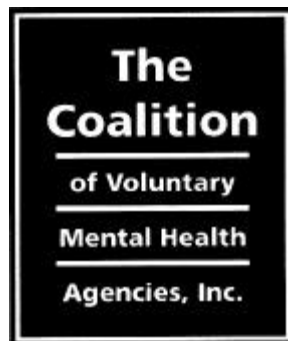


**Testimony at the hearing of the
New York City Charter Revision Commission
on the Proposed Merger of the
New York City Department of Mental Health, Mental Retardation
and Alcoholism Services
with the New York City Department of Health**

August 12, 1999

by

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Chairman Mastro, distinguished Commission members, good evening and thank you for the opportunity to testify on this important proposed change to the City's charter. My name is Phillip A. Saperia and I am testifying tonight on behalf of The Coalition of Voluntary Mental Health Agencies, Inc. The Coalition represents over 100 not-for-profit providers of mental health services throughout all five boroughs of the City of New York. Together, The Coalition's member agencies serve over a quarter of a million clients and deliver the entire spectrum of mental health services in practically every community and neighborhood of our very diverse City.

Let me make clear from the outset that we are not here today to oppose the proposed merger of the Department of Mental Health, Mental Retardation and Alcoholism Services with the Department of Health. Rather, we feel that the proposal before the Commission has not been structured sufficiently to ensure that the mental hygiene community — consumers, families and providers — are protected in a newly merged Department.

When Mayor Giuliani announced in his 1998 State of the City Address his desire to merge the two Departments our constituency was very divided. Many of our members opposed the merger outright, while others were favorable towards it. Over the past year and a half we have worked very hard to find consensus among our membership on the protections required by the mental hygiene community before the two Departments can be safely merged.

If this Commission does decide to propose a change to the City's charter that would merge the two Departments, we urge you to make four minor changes to the proposal.

First and foremost, the new Department should be called the Department of Public Health **and Mental Hygiene Services**, to reflect more accurately the component parts of the new entity. This change is both symbolic and substantive. Mental Hygiene services have historically been distinguished from primary health care because the medical model is inadequate and sometimes antithetical to the effective delivery of these services in local communities. They are two different *kinds* of services and should be treated as such. Additionally, public health has epidemiological connotations that are demeaning to psychiatric illnesses and mental disabilities that are already so poorly understood and highly stigmatized by the general public. Moreover, we feel that the Department's name should reflect the equal esteem that the mental hygiene and health disciplines will be accorded in the new Department.

Secondly, it is imperative that the Deputy Commissioner of the Mental Hygiene Division report directly to the Commissioner of the Department of Public Health and Mental Hygiene Services. The current table of operations shows this direct reporting, but we want to guarantee that if at a later date a First Deputy Commissioner role is created, the Deputy Commissioner of the Mental Hygiene Division will continue to report directly to the Commissioner.

Thirdly, it is important that the community-based providers have a fiscal contact person

in the Department. As such, we would like the Mental Hygiene Division to have an administrative officer who is responsible for fiscal and contract matters. This person could serve as a liaison between the community-based providers and the Department's Chief Contracting Officer.

Lastly, we would like to see some sort of a review process built in so that the City Council and the stakeholders have a chance to ensure that the new Department is running as smoothly as envisioned. We would like to see a two phase review process, after year two and after year four. This review would ascertain a number of things:

Are mental hygiene services being delivered to consumers and families at least as well as they are currently?

Are contracting and oversight of these services handled at least as expeditiously as they are currently?

Do consumers have at least as much access to community-based mental hygiene services as they do under the current administrative organization?

Is the community-based non-profit sector enabled and provided the capacity to deliver services in clinically appropriate, efficient, multi-culturally sensitive and geographically diverse circumstances?

If these four protections for the mental hygiene community were built in to the Commission's proposal for a newly merged Department, we would be very happy to support it.

The Coalition feels confident that if these four simple emendations are made to the current proposal that the two Departments will merge in a way that is efficient, effective and fair. Again, thank you for the opportunity to speak with you this evening. The Coalition of Voluntary Mental Health Agencies is happy to continue participation in meaningful dialogue which will lead to the provision of the best possible health and behavioral health care services to the neediest residents of New York City. That, we know, is a goal we all share.