

Westchester County Department of Community Mental Health

Report to the Westchester County Board of
Legislators

November 18, 2013

Role of DCMH

- ▶ The Department is responsible for the public mental health, alcohol and substance abuse and developmental disability systems in Westchester County. To meet this responsibility and in concurrence with the NYS Mental Hygiene Law*, the Department:
 - Manages state and federal aid allocated to community providers.
 - Assures the quality and appropriate availability of services.
 - Plans for the future needs of the county and community.
 - Oversees the implementation of the county-wide plan and services provided.

NYS MHL Article 41 pertains to each disability area

Role of DCMH

- ▶ Education and Training
 - Promote use of evidence-based and best practices
 - Service delivery options/access
- ▶ Contract monitoring and technical assistance to 49 agencies which operate multiple programs
 - Claims data, field audits, state site visits, quarterly/monthly reports
- ▶ New Performance Management Program Begins—1 / 1 / 14
 - Designed to better measure quality of care (best practices)

Role of DCMH—Continued

- ▶ **Single Point of Access/Entry (SPOA/SPOE)**
 - Facilitate entry into services (e.g. housing, care management, ACT, MSC)
 - Monitor providers
 - SPOA and SPOE data review
- ▶ **Safety Net Services**
 - Homeless, criminal justice, developmentally disabled
 - Care Coordination, MSC
- ▶ **Recipient Affairs**
 - Collaborate with peer organizations on system design
 - Address concerns of individuals and families

Service Indicators—2014

- ▶ DCMH projects that approximately the same number of individuals in Westchester County will receive the same number of services as they did in 2013.
- ▶ System currently has adequate capacity

Budget Facts–2014

Budget Summary– 2014

- ▶ Tax Levy
 - Despite mandatory increases in costs, the department proposes 2014 tax levy at \$5.15m, which is \$145k less than in 2013. This reduction in tax levy is mainly due to the savings from program restructuring.

- ▶ Revenue
 - The department's 2014 operating revenue will remain approximately the same as 2013 at \$3.5m.

Budget Facts– 2014 (continued)

Budget Summary– 2014

- ▶ Expenditures
 - DCMH is taking steps to offset increases in unfunded state mandates and other mandatory expenses (i.e., salaries, fringe benefits and interdepartmental charges). The net effect in 2014 is that operating expenditures will decrease from \$8.8m in 2013 to \$8.6m in 2014.

Budget Facts– 2014 (continued)

▶ Staffing Changes

- 2014 Budget proposes to reassign 4 individuals who occupy positions that would be eliminated due to program restructuring. However, these employees will be able to fill existing vacancies to support the DCMH mission. The 2014 department's total position count is reduced by 5 without layoffs (one position already eliminated in 2013).

▶ Program Changes

- Under Medicaid Reform, the state has changed the way it pays for case management. As a result of the new funding model, DCMH will not continue to operate the impacted programs in 2014. This results in a tax levy savings of \$223,522. All staff will fill existing vacancies.

DCMH—Budget 2014 (continued)

Program Restructuring

- ▶ DCMH will continue to provide oversight of community based programs in conjunction with the New York State Offices and health homes.
- ▶ DCMH will continue to maintain safety net services (e.g. homeless, criminal justice involvement).

Budget Challenge—Unfunded Mandate

Criminal Procedure Law (CPL Section 730)—Felony Transfers

- ▶ Westchester is responsible for the costs of care provided to individuals with mental illness or developmental disabilities facing felony or misdemeanor charges but found incompetent to stand trial.
 - Felony charges—Secure State Institution (50% of \$843 per day)
 - Misdemeanor charges—Non-Secure State Institution (no cost)

2010	2011	2012	2013*
\$186,491	\$704,814	\$907,378	\$875,000

*Forecast

Budget Challenge—Unfunded Mandate (continued)

- ▶ Costs driven by number of individuals, length of stay, jail inpatient unit closure, accumulation of long stays given crime (e.g. one person 15yrs)
- ▶ The department budgeted a total of \$900k for CPL payments in 2014, an increase of \$125K from 2013 based on actual claims received to date.

Budget Challenge— Unfunded Mandate (continued)

- ▶ Misdemeanor charged individuals that are transferred to a non-secure state psychiatric hospital limit access for other county residents in need of long term inpatient care.
 - Pilot Program—St Vincents' Hospital Westchester Division of St. Joseph's Hospital.
 - 19 of 21 referred individuals have been diverted from the state hospital since May 2013

Budget Challenge— Cost Containment

In response to the escalating costs of CPL 730 program, DCMH implemented a process in 2012 that has had the following impact and has helped to stabilize increases:

- ▶ Reduction in the number of re-admissions
- ▶ The transfer of clinical information to Mid-Hudson Psychiatric Center to facilitate treatment immediately (can reduce time in hospital)
- ▶ Reach in discharge planning to facilitate reduction in stays

Program Innovations

- ▶ Safer Communities
- ▶ Patriot Housing Initiative (help achieve housing for 75 veterans by 12/1/13—64 currently in housing)
- ▶ Suicide Prevention and Awareness
- ▶ Single Point of Access
- ▶ Interdepartmental Collaboration
- ▶ Psychological Response Team
- ▶ Performance Management
- ▶ Training and Education
- ▶ Crisis Prevention and Response Team