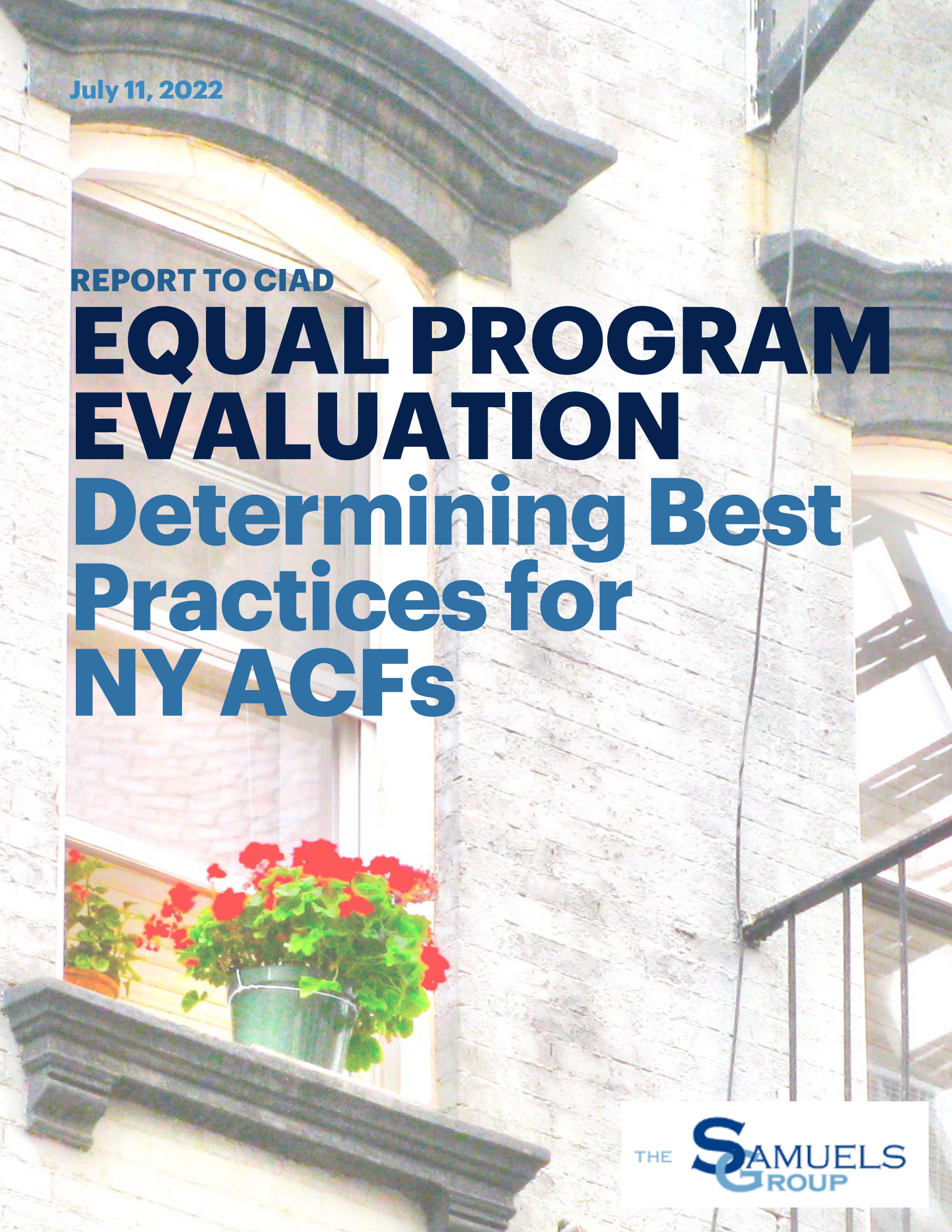
July 11, 2022

REPORT TO CIAD

EQUAL PROGRAM EVALUATION

Determining Best Practices for NY ACFs



THE SAMUELS GROUP

ACKNOWLEDGMENTS

Publication of this report would not be possible without its commission by the Coalition of Institutionalized Aged and Disabled (CIAD), New York, NY. The Samuels Group staff Judith Samuels, PhD, Henry Love, MPhil, MA and Kirsten Cafarella prepared this report, with manuscript preparation assistance from Marion E. Glick.

The Samuels Group, a New York City-based consultancy, is committed to helping nonprofits, NGOs and social enterprises maximize their impact. We help organizations clarify their vision and mission and how these can be realized in programmatic goals and initiatives with measurable impacts and outcomes. Our evaluations allow organizations to reach a deeper understanding of their initiatives' ROI as well as identify and modify challenges to increase impacts. The Samuels Group staffing for this evaluation included:

Judith Samuels, PhD, Lead. Founder of The Samuels Group, Judith has more than 25 years of experience in evaluation and research in the fields of social services, housing, health and mental health services, homelessness, education, and Jewish communal services. A leading expert in impact measurement, Judith has developed evaluation models used by non-profit service organizations, government, philanthropies and global NGOs.

Henry Love, MPhil, MA, Research Associate. Henry is a developmental psychologist who acquired extensive expertise applying qualitative methods and Participatory Action Research (PAR) in his more than 10 years of experience. He brings the important lens of critical race theory and intersectionality to his work. He is an expert in engaging underserved, minority and fragile communities in discussion about their lives, a particular skill set required for this project.

Kirsten Cafarella, Research Assistant. Kirsten has honed her skills in both qualitative and quantitative data analysis as part of The Samuels Group staff for more than three years. She supports our team's research efforts across an array of programs and services.

EQUAL PROGRAM EVALUATION

DETERMINING BEST PRACTICES FOR NEW YORK ENHANCING THE QUALITY OF ADULT LIVING (EQUAL) PROGRAM FUNDS

COMMISSIONED BY
THE COALITION OF INSTITUTIONALIZED AGED AND DISABLED

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July 11, 2022

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EXECUTIVE SUMMARY

The New York Department of Health established the Enhancing the Quality of Adult Living (EQUAL) Program in 2018. This program is open to state-licensed operators of adult homes and enriched housing programs that operate as non-medical residences, both temporarily (respite) or long-term, for adults who substantially cannot live independently due to physical, mental or other limitations associated with their age, health or other factors. In 2021, about 50,000 individuals lived in 550 of these licensed Adult Care Facilities (ACFs) throughout the state of New York.

The EQUAL program, via one-year grants, distributes more than $6.5 million annually to qualifying ACFs that have applied for funds. Allowable uses of the EQUAL grants are those that support improvements in the residents' quality of life, care and services. Applications to receive EQUAL funds require a spending plan that reflects the priorities of the residents, as determined by the facility's resident council (RC).

Residents frequently **lacked an accurate understanding** of the EQUAL program

The Coalition of Institutionalized Aged and Disabled (CIAD) is committed to ensuring EQUAL grants are used as the program intended. CIAD seeks to "provide residents with the information and skills they need to advocate for themselves, to protect and promote the rights of residents, and to improve the quality of their lives and their care."[1]

To this end, CIAD organizes residents into RCs, trains and mentors resident leaders, educates residents about their rights, and fosters participation in their ACF's affairs and public policy issues. In 2021, CIAD requested The Samuels Group to prepare an evaluation of the EQUAL program to aid the organization's development of best practices for ACFs seeking to receive or spend EQUAL funds and recommendations for future uses of EQUAL funds.

In our sample of 24 ACFs, RCs varied in their functionality, which impacted their ability to determine residents' priorities for EQUAL funds. Residents frequently lacked an accurate understanding of the EQUAL program, including its design, purpose and allowable uses. When informed about EQUAL, residents' priorities for funds were

Residents' priorities for EQUAL funds were **cash, food and recreation**

cash, food and recreation. Additionally, we found ACF owners or managers often lacked transparency in their application for and use of received EQUAL funds, including their overriding of RC processes in defiance of EQUAL program protocols.

Residents frequently reported concerns with **living conditions, safety and food**

We additionally identified, unrelated to the EQUAL program, concerns frequently reported by residents regarding their living conditions, safety and food in particular. We have distilled our findings into a set of 12 recommendations for CIAD to consider as it develops future guidance, training and evaluations for improved use of EQUAL grants in New York ACFs.

BACKGROUND

The New York State Department of Health (NYDoH) regulates and licenses facilities that serve as non-medical residences, both temporarily (respite) or long-term, for adults who substantially cannot to live independently due to physical, mental or other limitations associated with their age, health or other factors.[2]

New York established such Adult Care Facilities (ACFs) originally to serve an aged and frail elderly population who needed supervised living arrangements but not at the level provided by assisted living care typical of nursing homes. In the 1960s, when New York began to downsize its state-run psychiatric hospitals, ACFs began to also house a younger population of deinstitutionalized individuals diagnosed with severe mental illnesses. In 2021, about 50,000 individuals lived in 550 New York state-licensed ACFs, including about 10,000 people homed in 70 facilities located in New York City, according to CIAD. An estimated 11,000 ACF residents, a significant percent of the current New York ACF population, have a diagnosed mental illness, CIAD reports.

50,000 individuals lived in **550** New York state-licensed ACFs in 2021.

Residents of ACFs receive personal care and services to enable them to remain healthy and participate in daily personal and community activities.[3] These items or activities include meals, housekeeping, personal care, supervision and case management services, such as those that identify additional needs of residents and resources available to meet those needs.

ACF residents cannot require continual medical or nursing services that would be provided in acute care hospitals, in-patient psychiatric facilities, skilled nursing homes, or other health related facilities, as NYDoH does not license ACFs to provide nursing or medical care.[4] However, the New York State Office of Mental Health (NYOMH) licenses and monitors mental health providers that serve ACF residents with a diagnosed mental illness, CIAD reports.

The NY licensing for ACFs is broad and covers facilities that cater to a largely private-pay population as well as facilities that house low-income residents who receive Supplemental Security Income or a State Supplementary Payment (SSI/SSP). SSI is a federally funded program that provides income support to eligible individuals aged 65 years or older, blind or disabled with little to no income to meet their basic needs for food, clothing, and shelter.[5] SSP provides New York-funded financial assistance to aged, blind and disabled individuals who

reside in New York who have limited incomes or resources, and most SSP recipients receive these funds as part of their monthly SSI benefit.[6] About 13,000 low-income New York ACF residents receive their income through SSI and SSP.[7]

For more than 25 years, New York has provided additional state funds to aid residents of ACFs. In 1996, the New York State Legislature established the Quality Incentive Payment Program (QUIP), administered by the NYDoH to provide ACFs that housed SSI recipients with additional funds to support improvements in the residents 'quality of life, care and services.[8]

In 2018, the NYDoH replaced QUIP with the Enhancing the Quality of Adult Living (EQUAL) Program.[9] This program is open to operators of adult homes and enriched housing programs, which "provide long-term residential care in independent housing units to older people. They cannot provide medical care. They can provide social day care, temporary care, and rehabilitative services."[10]

EQUAL funds are to be "used to **improve the quality of life and services** rendered to the residents **or the physical environment** of the facility."

Via one-year grants, the EQUAL program supports ACFs that provide services to individuals receiving SSI and/or Safety Net benefits (SN) "to enhance both residents 'quality of care and life experience."[11] Examples of how ACFs may use EQUAL program grants may include items or activities listed in Table 1, but this list is not exhaustive.[12]

ACFs receive EQUAL grants after applying to the NYDoH following its protocol:

> "Prior to applying for EQUAL program funds, a facility must receive approval of its proposed expenditure plan from the residents' council for the facility. To facilitate the decision-making process, the residents' council should adopt a process that can identify the priorities of facility residents for the use of the program funds. The top preferences of the residents should be documented in a manner consistent with a vote or survey. The proposed spending plan should detail how the program funds will be used to improve the quality of life and services rendered to the residents or the physical environment of the facility. Funds will not be awarded to subsidize daily operational expenses such as staffing or utilities. …

Submissions must include a signed attestation from the president or chair-person of the resident council or, in the absence of a resident council, at least three residents of the facility, stating that the application reflects the priorities of the residents of the facility. This attestation will include documentation of the top three priorities of facility residents and the date the prioritized projects were approved by the Resident Council or in the absence of the Council three resident representatives."[13]

TABLE 1. EXAMPLES OF ACCEPTABLE USES OF EQUAL PROGRAM GRANTS[14]

1. Clothing allowance for residents	7. Transportation for resident services/events .
2. Computers and televisions for resident use	8. Cultural, recreational and other leisure events
3. Resident training to support independent living skills	9. Air conditioning
4. Improvements in food quality (i.e., featured menus or culinary events)	10. Aesthetic facility upgrades
5. Outdoor leisure projects	11. Outdoor leisure space (e.g., patios, community gardens)
6. Staff trainings outside of those that are regularly required	12. Enhancement or expansion of resident areas.
Such expenditures shall not be used to supplant the facility's legal or regulatory obligation or to supplant the obligations of facility operator to provide a safe, comfortable living environment for residents in a good state of repair and sanitation.	

NYDoH calculates EQUAL grants based on the number of residents on SSI living in the applying ACF and a weighted formula to make the distribution of funds to smaller homes more equitable.

Awarding of EQUAL grants is not automatic, as the respected ACF must be in compliance with New York regulations. ACFs in enforcement after violations of resident health or safety endangerment may be denied funds. For example, the New York fiscal budget since 2019-2020 have appropriated $6.5 million annually to the EQUAL program.[15,16,17]

New York annually appropriates **$6.5 million** to the **EQUAL program**

To protect ACF residents, the Coalition of Institutionalized Aged and Disabled (CIAD) formally established in 1973 as a New York City-based non-profit, consumer-led advocacy organization of adult home and nursing home residents and residents' councils in New York.[18] The CIAD mission is to "provide residents with the information and skills they need to advocate for themselves, to protect and promote the rights of residents, and to improve the quality of their lives and their care."[19]

To this end, CIAD organizes residents into resident councils (RCs), trains and mentors resident leaders, educates residents about their rights, and fosters participation in their ACFs' affairs and public policy issues.[20] CIAD's resource network includes links to Mobilization for Justice, New York regulatory agencies, ACF regulations and CIAD-created publications for ACF residents on topics including a RC toolkit, residents' rights during the annual NYDoH facility inspection and how the needs of residents with mental illness might be addressed.[21]

CIAD also is committed to ensuring EQUAL program funds are used as NYDoH intended, to enhance both residents 'quality of care and life experiences at their ACF. In 2021, CIAD requested The Samuels Group of New York, NY to prepare an evaluation of the EQUAL program to aid the organization's development of best practices for ACFs who receive EQUAL funds and recommendations future uses of EQUAL funds.

CIAD is committed to ensuring **EQUAL** program funds are **used as intended.**

EVALUATION OBJECTIVES

The Samuels Group's evaluation had three primary research questions:

1. How do residents of New York-based ACFs, across diverse settings, interpret the EQUAL program and its effectiveness?

2. What are the nuances and mechanisms ACFs employ to determine uses of their received EQUAL funds?

3. What beliefs do residents hold about their inclusion in their ACFs' processes to decide the uses of received EQUAL funds?

EVALUATION METHODS

The EQUAL evaluation examined primary data from interviews of study participants and secondary data from a variety of New York State government sources. To protect the rights and welfare of people who participated in this evaluation, the study protocol, consent process and interview guides were approved by the Heartland IRB.

PRIMARY DATA

SITES

We selected ACF sites that received EQUAL grants during the fiscal years 2018-2019 and 2019-2020. The sampled sites represented diversity of resident population size, racial/ethnic composition, varied New York county locations, and reported inspection citations during the two grant years as documented in public records published on the New York State's open data website.

We restricted selected facilities to interview participants in person to those located within the five New York City boroughs and Long Island because of the ongoing COVID-19 pandemic and the guidance from the CDC and New York on limiting personal contact to avoid higher risk situations. The resulting sample of 24 ACFs included 17 located in the New York City Metropolitan Region, and 10 in New York City, were targeted for participation in the study. However, the evaluation team encountered many challenges recruiting sites and individuals for participation. The primary challenge was the shifting status of COVID19. Characteristics of the ACF sample are described in Table 2.

SUBJECTS

We selected subjects for interviews from a pool of current residents and staff members at the sampled ACFs. We created the resident pool in several ways. CIAD has a governing Board of Directors, the majority of whom are residents of ACFs throughout the New York City metropolitan area. We coordinated with these board members to contact RC members at the sampled ACFs and circulate our study recruitment flyer**.** We also directly asked interested RC members to contact our evaluation study group.

To recruit additional subjects from a participating ACF, we asked the respective RCs to circulate the study recruitment flyer to other residents and recommend residents for interviews. In addition, we asked the state-funded ombudsmen of the sampled ACFs for assistance to recruit residents and staff members in regions outside of New York City.

We conducted interviews with 24 ACF residents in New York City and four on Long Island from October, 2021 to January 2022. Distribution of these subjects is described in Table 2.

TABLE 2. CHARACTERISTICS OF 29 INTERVIEWEES

ACF LOCATION	NUMBER OF RESIDENTS
Bronx, New York City	2
Brooklyn, New York City	4
Manhattan, New York City	3
Queens, New York City	7
Staten Island, New York City	4
Suffolk County, Long Island	4
Ombudsmen	3
Adult Home Program Directors	2

PROTECTIONS OF INTERVIEW SUBJECTS

Because our evaluation focused on a program designed to positively impact the lives of residents, we did not exclude residents with diagnosed mental illnesses from the study. However, we took precautions to exclude residents who for any reason could not fully understand the informed consent process, which was designed to ethically ensure they fully understood why we undertook the study, and what participating in the study would mean for them, including their rights.

We began each interview with an oral informed consent process. The evaluation team introduced themselves to the subject. Each subject then received a written hard copy of the informed consent document. Interviewees who were ACF staff members read the document and gave verbal consent to participate in the evaluation study. For ACF residents, a member of the evaluation team read the document out loud, pausing after each section to ask the subject to recall back in their own words what was read to them. If the resident could not provide the correct meaning, the team member again read that section out loud and asked the resident a second time for their recall. If the resident still could not reply with an accurate meaning of the section, the reader ended the session. If a resident provided a meaningful recall, describing each section of the consent document, the reader asked the resident for a verbal consent to participate in the study. All residents completing the consent process, whether or not they participated in the interview, received $ 25 compensation for their time.

INTERVIEW PROCESS

The evaluation team interviewers used a guide ,with open-ended questions, to conduct one-time one-hour semi-structured interviews with each participant. Locations of interviews varied due to the dynamic status of the COVID-19 pandemic and its surges in each geographic location, the distance from our New York City office, and interviewees' preferences for and access to a private telephone.

When possible, we conducted in-person interviews in a location convenient for the subject yet separate from their ACF. We conducted 16 face-to-face interviews, all in outdoor locations, as a COVID-19-related safety precaution. We also conducted three telephone interviews after ensuring that the interviewee had a private space in which to speak.

During the interview we sought process and outcome information of four mandatory EQUAL program practices:

1. Did an ACF receive approval of its proposed EQUAL grant expenditure plan from the facility's RC?
2. Did the RC adopt a decision-making process to identify the residents' priorities for use of the EQUAL grant funds?
3. Were residents' top preferences documented in a manner consistent with a vote or survey?
4. Did an ACF's proposed EQUAL grant spending plan detail how the funds would improve the quality of life and services rendered to the residents or the physical environment of the facility?

SECONDARY DATA

We examined data from the following secondary sources:

- Data made available to CIAD from NYDoH through a Freedom of Information Law (FOIL) request**.** These data include information about:
    - New York City ACFs receiving EQUAL grants in fiscal 2018-2019, with the amount of funds received.
    - Intended uses of EQUAL grants provided in each sampled ACF's EQUAL program applications.
- ACF inspections and violations data from 2017 through 2021 from the New York Health Profiles report, *NYS Adult Care Facility Profiles*.[22] These data, while an indication of ACF quality, are not complete because ACFs are afforded the opportunity to dispute violations that can result in their clearance prior to data publication.
- *NYDoH Nursing Home COVID-Related Deaths Statewide* reports, March 1, 2020 through July 12, 2021.[23]

These secondary data primarily aided our development of a sampling strategy to collect qualitative data from our interviewees. We created our sampling frame with the following pieces of information:

- Facility size
- EQUAL grant amount
- Facility quality by types of inspections, types of violations
- Deaths from COVID-19

EVALUATION RESULTS

RESULTS FROM PRIMARY DATA

EQUAL GRANT PROCESS

Every sampled ACF had an RC. The RCs played a critical role in the EQUAL grant process. We found that regardless of the ACF resident population size, the size and quality of the RCs directly influenced their ability to function in general and specifically in the navigation of the EQUAL grant process.

We found consistently that RCs had small memberships, usually less than six, but some consisted of as few as one to two individuals. Larger RCs (more than five individuals) generally demonstrated higher functioning capabilities regarding EQUAL fund decision making, and residents expressed greater autonomy in decision making. ACFs with a high-functioning RC exhibited more engaged resident outreach and held meetings to determine if the ACF would apply for the funds and how EQUAL funds would be used if awarded. In addition, these high functioning RCs played a critical role in day-to-day resident advocacy, navigating relationships with administration, and countless other activities related to resident life in the respected ACF.

In contrast, smaller RCs exhibited less engagement across the described domains, but were most notable in their engagement in the EQUAL grant process. When the EQUAL grant program and the funding process were properly described to interviewee residents, some reported that the only RC meeting their ACF's residents attended for a year was the one focused on the EQUAL program.

Notably, there is no across-the-board standard for RCs in how frequently they are to meet or what their agenda must address. There was not a relationship between RC size and ACF size. For example, one facility with nearly 250 residents had a three-member RC that did not exhibit high functioning, as only about an additional 30 residents regularly attended RC meetings and were not formal members of the RC.

At several ACFs, administrative staff attended RC meetings even though RCs exist exclusively for residents. Residents expressed significant discomfort when such staff were in attendance because they caused undue influence that prevented residents from advocating in ways in which they may have wished. Their attendance was a significant issue that relates to the larger issue of substantial imbalances of power between residents and the ACFs' staff. At most ACF sites in this study, the respective administrators managed and controlled the EQUAL grant process, with various levels of residents ' input. This variance of influence often depended on the strength and functionality of the RC, the site administrator, and the ACF owner.

> "The [ACF] administrator is on the RC. There are six people on it. It is very adversarial."

Not all residents have the capacity to participate in RC meetings. Some residents do not understand the EQUAL grant program or the decision-making process because of intellectual disabilities or may have severe behavioral or physical health conditions that prevent their participation.

Residents that were interviewed agreed that new residents need to be told about the EQUAL grant program and RC and how they both function at the ACF. Many active RC members suggested new residents should be encouraged strongly to meet the RC president to learn about the EQUAL grant. Because received EQUAL grants change in amount annually, residents reported they found it challenging to keep track of the program's administration.

> "Residents understand that even if they choose something, the [EQUAL] proposal is written by the owner."

Residents reported misinformation about the EQUAL grant program and a lack of transparency in how their ACF makes decisions about spending EQUAL funds. They reported a lack of clarity regarding how an ACF determines the size of EQUAL grants for which they apply, the size of received EQUAL grants, and how an ACF provides oversight for use of received EQUAL funds. Some residents reported incorrectly that the EQUAL program was a federal initiative and that states other than New York received more EQUAL funds.

Also, residents reported that administrators at some ACFs informed residents that EQUAL funds could only be spent on specific items. One of the examples of abuse of the EQUAL program we identified was of an ACF administrator removed the RC's primary choice for use of a 2020 EQUAL grant, to create an allowance to aid residents in purchasing winter clothing, and replaced it with a request to use the funds to purchase a coffee machine and two computers. At the time of our site visit in December 2021, the computers remained unpacked from their original boxes, although we were told this was due to COVID-19. At the time of our site visit in December 2021, the computers remained unpacked from their original boxes, although we were told this was due to COVID-19.

> **"The EQUAL program is good, but the last say is with the [ACF] administrator or the owner. The residents should have the last say."**

WHAT WORKED WELL AT FACILITIES, WHAT DID NOT?

Residents of ACFs that had CIAD involvement reported they found the CIAD staff outreach to RC members essential in supporting the development of better functioning RCs as well as with engagement of residents to actively participate in the EQUAL grant process. Furthermore, CIAD outreach was not only critical to the overall EQUAL program, but also other issues related to resident advocacy, particularly navigating the complex relationships between residents, ACF administrators, and the NYDoH.

Residents and ombudspersons interviewed throughout the state repeatedly mentioned the W Group, "the largest provider of senior living and adult care in the state of New York," as a driver of the commodification of adult care. In one example, residents accused the W Group as the cause for an ACF not receiving an EQUAL grant, citing mismanagement. Residents at this ACF work closely with CIAD to appeal the state's decision, but also seek transparency in the overall EQUAL process to better understand their application's rejection. Residents expressed that their ACF had not received an EQUAL grant since the W Group purchased the facility in 2020, and they lacked transparency into the site's EQUAL application process.

> **"Residents are raging mad [that the ACF did not receive an EQUAL grant]. People made plans."**

Residents also reported a narrow turnaround time to contribute information and materials for their W Group-owned ACF's EQUAL grant application. For example, in 2022 residents in one facility reported they had only five days to meet and decide how to spend received EQUAL funds, and another ACF's RC had only one day to determine how to spend the grant.

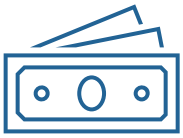
Tight timing can be particularly challenging for RCs that are small or with limited functionality, and for sites with larger populations that should be canvased for input with any authenticity.

> **"There is no advance notice. And no transparency and no trust with administration."**

Tight timing can be particularly challenging for RCs that are small or with limited functionality, and for sites with larger populations that should be canvassed for input with any authenticity.

WHAT DID THE RESIDENTS REQUEST AS A USE FOR EQUAL FUNDS?

Residents cited three main uses of Equal funds: cash, food and recreation.



Residents across every type of ACF and geographic location visited for this study unanimously said EQUAL grant funds should purchase pre-paid cards or be given as cash directly to residents. Many residents expressed that all the funds should go directly to them, and none to the ACF administrators. Many residents reported receiving cards/cash from the EQUAL grant funds prior to 2021, typically in amounts ranging from $75 to $135. Residents reported frequently using these funds for essential needs, such as clothing, e.g., winter coats or undergarments, and food.

Residents at some facilities expressed some concern about giving cash or gift cards that left purchase decisions up to residents, because a small group of some recipients may use the funds for alcohol or drugs. In some cases, residents sold their cards for less than their value to acquire cash, a situation in which the sellers are quickly taken advantage of by other residents or people in the neighborhood.

> **"The administrator wanted to use the funds for more TV programs for residents. Most residents didn't want that. They want cash."**

One of the most surprising findings from the interviews was the most significant theme across every person interviewed, including ACF residents, ACF staff and ombudsmen, was inadequacy of the residents' food. Residents reported their food lacked nutritional value, sufficient portions, and overall taste quality.

Residents reported frequently using EQUAL funds to eat at fast-food restaurants as a supplement to the ACF food they received. A few residents mentioned using the funds to purchase groceries, although grocery shopping can be particularly challenging for residents as their facilities are not close to grocery stores and they have limited access to proper food storage. Notably, none of the residents interviewed had access to a kitchen to prepare meals.

> **"People don't like the food, so they eat out. The food really sucks here. I shouldn't say that, but it's not appetizing; it's substandard."**

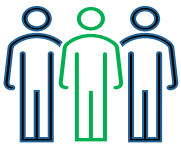
Residents also reported a desire to use EQUAL funds on recreation. At one ACF, the administrators told the RC that recreation was the only thing for which EQUAL funds could be spent.

Recreational expenses included parties, special foods, and decorations. Other items RCs reported use of EQUAL funds to purchase outdoor furniture, Wi-Fi, computers, an ice machine, mattresses, cosmetics, shampoo, and soap.

> **"They [ACF administrators] said the house had to buy furniture on their side of the grant; the residents cannot do this -that their side of the grant was only for recreation."**

FINDINGS NOT RELATED TO THE EQUAL GRANT PROGRAM

RC ROLES BEYOND THE EQUAL PROGRAM



Functioning RCs play a crucial role in resident advocacy, and not just in the EQUAL grant process. RCs also create opportunities for residents to feel empowered, a sense of purpose, and entrusted with a sense of autonomy. Interviewed RC officers spoke extensively about how important it was to them to advocate for the needs of residents who could not due to their impairments.

> **"I am on the Resident Council. I am an advocate for them [ACF residents with intellectual impairments]. I ask them what they need and desire. Help them get clothes. Keep them engaged with life. It's critical for their emotional health."**

OVERALL ENVIRONMENT OF ACFS

Residents spoke extensively about the overall poor living conditions at their respective ACF. They consistently stated that the ACF owner and administration were not willing to listen to residents and did not care about them. In particular, residents at for-profit ACFs expressed this belief more strongly than those living at other ACF types.

Residents also expressed safety concerns regarding interacting with other residents and persons in the adjacent community. Some facilities have professional security but it is often very limited, and some do not have formal security. Residents interviewed at one of the larger ACFs believed it has a higher documented crime rate than other facilities. An interviewed resident reported being assaulted in that facility, and that everyone there knew the person who had assaulted her. However, she said little was done to rectify the situation, and the response exacerbated her fears of staying safe in the facility. Furthermore, this ACF has had a continuous string of muggings and robberies but continued to lack security staff on site at the time of our interviews.

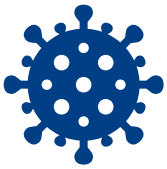
> "There has to be a way for the State to mandate security. They do not have a security person at this facility. Residents [have] a spectrum of mental health problems, some people with really difficult problems. One person who left came back. He mugged a resident and robbed him. Everyone knew about it."

QUALITY OF HOUSING

Many residents expressed they resided in substandard conditions. Many reported elevators needing repair, decrepit furniture, or unclean living conditions. Many residents said they desired to move into another type of housing, but needed support, primarily monetarily, to achieve this. During our study, three participants reported they were in the process of pooling their resources together to move into an apartment to seek autonomy and overall improved conditions; they were able to do so by the end of data collection. However, several persons interviewed described the overall environment as simply "adequate" and that their ACF was a better alternative than having to experience street homelessness or living in a congregate homeless shelter.

> "[The ACF is] a great place if the person is living on the street or has no place. I don't know what people complain about. It's adequate. You have three meals a day. Showers, TV. It beats a shelter. It beats a lot of things."

COVID-19 PANDEMIC



Residents reported that during the COVID-19 pandemic onset in April 2020, they quarantined in their rooms with their roommates. At one ACF, interviewees explained that early in pandemic, people died in their rooms, the deceased remained in their room for days, and the respective roommates had to remain in the room with the corpse. Several interviewees claimed residents left the facility with an illness they believed to be COVID-19 and never returned, so no one knew what happened to them. ACFs' staff members closed all common areas and community spaces near the beginning of the pandemic, including community rooms with computers, TVs, cafeterias and socializing areas. Such closures were very difficult for residents, and they reported becoming extremely isolated, leading to exacerbated behavioral health concerns. In some ACFs, the pandemic rules and room closures remained through the time of our interviews in late 2021 to early 2022.

In addition, many interviewees reported ACF staff reductions due to COVID-19. These reductions included social workers, mental health professionals, custodial staff and management. Residents also experienced a related reduction in programming and services at some of the ACFs. Even in December 2021, residents noted programs and services had not returned and were no longer available.

> **"During COVID, we lost 45 people. They left bodies in the room for so long. The roomates were traumatized."**

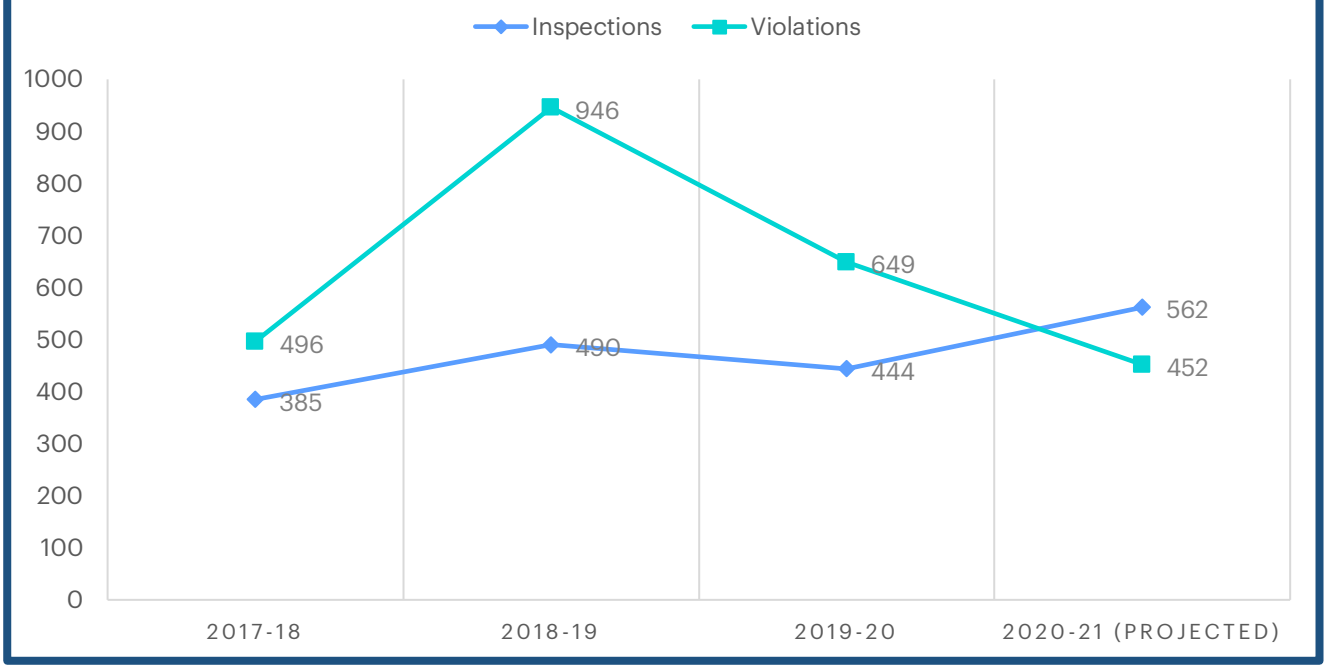
SECONDARY DATA

Our analysis of qualitative data provided important information for framing the environment of the sampled ACFs.

INSPECTIONS AND VIOLATIONS

We determined the violations profiles of the 24 sampled ACFs during a 48-month evaluation period, from April 1, 2017 through March 31, 2021. The 24 ACFs accounted for a total of 1,881 inspections, an average 1.6 inspections per month per ACF. The number of inspections during the evaluation period ranged from 76 to one per ACF.

FIGURE 1. INSPECTIONS AND VIOLATIONS PER FISCAL YEAR



The 24 ACFs tallied a total of 2,543 violations, an average of 2.2 violations per month per ACF. The cumulative inspections averaged 1.4 violations per inspection. The number of violations during the evaluation period ranged from 122 to none per ACF.

During the evaluation period, the uneven number of inspections and violations revealed no clear trend. However, the number of inspections dropped and then rebounded, a pattern we believe resulted from the COVID-19 public health measures. While violations also experienced a decline for which COVID-19 may have played a role, the number of violations showed no

rebound, continuing with its decline during the evolution period by nearly 50 percent within two years, as shown in Figure 1.Of the sampled ACFs, 10 received more than 50 violations each during the evaluation period, as reported in Table 3. Of sampled ACFs, 11 accounted for three or more violations of inspection, as reported in Table 4.

TABLE 3. 10 ACFS RECEIVED MORE THAN 50 VIOLATIONS, from April 1, 2017 to March 31, 2021.

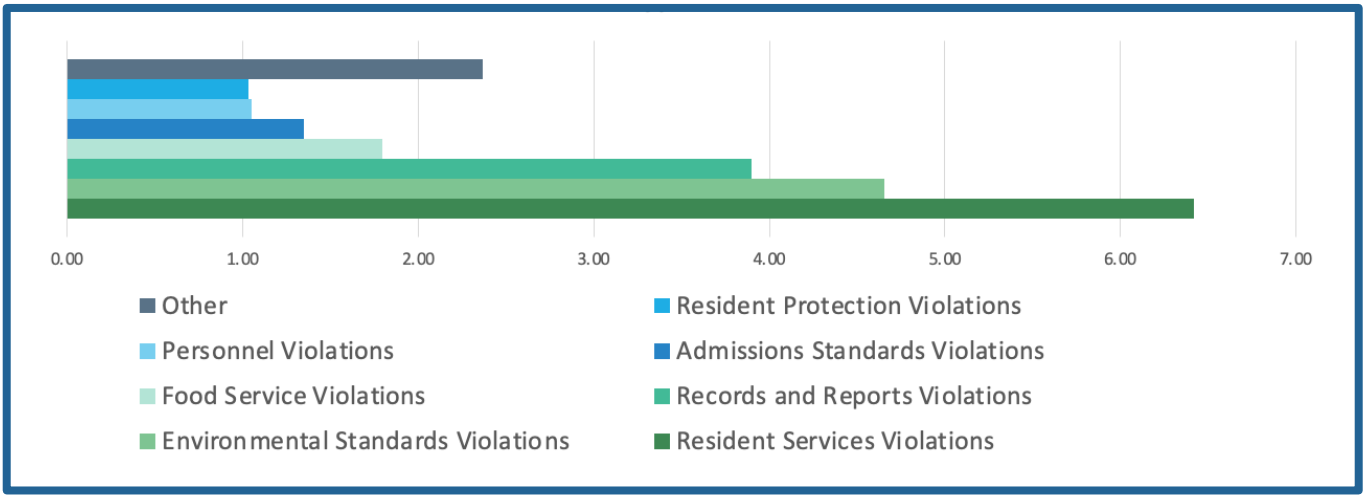
FACILITY NAME	INSPECTIONS	VIOLATIONS	VIOLATIONS PER INSPECTION
Brooklyn Terrace	76	122	1.61
Belle Harbor Manor	53	102	1.92
Garnerville Home	13	101	7.77
Riverdale Manor Home for Adults (AKA The W Assisted Living)	35	95	2.71
New Monsey Park Home	44	77	1.75
Wavecrest Home for Adults	58	75	1.29
New Rochelle Home for Adults (AKA The Eliot at New Rochelle)	28	60	2.14
Park Inn Home	40	58	1.45
Arcadia Residence	13	55	4.23
The New Golden Acres SP LLC	12	53	4.42
L'Dor	5	15	3.00

TABLE 4. 11 ACFS ACCOUNTED FOR THE HIGHEST RATES OF VIOLATIONS PER INSPECTION, from April 1, 2017 to March 31, 2021.

FACILITY NAME	INSPECTIONS	VIOLATIONS	VIOLATIONS PER INSPECTION
Garnerville Home	13	101	7.77
The McClelland Home for Adults (AKA Inspire of McClelland)	8	36	4.50
The New Golden Acres SP LLC	12	53	4.42
Evergreen Court Home for Adults	6	26	4.33
Arcadia Residence	13	55	4.23
St. Vincent de Paul	7	28	4.00
Valley Vista Adult Home and Assisted Living Program	8	30	3.75
Assisted Living at Northern Riverview	7	24	3.43
Palisade Gardens	10	31	3.10
L'Dor	5	15	3.00
NY Found.-Sr Citizens EHP3	2	6	3.00

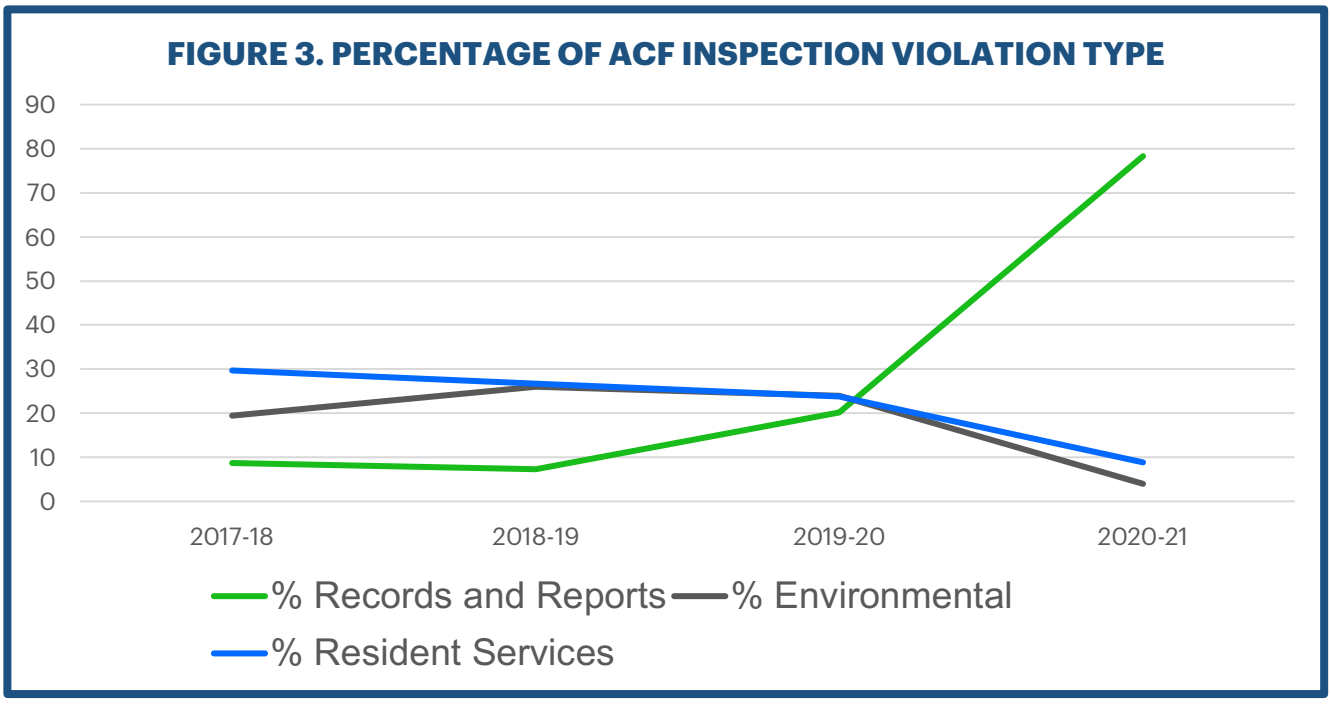
The three most frequent violations ACFs received were resident services, environmental standards, and records and reports violations. ACFs also received less frequently violations for admission standards, food services, personnel and resident protection, as reported in Figure 2.

FIGURE 2. ACF INSPECTION VIOLATION TYPE DISTRIBUTION



When analyzed by violation type, the impact of the COVID-19 pandemic appears greatest for Records and Reports violations, which increased rapidly as a percentage of total violations, while environmental standards and other violations declined, as illustrated in Figure 3.

FIGURE 3. PERCENTAGE OF ACF INSPECTION VIOLATION TYPE



Inspections could be classified into two types: Those for re-licensure vs. for other categories. Re-licensure inspections accounted for 13 percent of all inspections and generated 53 percent of all violations. Of note, NYDoH conducts re-licensure inspections approximately once every two years.

EVALUATION CONTEXT

The findings from our primary and secondary research point to issues of the EQUAL grant program that the NYDoH, as EQUAL administrator, might consider for the program's future. For many sites it remains challenging for the RCs to ensure the views and preferences of all residents are authentically represented in the EQUAL grant process.

The context for the results of our interviews must consider four factors:

Of the 24 interviews, three ended prematurely because the participants displayed cognitive impairments that diminished their ability to fully understand the interview questions. We did not include information from these incomplete interviews in our data analysis.

The 24 interviewees who knew of the EQUAL program often sat as members of their ACF's RC. These individuals expressed a keen awareness that they were making decisions on behalf of residents who could not comprehend the EQUAL program's goals and procedures.

A COVID-19 surge due to the Omicron variant became rampant during our data collection phase of October 2021 to January 2022. Of 30 planned interviews at ACFs, we did not conduct six because their locations outside of the New York City metropolitan area created infection risks associated with travel.

New York changed the application rules for the EQUAL program during the evaluation. We had completed seven interviews prior to this change, and our evaluation also includes two follow-up interviews that took place after the new state rules took effect.

CONCLUSIONS AND RECOMMENDATIONS

In our sample of 24 ACFs, RCs varied in their functionality, which impacted their ability to determine residents' priorities for EQUAL funds. Residents frequently lacked an accurate understanding of the EQUAL program, including its design, purpose and allowable uses. When informed about the EQUAL grant process, their priorities for residents' funds were cash, food and recreation. Additionally, we found ACF owners or managers often lacked transparency in their application for and use of received EQUAL funds, including overriding RC processes, in defiance of EQUAL program protocols. We additionally identified, unrelated to the EQUAL program, concerns frequently reported by residents regarding their living conditions, safety and food. We have distilled our findings into a set of 12 recommendations for CIAD to consider as it develops future guidance, training and evaluations for improved use of EQUAL grants in New York ACFs.

RECOMMENDATIONS

1. Increase the EQUAL grant amounts.
2. Provide residents with a higher percentage or all of the EQUAL grant funds each ACF receives.
3. Residents should still be able to receive EQUAL grant funds even if the ACF owner is denied an EQUAL grant.
4. Ensure every ACF has measures for a fully functioning RC at an effective level.
5. Improve dissemination of information to residents about the approved uses of EQUAL grant funds and the overall EQUAL grant application process.
6. Use ombudsmen more to ensure communication about EQUAL grants is accurate and timely.
7. Ensure greater transparency by having ACFs' management share with RCs EQUAL grant applications before their submission and report how received EQUAL funds are used.
8. New York should send information about the EQUAL grant program directly to all ACF residents.
9. New York should survey residents to learn directly about ACF conditions and unmet needs for improving living situations.
10. The EQUAL program should add additional programmatic oversight to ensure both residents' participation in decisions about applying for funds and spending received funds and the accountability administrators and owners have about following the program's provisions..

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