

**The  
Coalition**  

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**of Voluntary**  

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**Mental Health**  

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**Agencies, Inc.**

Testimony of

Phillip A. Saperia, Executive Director  
and  
Michael J. Polenberg Director of Policy & Advocacy  
Coalition of Voluntary Mental Health Agencies, Inc.

At the Hearing on the  
Mayor's Fiscal 2007 Preliminary Budget

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

Hon. G. Oliver Koppell, Chair

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## **INTRODUCTION**

Chairman Koppell, distinguished members of the Committee, thank you for allowing us the opportunity to testify before you today on the Mayor's Fiscal 2007 Preliminary Budget. My name is Phillip Saperia, and I am the Executive Director of 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.

Before I begin our testimony, let me say how delighted we are, Chairman Koppell, that you are chairing this important committee for the Council. We look to your experience, your thoughtfulness, and your dedication to good government as we collectively seek a behavioral health sector that can effectively respond to the needs of disabled New Yorkers. We've known each other in a variety of settings over the years, and I look forward to continuing our strong relationship as you settle into your new role as Committee Chair.

## **OVERVIEW**

I'd like to give a brief overview of one particular vexing issue facing the community mental health sector, and then I'll turn the microphone over to my colleague

Michael Polenberg, the Coalition's Director of Policy & Advocacy, who will provide more detail on the Mayor's budget proposal and what we're asking the Council to do this year.

When the former Department of Mental Health, Mental Retardation and Alcoholism Services merged with the Department of Health in 2002, the Coalition insisted on a number of provisions to ensure the preservation of the mental hygiene dollar. We asked for, and received, separate units of appropriation in order to better track the disbursement of city dollars on mental hygiene programming. We also asked that the Division of Mental Hygiene be able to retain its own Agency Chief Contracting Officer (ACCO), given the large number of contracts that the Division enters into each year. Instead, there is just one ACCO for the entire agency who answers directly to the Commissioner.

The results have been sadly predictable. The lack of a separate ACCO for DMH has led to major delays in the successful completion of contracts and the steady flow of funds that are needed by our agencies to meet regular payrolls, pay bills and satisfy other financial obligations as they continue to deliver services to New Yorkers in need. Some of our agencies report that they're owed hundreds of thousands of dollars from the Division for the work that they've performed over the last several years. And in case anyone thinks that the Coalition is immune to this problem, we're currently awaiting payment for nearly \$400,000 worth of programming – eight months into the current fiscal year. The Coalition is currently in discussion with the Commissioner about how best to resolve this serious problem, and we will keep the Council updated on our progress.

Given this background, we were very disappointed to see a proposal in the Mayor's budget to cut \$354,000 from the Division of Mental Hygiene in an effort to "re-engineer" the troublesome contracting process. This PEG increases in the budget's outyears, growing to \$1.4 million in Fiscal 2010. Overall, the proposal would strip \$3.4 million from DMH at a time when more dollars are needed in the system, not less. The Administration claims this cut will have no impact on programs, but according to budget documents that we've seen, there are significant funding reductions proposed for all three disability areas – mental health, mental retardation and chemical dependency.

We share the Administration's aspiration to invigorate the contracting process at DMH, and we are encouraged by Deputy Executive Commissioner Lloyd Sederer's willingness to make this one of his top priorities in the year ahead. We do not, however, share the Administration's belief that slashing over \$3 million over the next four years is the best way to accomplish this goal. We ask the Council to restore the cut of \$354,000 in the Fiscal 2007 budget.

I'll now turn the microphone over to Michael Polenberg, who will give you more detail about what is needed from the Council this year in some of the other areas

## **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. Today you will hear from Celeste Sanchez, a program director at one of the city's top ranked transitional living communities operated by CUCS, as well as one of her clients, Sherry Miller, 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 Lauren D'Isselt, a program director at the Education & Assistance Corporation, who will discuss her agency's role in providing discharge planning to psychiatrically disabled men and women leaving our City's correctional facilities, thus reducing the rate of recidivism. 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. And you will hear from Paul Levine at the Jewish Board of Family & Children's Services, which last year received funding from the Council to link frail seniors in the Jewish and Dominican communities of Washington Heights with desperately needed mental health services and programs.

These providers, and many others here today 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.

## **COALITION'S PROFESSIONAL LEARNING CENTER**

For the past eight 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.

Last year, The Coalition embarked on a new venture for our learning center with funding we received from the Council. Responding to the overwhelming cry from providers on how best to diagnose and treat individuals with co-occurring mental health and substance abuse disorders, the Coalition developed a year-long training series 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). The trainings have enormously successful, with over 100 clinicians and program directors from over 50 different agencies attending each of the sessions to date. We’ve brought in national experts from across the country and from right here in New York to provide innovative techniques for working with adolescents and adults with co-occurring disorders. The State’s Office of Alcoholism & Substance Abuse has recognized the value of our training series and has gone so far as to grant continuing education credits to participants.

Drawing on the enthusiastic response to this topic, the Coalition would like to offer more intensive trainings on certain components of IDDT in the year ahead. We plan to offer a full complement of in-depth trainings and technical assistance for certain IDDT techniques such as “motivational interviewing” and “cognitive-behavioral therapy” in order to provide even more hands-on assistance to mental health and chemical dependency providers struggling with how best to treat their troubled clients. 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 continue to help mental health and substance abuse providers more effectively assess, diagnose and treat the dually diagnosed population, 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 three initiatives designed to address shortcomings in the existing behavioral health system: the special needs of children under five who exhibit signs of mental illness; the alarming rise of crystal methamphetamine use, particularly in the gay community; and the needs of older New Yorkers in need of psychiatric assistance. You will hear from a number of providers

today who have developed innovative programs in these areas with City Council funding, but I'd like to quickly discuss the initiative first funded in last year's budget – the Geriatric Mental Health Services Initiative.

Last year, the Council allocated just under \$1.2 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.

While this allocation by the Council was very helpful and has certainly made a difference to a number of communities across the city, the need for geriatric mental health care continues to grow. Certain communities, including the Upper West Side of Manhattan, Parkchester and Co-op City in the Bronx, and several neighborhoods within Northeast Queens, continue to experience a staggering volume of frail and isolated seniors in need of psychiatric care.

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 \$2.5 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.

## **SUMMARY**

Mr. Chairman, members of the Committee, we ask the Council 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 to providers that were left unprotected by the Mayor's Fiscal 2007 Preliminary Budget;
- Restore the cut to contracts which will ultimately impact on providers;
- Restore the Coalition's funding to allow us to provide competence in integrated dual disorder treatment; and
- Restore and enhance to \$2.5 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.

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