



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

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*Commissioner*

Testimony

of

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before the

**New York City Council**

**Committee on Mental Health, Disabilities and Addiction**  
**Committee on General Welfare**  
**Committee on Veterans**  
**Committee on Housing and Buildings**

On

**Oversight: Supportive Housing in New York City**

And

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Good afternoon, Chairs Lee, Ayala, Sanchez, Holden and members of the Committees. I am Jamie Neckles, Assistant Commissioner for the Bureau of Mental Health at the New York City Department of Health and Mental Hygiene (Health Department). Thank you for the opportunity to testify today. I am pleased to be here with my colleagues to explain the Health Department's role in supportive housing in New York City.

The Health Department's mandate is to protect and promote the health and wellbeing of all New Yorkers. Supporting those with serious mental illness and substance use disorders is a critical part of this responsibility. We employ a public health approach to this work, focused on prevention and intervention to avoid crisis, and provide responsive care with health and social supports that are affordable, accessible, effective, and free of stigma. This is why we play a key role in supportive housing in New York City. Supportive housing is affordable, permanent and independent rental housing, that is integrated within a neighborhood and community, and meets the needs of tenants by providing supportive services. Supportive housing offers people who are unhoused and have a mental illness, or substance abuse disorder, a safe, dignified space for health and recovery. Research also indicates that it promotes housing stability, improves health outcomes, and decreases preventable hospitalizations.

We recognize that supportive housing is the ultimate solution to chronic homelessness. We are committed to providing it to those with mental health needs coming out of the City's shelter, foster care, and criminal justice systems. We currently contract for about 11,800 units of supportive housing and are working tirelessly to increase that number. This represents an investment of \$282 million in city and state funding for the current fiscal year. We play a pivotal role in making New York a leader in supportive housing nationwide.

Today I will speak briefly about the history of the Health Department's role in supportive housing development, then talk about what we are doing now with the units we have open and operating.

The Health Department has had supportive housing contracts since the mid-1980's. Beginning in the 1990s, more formal agreements and service models were developed in collaboration with the New York State Office of Mental Health. With each agreement, the city's supportive housing portfolio grew; at first in older buildings that were converted into supportive housing programs and more recently with new construction and mixed-use buildings. The current wave of expansion is known as NYC 15/15 and represents a partnership between the city agencies present today – the Health Department, DSS, and HPD. HPD provides the development funding and on-going rental subsidies. DSS leads the procurement process and manages the Coordinated Assessment and Placement System (CAPS), which determines housing eligibility and manages referrals into units. The Health Department initiates and manages the social services contracts, which includes technical assistance for providers for set-up and maintaining quality support services designed to help individuals and families use housing as a platform for health and recovery.

The Department's programs are available for those who have been unhoused for extended periods of time, including people coming from street outreach and shelters, Department of Youth and Community Development shelters, foster care, and the criminal-legal system. The majority

of units, about 84%, are allocated for single or two-adult households who have serious mental illness or substance use disorders and were unhoused preceding their move. The remaining units are designated for different household types (such as families and young adults) and people with specific histories that put them at heightened risk. This includes sites catered to young adults aging out of the foster care system and people with high numbers of shelter or jail stays.

What really sets this apart from general affordable housing are the support services. The Department has led the movement over the past 30 years to focus on services that are person-centered and recovery oriented. Our supportive housing programs offer a variety of services to tenants through case management. This includes connection to health and mental health services, medication management, connection to employment and benefits, social activities, accessing tools for smoking cessation and other harm reduction resources, and other support for daily living skills. These supportive services are focused on positively impacting tenants' quality of life and assisting in their personal path of rehabilitation and recovery from mental illness and/or substance use. For those with children, our supportive housing programs provide the necessary supports for maintaining a safe home environment conducive to healthy child development.

I am happy to share some measures of success in supporting our tenants in living healthy lives. 77% of residents are connected to a primary care physician. Among current tenants, the average length of time spent in supportive housing is nearly 8 years, with a range of one to 41 years. This tells us that our tenants are staying housed and connected to services for prolonged amounts of time following homelessness.

The City is committed to expanding the supportive housing supply. Since fiscal year 2021, we have contracted an additional 1,000 units - bringing our total portfolio up to 11,800 units. As we are all aware, even with many new units, there is still more demand than supply of supportive housing. The City's Mental Health Plan centers people with serious mental illness and substance use disorders and identifies housing as a key strategy for improving their health. The Plan, in alignment with the NYC Housing Blueprint and the 15/15 initiative, calls for continued expansion of permanent housing options for New Yorkers with serious mental illness and substance use disorders. The Health Department anticipates opening an additional 684 units by the end of fiscal year 2025. These units will be essential in meeting growing demand for supportive housing and ensuring that New Yorkers with or at risk of serious mental illness and/or substance use disorders have safe, stable, and affordable housing to use as a platform for recovery.

The City's investment in supportive housing reflects the City's commitment to providing this critical resource for addressing homelessness among those with or at risk of serious mental illness or substance use disorders. Over the last decade, supportive housing investment has doubled allowing for new units as well as ensuring that older units are properly preserved and maintained so that supportive housing providers can continue to provide safe, dignified housing with robust support services to a new generation of tenants. Additionally, the Health Department's oversight and technical assistance is designed to improve service quality and accessibility. For example, last year we released, in collaboration with DSS and HPD, guidance

on the referral and placement process, as well as low barrier admission policies to facility operators, service providers, and tenants.

We know safe, stable, and affordable housing is a critical social determinant of health and a powerful tool for supporting those with mental health issues. The Health Department has demonstrated our commitment to providing affordable, independent, and permanent supportive housing to those who are unhoused and have or at risk of serious mental illness or substance use disorders. I am pleased with the progress we have made in this space, but we still have so much more work to do. We are happy to discuss with Council how we can best support these populations and expand the supportive housing supply.

Thank you for the opportunity to testify today. I look forward to answering your questions.