

## Office of Mental Health and Substance Abuse Services

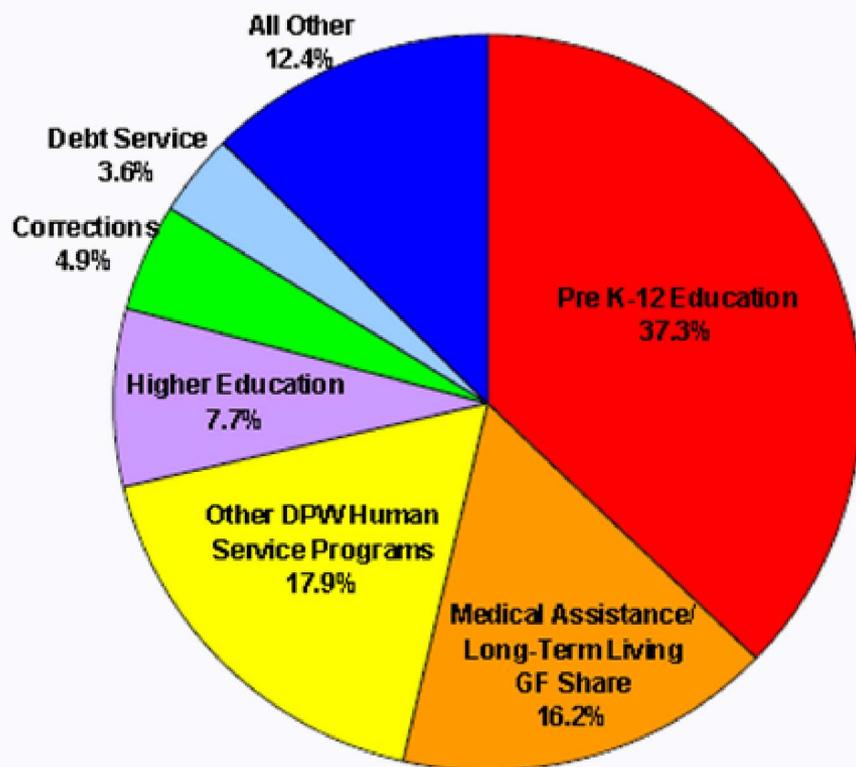
### FY 09-10 Budget Presentation

## OMHSAS BUDGET PRESENTATION FY 2009-10

### Environmental Scan: Challenges & Opportunities

- New Federal Administration
  - Transition proceeding; Key appointments pending
- The Economic Picture/Stimulus Package
  - Temporary FMAP for 27 months
- Behavioral Health Issues & Opportunities
  - Mental Health Parity
  - Co-Occurring Treatment
  - Evidence Based Treatment
  - Integrated Children's Strategies
  - Mental Illness as a HealthCare Priority
  - Housing
  - Criminal Justice

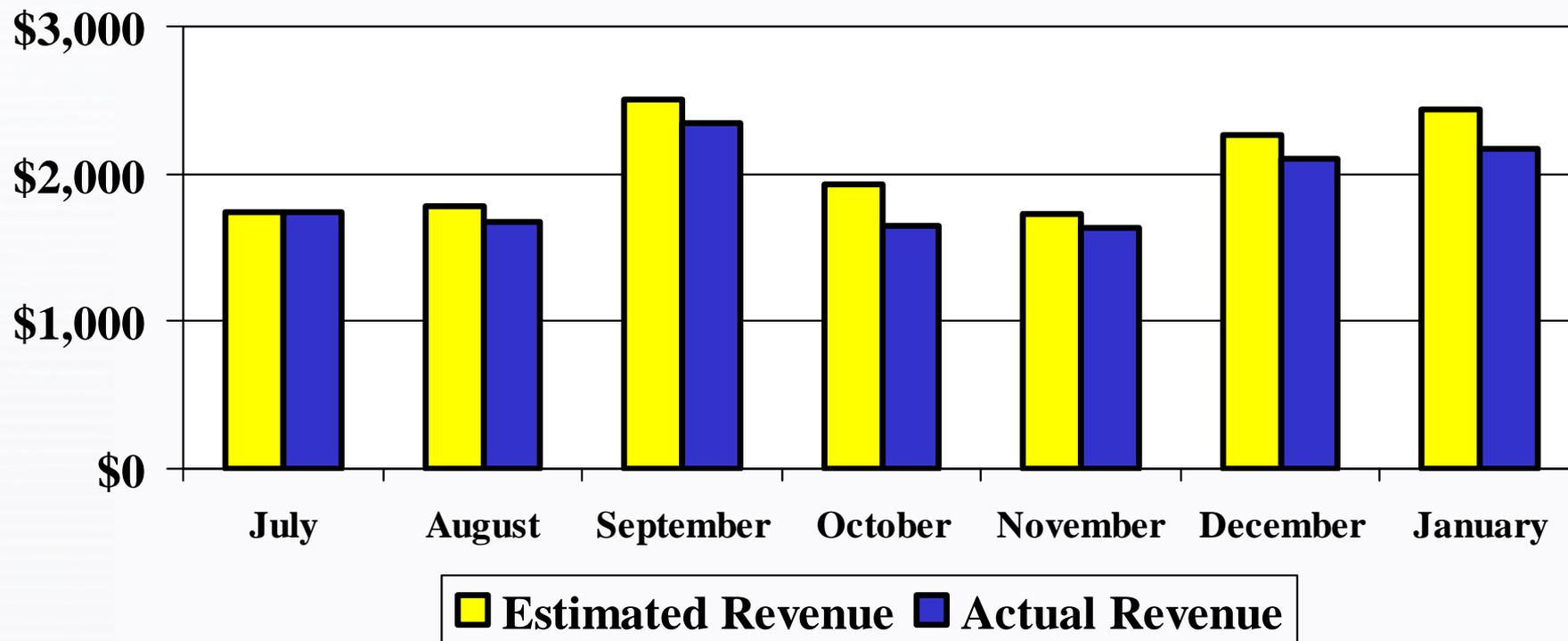
## 2009-10 General Fund Expenditures



*Spending on Education, Medical Assistance / Long-Term Living, other Department of Public Welfare programs, Corrections and Debt Service comprises nearly 88 percent of total General Fund expenditures.*

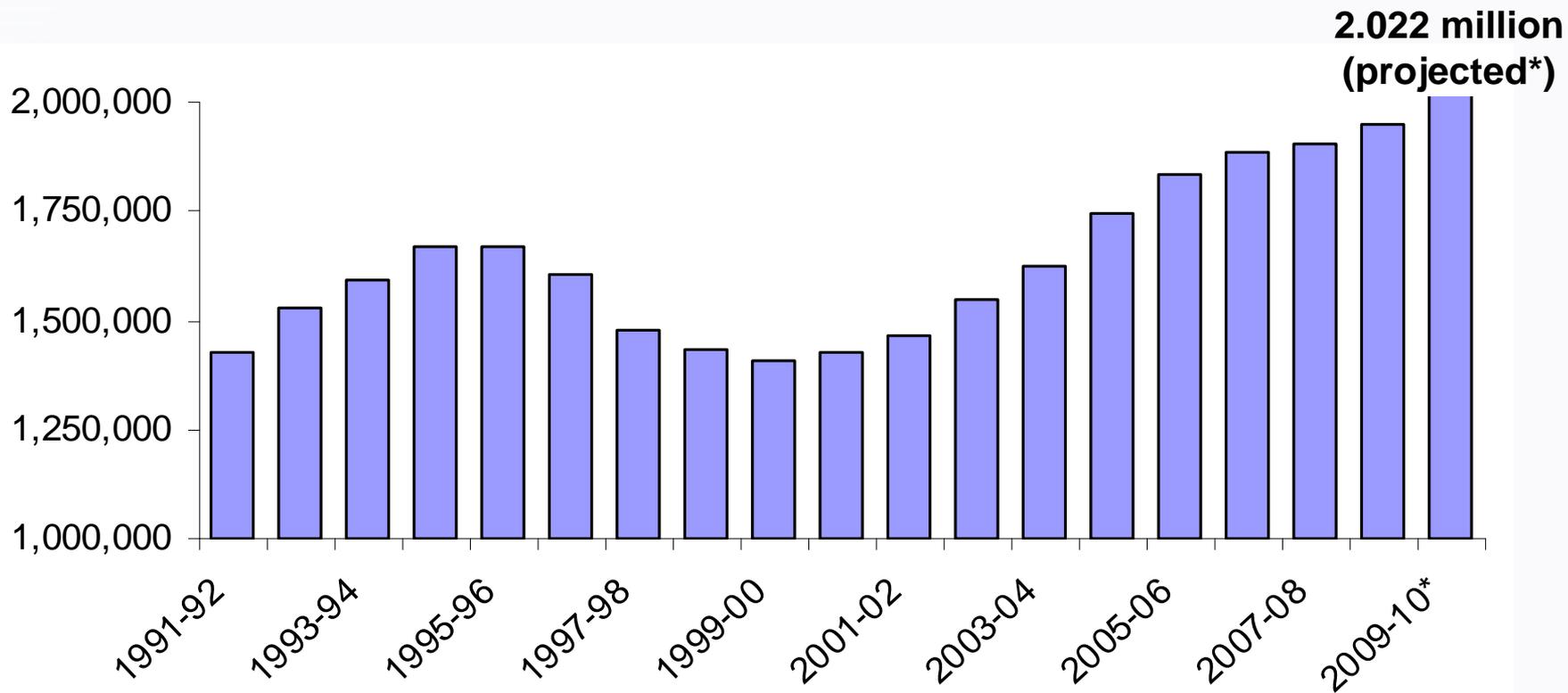
**Total GF Expenditures: \$26.6 Billion**

## Revenues are down by \$1 billion due to the recession (July 2008 – January 2009)

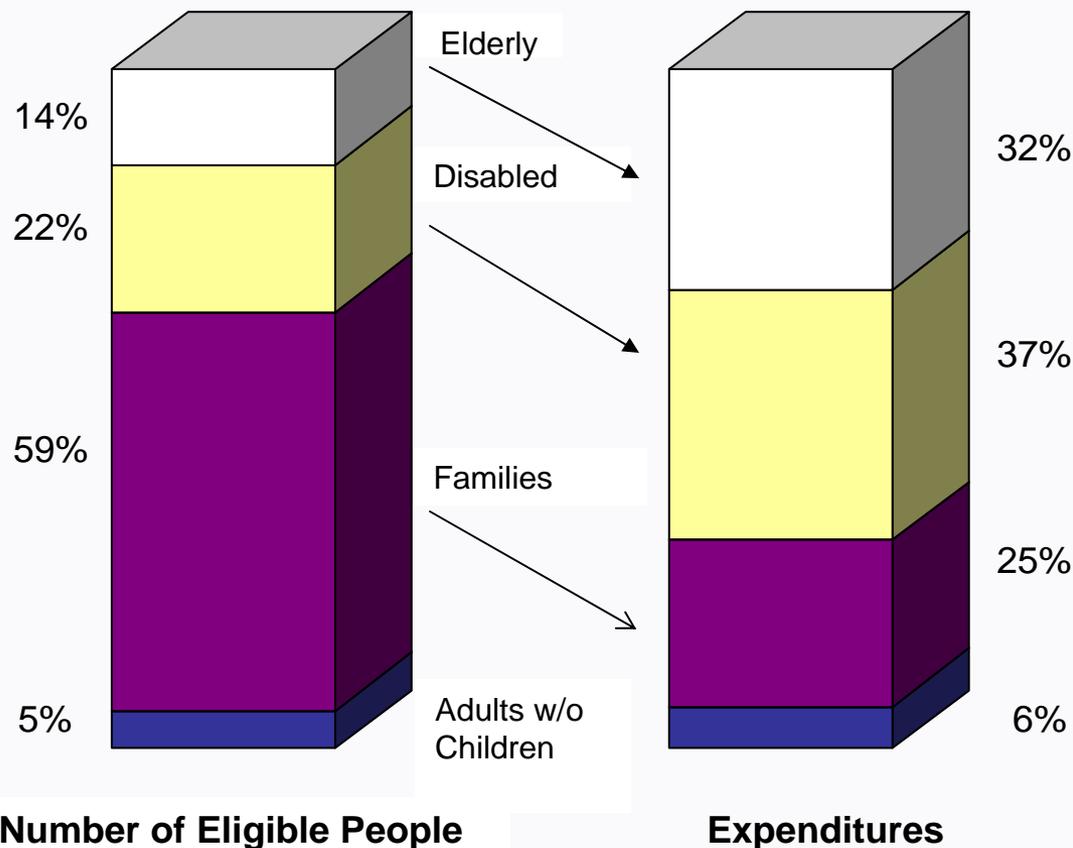


## More People Need Help

2 million children and adults rely on  
Medical Assistance for health care



## Seniors and people with disabilities use the largest share of Medical Assistance resources

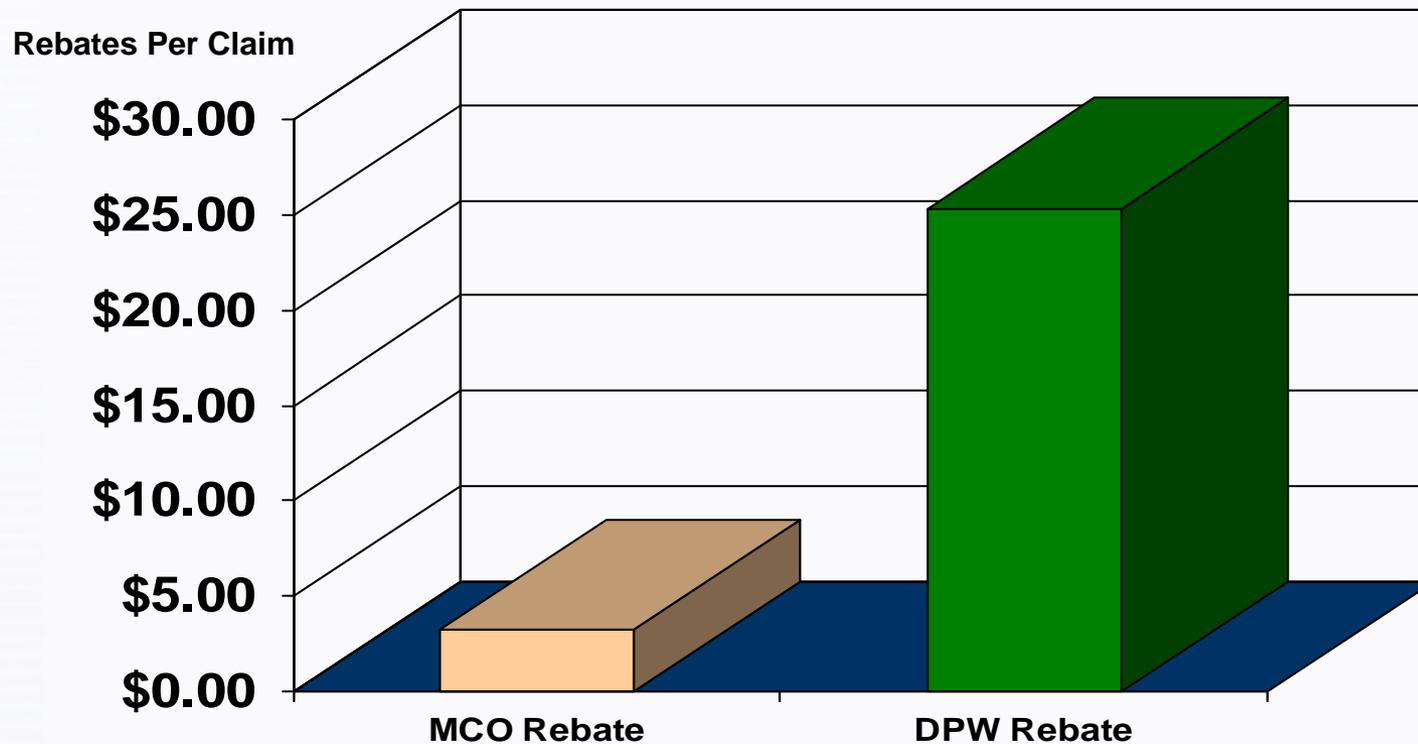


Seniors and Persons with Disabilities are **36%** of enrollment, but account for **69%** of program expenditures

## Expanded adultBasic Health Insurance Program

- Expanded adultBasic will:
  - Offer more low-income, uninsured individuals the option of affordable health insurance that **will include prescription drugs, and behavioral health services**
  - More than double the number of low-income Pennsylvanians with state- supported health care insurance from approximately 40,000 at the end of 2008-09 to 90,000 by the end of 2009-10
  - Funded using existing Tobacco settlement and Community Health Reinvestment funds and enrollee premiums, as well as new federal matching funds.
- adultBasic is administered thru the Dept. of Insurance; Application for benefits is 1-800-GOBASIC, additional information on [www.PA.gov](http://www.PA.gov) web site.

## Smart Pharmacy: DPW earns 7 times more drug rebates than managed care companies



## **Smart Pharmacy savings: \$146 million a year (full-year)**

Important to support individuals with BH pharmacy needs

- One Preferred Drug List (PDL) statewide;  
Current multiple formularies/processes are administratively burdensome for clinicians and challenging for persons seeking assistance
- One grievance and appeal system
- Administered by sister office (OMAP) within DPW, seat at the table, stakeholder involvement in P&T Committee
- OMHSAS BH Clinical Committee

## Statewide MCO Assessment: \$400 million a year (full-year)

- PA currently assesses Medicaid MCOs at 5.5%, raising over \$200 million a year for MA
- Federal government has changed the rules –
- *must assess across the board starting Oct 1*
- 2% statewide MCO Assessment
  - \$200 million revenue 2009-2010 (6 months)
  - \$400 million revenue full-year basis
- Includes Behavioral Health

**PA will join 6 other states that already assess all MCOs:**  
Arizona  
Maryland  
New Jersey  
North Carolina  
Tennessee  
Texas

## DPW program office initiatives/impacts

- Funding for more children in Child Care Works, Early Intervention, and PA Pre-K Counts
- \$15.1M more for community services - funds for emergency diversions to prevent persons with mental retardation from requiring institutional care
- \$7.7M to continue home and community based services for adults with autism
- Children and Youth will target dollars thru Needs Based Funding for:
  - Evidence based practices for in home services (\$25.5 million)
  - Pennsylvania Promising Practices ( \$21.7M)
  - Increased adoption (\$6.3 million)
  - Safely reduce out of home reliance by 20% by the end of 2010
- Proposed Department of Aging & Long-Term Living
  - Providers will have a single point of contact, support and accountability
  - Consumers can expect consistency and continuity regardless of age or geography

# Office of Mental Health and Substance Abuse Services

## OMHSAS: Guiding Principles

- The Mental Health and Substance Abuse Service system will provide quality services that:
  - Facilitate recovery and resiliency for adults and children
  - Are responsive to individuals' unique strengths and needs throughout their lives
  - Focus on prevention and early intervention
  - Recognize, respect, and accommodate differences as they relate to culture/ethnicity/race, religion, gender identity and sexual orientation
  - Ensure individual human rights and eliminate discrimination and stigma
  - Are provided in a comprehensive array by unifying programs and funding building on natural and community supports unique to each individual and family
  - Are developed, monitored and evaluated in partnership with consumers, families and advocates
  - Represent true collaboration with other agencies & service systems

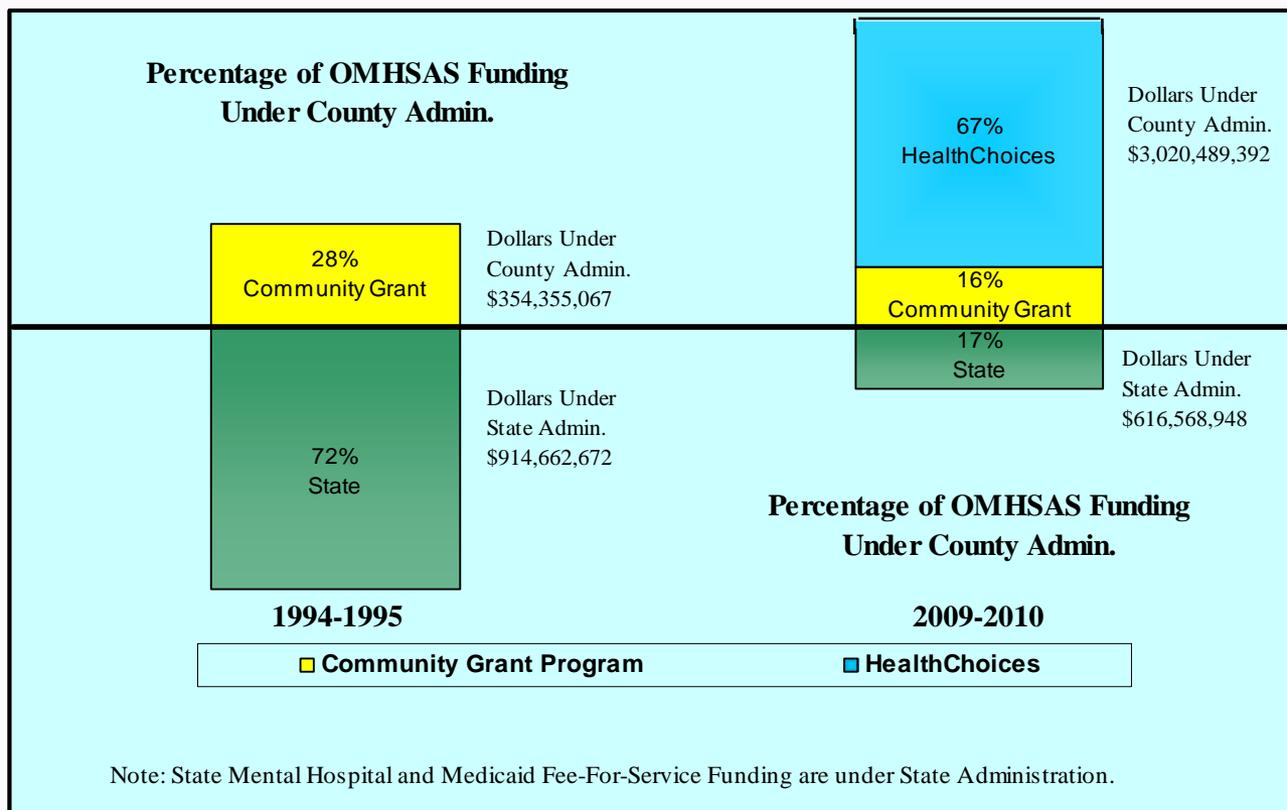
## **DPW: OMHSAS-Administered Behavioral Health Funding**

- Community Mental Health Services
  - Base Funds
  - CHIPPs/SIPPs
  - BHSI- Mental Health
  - MH Block Grant/SSBG/Other Federal
  - Other Categoricals
  - State Mental Hospitals
- DPW Administered Drug and Alcohol
  - Act 152
  - BHSI- Drug & Alcohol
- Medicaid
  - BH FFS
  - HealthChoices Behavioral Health
- Special Pharmaceutical Benefits Program ( SPBP)

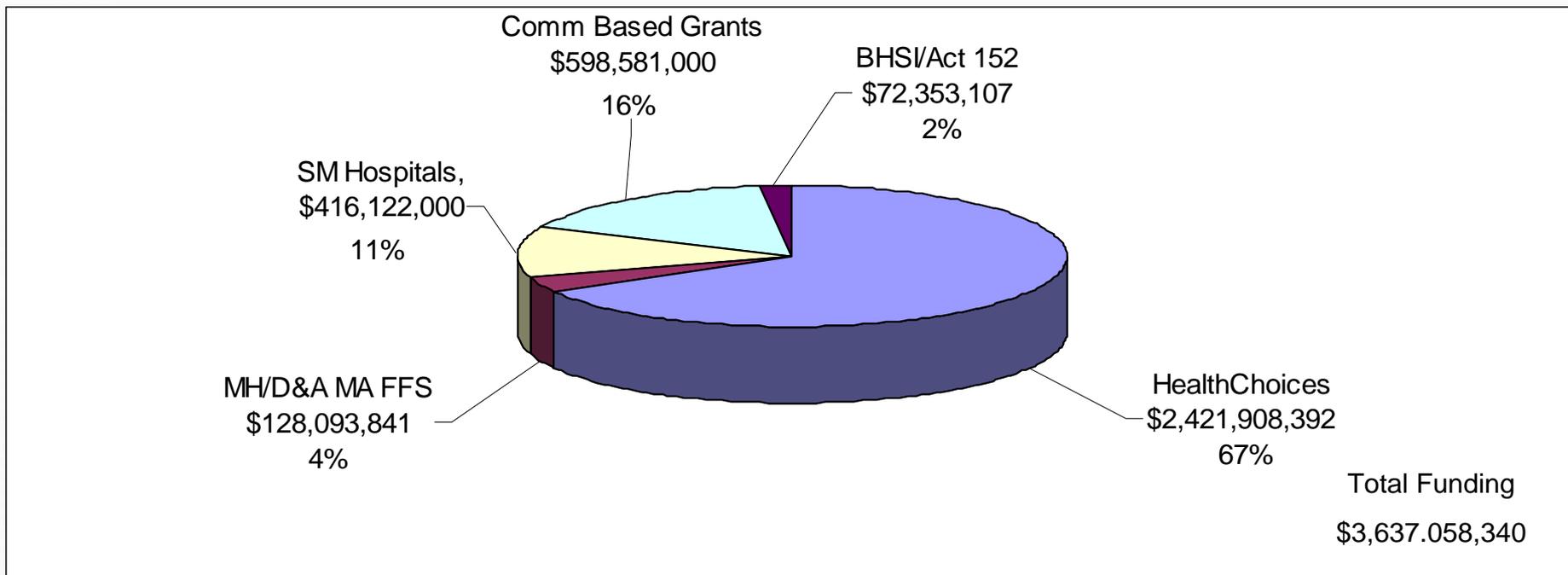
## OMHSAS: Unified Systems Strategy

- 1990-91** County-based Medicaid state plan services utilizing county base funding for state match
- 1991** CHIPP dollars follow person from State Hospital to community
- 1993-94** Streamline Community/Hospital Appropriation
- 1996-97** Act 152 Dollars administered by OMHSAS
- 1997** BHSI funds MH and D&A established and administered by OMHSAS  
HealthChoices BH program administered by OMHSAS (Southeast)
- 1998** OMH changes name to OMHSAS
- 1999** HealthChoices expansion to Southwest
- 2001** HealthChoices expansion to Lehigh/Capital
- 2003-04** Service Area Planning Initiatives; County Planning
- 2004-05** Children's Integrated Services Initiative (ICSI)
- 2005-06** Health Choices expansion to Northeast Counties
- 2006-07** BH FFS Transfer  
Health Choices Expansion to 23 counties
- 2007-08** HealthChoices Expansion to all 67 counties  
Assume responsibility for SPBP program
- 2008-09** Offered proposal to integrate BDAP funding with OMHSAS D&A funding; *not successful*

## Movement of Funding from State Administration to County Administration



## Mental Health and Drug and Alcohol Service System



## OMHSAS FY 2009-10 Budget Summary

APPROPRIATION	SOURCE	Fiscal Year 2007-2008 Actual	Fiscal Year 2008-2009 Available	Fiscal Year 2009-2010 Recommended
<b>MH Services</b>	State	\$709,168,000	\$732,665,000	\$744,310,000
	Federal	266,626,000	264,115,000	259,944,000
	Other	11,253,000	10,449,000	10,449,000
	<b>TOTAL</b>	<b>\$987,047,000</b>	<b>\$1,007,229,000</b>	<b>\$1,014,703,000</b>
<b>BHSI/Act 152</b>	BHSI (State)	\$45,300,000	\$45,164,000	\$56,126,000
	IGT (Other)	12,107,000	12,107,000	0
	MAOP/Act 152 (State)	16,227,107	16,227,107	16,227,107
	<b>TOTAL</b>	<b>\$73,634,107</b>	<b>\$73,498,107</b>	<b>\$72,353,107</b>

## OMHSAS FY 2009-10 Budget Summary

APPROPRIATION	SOURCE	Fiscal Year 2007-2008 Actual	Fiscal Year 2008-2009 Available	Fiscal Year 2009-2010 Recommended
<b>MH/D&amp;A MA Capitation</b>	State	\$1,172,093,458	\$1,181,647,992	\$1,182,975,747
	Federal	1,211,933,180	1,220,197,344	1,238,932,645
	<b>TOTAL</b>	<b>\$2,384,026,638</b>	<b>\$2,401,845,336</b>	<b>\$2,421,908,392</b>
<b>MH/D&amp;A MA Fee-For-Service</b>	State	\$72,921,290	\$60,922,397	\$67,765,699
	Federal	61,335,112	52,742,542	60,328,142
	<b>TOTAL</b>	<b>\$134,256,402</b>	<b>\$113,664,939</b>	<b>\$128,093,841</b>

## OMHSAS FY 2009-10 Budget Summary

APPROPRIATION	SOURCE	Fiscal Year 2007-2008 Actual	Fiscal Year 2008-2009 Available	Fiscal Year 2009-2010 Recommended
<b>Grand Total</b>	State	\$2,015,709,855	\$2,036,626,496	\$2,067,404,553
	Federal	1,539,984,292	1,537,054,886	1,559,204,787
	Other	23,360,000	22,556,000	10,449,000
	<b>TOTAL</b>	<u>\$3,579,054,147</u>	<u>\$3,596,237,382</u>	<u>\$3,637,058,340</u>

## **OMHSAS: FY 2009-10 Budget Unified System Strategy**

- **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
- Additional funding for an initiative for one HSH closure county
- 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

- **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
  - The initial initiative for Bucks County has been annualized
    - 2<sup>nd</sup> Bucks County legislative initiative was removed
  - No funding for services in FY 2009-10 for Psychiatric Services in Eastern PA

## OMHSAS: FY 2009-10 Budget Unified System Strategy

- **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

## Behavioral Health HealthChoices

- 67 HealthChoices Counties
  - 43 counties accepted right of first opportunity
  - 1 direct state contract with BH-MCO (Greene County)
  - Direct state contract with 23 counties – operates in partnership with BHARP (county oversight entity)
  - Incorporates broad behavioral mandates
  - Variety of models including full risk county contracts, subcontracts with Administrative Services Organization and full risk subcontracts

## OMHSAS: HealthChoices

- As of January 1, 2009, there are 1.67 M people enrolled in HealthChoices
  - Projected enrollment for SFY 2009-10 is 1.76 M
  - FY 2009-10 funding projected to be \$2.422 Billion in the Southeast, Southwest, Lehigh/Capital, Northeast Zone, 23 county expansion zone and 15 county expansion zone:
    - Southeast Zone total \$985.2 million
    - Southwest Zone total \$453.7 million
    - Lehigh/Capital Zone total \$403.4 million
    - Northeast Zone total \$118.0 million
    - NCSO 23 county expansion zone \$182.4 million
    - NCOO 15 county expansion zone \$279.7 million
    - Mental Health portion\* \$2.139 billion
    - Substance Abuse portion\* \$283.4million
- \*(includes admin.)

## HealthChoices

- Proposal: Reduce Risk and Contingency (R&C) from 90 days to 30 days
  - 60 days for counties whose insolvency protection is in R&C
- Current: Contract allows for counties, at risk or who subcontract for full risk to entities regulated by Insurance to reserve up to 90 days for risk and contingency ( R&C)
- State Savings: \$23.7 M (as of February 4, 2008)
- One Time Only
- Requires HC Contract Amendment (discretion exists to lower R&C; however, to redeem dollars amendment may be required)
- Requires CMS approval
- Effective date July 1, 2009

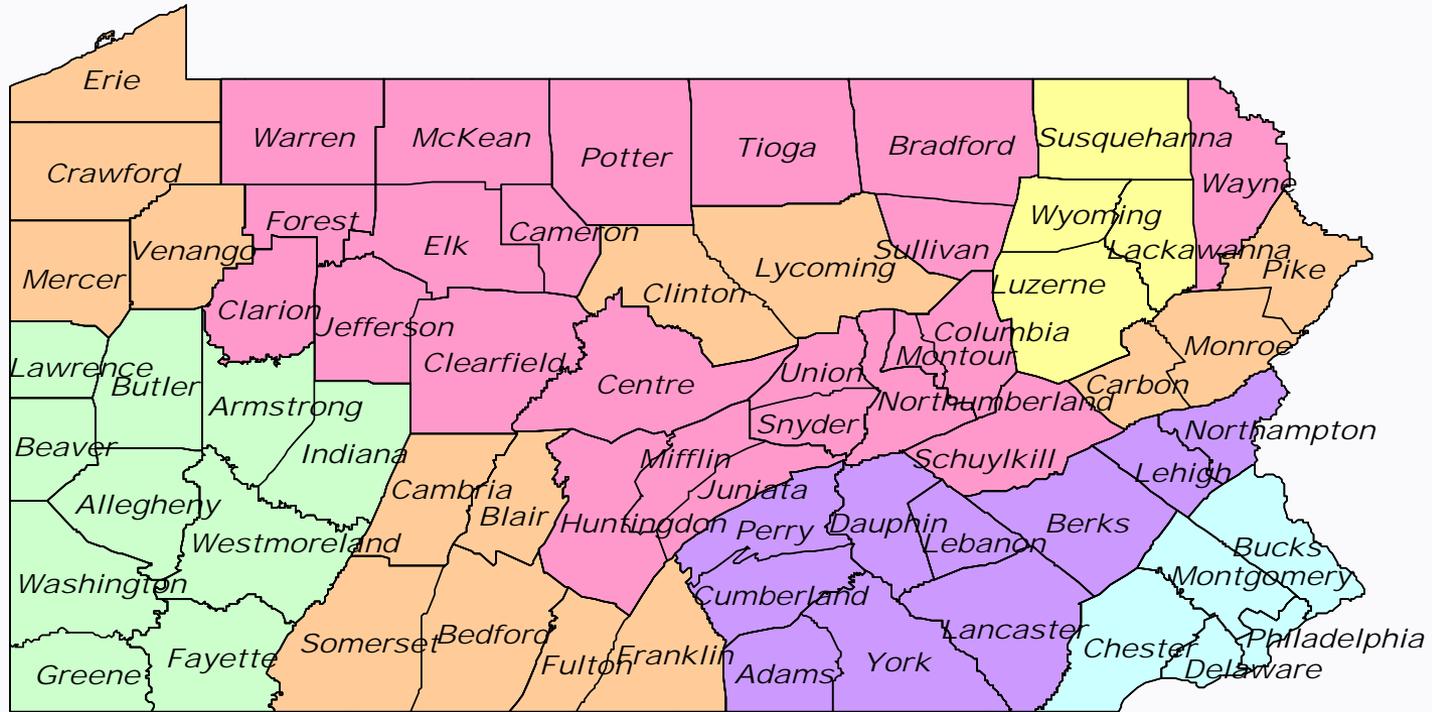
## HealthChoices

- Proposal: Seek return of uncommitted funds and unspent reinvestment funds from counties in HealthChoices behavioral health program.
- Current: Contract language permits return of funds in certain instances; time lags create gaps in commitments; counties are required to seek Commonwealth approval to extend reinvestment plans.
- State Savings: (as of October 2008) Savings will be variable in future years
  - Uncommitted funds: \$ .343M (February 4, 2009)
  - Return of Reinvestment: \$ .379M (February 4, 2009)
- Does not require contract change; counties have up to 6 months to return unspent reinvestment; institute ongoing policy
- Effective date July 1, 2009

## HealthChoices

- Proposal: To establish a cap on reinvestment up to 2%; return of funds to Commonwealth in excess of 2%
- Current: There is currently no cap on reinvestment;
  - Reinvestment average over life of the program is 3.5 %, approximately \$399M
- State Savings: Will vary annually; \$10M
- Requires contract amendment
- Requires CMS approval
- Impacts CY09 HealthChoices contracts and FY 09-10 HC contracts

## HEALTHCHOICES ZONES



**SOUTHEAST**  
Implemented Feb. 1997

**SOUTHWEST**  
Implemented Jan. 1999

**LEHIGH/CAPITAL**  
Implemented Oct. 2001

**NORTHEAST**  
BH Implementation July 1, 2006

**NORTH/CENTRAL STATE OPTION**  
BH Implementation January 1, 2007

**NORTH CENTRAL COUNTY OPTION**  
BH Implementation July 1, 2007

## State Hospitals/CHIPPs

- OMHSAS has 7 state hospitals and 1 long term nursing care facility
- Since FY 1994-95:
  - 55% reduction in the state hospital census (through June 30, 2010)
  - 62% decrease in staff complement
- Through the CHIPP funding:
  - 2,901 individuals will have been discharged
  - 14,061 individuals will have received diversionary services as a result of these discharges through June 30, 2009
  - \$242,248,100 in funding for community programs and supports
- Service area planning work will continue through Fiscal Year 2008-2009 and 2009-2010

## How are we doing: Service Area Planning

- During FY 07/08, 719 people were discharged from the civil hospitals (excluding Mayview).
  - 37 people were readmitted
- CSP's were developed for 123 (17%) of the people discharged.
- Overall readmission rate for 710 people discharged was **5.1%**. The readmission rate for people discharged with a CSP during this same period was **0.4%**. This has held true for individuals discharged from Mayview State Hospital.

**This difference between the two readmission rates reinforces the value and importance of a CSP in sustaining a person's discharge and ultimately their recovery.**

**Far fewer incidents when individuals have a Community Support Plan which includes Consumer and Family input!**

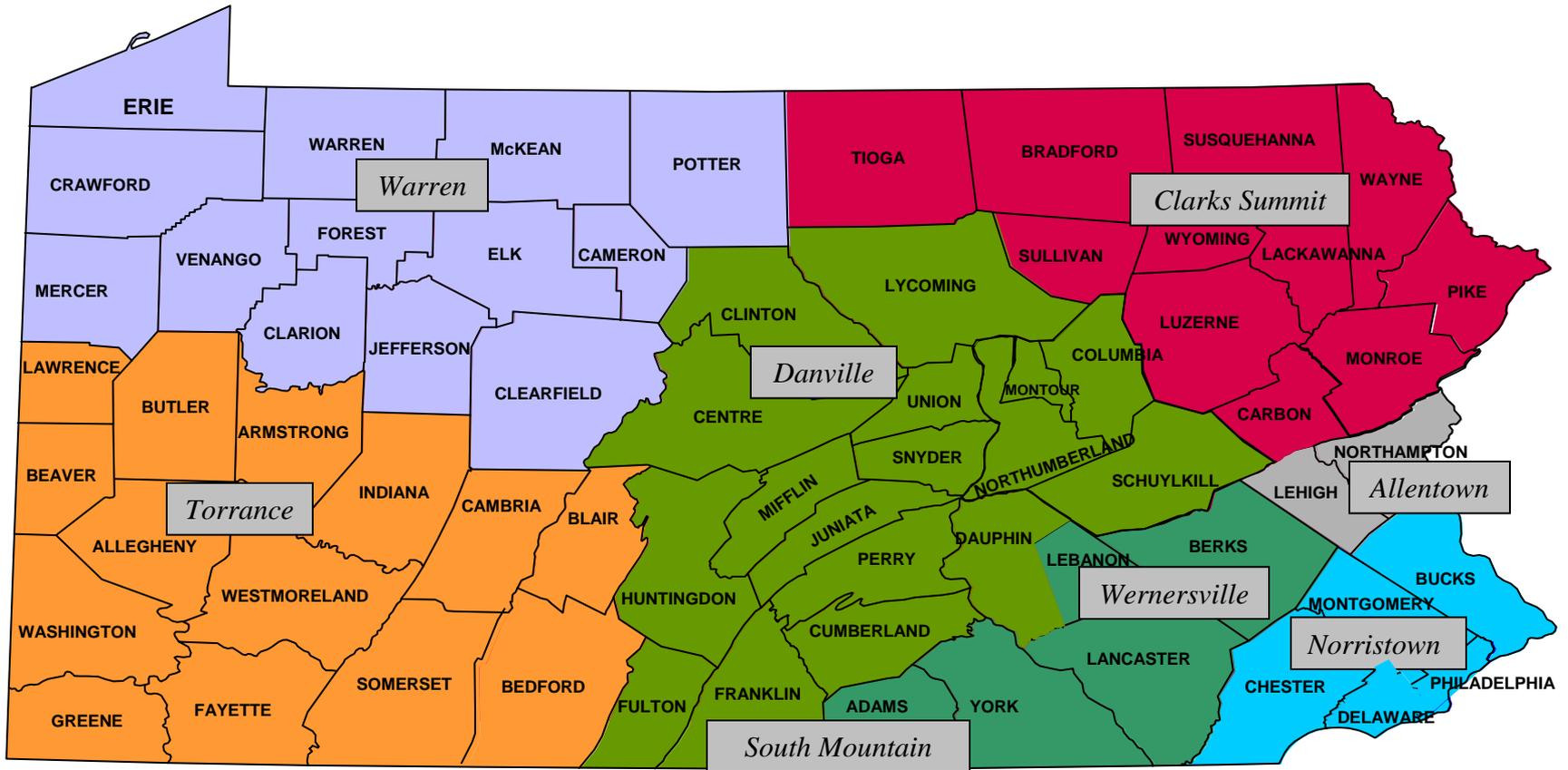
## CHIPP Funding History (Cumulative)

<u>Fiscal Year</u>	<u>Funding Level</u>	<u>Beds</u>	<u>Persons Served*</u>
94-95	\$ 52,903,014	769	2,626
95-96	\$ 60,627,725	867	3,733
96-97	\$ 66,702,352	1,072	4,246
97-98	\$ 83,801,837	1,432	5,105
98-99	\$ 100,608,283	1,523	6,173
99-00	\$ 114,593,261	1,646	6,875
00-01	\$ 132,270,374	1,892	8,435
01-02	\$ 155,651,196	2,170	9,990
02-03	\$ 164,409,141	2,203	10,883
03-04	\$ 166,997,141	2,236	11,048
04-05	\$ 172,508,492	2,269	11,213
05-06	\$ 194,690,118	2,462	11,538
06-07	\$ 196,415,015	2,581	12,387
07-08	\$ 230,001,699	2,790	13,114
08-09	\$ 242,248,100	2,901	14,061

## Mayview Update

- Mayview State Hospital closed on December 29, 2008,
  - Over 235 individuals were discharged
  - 628 staff placed in continuing state employment
- State Operated Services:
  - Community/State LTSR on grounds of Mayview: currently 12 individuals
  - State Operated Services also include a Quality Management Team (QMCC) and staffing for 2 community group homes
- Great individual stories already!!! The last person to leave had not left her ward for over 10 years, in her first days in the community (Beaver County) she went outside and began participating in activities.
- OMHSAS and counties will continue to track progress; meeting regularly to review community indicators including all incidents.
- Forensic Unit transferred in November without incident.
- Updating forensic policies of all units; no privatization of forensic units
- Great team of individuals, stakeholder, county and state partnership!

# OMHSAS State Mental Health Facilities and Service Areas



**Warren**  
Staff 450  
Patients 193

**Torrance**  
Staff 600  
Patients 288

**Danville**  
Staff 376  
Patients 162

**Clarks Summit**  
Staff 488  
Patients 216

**Allentown**  
Staff 375  
Patients 174

**Wernersville**  
Staff 466  
Patients 210

**Norristown**  
Staff 769  
Patients 377

**South Mountain**  
serving all counties  
Staff 299  
Patients 134

## Fiscal Year 2006-2007

### Unified Mental Health and Substance Abuse Services System

- **County Allocations**
  - Persons Served: 221,322
  - Expenditures: \$482,037,004
  - Ave. Expend. \$2,178
- **MA FFS**
  - Persons Served: 142,004
  - Expenditures: \$523,769,595
  - Ave. Expend. \$3,688
- **HealthChoices**
  - Persons Served: 271,880
  - Expenditures: \$1,477,206,643
  - Ave. Expend. \$5,433
- **BHSI (D&A)**
  - Persons Served: 35,452
  - Expenditures: \$35,557,421
  - Ave. Expend. \$1,003
- **Act 152 (D&A)**
  - Persons Served: 6,363
  - Expenditures: \$17,670,016
  - Ave. Expend. \$2,776
- **State Mental Hospital**
  - Persons Served: 3,575
  - Expenditures: \$408,611,775
  - Ave. Expend. \$114,297

*\* incomplete county data*

## Children's Behavioral Health

- In FY 2006-07, there were 160,560 recipients of service, and Medical Assistance expenditures of \$1.275 B
- In addition, \$41.5 M was allocated to County MH/MR programs for children's services, including Student Assistance Program, CASSP Coordinators, Respite, and advocacy support

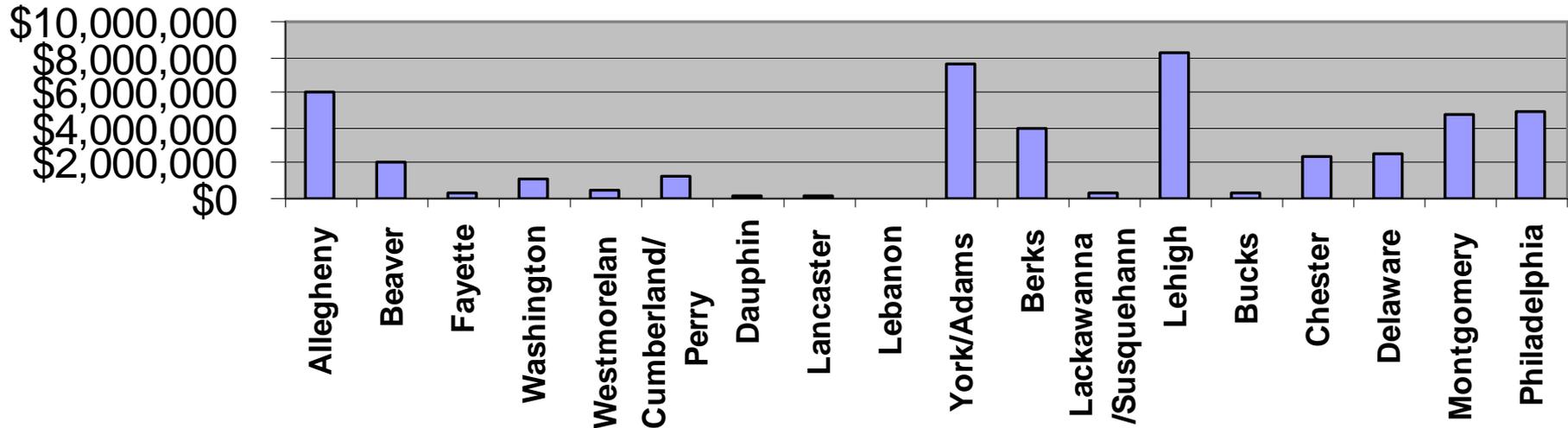
## OMHSAS: Housing Expenditures Housing Plan 2005-2009

• Bridge	\$ 8,657,661
• Master Leasing	\$ 7,283,452
• Capital	\$15,041,651
• PBOA	\$10,072,753
• Management Clearing House	\$ 2,481,000
• Housing Support	\$ 3,478,804
• Housing Contingency	\$ 1,462,480
• Fairweather	\$ <u>82,000</u>
• <b>Total</b>	<b>\$ 48,559,801</b>

Partners include OMHSAS, County MH, County Development Offices, Local Housing Agencies, Pennsylvania Housing Finance Agency and Technical Assistance Collaborative

## OMHSAS: Housing Plan 2005-2009 Activities

Housing commitments to date total \$48,559,801



- » Partners include OMHSAS, County MH, County Development Offices, Local Housing Agencies, Pennsylvania Housing Finance Agency and Technical Assistance Collaborative

## Certified Peer Specialists

- General update:
  - Number of trained CPS: 910
  - Number of trained CPSS: 479
  - Service descriptions submitted: 79
  - Approved service descriptions: 62
  - Programs current enrolled in MA: 59

## Program Updates – HC BH Performance Based Contracting Reporting-2008

### Adult HealthChoices Service Utilization

#### Mental Health:

- Adults (ages 18-64) receiving services
  - 20% of eligible members in 2004
  - 25% in 2007
- Those identified as having Serious Mental Illness
  - 5% of eligible members (constant from 2004-2006)
  - 6% (2007) - Significantly higher than the national average of ~ 3.2%

#### Drug and Alcohol:

- Adults (ages 18-64) receiving drug and alcohol services
  - 6% of eligible members in 2004
  - 7% in 2007
- Persons with Serious Mental Illness and a co-occurring substance disorder receiving services remained constant at 2% of eligible members from 2004 to 2007. This was below the national average of 3.1%.

*NOTE: Weighted averages were used to adjust for county size*

## Program Updates – HC BH Performance Based Contracting Reporting -2008

### Children’s HealthChoices Service Utilization

#### Mental Health:

- Children (under 21 years) admitted to residential treatment facilities remained steady: 4% of eligible children receiving services in both 2004 and 2007.
- Children (under 21 years) in residential treatment facilities >120 days increased from 2% of eligible children in 2004 to 3% of children in 2007.

#### Drug and Alcohol:

- Adolescents (ages 13-17) receiving drug and alcohol services remained steady with 1% of eligible members receiving services in both 2004 and 2007.

•*NOTE: Weighted averages were used to adjust for county size*

## **Program Updates – HC BH Performance Based Contracting Reporting - 2008**

### **Minority HealthChoices Service Utilization**

#### Mental Health:

- African-American adults (ages 18-64) receiving services
  - 18% of eligible members in 2004
  - 21% of members in 2007
- Utilization of mental health services is approximately 4% lower for African American adults than for the adult population as a whole.

#### Drug and Alcohol:

- African-American adults (ages 18-64) receiving drug and alcohol services
  - 7% of eligible members in 2004
  - 8% of eligible members in 2007
- Utilization of drug and alcohol services is approximately 1% higher for African Americans than for the HealthChoices population as a whole

## Program Updates – HC BH Performance Based Contracting Reporting -2008

### HealthChoices Readmission Rates

- Older adults (ages 65 and over) readmitted to community inpatient psychiatric hospitals within 30 days of discharge
  - 6.2% of discharges in 2006
  - 5.6% of discharges in 2007
- Adults (ages 21-64) readmitted to community inpatient psychiatric hospitals within 30 days of discharge
  - 13.9% of discharges in 2006
  - 13.8% of discharges in 2007
- Children (ages 0-20) who were readmitted to community inpatient psychiatric hospitals within 30 days of discharge remained fairly constant
  - 10.8% of discharges in 2006
  - 10.9% of discharges in 2007

*NOTE: Weighted averages were used to adjust for county size. Unlike many other performance indicators, the readmission measure is an inverted rate, in that lower rates are preferable.*

## Program Updates – HC BH Performance Based Contracting Reporting -2008

### HealthChoices Follow-Up Rates

- HEDIS seven day follow-up rate after hospital discharge for adults (ages 21-64) increased from 30% in 2004 to 38% in 2007.
- The HEDIS seven day follow-up rate for children (ages 6-20) increased from 48% in 2004 to 54% in 2007.

*NOTE: Weighted averages were used to adjust for county size. Rates reflect the fact that additional allowable procedure codes were added over time.*

## OMHSAS Objectives

- Transform the children's behavioral health system to a system that is family driven and youth guided.
- Implementation of 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.

## *As a reminder...Our work in the coming year*

### **General**

- Implement FY 09/10 Budget Strategies
- Expand Incident Reporting Process/ Root Cause Analysis
- Implement Drug and Alcohol Coalition Recommendations
- Develop technical assistance for MH Procedures Act
- Develop statewide communication strategy/ implement Network of Care
- Begin State Plan Changes

### **Children**

- Implement Early Adoption of Wrap Around
- SAMSHA Submission
- Issue Residential Treatment Regulations
- Forward School Based Positive Practices; PEPS
- Take steps to build continuum of services for OCYF/JJ and behavioral health

## *Our work in the coming year*

### **Adults**

Strengthen Peer Initiative; approve additional training and specialized curriculum, including forensic peer specialist training, Older Adult, MY/MR

Implement Supported Housing; Focus Technical Assistance for development of Fairweather Lodges, CRR conversion

Focus State Plan Changes: ACT, Psych Rehab, Drug & Alcohol

Continue Service Area Planning

Monitor Federal Rule Changes

Criminal Justice Agenda/ Center of Excellence

### **Older Adults**

Strengthen Older Adult Peer Initiative

Strengthen Letters of Agreement between Aging/ SCA and MH/MR

Support MFP

Additional Training/support to BH and Aging Coalition



## Recovery

**Recovery is remembering who you are through the darkness and using your strengths to become all that you were meant to be**

*Support the Journey~*

## **Office of Mental Health and Substance Abuse 2007-2010 Objectives**

2009 Update

## OMHSAS Objectives

- Transform the children's behavioral health system to a system that is family driven and youth guided
- Implementation of services and policies 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

## Children's Objective

Transform the children's  
behavioral health system to a  
system that is family driven and  
youth guided

## Some Guiding Principles

- Trauma informed culture should serve as the background for all services to children and adolescents
- CASSP principles are assumed to be part of the children's Objective and Supporting Projects
- Youth and Family Teams will lead to a transformation of the children's behavioral health system

## Children's Supporting Projects and Actions

- Establishment of Child-Family Teams to support Transformation
  - *Establish an Institute to provide training, support and monitoring of Youth and Family Teams - Complete*
  - Develop mechanism for Medicaid payment of Youth and Family Team process - *Complete*

## Children's Supporting Projects and Actions

- Create Home and Community Based Alternatives to Residential Treatment
  - Develop a “White Paper” addressing current environment, needs and recommendations for creating alternatives to the current residential treatment system - *Complete*
  - Change existing rules to permit small group homes and therapeutic housing – *Under consideration*
  - Enroll Multi Dimensional Treatment Foster Care as a Medicaid funded service – *Nearly complete*
  - Maintain data base on RTF utilization – *Partly complete*

## Children's Supporting Projects and Actions

- Partner with Education to support the development of effective school based supports and interventions
  - Have OMHSAS Children's Advisory develop "White Paper" on school based behavioral health services - *Complete*
  - Engage youth to get their perspective on school based behavioral health services - *Complete*
  - Review and update the existing Memorandum of Understanding with DOE, DOH, and DPW to detail responsibilities for SBBH – *Different approach being taken*
  - Continue to build the relationship with DOE and collaborate on projects such as SBBH Demonstration Grants, Positive Behavioral Interventions and Supports, etc. - *Ongoing*
  - Reduce admission to segregated programs - *Ongoing*
  - Identify efforts underway with BHMCOs on collaborative efforts with schools - *Ongoing*
  - Enhance letters of agreement between Counties, BHMCOs and Schools – *Existent in some areas*

## Children's Supporting Projects and Actions

- Create Behavioral Health competency to honor the strengths and address the unique individualized needs of children and adolescents: - *All ongoing*
  - In the child welfare system
  - In, or at risk of entering, the Juvenile Justice system
  - In the drug and alcohol system
  - With Fetal Alcohol Syndrome Disorder
  - That are Deaf or Hard of Hearing
  - With Traumatic Brain Injury
  - With Autism Spectrum disorder or other Pervasive Developmental Disorder
  - With Physical Disabilities
  - And infants and young children

## Children's Supporting Projects and Actions

- Develop a process for identifying and implementing evidence based practices, promising practices and culturally relevant practices
  - Utilize the SAMHSA National Registry of Evidence Based Practice, the NASMHPD Research Institute, the National Blue Print initiative and other sources to identify evidence based and promising practices –  
*In process*
  - Document the expansion of Multi Systemic Therapy, Functional Family Therapy and other evidence based practices in current practice -  
*Ongoing*
  - Develop the Youth and Family Team process as the practice model for children's behavioral health to support evidence based practice -  
*Ongoing*

## Children's Supporting Projects and Actions

- Develop strategies to address the needs of Transitional Youth
  - Support Youth involvement in the OMHSAS Advisory Council - *Ongoing*
  - Obtain Youth input in identifying needs, developing plans, implementing and monitoring service development for Transition Youth - *Ongoing*
  - Summarize OMHSAS Transition Pilot projects - *Complete*
  - Identify existing initiatives in other agencies - *Ongoing*
  - Work with OMHSAS housing plan - *Complete*

## Adult Objective

Implementation of services and policy to support recovery and resiliency in the Adult Behavioral Health System

## Adult Supporting Projects and Actions

- Define and expand the range of and financial commitment to consumer-run services, supports and trainers
  - New Freedom Initiative Project - *Complete*
  - Gain baseline understanding of existing consumer-run services, supports and trainers statewide – *Ongoing*
- Develop *Centers of Innovation* around Evidence-based and Promising Practices
  - *Review national models and define the Pennsylvania model* - *Complete*

## Adult Supporting Projects and Actions

- Support community re-integration of individuals who have been in state hospitals over 2 years
  - Close at least 2 state hospitals by 2010 by
    - Development and implementation of individual community support plans – *Complete for individuals discharged from Mayview, no other hospital closure pending at this time*
    - Development of community infrastructure – *In Process*

## Adult Supporting Projects and Actions

- Implement an integrated system of services and support for co-occurring mental health/drug and alcohol recovery
  - Identify how to increase co-occurring and substance abuse awareness and activities within OMHSAS - *Ongoing*
  - Develop joint licensing standards - *Ongoing*
  - Issue guidelines around D&A confidentiality - *Ongoing*
  - Develop practice standards for co-occurring screening and service provision - *Complete*

## Adult Supporting Projects and Actions

- Implement the recommendations of the Housing Workgroup
  - *Assure that every county/joinder have develop a housing plan using the OMHSAS Housing Plan template - **Complete***
  - Implement and evaluate the Allegheny SSI Supplement Demonstration project and develop plan for statewide implementation – ***In Process***
  - Develop strategies and convert at least \$1 mil in CRR beds to supported housing – ***In Process***
  - Policy development regarding use of public mental health funds in Personal Care Boarding Homes – ***In Process***

## Adult Supporting Projects and Actions

- Implement, monitor and expand peer specialist services
  - Enroll providers statewide, assuring availability of at least 2 programs offering peer specialists in each county/joinder
  - Assure availability of peer specialist certification training - *Complete*
  - Assure formalized peer support structures are available for peer specialists - *Ongoing*
  - Develop the capacity for certified peer specialists to serve specific populations – older adults, individuals involved in criminal justice system – *In Process*
  - Work in collaboration with the Bureau of Drug & Alcohol Programs to develop use of certified peer specialists in the drug and alcohol system - *Ongoing*
  - Examine the use of consumer run peer specialist “employment agencies” – *In Process*
  - Identify specific outcome measures for Quality Improvement monitoring – *In Process*

## Adult Supporting Projects and Actions

- Implement recommendations of the Forensic Workgroup
  - Partner with PMHCA to develop resources to support Certified Peer Specialists in serving individuals in the Criminal Justice system – *In Process*
  - Work with the Governor’s Office on cross-systems task group - *Ongoing*
  - Inventory existing community diversion and re-entry services – *Complete/Ongoing*
  - *Support Allegheny county national conference -Complete*

## Adult Supporting Projects and Actions

- Develop plan for expanding Employment opportunities to support recovery
- Collaborate on the delivery of trauma informed care
  - Work with Hospital Association of PA to eliminate seclusion and restraint in community hospitals – *In Process*
  - Target resources to plan for the expansion of trauma-informed care statewide for individuals, including:
    - Transition age youth, returning veterans, individuals involved with the criminal justice system – *In Process*

## Adult Supporting Projects and Actions

- Restructure the Medicaid State Plan to support recovery and resiliency
  - Review current regulations and revise/develop regulations supporting recovery/resiliency-oriented services – *In Process*

## Older Adult Objective

Assure that behavioral health services and supports recognize and accommodate the unique needs of older adults

## Older Adult Supporting Projects and Actions

- Expand access to services for older adults with the flexibility to provide services wherever they are
  - *Ensure that implementation of peer services includes training of older adults as providers of the service to older adults as well as younger adults - **Complete***
  - Monitor access of peer specialist and mobile mental health services to older adults – ***In Process***

## Older Adult Supporting Projects and Actions

- Increase awareness of and planning for suicide prevention for older adults
  - Adopt at least one recommendation of the Suicide Prevention Plan for Older Adults - *Complete*
  - Coordinate an annual Suicide Prevention Day in Harrisburg - *Complete*

## Older Adult Supporting Projects and Actions

- Review the impact of dual eligibility on service provision
  - Compile Medicare and Medicaid inpatient and outpatient data for older adults – *Inpatient, Complete*
  - Develop information and resources to help older adults better understand services under Medicare and Medicaid (OMHSAS/AGING/APPRISE) – *In process*
  - Use regional behavioral health Older Adult forums to share information on Medicare/Medicaid – *Complete*
  - Increase collaboration with Area Offices of Aging - *Ongoing*

## Older Adult Supporting Projects and Actions

- Expand access to the interagency planning project for older adults with complex needs
  - Compile information for case reviews - *Complete*
  - Encourage greater county participation through access to training and continued collaboration with Aging - *Ongoing*

## Older Adult Supporting Projects and Actions

- Increase awareness of needs of older adults for substance abuse treatment and programs structured to accommodate those needs in a culturally competent manner
  - Identify facilities appropriate to serve older adults
    - *To be determined*
  - Define type of services older adults are likely to use by getting their feedback - *Ongoing*

## Older Adult Supporting Projects and Actions

- Ensure community consumer involvement by providing support to individuals transitioning from South Mountain Restoration Center into communities where they live
  - Ensure consumer participation in discharge planning teams - *Ongoing*
  - Ensure consumer resources are identified and utilized in community where they return - *Ongoing*

## Older Adult Supporting Projects and Actions

- Continue to assure appropriate mental health services are available to older adults experiencing dementia who have behavioral health problems
  - Continue to monitor complaints or concerns regarding access to care - *Ongoing*
  - Engage in educational efforts with public and managed care partners - *Ongoing*

## Older Adult Supporting Projects and Actions

- Develop a collaboration with physical health partners (Home Health, Visiting Nurses Assn, etc.) to promote behavioral health screenings for older adults
  - Assess willingness of MCOs/providers to partner on provision of screenings - *Ongoing*

## Older Adult Supporting Projects and Actions

- Ensure an active role for the Older Adult Advisory Committee in the Money Follows the Person (MFP) project
  - Older Adult Committee will identify representatives to serve on the MFP Advisory Work Group anticipating receipt of grant award - *Complete*

## Older Adult Supporting Projects and Actions

- Support efforts to promote a study of Older Adults through the Legislative Budget and Finance Committee (LBFC)
  - When presented with a request for legislative analysis, respond with positive support and background research on the bill soon to be introduced - *Ongoing*
  - Advisory Committee members may advocate for support, either as individuals or members of their respective organizations - *Ongoing*