Supportive Housing Network of New York Conference

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Full Community Integration: Housing+Services+Contribution/Employment

- Providing supportive housing opportunities, wrap-around services, employment and education opportunities and reforms in the behavioral healthcare system are all integral to moving toward community integration and reducing homelessness.

- In the 1950’s there were 90,000 individuals in NY State Mental Hospitals.

- Today there are 42,900 OMH housing units in NY State

- Today there are 10,000 community inpatient beds, 2700 state hospital civil beds, and 1100 state forensic beds.
Paving pathways from State inpatient, acute community inpatient, homeless shelters, prisons, and residential programs to independent community living, reducing avoidable CPEP/ hospital use, and homelessness:

• Development of new units: The OMH pipeline includes 1,574 SP-SRO, 988 NYC Match, and 457 ESSHI units expected to become operational during the next 2-3 years.

• Maintaining and expanding our housing portfolio: Currently there are more than 42,923 OMH-housing units in New York State, including more than 1,300 units supported through $15.5 million in Reinvestment funding. In SFY 2018-19, OMH anticipates awarding 200 through reinvestment and up to another 200 through targeted closures of State-Operated residential beds.
Paving pathways from State inpatient, acute community inpatient, homeless shelters, prisons, and residential programs to independent community living, reducing avoidable CPEP/ hospital use, and homelessness:

- **Forensic beds:** OMH currently funds more than 600 supportive housing units for forensically involved individuals. In addition, two RFPs will be released imminently to operate an Intensive Transitional Residence for individuals coming from prison, and a transitional SRO both on the Bronx PC campus.

- OMH also supports more than 680 units under the Nursing Home and Adult Home initiatives, with an additional 1,500 AH units in the pipeline to transition people from adult homes.
OMH is working to bring these various pieces together to strengthen access, increase efficiency, and quality of care, including:

Recovery-oriented program design and financing:

- Managed Care/HARP
- HCBS services
- HH+ / care management
- Value-based payments
- Intensive Clinic services: Intensive outpatient, increased Crisis Intervention services that are now available to all in mainstream MCO plans
- 50 million in the Capital Budget for crisis respite services
- 10 million in this year’s budget to increase rental subsidies statewide making a total increase in subsidy over 4 years of 40 million. In addition, increases in direct care salaries of almost 3.5 million for housing providers direct care staff.