



Testimony of

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At the Hearing on the
FY10 November Financial Plan

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

November 24, 2008

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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 2010 November Financial Plan. My name is Jason Lippman, and I am the Senior Associate for Policy and Advocacy of 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 350,000 individuals each day in the five boroughs of New York City and its environs.

The Current Economic Crisis

Cuts to behavioral health programs will affect some of the most vulnerable New Yorkers including people with disabilities, such as those with severe and persistent mental illness (SPMI), chemical dependency and a variety of co-morbid medical conditions. In addition, New Yorkers who experience severe depression and anxiety from the harsh trials of life (such as the sudden death of a loved one, loss of a job, the impacts of spousal and child abuse) will have far less opportunity to access counseling and other behavioral health outpatient support services. In a time when the unemployment rate is rising and expected to rise even more dramatically, cuts to behavioral health services will be devastating to those individuals who need help coping with whatever situation the economic crisis brings them. For this reason The Coalition has joined "One New York Fighting for Fairness", a 150 organization-strong alliance to

advance a balanced budgetary approach to weathering the economic crisis, encouraging the City of New York to look for fair revenue alternatives instead of just making cuts to core services.

Mental Hygiene Contracts PEG

DOHMH plans to reduce funding to contracted behavioral health providers by \$2.7M beginning in FY 2010. We applaud the Department for responsibly taking the first round of State cuts to Local Assistance on the administrative side of the ledger. While The Coalition respects the Department's stated intention to derive savings from programs that are expected to close or are underperforming, rather than implementing indiscriminate across-the-board cuts, they have yet to confirm which programs are expected to close or are currently not meeting their contract-specific goals. Rather than wait until the end of this fiscal year to enforce liquidated damages on providers who are already operating on lean budgets and may see increased caseloads in the coming year, it would be prudent to identify these providers now and engage them in a plan that would keep their performance in line with contractual obligations. That remedial approach stands in stark contrast to the more punitive one often taken by government agencies.

Council Initiatives

Over the last three fiscal years, the Council has funded a number of programs 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.

Last year, the Council allocated \$2.4 million to fund a Geriatric Mental Health Services initiative to address the distinctive and growing needs of older New Yorkers who require mental healthcare. Some 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.

In a time where fiscal constraints and the potential cutting of senior programs citywide could create a greater need for mental healthcare among senior citizens, we are troubled by how long it has taken to get funding to geriatric mental health providers in this fiscal year. Less than two weeks ago, the Department sent letters informing City Council **designated** providers of Geriatric Mental Health services that they have been selected as “potential” recipients. At this pace, it does not appear that funds will be dispersed until January, and providers will only have until the end of this fiscal year to spend their appropriations. Despite our hopes that this year would be different, this is a continuing problem.

In the very same letter, DOHMH states that it is now requiring providers receiving Geriatric Mental Health funding to incorporate at least 60 screenings for depression by the end of the fiscal year into the scope of their programs, using a screening tool of the Department’s choice. Providers have complained about this. We do not feel that this requirement should be added to the contracts especially when providers already are using depression screening tools during initial assessment to check seniors for depression and offer treatment. This added provision will take funds away from service provision, was not negotiated with Council or providers, is beyond Council’s expressed purposes for this funding and expands the providers’ scopes of work for already limited funds.

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 120 agencies that we represent throughout New York City and its environs, the Coalition respectfully urges this Committee and this Council to:

- Ensure that public dollars are spent prudently and that revenue is raised to protect core services so that the poorest New Yorkers are not bearing the brunt of the economic downturn. Such a consequence would be bad for the most vulnerable among us, is bad for communities and bad for the City of New York.
- Allow providers to continue to offer services to aging New Yorkers throughout the City living with psychiatric disabilities by ensuring that funding is distributed to providers as soon as possible and the scope of services is not changed.

Thank you for your time today. I am available to answer any questions you may have.