

**Senate Finance Committee**

**and**

**Assembly Ways and Means Committee**

**Joint Legislative Hearing: 2013-2014 Executive Budget**

**Health & Medicaid**

**Testimony for the Record**

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**Albany, NY**

Chairpersons DeFrancisco, Farrell, Gottfried and Hannon, Honorable members of the Senate and Assembly:

Thank you for allowing me this opportunity to submit testimony on behalf of the New York State Comprehensive Care Centers for Eating Disorders (CCCED's). The CCCED's ask that level funding for the centers be continued in the 2013-14 State Budget to maintain their ability to save dollars and lives in New York State. Eliminating funding for the CCCED's would actually increase costs for the state in the long-run and puts the lives of many New Yorkers at risk.

Eating disorders are complex and serious illnesses that are expensive to treat, especially when they become chronic. Eating disorders have the highest mortality rate of any psychiatric illness (20%), and are often accompanied by co-morbid physical and mental health conditions such as cardiac arrhythmias, substance abuse, depression, and severe anxiety. Treatment requires specialized and intensive care. Close to 20 million Americans suffer from eating disorders and based on current population and prevalence rates, approximately 800,000 New Yorkers have had or will have an eating disorder in their lifetime. With a 20% rise in hospitalizations for eating disorders in the U.S. over the last 5 years, representing a 61% increase in costs for hospitalizations during that same period, programs to prevent illness and improve treatments for individuals with eating disorders are critical.

In recognition of this dangerous, costly, and growing epidemic, the New York State Department of Health identified three CCCED's to provide an unparalleled, comprehensive, coordinated, and continuous network of specialized clinical services across the state. An overarching goal of the CCCED's is to prevent and effectively manage these potentially chronic diseases through the delivery of evidence-based treatments, as well as case/care management and transitional services. This model epitomizes a coordinated effective approach to high need/high cost individuals so often referenced in the governor's public speaking and in the Medicaid Reform Task Force.

Over the past five years the Metro CCCED (based in New York City at NY Presbyterian Hospital/NY Psychiatric Institute), Northeast CCCED (based in Albany at Albany Medical Center), and Western CCCED (based in Rochester at the University of Rochester Medical Center) have met their legislative mandates by diligently working together and partnering with patients, families, and schools to create a cost-effective, coordinated, and integrated model of care and infrastructure across the state. On the attached sheet are highlights regarding CCCED accomplishments and the implications of what will occur if their funding ceases.

Current CCCED funding provides support to essential personnel to deliver prevention, early identification/intervention, care coordination, case management, life coaching, and relapse prevention services that are not covered by health insurance and mental health parity. The CCCED's have already received a 92% reduction in funding due to previous cuts. We ask that the CCCED's present funding of \$125,000 (\$41,666 to each center) be maintained in the budget in order to help us maintain New York's status as a national leader in providing an innovative model for a network of coordinated and continuous care across the state. This action will help save dollars and save lives.

I thank you for your time and consideration.

## What have the CCCED's accomplished in the Past Seven Years?

- Improved early identification, referral, and intervention through establishment of treatment access mechanisms (websites and hotlines) allowing patients and families to receive information about eating disorder care 24/7/365. Timely referral and access improve outcome, decrease rates of relapse, chronic illness, mortality, and **lower health care costs. The prevention of one psychiatric hospitalization saves approximately \$30,000.**
- Improved prevention of illness through delivering several hundred education and training programs for professionals in primary care and mental health fields and training and prevention services to over 100 schools (involving middle, high school and college age students, parents and school personnel)
- Enhanced **care coordination** through the use of care coordinators/case managers and life coaches to deliver over 12,000 care coordination services throughout the state and promote continuous care and **avoid delayed and inappropriate care.**
- Evaluated more than 10,000 patients with eating disorders and improved **care integration** (e.g., using interventions that address eating disorders and other comorbid conditions like addictions, depression and anxiety)
- Partnered with DOH/ OMH to establish the first and only adolescent residential eating disorders program in NY State (Harmony Place at St. Joseph's Villa in Rochester, NY) to avoid out-of-state placements.

## What will happen if we lose the CCCED's?

- Clinical care for individuals with eating disorders will cease to be focused, integrated and clinically optimized, bringing higher costs to New York State. **Lack of CCCED infrastructure = return to "silo care" = higher costs for NYS.**
- **Care coordination** will be lost. Since eating disordered patients commonly require multiple levels of care for a single episode of treatment, patients will be more likely to receive inadequate or partial treatments, leading to longer illness duration, increased relapse, frequent re-admissions, increased chronic illness, disability, and use of acute care, and higher costs for New York State.
- Increased numbers of chronically ill patients will **increase Medicaid, Medicare, and welfare costs and other indirect costs**, e.g., absenteeism at work for ill individuals and parents caring for afflicted children and teens.
- New Yorkers will pursue treatments out-of state. Treatments offered at great distances from New York are **sub-optimal**, especially for younger patients who require active family involvement in order to achieve best outcomes.
- Patients will have a more difficult time with community reintegration to work and school after discharge from treatment without care coordination and life coaching.
- **Elimination of prevention and early identification services** in schools that help target prevention of eating disorders and obesity as well as other high risk adolescent behaviors.
- **Loss of systematic training for primary care providers and mental health professionals** to help with early identification and referral.
- In addition to the 80% reduction in jobs already sustained by the CCCED's following recent budget cuts, an elimination of the CCCED program will lead to **additional loss of the remaining 20% of program positions** across Western, Northeastern and Metropolitan regions of New York State.