

Testimony before the Subcommittee on  
Mental Health, Mental Retardation,  
Alcoholism and Drug Abuse Services

Hearing on Oversight--  
Supervision of Outpatient Mental Health  
Services

by

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Chairwoman Clarke, Speaker Vallone, good morning. My name is Phillip A. Saperia. I am Executive Director of The Coalition of Voluntary Mental Health Agencies, New York City's advocacy organization representing a network of over 100 nonprofit community-based mental health agencies. Taken together, The Coalition's member agencies serve more than a quarter of a million clients and deliver the entire continuum of mental health care in practically every community and neighborhood of a very diverse New York City.

The Coalition is grateful that you have decided to hold these hearings today, affording us the opportunity to testify about what the community mental healthcare system needs to provide adequate care to people with mental illness. The events of the last two weeks have been very disturbing. I speak for all of The Coalition's members when I say that we are greatly saddened by the tragedy that befell Kendra Webdale. Her death was a senseless end to a life of great potential. Our hearts go out to her family and loved ones.

In the furor over this tragedy we must be extremely cautious about the conclusions that we draw. Headlines like *Horror on the tracks*, *The face of a madman*, and "*Quacks must have seen this runaway train*", are inflammatory and hurtful. Providing no insight, they add only to the stigma against mental illness. Wiser heads must prevail. Kendra Webdale was a victim of a random and tragic act. Yet we must also recognize that Andrew Goldstein is a victim of a debilitating disease and a system that failed to provide him with the care that he so desperately needs.

New York State began its program of deinstitutionalization because of advocates and policy makers who recognized that people with mental illnesses deserve better than to languish in huge and impersonal hospitals. Deinstitutionalization, in addition to its fiscal savings, was accompanied by an implied, but still unfulfilled promise that discharged clients from psychiatric hospitals would be taken care of when they returned to their

communities. New York State has failed to provide the comprehensive continuum of care in communities that these clients require.

For Andrew Goldstein, it seems, we traded huge state hospitals for an 8x10 basement room along with alternating hospital readmission and outpatient clinic treatment. Andrew is not blameless in this tragedy, but neither is the State of New York.

This was not, as some have suggested, an act so random as to be unavoidable. While we cannot prevent every tragedy, we know how to guard against catastrophes like this one. We know that integrated, assertive, coordinated community-based treatment works.

We know that discharging someone from a hospital without a discharge plan to a lonely empty basement apartment with little professional support, onsite services or crisis intervention does not work. We know that newer drugs to treat schizophrenia, albeit more expensive in the short run, have fewer side-effects that discourage people from complying with their medication than the older ones, like the Haldol that Andrew Goldstein was taking.

A group of doctors and scientists recently concluded a study that demonstrates very clearly the way things *can* work. The study, the New York City Involuntary Outpatient Commitment Pilot Program, had many unclear outcomes, but some of the findings are incontrovertible. “The service coordination/resource mobilization function of the Coordinating Team seemed to make a substantial positive difference in the post-discharge experience of both experimental and control groups.”<sup>1</sup> Clients in the study received the type of coordinated seamless support for which we have long advocated.

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<sup>1</sup>Policy Research Associates, “Final Report: Research Study of the New York city Involuntary Outpatient Commitment Program,” ii.

The Bellevue staff provided a great deal of support and “back-up services.”<sup>2</sup> All of the clients received the case management services that we feel are so important to successful community treatment.

Clients in the project received the enhanced services that worked. The wrap-around support they obtained in the study reduced the number of hospitalizations by nearly 45%,<sup>3</sup> kept nearly 75% of the clients in treatment,<sup>4</sup> and helped 83% of the clients stay on the right side of the law.<sup>5</sup>

Not only is it more humane to provide appropriate community services to people with mental illnesses, it is less expensive too. It costs \$10,000 per year to keep someone in supported housing. A supervised community residence with crisis intervention capabilities costs \$33,000 per year. Compare this with \$113,000 per person per year on an inpatient ward.

Sometimes unsupervised people with mental illness commit misdemeanors and are sent to jail. How costly! It costs \$63,725<sup>6</sup> per year to keep somebody in a City jail. If you provide that inmate with mental health services the cost goes up to \$69,246.<sup>7</sup> Even the less expensive State prison system costs \$32,035<sup>8</sup> per year without mental health services. It doesn't make even fiscal sense to use hospitals and jails to treat our

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<sup>2</sup>Ibid, Page 9.

<sup>3</sup>Ibid, Table 6.

<sup>4</sup>Ibid, Table 9.

<sup>5</sup>Ibid, Table 7.

<sup>6</sup>Citizen's Budget Committee

<sup>7</sup>Ibid.

<sup>8</sup>Department of Correctional Services 1996-1997.

citizens with mental illness. Beyond the dollars and cents, the huge downside costs in lost productivity and lost lives are uncountable and immense.

Another way in which our system discourages success is the Medicaid requirement that people use the least expensive drugs until they are proven to be ineffective. The older medications like Haldol and Thorazine, although inexpensive and effective in treating serious symptoms of schizophrenia, have numerous and very serious contraindications. These side-effects, loss of muscle control, involuntary twitching, nausea, dizziness, and sexual dysfunction, discourage people from taking their medications. Newer drugs, called atypical antipsychotics, have been developed that work in roughly three-quarters of the clients who try them. These newer drugs, Risperidone, Olanzapine, Seroquan to name just a few, don't cause the severe side-effects that are associated with the older medications but they are more expensive up-front, so there is a lack of willingness on the part of the public healthcare system to pay for them until the cheaper medications are proven to be ineffective. For patients who may not always see clearly the benefits of the drugs they have been prescribed, the side-effects create a sometimes insurmountable barrier to compliance with effective medication.

I appeal to you today to address these problems. The community mental health system that we rely on to help people with serious mental illness is grossly underfunded. There are not enough residential beds, day treatment slots, clubhouses, ACT teams, supportive case managers, intensive case managers or peer counselors. The programs in place run on shoestring budgets and do not receive regularized cost of living adjustments.

Even as we have this hearing the State is renegeing on its promise to fund New York/New York II that would provide the supportive housing that mentally ill New Yorkers at risk of homelessness need. The State is trying to avoid reinvesting in community mental health the \$55 million it earned just a few weeks ago when they sold

Pilgrim State Psychiatric Center and the Central Islip Psychiatric Center, as well as the Long Island Developmental Center and the Bernard Fineson Developmental Center -- Corona Unit.

I hope that we will be able to turn the calamity of Kendra Webdale's killing into something positive. Please do what you can to fund comprehensive, seamless, assertive, coordinated community-based treatment for New Yorkers with mental illness. Fund enough case management and ACT teams so that every client who needs it has access. Support the development of and help fund new supportive residences for people who need them. Fund more supportive services. Find a way to increase the funding of the community-based mental health system so that it keeps pace with inflation. Require real discharge plans from prisons and hospitals. Help provide the access to services that would make that goal a reality. Help close the holes in the mental health safety net.