• Historical Perspective
  ◦ 1970’s – Group Homes & Licensed Apartments
  ◦ 1980’s – SRO’s Housing with flexible services
  ◦ 1990’s – Supported Housing with flexible supports
  ◦ 2000’s – Integrated Housing
• Safe, decent, and affordable housing is a cornerstone of recovery from mental illness.

• Stable access to good housing is a fundamental problem for many people with mental illness because of their poverty, the limited supply of very low-income housing, the rising cost of rental market housing, and discrimination.

• The unmet need for decent, safe, and affordable housing – often with supports – is very substantial for people with mental illness.
Reform must balance improved access to housing for all of these individuals with the need to improve “old” models of residential care, to move toward local systems of care that can arrange, provide, and support people in housing that is appropriate to their needs and preferences at any level of recovery.
Housing is a basic need and necessary for recovery
- Most people want permanent, integrated housing that is not bundled with support services (housing as housing).

Within an accountable system of care, there is also a finite need for staffed specialty housing and time-limited residential treatment programs.

Primary goal of housing reform will focus on the individual and emphasize expanding access to supported housing.
- Person-centered principles of recovery will guide the work.
## Priced Out in 2008: Data for NYS

<table>
<thead>
<tr>
<th>NYS SMSA’s SSI</th>
<th>Median 1-bedroom Apt Rent as %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany/Schenectady/Troy</td>
<td>98.2%</td>
</tr>
<tr>
<td>Binghamton</td>
<td>80.5%</td>
</tr>
<tr>
<td>Buffalo/Niagara Falls</td>
<td>83.1%</td>
</tr>
<tr>
<td>Elmira</td>
<td>87.8%</td>
</tr>
<tr>
<td>Glens Falls</td>
<td>88.1%</td>
</tr>
<tr>
<td>Ithaca</td>
<td>108.8%</td>
</tr>
<tr>
<td>Kingston</td>
<td>111.2%</td>
</tr>
<tr>
<td>Nassau/Suffolk</td>
<td>184.9%</td>
</tr>
<tr>
<td>New York</td>
<td>163.0%</td>
</tr>
<tr>
<td>P’keepsie/Newburgh/Middletown</td>
<td>126.1%</td>
</tr>
<tr>
<td>Rochester</td>
<td>90.1%</td>
</tr>
<tr>
<td>Syracuse</td>
<td>86.5%</td>
</tr>
<tr>
<td>Utica/Rome</td>
<td>82.9%</td>
</tr>
<tr>
<td>Westchester County</td>
<td>191.3%</td>
</tr>
</tbody>
</table>
Since 1983, the number of Adult Community Housing beds have increased 579% to 33,615 in 2011. Subsequently the number of Adult PC beds decreased by 85.14% to 3,069 beds in 2011.
OMH FUNDED HOUSING UNITS as of April 2013

- Congregate Treatment: 5,686 units
- Apartment Treatment: 4,447 units
- Adult Family Care: 2,413 units
- CR-SRO: 2,974 units
- SP-SRO: 4,027 units
- Supported Housing: 16,967 units

**Total Number Developed**: 37,660 units

- Pipeline Units: 9,515 units

**Total Number upon completion**: 47,175 units
Description of Adult Housing Models

- Congregate Housing
  - Congregate Treatment
  - Licensed CR/SRO
  - Unlicensed SP/SRO

- Apartment Housing
  - Apartment Treatment
  - Supported Housing

- Adult Family Care

- Mixed Use Housing
• Licensed Housing

- Congregate Treatment or Support
- Apartment Treatment or Support
- Congregate Treatment Single Room Occupancy (CR-SRO)
Congregate Treatment Housing

- Congregate Treatment is transitional, rehabilitative housing that teaches skills, offers support, and helps residents to achieve the highest level of independence possible.

- Single-site facilities with private or shared bedrooms for up to 48 individuals.

- Three meals a day are provided, as well as on-site rehabilitative services and 24-hour staff coverage.

- OMH provides the highest level of service funding for this type of housing.

- This level of housing is appropriate for individuals who need rehabilitative services in a non-hospital setting prior to placement in more permanent community-based housing.
Apartment Treatment provides high level of support and skills training to individuals in apartment settings.

Usually scattered-site rental units.

This licensed housing is designed to be transitional and usually one to three residents will occupy an apartment.

Bedrooms may be private or shared.

Residents gain skills and independence, learn to use community programs, and develop a community support system of friends and family.

Rehabilitative and supportive services are provided on-site designed to improve an individual’s ability to live as independently as possible and eventually access community-based housing.

The service funding for this program is slightly lower than the congregate treatment level of care.
- Looks like a typical apartment building
- Tenants have studio apartments or private bedrooms in suites
- 24/7 on-site staff
- Supportive services on site
- OMH-licensed
- Extended-stay
  - Average stay is four years

**Licensed Supportive Housing (CR/SRO)**
• Most independent level of housing
• Scattered-site apartments in the community
• Considered permanent housing – unlicensed
• Clients pay 30% of their income towards rent and utilities
• Clients hold own lease or provider’s sublease
  ◦ It is preferred by OMH that clients hold their own lease.
Unlicensed Supportive Housing (SP/SRO)

- Looks like a typical apartment building
- Tenants have studio apartment
- There may be units within the building for other individuals who are not mentally ill.
- Considered permanent housing – tenants have a lease
- 24/7 front desk security
- Some on-site supportive services
- Unlicensed
- Slightly less supportive services provided on site
Mixed Use Housing

- Affordable housing where OMH-funded units are targeted toward individuals with serious mental illness and are integrated among other affordable housing units.

- The other units may be targeted to low-income individuals and families.

**BENEFITS:**
- Reduces stigma
- Lessens community resistance
- Provide opportunities for recovery and rehabilitation
- Housing is in normal/mixed neighborhoods
- Funding for housing development is from several different sources, reduces cost
Family Care is the oldest & least costly residential program offered by the Office of Mental Health.

Family Care Homes provide 24 hour residential services in small family settings that carefully match resident needs & provider skills in order to offer individually tailored supervision.
Family Care is a licensed residential program. Operating Certificates are issued to qualified individuals in the community who agree to offer specified residential services in their own homes to no more than six persons with mental illness (average home has 3 residents). Family Care providers are reimbursed for expenses incurred in providing care.
Who sponsors Family Care?

- State Operated Psychiatric Center
- Community Based Mental Health Program

The sponsor is responsible for training the Family Care provider, securing emergency support services, and monitoring the home for compliance with OMH policy & regulations.
Who resides in Family Care?

- Individuals who are unable to function in their own homes,
- Individuals who are unable to function in large group settings,
- Individuals who have reached their maximum level of independence & are in need of long term care,
- Physically disabled individuals,
Who resides in Family Care?

- Individuals who require consistent care for extended periods in order to increase their level of functioning,
- Geriatric individuals, and
- Young adults in need of small group settings.
New York / New York I Agreement

- Joint Initiative Signed in 1990 by New York State through the Office Of Mental Health and New York City through the Human Resources Administration, and the Department of Mental Health, Mental Retardation, and Alcoholism Services. The agreement was signed by Governor Mario Cuomo and Mayor David Dinkins.

- Created over 3,500 Service –Enriched Supportive Housing Units within the five Boroughs of New York City specifically for homeless individuals who had a mental illness.

- All types of housing provided various levels of voluntary on-site or community-based case management, clinical and social services.

- Types of Housing Included:
  - Licensed Community Residences
  - Supportive single room residences;
  - Supportive SROs;
  - Scattered-site supportive;

New York / New York II Agreement

- Second joint initiative signed in 1999 by New York State through the Office Of Mental Health and New York City through the Department of Housing Preservation and Development (HPD), the Human Resources Administration, the Department of Homeless Services, and the Department of Mental Health, Mental Retardation, and Alcoholism Services. The agreement was signed by Governor George Pataki and Mayor Rudolph Giuliani.

- Called for the city and state to build and operate 1,000 additional service-enriched units, 500 from each entity.

- Called for the city and state to fund rent stipends and services for 500 units of existing apartments throughout the city.
NY / NY III Agreement

- Third joint initiative signed in 2005 by Governor George Pataki, Mayor Michael Bloomberg and 10 New York State and New York City Agencies.

Goal:
To create 9,000 units of Supportive Housing in 10 years for nine distinct chronically homeless or at-risk of homelessness populations defined by the agreement:
- 2,750 Scatter – Site Units*
- 6,250 Congregate Units*

When fully implemented in 2016, the NY / NY III Agreement will represent an approximate investment of more than $1 billion. This represents a Capital Investment of $953 million for 9,000 beds at a full annual operating cost of approximately $160 million.

(Governor Pataki, Mayor Bloomberg Press Release Monday November 7, 2005)
http://bi.omh.ny.gov/bridges/index
Referral Process

Single Point of Access (SPOA/SPA) & Human Resources Administration (HRA)
The Placement Assessment and Client Training (PACT) program reviews electronic applications (HRA 2010e) to determine eligibility for various types of supportive housing for individuals with serious mental illnesses, including units developed under the three New York/New York Agreements. PACT social workers review a client’s application to determine eligibility based on psychiatric needs, history of chronic homelessness, substance abuse and other clinical needs. The unit also tracks clients’ placement into and out of NY/NY housing.

HRA 2010e Application must be completed and approved for NYNY I, II, or III housing resources. In order to submit an application electronically, service providers must be trained by HRA Customized Assistance Services and receive a Username and Password.
Field Office Contacts

Hudson River Field Office
1-845-454-8229

Central New York Field Office
1-315-426-3930

Long Island Field Office
1-631-761-2508

New York City Field Office
1-212-330-1650

Western New York Field Office
1-716-885-4219