

New York State
Office of Mental Health

**2007–2008
Executive Budget Testimony**

February 7, 2007

New York State
Eliot Spitzer, Governor
David A. Paterson, Lieutenant Governor

Office of Mental Health
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Acting Commissioner



G

ood morning, Senator Johnson, Assemblyman Farrell, Senator Morahan, Assemblyman Rivera, members of the Legislature, Colleagues and Guests. Thank you for your time and concern in reviewing the Executive Budget Recommendations for the New York State Office of Mental Health, and for inviting me here today to highlight the status of the State's mental health care.

The Executive Budget takes initial steps to address strategic directions Governor Spitzer shared with you in his State of the State Message. These directions include fundamentally reforming our health care system to make it affordable for and responsive to the citizens of New York, making hard choices and prudent investments to direct resources away from expensive hospital and institutional settings toward community and home-based alternatives, and investment in better management of services delivered to individuals with multiple chronic illnesses and high Medicaid costs. Specifically in the case of mental health, the Budget also builds on and continues steps to improve mental health care that are part of OMH's strategic plan, and that you have previously supported.

In mental health, our focus is on revitalizing the system of care so that it promotes the well-being and meets the needs of all New Yorkers, particularly children with serious emotional disturbance and adults with serious mental illnesses, in the most cost-effective manner possible.

Today, I will briefly outline issues for your consideration and try to answer questions you may have. Specifically, I will address the following points in my testimony:

- ◆ The impact of mental illness on individuals, families and society
- ◆ Historical budgetary trends and strategic initiatives
- ◆ Current strategic priorities and initiatives
- ◆ Summary of the Executive Budget Recommendations

The Impact of Mental Illness on Individuals, Families and Society

As former Surgeon General David Satcher said in his landmark 1999 report, “Mental health is integral to overall health.” Thus, mental health is crucial to the ability of each New Yorker to lead a fulfilling life – a life defined by our ability to live, work, learn, and participate fully in our communities. In contrast, mental illness can depress our capacity to fully live our lives.

Thankfully, many of us have not experienced the devastating impact of mental illness, compounded by stigma and discrimination. Because of this and because mental illness may be “invisible,” we may fail to recognize emerging mental disorders in ourselves or a family member. Even if we recognize the problem, stigma often dissuades people from seeking help and remaining in treatment. This is a tragedy because early treatment is often effective, and less costly. The barrier of stigma, along with problems in access to care, the availability of professionals and in the quality of care, results in a terrible burden of mental illness. While the overall cost of these disorders to society exceeds the cost of cancer and is second only to the costs of heart disease, most costs of mental illness – unlike other health problems – are due to the impact of NOT getting care rather than the high cost of treatment. As a result, society bears enormous indirect expenses of mental illness in school failure, disability, hospitalization, incarceration, homelessness, and nursing home care of older adults.

The worst outcome of psychiatric disabilities is that they are lethal. In New York State during 2004, suicide was the third leading cause of death in children between the ages of 10 and 19. Overall, since the beginning of the war in Iraq, many more New Yorkers have lost their lives to suicide than the sum of all deaths of our men and women in uniform. This is why I applaud the initiative of Commissioner Carpinello in launching, with your support, the strongest suicide prevention efforts of any state. These efforts will have my full support; indeed they must be strengthened and expanded.

Each year approximately 1 in 10 children between 9 and 17 years of age experiences emotional disturbance serious enough to affect their stability at home or success in school. We now know that

mental illness tends to begin earlier than once believed, and its identification and treatment are often delayed for years. When not detected and treated early, the emotional and behavioral problems of childhood can turn into serious and debilitating psychiatric disorders (see Figure 1). A condition that might have been corrected by counseling or expert support to parents may now require medication treatment or even hospitalization. This is why efforts also initiated by Commissioner Carpinello to reach children early and collaborate with schools are very important.

This theme of mental illness driving other costs and problems – even if it is an “invisible disability” – is better understood as a major challenge across many sectors. For example, depression – often undiagnosed and also poorly treated – is highly prevalent among people with other serious health conditions (see Figure 2). Obviously,

depression can greatly impact a person’s ability to manage a challenging and complex treatment regimen, as with diabetes.

Therefore, health care in New York cannot reach its potential, and Governor Spitzer’s plans to improve coverage while controlling costs cannot be fully successful without better integration and coordination of health and mental health concerns (see Figure 3). I look forward to collaborating with my colleagues in Mental Hygiene, and also especially with Health Commissioner Richard Daines and Medicaid Director Deborah Bachrach, to address these challenges.

This collaboration is most crucial with respect to Medicaid, since this program is the largest single payer of mental health services nationally (paying 27 percent of expenditures in 2001) and in New York, exceeding private insurance, Medicare, or other state and

Figure 1

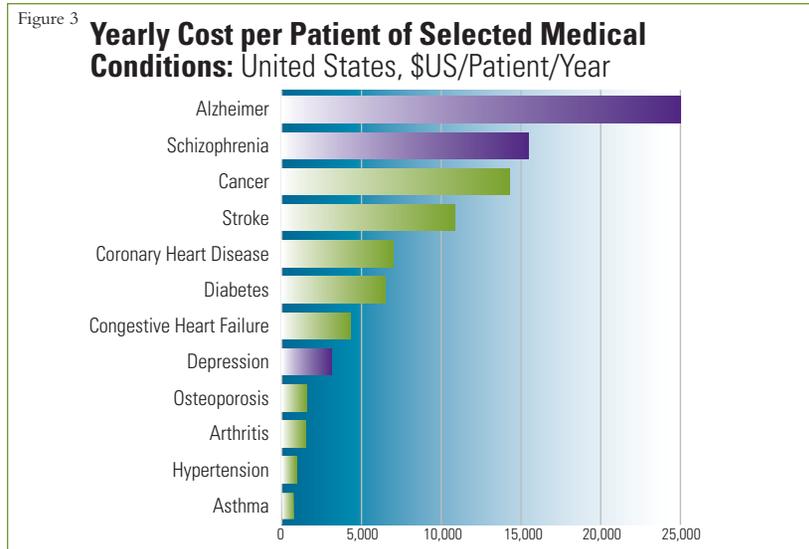
Impact of Serious Emotional Disturbance

- ◆ 1 out of 10 children has a serious emotional disturbance.
- ◆ Only 30 percent of children age 14 and older with emotional disturbance graduate with a standard high school diploma.
- ◆ Among all disabilities, emotional disturbance is associated with the highest rate of school dropout.
- ◆ Higher levels of co-morbid health, social and learning problems are evident.
- ◆ Suicide is the 3rd leading cause of death among children and adolescents and the 2nd leading cause among college students.
- ◆ 1 in 5 Latinas engages in suicidal behavior.

Figure 2

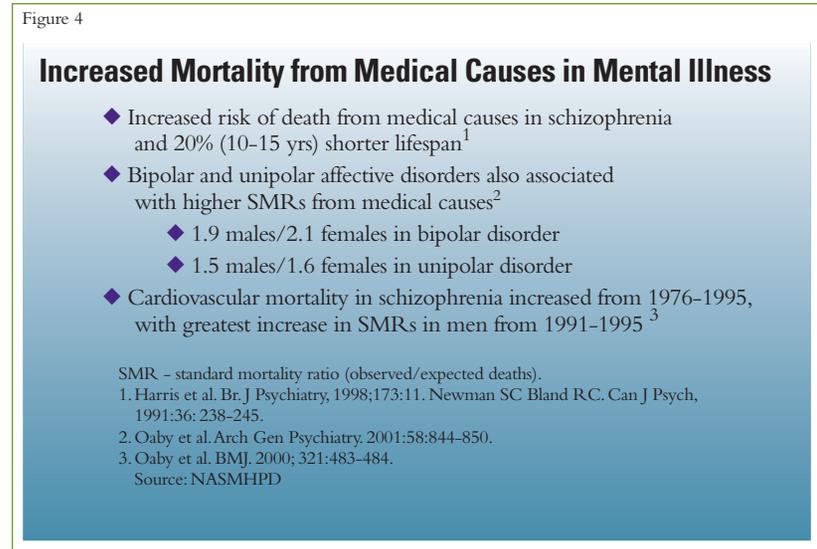
Prevalence of Major Depression in Patients with Physical Illnesses





local spending. Medicaid is also the major payer of care for people with complex, chronic health conditions; such care consumes 77 percent of Medicaid spending for people living in the community.

Collaboration to improve health care for people with a mental illness will also be a long-term goal and challenge. We are increasingly aware of the poor health status of people with serious mental illness, even when they are getting mental health care. These health challenges are possibly the result of an increased vulnerability to physical illness in people with a mental illness. But, they are surely due to high rates of smoking, a lack of a wellness orientation, poor diet and exercise, and obesity – sometimes worsened by the very treatments people may need to address their mental illness. We are now waking up to the fact that people with serious mental illness are dying decades early because of medical problems (see Figure 4).



Mental health care in the health system is often lacking, and health care in the mental health system is no better.

The public mental health, public health, Medicaid, and overall health care delivery system must create partnerships to effectively address the pressing health care needs of persons with serious mental illness. Wellness for all must be our goal.

The way we view the consequences of mental illness is changing. September 11, the wars in Iraq and Afghanistan, Hurricane Katrina, and even homelessness, for example, point to the pervasive nature of mental health disorders. Terrorism – after all a form of psychological warfare – strikes at our sense of well-being. We now see that the effects of war include “psychological casualties” due to post-traumatic stress disorder, depression and substance abuse. We know

the trauma resulting from Hurricane Katrina has been associated with a suicide rate three times higher than what we would normally expect to see. We understand that children who experience abuse often face severe emotional distress. Exposure to psychological trauma has been shown to lead to neuro-degeneration, altering the brain's circuitry, and subsequently bringing about behavioral and cognitive changes, much in the same way that an eye infection may develop into blindness. Recent research linking childhood trauma to increased health problems in later life calls upon us to identify psychological trauma – especially among children – and provide support early.

Care for people with the most serious mental illnesses in New York has long been a responsibility of the State. The scope and complexity of the system are impressive. Each year approximately 600,000 children and adults are served in the State public mental health system. Of this total, approximately 22 percent are children 17 years of age or younger. At least two-thirds of all persons served have both a mental disorder and severe functional impairment as a result.

Despite these challenges, research and the lived experiences of people with mental illnesses have shown us that people can and do recover from serious mental illness. First Lady Rosalyn Carter – a mental health advocate for more than 40 years and Honorary Chair of the 1973 President's Commission on Mental Health – spoke before the President's New Freedom Commission in 2003. She said, "The most striking change in mental health from the time of our commission to yours is that *now we know that any person with a mental illness can recover.*" Unfortunately, we face a "recovery gap," and many people do not get the chance for recovery that they should because of stigma, treatment gaps, failure to use the best interventions, homelessness and poverty. But we can and will do better.

Historical Budgetary Trends and Strategic Initiatives: Reshaping the Mental Health System and Financing the Transition

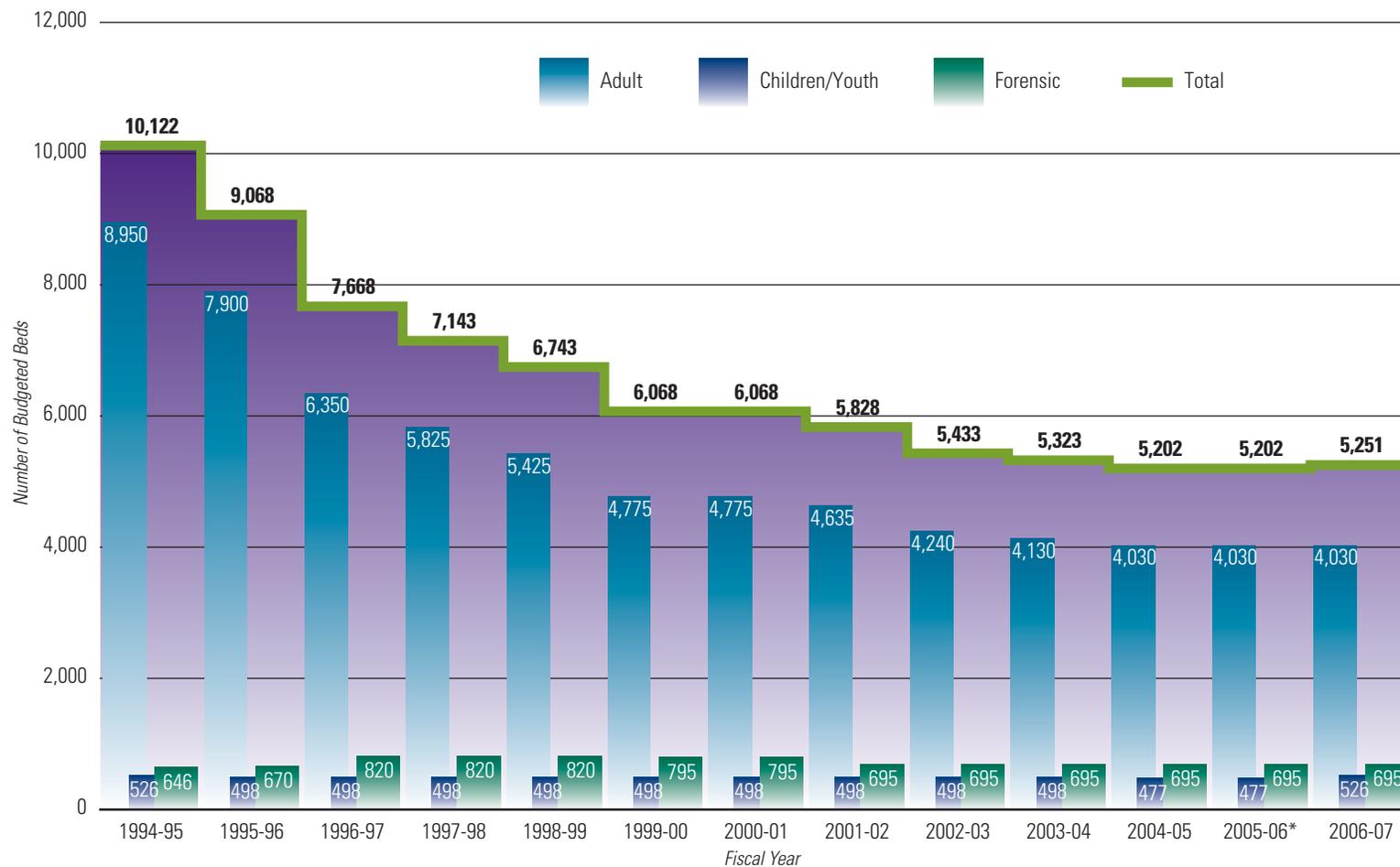
Advances in care have made recovery and a good life in one's community a realistic possibility for most individuals with serious mental illness or serious emotional disturbance. Like other states, New York has engaged in a sustained effort to transition its mental health service delivery system from an institutional system dominated by service delivery in State-operated psychiatric centers to a community-based system of care.

Over the last several years, OMH has also strived to maximize the quality of mental health services and supports by promoting the awareness and availability of evidence-based treatments with a demonstrated ability to improve recipient outcomes. This transition has been made possible by increased investments to strengthen and expand community-based services. The funding necessary was realized through two primary strategies. First, the Community Mental Health Reinvestment Act created incentives to reduce unneeded Adult State Psychiatric Center inpatient capacity and reinvest the savings in the development of new community-based services.

The dynamics of this strategy are illustrated in Figures 5–7, which for the period FY 1994–95 through FY 2006–07 show a decline in budgeted beds from 10,122 to 5,251, a corresponding drop in all annual FTEs from 25,299 to 17,265, and an increase in cumulative Reinvestment spending from nearly \$50 million to approximately \$220 million. Of note, the increase in community capacity and reinvestment spending over the last two fiscal years relates in

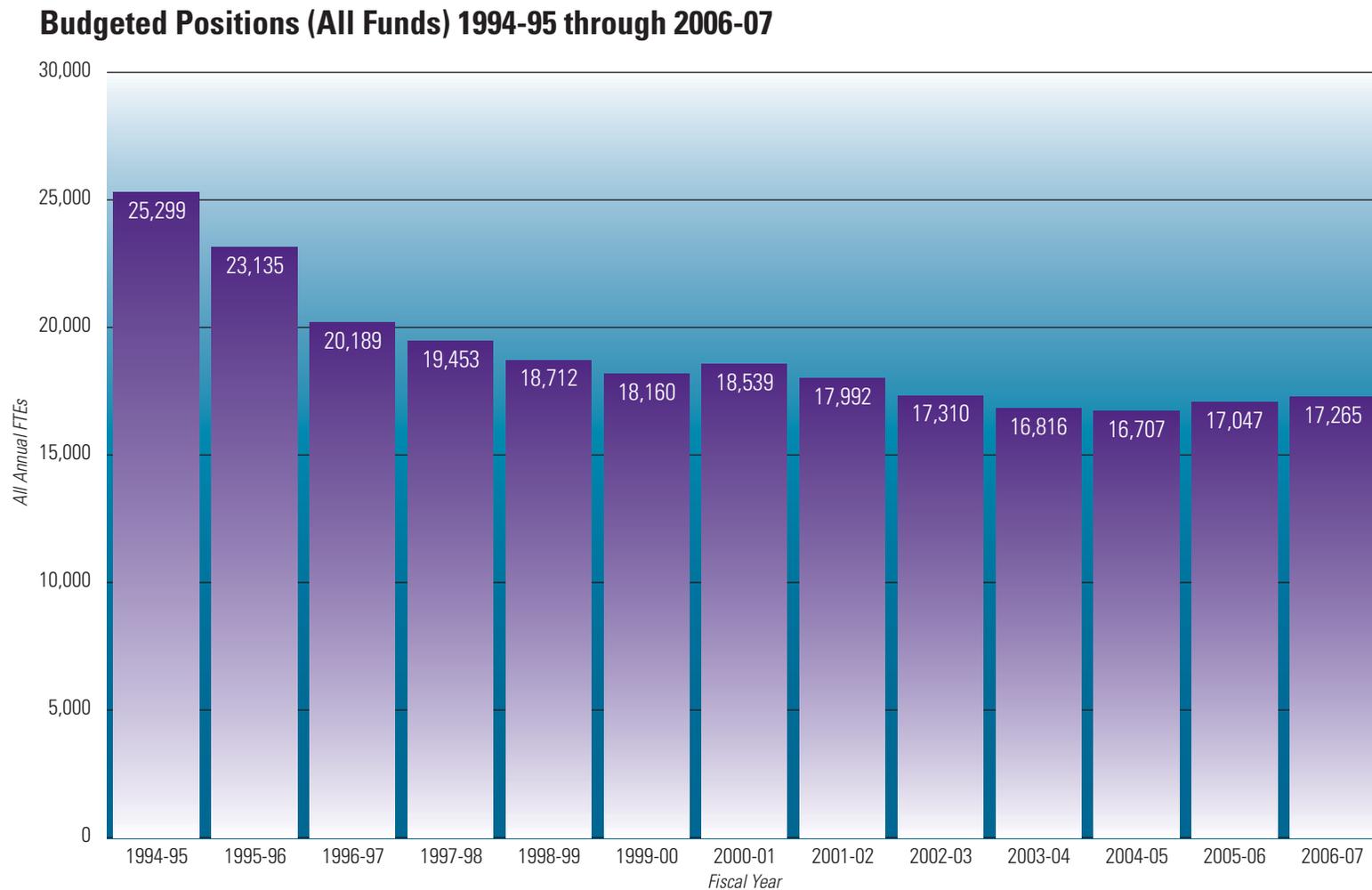
Figure 5

Budgeted Beds by Population



*Excludes 14 beds originally budgeted to open at Greater Binghamton in 2005-06 and 8 interim beds at Hutchings

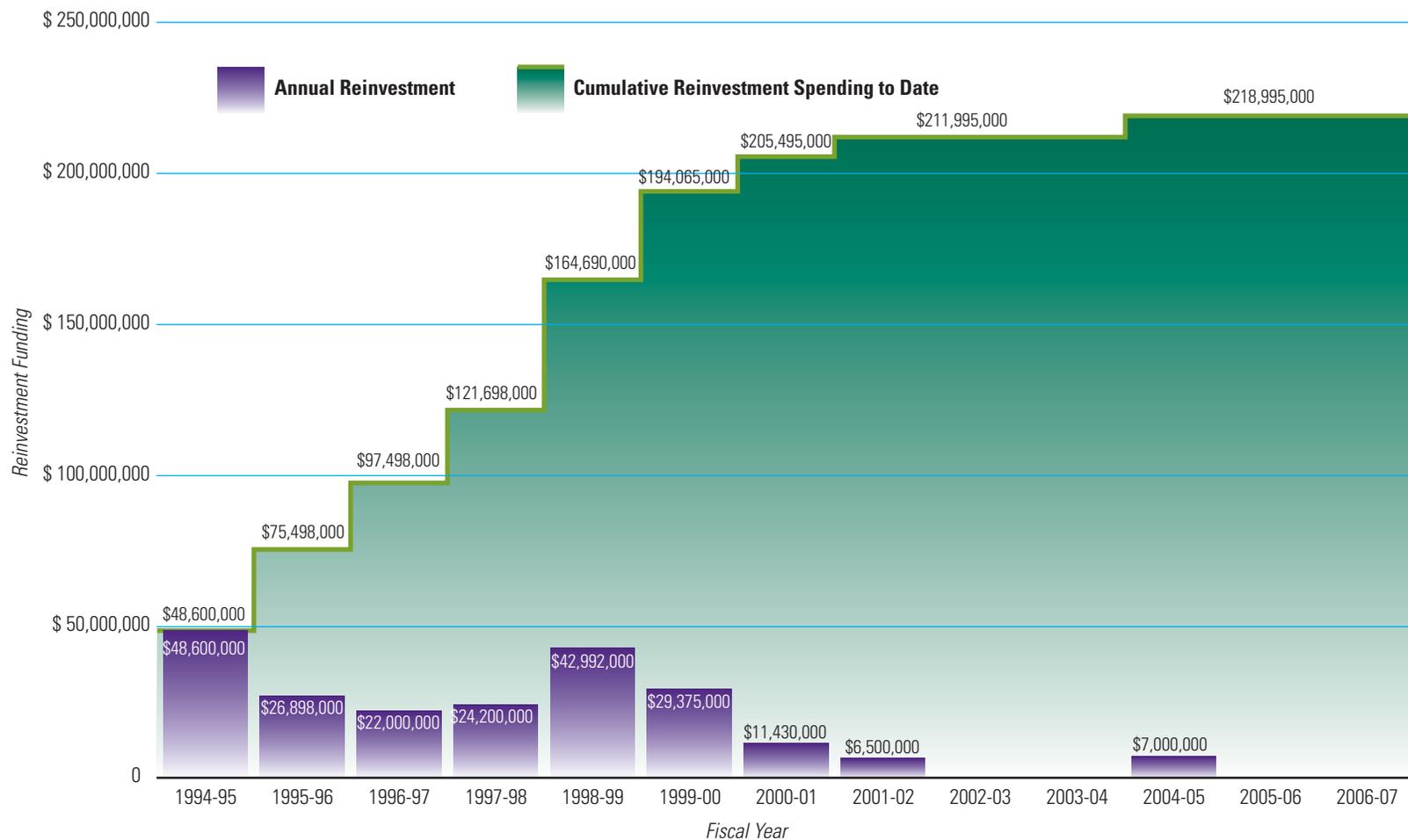
Figure 6



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Figure 7

Reinvestment Funding by Fiscal Year 1994-95 through 2006-07



part to the closure of the Middletown Psychiatric Center and the transfer of State positions to community-based care.

The second strategy for funding was realized through a change in financing models to appropriately access Medicaid reimbursement for services. These actions have strengthened and expanded the community-based system.

Over the last decade, the utilization of these two major strategies has prevented substantial program cuts that would have otherwise been required during the financially difficult years following the tragic events of September 11, and has made funding available to expand the community-based system. We will continue to closely examine ways to improve the public mental health system by seeking to balance necessary State inpatient capacity with investments in community care.

Current Strategic Priorities and Initiatives

Financial challenges

As illustrated in Figures 5-7, there has been a significant leveling of reductions in inpatient capacity, coupled with authorized State employee staffing levels and corresponding increases in funding provided through the Community Mental Health Reinvestment Act. Recent increases in funding for the community-based mental health system have been the result of targeted Executive and Legislative initiatives.

This year's Executive Budget proposes substantial new investments in the community-based mental health system, which I will discuss in a moment. These initiatives are intended to advance two fundamental goals.

1. Maintaining or reestablishing the structural integrity of existing service system capacity

The structural issues in the Aid to Localities budget are primarily attributable to the lack of ongoing cost-of-living adjustments (COLA) for certain critical community providers to offset the escalating costs in both personnel salary levels and property costs. While actions have been taken in the last two Enacted Budgets to address this need,

more remains to be done to bring financial support for community-based mental health providers into balance with the fiscal realities they face.

2. Providing targeted service system expansion where needed and supported by the evidence base

Continued investment in evidence-based, community-based service capacity for both adults and children is needed in areas where stakeholders have told us that capacity is insufficient and action is essential to continue our progress toward making recovery and wellness a reality. Once again, the Executive Budget acknowledges the need for action in the face of difficult choices before us.

Given the hard choices faced in creating an overall State Budget, to the extent possible, the Executive Budget Recommendations recognize and address these goals.

Strategic priorities

Strategic priorities are determined by assessing the gaps between the direction set forth in the OMH Strategic Plan Framework and the realities of the day-to-day environment in which the public mental health system operates. I am impressed with the thoughtfulness and direction of the Strategic Plan Framework and of the effort by OMH staff to consult with stakeholders in updating the plan. Currently, OMH has identified eight strategic priorities, some of which require new financial resources. The priorities are:

1. Enhancing access to effective community-based services for children and families
2. Promoting public health by reducing the risk of suicide
3. Providing access to safe and affordable community housing
4. Enhancing community-based program models to recruit and retain a qualified workforce and respond to other inflationary pressures
5. Enhancing access to effective community-based services for older adults
6. Providing access to efficient and high-quality mental health services
7. Implementing an effective performance and accountability infrastructure
8. Increasing public safety through the civil commitment of sexually violent persons, where appropriate, to secure treatment facilities for care and treatment

Summary of the 2007-08 Executive Budget Recommendations

Strategic Priority 1

Enhancing access to effective community-based services for children and families

The 2006-07 Enacted Budget provided an annualized gross investment of \$62 million for services to recognize emotional disturbances in children early, improve access to interventions that have been proven by science to be effective, expand access to in-home and community-based services, provide the expertise of child psychiatrists to rural areas and ensure that evidence-based treatments are widely available across New York State.

The 2007-08 Executive Budget Recommendations provide continued support and full annualization for these initiatives. They also provide:

- ◆ \$2.4 million (approximately \$4.6 million annualized) to support creation of an additional 180 Home and Community-based Waiver slots in high priority counties effective January 1, 2008. This initiative will increase access to a program demonstrated to be effective in keeping children with a serious emotional disturbance at high risk for insti-

tutional placement at home, in their communities and with their families.

- ◆ \$500,000 to permit continuity of care to young adults moving between the children's and the adult service systems in out-of-state facilities.
- ◆ \$300,000 for school support, offsetting the reduction in federal Individual with Disabilities Act funds previously received from the State Education Department.

Strategic Priority 2

Promoting public health by reducing the risk of suicide

The 2006-07 Enacted Budget provided \$1.5 million to support the implementation of the New York State Suicide Prevention Plan and related County suicide prevention initiatives aimed at increasing public awareness.

The 2007-08 Executive Budget Recommendations provide continued support and full annualization of \$1.5 million for this initiative. Ongoing funding is targeted toward local prevention and planning efforts to reduce suicide among high-risk populations, provide culturally competent training and public awareness projects, and make available translation and dissemination of public education materials and evaluation data.

Strategic Priority 3

Providing access to safe and affordable community housing

The 2006-07 Enacted Budget included the development of additional Supportive Housing and Single-room Occupancy (SRO) capacity in a partnership with New York City (New York/New York III). This initiative is increasing the availability of stable housing for individuals and their families affected by homelessness and mental illness by 5,550 units over 10 years (as part of the overall 9,000-unit effort). The goals are to improve public mental health by matching resources to clients with the most significant needs, reducing future involvement with the criminal justice system, and using our public resources more wisely by diminishing reliance on expensive institutional care.

The 2007-08 Executive Budget Recommendations provide \$12.9 million in continued support for 425 Supported Housing and 25 SRO efficiency apartment units and begins supporting an additional 575 Supported Housing and 50 SRO units, all within the New York/New York III framework.

The 2007-08 Executive Budget Recommendations also provide \$9.1 million in new funding for 1,000 Supported Housing units effective October 2007. When fully annualized, the total funding for these housing opportunities will be approximately \$12 million. Experience has shown that Supported Housing provides direct access to a *home*, which is the least restrictive and most appropriate setting for individuals with mental illness. Expanding Supported

Housing will also increase opportunities for community reintegration for persons hospitalized in Adult Psychiatric Centers.

People with a serious mental illness are over-represented among individuals who are homeless – especially those who are “chronically homeless.” They are also impacted more by the rising unaffordability of housing, given their poverty. I understand there is great concern in New York with respect to homelessness and housing affordability. This is also an area that the Governor will address vigorously, and we look forward to participating in this agenda.

The Executive Budget Recommendations provide capital authority of \$200 million for 1,000 new SRO living opportunities throughout New York State. When fully annualized, total operating funds for these housing opportunities will be approximately \$31 million annually. Many adults with mental illness request a housing model that incorporates independence, while also providing a limited amount of on-site services on an as-needed basis. This initiative will increase the availability of SRO efficiency apartment model residential units, which have been proven to provide safe, independent living with limited services for persons working toward recovery and independent community living.

Additionally, the Executive Budget Recommendations provide an increase of \$107 million in local capital appropriation for the completion of beds currently under development (excluding New York/New York III).

Overall, when combined with the 2,000 new units of housing in the 2007-08 Budget, the total number of authorized community

housing opportunities (including NY/NY III), once completed, will number 38,800.

Strategic Priority 4

Enhancing community-based program models to recruit and retain a qualified workforce and respond to other inflationary pressures

The 2006-07 Enacted Budget provided a three-year annual COLA for community programs tied to the consumer price index for targeted OMH non-trended programs, to reflect actual inflation-related growth. It also provided rent stipend increases to enable Supported Housing programs to address the rehabilitation and support needs of residents, and respond to inflationary pressures.

The 2007-08 Executive Budget Recommendations include the full annualization and initial reconciliation of the October 1, 2006, COLA, in the amount of \$23.5 million. In addition, the Recommendations provide full annual support for the second COLA, effective April 1 of this year, and phase-in funding for the third COLA effective April 1, 2008, for a total of \$30 million.

The 2007-08 Executive Budget Recommendations also provide increased funding to support existing Community Residence, Family-based Treatment and Supported Housing providers including:

- ◆ Funding increases of \$12.6 million for existing Adult and Children’s Community Residence and Family-based Treatment providers to compensate for inflationary increases

that have occurred since the funding model was originally implemented, to enhance staff recruitment and retention and to respond to other inflationary pressures. This increase will be effective January 2008 and represents the first installment of a three-year plan.

- ◆ An additional infusion of \$6.3 million as the third installment in funding to increase rental stipends, thereby enabling agencies to secure decent, moderately priced housing while providing the services residents require to maintain independent community living.

Strategic Priority 5

Enhancing access to effective community-based services for older adults

The 2006-07 Enacted Budget included \$2 million in funding for demonstration programs to address the mental health needs of older New Yorkers, a group dramatically increasing in size over the next 25 years.

The 2007-08 Executive Budget Recommendations provide continued support and full annualization of this initiative.

Strategic Priority 6

Providing access to efficient and high-quality mental health services

The 2007-08 Executive Budget Recommendations aim to improve the development of effective treatments for children and families and enhance forensic mental health services.

- ◆ \$1.5 million will go toward improving the capacity of the OMH Research Institutes to enhance mental health services for children and families, while at the same attracting extramural funding and developing new, effective treatment protocols.
- ◆ Additional funding of \$2 million will be used to expand services to address the needs of prison inmates with mental illness. Enhancements will include mental health screening of all new inmates, expansion of the joint OMH and Department of Correctional Services Case Management committees, and establishment of specialized residential programs to serve as alternatives to placement in specialized housing units for inmates with serious and persistent mental illness. The commitment to funding will be \$6 million in 2008-09 and \$9 million when annualized in 2009-10. In addition, \$480,000 in full annual funding is recommended to replace expiring federal funding for Project Caring, which provides women with mental illness a bridge between corrections- and community-based services.
- ◆ \$2.7 million is directed toward offsetting a reduction in federal block grant funding.
- ◆ \$1.2 million annualized to \$1.9 million reflects trend factor increases for Residential Treatment Facilities.

- ◆ An increase in full annual supported employment funding of \$600,000, and \$900,000 in funding to respond to increased utilization of services in Comprehensive Psychiatric Emergency Programs.
- ◆ \$600,000 will support the ARMS (the Alternate Reimbursement Methodology) Medicaid supplement for certain hospitals that will be reconfiguring/reconsolidating inpatient services or implementing quality assurance programs.
- ◆ New capital appropriations for State facilities totaling \$326.5 million include funds for building preservation, design and construction, health and safety, accreditation, energy conservation and environmental protection.

Strategic Priority 7

Implementing an effective performance and accountability infrastructure

The 2007-08 Executive Budget Recommendations provide support for an enhanced agency quality management and oversight capacity, and improved medication management and care coordination initiatives. Specifically, the support includes:

- ◆ \$1.3 million is being targeted toward expansion of the successful medication and prescription management program, the Psychiatric Clinical Knowledge Enhancement System. Known as PSYCKES, this system will be extended beyond its current use in State Adult Psychiatric Centers to Chil-

dren's Psychiatric Centers. OMH will also collaborate with the Department of Health to adapt PSYCKES for use by community-based mental health providers, thereby expanding best practices in the area of antipsychotic and antidepressant prescribing practices.

- ◆ To bolster OMH's ability to combat waste and fraud, in concert with the Office of the Medicaid Inspector General, OMH will invest \$300,000 in strengthening quality oversight of community providers.
- ◆ OMH will collaborate with the Department of Health and the Office of Alcohol and Substance Abuse Services in developing demonstration programs aimed at improving care coordination and integration of health and mental health services for persons who are high utilizers of Medicaid services. Funding of \$4 million is available in the Department of Health budget to support demonstration projects.

Strategic Priority 8

Increasing public safety through the civil commitment of sexually violent persons, where appropriate, to secure treatment facilities for care and treatment

The 2006-07 Enacted Budget provided support to develop protocols and deliver secure care and treatment to sexually violent persons civilly committed to OMH psychiatric centers.

The 2007-08 Executive Budget Recommendations provide an increase of \$19.2 million to support the addition of staff for delivering services to individuals committed to OMH secure treatment settings. The annualized funding totals \$46 million for this program.

An overall summary of the 2007-08 Executive Budget Recommendations follows:

Summary of 2007-08 Executive Budget Recommendations New York State Office of Mental Health

Priority	Initiative	Amount	Initiative Function
Providing access to effective community-based services for children and adolescents	Full annualization of 2006 Achieving the Promise initiative	\$62M	Promote ongoing viability & quality – Existing providers
	Addition of transitional care for youth moving to the adult system in out-of-state facilities	\$0.5M	
	Addition of 180 Home and Community-based Waiver units	\$2.4M	Targeted expansion – Priority unmet need
	Addition of school support	\$0.3M	

Priority	Initiative	Amount	Initiative Function
Promoting public health by reducing the risk of suicide	Full annualization of 2006 New York State suicide prevention initiative	\$1.5M	Promote ongoing viability & quality – Existing providers
Providing access to safe and affordable community housing	Addition of 1,000 Supported Housing units	\$9.1M	Targeted expansion – Priority unmet need
	Addition of capital authority for 1,000 SRO units	\$200M	
	Addition of capital authority for existing housing units, exclusive of NY/NY III	\$107M	
	Expanding NY/NY III by 625 Supportive Housing and SRO units	\$12.9M	
	Re-appropriation of local capital commitment for NY/NY III units provided in last year's budget	\$211M	

Priority	Initiative	Amount	Initiative Function
Enhancing community-based program models to recruit and retain a qualified workforce and respond to other inflationary pressures	Effective January 2008, increase in funding for existing Adult and Children's Community Residence and Family-based Treatment providers, a three-year initiative	\$12.6M	Promote ongoing viability & quality – Existing providers
	Funding for a third rent stipend increase for more than 10,000 Supported Housing units	\$6.3M	
	COLAs: <ul style="list-style-type: none"> ★ Annualization of the October 1, 2006, COLA ★ Full annual support for second COLA effective April 2, 2007 ★ Phase-in funding for third COLA effective April 1, 2008 	\$23.5M \$25.5M \$4.5M	

Priority	Initiative	Amount	Initiative Function
Enhancing access to effective community-based services for older adults	Full annualization of 2006 support for Geriatric Mental Health Act	\$2M	Promote ongoing viability & quality – Existing providers
Providing access to efficient and high-quality mental health services	Improved capacity of OMH Research Institutes to enhance mental health services for children and families	\$1.5M	Targeted expansion – Priority unmet need
	Provision of enhanced services to inmates with mental illness plus the addition of funds for Project Caring	\$2M \$0.4M	
	Addition of funding to offset reduction in federal block grant funds	\$2.7M	Promote ongoing viability & quality – Existing providers
	Addition of supported employment capacity	\$0.6M	

Priority	Initiative	Amount	Initiative Function
Providing access to efficient and high-quality mental health services	Increase in Comprehensive Psychiatric Emergency Program funds	\$0.9M	Promote ongoing viability & quality – Existing providers
	Provision of ARMS Medicaid supplement to certain hospitals	\$0.6M	
	Capital support for building preservation, design and construction, health and safety, accreditation, energy conservation and environmental protections	\$326.5M	
	Trend factor to Residential Treatment Facilities	\$1.2M	
Implementing an effective performance and accountability infrastructure	Medication management initiative to enhance and extend PSYCKES use	\$1.3M	Financial management & systems oversight
	Mental health and physical care coordination demonstration with DOH and OASAS for persons who utilize high amounts of Medicaid dollars	\$4M available in DOH Budget	

Priority	Initiative	Amount	Initiative Function
Implementing an effective performance and accountability infrastructure	Bolstering quality management and oversight	\$0.3M	Financial management & systems oversight
Increasing public safety through the civil commitment of sexually violent persons, where appropriate, to secure treatment facilities for care and treatment	Addition of funds to modify commitment protocols consistent with recent court decision and deliver services tailored to treatment of sexually violent persons who are civilly committed for secure care	\$19.2M (Full annual \$46M)	Targeted expansion – Priority unmet need

I am pleased that I have been given this opportunity to describe issues and challenges faced by the public mental health system and to highlight Budget Recommendations to address strategic

priorities. I look forward to working with you to respond to concerns that you identify. Please let me begin by answering any questions that you have today.