

OASAS State of the State and Proposed Budget Review - 2/9/2022

State of the State Updates for OASAS

Major focus is to keep people alive.

- Create a Division of Harm Reduction – to develop and incorporate harm reduction principles across the OASAS system of care.
- Expand naloxone and buprenorphine access – by mandating pharmacies to maintain a stock of these medications.
- Invest in fentanyl strips, opioid overdose prevention kits, safety kits, and resources to prevent individuals from overdosing while alone.
- Develop a public awareness campaign to prevent overdose deaths in public settings– such as McDonalds, Starbucks, etc.
- Create and implement a medication-assisted treatment program for uninsured individuals.
- Work with DOH to expand access to sterile syringes by allowing emergency departments and health departments to provide syringes to individuals who present with signs and symptoms of injection drug use.

Expand access to life saving medications by strengthening and modernizing outpatient programs and opioid treatment programs (OTPs) by:

- Removing regulatory requirements that OTP “additional locations” must be in contiguous counties – to allow for expansion.
- Develop guidelines and resources for mobile methadone.
- Retrofit existing mobile treatment units and purchase additional units.
- Invest in telehealth equipment for mobile service providers to expand access across the state.
- Provide individuals with supportive recovery housing by adopting a voluntary certification process for recovery supportive housing that provides substance free environments and mutual support for individuals in recovery.

Executive Budget Updates for OASAS

Overall OASAS Budget increase of net \$542.6 million

State Operations Growth highlights to include:

- New Division of Harm Reduction
- New Recovery Housing certification process
- Substance Use Awareness program
- Modernize State Aid financing – from net deficit to another model
- Add 31 FTEs – to support new initiatives above

Aid to Localities Growth highlights to include:

- Human Services COLA - \$33.7 million – intended to support recruitment and retention for direct care workers and non-executive support and clinical personnel.
- Frontline Worker One-Time Bonus - \$36.6 million – intended for individuals within the provider network of state operated organizations making \$100,000 or less. There will be a tiered approach for receiving payments based on number of hours worked.
- Maintains \$5 million for jail-based SUD services – total \$8.5 million – Senator Hackham request
- Minimum wage increase for OASAS providers - \$2.0 million
- Reinvestment of Medicaid funds
 - Savings from transition of BH services to Medicaid Managed Care - \$37 million
 - Authorizes \$33.2 million to strengthen HCBS consistent with eFMAP
- New Opioid Settlement Fund - \$265.9 million – impact to OASAS is \$69.3 million
 - Expansion of services to include \$60 million in capital budget, retrofit and add Mobile Methadone Units (MMUs), and develop medication partnerships to address underserved regions of the state.
 - Statewide transportation - \$1 million
 - Transitional housing - \$2.3 million – for individuals coming out of OASAS treatment programs or incarcerated individuals.
 - MATTERS program expansion - \$2.0 million – connects emergency departments with outpatient programs for opioid treatment.
 - Addiction workforce college credit scholarship - \$4.0 million
 - Suballocations to LGUs and state agencies - \$121.5 million
- Opioid Stewardship Fund - \$200.0 million
 - Harm Reduction services - \$7.3 million – multi-pronged approach with DOH
 - Medication affordability - \$5.0 million – ensure stock of prescriptions in pharmacies
 - Treatment affordability - \$3.0 million

Capital Growth Highlights to include:

- Opioid Settlement capital account - \$10 million
- Increase for minor alterations/improvements to OASAS provider-operated facilities - \$1.5 million
- Adds capital staff - \$0.5 million

Questions

- Advisory Board recommendations? OASAS collected recommendations from stakeholders on the summer listening tour and used that info to guide suggestions regarding funding since the Advisory Board has not been implemented yet.
- Capital – can existing projects be reconsidered for more funding if they were underfunded? OASAS noted there is already a process and precedent in place.
- Is capital funding annual or one time funding? The funding is recurring until it is used up.
- COLA begins? April 1 and it is a base increase on current budget.
- Long-term plans for funding – this will be discussed further over time.

- Mobile Methadone Units retrofitting – how will it work and be used? There are opportunities to coordinate, still working on all the details. Want to work with LGUs to find biggest need and identify those patients at the highest risk.
- Could workforce scholarships include CASAC credential? Need to come up with creative ways to get people in the field and keep them and this could be one of them.
- Block grant funding? There are currently 560 awards in process for a total of \$65 million and the plan is to get those awards out. After that OASAS said they will need to reassess everything.