



**The Coalition of Behavioral Health Agencies, Inc.
In Collaboration with the National Council for Community Behavioral Health Care
Annual Hill Day
Wednesday June 10, 2009**

I. Include Community Mental Health and Addiction Services Providers in Federal HIT Funding Opportunities

- The Health Information Technology for Economic and Clinical Health Act (HITECH Act) was enacted as part of the American Recovery and Reinvestment Act in January 2009. It creates a new Medicare and Medicaid reimbursement incentive to encourage a wide array of providers to adopt and utilize electronic health records. Among other priorities, widespread adoption of Health Information Technology (HIT) is meant to increase healthcare quality, reduce medical errors and promote care coordination.
- Although individual psychiatrists may access these incentive payments, Community Behavioral Health Organizations (CBHOs), as care providing entities, are not eligible for this funding.
- **Community Mental Health Centers and other community-based mental health and addiction providers should be included in all federal HIT funding initiatives**, including the new Medicaid reimbursement system authorized by section 4201 of the HITECH Act.

How Would This Impact New York City & New York State?

- If CBHOs are not eligible to take advantage of HIT funding the vast majority of individuals with mental health and substance abuse problems who seek care at CBHOs will not benefit from the potential positive outcomes of provider usage of HIT, and the potential for primary care providers and mental health/addiction providers to develop collaborative relationships is greatly limited – a serious concern given the high prevalence of chronic health conditions in individuals with mental illness and substance abuse problems.
- With the help of Health Information Technology community behavioral health organizations can easily manage an extraordinary array of clinic and wellness activities.

What Can Congress Do?

- **The Coalition urges Congress to include Community Behavioral Health Organizations (CBHOs) in any and all federal HIT initiatives to ensure that individuals with mental illnesses and addictions have access to the overall health benefits of provider usage of HIT.**

For more information, please contact Heather R. Mermel, Senior Associate for Policy and Program Development, The Coalition of Behavioral Health Agencies, Inc., at hmermel@coalitionny.org or (212) 742-1600 ext. 109.

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II. Support Comprehensive Parity for Mental Health and Addictions Services in Healthcare Reform

- According to the National Institute of Mental Health, in any given year over 50 million American adults (20% of the population) experience a mental health disorder. For children, one in five has behavioral, emotional or mental health problems. According to SAMHSA's 2007 National Survey on Drug Use and Health, an estimated 22.3 million Americans (9.0 percent of the population aged 12 or older) were classified with substance dependence or abuse in the past year. Of these, 3.2 million were classified with dependence on or abuse of both alcohol and illicit drugs. In 2007, the rate of substance dependence or abuse among youths aged 12 to 17 was 7.7 percent. Compared with the general population, persons with substance dependence or abuse suffer disproportionately from medical problems, including diabetes, high cholesterol, obesity and heart disease.
- Many individuals in need of mental health or addiction treatment are not able to access or afford these services. Without mental health and addiction insurance coverage, these problems often exacerbate, forcing increased utilization of higher cost emergency care services, including community emergency rooms, state psychiatric centers and correctional facilities. Access to mental health and addiction services is a necessary component to achieving a healthcare system that addresses overall health needs.
- **We applaud Congress for passing the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act in 2008** that closed the loopholes allowing insurance plans to offer limited coverage for mental health and addiction services, including limits to the number of inpatient and outpatient visits, and imposition of increasingly higher co-pays, deductibles and out-of-pocket costs.
- As Congress considers various components of potential healthcare reform – such as a minimum benefit package, cost sharing requirements, and other cost containment strategies – **The Coalition urges Congress to support comprehensive parity for mental health and addiction services** to ensure equitable access to mental health and addiction services.

How Would This Impact New York City & New York State?

- On December 22, 2006, New York State passed ground breaking state mandated minimum mental health insurance and parity legislation known as “Timothy’s Law”, which mandates a minimum broad inpatient and outpatient coverage for mental health. For advocates, consumers, family members and providers, the passage of Timothy’s Law marked a historic moment in a long and heartfelt campaign. This legislation will help millions of New Yorkers obtain broader access to inpatient and outpatient mental health care.

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- The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act in 2008 will strengthen Timothy's Law by requiring parity for addiction benefits, on both an inpatient and an outpatient basis, in plans that offer mental health coverage.
- It is our understanding that the federal parity law does not pre-empt stronger state parity laws, including provisions of New York State's Timothy's Law. However, clarification is necessary to assist with the identification of those instances when state laws are to be pre-empted. It is particularly important that the regulations provide examples that illustrate how broader mandates that remain in effect in States interact with the new federal law.

What Can Congress Do?

- **The Coalition urges Congress to support the following comprehensive parity components within healthcare reform:**
 - A minimum benefit package that requires mental health and addiction services as mandatory components within a broader package of medical and health benefits;
 - Equitable cost-sharing requirements (including co-pays and deductibles) between mental health/substance use disorder benefits and physical health benefits in all benefit packages, regardless of package tier;
 - "One single, inclusive deductible for physical health care and mental health services"
 - Financial assistance to community providers which would be used to help beneficiaries with cognitive impairments navigate the health care system.

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III. Protect Funding for Substance Abuse Prevention and Treatment Block Grant

- According to SAMHSA's 2007 National Survey on Drug Use and Health, approximately 23.2 million Americans aged 12 or older needed services for alcohol or illicit drug problem, but only 2.4 million received treatment at a specialty facility, leaving approximately 20.8 million people untreated. Every year, addiction to illicit drugs and alcohol contributes to the death of more than 100,000 Americans. **An increase in funding for the Substance Abuse Prevention and Treatment (SAPT) Block Grant is critical to closing this vast treatment services gap.**
- The SAPT block grant provides funding to 50 States, including New York, Territories, the District of Columbia and an Indian tribe to develop, implement and evaluate substance abuse prevention and treatment services.
- While not a part of the SAPT block grant, we are concerned about the President's budget proposal to eliminate the Safe and Drug Free Schools and Communities (SDFSC) State Grants Program. In the FY'09 approved Omnibus the SDFSC State Grants program was funded at \$295 million. The SDFSC State Grants Program is the backbone of school-based drug abuse and violence prevention efforts and supports community-based prevention programming throughout the country. Cutting the funding for the SDFSC Grants program will leave millions of American children without any drug abuse and violence prevention activities, including education, counseling, mentoring, identification and referral services.

How Would This Impact New York City & New York State?

- Currently, the Substance Abuse Prevention and Treatment Block Grant funds a range of programs in NYC, including the following:
 1. Programs that provide comprehensive case management and integrated substance abuse, mental health and medical treatment;
 2. Programs that provide family-focused substance abuse treatment;
 3. Programs that expand substance abuse, mental health and HIV outreach and treatment.
- SAPT block grant funded programs help people remain abstinent from alcohol and drug use, find or regain employment, find or regain stable housing, stay away from criminal activity, reunite with their families, and live productively in their own community.
- **Private insurance spending for addiction treatment has steadily eroded** over the last ten years and treatment costs have increasingly fallen upon state and local governments, which struggle to maintain funding for these critical services. **These circumstances could potentially lead to a diminishing level of state planning in NYC and take money away from critical substance abuse prevention and treatment services for children and adults.**

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What Can Congress Do?

- **The Coalition urges Congress to 1) support a \$150 million increase in funding for the Substance Abuse Prevention and Treatment (SAPT) block grant for a total of \$1,928.6 million and 2) to restore funding for the Safe and Drug Free Schools and Communities (SDFSC) State Grants Program (\$295 million).**

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IV. Protect Funding for Community Mental Health Services Block Grant

- According to SAMHSA's 2007 National Survey on Drug Use and Health, there were an estimated 24.3 million adults aged 18 or older in the United States with serious psychological distress (SPD) in the past year. This represents 10.9 percent of all adults in this country. Among the 24.3 million adults with SPD, only 10.8 million (44.6 percent) used mental health services in the past year.
- According to SAMHSA's 2007 National Survey on Drug Use and Health, there were 2.0 million youths (8.2 percent of the population aged 12 to 17) who had a major depressive episode (MDE) during the past year. An estimated 1.4 million (5.5 percent) had MDE with severe impairment in one or more role domains (chores at home; school or work; close relationships with family; or social life). Unfortunately, only 3.1 million youths aged 12 to 17 (12.5 percent) received treatment or counseling for problems with behavior or emotions in the specialty mental health setting (inpatient or outpatient care).
- The Community Mental Health Services (CMHS) block grant provides funding to 50 States, including New York, and Territories through a formula based upon specified economic and demographic factors. The CMHS block grant funds are used to provide comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance and to evaluate the services.

How Would This Impact New York City & New York State?

- **While the President's FY '10 budget proposal for the CMHS block grant funding remains the same as the FY 2009 Omnibus level, the budget includes a reduction in New York State's appropriation by \$492,016.** This could take money away from critical community-based mental health services for children and adults in New York City.
- Currently, the Community Mental Health Block Grant funds a range of programs in NYC for seriously mentally ill adults, including the following:
 1. Clinic treatment
 2. Intensive Psychiatric Rehabilitation
 3. Integrated Supported Employment and transitional employment placements
 4. Crisis Intervention
 5. Psychosocial club
 6. Case management services
 7. Partial Hospitalization
 8. Advocacy/support services

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- Currently, the Community Mental Health Block Grant funds a range of programs in NYC for seriously emotionally disturbed children, including the following:
 1. Clinic treatment
 2. Crisis intervention and home-based crisis intervention
 3. Day Treatment
 4. School program co-located with a clinic treatment program
 5. Respite Services
 6. Case management services
 7. Family support services (children and family)
 8. Advocacy/support services
- If New York State receives less funding for the CMHS block grant, overall expenditures for both New York State and the Federal Government may actually increase because consumers will be re-directed into more costly Medicaid-funded settings, including inpatient psychiatric beds. Without community based services, other individuals may end up in homeless shelters or in jail, settings which are exorbitantly expensive for taxpayers and personally debilitating for consumers.

What Can Congress Do?

- **The Coalition urges Congress to support funding for the Community Mental Health Services Block Grant and urge the administration to restore NYS's appropriation to a total of \$24,217,281 (FY 2009 Omnibus level).**

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V. Protect the Medicaid Rehabilitative Services Option

- Medicaid is the backbone of the publicly funded mental health system, particularly in New York State, and this critical funding source must be protected. In an era of increased State reliance on Medicaid for mental health and substance abuse programs, a Federal reduction in Medicaid spending would dramatically affect the very viability of community behavioral health organizations. Continuation of the services they deliver is endangered.
- On August 13, 2007, the Centers for Medicare and Medicaid Services (CMS) issued a **proposed rule on the Medicaid rehabilitative services option**. We are concerned about the following provisions of the proposed rule: 1) implementation of the intrinsic element standard; 2) a new definition of restorative services; 3) new requirements for a written rehabilitation plan; and 4) the exclusion of services to a chronic population of individuals who need sustained care over many years (CMS has ruled that these services are habilitative and therefore not payable under the Rehabilitation Option). Many of the changes simply add an administrative burden to providers and in fact do not increase quality of service to consumers and may decrease the availability of services. This proposed rule would reduce rehabilitative services option spending by \$2.2 billion over 5 years.
- The proposed CMS rule **makes changes that go well beyond the policies established by Congress in the Deficit Reduction Act of 2005**. Furthermore, the proposed rules **directly contradict the recommendation made by the President's New Freedom Commission on Mental Health and SAMHSA's report entitled "Transforming Mental Health Care in America."**
- Rehabilitative services are critical Medicaid benefits that help millions of low-income children and adults with disabilities (including individuals with serious and persistent mental illness) gain access to needed medical, social, educational and other services. These services connect consumers with employment and training opportunities while promoting recovery that fosters independence and self-sufficiency.
- Rehabilitative programs offer an array of services which allow behavioral healthcare providers to tailor these services to the individual needs of each client.

How Would This Impact New York City & New York State?

- A reduction in federal support for rehabilitative services would force New York State to choose between continuing same level service provision at a greater local cost; decreasing the amount and quality of essential services; reducing consumer eligibility and benefits; reducing payments to providers; cutting back on other state programs and using those funds to replace federal Medicaid dollars lost; or a combination of all of the above.

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- If funding for rehabilitative services is eliminated, overall expenditures for both New York State and the Federal Government may actually increase because consumers will be re-directed into more costly Medicaid-funded settings, including inpatient psychiatric beds. Without community based services, other individuals may end up in homeless shelters or in jail, settings which are exorbitantly expensive for taxpayers and personally debilitating for consumers.
- The elimination of even one of these programs would dramatically weaken New York's community behavioral health system.

What Can Congress Do?

- **The Coalition applauds Congress and the Obama Administration for recognizing the importance of rehabilitative services and including a provision** in the American Recovery and Reinvestment Act of (ARRA) of 2009 that states "The Secretary of Health and Human Services **should not promulgate** as final regulations any of the following proposed Medicaid regulations: (1) cost limits for certain providers, (2) payments for Graduate Medical Education and (3) **Rehabilitative services**".
- **The Coalition would feel more secure if the Administration formally withdrew these regulations through a "Notice of Withdrawal of Proposed Rulemaking". Therefore, we urge Congress to encourage the Administration to issue a formal retraction.**

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VI. Fund McKinney-Vento Homeless Assistance Grants at \$2.2 Billion

- The McKinney-Vento Homeless Assistance Program has been at the center of Congress's bipartisan strategy to end chronic homelessness, with a stated goal of creating 150,000 units of supportive housing in ten years. But despite modest increases in annual appropriations, only 60,000 supportive housing units have been developed since 2001, and the pace has slowed to 5,000 units per year. To revive this program and meet this goal, **McKinney-Vento must be funded at \$2.2 Billion in the FY 2010 budget.**
- McKinney-Vento is the only federal program that addresses homelessness. It emphasizes a proven, cost-effective solution: permanent, affordable supportive housing with on-site services for homeless people with disabilities and other barriers to independence.
- This investment has been the primary reason many localities have successfully reduced the number of chronic homeless people in the past few years. Between January 2005 and January 2007, communities reported a 28% decline in chronically homeless individuals. New York City recently reported a 30% decline in street homelessness over two years.
- **Today, McKinney's effectiveness is threatened by its own success: commitments to existing programs and housing now use almost all of the funds currently available, leaving little or no funds for expanding and creating new and innovative programs.**

How Would This Impact New York City & New York State?

- Without \$2.2 billion for McKinney-Vento Homeless Assistance Grants in FY 2010, the fight to end homelessness will come to a halt in New York State – at a time when state and local governments are financially unable to pick up the slack.

What Can Congress Do?

- The McKinney program requires annual increases to fund new units that add to the stock of permanent supportive housing for our most vulnerable citizens. But increases in annual appropriations have not kept pace with the need. This year, program renewals swallowed up \$135 million of the \$141 million allocated to New York State, which receives about 10% of the national McKinney allocation. **In fact, no new supportive housing units were created in the entire New York City metropolitan area, from Montauk to Poughkeepsie.**
- **The Coalition strongly recommends Congress fund the McKinney-Vento Homeless Assistance Grants Program at \$2.2 Billion in the FY '10 budget.**

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