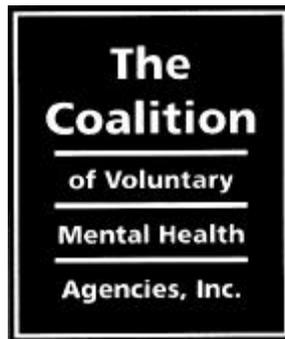


New York City Council Finance Committee

Executive Budget Hearings

for

Fiscal Year 2000



Testimony of Phillip A. Saperia

Executive Director

The Coalition of Voluntary Mental Health Agencies, Inc.

May 24, 1999

Chairman Berman, Councilmembers, good morning. My name is Phillip Saperia and I am the Executive Director 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.

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

I would like to begin by thanking Speaker Vallone, Councilmember Berman and the members of the City Council for some of the important projects that you have enabled. With your help, The Coalition has, for the last one and one-half years, provided professional technical assistance for community-based providers in New York City. Nearly 100 agencies, from the tiniest in the City to our biggest social services providers have attended seminars, workshops and been afforded on-site assistance to help them learn how to enter the managed care universe with the savvy to meet managed care providers on a level playing field.

In addition, we have mounted an extensive MIS project to help voluntary agencies find the combination of hardware and software that will best serve them in new healthcare environment. Without your prescient funding, we would likely have been unable to offer these services to the nonprofit community and the outlook for many voluntary mental health agencies and their clients would be very bleak as mandatory Medicaid managed care unfolds in New York City.

On those same lines I would like to commend the members of the City Council for your foresight in funding a citywide Managed Care Consumer Assistance Project. The new health care universe for Medicaid recipients will be an extremely confusing one and

The Coalition applauds your efforts to enable consumers to understand their rights and options.

New York City has a multiplicity and broad range of community services available to people with mental illnesses. These include clubhouses, day treatment programs, clinics, residences with various levels of support, outreach teams, case management services and many more options for treatment in the community. Unfortunately, this vast array of treatment options is distributed unevenly about the city, underfunded, over-subscribed and programs and services often operate independently of each other. I would like to speak with you today about how to address this last problem. Appropriate case management can serve as the glue that binds programs and services into a unified, focused system of treatment for individuals who cannot navigate that system for themselves.

We have seen in our city in the last few months both the tremendous success people can have if they get appropriate case management assistance and the terrible tragedies that can occur if they don't. Michael Winerip's eloquent cover article in the *New York Times Magazine* demonstrated how vulnerable individuals can fall through the gaps in the safety net—even, astoundingly, when they ask for help!

A distinguished 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 received the type of coordinated seamless support and "back-up services"² about

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

²Ibid, Page 9.

which I am speaking. These types of case management services, along with appropriate support 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

For many people living with severe mental illness, successful re-integration into the community only really works if care is adequately coordinated and if they are provided caring human contact to help them steer through the difficulties and complexities of their disease as well as the services available to help them.

Tragically, we have been reminded by the recent Kendra Webdale and Edgar Rivera subway tragedies, of the dire consequences that may result when persons with mental illness do not receive the case management and support services they require.

We propose that the City Council add \$1 million for case management services, to provide the connective and supportive assistance and continuity of care people need for successful community-based treatment, particularly for people in solitary conditions and adult homes and those coming out of inpatient psychiatric facilities and psychiatric treatment in jails and prisons.

A trained professional to help navigate the system can be the difference between a successful reintegration into the community and a trip through the revolving doors of re-institutionalization and the criminal justice system. From the moment someone is diagnosed with a serious mental illness, discharged from an inpatient psychiatric facility

³Ibid, Table 6.

⁴Ibid, Table 9.

⁵Ibid, Table 7.

or from a jail or prison in which they were receiving psychiatric care, 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, prevent non-compliance, intervene when there is a crisis, teach them daily living skills and move them to a less supportive program when the time is right.

I would also like to discuss some gaps in the mental health service system for children. Currently, fewer than 200 of the 1,136 public schools in the City have an on-site children's mental health clinic. 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.

Locating mental health programs on-site in our schools is the most effective way to get services to the children who need them. That is where children are for large parts of their days. That is the environment where they are accessible and their behavior is observable by qualified professionals. In the school setting, one can identify and help both the seriously emotionally disturbed children and those who need help getting through the regular trials of adolescence. While we have no guarantees that youth violence is preventable in every instance, on-site mental health programs can provide us with advance warning systems against the types of tragedies that have shaken our nation in the last year and identify those kids most in need of help.

Therefore, we propose that the City Council add \$1 million for violence prevention and mental health services to be provided by licensed children's mental health programs in schools that do not have on-site mental health clinics or provide children and adolescents with assessments and treatment from qualified mental health professionals. \$1 million will pay for the services of mental health professionals in an additional four schools in each borough. Although this would still not be sufficient to

fully meet our children's need for services, it would be a step in the right direction that would assist many of our troubled children and adolescents.

Our children are our future. We owe them, their families and ourselves ready availability of quality community mental health services to meet their needs. Prompt assistance to our children with problems may well prevent serious difficulties in the future. We urge the City Council to provide the programmatic funding necessary to achieve this goal.

One final matter that I would like to discuss with you today is the Mayor's proposal to merge the Department of Mental Health, Mental Retardation and Alcoholism Services (DMHMRAS) with the Department of Health (DOH).

When Mayor Giuliani announced in his 1998 State of the City Address that he wanted to merge the two departments, The Coalition's Board of Directors elected to neither oppose nor support the merger. Instead, we focused on protections for the community-based mental health sector in any merged entity. The Coalition's Board of Directors has, since then, changed its position slightly. Specifically, we find ourselves uncomfortable with the status quo and the current impasse. It is our wish that the City Council bring closure to the issue and vote it up or down.

In the event you do approve the merger, the protections we seek for the mental health sector are unchanged. Since term limits will necessitate new faces both in the Administration and City Council, it would give us a measure of protection and comfort if our concerns were addressed in a memorandum of agreement or some other exchange of paper that makes explicit the intentions of the City Council in creating the new Department.

Our platform, that we would like to see included in a statement of intent includes:

- ☐ Direct reporting authority by the Deputy Commissioner of Mental Hygiene to the

Commissioner—notwithstanding the future appointment of a first deputy Commissioner;

- Separate and distinct units of allocation for mental health in order to clearly track the mental health dollar and a fiscal officer who is a liaison between the mental health providers and the Agency's Chief Contracting Officer (ACCO);
- An explicit periodic review process of the new Department by the City Council;
- The name of the Department should reflect the equality of its parts. We have suggested the Department of Public Health and Mental Hygiene Services.

Thank you for the opportunity to speak with you today. I am sure that with the City Council's help we will continue to craft a mental healthcare system in New York City that provides sufficient and clinically appropriate services that will help our residents with mental illnesses live in the community and contribute to the vitality of New York City. The Coalition is committed to joining with you in that quest.