



Testimony of
The Coalition of Voluntary
Mental Health Agencies, Inc.
Before the New York City Council
Health Committee

Delivered by
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Mental Health Services and the
New York City Fiscal Year 2000 Budget

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Good afternoon. My name is Alan Siskind. I am the Executive Vice President of the Jewish Board of Family and Children's Services. I am here today in my capacity as the President of The Coalition of Voluntary Mental Health Agencies, Inc. The Coalition is 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.

We thank you for holding this important hearing today and hope that we can be of assistance to the City Council in determining the needs of the mental health system in New York City.

1.

One of the largest problems the mental health community faces today is a lack of adequate case management and support services. We have seen in our city in the last few months the tremendous success people can have if they get appropriate case management assistance and the terrible tragedies that can occur if they don't.

A group of doctors and scientists recently concluded a study that demonstrates very clearly the way things *can* work. This study, of the New York City Involuntary Outpatient Commitment Pilot Program, had many unclear outcomes, but some of the findings are undisputable. "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."¹ Clients in the study

¹Policy Research Associates, "Final Report: Research Study of the New York city Involuntary Outpatient Commitment Program," ii.

received the type of coordinated seamless support and “back-up services”² for which we have long advocated. These types of case management services are undeniably important to successful community treatment.

The wrap-around support provided to clients in the study reduced the number of hospitalizations by nearly 45%,³ kept nearly 75% of the clients in treatment,⁴ and helped 83% of the clients stay on the right side of the law.⁵

It’s relatively simple. We can provide all of the services in the world, but unless we can provide a person with a severe mental illness with a coordinated system of care, they are not likely to successfully re-integrate into the community. From the moment someone is diagnosed with a serious mental illness, they should have a case manager to help them negotiate the mental health system: interpret their programmatic options, coordinate their treatment plans, access appropriate benefits, understand their medication, intervene when there is a crisis, teach them daily living skills, move them to a less supportive program when the time is right.

Just a few weeks ago Department of Mental Health Commissioner Neal Cohen appeared before the City Council and stressed the value of case management. “Case management services are vital to safely reintegrating the seriously mentally ill into the community.”⁶

²Ibid, Page 9.

³Ibid, Table 6.

⁴Ibid, Table 9.

⁵Ibid, Table 7.

⁶Cohen, Neal L., “Testimony Presented Before New York City Council Subcommittee on Mental Health, Mental Retardation and Drug Abuse Services: Oversight Hearing on Outpatient Care for Mentally Ill Persons” February 24, 1999; p. 3.

The State Office of Mental Health (OMH) similarly recognizes the importance of these services. In a five year study of New York City's Intensive Case Management program they determined that "the program significantly reduced the clients' use of psychiatric hospitals. They also found a decrease in psychiatric symptoms, a decrease in problem behavior, and greater use of community resources."⁷

On the other hand, as we have been reminded by the recent Kendra Webdale subway tragedy, dire consequences may result in our City when persons with mental illness do not receive the case management and support services which would help them to live successfully in the community.

We propose that the City Council allocate \$1 million for these much-needed case management and support services, to provide the assistance people need for successful community-based treatment.

2.

Even though the recent expansion of Child Health Plus and Medicaid will help to expand mental health services for this City's children and families, we remain concerned that because of the historic under-funding of children's mental health services, many of New York City's children and adolescents will still remain inadequately served.

For this reason, we propose that the City Council invest an additional \$1 million to augment the specific mental health service needs of our City's children and youth. These funds should be used to expand the availability of community-based services such as case management for children and adolescents, ACT (Assertive Community Treatment) teams for Children, Children's Family Support, Home-Based

⁷Ibid.

Crisis Intervention and Crisis Outreach programs for children. Also badly needed are more Case Management services for children in the ACS (Agency for Children's Services) system, as well as mental health support services in ACS congregate care homes. Furthermore, there are almost no mental health programs in the City serving adolescent sexual offenders or adolescents with co-occurring psychiatric and addictive disorders. These types of programs are badly needed..

In addition, teenagers with serious emotional disturbances have difficulty gaining experiences that help them to develop the socialization and job skills necessary to succeed in the workforce. Pre-vocational services and mentoring programs for adolescents with emotional disturbances would help them develop these skills and stay out of the criminal justice system. These services should be offered to such adolescents by a licensed mental health provider agency, under the supervision of a qualified mental health professional.

Our children are our future. We owe our children and youth, their families, and ourselves adequate availability of quality community mental health services to meet their needs. We urge the City Council to provide the programmatic funding necessary to achieve this goal.

Thank you for the opportunity to speak with you today. I am sure that with the City Council's help we will be able to craft a mental healthcare system in New York City that provides sufficient, appropriate services that will help our residents with mental illnesses remain in the community and contribute to the vitality of New York City. The Coalition is committed to doing whatever we can to make that system a reality.