



Coalition Briefs

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

We're moving on up, but not far enough

The Coalition has learned recently that the State Office of Mental Health will reissue the current Request for Proposals for Supported Housing beds. This new RFP will include an increase of \$1,080 per bed to the contract rate. The new rate will be \$10,912 per bed—an increase of \$90 per month. While short of the nearly \$3,000/bed that was needed to alleviate the immediate problem, it is still a significant step forward and acknowledgment of the problem by the Governor and OMH officials.

While we appreciate the efforts of

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Ask and ye shall receive

The Professional Learning Center (PLC) is responding to requests made by agency staff to include training geared to new staff. On November 17, 2000, Les Halpert, Ph.D., will conduct a four-hour overview of managed care and behavioral managed care. Dr. Halpert is the principal of CPS Consulting, Inc. and the former Executive Director of CHCS/Options, a division of ValueOptions. The seminar will include information related to the history of managed care and behavioral managed care, MCO models, benefits, integrated systems of care, financing, provider models, utilization management, quality management/quality assurance and government programs. Staff unfamiliar with managed care concepts are welcomed. This seminar is free to our member agencies and available to non-members at a cost of \$100.00. **RSVPs are necessary**, and can be made by phoning Patricia Gallo Goldstein at (212) 742-1600x106, emailing patgg@cvmha.org or faxing (212) 742-2080. This program will be held at 90 Broad Street, 8th Floor from 9am to 1pm.©

Coalition Members Host DMH and SOMH Officials

At our November 1st membership meeting, The Coalition invited Linda Rosenberg, Deputy Commissioner of Operations of the State Office of Mental Health and Elsie Del Campo, Deputy Commissioner for Program Services of the New York City Department of Mental Health, Mental Retardation and Alcoholism Services to the membership meeting to with share with the membership highlights of SOMH's New Initiatives and the planning and implementation of the New Initiatives in New York City. These New Initiatives are part of a continuous development arising out of Kendra's Law, the mental health SNPs, Kids Oneida Project, Home and Community Based waiver programs, etc.

Linda Rosenberg presented the membership with an overview of the two primary components of the New Initiatives -- Single Point of Entry (SPOE) for adult housing services and case management services and Single Point of Accountability (SPOA) for children to serve children who present the highest level of risk and need. The SPOE is to be operated and implemented by the local government and is required to screen all referrals for case management and housing services and control access to all available case management and housing vacancies. The SPOA's design is intended to expand community services to families and children and organize case management strategies for families and children in order to divert them from entering high-end services and facilitate their return to the community.

In designing the New Initiatives Linda Rosenberg highlighted SOMH's interest in developing a delivery system that is flexible and utilizes the "ABC" principles to provide a flexible, recovery based mental health system. She explained that the ABCs are guiding priorities that stand for **A**ccountability, **B**est practices, and **C**oordination of Services. She also explained that the funding for the New Initiatives has been made available through an additional \$90 Million in Federal Block Grant funds which will support a gross program equal to approximately \$200 Million.

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Salary survey sent

Beginning late last week, The Coalition issued a survey to determine salary and turnover issues being faced by its members. As our members prepare for the upcoming legislative session, they are increasingly concerned about their ability to attract and retain employees. Over time, these salaries, that were low to begin with, have deteriorated because the funds lack a structural tie to an independent inflation-pacing index.

Preliminary interviews have suggested that mental health providers demonstrate a higher-than-average level of turnover and that the biggest

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Thirsty for COLA

Below is our most recent information concerning the Medicaid rate increases and the interface with the COLA:

- Non-COPs providers will receive a 12.5 % increase to their base Medicaid fee which will be proportional to their fee for specific Medicaid services. The rate increase for non-COPs providers will be retroactive to April 2000. Providers will receive a letter from the State which will explain the initiative.
- COPs providers at the \$83.20 rate will receive an increase to their Medicaid rate for clinics, day treatment, or CDT from

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What you should know about the Ticket to Work Program:

The Ticket to Work Program, also referred to as part of the Ticket to Work and Work Incentive Improvement Act of 1999 (TWWIA), provides SSDI and SSI disability beneficiaries with a ticket (voucher) that they may use to obtain vocational rehabilitation, employment and other support services from an employment network of their choice. The use of vouchers and the concept of employment networks are new ideas that are yet to be fully defined by regulations. These regulations are anxiously awaited by states that are rumored to be first in line for ticket issuance.

A review of an unofficially released draft of the Ticket to Work regulations (originally scheduled to be released on October 25, 2000) reveals some intriguing insights into the real intention and meaning of the Ticket program and its relevance for the severely and persistently mentally ill. Based on unofficial outcome-milestone payment rates, an employment network would be eligible for only about \$1500 after 9 months of employment of a vouchered person. They would be eligible, at best, to receive up to \$14,127 at the end of an individual's 5-year employment tenure. That comes to approximately \$2825 per year per individual only if they are able to retain employment for 5 years (does not have to be consecutive months). The fact that funding does not get dispersed until the later milestones are achieved assumes a tremendous financial outlay and risk assumed by the company or agency delivering the services. The outcome payment rates (the other method of reimbursement where the employment network opts to wait to receive payment at the end of the completed five-year period), is proposed to be \$16,620. That is about \$3324 per year. Additionally, the proposed documentation demands are very extensive.

For these reasons, we do not be-

lieve that the severely and persistently mentally ill individual is the target recipient for the Ticket program. Moreover, given the actual costs, time and resources needed to provide supported employment services to individuals with psychiatric disabilities; no rehabilitation agency could provide services to individuals financed through such a program.

We believe that the real intent of the Ticket program is to move a very small percentage of select individuals off the SSA roles, for whom placement in jobs is primarily restricted due to concerns with benefits. The Ticket program appears to target those individuals with excellent work history who would require minimal job support services. We will investigate this issue further and, if possible, will provide a profile of the likely candidate for this program.

On the other hand, there may be opportunities for mental health and rehabilitation programs to get involved in the Ticket program in other creative ways. For example, agencies might approach employers who would hire vouchered individuals and partner with them to provide on-the-job coaching, or staff supervisory and personnel management consultation. Developing relationships with employers may indirectly benefit the non-vouchered supported employment consumers by providing further job development opportunities. In summary, our recommendation is to not focus too much on the TWWIA program right now, but to look at initiatives that are working on improving employment outcomes with our current work incentives like the New York WORKS project.

New York WORKS (not to be confused with the New York Work Exchange) is a State partnership system change initiative led by the New York State Department of Labor and funded by the Social Security Administration. It is one of twelve systems change grants funded by SSA across the country. The purpose of the New York Works project is to evaluate the impact that entitlement benefits counseling and SSA entitlement benefits and Housing waivers have on SSI recipient's participation in

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In-Clyned to change jobs?

As the chief staff person in the New York State Assembly Office of Program and Council, Jim Clyne has been an important friend to the mental health community. A little bird told The Coalition that he will be leaving for a job with Hindman, Straub, Pigors & Manning, a legal and lobbying firm. We wish Jim well and thank him for his many years of dedicated service.©

Housing rates

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our friends in the State Office of Mental Health, we are reluctant to call this a true fix.' This enhanced rate will only be available on the new beds. Unfortunately, this leaves providers to deal with the long-term, ongoing problem of escalating rents on existing beds and the emerging crisis of imminent evictions.

Our work on this issue, not surprisingly, is far from over. We will be discussing this and related matters at the upcoming Housing Committee meeting at The Coalition on November 6, at 9:00 AM. **We strongly urge your attendance at this major strategy meeting.** Feel free to call David Bergman at (212) 742-1600x102 if you have any questions.©

Survey

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reason why employees leave is for bigger salaries. Provider agencies are forced to offer below market salaries because, aside from periodic adjustments, the state contracts do not account for changes in consumer prices. This turnover can only negatively impact the stability of the clients the programs serve.

The existence of low salaries for non-profit mental health agencies is made particularly galling because the state offers higher salaries for similar positions in state-run agencies. Not only are workers enticed away from the voluntary agencies for higher private sector salaries, argue non-profit providers, they are leaving for these state-agency jobs.

All this points in one direction: the need for a structural COLA. This will again be a central issue for The Coalition in the upcoming legislative session, and this survey will be a key tool in helping us to argue the case to the Governor and the legislature.©

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The Works

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competitive employment.

Enrollment of participants into the NYWORKS research project, which is currently restricted to Erie County and New York City residents, began in late September. A random sample of 2000 SSI recipients diagnosed with a psychiatric disability were mailed invitations to participate in the study. Monthly enrollment will proceed until the research groups are complete. Consumers interested in participating in this project are encouraged to contact NYWORKS directly at (800) 732-7697. Interested parties should be aware that this research project uses a random assignment strategy to assign individuals into one of three groups: the employment coordination group; the benefits advisement group; and the control group. Please contact NYWORKS directly for more specific descriptions regarding the services available to each of these groups.

As part of its mission to promote employment activities by mental health providers, increase consumer employment, and advocate for benefit incentives, New York WORKS plays an active role in coordinating with other state and local organizations around employment-related initiatives and issues.©

New President elected! Long live the President!

The new President, elected on Tuesday November 9, will be inaugurated this coming January and will replace our current President, Bill Clinton. When asked about the outcome, President Clinton responded jovially, "The American people have spoken" and went on to answer questions about his wife, First Lady Hilary Clinton, who will now represent New York as the junior Senator.

To be sure, the final impact of the election on the Mental Health community will depend on the President's ability to shepherd his agenda through a narrowly divided congress. However, it is clear that the lack of clarity around which agenda will be pursued necessarily confounds the conclusions we are capable of quantifying at this time. We look forward to clearly clarifying this so-called constitutional crisis, actually uttering the name of the President-Elect, and commenting keenly on his Mental Health agenda.©

Anasazi software update

An all day, in depth demonstration of the Anasazi Software System was held at The Coalition offices on November 2, 2000. This demonstration was intended to provide a full review of the product for agencies which are interested in the software and considering the purchase of a new system. The morning session covered the clinical applications while the afternoon session was concerned with accounting, billing and management aspects of the product. The demonstration was very well attended with a lively interchange of information between the presenters and the attendees. Anasazi Software, Inc., plans another presentation in January. Stay tuned for further information.

Intensive all day workgroups were held on October 30th and 31st between Anasazi and agencies already committed to the purchase of the product. These workgroups continue to focus on the customization of the software package for billing regulations particular to the New

York market. The next dates scheduled for this process to continue are November 29th and 30th. **These workgroups are limited to those who have committed to the purchase of the software.** Reservations and inquiries can be made by contacting Marie Scripture at The Coalition, (212) 742-1600 x105, or at mscripture@cvmha.org

Information about Medicaid and Medicare managed care including exemptions/exclusions, disenrollments, access to care, and grievances. Advice, dispute resolution, representation at Fair Hearings and other administrative hearings as well as educational materials and training seminars.

For immediate assistance on managed care issues or to receive a free copy of our pamphlet, *Medicaid Managed Care Health Plans: A Fact Sheet for the Mental Health Community*, please call our Managed Care Hotline at (646) 602-5675.©

OMH pilot for employment programs

On November 1, 2000, New York State Office of Mental Health kicked off its performance based contracting pilot project for employment programs by organizing a three-day training conference in Saratoga Springs. The training conference provided participating agencies and state (OMH, VESID, OMRDD) and local (DMHMRAS, VESID) officials with an orientation and training on the specific performance based, milestone payment strategies to be employed during the 24-month project. In addition, training was provided to direct service and supervisory staff regarding the services and documentation that will be required as part of each milestone. OMH selected seven agencies to participate in the project. Selection was based on agencies' prior experience and success in delivering supported employment services to persons with psychiatric disabilities. Three employment programs were selected from the New York City area: FECS, Institute for Community Living, and North Shore Hospital.

Each of the seven agencies has been given the opportunity to enroll 30 clients into the pilot project. These 30 clients will be funded through a performance based, milestone contract. Programs will receive milestone payments following: 1) an initial assessment, 2) career planning and job placement, 3) after placement job skills acquisition, 4) job retention for 90 days, 5) job retention for 180 days, 6) job retention for 210 days. Programs are being offered an incentive payment to enroll the "most difficult" to serve individuals- those having the poorest work histories and most acute psychiatric symptoms.

The pilot project hopes to demonstrate that performance based contracting is a feasible method by which to reimburse providers for services and that this particular funding strategy is effective in shaping outcomes in employment programs. The project hopes to enhance these outcomes by: reducing the time that clients spend in employment services prior to obtaining their first job placement, increasing the percent of program participants placed in employment, and increasing the average length of job retention of clients placed into competitive employment jobs.

Call the New York Work Exchange at (212) 742-1122 for more information on participating organizations and committees.©

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COLA

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\$83.20 to \$100 (the "Amended Rate Increase"). The Amended Rate Increase only applies to COPs providers whose then existing rate was \$83.20 prior to the amendment enabling the rate increase to \$100. Programs whose rate was below \$83.20 are eligible for the 1.5 % COLA increase but are not eligible for the Amended Rate Increase.

- The rate increase for COPs providers at the \$83.20 rate will be retroactive for services delivered from May 2000.
- All COPs providers will receive a 1.5 % COLA increase. The COLA increase for all COPs providers will be retroactive to April 2000.
- Those providers whose rate is \$83.20 will receive a COLA on the \$83.20 rate (increasing the rate to \$84.45) that will be moot on May 1, 2000 because of the amended rate to \$100.©

— Help Wanted —

Job Developer: Non-profit mental health agency seeks full time individual for bilingual program in East Harlem. Responsibilities include job development for the mentally ill through personalized contact with employers, businesses, TAP centers, etc., to establish potential job sites, skills training, assist in resume writing, interview and presentation skills, also general clubhouse duties. Candidate should have a BA in business or equivalent experience. Read and write Spanish. Clubhouse experience and computer literacy a plus. Salary Hi 20s with benefits. Fax resume to: Joseph Wong, Human Resources Manager (212) 316-0789.©

Weston United Community Renewal seeks Case Manager F/T position w/ Harlem based mental health agency scattered site program. Resp. include intake, service planning, referrals & crisis intervention. Good computer & writing skills. BA in human services pref. & 2 yrs. exp. w/ MICA pop. Bi-lingual +. Salary Hi 20s w/exc. benefits. Fax resume to: Joseph Wong, HR Manager, (212) 316-0789.©

And we publish too

This past year more than 800 individuals attended the "Legal and Ethical Issues in Managed Care" series offered through The Coalition's Professional Learning Center. The eight part series presented by Lawrence Berg, Ph.D. Esq., was so popular that The Coalition decided to publish a summary of it in outline form for use as a reference by member agencies. A copy will be sent gratis to all our member agencies. The 200-page book is available for purchase by non-members at a cost of \$10.00 and may be ordered by calling Patricia Gallo Goldstein at (212) 742-1600x106 or emailing her at patgg@cvmha.org.©

Membership meeting

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Elsie Del Campo's presentation focused on the local implementation plan for the New Initiatives. Ms. Del Campo foresees that New York City will use a blended model approach that will allow for flexibility and will factor into the plan what already exists in each borough and expand those borough specific programs, including a major expansion of case management slots. The City intends to develop directives and protocols that will require enhancement of an MIS system, an ADM (technical support and advice management) and a Medical Director's Office (MDO). DMHMRAS intends to add Home and Community Based Care to the MDO function to better address children's needs.

After Linda Rosenberg's and Elsie Del Campo's presentations, a panel of members were invited to react to the New Initiatives and express their feelings about important issues that SOMH and DMH need to consider when implementing the New Initiatives. The panelists included Dr. Jonas Waizer, Dr. Pamela Straker, and Dr. Pasquale DePetris. All agreed on the need for more intensive case management slots and funding for family and community based services. However, the unani-

mous concern was workforce issues, particularly retention of staff and the inability to locate experienced and credentialed staff (which would be required considering the manner in which the New Initiatives are designed). As Dr. Straker highlighted, outcome measures require constant funding streams as consumers and families demand more clinical services through case management. She also pointed out that the infrastructure cost of an MIS system can be prohibitive for smaller agencies and in addition to the start up cost, consideration needs to be given to maintenance and upgrading of the systems. She urged government to consider these provider costs in the design of the MIS infrastructure. Also telling was Dr. DePetris' notion of "ABCs" He urged that Accountability not simply be punitive with built in sanctions but should also include incentives to encourage providers to try to exceed goals set by government, that Best Practices allow for flexibility and not be written in stone which can run counter to the best practice for certain individuals and that with respect to Coordination, it is important to have an ISP MIS system that coordinates at the first point of service.

This membership meeting was well attended and provided information members need to make plans for the new environment. The New Initiatives will begin to be rolled out in the next few months.©

Upcoming Events

- November 23 Coalition closed in honor of Thanksgiving
- November 24 Coalition closed in honor of Thanksgiving
- November 29 Housing Committee meeting at The Coalition
- Nov. 29-30 "All Roads Lead to Employment" conference of The New York State Rehabilitation Research and Training Institute in New York City
- Nov. 30-D. 1 "All Roads Lead to Employment" in Buffalo
- December 12 PLC*: Creating a Strategic Fund-raising Plan

*PLC = Professional Learning Center