

**OFFICE OF MENTAL HEALTH
STATE OPERATIONS -- ALL FUNDS
2012/2013 ENACTED BUDGET HIGHLIGHTS**

	MH Program Fund/PIA	Other Funds	Total Operating	Capital Funds
2011/12 Enacted	\$2,025,772,000	\$25,454,000	\$2,051,226,000	\$320,918,000
2012/13 Enacted	\$2,020,648,000	\$25,419,000	\$2,046,067,000	\$324,123,000
\$ CHANGE	(\$5,124,000)	(\$35,000)	(\$5,159,000)	\$3,205,000
% CHANGE	-0.3%	-0.1%	-0.3%	1.0%
NOTE: The table above reflects year to year changes to OMH State Operations appropriations.				

The 2012/13 Budget for Office of Mental Health (OMH) State Operations balances the competing challenges of cost-containment in response to fiscal conditions while ensuring that mental health obligations continue to be met through the provision of quality care and treatment. State Operations funding largely remains flat from the prior year with the intent to support OMH’s network of psychiatric health care settings which are required to meet national accreditation standards set by The Joint Commission and the Centers for Medicare and Medicaid Services. This accreditation is necessary for maintaining about \$1.2 billion in patient revenue streams to the State.

These State operated hospitals are the safety net for people with complex and severe psychiatric illnesses who have not been stabilized in other settings. However, the Budget promotes efficiencies in State Operations spending when it’s determined that mentally ill individuals should be more appropriately served in integrated community settings.

Overview of Budget Actions

The 2012/13 All Funds appropriations for OMH State Operations funding is reduced by \$5.2 M from FY 2011/12 (or -0.3%). Notable budget actions include:

SOMTA Program Growth & Adjustments (+\$16.3 M): The 2012/13 Budget includes funding increases of \$18.2 M in personal and non-personal services growth for SOMTA. This amount is offset by \$1.9 M in savings due to Article VII legislation amending Article 10 of the Mental Hygiene Law related to SOMTA to generate efficiencies in the program without threatening the public’s safety.

Forensic Program Adjustments (-\$0.6 M): Amending CPL 730 via Article VII legislation (see below) is intended to lessen census pressures on OMH forensic facilities serving non-adjudicated populations (i.e., Mid-Hudson Forensic PC and Kirby Forensic PC) by allowing for restorations of certain CPL 730 individuals in outpatient settings. This action is estimated to save about \$0.6 M in 2012/13.

Savings Due to System-wide Efficiencies (-\$13.0 M): The 2012/13 budget includes personal service and non-personal savings due to the implementation of new efficiencies and restructuring.

NYC Children’s Psychiatric Center Restructuring (-\$0.3 M): The creation of one NYC Children’s Psychiatric Center (CPC) appointing authority will generate modest personal service savings due to the restructuring of administrative staff among the three impacted CPCs.

Collective Bargaining Savings (-\$6.5 M): Due to the timing of the implementation of settlement negotiations with the Civil Service Employees Association and Public Employees Federation, the 2012/13 budget includes personal service savings.

Annualizations of 2011/12 Budget Actions (-\$6.0 M): Personal and non-personal service savings related to the annualization of prior year savings actions including consolidations and restructuring total \$8.7 M. Growth due to the annualization of increased mental health services in Correction & Parole settings offsets this amount by \$2.7M in salaries and related non-personal services costs.

Supporting Base Operations (+\$5.0 M): The 2012/13 budget includes minor inflationary adjustments for personal and non-personal needs.

Workforce

Authorized workforce levels remain nearly flat from the prior year, but must accommodate expected staffing growth related to the SOMTA program. Such staffing needs will need to be managed within authorized levels.

Article VII Legislation

Restructure Educational Services in OMH Children’s Hospitals: The Enacted Budget allows OMH and the State Education Department (SED) to enter into an agreement for purposes of providing educational programming for children residing in OMH hospitals that are comparable to that they would otherwise be entitled to receive in their local school districts. This act would be in effect until 6/30/2015 pursuant to recommendations by the commissioners of OMH and SED whether this act should be amended or made permanent.

Merge OMH’s Mental Health Services Council and OASAS’s Advisory Council: Legislation combines OMH’s Mental Health Services Council and OASAS’s Services Council into a singular Behavioral Health Services Advisory Council.

Promotion of State Operations Efficiencies & Provision of Appropriate Investment into

Community Services: In fiscal year 2012/13, the statutory period of notice the Commissioner must provide when announcing significant service reductions is reduced from one year to either 45 or 75 days depending on the action. The legislation expresses the intent to reinvest savings from such actions into community-based services within the catchment areas of hospitals subject to such actions at the determination of the Commissioner and the Division of Budget. The bill also eliminates specific references to the three New York City area Children’s Psychiatric Centers (Bronx, Queens and Brooklyn) renames them New York City Children’s Center to be unified under a single leadership structure to promote more consistent and improved patient outcomes. Lastly, the bill

eliminates the reference to the Hudson River Psychiatric Center, which has been consolidated into Rockland Psychiatric Center, from the Mental Hygiene Law.

SOMTA Amendments: Article 10 of the Mental Hygiene Law related to the Sex Offender Management & Treatment Act (SOMTA) is amended to: 1) establish a process to temporarily return certain respondents to the custody of DOCCS; and 2) allow psychiatric examiners to testify in hearings by electronic appearance.

Criminal Procedure Law (CPL) 730: Section 730 CPL is amended to allow for restorations of certain felony defendants deemed incompetent to stand trial in either a hospital operated by OMH or the Office of People with Developmental Disabilities, or in outpatient settings. However, a local District Attorney must consent to restorative services on an outpatient basis.