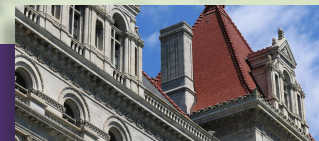




Summary of Spending (All Funds)



- Mental Health Services
- Chemical Dependency Services
- Partial Hospitalization Program
- Medical Services



2016-17 OMH Budget: Planning the Future of Mental Health Care in New York

For the New York State Office of Mental Health, an annual budget is always about more than numbers.

A budget is our plan for the future of the agency – detailing our initiatives, goals, and direction. Going beyond funding allocations, the budget includes legislation to create and improve programs – which are the means of putting our plans into practice.

OMH’s annual budget is developed after months of intensive scrutiny of agency operations, assessment of our needs, careful projections of revenue, and innumerable revisions. It’s quite a task. Fortunately, we have one of the best teams in state government, our Office of Financial Management, taking care of that job.

The OMH budget for 2016-17 totals \$3.9 billion in appropriations, which includes funding for continuing reinvestment under the OMH Transformation Plan, support for making the transition to managed

care, new services for children under Medicaid, and programs to help inmates make a successful transition to the community.

In this edition of *OMH News*, we’ll show you how the budget is an essential tool for meeting our mission to promote the mental health of all New Yorkers.

It is of interest to note that this assessment of the OMH budget comes at the start of May, which has been designated Mental Health Month. This is a time to reflect on the valuable work our employees, providers, and partners do – throughout the year – in facilitating hope and recovery for adults and children with serious mental illness or emotional disturbances.

If you would like to share your observations about the 2016-17 OMH budget, please contact us at: omhnews@omh.ny.gov

2016-17 OMH Budget: Reinvesting in Community-Based Care

This year's OMH budget continues the Transformation Plan's reinvestment in community-based care – funding an array of services to help individuals make the transition from state psychiatric centers to the least restrictive settings.

"This will be the third year of full reinvestment, bringing the full annual commitment to \$81 million," said Emil Slane, OMH Deputy Commissioner and Chief Fiscal Officer. "These are funds that would have been otherwise spent on avoidable state inpatient hospitalizations."

As a result of this ongoing community investment, OMH estimates that 200 vacant inpatient beds can be closed in the upcoming fiscal year, making an additional \$22 million available to invest in community services.

Reinvestment Brings Results

The 2016-17 State Budget fully annualizes the previous two years of pre-investment, and provides an additional \$11 million – annualizing to \$22 million – to further strengthen the overall community mental health safety net.

Results so far have been promising. During the last two state fiscal years, OMH has used reinvestment funding to develop new mobile crisis teams, expand clinic services, provide additional peer support services, and fund additional supported housing units – helping more than 10,000 new individuals receive services since these programs began.

"Because of these efforts, the average daily inpatient census in OMH civil adult and children's psychiatric centers declined by nearly 6% in 2015," Slane said. "During the same period, OMH's new Transformation Plan services reached thousands of new individuals in communities. This puts OMH firmly on the path toward balancing its resources to provide people with more appropriate and effective community treatment and support."

OMH is dedicating a significant share of its 2016-17 funding to help long-stay inpatients with complex medical and behavioral health needs make the transition to more appropriate settings in the community by developing partnerships with skilled nursing facilities. By helping these individuals move to more-integrated and less-restrictive community settings, OMH is freeing-up inpatient capacity and increasing its ability to provide intermediate care.

Expanding Services in Communities

Housing Options Made Easy, Inc., of Gowanda is one example of a local agency that has expanded its services through reinvestment, helping clients in six Western New York counties receive help in their own communities. For example, since its Eagle's Nest Respite House in the Southern Tier opened in November 2015, nearly 86% of its guests have been diverted from hospital stays.

*Today begins a new era in
New York's behavioral health care system.*



Reinvestment is a key part of OMH's Transformation Plan.



Eagle's Nest Respite, a program of Housing Options Made Easy.

Continued from the [previous page](#)

Some were diverted from high-end interventions due to a dual diagnosis of a developmental disability and a mental health issue. One client, who was discharged from Buffalo Psychiatric Center, was able to use the respite to prevent a return. Others would have gone to the Buffalo Psychiatric Center if hospitalization was needed.

“Nearly all guests reported that the respite helped them stay positive,” said Joseph Woodward, Housing Options Executive Director. “Most people reported that the respite had helped them avoid a hospitalization. The repeat guests we had, used the respite again to avoid hospitalization.”

Eagle’s Nest has helped participants find peer support and the continued interaction has helped the participants avoid a hospital stay. This has led to the start of a peer-support group that meets once a month at an outside location.

The respite also follows up with clients at 30, 60, 90 and 180 day intervals. All follow-ups track how the guest is feeling since leaving the respite, and whether the respite stay helped the guest avoid going to the hospital.

Not only has the program helped patients, it’s saved money. Based on an average length of stay at Eagle’s Nest of five days, the average cost of savings per guest that diverted from the Mental Health Department at WCA Hospital in Jamestown was \$7,000, for a total savings of about \$245,000. However, because the average length of stay at WCA is closer to 11 days, the total would be much higher at \$436,100.

Housing Option’s Warmline program in Chautauqua and Cattaraugus counties also continues to help divert people from a hospital stay. The program has opened a texting line for people who are more comfortable texting than actually talking to people. “Callers who repeatedly call the Warmline say that having the service helps them stay well and avoid the hospital,” Woodward said.

Funding from the reinvestment grant is allowing them to look forward and expand services. “We’re developing a ‘tool kit’ for all guests who come to the respite,” Woodward said. “This will be given to them at checkout, and will include community resource lists, support groups in the area, and other phone numbers and programs that offer support.”

The respite is planning to offer the Whole Health Action Management program which offers training and peer group support to encourage resiliency, wellness, and self-management of physical health and behavioral health.

‘A Place Where They Can be Listened to’

Reinvestment funding has given East House and the Mental Health Association of Rochester the means to collaborate on developing a peer respite program to help individuals both during and after their stay.

Open for a full year as of May 7, Affinity Place is a peer-run respite house in Rochester that’s set up much like a neighborhood bed-and-breakfast.

“There had been a great deal of discussion about priorities for the region,” said Gregory Soehner, President and Chief Executive Officer of East House, which runs the program. “We determined that a hospital diversion program run by peers would be a priority.”



Joseph Woodward



Affinity Place in Rochester

Continued from the [previous page](#)

After East House and MHA were awarded Reinvestment funding at the end of 2014, a great deal of leg-work needed to be done before they could open, such as hiring staff, adapting one of its properties for a new purpose, and making the community aware of the program.

“Affinity Place is designed to be comforting and relaxing,” Soehner said. “We refer to people who stay with us as our ‘guests.’ They check-in and check-out like one would at a ‘B-and-B.’ They stay in single rooms. They get their own room key. And we’ve included little touches to help them feel like they’re not in a residential program – such as guest books with a list of community resources and things to do.” Guests can stay up to five days.

“We don’t operate on a medical model, because that’s not the design of the program,” said Cheri Reed-Watt, Director of Residential Services. She noted that the facility is entirely run by peers, there are no physicians, psychiatrists, or nurses on staff. “A lot of times, people don’t need to be hospitalized. They just need a place to stay where they can be listened to and put things in perspective.”

The admission process is set up so that people can get in quickly, often with just one phone call. Guests can come and go as they need to. Many of the guests work full time, then they can return to the house at the end of the day and get the support that they are looking for.

“Our guests are offered an opportunity to take a survey at check-out,” Reed-Watt added. “The results have been overwhelmingly positive. They’d often like to stay longer.”

‘Wouldn’t Exist if it Hadn’t Been for Reinvestment’

Guests can receive additional support after they check out from the Mental Health Association of Rochester. Each guest is offered the ability to work with a peer support specialist for up to 60 days after leaving Affinity Place.

“The peer support specialist helps them to address the issues that led to their needing a residential stay,” said Patricia Woods, the Mental Health Association’s Chief Executive Officer.

“We assist them during this transition period. We’ll work on establishing healthy behaviors, developing strategies for handling difficult situations, finding community and social supports, and referring them to employment services. We’ll offer variety of services based on what the client wants to see happen in their life.”

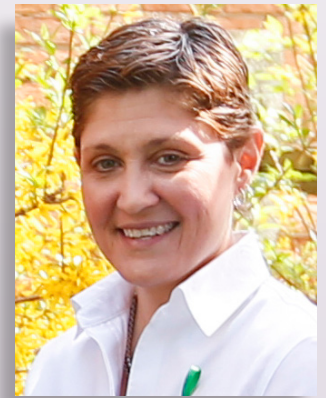
Woods said that 75% of the program’s clients have accepted the community services offered by MHA.

“This was one of the projects our agencies wanted to start, but we didn’t yet have the resources,” Woods said. “This program wouldn’t exist if it hadn’t been for the Reinvestment funding.”

In addition, Affinity Place offers a warm line, which is available to individuals who reside within the six counties it serves. This service is available 24 hours a day, seven days a week and has received more than 3,000 calls in the past year. ^{OMB}



Gregory Soehner



Cheri Reed-Watt



Patricia Woods



MENTAL HEALTH ASSOCIATION
FIND WELLNESS.

2016-17 OMH Budget: The Transition to Managed Care

Supporting the transition of providers into a managed care environment will continue to be a major focus of this year's OMH budget.

This year's funding will allow OMH and other state agencies to provide technical assistance and funding to behavioral health providers, such as:

- Developing the infrastructure and capacity for integrating children's services into mainstream plans.
- Implementing collaborative care to integrate behavioral and physical health.
- Establishing of Health Home Plus for high-need and priority care management populations.
- Targeted Vital Access Provider (VAP) funds to preserve critical access to needed behavioral health services.
- Expanding cost-effective home and community based services (HCBS) to promote recovery and improve outcomes.

Focus on Community-Based Services

Behavioral health services for children will start integrating into mainstream Medicaid Managed Care in New York City and Long Island on January 1, 2017, and in the rest of the state on July 1, 2017.

As a part of this integration, the state will pull together the various HCBS that have been offered through separate waivers by OMH, the Department of Health (DOH), and the Office of Children and Family Services (OCFS) into an array of services through one, single waiver.

In October 2016, Health Homes serving children will begin to provide care coordination to children and their families. Once the transition

to managed care occurs, children and families will be able to access the six new State Plan Amendment (SPA) services as well as the HCBS, provided they qualify (see next article).

Costs for the new state plan Medicaid savings will be partially offset by the reduced costs for emergency room care, inpatient hospitalizations, existing HCBS waiver resources, and a shift from more costly forms of treatment.

Costs will be a part of the Medicaid Global Cap within the base funds already allocated to support behavioral health transformation.^{OMH}



Home and Community-Based Services for children.



Coordinated health care services for Medicaid recipients.

2016-17 OMH Budget: Expanding Services to Children in Need

Six new services are being added to the Medicaid State Plan, starting January 1, 2017, to provide early intervention for individuals up to age 21 who are experiencing mental or behavioral health challenges:

- Crisis Intervention
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation Services
- Family Peer Support Services
- Youth Peer Training and Support
- Other Licensed Practitioners Services

“These new services allow more at-risk children to be identified, diagnosed, and treated earlier,” said Donna Bradbury, Associate Commissioner, OMH Division of Integrated Community Services for Children and Families. “They’ll help to keep children with their families and will lead to better outcomes and reduce the need for more costly clinical services in treatment facilities, emergency rooms, and hospitals.”

These new services were recommended by the Children’s Health and Behavioral Health Subcommittee of Governor Andrew Cuomo’s Medicaid Redesign Team.

Filling Gaps in Community Care

“It takes a broad range of supports to prevent, intervene, and treat children who are at risk for serious emotional disturbance,” Bradbury said. “Not all of these services are available in some communities. These new services will help fill these gaps.”

The budget allocates \$7.5 million to fund the SPA services, which will be available under the Early and Periodic Screening, Diagnosis and Treatment benefit. The new services will be available for any Medicaid eligible child who meets the medical necessity criteria.

Introducing these new services is the first step toward preparing children’s behavioral health services for integration into mainstream Medicaid managed care (see previous article).

The timetable calls for the six new services to be implemented starting January 1, 2017. The projected date to integrate children’s behavioral health services into mainstream Medicaid Managed Care is January 1, 2017, in New York City and Long Island and July 1, 2017, for the rest of the state.

In addition, the new children’s SPA services and a new HCBS benefit package will transition to Medicaid Managed Care and will be available to a wider population of children than the current waivers allow. After the transition is complete, the five children’s 1915c HCBS waivers (the OMH SED waiver, the OCFS B2H waivers, and the DOH CAH I/II waivers) will be discontinued.

Consolidated Juvenile Facility

The OMH budget also allocates \$1 million to provide additional staffing to provide mental health services to support minors who will be relocating from several rehabilitation facilities to a single separate juvenile facility. OMH is working with OCFS and the Department of Corrections and Community Supervision on this consolidation.^{OMH}



Youth crisis intervention.



Support groups.

2016-17 OMH Budget: Fighting Stigma Through Education

For too long, there's been a stigma associated with mental illness. The time has come to change all that.

Starting this year, OMH is providing grants to organizations, activities, and campaigns to promote mental health awareness through community-level educational and service programs and public service announcements. Funding for the grants is coming from donations by New York State taxpayers through the new Mental Illness Anti-Stigma Fund.

Taxpayers were able to donate by marking the "Mental Illness Anti-Stigma Fund" check-off box on their personal New York State income tax form. They can choose donations of \$1, \$5, or \$1,000, or designate their own amount.

The first of its kind in the nation, this fund is the result of a grassroots effort by thousands of stakeholders in the mental health community – including recipients of service, family members, friends, and advocates.

Legislation creating the fund was sponsored by Senator David Carlucci and Assembly member Aileen Gunther. Senate Mental Hygiene Chair Robert Ort was also instrumental in the bill's passage. The bill was signed into law by Governor Cuomo in November 2015. The law was recognized by both the Mental Health Association in New York State Inc. (MHANYS), and the National Alliance on Mental Illness for its innovation.

Supporters said the voluntary tax-check off fund can provide for this need without resorting to already stressed public resources. Successful check-off efforts to support the Alzheimer's Disease Fund, Breast Cancer Research and Education Fund, and the Missing/Exploited Children Fund have shown that, given the choice, people will indeed do the right thing.

"The mental health stigma that continues to be prevalent around the country makes this an opportune time to introduce the fund and create the awareness campaigns," said Glenn Liebman, CEO of MHANYS, whose organization was one of the main proponents of the legislation.

"Public awareness about mental illness is something everybody can rally around and something the general population should embrace. The fabric of the nation has to change about perception of people with mental illness. As long as stigma exists, there is still going to be discrimination."

MHANYS has received inquiries from several other states about how they can advocate for a mental health check off, as well.^{OMH}



Glenn Liebman

Voluntary contributions (see page 27)		
60a	Return a Gift to Wildlife	60a
60b	Missing/Exploited Children Fund	60b
60c	Breast Cancer Research Fund	60c
60d	Alzheimer's Fund	60d
60e	Olympic Fund (\$2 or \$4; see page 27)	60e
60f	Prostate and Testicular Cancer Research and Education Fund ..	60f
60g	9/11 Memorial	60g
60h	Volunteer Firefighting & EMS Recruitment Fund	60h
60i	Teen Health Education	60i
60j	Veterans Remembrance	60j
60k	Homeless Veterans	60k
60l	Mental Illness Anti-Stigma Fund	60l
60m	Women's Cancers Education and Prevention Fund	60m

Check-off box for the Mental Illness Anti-Stigma Fund on a New York State tax form.

2016-17 OMH Budget: The Transition from Incarceration

New York State is seeking federal approval to provide Medicaid coverage to incarcerated individuals with serious behavioral and physical health conditions prior to release.

In announcing the initiative, Governor Andrew M. Cuomo said that the program would ensure a smooth transition back into society for thousands of formerly incarcerated individuals and help reduce the rate of relapse and recidivism in communities across the state. The Medicaid coverage would apply to certain medical, pharmaceutical and home health care coordination services.

“We know that many people leaving our jails and prisons have serious mental health and substance use problems,” Governor Cuomo said. “It makes little sense to send them back into the community with our fingers crossed that they will be able to find the help they need. This initiative bridges the gap, providing essential transitional health services while also ensuring a smooth re-entry period and increasing public safety in communities statewide.”

Today, a critical gap exists between medical care for individuals in jail or prison, and health coverage for individuals leaving incarceration. While in prison, medical care is provided through the correctional facility, and upon release, many inmates are left without any health coverage at all. New York seeks to be the first state in the nation to create a coordinated continuum of care to ensure individuals have access to the health coverage they need from release through re-entry.

The State Department of Health has engaged with the federal government and is in the process of finalizing a waiver request with the Centers for Medicare and Medicaid Services. If the request is granted, the state would use Medicaid funding to pay for essential coordination and services in the 30 days before release.

Critical Support Services

The program would aid thousands of individuals who are dependent on critical support services – including mental health and prescription addiction medications – to ensure Medicaid coverage is accessible upon release and carried with them into the community. The initiative will also help to avoid expensive acute care interventions in emergency rooms, drug overdose and relapse incidents, and higher rates of recidivism.

The state expects to see cost savings in future years, as the coverage will ensure greater continuity of care and less emergency admissions due to relapses in chronic conditions. The primary purpose of the waiver, however, remains to better connect these individuals to the outside healthcare system and prevent any unforeseen barriers that may otherwise impede their access to health coverage both in the short and long term.

In 2015, the Governor’s Council on Community Re-Entry and Reintegration recommended expanding health care coverage for formerly incarcerated individuals as part of a series of best practices identified by the workgroup. The authority for this initiative was also included in the FY 2016-17 State Budget, and builds on federal and New York State efforts to reduce rates of incarceration and recidivism, combat the opioid epidemic and other substance use disorders, and improve community-based mental health care.

Numerous federal and state studies have shown that formerly incarcerated individuals are more susceptible to drug overdose and hospitalization than other residents statewide. In fact, one in 70 formerly incarcerated individuals are hospitalized within a week of release from prison or jail, and one in 12 are hospitalized within 90 days.



Continued from the [previous page](#)

Sadly, many former inmates do not even survive re-entry. For example, a Washington State study found that the overall risk of death among former prisoners was 12.7 times the risk of death among other state residents during the first two weeks immediately following release. The risk of death from drug overdose during the first two weeks after release was 129 times that of other state residents.

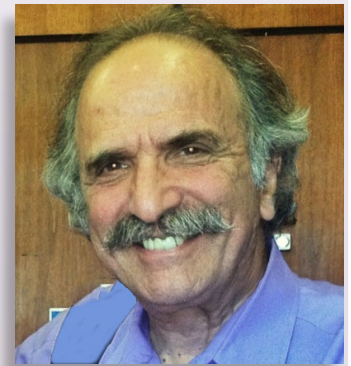
Best Practice

This initiative was supported and hailed by a coalition of advocacy organizations that included the New York Association Psychiatric Rehabilitation Services (NYAPRS), the MHANYS, and the Legal Action Center. More than 1,000 people signed an online petition developed by the Legal Action Center in support of this initiative in just three days.

This approach has been identified as a best practice by the National Judicial College because it provides medical and mental health coverage for inmates immediately upon release, which gives them the support to stay in the community. This, in turn, lowers costs for participating states and counties.

NYAPRS Executive Director Harvey Rosenthal pointed to a steady expansion of Crisis Intervention Team initiatives, approval of the 30-day Medicaid restoration policy, and the development of specialized Health Homes as landmark state advances along the full continuum from prison diversion to discharge.

“Crisis Intervention Team initiatives that help divert New Yorkers with serious behavioral health conditions from avoidable incarcerations are allowing them to pursue their recoveries in the community,” Rosenthal said. “Going forward, these new initiatives will provide these individuals with improved discharge planning and prompt access to better coordinated community services that can help avert relapses and re-incarceration.”^{OMH}



Harvey Rosenthal



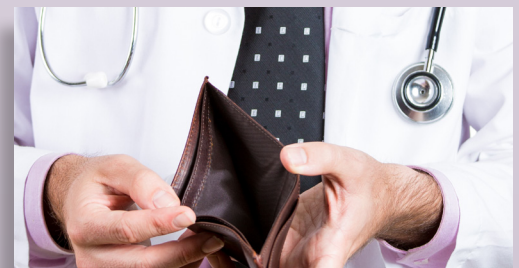
2016-17 OMH Budget: Loan Forgiveness to Improve Recruitment

The nationwide shortage of psychiatrists, coupled with fierce competition from other employers, have left many OMH facilities unable to recruit and retain enough psychiatrists. Unfortunately, the number of psychiatrists in New York State is projected to continue its decline.

According to the Center for Health Workforce Studies at the State University of New York at Albany, the supply of psychiatrists in New York State during the next few years is expected to decrease by as much as 17%, while demand is projected to increase by as much as 28%. This is part of a larger trend in which the number of health care professionals in underserved areas, especially rural areas, has dropped the past 15 years because of retirements and reductions in hours.

So OMH is taking steps now to expand recruitment strategies. The Psychiatrist Loan Repayment Program is a key initiative in this expansion. This initiative is part of the Doctors Across New York loan repayment program, created in 2008 to encourage physicians to practice where they are most critically needed for at least a five year period.

As of April 1, 2016, OMH can make awards of \$150,000, to be distributed over five years, for newly recruited psychiatrists who meet eligibility requirements and commit to working at OMH facilities for at least five years. Details about the program will be announced soon.^{OMH}



2016-17 OMH Budget: Other Budget Provisions

Initiatives

- **Temporary Operators** – Disruption of services can be traumatic for clients of providers that must suspend operations because of fiscal or programmatic deficiencies. The budget legislation addresses the need to continue necessary services for persons with serious mental illness or developmental disabilities, by giving authority to OMH and OPWDD to appoint temporary operators. Such measures are crucial under certain extraordinary, but time-limited circumstances – in order to protect the health and safety of patients, preserve their treatment resources, and protect the state’s investment in these programs and facilities. This legislation was modeled after the 2013 law that gave to OASAS the authority to appoint a temporary operator for chemical dependency treatment programs.
- **Wages and Salaries** – Funding for minimum-wage increases for non-profit staff who currently earn less than the minimum wage, and support for a .2% cost-of-living adjustment and Medicaid trend to increase reimbursement levels of non-profit providers.
- **Community Provider Infrastructure** – A total of \$30 million was allocated for home care and primary care community-based providers that are working with OMH, OASAS, DOH, and OPWDD to develop and maintain infrastructure.
- **Statutory Authority** – Extend for four years, the statutory authority for the Comprehensive Psychiatric Emergency Program through July 1, 2020; and extend for four years, the statutory authority for Mental Health Special Need Plans through March 31, 2020.

Aid to Localities

OMH’s Local Assistance adds include:

Children’s Prevention and Awareness Initiatives	\$500,000
Crisis Intervention and Diversion Program	\$1,000,000
Crisis Intervention Teams	\$500,000
Comunilife	\$200,000
Data Analysis for Children’s Behavioral Health Services	\$175,000
FarmNet	\$300,000
Jewish Board of Family and Children’s Services	\$100,000
Joseph P. Dwyer Veteran Peer to Peer Pilot Program	\$2,780,000
Broome County	\$120,000
Chautauqua County	\$185,000
Dutchess County	\$185,000
Erie County	\$185,000
Jefferson County	\$185,000
Monroe County	\$185,000
Nassau County	\$185,000
Niagara County	\$185,000
Onondaga County	\$185,000
Orange County	\$185,000
Putnam County	\$120,000
Rensselaer County	\$145,000
Saratoga County	\$185,000
Suffolk County	\$185,000
Westchester County	\$185,000
University at Albany School of Social Welfare	\$175,000
Mental Health Association in New York State, Inc.	\$100,000
Mental Health Association of Rockland County, Inc.	\$74,000
North Country Behavioral Healthcare Network	\$100,000
Riverdale Mental Health Association	\$100,000
South Fork Mental Health Initiative	\$175,000
Veteran’s Mental Health Training Initiative:	
New York State Psychiatric Association	\$150,000
Medical Society of State of New York	\$150,000
National Association of Social Workers, NYS Chapter	\$150,000

In addition, a total of \$50 million is made available for competitive grants to eligible nonprofit human services organizations to improve the quality, efficiency, and accessibility to serve New Yorkers through technology upgrades related to improving electronic records, data analysis, or confidentiality; renovations or expansions of space used for direct program services; modifications to provide for sustainable, energy efficient spaces that would result in overall energy and cost savings; and accessibility renovations.^{OMH}