



**TO: MEMBERS OF THE NYS CONFERENCE OF LOCAL MENTAL HYGIENE DIRECTORS**  
**FROM: DEBBIE HOLLAND, DIRECTOR OF GOVERNMENTAL RELATIONS**  
**DATE: APRIL 19, 2016**  
**SUBJECT: SFY 2016-17 ENACTED BUDGET ANALYSIS**

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## **General Overview of the Enacted Budget**

The Legislature passed the 2016-17 State Budget on April 1, technically a day late to be considered an on-time budget. The Enacted Budget includes a total spending plan of \$155.6 billion (including federal Superstorm Sandy Aid and Affordable Care Act funds) and contains an additional \$55,975,000 million in funding for mental hygiene programs in State Fiscal Year (SFY) 2016-17. For the sixth consecutive year, the State Budget continues to hold spending growth below two percent.

## **State Psychiatric Center Downsizing and Community Reinvestment**

The Enacted Budget restores \$5.5 million in funding to reinvest a total of \$22 million (fully annualized) into the community due to the closure of 200 state psychiatric beds. This new funding is based on OMH reinvesting into the community \$110,000 for every inpatient bed that is closed. The Enacted Budget also rejects the Executive proposal to redirect Community Reinvestment funding to transfer patients from State psychiatric hospitals to nursing homes or to Managed Long Term Care Programs (MLTC). The state is committed to spending \$11 million of this new funding for community reinvestment in SFY 2016-17.

There are four additional agreements between the Legislature and the Executive in the form of side letters. Three of which address OMH items and one which addresses an OPWDD item.

Similar to last year, the first OMH side letter provides that no OMH Psychiatric Centers will be closed in SFY 2016-17, community investments must be made prior to any bed closures, and before any reduction in bed capacity is implemented a bed must be vacant for 90 days due to a lack of demand in the community for inpatient services. OMH must also provide monthly status reports to the Legislative Fiscal Committees of the 2016-17 community reinvestments and the impact on inpatient census. In addition, OMH must “commit to regional community engagement and outreach efforts on planned service enhancements during SFY 2016-17.” There is also a second side letter to confirm that Western NY Children’s Psychiatric Center will continue to remain open for all of SFY 2016-17, that all 46 beds will remain available and that no children will be admitted into Buffalo Psychiatric Center in 2016-17.

In a third side letter between the Legislature and the Executive, parameters are laid out for transitioning OMH long stay patients to skilled nursing facilities (SNF). They include:

1. OMH PCs referring individual patients to a SNF, will enter into a voluntary agreement with the SNF to provide convalescent care.

2. OMH will provide access to specialized psychiatric consultation and ongoing clinical and educational supports for clinical staff at SNF.
3. OMH will make available Mobile Integration Team services to the SNF to assist an individual in making a smooth transition from the PC to SNF. OMH will provide services as needed, including regular visits from a Mental Health Therapy Aide or Peer Advocate familiar with the transitioning individual.
4. OMH will, to the extent possible, make PC clinical staff available to consult with SNF staff to develop an individualized comprehensive plan of care.
5. OMH will make arrangements for additional community-based wrap around mental health supports, as needed, for individuals transitioning to SNF.

The fourth side letter provides that the Commissioner of OPWDD will provide a monthly status report to the Legislative Fiscal Committees which will include: the current census for each Developmental Center; an explanation of any significant census reduction in each Developmental Center; and community services provided to individuals leaving Developmental Centers, including those individuals with complex needs.

### **Children's Behavioral Health Managed Care Readiness Funding**

The Enacted Budget includes \$175,000 for the design of a data collection plan and analysis of children's behavioral health services to evaluate service effectiveness, identify performance outcome measurements, and quality benchmarks in preparation for alternative payment methodologies, including value-based payments. This funding was added by the Legislature and is allocated to the Conference. The Conference collaborated with the NYS Coalition for Children's Behavioral Health, NYS Council for Community Behavioral Healthcare, Families Together in NYS and the Schuyler Center for Analysis and Advocacy on this proposal and will jointly facilitate children's provider and family representative involvement in designing the plan for data collection and analysis.

The Enacted Budget accepts the Executive proposal of \$20 million (All Funds) for children's managed care start-up funds. The Conference will be involved in determining how this money will be spent.

The Enacted Budget accepts the Executive proposal of \$105 million for Health Homes. A portion of this funding can be used for grants to Health Homes for expenses associated with health home establishment and infrastructure costs. The Enacted Budget allocates \$7.5 million of this funding for Children's Health Home start-up costs.

### Statewide Health Care Facility Transformation Program

The Enacted Budget accepts with modifications the Executive proposal of \$200 million in capital funding to support projects that replace inefficient and outdated facilities as part of a merger, consolidation, acquisition or other significant corporate restructuring activity that is part of an overall transformation plan intended to create a financially sustainable system of care. Eligible applicants include: hospitals; residential health care facilities; D&TCs, health clinics and mental hygiene clinics. The Legislature added that a minimum of \$30 million of total awarded funds must be made to community-based health care providers which are defined as D&TCs, Art 31 and Art 32 OMH and OASAS clinics, primary care providers and home care providers. The Enacted Budget also reinstates the Health Care Facility Transformation Program for Oneida County.

### Extension of Medicaid APG Rates

The Enacted Budget extends the Medicaid managed care ambulatory patient group (APG) rates for OMH and OASAS clinics for services provided in New York City from June 30, 2017 to March 31, 2018 and for services provided in the rest of the state from December 31, 2017 to June 30, 2018. The APG rates for

services provided to persons under 21 are extended from December 31, 2017 to June 30, 2018. The state had committed to continuing the APG rates through the first two years of managed care implementation. The Enacted Budget also extends the APG rates for behavioral health services under Child health Plus accordingly.

#### Application for Waiver to Authorize Medicaid Coverage for Individuals 30-day Prior to Release from Incarceration

The Enacted Budget allows the state to apply to CMS for federal authority to allow Medicaid coverage, including federal Medicaid share, for high-needs inmates in prisons and jails for transitional coordination services during the 30 days prior to release. If the state applies and receives waiver approval from CMS, incarcerated individuals with high needs would be eligible to receive Medicaid funded medical, prescription and care coordination services while incarcerated in the 30-days prior to release.

#### Mental Health Clinic Uncompensated Care Pool

The Enacted Budget does not include \$54.4 million to cover the federal share of uncompensated care funding for D&TCs and Article 31 mental health clinics. Mental health and other clinics across the state had been receiving \$108.8 million annually in Medicaid reimbursement from the Uncompensated Care Pool, funded by the state and federal government. However, the 1115 waiver expired at the end of 2014 and the federal share of matching funds - \$54.4 million – was removed from the pool. The Enacted Budget does not remove the statutory requirement that federal matching funds be in place in order for the state share of uncompensated care funding be paid to mental health clinics. As a result of the federal financial participation requirement, mental health clinics have not received any uncompensated care payments in 2015 and are experiencing a shortfall of \$20 million (state and federal share). To restore the federal matching funds, DOH is seeking approval from CMS to reinstate the waiver retroactive to January of 2015. The Conference will continue to strategize with other impacted organizations and lobby the state and CMS to resolve this issue.

#### Medicaid Investment for Behavior Health Initiatives

The 2014-15 Enacted Budget included an investment of \$115 million (All Funds) in Medicaid funding, for the following behavioral health initiatives: managed care start-up grants; integration of behavioral and physical health; Health Home Plus; OASAS residential restructuring, HARP home and community based services (HCBS); and Vital Access Provider (VAP) Program to preserve critical access to behavioral health services around the state. The Enacted Budget accepts the Executive proposal to reduce this annualized behavioral health investment from \$115 million to \$95 million. According to the Executive, this funding cut will be offset by Balancing Incentive Payment (BIP) resources in 2016-17.

#### Medicaid Local Share Growth for New York City

The Enacted Budget rejects the Executive proposal to reinstate New York City's contribution to the annual growth in Medicaid. Instead, the Enacted Budget authorizes the Commissioner of Health to establish a Medicaid Integrity and Efficiency Initiative in order to achieve additional audit recoveries, administrative efficiencies and other cost avoidance through collaboration with local social services districts. Local social services district participation in the initiative appears to be optional, and may entail achieving a recovery and efficiency target. This initiative is intended to replace the state savings that the Governor had proposed to generate by increasing the New York City local share of Medicaid expenses.

#### Homelessness Housing Initiative

The Enacted Budget accepts with modifications the Executive proposal of \$1.97 billion in capital funding to support a multi-year housing program. The Governor and Legislature will decide through a future affordable and homeless housing memorandum of understanding (MOU) on how to allocate this funding. At this point, we do know that a portion of this funding will be used to help develop 6,000 new supportive housing beds

over the next five years. Additionally, the 6,000 supportive beds would be the beginning of a commitment to fund the construction of 20,000 new supportive housing beds across the state over the next fifteen years. The Enacted Budget also includes \$124 million in funding to operate and provide services for the initial 6,000 supportive beds.

#### Health Information Technology Infrastructure

The Enacted Budget accepts the Executive proposal of \$30 million to support the State Health Information Network of New York (SHIN-NY) which permits the electronic sharing of health information among health care providers across the state. The Enacted Budget also accepts the Executive proposal of \$10 million for the All Payer Claims Database, which will serve as a repository for health care utilization and spending data that can be used to evaluate the performance of the health care delivery system.

#### Medicaid Pharmacy - Prescriber Prevails

The Enacted Budget rejects any changes to the prescriber prevails provisions. The Executive Budget proposed to eliminate prescriber prevails provisions in both Medicaid fee-for-service and Medicaid Managed Care for all drugs except for atypical anti-psychotics and antidepressants.

#### Medicaid Pharmacy - Prior Authorization

The Enacted Budget rejects the Executive proposal to authorize the Commissioner of Health to require prior authorization for Medicaid fee-for-service drugs meeting the Clinical Drug Review Program criteria prior to obtaining the Drug Utilization Review Board's evaluation and recommendation.

#### Medicaid Pharmacy – Opioid Analgesic Refills

The Enacted Budget accepts with modifications the Executive proposal to require Medicaid Managed Care Organizations to implement prior authorization of opioid analgesic refills exceeding four prescriptions in 30 days, consistent with existing Medicaid fee-for-service policy. Prior authorization for a refill is not required if the patient is receiving hospice care, has a diagnosis of cancer or sickle cell disease, or has any other condition or diagnosis for which the Commissioner of DOH determines prior authorization is not required.

#### E-Prescribing Exemption

The Enacted Budget allows DOH to exempt practitioners from the e-prescribing requirement if they certify to the Department that they will not issue more than 25 prescriptions during a twelve month period. The requirement that prescribers use electronic prescriptions in New York State went into effect on March 27, 2016.

### **Cross-Agency Items**

#### Human Services Cost of Living Adjustment (COLA)

The Enacted Budget accepts the Executive proposal of \$14.6 million in funding (State Share) to provide a 0.2 percent Cost-of-Living Adjustment (COLA) for not-for-profit providers associated with the following state agencies: OMH, OASAS, OPWDD, OCFS, DOH, OTDA and SOFA. The statutorily required COLA is based upon the consumer Price Index (CPI).

#### Social Work Licensure Exemption

The Enacted Budget extends the social work and mental health practitioner licensure exemption for another two years, until July 1, 2018. This applies to individuals employed by certain programs or service organizations regulated, operated, funded or approved by OMH, OPWDD, OASAS, DOH, SOFA, OCFS, DOCCS, OTDA, Local Governmental Units or social services districts. The Executive had proposed a five year extension.

## Other Items of Interest

### Juvenile Justice - Raise the Age

The Enacted Budget rejects the Executive proposal to raise the age of juvenile jurisdiction from 16 to 18. However, the Enacted Budget still includes the allocation of \$110 million in capital funding to be used for new and existing facilities associated with the implementation of the Raise the Age initiative.

### Minimum Wage Increase

The Enacted Budget accepts with modifications the Executive proposal to raise the minimum wage statewide. The minimum wage will be phased-in according to the following schedule:

- For workers in New York City employed by businesses with at least 11 employees, the minimum wage will rise from \$9 to \$11 at the end of 2016, then another \$2 each year after, reaching \$15 on 12/31/2018.
- For workers in New York City employed by businesses with 10 employees or fewer, the minimum wage will rise from \$9 to \$10.50 by the end of 2016, then another \$1.50 each year after, reaching \$15 on 12/31/2019.
- For workers in Nassau, Suffolk and Westchester Counties, the minimum wage will increase from \$9 to \$10 at the end of 2016, then \$1 each year after, reaching \$15 on 12/31/2021.
- For workers in the rest of the state, the minimum wage will increase to \$9.70 at the end of 2016, then another .70 each year after until reaching \$12.50 on 12/31/2020 – after which will continue to increase to \$15 on an indexed schedule to be set by the Director of the Division of Budget in consultation with the Department of Labor.

However, beginning in 2019, the state DOB Director will conduct an annual analysis of the economy in each region and the effect of the minimum wage increases statewide to determine whether a temporary suspension of the scheduled increases is necessary.

The Enacted Budget includes funding to offset the labor costs related to the minimum wage increase in 2016-17 for human services non-profit organizations funded by certain state agencies, including \$900,000 for OASAS, \$900,000 for OMH and \$7.5 million for OPWDD in state and federal funds. The Budget also allows the state DOB Director to adjust the Medicaid global cap to increase reimbursement rates for various Medicaid programs to cover the minimum wage increase. These funds may only be used to cover direct salary increases and related fringe benefits and cannot be used for compression related costs.

### Paid Family Leave

The Enacted Budget accepts with modifications the Executive proposal to provide up to 12 weeks of paid family leave (PFL) on an annual basis for the purposes of caring for a newborn child, caring for a seriously-ill family member or addressing family issues related to the active military duty of a spouse, child or parent. The PFL program will be funded through an employee payroll deduction. Benefits will be phased-in beginning in 2018 (with up to eight weeks of leave) at 50 percent of an employee's average weekly wage, capped to 50 percent of the statewide average weekly wage, and fully implemented in 2021 (with up to 12 weeks of leave) at 67 percent of their average weekly wage, capped to 67 percent of the statewide average weekly wage. All private employees will be covered, and state and local government employers will be able to opt-in to coverage through collective bargaining or other agreements. Employees are eligible to participate after having worked for their employer for six months. Initially, the program will be funded through a \$10 million transfer from the Workers' Compensation Insurance Fund to cover start-up costs.

### Justice Center for the Protection of People with Special Needs

The Enacted Budget accepts the Executive proposal of \$54.5 million All Funds appropriations for the Justice Center, an increase of \$68,000 from 2015-16.

## Agency-Specific Budgets

Below are brief summaries of the appropriations and any agency-specific Article VII proposals for OASAS, OMH, and OPWDD.

### Office of Alcoholism and Substance Abuse Services (OASAS)

#### OASAS ALL FUNDS APPROPRIATIONS:

	Executive Proposed	Enacted	Difference
State Operations	\$119,504,000	\$119,504,000	\$0
Aid to Localities	\$473,665,000	\$501,490,000	\$27,825,000
Capital	\$23,000,000	\$33,000,000	\$10,000,000
<b>TOTAL</b>	<b>\$616,169,000</b>	<b>\$653,994,000</b>	<b>\$37,825,000</b>

#### Combat Heroin/Opioid Abuse Initiatives

The Enacted Budget accepts the Executive proposal of a total of \$141 million, an increase of \$6 million from last year, to address the heroin and opiate epidemic. These funds would continue to support prevention, treatment and recovery programs targeted toward chemical dependency, residential service opportunities, and public awareness and education activities.

Specifically, the funding would enable OASAS to implement the following initiatives:

- **Family Support Navigators** to assist New Yorkers and their families with navigating the insurance and OASAS treatment systems;
- **On-Call Peers** who would be available to assist individuals who are in need of substance use disorder (SUD) treatment with making the connection from hospital emergency rooms to the OASAS treatment system;
- **Adolescent Clubhouses** to provide safe, welcoming spaces for teens and young adults who are in recovery or are at-risk for SUD to develop social skills that promote long-term health, wellness, recovery and a drug-free lifestyle;
- **Recovery Community and Outreach Centers** which are designed to provide recovery supports in a comfortable environment to individuals and their families that are in, or seeking, recovery from SUDs;
- **Treatment Availability Tool** which would allow New Yorkers to search (in real time) for available treatment statewide; and
- **Kitchen Table Toolkit and Talk2Prevent** – The Kitchen Table Toolkit features videos which can be used by parents, teachers and community members to help begin conversations with youth concerning the health risks and dangerous consequences of heroin and prescription painkiller abuse. Talk2Prevent is designed to help New Yorkers talk early and often with your kids regarding alcohol and its dangers.

In addition, the Enacted Budget adds \$37 million in funding for the following combat heroin/opioid abuse initiatives:

- \$25 million for the development, expansion and/or operation of treatment, recovery, prevention and/or housing services for persons with heroin and opiate use and addiction disorders. This funding will be allocated and distributed by OASAS;
- \$10 million in capital funding for the acquisition of property, design, construction and/or rehabilitation of facilities to expand substance abuse supports and services; and
- \$2 million for hiring additional Substance Abuse Prevention and Intervention Specialists (SAPIS) in New York City.

The Enacted Budget also adds \$1 million in funding for the Department of Environmental Conservation to conduct drug collection programs, including the purchase and distribution of tamper proof drug collection boxes.

**The Enacted Budget also includes funding for the following legislative additions:**

- \$800,000 to support direct salary costs and related fringe benefits associated with any minimum wage increase that takes effect during 2016-17 state fiscal year
- \$25,000 for the Rockland Council on Alcoholism

**Transition to Medicaid Managed Care**

The Enacted Budget accepts the Executive proposal of \$7 million in new Medicaid rate enhancements to stabilize providers as they transition to managed care, including those that operate Free Standing Inpatient Alcohol Rehabilitation, Residential Rehabilitation Services for Youth, Residential Detox and Outpatient Detox services.

**Supportive Housing**

The Enacted Budget accepts the Executive proposal of \$7 million in funding for 300 new beds scheduled to be developed over the next two years. This includes 170 new congregate care beds associated with the NY/NY III program in NYC and 130 new beds in Suffolk, Albany, Westchester, and counties in the Southern Tier of the State to support the Governor's Combat Heroin initiative.

**Synthetic Drug Testing**

The Enacted Budget accepts the Executive proposal of \$2 million in capital funding to purchase synthetic drug testing devices to be used by State Police and local law enforcement officials. These portable, hand-held machines can instantly analyze unknown substances and determine if they contain any dangerous synthetic drugs or any other substance which will enable officers to more accurately distinguish between symptoms of drug use and those experiencing non-drug induced psychotic episodes.

**OASAS-related Article VII Budget Legislation:**

**DASNY Funding for Integrated Health Facilities**

The Enacted Budget accepts the Executive proposal to authorize OASAS treatment facilities that provide alcohol and substance abuse disorder treatment services to also operate as a traditional physical health care clinic (i.e. Article 28 hospital), while also remaining eligible for the Dormitory Authority of the State of New York (DASNY) financing.

## Office of Mental Health

### OMH ALL FUNDS APPROPRIATIONS:

	Executive Proposed	Enacted	Difference
State Operations	\$2,203,002,000	\$2,205,202,000	\$2,200,000
Aid to Localities	\$1,434,444,000	\$1,444,348,000	\$9,904,000
Capital	\$323,472,000	\$323,472,000	\$0
<b>TOTAL</b>	<b>\$3,960,918,000</b>	<b>\$3,973,022,000</b>	<b>\$12,104,000</b>

### The Enacted Budget includes \$9,904,000 in additional funding for the following legislative additions:

- \$175,000 to CLMHD for the development of children’s behavioral health data analytics (see children’s behavioral health managed care readiness funding on page 2)
- \$600,000 to support direct salary costs and related fringe benefits associated with any minimum wage increase that takes effect during 2016-17 state fiscal year
- \$2,750,000 for additional services and expenses related to Community Reinvestment
- \$500,000 for Crisis intervention Teams
- \$500,000 for children’s prevention and awareness initiatives
- \$300,000 for FarmNet
- \$175,000 for South Fork Mental Health Initiative
- \$100,000 for North Country Behavioral Healthcare Network
- \$100,000 for MHANYS
- \$100,000 for Jewish Board of Children and Family Services
- \$100,000 for Riverdale Mental Health Association
- \$74,000 for Mental Health Association of Rockland County
- \$200,000 for Comunilife
- \$2,780,000 for Joseph P. Dwyer Veteran Peer to Peer Program in accordance with the following sub-schedule:
  - \$120,000 for Broome County
  - \$185,000 for Chautauqua County
  - \$185,000 for Dutchess County
  - \$185,000 for Erie County
  - \$185,000 for Jefferson County
  - \$185,000 for Monroe County
  - \$185,000 for Nassau County
  - \$185,000 for Niagara County
  - \$185,000 for Onondaga County
  - \$185,000 for Orange County
  - \$120,000 for Putnam County
  - \$145,000 for Rensselaer County
  - \$185,000 for Saratoga County
  - \$185,000 for Suffolk County
  - \$185,000 for Westchester County
  - \$175,000 for University at Albany School of Social Welfare
- \$450,000 for Veterans Mental Health Training Initiative to be conducted by the Medical Society of State of New York, NYS Psychiatric Society and the National Association of Social Workers-New York Association
- \$1 million for expansion of crisis intervention services and diversion programs

### **Funding for Children's Medicaid Redesign**

The Enacted Budget accepts the Executive proposal of \$7.5 million in funding, growing to \$30 million in 2017-18, to support six new behavioral health services for children under State Plan Medicaid. These services include: crisis intervention; community psychiatric support and treatment; psychosocial rehabilitation services; services from non-physician licensed practitioners; family peer support services; and youth peer training and support services. These services are currently only available under the Home and Community Based Waiver program and will transition to Medicaid Managed Care as State Plan services starting January 1, 2017.

### **Raise the Age Funding**

While the Raise the Age initiative was not included in the Enacted Budget, it does include the Executive proposal of \$1 million in funding to support the hiring of additional staff to provide mental health services for minors who are relocating from several rehabilitation facilities to a single separate juvenile facility.

### **OMH-related Article VII Budget Legislation:**

#### **Exempt Income Recovery from Community Residence Providers**

The Enacted Budget accepts the Executive proposal to authorize OMH to continue to recover Medicaid exempt income from community residence providers and family based treatment programs for another three years, until June 30, 2019. The Enacted Budget also requires OMH to provide an annual report to the Governor and the Legislature on the impact of this proposal on providers.

#### **Extend Authorization for the CPEP**

The Enacted Budget accepts the Executive proposal to extend the statutory authority for the Comprehensive Psychiatric Emergency Program (CPEP) from July 1, 2016 to July 1, 2020.

#### **Jail-Based Restoration to Competency Programs**

The Enacted Budget **rejects** the Executive proposal to amend Section 730.10 of the Criminal Procedure Law (CPL) to authorize OMH to work with volunteering counties to establish jail-based restoration to competency programs for felony-level defendants. Because the Governor expected this proposal to generate a state savings in 2016-17, the Legislature restored \$2.2 million in funding for State Operations to reject this proposal.

#### **Temporary Operators**

The Enacted Budget accepts with modifications the Executive proposal to permit OMH and OPWDD to appoint temporary operators for programs certified to serve individuals with serious mental illness or developmental disabilities in order to maintain a program's viability and/or protect the health and safety of patients. This provision will expire on March 31, 2021. The Executive Budget would have made it permanent. The Enacted Budget also rejects the Executive 30 Day Amendment proposal to allow the appointment of temporary operators by OTDA and OCFS for homeless shelters, residential programs for victims of domestic violence and runaway and homeless youth programs. Currently, OASAS has the authority to appoint a temporary operator for chemical dependency treatment programs.

#### **Sharing of Clinical Records**

The Enacted Budget accepts with modifications the Executive proposal to amend Section 33.13 of the Mental Hygiene Law (MHL) to permit facilities, including facilities operated or licensed by the Department of Mental Hygiene (the Department), to share clinical records with managed care organizations, behavioral health organizations, health homes, and other entities authorized by the Department of Health (DOH) to provide, arrange or coordinate health care services for Medicaid recipients for whom such entities are

responsible. The Enacted Budget adds language to ensure that a patient’s confidentiality rights are protected, and are aligned with federal regulations as it relates to substance use treatment records.

**Office for People With Developmental Disabilities**

**OPWDD ALL FUNDS APPROPRIATIONS:**

	Executive Proposed	Enacted	Difference
State Operations	\$2,131,811,000	\$2,138,311,000	\$6,500,000
Aid to Localities	\$2,242,380,500	\$2,248,926,500	\$6,546,000
Capital	\$28,000,000	\$28,000,000	\$0
<b>TOTAL</b>	<b>\$4,402,191,500</b>	<b>\$4,415,237,500</b>	<b>\$13,046,000</b>

**The Enacted Budget includes \$6,546,000 in additional funding for the following legislative additions:**

- \$4,100,000 to support direct salary costs and related fringe benefits associated with any minimum wage increase that takes effect during 2016-17 state fiscal year
- \$600,000 for OPWDD’s Institute for Basic Research
- \$70,000 for Living Resources Corporation
- \$250,000 for data collection and reporting platform
- \$125,000 for Opportunities Unlimited of Niagara Foundation
- \$50,000 for the Special Children Center
- \$750,000 for the Chautauqua County Chapter of NYSARC
- \$125,000 for Jawonio
- \$75,000 for Cerebral Palsy Associations of NYS
- \$70,000 for NYSARC Rockland County Chapter
- \$25,000 for Community Mayors
- \$156,000 for NYSARC NYC Chapter, Howie Stone Adult Day Center
- \$150,000 for Syracuse University

**State-Operated Respite Services**

The Enacted Budget also includes \$6.5 million in additional funding for state-operated respite services and other state-operated community-based services.

**OPWDD Service Expansion**

The Enacted Budget accepts the Executive Budget recommendation of \$120 million (All Funds) in new funding to support new service opportunities for individuals currently living at home or in residential schools. These new resources will support expanded services throughout OPWDD’s continuum of care, including certified and non-certified residential opportunities, day programs, employment, case management, and respite services for qualifying individuals. This level of funding could support up to 6,000 new or expanded opportunities for individuals with developmental disabilities. Up to \$10 million of this funding will be made available to the regional offices to develop residential opportunities for people with priority two and three status.

**Affordable Housing**

The Enacted Budget accepts the Executive proposal of \$10 million in additional capital funding (\$15 million in total) to support the development of affordable housing for individuals with developmental disabilities.

**Crisis Services**

The Enacted Budget accepts the Executive proposal of \$15 million in new funding to expand START (Systemic Therapeutic Assessment, Respite and Treatment) Programs to two new regions of the state – New York City and Long Island. START is a crisis and prevention response model that was implemented by OPWDD in two geographic regions in 2014.

**Transition of Individuals to the Community**

The Enacted Budget accepts the Executive recommendation of \$24 million in new funding to transition individuals from developmental centers (52 individuals) and intermediate care facilities (100 individuals) to more integrated community-based settings.

**OPWDD-related Article VII Budget Legislation:****OPWDD Reporting Requirements**

The Enacted Budget requires OPWDD to issue a report by October 1, 2016 to the Legislature on the following: the progress made in meeting the housing needs of individuals with developmental disabilities, including a review of the residential registration list; and an update on the implementation of the report and recommendations of the Transformation Panel. In early 2015, a Transformation Panel was formed to share and discuss ideas to help shape the future of the OPWDD system. Members include individuals with developmental disabilities, parents, providers and advocates.

**Sheltered Workshops**

The Enacted Budget requires OPWDD to provide Individuals with developmental disabilities employed in sheltered workshops on or after July 1, 2013 who are not interested or able to work in a private business in the community, the option of receiving other OPWDD services, including but not limited to Pathway to Employment, community prevocational, day habilitation, community habilitation and self-directed services.

**Individualized Residential Alternatives**

The Enacted Budget requires OPWDD, over the next two years, to notify the Legislature and impacted labor organizations in the event of a closure or a transfer of a state-operated Individualized Residential Alternative (IRA). Notification must be made as soon as practicable and no less than 45 days prior to a state-operated IRA closure or transfer unless exigent circumstances prohibit advance notification.