NEW YORK STATE | Office of Mental Health

Housing and the Public Mental Health System

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Housing and the Public Mental Health Population

People living with mental illness often experience poorer housing outcomes, such as substandard housing or unstable housing arrangements. In addition, chronic mental health issues are one of the leading causes of homelessness, and most homeless persons in the United States have mental health issues.[1] Individuals with mental illness may have difficulties securing appropriate housing due to low or no income, poor credit, and a lack of successful rental histories. Many individuals with chronic and severe mental health issues may lack social skills and daily living skills due to the challenges of their disability, which may be partnered with a history of institutionalization.

Safe, stable housing is one of the most significant social determinants of health.[2] Suitable housing is a major entry point for addressing a broad spectrum of public health concerns (e.g., climate change, poverty, inequality). Inadequate housing exposes individuals to greater harm by injury and illness, exposure to violence and predation, and isolation from critical services, supports, and opportunities.

For individuals with criminal justice involvement, finding and keeping safe housing may present a particular challenge, as they may experience difficulties associated with mental health issues (e.g., substance use, unemployment, limited housing options) and social determinants such as racism and poverty.[3] This population may benefit from a broad array of services such as employment programs and substance use treatment to live successfully in the community without reoffending.

In New York State, efforts have been underway to integrate mental health treatment with physical and behavioral health services, as evidenced by integrated licensure for clinics and the development of other integrated service models. OMH's focus on integrated treatment continues to expand to include residential services. The following sections highlight OMH's efforts to improve the quality of housing and wraparound services for people living with mental illness.

Vision for Housing Within the Public Mental Health System

Housing is a human right, and for individuals with mental illness, safe and affordable housing is a cornerstone of recovery. However, stable access to good housing is a fundamental problem for many people with mental illness due to low income, the limited supply and rising costs of low-income housing, and discrimination. OMH recognizes that housing resources for children and adults mitigate the harmful impact of many social determinants and can change the trajectory of a person's life. OMH is focusing on greater housing stability, including housing for individuals with criminal justice involvement, through support services that help individuals maintain housing and integrate into communities.

One strategy employed by OMH is to address the built environment. OMH financial support ensures that the State's existing housing stock remains safe and comfortable for residents. OMH provides capital and operating funding to support new development projects. Projects funded under the Empire State Supportive Housing Initiative (ESSHI) are supported by OMH through a commitment to fund the services, subsidy, and operations of residential mental health units located there.

OMH also emphasizes the need to combat poverty and food insecurity. Residents of permanent supportive housing contribute no more than 30 percent of their income toward rent and utilities, leaving more funds available for food and other living expenses. OMH funding supports meals in licensed housing by enabling providers to work with residents to plan meals, budget accordingly, shop for groceries, and prepare food, thus reducing food insecurity. OMH also assists in securing benefits such as SNAP, and teaching skills such as gardening and how to prepare meals with what is grown. Further, increasing employment and educational attainment remain priorities for OMH. Through skill building and linkages with community resources, residential programs assist consumers in their pursuit of education and employment.

In addition, OMH seeks to improve access to transportation and health care for those served in OMH housing. As OMH partners with housing providers to create new units of housing across the state, access to services and transportation remains an important evaluative criteria for all proposed development. Safe, affordable housing is an essential component of an integrated health care model. Supportive housing contributes to better mental health and physical health outcomes, and a reduction is substance use.

[1] Martin, E. J. (2015). Affordable housing, homelessness, and mental health: What heath care policy needs to address. Journal of Health and Human Services Administration, 38(1), 67+. https://jhhsa.spaef.org/

[2] Forchuk, C., Dickins, K., & Corring, D. J. (2016). Social Determinants of Health: Housing and Income. *Healthcare quarterly (Toronto, Ont.)*, *18 Spec No*, 27–31. https://doi.org/10.12927/hcq.2016.24479

[3] Osher, F. C., & Steadman, H. J. (2007). Adapting evidence-based practices for persons with mental illness involved with the criminal justice system. *Psychiatric services (Washington, D.C.)*, *58*(11), 1472–1478. https://doi.org/10.1176/ps.2007.58.11.1472

Finally, OMH is focusing on improving the quality of housing services delivery through the implementation of a state-wide training model for housing providers. A new program will be funded by OMH and delivered through a partnership with training experts. Housing providers will learn evidence-based skills and practices that will increase their competency delivering services and supports to individuals and families in their housing programs.

OMH Housing System

OMH is committed to maximizing access to housing opportunities for individuals with diverse service needs. OMH funds and oversees a large array of adult housing resources and residential habilitation programs in New York State. Voluntary programs operated by community providers account for the vast majority of utilization of public mental health residential services statewide. State-operated residential programs account for a small percentage of people served in the public mental health system. In total, there are more than 46,000 residential beds statewide.[1] Following are descriptions of these programs and resources.

Congregate Treatment
These are licensed transitional, rehabilitative residential programs that teach skills, offer support, and help residents achieve the highest level of independence possible. These residences are single-site facilities, with private or shared bedrooms, for up to 48 individuals. Meals are provided, as well as on-site rehabilitative services and 24-hour staff coverage. 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. **As of September 28, 2021, there are 5,614 Congregate Treatment beds in New York State.**

Congregate Support
These are licensed single-site residential programs that provide support designed to improve or maintain an individual's ability to live as independently as possible and eventually access generic housing. Interventions are provided consistent with the resident's desire, tolerance, and capacity to participate in services. Staff is on-site 24 hours per day. **As of September 28, 2021, there are 111 Congregate Support beds in New York State.**

Community Residence/Single Room Occupancy
This is licensed, service-enriched, extended stay housing with on-site services for individuals who want private living units, but who have minimal self-maintenance and socialization skills. Living units are usually designed as studio apartments or as suites with single bedrooms around shared living spaces. A Community Residence/Single Room Occupancy must maintain 24-hour front desk security and make services available (i.e., case management, life skills training, etc.). **As of September 28, 2021, there are 3,432 Community Residence/Single Room Occupancy beds in New York State.**

Apartment Treatment
This licensed program provides a high level of support and skills training to individuals in apartment settings. It is designed to be transitional in nature, with an average length of stay of 18 months. Residents gain skills and independence, learn to use community programs, and develop a community support system of friends and family. Apartment sites are usually scattered-site rental units located in the community. Staff work on-site with each resident, providing rehabilitative and supportive services designed to improve an individual's ability to live as independently as possible, and eventually access more independent housing options. **As of September 28, 2021, there are 4,650 Apartment Treatment beds in New York State.**

Family Care
The Family Care housing program places individuals in need of community placement with persons certified to deliver residential care in their own homes. Family Care providers receive training, support and financial reimbursement for their services. Residents receive the kind of support, guidance and companionship that naturally occurs in families and communities. **As of September 28, 2021, there are 2,413 Family Care beds in New York State.**

Scattered Site Supportive Housing
This unlicensed program is an alternative to licensed transitional housing. Scattered Site Supportive Housing is an evidence-based practice that enables individuals to live more independently in the community. Recipients of Scattered Site Supportive Housing may be able to live in the community with a minimum of staff intervention from the sponsoring provider. Numerous studies demonstrate the efficacy of this cost-effective model. **As of September 28, 2021, there are 20,643 Scattered Site Supportive Housing beds funded by OMH in New York State.**

Congregate Site Supportive Housing (Supportive/Single Room Occupancy)
This unlicensed model provides long-term or permanent housing where residents can access the support services they require to live successfully in the community. Congregate Site Supportive Housing can be located in a building existing solely as Supportive/Single Room Occupancy or may be integrated into a building that serves other population groups. Front desk coverage is provided 24 hours per day. However, other 24-hour staffing is not required. Congregate Site Supportive Housing must make services available to residents. **As of September 28, 2021, there are 9,512 Congregate Site Supportive Housing beds funded by OMH in New York State.**

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[1] OMH Operating Bed Chart - October 2021
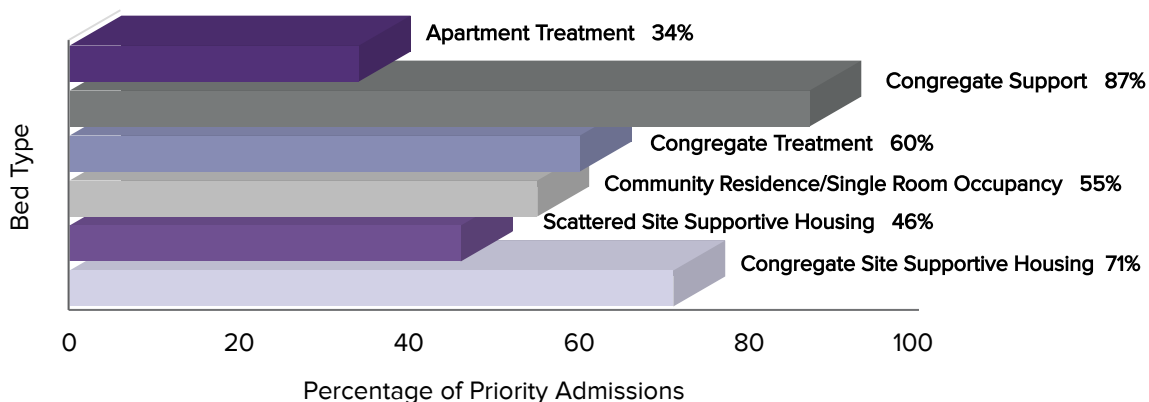
Number of Beds by Housing Type[1]

Housing Type	Number of Beds
Congregate Treatment	5,614
Congregate Support	111
Community Residence/Single Room Occupancy	3,432
Apartment Treatment	4,650
Family Care	2,413
Scattered Site Supportive Housing	20,643
Congregate Site Supportive Housing	9,512
Total	**46,375**

## Priority Populations in Housing

Admittance to OMH licensed and funded housing is prioritized based on those individuals with the greatest needs. OMH has identified specific populations that typically demonstrate the highest level of need and has required that these populations be prioritized for housing.

Individuals referred from the following settings have been identified as priority: State Psychiatric Centers and state-operated residential programs; Article 28 hospitals; RTFs; street or shelter homeless; and state prisons. These priority populations represented 52.1% of Housing admissions as of March 31, 2021.

Percentage of Priority Admissions by Bed Type[1]

Apartment Treatment 34%
Congregate Support 87%
Congregate Treatment 60%
Community Residence/Single Room Occupancy 55%
Scattered Site Supportive Housing 46%
Congregate Site Supportive Housing 71%

Bed Type / Percentage of Priority Admissions

Percentage of Housing Admissions by Priority Population[2]

State Psychiatric Center 11.5%
State-Operated Residence 5.4%
Article 28 Hospital 2.1%
Residential Treatment Facility 1.4%
Street or Shelter Homeless 24.7%
State Prison 2.8%

Priority Population / Percentage of Housing Admissions
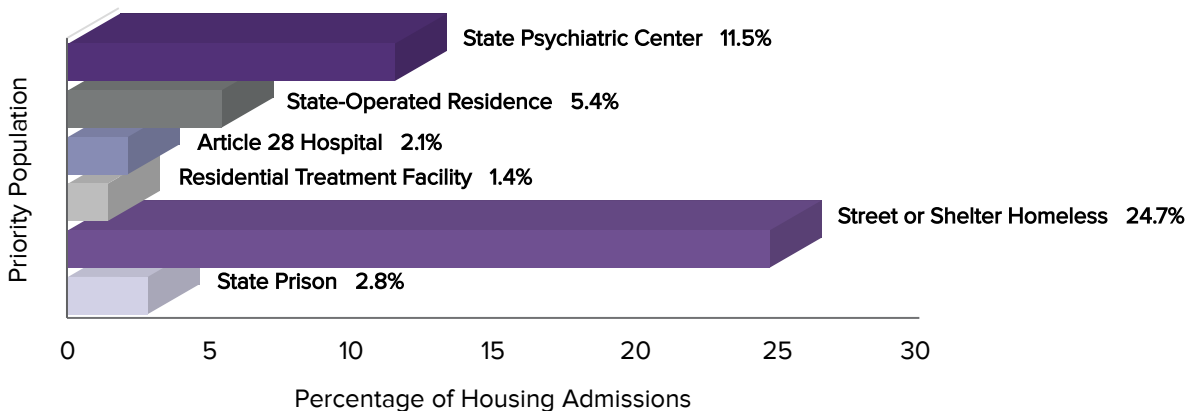
[1] OMH Operating Bed Chart - October 2021
[2] Residential Program Indicator Report

Strategies and Recent Initiatives

Safe Options Support
In the 2022 State of the State Address, Governor Kathy Hochul announced the establishment of Safe Options Support (SOS) teams "throughout New York City and in targeted regions throughout the state where street homelessness is most widespread."[1] The SOS teams will follow the Critical Time Intervention (CTI) model – a time-limited, evidence-based service that helps vulnerable individuals during periods of transitions. Each SOS team will "work with emergency shelters, outreach providers, as well as permanent and supportive housing providers, to transition individuals living on the street into stable housing" and "to engage individuals experiencing street homelessness to help secure placement into emergency or supportive housing programs with wraparound social services."[2] The teams will be serving individuals as they transition from street homelessness to housing. Each team works with recipients and their support networks to build skills and strengthen supports so that the SOS team is able to transfer care and terminate SOS services in 12 months or less.[3] Two New York State-supported Pathway Home pilot teams are currently operating in New York City, utilizing a CTI framework, to specifically serve individuals with a history of homelessness.

The Office of Mental Health issued a Request for Proposals that invites eligible nonprofit organizations to submit applications to create and implement the SOS teams, which will not only conduct direct one-on-one outreach with New Yorkers experiencing homelessness, but will also include on-street and in-subway clinicians, nurses, social workers, and behavioral health specialists, so that the street-to-referral logjam is broken, and that a comprehensive suite of much-needed critical services can be provided immediately to New Yorkers in need. The teams will work closely with NYC's Department of Homeless Services Street Outreach Teams to identify and engage individuals who would most benefit from this intensive service. As of October 2022, there were 10 SOS teams currently active in New York City, with an additional team expected to launch later this year.

Critical Time Intervention

The Critical Time Intervention (CTI) case management model was "developed at Columbia University and New York State Psychiatric Institute (NYSPI) with significant support from the National Institute of Mental Health (NIMH) and the New York State Office of Mental Health (OMH)"[2] in response to increased prevalence of homelessness among people with severe mental illness (SMI). Mental health teams in New York City shelters observed that many individuals who received mental health treatment and were discharged from shelters into housing soon became homeless again. It was determined that these individuals did not receive adequate support throughout this transition into the community. The CTI model serves to reinforce housing stability and lower the risk of readmissions to shelters, hospitals, and prisons by strengthening these supports throughout this critical time.[4]

NY/NY Agreements
The NY/NY series of agreements are a joint city-state effort to expand the supply of supportive housing in New York City by more than 13,000 units for individuals most at risk of homelessness, serving individuals with mental illness, homeless families, individuals living with HIV/AIDS, individuals in treatment for substance abuse, and youth aging out of foster care or leaving psychiatric treatment settings. Three NY/NY agreements have resulted in over 8,400 new beds in NYC. New York State supports more than 18,000 beds in New York City (excluding ESSHI and Adult Home), including approximately 5,700 beds funded on State Aid Letter and over 13,000 beds on OMH Direct Contract with NYC Providers.

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[1] New York State Office of the Governor. (2022). Governor Hochul Announces Major Statewide Initiative to End the Homelessness Crisis and Address Longstanding Inequities in Housing. Retrieved January 13, 2022 from https://www.governor.ny.gov/news/governor-hochul-announces-major-statewide-initiative-end-homelessness-crisis-and-address

[2] Preventing Homelessness in the Transition From Institution To Community. (2009). Criticaltime.org. Retrieved January 13, 2022 from https://www.criticaltime.org/wp-content/uploads/2009/04/cti-handout4.pdf

[3] New York State Office of Mental Health. (2022). Request for Proposals, Safe Options Support (SOS) Program: CTI Teams, New York City. Retrieved January 13,2022 from https://omh.ny.gov/omhweb/rfp/2022/sos/index.html

[4] Herman, D., & Conover, S. (2002). Critical Time Intervention (CTI) Manual. Criticaltime.org. Retrieved January 13, 2022 from https://www.criticaltime.org/wp-content/uploads/2014/05/CTI-Manual.pdf

Adult Home Transition
OMH continues to offer individuals with Serious Mental Illness living in Adult Homes opportunities to move into more independent community settings, most often their own Supportive Apartment, pursuant to New York State's Adult Home Transition Initiative and Settlement Agreement. OMH currently funds over 1,485 units of supportive housing for individuals transitioning out of adult homes. An additional 465 units are currently in development.

To date, OMH has made efforts to increase access to additional levels of housing for this population by creating a process where supportive housing units can be converted to the more service-rich treatment apartment model when needed. Nearly 1200 people with SMI have left adult homes and reside in OMH Community Housing while receiving wrap around support services they need. The preparation for the transition includes a thorough assessment of needs and preferences conducted by an assessment team comprised of a licensed clinician and an RN, who determine recommendations for community housing and services which inform a Care Plan implemented by DOH Health Home Care Managers. The transition preparation also includes a Peer Bridger Program that engages with each individual to support them throughout the process from the time they first express interest in moving, through assessment, touring of housing and for several months post-transition. OMH also funds two Pathway Home Teams serving Queens and Brooklyn. These teams are able to offer intensive care management supports using a multidisciplinary CTI approach to ensure clients receive the individualized support they need during the transition from Adult Home to their own home.

Additional Housing Initiatives
OMH is committed to improving the quality of housing resources for individuals served in the public mental health system. Efforts are currently underway to implement a number of strategies focused on investing in the development of new housing, as well as improving existing housing across New York State. These strategies are detailed below.

Improvements in Housing

Revision of 595 Regulations
The regulations governing OMH housing programs are being revised in order to meet the following goals: include a greater emphasis on cultural competency; improve the collaboration between housing providers and a resident's care team; clarify admission criteria, regulatory timeframes, and other requirements. OMH is targeting Spring 2022 for the revision of these regulations.

Standards of Care
To compliment the regulatory revisions being made, a 595 Regulatory Standards of Care guidance document is also being developed. This guidance is intended to assist the housing providers in improvement of service delivery by establishing both minimum expectations and identifying the characteristics of an exemplary housing program. It will also guide OMH review of these programs. OMH is targeting deployment of this guidance document by Spring 2022.

Investments in Housing

Empire State Supportive Housing Initiative (ESSHI)
The 2021-22 New York State Budget continues to appropriate funding for the ESSHI. ESSHI is a comprehensive plan for affordable and supportive housing to ensure New Yorkers have access to safe and secure housing. The first ESSHI Request for Proposal (RFP) was released in 2016, and in those five years Interagency Workgroup has made conditional awards across the state to OMH housing providers. To date, 1,301 units have become operational for individuals.

Preservation Funding
Over the past several years, OMH has invested $65 million annually in the development of new housing, and the maintenance and repair of the more than 45,000 units of existing housing across the State. Through our direct operations along with our financial support, OMH is delivering person-centered, individualized services to New Yorkers with a wide range of mental health and substance abuse needs.

Tenancy Services in Supportive Housing
OMH is implementing Medicaid-billable tenancy services in supportive housing programs, reinvesting the majority of the revenue in enhanced funding for these programs. This will allow permanent supportive housing programs to increase the supports available for individuals to live successfully in the community.

Intensive Transitional Living Residence (ITLR)
OMH is funding the pilot of a new housing model for people transitioning out of psychiatric centers with a forensic background. This short-term (6-9 month) model with enhanced staffing will provide intensive skill development to prepare individuals for transition to more independent housing.

Community Oriented Recovery and Empowerment (CORE) and Housing Partnerships
OMH is working with housing providers who are also CORE providers to develop CORE teams to support eligible residents by providing mobile psych rehab and treatment services to support individuals in transitioning to community housing a well as supporting individuals in maintaining community housing.