

OMHSAS Fact Sheet

FY 2011-12 Governor's Enacted Budget

Presented by Sherry H. Snyder
Acting Deputy Secretary

August 10, 2011

OMHSAS Fact Sheet

FY 2011-12 Governor's Enacted Budget

Base Funds

- Base funding supports hospitals and community programs for person/services that do not qualify for MA funding
- 208,985 individuals received base-funded mental health services in the community (FY 2008/2009)
- FY 2011/2012 Mental Health Services budget (state funds)
 - Community funds = \$392.535M
 - Hospital funds = \$324.678M
 - Total funds (in Appropriation 10248) = \$717.213 M

OMHSAS Fact Sheet

FY 2011-12 Governor's Enacted Budget

Mental Health Services Appropriations

- CHIPPs funded in FY 2010-11 for 6 months are annualized. This includes 30 CHIPPs at Norristown.
- Includes an increase of \$1.5 million for individuals discharged from Allentown State Hospital who need intensive services.
- Includes the transfer of \$2.45 million for 6 months to ODP for 35 individuals to move from the State Hospitals to the waiver program.
- Includes the transfer of funds to ODP for 7 individuals currently residing in the community to move to the waiver program.

OMHSAS Fact Sheet

FY 2011-12 Governor's Enacted Budget

Mental Health Services Appropriations (Cont.)

- Includes \$4.95 million for the discharge of 90 individuals for 6 months from Norristown State Hospital as part of the Fred L Litigation.
- The Budget does not include a cost of living adjustment.

OMHSAS Fact Sheet

FY 2011-12 Governor's Enacted Budget

State Hospitals and Restoration Center

- Current census
 - Six state hospitals = ~1400 individuals (1966 census = 35,000 individuals)
 - South Mountain Restoration Center (long term care facility) = ~134 residents
 - Sexual Responsibility & Treatment Program = 27 individuals
 - Forensic Units = ~129 (Norristown SH) and ~80 (Torrance SH)
- Since 1994-95
- 71% reduction in the state hospital census (through 6/11); 57% decrease in staff complement
- 49% of all individuals in state hospitals had a length of residence less than 2 years
- ~50% of those admitted to a psychiatric bed had a co-occurring substance use disorder
- Readmission rates
 - 1.1% within 30 days (national rate = 9.2%)
 - 5.9% within 180 days (national rate = 20.9%)
- PA state hospital utilization rate (2009) = .25 per 1,000 individuals; U.S. rate = .54 per 1,000

OMHSAS Fact Sheet

FY 2011-12 Governor's Enacted Budget

Community-Hospital Integration Projects Program (CHIPP)

- CHIPP was designed to provide increased community support services for individuals with a long-term history of hospitalization or otherwise complex service needs
- Also provides diversionary services that prevent unnecessary future hospitalizations
- As of June 30, 2011
 - 3,007 individuals have been discharged through CHIPP
 - 14,651 individuals have received diversionary services
- Since 1991-92, the CHIPP initiative has closed 2,909 state hospital beds and provided over \$249M to fund an array of community-based services

OMHSAS Fact Sheet

FY 2011-12 Governor's Enacted Budget

Drug and Alcohol

- BHSI funding for MH and D & A of \$47.908 million. This is a 10% reduction from the prior year. This is comprised of \$19.163 million for MH and \$28.744 million for D&A.
- Act 152 funding is maintained at \$14,727,107 for FY 2011-12. This total includes the reduction of \$1.5 million that occurred in September 2010.

OMHSAS Fact Sheet

FY 2011-12 Governor's Enacted Budget

Special Pharmaceuticals Benefits Program for Mental Health (SPBP-MH)

- Available to Pennsylvanians who require an atypical antipsychotic
 - Annual income less than \$35,000 as an individual and no MA coverage
- 1,514 individuals enrolled as of July 2011
- Increase in funding from \$2.346 million to \$3.618 million in FY 2011-12.

OMHSAS Fact Sheet

FY 2011-12 Governor's Enacted Budget

Behavioral Health Services Initiative (BHSI)

- 100% state funded program for individuals no longer eligible for MA due to changes in the General Assistance Medically Needy Only (Act 35 of 1996)
- In FY 2009-2010
 - 48,732 persons were served by BHSI drug and alcohol funds
 - 27,086 persons were served by BHSI mental health funds
- FY 2011-2012 funding
 - BHSI Drug and Alcohol = \$28.744M (~60%)
 - BHSI MH = \$19.163M (~40%)

OMHSAS Fact Sheet

FY 2011-12 Governor's Enacted Budget

HealthChoices

- Savings of \$48.6 million generated through caps on the amount of behavioral health reinvestment funds, utilization of evidence-based behavioral health services for children and youth, Act 62 savings for children with autism, and utilization changes.

OMHSAS Fact Sheet

FY 2011-12 Governor's Enacted Budget

HealthChoices BH Program

- Rate of adults accessing mental health services = 25% (2009)
 - Exceeds the 11.7% estimated national need.
- Consumer satisfaction remains high
 - Exceeds national average for participation in treatment planning (2009)
 - Adults = 85.6%
 - Families = 89.3%
- Persons receiving peer support services has increased annually.
- Certified Peer Specialists reported an increase in employment status and a decreased use of public benefits as a result of their training/certification (2010 survey) .
- 56% of youth discharged from psychiatric inpatient treatment received community follow-up treatment within 7 days of discharge (2009), exceeding the national norm (42.7%).
- Steady decline in % of children/adolescents who have spent at least one day in a residential treatment facility (down to 3% in 2009).

OMHSAS Fact Sheet

FY 2011-12 Governor's Enacted Budget

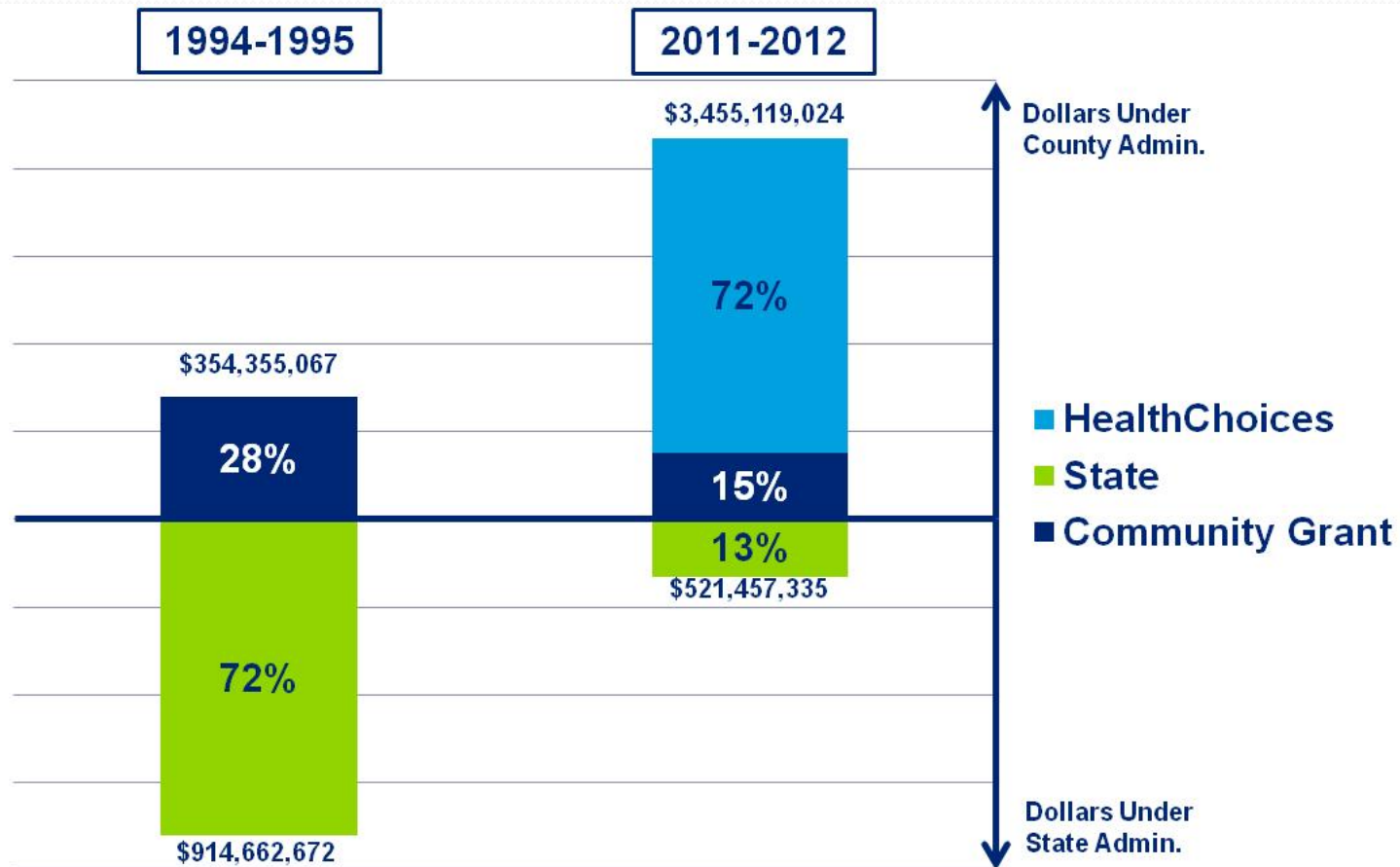
Reforming Public Welfare Guiding Principles

- Integrated, Coordinated and Seamless Service System
- Focus on Consumer Needs: Quality, Independence, Flexibility and Service Coordination
- Provide value through Financial Integrity and Consumer Appropriate Care
- Personal Responsibility

OMHSAS Fact Sheet

FY 2011-12 Governor's Enacted Budget

Movement of Funding from State Administration to County Administration



OMHSAS Fact Sheet

FY 2011-12 Governor's Enacted Budget

2005 – “A Call for Change: Toward a Recovery Oriented Mental Health Service System for Adults”

In November 2005, OMHSAS, with input from representatives of all major stakeholder groups, developed a **recovery-focused** vision statement of a transformed service system in Pennsylvania. This approach continues to influence OMHSAS' approach to service delivery today.

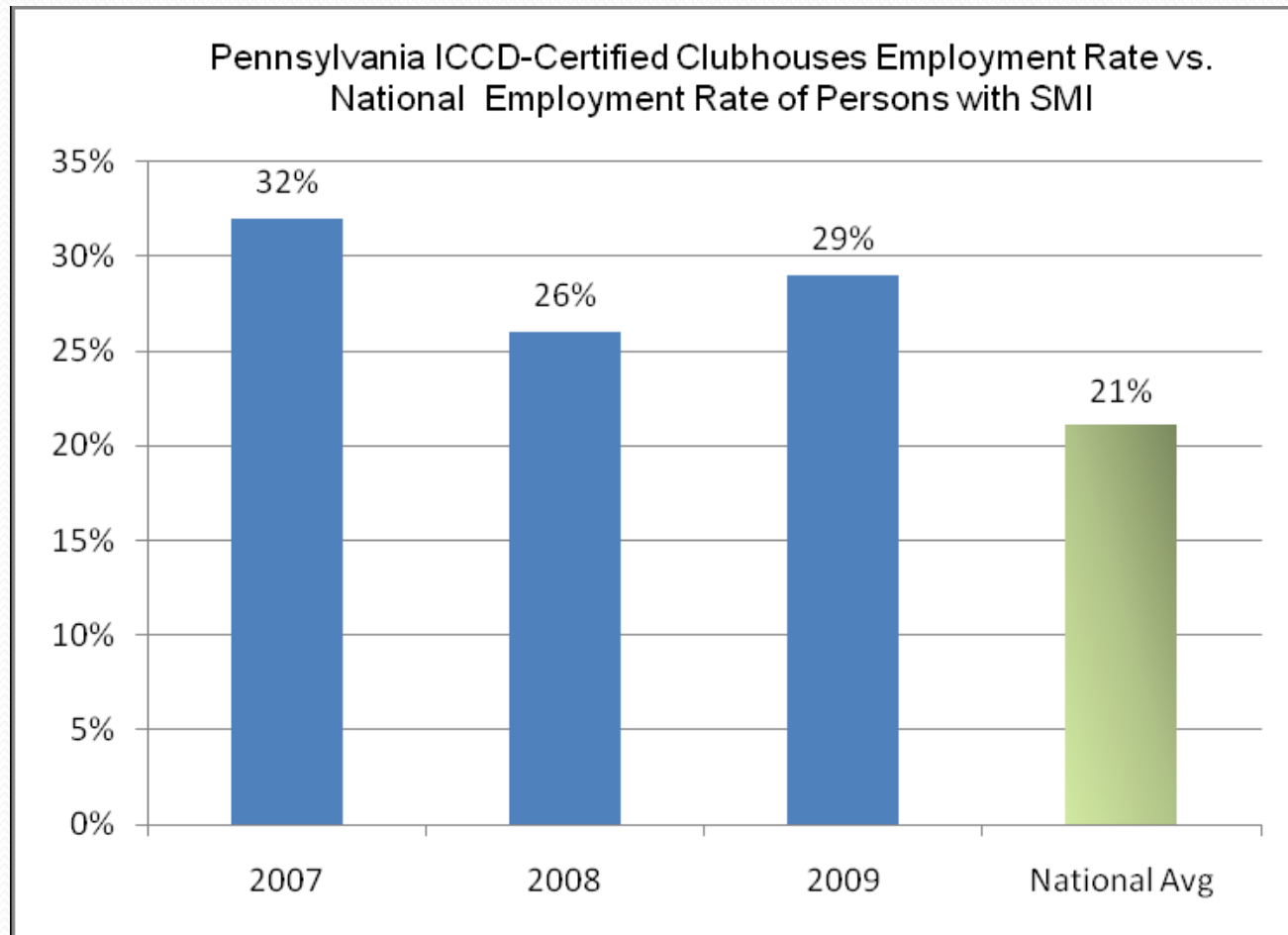


Core Elements of the Recovery Movement as Outlined in the 'Call for Change'

- **Definition of Recovery:**
Recovery is a self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that promote people reaching their full potential as individuals and community members
- **Indicators of a recovery-oriented system**
 - 1-Validated Personhood
 - 2-Person Centered Decision-Making & Choice
 - 3-Connection -- Community Integration, Social Relationships
 - 4-Basic Life Resources
 - 5-Self-Care, Wellness, & Meaning
 - 6-Rights & Informed Consent
 - 7-Peer Support & Self-Help
 - 8-Participation, Voice, Governance & Advocacy
 - 9-Treatment Services
 - 10-Worker Availability, Attitude and Competency
 - 11-Addressing Corrective Practices
 - 12-Outcome Evaluation & Accountability

OMHSAS Fact Sheet

FY 2011-12 Governor's Enacted Budget



OMHSAS Fact Sheet

FY 2011-12 Governor's Enacted Budget

Top 10+ Things To Know About OMHSAS



1
PA is transforming the Behavioral Health system to be increasingly recovery-based

2
Program funding continues to move from State Administration to County Administration

3
PA currently has six (6) State hospitals and one restoration center for long term care

4
CHIPP has supported discharge of over 3,000 individuals, diversion of over 15,000 individuals from hospital admissions, and generated almost \$268M

5
From 1994/95 through June 2011 there has been a 71% reduction in state hospital census and 57% decrease in staff compliment

6
As the hospital system downsizes, we have strengthened our monitoring programs with staff, counties, advocates, and other stakeholders

7
The HC-BH Program is improving access and stability for enrollees & decreasing utilization of residential treatment facilities for children while maintaining high consumer satisfaction

8
Strengthening collaboration with other systems (ODP, Justice, Substance Abuse, Housing, etc.) is directly impacting individuals' success in communities

9
Significant effort and investment in the use of evidence-based practices, have a proven impact on recovery

10
We partner with the PA Commission on Crime and Delinquency and the Courts to support and deliver justice-related services

+
PA leads the nation in number of Certified Peer Specialists (CPSs) with over 1,700 individuals.