



Community Behavioral Health Services

New York State Budget Fiscal Year 2008-2009

A Briefing Book

February 2008

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

State Fiscal Year 2008-2009 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:

Office of Mental Health (OMH)

- Cost of Living Adjustment (Year III) for most mental health programs;
- Proposal to extend the COLA until 2012;
- Initial steps towards Article 31 mental health clinic rate reform, including:
 - Increasing bottom tier of COPS supplemental fees to regional “floor”;
 - Eliminating volume cap on COPS; and
 - Eliminating Medicaid neutrality restrictions.
- Additional Interim Specialty Clinics to treat children and adolescents with serious emotional disturbances;
- Enhanced reimbursement for Family Care providers;
- Addition of Family Support Services to Child and Family Clinic Plus;
- Expansion of 1,500 new Supported Housing beds;
- Capital appropriations to fund 500 new mixed-use congregate supportive housing units;
- Rate Increase (Year II) for licensed mental health housing models
- Article VII language encouraging more flexible use of existing mental health housing, particularly licensed units;
- Co-occurring disorder initiative aimed at providing integrated care to individuals with dual psychiatric and addictive disorders;
- Primary and behavioral health initiative to fund two pilot projects addressing wellness and care coordination for consumers with chronic health conditions;
- Enhanced vocational funding for PROS;

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Office of Alcoholism and Substance Abuse Services (OASAS)

- Cost of Living Adjustment (Year III) for most substance abuse programs;
- Proposal to extend the COLA until 2012;
- Development of 21 new Community Recovery Centers;
- Capital appropriations to fund 120 new community residential and/or supportive living beds;
- Additional capital appropriations to address infrastructure needs of addiction programs, and to fund 500 new mixed-use congregate supportive housing units;
- Additional capital appropriations to address infrastructure needs of OASAS Alcohol Treatment Centers;
- Funding for housing for adolescents and women with children;
- Funding for 125 scattered site apartments with case management services;
- Funding for a study to examine current reimbursement formulas and policies and to make recommendations that will promote high quality services

Department of Health (DOH)

- Funding to create a centralized way to enroll individuals in Medicaid, and to facilitate this enrollment by community based organizations.

The Coalition opposes:

Department of Health (DOH)

- Including anti-depressant medication in the State's Preferred Drug List (PDL);

Enhance Children's Day Treatment Rates

The Need: Preserve the fiscal viability of these valuable services for children and adolescents with serious emotional disorders

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 included in the Governor's budget proposal does not apply to the base rates for these programs. Last year, no fewer than seven children's day treatment programs throughout the State were forced to close their doors in large part due to inadequate funding. Absent new investments, additional programs will likely do the same.

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 just \$72 per child per day. The current reimbursement rate falls dramatically short in covering all of the services these agencies are required to provide. Community based non-profit providers in New York City currently serve approximately 800 children. Unfortunately, a growing 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

Last year, the legislature voted to add \$350,000 for children's day treatment programs to the State budget. **We ask the legislature to continue this effort by raising the reimbursement fee to \$100, which more accurately reflects the cost of providing treatment in these settings.**

Investment in Community Based Detoxification

The Need: Legislation and investment to shift detoxification resources to more effective and cost-effective settings.

Background

The State is increasingly committed to investing resources in settings that produce the most effective outcomes for New Yorkers living with disabling conditions. For individuals in need of medically managed detoxification services, the options for care have for the most part been limited to inpatient hospital settings. Unfortunately, outcomes associated with these settings have not always been strong. The State Office of Alcohol and Substance Abuse recently tracked a number of individuals who received hospital-based detoxification services repeatedly throughout the course of a year and found that the repeated use of services came at considerable expense to taxpayers and with little to show in the way of recovery or sobriety for the individual.

Recommendation

The Coalition strongly urges the Assembly and the Senate to pass legislation that would ensure that savings realized from the anticipated paring down of hospital-based detoxification over the next several years are reinvested into community-based settings. This legislation will guarantee critical funding to fill existing gaps in services, to improve continuity of care and to support initiatives that bring evidence-based treatment into practice, particularly in the community-based service sector. By making a commitment to reinvest savings, the legislature can affect far better outcomes for individuals utilizing detoxification services, and for the chemical dependency and health care system in general.

The Coalition also urges the legislature to appropriate \$8 million in the Executive Budget to immediately strengthen community-based services where outcomes are better and sobriety and recovery are more enduring.

Clubhouse/Psychosocial Club Enhancement

The Need: An expansion of employment opportunities for members of clubhouses and psychosocial clubs.

Employment rates for individuals with mental health disorders continue to languish far behind those of their non-disabled peers. Meanwhile, consumers throughout the State continue to cite employment as an important goal of their recovery. For the large cohort of consumers who seek rehabilitative services through clubhouses and psychosocial clubs, the opportunity for employment could be greatly enhanced through a modest 5% increase in State aid dollars dedicated to job-related initiatives. This funding could be used to hire job coaches and/or employment counselors to help move consumers into the job market, a cornerstone of recovery. **We ask the legislature to add \$2 million to fund an employment initiative in clubhouses and psychosocial clubs throughout the State.**

Enhance Funding for Geriatric Mental Health

The Need: Add \$4.5 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 \$4.5 million to this initiative.**

Expand New York State's Parity Law

The Need: Provide parity for coverage of mental health, alcohol and substance abuse treatment to Child and Family Health Plus programs.

The Coalition is delighted that a long sought after mental health parity bill was signed into law after years of advocacy, 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, since the law did not apply to coverage through the Child and Family Health Plus programs, a significant portion of the State's population continues to face discriminatory restrictions for mental health, alcohol and substance abuse treatment. **We urge lawmakers to include coverage for these treatments for New Yorkers enrolled in Child and Family Health Plus programs.**

Expand Licensing of Social Workers

The Need: Re-open the "Grandparent" Clause for Social Work Licensure

The social work license law that went into effect several years ago allowed for a limited window of opportunity for existing certified social workers (CSWs) to become Licensed Clinical Social Workers (LCSWs). That window is now closed, and yet among our own membership hundreds of eligible social workers were unable to take advantage of the opportunity for systemic reasons beyond their personal control. The result is that these individuals will be unable to bill Medicare in settings such as Article 31 clinics. Ultimately, in 2010, social workers without the LCSW designation will be prohibited from billing Medicaid too, the fiscal backbone of the community behavioral health sector. This will have a serious impact on the revenue generation of community based treatment providers. **The Coalition urges the legislature to re-open the "Grandparenting" window of opportunity to help address workforce shortages in this field.**

Detailed Comments on the SFY 2008-2009 Executive Budget

OFFICE OF MENTAL HEALTH (OMH)

Cost of Living Adjustment (Year III) -- \$30 million. The budget includes \$30 million in new funding associated with Year Three of the multi-year COLA enacted two years ago. This new funding, when added to the \$53.5 million included over the past two years, will continue to help community-based behavioral health providers address inflationary costs in virtually all non-trended programs, and will greatly help in the retention and recruitment of qualified staff. The COLA, which is tied to the Consumer Price Index, will apply to both State funding and Medicaid dollars associated with some programs. While the COLA will not apply to the base Medicaid fees for Article 31 clinics, Continuing Day Treatment Programs or Children's Day Treatment programs, it will apply to any supplemental fees these programs receive (i.e., COPS Level I & II, CSP, etc.).

Furthermore, the Governor's budget demonstrates an ongoing commitment to the behavioral health workforce by means of his proposal to fully fund an additional three-year COLA through SFY 2011-2012. Notably, Child and Family Clinic Plus would be newly eligible to receive yearly rate increases through this second three-year COLA. This unprecedented six-year investment will go a long way to helping community-based providers sustain effective and empowering programs for New Yorkers in need.

Preliminary Steps Toward Article 31 Clinic Rate Reform -- \$5 million (annualized to \$10 million State, \$20 million gross). The Coalition has been working closely with SOMH to reform the way in which Article 31 mental health clinics are reimbursed, and to increase access to and capacity for what Commissioner Hogan has referred to as the "portal to the community mental health system." This engagement is a multi-year process.

The State's proposal, effective July 1, will:

- Apply the third year of the COLA to supplemental fees generated by Medicaid visits (i.e., COPS level I & II and CSP);
- Rebase COPS levels according to volume. For providers who exceeded their COPS volume threshold, the State will rebase, using data from the previous year; for providers who did not reach their volume threshold, the State will use rolling data from the previous three years;
- Increase supplemental fees to the lowest-reimbursed providers within each geographical region. For example, NYC clinic providers who comply with CQI initiatives would receive no less than \$100 per visit through a combination of

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base and supplemental fees; providers whose visits already exceed that amount would be left untouched;

- Eliminate the volume cap on COPS. In other words, providers will receive COPS on every reimbursed clinic visit during the year and thus will no longer be obligated to remit “excess” COPS payments to the State; and
- Eliminate Medicaid neutrality restrictions that long have deterred clinic and volume expansion. Providers interested in obtaining new clinic licenses or expanding existing clinics will still need to submit a PAR application demonstrating unmet need.

The proposal will also require that clinic providers receive reimbursement from managed care companies before billing Medicaid for the COPS portion of a visit. It is important to note that managed care providers offer significantly lower rates than Medicaid fee-for-service, and is a problem that must eventually be addressed if clinics are to remain viable.

OMH continues to work with stakeholders throughout the State, including The Coalition staff and designated members, in a process responsible for developing a clinic rate reimbursement methodology that:

- 1) is cost-based;
- 2) phases out COPS;
- 3) reimburses for the full range of services required by high needs and targeted consumer populations;
- 4) designs measurable outcomes;
- 5) compensates providers for indigent care;
- 6) addresses the differential between Medicaid Managed Care and fee-for-service rates; and
- 7) is HIPAA compliant.

The Coalition remains thoroughly engaged in this continuing and collaborative effort with State policy makers over the next several years.

Child and Adolescent Mental Health -- \$2.8 million (annualized to \$8.3 million).

The budget contains three proposals to invest new resources into programs and services for child and adolescent mental health.

- Fund additional Interim Specialty Clinics to treat children and adolescents with serious emotional disturbances (\$300,000);
- Enhance reimbursement for Family Care providers (\$1.5 million, annualized to \$3 million); and
- Add Family Support Services to Child and Family Clinic Plus (\$1 million, annualized to \$5 million).

Investment in Housing Rates and Units. The budget provides for new housing opportunities above and beyond the units included in the historic New York/New York III

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Agreement, as well as funding for the second year of a rate increase for licensed mental health housing. The Governor's proposal includes:

- Expanding 1,500 new Supported Housing beds, beginning January 2009. (\$1.1 million, annualized to \$18.1 million).
- Capital appropriations to fund 500 new mixed-use congregate supportive housing units (\$125 million in capital funds);
- Funding to convert existing adult homes on perilous financial footing into mental health housing (\$20 million in capital funds from DOH and CQC);
- Rate increase for Community Residences and Family Based Treatment models. This is year two of a three-year initiative. (\$12 million, effective July 1).
- Article VII language to allow for more flexible use of existing mental health housing, particularly licensed units.

Co-Occurring Disorder Initiative -- \$1 million (annualized to \$2.5 million). The budget includes a welcome new initiative co-sponsored by SOMH and OASAS and in partnership with DOH to fund demonstration projects aimed at providing integrated care to individuals with co-occurring psychiatric and addictive disorders. This has long been an area of great concern for Coalition members, and we have been active participants on a Statewide task force focused on breaking down silos to integrated care.

Primary and Behavioral Health Initiative -- \$1.5 million (annualized to \$2 million) The Governor proposes funding two pilot projects – one in Western New York, one in New York City – that address both the primary and behavioral health needs of high service need consumers in their programs. As data emerges about the much lower life expectancy of adults with serious and persistent mental illness, the Coalition is committed to examining models of care coordination and integration that offer a more holistic approach to wellness.

Enhanced Vocational Funding for PROS -- \$800,000 (growing to \$1.3 million next fiscal year). The budget recognizes the need for additional resources for vocational services within existing PROS programs, and also provides additional funding as more PROS programs come on line over the next year.

OFFICE OF ALCOHOL AND SUBSTANCE ABUSE SERVICES (OASAS)

Cost of Living Adjustment (Year III). Continuing the Administration's commitment to community based outpatient care, the Governor's budget includes \$12.5 million in funding for Year Three of the Multi Year COLA proposed last January. The budget also includes proposed funding for a second three-year COLA through SFY 2011-2012. This unprecedented six-year investment will go a long way to helping community-based providers sustain effective and empowering programs for New Yorkers in need.

Co-Occurring Disorder Initiative -- \$1 million (annualized to \$2.5 million). The Governor's budget also includes a new initiative co-sponsored by OMH and OASAS and in

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partnership with DOH to fund demonstration projects aimed at providing integrated care to individuals with co-occurring psychiatric and addictive disorders. This has long been an area of great concern for Coalition members, and we have been active participants on a Statewide task force focused on breaking down silos to integrated care.

Community Recovery Centers -- \$500,000 (annualized to \$2.7 million). The Governor's budget includes funding to develop 21 Community Recovery Centers over the next three years (6 in SFY 2008-2009; 8 in 2009-2010; and 7 in 2010-2011). These centers will provide assistance, counseling and information that will support sobriety.

Investment in Housing Units and Infrastructure. Also funded in this budget are new housing opportunities for individuals in addiction treatment and/or in recovery. The State's proposal includes:

- Capital appropriations to fund 120 new community residential and/or supportive living beds (\$24 million in capital funds; operation to begin in 2010-2011);
- Additional capital appropriations to address infrastructure needs of addiction programs. to fund 500 new mixed-use congregate supportive housing units (\$29.7 million in capital funds, for a total of \$84.5 million);
- Additional operating dollars for New York/New York III (\$3 million, for a total of \$11.5 million);
- Additional capital appropriations to address infrastructure needs of OASAS Alcohol Treatment Centers (\$2 million in capital funds, for a total of \$3 million);
- New funding for housing for adolescents and women with children (\$900,000);
- New funding for 125 scattered site apartments with case management services, effective October 1st. (\$800,000, annualized to \$1.6 million).

Reimbursement Reform Study -- \$200,000. Notably, the Governor includes funding for OASAS to contract with the Research Foundation for Mental Hygiene to examine current reimbursement formulas and policies and make recommendations "to accomplish equitable reimbursement and high quality services."

Problem Gambling -- \$440,000 (annualized to \$2.3 million). The Administration's budget includes funding to "expand problem gambling prevention services to an additional 18 counties effective October 1, 2008, and an additional 19 counties in October 2009." By then, these services will be available in every county in the State.

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DEPARTMENT OF HEALTH (DOH)

Inclusion of Anti-Depressants in PDL -- \$5 million in savings. The Coalition strongly opposes this proposal, and continues to insist that all mental health drugs be exempted from the PDL, as in years past.

State Enrollment Portal for Medicaid -- \$7.5 million. The Governor's budget includes funding to create a centralized way to enroll individuals in Medicaid, and to facilitate this enrollment by community based organizations.

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**The Coalition of Behavioral Health Agencies, Inc.
2008 Board of Directors**

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Coalition Senior Staff

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**Member Agencies
2008**

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

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

Supportive Housing Network 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