

21a & 21b

In 1978 New York State passed legislation that created and provided funding for the Community Support System (CSS) program. The purpose of this legislation was to give priority to the spmi in the state program grant funding stream.

There is no journal article that describes the New York State Community Support System program. Attached, however, are (1) two articles from This Month in Mental Health, the New York State Office of Mental Health news publication, reporting the initial implementation of CSS, and (2) a summary of client eligibility for the program in the late 1980's.

This Month

11/18

21a

in mental health

Vol. 1, No. 5 New York State Office of Mental Health September 1972

OMH awards CSS money to counties

Albany — Governor Carey has announced that the Office of Mental Health has awarded \$11,154,102 to 45 counties and the City of New York to begin developing community support system programs for chronic mentally ill patients returning to the community.

The awards, based on plans submitted by the various counties, are part of a \$13.7 million appropriation approved by the Legislature earlier this year to establish a range of community-based services for discharged mental patients.

Uses for money

The money will be used for treatment programs transportation, housing, vocational training, sheltered workshops, social and recreational programs and to employ case managers to serve as patient advocates.

In announcing the awards, Governor Carey said, "One of the strengths of this initiative is the emphasis on providing decent living accommodations for patients returning to the community. It will also ensure that people in private proprietary homes for adults, nursing homes and health-related facilities are receiving appropriate services."

Invaluable asset

"The experience of our State employees will be an integral element in the provision of services for this new community support system," the Governor pointed out. "Their expertise will be an invaluable asset in our efforts to strengthen community services for the chronically mentally ill."

First priority in developing CSS programs will be in areas throughout the State with high concentrations of former mental patients.

Included in the list of priority localities are Erie, Oneida, Niagara, Broome, St. Lawrence, Dutchess, Rockland, Westchester, Sullivan, Nassau and Suffolk Counties and nine highly-impacted areas of New York City.

"Our ability to begin implementation of the new community support system so efficiently has been made possible by the spirit of cooperation evidenced by the Office of Mental Health and its facilities, local governmental agencies, and voluntary groups," he said.

Six major criteria were used by the Office of Mental Health in reviewing plans submitted by the counties or agencies. They were evidence of need, system completeness, readiness to implement, capacity and leadership, commitment to local maintenance of effort, and commitment to participate in evaluation and monitoring.

A listing of community support system awards by county appears on page 3.

Dr. William

With the sudden passing of Dr. Werner of Mental Health all have a lost a friend, a clinician, and a lost the staff at Creedmoor Psychiatric families.

Dr. Werner came to the Office years he has served have been generosity of spirit.

The death of Dr. Werner brings make upon the directors of psych. The director must serve as chief planner, and community relation adept at meeting all these responsibilities. Inspire his staff to their best efforts. Provide the leadership needed to

All should pause and consider support our directors, our excellence.

The loss of Dr. Werner hurts service should serve as an inspiration excellence.

Creedmoor

Queens Village — Dr. William L. Werner, director of Creedmoor Psychiatric Center, died suddenly Sept. 4 at the age of 44.

Dr. Werner had been director of Creedmoor since 1972.

A native of Queens, Dr. Werner entered state service in 1969 after completing a three-year psychiatric residency training program at Creed-



OMH approves contracts

Continued from page 1

Dr. Prevost said that the State had hoped to have the community support system in operation in New York City much earlier but the newness of the program and the funding mechanism required detailed discussions.

"During the process," he said, "the OMH Regional Office and the City Department of Mental Health and Mental Retardation worked closely but, nonetheless, there were differences of opinion and many of the issues required detailed negotiations with the governmental departments and the voluntary providers of services."

Under the first year contract, the city, through the voluntary service providers, called core service agencies, will be responsible for directly providing, or contracting with other agencies to provide, a range of services for specific adult homes, single room occupancy hotels, or for mentally ill residents residing in the two high-density poverty areas.

In each adult home and SRO, there will be an on-site team offering case manager services, work activities and activities of daily living.

The core service agencies also are responsible for providing transportation, arranging all required services for individual clients, evaluating service needs of the particular area and developing plans to fill the gaps.

The on-site teams will work with landlords to improve the general quality of life within the facility while assisting residents to participate in off-site programs and locate alternative housing, where appropriate.

Of the estimated 40,000 CSS-eligible individuals residing in New York City, the new program will initially serve about 2,500 residents in 17 proprietary homes for adults in six impacted areas, 1,000 residents of 10 single room occupancy hotels on the West Side of New York and on Staten Island and about 300 individuals in the Harlem and South Bronx poverty areas.

In the case of the adult homes, OMH has estimated that first-year service will reach 65 percent of the high-priority PPHA residents it identified in April 1978 and 34 percent of the total New York City PPHA residents identified in a recent survey by the Welfare Research Institute.

"Not all PPHA residents will be in need of support services," Dr. Prevost noted. "This will be especially true as we move beyond the high priority homes."

Commissioner Prevost said services will be extended to all PPHAs and SROs where former patients live as funds and resources become available.

He said that linking liaison teams with the municipal hospitals is aimed at stopping the "revolving door" in which many patients are cycled through municipal, voluntary and state hospitals.

The liaison teams will be made up of a psychiatrist, community mental health nurse, psychiatric social workers and client service assistants. The team will work with the municipal hospital staff in planning discharges for all CSS-eligible patients in the inpatient service, maintain access and open communications between the State psychiatric center and the municipal facility, increase the use of alternatives to psychiatric center care and monitor each person's progress and adherence to his or her discharge plan.

Dr. Wright

(Dr. Wright recently met the Editor of This Month in Mental Health, and discussed what that have occurred in New York services during the past decade.

"The past decade has been time of substantial change both statutes and court decisions. I since the Baxtram decision in 1966, the mentally ill in criminal justice system have accorded rights previously denied them.

"More and more, the Department of Mental Hygiene assumed responsibility for treating people previously treated in correctional system.

"For example, at one time Dannemora and Matteawan (facilities operated by the State correctional system) had a combined census of more than 3,000 people. Dannemora is now closed and Matteawan's patient-inmates have been transferred to Can New York Psychiatric Center Together with Mid-Hudson Psychiatric Center (a maximum security facility for non-convicted and violent civil patients), I think that we are providing a balance between security and treatment.

"In the past three years, we have developed a mental health

Commission on family care

Albany — Commissioner Prevost has requested the Commission on Quality of Care for the Mentally Disabled to investigate the family care program in Erie County.

Schedule of Conference

21a

This Month in mental health

Vol. 1, No. 10 New York State Office of Mental Health February 1979

OMH approves NYC CSS contracts

Albany — State and New York City mental health agencies have authorized voluntary provider agencies to begin immediately implementing community support service programs for former mental patients living in New York City.

Nearly \$2 million in State money will flow into New York City to fund on-site and community-based rehabilitation programs for former patients living in Private Proprietary Homes for Adults (PPHAs), single room occupancy hotels and in two high-density poverty areas in the South Bronx and Harlem.

Commissioner Prevost said that a master contract with the City Department of Mental Health and Mental Retardation Services and 16 subcontracts with city voluntary provider agencies have been approved by OMH and are being processed by the State Comptroller's Office.

The money will be used for treatment programs, transportation, vocational training, sheltered workshops, housing, social and recreational programs and to employ case managers to serve as patient advocates.

The Commissioner said that another \$1 million in State funds has already been allocated to state-operated psychiatric centers in New York City to place liaison teams in the major municipal hospitals in each borough and also to improve the quality of state-operated day treatment programs to provide alternatives to inpatient hospitalization.

In addition, Kingsboro Psychiatric Center will place an on-site rehabilitation team in the Seaport Manor, a 225-bed PPHA in Canarsie, and South Beach Psychiatric Center will place on-site rehabilitation teams in the Christmas Tree Inn, an SRO on Staten Island, and the Times Plaza Hotel, a Brooklyn SRO.

The funds are part of a \$15.1 million appropriation earmarked by the State Legislature for this fiscal year to establish community support services programs throughout the State for chronically mentally disabled persons.

Continued on Page 3

Governor seeks CSS

Albany — In his 1979-1980 budget funding of the remarkable advances mentally disabled.

"Last year the former Department reorganization and now consists of:
—The Office of Mental Health
—The Office of Mental Retardation
—The Office of Alcoholism and Substance Abuse
"We are now bringing to life the ec Governor said.

Expansion vital

"Vital for 1979-80 of this past year, residential, chronic patient care. I am ask

"We are seeking to maximize all we project an increase of \$89 million. I am submitting legislation with

Forensics C

Albany — John B. Wright, D.P.M. of Valatie, has resigned effective February 15 as OMH assistant commissioner for forensic services to become chief of forensic mental health services for the State of Arizona.

Commissioner Prevost accepted Dr. Wright's resignation "with deep regret" and praised Dr. Wright for his

Multi-Disabilities Task Force reports findings

Albany — About 17 percent of individuals currently receiving service for mental disabilities have more

developmental disability (either being primary). About 5.5 percent of all individuals in treatment fall into

•About 95 percent of the multi-disabled individuals in the survey were receiving adequate care an

**COMMUNITY SUPPORT SERVICES PROGRAM -
ELIGIBILITY REGULATIONS**

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The draft regulations below describe the eligibility criteria which persons would have to satisfy in order to become permanently eligible to receive services under the new Community Support Services Program (see section 41.47(d)(2) of attached Governor's Program Bill). It is anticipated that the new regulations will become effective April 2, 1987. It should also be noted that the Governor's Program Bill contains provisions relating to waiver eligibility and categorical eligibility for functionally disabled persons who reside in qualifying homes and residences and for homeless mentally ill persons.

Part 375 of the regulations of the Commissioner of Mental Health is amended by adding a new section 375.7, to read as follows:

375.7 Treatment history eligibility. (a) Persons who may be certified as permanently eligible to receive community support services shall include persons who are certified to be eighteen years of age or older, to be functionally disabled as a result of mental illness, to have an ability to remain in the community which would be severely jeopardized without the provision of community support services and who are included under one or more of the following categories of individuals:

(1) persons who have received inpatient psychiatric services in a hospital or have resided in a qualified residence or a designated adult home, or any combination thereof, for a period of at least six consecutive months; or

(2) persons who have received inpatient psychiatric services in a hospital at least two times during the two year period immediately preceding such determination; or

(3) persons who have had, in the past eighteen months, three or more admissions to programs licensed or operated by the Office of Mental Health for the provision of outpatient mental health services or for the provision of approved crisis or emergency mental health services; or

(4) persons who have actively received community support services as a waiver client pursuant to paragraph two of subdivision (c) of section 41.47 of the Mental Hygiene Law for a period of at least one year, provided, however, if such community support services do not include active participation in programs licensed or operated by the Office of Mental Health

such persons shall also be required to have actively participated in a licensed or operated program during such one year period; or

(3) persons who are in receipt of Supplemental Security Income benefits or Social Security Disability Insurance benefits pursuant to the federal Social Security Act, provided, however, for individuals who are in receipt of supplemental security income benefits, such individuals must have been initially determined to be eligible for such benefits prior to sixty-five years of age; or

(4) persons who were receiving or who were eligible to receive community support services pursuant to the applicable regulations of the Commissioner which were in effect on April first, nineteen hundred eighty-seven, who were determined to be eligible for such services based upon a prior history of inpatient hospitalization.

(b) For purposes of determining permanent eligibility for community support services pursuant to paragraph three of subdivision (a) of this section, each of the three admissions shall be as a result of a separate episode or exacerbation of a mental illness, and no more than two admissions may be considered within any three month period.

(c) As used in this section, the term "admission" shall mean that a program has conducted a face to face evaluation and assessment of the need for the provision of services to an individual who is not on its active caseload, that the program has accepted such person for treatment, and that a treatment plan has been developed for such individual, provided, however, acceptance for treatment to a program providing crisis or emergency services which includes a face to face evaluation and assessment of the need for services and a referral and admission for appropriate aftercare services, shall also be considered an admission.