



Testimony of

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At the Oversight Hearing: Exploring the Availability of Geriatric
Mental Health Services for New Yorkers

The Committee on Mental Health, Mental Retardation,
Alcoholism, Drug Abuse and Disability Services

Hon. G. Oliver Koppell, Chair

The Committee on Aging

Hon. Maria del Carmen Arroyo, Chair

December 19, 2006

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INTRODUCTION

Chairman Koppell, Chairwoman Arroyo, distinguished members of the Committees, thank you for allowing us to testify before you today on the availability of geriatric mental health services for New Yorkers. My name is Michael Polenberg, and I am the Director of Policy & Advocacy for the Coalition of Behavioral Health Agencies, the trade association and umbrella advocacy organization of New York's behavioral health community, representing over 100 non-profit community-based mental health and substance abuse agencies in New York City and surrounding areas. Our members constitute a broad cross section of service providers – all sizes from very small to very large; treatment and rehabilitation-oriented; outpatient and residential; focused on linguistically and culturally specific populations and on many special-needs clients – serving more than 350,000 individuals in the five boroughs of New York City and its environs.

BACKGROUND

We are delighted that these Committees have chosen to hold an oversight hearing on the need for geriatric mental health services. This is an emerging area of concern for consumers, providers and advocates, and your hearing will help shed light on the barriers that exist in providing services to older adults in need of assistance, and the work that's being done – despite these barriers – to help older adults access treatment and other care. Most importantly, the hearing will allow you to hear about the innovative work being done by the community based provider network, and how beneficial the funding allocated by the Council has been in connecting older adults with the care they need.

The Coalition has several member agencies that respond to the needs of older adults struggling with disabling mental health conditions. For some of these agencies, geriatric mental health is their entire book of business. For others, it's an integral component of a multi-layered service delivery package to persons living with mental health disorders.

Some of the consumers they help have developed symptoms such as major depression or anxiety disorders as they age, and their loved ones and peers fall ill and pass away; others are New Yorkers living with psychiatric disabilities who have grown older and now require specialized services.

Providers offer a range of options to older adults with mental health disorders. These programs include: counseling to seniors and their families, including bereavement counseling; clinical and therapeutic visits by social workers, psychiatrists and nurse practitioners to homebound seniors living with mental illness; on-site clinic services co-located at senior centers; and outreach to the geriatric population to engage seniors in mental health treatment and services.

Providers who offer mental health services to the elderly unfortunately face a myriad of barriers: insufficient staff training on the unique mental health needs of the geriatric population, including co-morbidity issues that many seniors face when their peers begin passing away; restrictive limits on what services can be billed to Medicaid and Medicare; discriminatory regulatory barriers to expanding clinical care to recipients

of mental health treatment; and a lack of comprehensive integration of health and mental health treatment for the very people who need it the most.

One of the biggest obstacles on the State side encountered by licensed mental health providers concerns the reimbursement for clinical visits to homebound seniors. In these instances, only the actual clinical visit is reimbursed by Medicaid, and even then, the reimbursement rate for the home visit is the same as for an office visit. This means that the provider must absorb the full cost of paying for the travel time for the psychiatrist or social worker, which contributes to the high unit cost borne by clinical providers of geriatric mental health. The Coalition is in the process of developing a new rate methodology proposal for how clinic visits are reimbursed, and we're discovering that the discrepancy between reimbursement and cost is particularly large for providers working with the elderly.

THE COUNCIL'S INITIATIVE

In the Spring of 2005, the City Council recognized some of the barriers faced by providers, and, with the help of many of the members who are seated here today, invested \$1.2 million in the Geriatric Mental Health Services Initiative. The Council increased funding to this initiative to \$1.7 million in the City's Fiscal 2007 budget, enhancing the ability of sixteen agencies from throughout the five boroughs to identify and connect older adults with mental health treatment and programs commensurate to their need. You'll hear today from providers who – with this funding in place from the City Council – have been able to train their non-clinical staff to recognize signs of depression and other ailments in older adults, or who have been able to increase staff

lines to perform outreach to seniors living in isolation. Some providers partner with local senior centers to help identify individuals in need of counseling, while others have used the funding to enhance programming at psychosocial clubhouses specifically designed for this population. In short, the funding allocated by the Council has been of immeasurable benefit to consumers who are now getting assistance and to providers seeking to expand their reach and enhance their services.

NEXT STEPS

Unfortunately, considerable need remains, and will only grow as the aged population grows in New York. Because the pool of funding was limited to \$1.7 million, a number of agencies from all corners of the City that offer mental health services to seniors were unable to benefit from the Council's initiative. An agency in the Bronx that identifies and links frail seniors with mental health care struggles to address costs that aren't reimbursed by Medicaid. In lower Manhattan, an agency that specializes in addressing the mental health needs of Asian-Americans wishes to reach out to many more elderly Chinese, Japanese, Vietnamese and other ethnic groups and connect them with care that is culturally- and linguistically-competent. In downtown Brooklyn, an agency that specializes in working with older Hispanic populations could direct individuals with mental health needs into treatment and case management. An agency in Queens could expand its outreach to isolated seniors in need of counseling.

An increase to \$3 million annually would help ensure that the Council's initiative would reach underserved populations – particularly those comprised of ethnic minorities – and help connect hundreds more frail seniors with appropriate mental health care.

We ask for the support of the Committee Chairs and Members gathered here today for this request.

Last year, the Council and the Mayor agreed to “baseline” a number of Council restorations to ensure continuity of services in areas such as summer jobs, libraries and trash collection. We were greatly encouraged by this development, and remain optimistic that other areas of the budget can benefit from this level of cooperation between the Council and the Mayor’s office. We urge the Mayor’s office, the Division of Mental Hygiene and the Office of Management and Budget to baseline this funding in the Executive Budget to ensure that agencies can focus on the need – connecting isolated seniors with appropriate mental health care – rather than worry each year about whether or not this funding will be restored. We hope you share our concerns.

Thank you again for your interest in this area, and I’d be happy to answer any questions you may have.