



Testimony of

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At the Hearing on the
Mayor's Fiscal 2008 Preliminary Budget

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

Hon. G. Oliver Koppell, Chair

The Committee on Finance

Hon. David Weprin, Chair

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INTRODUCTION

Chairman Koppell, Chairman Weprin, distinguished members of the Committees, thank you for allowing us the opportunity to testify before you today on the Mayor's Fiscal 2008 Preliminary Budget. My name is Michael Polenberg, and I am the Director of Policy & Advocacy for the Coalition of Behavioral Health Agencies, the 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 – serving more than 300,000 individuals in the five boroughs of New York City and its environs.

RESTORATIONS

Each year, the Council is put in the position of having to restore critical funding to a range of community-based behavioral health programs throughout the city. The budget process which in most cases dictates a single year's worth of restoration funding necessitates the annual testimony of our membership before this committee. While the Speaker and the Mayor have certainly made considerable progress in the last year regarding the need to baseline certain critical programs, we regret that so far these agreements have not yet included any mental hygiene programs.

So today you will hear from Kevin Mahon, an assistant program director at one of the city's top ranked transitional living communities operated by CUCS, as well as from Rosita Cotto, a consumer who has benefited from the program and who will speak to the programs' effectiveness and its importance to the lives of the homeless women living with mentally illness. You will hear from Alisa Robbins, the Director of Mental Health Services at the Hudson Guild and from Susan Moritz, Director of Older Adult Services at Lenox Hill Neighborhood House, who will discuss their respective agencies' enhanced ability to identify and provide care to seniors struggling with mental health disorders. And you will hear from Carmen Collado, Director of Public Policy & Legislative Affairs at the Jewish Board of Family & Children's Services, who will describe how City Council funding helped bolster mental health programs for seniors and children in Jewish and Dominican communities of Washington Heights.

These providers, and many others here today whose programs will close at the end of June unless the Council restores their funding, are the backbone of New York City's community behavioral health sector. They offer critical services, treatment and housing to people in need throughout the five boroughs, and they do it expertly. They transform the lives of literally thousands of New Yorkers each year, and we as a city are better for their efforts. We ask you to continue your long-standing support for their work.

COALITION'S PROFESSIONAL LEARNING CENTER

For the past nine years, the Council has allocated funding to the Coalition for our Professional Learning Center. This funding allows the Coalition to provide "hands-on" technical assistance and training to community mental health agencies on issues that

have direct financial and regulatory consequences to them and, consequently, to the people they serve. This is the education and training that keeps agencies current and functioning as they continue to operate in new and ever-changing regulatory, funding and legal environments. We are grateful to the Council for this allocation, and for its yearly restoration of the Professional Learning Center's funding to the budget each spring.

Over this past year, The Coalition continued to train both mental health and substance abuse providers on "Integrated Dual Disorder Treatment", or IDDT, which is an evidence-based practice promoted by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). This training is invaluable for providers struggling to provide effective care to an historically difficult population to serve: individuals struggling with co-occurring psychiatric and addictive disorders. Whereas two years ago we offered providers a broad overview of this practice, this year we've offered more intensive, in-depth training in areas such as psychopharmacology and Motivational Interviewing. The response to this training from providers throughout the City continues to be overwhelmingly enthusiastic, and we're grateful to the Council for making this training possible.

This year, the Coalition is very concerned about the potential harm to providers of the increased pressure at all levels of government to arbitrarily reduce and restrict Medicaid spending. We want to ensure that providers have the information they need to protect their programs from forthcoming Federal, State and local audits. The Coalition's member agencies provide behavioral health services to approximately 300,000 children,

teens and adults annually, approximately 70% of them Medicaid eligible. Even the most capable agencies can lose 10% of Medicaid billings to miscoding or incomplete record keeping – others have rejection rates as high as 15%, resulting in lost dollars for program services. Agencies that rely on Medicaid reimbursement must be able to “audit proof” their work through proper record keeping and high quality billing systems. When done right, billing and documentation can stave off unnecessary losses, ensure a more reliable income stream, and rescue much needed dollars for the system – dollars that ultimately benefit behavioral health consumers.

The training would assist providers who have never billed Medicaid, or have new staff who have no experience billing Medicaid, and focuses on the fiscal and operational tasks necessary to successfully operate a billing system. Agencies will learn how to protect themselves and their clients in circumstances of potential conflict by complying with state and federal guidelines. The training will also focus on documentation and coding. It will review a range of acceptable methods of medical record documentation, including guidelines, added state-specific requirements and what providers can do in circumstances where there is little guidance from either the state or federal government.

The Coalition will also provide training to agencies, most of whose staff is neither bi-lingual nor bi-cultural, who are seeking to deliver services that are responsive to the needs of New York’s racial and ethnic communities. The training will teach the current workforce how to examine how the cultures of racial and ethnic minorities influence aspects of mental illness. These include how patients communicate and manifest their symptoms, their coping styles, family and community supports, and willingness to seek

treatment. Panels of outside experts will present information on prevalence, cultural attitudes, and information on specific diagnostic categories, e.g. bi-polar disorder, schizophrenia, depression, and elderly mental health, as they relate to racial and ethnic minorities.

So that we may continue to help mental health and substance abuse providers provide effective and empowering care to New Yorkers in need, we are asking the Council to restore \$100,000 to the Coalition's Professional Learning Center. Over the years, the Council has recognized the value of the Coalition's Professional Learning Center, and we are counting on your support once again in the upcoming budget negotiations.

COUNCIL INITIATIVES

In the last two years, the Council has funded a number of initiatives designed to address shortcomings in the existing behavioral health system: the special needs of children under five who exhibit signs of mental illness, and the unique needs of older New Yorkers in need of psychiatric assistance. We ask the Council to restore and enhance these initiatives in Fiscal 2008.

Last year, the Council allocated just under \$1.7 million to fund a Geriatric Mental Health Services initiative to address the unique and growing needs of older New Yorkers who are in need of mental health care. Some of are individuals who develop symptoms such as depression or dementia as they age; others are New Yorkers living with psychiatric disabilities who simply grow older and need specialized services.

This allocation by the Council, which increased the prior year's funding by a half million dollars, has certainly made a difference to a number of communities across the city. However, the need for geriatric mental health care continues to grow, particularly in certain underserved communities where large numbers of frail and isolated seniors live. For example, there are pockets of the City where large numbers of non-English speaking seniors live, such as Chinatown, the Lower East Side, Pehlman Parkway, Co-Op City, Bushwick, Williamsburg, Woodside and Jackson Heights.

Fortunately, there are a number of providers in these neighborhoods with extensive experience in providing geriatric mental health care, and who are already in contract with DMH. They provide 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. By restoring and enhancing the initiative to \$3 million, we can be certain that the Council's intent for this initiative will be more thoroughly realized. We ask this committee and the full Council for its support.

We would like to add two important points. First, a number of providers have reported to us that they were strongly encouraged by the Division of Mental Hygiene to use their City Council grant to conduct screenings for depression and alcohol abuse. While we concur that such screening is an important part of any behavioral health initiative, we respectfully disagree with our colleagues at the Division that it should be

the primary way to utilize the Council's resources. Furthermore, it was not the stated intention of the City Council for this to be the primary use of these funds. We believe it is just as important to expand outreach and counseling opportunities, particularly for homebound seniors. Should this funding be restored in the year ahead, we ask the Council and the Division to agree to some flexibility in how providers can utilize these resources to best help vulnerable seniors.

Second, it is now almost April, and a quick survey of our providers tells us that without exception they have yet to receive one contract dollar from last year's appropriation. And, we note, the Council took pains to ensure that the providers included in this initiative all had pre-existing contracts with the Division, in part to help speed the contracting process along. We are disappointed that providers are still waiting for their funding (and as an agency that contracts with the Division, we note that we too are still waiting for our Fiscal 2007 funding appropriated by the Council) and again we hope that should these funds be restored, the Council will exercise its oversight to ensure that the contracting process will be expedited.

On a related note, the Coalition strongly supports a request by the Geriatric Mental Health Alliance to ask the City Council to fund a training initiative focusing on the special needs of seniors with mental illness and the providers and government agencies across the social service spectrum that serve them. As in every arena, it behooves us to continue updating and enhancing the skills of our workforce.

We also support the expansion of the City Council's Children Under Five Initiative to \$2 million for Fiscal 2008. This initiative has been of immeasurable help in providing critical and timely assistance to youngsters exhibiting behavioral and physical health problems such as depression, anxiety and aggressive behavior towards other children. To the extent that these and other symptoms can be addressed at an early age, we can help prevent the need for more costly treatment in later years. The Coalition joins our colleagues at Safe Space, University Settlement, the Jewish Board of Family and Children Services, and the Albert Einstein College of Medicine in strongly supporting the enhancement of this initiative.

TARGETED SUICIDE PREVENTION

Back in January, the Coalition testified before this Committee on the prevalence of suicide among young Latinas and Asian-American women. We noted that among adolescents in New York City, Hispanic females had the highest rate of feeling sad or hopeless (46%) and of attempting suicide (14%). Research clearly demonstrates that Hispanic adolescent females are at high risk of attempting suicide. We further testified that Asian American women have the highest suicide rate among all women over the age of 65 and the second highest rate among women ages 15 – 24.

In order to address this public health crisis most effectively, the Coalition asks the City Council to:

- Enhance existing school-based mental health clinics, particularly in Hispanic and Asian-American communities, to recognize students in distress and respond appropriately;

- Bolster culturally-competent community-based mental health providers who provide licensed clinical care to these vulnerable populations throughout the City; and
- Support the Samaritans of New York’s citywide public awareness initiative which includes targeting the Hispanic and Asian-American communities.

The Coalition also asks the Council to support a scholarship initiative promoted by our colleagues at the National Association of Social Workers and the Latino Social Work Task Force to encourage multi-cultural and multi-lingual line workers to pursue Master’s level social work degrees.

SUMMARY

Chairman Koppell, Chairman Weprin, members of the Committees, we ask the Council to once again champion our compelling issues during the upcoming budget negotiations. On behalf of the over 115 agencies that we represent throughout New York City and its environs, the Coalition respectfully urges this Committee and this Council to:

- Restore the cuts to providers that were left unprotected by the Mayor’s Fiscal 2008 Preliminary Budget;
- Restore the Coalition’s funding for our Professional Learning Center to (1) allow us to provide guidance on Medicaid audit issues to mental health

and substance abuse providers, and (2) to enhance the cultural competency of our current workforce who offer care to a diverse population within our five boroughs;

- Restore and enhance to \$3 million the Geriatric Mental Health Services Initiative to allow providers to more effectively offer services to aged New Yorkers throughout the city living with psychiatric disabilities.
- Restore and enhance to \$2 million the Children Under Five Initiative to allow providers to identify and address symptoms in youngsters before they worsen in later years;
- Add \$2 million for a comprehensive Suicide Prevention Initiative that would specifically target those populations with disproportionately high rates of attempted and completed suicides;
- Add \$200,000 for a training initiative to assist agencies that work with seniors with mental illness; and
- Add \$1,000,000 for a scholarship program for bi-cultural and bi-lingual line workers to acquire Master's level social work degrees.

Thank you for your time today, and we are available to answer any questions you may have.