation
- Services include: Financial Assistance and Enhanced Supportive Housing Services

Housing and Supportive Housing Services in Central New York including the Southern Tier

The NYS Department of Health AIDS Institute funds 3 providers in Central New York and 1 provider in the Southern Tier Region for Supportive Housing services

- ▣ Funded providers include: ACR Health, Central NY Health Systems Agency, Liberty Resources, Inc. and Southern Tier AIDS Program
- ▣ Services include: Long Term Rental Assistance & Housing Retention Services (MRT), Financial Assistance & Enhanced Supportive Housing Services

Eligibility Criteria:

- ▣ Individual must be:
 - HIV positive
 - Homeless, unstably housed or at risk of losing housing

**Some of the funding has income & Medicaid/Health Home eligibility requirements. There may also be other agency specific eligibility requirements.*

Financial Assistance

Emergency Rental Assistance :

- ▣ One-time only financial assistance for eligible consumers in danger of eviction or foreclosure, or
- ▣ to assist in obtaining alternate housing. Costs may include first month rent or rental arrears.

Emergency Utility Assistance:

- ▣ One-time only financial assistance for eligible consumers in order to avoid utility shut off. Costs may include utilities such as gas, oil, water, electric, and basic monthly telephone.

Security Deposit:

- ▣ One-time only financial assistance to pay for eligible consumers' security deposit for discrete residence. Security deposits may include first and last month's rent.

Financial Assistance (cont'd)

Moving Expenses:

- ▣ One-time only financial assistance to pay for eligible consumers' moving costs when the move
- ▣ occurs within the provider agency's catchment area from one residence to another residence.

Broker Fees:

- ▣ One-time only financial assistance to pay for eligible consumers' housing locator or realty (broker's) fees.

Minor Renovations (Non-Permanent):

- ▣ One-time only financial assistance for eligible consumers to pay for *non-permanent* fixtures such as handrails, ramps, or security measures.

Financial Assistance

(cont'd)

Short-Term Rental Assistance:

- Short-term rental assistance provides financial support for clients in transitional housing to enable the individual and/or family to gain and/or maintain medical care. Short-term rental assistance provides financial assistance to pay for a portion of an eligible consumer's rent for multiple periods, unlike emergency financial assistance. Short term rental assistance is intended to be available up to 24 months (or longer when a provider can justify the delay in securing permanent housing).

Short-Term Utility Assistance/Subsidy :

- Short-term utility assistance provides support for clients in transitional housing to enable the individual and/or family to gain and/or maintain medical care. Short-term utility assistance provides financial assistance for eligible consumers' utilities for multiple periods. Costs may include utilities such as gas, oil, water, electric, and basic monthly telephone. Short term utility assistance is intended to be available up to 24 months (or longer when a provider can justify the delay in securing permanent housing).

Enhanced Supportive Housing Services

- Health & Independent Living Skills Development
- Housing Placement Assistance and Referral
- Psychosocial Support Services

Medicaid Redesign Team (MRT)

- ▣ Long Term Rental Subsidy
- ▣ Housing Retention Services

AIDS Institute Resources

Housing and Supportive Housing Programs

www.health.ny.gov/diseases/aids/general/about/housing

AIDS Institute Resource Directory

www.health.ny.gov/diseases/aids/general/resources/resource_directory

AIDS Institute Housing Programs Unit Contact Information

Cindy Brownell, Manager, Housing Programs Unit

cindy.brownell@health.ny.gov

518-474-8162

OASAS Bureau of Housing Services

Downstate Housing Providers

MID-HUDSON & LONG ISLAND:

Behavioral Health Sers./Mercy Medical Center/Nassau
395 Oak Street
Garden City, NY 11530
Housing Partner:
South Shore Association for Independent Living (S.A.I.L.)
SAIL, Inc.
1976 Grand Avenue
Baldwin, NY 11510

Concern for Independent Living/ Suffolk
312 Expressway Drive South
Medford, New York 11763
phone: 631-758-0474
fax: 631-758-0467
www.concernhousing.org

NEW YORK CITY PROVIDERS

BASICS, Inc./Bronx County (Acacia Network)
311 East 175th Street
Bronx, NY 1045
488 East 164th Street
Bronx NY 10456

Bowery Resident Committee, Inc./Manhattan County
131 West 23rd Street

New York, NY 10001
BRC HomePlus Program
500 Bergen Ave., Lower Level/Basement
Bronx, NY 10455

Bridging Access to Care, Inc./Kings County
2261 Church Ave., 3rd Floor
Brooklyn, NY 11226
260 Broadway, 4th Floor
Brooklyn, NY 11211
502 Bergen Street, 1st Floor
Brooklyn, New York 11217

CREATE, Inc./Manhattan NY County
73 Lenox Avenue
New York, NY 10026
(212) 663-6260
(212) 663-1293 Fax

Fortune Society/Queen
(212) 354-6000 Ext. 244
(212) 382-3899 Fax
Fortune Society/Queens Castle Garden:
625 West 140th Street
New York, NY 10031

The Castle:
630 Riverside Drive
New York, NY 10031

29-76 Northern Blvd
Long Island City, NY 11101

Housing Plus Solutions/ Kings County
4 West 43rd Street Suite 316
New York, NY 10036
(212)213-0221

Lower Eastside Service Center, Inc./Manhattan
80 Maiden Lane
New York, NY 10038
Diversity Works:
1932 Crotona Parkway
Bronx, NY 10460

Narco Freedom/Bronx
250 Grand Concourse
Bronx, NY 10451
368 East 148th Street
Bronx, New York 10455

Odyssey House/Manhattan
50 Pine Street
New York, NY

The Haven
239-245 E. 121st Street
New York, NY 10035
(917) 492-2580
(917) 492-2581 Fax

Palladia/Manhattan NY
2006 Madison Avenue
New York, NY 10035
(212) 979-8800
(212) 373-8807 Fax

Project Hospitality/ Richmond County
100 Park Avenue
Staten Island, NY 10304
718-448-1544

Project Renewal / Manhattan
502 West 152nd Street Apt 4
New York, NY 10031

Promesa / Bronx County
1776 Clay Avenue
Bronx, NY 10457
(718) 299-1100 Ext. 3037
413 East 120th Street
New York, NY 10035

Samaritan Village/Queens
138-02 Queens Boulevard
Briarwood NY 11435
(718) 206-2000
(718) 206-4055 Fax

The Bridge/Mental Health & Housing Solutions/ Brooklyn 248
W. 108th. St
New York, NY 10025

Turning Point / Kings County
(Discipleship Outreach Ministries, Inc.)
5220 4th Ave
Brooklyn, NY 11220
718-439-0077

United Bronx Parents/ Bronx County (Acacia Network)
311 East 175th Street
Bronx, NY 1045
966 Prospect Avenue
Bronx, NY 10455
(718) 991-7100
(718) 991-7643 Fax


Women In Need /Manhattan/Brooklyn County
115 West 31st Street
New York, NY 10001
(212) 695-4758
(212) 502-5610 Fax

Queens Village J-CAP /Queens County
231-35 Merrick Boulevard
Laurelton, NY 11413



OASAS Bureau of Housing Services

Capital District/ North Country Housing Providers

Capital District Housing Providers:	RENSSELAER Unity House of Troy 2431 Sixth Avenue Troy, NY 12180 Christopher Burke, CEO cburke@unityhousing.org (518) 274-2633	FRANKLIN Citizen Advocates Beth Lawyer, Director MH, CD & Community Support Services 209 Park Street P.O. Box 608 Malone, NY 12953 bethlawyer@citizenadvocates.net 518-483-8980	Additional OASAS programs in the Capital District / North Country: 212 Rutger Street Utica, NY 13501 Rebecca King, Program Director, rebeccaking@uticamission.org (Medically-Monitored Withdrawal & Stabilization)
ALBANY St. Peter's Addiction Recovery Center 3 Mercy Lane Guilderland, NY 12084 Patrick Carrese, Executive Director pcarrese@sphcs.org (518) 452-6700	COLUMBIA/GREENE Twin County Recovery Services 802 Columbia Street, Suite 2 Hudson, NY 12534 Beth Schuster, Executive Director beths@twincountyrecovery.org (518) 751-2083	North Country Freedom Homes 25 Dies Street Canton, NY 13617 Greg Aldrich, Program Director, grega1@mymail.com (2 Community Residences)	North Country Freedom Homes 25 Dies Street Canton, NY 13617 Greg Aldrich, Program Director, grega1@mymail.com (2 Community Residences)
Hope House, Inc. 573 Livingston Avenue Albany, NY 12206 Kevin Connolly, Executive Director Kevin@hopehouseinc.org (518) 482-4673	CLINTON Champlain Valley Family Center 20 Ampersand Drive Plattsburgh, NY 12901 Constance Wille, Executive Director cwille@cvfamilycenter.org (518) 561-8480	JEFFERSON Credo Community Center 595 West Main Street Watertown, NY 13601 Jim Scordo, Executive Director jims@credocommunitycenter.com (315) 788-1530	Insight House 500 Whitesboro Street Utica, NY 13501 Donna Vitagliano, President, Director davitagliano@insighthouse.com (Intensive Residential)
SCENECTADY New Choices Recovery Center 302 State Street Schenectady, NY 12305 Stuart I. Rosenblatt, Ph.D., Executive Director srosenblatt@newchoicesrecovery.org (518) 346-4436	North Country Housing Providers:	ONEIDA Central NY Services 1411 Genesee Street Utica, NY 13501 Johanna Williams, Program Director, jwilliams@cnyservices.org	Twin Oaks 75 oak Street Plattsburgh, NY 12901 Nancy Reome Price, Director Res. Services. nrcome@bhsn.org Mary Ann Foster, Program Supv. mfoster@bhsn.org
		Catholic Charities of Oneida/Madison 1404 Genesee Street Utica, NY 13501 Denise Cavanaugh, Executive Director, dcavanaugh@ccharityom.org (2 Community Residences)	Champlain Valley Family Center 20 Ampersand Drive Plattsburgh, NY 12901 Connie Wille, Director, cwille@cvfamilycenter.org
		Rescue Mission of Utica	

OASAS Bureau of Housing Services

Central Region Housing Providers

Catholic Charities of Cortland County 33 – 35 Central Avenue Cortland, NY 13045 Marie Walsh, Executive Director – mwalsh@ccocc.org	Credo Community Center 595 West Main Street Watertown, NY 13601 Jim Scordo, Executive Director – jims@credocommunitycenter.com
Central NY Services (Shelter Plus Care) 1006 Park Avenue Utica, NY 13501 Johanna Williams, Program Director – jwilliams@cnyservices.org	Liberty Resources 1065 James Street – Suite 200 Syracuse, NY 13203 Marta Durkin, Vice President of Behavioral Healthcare – mdurkin@liberty-resources.org
Central NY Services (Medicaid Redesign (MRT) Permanent Supportive Housing (PSH)) 1411 Genesee Street Utica, NY 13501 Johanna Williams, Program Director – jwilliams@cnyservices.org	Syracuse Brick House 329 North Salina Street Syracuse, NY 13203 Raymond Wright, Residential Service Director – raymondw@sbh.org



OASAS Bureau of Housing Services

Hudson Valley Region Housing Providers

**The Council on Alcoholism & Drug Abuse
of Sullivan County, Inc.**

Recovery Center/ Sullivan County
11 Hamilton Avenue
Monticello, NY 12701
Izetta Briggs, Chief Executive Officer
(845) 794-8080
izettabriggs@recovery-center.com

The Guidance Center of Westchester

256 Washington Street
Mount Vernon, NY 10553
Rita Liegner Deputy Dir. Rehabilitation Services
(914) 636-4440
rliegner@theguidancecenter.org

Mid-Hudson Addiction Recovery Center, Inc.

51 Cannon Street
Poughkeepsie, NY 12601
Steven Pressman, Executive Director
(845) 452-8816
spressman@csdsl.net

Multi-County Community Development Corp.

Twin Maples Plaza
Saugerties, NY 12477
Jerry Lesczynski, Managing Director
(845) 247-9110
jeryl@rehab.org

Regional Economic Community Action Program, Inc.

40 Smith Street
Middletown, NY 10940
Charles Darden, Executive Director
(845) 342-3978
cdarden@recap.org



Office of Temporary and Disability Assistance

**Local Social Services District: first stop for shelter and
emergency housing needs**

<https://otda.ny.gov/workingfamilies/dss.asp>

**HUD Continuums of Care: coordinate local housing
resources for homeless individuals and families, including
those with disabilities**

[https://www.onecpd.info/grantees/?granteesaction=main.s
earchresults&searchText=&stateId=NY&programId=3&or
gNameFirstCharacter=#alphaFacet](https://www.onecpd.info/grantees/?granteesaction=main.searchresults&searchText=&stateId=NY&programId=3&or gNameFirstCharacter=#alphaFacet)

**OTDA Programs: capital and operating funds for housing
providers**

<https://otda.ny.gov/programs/housing/programs.asp>
<https://otda.ny.gov/programs/housing/providers/>





Thank you.

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