

**The
Coalition**

of Voluntary

Mental Health

Agencies, Inc.

Testimony of
Michael J. Polenberg, Senior Policy Associate
Coalition of Voluntary Mental Health Agencies, Inc.

At the Hearing on the
Mayor's Fiscal 2006 Preliminary Budget

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

Hon. Margarita Lopez, Chair

March 10, 2005

The Coalition of Voluntary Mental Health Agencies, Inc.
90 Broad Street, New York, NY 10004-2205
ph. (212) 742-1600; fax (212) 742-2080
mailbox@cvmha.org; www.cvmha.org

INTRODUCTION

Chairwoman Lopez, distinguished members of the Committee, thank you for allowing me the opportunity to testify before you today on the Mayor's Fiscal 2006 Preliminary Budget. My name is Michael Polenberg, and I am the Senior Policy Associate for the Coalition of Voluntary Mental Health Agencies, the umbrella advocacy organization of New York's mental health community, representing over 115 non-profit community-based mental health 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.

BACKGROUND – STATE BUDGET IMPACT

Once again we find ourselves back before this committee, asking the City Council for restorations of critical programs that were not funded in the Mayor's Fiscal 2006 Preliminary Budget. Only this year, the context is even more dire. Beginning on July 1st, the City will lose over \$3.6 million worth of essential mental health programming as a result of an Aid to Locality cut in last year's State budget.

Last summer, in response to the advocacy of the Coalition and dozens of other statewide advocacy groups, trade organizations, and thousands of consumers and family members, the Assembly and Senate fought to restore a portion of this cut in their

budget negotiations with the Governor. While the legislature complied, the Governor vetoed the restoration last August and the resounding impact of this cut will be felt throughout the City this summer.

Although they are not Coalition members, we are very concerned that both MFY Legal Services and the Urban Justice Center will lose funding for their legal clinics, leaving scores of homeless New Yorkers living with psychiatric disabilities without pro bono assistance which help disenfranchised individuals navigate complex health, welfare and housing systems. Among our members, the Jewish Board of Family & Children's Services will lose funding for an innovative domestic violence prevention program that outposts workers at substance abuse programs, birthing centers and hospitals. The Staten Island Mental Health Society will no longer be able to provide support and training to staff in group homes who work with SED (seriously emotionally disturbed) youngsters. Volunteers of America will be forced to shutter the doors to a valuable program in Brooklyn linking over 60 MICA clients (who suffer from both mental illness and substance abuse) to jobs, housing and other resources. These programs and the dozens of others that are being cut offer critically important services to scores of consumers living in the five boroughs.

The loss of these services makes it abundantly clear why the State legislature must restore the \$3.9 million outpatient cut included in **this** year's proposed Executive Budget. To date, the State Office of Mental Health has provided very little detail about how this cut will be taken, other than to imply it will be directed towards those outpatient

programs that have “higher than average” administrative costs and that are “underperforming” or “inefficient”—we note that these terms are potentially subjective and could be imposed in idiosyncratic or rigid ways that do not account for the art of service delivery as well as its “science.” Absent a transparent set of standards by which to judge agencies, it is impossible to determine what criteria SOMH will use to make these cuts. We urge you to join us and our colleagues from around the State in asking the legislature to reject this cut and preserve these dollars in this year’s State budget.

CITY BUDGET -- OVERVIEW

The combination of the State cuts, both real and proposed, and the yearly rush to convert ever-greater numbers of State mental health dollars into Medicaid (even as the prospect of Medicaid block grants looms over our heads) leaves the community-based mental health sector more vulnerable than ever. And while the Coalition is gratified by the proposed rate increases for Article 31 clinics and for supported housing that are included in the Governor’s budget, we remain concerned about the sector’s sustained viability. It for these reasons that we turn to the Council to play an important role in preserving existing mental hygiene programs, shoring up existing contracts, and expanding funding to agencies that work with a rapidly growing group of mental health consumers – the aged.

RESTORATIONS

If the list of agencies which are in need of Council restoration looks familiar, it is because, absent a few exceptions, they were all here last year looking for similar relief.

The budget process which in most cases dictates a single year's worth of restoration funding necessitates the annual testimony of our membership before your committee. Today you will once again hear from Steve Finney, a member of the Project US clubhouse on the west side of Manhattan that is operated by the Postgraduate Center for Mental Health. Mr. Finney can personally attest to the therapeutic value that the clubhouse offers to him and the hundreds of other members who regularly make use of its services. You will hear from Celeste Sanchez, a program director of a transitional living community in the East Village operated by CUCS. Ms. Sanchez will be joined by Andrea Weaver, a consumer of the program who can speak to its effectiveness and its importance to the lives of the homeless mentally ill. Sandy Hagan, the Executive Director of Queens Child Guidance Center, will tell you about the threatened alcoholism and mental health contracts that offer rehabilitative services to immigrants and to families.

These providers, and many others who are being targeted for cuts, are the backbone of New York City's community mental 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.

INTEGRATED DUAL DIAGNOSIS TRAINING

For the past seven 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.

This year, the Coalition is embarking on a new venture for our learning center. We know from experience that for many consumers of our members’ programs, co-occurring diagnoses of mental illness and substance abuse is the rule, not the exception. The Substance Abuse Mental Health Services Administration (SAMHSA) estimates that in New York City, 50-75% of consumers in substance abuse treatment programs have co-occurring mental illness while 20-50% of those treatment in a mental health setting have a co-occurring substance abuse disorder.

The “silo” effect of funding results in glaring holes in the ability of providers to work with dually diagnosed consumers. The mental health and substance abuse worlds rarely come together to form a comprehensive approach to treating consumers with dual disorders. The results are sadly predictable. Consumers who do not receive the

appropriate level of care that comprehensively address their dual disorders are statistically far more likely to drop out of treatment, become estranged from their families and friends, and wind up instead in any number of far more debilitating and costly settings – homeless shelters, the correctional system, or in psychiatric hospitals. Still others end up bedding down in our parks and in our subway stations, where they battle the elements in addition to their disorders. In a city with 38,000 men, women and children already packed into the city’s emergency shelter system each night, we ought to be doing everything we can to lower, rather than raise, that number.

In order to address this issue, the Coalition will establish an Integrated Dual Disorder Training center where we will offer “evidence-based practices” training and competency for both mental health and substance abuse providers in treating dually diagnosed consumers. We will bring in national experts who will offer a multi-faceted series of trainings, including the use of comprehensive toolkits and follow-up on-site technical assistance to the providers throughout the course of the year. The trainings will also be videotaped so that agencies retain the information even if their current employees leave the program.

In addition, we will ask providers who currently offer integrated dual disorder treatment to act as facilitators to help guide their colleagues through the practical implementation challenges, particularly in a setting as diverse and densely populated as New York. Finally, we will create a consortium of substance abuse and mental health

programs and professionals who can establish a network of competence and a learning collaborative in dual disorders.

So that we may help mental health and substance abuse providers more effectively treat the dually diagnosed population, we are asking the Council for an allocation of \$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.

GERIATRIC MH INITIATIVE

Our last item today concerns the needs of the aged. Several of our members provide mental health services to a geriatric population, and they tell us about the unique and growing needs of older New Yorkers who are in need of psychiatric help. Some of those they help 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.

Many seniors living with psychiatric disorders typically do not avail themselves of traditional mental health services and programs, in part because of the level of stigma attached with their diagnosis. Fortunately, providers throughout the five boroughs have developed creative and effective programs to reach seniors "where they are", including NORCS (Naturally Occurring Retirement Communities).

The Coalition, together with United Neighborhood Houses, is asking the City Council to fund a \$2 million citywide initiative to enhance the variety of programs that mental health providers currently offer to the geriatric population. 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.

In addition, some providers try to address the unique needs of gay, lesbian, bisexual and transgendered seniors living with psychiatric disorders. LGBT seniors typically grapple with three areas of stigma – aging, mental health and sexual orientation – and the services that they receive from providers must take these factors into account. Additional funding would allow these providers to hire culturally competent staff to outreach to these individuals.

Providers who offer mental health services to the elderly unfortunately face a myriad of problems: not enough 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; and a lack of comprehensive integration of health and mental health treatment for the very people who need it the most. Providers also report that “recovery” for mental health consumers is often associated with an end goal of

employment; this approach is irrelevant to individuals who are at or past the retirement age.

The Council's allocation of \$2 million (which would average between \$85,000 and \$90,000 per agency) would enable these providers to offer an enhanced level of service to their aged consumers and thus more readily address their needs. It would also allow providers to reach previously underserved neighborhoods, including areas with high concentrations of seniors.

SUMMARY

Your expertise in these areas, Councilwoman, has been a measure of great comfort to the provider community over the years, and your willingness to champion the most vulnerable among us has been a benchmark of your tenure in the Council. We knew that as soon as you demanded that mental health providers and consumers deserved the attention of a full committee that we had a strong advocate fighting on our behalf. We've heard you afford consumers equal attention and concern as you do high ranking city officials during your hearings. And time and time again we've seen your committee take on complex issues and then watched as you rallied your colleagues around them with great success.

We ask you to once again champion our 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 proposed by the Mayor in the Preliminary Budget;
- Enhance the Coalition's funding to allow us to provide competence in integrated dual disorder treatment; and
- Fund the Geriatric Mental Health initiative to allow providers to more effectively offer services to aged New Yorkers living with psychiatric disabilities.

I thank you for your time today and for your dedication over the years, and I am available to answer any questions you may have.