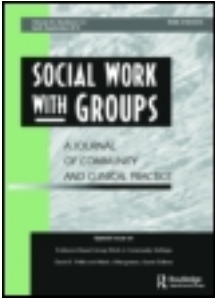


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The Use of Group Work to Fight Acute External Threats to a Community-Based Organization During Harsh Economic Times

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This article addresses the use of group work in a community-based outpatient children's mental health agency to respond to financial threats by county and state government during the economic downturn of 2008–2009. Three specific threats that came within months of one another are discussed: (1) the threat to close down a chemical dependency treatment service for youth, (2) severe funding cuts to an outreach program for immigrant youth and their families, and (3) a state government plan to restructure/reform reimbursement for outpatient mental health services that promises to reduce access to care for underinsured families. Group work was used to organize, educate, and activate staff, board, community, and consumer groups, in large and small groups, to counter the threats and build a culture of advocacy. Lending a vision, empowering advocates, managing polarity, and shaping the advocacy message were essential elements of the advocacy process.

KEYWORDS *group work, advocacy, organizational crisis, managing polarity, economic downturn, coalitions, mental health, chemical dependency, youth services, controlling the message, not-for-profit*

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INTRODUCTION

The 2009–2009 downturn in the U.S. economy affected not-for-profit human services agencies. This article offers a snapshot of three specific threats, by government agencies, to a leading children’s mental health agency in suburban Long Island, New York. In this article, I discuss the use of group work to counter the threats and develop a culture of advocacy.

As the economy plummeted in 2008–2009, states and counties across the United States reported growing budget shortfalls. This placed community-based, not-for-profit human services agencies at risk. North Shore Child and Family Guidance Center (the Guidance Center), a leading children’s outpatient mental health center in New York, was confronted, in a matter of a few months, in late 2008 and early 2009, with funding threats that promised to decimate essential services, at a time when families were experiencing more stress than ever. To add insult to injury, the notification process by government officials came without warning, demonstrating a total disregard for the agency’s longstanding and valued place in the community.¹

The threats included the (1) closing down a chemical dependency treatment service for youth, (2) severe funding cuts to an outreach program for immigrant youth and their families, and (3) a state government plan to restructure/reform reimbursement for outpatient mental health services that promised to reduce access to care for underinsured children and their families.

ORGANIZING FOR ADVOCACY

Groups were organized and activated rapidly to ensure a rapid response. Utilizing a social work with groups planning model (Norten & Kurland, 2001) to get groups going was critical first step in getting people organized and motivated to take action. There was no time to waste. Lending a vision (Schwartz, 1961), empowering potential advocates (Sunley, 1983; Taylor, 1987), managing polarity (Johnson, 1992), and shaping the advocacy message (Bartlett, 2008) were essential components of the advocacy effort.

As a social work method and agency function, advocacy requires “study, planning, action and evaluation” (Sunley, 1983, p. 1). In the current case studies, this included demystifying the issues and educating group members (staff, board, community, and consumer/clients), creating talking points and protest letter templates for communicating with legislators and public officials, and developing a story to tell that would make the issues interesting and important to people that needed to be reached.

Children, Youth, and Advocacy

Although adolescent clients were included in the efforts in rallies and letter writing/e-mail campaigns, it must be noted that advocacy for children and young people is different than advocacy for adults (Oliver & Dalrymple, 2008). In the former, most often adults take a stance of knowing “what is best” for children and youth, raising important questions about the power dynamics in the advocacy equation and what it takes to bring young people’s voice to advocacy campaigns.

Oliver and Dalrymple (2008) stated that, “if advocacy is about ‘having a voice’ and ‘speaking up,’ children and young people that need advocacy are routinely silenced and marginalized, by other more powerful, individuals and decision-making systems” (p. 12). In the case studies described in this article, youth were engaged in the cause and participated directly in the efforts to save chemical dependency and youth services funding. A key principle of strengths-based group work with adolescents is maintaining a dual focus on individual change and social reform (Malekoff, 2004). The Guidance Center has a history of engaging youth in advocacy efforts ranging from fighting homophobia in high school and promoting gay–straight alliances (Peters, 2003) to fighting for humane bathroom conditions in a special education setting (Malekoff, 1999).

Legitimacy of Cause in Advocacy

Taylor (1987) advised that, “to feel empowered to advocate, we must both feel ethically comfortable with the right to advocate and convinced that we can develop a power base sufficient to the task” (p. 28). She added that legitimacy of the cause; legal, moral, or constitutional rights of clients; belief in the dignity and value of each human being and his or her right to the best possible life; and ethical code of the profession give us the right to advocate.

Some important questions to consider in determining the legitimacy of an advocacy effort are: who are your potential allies? why do you believe advocacy can work in your agency? what obstacles to you expect to face? and what do you need to do to garner support for advocacy? Following is a first look at the three threats that constitute the basis for the advocacy efforts described herein.

THE THREATS

Counting What Counts – the Threat to Chemical Dependency Treatment Services

“Not everything that can be counted counts and not everything that counts can be counted.” - Albert Einstein

In mid-December, 2008, just 3 weeks before the end of the contract year, the New York State Office of Alcoholism and Substance Abuse Services (OASAS) sent the Guidance Center a new contract that signaled the end of its adolescent chemical dependency treatment program. The depleted contract came with no explanation. After making several phone calls the author (CEO of the agency) learned that the loss of funding was based on a state consultant's calculation that the "cost of service" was \$20 too high. Cost of service is calculated by dividing total units of service (e.g., counseling sessions) into the gross budget for the service.

ORGANIZING TO FEND OFF HELPLESSNESS AND DEMORALIZATION

The consultant was a stranger to the agency. In making the advocacy case I (CEO) stated that this consultant "is someone that does not know who we are, what we do and how well we do it." He added, in meeting with various groups that, "The decision to cut funding was made completely devoid of context. It was a decision made by State bureaucrats without any consultation whatsoever with local government regarding community need or the agency's stellar reputation and fine track record for quality of care that had been formally evaluated and validated for decades."

When the news of the potential loss of this service was delivered to the Guidance Center, it was met with a combination of outrage and deflation. The outrage needed to be stoked to ward off feelings of resignation that could breed demoralization and a sense of helplessness during dire economic times. The potential for inertia and inaction was a major obstacle that needed to be headed off at the pass by "rallying the troops" to fight back.

The advocacy process began by *organizing internally* and activating board committees, staff groups, consumers of services and community partners (e.g., local schools), and *organizing externally* by identifying and engaging key public officials and legislators. Although it was an option that we considered, we decided not to reach out to similarly affected agencies. Time was of the essence, and there was no immediate confirmation about who was affected and how, nor was there any firsthand knowledge of the quality of other agency's services.

TWENTY-FIRST CENTURY SMOKE SIGNALS

Four groups that were engaged immediately included two board committees: (1) the Executive Committee (composed of the board leadership), (2) the Legislative Affairs and Advocacy Committee, (3) a group of staff members—roughly 25 people—that are located at the site where chemical dependency services are provided, and (4) a group of local state legislators—three assembly and one senate representative. Additional groups were engaged in

the next phase, including groups of youth and parent consumers and an agency–community advisory council.

These groups were organized in three ways: face-to-face meetings, telephone conference calls, and e-mail groups. Face-to-face is ideal, but other means were necessary due to time constraints, as the contract year was about to end in a matter of weeks.

Communicating by phone and Internet could have presented an obstacle for the advocacy effort. The ability to truly connect with one another and detect nuances in communication are limited in phone and e-mail conversation. Advantages of electronic communication, however, include overcoming obstacles of time and distance, and extending the advocacy reach (Lohman & McNutt, 2005). With only a narrow window of time to take action all means of communication were activated.

No Wrong Door – the Threat to Outreach and Prevention Services

In the second scenario the Nassau County Executive, whose human services motto was “No Wrong Door,” sent the Guidance Center a registered letter that promised to wipe out a much-valued outreach and prevention service to immigrant families in the Hispanic community. In his letter, he implored us, and 42 other agencies, to lobby local state legislators for “revenue enhancers” that included increased cigarette taxes, red light traffic cameras, and larger fines for traffic violations. He said nothing in his letter about the cost effectiveness of youth services that kept high-risk youth at home and out of costly institutions at great expense to taxpayers.

The advocacy approach in this case was participating with a wider coalition of 43 youth agencies that were similarly and simultaneously threatened and, at the same time, organizing our board, staff, clients, and community supporters to advocate by writing letters, sending e-mails, and making phone calls. Essential in coalition advocacy are agreeing to pursue a common goal, coordinating resources, and adopting common strategies to reach the goal (Roberts-DeGennaro & Misrahi, 2005). This is consistent with good group work that requires establishing a clear group purpose and utilizing appropriate content or program (means) to achieve group goals (Northen & Kurland, 2001).

The impact, if the threatened youth services cuts were realized, would be the near total destruction of county-funded youth development services in the county serving more than 60,000 youth and family members annually. The services included suicide prevention, alternatives to gangs, after-school enrichment, summer jobs for youth, counseling for returning veterans and their families, and respite services.

Youth and parents were engaged in this advocacy effort to participate in rallies, attend legislative hearings, lobby legislators, write letters and e-mails, and develop advocacy messages using art and video.

Clinic Reform – the Threat to Core Mental Health Treatment Services

The third threat was more complex and, therefore, required a different kind of response. Although the first two threats were delivered in the form of sudden, cut-and-dried, written communiqués, the third was presented as a statewide policy change in the reimbursement method for outpatient mental health services.

This new financing plan, referred to as “clinic reform,” will discriminate against the underinsured middle class, lower middle class, and working poor that represent three fourths of the Guidance Center’s clientele. This plan would render the Guidance Center’s current business model unsustainable, threatening the viability of the agency itself. Our fight was not only to stay in business but to ensure that underinsured families would not be denied mental health services. The legitimacy of cause was a powerful motivator.

At first, the Guidance Center found few allies in this fight. Others, whose nests were feathered with the largesse of Medicaid dollars, seemed disinterested in supporting universal mental health care as long as the movement to a residual Medicaid model of care did not threaten their survival. I presented the case to a local coalition of county mental health providers. Aside from one director that expressed gratitude for the Guidance Center’s public stance and advocacy efforts on this issue, the presentation was met with silence, as well at least one dismissive comment regarding those with private insurance needing to fend for themselves.

The lack of support from sister agencies presented a potential obstacle in the advocacy effort. Although it was dispiriting to find such little support from colleagues, being a lone voice had its advantages and could be used to build group cohesion within a smaller circle.

In retrospect, a more successful approach in engaging the other agencies might have been to meet with agency directors individually to discuss the issues and the impact of clinic reform. Presenting complex issues to a large group within a limited time frame was, perhaps, not the ideal way to recruit and secure allies and build consensus.

RESPONDING TO THE THREATS

Group Work Planning

Knowledge and skill of group-work planning (Northen & Kurland, 2001) is indispensable in thinking about how to organize groups to fight back. This includes (1) deliberating and deciding on what groups to organize, (2) how to bring them together, (3) what information to provide and how to deliver it, (4) what actions to encourage and initiate around what needs (e.g. universal access, keeping children and youths at home and out of costly institutions, and preserving families).

Established coalitions composed of groups of agencies that are similarly affected can be instantly organized to advocate, particularly when that is their mandate. Of course, the success of such efforts depends in large part on any coalition's leadership and history of working together to advocate as a group to address needs and confront crises and threats. The coalition's willingness to agree on strategies was also critical. In the case of the threatened cuts to youth services the coalition responded swiftly and strongly.

In the case of clinic reform there was disinterest among the members of the earlier referenced local mental health coalition and, thus, there was no immediate response as a group. Many of these agencies felt that clinic reform would not have a negative affect because of the high Medicaid percentage in their "case mix." The ethic—"all for one and one for all"—seemed nonexistent in this group.

Accessing Mass Media

A director of a statewide advocacy organization sought information from the Guidance Center after she learned that we had taken a public position, including in the print and electronic media. She commended the Guidance Center leadership for "going on record." She stated that most of her member agencies preferred to have the statewide coalition speak for them, as they were reticent to go public out of fear of reprisal. The position of Guidance Center leadership was to be bold and to act quickly. Too much was at stake to take a "wait-and-see" approach. Nevertheless, speaking out in the media could have presented further threats.

From a strategic perspective, making the case in the media presents risks, including the possibility that opposing points of view might be presented in a more favorable light, solidifying the opposition (Sunley, 1983). There was also the possibility that acting alone, without the support of a broader coalition, could have placed the Guidance Center in a vulnerable position. These factors were considered and discussed with board and staff leadership. Nevertheless, the decision was made to move ahead in an assertive manner given what was at stake.

Variable Stakeholder Interests

Of course, even if activated, coalitions can be tricky when there are competing interests. This was the case in the threatened cuts to youth services. In this situation there were 43 agencies of various sizes and budgets. Some agencies faced being shut down completely if the budget cuts held. Others would survive, as youth services funding constituted only a small part of their overall funding. The latter was true for the Guidance Center. Nevertheless, the Guidance Center joined the fight as full partners—all for one and one for all.

Standing groups with stable memberships (e.g., board committees, staff teams, consumer groups) can be activated and organized quickly to advocate for critical needs. In contrast, the composition of newly formed advocacy groups needs to be carefully considered to include individuals that are affected and or outraged by an issue and that are motivated to take action.

At the Guidance Center, first convening agency leadership groups—board and staff—in ad hoc (and even spur-of-the-moment) meetings was critical in making decisions about how to shape the message and tell the story about the impact of the threats. Controlling the message involved quite a bit of sorting facts and information to present the case clearly and powerfully. As Indian activist and essayist Arundhati Roy (2004) stated, it is important to see “the schism between what we know and what we are told . . . between what is revealed and what is concealed, between fact and conjecture, between the real world and the virtual world” (p. 96).

Controlling the Message

CONTROLLING THE “COUNTING WHAT COUNTS” ADVOCACY MESSAGE

The key issues that were considered in deciding how to tell the story and shape the advocacy message about the threat to our chemical dependency treatment funding were (1) the State’s rationale and decision to cut our chemical dependency treatment funding was based on a cost-of-service calculation that was devoid of context and based on an adult services model; (2) the labor intensity necessary to work with children, youth, and their families that are affected by substance abuse and addiction requires a different quality of care standard than working with adults; (3) a new quality of care standard must be calculated into the cost of service that includes attention to collateral contacts, home and school visits, crisis intervention, and high-risk case conferencing, for example. Therefore, to shape the debate and control the message, a different story needed to be told than the story that the state was telling regarding what was important to count in providing chemical dependency services for children, youth, and their families. It had to be one that would demystify the issues for advocates and that would reframe and broaden the focus of services for children and youth. We could not allow the cost-of-service rationale for reducing funding to stand alone without being challenged. The goal was to redefine the same circumstances by adding labor intensity and quality of care into the equation. We had to find a way to make the message memorable, to emphasize the importance of what we later referred to as “counting what counts.” We had to make a strong argument that the State must rescind the cuts, restore our funding, and then help to establish a units-of-service expectation that corresponds with the high-risk and high-needs population that we have consistently welcomed into our program.

MANAGING POLARITY

An understanding of managing polarity (Johnson, 1992) is key. The idea being that if we took an either/or position—cost of service or quality of care—our fight would not stand up to scrutiny. However, if we took a both/and position—quality of care and cost of services—then our argument would be more difficult to disregard.

In a managing polarity perspective there is not one right answer, rather a paradoxical relationship between two poles that could be made to appear as interdependent opposites. In this case the argument needed to be made that cost of service and quality of care are critical, that the cost of service for what the Guidance Center provides to the population that it serves—children and youth—is more labor intensive by definition and therefore requires a different set of criteria for measuring cost of service.

In the advocacy group meetings, this concept was presented and examples were solicited from the group that told the story about the need for greater labor intensity in kids' services. Illustrations included responding to frequent crisis calls, meeting with relevant others in the children's and youths' lives, school visits, home visits, high-risk case conferencing, and more.

It should be noted that for the staff group of about 25 people that were organized to address this issue, they understood immediately that some of their jobs were at stake. This question was raised and answered at the meeting.

FROM DAZED AND CONFUSED, TO MOTIVATED TO FIGHT BACK

Hearing the news of the threatened loss of funding that could lead to the end of the service and loss of jobs was first met with shock. At first there was a sense of disoriented silence in the room. You might say to borrow from an old movie title, that the group was "dazed and confused." In time, as the details were shared and the group was encouraged to fight back, the group slowly came to life. I shared my vision for the fight and the story that needed to be told. Talking points were reviewed, and soon the group discussed, plotted, and added their own ideas for tactics that included reaching out to multiple client and community groups. By meeting's end, they took the fight to the State without hesitation or ambivalence.

The advocates needed to think about, talk through, and ultimately own the story—the idea that more labor intensive work was indicated for this population and that any calculation of cost of service had to include this in the equation. They had to have a compelling argument and story to tell about why the service needed to be counted differently and what the impact of the loss of the service would mean to the community.

COUNTING WHAT COUNTS

The hook or phrase that was used to capture the importance of cost of service and of quality of care, was “counting what counts.” What this means is that counting what counts in kids’ services is different than counting what counts in adults’ services and, therefore, must be subject to different standards in arriving at the cost of quality care.

Talking points and sample letters to go to state officials and legislators were provided to the groups that emphasized and illustrated this stance. It should be noted that staff and board groups then carried the message to client/consumer groups and community supporters and enlisted their support as advocates—youth and parents and other adults. Advocacy became contagious.

The good news is that in a matter of days, due to the powerful response by the various advocacy groups, as well as local government, the cuts were rescinded and the funding fully restored by the State. The “icing on the cake” was a written response by the State OASAS commissioner that formally acknowledged our argument that kids’ services are by definition more intensive and therefore deserve a different set of criteria for calculating cost of service.

CONTROLLING THE “NO WRONG DOOR” ADVOCACY MESSAGE

Fear is a great motivator. Such was the case when Nassau County (NY) Executive Thomas Suozzi announced that he would eliminate youth services in Nassau County, New York, in 2009. He said that this was due to a \$130 million (and growing) county budget deficit. He added that the only thing that might reverse the cuts was if bills for “revenue enhancers” were passed by the state legislature. These so-called revenue enhancers included new cigarette taxes, red light traffic cameras, and traffic violation reform, all of which, we were told, promised to bring millions of dollars into the local economy and *could* be used to fund youth services. *Could* is emphasized here because no guarantee was ever made that if funds were secured that they would be used for this purpose on an annual basis, in perpetuity.

REVENUE ENHANCERS AND COST SAVINGS

Despite the county executive’s cry for revenue enhancers, what was curiously obscured from his message, and that Guidance Center leadership thought needed to be brought to light, was the real cost savings that these services represented by keeping kids at home and out of jail and psychiatric institutions. The facts are that preventing incarceration or institutional placement for even a relatively small number of youth would represent cost savings to taxpayers that would support keeping these services intact.

As indicated above, many of the 43 agencies that were threatened were small operations that depended on this funding to stay in business. The coalition that all 43 were a part of held regular meetings and communicated through e-mail to plan rallies, testify at legislative meetings, write letters, make phone calls, and go to the county legislature and state capital to lobby.

It was soon clear that the group and their constituents quickly became the county executive's unpaid lobbyists for the revenue enhancers that, if passed by the New York State Legislature, might be used for other purposes than youth services. The Guidance Center organized the board and staff to lobby for the revenue enhancers and also went on record publicly regarding the cost effectiveness of youth services and the long-term savings to the county and taxpayer.

I decided to take a public position on what I thought the threatened cuts revealed. I presented his position to large groups in public forums and in the newspaper. I was warned to be careful not to anger the county executive, that he might be vindictive if crossed. Following, is an op-ed piece that appeared in a chain of local newspapers that also contains the core content of an address to a group of about 200 parents, youth, school officials, legislators, agency staff, and board members at a bi-annual "Community Unity Event" (see Appendix I for text of address).

Long Beach Herald

NO KUDOS FOR SUOZZI

By Andrew Malekoff©, March 26 – April 1 2009

In its March 19th editorial *The Herald* offered "kudos" to County Executive Tom Suozzi for exploiting the County's most vulnerable citizens by enlisting them to become unpaid lobbyists to advocate for cigarette tax and traffic violation reform. His strategy was to advise 43 community-based programs serving over 60,000 youth and family members that they would be closed down or crippled unless these revenue enhancers were passed through Albany.

Let us take just a moment to recognize that sometimes when political figures speak that there is a gap between what is revealed and what is concealed, between what we know and what we are told. We are told that revenue from cigarette taxes and traffic violations is the solution for vulnerable youth. Yet, what we know is that slashing and burning youth services will not save the County money, but will increase costs to the County to the tune of tens of millions of dollars, as growing numbers of young people will not pass go, but will go directly to jail or psychiatric lock up as front end services disappear. We are told by Mr. Suozzi that his human services motto for Nassau County is "no wrong door," yet what we hear is unmistakable sound of a door slamming shut.

During these harsh economic times when all of our best efforts are needed to preserve families, Mr. Suozzi's cuts will not only destroy the service system that has been carefully constructed to support them and increase the long term burden to the taxpayer, but will bear an even greater cost in lives lost, kids plucked from their homes and families splintered and destroyed. The federal government bails out powerful financial institutions and Nassau County tosses its most vulnerable children and youth overboard.

If and when the revenue enhancers are passed and Mr. Suozzi rescinds the cuts, will he permanently earmark and enhance these monies for youth services? And, will he start referring to them as essential human services versus the pejorative "discretionary services?" Maybe then, and only then, will kudos be in order.

The author thought that the county executive was presenting an either/or proposition that sounded something like this: "Lobby for cigarette taxes, red light traffic cameras, and traffic violation reform, or there will be no funding for these services." The alternative argument that we promoted is that by eliminating youth services, costs to the county would increase dramatically as more young people would be "put away." We advocated for both/and, encouraging others to advocate for revenue enhancers and making the case for cost effectiveness, that youth services save the County money by keeping kids out of jail and psychiatric institutions.

The result of this process was that only one of the three revenue enhancers passed the New York State legislature. The county executive would not commit those funds to youth services, even though they would have covered the cost of the proposed cuts. Another source of income was "found" at the 11th hour that enabled about 75% of the 43 agencies to continue their youth services through 2009, including the Guidance Center. The remaining agencies or youth services folded. The fight continues for restoration of full funding in 2010.

CONTROLLING THE CLINIC REFORM ADVOCACY MESSAGE

Addressing clinic reimbursement restructuring for outpatient mental health services was more complex and required meetings with high-ranking public officials in county and state government. These included county and state commissioners of mental health, the county executive, local State Assembly and Senate representatives, the state comptroller, and a liaison from the governor's office. The key message was that the clinic reform plan, as proposed, would discriminate against the underinsured middle class, lower middle class, and working poor. What became clear from these high-level meetings was that despite differences that there are areas of mutual interest and concern that could be addressed together—government and

not-for-profit, bureaucrat and consumer. For example, an issue that New York State Office of Mental Health (OMH) and the Guidance Center had to address was the substandard reimbursement rates established by insurance carriers. In my public testimony (see below), I added this issue to the mix, beyond playing the discrimination-by-government card. It is a step toward establishing common ground between the government (OMH) and the not-for-profit agency. This and similarly stated opinion pieces that appeared in local newspapers were used as tools for organizing and educating advocacy groups.

Testimony by Andrew Malekoff©, June 22, 2009, delivered at New York City, City Hall on Mental Health Clinic Reimbursement Restructuring

More low income and middle-class families than ever are in need of low cost, high quality community-based mental health care. Yet, the New York State Office of Mental Health (OMH) in conjunction with the New York State Department of Health is aggressively pursuing a “reform” plan (clinic reform) for these critical services that will result in a system of community care where only those children and families with Medicaid “fee for service” insurance coverage will be assured continued access to care. This will leave a significant number of children and adults in the lurch.

The reform plan sets up a mental health service delivery system that will no longer assure access to mental health care for children regardless of their parents’ ability to pay. This policy shift represents a dramatic departure from what I see as a statutory responsibility on the part of New York State to make sure our most vulnerable citizens – our children - get care, regardless of their families’ economic status.

Clinic reform signals movement away from a universal model to a residual model of care that discriminates against the underinsured middle and lower middle class and working poor children and families. Because of the lack of parity between government rates and rates paid by commercial insurers for behavioral health care, many children with what seems like adequate health insurance coverage will no longer receive behavioral healthcare services from community clinics.

Community clinics are the last bastion in addressing the needs of children and adolescents with serious emotional disturbances and their families. Private psychotherapists and counselors, with rare exception, cannot and will not afford to offer the labor intensive work necessary to properly serve families that are struggling with serious emotional disturbances.

I recommend the following: (1) The State Department of Health must demand that commercial Medicaid managed care carriers to increase their rates to match Medicaid rates, (2) The New York State Department

of Insurance must to do the same with commercial insurers that underpay for behavioral health care. Commercial carriers that cannot demonstrate an “adequacy of network” can, and should, have their licenses revoked. (3) Consumers must be educated about these issues so that they can join the fight now and later, when denied community-based services because their carriers cannot offer an adequate network of care, (4) New York State Office of Mental Health, in conjunction with local governments, must restore and enhance local assistance funding – a partnership between local and state government, the local community and client-consumer – for specialty children’s outpatient mental health clinics that serve a significant proportion of underinsured families.

If implemented in its current design, the Office of Mental Health’s clinic reform plan will move us further away from access to mental health services regardless of ability to pay and toward a model that guarantees narrowly-defined treatment only for those with Medicaid eligibility.

Action must to be taken now to reverse the course of clinic reform.

Coalition to Save Children’s Mental Health Services

To further the issues described in this testimony, multiple group meetings were held with staff and board groups, as well as groups of legislators at the county and state level. The Legislative Affairs and Advocacy Board Committee, dubbed themselves the Coalition to Save Children’s Mental Health Services in Nassau County² and used that moniker on petitions that were signed by well over 1,000 citizens (and counting) and mailed to county and state officials in several installments to keep the issue in the forefront of their minds. The Nassau County Mental Health Commissioner Arlene Sanchez was invited to a meeting, and she participated to clarify the impact of clinic reform from her perspective and validate her support for the Guidance Center, which served to strengthen our board members’ resolve in this fight.

Convening an Influential Ad Hoc Group

Another example is an ad hoc group that was formed that consisted of board members, influential and politically connected and savvy community supporters, and staff leadership. In all there were nine people. I asked the more politically connected members of the group if they would call a meeting with the county executive, as it was likely that he would be more likely to agree to a meeting called by key financial backers, versus the head of an agency who might just be perceived as “looking to save his job” (like everyone else in the county). The group came together to plan strategy for the meeting with the county executive.

I began the meeting by giving a summary of the history of mental health financing and the current concern regarding the impact of clinic reform on funding going forward. It was recommended and agreed that what was needed was to ask the county executive for something very specific in addition to his support in the fight against the proposed new state reimbursement policy for outpatient mental health services.

The Guidance Center had just sustained a significant short-term financial hit (impacting its cash flow) that was a direct result of the state's clinic reform plan.³ After some discussion the group agreed that we would request an immediate increase to the county portion of the Guidance Center's contract that represented the difference between decades of no "cost-of-living" increases and the agency's current contract. We understood that this request would be floated at a time when the county executive had already gone on record publicly about a \$100 million budget shortfall. Nevertheless, it was agreed that this had to be put on the table at the meeting and put in the context of the agency's viability.

To further make the case, several of participants said, "We need to show that we provide services to residents from the entire county." Their concern, they said, was that because "North Shore" was in the Guidance Center's full name that he might construe that to mean that our services did not cover the entire county, but just a part of the county. It was recommended that a document be prepared that would demonstrate the broad "reach" and value to the entire county versus only the "North Shore" region that include many affluent enclaves. The document would show the names of as many as 80 communities and 30 of 56 school districts across the county used the agency's services in the past year, many of which are perceived as deeply troubled, low-income, minority communities.

The development and final approval of this document and a shorter page of "talking points" for the ad hoc committee that would meet with the county executive helped to establish common ground for the group. Everyone proved to be a "fast study," were well prepared for the meeting, and contributed to telling the story. Also in attendance was the County Mental Health Commissioner Arlene Sanchez who once again presented herself as a strong advocate that validated our concerns and the story we told.

Advocacy on clinic reform is ongoing. There is some reason to be optimistic as the issue of the underinsured being carved out of the clinic reform process is starting to take hold in a way that it now "has legs." A key polarity in the clinic reform advocacy process is regarding the question of what children and youth get outpatient community-based mental health care. As presented thus far, Medicaid recipients benefit most from services that should benefit all consumers and taxpayers. We need to get beyond the debate between Medicaid recipients or the underinsured middle class and find ways to ensure universal access to mental health care for children and youths.

CONCLUSION

This article discussed the use group work to organize a response to three significant financial threats to a specialty children's outpatient mental health agency in 2008–2009, during the downturn in the U.S. economy; a time that local and state governments were facing dramatic budget shortfalls. Consequently, in some instances, they were seeking ways to reduce government costs by cutting funding for services to the most vulnerable populations.

Organizing to fight back is a powerful way for vulnerable groups to voice their concerns. Each group that is organized to fight back can become an antidote to inertia and demoralization during harsh economic times.

The advocacy efforts described herein have been carried forth in a 6-month period of time and are ongoing. In the case of the threatened loss of chemical dependency funding, all cuts were rescinded by the state, and funding was fully restored (for now). The state commissioner has validated the Guidance Center's position about the need to devise a new way to calculate the more intensive treatment approach to working with children and youth. That fight continues.

In the case the youth services cuts, a percentage of the cuts were restored through 2009. That battle still wages on.

Finally, in the case of clinic reform, by going on record, the Guidance Center has become a leading statewide voice for the underinsured middle class, lower middle class, and working poor. At first it felt as if we were a lone voice.

The risk to speak up has paid off, at least in garnering wider support. We are not alone anymore.

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NOTES

1. It should be noted that, in addition to the circumstances described in this paper, that the Guidance Center lost its endowment (on December 11, 2008) that was fully invested in Bernard L. Madoff securities. The author (CEO) also made half a million dollars of cost savings (budget cuts) in February, 2009.

2. The idea of naming the effort was recommended in a personal communication, consultation with clinical professor of social work and community organizer Lee Staples from Boston University School of Social Work.

3. Although there is not enough space here to fully describe the history of outpatient mental health financing in New York State, the clinic reform plan called for an immediate “rebasement” of one source of revenue for community-based agencies. What this meant was that in the first months of 2009 agencies had to retroactively (to July 1, 2008) return revenues in a matter of ten weeks or face interest costs if they exceeded the ten-week deadline. The “take back” of monies, without adequate warning, impacted the cash flow of the agency. The “rebasement” also meant that budget projections for the current year would have to be modified.

REFERENCES

- Bartlett, D. (2008). *Making your point: Communicating effectively with audiences of one to one million*. New York: St. Martin's Press.
- Johnson, B. (1992). *Polarity management: Identifying and managing unsolvable problems*. Amherst, MA: HRD Press.
- Lohman, R., & McNutt, J. (2005). Practice in the electronic community. In M. Weil (Ed.), *The handbook of community practice* (pp. 636–646). Thousand Oaks, CA: Sage.
- Malekoff, A. (1999). Pink soap and stall doors. *Families in Society*, 80(3), 219–220.
- Malekoff, A. (2004). *Group work with adolescents: Principles and practice*. New York: Guilford.
- Northern, H., & Kurland, R. (2001). *Social work with groups* (3rd ed.) New York: Columbia University Press.
- Oliver, C., & Dalrymple, J. (Eds.). (2008). *Developing advocacy for children and young people: Current issues in research, policy and practice*. Philadelphia: Jessica Kingsley Publishers.
- Peters, A. (2003). Isolation or inclusion: Creating safe spaces for lesbian and gay youth. *Families in Society*, 84(3), 331–337.
- Roberts-DeGennaro, M., & Misrahi, T. (2005). Coalitions as social change agents. In M. Weill (Ed.), *The handbook of community practice* (pp. 305–318). Thousand Oaks, CA: Sage.
- Roy, A. (2004). *An ordinary person's guide to empire*. Cambridge, MA: South End Press.
- Schwartz, W. (1961). The social worker in the group. *New perspectives on services to groups: Theory, organization and practice*. (pp. 7–24). New York: National Association of Social Workers.
- Sunley, R. (1983). *Advocating today: A human service practitioners handbook (with a special chapter on how to work effectively with state and local government)*. New York: Family Service America.
- Taylor, E. (1987). *From issue to action: An advocacy program model*. Lancaster, PA: Family Service.

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APPENDIX I

Address by Andrew Malekoff© to North Shore Child and Family Guidance Center's *Community Unity Event* at the Westbury Manor, Westbury, New York, March 5, 2009

Community unity is a beautiful thing. Community Unity is about neighbors united in good times and bad; Community Unity is about people of all ages and backgrounds standing together; Community Unity is not a fly-by-night, hit and run operation, but a sustained and determined effort; And so it is because this bi-annual event represents neighborhood at its best, I am proud to be here I thank all of you for coming out, for being present this evening; I thank you for your solidarity and I ask for your help on behalf our sister youth serving agencies all across Nassau County.

Just a few short weeks ago youth serving agencies all across Nassau County received the horrific notice from our County Executive that will negatively impact the lives and futures of our children.

Nassau County has decided to turn its back on our young people and no longer provide the necessary funding for programs within our communities which save lives and help kids to become healthy and productive adults.

Due to these cuts, Nassau County Youth Board programs across all of Nassau County, including the communities represented here will close immediately on March 31st.

In total, youth programs service just under 60,000 youth, families and members of the community annually.

Before the looming cuts, Nassau County had more than 40 youth service agencies. These agencies offer hundreds of programs which address issues such as: suicide prevention, homelessness, runaways, drugs addiction, gangs, employment, family crisis, eating disorders, anger management, sexual abuse, physical abuse, teen pregnancy and many more.

At North Shore Child and Family Guidance Center in coordination with our sister agencies across the County, we have been and will continue to ask County Executive Tom Suozzi to reinstate funds to these vital programs that are scheduled to close down on March 31st.

The cuts will not save the County money, but will dramatically increase costs to the County, State and taxpayers as increasing numbers of kids will require costly out of home institutional placements as front end services disappear. It is estimated that every child who drops out of school becomes a \$1.5 million burden on the social services system with entitlements over their lifetime. It is clear that the funds spent on these programs today pay for themselves many times over in the years to come.

During these harsh economic times when all efforts are needed to support vulnerable children and preserve families that these cuts will not only

decimate the service system that has been carefully constructed to support them, but will bear an even greater cost in lives lost, kids leaving from their homes by choice or force and families splintered and destroyed.

Recently, at the Guidance Center, we were faced with the loss of our drug and alcohol treatment program, a mainstay in the County for two decades. We stood to lose all of almost \$350,000 because a clerk with the New York State Office of Alcoholism and Substance Abuse Services drew a line through our budget without the benefit of knowing who we really are, who we serve and how effective we have been for decades. We responded – staff, board members, community activists, youth and parents, many of whom are here this evening – we responded swiftly and strongly. The Commissioner of that State Office that sought to close us down was flooded by phone calls, emails, faxes, and letters and guess what?; the funding was fully restored in a matter of days. Who says you can't fight City Hall?

And now we need to do it again, but this time it is not just for vital services for immigrant youth at the Guidance Center – as our Hispanic Family Life Center is at risk – but this time we need to fight for all youth services across Nassau County.

On each table is a list of people to contact and a simple message. One to Mr. Suozzi that says restore youth services; and one to State legislators that says support new revenue streams to help support youth services.

I ask each of you to commit to contacting at least one of the people on these pages by phone, fax, mail, email or phone. Let your voice be heard. If you have the time to hand write a note and mail or fax it that will be great. Hand written letters carry much weight despite the electronic age we live in. Let your voice be heard and let's demonstrate that Community Unity is more than a slogan but something real, something powerful and something that can truly make a difference.