

I am the mother of a 47-year old son who is mentally ill. I have advocated for him and others with mental illness for almost 25 years, devoting most of my time to addressing the need for housing. When my son became ill, I, like so many others, were told there just wasn't any place in Illinois that could help him...his only "CHOICE" was to be warehoused in a state institution or nursing home. My only option was to go outside of the state... so I did. I went to Minnesota and there I was able to open two homes for people with mental illness.

I continued to work for 6 years trying to create housing here in Illinois. With help of HUD and a service provider, my son was able to come back home to Illinois to live in a home in the community along with three other young men - who had all lived in a nursing home. The home has been highly successful with all four young men expressing their thankfulness to be able to live in a home and their gratitude for the support and help they receive. Five years later, they are thriving and paving the way to prove the significance and importance of having this model as a CHOICE for people like them. They are happy to be out of nursing homes. (An aside: This model was submitted by HUD for the Innovations in American Government Award at the Kennedy School of Government, Harvard University).

We have been trying, with no success, to replicate this model so that others can leave nursing homes and successfully transition into the community. The only new housing opportunity is a voucher to live in an apartment via the Permanent Supportive Housing program. The CHOICE to live in a group home is not an option unless someone moves out of an existing home. Because of the absence of this CHOICE, many mentally ill will not be able to move out of nursing homes. While it may work for some, living alone is not a good alternative for many people with mental illness. All of the people living in the homes I spoke of above stated that they would not have been able to move directly into an apartment from the nursing home.

They would still be living in nursing homes - not the direction we want to go.

What happened to CHOICE?

Since deinstitutionalization in the early 1960's, Illinois has, from the beginning, broken it's promise and fallen short in providing community based housing to those people who were moved out of the institutions. This failure to keep pace with the need, combined with the continual lack of funding year after year thereafter, has left our mentally ill circling between hospitals, nursing homes, homeless shelters, or worse, wandering the streets or trapped in our jails. Nursing homes have become dumping grounds for the state to warehouse young and middle-aged persons with mental illness. .. all of this at a high cost to the state and the mentally ill and in violation of Olmstead.

People who are Ex-felons with psychiatric problems are now being admitted to nursing homes. We are hearing over and over of deplorable conditions, terrifying incidents, shameful cover-ups, shocking security breaches and negligence and false reporting on back ground checks. For years, parents and their mentally ill family members who have been in nursing homes have known of the dreadful conditions that exist in many of these places. In addition to the above, you can pretty much count on your possessions being stolen and being over medicated.

In short, none of these three populations should be living together.

Separate nursing homes should be provided to care for the elderly.

Separate nursing homes should be provided for mentally ill in need of medical care.

Separate nursing homes should be provided for ex-felons with psychiatric problems in need of medical care. They all have entirely different needs.

Each one of these nursing homes should provide the appropriate care and treatment to meet the specific needs of each population. It is unrealistic to think that the best care and concentration of treatment for each could result from putting all three together in the same environment. Separation along with appropriate trained staff would most certainly help to eliminate much of the problems.

Many mentally ill do not belong in nursing homes and they need to be able to move out

with CHOICES--- CHOICES of those "least restrictive environments" that Olmstead talks about---the CHOICES that should have been there years ago --- the broken promise. They need CHOICES of small Single Family Residences with 24Hr staffing, Single Family Residences with Intermediate staffing, and Permanent Supportive Apartments. We need to

make sure that all mentally ill people in nursing homes are given the opportunity to move out and not just those who will do well in an apartment setting. This needs to be part of the process of making right a long time wrong in nursing homes. In the long run this can only mean a savings... a win win situation for both.

Two years ago, The National Alliance for the Mentally Ill gave Illinois an "F" on their Report Card and the shameful position of 44<sup>th</sup> in the nation for suicides and at the bottom of

the list for per capita spending. A lot of work has to be done and changes made. We cannot afford to be shortsighted again. We need to make sure that the right thing is done in the beginning or we will end up paying for it in the end .....again.

Thank you