



Mental Health Association in New York State, Inc.

Glenn Liebman, CEO

Jeffrey Rovitz, Board Chair

**Assembly Committee
on
Mental Health and Developmental Disabilities
Public Hearing on Housing**

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Testimony Submitted

by

**Glenn Liebman, CEO
MHANYS**

HEALTHY MINDS FOR A HEALTHY NEW YORK

194 Washington Avenue, Suite 415 • Albany, New York 12210-2314

Phone: 518-434-0439 • Fax: 518-427-8676 • MHANYS.org

On behalf of the Mental Health Association in New York State, Inc. (MHANYS), I would like to thank Assembly Mental Hygiene Chair Aileen Gunther and the other members of the committee for holding this important hearing on the subject of housing for individuals with mental health related issues.

My name is Glenn Liebman and I am the CEO of MHANYS. Our organization is comprised of 25 affiliates in 52 counties around New York State. Many of our members provide community-based mental health services including housing supports. All our members big and small, whether they provide services or not, recognize the importance and necessity of a place to live in their community.

Additional Funding for Existing Housing and Greater Capacity for New Community

Individuals with mental health related issues are like everyone else in our community. They want a job, connections with others, and a nice and safe place to live.

New York's public mental health system serves over 700,000 individuals with a mental illness. Approximately 40,000 of those individuals live in OMH housing through Community Residences, SROs, or through Supported Housing. It is absolutely true that New York provides more mental health housing than any other State in the country and they are to be commended for that, but the question is, is that enough?

The resounding answer is no. There is much more housing that needs to be built to meet the needs of individuals with mental health issues leaving prisons and jails, leaving psychiatric centers, community hospitals, adult homes, nursing homes, for those individuals with co-occurring needs, and for those that are homeless.

Also, we cannot forget the role of families, many of whose adult children live with their aging parents. Their numbers are rarely talked about and yet they are the community stalwarts in keeping their loved ones safe and secure.

The Governor and the Legislature are paying greater attention to the needs of individuals who are homeless, many of whom have a mental health related issue. That is a very positive step that we strongly support.

Expansion of housing for people with mental illness is essential but, before we do that, we have to fix the base of the existing 40,000 beds operated through a number of residential providers.

A vast array of the housing providers running these programs have not seen a funding increase in years and those that have are seeing small incremental increases that do not come close to meeting the individual needs.

The reality is that existing funding has not come close to keeping up with the expenses necessary to run the programs even though we know that these housing models are more supportive of the individuals and, frankly, more supportive for taxpayers.

The average cost of a hospital stay for an individual with a mental illness is \$300,000 to \$400,000 a year. The average cost of an individual with mental illness living in a correctional setting is \$45,000 to \$75,000 a year. The cost of a stay in a licensed or funded residential program cost the State as little as \$7,600 to a high of only \$25,000 per year. OMH supported housing is an enormous savings for the State.

It is a win-win for all New Yorkers but that win has to reflect the needed increase in the base for housing providers. That is why, along with over one hundred other organizations, MHANYS proudly supports the Bring It Home campaign, led by our colleagues at ACL that supports increased rates for existing mental health housing providers.

We are part of this campaign because we know what is happening to the existing stock of mental health housing in New York. Structures are falling apart, resources are strained, and staff is dramatically undercompensated for the work that they are doing.

Though the title of the staff person maybe housing specialist, it should read more like the do everything specialist. Among their responsibilities include engagement with the residents, med management, food services, financial management, insuring patient safety, following-up on non-clinical and medical appointments, all while ensuring that they are following a patient-centered approach for the residents. For all those responsibilities, they are being paid wages that are in many cases less than the fast food workforce.

Thanks to the leadership of the Legislature and the support of the Governor, last year there was much needed funding added to the budget for our workforce and that is greatly appreciated.

This year we want to do even more for individuals with mental health issues and that includes joining our colleagues at the Bring It Home Campaign to urge support for more funding for housing providers so it can be utilized to provide greater resources to the members and give desperately needed increases to the residential staff.

More funding will dramatically decrease the long waiting lists and provide a more qualified and compensated staff to work with our loved ones. As a family member, I am every day heartened by the commitment and passion of this workforce, but I am disheartened by the lack of financial support for their essential positions.

Recommendations

- 1) *Support the Bring It Home coalition in advocating for funding increases for housing providers statewide.*

- 2) *While fixing the base of housing, also support the ability to provide more housing options for individuals with mental health needs in the community with special recognition of the role of family members.*
- 3) *Although there is now a pipeline for the foreseeable future to create new housing for individuals that are homeless, we need to ensure anyone with a mental illness that meets the criteria of OMH residential programs, including those living with their families, has access to housing with supports.*

Reinvestment of Bed Closures

The reality of the funding of New York's mental health system is one that is still geared to inpatient care despite the large percentage of people with mental health related issues living in the community.

According to the New York State Office of Mental Health Comprehensive Plan, New York State's public mental health system serves over 700,000 people at an estimated annual cost of \$6.6 billion dollars. Out of that \$6.6 billion dollars approximately half, according to the plan, goes to inpatient care.

This means that approximately half of the dollars pays for 24 psychiatric facilities with 3,500 budgeted beds. The other half of the money goes to the 700,000 people in the community mental health system. Talk about a bizarre ratio.

Most of us agree that there should be emergency inpatient beds available for people with mental health needs, but I think that we can all agree that this ratio of funding 3,500 inpatient beds at the same level as 700,000 people receiving community support makes no sense at all. To use modern political terms, this is false equivalency, and it has to change.

To that end, MHANYS has long advocated that any funding from the closure of hospital beds be reinvested into the community for housing and other community supports.

To the credit of OMH, they have done an excellent job of converting the bed closures to funding for community support services. Due to this new reinvestment, almost \$100 million dollars has been added for funding for community support.

Communities around the State have been able to highlight the priority areas around reinvestment including resources like mobile integration teams, school-based funding, On Track New York First Episode Psychosis program, ACT Teams, and many other important community initiatives.

For the purposes of this discussion, this funding has also been responsible for over 1,100 units of Supported Housing. The reality is that we need more of this to fund those vital community housing and other programs.

We thank the Legislature for its ongoing support for reinvestment and recognizing the importance of adding more funding to the community.

Recommendations:

- 1) Continue to support the reinvesting of any bed closures to community priorities including housing.*
- 2) Create a time-limited coalition of stakeholders to provide a series of recommendations to identify how to change the funding ratio to insure a greater percentage of state funding for community support. The existing structure has to change to insure equitability and more and better funded community housing.*

Other Housing Related Issues around Adult Home Residents and Older Adults

We continue to monitor the Adult Home crisis in New York. This is a public policy issue that has been wrestled with for over forty years. The sad result for many is that they end up living in adult homes for a large part of their lives. While there are good adult homes, there are still many that are poorly run and in terrible condition.

The settlement from the Adult Home Lawsuit supported the need for residents to transition from existing adult homes to more independent housing has given people hope for more independence and greater consumer choice.

While numbers are increasing around people transitioning to more independent housing, they are still much smaller than projected. We need to focus greater time and attention in this arena and insure that adult home residents are getting the necessary in reach and peer support that will help insure their ability to move to more independent housing. A streamlined assessment process and an immediate link to housing for interested individuals will also dramatically increase the number of individuals in adult homes who desire to live more independently.

Another major housing issue is the vast shortage of facilities for older people with serious mental illness and serious physical health conditions or terminal conditions. Currently, the public mental health system serves adults 65 and older at less than half the rate it serves younger adults. This will become an even greater disparity as the population of older adults grows during the Elder Boom.

Housing for this population generally needs to be on one floor with entry ways and hallways long enough to accommodate wheelchairs, staff that can administer and monitor medications, and transportation to medical appointments.

Without those facilities in place, many older people with mental health related issues end up in nursing homes or adult homes that are poorly equipped to help people with mental disorders.

The current OMH community housing system has a very limited number of beds that are dedicated to the aging population and, unfortunately, these beds are considered transitional. New York State should create permanent housing options for individuals with mental illness that are over age 65, so like the general population, they can age in place.

In addition, OMH has explored models around the use of health home and hospice workers in existing housing. We support this and other demonstration projects related to this concern.

We thank you for this opportunity and look forward to any questions or concerns that you may have.