



Testimony of Phillip Saperia
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Before the New York State Office of Mental Health

On the
Statewide Comprehensive Plan
for Mental Health Services 2002-2006

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My name is Phillip Saperia, I am Executive Director of The Coalition of Voluntary Mental Health Agencies, New York City's umbrella group of community based mental health agencies which together serve more than 500,000 New Yorkers in need of behavioral health services along the entire continuum of care.

I am pleased to testify at this hearing on the Comprehensive Plan for Mental Health Services stipulated under Section 5.07 of the Mental Hygiene Law. We have reviewed the State Plan published by the New York State Office of Mental Health in the very brief time provided between the publication of the document and the scheduled hearings. We wish that more time had been provided for stakeholders to make the considered analysis such a plan demands and deserves. The Coalition believes that planning, prescribed by law, is crucial for the well being of the mental health sector. We believe that planning should be multi-dimensional; that it requires bottom-up participation to be meaningful and should be based on needs, as best can be determined by quantitative and qualitative research as well as by the testimony of all stakeholders.

The Mental Hygiene law supports this view. It requires that each plan "be formulated from local comprehensive plans developed by each local governmental unit, with participation of consumers, consumer groups, providers of services and departmental facilities furnishing services to the mentally disabled" of New York City and every other county. The Coalition regrets not having the opportunity to participate in such a process and to inform this new plan issued by SOMH. This is one missing element that threatens to undermine the credibility of the document and its usefulness as a tool that fosters partnering and cooperative program development.

We are concerned that the truncated planning process and concomitant lack of detailed utilization and other data prevents stakeholders from accurately evaluating OMH's recently published plan. Among other kinds of information, we would like to see disclosure of:

1. Detailed service utilization by type of program, type of agency and geographic areas;

2. Total expenditures by type of program, agency and geographic areas;
3. Three year trended service data describing changes in service utilization;
4. SOMH's plans for changes to State hospital facilities operations for Reinvestment planning

For almost a decade, workforce issues and the fraying of infrastructure have been at the center of The Coalition's budget agenda with the State. This year, we are thankful that the Administration and the legislature acknowledged the problem and provided a COLA and Medicaid fee increase that will help us address some of those problems. I would like to thank SOMH for its leadership on this matter, crucial for the field of community mental health and those who receive its care. Yet we maintain that a more structural approach to funding public mental health services is required. A holistic planning process that produces accurate data, sound analysis and supportable trends would, we believe, provide the basis for development of permanent solutions to this continuing need. The agencies I represent here today are still stretched to their financial limits. Rents go up every year, inflation continues to erode spending power, and some programs generate more expense than revenue. Added to this burden are accelerated Medicaid maximization, multiple audit requirements with overlapping and confusing compliance protocols and uncoordinated regulations from multiple regulating bodies and a host of different reporting authorities with differing requirements. We would hope that a Comprehensive Plan would address these barriers to delivering quality services to those who need them.

It is clear from the most recent 5.07 plan that the State Office of Mental Health (SOMH) is attempting to move in directions that are beneficial to the people receiving services. We support the application of research to service delivery. We would like to see more research conducted in New York's community agencies, which deliver services in dense multicultural urban environments. We would like to know what impact urban density and multiculturalism have on recipients and on their care. We would like to see some spotlight on the many promising practices that are conducted every day all over the City. These objectives could be accomplished

by funding demonstration projects throughout the five boroughs. The outcomes of these projects should be closely monitored and the results should be widely disseminated.

We agree that outcomes data should be collected to demonstrate effectiveness of programs. We would welcome involvement in the development and selection of tools for this purpose that are program specific and demonstrate ease of use. We look forward to State investment in technology for our resource poor agencies so that newly required and relevant data collection and management becomes part of the every day process of service delivery. We hope that SOMH will pilot its outcome measurement projects over a defined period of time so that data tracking and communications difficulties are anticipated before a system-wide roll out. We will be especially watchful that these new requirements do not create new unfunded mandates and would welcome a regulatory flexibility in the system that reduces rather than shifts the administrative and oversight burdens that providers must bear.

Recipients and family members must, as SOMH advises, be involved in the planning and delivery of services. The insights of consumers and their loved-ones should help to guide us in our thinking about mental health services and in our understanding of illness and recovery. We wish that OMH had specifically acknowledged the important insights and personal and professional investment in a better system of care of individuals and organizations that provide this care. Providers are stakeholders. Their voices should be heard and their wisdom gleaned in the planning process.

The Coalition welcomes the expanded involvement of the New York City Department of Health and Mental Hygiene in planning, regulatory reform, mandate relief, monitoring, quality assurance and technology and information support. We look forward to the Department's reentry into a formal planning process under its new leadership. We welcome the focus on these issues and the process of partnership that is implied in this SOMH direction. We look forward to expanding our continuing cooperation with DOHMH.

We applaud the mission, vision and values articulated by SOMH in its plan. We are hopeful about the priorities of accountability, best practices and coordination of care. As always, the angels and devils are in the details. We are looking for more meaningful input into the planning processes for adult and children's services as they continue to unfold.

The Coalition believes that a comprehensive plan should do at least four things: it must describe the existing services within the system, but also demonstrate the existing need for services, forecast the services that will be needed, and establish a plan for filling the gaps/trimming the excesses in order to meet the forecasted need. We think that more information and more analysis are needed to inform the public and stakeholders about what is happening in the system. We think that more attention should be paid to resources and to funding the system over time. We wish for a greater involvement of stakeholders in needs assessment and planning so that all the legally prescribed elements of a plan may be realized. This will result, we believe, in a more vital and useful guide to future program development and sustenance.

Finally, I would like to put in an urgent word about Reinvestment. It's fate hangs in the balance today when the Governor must act. Reinvestment planning has invigorated mental health planning in local areas. Reinvestment has preserved mental health dollars for the development of community mental health. Reinvestment has seeded innovative mental health programming. The current bill cannot bring back the \$35 million lost to mental health since the expiration of the original Reinvestment. It can strengthen efforts to stabilize workforce as the current bill is designed. It can be the beginning of an effort that can engage state government and stakeholders in the stabilization and development of a system of care designed to meet the diverse mental health needs of New Yorkers.

The Coalition is eager to make a contribution to the advancement of the State's Comprehensive Plan. We look forward to the collaboration that will renew and invigorate New York State's planning process.