Special Needs Population

Special needs populations, as well as the homeless and housing-vulnerable populations, need affordable housing options to prevent increased homelessness or inappropriate residence in hospitals, nursing homes or rehabilitation centers. A relatively large number of shelter residents became homeless due to a loss of income and housing and could live independently if affordable housing options were available.

For the purposes of this document, special needs populations include persons with physical disabilities, the elderly (including frail elderly), persons with HIV/AIDS and their families, developmentally disabled persons, persons returning from incarceration, refugees, and non-English speaking populations. The highest priority for these special needs populations are services and facilities to support existing housing or housing that is developed in community settings, the community housing itself, and rental assistance to assure that the community housing is affordable. Community housing needs to be individualized to meet the specific needs of the client, and may be independent or housing with supports.

Persons with Physical Disabilities

Persons with mobility impairments face great difficulty obtaining accessible housing. Many reside in elderly housing or in rehabilitation centers due to the lack of accessible housing options. The agencies that provide supervised community residences also offer supported housing options, as they move to separate housing from services and integrate persons with disabilities into the community. Residential options have been developed for the 236 residents of the Syracuse Developmental Center, as well as nearly 150 persons waiting for placement through the Community Living Intake Process (CLIP), a centralized intake and referral process that serves eleven community residential service providers.

There are approximately 1,000 physically challenged persons, including 500 persons with a psychiatric problem and 350 persons with a developmental disability who will need housing with supports in the community over the next year. It is further anticipated that approximately 400 persons with AIDS will need housing that is accessible. There are additionally more than 7,000 Syracuse residents needing accessible housing.

Strategy

ARISE, Inc. Independent Living Center, is a resource center whose mission it is to act as a catalyst for community change by promoting the social, educational, economic and individual interests of physically
challenged people. The Home Access Program (HAP) provides critically needed residential access for income-eligible, disabled Syracuse residents through the installation of ramps and related entry modifications. The HAP program is a vital community program that enables people with disabilities the opportunity to remain in their own home, in their current neighborhood, while providing enhanced access and independence. The addition of a ramp to a person’s home has a profound ripple effect on the person’s quality of life as well as a positive impact on the neighborhood and the community.

As our society continues toward full integration of people with disabilities into our community, the need for accessible housing also grows. A ramp enables a person with a disability to remain woven into the fabric of the community, to go to work, to shop for groceries and to be involved in neighborhood functions. The HAP program serves low to moderate residents who have a permanent disability and thus are deemed housing vulnerable. Approximately 50 percent of those served are of a minority group, and approximately 70 percent of the ramps are built in designated revitalization areas.

The Elderly

Elderly persons, particularly frail elderly, need a continuum of housing options that minimize relocation but can meet the changing needs of persons as they age. Elderly homeowners need assistance maintaining their homes and weatherization to assure affordable operating costs. When elderly persons can no longer remain in their existing housing independently, group or supported housing is needed. Home sharing opportunities with another person or in small group settings affords elderly persons the opportunity to remain in the community while living with others who can assist with basic housekeeping activities. The development of accessory apartments, adjoining or in homes of relatives also offers an elderly person the opportunity to remain in the community but with the support and services of nearby family members.

Enriched and supportive housing offers elderly persons congregate meals and staffing, either as residents of independent apartment units with kitchens and baths or in a more group-type setting. These options need to be available in the community in neighborhood locations to enable the elderly to remain in their existing neighborhoods whenever possible.

For many elderly persons and persons with a disability, there is a need for housing that is accessible or adaptable. Syracuse's existing housing stock of primarily older structures containing one and two units do not easily adapt to meet accessibility standards.
Strategy
The Metropolitan Commission on the Aging (MCOA) estimates that of the nearly 50,000 persons aged 65 and older living in their own homes, approximately 10,000 need significant assistance, including the following housing related assistance:

1. Moderate to substantial rehabilitation to address major code violations.
2. Moderate rehabilitation to accommodate mobility impairments and frailty.
3. Linkages to other living arrangements.
4. Assistance determining eligibility for housing subsidies and other programs

Persons with HIV/AIDS and their Families
As of December, 2000 there have been 905 AIDS cases diagnosed in Onondaga County. Although not homeless, many persons with HIV/AIDS and their families may require supportive housing.

The number of HIV positive individuals under care has risen steadily since the first records were kept. The largest health care resource, the AIDS Care Center at SUNY Health Service Center, now has a cumulative caseload of 5,000 persons. The largest percentage increases in the population with AIDS are among women and minorities.

Many persons with AIDS are currently being housed in existing assisted units and shelters. Housing to meet their specific needs does not exist at this time. There is also a lack of affordable, assisted and public housing in more stable neighborhoods that can separate these persons from the drug and other activities that may have led to their initial exposure and infection.

Affordable housing for individuals and households with an individual with AIDS are needed. Due to the conditions of this disability, the housing must be accessible and air conditioned, and in close proximity to medical services and other amenities.

The current caseload for community based services at the Designated AIDS Care Center at SUNY Health Science Center is 570 to 600; the current caseload at the AIDS Community Resources of Central New York is 300.

Evaluations of clients' needs in Central New York indicate that between 150 and 175 clients are in need of housing or are housing-vulnerable. Among new clients, at AIDS Community Resources, 35 to 40 percent are in need of housing. Of these new clients, approximately 30 percent
represent families, while the remainders are single individuals. It is likely that a far larger number of unidentified individuals in the community would actually be eligible for AIDS housing resources and rental assistance.

**Strategy**
At this time, three shelters are serving persons with AIDS:

1. DePalmer House serves persons with AIDS;
2. MESA Commons provides permanent housing for homeless families living with HIV or AIDS;
3. Welch Terrace is a 24 unit apartment complex for persons with HIV/AIDS.

**Developmentally Disabled Persons**
The Onondaga County Mental Health (OMH) Services Plan cited the following unmet housing needs of psychiatrically disabled persons needing housing with supports:

- 252 beds in OMH Licensed Congregate and Apartment Living and OMH Licensed SROs
- 6 beds in OMH Family Care
- 260 beds in OMH Supported Housing
- SROs with CSS On-site Rehab for adults with Serious and Persistent Mental Illness (SPMI)
- 50 beds in DSS Licensed Housing serving adults with SPMI.

This totals 568 beds in housing with supports.

**Strategy**
The Community Intake Living Process (CLIP) maintains a centralized waiting list for developmentally disabled persons awaiting placement in housing with support in the community.

In 1993 there were 236 persons residing in the Syracuse Developmental Center. This facility closed in 1998 and all residents have been placed in other residential housing. Many are residing in State operated supportive housing in a five county area: Onondaga, Cortland, Oswego, Cayuga and Madison.

**Persons Returning from Incarceration/Institutions**
Persons returning to the community from incarceration or other institutionalized settings need to be housed immediately in transitional-type housing to give them an opportunity to develop more permanent employment and residential options. This housing should offer units for
both individuals and for families to enable persons to reunite with families upon return, as needed and appropriate.

**Strategy**
In addition to the above, the following housing with supports is needed for the special needs populations:

Viable alternatives to the substandard room and board residences that currently exist;
Housing for persons with a duly diagnosed disability.
Crisis, emergency and respite housing for persons with disabilities.

**Refugees**
According to the Syracuse Refugee Assistance Program, the umbrella organization of the Syracuse Refugee Resettlement Office of the Syracuse InterReligious Council and Catholic Charities Refugee Program, there are approximately 7,610 refugees residing in the Syracuse areas - with 80% of that total, or 6,088 living within the City limits. Over 3,465 of these refugees are from Southeast Asia and represent the Vietnamese, Cambodian, Laotian and Hmong cultures. Other refugees include Ukrainians, Haitians, Bosnians, Cubans, Afghans, Somalians and other Africans.

The following are a list of housing needs for the various populations included in the category of refugees:

- A need for large apartments, of at least three bedrooms; the average family size is six persons.
- A need for affordable/ and or subsidized rental apartments.
- Landlords who frequently refuse to refund security deposits even when tenant obligations have been met.
- Landlords who frequently fail to respond to normal requests (e.g., repair of broken windows or nonworking appliances).
- A reduction in the misunderstanding on the part of landlords and refugee tenants regarding the rights of each resulting in frequent use of Small Claims Court.
- Frequent vandalism to their cars, parked on streets or in driveways.

**Strategy**
The Landlord Training Program is the primary strategy in resolving many of the problems faced by special needs populations. This Program solicits property owners and informs them of their rights and responsibilities as landlords. It has been successful in addressing some of the ambiguities surrounding tenant/landlord issues and is especially helpful when tenants are not familiar with their own rights and responsibilities.
The Weed and Seed Program is another successful undertaking in addressing many of the quality of life issues that tenants face such as vandalism. This community currently has two Weed and Seed designations, one on the City’s Northside, and one on the City’s Westside.

Non-English Speaking Households
The number of non-English speaking households is increasing in Syracuse with the increase of Latino and Asian persons. These populations face difficulty in securing safe and adequate housing due to language as well as cultural barriers. Areas seeing the most growth in non-English speaking populations are the Near Westside, the Near Northeast and the Near Eastside.

Strategy
Translation and advocacy services provided through the Spanish Action League (La Liga) and the Southeast Asian Center are critical to their respective populations.