



Testimony of  
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Before the City Council Committee on Mental Health,  
Mental Retardation, Alcoholism, Drug Abuse & Disability  
Services

Councilwoman Margarita Lopez, Chair

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Councilwoman Lopez, distinguished committee members, my name is David Bergman. I am offering testimony today on behalf of The Coalition of Voluntary Mental Health Agencies, the umbrella advocacy organization of New York's mental health community, representing over 100 non-profit community based mental health agencies. Our members constitute a broad cross-section of agencies in New York City—from large to small, outpatient to treatment, rehabilitation-oriented to residential—serving more than 300,000 clients in the five boroughs of New York City and its environs.

After years of neglect in which the community mental health sector was denied the means to offset the rising cost of providing services, the mental health sector is poorly equipped to withstand any additional cuts. As you have heard and will continue to hear from other providers, New York City's mental health sector has no more fat to trim; in fact, the years which preceded September 11—the so-called fat years—were hard times for the mental health sector, times in which providers had to become budgetary wizards in order to maintain the quality of care for needy people. The failure of efforts to enhance funding even moderately meant that, even with the addition of new programs, agencies were forced to seek out and exploit any and all economies. Consequently, today, in these lean times, the mental health sector can ill afford even more cuts without seriously jeopardizing the quality of care, safety, and the long-term recovery of people in need.

We have reported here and elsewhere about the impact of inadequate funding on the mental health workforce. Our FY2000 survey indicated turnover rates between 37% and 54% in community mental health agencies state-wide. Preliminary data from a new survey for FY2002 puts average turnover rates between 29% and 59% depending on the kind of staff. At these rates, turnover remains a serious impediment to

care. What does this mean in real terms? It means people with mental illness have a new case manager or therapist—sometimes two—every single year. As you no-doubt know from your experience working for Project Reach-out, Chairwoman Lopez, it is the development of a stable relationship with a caregiver that propels someone with mental illness along the path to rehabilitation and recovery. Additional cuts to the people who provide these services will make that path even harder to tread.

As if this were not enough, the need for mental health services runs counter to the state of the economy; it is in poor economic climates such as ours, that the need is greatest. This is borne out by increasingly daunting statistics about overcrowding in the shelters, among others, and is exacerbated by the failure of the State government to adequately address the problem of adult home residents with mental illness. Furthermore, the recent resolution of the *Brad H.* case—which mandates discharge planning for people with mental illness leaving Riker's Island—necessitates adequate services in the community and housing capacity which simply does not exist. With few new programs, inadequate funding for existing housing programs, and various restrictions like the lack of presumptive Medicaid eligibility, these individuals already have numerous barriers to accessing the care they need. Decreasing capacity will only make it worse.

Over the last ten years, as the system was slowly losing its resiliency, a host of regulatory changes and paradigm shifts were also occurring in the healthcare sector. What began with a movement towards managed care, has evolved into issues of corporate compliance, increasingly complex Medicaid billings, and new, federally mandated privacy laws called HIPAA—the Health Insurance Privacy and Accountability Act. With well over 100 community mental health agencies in New York City alone, the cost of dealing with these changes would have

been extraordinarily high on an agency-by-agency basis. A cost-effective solution to this increasingly onerous problem was pursued by the City Council and resulted in the funding of sector-wide training and technical assistance through The Coalition's Professional Learning Center. Eliminating this program—as proposed in the Mayor's so-called 'contingency cuts'—is the definition of penny-wise and pound-foolish. In the absence of this program, agencies will have to divert funds from the provision of services to learning about these changes and their impact on care. A cut here will ripple through the entire system and will be felt mostly by direct care workers and the consumers they serve.

I realize that much of my testimony today has not dealt directly with Mayor Bloomberg's proposals for the City's role in mental health service delivery, but is a more general description of the needs and stresses on the sector. This is primarily because the biggest threat to the mental health sector as it relates to city funding is not in the actual preliminary budget, but rather in the proposed contingency cuts. There, Mayor Bloomberg has proposed cutting more than \$6 million in contract services in mental hygiene alone. Given the increasing demands on the mental health sector, these cuts cannot be tolerated and should be resisted.

As the economy continues to sputter, as the City begins to resolve long-standing deficiencies in the treatment of people with mental illness leaving hospitals and jails, as the city and state look to resolve the problem of adult home residents, and as mental health workers continue to seek employment elsewhere, the mental health service system in New York City needs more capacity and more funding, not less. Even, in the context of our poor budget climate, I urge you to preserve the existing system from any cuts. Thank you.