

**The
Coalition**

of Voluntary

Mental Health

Agencies, Inc.

Community Mental Health Services

New York State Budget Fiscal Year 2006-2007

A Briefing Book

February 2006

(212) 742-1600 www.cvmha.org

The Coalition of Voluntary Mental Health Agencies, Inc.
(New York City and environs)

State Fiscal Year 2006-2007 Budget Briefing Book

February 2006

Table of Contents

Coalition Response to the Proposed Budget (Executive Summary)	Page 2
An Examination of Clinic Rate Structures	Page 5
Child and Adolescent Mental Health	Page 7
Supported Housing Rate Structure	Page 8
Medicare Part D: The Need for a Safety Net	Page 10
Co-Occurring Disorders: Increasing Competencies	Page 12
Clubhouses: Strengthening the Base	Page 14
Property Costs: The Need for State Relief	Page 14
Geriatric Mental Health	Page 15
Suicide Prevention	Page 15
Membership Rosters (Who we are)	Page 16

The Coalition of Voluntary Mental Health Agencies, Inc. is the umbrella advocacy organization for New York City's non-profit community mental 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@cvmha.org.

Coalition Response to the Governor's Proposed Executive Budget

- **Three-year CPI-indexed COLA (2.5%) for nearly all non-trended mental health programs and services.**

The Coalition **enthusiastically supports** this proposal, which will infuse the community mental health sector with \$30.9 million in SFY 2006-2007. There will be additional calculations tied to the Consumer Price Index (CPI) in each of the next two years. When one adds the full value of the COLA over three years, the total value may exceed \$90 million in all funds.

The Coalition has long argued that the funding for many OMH-funded programs and services is stagnant while provider's expenses steadily increase each year. We are gratified that the Administration acknowledged and took steps to address this systemic problem in this year's budget. Ultimately, however, a more comprehensive long-term solution to address inflationary costs will need to be put into place if the community mental health sector hopes to remain vibrant in the years ahead.

- **Comprehensive Child and Adolescent Mental Health Initiative.**

The Coalition **enthusiastically supports** this \$62 million annualized initiative, which will offer a significant expansion of assessment, screening, outreach and treatment for children and adolescents throughout the State. The initiative includes \$33 million to increase both the access to, and availability of, clinic treatment for children and adolescents; \$21.5 million to fund over 350 new Home and Community Based Waiver slots; \$600,000 to provide Evidence Based Practices competence to 400 clinicians working with children and adolescents; and \$450,000 to perform tele-psychiatric outreach to young people in the State's more rural areas. The aforementioned 2.5% COLA will generate \$6.3 million in additional funding for a range of services for this population.

The Coalition applauds the Administration for addressing what has been for years a chronic deficiency in the mental health system – the delivery of services to a historically underserved population; namely, children, adolescents and their families.

- **Increase to Supported Housing Rates.**

The Coalition **enthusiastically supports** the increase of \$6.5 million to OMH's Supported Housing program. This funding increase will help providers, particularly those in New York City, continue to offer cost-effective housing with social services to previously homeless mental health consumers.

The Coalition of Voluntary Mental Health Agencies, Inc.
(New York City and environs)

State Fiscal Year 2006-2007 Budget Briefing Book

February 2006

The Coalition is particularly gratified that both last year's rate increase and this year's rate increase will be included in any calculations pertaining to the proposed 2.5% COLA. While structural inequities between 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. Ultimately, a rate increase tied to inflationary factors is needed to ensure the continued vitality of this important program.

- **New York/New York III Housing Initiative.**

The Coalition **strongly supports** the joint State-City investment of \$1.1 billion over ten years to fund 9,000 units of supportive housing for homeless and at-risk families and individuals, including those that are living with psychiatric disabilities. We thank the Governor, Mayor Bloomberg, the respective Commissioners from the State and City and their staffs for collaborating on this effort.

- **Medicare Part D Transition Initiative.**

The Coalition **supports with strong caveats** the Administration's decision to extend Medicaid coverage of pharmaceuticals for dually eligible New Yorkers who have been denied access to their medication through the new Medicare Part D Drug Plan and who are appealing the decision to their plan. While the extension is limited to six months, it will nonetheless help New York's 500,000 dual eligibles continue their prescription drug regimens during this very difficult and confusing transition process.

At the end of the six-month transition (June 2006), the Administration will offer a pared-down transition plan for a limited group of medications; namely, those that are taken to address specific ailments associated with mental illness, HIV/AIDS or organ transplant surgery. **The Coalition would strongly prefer an extension that covers the full gamut of medications for all health and mental health-related ailments.**

Finally, the Coalition is very concerned about co-payment costs for drugs obtained through the Medicare Part D Program. Particularly for individuals on fixed-incomes who may take five or six or even as many as twenty drugs each month, and who must pay between \$1 and \$5 out of pocket for each drug, the monthly out-of-pocket expense can be prohibitive. To avoid dually eligible New Yorkers from having to choose between prescribed medication and other essential needs, **the Coalition asks the legislature to cover the full cost of co-payments.**

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

State Fiscal Year 2006-2007 Budget Briefing Book

February 2006

- **Geriatric Mental Health Initiative.**

The Coalition **enthusiastically supports** the Administration's plan to direct \$2 million to fund a series of demonstration grants around the State related to mental health services for aged New Yorkers. We commend the Administration for recognizing the importance of designing services and programs that are tailored to the unique needs of elderly individuals living with psychiatric disabilities. The Coalition is a member of the Geriatric Mental Health Alliance.

- **Suicide Prevention Initiative (SPEAK).**

The Coalition **enthusiastically supports** the Administration's plan to direct \$1.9 million to fund suicide prevention initiatives throughout the State. With over 1,500 suicides completed in New York State each year, we applaud the Administration's efforts to raise awareness and conduct public education campaigns around this tragic, yet preventable issue.

An Examination of Article 31 Clinic Reimbursement Methodology

The Need: Support the Governor's three-year COLA for a wide range of community mental health programs, and develop a permanent reimbursement methodology for Article 31 clinics that accurately captures annual inflationary expenses

The Governor's proposed Executive Budget includes a three-year 2.5% Cost of Living Adjustment rate increase tied to the Consumer Price Index (CPI) for virtually all mental health programs and services. This proposal could potentially infuse the community mental sector with \$31 million in each of the next three years, funding that is desperately needed to keep programs afloat. We are gratified that the Administration recognizes the need for ongoing rate increases that follow inflationary trends for the sector, and we look forward to working with both the Executive and the legislature in developing a permanent methodology to track inflation for the sector as a whole, and for Article 31 clinics in particular.

Background

The community mental health sector offers the entire continuum of housing, services and treatment to New Yorkers living with psychiatric disabilities. It is estimated that 90% of New York's mental health consumers receive their care through the community based sector. In effect, the sector performs these tasks on behalf of the State but without the financial stability, including regular rate increases, offered to directly-operated State mental health programs. Unlike other healthcare sectors – even other behavioral healthcare sectors – community mental health agencies do not receive a trended increase to help them keep up with the rising costs of providing service.

The Coalition is particularly concerned about the financial footing of Article 31 clinics and continuing day treatment programs, whose base rate was excluded from the Governor's proposed COLA. Clinics historically treat individuals with serious and persistent mental health needs, who are often impoverished and multiply disabled, and are either uninsured or underinsured. Despite the \$6 million allocation to clinics included in last year's State budget, many clinic providers continue to face serious financial hardships. In fact, several New York City clinics have been forced to close their doors in the past year due to insurmountable deficits. Other clinic providers, unable to compete for scarce philanthropic dollars, have informed us that they may sadly follow suit. For a treatment modality that regularly serves over 90,000 men, women and children¹, any loss of clinic capacity, particularly in historically underserved neighborhoods, could be catastrophic.

¹ 2003 OMH Patient Characteristic Survey

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

State Fiscal Year 2006-2007 Budget Briefing Book

February 2006

Our Recommendation

The Governor's proposed three-year rate increase will certainly help those clinics that receive supplemental funding. But insurance rates, utilities, rents and salaries continue to rise exponentially each year. Without a long-term solution, contract dollars, fees and other reimbursements will continue to fail to keep pace with inflation.

The Coalition is currently in the development phase of a concept paper that will provide analysis of historic trends and comparative rate methodologies. Hopefully, this paper will serve as a resource for discussion and implementation of a structural means of linking reimbursement to the real costs of operation. **We urge you to work with us and the Governor's Division of Budget in the months ahead to restructure the manner in which all mental health programs, but in particular Article 31 clinics, are reimbursed so that they may continue to offer life-sustaining treatment to New Yorkers living with psychiatric disabilities and their families.**

Child and Adolescent Mental Health

The Need: Support the Governor's Child & Adolescent Mental Health Initiative, which will dramatically expand and enhance mental health services for this population.

The Governor's proposed Executive Budget includes \$62 million (annualized gross) for the expansion and enhancement of New York's mental health system for children and adolescents. The Governor's proposal represents "the single largest one-year investment in children's mental health in New York State's history". This proposal would literally double the number of clinic visits for children and adolescents while giving these clinics the ability to more pro-actively reach out to young people in crisis, including those in non-traditional settings. It would fund 300 new Home and Community Based waiver slots to allow young people to receive desperately needed treatment and services at home and in schools.

Furthermore, the initiative would include funding to reach out to children in rural settings who might otherwise go undiagnosed and untreated. It would provide Evidence-Based Practice competence to 400 clinicians who work with young people, leading to more in-depth clinic treatment for up to 20,000 children and adolescents. And it would enhance existing programs by over \$6 million a year, courtesy of the aforementioned COLA. This initiative establishes the importance of children's mental health and will "fundamentally change the means through which services are accessed and provided".

Background

A 1999 Surgeon General's Report stated that behavioral disorders affect approximately one in five children. Epidemiological studies have found that the onset of serious mental illness occurs in early adolescence, yet often goes unrecognized and thus untreated. Statistics show that up to 80 percent of young people who need mental health treatment fail to receive any form of treatment. Mental health professionals suggest that early interventions might prevent one's illness from becoming more severe and developing into more debilitating and costly life-long conditions.

Due to the alarmingly high prevalence of mental illness among young people, it is imperative that the State provide adequate diagnosis, intervention and treatment for children and adolescents who suffer from psychiatric disorders.

Recommendation:

The Coalition commends the Administration for its recognition of the fragmented and often inadequately funded children's mental health system, and we look forward to working with both the Executive and legislature in establishing a comprehensive and coordinated system of care. **We strongly urge the legislature to support this proposal.**

Supported Housing Rate Structure

The Need: Support the Governor's \$6.5 million rate increase for supported housing, and develop a permanent reimbursement methodology that accurately captures annual inflationary expenses.

The Governor's proposed Executive Budget includes \$6.5 million for a rate increase for the supported housing program. This will allow for a rate increase in the counties where the need is greatest, including New York City. This proposal follows last year's \$6.5 million increase, pushing the two-year total to \$13 million. In addition, the Governor's proposed 2.5% COLA will apply to supported housing programs after the new rate is adopted. We commend Governor Pataki and OMH Commissioner Sharon Carpinello for their recognition of the crisis faced by supported housing providers, and we look forward to working with both the Executive and the legislature to craft a permanent rate increase to address ongoing inflationary expenses.

Background

Despite a concerted effort to move the chronically homeless into various models of housing, an average of 32,000 men, women and children spend each night in shelters and drop-in centers. Thousands more bed down on our streets and in our parks. New York City's Department of Homeless Services estimates that fully one-third of the single adult shelter population suffer from psychiatric disorders and are in need of ongoing mental health treatment and services in a setting designed to fit their special needs. Among the homeless on the street, the percentage of those living with a mental health disorder is substantially higher.

And while several models exist for mental health consumers depending on their level of functionality, perhaps no model has been quite as successful and cost-effective as OMH's Supported Housing program. Combining a safe and affordable living environment with the role of personal choice in rehabilitation and recovery, the Supported Housing program has moved tens of thousands of homeless New Yorkers living with psychiatric disabilities out of shelters and drop-in centers and into permanent housing.

Unfortunately, the State's Supported Housing rate is fixed while provider's expenses rise each year. Providers are forced to shift ever-increasing portions of their grant allocation away from the social service component to cover property expenses. Meanwhile, more and more tenants present with complex histories of homelessness, hospitalization, co-occurring disorders and incarceration, which only adds to the demands on front-line staff, even as fewer contract dollars are available to offer social services.

Recommendation

The Coalition commends the Administration for allocating \$6.5 million to the Supported Housing program, and for including both this year's and last year's rate increase when

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

State Fiscal Year 2006-2007 Budget Briefing Book

February 2006

factoring in the 2.5% COLA. This infusion of funding will help stabilize existing beds and allow providers to continue offering critical services to their tenants. Ultimately, a reimbursement mechanism must be established that reflects provider's inflationary costs, and we look forward to working the Executive and the legislature in the months ahead on developing such a mechanism. For now, **we urge the legislature to support the Administration's \$6.5 million rate increase for Supported Housing.**

Medicare Part D: The Need for a Safety Net

The Need: Ongoing access to prescription drugs for the dually eligible beneficiary.

The Governor's Proposed Executive Budget includes \$200 million to support "a six-month transition period [through July 1, 2006] during which the Medicaid program will continue to fund all medically necessary drugs in the event they are not available under Part D." The Governor will also continue "a 'wrap-around' benefit under Medicaid for certain critical drugs used in the treatment of mental illness, HIV/AIDS and organ transplants." We applaud the Governor for recognizing the crisis many dual eligibles face, particularly those living with mental illness, when they don't have access to necessary medications. However, a more encompassing plan needs to be put in place immediately to ensure dual eligibles will be able to access the medications they need without delay.

Background

The Medicare Part D prescription drug program went into effect January 1, 2006. Medicare beneficiaries 65 and older may voluntarily enroll in the program and receive a cost savings on their prescription drugs. Dual eligible beneficiaries, those receiving both Medicare and Medicaid, lost their Medicaid prescription coverage as of December 31, 2005 and were arbitrarily auto-enrolled in one of many Part D plans. The Part D plans vary widely in the drugs they cover and the cost measures they impose. The dual eligible in many cases no longer has ready access to his/her medically necessary drugs as s/he did under Medicaid. Exceptions and appeals are possible, but each step takes precious time, and the participation of their very busy doctor and pharmacist. Help lines have been unavailable due to the large volume of calls. Impediments to timely access to medically necessary medications for the dual eligible could be devastating. A number of organizations have reported the hospitalization of consumers unable to access their medication.

While mentally ill individuals will realize some limited on-going benefit for certain medications after June 30, 2006, these beneficiaries are also heavily reliant on other medications not related to any mental illness. It makes little sense to treat an individual for his mental illness but leave other health related ailments unaddressed, particularly given the likelihood for co-morbidity of diabetes or heart disease among mental health consumers. To allow a possible treatment disruption by not covering the full range of prescription drugs would go against the State's commitment for the past year to protect this vulnerable population.

Furthermore, it is not unusual for a dual eligible to take upwards of 7 drugs per month. Some may take as many as 20 different medications to control numerous conditions. At \$1-5 per drug, the monthly drug expense for this population is overly burdensome, particularly for those New Yorkers living in licensed housing and who have restricted incomes and very little available spending money. Previously under Medicaid,

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

State Fiscal Year 2006-2007 Budget Briefing Book

February 2006

pharmacists were required to dispense medication to these individuals, regardless of their ability to pay. Under Medicare Part D this is no longer the case. Many dual beneficiaries will not be able to pay for all their medications.

Our Recommendation

The Coalition is grateful for the Governor's support of a wrap-around prescription drug program, however to cut this program off mid-year leaves the dual eligible in a vulnerable situation. The Medicare Part D exception and appeals process could take weeks or months before a satisfactory response is received. For the dual eligible beneficiary, even a delay of several days could have devastating consequences and require hospitalization.

We urge the legislature to extend the State's Health Care wrap-around prescription drug program for the dually eligible beneficiary which will provide them with timely access to medically necessary prescription drugs. We also urge the legislature to cover the cost of co-payments for the dually eligible New Yorker who might otherwise be forced to choose between prescription drugs and other basic needs like food and rent.

Co-Occurring Disorders: Increasing Competencies

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

Background

The Coalition's members report a sharp increase 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 disorders common to long-term substance abusers. They are not reimbursed to hire

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

State Fiscal Year 2006-2007 Budget Briefing Book

February 2006

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**

Clubhouses: Strengthening the Base

Over the past eleven years, the funding level for the City's clubhouses has remained frozen, thereby capping the number of individuals who can be served. Clubhouses represent safe havens to consumers who are disconnected from or disenfranchised by their family members. In addition to attending daytime activities, many consumers attend at night, on weekends, and on holidays when other programs are closed. Furthermore, clubhouses offer training, rehabilitation and alternatives to family and friendship circles that most of us take for granted. A rate increase, for the first time in over a decade, would ensure that these programs can continue to offer rehabilitation programs and support services to their members.

The Governor's proposed Executive Budget includes a 2.5% COLA for each of the next three years. This rate increase will help clubhouses strengthen their budgets as they consider converting to a PROS license within the next year, though a more permanent reimbursement methodology is sorely needed to keep these programs vibrant. **We strongly urge the legislature to support this proposal.**

Property Costs: The Need for State Relief

The Need: A pass-through mechanism to help the community mental health sector pay for rising energy and insurance costs.

Unlike other healthcare sectors, the community mental health sector does not include a "pass through" mechanism for fuel and property-based insurance costs. As the entire country experiences expected heating cost increases of at least 50% over the coming year, the non-profit community based mental health sector is requesting parity with any increases being offered to State-operated programs and facilities. Recent events, including the hurricanes over the past month, have increased insurance rates exponentially for providers, who are already struggling to pay for increases after the attacks of 9/11.

One possible solution would be to allow non-profit providers to purchase fuel at the State rate, which would free up precious resources that could be directed to client services and programs. Another solution would be to institute a property insurance pass-through for providers. **We urge the legislature to work with the Coalition, the State Office of Mental Health and the Governor's Division of Budget to develop a pass-through mechanism for inflationary property related costs.**

Geriatric Mental Health

Support the Governor's allocation of \$2 million to fund a series of demonstration projects for aged New Yorkers living with psychiatric disorders.

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

The Governor's proposed Executive Budget includes \$2 million to fund the 2005 Geriatric Mental Health Act. The Geriatric Mental Health Act establishes

- A number of demonstration grants programs throughout the State specifically tailored to the needs of this population; and
- An Interagency Geriatric Mental Health Planning Council that includes SOMH, the State Department for the Aging, and other pertinent agencies.

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 Coalition commends Governor Pataki for funding demonstration programs under the Geriatric Mental Health Act. **We strongly urge the legislature to support this proposal.**

Suicide Prevention

Support the Governor's allocation of \$1.9 million to fund suicide prevention efforts.

The Governor's proposed Executive Budget includes \$1.5 million annualized funding and a \$400,000 Federal grant for suicide prevention efforts. This initiative will promote awareness and public understanding of the causes of suicide, the warning signs and the treatments that are available. Furthermore, it will enable OMH to expand their own suicide prevention campaign and community agencies to develop and implement local suicide prevention programs.

We commend Governor Pataki and OMH Commissioner Sharon Carpinello for identifying suicide as a serious public health problem, and we look forward to working with both the Executive and the legislature in implementing a state-wide suicide prevention plan. **We urge the legislature to support this proposal.**

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

State Fiscal Year 2006-2007 Budget Briefing Book

February 2006

**The Coalition of Voluntary
Mental Health Agencies, Inc.
2006 Board of Directors**

Executive Committee

Peter Campanelli, Psy.D. <i>President</i>	Institute for Community Living
Thelma Dye, Ph. D. <i>Vice President</i>	Northside Center for Child Development
Maria Elena Girone <i>Secretary</i>	Puerto Rican Family Institute
Jonas Waizer, Ph.D. <i>Treasurer</i>	F.E.G.S.
Gayle DeRienzi <i>At Large</i>	Builders for the Family and Youth
Edward Geffner <i>At Large</i>	Project Renewal
William S. Witherspoon, Jr., CSW <i>At Large</i>	Upper Manhattan Mental Health Center, Inc.
Alan B. Siskind, Ph.D. <i>Past President</i>	Jewish Board of Family & Children's Services
Phillip A. Saperia, Executive Director	Coalition of Voluntary Mental Health Agencies, Inc.

Directors

Jane C. Bardavid, ACSW	CAPE Samuel Field YM & YMHA, Inc.
Lilliam Barrios-Paoli	Safe Space, Inc.
Peter Beitchman, DSW	The Bridge, Inc.
Susan Buchanan	Brooklyn Bureau of Community Services, Inc.
Donna Colonna	Services for the Underserved
Pasquale DePetris, Ph.D.	Steinway Child & Family Services, Inc.
Joan DiBlasi, Ph.D.	Astor Child Guidance Center
Kenneth Dudek	Fountain House
Rosa Gil, DSW	H.I.R.E.
Tony Hannigan	Center for Urban Community Services, Inc.
Nancy Harvey	New York Service Program for Older People
David Lehmann	Venture House, Inc.
Richard Motta	Volunteers of America – Greater NY
Jean Newburg	Weston United Community Renewal, Inc.
Evelyn Nieves, Ph.D.	Fordham-Tremont CMHC
Andrew Pardo, CSW	Metropolitan Center for Mental Health
Joyce Pilsner	Riverdale Mental Health Center
Kenneth Popler, MBA. Ph.D.	Staten Island Mental Health Society, Inc.
Fred Shack, LMSW	Urban Pathways
Pamela Straker, Ph.D.	Brooklyn Psychiatric Centers, Inc.
Robert Tobing	University Settlement Society of New York
Peter Yee	Hamilton Madison House, Inc.

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

State Fiscal Year 2006-2007 Budget Briefing Book

February 2006

**The Coalition of Voluntary
Mental Health Agencies, Inc.
Member Agencies
2006**

Ackerman Institute for the Family
AIDS Center of Queens County
Association for Case Management
and Housing
Astor Child Guidance Center
Baltic Street Mental Health Board
Barrier Free Living
Beacon of Hope/Catholic Charities of NY
Black Veterans for Social Justice, Inc.
Blanton-Peale Institute
Bleuler Psychotherapy Center, Inc.
Bowery Resident's Committee, Inc.
Boys and Girls Harbor
Bridge, Inc., The
Brooklyn AIDS Task Force
Brooklyn Bureau of Community Service
Brooklyn Community Housing & Services
Brooklyn Psychiatric Center
Builders for the Family & Youth
Canarsie Aware
Care for the Homeless
CASES (Center for Alternative Sentencing
& Employment Services)
Center for Preventive Psychiatry, Inc.*
Center for Urban Community Services
Children's Aid Society
Clubhouse of Suffolk, Inc.*
Columbia University - Harlem Rehabilitation
Center
Communitlife
Community Counseling & Mediation
Community Healthcare Network
CIDR
EAC, Inc. (Education & Assistance
Corporation)
Educational Alliance
F.E.G.S.
Fifth Avenue Center for Psychotherapy
(NYANA)

Fordham-Tremont CMHC
Fountain House
Goddard Riverside
Good Shepherd Services
Guidance Center of Brooklyn
Hamilton-Madison House
Harlem-Dowling Westside Center
Henry Street Settlement
Hudson Guild
Institute for Community Living
Institute for the Puerto Rican/Hispanic
Elderly
International Center for the Disabled
Jewish Association of Services for the Aged
Jewish Board of Family & Children's Services
Jewish Child Care Association
Jewish Guild for the Blind
John Heuss House
Joseph P. Addabbo Family Health Center
Karen Horney Clinic, Inc.
League Treatment Center
Lexington Center for Mental Health Services
Lifeline Center for Child Development
Lenox Hill Neighborhood House
Lower East Side Service Center
Mental Health Providers of Western Queens
Metropolitan Center for Mental Health
Metropolitan Council on Jewish Poverty*
Neighborhood Care Team
New York Service Program for Older People
Northside Center for Child Development
OHEL Children's Home & Family Services
Palladia, Inc.
Paul J. Cooper Center for Human Services
Pesach Tikvah – Door of Hope
Post Graduate Center for Mental Health
Project Hospitality
Project for Psychiatric Outreach to the
Homeless

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

State Fiscal Year 2006-2007 Budget Briefing Book

February 2006

Project Renewal
PSCH
Puerto Rican Family Institute
Queens Child Guidance Center
Rainbow Heights Club
Riverdale Mental Health Association
Safe Horizon
Safe Space
Samaritan Village, Inc.
Samuel Field YM-YWHA CAPE
Services for the Underserved
SI Behavioral Network
Sky Light Center
Spanish Speaking Elderly Council
RAICES
St. Francis Friends of the Poor
St. John's Episcopal Hospital Center
St. Vincent's Services
Staten Island Mental Health Society, Inc.

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