



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 2002 Budget

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Chairman Robles, thank you for holding this hearing today. Chairwoman Clarke and distinguished Committee members, good afternoon. My name is Phillip Saperia. I am the Executive Director of The Coalition of Voluntary Mental Health Agencies, Inc. The Coalition is the umbrella advocacy organization of New York City's mental health community, representing more than 100 not-for-profit, community-based providers of mental health services. Collectively, our members serve more than 500,000 clients in all five boroughs and virtually every neighborhood in our very diverse New York City.

On behalf of our member agencies I first of all want to thank you for your on-going support of mental health services in New York City. The City Council, the Health Committee and the Sub-Committee on Mental Health, Mental Retardation and Alcoholism Services have consistently and actively supported and abetted the provision of community mental health services. We appreciate your continuing efforts to assist those living with mental disabilities. Thank you.

As you know, the Executive's January plan has proposed funding cuts in a handful of programs for adults and children living with mental illness and their families. Most of these cuts were in programs that have been funded by the City Council over the last few years. The programs targeted for elimination include alcohol and substance abuse prevention among adults and teens, case management services for people with mental disabilities as well as for those re-entering society from prisons and jails, training for agency staff to ensure compliance with Medicare and Medicaid regulations as well as readiness for the emerging requirements of managed care, and resource centers for parents of emotionally disturbed children. In sum we are asking you to restore in full the \$2.7 million the executive has proposed for these eliminations.

This distressing attempt to cut budgetary corners is a very real example of political actions that are penny-wise and pound-foolish. Despite the excellence of New York City's community-based delivery sector, there are still many people who are unable to access the resources they need to stabilize and improve their lives.

- People released from prisons and jails who need mental health services are left on a corner in Queens with \$1.50 and a subway token with no entree into the world of services that can successfully treat their mental disabilities.
- Case managers for adults with mental illnesses must walk a tight-rope between quality of care and quantity of care as they deal with ever-increasing case loads. Eliminating these case manager slots will have a debilitating impact on the very people who are served by the program, while further increasing the burden on other services. In fact, needy people may go without case coordination and may fall through the cracks of the system with deleterious effects on their mental health and the social welfare of their communities.
- An emotionally disturbed child impacts on the emotional health of her entire family. The five family resource centers slated for elimination—one in each borough—provide vital counseling and support services to families to enable them to properly access the assistance their child requires while providing essential supports to families going through a stressful experience.

In our view, the restoration of these P.E.G.S. along with a modest addition of other pre-emptive and preventative measures will save the city innumerable resources in the years to come as well as address some serious needs of New

York City residents.

- Despite the fact that national teen alcohol abuse has declined over the last decade, estimates from 1998 indicate that 1 in 5 teens were current alcohol drinkers and that 1 in 13 were binge drinkers. Furthermore, there is a close association between alcohol abuse and illicit drug abuse, risky sexual behavior, and increased risk of sexual violence. The city can sorely afford to scale back prevention efforts when human and fiscal costs will be shifted to consequences in the form of expensive hospital, detox, and other treatment services as well as the costs to society of tolerating alcohol abuse among teenagers in our midst.
- The Managed Care Technical Assistance Program, which reaches agencies in every Council district of this City, provides necessary training to community based service providers as the mental health care delivery sector is moving to a managed care model. Community based agencies are both being asked to do more with less, and are subject to increased risk in the form of tedious audits and complicated regulations that must be met in order to receive payment for services already delivered. The federal government, alone, has increased the liabilities to agencies and even have escalated findings of errors to the level of fraud. Lacking a forum for remedying these issues or special training to deal with the intricacies of these specifications effectively dooms these agencies to debilitating Medicaid take-backs, reimbursement denials, costly litigation and eventual service cuts. What has begun as a managed care technical assistance program has now expanded training to help agencies with corporate compliance demands of government and to comply with Federal and State mandates such as HIPAA and other proliferating regulations. The elimination of this program would seriously jeopardize the stability of the community-based mental health care delivery system.

The bottom line is that all of these cuts would hurt the people of New York City, impacting individual and family quality of life in each and every neighborhood. At the same time, it would cost the city additional dollars in the long-run, not to mention the cost in impaired lives. The Coalition opposes these cuts and strongly urges the City Council to restore the funding.

As you may know, the last ten years has seen a proliferation of community-based mental health initiatives at the State level. This has included supported housing, new case management slots associated with Kendra's Law, and a variety of rehabilitative and self-help programs, among others. At the same time, the community-based mental health system repeatedly has been denied an across-the-board cost of living adjustment. In many cases, agencies are paying for 2001 costs with mid-1990's rates. The effect on consumers and agencies has been dramatic. In a survey conducted in the fall of 2000, The Coalition discovered alarmingly high levels of turnover among direct-care staff. Staff were pouring out of the mental health service system with turnover ranging from 37% to 54%—with as much as 75% being staff who had been with the agency longer than a year. The therapeutic relationship between staff and consumer—an extremely important element in a client's recovery—is continually disrupted with this kind of staff turnover. At long last, we hope the State is poised to pass a 2.5% cost of living adjustment for each of the next three years. We urge the city council to match this State's cost of living adjustment at a mere cost of \$400,000, enabling agencies to staunch the flow of workers to other jobs, while bolstering the quality of care consumers receive.

People with HIV/AIDS—particularly Gay men of color—have the highest incidence of new infection and the system is currently too poorly funded to provide them

with the vital mental health services they need. We propose an integrated care model in each borough—based on one program that the Department of Mental Health operates in Brooklyn--that combines health and behavioral health services with the mental health agency serving as lead agency. Good mental hygiene can play an important role in reducing risky behavior as well as in helping with medication compliance which, in turn, decreases the likelihood of virus transmittal. Services would include case management which would help ensure treatment plan implementation as well as service delivery coordination. We encourage the council to fund this in the amount of \$1.25 million.

We also strongly encourage the City Council to take action on the domestic violence front. A Bronx program sponsored by the Department of Mental Health has been highly successful in providing culturally and community sensitive services that raise awareness of domestic violence and community resources. This program also coordinates services by working closely with police, and assisting mental health providers to develop linkages to other borough resources. Victims of domestic violence are further helped through links to providers. This model also strongly emphasizes the development of best practices through an evaluation process. We stand with our partners in the mental health and advocacy communities in strongly encouraging you to fund domestic violence programs in each borough to the tune of \$1.4 million.

I know how important you take your commitment to helping New Yorkers of all stripes, and I thank you for the opportunity to speak with you today. I know that with the City Council's help we can craft a mental healthcare system that continues to strive for the highest standards of care while providing appropriate care for the many New Yorkers with mental illnesses who live in our communities. Thank you.

