



Coalition Briefs

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

Legislative Update: Family Health Plus

New York State won federal approval last month to implement the Family Health Plus program that extends Medicaid coverage to New Yorkers earning up to 150 percent of the federal poverty level. This is the first such program in the nation that extends health care coverage to adults without children.

"This could truly be the most important health care program in America," said Tommy G. Thompson, secretary of Health and Human Services. Officials estimate the program will cover about 619,000 New Yorkers and will cost \$1.1 billion over the next three and a half years. Enrollment is expected to begin in September. The federal government will finance half the bill and the state and localities will each pay 25 percent. The Pataki administration has been trying to get the program approved since December 1999 as the second part of its three-stage plan to provide health care coverage to the uninsured. The third phase, called Healthy New York, will potentially offer coverage to New Yorkers who are self-employed, or who work for small employers that don't offer or can't afford health insurance.

Family Health Plus differs from the proposed Medicaid Buy-In in that it targets working New Yorkers with low income, regardless of disability status. The Medicaid buy-in program targets the working disabled and allows them to maintain their Medicaid eligibility and purchase health-care coverage on a sliding scale.

Family Health Plus is far more restrictive in its income level caps and coverage. It requires no 'buy-in'

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State Senate supports MH COLA, Medicaid bump

In what was supposed to be the last day of State Senate activity before a recess, a bill by Sen. Thomas Libous outlining a three-year, 2.5% COLA and a 10% Medicaid fee increase was passed. This brings the Senate in line with proposals by the Assembly and the Governor's office to strengthen the financial base of community-based mental health agencies. The alignment of the three legislative bodies bodes well for mental health, if, indeed, New York State ever gets a budget for the current fiscal year.

The Libous bill stipulates that all savings from non-geriatric bed closures will go to the COLA, Medicaid increase, and a small set-aside for state employees. This last piece is a nod to the unions and was included in the original reinvestment act. In the event that there is a discrepancy between actual run-down and projected run-down, any budgetary shortfall will be drawn from OMH's aid-to-localities and put into the OMH general fund, and any excess will be used to create a "Workforce Retention Recruitment and Training Fund." The bill also established a floor of \$65,500 per bed per year for calculating the reinvestment figure, as well as a trend of \$1,000 for each subsequent year.

Among other features, the bill limits the COLA to the salaries of direct care and support staff, and requires that the COLA and MA fee increase be paid after the union set-aside is paid. Despite shortcomings, the Libous' bill is a huge step in the right direction. ■

City MH budget restored

After a budgetary process with many setbacks, the new city budget for FY200-2002 includes restorations of funds for programs slated for elimination by Mayor Giuliani. Among the programs targeted by the Mayor were case management, alcohol abuse treatment programs, family support services, and a technical assistance program run by The Coalition. The total cost of these restorations came to \$2.7 million.

The Coalition had advocated for funding of just over \$3 million for a COLA, mental health services for HIV+ minority gay men, and an integrated mental health approach for victims of domestic violence. No reason was given for the failure to fund these programs, but, sadly, there were indications that political considerations outweighed program and constituent needs. ■

Movement Seen on U.S. Senate Parity Bill

U.S. Senate bill S. 543, sponsored by Sens. Pete Domenici (R-NM) and Paul Wellstone (D-MN), has begun to show some promise of coming to fruition. This bill would do a number of important things as a response to problems with the original 1996 Parity legislation that was signed into law by former President Clinton.

Perhaps most importantly, this new bill will close the legal loophole that allows insurance providers to place caps on the services that can be received by people seeking mental health treatment. It also eliminates the exemption from parity for insurance companies that demonstrate increases in costs of more than 1%, and lowers the threshold that exempts small businesses from

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SE Survey Completed

We are pleased to announce that the New York Work Exchange concluded its survey of 71 New York City employment programs for consumers with mental illness. The project identified the vast array of employment services and sought to understand how each program provides services. This information is critical for the efforts of the Work Exchange to enhance the quality and effectiveness of employment services, facilitate integration of employment services into clinical practice and increase the number of consumers who work.

The project began in December 2000 and participants were interviewed using the Quality of Supported Employment Implementation Scale (QSEIS), a 35-item scale designed to measure implementation of evidence based supported employment (SE) principles. Many participating programs have received a data packet that includes their individualized feedback as well as how they compare to a mean rating of other NYC programs of similar model types. The remaining program reports will be released shortly.

The data for this project was collected from 29 supported employment programs and was also used in a study with Dr. Gary Bond, a noted researcher on supported employment. The data from the New York City SE programs were compared to the data collected from SE programs in New Jersey, Maryland and Kansas. The results were presented at a poster session at the OMH Best Practices conference in June. The results demonstrated that both New York and Maryland fell short of full implementation while New Jersey and Kansas performed similarly well. New York programs showed

several areas of strength and weakness. Among them was an emphasis on permanent jobs in diverse settings, appropriate caseload sizes and extensive follow-along supports. Gaps included elements related to integration of mental health and employment services, rapid job search, and ready access for consumers indicating a desire for competitive employment.

Thank you to everyone who participated in this valuable project. For more information, contact Alysia Pascaris at the New York Work Exchange at 212-742-1122 x 201.

That's the Ticket

On July 10th, the Work Exchange will offer a one day training, "That's the Ticket: Exploring the Ticket to Work and Work Incentives Improvement Act and its Implications for Employment Program Providers." Thomas P. Golden, Cornell University faculty with the Program on Employment and Disability, and National Work Incentives Advisory Panel Member will lead the session.

This one-day program will orient employment program providers to the Ticket to Work and Work Incentives Improvement Act. Participants will learn and discuss important provisions of the Act including: the Ticket to Work and Self-Sufficiency Program, continuing disability review protections, expedited reinstatement of benefits, health insurance safety nets, benefits planning infrastructures, and impact of these provisions on existing programs and work incentive provisions. Also discussed will be the interplay of this piece of legislation with the Rehabilitation Act and Workforce Investment Act and how, when coupled, the resources allocated under these specific statutes can promote flexible, individualized services and supports.

Please RSVP by July 2nd to Shaleigh Tice at 212-742-1122 x 238 or email requests to stice@nyworkexchange.org.

Family Health Plus

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from participants and covers individuals earning up to \$8,590 annually and up to \$26,000 for a family of four. The Medicaid buy-in program would potentially allow individuals to earn up to \$70,000 annually (\$94,000 for couples) with an option to purchase Medicaid coverage.

Family Health Plus will not cover long-term care and personal care assistance. For mental health services it covers 60 outpatient visits and 60 inpatient days. The proposed buy-in program includes benefits such as an increased resource limit of \$40,000 and a demonstration project to cover individuals with potentially disabling conditions like HIV or early multiple sclerosis. The buy-in proposal also guarantees Medicaid eligibility for one year following termination of employment. In addition, it creates an advisory board that provides cross-disability consumer representation. □

U.S. Senate Parity

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offering parity from 50 employees to 25.

Part of the reason this bill is important at this time is that the original law is slated to 'sunset' on September 30. The bill will remove all 'sunset' clauses, but it must be passed first. NY Senators Schumer and Clinton have already signed on as co-sponsors, but we must let them know how much we support their efforts. □

— Help Wanted —

Weston United Community Renewal, a non-profit mental health agency in Harlem, has a F/T opening for a **Facilities Manager**. Supervision and training of maintenance staff, insure facilities in compliance with city contract, vehicles and fixed asset inventory. Experienced in all types of facility and residential repairs, NYC building codes, interpersonal and administrative skills, computer literate. Degree preferred, valid driver's license. 30K with benefits. Fax resume: 212-316-0789 □