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Housing the Homeless Mentally III

In the 19th century, the plight of the mentally ill in the poorhouses of New York prompted calls for reform. A quarter century ago, the state began closing its discredited psychiatric wards. Now there's a new set of scandals. Gov. George Pataki and his aides can't shy away from accepting responsibility for the system that in too many cases is failing mentally disabled New Yorkers.

The disclosure of appalling conditions in some privately run adult homes has forced the Pataki administration belatedly to look into reform of the state's haphazard system. Things are so bad that we don't even have bottom-line data on what a good system would cost. That's going to make it even harder for a task force Mr. Pataki has established to come up with a good set of answers.

Twenty-five years ago, the reintegration of people with mental illness into their communities was the goal. What planners envisioned was a system more responsive to patients' needs that would provide a range of options for care. Instead, there was no place for many of the discharged patients to go, and because of the state's failure to provide adequate oversight, some fell prey to unscrupulous adult-home operators, as described earlier this year in a series of articles by the Times reporter Clifford Levy.

Models do exist in New York and elsewhere for the kind of humane and cost-efficient housing and care that ought to be more widely available. Especially important are those programs that focus on rehabilitation and recovery. One estimate is that as few as half of the nearly 15,000 people now living in adult homes, at a per capita annual cost to taxpayers of approximately \$40,000, belong in that setting. The others, it's believed, would benefit from less institutional living arrangements, like small-group homes or private apartments, so long as medical and support services are available. Bitter experience has shown that if these programs aren't run well, the mentally ill can end up on the streets, a danger to themselves and others.

The challenge facing New York State and Mr. Pataki is to provide housing alternatives on the needed scale and the structure to oversee the private-sector companies. They are paid by the federal Medicare and Medicaid programs to provide mental health and other services to this vulnerable population. It appears that the state has relied too much on some for-profit companies to do the right thing and not enough on regular inspections and monitoring of patient care.

All of this couldn't come at a worse time, given the state's budget problems. Providing adequate services won't come cheaply. Hard choices will have to be made. Eliminating the sort of waste and fraud that have been documented would be a start. The state spends a far smaller percentage of its budget now on mental health than it once did. With deinstitutionalization, costs were shifted to federal disability and health care programs. The chief responsibility for mental health programs, however, remains with state government. It's up to Mr. Pataki to figure out how to make the system work.