



Coalition Briefs

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

COLA implementation

The New York State Office of Mental Health has mailed out to all eligible agencies a "Cost of Living Adjustment Implementation survey" and a "Cost of Living Adjustment Board of Directors Resolution" which **MUST** be returned by March 1, 1999. Agencies that are 'eligible' include: programs receiving State Aid, CSP Medicaid, COPS Medicaid, Chapter 119 Disproportionate Share (DSH), Provider-specific Community Residences, deficit-funded agencies (including Reinvestment-funded) and Family-Based Treatment/HCBW Medicaid-funded.

The survey will ask for a current inventory of salaries and salary related fringe benefits for the period 4.1.98 through 3.31.99 by program code. Multi-disability service agencies should only report salary and fringe for mental health services. **The survey MUST be completed to receive the COLA allocation.**

The Board of Directors resolution must state that the agency will provide a 2.5% COLA to the lowest paid employees in each eligible program retroactive to April 1, 1998. The resolution does not apply to staff under outside contract with the agency. OMH recognizes that some providers may be unable to get the resolution by March 1, however, funds will not be forwarded to an agency that has not provided a board of Directors resolution.

OMH will compile the survey responses, review them for accuracy and calculate the COLA as a proportional allocation based on the full annual value of the salaries. (i.e., if an agency's salary and related fringe constitutes 5% of the Statewide total, they will get 5% of the allocation.) If providers fail to complete the survey, OMH will estimate their salary and related fringe, likely resulting in a lower funding than they would have been eligible to receive. OMH will then inform providers what their COLA allocation will be. Funds will then be transmitted via state aid, Medicaid or Chapter 119 DSH.

It is important to note some restrictions on the money that are becoming more clear.

'Tis the season to propose budgets

Budget season is upon us. The Chief Executives of both the City and State have recently released budget proposals. In the City, Mayor Giuliani released his proposal for a January modification to the FY99 City budget. The modification funds one new mental hygiene program, Bodega de la Familia, a forensic substance abuse program. The only decrease from the enacted budget is \$5.25 million in accruals recognized from HHC (\$2.5 million) and voluntary providers (\$2.75 million). This is more than the usual accrual recouplement, but we are assured that no contracts will be affected and that all \$2.75 million will be reallocated in the FY00 City budget.

The Governor's proposal for a FY 2000 State budget was encouraging in that there are no significant proposed cuts to mental health funding. Reinvestment is fully funded and extended. Some cuts are proposed for the State workforce, but for the most part the budget is a very good place from which to begin the debate. The Coalition's Government Relations Committee has identified some key areas to focus our attention. Last year's COLA was welcome, but cost-based mental health rates are necessary. We will push for a long-term solution to the inflation-pacing needs of providers. More services are needed for SED children and the OMH Medicaid spending cap must be removed. Similarly the treatment system for people with co-occurring psychiatric and addictive disorders needs help. More and better MICA Residential enhancement slots are needed. Innovative pilot projects should be funded to help find more effective ways to treat people in dual recovery. OMH and OASAS should work together to train providers in both mental health and substance abuse fields in how to effectively identify and treat people with dual disorders.

In addition we will continue to push for a second New York/New York agreement, mental health insurance parity, better SNP rates, the opening up of the interim list, more Reinvestment funding, no reduction in CSS funding, transitional assistance to help community-based providers move to a managed care environment and better employment/rehabilitation services for people with mental illness.

On March 8th and 9th we will be going to Albany for our annual Lobby Day, this year in conjunction with the New York State Council for Community Behavioral Healthcare. We hope that our members will try to join us for this important trip. □

The COLA applies to OMH positions only. The COLA will be allocated by program and **must** be used to provide a 2.5% salary increase beginning with the lowest paid staff until the funds run out. Providers are prohibited from giving a raise of less than 2.5% in an attempt to reach more staff. However, providers are permitted to use COLA funds to pay for salary-driven fringe benefits that result from the enhanced salaries. The COLA funds must be used for NEW salary increases, and cannot be used to recoup the costs of previously granted raises.

OMH will pay the 1998 calendar year portion of the State aid COLA as a lump sum in 1999. Similarly, the FY99 Medicaid funds will arrive as a rate increase effective January

1, 1999 through March 31, 1999. On April 1, OMH will re-adjust the rate to reflect the ongoing full annual COLA, which will be allocated and reported as a discrete funding source on the Consolidated Budget report and Consolidated Claiming report. These costs will appear on the 1999 CFR so agencies need not go back and change the 1998 documentation.

We encourage agencies to keep a copy of the survey on file and note what percentage of your staff are reached by the COLA to help in future advocacy efforts. Agencies that have legal concerns regarding the COLA implementation should contact Pamela Tindall-O'Brien at the OMH Counsels Office at (518) 474-1331. Please keep the Coalition informed about any implementation problems. □

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Involuntary outpatient treatment

Although The Coalition has no formal position, Coalition staffer Marilyn Kneeland has done a preliminary review and analysis of an early version of a new Involuntary Outpatient Treatment law proposed by New York Attorney General Eliot Spitzer. We see some initial problem areas in draft Mental Hygiene Law §9.60, which would replace the provisions for the time-limited involuntary outpatient

treatment demonstration project now contained in Mental Hygiene Law §9.61. The Coalition will sponsor a forum on the re-emerging issue of involuntary outpatient treatment. Details about the forum will be published in a future issue of *Briefs*. After the forum the Government Relations Committee will make a recommendation to the Board about what our formal position ought to be. □

Musical chairs

Some key Assembly Committee chairpersonships are changing hands for the 1999 legislative session. Assemblywoman Rhoda Jacobs is leaving her post as chair of the Social Services Committee to serve as chair of the Majority Program Committee. Assemblyman Roberto Ramirez will fill the vacancy. Assemblywoman Susan John is leaving her post atop the Committee on Alcoholism and Drug Abuse for the chair of the Governmental Operations Committee. New chairman Harvey Weisenberg will replace her. Assemblyman Scott Stringer will replace Deborah Glick as chair of the Legislative Task Force on People with Disabilities. Assemblywoman Glick will now chair the Ethics and Guidance Committee. Some of our key Assembly chairs will remain. James Brennan will remain atop the Mental Hygiene Committee, Richard Gottfried will keep the health Committee chair and Alexander Granis will retain his post on the Insurance Committee.

In the Senate, Senator Patricia McGee will take over the Alcohol and Drug Abuse chair from Senator James Wright, who moves to the Energy Committee. Senator Libous will remain in the mental Hygiene chair. Senator Hannon will keep his post in the Health Committee, and Senator Holland will stay on as Social Services Committee chair. □

MICA roundtable scheduled

The Coalition, with help from some of our colleagues, has succeeded in getting Commissioners Stone and Miller (OMH and OASAS) to hold a roundtable for treatment providers regarding the New York State Framework to treat people with co-occurring psychiatric and addictive disorders. On March 24, 1999 an all-day roundtable will be held in Albany with both commissioners and representatives of the provider community. The morning will be devoted to presentations by the commissioners about the New York Framework and the OMH and OASAS Memorandum of Understanding. The afternoon will be divided into three panel discussions: treatment models, licensing and regulatory issues and provider role in crafting a MICA treatment system. All Coalition members are encouraged to attend. More information to follow. □

Welcome to CVMHA

The Coalition is pleased to welcome two new members, **Upper Manhattan Mental Health Center, Inc.**, and **Bronx-Lebanon Hospital Center**. **Upper Manhattan**, also known as The Emma L. Bowen Community Service Center, provides adult continuing day treatment, outpatient MICA/alcoholism services, psychosocial clubhouse, supportive case management, elderly services, and transitional employment program, as well as intake/crisis/emergency services. For children and families, the agency provides children's day treatment, child and adolescent services, and the Oasis Program (family and support services). Executive Director, William S. Witherspoon, Jr. heads **Upper Manhattan**.

Bronx-Lebanon also provides a full array of community mental health services. Harvey Bluestone, M.D., of the Department of Psychiatry, directs the program. **Bronx-Lebanon Hospital Center** is affiliated with the Albert Einstein College of Medicine. It is a welcome example of The Coalition's growing membership of hospital-affiliated agencies. □

Member Notes

The Association for Rehabilitative Case Management and Housing is a new addition to The Coalition's membership list...or is it? The Association was formerly known as ARMI, Inc., or the Association for the Rehabilitation of the Mentally Ill. According to Executive Director Sabra Goldman, "Our clients and staff were uncomfortable with the word 'mentally ill' in our agency name. To avoid that stigma we used the acronym ARMI, Inc.... This new title reflects what we do and lacks the stigma of the old title." □

Upcoming events

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| February 9 | Managed Care Technical Assistance: Residential Providers at JASA |
| February 10 | Committee on Co-occurring Psychiatric and Addictive Disorders at The Bridge |
| February 11 | Finance Committee at CVMHA
Board of Directors at CVMHA |
| February 15 | President's Day - Coalition Closed |
| February 23 | Managed Care Technical Assistance: Clinical Pathways at CSS |
| February 25 | Membership Meeting at CVMHA |
| March 8-9 | Coalition Lobby Days with NYSCCBH in Albany |
| March 24 | Co-Occurring Conditions Roundtable in Albany |
| June 10 | Mental Health Awards at Pfizer World Headquarters |