

Systems Transformation: Toward a Unified System

OMHSAS Advisory Committee

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Since We Let Met....

- Budget Impasse Continues
 - Counties reaching crisis point
 - Local Efforts
- Governor's Proposed budget; current status
- FY 09/10 Projects (need your feedback!)
- Service Area Plan Meetings
- Quality Management Update
- Other Updates
 - Network of Care

Budget Impasse

- ❑ Long Summer
- ❑ Employees including State Hospital staff/operations being paid
- ❑ County allocations, BHSI, Act 152 funds including MH federal allocations are not being allocated
- ❑ MATP not allocated
- ❑ HealthChoices capitation funds are flowing
- ❑ Many counties and providers are borrowing money or using reserves to keep services operating

Budget Impasse

- Consumer/Individuals efforts to support communities
 - Outreach and Phone Trees
 - Increased evidence of Peer to Peer support
- County/providers efforts to support communities
 - Lines of Credit
 - Targeted layoffs
 - Reduced benefits
 - Delayed payments to vendors
- State efforts to support communities
 - OMHSAS /BDAP surveying counties
 - Regular calls/updates with stakeholder community
 - Identifying funds to “borrow”
 - Anticipated carry over
 - Reinvestment
- ***Our communities have risen to the crisis!!!!***

OMHSAS: FY 2009-10 Budget Unified System Strategy: What the Governor proposed

□ **Mental Health Services**

- \$1.014 B total state, federal and other funds,
 - Net increase of \$7.474 M; state funds increase \$11.645 M
- Annualizes the 1% COLA (Cost of Living Adjustment)
- FY 2008-09 CHIPPs are annualized at \$4.236, which includes 30 CHIPPs at Norristown and 10 CHIPPs at Torrance
- Increase of \$1.5 M to support post-closure programs related to Mayview State Hospital
- Transfer of \$335,000 to ODP for three individuals from the state hospitals to the waiver program
- Restores the mid- year FY 2008-09 budget reductions

OMHSAS: FY 2009-10 Budget Unified System Strategy: What the Governor proposed

□ **Mental Health Services** (continued)

- 2% across the board reduction, or \$3.055 M, to county allocations
 - Cut will not be applied to CHIPP/SIPP funds
 - Counties may determine how to manage the funding reduction
- Budget does not include a COLA
- No funding for services in FY 2009-10 for Psychiatric Services in Eastern PA

OMHSAS: FY 2009-10 Budget Unified System Strategy: What the Governor proposed

❑ **Drug and Alcohol Services**

- BHSI Funding for MH and D&A - \$56.126 million.
 - ❑ \$25,551,365 MH
 - ❑ \$30,574,635 D&A
 - ❑ Includes state backfill of \$12.107 million for the former IGT funding
- 2% across the board reduction of \$1.145 million
- Act 152 funding is maintained at \$16,227,107 for FY 2009-10

❑ **Sexual Responsibility and Treatment Program (Act 21)**

- Implemented in April 2004 on the grounds of Torrance State Hospital
- 22 men are now being served
- SRTP program operation was transferred to the Commonwealth and operated by Torrance State Hospital (July 1, 2006)

❑ **Special Pharmaceutical Benefit Package (SPBP)**

- Increase in funding from \$2.428 million to \$2.835 million

OMHSAS Budget: Where are we at?

□ Additional Proposed Changes

- Impact of AARA; increased federal, decreased state dollars (state hospital impact)
- Reduction of allocation by \$14M; includes impact of AARA, state hospital cost containment initiatives and reduction in personnel; no additional community cut anticipated
- Reduction in SPBP (\$446,000)
- Reduction of 10% of Act 152

OMHSAS Budget: What is being considered; additional impacts

□ BHSI

- Governor's proposed budget included backfill of cuts from FY 08/09 as well as lost IGT funds
- All Republican versions of the bill cut BHSI by 25% (no backfill)
- Impacts persons seeking mental health and drug and alcohol treatment services; offers services to persons with no other income or health insurance!

□ Other Office impacts

- Day Care, PDD Autism, Development Disabilities, Education... the list is long !
- Medicaid- MCO Assessment; Smart Pharmacy – if not supported leaves huge hole in the budget

□ What About Next Year



OMHSAS Objectives

- ❑ Transform the children's behavioral health system to a system that is family driven and youth guided.
- ❑ Implement services and policy to support recovery and resiliency in the Adult Behavioral Health System
- ❑ Assure that behavioral health services and supports recognize and accommodate the unique needs of older adults.

Promises to Keep FY 09/10

- Administrative Activities to support Our Objectives
 - Develop On-Line Training Activities- E-Learning
 - Utilize Network of Care
 - Advance/Support Psychiatric Advanced Directives
 - Communicate and provide ongoing data on Evidence Based Practices, Promising Practices/Culturally Relevant Practices
 - Collaborate with Counties/BH-MCO's related to credentialing, workforce development
 - Implement Complex Case review process at State Level
 - Provide TA and Support through PPRT, Regional Office, Specialized consultants and OMHSAS Staff

Promises to Keep FY 09/10

- New Projects to support Our Objectives
 - Crisis Intervention Strategy/Development
 - Persons in Recovery Subcommittee
 - Cultural Competence Subcommittee
 - Implement LGBTQI priority recommendations
 - Develop Call for Change paper for Children's services System
 - Implement MH Parity
 - Develop strategy to impact/access Medicare for older adults

Promises to Keep FY 09/10

- On-going priority projects to support Our Children's Objectives (Draft)
 - Complete Implementation of High Fidelity Wrap Around Pilot Counties
 - Expand PBI (Positive Behavioral Supports) as well as School Based Behavioral Health Services
 - Develop capacity to support Transition age Youth and young adults
 - Implement Early Childhood Mental Health Services priority projects

Promises to Keep FY 09/10

- On-going priority projects to support Our Adult Objectives (draft)
 - Support Continued Certified Peer Work/Expansion
 - Support existing and implement new local forensic initiatives to support the intercept model
 - Support and enhance Supportive Housing options
 - Implement ACT
 - Develop Psychiatric Rehabilitation Services as a Medicaid state plan service
 - Issue Final co-occurring MH/SA regulation
 - Complete PH/BH project

Promises to Keep FY 09/10

- On-going priority projects to support Our Older Adult Objectives (draft)
 - Support development of older adult training/ expertise with Certified Peer Specialist and community physical health and behavioral health treatment system
 - Develop BH interface with Integrated older adult treatment proposal (LTL)

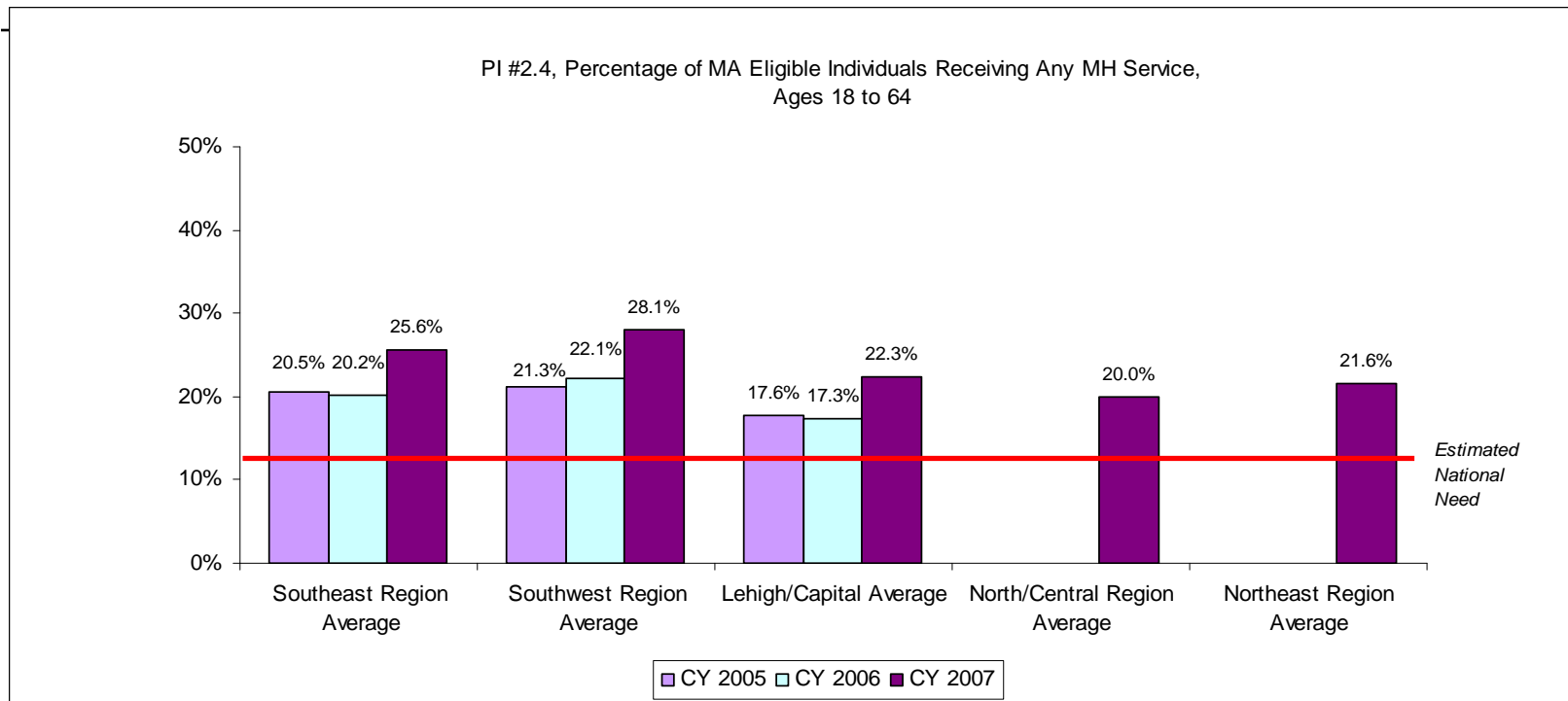
OMHSAS Quality Management

September 3, 2009

HealthChoices Behavioral Health Contracting Report-2008

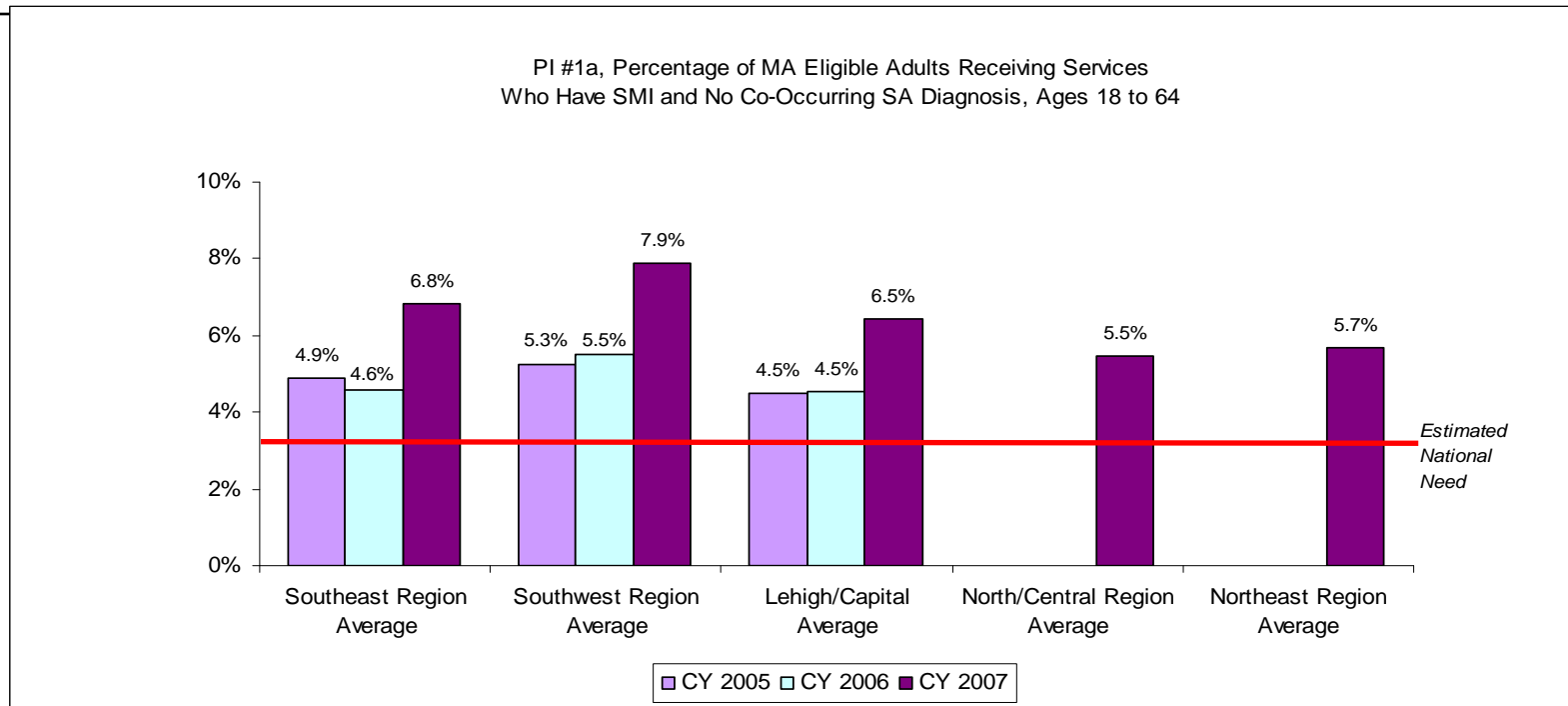
- Performance Based Indicator Improvements
 - Access to mental health and substance abuse services
 - Adults with a Serious Mental Illness who received services
 - Adult African-Americans receiving mental health services increased across each region
 - Adult and children consumers reported that their quality of life is “better” since being involved in treatment

Adult access to mental health and substance abuse services



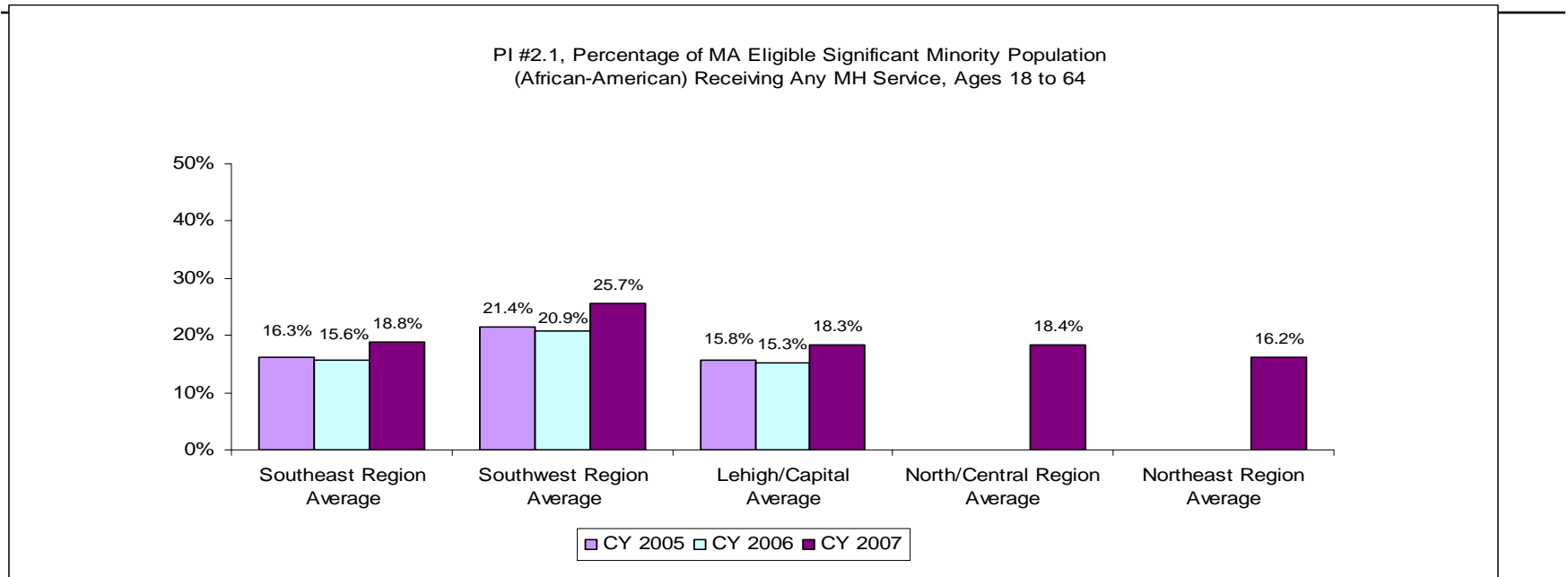
- All regions reporting multiple years of data showed improvement in 2007 compared to 2005 and 2006
- Each individual county showed improvement from 2006 to 2007
- 2007 was the first full year of data for Northeast and NorthCentral regions

Adults receiving services with Serious Mental Illness and no Co-occurring Substance Abuse Diagnosis



- All regions showed a noticeable increase in the percentage of individuals receiving services who have a Serious Mental Illness, and exceeded the estimated national norm (ENN). The ENN is a national measure, but is not based on a Medicaid-specific population.

African-Americans (ages 18-64) receiving any Mental Health services



- All three regions reporting multiple years of data increased the percentage of African-American receiving Mental Health services from previous years.



Next steps

- Continued refinement/collaboration with Counties to
 - Increase access for minority populations, especially children
 - Learn from adverse events using a Root Cause Analysis (RCA)



County Plan Report Highlights

- The report is based on the Fiscal Year 2009-2010 plans submitted by the 48 County MH/MR Program Offices in May 2008 as well as updates received this year
- The commitment to transformation was evident in the planning efforts, including the implementation or expansion of Evidence-Based Practices
- Housing and forensics initiatives continued to receive more focused attention as evidenced by the Housing and Forensic Plans submitted by the counties as required components of their County Mental Health Plans

The counties reported on the following seven specific **Evidence-Based Practices (EBPs)**

- Assertive Community Treatment (16 MH/MR offices reported having this service)
- Supported Employment (34 MH/MR offices reported having this service)
- Supported Housing (35 MH/MR offices reported having this service)
- Family Psycho-education (20 MH/MR offices reported having this service)
- Integrated Treatment for Co-occurring Disorder (MH/SA) (15 MH/MR offices reported having this service)
- Illness Management/Recovery (24 MH/MR offices reported having this service)
- Medication Management (21 MH/MR offices reported having this service)

The County Plans demonstrated the continued efforts in the counties to expand the development of **Recovery-Oriented/Promising Practices**

- ❑ Consumer Satisfaction Team (CST, 47 MH/MR offices reported having this service)
- ❑ Family Satisfaction Team (FST, 43 MH/MR offices reported having this service)
- ❑ Compeer (16 MH/MR offices reported having this service)
- ❑ Self Help/Advocacy (40 MH/MR offices reported having this service)
- ❑ Outreach for Older Adults (29 MH/MR offices reported having this service)
- ❑ Warm Line (23 MH/MR offices reported having this service)
- ❑ Mobile Services/In Home Meds (27 MH/MR offices reported having this service)
- ❑ Fairweather Lodge (12 MH/MR offices reported having this service)
- ❑ Medicaid Funded Peer Specialist Program (31 MH/MR offices reported having this service)
- ❑ Dialectical Behavioral Therapy (23 MH/MR offices reported having this service)
- ❑ Other (15 MH/MR offices reported having this service)

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- Counties also identified *Top Five New Funding Requests for recovery-oriented system transformation priorities*

 - The highest number of requests for new state dollars identified by the counties for the fourth year in a row was Housing/Housing Supports (44 total requests), followed by Recovery-Based Initiatives (30), Peer Support Services (29 requests), and Employment Services

 - The decrease in the number of requests for Peer Support Services from last year (37 last year to 28 this year) could be attributed to the fact that many counties have already developed and implemented the Peer Support services

County Plan Report Highlights

- 21 County MH/MR offices responded that they planned to utilize approximately 77 million dollars to develop programs/services funded with **reinvestment dollars**

County Plan Report Highlights

- **Housing Plans:** As of April 2009, OMHSAS has approved reinvestment funds worth more than 50 million dollars for 21 County MH/MR program offices (comprising of 26 counties) to address the housing needs of the consumers in their communities

County Plan Report Highlights

- **Forensic Plans** submitted by the counties as part of their Mental Health Plans provided information about the various services/programs available in the counties for each of the five “Intercepts” outlined in the “**Sequential Intercept Model**”
- **1. Law Enforcement and Emergency Services**
- **2. Initial Detention and Initial Hearings**
- **3. Jail, Courts, Forensic Evaluations, and Forensic Commitments**
- **4. Reentry from Jails, State Prisons, and Forensic Hospitalization**
- **5. Community Corrections and Community Support**

County Plan Report Highlights

- ❑ Thirteen (**13**) County MH/MR offices (out of a total of 48) have services in all five intercepts
- ❑ Thirty-three (**33**) County MH/MR offices have initiatives pertaining to Intercept 1
- ❑ Twenty-six (**26**) County MH/MR offices have initiatives on Intercept 2
- ❑ Thirty-four (**34**) County MH/MR offices stated they have initiatives to address Intercept 3
- ❑ Thirty-four (**34**) County MH/MR offices had initiatives around Intercept 4
- ❑ Twenty-five (**25**) County MH/MR offices stated they have initiatives related to Intercept 5



County Plan Report Highlights

□ Next Steps

- Continue to support, evaluate and monitor county transformation around EBPs/promising practices
- Review county plan guidelines to review relevant data
- Focus on county identified priorities in housing, forensics and peer support services

RESOURCES.....

□ Resources:

- parecovery.org
- www.OlderPennsylvanians.org
- pa-co-occurring.org
- www.networkofcare.org
 - Service Delivery Specific to County
 - Library of Resources
 - State and Federal Legislation
 - Local, State and National Advocacy Efforts
 - Secure Personalized Features
 - Interactive Features



You Are The Evidence !!!!!

I'm The Evidence

For how belief inspires
How hope transforms and
How giving heals the soul

I'm The Evidence

For what can be achieved
How feeling connected can ground and
How there is invaluable worth in an act of faith

I'm The Evidence

For how an example can lead
How far encouragement can take you and
How one step begins a journey towards endless possibilities

2008 Transformation Designs

Marching Forward!!!

Life is a series of experiences, each one of which makes us bigger, even though sometimes it is hard to realize this. For the world was built to develop character, and we must learn that the setbacks and griefs which we endure help us in our marching onward.

Henry Ford

