



**L E G A L
S E R V I C E S**

I N C O R P O R A T E D

TESTIMONY
ON
SUPPORTIVE HOUSING NEED

PRESENTED BEFORE:

**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MENTAL HEALTH PLANNING FORUM**

PRESENTED BY:

**Sara J. Fulton, Supervising Attorney
MFY Legal Services, Inc.**

May 11, 2011

Thank you for the opportunity to testify today. My name is Sara J. Fulton. I am the supervising attorney of MFY Legal Services' Mental Health Law Project. For almost thirty years, the Department of Health and Mental Hygiene has contracted with MFY to provide free civil legal services to mental health consumers. Our work focuses on homelessness prevention and income maintenance for low-income mental health consumers living in the five boroughs of New York City. Our clients reside in a broad spectrum of housing types, from fully independent rent stabilized apartments to highly structured and supportive environments subsidized by DOHMH and the State Office of Mental Health.

Through the course of our work, we have identified an unmet need for supportive housing for single mental health consumers who have been living independently but are no longer able to continue doing so. Because the New York/New York agreements do not include supportive housing for single adults who are not yet homeless, our clients who are no longer able to maintain independent housing must face forced eviction and enter either the homeless shelter system or city hospitals in order to qualify. It is this issue that we ask DOHMH to address in 2012.

The supportive housing model, in which mental health consumers are able to live as independently as possible with supports tailored to individual needs, has been extremely successful. The model allows mental health consumers to continue to reside in the community and to maintain independence in activities of daily living, while also reducing costs to the public for consumers who might previously have faced extended hospitalization or homelessness. DOHMH has recognized the value of this model by partnering with the New York State Office of Mental Health to create additional units of supportive housing through the New York/New York agreements. However, these

agreements fall short of serving a population of mental health consumers on the edge of homelessness who would also likely be the most successful users of the supportive housing model.

MFY Legal Services often represents mental health consumers who reside in private housing without any supports connected to the housing. When these consumers face eviction proceedings, we are generally able to defend the housing court proceeding and maintain the housing. However, in some cases, mental health consumers may have experienced a deterioration in mental health or may have lost a family member who was providing needed support. In these instances, they need to be able to access housing with additional supports so that they can remain in the community where they receive treatment and where they have lived their lives, sometimes for decades. The path to access supportive housing, however, currently leads these consumers into a homeless shelter or a city hospital before they are able to access appropriate housing with supportive services.

The primary reason for this problem is that the New York/New York III agreement contains a crucial distinction between single adults with a mental illness and families in which the head of household suffers from a mental illness. For single adults, the target population is simply those who are “chronically homeless.” However, for families, the target population includes those who are “chronically homeless . . . or at serious risk of becoming chronically homeless.” The fact that single adults who are at serious risk of becoming chronically homeless, such as those MFY serves, are not included in the NY/NY III agreement means that the ability to access housing is severely limited and, in our experience, nearly impossible.

One such client MFY has represented is a woman named Maria. Maria has lived in her private rent stabilized apartment for over 20 years. Maria was able to live independently with the assistance of an Assertive Case Treatment (ACT) Team without difficulty until about a year ago when her mental health deteriorated and she began to display problematic behavior in her building. Maria's case was settled giving her approximately nine months to find alternate housing and relocate. However, although Maria and her social worker have diligently completed the required forms and Maria has been approved for supportive housing, she has been unable to locate housing to which she can move. Because she is not currently homeless, Maria cannot be classified as NY/NY eligible, so her housing options are drastically reduced. If she were able to go directly to supportive housing, Maria would likely be successful in that setting as she is used to living independently and simply needs more support than her ACT Team is able to provide. Instead, in order to qualify as NY/NY eligible, Maria will likely have to go to a city-funded hospital or to a homeless shelter, incurring significant costs for the taxpayers of New York and further harming her mental health.

While the number of mental health consumers in this situation is not great, MFY does see a number of people in Maria's position every year. A move to supportive housing with an appropriate level of care is clearly all that is necessary to prevent worsening mental health and exorbitant costs for them. Therefore, on behalf of MFY Legal Services and our clients, I urge you in 2012 to expand NY/NY eligibility to include single adults at risk of becoming homeless or otherwise provide a path to supportive housing for this discrete group of people.