



New York State Campaign
For Mental Health Housing

**New York State
2006-2010 Five-Year Comprehensive Plan for Mental Health
Services
Testimony
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Good afternoon, my name is Vuka Stricevic and I am honored to speak to you on behalf of the New York State Campaign for Mental Health Housing. I would like to thank Commissioner Michael Hogan for providing this opportunity to comment on how the 2006-2010 Five-Year Comprehensive Plan for Mental Health Services (“the Plan”) may best address the needs of individuals living with psychiatric disabilities.

Overview of Recommendations

The New York State Campaign for Mental Health Housing (“the Campaign”) has been formed by a broad coalition of mental health providers, consumers, family members, advocates, social policy experts, legal rights organizations, housing developers, and concerned citizens. The Campaign has come together to advocate for the State of New York to develop a long-term plan and funding strategies that will preserve, reform, and develop suitable housing for all New Yorkers with psychiatric disabilities.

The Campaign is encouraged by the direction of the Spitzer administration, specifically that housing has become a 2007 – 2008 Strategic Priority in the OMH Comprehensive Plan.ⁱ We are especially pleased that this goal has been supported by a projected investment of over \$300 million to complete development of NY/NY III beds and add 2,000 new beds to the system, bringing the projected total to 38,800.

In keeping with the Campaign’s primary core principles, my testimony today will focus on three areas:

- 1. Comprehensive planning: local assessment of housing gaps and development of regionally-based housing production goals.**
- 2. Promoting access to most integrated settings.**
- 3. Advancing community-based, recovery-oriented services, and reducing reliance on institutional models.**



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Comprehensive Planning

Today, there are still over 10,000 people with psychiatric disabilities stranded in sheltersⁱⁱ and over 12,000 people with psychiatric disabilities languishing in adult homes.ⁱⁱⁱ Further, there at least 9,000 people with psychiatric disabilities released annually from New York's jails and prisons^{iv} and an additional 1,500 young people with mental health housing needs leaving foster care each year.^v And, there are thousands of individuals living with aging parents^{vi} and hundreds more poised for discharge from inpatient settings with nowhere to go.

New York can properly address this need through adoption of a regionally-based planning and development initiative. The NYS Office of Mental Health has not conducted a comprehensive housing needs assessment since 1993. The Campaign believes that despite our estimates, a State-led quantitative and qualitative housing county-driven needs assessment is critical. Such a project would demonstrate the State's commitment to addressing the housing and service needs of those with psychiatric disabilities as well as provide invaluable information to ongoing long-term planning efforts.

The Campaign fully supports OMH's interest in ascertaining housing production targets for each region. A thorough housing needs assessment could readily guide a meaningful regionally-based housing development schedule over the coming decade. By combining OMH-driven data, including the number of individuals in the system, the number of individuals in various types of housing, as well as those not in housing with other location-specific assumptions, regionally-based production goals could be set.

In keeping with the Plan's examination of county priorities, planning for housing and services should be based on regions' distinct characteristics. Presently, once housing units are provided by the State, New York City receives approximately 45% of the total and the remaining units are ultimately divided among regions and counties with little regard for which area has the highest need. The Campaign recommends the adoption of a needs-driven allocation formula by county or region so that the most acute areas of need are addressed in the short term.



Ensuring Access to Integrated Settings

In expanding housing opportunities for people with psychiatric disabilities, New York must avoid the segregated settings that have been borrowed from treatment models in vogue over 40 years ago. The Campaign applauds the Administration's effort to re-invigorate the Most Integrated Setting Coordinating Council. This body, created in 2002 in response to the Olmstead Decision, can play a valuable role in promoting community-based housing for disabled New Yorkers.

However, the Administration and OMH should also begin taking steps now that will expand affordable housing opportunities for people with psychiatric disabilities. New York State sponsors a myriad of housing production programs that leverage Low Income Housing Tax Credits, bond financing, low interest loans, and capital grants. Taken together, these programs, which are managed through several different state agencies, could be a resource for people with psychiatric disabilities. Guidelines and competitive scoring criteria can be changed within weeks by executive order to set aside a percentage of all units for people most in need, and to reward developers who voluntarily add set aside units for people with psychiatric disabilities.

Nonprofit agencies and developers in New York State have led the nation in creating integrated models that mix affordable housing for families, formerly-homeless singles, young adults, and the elderly. These models can easily be replicated if financing and support services are blended across agency boundaries. Besides the benefit these models have for the people living in them, there is the added measure of support such projects garner from the local communities. Integrated projects are rightly perceived to be affordable housing, not "special needs" projects.



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Investing in Community-Based, Recovery-Oriented Services

“...a recovery-oriented system would allow people to move forward at their own pace, without judgment or labels and would present opportunities for wellness and life development that are built upon a foundational belief that healing is possible and very real. Many of us feel that a recovery-oriented system would allow for failures as well as successes.”^{vii}

While New York led the country in deinstitutionalization nearly a half century ago, promised investments in adequate community-based services have not materialized. The results have been tragic for thousands, resulting in widespread homelessness and confinement to new institutions. For instance, the State now houses more mental health consumers in prisons and jails than in hospitals. This phenomenon can be reversed through adequate expansions in housing and community-based services that support recovery and choice.

Expanding housing opportunities in community-based settings paves the way for true consumer choice and recovery-oriented services. Consistent with OMH’s commitment to offer mental health consumers a “greater choice of rehabilitative services and opportunities,”^{viii} the Campaign urges transformation of the mental health housing and support system as it now exists so that it is truly responsive to the varying needs of consumers.

The provider community is anxious to embrace these changes, as evidenced by a state-wide planning session held by the Association for Community Living (ACL) in May 2007. Providers offered several recommended reforms, including:

- Expand the array of housing and service options for consumers to choose from, including more choice regarding roommates, housing, and service agencies.
- Create more flexible models to allow services to be provided when needed, not when Medicaid reimbursement guidelines dictate.
- Create “Housing Support Teams” would allow more flexibility to provide services regardless of where a person lived.
- The traditional group home should be made smaller to reflect a more home-like milieu.

To support these reforms, the current system needs to be right-sized in order to be more cost effective and to better meet regional and community needs.^{ix} Identified as part a 2007-2008 Strategic Priorities, the Campaign supports, “[l]essening the demand for inpatient and institutional psychiatric treatment, allowing resources to shift away from inpatient settings to community services, and preserving adequate inpatient capacity to meet ongoing treatment needs.”^x



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In closing, I would like to thank the New York State Office of Mental Health for this opportunity to testify. The New York State Constitution stipulates that the “aid, care and support of the needy are public concerns and shall be provided by the [S]tate.”^{xi} To continue to meet this charge, the New York State Campaign for Mental Health Housing recommends the Office of Mental Health and the State of New York:

- 1. Work with local communities and stakeholders to develop a comprehensive housing plan aimed at providing a decent home for every New Yorker with a psychiatric disability who cannot maintain their housing as a result of that disability.**
- 2. Leverage existing state programs and resources to create affordable housing opportunities that integrate New Yorkers with disabilities into mainstream housing.**
- 3. Adopt system-wide reforms that replace expensive institutional care with community-based, person-center models built on principles of consumer choice and flexibility to deliver services when and where they are needed.**

Endnotes

ⁱ The New York State Office of Mental Health: *2006-2010 Five-Year Comprehensive Plan for Mental Health Services*, p.31, (April 2007).

ⁱⁱⁱ According to the New York State Office of Mental Health: *1994-1998 Statewide Comprehensive Plan for Mental Health Services*, Appendix F, (October 1993), 10,600 beds were required by homeless persons diagnosed with severe persistent mental illness. Considering the significant increase in homelessness evidenced by the NYC Department of Homeless Services Census Reports generated from the NYC Shelter Care Information Management System, at least 12,000 homeless people with severe mental illnesses need housing statewide.

^{iv} Clifford J. Levy, *Panel Urges Change in New York Homes for the Mentally Ill*, New York Times (September 24, 2002).

^v Daniel A. Martell, Ph.D., *et al.*, *Base Rate Estimates of Criminal Behavior by Homeless Mentally Ill Persons in New York City*, 46(6) *Psychiatric Services* 596 (June 1995). According to the study's findings, 43% of the mentally ill people at Riker's Island were homeless the night before they were arrested.

^{vi} According to *2001 Monitoring and Analysis Profiles With Selected Trend Data: 1997-2001*, issued by the NYS Office of Children and Family Services, approximately 18,200 young adults leave foster care each year. Based on a study conducted by Covenant House New York over one-third of kids in placement were diagnosed with a serious and persistent mental illness while in placement. According to Casey Family Programs, conservative estimates suggest that a third of these young people leaving care have a mental illness. Of these estimated 6,070 youth, studies reveal that a quarter of kids leaving foster care are homeless. For instance, the study conducted by Covenant House New York found that 24% of the sample was homeless after leaving foster care.

^{vii} The New York State Office of Mental Health: *1994-1998 Statewide Comprehensive Plan for Mental Health Services*, (October 1993) reported that from 1994-2004 there would be 3,426 disruptions in housing due to the death or disability of family members providing housing for adults with severe, long-term mental illness. Further, New York State projected 3,645 such disruptions in the coming decade.

^{vii} 2005-2009 NYS OMH Statewide Comprehensive Plan for Mental Health Services, Appendix 4: *Infusing Recovery-Based Principles Into Mental Health Services: A White Paper by People who are New York State Consumers, Survivors, Patients, and Ex-Patients* (September 2004).

^{viii} New York State Executive Proposed Budget, Summary by Agency, p.119 (FY 2007-08).

^{ix} New York State Executive Proposed Budget, Summary by Agency, p.163 (FY 2007-08).

^x The New York State Office of Mental Health: *2006-2010 Five-Year Comprehensive Plan for Mental Health Services*, p.31, (April 2007).

^{ix} New York State Constitution, Article 17, Section 1 (2005).