



# Coalition Briefs

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

## NYC and Oklahoma

Without a doubt, there has been much to learn from the bombing of the Murrah Federal Building in Oklahoma City. Most particularly, knowledge of and deployment of FEMA model crisis services has been enhanced. Furthermore, the ability and readiness of City, State and Federal officials to respond has also been informed by many of the similar circumstances around both tragedies.

While it is clear that there are many lessons to be learned from the disaster in Oklahoma, the differences that exist are substantial and should be not be overlooked in local response planning.

To begin with, New York State and City have an active and extensive voluntary sector. In New York City alone there are more than 150 independent non-profit providers of community-based mental health services. Furthermore, these services are largely funded through contracts with City and State agencies. At the time of the bombing in Oklahoma City, however, the non-profit sector was comprised of only four community mental health centers, one of which was damaged in the attack and unable to provide services. The majority of services available in that community were offered directly by the State Office of Mental Health through a separate and largely parallel system of care.

The implications of this difference are substantial and call into question some of the assumptions

*(Continued on page 2)*



## Coalition publishes crisis service directory

A resource directory of crisis response services available from member agencies is now available on The Coalition's website, [www.cvmha.org](http://www.cvmha.org). The services are for individuals, families, organizations and businesses. They include on-site critical incident counseling, grief and bereavement counseling, trauma services, crisis debriefing and other mental health services. From the time of the World Trade Center disaster, Coalition agencies were on the front line, providing these services at many locations in the City. They continue to staff drop-in centers, call-in lines, outreach efforts and other post-crisis services.

For those without web access, the resource directory is available in hard copy from the Coalition by leaving a message at 212-742-1600 ext 0.

Check the Coalition's website for daily updates of information available to individuals and organizations about a variety of services and resources available. It also posts information on the latest changes in pertinent regulations and legislation. Links are readily available to a host of important informative other web sites. ▣

## Sad budget year closes

Barring any unforeseen changes, the Senate, the Assembly and the Governor will have failed to resolve the community mental health sector's critical shortfalls in this year's budget. Despite agency staff turnover rates ranging between 37% and 54% and despite legislative and executive branch agreement on the need for a minimal 2.5% COLA and a 10% Medicaid fee increase, agreement could not be reached on the funding source and the entire effort went down.

In short, this will mean a year of status quo for the community based mental health sector with a few important differences: even less competitive salaries and even higher staff turnover while costs continue to escalate. And this at a time when the mental health sector is being relied upon by families and individuals to help New Yorkers cope with the horror and loss of September 11<sup>th</sup> as well as with the continuing threat of terror.

Meanwhile, \$100 million each

*(Continued on page 2)*

## Where is MH Funding?

With federal funds for services filtering down in myriad ways and through many channels in the wake of the September 11 disaster, one may well wonder if mental health services are a priority. Of an initial HHS disbursement of \$6.8 million, a mere \$650K will go to mental health services. The remaining \$6.2 million is all slated to go for substance abuse services. Without a doubt, substance abuse services are a vital component of the continuum of care! Yet it appears that these funds are disproportionately allocated.

The way these funds have come to New York State is just as lopsided. Substance abuse treatment and prevention services here have received nearly \$2 million while the State Office of Mental Health has received a mere \$250K. Furthermore, those monies will be applied to the funding of a needs assessment and not to services. Are differences of approach by OASAS and OMH resulting in a difference

*(Continued on page 3)*

# Coalition Briefs

## *Sad budget*

*(Continued from page 1)*

has been made available to the Senate and the Assembly. Criteria laid down in the legislation stipulates that the funds must go to individual non-profits and municipalities that provide "direct human services or emergency relief services" or any other non-profit that was funded last year and will experience layoffs or a run down of services as a result of the passage of the 'austerity budget.' Because these funds typically amount to \$300-\$500 million annually, and this year the total is only \$200 million, many good and essential programs will go unfunded—both mental health and other programs.

At this printing, the priorities of each legislative house is unclear. The Coalition hopes that community mental health services will get their fair share of a sharply diminished pot.

With Governor Pataki expected to release his election-year budget early in mid-December, this last round of allocations effectively closes out the budget negotiations for this year. Sadly the economic impact of the World Trade Center disaster will likely impair the State's ability to shore up a crumbling mental health infrastructure. Only time will tell of the effect that will have on the sector's ability to deliver the numbers and kind of services required by the post-September 11 circumstances. ▣

## *NYC and OK City*

*(Continued from page 1)*

that underlie many ideas put forward about ways to deploy needed crisis services. The modified FEMA design for Project Liberty services in New York City encourages the establishment, primarily through licensed clinics, of Project Liberty teams. Because of one the "lessons of Oklahoma city," these teams are designed to be freestanding and self-contained. In New York City, therefore, these teams will consist largely of hired staff who will be outside of the existing staff complement of the sponsoring agencies. Consequently, less experienced staff will predominate, who may have only

*(Continued on page 3)*



## **NYC Mental Health Job Fair**

The first annual New York City Mental Health Human Services Job Fair will be held on Wednesday, November 7, 2001. This job fair is for mental health consumers who are seeking employment in the mental health field. Agencies looking to hire consumers for a variety of positions will have the opportunity to showcase their programs and meet potential employees.

The fair will be held at Access ETC on 156 William Street, from 10am - 2pm. The day's events will include a seminar for job seekers entitled, "Benefits and the Transition to Work." This job fair is a collaborative venture of the New York Work Exchange, the Urban Justice Center's Mental Health Project, Community Access' Howie T. Harp Peer Specialist Center and STARR Forensic Program, and Access ETC. To reserve a table or for more information, contact Shaleigh Tice at 212-742-1122 x238.

## **TTW Training Postponed**

"ENs and the Ticket to Work Program: Where does the Mental Health Community fit in?" presented by Thomas Golden of Cornell University's Program on Employment and Disability, will be postponed until after the final release of Ticket regulations. Originally scheduled for November 2, 2001, the workshop, was going to cover the role of Employment Networks and how the Ticket to Work Program will impact mental health providers and the consumers they serve.

Because the long awaited Ticket to Work final regulations have not yet been released by the Social Security Administration and to ensure that the NYC Mental Health Community receives the most current and useful informa-

tion, the NY Work Exchange will reschedule this session for shortly after the release of the final regulations. When available, the final regulations will outline the implementation of the Ticket to Work Program including the design of the Employment Network and payment system. Regulations will be released in late November or early December. New York must begin implementation of the ticket program by the end of this calendar year.

For further info on the Ticket to Work final regulations and for rescheduling contact dshort@nyworkexchange.org.

## **Fall/Winter Study Program**

This November, the Work Exchange is sponsoring a special two-part series on "Strategies for Working with People with Mental Illness and Other Service Needs." Alice Ordovery, Center for Urban Community Services Inc., Housing Resource Center will be presenting Part I: HIV/AIDS on November 6<sup>th</sup>, from 9am - 12pm. This training will provide facts on HIV disease and treatment, disease transmission and the special needs that may arise for mental health consumers living with HIV as the integrate or reintegrate into the community. Employment specific issues for this population will be discussed.

Part II: Substance Abuse and Addiction will be held on November 20<sup>th</sup>, from 9am - 12pm. Peggy Shorr, Center for Urban Community Services Inc., Housing Resource Center, will present on the issues relevant to working with people with mental illness and chemical addiction. Understanding these issues, staff of employment programs will be better equipped to respond to consumers who are preparing for work or engaged in the workplace.

All are welcome to attend. To register or for more information, contact Deborah Short, 212-742-1122 x238, or dshort@nyworkexchange.org. ▣

# Coalition Briefs

## MH Money

### NYC and OK City

(Continued from page 2)

superficial knowledge of a programmatic culture and the community served. Little supervision or training may be available since the fee-for-service structure by-and-large does not support professional training or supervision.

Another difference in Oklahoma City is that the Governor directed that the one major research university in the area, the University of Oklahoma, would conduct all research on the disaster. A similar mandate would be impossible, no less undesirable, given New York's numerous high quality universities and research institutes.

One of the many lessons that may be applicable from Oklahoma City has to do with utilization of mental health services. Experts from Oklahoma reported that a number of unanticipated population groups required services. While the first two weeks were spent providing crisis counseling to the general population and affected individuals, three subsequent targeted responses were needed for three very different groups of people. The first of these groups to need counseling were the medical students and doctors in the Medical Examiners office who handled the recovered bodies. Counselors were made available to them on a daily basis for the first few weeks.

The reporters who were on the scene shortly after the bombing also needed specially targeted mental health services. These were supplied on an as-needed basis. And finally, the last group to require rather ongoing specialized services was the rescue workers. It is questionable, given the size and scope of the New York City disaster, whether the new hires that would be assigned to the Project Liberty programs would be able to acquire the specialized training that will be necessary in order to serve the many populations requiring it in an ur-

gent time frame.

In the weeks and months following the bombing, the State of Oklahoma offered 8 specialized services to special populations including kids in school, the homeless and the city's large Latino population. The very diverse New York City has many special populations, and very specialized expertise will need to be brought to bear in many of the different circumstances. This expertise exists already in the staff complements of the provider sector. It remains to be seen if the current Project Liberty design permits drawing upon this very particular know-how.

Although many mental health experts have anticipated that the main need for depression related services, reports from Littleton, Colorado (the site of the Columbine High School killings) show that extensive television coverage often leads to post-traumatic stress disorder (PTSD). Given the extensive, continuing and often repetitious coverage of the World Trade Center attack, it is likely to exacerbate the incidence and frequency of diagnosed PTSD.

In short, while there are most certainly lessons to be learned from the disaster in Oklahoma City, there are also significant ways in which the lessons may not apply to New York City. Upon our ability to discern those differences, and to seize upon both similarities and differences to inform our planning, rests the efficacy of our mental health crisis response. □

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

★ Save the date ★

★ for the ★

★ **BIG APPLE CIRCUS** ★

★ Wednesday ★

★ November 14, 2001 ★

★ Don't delay! ★

★ Get your tickets today! ★

★ Call Judeth Podell ★

★ for more information ★

★ 212.742.1600 x104 ★

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

(Continued from page 1)  
in the flow of federal service dollars? In light of the availability of federal funds for services at the same time that the mental health infrastructure is crumbling, the loss of mental dollars is more serious than ever.

HHS has also made available to states a second allocation of \$21.2 million which have the least restrictive published guidelines. Divided up among the nine effected states, New York will receive \$8 million of which only \$3 million will go to OMH for a children's program. While many mental health needs will be covered by the FEMA grant, clearly not all of the necessary services can be covered by these funds.

Other mental health funding has come almost inadvertently through a variety of other agencies. For example, \$35 million has been made available through the Health Resources and Services Administration (HRSA), a division of HHS which primarily serves hospitals. It is only through a loophole that does not exclude mental health agencies that community based providers can apply for these 'health care' related funds.

Additionally, the Office of Victims of Crime can also fund services for victim counseling, though exact amounts and processes for obtaining funding remain unclear.

In the wake of September 11, the federal government has made funds available for mental health services on an unprecedented level. This has been a prescient and important commitment to helping people—ordinary citizens—pick up the pieces of their lives and return to normalcy. New Yorkers who are at the epicenter of the disaster and its aftermath must benefit from these funded services. Mental health is a critical and necessary component of the service array and must not be overlooked in the allocation of those dollars. □

 <p><b>GETS MY VOTE</b></p>	<p>Community Mental Health</p> <p><i>Tell the world!</i></p>
	<p><i>Order your lapel button from The Coalition Web site today!</i></p> <p><a href="http://www.cvmha.org">www.cvmha.org</a></p>