

## 12. Mental Hygiene

The Executive Budget supports expansion of community-based care, continues to strengthen the oversight of care provided to vulnerable persons, makes investments to improve the accountability of mental hygiene agencies, and ensures that individuals are served safely in the most integrated and cost effective setting possible.

### Overview

The mental hygiene agencies and associated not-for-profits provide services to individuals with mental illness, developmental disabilities, and addictions. These agencies are comprised of the Office of Mental Health (OMH), the Office for People With Developmental Disabilities (OPWDD), the Office of Alcoholism and Substance Abuse Services (OASAS), the

Developmental Disabilities Planning Council (DDPC), and the Justice Center for the Protection of People with Special Needs (Justice Center). The mental hygiene agencies support services for more than one million individuals, including more than 700,000 people with mental illness, 245,000 people with chemical dependencies or gambling problems, and over 125,000 individuals with developmental disabilities. In addition, OASAS serves over 400,000 youth in school and community based substance abuse prevention programs.

### **Caring for New York's Vulnerable Citizens**

The State's Mental Hygiene system provides care and services for individuals in institutional facilities, community residences and community settings. The State operates institutional and community-based services and research facilities, and oversees residential, outpatient, employment, clinic, habilitative, and treatment programs operated by not-for-profit provider agencies that help individuals live in the setting they desire and lead full and productive lives.

The Executive Budget reflects the Governor's ongoing efforts to fundamentally improve the

protection and care of vulnerable individuals. Strategic investments are funded by programmatic efficiencies and system-wide solutions to reduce State operations cost in service delivery, purchasing, business services, information technology, and other areas. To ensure that individuals receive appropriate services, the Executive Budget increases funding for community-based programs, and redirects funding from high-cost institutional services to more effective lower-cost program models that provide expanded services to more people.

Proposed actions for the Mental Hygiene agencies include enhancing community mental health services, right-sizing and improving State-operated inpatient services, utilizing less costly and more programmatically appropriate in-state community residential programs, enhancing employment opportunities for individuals with disabilities, improving the investigatory process for abuse and neglect complaints, placing aggressive cost controls on State agency operations, and maximizing payments from third-party payers.

The Executive Budget increases funding to help divert individuals from prison to OMH and OASAS

treatment programs, and assists with re-entry into the community when leaving prison. It also provides for additional community mental health services for certain nursing home and adult home residents, and supports expanded community residential and day services for individuals served by OPWDD. In total, this budget supports up to 3,500 new or expanded residential, day and other service opportunities for individuals with developmental disabilities, with funding allocated based on the specific needs of the individual. The budget also supports approximately 1,300 new OMH and OASAS NY/NY III and other priority beds; 400 new OMH supportive housing units; 250 new OMH Home and Community Based Waiver slots; and roughly 300 new OMH community opportunities, including intensive case management services.

The Executive Budget proposals result in Mental Hygiene system spending of \$7.2 billion in 2015-16, reflecting an annual spending decline of \$314.6 million (4.2 percent). Adjusting for the interaction with DOH Medicaid spending and the timing of Federal resources, annual spending actually increases by \$207.4 million, or 2.5 percent. Spending on New York's Mental Hygiene system ranks near the top nationally.

## Summary of Spending (All Funds)

Category	2014-15 (millions)	2015-16 (millions)	Change	
			Dollar (millions)	Percent
OPWDD	4,266.8	4,400.6	133.8	3.1
OMH	3,337.5	3,384.6	47.1	1.4
OASAS	578.1	600.6	22.5	3.9
JUSTICE CENTER	38.6	42.6	4.0	10.4
DDPC	4.2	4.2	0.0	0.0
<b>Subtotal</b>	<b>8,225.2</b>	<b>8,432.6</b>	<b>207.4</b>	<b>2.5</b>
Adjustments*	(757.0)	(1,279.0)	(522.0)	N/A
<b>Total</b>	<b>7,468.2</b>	<b>7,153.6</b>	<b>(314.6)</b>	<b>(4.2)</b>

\*Adjustments reflect spending of \$757 million in 2014-15 and \$957 million in 2015-16 for OPWDD services that are reflected in DOH Medicaid spending and new multi-year initiatives of \$322 million in 2015-16 (\$288 million in OPWDD; \$34 million in OMH) that are supported by Federal BIP resources.

## Proposed 2015-16 Budget Actions

### ***OPWDD***

Over the past four years, Governor Cuomo has taken substantial steps to ensure the continued health and safety of individuals with developmental disabilities, and to improve the overall quality and cost-effectiveness of community-based, person-centered services. This budget continues the Governor's long-standing commitment to support individuals with developmental disabilities in the most appropriate

community-based settings, and reflects a 3.1 percent spending increase. Specifically, the Executive Budget will:

- **Include \$177 Million in Program Spending to Improve Services.** Investments from the Balancing Incentive Program (BIP) will enable the State to engage a broad network of providers, advocates, and community leaders to develop systematic improvements to delivery systems for individuals with developmental disabilities and enhance community integration. BIP funds will be used to make strategic investments to transform services and supports to more integrated, community-based opportunities; increase employment opportunities for individuals with developmental disabilities; implement electronic health record systems; and support the system's transition towards managed care.
- **Invest \$120 Million for New OPWDD Service Opportunities.** This money will support new service opportunities for individuals with developmental disabilities. Services will be based on OPWDD's person-centered processes, which include an individualized needs assessment and planning process. These new resources will support expanded services throughout OPWDD's continuum of care, including certified and non-certified residential opportunities, day programs, employment, case management, and respite services for qualifying individuals. This level of support would provide up to 3,500 new or expanded opportunities for

individuals with developmental disabilities, to support the array of services necessary to meet the specific needs of the individual.

- **Dedicate \$42 Million to Transition Individuals to More Appropriate Community-Based Settings.** Consistent with the Olmstead Cabinet report and the Federal Centers for Medicare & Medicaid Services (CMS) requirements, this budget continues to transition individuals from segregated settings, such as developmental centers (149 individuals) and intermediate care facilities (100 individuals) to more integrated, community-based support systems. As part of this effort, OPWDD will utilize a combination of not-for-profit and State-operated services to deliver appropriate community-based services specific to individualized needs. The Budget also makes a significant expansion of OPWDD's pilot program, using more than 100 State workers for the provision of person-centered, community integrated service models.
- **Generate Efficiencies to Hold Spending for Administration to Prior Year Levels.** Reductions in overtime and Non-Personal Service (NPS) will offset increased salary and facility costs.

## **OMH**

Over the past four years, Governor Cuomo has taken substantial steps to expand community services and transition individuals to more appropriate community settings. The Executive Budget continues to build on these efforts. Specifically, the budget will:

- **Provide \$68 Million to Improve Community Integration and Services.** Investments from BIP are designed to facilitate community integration and employment. Specifically, investments will be used to assist in the transition to managed care and the expansion of health home capacity; increase the number of children's community services with 250 additional Home and Community Based Services (HCBS) waiver slots; provide additional funding for community residences; and increase support for the Personalized Recovery Oriented Services program (PROS).
- **Invest \$22 Million to Expand Services to Individuals at Risk of Violence.** This investment will provide enhanced services to at-risk individuals with the goal of reducing recidivism and potential violence in the community. OMH will provide additional in-prison assessments and treatment for high risk inmates, maintain individuals in OMH facilities when appropriate, and provide more aggressive community services through the use of additional Assertive Community Treatment

(ACT) teams and supported housing and related services.

- **Dedicate an Additional \$20 Million for New Community Residential Opportunities.** This reflects funding for additional supported apartments to facilitate the transition of individuals from adult homes (400 individuals) and nursing homes (100 individuals) to the community, as well as 1,200 additional congregate care beds primarily associated with the NY/NY III program to reduce homelessness.
- **Invest \$15 Million in Additional Community Services.** These investments, which build upon \$44 million of enhancements that are continued from 2014-2015, will be used to expand a variety of community services based on regional needs reflecting stakeholder input, and are expected to reduce the need for more costly inpatient beds. These investments are in addition to the more than \$800 million, excluding Medicaid, spent for these services last year.
- **Provide \$10 Million to Strengthen Existing Supported Housing Programs.** To avoid the risk of homelessness and adverse outcomes, the Budget proposes to increase support for approximately 13,000 supported housing units by using a portion of JP Morgan settlement funds. These funds will be utilized to increase rental subsidy amounts (roughly \$750 annually on average) in areas facing the greatest fair market value cost pressures.

## **OASAS**

The Executive Budget includes new funding to support OASAS' continued efforts to better serve individuals with dependencies on alcohol and chemical substances and problem gambling issues.

- **Combat Heroin Initiatives.** New funding of \$5 million is included, in addition to last year's \$133 million in OASAS funding, which is strategically allocated to address the growing heroin and opiate epidemic in communities across the State. The Budget also continues \$2.8 million added when Governor Cuomo signed legislation in June 2014 to combat this crisis. Combined, these funds will continue to support treatment and prevention programs targeted toward opiate abuse, residential service opportunities, and public awareness and education activities.
- **Expand Community Services.** The Budget also includes funding for 80 new congregate care beds associated with the NY/NY III program, and \$1.9 million for additional community services that will be funded from a planned 5 percent reduction in OASAS-operated inpatient Addiction Treatment Center capacity.

The Budget supports OASAS' movement to a more coordinated system of care that addresses the behavioral and physical health care needs of individuals with substance use disorders and mental illness.

## ***Justice Center***

The Justice Center has primary responsibility for tracking, investigating and pursuing serious abuse and neglect complaints related to facilities and provider agencies that are operated, certified, or licensed by: OMH, OPWDD, OASAS, the Department of Health (DOH), the Office of Children and Family Services (OCFS), and the State Education Department (SED). Since opening in June 2013, the Justice Center has worked to establish the necessary resources, systems and infrastructure to accomplish its core mission of protecting the health and safety of vulnerable individuals in the State's care.

In 2015-16, the Justice Center will fully assume investigative responsibility for all cases of abuse and neglect in State-operated programs. The agency will also deliver statewide training to law enforcement officials to facilitate effective interviewing techniques of individuals with special needs and disabilities, and evaluate the use of a universal incident management system to provide a single, statewide platform to improve the accuracy, consistency and quality of incident reporting, tracking, and data analysis.

The Budget reflects \$692,000 in savings from operational efficiencies that will be used to offset increased costs related to transferring positions to the Justice Center.

### ***Multi-Agency Budget Actions***

The Executive Budget includes \$84 million to support compensation increases for direct care and clinical staff at not-for-profits within OPWDD, OMH and OASAS. This reflects the continuation of the 2014-15 Enacted Budget commitment to provide increases for State-funded programs to help support a 2 percent compensation increase for direct care and direct support workers beginning January 1, 2015. The 2015-16 Budget also provides funding to support an additional 2 percent increase for those same workers, including a first time 2 percent compensation increase for clinical staff, effective April 1, 2015.

The Budget also directs \$750,000 within DOH in order to enhance community mobility and transportation services for the elderly and individuals with disabilities. These funds will be used to hire a transportation management expert to perform a cross-agency mobility management needs assessment

designed to improve transportation services for people served by these agencies so they can live in the most integrated setting possible.

Additionally, legislation is proposed to require that the ambulatory behavioral health fees paid through 2017 by managed care organizations for patients enrolled in Child Health Plus be equivalent to those paid under Medicaid managed care.