



Coalition Briefs

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

Unstable base threatens emergency response

Over the last month, New Yorkers have become more familiar than ever with the community-based mental health sector. Providers throughout New York City and the surrounding counties have responded with remarkable swiftness, ingenuity and comprehensiveness to the unprecedented events of September 11.

Appropriately, the primary focus in the mental health community over the last few weeks has been on ways of deploying emergency services wherever they are needed and without regard to reimbursement. Yet, sadly even as the community-based mental health sector is getting unprecedented attention for being an integral part of New York City's rescue and response, these services are resting on an increasingly unstable base.

Other tragedies like the Oklahoma City bombing have taught us that New York City and State can anticipate a growth trajectory for mental health needs and the de-

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City, State apply to FEMA

City and State officials recently presented to mental health professionals the work that they have been conducting since the World Trade Center disaster on September 11. The meeting, which was hosted by the Greater New York Hospital Association, featured presentations by State OMH Commissioner James Stone, and Deputy Commissioner Sharon Carpinello, New York City DMH Commissioner Neal Cohen and Deputy Commissioner Dan Still. Importantly, the FEMA repre-

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Agencies jump at call to serve

The last month has been a difficult time for many of the Coalition's members and friends. Although for many agencies things will not resemble normalcy for some time, as we return to a regular publication cycle for Briefs, we would like to thank all of those who have done so much during these trying times, particularly those in the emergency services. In addition, we honor the memory of the firefighters and police officers who were lost in the line of duty.

We are also extraordinarily proud of the work our member agencies have done and will continue to do. Just as relief workers rose to the challenge of removing physical debris and searching for survivors, so too have our members assisted by organizing crisis and bereavement counseling, drop-in centers, hotlines, and other outreach services to deal with emotional trauma inflicted on our community.

- A Manhattan-based member was involved in the provision of the initial crisis counseling services based at Pier 94. Their services for individuals and families include crisis counseling and emergency employment assistance, among others. They have also been providing on-site Critical Incident Stress Debriefing as well as outplacement at employer support services for business and employers.

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Federal parity sunsets, may be revived

While the US was busy dealing with the aftermath of the events of September 11, the 1996 legislation that mandated mental health insurance parity expired. Throughout the legislative session, various lawmakers like Sen. Paul Wellstone (D-MN) and Rep. Marge Roukema (R-NJ) were active in promoting reauthorization along with changes that would close a gaping loophole in the 1996 legislation. In particular, the new Mental Health Equitable Treatment Act mandates that insurance plans already offering mental health coverage cease to apply different fiscal or services caps for physical and mental health care. The most recent estimates from the Congressional Budget Office estimates that full parity would raise insurance premiums by less than 1%. □

HIPAA update

On September 25, Tom Scully, the Administrator of the Centers for Medicare and Medicaid Services (CMS, formerly HCFA) testified before the House Ways & Means Health Subcommittee that CMS would meet the October 2002 compliance date for transactions and code sets. Scully also indicated that he expects entities that contract or work with CMS to be compliant by this date as well. This testimony comes at the same time that the Senate is drafting legislation that would extend the deadline to become compliant with rules for transactions and code sets to at least October 2003.

The Senate's deadline extension would also coincide with the wishes of the National Governors

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COLA, MA Hike

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mand for services. Yet, grave concerns remain that the continued destabilization from grossly inadequate salaries, which have led to turnover rates of 37%-54%, will impair the deployment of services just when they are needed most.

As this budget year unfolded, the Governor and both houses of the legislature promised to redress the serious imbalance between escalating costs and flat reimbursements by supporting a cost-of-living and Medicaid fee increase. The disaster, and its resulting needs, have only dramatized how important is the viability and stability of the community mental health sector. More than ever before, passage of the COLA and Medicaid fee increase for mental health remains an essential and urgent need.

No plan for an emergency response can ignore the underlying instability in the current system. The best emergency plan will address this issue. The health of the mental health system is at stake—as is its capacity to continue a strong, sustained and flexible response to the post disaster needs of New Yorkers. □

HIPAA update

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Association (NGA). The NGA recently released proposals for the legislative and economic stimulus package being considered by Congress which includes a delay in the implementation of HIPAA. Requesting a minimum delay of two years, the NGA states that an extension would prevent key state-federal programs from shifting resources away from current health and human services benefits for families.

Meanwhile, six national hospital organizations have sent a letter to the Chairman of the Ways & Means Committee and HHS urging them not to enact the legislation, saying that it unfairly penalizes hospitals and health systems that have made the significant commitment of financial and staff resources necessary to meet the current deadline. Four members of the House Ways & Means Committee, including ranking Democratic member Charles Rangel, have sent letters to all House members urging opposition to any delay in the implementation. The letter cites a savings of nearly \$30 billion over ten years once the simplifications go into effect, and that a delay would cause Americans to "pay for the inefficiencies inherent in the current Byzantine system." □

Agencies respond

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- A Queens-based agency began by providing walk-in counseling services and has added additional services as need has grown. They are now staffing a 24-hour crisis hotline and offer grief and bereavement counseling. This includes counseling by clergy members. This agency is currently working on creating a mobile team of counselors to serve community groups, faith-based organizations, and homebound individuals.
- In the Bronx, free crisis counseling to families and individuals was provided by an agency there. They are also running a free drop-in center for community members. Crisis intervention services for teachers and students is being provided in area schools. This agency is also offering employment assistance and on-site crisis counseling to area businesses.
- In Brooklyn, an agency is providing bereavement and crisis counseling in addition to advocacy and entitlements counseling.

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FEMA Grant

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sentative helping with the State's grant application, Beth Nelson, was also present to provide additional information.

Of most immediate significance, OMH has quickly completed and submitted a grant application to FEMA for a variety of crisis counseling services. This grant was approved for \$22.7 million, of which \$14 million is earmarked for services in New York City. Funds will cover services delivered in the first 60 days after the tragedy as part of FEMA's Initial Services Plan (ISP) grant. This includes crisis counseling services that were rendered in the immediate aftermath of the tragedy. The grants made with these funds will fall under the title of Project Liberty.

In order for these funds to get

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Crisis funding available

In response to the emotional trauma inflicted upon people in the wake of September 11, a variety of funding sources are being made available to provide mental health services. There are three main sources of these funds: FEMA, Non-FEMA governmental, and private foundation funds.

These funds will allow for a battery of services that will be invaluable to helping New Yorkers get back to their normal lives. FEMA funds are available in two allocations: the State-written grant for \$22.7 million will cover services for the first 60 days of the tragedy. Of that, \$14 million is earmarked for New York City. The second FEMA allocation will come from another grant that is due by November 10 and will cover the nine-month period that will begin on that day.

On top of the FEMA funds, the Federal government has also authorized \$20 billion for relief and reconstruction, of which \$5.1 billion has already been released. This includes \$28 million for mental health services. The lion's share of this—\$21.2 million—will bolster existing mental health services. As yet, it is unclear how these funds will be dis-

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Funding Sources

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tributed to states and agencies. The remaining \$6.8 million, will provide additional crisis mental health services not covered under the FEMA grant. Of the \$6.8 already released as part of this allocation, New York State has received \$2.2 million with \$1 million going to OASAS.

Another portion of the non-FEMA federal relief funds have been channeled through the Health Resources and Services Administration (HRSA). While the HRSA normally works to ensure the equal provision of healthcare services to all Americans, they will administer \$35 million in grants to cover lost revenues and health care costs associated with immediate response to the tragedy. Funds can cover such costs as personnel, supplies, equipment, and even repair, renovation, and alteration of capital facilities "essential to the provision of health-care related services." These funds are primarily geared towards hospitals, but mental health agencies are also eligible to apply.

The final category of funds available is from private foundations like the September 11th Fund, established by the United Way of New York City and the New York Community Trust. With more than \$300 million in assets and pledges, this fund is dedicated to helping non-profit, community and religious organizations that serve individuals directly victimized by the events on September 11 and the greater community of people who were affected. In addition, this fund also provides assistance to non-profit agencies who were victimized and/or affected by the events of that day. For a grant application, visit The Coalition's web site at www.cvmha.org or <http://september11fund.org/NOFA.pdf>

For more information on these funding sources, contact David Bergman at x102 or dbergman@cvmha.org.

Agencies respond

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ing. They have also made available emergency daycare and are offering support to schools for teachers, administrators and children. As if this was not enough, they are also providing financial assistance to the needy in the form of subsidies for rent, mortgage, utilities and medical expenses.

- Staten Island, too, has its share of agencies that responded to the crisis. One agency there is running a local 'warm-line' which is available during the daytime for emergency counseling. They also have trauma counselors available throughout the island, and have been training mental health workers in Red Cross operations.

The Coalition's web site (www.cvmha.org) now hosts the Community Mental Health Resource Guide. This guide, which will be continually edited, lists the services available to the community by our members. Contact Juliana Cools at x115 or jcools@cvmha.org to update our records with the latest information on your available services.

All the agencies that responded to the call for needed services initially did so with no expectation of reimbursement; however, these services are eligible for coverage under the grant submitted by the State and approved by FEMA on September 25. Agencies are expected to be able to document these services and guidelines will be available soon.

We are proud to report that all our member agencies are providing vital mental health resources in the communities they already serve. Kudos and keep up the good work!



The Coalition Web Site: Your one-stop shop for post-crisis resources. Visit today!
www.cvmha.org

FEMA Grant

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to providers, county-prepared service plans must be developed. New York City recently submitted its service plan. As of yet, the city has not specified the exact mechanism for disbursement of funds, though it will certainly utilize existing relationships between the City Department of Mental Health and mental health agencies.

It is estimated that 2.3 million people in the New York City area will require mental health services related to the WTC disaster. Experts anticipate that depression, family problems and relapse, not post-traumatic stress disorder, will be the primary ailments. The Coalition estimates that related mental hygiene services will cost in excess of \$250 million over the next year.

While funds made available through FEMA are available to all federally declared disaster areas to date, the Federal government has approved an additional \$20 billion for relief and rebuilding in New York.

 <p>Community Mental Health GETS MY VOTE</p>	<p>Tell the world! Order your lapel button from The Coalition Web site today! www.cvmha.org</p>
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