



OMHSAS Update
November 5, 2009

Pennsylvania Transformation: State of the State
Office of Mental Health & Substance Abuse
Services

OMHSAS: FY 2009-10 Budget

■ Community Mental Health Services

□ \$728,730

- Includes a 2% cut to MH Base (\$3.055M)
- Annualizes the 1% COLA (Cost of Living Adjustment)
- FY 2008-09 CHIPPs are annualized at \$3.95M, 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 as well as annualizes the dollars to support all discharges
- Transfers \$335,000 to ODP for three individuals from the state hospitals to the waiver program
- Restores the mid- year FY 2008-09 budget reductions
- Includes additional cuts to hospital personnel and operations

OMHSAS: FY 2009-10 Budget

■ **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
- \$500,000 for EPPI

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

■ **Drug and Alcohol Services**

- BHSI Funding for MH and D&A - \$55,331 M
- Total cut equals \$1.94M (includes Governor's proposed 2% with additional cut)
- Distribution of all money 60%D&A; 40% MH
- 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
- 24 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)**

- Decrease in funding to \$2.389M

Medicaid

■ General

- Smart Pharmacy is not going forward
- GRT (Gross Receipts Tax) in lieu of Managed Care Assessment at 5.9%

■ Behavioral Health Capitation

- Cost Containment- \$35M (state funds)
- \$8 M (state funds) Act 62 assumption
- \$4M return of funds (Risk Corridor- prev yr)

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 Care Coordination review process at State Level
- Provide TA and Support through PPRT, Regional Offices/Hospitals, 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 Sequential 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
 - Submit D&A State Plan Changes
 - 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)