Pennsylvania’s Mental Health and Drug and Alcohol Service System

Challenges and Opportunities

Pennsylvania

The Governor’s Recommended Budget

FY 2004/2005

Mental Health and Drug and Alcohol Service System Stakeholder Briefing

February 25, 2004
OMHSAS GUIDING PRINCIPLES:

The Mental Health and Substance Abuse Service System will provide quality services and supports that:

- Facilitate recovery for adults and resiliency for children
- Are responsive to individuals' unique strengths and needs throughout their lives
- Focus on prevention and early intervention
- Recognize, respect, and accommodate differences as they relate to culture/ethnicity/race, religion, gender identity and sexual orientation
- Ensure individual human rights and eliminate discrimination and stigma
- Are provided in a comprehensive array by unifying programs and funding building on natural and community supports unique to each individual and family
- Are developed, monitored and evaluated in partnership with consumers, families and advocates
- Represent true collaboration with other agencies and service systems

OMHSAS VISION STATEMENT

Every person with serious mental illness and/or addictive disease, and every child and adolescent who abuses substances and/or has a serious emotional disturbance will have the opportunity for growth, recovery and inclusion in their community, have access to treatment, services, and supports of their choice, and enjoy a quality of life that includes families and friends.
THE RENDELL ADMINISTRATION'S MAJOR BUDGET GOALS

- Return Pennsylvania to prosperity — increase job creation & economic opportunity
- Improve academic achievement in Pennsylvania's elementary & secondary schools
- Lower local property taxes
- Improve the quality of life in Pennsylvania's communities
- Maintain the social safety net to protect Pennsylvania's most vulnerable citizens
- Make Pennsylvania government more efficient and citizen-friendly

Pennsylvania's FY 2004-05 Total Operating Budget

The total 2004-05 operating budget including all Commonwealth funds is $50.1 billion. The General Fund represents nearly 43% of this amount.

Federal Funds $16.9 B
General Fund $22.3 B
Tobacco Settlement Fund $0.4 B
Motor License Fund $2.1 B
Lottery Fund $1.2 B
Augmentations & Fees $2.2 B
All Other Funds $5.6 B

$50.1 Billion
Pennsylvania's FY 2004-05 General Fund Expenditures

- PreK-12 Education: 34%
- Medical Assistance: 18%
- Other Welfare: 16%
- Higher Education: 8%
- Corrections: 6%
- Debt Service: 3%
- All Other: 15%

Spending on Education (PreK-12 and Higher Ed), Medical Assistance, other Public Welfare programs, Corrections, and Debt Service comprises 83% of total General Fund expenditures.

Forecast FY 2004-05 DPW Budget Increase (Prior to Corrective Actions) -- $1.296B
DPW Budget: Detail on How $1.296B In Base Program Growth is Covered

OMHSAS OVERVIEW OF DPW GOALS, PEOPLESTAT GOALS AND GUIDING PRINCIPLES

DPW GOALS:

1. **Comprehensive Approach to Serving Children**
   
   **Goal Description:** Design comprehensive programs for children and their families that focus on long term prevention and support family stability and healthy child development.

2. **Enhance Self-Sufficiency and Independence**

   **Goal Description:** Enhance services and support options to provide maximum opportunity for people to achieve economic self-sufficiency and to make choices about where and how they live.

3. **Improve Health Outcomes**

   **Goal Description:** Implement programs that improve long-term physical and behavioral health and promote healthy lifestyles.
DPW DESIRED OUTCOMES:

1. **Healthy Children** - Children whose activities are limited by one or more chronic health conditions need more specialized health care than children without such limitations. Their medical costs are generally higher; they are more likely to miss days from school; and may require special education services.

2. **Safe Children** - Children who are the victims of abuse have higher rates of depressive disorders, anxiety symptoms, eating disorders, and in some studies are shown to be more likely than others to engage in substance abuse.

3. **Family Stability** - Children thrive in stable families. The more nurturing children receive at home, the more likely they are to do well in school, form healthy relationships, and create better lives for themselves. Additionally, child sexual abuse occurs more frequently in children from socially deprived and disorganized family backgrounds. As well, there are increased risks of abuse when family breakdown results in institutional or foster care.

4. **School Readiness** - Children entering school who are not socially and emotionally prepared are at high risk for early school problems, poor later school performance and difficulties in the workplace in their adult lives. Starting child care at an earlier age has been shown to have a significant impact on school readiness, particularly for low-income and minority children.

5. **Self-Sufficiency** - Individuals and families are self-sufficient when they earn the money their household requires without public or private assistance. People who are self-sufficient do not require assistance with housing, childcare, food, clothing, transportation, taxes or other such expenses.

6. **Independence (Self-Determination)** - Self-determination is the ability of individuals to make the choices that allow them to exercise control over their own lives, to achieve the goals to which they aspire and to acquire the skills and resources necessary to participate fully and meaningfully in society. The theory of self-determination suggests that basic psychological needs are the nutriments for healthy development and functioning. To the extent that these needs are ongoing, satisfied people will function effectively and will continue to develop in a healthy fashion.

7. **Healthy Adults** - People who have access to health care coverage participate more often in preventive health care. Those who do not have access or have limited access tend not to seek preventive care resulting in higher utilization of expensive services and worse health outcomes.

8. **Recovery** - Persons with drug and alcohol addictions who receive services and complete treatment have fewer arrests, convictions and incarcerations, higher wages, lower medical expenses and less reliance on social welfare services than those not receiving treatment.
9. **Safe Adults** - Adults who are victims of abuse and neglect often have significant physical and behavioral health needs. Additionally, it has been estimated that children living in domestic violence situations are up to 15 times more likely to be abused or neglected than children from non-violent homes.

**DPW: OMHSAS ADMINISTERED BEHAVIORAL HEALTH**

- County Government legislatively grounded and uniquely positioned to manage local systems of care; primary objective to integrate program and fiscal accountability.
  - 46 County MH/MR Programs
    - 1966 MH/MR Act
  - 9 State Mental Hospitals; 1 Long Term Nursing Care Restoration Center
    - Closed or Consolidated 4 (four) state hospitals
    - Eliminated State Hospital capacity for children & adolescents
    - Discharged 2,203 individuals through Community Hospital Integration Projects Program (CHIPP)
  - 49 Single County Authorities
    - DOH Bureau of Drug & Alcohol Programs is Single State Agency
    - DOH Primary Licensing entity for D&A
  - 25 HealthChoices Counties
    - 24 of 25 counties accepted right of first opportunity
    - Incorporates broad behavioral mandate
    - Variety of Models including full risk county contracts, subcontracts with Administrative Services Organization and full risk subcontracts
OMHSAS UNIFIED SYSTEMS STRATEGY

♦ CHIPPS (Dollars follow person from State Hospital to community) : 1991

♦ County Based Medicaid state plan services utilizing county base funding for state match: 1990-91

♦ Streamline appropriation (Community/Hospital Appropriation) 1993-94

♦ Act 152 Dollars administrated by OMHSAS: 1996-97

♦ BHSI funds (mental health and drug and alcohol) established and administered by OMHSAS: 1997

♦ HealthChoices Behavioral Health Program Administered by OMHSAS (1997)


♦ OMH changes name to OMHSAS (1998)

♦ HealthChoices expansion to Southwest (1999); Lehigh/Capital (2001)

♦ Area Planning; County Planning; Children’s behavioral health planning; (2004)

DPW/OMHSAS AS A PURCHASER OF MENTAL HEALTH AND DRUG AND ALCOHOL SERVICES

♦ Direct OMHSAS administration of $1.9 billion for the community grant program and the HealthChoices program.

♦ Additional $254.9 million for mental health and drug and alcohol services through the Medicaid fee-for-service program.

♦ Additional $419.0 million for the State psychiatric hospitals

♦ Development of standards and criteria for the provision of quality, outcome oriented mental health and drug and alcohol services

♦ Continued expansion of county control and management of funds and services
Movement of Funding from State Administration to County Administration

<table>
<thead>
<tr>
<th>Percentage of OMHSAS Funding Under County Administration</th>
<th>54% HealthChoices</th>
<th>Dollars Under County Admin. $1,933,221,450</th>
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<tbody>
<tr>
<td>28% Community Grant</td>
<td>26% Community Grant</td>
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<tr>
<td>Dollars Under County Admin: $954,355,067</td>
<td>Dollars Under State Admin: $914,882,672</td>
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<tr>
<td>72% State</td>
<td>26% State</td>
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<tr>
<td>Dollars Under State Admin: $914,882,672</td>
<td>Dollars Under State Admin: $673,977,539</td>
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Percentage of OMHSAS Funding Under State Administration

1994/1995  
Community Grant Program

2004/2005  
HealthChoices

Note: State Mental Hospital and Medicaid Fee-For-Service Funding are under State administration.

PROGRAM OFFICE-AT-A-GLANCE FY 2001-02

♦ Unified Systems Report

♦ County Allocations (includes CHIPPS and BHSI: MH)
  ♦ Persons Served: 195,904
  ♦ Expenditures: $511,345,842
  ♦ Ave. Expenditure: $2,610

♦ MA FFS
  ♦ Persons Served: 112,722
  ♦ Expenditures: $517,139,546
  ♦ Ave. Expenditure: $4,588

♦ HealthChoices
  ♦ Persons Served: 162,668
  ♦ Expenditures: $760,003,956

♦ BHSI (D&A)
  ♦ Persons Served: 39,332
  ♦ Expenditures: $38,967,305
  ♦ Ave. Expenditure: $991

♦ Act 152 (D&A)
  ♦ Persons Served: 6,025
  ♦ Expenditures: $19,367,261
  ♦ Ave. Expenditure: $3,214

♦ State Mental Hospital
  ♦ Persons Served: 4,333
  ♦ Expenditures: $386,611,540
# OMHSAS
## Fiscal Year 2004/05
### Budget Summary

<table>
<thead>
<tr>
<th>APPROPRIATION</th>
<th>SOURCE</th>
<th>Fiscal Year 2002/03</th>
<th>Fiscal Year 2003/04</th>
<th>Fiscal Year 2004/05</th>
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<td>Actual</td>
<td>Available</td>
<td>Recommended</td>
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<td>State</td>
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<td>$ 653,738,000</td>
<td>$ 666,897,000</td>
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<td>IGT (Other)</td>
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<td>MH/D&amp;A MA Fee-For-Service</td>
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<td>$ 89,237,464</td>
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<td>$ 183,157,893</td>
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<td>Grand Total</td>
<td>State</td>
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<td>Other*</td>
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<td>43,065,000</td>
<td>41,365,000</td>
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<td>$ 2,382,235,266</td>
<td>$ 2,472,547,745</td>
<td>$ 2,607,198,989</td>
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* Includes Other and IGT.
What's New

♦ Provides funds for 33 community placements from the SMHs at a budget of $1,320,000 for FY 2004/05 and annualized at $2,640,000 in FY 2005/06.

♦ Provides $4,249,000 to establish a treatment unit for sexual predators as required by Act 21 of 2003.

♦ Decreases state funds by $6,797,000 for overall operational efficiencies within the state hospitals, grant and administrative areas.

♦ Provides no Cost-Of-Living Adjustment (COLA).

♦ There is no expansion of HealthChoices to the Northeast Zone planned for FY 2004/05.

♦ Provides $1,840,000 for security and maintenance cost for the State-owned facility formerly occupied by EPPI.

♦ Reduces $9,908,000 in state funds with a concomitant increase of $9,908,000 in federal funds for the claiming of Federal reimbursement for allowable Administrative Case Management costs.

What Continues

♦ FY 2003/04 CHIPP of 33 community placements is annualized at $2,562,000.

♦ Behavioral Health Services Initiative (BHSI) funded at $43,119,000 (same level as in FY 2003/04 that is 90% of the FY 2002/03 level).

♦ BHSI Inter-Governmental Transfer funding displayed in the budget for FY 2003/04 at $21,197,000. This amount should be $21,897,000 and will be corrected as part of the DPW Rebudget Process. This correction will also carry through to FY 2004/05.

♦ Act 152 funded at $18,175,065 (same level as in FY 2003/04 and FY 2002/03).

♦ Psychiatric Services in Eastern PA (EPPI) funded at $3,500,000 (same as past years).
Overall MH Services budget has a state funds increase of $13.1 million. This is largely the result of the need for additional state funds due to the decrease in federal disproportionate share funds. There is no increase in total funds.

No overall change in any of the federal block grants (Homeless Mentally Ill, Community MH Services, SSBG, MH Data Infrastructure, Disaster Counseling, Emergency Response, Co-Occurring Behavioral Disorder Treatment).

There is no State Hospital closing planned for FY 2004/05. Continues funds to support SMH operations at the existing hospitals and South Mountain Restoration Center.

**BEHAVIORAL HEALTH HEALTHCHOICES PROGRAM**

Statewide Mandatory MA Managed Care

- To Improve Access to Care
- To Improve Quality of Care
- To Stabilize MA Spending

BH HealthChoices Carve Out

- County Right of First Opportunity
- Provider Choice for In-Plan Services
- All Categories of Medicaid; Broad Behavioral Mandate
- Consumer/Family Satisfaction Teams
- Encourages Cost -Effective Alternative Services
- Reinvestment Opportunities
  - Reinvestment plans approved to date total $70.7 million in the Southeast Zone, $26.6 million in the Southwest Zone and $5.2 million in the Lehigh/Capital Zone.
- Estimate of remaining available, not yet approved, reinvestment funding totals $6.3 million in the Southeast Zone, $10.6 million in the Southwest Zone, and $21.3 million in the Lehigh/Capital Zone.

- Performance Outcomes Measurement System

The Southeast Zone was implemented in February 1997, the Southwest Zone in January 1999, and Lehigh/Capital Zone in October 2001.

As of January 1, 2004, there are approximately 987,000 people enrolled in HealthChoices.

Expansion under the HealthChoices program has been put on hold. The existing programs will remain in place in the Southeast, Southwest, and Lehigh/Capital zones.
Funding for Fiscal Year 2004/05 is projected to be $1.3 billion in the Southeast Southwest, and Lehigh/Capital zones:

- Southeast Zone total: $734.6 million
- Southwest Zone total: $311.1 million
- Lehigh/Capital Zone total: $291.5 million
- Mental Health portion*: $1,150 million
- Substance Abuse portion*: $187.1 million
  (* includes Admin.)

HEALTHCHOICES FINANCIAL PERFORMANCE (CY 2003)

- HC BH Program Financially Solvent: Counties continue to operate in the "black"
- Reinvestment routinely available

- SE Medical Expenditures: $554 M
  - Mental Health 87%
  - Substance Abuse 13%

- SW Medical Expenditures: $225 M
  - Mental Health 90%
  - Substance Abuse 10%

- L/C Medical Expenditures: $182 M
  - Mental Health 94%
  - Substance Abuse 6%
THE STATE PSYCHIATRIC HOSPITAL SYSTEM

OMHSAS STATE MENTAL HEALTH FACILITIES & SERVICE AREAS

As of January 23, 2004

Numbers reflected are actual, not projections as in the Governor's Executive Budget

RIGHTSIZING OF THE STATE PSYCHIATRIC HOSPITAL SYSTEM

♦ Currently the State Hospital System is comprised of 9 hospitals and 1 long-term nursing care facility.

♦ During the period (Fiscal Year 1994/95 through Fiscal Year 2003/04), the patient census at the state hospitals decreased from 4,934 to a projected 2,356 on June 30, 2004 (a decrease of 2,578 persons or 52%).

♦ The staff complement decreased from 8,619 to a projected 5,130 on June 30, 2004 (a decrease of 3,519 or 41%).
SMH ACCOMPLISHMENTS INCLUDE:

♦ Made hospitals safer environments for patients and staff by initiating a process to eliminate seclusion and restraint in all hospitals.
  
  • OMHSAS won Harvard University’s Innovations in American Government Award – one of the most prestigious public service awards in the country.

♦ Computerized the incident reporting system to better identify trends that need attention.

♦ Established a comprehensive psychiatric curriculum with WPIC of evidenced-based best practices for ongoing training of our physicians.

♦ Evolved into a system of psychiatric hospitals allowing each hospital to share their better practices with each other.

♦ Upgraded treatment programs, specifically moving closer to a recovery model that better prepares patients for life in the community (Treatment Mall concept).

♦ Measure compliance with best practices in medication management and prescribing practices through the PennMAPS initiative.
COMMUNITY/HOSPITAL INTEGRATION PROJECTS PROGRAM (CHIPP)

♦ CHIPP refers to both Community/Hospital Integration Projects Program and the Southeast Integrated Projects Program (SIPP).

♦ During Fiscal Year 2003-04, CHIPP was expanded by 33 discharges (via the Program Revision Request (PRR) process) with funding of $1.28 million. These funds will be annualized at $2.56 million.

♦ Expands community-based services and supports to 2,269 persons by June 2005, with funding of $170.0 million.

♦ CHIPP expansion for Fiscal Year 2004/05 will be 33 placements from state hospitals with $1.3 million in funds. These funds will be annualized at $2.6 million.

CHIPP History

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Funding Level</th>
<th>Beds*</th>
<th>Persons Served*</th>
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<td>91-92</td>
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<td>92-93</td>
<td>$ 20,972,161</td>
<td>386</td>
<td>556</td>
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<td>93-94</td>
<td>$ 43,124,277</td>
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<td>97-98</td>
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<td>03-04</td>
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<td>04-05</td>
<td>$ 169,598,141</td>
<td>2,269</td>
<td>11,213</td>
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*Note: Numbers are cumulative
EXPANSION AND ENHANCEMENT OF THE MENT HEALTH AND DRUG AND ALCOHOL SERVICE SYSTEM

- Funds supporting Mental Health and Drug and Alcohol services increased over the past nine years from $1.2 billion to over $2.6 billion in Fiscal Year 2004/05.

- Continued emphasis on joint planning and collaboration between OMHSAS and the Department of Health's Bureau of Drug and Alcohol Programs (BDAP).

- Continued funding of five county Mental Illness and Substance Abuse (MISA) dual diagnosis pilot projects ($2.5 million) established during FY 2001-02 in cooperation with BDAP.

Change in Mental Health and Drug & Alcohol Service System

<table>
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<tr>
<th>Year</th>
<th>Community Based Grants</th>
<th>MHD&amp;A MA FFS</th>
<th>Total Funding</th>
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<tr>
<td>1994/95</td>
<td>28%</td>
<td>29%</td>
<td>$1,269,017,739</td>
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<td>$354.4 Mi.</td>
<td>$369.5 Mi.</td>
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<th>Year</th>
<th>SM Hospitals</th>
<th>Health Choices</th>
<th>Total Funding</th>
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<tr>
<td>2004/05</td>
<td>16%</td>
<td>51%</td>
<td>$2,607,198,989</td>
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<td></td>
<td>$419.0 Mi.</td>
<td>$1,337.2 Mi.</td>
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State Psychiatric Hospitals 43% $545.1 Mi.

MHD&A MA FFS 354.4 Mi.

Health Choices $1,337.2 Mi.
WHAT'S ON THE HORIZON

CHILDREN'S BH PLANNING

♦ Autism Task Force formed in 2003
  • Report expected Summer 2004
♦ Behavioral Health Plan
  • Will be initiated in Spring 2004
♦ System of Care Collaboration with OCYF
  • Working with 10 County Programs
♦ Development of Children's Drug & Alcohol Service Capacity
  • Developing joint work-plan with BDAP
♦ Increase community capacity to bring our children home from out of state placements
♦ Cross-Systems Screening & Assessment Project

BRINGING IT ALL TOGETHER!

♦ OMHSAS Stakeholder Planning Group
  • OMHSAS Guiding Principles
♦ OMHSAS Committee Reorganization
  • Recommendations to be considered at March Planning Council Meeting
♦ County Planning
  • Plans Submitted in May, 2004; priorities generated for FY 05/06
♦ Area Planning
  • Plans Submitted in May, 2004; priorities generated for FY 05/06
♦ People Stat: Quality Management Strategy
GOVERNOR’S RECOMMENDED BUDGET - FISCAL YEAR 2004-2005

Governor’s Recommended Budget for Fiscal Year 2004/05 is available on the internet in its entirety at:


♦ The Department of Public Welfare–specific pages are available at:


STAKEHOLDER BRIEFING

The OMHSAS Mental Health and Drug and Alcohol Services System Stakeholder Briefing booklet for Fiscal Year 2004/05 is available at:

http://www.dpw.state.pa.us/omhsas/omhStakeBudget