

Coalition Briefs

March 20, 1998

The
Coalition
of Voluntary
Mental Health
Agencies, Inc.



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

Assembly budget includes COLA

The New York State Assembly passed the mental health portion of its one-house budget this week. The budget includes many of the items that we have been fighting for this year. Atop the list of our successes is a 2.5% cost of living increase (COLA).

- ➔ The 2.5% COLA is budgeted for approximately \$14 million.
- ➔ Funding for the transition to Medicaid managed care is funded at nearly \$5 million.

New York/New York 2

The NYNY2 campaign, endorsed by The Coalition and over 100 other organizations, was a beneficiary of the Assembly budget bill. In addition to the \$10 million in start-up funding, \$100 million in capital funding was pledged. The campaign received a big boost from last week's Lobby Day in Albany. Several legislators pledged to write letters of support to Assembly Speaker Silver and Senate Majority Leader Bruno. The campaign will redouble efforts to secure an agreement from the conference committee for the necessary funding for its target of 10,000 units over five years. ▣

➔ New York/New York II received \$10 million in start-up capital. In addition \$100 million is earmarked for future bonding capital.

➔ \$4 million is budgeted for 400 additional supported housing units.

➔ Funding for children's services totals \$6 million: \$1.4 million for children's residential services, \$1.5 million to support and expand the Coordinated Children's Services Initiative (CCSI), and \$3 million to fund 55 additional children's home and community-based waiver slots.

➔ Reinvestment extender language is to be part of the legislation. It includes a five year extender as well as proposed SNP savings.

The Assembly budget bill is very promising. It is not, however a reason for us to ease our lobbying efforts. The Senate has not yet passed its bill and the negotiations after both bills are passed will in all likelihood be extremely fierce. Contact your legislators today. ▣

Help the Helpers/ COLA Rally - 3/30

A large coalition of human services organizations (including The Coalition) representing over 1 million people has joined together to hold a rally on the steps of the New York State Capitol on March 30, 1998. The purpose of the rally is to encourage the State Legislature to provide funds in the 1998-99 State Budget to increase the rate of reimbursement for human services and to give human services workers a very long overdue cost of living increase.

Anyone who cares about the future of human services workers; agency staff, clients, and family members should come. The rally is scheduled to run from 10 a.m. to 4 p.m. and includes speeches and meetings with legislators. There is a contingency plan in the event of rain.

The Coalition has arranged a bus to transport our members from NYC to Albany. Call 212-586-4555 for more information. ▣

**Hon. Velmanette
Montgomery**
will receive
the Mental Health Award
at the 14th Annual
Mental Health Awards
Ceremony on
June 4, 1998
Don't miss it...

Upcoming Dates

- | | |
|---------------|---|
| March 24 | Managed Care Technical Assistance Program at NYANA |
| March 26 | Membership meeting Children's Mental Health Alliance at CCC |
| April 9 | Board of Directors Finance Committee |
| June 4 | 14th Annual Mental Health Awards |

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Children's SNP planning

At a recent OMH Roundtable on Children's Special Needs Plans, OMH distributed a Draft Executive Summary of the forthcoming Request for Information/RFI on SNPs for Children and Adolescents, Draft Performance Indicators, and other background materials. If you wish a copy of these materials, call Marilyn Kneeland at The Coalition. OMH states that the RFI will be issued soon. Sandra Hagan, Children's Taskforce chair, and Coalition staff attended the Roundtable.

Key emphases in children's SNP planning are: family involvement and the need for a family-friendly system, for individualized, flexible and need-driven services and a comprehensive system of care, with cross-systems linkages and coordination. Service coordination is key. The State is considering offering a number of alternative reimbursement models including, but not limited to, partial capitation, blended multi-system funding or case payment. □

— Help Wanted —

Office Manager/Assistant to the Executive Director: Provide primary support services including scheduling, correspondence, purchasing, delivery and inventory, office list and database maintenance. Must have strong communication and analytic skills, be well organized and computer literate. Resumes to **The Coalition of Voluntary Mental Health Agencies**, Attn: Phillip Saperia, 120 West 57 Street #1014, NYC 10019 or fax to 212-586-4555. Women, people of color, people with disabilities and other minorities are encouraged to apply. □

HCFA supports new drugs

Last month the Health Care Financing Administration (HCFA) informed state Medicaid directors that they should update Medicaid drug formularies to include newer schizophrenia medications. Such "atypical antipsychotics" as risperidone, olanzapine and quetiapine have been approved by the FDA, and other atypicals are in clinical trials or awaiting approval. The atypicals have fewer side effects than the older generation of antipsychotic medications. Side effects of the older drugs often lead patients to discontinue treatment and end up back in inpatient care. The savings from the elimination of these "revolving door" readmissions should more than offset the increase in formulary budgets necessitated by the newer, more expensive drugs.

The letter from Director of HCFA's Center for Medicaid and State Operations Sally K. Richardson was accompanied by a supportive four-page letter from National Institute of Mental Health (NIMH) Director Steven H. Hyman, M.D. Although HCFA cannot order a state to change its formulary practice, these letters assist advocacy efforts to expand state formularies to include the newer medications. National mental health advocacy groups are now seizing the opportunity to change states' formulary policy. Copies of the letters are available from The Coalition. Call 212-586-4555 or email jfrubin@cvmha.org. □

**Don't Forget to mark
your calendar!!
June 4, 1998
14th Annual
Mental Health
Awards Ceremony
Keep an eye on your mail
for your invitation!!**

Technical Assistance gets better

We are happy to announce that the Coalition has received a special allocation of funds from the City Council. The monies will allow us to increase and customize our Managed Care Technical Assistance Project beyond the 10 part seminar series we are currently presenting. We have already run small group meetings for Club Houses and Day Treatment Programs and will conduct the following meetings in the coming months: Residential Programs - April 13, Co-Existing Disabilities - May 11, and Programs for the Aged - June 8. These sessions were scheduled in order to address the special needs of these groups. In addition, on May 11 and June 8, our consultant, Michael Kraten will hold three hour sessions on industry-wide standards. The first will be on HEDIS (Health Plan Employer and Information Set) sponsored by the National Committee for Quality Assurance (NCQA). The second will address the Consumer Assessment of Health Plan Surveys (CAHPS). Finally, we are in the process of evaluating the managed care readiness of each agency participating in the project. Consultant staff will meet individually with agencies in order to complete an evaluation tool resulting in a personalized report and an on-site visit. Agencies wanting to sign up for any of the above described activities may still do so. Please call Patricia Gallo Goldstein at 212-586-4555 for more information. □

Reinvestment makes sense

Another positive feature of the Assembly one-house budget bill was the five year full extension of Reinvestment. This would take the community mental health reinvestment program through fiscal year 2003-2004, and direct any possible SNP savings back into statewide community mental health services. Reinvestment has always been about an efficient use of resources to care for the mentally ill in community settings. This is public policy that makes sense. □