COMMUNITY VIEW

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Reinvestment: Requiem or revival

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As its final act of the legislative session of 1992, both houses of the New York state Legislature unanimously passed the Community Mental Heath Reinvestment Act. Unanimously, New York's legislators proclaimed that it was time to guarantee that funding for community services followed patients out of the state psychiatric centers, time to assure that people with mental illnesses would not be left homeless on the streets, time to assure that people with mental illnesses got the support they needed to lead decent lives in the community. Through the leadership of Sen. Nicholas Spano, R-Yonkers, Assemblywoman Betty Connelly, D-Brooklyn, and Assemblyman Steve Sanders, D-Manhattan, a moral vision for care of people with mental illnesses in New York state became law. It was a time of pride for New York state, which had once again become a national leader in mental health policy.

But in 2001, the Legislature let the Reinvestment Act lapse.

Had it proved to be a failure? On the contrary, reinvestment had been a great success, providing nearly $200 million for innovative — and effective — community mental health services since 1993.

Did it lapse because the funds were no longer needed? Certainly not. There are still vast numbers of people with mental illnesses unserved in New York state, still large numbers of homeless people with mental illnesses, still people with mental illnesses living in squalor or danger, still large numbers of children and adolescents with serious emotional disturbances not getting the kind of services they need in the community.

Did it lapse because there are other sources of funding that make reinvestment unnecessary? No. It is true that two years ago, in the aftermath of the highly publicized death of Kendra Webdale, New York state committed more than $200 million to new community mental health services. That was a one-time infusion that was important, but it was insufficient to meet the need.

In addition to continuing unmet need, over the years the community mental health infrastructure had begun to fray because of the failure to keep pace with inflation. Qualified staff is hard to recruit into jobs that pay roughly the same as McDonald's. Turnover rates are often over 50 percent per year. Jobs remain open for long periods of time, creating significant risks for people who need support in the community.

Because of the instability of the workforce, the governor proposed last year that reinvestment be restructured — that savings from the reductions of beds and closures of state hospitals be used for workforce stabilization instead of starting new programs. That proposal — which many of us supported because of our desperate concern about maintaining mental-health services of decent quality — proved the undoing of reinvestment because it called for hospital closures and for the consolidation of several child and adult facilities.

Members of both parties and both houses of the Legislature immediately rejected additional hospital closures. They talked as if they had forgotten that New York's state hospital system had declined from more than 90,000 beds to less than 5,000, and that after the Reinvestment Act passed in 1992, the state closed several state hospitals without the disruption of care that many people — especially family members and state hospital workers — feared at the time. (Why legislators bought the argument that care would be extensively disrupted in 2001 when it was not in 1993 is something I will not speculate about here.)

The governor's proposal for using reinvestment for workforce stabilization also failed because mental-health advocates split about the use of savings from reductions of state hospital beds. Some, as I've said, were desperate about the unstable workforce in community mental health programs. Others were more concerned about unmet need; for them, new programs were a higher priority than workforce stabilization.

It's all very sad. Those of us who advocated for the original Reinvestment Act came from all segments of the mental health community. We put aside our differences — and they were significant — in order to assure that funding that had been used for institutions would continue to be used for people with mental illnesses, to assure that it would be used to strengthen the community mental health system. There was a moral vision that united us, and it is profoundly sad to see this vision being lost to parochial and political interests.

All of us who care — the advocates, the legislators, and the governor — need to unite again and say with one voice that reinvestment is the symbol of caring community mental health and must not be allowed to die. We should not write a requiem, but instead should celebrate a revival.

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