



Community Behavioral Health Services

**New York State Budget
Fiscal Year 2007-2008**

A Briefing Book

February 2007

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**The Coalition of Behavioral Health Agencies, Inc.
(New York City and environs)**

State Fiscal Year 2007-2008 Budget Briefing Book

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The Coalition of Behavioral Health Agencies, Inc. is the umbrella advocacy organization for New York City’s non-profit community behavioral health sector. The Coalition represents over 100 providers that collectively offer services, treatment and housing to more than 300,000 individuals and families in the five boroughs of the City and its environs. For more information on the Coalition, or for additional copies of our Budget Book, please contact Michael Polenberg, Director of Policy and Advocacy, at (212) 742-1600 ext. 102, or via e-mail at mpolenberg@coalitionny.org.

Executive Summary: Response to the Budget

The Coalition supports:

- Cost of Living Adjustment (Year II) for most mental health and substance abuse programs;
- Enhanced rates for licensed and unlicensed mental health housing;
- Investment in new over 2,600 units of mental health housing;
- Continued investment in children's mental health;
- "Rightsizing" Inpatient Hospital Capacity;
- Examination of outcomes for detoxification services;
- Continued investment in suicide prevention & geriatric mental health initiatives;
- Investment in forensic mental health programs and capacity;
- Investment in research relating to children's mental health;
- New substance abuse treatment capacity for veterans returning from Iraq and Afghanistan;
- New substance abuse treatment capacity in Long Island;
- Investment for ongoing mental health and substance abuse capital needs.

The Coalition opposes:

- Mandatory enrollment of New Yorkers with serious and persistent mental health needs into Medicaid Managed Care plans for their primary healthcare;
- Including anti-depressant medication in the State's Preferred Drug List (PDL);

The Coalition is concerned by:

- Proposal to recoup nearly \$8 million in funding from providers for "excessive or improper billing", mostly of Medicaid dollars.

Detailed Comments on the SFY 2007-2008 Executive Budget

OFFICE OF MENTAL HEALTH (OMH)

Cost of Living Adjustment (Year II). The Coalition **applauds** the inclusion of \$30 million in new funding associated with year two of the multi-year COLA proposed last year. This new funding, when added to the \$23.5 million included in year one of the COLA, will continue to help many community-based behavioral health providers address inflationary costs in virtually all non-trended programs. The COLA, which is expected to be 2.5% this year, will apply to both State funding and Medicaid dollars associated with some programs.

The Coalition is gratified that the Administration continues to acknowledge the structural challenges that providers face in trying to offer quality, results-oriented treatment while having no structural mechanism to address inflationary costs. Ultimately, a more comprehensive long-term solution to address inflationary costs will need to be enacted if the community behavioral health sector hopes to remain vibrant in the years ahead. **The Coalition asks the legislature to support its proposal to reform and restructure the rate methodology for Article 31 Clinics**, one of the most heavily-utilized yet under-funded treatment options for New Yorkers with psychiatric disorders.

Investment in Housing Rates and Units. The Coalition **enthusiastically supports** the inclusion of:

- \$6.3 million to enhance the rates for the Supported Housing Program. Over the past three budget cycles, the State will have invested nearly \$20 million into this chronically under-funded program;
- \$12.6 million to enhance the rates for Community Residence and Family Based Treatment Programs. OMH contends that this funding represents the first installment in a three-year investment into these critical programs;
- \$9.1 million (\$12 million annualized) to fund 2,000 new units of Supported Housing to address residency needs statewide;
- \$12.9 million to fund 625 new units of housing included in the New York/New York III Agreement; and
- Increased funding of \$107 million to address inflationary costs associated with the development of housing units currently in the pipeline.

The Coalition is particularly thankful for the remarkable investment in shoring up rates for existing licensed and unlicensed housing. While structural inequities between

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reimbursement and actual expense continue to plague supported housing providers, the combination of the rate increase and the COLA should help to alleviate some of these funding imbalances in the short term. **The Coalition asks the Assembly and the Senate to pass legislation to preserve the fiscal viability of OMH supported housing by insulating providers from annual increases in property and property-related costs.**

Investment in Children’s Mental Health. The Coalition **commends** the inclusion of:

- Continued investment of \$62 million for the “Achieving the Promise” children’s mental health initiative;
- \$2.6 million (\$4.6 million annualized) for 180 new Home and Community Based Waivers to treat children and adolescents in non-institutional settings;
- \$500,000 to assist in the transition of out-of-state foster care placements into in-state appropriate mental health programs;
- \$300,000 to replace expired Federal dollars that supported mental health services in schools.

The Coalition furthermore asks the legislature to mandate that OMH offer an immediate

“Rightsizing” the Inpatient Hospital Capacity. The Coalition is **very pleased** that OMH, together with consumers, State and local government, outpatient providers, family members, unions, and hospitals, will collaborate on a task force to “seek opportunities to eliminate unnecessary State inpatient capacity while continuing to provide the highest quality mental health services in the least restrictive setting.” Over Should savings be identified during this process, we urge the State to reinvest those dollars into the community based mental health sector, where the majority of psychiatrically disabled New Yorkers receive their care.

Proposal to Recoup Nearly \$8 Million from Providers. The Coalition is **very concerned** about a proposal in the Governor’s budget to identify \$7.7 million in savings through “increased identification of fiscal and/or programmatic actions requiring examination and resolution.”

The Coalition is insistent that this OMH-OMIG review process be fully transparent and include an appeals mechanism for providers. Furthermore, while OMH and OMIG may indeed find savings through their combined efforts, there is no way of knowing before the process has been put into place, how much savings will in fact be generated. By assigning a target number to the proposal, we fear that the State will back into that figure whether or not actual savings have been realized.

Continued Funding for Suicide Prevention Efforts (SPEAK) & Geriatric Mental Health Act. The Coalition is **pleased** that the Governor’s budget includes \$1.5 million to continue the investment in suicide prevention and awareness initiatives, as well as

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\$2 million to support demonstration programs included in the Geriatric Mental Health Act.

In order to ensure that mental health programming can adequately meet the needs of a growing aged population, **the Coalition asks the legislature to support an enhancement of \$3 million for geriatric mental health services.**

Forensic Mental Health Investments. The Coalition is **pleased** that the Governor's budget recognizes the need for adequately funded mental health services for consumers in correctional settings, and adds \$2 million to support 38 FTE's for this purpose. Funding for this initiative will grow to \$9 million when fully annualized. The budget also includes \$400,000 to help connect incarcerated women with mental illness to appropriate community services.

Additional Investments. The Coalition is **pleased** that the Governor's budget includes new or continued funding for the following initiatives:

- New funding of \$1.2 million (\$1.9 million annualized) for "supporting trend factor increases for Residential Treatment Facilities."
- New funding of \$1.5 million to "enhance children's mental health treatment and support services". The funding will support 15 FTE positions at the OMH Research Institutes (10 at Nathan Kline, 5 at NYS Psychiatric Institute);
- New funding of \$600,000 to add supported employment slots;
- New funding of \$900,000 to "address program growth in CPEPs"
- New funding of \$2.7 million to "offset a reduction in federal CMHS block grant funds."

Office of Alcoholism & Substance Abuse Services (OASAS)

Cost of Living Adjustment (Year II). The Coalition is **pleased** that the Governor's budget includes \$11.9 million in funding for Year Two of the Multi Year COLA proposed last January.

Additional Treatment Bed Capacity. The Coalition is **pleased** that the Governor's budget includes \$25.4 million in bonded capital funds to add 100 new treatment beds for veterans with chemical dependency disorders who are returning from Iraq and Afghanistan, as well as \$26.6 million in bonded capital funds to fund 100 new treatment beds to be located in Long Island.

Improving Infrastructure of Existing Treatment Facilities. The Governor's budget includes \$120 million in bonded capital funds over a five-year span to "either relocate or extensively renovate existing chemical dependence treatment programs, whose aging infrastructure results in the inefficient delivery of treatment services and jeopardizes the health and safety of clients and staff."

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Examination of Outcomes for Detoxification Services. The Coalition is **pleased** that OASAS, together with hospitals and outpatient providers, will collaborate on a task force “charged with reform of the expensive hospital-based detoxification service system. Reforms will improve treatment outcomes addressing the problem that only some 20 percent of hospital admissions for non-complicated detoxification are currently linked to follow-up treatment within 30 days of discharge. The task force’s goals include developing more person-centered approaches to care, implementing equitable reimbursement methodologies with incentives to improve treatment outcomes, and ensuring services are delivered in clinically appropriate settings.” Should savings be identified during this process, we urge the State to reinvest these dollars into community-based substance abuse treatment settings.

State Department of Health (DOH)

Anti-Depressants & PDL: The Coalition **opposes** a proposal in the State DOH budget to end the exemption of anti-depressant medication from the Preferred Drug List. In prior years, mental health medications were not included in the PDL.

Managed Care & Mental Health: The Coalition **opposes** a proposal to mandate the enrollment of New Yorkers with serious and persistent mental illnesses into Medicaid managed care plans for their primary healthcare.

Reform and Restructuring of Clinic Reimbursement Rates

The Need: Reform and restructure Article 31 mental health clinic reimbursement to reflect actual costs and to ensure successful outcomes for consumers.

Article 31 mental health clinics are facing a financial crisis. Since mental health clinics provide vital services to consumers seeking treatment and recovery, the risk to the survival of community based clinics has real consequences for vulnerable individuals; potentially exacerbating homelessness, emergency room visits, re-hospitalization, drug addiction, physical illness, unemployment and interaction with the criminal justice system.

In response to this crisis, the Coalition has spent the better part of two years examining the numerous costs incurred by dozens of clinic providers. We also examined the inadequate and restrictive nature of the Medicaid reimbursement that these providers receive for providing this care. Based on the study, The Coalition developed a proposal for a more creative and cost-sensitive method of reimbursement; one that accounts for a range of costs - direct and indirect - associated with providing service to diverse consumers in a variety of settings.

Background

For nearly fifty years, Article 31 clinics have formed the backbone of the community-based mental health sector. In the single year of 2003, over 90,000 men, women and children received treatment from community-based Article 31 clinics, comprising almost 80% of New Yorkers who sought publicly-funded mental health care.

But while this treatment modality is among the most commonly utilized, it is also increasingly one of the most poorly funded. Current Medicaid rates for mental health clinics, not including COPS, cover roughly half of what it costs for most clinic providers to offer basic treatment and care to their consumers. For those clinic providers who regularly see consumers with complex forensic histories, co-occurring addictive disorders or who have endured long periods of homelessness, the discrepancy between cost and reimbursement grows exponentially. The same is true for high need geriatric clients and children in foster care settings.

Existing clinic reimbursement rates do not account for inflationary factors like yearly rent hikes, fuel and energy expenses and the cost of training, retaining, and supervising professional staff. The standards increase for client tracking, accountability and successful outcomes, but reimbursements fail to keep pace with the costs of service. The rates do not account for a variance in the types of populations served, thus offering the same basic rate for a costly visit to a homebound elderly and infirm consumer that it does for an office visit

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for a more ambulatory individual. The rates only marginally account for the much higher cost of treating children and adolescents.

Our Recommendation

The Coalition, together with our colleagues from around the State, advocates for a new system of reimbursement for Article 31 clinic providers that will support a more efficient and sustainable therapeutic relationship between providers and consumers, and will help reduce State costs in more expensive and dehumanizing settings such as hospitals, jails, shelters and prisons. To safeguard providers and the State from Federal audits, the proposal will ensure that essential non-Medicaid services will only be funded by non-Medicaid dollars. Case management services connected to the treatment of certain high-service need consumers will help expedite the coordination of behavioral, primary and acute care. The State will also fund rehabilitation services that Medicaid will not cover as the system moves to client centeredness and toward a greater recovery orientation.

The Coalition recommends a system of reimbursement for Article 31 clinic providers in which rates are:

- Based on uniform regional rates; adjusted according to the respective staffing model (i.e. fee-for-service or full time staff with benefits);
- Annually adjusted using an established inflation indicator;
- Periodically rebased to reflect new technologies and requirements;
- Inclusive of a property pass-through component to address skyrocketing rental and energy costs;
- Adjusted by supplementary reimbursement to address the high-service needs of target priority populations; and
- Tied to certain performance outcomes that reflect State target populations.

We ask you to consider our proposal and to work with us and the Governor's Division of Budget and the State Office of Mental Health in the months ahead to ensure that Article 31 clinics can continue to offer life-sustaining treatment to New Yorkers living with psychiatric disabilities.

Enhance Children's Day Treatment Rates

The Need: Enable children's day treatment programs to be eligible for the same funding increases recently offered to children's clinic providers.

Providers licensed to operate children's day treatment programs offer comprehensive therapeutic and educational care to children and adolescents with serious emotional disorders. In exchange for offering this care, providers receive just \$72 per child per day, a figure which is grossly inadequate to cover even the basic costs associated with operating this program. The mental health COLA does not apply to the base rates for these programs; nor do recent incentives that were offered to children's clinic providers. Absent new funding, children's day treatment programs will likely be unable to survive.

Background

Children's day treatment programs are designed to serve children ages 0 to 18 years old with severe emotional and behavioral illnesses while maintaining them in the community and preventing costly hospitalization and inpatient care. Day treatment programs provide a range of mental health and age-appropriate educational programs. Intervening and providing this specialized service at an early age helps prevent more costly care in later years.

The staffing pattern for a day treatment program is very rich compared to other outpatient programs. These programs typically require an on-site team of psychiatrists, psychologists, speech and language specialists, social workers, physical, occupational and art therapists, and nurses.

For all of this care and coordination of a child's mental health and educational needs, providers currently receive a base rate of just \$72 per child per day. The current reimbursement rate does fall dramatically short in covering all of the services these agencies are required to provide. The New York State Office of Mental Health reports that there are twenty agencies in NYC that have day treatment programs, serving approximately 1,600 children. Unfortunately, a number of programs are facing deficits while others have chosen to close their doors. Any additional loss of day treatment slots will be catastrophic to the mental health of thousands of children.

Our Recommendation

Three years ago, the Office of Mental Health incentivized the addition of weekend and evening hours for children's mental health clinic providers, believing that the flexible hours would more adequately serve the needs of younger people and their caretakers. OMH also incentivized providers who participated in State-approved Continuous Quality Improvement reviews to ensure certain performance standards were being met. While these initiatives were helpful for one setting where children and adolescents with serious emotional disorders are routinely seen – Article 31 mental health clinics – it was not

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applied to children's day treatment programs, despite the fact that this setting offers intensive therapeutic and educational care to thousands of children and young adults throughout the State each day. Furthermore, the mental health COLA enacted in last year's budget, while helpful to many programs and services, did not apply to the base rates for children's day treatment programs. **We ask the legislature to make funding available to:**

- **Provide a 10% increase to the base rates for children's day treatment programs; and**
- **Enable these programs to participate in the same Continuous Quality Improvement and weekend and evening accessibility incentives recently offered to children's clinic providers.**

Preserve Fiscal Viability of OMH Supported Housing

The Need: Support the Governor's \$6.3 million rate increase for supported housing, and pass legislation to fund property and property-related expenses at cost.

The Governor's proposed Executive Budget includes \$6.3 million for a rate increase for the State Office of Mental Health's Supported Housing Program. Combined with increases over the previous two years, the State will have added nearly \$20 million for this important program, which has been enormously successful in reducing the number of homeless and under-housed mental health consumers in New York City. Prior to these increases, however, there had been no rate adjustment for supported housing for over a decade, during which time inflationary capital costs quickly eroded the service dollars which were designed to make this program so effective. In order to prevent another lengthy lapse between rate increases, we ask the Senate and Assembly to pass legislation to compel the State to absorb the cost of property and property-related increases— rent, fuel and energy, maintenance and repair, and insurance. This legislation would help ensure that this program could continue to play a leading role in reducing the incidences of homelessness in our region.

Background

Over the past two years, the State has offered two modest but much-needed rate increases for the OMH Supported Housing program, which combines a rental apartment with a modicum of social services for homeless or under-housed mental health consumers. Providers receive a fixed grant which is to be split between property costs related to the rental apartment and case management for the consumer tenant.

But roughly over this same period, there was a 10% increase in the Fair Market Rent (FMR) for a one-bedroom apartment in New York City, to over \$1,000 per month. Providers report to us that they're rarely able to find rental units at that cost, particularly given the recent gentrification in previously affordable neighborhoods throughout the City. Fuel costs, meanwhile, have increased an average of 21.4% over the last two years, while insurance costs have risen 5.7%. With every spike in the costs for fuel and energy, property insurance and rent, providers are forced to shift ever-increasing portions of their grant allocation away from the social service component to cover these property expenses.

Meanwhile, the crisis of homelessness continues in New York City. According to the City's Department of Homeless Services, over 35,000 men, women and children currently reside each night in the municipal shelter system. At least 3,000 more sleep unsheltered on the streets, in the subways and in our parks. Moreover, for single adults living in shelters or on the streets, the prevalence of mental illness ranges from 30% to 50%. Given these

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figures, it is more critical than ever that every available unit of mental health housing be preserved.

Our Recommendation

Certain licensed mental health housing programs are able to pass along their capital costs to the State. The mechanism that allows these programs to do so is “4138” legislation which was enacted in the mid-1980’s. This structure insulates housing providers from yearly increases in property costs, and allows them to instead focus on offering effective case management and treatment to consumers with debilitating psychiatric disorders. **In order to ensure the continued viability of the Supported Housing Program as a cost-effective alternative to homelessness, jails and hospitals, we urge you to:**

- **Support the Governor’s \$6.3 million enhancement to existing rates; and**
- **Pass legislation that would fund property and property-related expenses at cost so that social service dollars can be directed to the consumer instead of rent.**

Increasing Dual Disorder Competencies For Providers

The Need: A pilot program for increasing agency dual diagnosis competencies among Blended Case Management teams, the addition of psychiatry services to chemical dependency providers to screen and assess for mental health disorders, and the addition of CASAC hours to mental health clinics.

Background

The Coalition's members continue to report sharp increases in the number of clients they serve who suffer from co-occurring mental health and chemical dependency disorders. Unfortunately, many of these clients are directed to one program for their mental health diagnosis, and another program for their alcohol or drug addiction. This fragmented service delivery system often results in poor outcomes for clients, which in turn contributes to higher costs associated with hospitalization, emergency room use and detoxification.

One of the most common venues where our providers come into contact with dually diagnosed clients is through the Blended Case Management (BCM) teams. These teams were designed to have the mobile capacity to deliver services in natural community settings as well as the ability to provide more direct, concrete services, such as assisting individuals obtain benefits and entitlements, or supporting them in negotiations with landlords. The idea behind BCM's is to tailor case management services to the needs of individual recipients, rather than imposing a single model of service intensity on all recipients. In order to be successful, BCM's must have the capacity to treat individuals with co-occurring psychiatric and addictive disorders.

Recommendation

Expand the dual diagnosis capability of existing services by providing an enhancement of \$10,000 to each of the fifty Blended Case Management teams statewide. With this enhancement, BCM teams would be able to train existing team members, hire a team member with higher specialization in treating individuals with co-occurring disorders, or a combination of both. **The Coalition requests a legislative addition of \$500,000 to the State Office of Mental Health to increase the dual diagnosis competence of Blended Case Management teams.**

Another way to help increase the ability of providers to recognize and treat clients with co-occurring disorders is to add psychiatric hours to the staff of chemical dependency agencies. The addition of 7 psychiatric hours per week for 15 providers for a total cost of \$500,000 would allow these agencies to more accurately screen and assess for mental health disorders and thus offer a more responsive treatment regimen for the clients who need it the most. Currently, chemical dependency providers hire internists who help with medical issues related to diabetes, high-blood pressure, HIV, and many other physical

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disorders common to long-term substance abusers. They are not reimbursed to hire psychiatrists. **The Coalition requests a legislative addition of \$500,000 to the State Office of Alcoholism & Substance Abuse Services to allow chemical dependency agencies to assist clients with dual disorders.**

Add Substance Abuse Treatment to Parity Law

The Need: Add alcohol and substance abuse treatment to 2007 Parity Law.

The Coalition is delighted that a long sought after mental health parity bill was signed into law this past December, and is now in effect throughout New York State. The legislation allows millions of New Yorkers with commercial insurance broader access to mental health treatment, on both an inpatient and outpatient basis.

Unfortunately, the legislation signed in December excluded parity coverage for treatment of alcohol and substance abuse disorders. **We urge lawmakers to modify the current parity law to reflect the need to over parity coverage to the hundreds of thousands of New Yorkers seeking treatment for addictive disorders.**

Enhance Funding for Geriatric Mental Health

The Need: Add \$3 Million to expand ability of mental health practitioners to screen, assess and treat aged New Yorkers for psychiatric disorders.

Current projections indicate that from 2000 to 2030 the population of older adults ages 65 and older will rise from 35 million to 70 million. In addition, the number of older adults with mental illness will double from 7 million to 14 million. As the geriatric population grows, the need for geriatric mental health services will grow as well.

Enhanced funding for the Geriatric Mental Health Act will increase capacity of the geriatric mental health system, will enhance access to effective community-based services for older adults, and will lay the groundwork for meeting future mental health needs of this population. The Governor's proposed Executive Budget continues to fund the Geriatric Mental Health Act at \$2 million. In order to ensure that mental health providers can effectively reach out to this growing population, **the Coalition urges the legislature to add \$3 million to this initiative.**

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**Member Agencies
2007**

AIDS Center of Queens County	Good Shepherd Services
Andrus Children's Center*	Guidance Center of Brooklyn
Association for Case Management and Housing	Hamilton-Madison House
Astor Child Guidance Center	Henry Street Settlement
Barrier Free Living	Hudson Guild
Beacon of Hope House	Institute for Community Living
Black Veterans for Social Justice, Inc.	Institute for the Puerto Rican/Hispanic Elderly
Blanton-Peale Institute	International Center for the Disabled
Bleuler Psychotherapy Center, Inc.	Jewish Association of Services for the Aged
Bowery Resident's Committee, Inc.	Jewish Board of Family & Children's Services
Boys and Girls Harbor	Jewish Child Care Association
Bridge, Inc., The	Jewish Guild for the Blind
Brooklyn AIDS Task Force	John Heuss House
Brooklyn Bureau of Community Service	Joseph P. Addabbo Family Health Center
Brooklyn Community Housing & Services	Karen Horney Clinic, Inc.
Brooklyn Psychiatric Center, Inc.	League Treatment Center
Builders for the Family & Youth	Lexington Center for Mental Health Services
Canarsie Aware	Lifeline Center for Child Development
Care for the Homeless	Lenox Hill Neighborhood House
CASES (Center for Alternative Sentencing & Employment Services)	Lower East Side Service Center
Center for Behavioral Health Services	Lutheran Social Services of Metropolitan NY
Center for Urban Community Services	Metropolitan Center for Mental Health
Children's Aid Society, The	Metropolitan Council on Jewish Poverty*
Church Avenue Merchants Block Association	Neighborhood Care Team
Clubhouse of Suffolk, Inc.*	Neighborhood Coalition for Shelter
Columbia University - Harlem Rehabilitation Center	New York Service Program for Older People
Comunilife	Northside Center for Child Development
Community Counseling & Mediation	Odyssey House
Community Healthcare Network	OHEL Children's Home & Family Services
EAC, Inc. (Education & Assistance Corporation)	Palladia, Inc.
Educational Alliance	Paul J. Cooper Center for Human Services
F.E.G.S.	Pesach Tikvah – Door of Hope
Fifth Avenue Center for Psychotherapy (NYANA)	Post Graduate Center for Mental Health
Fordham-Tremont CMHC	Project Hospitality
Fountain House	Project for Psychiatric Outreach to the Homeless
Goddard Riverside	Project Renewal
	PSCH
	Puerto Rican Family Institute
	Rainbow Heights Club

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Riverdale Mental Health Association
Safe Horizon
Safe Space
Samaritan Village, Inc.
Samaritans of NYC
Samuel Field YM-YWHA CAPE
Sequoia Community Initiatives
Services for the Underserved
SI Behavioral Network
Sky Light Center
Spanish Speaking Elderly Council
RAICES
St. Francis Friends of the Poor
St. Vincent's Services
Staten Island Mental Health Society, Inc.
Steinway Child & Family Services
Supportive Housing Network of NY*

The Child Center of NY
Transitional Services of New York, Inc.
Union Settlement Association
University Consultation & Treatment Center
University Settlement House
Upper Manhattan Mental Health Center
Urban Pathways
Venture House
Visiting Nurse Services of New York
Volunteers of America – Greater New York
Westchester Jewish Community Services*
Weston United Community Renewal, Inc.
William F. Ryan Community Health Center
Women in Need

* Signifies Affiliate Member