



**Office of  
Mental Health**

**Joint Legislative Public Hearing on 2016-2017  
Executive Budget Proposal for Mental Hygiene**

Testimony of Ann Marie T. Sullivan, M.D.  
Commissioner of the Office of Mental Health  
February 3, 2016

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New York State Office of Mental Health  
Presented at the Joint Legislative Budget Hearing  
Wednesday, February 3, 2016  
Legislative Office Building – Hearing Room B  
Albany, New York**

Good morning Senator Young, Assemblyman Farrell, and members of the Committee, and thank you for this opportunity to discuss the State Office of Mental Health Executive Budget proposal.

The 2016-17 Executive Budget continues to take significant steps to address the needs of people with mental illness in New York. The main areas of the Executive Budget proposals for OMH will focus on the transition to integrated Medicaid managed care for adult and child behavioral health services, the OMH Transformation Plan for our State and community-operated service systems, and our continuing commitment to the development of housing for individuals with mental illness.

Funding for Children's State Plan Amendment Services

The 2016-17 Executive Budget includes \$7.5 million (annualizing to \$30 million), to support an array of new Medicaid State Plan Amendment services to expand the behavioral health services, for individuals under 21 years of age and include:

- Crisis Intervention;
- Community Psychiatric Support and Treatment;
- Psychosocial Rehabilitation Services;
- Family Peer Support Services;
- Youth Peer Training and Support; and,
- Other Licensed Practitioners Services.

The funding of these State Plan options will now allow New York State to fill the gaps across the current children's systems of care, and will produce better long term outcomes for children and their families. This children's system redesign will truly be a "game-changer" by recognizing the broad range of supports required to prevent, intervene, and treat children with or at risk for serious emotional disturbance.

Managed Care Transition Funding

For both adults and children, the 2016-17 Medicaid Budget also continues funding to support the transition of providers into a managed care environment by supporting extensive technical assistance including:

- Development of infrastructure and capacity for the integration of children's services into mainstream plans;
- Collaborative care to integrate behavioral and physical health;
- Establishment of Health Home Plus for high need populations;
- Targeted Vital Access Provider (VAP) funds to preserve critical access; and,

- Expansion of cost effective home and community based services.

We are well into the second quarter of adult integrated managed care and HARP implementation in New York City. These investments have been critical in preparing our consumers, providers, and plans for transition especially as we roll out the managed care expansion and HARPs roll out in the rest of the State in July 2016, and children in January 2017.

### **OMH Transformation Plan for State and Community Operated Services**

For decades, New York State, has sustained a system of mental health care for its citizens which relied heavily on state-operated hospitals. We exceed both the national inpatient utilization rate for State Psychiatric Centers, and the per capita census levels at State PCs compared to other states. This is a costly arrangement that has prevented the investment of dollars in needed community services which can prevent the need for inpatient hospitalization.

Accordingly, the 2016-17 Executive Budget includes full funding of the previous two years reinvestment (\$59 M annualized), and an additional \$16.5 million (annualized) to support this year's reinvestment. These funds will further develop the critical community services and supports needed to prevent inpatient hospitalization and transition individuals from inpatient settings.

The results so far from our community pre-investments during the last and current year have been very promising. The new and expanded Transformation Plan services have already reached over 8,000 new individuals across the State. This includes:

- 246 additional Home and Community Based Waiver slots;
- 12 state operated Mobile Integration Teams (MIT) 7 of which are currently up and running, 5 are in development;
- 16 new and expanded crisis intervention programs;
- Over a dozen new advocacy outreach and bridger programs; and,
- 5 new or expanded Assertive Community Treatment Teams (ACT) which equates to capacity expansion of 252 slots.
- 3 new State Operated child and adolescent crisis respite houses;

These services put us firmly on the path toward balancing our institutional resources more equitably and serving more people in clinically-appropriate, effective community treatment and support programs.

### **Housing**

Housing is a cornerstone to recovery and successful community tenure for the people we serve. The 2016-17 Executive Budget includes \$50 million to fully support approximately 1,200 new beds opening in 2016-17, and to cover the ongoing operational costs of 800 beds from the 2015-16 State Fiscal Year that are expected to come online by March 2016. Once these are open this will bring our bed total to over 44,000, more than any other state in the nation.

As you know, the Governor announced in the State-of-the-State an extraordinary commitment to homeless housing. The Office of Mental Health will be working very closely with the Division for

Housing and Community Renewal (DHCR) to secure a portion of this funding for housing for individuals who are both homeless and mentally ill.

Finally, I'd like to thank you, the Governor and members of the advocacy community for the enactment of legislation which allows a tax check off for mental health public awareness. Citizens of New York State filling out income tax forms or e-filing will see a tax check off for mental health public awareness.

Again, thank you for this opportunity to address you on the 2016/2017 OMH Budget which supports and continues the work we have begun to transform New York's mental health system.