

**DBHDD**

**Department of Behavioral Health  
& Developmental Disabilities**

**Joint Appropriations Committee  
Budget Presentation  
Amended FY2013 & FY2014**

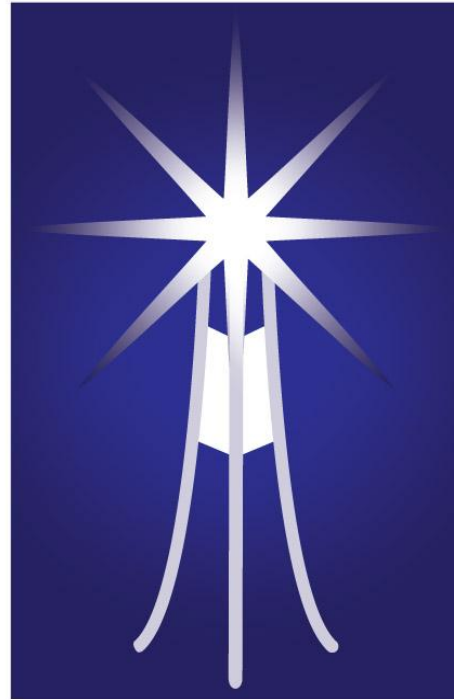
Commissioner Frank W. Berry  
January 23, 2013

# Presentation Agenda

- ▶ Agency Overview
- ▶ ADA Settlement
- ▶ Hospital Services
- ▶ Community Services
- ▶ Budget Summary



# Agency Overview



DBHDD

- ▶ FY2013 Base Budget of \$1.1 Billion, including \$938 Million in state appropriations.
- ▶ The agency is the state authority that focuses on policies, programs, and services for individuals with:
  - ❖ Severe & persistent mental illness (SPMI)
  - ❖ Developmental & intellectual disabilities
  - ❖ Substance use disorders
- ▶ Service delivery system consists of 6 state hospitals and a network of community based public and private providers.
- ▶ Of the 188,000 consumers served annually, only 7,044 were served in state operated hospitals in FY2012.



- ▶ DBHDD continues to comply with the terms of the overarching Olmstead decision.
- ▶ DBHDD is operating today under two settlement agreements with the US Department of Justice:
  - ❖ CRIPA Settlement
  - ❖ ADA Settlement
- ▶ A comprehensive continuum of care is available.
- ▶ Services can be accessed 7 days a week, 24 hours a day through the Georgia Crisis and Access Line (GCAL)
- ▶ National events demonstrate the need for a strong, flexible safety net for those with behavioral health needs.



# ADA Settlement Update



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- ▶ DBHDD entered into the ADA Settlement on October 29, 2010.
- ▶ The agreement is a five year plan scheduled for completion on June 30, 2015.
- ▶ The target population is 9,000 individuals with SPMI
- ▶ DBHDD must also transition 150 people with developmental disabilities annually from state hospitals to community settings.
- ▶ The state is currently in the third year of the five year plan and is in compliance at this time.



- ▶ DBHDD remains on track for successful implementation of both the DOJ ADA Settlement & the CRIPA Settlement.
- ▶ Ongoing budget realignments within the ADA Settlement will be necessary to achieve goals.
- ▶ Essential budget funding will produce the desired outcomes and targeted results, as monitored and measured by the DOJ reviews and agency leadership.



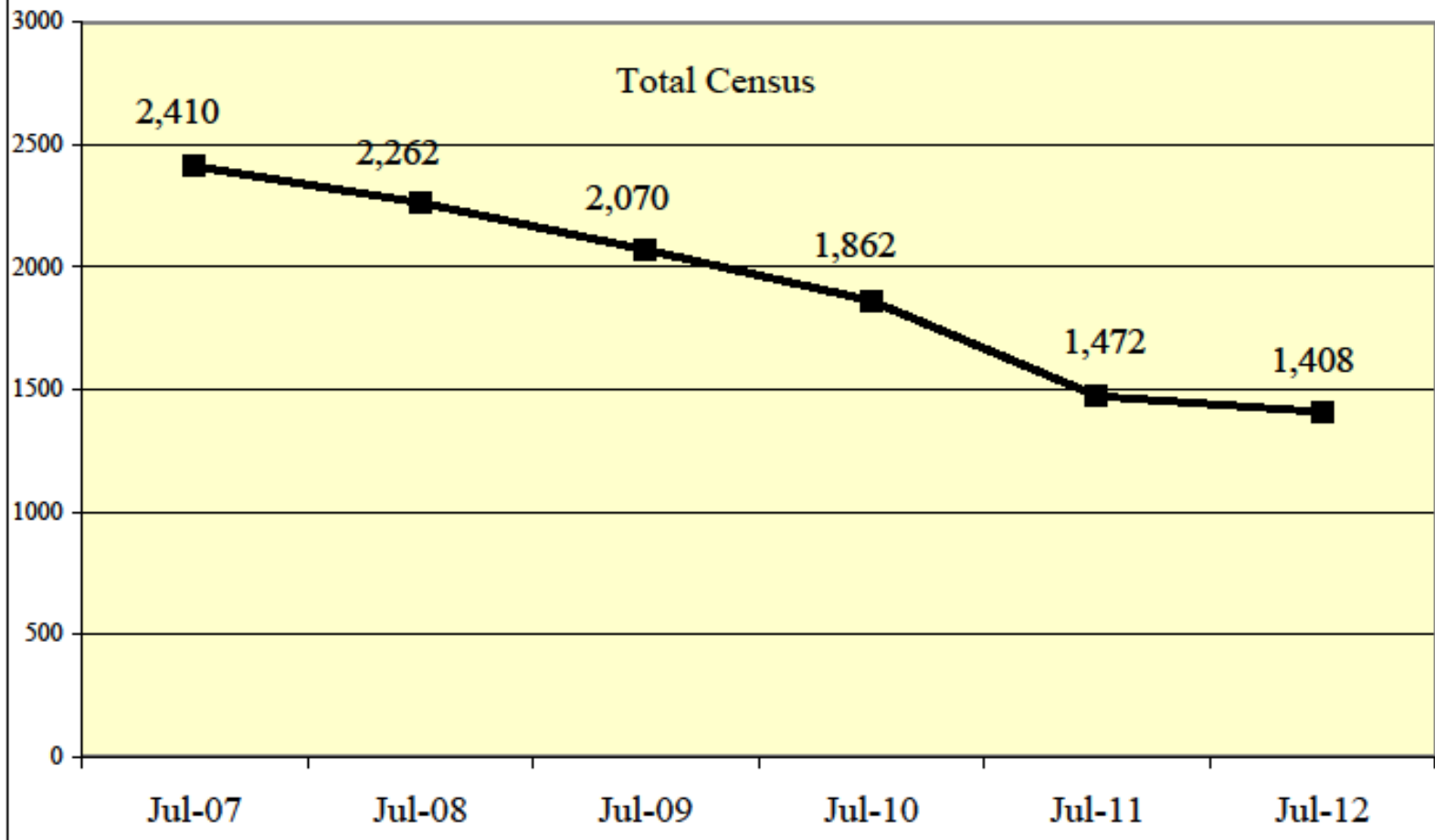


# Hospital Services

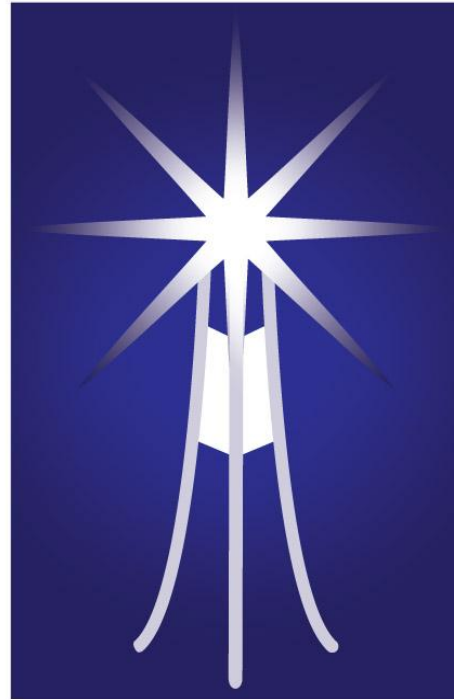


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**State Hospital Census By Fiscal Year  
July 2007 Through July 2012**



# Community Services



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## Behavioral Health

- ▶ Ongoing ADA Settlement implementation – ACT, Mobile Crisis, Housing, Medicaid Match
- ▶ Partnerships to establish & deliver high quality community services with greater accountability
- ▶ Development and implementation of a comprehensive service delivery plan & systems of care, transitioning consumers from institutions to community settings
- ▶ Healthcare reform preparation – moving toward a more efficient delivery system
- ▶ CMO/Foster Care redesign
- ▶ DCH partnerships



## Developmental Disabilities

- ▶ DBHDD leadership is implementing a number of improvements to its Developmental Disabilities service delivery mechanisms:
  - ❖ Accelerating short term planning list conversions; 429 individuals added to waivers and 231 to state-funded services this fiscal year to date
  - ❖ Reducing waiver attrition and backfill vacated slots to fully serve consumers
  - ❖ Increasing Community Access Group/Pre-Vocational waiver units
  - ❖ Expanding Family Support services for individuals on the planning list
  - ❖ Changing to maximum published Medicaid rates to ensure compliance with Federal requirements & to address concerns in cooperation with DCH



# Budget Summary



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# Proposed AFY13 & FY14 Changes to State Funds Budget

	AFY13	FY14
<b>ADA DD Services (including waivers)</b>	\$ -	\$ 13,838,160
<b>ADA MH Services</b>	\$ -	\$ 21,557,465
<b>Behavioral Health Medicaid Growth</b>	\$ -	\$ 2,500,000
<b>Statewide Changes</b>	\$ (1,733,350)	\$ 8,143,424
<b>3% Required Reduction</b>	\$ (27,818,095)	\$ (27,818,095)
<b>TOTAL</b>	\$ (29,551,445)	\$ 18,220,954

*Excludes Attached Agencies*



## FY2013 Amended - Required Reductions

(in millions)

		<b>State</b>
<b>1)</b>	<b>One-time Medicaid funding to offset state reduction</b>	<b>\$ (17.8)</b>
<b>2)</b>	<b>Close Central State Hospital DD Units</b>	<b>\$ (6.5)</b>
<b>3)</b>	<b>Realize hospital cost savings &amp; personnel efficiencies</b>	<b>\$ (2.0)</b>
<b>4)</b>	<b>Reduce Dr Singh's contract</b>	<b>\$ (1.5)</b>
<b>TOTAL</b>		<b>\$ (27.8)</b>

## FY2014 - Required Reductions

(in millions)

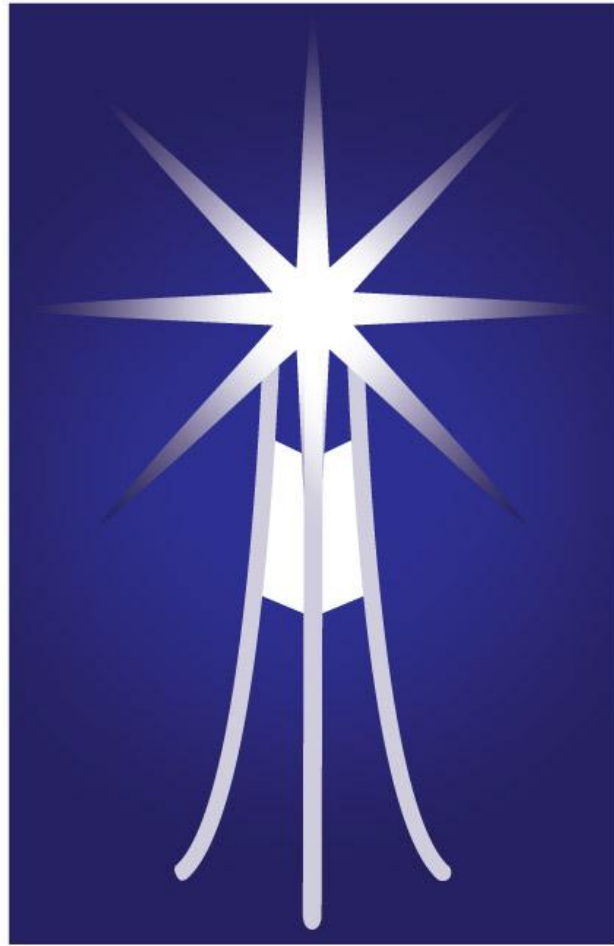
		<b>State</b>
<b>1)</b>	<b>Close DD Units</b>	<b>\$ (10.5)</b>
<b>2)</b>	<b>Realize hospital cost savings &amp; personnel efficiencies</b>	<b>\$ (2.0)</b>
<b>3)</b>	<b>Reduce Dr Singh's contract</b>	<b>\$ (1.5)</b>
<b>4)</b>	<b>Eliminate cook/chill &amp; reduce infrastructure at Central State</b>	<b>\$ (2.5)</b>
<b>5)</b>	<b>Close Craig Nursing Home (1/1/14)</b>	<b>\$ (0.1)</b>
<b>6)</b>	<b>Reduce Opening Doors to Recovery Project</b>	<b>\$ (0.3)</b>
<b>7)</b>	<b>Realize savings associated with FMAP rate adjustments</b>	<b>\$ (0.6)</b>
<b>8)</b>	<b>State &amp; Regional Office staffing efficiencies</b>	<b>\$ (1.0)</b>
<b>9)</b>	<b>One-time Medicaid funding to offset state reduction</b>	<b>\$ (9.4)</b>
<b>TOTAL</b>		<b>\$ (27.8)</b>



## Final Thoughts

- ▶ Budget reductions result from hospital downsizing & impact necessary flexibility.
- ▶ DBHDD must retain funds from hospital efficiencies to reinvest & repurpose for community services and to maintain CRIPA compliance.
- ▶ \$9.4M of the FY2014 reduction is made possible by one-time Medicaid funding. This must be restored in FY2015 to avoid deep cuts to the provider network.
- ▶ Behavioral Health Medicaid growth remains a challenge.





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