



Testimony
of

Adam Karpati, M.D., MPH
Executive Deputy Commissioner for the Division of Mental Hygiene
New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Mental Health, Mental Retardation,
Alcoholism, Drug Abuse and Disability Services

regarding

Examining the New York/New York III Supportive Housing Agreement

January 22, 2009

City Hall
New York, NY

Good morning Chairman Koppell and members of the Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services. I am Dr. Adam Karpati, Executive Deputy Commissioner for Mental Hygiene at the Department of Health and Mental Hygiene (DOHMH). My testimony today will highlight the value of supportive housing in a continuum of services for people with mental illness or substance use problems and discuss issues relating to the physical development of supportive housing and the provision of services associated with NY/NY III.

Experience, as well as extensive research and data demonstrate that people with mental illnesses and substance abuse disorders can achieve the goal of self-sufficiency—living, working and participating fully in their community—when they have access to safe and reliable housing along with needed supports. Without stable housing it is also extremely difficult for individuals to remain engaged in treatment and for that treatment to be successful.

The City's focus on helping individuals obtain and maintain stable housing not only helps them live fuller lives, but also is cost-effective by reducing overall costs to the health and social service system. Supportive housing decreases the use of expensive services including acute hospital care, shelters, and jails.

Successful implementation of NY/NY III requires significant interagency collaboration and City-State coordination. Together, the City and State are investing close to \$1 billion in capital funds and over \$150 million annually for services and operating expenses. The City's Department of Housing Preservation and Development (HPD) is responsible for the capital development of 3,125 of the 9,000 units of NY/NYIII housing. This is accomplished mostly through the Supportive Housing Loan Program (SHLP) however some units may also be incorporated into other HPD programs such as the Low Income Rental Program (LIRP) or the Housing Development Corporation Low Income Affordable Marketplace Program (LAMP). In a typical SHLP project, 60% of the units are set aside for homeless and disabled tenants, and all SHLP developers are nonprofit organizations.

As the lead agency responsible for capital development of NY/NY III units HPD, along with many of the other agencies here today is involved in assisting nonprofit

developers in siting and gaining community support for NY/NY III projects. Community-based mental hygiene providers and housing developers often face community resistance when seeking to site supportive housing throughout New York City. This not only prohibits the development of much-needed capacity, but also perpetuates the stigma associated with mental illness and substance abuse. We appreciate the hard work of these community-based providers to facilitate strong relationships with the neighborhoods they serve before, during and after the development of supportive housing. We are also appreciative of the Council's support for the City's efforts to site supportive housing, and we ask that you continue to spread the messages about its importance and cost-effectiveness.

It is HPD's policy to ask that all SHLP sponsors get a letter of support from the relevant community board or council member. Obtaining written support often requires a lot of time and effort to educate the community about supportive housing, but is almost always successful. In the HPD pipeline right now there are projects that have gotten support from 15 community boards throughout the city.

To date, HPD has made progress in the capital development of 2,181 congregate units, which represents approximately 70% of the 3,125 congregate units for which the City is responsible. 270 units are complete, 586 units are in construction and more than 1,325 units are in pre-development. Pre-development includes the identification of a site, closure of sale of the site, Uniform Land Use Review Procedure (ULURP) approval when applicable, filing construction documentation, and community board meetings.

DOHMH's role within NY/NY III is to procure and oversee supportive services in 850 scatter site and 3,000 congregate units, of the total 9,000 units. The Department has awarded contracts for all of the scatter site units and we are on track to have awarded at more than 1,000 congregate units by the end of FY 09.

Community-based organizations in contract with DOHMH provide services for the NY/NY III program including case management, crisis intervention, training in daily living and financial management skills, as well as educational, employment and other recovery-oriented services. Services are provided through a combination of on site staff, linkages to other programs and mobile staff such as case managers deployed directly to individuals' homes. Staff also assist tenants in gaining access to government benefits and

facilitate referrals to community providers for other services, which may include job readiness, assistance with employment placement and retention, psychiatric assessments, primary medical care, dental care, substance abuse counseling and treatment, domestic violence counseling, and HIV/STD prevention and treatment.

To build on the assessment conducted by HRA to determine eligibility, once placed, the individual receives a comprehensive needs assessment that covers the tenant's history in the areas of mental and physical health, substance abuse, social services, relationship abuse, family, schooling, and employment. Providers then collaborate with each tenant to develop an individualized housing and support services plan that is designed to support the tenant in maintaining his or her housing and integrating the tenant into the broader community. In addition, the plan includes stated goals and outcomes that the tenant has determined for him or herself. Plans are generally flexible with regard to the type and intensity of services in order to meet the tenant's changing needs. The goal of these services is to facilitate recovery from psychiatric disorders and substance abuse and thereby help tenants live independently in the community and lead full, stable lives.

Evaluation is an important component of the DOHMH work on NY/NY III. We are coordinating with other City and State agencies to capture a broad range of health and social service data, and we will also be surveying providers and consumers. The goal of this study is to assess the effectiveness of the NY/NY III program in reducing chronic homelessness, decreasing the use and cost of publicly funded health-care and social services, improving the health of participants, and increasing the use of appropriate services. In addition to the City's evaluation efforts, the Center for Addiction and Substance Abuse (CASA) has been awarded a 1.5 million dollar grant by the Hilton Foundation to study the supportive housing developed under the agreement for individuals with histories of substance use.

The homes created by NY/NY III complement the range of clinical services offered for people with behavioral health needs. Capacity created by NY/NYIII will help maintain the progress already made by the mental hygiene system, as well as bolster future efforts to help individuals with mental illness and substance abuse disorders recover. The NY/NY III agreement was indeed historic, and will have extremely positive returns for thousands of vulnerable individuals in New York City; this important work

will improve and save lives. We appreciate the Council's interest in this program, and look forward to working with you to ensure its success.

Thank you again for the opportunity to testify. We are happy to answer any questions you may have at this time.