Aging in community with dignity through opportunities that foster connection, purpose, and growth.

Founded in 1965, JCHE owns and operates 1,200 affordable apartments for seniors in Greater Boston.
Today’s Goals

...First Hour
• Demographics and economic realities of the aging baby boom generation
  More People...Living Longer...With Less Money

• Make a case for Aging in Community which integrates housing and healthcare
  Ending Isolation -- Better Quality of Life – Efficiency that Saves Money

• The basics for “Housers”
  Healthcare and Homecare 101
  How do we innovate?

• Set the stage for case studies
  Affordable Senior Housing Makes Communities Stronger
  Funding – Where are the gaps?

... Second Hour
  Case Studies -- Focus on What’s Doable and Replicable

... Third Hour
  Discussion
Increased Need for Senior Housing

• Tripling of 90+ population by 2050
  – 2/3 of people in history of the world who ever turned 65 are alive today
  – 2/3 of households with member >85 have person with disability

• Poverty greatest in oldest Americans
  – Cost burdens increase with age
  – ¾ U.S. households 85+ pay at least ½ income for housing
  – Typical U.S. household between 55 and 64 held just over $45,000 in retirement accounts

• Baby Boomers
  – 1/3 have no family living nearby
  – Will live 9 years beyond their ability to drive
  – Retirement savings will fall 44% short of need
  – Majority live in suburbia
  – ½ of women >75 live alone
  – On average renters have enough savings to pay for 2 months of homecare

• 36% of very-low income (50% AMI or less) senior households receive rental assistance
  – Just to keep the share receiving federal rental assistance at its current level, the number of older renters receiving assistance would have to rise by 900,000 by 2030
  – Would still leave 3-4 million income-eligible renters without assistance and on their own to find housing in the private market.
Fiscal Realities for Massachusetts Seniors

• Elderly in Mass have Nation’s largest shortfall between income and costs

• 53% of Mass. Seniors are paying more than they can afford for their housing

• Massachusetts median income of retired residents over 65 is approx. $17,000
  – $10,000 short of what it costs for basic necessities, such as food and shelter
Supported Housing for Seniors is a Community Development Issue

• Federal spending trajectory
  – Medicare and Medicaid fastest growing component of federal budget
  – Projected growth from 50.7 million beneficiaries in 2012 to 81 million in 2030
  – Demand will overtake other social programs and entitlements

• Lack of affordable housing and increased senior poverty will leave many seniors (and their families) with limited options
  – According to Harvard Joint Center on Housing studies, nationally senior renters have enough money for 2 months of homecare supports
  – Forced to “spend down” to nursing home eligibility or move in with family, many of whom are already economically stressed
  – Forced to sacrifice food and medical care to pay for housing

• Lack of affordable and accessible housing options traps over housed seniors... limits market churn to free up family housing
Research: Senior **Supported** Housing Works

- Key “Social Determinant of Health”
- Reduced loneliness = better physical and mental health
- Reduce emergency room visits and re-hospitalization
- Avoid/postpone nursing home
- Service efficiencies and universal design
- Spurring voluntarism/sense of purpose
Aging in Community
The Supported Housing Formula that keeps people happy, healthy and out of nursing homes

Housing + RSC + Programs & Services + Personal Care + Skilled Nursing
How We Provide Services to Our Residents

Properties
- Tenants pay fees

Tenant Computer Centers

Foundations
- Foundations award grants

Fitness & Wellness Programs

Intergenerational Programs

Dining & Housekeeping Programs

Transportation Services

Translation Services

Resident Service Coordinators are the Foundation

Donors give to Friends of JCHE

People purchase home delivered meals

Government funds programs

Caring Choices

Tenants pay small fees

Government funds programs

 Foundations award grants

People purchase home delivered meals

Government funds programs

Caring Choices
Loneliness = Serious Health Hazard

• Harvard School of Public Health
  – Those with highest social integration scores have less than ½ rate of memory loss of those without regular engagement

• HHS study
  – Communal living for seniors adds, on average, 5 years to lifespan

• USCF Geriatricians
  – Loneliness & isolation can lead to decline in physical health and even early death -- over 6-year study period, lonely group 59% more at risk of declining ADLs

• Cacioppo & colleagues
  – Social support reliably related to beneficial physiological effects on the cardiovascular, endocrine and immune systems
  – Loneliness produces increases in systolic blood pressure
  – Loneliness increases likelihood physical activity will be discontinued over time
Services & Supports Avoid/Postpone Nursing Home, ER Visits & Hospitalizations

- A 2015 Enterprise & CORE study of 145 service-enriched properties in Oregon demonstrated a 16% decline in Medicaid expenditures and 42% of participants self-reported improved access to health care.

- A 2015 LeadingAge study of health care utilization among older adults in subsidized properties (mainly dual eligibles) showed that Resident Service Coordinators are linked with an 18% reduction in resident hospitalization.

- A 2015 LeadingAge study of the Vermont Support And Services at Home (SASH) program (housing-based resident service coordination + wellness nurse) demonstrated a $1,756 to $2,197 reduction in the growth of Medicare expenditures.

- JCHE experience: 30% have limited ADLS that trigger nursing home eligibility but only 3% leave/year to go to nursing home; average age of entry to NHs is 82, but if you live with JCHE, it’s 88.25.

- JCHE studied pull chord use in Brighton campus. Of 409 pulls over a 5 month period, all but 3% were resolved in house with site rep. and Caring Choices intervention (note 50% were false alarm).

- JCHE is currently engaged in a study with LeadingAge and UMass Medical to document the impact of supportive housing on Medicaid and Medicare utilization – Secretary Bonner on Advisory Group (we need more sites, especially in Worcester and Springfield).
Integrating Housing & Healthcare

But If it makes so much sense, why is it so hard?

• Complicated system of payers, rules and regulations makes integration difficult – but NOT impossible!

• Competing interests of system “actors” makes program innovation complicated (government, insurers, hospitals, nursing homes, housing providers, homecare agencies, etc.)

• Multiple state and federal agencies- DHCD, EOEA, MassHealth, ANF, HHS, CMS...

• Eligibility for housing, homecare and healthcare don’t align

• Multiple Medicare insurers and programs in one building (HMOs, ACOs, SCOs, PACE...)

• Limited funds for supported housing production – 202 eliminated in 2012

• We see a lot of “but for” folks—need ladders of affordability—no government subsidies for middle
Healthcare & Homecare (LTSS) -- 101

• **Medicare**
  – Healthcare for seniors 62 and older and people on SSDI (disabled and out of work for 24 months), regardless of income
  – *Funding is ALL Federal - Administered through Private Insurers*
    • Part A: Hospitalization, short term rehab and skilled nursing
    • Part B: Supplemental insurance to cover co-pays
    • Part C: Medicare Advantage (combines A, B & D)
    • Part D: Drug coverage

• **MassHealth/Medicaid**
  – For low income seniors 62 and older earning less than $12,000/year (some waiver programs as high as $28,000)
  – *Funding 50%-50% State/Federal - Administered through Public & Private Providers*
  – Pays for Medicare Part B & D supplemental coverage, LTSS (homecare) and nursing homes

*Note- Medicaid also funds healthcare for low income families*
Healthcare & Homecare (LTSS) -- 101

• Dual Eligible- People receiving Medicare and Medicaid (earn under $12,000/year and less than $7,280 in assets)

• PACE- Program for All Inclusive Care for the Elderly
  – Jointly-funded Medicare and Medicaid
  – Helps people 55 and older live in the community instead of going to a nursing home
  – All participants must be certified to need nursing home care
  – PACE provides the entire continuum of care- flexible spending

• SCO- Senior Care Options
  – Comprehensive health and support service for dual eligibles (Medicare Advantage type program)
  – Program for MassHealth recipients (can elect to private pay)

• ASAP- Aging Services Access Points
  – 27 ASAPs state-wide; Private non-profit agencies
  – Certify eligibility and case management for homecare services funded by EOA and MassHealth
    • homemaker, personal care assistant, transportation, home-delivered meals, laundry, groceries, adult day care, companionship, emergency response, shelter, adaptive house need
Long Term Support Services (LTSS) & Senior Housing Eligibility

State of Massachusetts 2016

Option #1: Spend Down to Medicaid Dual Eligible
Option #2 Eligible for subsidized housing and some HCBS waiver, ECOP, Home Care, PACE
Option #3 Eligible for subsidized housing but NOT Medicaid long-term LTSS
Option #4: Private Pay for Both Housing and LTSS

FBR = SSI Federal Benefit Rate set by the Social Security Administration ($2,000 asset limit)
FPL = Federal Poverty Limit set by the Federal Department of Health and Human Services (HHS) ($2,000 asset limit)
AMI = Area Median Income set by the Federal Department of Housing and Urban Development (HUD)
# Understanding Healthcare Interests

<table>
<thead>
<tr>
<th>Focus</th>
<th>Improve Senior Health</th>
<th>Make LTSS more Efficient</th>
<th>Abolish Nursing Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aging in Community in Supported Housing</strong></td>
<td>• Community living combats loneliness which improve health and happiness</td>
<td>• Programs and services improve health and happiness</td>
<td>• Affordable housing relieves financial and emotional stress which improves health</td>
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<tr>
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<td>• Community setting offers efficiency in service delivery which saves time and money</td>
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</tr>
<tr>
<td><strong>Federal Government</strong></td>
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<tr>
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<td>Reduce Medicaid waiver expenditures</td>
<td>Reduce Medicaid expenditures</td>
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<td></td>
<td>Reduce EOA Funded homecare expenditures</td>
<td></td>
<td></td>
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<td><strong>Hospitals and Healthcare Providers (ACOs, PACE, SCO)</strong></td>
<td>Hospitals save on penalties for avoided re-hospitalizations</td>
<td>ACOs, PACE and SCO benefit when Homecare services keep people out of hospitals and ERs</td>
<td>PACE and SCO benefit from keeping people in community settings</td>
</tr>
<tr>
<td><strong>Health Insurance</strong></td>
<td>Insurers profit when members are healthier</td>
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Moving Forward: **Advocate**

**Direct Investment in Housing Production**

- **State/Federal**
  - Dedicate Medicare and Medicaid savings to supported housing production
  - Great News -- New Housing Trust Fund pairs federal capital $ with dedicated state bond funds and MRVP with funding for RSC; December 2016 round
  - Expand Section 8 and MRVP program -- without vouchers, LIHTC not affordable below 50% AMI

- **Federal**
  - Restore 202 which stopped funding new projects in 2012
  - ....or “son/daughter of the 202”

- **State**
  - Raise basis cap for senior supported housing to allow for bigger projects (100+ units) which achieve service efficiencies
  - Recognize underwriting that assumes cost of programs and services (flexibility in operating expenses and soft debt limits)
Moving Forward: Partner

Healthcare & Homecare Providers

• Affordable Care Act – “Pay for Outcomes” – should open window for supported housing investments
  ➢ Challenge- Need enough member participation in a property to peek partner interest- at least 50 to 100 participants

• Partnerships between Housing, Healthcare & Homecare Providers
  – Independent Living (or “living with independence”)
    • Housing sponsor can provide RSC and programs & services
    • Housing sponsor can’t coordinate or administer home care or skilled nursing, but residents can receive these services in their apartments
    • Housing sponsor can partner with agencies to bring all needs to residents in their apartments
  
  ➢ Partner with hospitals and insurers (especially ACOs, HMOs) to pay for cost saving programs and services
  ➢ Partner with SCOs and PACE to bring services on site and pay for cost saving programs and services
  ➢ Partner with ASAPs to consolidate case management and homecare delivery
Moving Forward: Innovate

Create Apartments for Life

- **Abolish Nursing Homes**
  - Nobody wants to end their life in a nursing home
  - Nursing homes cost approx. $120,000/year - there’s a better alternative
  - State pays 50% of the cost

- **Replace them with Apartments for Life (A4L)**
  - Happier and healthier alternative
  - Comprehensive services provided where people live (affordable housing + Programs + Homecare + Skilled Nursing)

- **State should dedicate Medicaid savings to production**
  - We think the lifetime cost of A4L costs the state (and Feds.) less than paying for inefficient homecare services at home and then a fast spend down to nursing home care
  - Housing is the most efficient way to deliver homecare, which typically costs approx. $30/hour (e.g. just 5 hours per day costs $55,000/year)
  - The key is small increments of homecare – only buy as much as you need

- **Nursing Homes Closing Anyway**
  - Medicaid reimbursement rates too low
  - Land is more valuable in re-use
  - Create 40T like program for nursing home closures
Moving Forward: Innovate

Housing for Low and Moderate Income Seniors

• Create *Aging in Community* Options for moderate income seniors
  – Assisted Living - expensive, highly regulated; non-medical (no skilled nursing on site); up to 1 hour of homecare then private pay or move out
  – CCRCs (continuing care retirement communities) - expensive, must move from independent to AL to skilled nursing as needs progress; only admitted if healthy and wealthy enough to pay for entire spectrum

• Most seniors must private pay for homecare supports
  – ADVOCACY OPPORTUNITY- Obama Administration never implemented the *Community Living Assistance Services and Supports (CLASS)* plan, a public program of long term care insurance for low and moderate income seniors
  – 2/3rds of seniors will need some LTSS; only 1 in 10 has long term care insurance

• JCHE working on *Apartments for Life for Middle Income*
The Challenge

• Society urges seniors to “age in place” in conflict with overwhelming research showing superiority of aging in community.

• “[Remaining in one’s home] is seen as success in American Society...even though living alone in old age...brings loneliness, isolation and fear, nearly 90% of people say it is what they want. This is both foolish and unsustainable. We can do better. Aging is, and always has been, a team sport. The myth of “aging in place” harms people by defining the decision to share one’s daily life with others a failure.”

   Dr. Bill Thomas, international expert on elderhood and geriatric medicine
Harborlight Community Partners

Supportive and Affordable Senior Housing Models

July 14, 2016
A Little Background

• First Baptist Church in Beverly
  • 1960s+ Housing Mission for Seniors
  • Supportive Services Critical to Mission

• Harborlight Community Partners is descendent
  • 8- Senior buildings on the North Shore
  • Renewed commitment to creatively pursuing supportive housing models for seniors
Project Details & Financing

Harborlight House

- Originally 35 rooms of Assisted Living (decertified)
- Being converted to 30 studio apartments for supportive housing
- 24/7 on site care including meals and transportation
- Finance/Budget:
  - Capital: 4% LIHTC, short term tax exempt bond, HOME, HIF, HPSTF
  - Operations: Resident Rent, MRVP: rent/service subsidy,
  - Services: PACE

Turtle Creek/Turtle Woods

- 176 apartments in two adjacent buildings
- 24/5 Home Health Aide on site
  - 24/2 Home Health Aide on call
- 1.5 FTE Resident Service Coordination
- Contracted transportation, and modest activities
- Finance/Budget:
  - Capital: 4 LIHTC, HOME, HUD PRAC/202, HUD 223 F loan
  - Operations: Resident Rent, Section 8
  - Services: Operating budget and ASAP
The Lab

Harborlight House
Assisted Living

Turtle Creek
Turtle Woods
Pushing The Experiment

- What do we know based on the history of the buildings?
  - What works well and what does not?

- What do the residents want?
  - Ask them.

- What do we need to do to help them access what they want and need?
  - What can’t be done in housing and why?
What Have We Learned Along The Way?

Who do you need?
Who Are The Friends & Partners You Need?

• Missionally Oriented Property Manager
  – At least the human if not the company
• An Advocate (see above and below)
• Service Coordinator and/or Care Coordinator
  (can vary based on format and budget)
• Payor
  – ASAP (State)
  – PACE/SCO (Federal)
• Provider
  – Home Care Company
    • [www.associatedhomecare.com](http://www.associatedhomecare.com)
A Word on Payor’s

• **State Senior Home Care Funding**
  - Aging Service Access Point
  - 27 Statewide with exclusive geographic boundaries
  - Non profits
  - [http://masshomecare.info/wp/](http://masshomecare.info/wp/)

• **Federal Funding**
  - PACE/SCO
  - [www.elementcare.org](http://www.elementcare.org)
Roles: What Do They Do?

• Resident Relationship: Who knows what’s going on?
  – Property Manager, Site Staff, Service Staff

• Advocate for Services:
  – Property Manager/Service Coordinator/All Site Base Staff

• Organize Service Plan: Care Coordinator

• Authorize Service Payment: Payor

• Implement Service Plan: Home Care Provider
  – Repeat
Budget

• Housing Project
  – Carries all building cost including offices, phones, internet common space etc.
  – Need PBVs
  – No or little debt
  – Service Coordinator if possible or high ratio of Property Manager to residents if not
  – Some minor services if possible: shuttle, activities

• Outside Payor: This can be twice or more the size of the property budget
  – Covers Home Care and sometimes medical
  – See advocacy and friends
Outcomes?

• We need better data collection and evaluation modeling across multiple buildings and geographies to support replication and policy.

• High level of “aging in place” and nursing care avoidance-quality of life improved and public cost reduced. This is demonstrated by retention, low levels of transition to nursing homes for any duration of time.
Core Program Needs?

• Population with scale to support model
  – Scale of service hours not necessarily just units

• Building with space for partners and common areas

• Good relationships with creative and missional partners
  – This cannot be overstated
Opportunities & Challenges

• Initial “lift” especially if this is a change to an existing building

• Fair Housing (Tenant Selection Plan) as it relates to scale of residents in need of services and therefore viability of the service plan at all

• Potential to build on the core by adding non critical life enhancing services with other partners
Is Any of This Replicable?

• Maybe...but **it will hurt**
  – Federal: HUD 202 and USDA 515 are mainly dead
  – State: HPSTF is a great model but not currently funded
Is Any of This Replicable?

• The bootleg approach of blending services and housing using disparate systems/eligibility for old deals being restructured and new deals being created is possible but painful. It is not easily replicated and it is not an approach that can be successful to meet the missional scale and demand. It works only one by one.
Is Any of This Replicable?

• We should consider policy and system changes that can meet the missional scope and scale over time.
Questions?

Thank you for your time!

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Jewish Community Housing for the Elderly (JCHE)

Aging in community with dignity through opportunities that foster connection, purpose, and growth

Founded in 1965, JCHE owns and operates 1,200 affordable apartments for seniors in Greater Boston
Goals for JCHE Case Study

• What we do now -- and why its NOT replicable without innovation and expanded funding

• Innovations we’re working on
  ✓ Advocacy for expanded funding

  ✓ Research to prove that programs and services reduce Medicare and Medicaid funding

  – Apartments for Life
    • Bringing better homecare to our current low income properties
      – Greater Boston Elder Services Partnership in Brighton
      – Partnering with SCO and PACE
      – Partnership with Newton Wellesley Hospital at Golda Meir House
    • Creating new model of Apartments for Life for moderate income seniors
    • Specialized design for senior housing

• Special appearance by Bill Brauner on 202 Preservation
JCHE’s Portfolio

- 1,200 apartments; 4 locations
- 1,500 seniors live with us
- Ulin, Genesis, Leventhal, Golda and Coleman -- 30-50 years old
  - Built with 202 and FHA financing
  - ≈ 95% of units have Sec.8 or PRAC
  - Average resident income $13,000
  - 60% - 70% residents LTSS eligible
- Shillman built in 2011
  - 1/3rd 202, 2/3rd tax credits, 1/3rd market
- All sites have services & site reps.
- All staff trained in senior care
JCHE’s Programs & Services

- Fitness & Wellness Programs
- Intergenerational Programs
- Affordable Groceries
- Caring Choices
- Art
- Tenant Computer Centers
- Transportation Services
- Translation Services
- Lifelong Learning Programs
- Dining & Housekeeping Programs
How do we Pay for Services?

Properties pay fees
- HUD rents allow it

Tenants pay small fees
- $25 to join the gym
- Meals and Shillman and Golda

Foundations award grants
- small direct service grants

Donors give to Friends of JCHE
- Raise $750 K annually

Government funded programs
- HUD Caring Choices (LTSS type program)

Kosher Home delivered meals
- LTSS supported
Additional Programs & Services in our Buildings through Partnerships

- Approx. 30% of residents receive government supported Homecare (LTSS) – KEY to staying out of nursing homes
  - Coordinated by ASAP
    - Medicaid Waivers (LTSS)
    - EOEA Homecare (LTSS)
    - Adult Day Health (LTSS)
  - Greater Boston Elder Services Partnership in Brighton; Springwell in Newton

- Home delivered meals (non-Kosher)
  - LTSS supported

- Adult Day Health in Brighton run by Hebrew Senior Life
  - Medicaid supported

- Coleman House Wednesday Program
  - Tenant fees and grant support
Existing Housing & Program Funding

-- Not Replicable --

➢ Goal to double our portfolio in 10-15 years

• 202 not reauthorized in 2012

• LIHTC funding rounds highly competitive and not deeply affordable

• Limited vouchers to support ELI housing

• LIHTC eligibility (50-60% AMI) not aligned with LTSS eligibility
  – Important program to support Aging in Community
  – Also HUD no longer funds Caring Choices for people over LTSS eligibility

• Programs and services cost approx. $3,500 PUPY -- LIHTC rents won’t support this (sometimes can get RSC funded ≈ $1,500/unit)
  – Grants and individual donors cover 50% of current cost; JCHE would have to raise almost all new units since no HUD funding
How do we Support Expansion?

• Look for sites adjacent to existing properties
  – lucky to have 3 opportunities -- 1 in Brighton (public land; 62 LIHTC units; asked for 22 vouchers), 2 in Newton (one on public land)

• Look for sites close to existing properties and/or other program partners
  – KI project in Brookline (62 units -- 50 LIHTC, 8 mod, 4 market)

• Prioritize role of RSC
  – Leverage other supports and programs
  – Build in cost of RSC to “above the line” operating budget

• Ask for Section 8 and MRVP to expand # of ELI units

• Trying to form partnerships with ACO, SCO, PACE and nearby hospitals
  – Requires scale which is hard
  – Goal to help pay for programs and services, especially Caring Choices for non-duals or Medicaid waiver eligible -- will be majority of LIHTC residents

• VERY Excited about new NHT program
  – Needs to be paired with LIHTC
  – Supported Housing MRVPs are GREAT!
Working on Apartments for Life

Moderate Income Seniors

- Supported Housing for population expected to increase the most, but has limited options
  - Assisted Living and CCRCs -- not in reach – limited affordable options with supports

- On average people have 60% of what they will need saved for retirement – pressure worse in Mass. where housing costs are high

- Partially refundable moderate entry fee (≈ $300 - $400K) with affordable monthly payment (≈ $2,200 - $3,000)

- Target demographic – income between $40K and $70K and home equity of ≈ $500 - $600K

- Entry fee pays for capital and homecare “insurance pool”; monthly payment pays for operations, programs and services
  - Key to success is providing homecare in 15 minute increments – only buy what you need

- Doesn’t help renter who typically have limited savings
Design for All Abilities and Interests

Example 200-unit building program spaces: 13,500 square feet

- Computer Center (200 sf)
- Dining Room (6500 sf)
- Library (450 sf)
- Social Seating area (2700 sf)
- Fitness/Wellness Center (850 sf)
- Lobby/Seating Area (1500 sf)
- Convenience Store (300 sf)
Design for Seniors

Create spaces that support engagement

“Grey-Green” technology that works for seniors

Support Habilitation Therapy Goals

Adaptable Kitchens
Accessible Baths
Crank windows

Accessible exterior Passageways & Interconnected Buildings
Section 202 Properties in MA

- Almost 12,000 units in 218 projects
- Located in 85 cities and towns
- All owned or controlled by nonprofits
  - Many single purpose entities
- Housing is good quality and service enriched
Location of Sec 202 Properties in MA
Phases of the Sec 202 Program

1959-1974  Moderate Income Phase

• Only phase that allows occupancy of elders with incomes over 80% of AMI
• 45-50 year low interest mortgages
• Partial Section 8 assisted
• Large percentage of studio units
• 10 MA projects with 1,496 units
Phases of the Sec 202 Program

1975-1992 Section 8 Phase
• Project-based Section 8 for virtually all units
• Mortgages at 6.9 to 9.3%
• Largest phase
  ➢ 119 projects
  ➢ 6,902 units
Phases of the Section 202 Program

1993-2012  PRAC Phase

• PRAC (instead of Sec 8) for virtually all units
• Capital grant funded construction
• 89 projects developed with 3,644 units
• Smallest ave. project size – 41 units
Preservation Concerns

Moderate Rehab Phase
6 projects with 733 units have expiring mortgages in next 5 years

Section 8 Phase
2/3 of properties have refinanced

PRAC
Currently no ability to add debt