



Coalition Briefs

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

Barreling towards a budget

New York State's legislators may have a good weekend after all. With the passage of the fiscal year 2000 budget imminent, they are set to receive 18 weeks worth of back pay all at once, about \$27,000 each. Highlights of the budget that is moving rapidly toward completion after four months of impasse include:

- \$50 million to create 900 new units of housing for people with mental illness. Of this, \$40 million is earmarked for New York City, which is expected to come up with a one-to-one local match. The money will be used for capital grants for construction costs and program development grants for supported housing. Some of this money may be available for housing for children.
- \$2.05 million for 70 new home and community-based waivers for seriously emotionally disturbed children.
- \$1.5 million to hire thirty additional intensive case managers to serve 300 people with mental illness.
- \$1 million to inform consumers of mental health services about their right to a health-care proxy.
- \$402,500 for employment programs
- \$400,000 to restore nine psychiatric residency positions at state psychiatric centers. ▣

Merger by charter revision?

The New York City Charter Revision Commission, chaired by former Deputy Mayor Randy Mastro, has placed the merger of the New York City Department of Mental Health, Mental Retardation and Alcoholism Services with the New York City Department of Health on its agenda for the summer. Public hearings for the Commission will be held through August 26. ▣

Agreement reached on Kendra's law

On August 3rd Governor Pataki, Speaker Silver and Majority Leader Bruno announced that they had reached agreement on 'Kendra's Law' to create an involuntary outpatient commitment (IOC) program in New York State. Although no bill has yet been drafted, it is expected to be passed by the end of the week. Details of the deal are still fuzzy, but based on the press release from the leaders and reports from Albany the general outline is as follows:

- Close family members, roommates, case managers, local mental health officials, directors of psychiatric hospitals and psychiatrists are authorized to petition the courts for an outpatient commitment order.
- Potential mandates include case management, medication, individual or group therapy, chemical dependence counseling, vocational and educational services, supervision of living arrangements and drug testing for the presence of illicit substances or the absence of prescribed ones.
- To be eligible for IOC an individual must: be over 18 years of age, have a mental illness, be unlikely to survive in the community without supervision, have a history of non-compliance that has resulted in either two hospitalizations in the previous three years or an act of violence, be unlikely to voluntarily participate in treatment and be likely to relapse or require hospitalization.
- Consumers subject to IOC have the right to representation by counsel and a

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Mandatory Medicaid managed care arrives in NYC

The Federal Health Care Financing Administration (HCFA) has approved the start of mandatory Medicaid managed care enrollment in Phase I areas of New York City, effective August 1, 1999. Maximus, the enrollment broker, will reportedly start mailing mandatory enrollment packets (in white envelopes) to potential enrollees living in Phase I areas (all of Staten Island, Mid-Southern Manhattan, and Southern Brooklyn) on August 9th. The specific zip codes included in the Phase I enrollment area are: Manhattan: 10001-10007, 10009-10014, 10016-10024, 10028, 10036, 10038, 10044; Staten Island: 10301-10310, 10312, 10314;

Brooklyn: 11203-11204; 11209; 11210; 11214; 11215; 11218-11220; 11223-11226; 11228-11232; 11234-11236.

Up until now, Medicaid-eligible New Yorkers have been enrolling voluntarily in Medicaid managed care, which is called New York City Medicaid CHOICE. Voluntary enrollment will continue in the City's other, non-mandatory zip codes. Voluntary enrollment packets will be color-coded, with yellow envelopes. **Any questions about Medicaid CHOICE enrollment should be directed to Maximus at 1-800-505-5678.**

Potential enrollees in Phase I zip
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MTA's not moving

The MTA ½ Fare Fairness Bill has passed both houses of the New York State legislature with tremendous support. Of the 230 legislators who cast a vote on the bill, only three voted in opposition. We have every reason to believe that Governor Pataki will sign the bill when it comes to his desk. Unfortunately, it has not yet arrived at the Governor's office. It has languished in the Senate for over a month, since June 30, awaiting transmittal to the Executive. Briefs readers should contact Senator Bruno at (518) 455-3191 to encourage him to move this crucial piece of legislation to the Governor for signing. □

Senate moves SAMHSA reauthorization bill

On July 28th the Senate Health, Education, Labor and Pensions Committee passed the bill re-authorizing the Substance Abuse & Mental Health Services Administration (SAMHSA). The bill, as passed out of committee, includes amendments regarding seclusion and restraint as well as compromise language regarding blending of federal block grants to enable the provision of integrated services for people with co-occurring psychiatric and addictive disorders. Perhaps the most controversial provision of the bill would recognize religious or spiritual training as meeting the qualifications for licensure for mental hygiene (particularly substance abuse) services. □

RFP for Family Support Services

On July 26th the New York State Office of Mental Retardation and Developmental Disabilities released a request for proposals for a \$975,000 allocation for support services to families that care at home for a family member with a disability in New York City. Proposals are due by September 8, 1999. Questions should be directed to Mary Ellen Tarangelo at (212) 229-3245. □

No transitional money for mental hygiene programs

Article 28 clinics received money from the State to assist them in their transition to Medicaid managed care. The \$3 million allocation was matched with \$3 million in federal matching funds to bring the pool of available money to \$6 million. The governor refused to allow a local match that would have brought the allocation to \$12 million. Mental health and substance abuse providers, who make up about ten percent of the visits but are not entitled to federal matching funds, were left out in the cold...again. It was determined that without the federal match the money available to provide transitional assistance to behavioral healthcare providers was so small as to be not worth allocating. Still, it is encouraging that the legislature recognizes that the community-based system requires assistance for this difficult transition, and we hope that with a foot now in the door perhaps next year we can get inside. □

ACT teams cut hospital stays

A report recently released by researchers at the Johns Hopkins University School of Public Health confirms yet again the efficacy of Assertive Community Treatment (ACT) teams. The study, done in conjunction with researchers from the Medical University of South Carolina and Duke University, found that ACT teams "may be able to reduce the odds of...patients having to be hospitalized by as much as forty percent." The researchers studied 144 severely mentally ill patients and determined that ACT teams reduced hospital costs by \$285,000 over an 18-month period per every 100 patients. They also found a direct correlation between caseload size and the number of clients who required hospitalization. For copies of the report contact Kathy Moore at (410) 955-6878. □

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court hearing at which they can present evidence and cross-examine witnesses.

- Treatment plans must be developed by a physician before the court can order them.
- Non-compliance could result in removal to a psychiatric facility. At the direction of a physician, police could be used to remove a person to a hospital for 72 hours of observation, care and treatment, after which time they could be either committed to inpatient care or released to the community. Non-compliance cannot, however, result in a contempt of court citation.
- Case managers are required to report non-compliant clients.
- There is no indemnification for providers against potential liabilities incurred under this program.
- SOMH will make grants to counties to enable them to provide medication for people discharged from jails, prisons and psychiatric clinics while they await Medicaid eligibility.
- The Bellevue program will sunset after the IOC program comes online and all persons currently involved in the pilot project will be brought into the new program.
- Funding for the IOC program will be included in the Governor's FY 2001 budget proposal to be available April 1, 2000. Early estimates are that the program will be funded with between \$25 - \$35 million, of which 50% will be available for medications and 50% will be accessible for ACT teams, case management and administration. No new money will be made available for treatment through this program.
- Senator Libous' proposal for health care proxies will be incorporated into a letter of intent that would require a person's health care proxy be involved in the drafting of a treatment plan and present at all court hearings.
- Requirements for reporting on the program parallel the Assembly's proposal in A.8477. Relatively comprehensive reports are required in 2003 and 2005.
- The legislation sunsets after five years in 2005.
- No money is allocated to cover the costs incurred by Mental Hygiene Legal Services in their required representation of IOC eligible clients. □

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— Help Wanted —

Mandatory Medicaid managed care

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codes will have 60 days to choose a health plan. If they do not make a choice within the 60-day period, they will be auto-assigned to a plan. Thus, the earliest possible auto-assignment could occur on October 9, 1999. During the 60-day choice period, any potential enrollee who is eligible for an exemption from mandatory enrollment may request an exemption form. **The potential enrollee must request an exemption form, from the 800-number listed above and then fill out and send in this exemption form within the 60-day period.** Some exemption applications require additional certification by a doctor. Submission of a written exemption request stops the auto-assignment clock. If the exemption is denied, the consumer will be notified of his or her fair hearing appeal rights. There is a very short time period for exercising these rights, so consumers should act immediately if denied an exemption.

After enrollment, there is a 90-day grace period (before "lock-in"), in which a mandatory enrollee may choose another plan and a voluntary enrollee may return to fee-for-service. There are procedures for disenrollment, for specified "good cause" reasons, including new eligibility for an exemption.

There are many bases for **exemption** from mandatory enrollment, including: individuals who are HIV-positive; pregnant women who are receiving care from a non-participating provider; individuals with an already-scheduled major surgical procedure with a non-participating provider; residents of intermediate care facilities for the mentally retarded (ICF/MR); participants with developmental or physical disability receiving services through a Medicaid Home and Community Based Service Waiver; residents of alcohol/substance abuse long-term residential treatment programs; homeless persons not residing

in a DHS shelter, or if already enrolled in a plan when they entered the shelter; individuals who cannot be served by a participating provider because of a language barrier; and (initially) SSI and SSI-related.

The most relevant basis for exemption for Coalition agencies' service population is if the person is seriously and persistently mentally ill or seriously emotionally disturbed. Any consumer seeming to meet this definition who wishes to be exempt from managed care enrollment should request an exemption form from 1-800-505-5678 and fill it out, following the criteria listed on the form.

Finally, be aware that certain populations are subject to **exclusion** from mandatory enrollment. These include: Medicare/Medicaid dually eligible; eligibles for Medicaid only after spend-down; residents of state psychiatric facilities, residential treatment facilities for children and youth or OMH-licensed family care homes; all children in foster care; individuals receiving hospice service; individuals expected to be Medicaid-eligible for less than 6 months (except for pregnant women); homeless residents of DHS shelters not already enrolled in a plan. Anybody in an excluded category will reportedly either not receive an enrollment packet or will have their enrollment rejected, if submitted. ▣

Venture House has a vacancy for a Generalist Staff Worker to become part of their team in an innovative psychiatric rehabilitation program. Must be highly motivated, energetic, creative individual who would provide assistance to people w/ mental illness in regard to entitlements, advocacy for needed services, reporting to State and City agencies, management of transitional employment placements, job coaching and work w/ members of Venture House on unit, agency and program tasks. You must be flexible and believe in recovery. Health and pension benefits provided. Salary is low to mid twenties. Staff rotates evening and weekend hours. BA preferred. *Mail* resume to Ray Schwartz, **Venture House**, 89-25 Parsons-Boulevard, Jamaica, NY 11432 by September 15, 1999. ▣

MICA Specialist: Riverdale Mental Health Center seeks a specialist to provide evaluations, individual & group treatment to caseload of MICA clients. Responsibilities include supervising case manager and providing MICA training to clinic staff. Also req. to provide administrative oversight, monitor productivity, develop and expand linkages w/ other community-based programs serving MICA clients in West Bronx. Qualifications include MSW or Ph.D., NYS Certificate/Licensure. Min. 3 yrs. Post-degree exp. w/ adult MICA clients including seriously mentally ill. Spanish speaking req. CASAC pref. Strong clinical and administrative skills a plus. Excellent salary and benefits. Send resume to: **Riverdale Mental Health Center**, 5676 Riverdale Avenue, Bronx, NY 10471 or fax to: 718-548-1161. ▣

Upcoming Events

August 16	MIS Committee at CVMHA
August 26	MIS Committee at CVMHA
August 27	MIS Committee at CVMHA
September 6	Labor Day - Coalition closed
September 7	MCTA: Larry Berg, Ph.D., Esq. on MC Contracting at CSS
September 13	MICA Committee at The Bridge
September 20	Yom Kippur - Coalition building closed
September 22	Children's Committee at CVMHA
November 17	Big Apple Circus