



**TESTIMONY BEFORE THE NEW YORK STATE SENATE
STANDING COMMITTEE ON SOCIAL SERVICES AND COMMITTEE ON
HOUSING, CONSTRUCTION AND COMMUNITY DEVELOPMENT**

**“Ending the Perfect Storm: Finding Solutions and Identifying Alternatives for
New York’s Section 8 Problem”**

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Good Morning. Thank you for inviting MFY Legal Services to this hearing and giving us this opportunity to testify. My name is Brian Sullivan and I am a staff attorney at MFY Legal Services, Inc., a non-profit law firm that works toward equal access to justice for New York’s neediest and most marginalized communities. I work in the Mental Health Law Project, which has been funded by the New York City Department of Health and Mental Hygiene since 1983 to address the civil legal needs of New Yorkers who are severely and persistently mentally ill.

At MFY Legal Services we serve our clients in numerous areas of the law, but one of our highest priorities is ensuring access to and preservation of affordable housing. An equally important goal is ensuring that mental health consumers and seniors, two populations which are too frequently socially isolated and segregated in institutions, remain integrated and vital members of the community.

We Are in a Housing Crisis

Everybody at this hearing knows that New York City is in the midst of an ongoing housing crisis. My office is contacted on a daily basis by mental health consumers and seniors who are on the brink of losing their housing. Their predicaments are varied, but frequently involve the loss or threatened loss of Section 8 or other public benefits.

The City's Section 8 crisis presents seniors and mental health consumers with unique risks. Both populations are disproportionately represented amongst our city's poor. Both populations rely heavily on the safety net provided by Section 8 and other similar programs. For individuals on fixed incomes, a dramatic change in housing expenses is not merely inconvenient, it is disastrous. If a senior or mentally ill individual is evicted from their housing, he or she is especially vulnerable to the stress and trauma of homelessness.

Life in a homeless shelter is stressful for anyone; for mental health consumers it often proves unbearable. The trauma of eviction and the unstable life in a homeless shelter can cause rapid psychiatric deterioration. Such deterioration can easily result in psychiatric hospitalization. I have many clients who are fighting to regain control of their lives after short-term hospitalizations in one of the City hospitals' many psychiatric units. Other clients face longer-term inpatient treatment at state facilities. Similarly, elderly persons who may be too physically or mentally frail to survive the shelter system may find themselves institutionalized in nursing homes when they become homeless.

This is not only tragic for individuals, but also costly for the City and for the State. The price of providing services at our City and State hospitals far outstrips the price of maintaining stable and affordable housing in the community. Nursing homes are also maintained at great cost to the government and taxpayers.

In addition to the more immediate costs that eviction and institutionalization impose on individuals and the State, there is the more subtle, but equally pernicious cost associated with the segregation and social isolation of seniors and mental health consumers. In the U.S. Supreme Court's seminal decision in *Olmstead v. L.C.*, in which the Court ordered the integration of individuals with mental illness into society, Justice Ginsberg eloquently stated, "institutional

placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participation in community life...and institutional confinement severely diminishes individuals' everyday activities.”

The Section 8 program is uniquely well-suited to ensuring that mental health consumers and seniors remain integrated in our communities. The program sustains more than just the promise of decent and affordable housing. It allows individuals who might otherwise be isolated in institutions exclusively for the mentally ill to live in the neighborhoods where they grew up, with the friends they made as children. It allows seniors to live in the communities where they raised their families rather than in homes that are physically and socially isolated from the world.

Fund the New York State Office of Mental Health Supported Housing Program

If Section 8 is not going to be funded, then increased resources must be dedicated to other programs that provide community-based housing and services. We suggest that the Office of Mental Health's (OMH) supported housing program be expanded to fill the void that will be left if thousands of Section 8 vouchers are terminated.

The OMH supported housing model is highly effective. OMH contracts with not-for-profit agencies (NFP) to support an individual residing in a private apartment. OMH grants the NFP approximately \$14,600 per year per person. The NFP then uses this money to subsidize a mental health consumer's rent; the tenant pays 30% of his/her income towards rent, and the NFP pays the balance. The OMH grant is also used to provide services such as case management, where appropriate and necessary, apartment set-up costs, and for agency administration.

This model allows individuals to live in their own apartments, to develop and maintain living skills, to access support as needed, and to live in privacy and dignity.

If Section 8 vouchers are cancelled at the predicted rate, there will be hundreds, if not thousands of mental health consumers who will need assistance from the OMH supported housing program. The program will thus require additional funding.

Expand OMH's Supported Housing Program

The state should also make it easier for mental health consumers to directly access OMH supported housing funding. As the system is currently set up, the subsidy goes through the NFP and is paid by the NFP directly to private landlords. However, when an individual is losing his/her apartment because of inability to pay the rent, that individual can neither access the subsidy directly nor apply to become part of the program.

It is imperative that a system be created to preserve the apartments in which mental health consumers are already living. The State should consider a method by which mental health consumers who are already living in private apartments in the community can enter the supported housing system directly and receive the OMH subsidy. This could take the form of open applications made available to all mental health consumers. In order for such a program to be effective, the State would need to provide OMH with the funds needed to administer this program.

With respect to seniors, the Senior Citizen Rent Increase Exemption program is helpful in that it freezes the rent of low-income seniors when they reach the age of 62. However, the State should consider creating a program similar to and modeled on OMH's supported housing program for seniors. By the time many seniors reach the age of 62 they have experienced years of rent increases. Seniors must therefore pay rents that are close to, if not higher than their monthly fixed income. If any of these individuals were to lose Section 8 benefits, and not have

access to alternate benefits, they would have nowhere to turn but homeless shelters or nursing homes.

Conclusion

Section 8 subsidies play a vital role in preserving affordable housing in New York City. New York State must do what it can to preserve New York's low-income housing and find viable housing solutions for the families who hold canceled Section 8 vouchers. In addition, it must ensure that seniors and mental health consumers remain in our community-based housing. We recommend that the State expand OMH's supported housing program which achieves the same goals as Section 8.

I thank you again for giving us the opportunity to testify at this hearing.