

TESTIMONY – NORMAN BLOOMFIELD  
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Each of us comes to an adult home with a different history. Some aren't given a choice. Some want to get out right away. Some want to stay. But most of us have some frustration with a system which tends to dominate our lives, and encourages dependence and passivity.

Put together we're called a community. And we are a community of shared interests. But we're also each individuals with different histories and different needs. And those needs are being unmet for many of us.

Adult homes were never designed for the mentally ill, and the population was originally envisioned to become part of the community and take advantage of its services. But what you have in fact is an archipelago of adult homes segregated from their communities. You have the home sponsoring a patchwork of overlapping and uncoordinated services which may not put the patient first. You have the home's case manager who may put the interests of the home ahead of the interests of the resident. And residents' practical problems and wishes may be given short shrift by social workers who have their own agendas.

Residents are pressured to go to the program the home has arranged for, and in the case of Surf it's in another borough. They may get little out of the program, like a school they can never graduate from. Residents' responsibilities are decided for them, like children, while the responsibilities they want for themselves may be denied by the home if they get too independent. They may not know what to do and be too intimidated to try. Or they may fight back and suffer reprisals. There are unnecessary and extended hospitalizations, unsanctioned rescreening interviews, overmedication.

The arm of the home extends far beyond its function. There should be stricter independence from the home by the mental health providers, and stricter monitoring and enforcement by the State to protect patients' rights.

Independent case managers can help break through this morass and give hope and direction to residents. But they must be truly independent-minded, trained and experienced individuals, whose loyalty is to their clients. They should deal with their clients as whole individuals, with their ears open and their minds open, and help them in realizing their constructive plans in an integrative way. They should advocate for residents and help them advocate for themselves. There should also be a confidentiality provision giving clients the option and right to limit communication with the home if they wish, and to know the content of any communication.

A quality-controlled independent case management program should be strengthened and available to all eligible adult home residents.

Some homes have allowed on-site independent case management services, while others, like Surf, have not. Some residents at Surf have never been told about the availability of these services by their social workers. There should be greater publicity of services in an outreach to residents in adult homes which have not allowed on-site services.

Those adult home residents who need to live more independently should have more appropriate and affordable housing available to us. This increased independence and responsibility would be beneficial to our mental health. It would support growth and give fulfillment.

The Coalition of Institutionalized Aged and Disabled has initiated a People's Waiting List to document the demand of adult home residents for more independent housing. At Surf as President of the Resident Council I've collected 42 signatures of residents who are interested in moving to more independent housing out of about 190. It wasn't hard.

Yes, there are a substantial number of adult home residents who both want to and feel seriously ready to move to more independent housing. But they may be met with active discouragement and red tape. And the appropriate units may just not be available. There have been a number of success stories of adult home residents who have been able to move to more independent housing, and there can be many more.

Governor Spitzer's 2007-08 budget has allocated 2000 units for mental health housing. Why can't 500 of these units, in a variety of models, be reserved for adult home residents? This would not involve more money, just a commitment to treat adult home residents as the priority population we're supposed to be.

If adult homes are indeed homes and not institutions, they need to be made life-supporting for those who stay. And those who need to move should have more appropriate housing available to us. In this way we can create a fairer, more rational, and more effective system for all of us. Thank you.