

**Welfare to Work Commission
Of the Suffolk County Legislature**

Minutes of the December 12, 2019 Meeting

Present:

Richard Koubek, Chair
Kathy Liguori, Vice Chair
Jenn Hann for Legislator Sam Gonzalez
Ayesha Alleyne (Wyandanch Homes and Property Development Corporation)
Peggy Boyd (Family Service League)
Christina DeLisi (Presiding Officer DuWayne Gregory)
Greta Guarton (LI Coalition for the Homeless)
Arlene Jackson (Suffolk County Community College)
Richard Krebs, (SC Department of Labor)
Traci Barnes for Commissioner Frances Pierre (SCDSS)
Donna Teicher for Dr. Jeffrey Reynolds (Family and Children's Association)
Michael Stoltz (Association for Mental Health and Wellness)
Luis Valenzuela (LI Council of Churches)
Jose Veliz (EOC-LI)
Beth Zweig, Nassau Suffolk Law Services

Excused)

Barbara Egloff (Eastern Suffolk BOCES); Don Friedman (Empire Justice Center); Kim Gierasch (Suffolk County Department of Health); Christian Limbach, (SC Association of Municipal Employees);; Michael Haynes (LI Cares/Harry Chapin Food Bank);

Absent:

Rachel Seiler (Community Development Corporation of LI)

1. **Minutes:** A motion to accept the November minutes, made by Greta Guarton, seconded by Christina DeLisi, passed unanimously.
2. **Mental Health OTADA Screen:** Chair Richard Koubek pointed out that today's presentations on case-management models is a follow-up to the November discussion of mental-health screening tools and procedures, both topics related to the Commission's 2019 goal of exploring how to overcome barriers to self-sufficiency for poor people and Public Assistance clients. Mike Stoltz stated that he needs more time to review the NYS Office of Temporary Disability Assistance (OTDA) screening tool discussed at the November meeting but he has concerns that people who might use the OTDA screen may not be properly trained to use it. Ayesha Alleyne stated that Wyandanch Homes and Property case managers would be reluctant to use the OTDA screen because their intake and case management procedures are very relational and a formal screen might be off-putting to potential clients. Mr. Koubek again stated that he had hoped to form a committee to examine the OTDA screen and other mental-health issues, but the pending law suit by Empire Justice will make this difficult.
3. **Case Management Models:** Mr. Koubek introduced the Commission to the next phase of its self-sufficiency assessment which is examining case-management models. He noted that the federal government's recent announcement that Food Stamps will be cut for recipients who do not work was framed as a self-sufficiency goal, clients' unwillingness to work being interpreted by federal officials as the major barrier to their becoming self-

sufficient. He stated that the Commission has a very different view of how to achieve self-sufficiency, with a focus on programs that address underlying barriers to self-sufficiency such as mental illness rather than simply assuming that an unwillingness to work is the major barrier to self-sufficiency. He further noted that the majority of people who receive Food Stamps currently work at low-wage jobs. This is why case management is viewed by the Commission as a major path to self-sufficiency. Mr. Koubek reminded the Commission of a point made by Don Freidman at the November meeting that case-management programs can be on a wide spectrum of services, from simple mentoring programs to complex mental-health counseling services. In this context, he introduced the presenters who explained the case management models used by their agencies.

- a. **Family and Children's Association:** Donna Teicher, Assistant Vice President, began with a definition of case management as “a collaborative process that plans, implements, coordinates, monitors and evaluates options and services required to meet the client’s health and human-service needs. It is characterized by advocacy, communication and resource management that promote quality and cost-effective interventions and outcomes.” She stated that case management should not just look at the client’s immediate or presenting needs but at the whole person and his/her family, interpersonal and community systems. She then described three case-management programs used by Family and Children’s Association that address clients’ needs at different chronological ages:
 - i. **EISEP** (Expanded In-Home Services for the Elderly) is a program for senior clients, through which case managers formulate personal, individual care plans for each client’s needs. EISEP provides home-based case management, information and referral, home care and connection to community resources. Case managers address substance abuse, financial issues and mental and physical health issues manifested by clients. Monthly contact is maintained and home visits vary depending on need.
 - ii. **Lynn Vanderbilt Nursery Co-Op** provides support services for families as well as an enriching experience for preschoolers while their parents are working toward goals to strengthen the family. Each parent is provided with two-days of care per week. The children’s program is designed to develop social, intellectual, physical and emotional skills. Wrap-around services are offered to assist parents with any identified needs for their children or any family member. Although located in the Village of Hempstead, the program is open to others in Nassau County as well. The program is culturally grounded and represents the diversity of the African American and Latino populations found in the Village of Hempstead.
 - iii. **Parents and Children Together (PACT)**, provides services to Nassau County youth between ages 10-21 who are at risk of unprotected sexual activity, early pregnancy as well as pregnant and parenting teens. Through this program, case managers provide teens with opportunities for cultural and educational enrichment that can support personal and parenting goals. Clients also receive short-term individual counseling. Youths are supported with counselling and referrals to collateral community services. Case managers see clients at a minimum of once a month; as needs are being addressed and risks decrease, clients will be seen less and cases will move toward closing.
- b. **Wyandanch Homes and Property Development Corporation:** Ayesha Alleyne, Executive Director, introduced her agency’s Project Self-Sufficiency which serves

homeless families by providing them with a home that is linked to intensive, weekly case-management services. Potential clients are screened over several months by case managers and finalists are screened by the Board of Directors. Mr. Koubek, a member of the WHPDC Board, stated that the typical client is a single mother with several children from absent fathers and that the mothers have multiple barriers to self-sufficiency including mental-health issues, educational deficiencies and problematic family histories. Potential clients are screened for their willingness and ability to meet the requirements of Project Self-Sufficiency. Case managers build trust with clients as they set weekly and monthly goals related to education, employment, medical and psychological needs, parenting skills, family budgeting and home maintenance. Ms. Alleyne stated that the case management services are very relational and that weekly goals often have to be modified due to a client's immediate problems and crises that arise. WHPDC maintains 27 homes serving 98 people (26 adults, 72 children).

- c. **Association for Mental Health and Wellness:** Michael Stoltz, Chief Executive Officer, began his presentation by describing the transitions he has seen in his years of services to people with mental-health challenges.
 - i. Deinstitutionalization of state hospitals in the 1960s and 1970s led to Community Support Systems (CSS) in which local community-based services were designed to help patients find meaningful lives in their local communities, assisted by medications, counseling and case-management services. However, as this Commission has reported in the past, State and federal budget shortfalls beginning in the 1980s and 1990s reduced funding for these community services and led to a policy shift where the State pursue Federal Medicaid funds to help build the community systems of care.
 - ii. More recently, federal and State Medicaid restructuring has led to creation of Health Homes structures to oversee a network of community care management providers. Care managers, formerly case managers, which continue to have the objective of linking people who have mental-health challenges to psychological, physical health and community services such as housing supports or substance-abuse treatment programs. He noted that this system is new and is still evolving. Long Island's Health Homes are administered by Northwell Health and Hudson River Health Care. He noted that there continues confusion in mission and system structures for Health Homes. Mr. Koubek reminded the Commission that a presentation on Health Homes was provided several years ago to the Commission in which the presenter stated that the system is theoretically sound but will fail if not properly funded.
 - iii. Mr. Stoltz stated that his agency's case-management services, for adults and children with behavioral health challenges, are designed to help clients to access and coordinate all of their health-care and social-service needs. Mr. Stoltz stated that case management in the Health Homes system has become burdened by excessive gatekeeping functions geared toward determining clients' eligibility for services, benefits, and resources rather than side-by-side assistance and supportive services. Depending on clients' levels of risk, some receive telephone check-in calls from their case managers while others have face-to-face meetings. Case managers must have at least one visit or significant contact per month; a new Health Home Plus program offers a higher level of support and intervention of at least three contacts per month --- but most require and request more.

- d. **Family Service League of LI (FSL-LI):** Peggy Boyd, Vice President for FSL-LI, stated that FSL delivers case management and/or care coordination and/or care management to adults and children ages 5 and up through a number of different programs. Generally speaking, these services include assessing individuals' needs; linking them to benefits, entitlements and services for which they are eligible; advocating on their behalf to obtain and maintain those resources and services; coordinating their care between and among providers and natural collateral supports such as family and friends. The various FSL-LI programs' key role is care/case management/care coordination, but many other programs throughout FSL-LI also provide case management services. The key goals of these programs are to address social determinants of health such as poverty, improve access to care, reduce the need for/use of emergency rooms, unnecessary hospitalization and institutional care.
- e. **Long Island Coalition for the Homeless (LICH):** Greta Guarton, Executive Director, described her agency's case-management programs for homeless people through the Continuum of Care program. LICH case managers use the federal Department of Housing and Urban Development (HUD) criteria for defining homelessness.
- i. LICH case-management services are geared toward assisting homeless households in accessing permanent housing, through the region's Coordinated Entry System. LICH prioritized households based on the region's adopted prioritization order (based on length of time homeless and disability). Participants are identified for LICH Case management services using HMIS, through street outreach and in coordination with the Departments of Social Services.
 - ii. Case Managers conduct a Vulnerability Assessment with each household to determine the most appropriate and viable housing option for them, and then work with that household to identify an appropriate housing option and assist them in completing necessary applications and gathering required eligibility documentation for such housing. Staff include case managers (working primarily with households in shelters or motels paid by DSS) and Street Outreach staff (working primarily with unsheltered persons or those who rotate between street and motel stays).
 - iii. Housing options may include Permanent Supportive Housing, Rapid Re-Housing, or another semi-affordable housing option (some homeless households may have a voucher or sufficient income but need assistance finding a unit). Staff connect participants with Care Coordination (if eligible) and/or link them to medical/clinical services as needed/requested. They will also assist participants in applying for an accessing benefits as applicable. Staff make contact with participants as needed, but at least every two weeks, throughout the time that they are on the caseload. In general, staff visit participants in the community (in their shelter, or meet at a library or other public place) that is convenient to the client. Staff may also provide transportation to appointments required for housing (including medical appointments for evaluations, intake appointments, and appointments to obtain benefits or recertify for benefits). LICH staff work closely with SPA, DSS, shelter staff and permanent housing providers to ensure smooth transitions into permanent housing. They also provide aftercare for up to 3 months post-admission into permanent housing.

- f. **Next Steps:** Mr. Koubek thanked each of the presenters and said that notes from today's presentations will be distributed in the minutes at the next Commission meeting for discussion on next steps in the Commission's goal of assessing paths to self-sufficiency.

Medicaid Funding Cuts Medicaid Funding Shortfall: Luis Valenzuela reported that New York State is facing a \$4 billion Medicaid shortfall which is actually a net \$8 billion shortfall since the federal government matches each State Medicaid dollar. Some of the causes of the shortfall are a \$1.8 billion payment made in April 2019 instead of in March 2019 in order not to pierce the Global Medicaid Cap (in the fiscal year ending March 31), 6.5 million Medicaid enrollees, the minimum wage increase, and the high cost of drugs. He further stated that the Global Medicaid Cap, a ten-year average of medical inflation, has fallen from 4% to about 3% . He also stated that early last year NYDOH convened a stakeholder group to identify saving in the CMI rate. However, NYDOH pre-empted the process and proposed and instituted \$122 million in reductions to nursing homes effective Nov 6 2019. The court has issued a temporary injunction to the CMI cut. He announced a Statewide advocacy campaign to preserve Medicaid funding. Information about the campaign can be obtained at:

<https://share.hsforms.com/1kEGkRGuvS6OS9CAZfklpmw340ma>

4. **Next Meeting:** Thursday, January 15, 2020 (Cancelled due to the unavailability of a meeting room)