



Testimony Submitted on the New York City Council FY 2015 Preliminary Budget
to Committee on Mental Health, Developmental Disabilities, Alcoholism, Drug Abuse &
Disability Services Committee Jointly with the Subcommittee on Drug Abuse
March 27, 2014

Chairmen Cohen and Wills, distinguished members of the Committee, I am honored to testify before you today on the New York City Council's FY 2015 Preliminary Budget. My name is Phillip Saperia, the CEO of The Coalition of Behavioral Health Agencies (The Coalition). You have been partners for many years with the community based providers that we speak for, and I am pleased to thank you for being there, steadily, for them and us and the people they serve, your constituents.

Each year, the City Council has provided funding to help fill gaps in the public behavioral health system. City Council funded initiatives are used to meet a wide range of mental health and substance use needs for New Yorkers who are currently underserved. We are pleased that the importance of these initiatives was recognized by the last administration, which baselined them in the Executive Budget. Over the years, these initiatives were dedicated to important special purposes, and the funds were distributed to particular service providers in order to fulfill the Council's intentions. While we assume that the Department of Health and Mental Hygiene will respect the City Council's aims, we respectfully ask this Committee to maintain oversight on the distribution of these funds to ascertain their alignment with your objectives.

Since FY 2009, programs like the Children-Under-Five Mental Health Initiative, the Geriatric Mental Health Initiative, and Mental Health Contracts have been cut significantly. They each fund important services, not traditionally funded, for people in the many diverse neighborhoods of our City. We ask you to supplement these budget

categories with Council initiative funding to bring them up to a level of support that will be at least equivalent to the 2008 amounts and perhaps exceed those amounts.

We also hope that you will find a way to restore funding for the “Alcoholism/Substance Abuse Voluntary Sector” program, which served hard to reach individuals throughout the City who live with chronic substance use issues. This program, for budgetary reasons, was entirely eliminated. I don’t have to remind you that the opioid epidemic that has overtaken cities and towns all over the country, has profoundly hit the boroughs and communities of our City. Prevention and treatment programs are sorely needed and the community based provider organizations we represent are most suited, through expertise and experience, to provide these services.

There are some global issues facing our community today that I would like to just introduce to you today and seek follow-up to bring more information and clarity to you in one-on-one meetings and in delegation briefings I do this because the community based behavioral health service sector is facing some of the most daunting challenges that I have seen in my twenty years in this position.

(Article 31) Mental Health clinics are at risk. All over this City many of them are closing or have closed recently. They serve at-risk children, families and adults who will have little other option for treatment. They serve clients from every neighborhood, every linguistic, racial, religious and cultural group, special needs populations such as the physically disabled and the very young and very old. The State Office of Mental Health’s own data, which I will be happy to share with you, shows that among 1200 clinics statewide, only 25% are deemed financially healthy! The others fall in categories of “concerned” to “very concerned” to “distressed”, indicating large financial losses and imminent closure.

This is happening in the context of a systemic move from a “fee-for-service” payment system for Medicaid clients to managed care through the Medicaid Redesign Team (MRT) on the State level. Fortunately, our Deputy Mayor for Health and Human

Services, Hon. Lilliam Barrios Paoli, is the co-Chair of the Behavioral Health Subcommittee of the MRT, the public body that is key to the transformation facing our field. Unfortunately, the speed of change is incredibly rapid, according to the goals set by the State Department of Health and the Governor's Office, and we are concerned that the post of Deputy Executive Commissioner for Mental Hygiene in our City's Department of Health and Mental Hygiene, our local statutorily required "community services director," remains vacant still at this late date into the work of the new Administration.

We found that New York City's interests were articulated and inserted into the MRT agenda by the people who held these positions in the last Administration. Since time is fleeing and deadlines are nearing, we ask you to keep your eye on the progress and involvement of our City officials in this process. They have a key role to fill and the survival of our system of care depends on the policies and programs they promote and support. We want the City Council to be informed of this process and will be happy to bring your affected constituents to meetings with you in your downtown or district offices to help you understand how the changes will affect your providers and your communities.

These are the generic issues that are impinging on our work statewide, but the Federal Affordable Care Act is also impacting on the whole transformation. We would like to bring to your attention as well some of those issues, particularly with respect to Health Homes (and we have several community based ones in NYC).

Returning to the subject of City Council funding, we ask you to continue increasing dollars available to Council Initiative behavioral health projects, serving the five boroughs, so that they can be restored to at least the original amounts. These initiatives, now baselined, were called "Mental Health Contracts", "Children Under Five Initiative", "Geriatric Mental Health Initiative"—and the afore mentioned "Alcoholism/Substance Abuse Voluntary Sector" program, that needs full restoration.

Today is the beginning of our dialogue with you, the new Committee, as you delve more deeply into our issues of service delivery of mental health and substance use services in your (and our) communities. I have appended to this written testimony our overview of challenges facing our sector, “Behavioral Health for New York City’s Future—2014.” I also have appended an advocacy Brief on inadequate clinic rates that we prepared for the State administration and legislature. Again, we are happy to discuss further these issues with you.

On behalf of the over 130 agencies that we represent throughout New York City and beyond, The Coalition respectfully urges the Council to help ensure that the safety net provided by the community-based behavioral health sector is not only maintained, but made stronger, and more effective.

About The Coalition

The Coalition is the umbrella nonprofit, (501)(c)(3) association of New York’s behavioral health providers, serving as the voice for over 130 non-profit behavioral health agencies. Taken together, these agencies serve more than 350,000 adults and children and deliver the entire continuum of behavioral health care in every neighborhood of a diverse New York City, Westchester County and surrounding areas.

Founded in 1972, the mission of the Coalition is to coordinate the efforts of government and the private sector in maximizing the efficient delivery of quality behavioral health services to children, adults and families. The Coalition promotes policies and practices that support the development and provision of community based housing, treatment, rehabilitation and support services to all people with mental illness and addictions disorders. Our members serve a diverse group of children, families and adults, including the fragile elderly, people who are homeless, those who struggle with AIDS and other co-morbid health conditions, violence and other special needs. Coalition members help people with mental illness and addiction disorders to recover and lead productive lives in their communities.

The Coalition provides quality learning opportunities, technical assistance and training to staff and leadership of its member agencies and to the professional community on vital issues related to rehabilitation and recovery, organizational development, best practices, quality of care, billing and regulations/contract compliance, technology and finance.