



Coalition Briefs

A SEMI-MONTHLY UPDATE ON COMMUNITY MENTAL HEALTH IN NEW YORK

Inadequate funding in OMH supported housing RFP

The State Office of Mental Health has published a request for proposals for a new round of Supported Housing beds throughout New York State. Unfortunately, the funds offered for the beds are insufficient to cover costs for New York City providers. The funding is so poor, that in order to take on these contracts, providers would have to subsidize the beds from other funding sources. It should come as no surprise that providers are considering not applying for these new contracts at all.

The biggest culprit causing the

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New York mourns loss of Ken Steele, 1949-2000

On Saturday, October 7th the New York mental health community joined the national mental health community in mourning the loss of one of our best and brightest. Kenneth M. Steele passed away of heart failure in his apartment in Manhattan. He will be missed by all of us who care about empowering people with mental illness.

Ken will be best remembered for the tremendous organizations he created. *New York City Voices*, our hometown's consumer-published newspaper on mental health issues, was founded and published by Ken. Ken also created the national Mental Health Voter Empowerment Project. This extraordinary organization has registered over 35,000 people with mental illness to vote. He also founded a support network for people with mental illness called Awakenings. And he was instrumental in creating the Picnic for Parity. Among his other accomplishments, too numerous to list in their entirety, Ken was the vice chairman for government affairs of the Mental Health Association in New York State and served on the institutional review board for the New York State Psychiat-

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OMH 'blueprint' outlines State's agenda for 2001

In late September the Office of Mental Health released its New Initiatives Guidelines which details what OMH will pursue in the coming year. The vast majority of the changes are grouped under the rubric of the state's ABCs: Accountability, Best Practices, and Coordination of Services. More than programmatically, though, they are also working towards a system that is more efficient and better able to track previously unmet needs. The three main changes that providers should be aware of will affect case management, residential programs, and accountability standards.

The state has endorsed what it is calling a "blended case management" system. There are two features to this system: blending levels of service and aggregating the number of contacts per contract. The idea is to provide clients with an appropriate level of service -- whether higher or lower than the current Intensive Case Management or Supportive Case Management models -- without sacrificing accountability.

The other feature relates to the aggregated number of contacts that are required by the contract. Whereas under the old system each client was required to have four contacts regardless of need, the contract will now be aggregated. For example, an old ICM contract required four contacts per client per week, for a total of 48. Under the new system, the provider could spread those 48 contacts over the entire case-load, so long as each client receives at least 2 per week. This system of aggregated contacts will also be integrated with the blended case management system.

The second main change relates to the referral system for both residential and case management services. Whereas now there is an informal referral system, the state is

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Anasazi Software Update

The Coalition will host an in depth demonstration of the Anasazi Software System on **November 2, 2000** at The Coalition, 90 Broad Street, 8th Floor from 9:30 a.m. - 4:30 p.m. This demonstration is intended to provide a full review of the product for agencies that are interested in the software and are considering the purchase of a new system. The morning session will cover the clinical applications and the afternoon session will cover billing, management and accounting features.

Intensive all day workgroups began on September 14th and 15th for the agencies already committed to the purchase of the product. These workgroups centered on an information exchange between Anasazi and participating members to facilitate the customization of the software package for billing pur-

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Housing RFP

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rise in costs is the failure of supported housing rates to trend up annually to keep pace with the skyrocketing rents in New York City. According to the New York City Rent Guidelines Board, an apartment that rented for \$550 per month in 1990 and renewed every year would now cost \$787—an increase of more than 43%. And that is with the modest increases for a continually rented apartment subject to the guidelines board. Meanwhile, the most recent OMH figures place rent near \$650 per month. According to the fair market rent figures just released by the U.S. Department of Housing and Urban Development, a one-bedroom apartment in NYC should cost \$836 per month. This is to say nothing of the failure of OMH rates to keep pace with the rise in costs associated with case management, especially personnel costs.

The guidelines for the original program directed approximately half of the State's per-bed contribution to case management. Under the current Request for Proposals, the case management piece is funded with less than 20% of the State's contribution using the HUD figures. This is unworkable from both financial and clinical standpoints. ©

Managed care update

In the aftermath of the demise of the SNP authorizing legislation, there remain Medicaid managed care issues that are of concern to the mental health community. The Coalition and Urban Justice Center are paying close attention to these issues and will continue to keep our members informed. Of note are the following:

Phase II readiness of Maximus contract: HCFA has not yet moved or set a date to proceed to review and approve the roll out of PHASE II of the NYS request for PHASE II mandatory enrollment in Medicaid managed care.

New York City Task Force on Medicaid Managed Care: The NYC Task Force on Medicaid Managed Care submitted a report to the State Comptroller in an effort to halt the renewal of, or append reforms to, the Maximus contract then under review. The report documented persistent failures on the part of New York Medicaid CHOICE a.k.a. Maximus, the enrollment broker for the City's mandatory managed care program. One problem

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We are very pleased to report that the Work Exchange Steering Committee has approved the work plan submitted to it. The plan includes mission and value statements as well as activities and timelines associated with specific goals.

Mission Statement:

The mission of the New York Work Exchange is to increase in New York City the employment and job retention rates of recipients of mental health services through partnerships and projects with: mental health providers and consumers; federal, state and city agencies; employers; and trade, professional and advocacy organizations.

Values:

The following values guide the goals and activities of the New York Work Exchange:

- Engaging in meaningful work is often-times the cornerstone of an individual's recovery from mental illness.
- Job placement and job retention must be made available to all recipients of mental health services.
- Vocational rehabilitation efforts need to be delivered more rapidly to individuals entering into the mental health system and better integrated into mental health treatment.
- Efforts to employ persons with psychiatric disabilities in the competitive workforce must be linked to workforce development efforts directed at all disability groups and economically disadvantaged persons.

Major Goals and Activities to be Accomplished this Fiscal Year:

Goal: To help increase the number of recipients of mental health services who receive employment services.

Project 1. Grant Procurement:

- The New York Work Exchange will provide consultation and financial support for agencies to respond to request for proposals (RFPs) emanating from federal, state, and city agencies as well as foundations. The New York Work Ex-

change will research funding opportunities on a regular basis and send grant alert notices to mental health and rehabilitation providers. Every effort will be made to work proactively with agencies interested in obtaining funds to initiate and/or expand their employment program(s). The New York Work Exchange will underwrite the cost of grant writing efforts for those agencies that require such support.

Goal: To help improve the quality and effectiveness of existing employment programs in New York City

Project 2. Seminar Series with Mentoring Support:

- The New York Work Exchange will provide seminars and mentoring services to support the use of "best practices" in mental health employment programs. The New York Work Exchange will work with organizations and agencies that provide training to providers of employment services by augmenting training with curriculum and mentoring support. The New York Work Exchange's mentor faculty will offer on-the-job coaching and support to participants of training seminars in order to better facilitate the transfer and implementation of seminar information.

Goal: To facilitate the integration of employment services into clinical practice

Project 3. Vocational-Clinical Grand Round Series:

- The New York Work Exchange will sponsor and administer a monthly clinical-vocational grand rounds series to be hosted by interested programs/agencies throughout New York City. The grand rounds series will bring together clinical and vocational staff to learn how "work issue" can be weaved into the fabric of clinical treatment.

In addition to these three major goals, the New York Work Exchange will:

Develop a computer database directory of employment programs available to individuals with psychiatric disabilities living in New York City.

Offer consulting services to agencies interested in improving or enhancing existing employment programs and/or creating employment services with funds not currently directed toward employment efforts.©

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OMH blueprint

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working on implementing a Single Point of Entry program (SPOE). As regards residential programs, OMH recognizes that the providers are running at an occupancy rate that is over 97%. Under this new system, a front-line agency, clinic or shelter will file the same referral report to a single point of distribution. The client's needs and preferences will then be checked against a database of providers. It is important to note that this system will operate parallel to the existing informal referral system, at least for the current demo project being implemented in Brooklyn. The main purpose of this new referral system is not to force clients on unwilling providers, but to track those who are not being served by the current system. The intended result is the creation of programs to serve these difficult to place clients. A similar system will also be implemented for case management.

The New Initiatives Guidelines also say that OMH will develop accountability measures for a variety of different programs. These will include, among others, outcome measures, evidence-based best practices, and hospitalization rates. However, OMH has not yet developed the specific measures for these categories. We will report on these performance issues as they develop.

For more information, please attend our membership meeting on November 1 or call David Bergman at (212) 742-1600 x102.©

Anasazi

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poses. On the second day, Anasazi further demonstrated how they intend to integrate the agencies' specifications into the already existing product.

The next dates scheduled for the workgroups to continue are Monday, **October 30**, and Tuesday, **October 31** from 9:00 am through 5:00 pm. **These workgroups are limited to those who have committed to the purchase of the software.** Reservations are required for the Workgroups and the Demonstration and can be made by contacting Marie Scripture at The Coalition at (212) 742-1600,x105 or email mscript@coalition.org

Corporate compliance

On September 26th, forty-four Coalition members attended the Corporate Compliance Institute. Although we knew this topic was of extreme importance to our membership, we have been surprised by the numerous calls we have received requesting further training and assistance. Of the 28 evaluations we collected on that day, all respondents requested additional training sessions. Suggestions also included hiring a corporate compliance specialist to work with small groups to develop corporate compliance plans; exploring the possibility of creating a risk pool; bringing "like" agencies together to hire a single corporate compliance officer; further exploration of Medicaid billing issues, and many others.

Coalition staff will carefully consider all of the suggestions once the series is completed. Additional presentations, hosted in conjunction with The NYS Council for Community Behavioral Healthcare, will be held on October 31st in Amityville (25 Coalition members will attend – space is still available), November 1st in Fishkill (5 members attending – space still available), November 2nd outside Albany, and November 3rd in Rochester. Call Patricia Gallo Goldstein at (212) 742-1600x106 for further information or to reserve a space.©

Medicaid update

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of particular interest to the mental health community concerned the results of a phone survey of New York Medicaid CHOICE counselors. Surveyors found that only 70 percent of the enrollment counselors were aware that SSI recipients are exempt from the mandatory enrollment program. Even more troubling, was the finding that only 30 percent of the counselors were aware that most consumers of mental health services are also exempt. Nonetheless, the Comptroller renewed (and expanded) the contract, although he expressed concern about the problems the Task Force and other advocates have raised in a strongly worded press release. It remains to be seen whether any of the problems will be addressed and solved as Maximus/New York Medicaid CHOICE continues to enroll Medicaid recipients in the managed care program.

HCFA reports on Maximus contract HCFA has released to the public its monitoring report on PHASE I enrollment in New York City focusing on the enrollment broker (Maximus) and the education, outreach, and enrollment activities by Maximus for New York State. HCFA identified several areas for improvement. The primary concerns identified consisted of: low attendance at New York CHOICE presentations, less than 50% of the New York CHOICE presentations were conducted in Phase I zip codes, auto-assignment of populations in communities where individuals speak a language other than English, the

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ric Institute.

Ken was 14 when he first began experiencing symptoms of schizophrenia. At 17, he left home and spent the next years between inpatient psychiatric facilities, homeless shelters, and the streets. In 1991 the combination of improved psychiatric medications and the Park Slope Center for Mental Health, helped Ken get his life back. He made the most of it.

Shortly before he passed away, Ken completed his autobiography. "The Day the Voices Stopped: A Schizophrenic's Journey from Madness to Hope" is sure to be an inspiration when it is published in May by Basic Books.

Ken is survived by his parents, Kenneth Myron Steele and Sarah Lousie Steele and his brother Joseph Robert Steele.

Ken's life and successes are an inspiration to all of us who have mental illness or work with people who have mental illness. His achievements are a testament to the efficacy of community-based mental health treatment and the power of people with mental illness to achieve incredible things despite their disability. In this election year we can provide a fitting memorial to Ken by using the power that he helped so many people with mental illness obtain. On November 7th we can build a monument to the life and work of Kenneth M. Steele by voting mental health.©

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Coalition Briefs

— Help Wanted —

Member Notes

The Lilly Schizophrenia Reintegration Awards Committee has awarded **Weston United Community Renewal's** Cultural Arts program a second place award in the Social Support/Rehabilitation Category. Sponsored by Eli Lilly and Co. this award recognizes the achievements of people and programs that provide support for people who suffer from schizophrenia and helps them reintegrate into the community.

The Cultural Arts Program uses music and art to help people with mental illnesses express themselves, as these individuals may find it difficult to verbalize their thoughts and feelings in conventional counseling. The program, located in Harlem, helps these individuals get in touch with their roots as well as their feelings, assisting their recovery and reintegration into the community.

Jean Newburg, the executive director of **Weston United**, will accept the \$2,500 second prize at the Lilly Reintegration Awards Banquet in Washington, D.C.©

Medicaid

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need to schedule more educational presentations (particularly at Job centers and in the Phase I area), procedures for processing exemption requests, the underutilization of community based organizations, process for complaint referrals, and implementation of quality assurance to provide feedback throughout the enrollment, complaint, exemption/exclusion and performance evaluation processes.

Family Health Plus Family Health Plus is a new public health insurance program designed to provide free coverage for adults who cannot qualify for Medicaid. It is modeled on Child Health Plus. The benefits package and details of the program are now being designed. Everyday Voices has been invited to the Coalition to present a roundtable so that we can have input into the development of the benefits package associated with the delivery of mental health services. Stay tuned for more information in future *Briefs* for this event or contact Ed Smith at (212) 742-1600x103 if you have any questions.©

Community Access seeks Program Director for 70-bed scatter site, transitional apt. program. Resp. include supervision of 10 staff, 24 hr. pager & crisis intervention skills. Need strong organizational & interpersonal skills, team leadership skills, & ability to help create innovative service models. Salary mid 40s. MSW pref. Exc. benefits. Send resumes w/cover letter & salary history to: **Community Access**, HR Dept., 666 Broadway, 3rd Fl., NY, NY 10012; Fax (212) 780-1412.©

Bronx Clubhouse seeks Vocational Rehab Specialist to oversee employment services for adults w/ mental illnesses. Resp. include training & placing participants in PT/FT & seasonal positions, providing individual & group support, & assisting w/job development. BA+2 yrs. exp. Competitive salary w/exc. benefits. Resume to: David Plotka, **Geel Community Services**, 2516 Grand Ave., Bronx, NY 10468. Fax: (718) 365-0252.©

The Bleuler Psychotherapy Center is proud to announce a professional lecture entitled, "The Importance of Charting and Record Keeping for Litigation, Audit and Billing Purposes" by Sylvan Schaffer, Ph.D., J.D. The lecture will be held at the Bleuler Center on October 27th. To RSVP, call Pat at (718) 275-6010.©

Community Access seeks Intake Coordinator to manage the receipt & processing of applications for SRO housing & coordinate the applications-in-process w/the intake dept. Must also coordinate other staff in application processing; carry a partial caseload, supervise staff, outreach and liaison w/other agencies about intake issues. Ideal candidate possesses exp. in case management, advanced clinical & judgment skills, & the ability to work in team environment. MSW or equivalent exp. & training pref. Ability to speak Spanish a +. Exc. benefits. Send resume w/cover letter & salary history to: **Community Access**, HR Dept., 666 Broadway, 3rd Fl., NY, NY 10012; Fax (212) 780-1412.©

Weston United Community Renewal seeks Case Manager F/T position w/Harlem based mental health agency scattered site program. Responsibilities include intake, service planning, referrals & crisis intervention. Good computer & writing skills. BA in human services preferred & 1 yr. exp. w/MICA pop. Bi-lingual a +. Salary Hi 20s w/exc. benefits. Fax resume to Joseph Wong, HR Manager, (212) 316-0789.©

Upcoming Events

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| October 26 | Committee on Children and Families at The Coalition |
| November 1 | Government Relations Committee at The Coalition |
| | Membership Meeting--Panel on New Initiatives in the Post SNP Environment with OMH, DMH, and representative providers at The Coalition |
| November 6 | Housing Committee Meeting at The Coalition |
| November 15 | Big Apple Circus |
| Nov. 29-30 | "All Roads Lead to Employment" conference of The New York State Rehabilitation Research and Training Institute in New York City. Co-Sponsored by The New York Work Exchange |

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