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CLMHD Overview of 2017-2018 Executive Budget

OMH

- Provide \$11 million in new funding for community reinvestment from the closure of state psychiatric center beds.
- Fund 280 additional supported housing community beds. OMH will reconfigure 140 state-operated residential beds and replace them with funds to develop 280 community-based, scattered site supported housing units in the same geographic area.
- Provide \$10 million to preserve access and enhance support for existing supported housing and single residence occupancy residential programs.
- Redesign service dollars administration. The Executive Budget proposes to standardize the oversight of Consumer Service Dollars to ensure that funds are used consistently with OMH spending guidelines.
- Revamp Hutchings children and youth inpatient services.
- OMH would authorize counties to voluntarily develop residential mental health units within the local jail to restore felony-level defendants to competency as they await trial.

OASAS

- The Executive Budget includes nearly \$200 million to combat the heroin and opioid epidemic, an increase of \$30 million from 2016-17. This funding would enable OASAS to implement the following initiatives:
 - Fund 80 new residential beds run by not-for-profit providers
 - Authorize 600 additional Opioid Treatment Program (OTP) slots
 - Fund 10 new community coalitions to allow cross-sector collaboration on the prevention and treatment of SUDs
 - Fund another 10 Family Support Navigator Programs, for a total of 20 programs statewide (two in each Regional Economic Development Council)
 - Fund another 10 Peer Engagement Programs, for a total of 20 programs statewide (two in each Regional Economic Development Council)
 - Fund 8 new Adolescent Clubhouses, for a total of 15 statewide, including five in NYC, two in the Mohawk Valley and one in each of the Regional Economic Development Councils
 - Fund five new Recovery Community and Outreach Centers, for a total of 14 centers statewide
 - Establish 10 24/7 crisis treatment centers around the state to provide individuals with access to SUD services immediately
 - Establish recovery high schools in regions of the State especially hard hit by the disease of addiction. Boards of Cooperative Educational Services (BOCES) would submit proposals to OASAS to establish the first schools, one upstate and one downstate, in partnership with local social service agencies. Enrollment would be open to all high school students with a diagnosis of a substance abuse disorder and a commitment to recovery.

OPWDD

- Commit \$120 million in funding on an annualized basis to support new service opportunities for individuals with DD living at home or in residential schools as they transition to adult services in the OPWDD system. These resources would support certified and non-certified residential opportunities, day programs, employment, case management and respite services.
- Provide \$15 million in capital funding to expand independent living housing capacity.
- Provide \$12 million in new funding to expand the START (Systemic Therapeutic Assessment, Respite and Treatment) Program in the downstate area.
- Invest \$24 million to transition individuals from developmental centers to more integrated community-based settings.
- Support OPWDD's transition to managed care. The OPWDD system will transition to managed care in phases, beginning with an enhanced care coordination model through the development of regional Care Coordination Organizations (CCOs) before a transition to a fully capitated rate structure. Beginning in late 2017, CCOs are expected to begin operations and will be rolled out on a regional basis. Enrollment on a voluntary basis in managed care is expected in 2019, and the transition to managed care is planned to be completed within five years. Medicaid Global Cap resources would be used to support the initial start-up costs of transitioning the OPWDD service delivery system from a fee-for-service payment structure to managed care.
- Establish a blue ribbon panel to examine the feasibility of transitioning the Institute for Basic Research on Developmental Disabilities from OPWDD to the CUNY College of Staten Island.

Other budget items of interest:

- Defer the human services COLA for one year.
- Continue payment of APG government rates including Child Health Plus through 3/31/2020 to all BH outpatient clinics and related BH programs and services other than inpatient services.
- Provide \$500 million to create a second Health Care Facility Transformation Program. This program would provide funding to support capital projects, debt retirement, working capital and other non-capital projects that facilitate health care transformation and expand access to health care services. \$30 million would be made available to community-based health care providers, including D&TCs, mental health clinics, alcohol and substance abuse treatment clinics, primary care providers and home care providers.
- Raise the age of criminal responsibility to age 17 on 1/1/19 and to age 18 on 1/1/20.
- Reduce the cost of prescription drugs in the Medicaid Program by creating a state review board that would examine and then set a cap on the price the state is willing to pay a drug company for a particular drug.
- Establish a Health Care Modernization Team to reform the state's health care regulatory framework. The team would consist of lawmakers, state agency reps, providers and health care stakeholders. The work group's areas of focus would include: streamlining Certificate of Need and other licensure or construction approval processes; creating more flexible rules related to: licensing and scope of practice for clinicians and caregivers, telehealth; and alternative models of delivering health care services; streamlining and simplifying the provision of primary care, mental health and substance use disorder services in an integrated clinic setting; aligning care models around home and community based services consistent with New York State's Olmstead Report; evaluating where changes in statute, regulation and policy can support timely and effective emergency medical services and pre-hospital care; and authorizing the implementation of pilot programs to test and evaluate new and innovative models of health care.