## Joint Legislative Budget Hearing Testimony State Fiscal Year 2013-14 Executive Budget

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Good morning Senator DeFrancisco, Assemblyman Farrell Senator Carlucci and Assemblywoman Gunther. I am Kristin Woodlock, Acting Commissioner of the Office of Mental Health, and I appreciate the opportunity to discuss our portion of the 2013-14 Executive Budget.

Mental illness is common. Mental illness is not something that happens to "others," to a fringe group; it affects one out of four people. Nobel Prize winners, world class athletes, corporate executives, entertainers and everyday people have experienced and recovered from mental illness. Many choose treatment with their primary care providers. Each year, over 700,000 New Yorkers receive services from the public mental health system.

The Governor's historic reforms in health care established a blueprint to enhance accountability, improve outcomes and control spiraling healthcare costs. Following this blueprint, the Executive Budget continues the transformation of behavioral healthcare in New York. The OMH budget is grounded in four pillars:

- 1) Accountable Care Management
- 2) Excellence in Treatment and Community Services
- 3) Affordable Housing, Education and Employment
- 4) Early Care for Behavioral Health Issues Across the Lifespan

Accountable care management is at the root of credibility for the mental health system. Credibility with those we serve and with the general public will come from the development of an ongoing relationship with the consumer and their family, an ability to obtain needed services, and a clear responsibility to coordinate care.

New York will leverage Health Homes, Medicaid Managed Care, the Affordable Care Act and OMH funds to build care management for individuals with serious mental illness or emotional disturbance. Our work to support the full implementation of the Department of Health's "Care Management for All" promise includes strengthening the nexus between the

care coordinator and the service network to fully realize one-stop integration of physical and behavioral healthcare. In order to achieve our mission of accountable care management, we must recognize that the vast majority who receive services from the OMH system do so in the community – and that they need additional support to be successful.

Improving access and quality in treatment and community services requires that we position our State-operated resources for the transition for managed care. The State currently operates a legacy system of twenty-four hospitals, three times the number of those found in comparable States. Outside of the downstate region, our hospitals are small and unevenly distributed. The number of inpatient beds have been declining for decades and will continue to shrink as behavioral health services are included within the benefit package for Medicaid Managed Care and as the State continues to meet its Olmstead obligations, ensuring that individuals with mental illness live in the most integrated setting possible.

New York State has vibrant regional centers for the diagnosis and treatment of cancer, diabetes, trauma and other special health conditions. Adoption of a regional approach to specialized medicine will provide a high quality, cost effective future for state operated mental health services. Building on our strongest asset, an extraordinary staff that includes some of the most respected psychiatrists, clinicians and researchers in the world, OMH Regional Centers of Excellence will be state-operated specialty care systems focused on the treatment of the most complex forms of mental illness. Each Regional Center would offer a highly specialized network of accountable care management, community treatment and support services with a smaller, single hospital for those who require treatment beyond that available in General Hospitals. Mirroring service patterns in general healthcare, recipients and their families would travel to a Center of Excellence for the intensive, inpatient phase of diagnosis and treatment, then return to their home community for ongoing outpatient treatment and support. Advances in health information technology have greatly improved the ability of providers to coordinate specialty care with routine care from a distance. Regional Centers of Excellence will have academic affiliations to help bring the latest research into practice more quickly and to provide a pathway to attracting the next generation of experts to stay in New York. Cost savings from this shift will be invested in expansion of community treatment and support services.

Access to housing, education and employment is the third pillar in promoting recovery for individuals with a serious mental illness. The Governor's initiatives to reduce barriers to housing coupled with expansion of 1,900 housing units in this year's budget will bring the dream of a home of their own to more New Yorkers.

OMH recognizes the important role that education and employment play in the lives of those we serve. We will continue our portfolio of initiatives targeted at helping young people with behavioral health issues to stay in school, on track and ready to learn. OMH will also continue to leverage New York's historic Ticket to Work agreement with the Social Security Administration that offers a pathway to competitive employment for people with disabilities.

The core mission of the Office of Mental Health is rooted in ensuring that those with serious mental illness achieve recovery. As a health related agency, it is equally wise to invest in early detection coupled with intervention. These investments yield improved health outcomes, reduced suffering and lower costs to taxpayers. Consistent with the Governor's agenda, OMH is building from a strong base of perinatal depression screening, primary care training and consultation (Project TEACH), collaborative care, first episode psychosis (FEP) intervention and geriatric depression screening. This Budget will continue to bring this aspect of our mission to scale.

With these efforts we will move closer to Governor Cuomo's goals of focus on our core responsibilities, emphasis on community instead of institutional care, and achievement of resiliency and recovery for the people we serve.

Thank you for the opportunity to testify before you today. I would be glad to answer any questions that you may have.