



**Office of
Mental Health**

September 2017 Monthly Report

OMH Facility Performance Metrics
and Community Service Investments

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September 2017 Monthly Report:

OMH facility performance metrics and community service investments

Report Overview:

This report is issued pursuant to the State Fiscal Year 2017-18 Budget agreement which requires that *“The commissioner of mental health shall provide monthly status reports of the 2017-18 community investments and the impact on inpatient census to Chairs of the Senate and Assembly fiscal committees. Such reports shall include state operated psychiatric facility census, admissions and discharges; rate of Medicaid psychiatric inpatient readmissions to any hospital within thirty days of discharge; Medicaid emergency room psychiatric visits; descriptions of 2017-18 new community service investments; average length of stay; and, number of long-term stay patients. Such reports shall include an explanation of any material census reductions, when known to the facility.”*

This report is comprised of several components:

1. State Psychiatric Center (PC) descriptive metrics;
2. Description and status of community service investments;
3. Psychiatric readmissions to hospitals and emergency rooms for State PC discharges;
4. Psychiatric readmissions to hospitals and emergency rooms for Article 28 and Article 31 hospital psychiatric unit discharges.

Statewide Overview of Service Expansion:

Utilization of services developed in 2014-15 and 2015-16 continued to grow through September, and some regions have begun planning to retool underutilized services developed in year one. Planning with local stakeholders has continued for resources funded in the SFY 2016-17 Budget, with new plans continuing to be approved through September. Additionally, planning is underway to allocate 2017-18 SFY funding to support additional locally operated expansion.

During SFY 2016-17, OMH developed enhanced services and supports to facilitate the transition and community tenure of State PC and inpatient and residential long stay individuals discharged to skilled nursing facilities (SNFs). Enhanced services began in October 2016 and have helped transition 76 long stay individuals through September 2017, as displayed in accompanying tables. Other state-operated community programs continue serving new individuals statewide.

Supported housing continued developing and serving new individuals, with over 1,270 new individuals served with the expansion capacity through September. State Aid awards were issued in August to support an additional 100 supported housing units in upstate counties, and requests for proposals are under development for an additional 100 units in New York City and Long Island.

State-operated community services continued expanding their reach through eight facility service regions of the State. Statewide expansion has served over 9,400 new individuals through September, as outlined in the accompanying tables. Programs funded through Aid to Localities, including mobile crisis, Assertive Community Treatment (ACT), and peer crisis respite services, continue with start-up and expansion in all areas of the State. Over 34,000 new individuals have been served in the Aid to Localities-funded programs through September.

Table 1: NYS OMH State Psychiatric Center Inpatient Descriptive Metrics for September, 2017

State Inpatient Facilities ¹	Capital Beds	Budgeted Capacity	Capacity Change ²	Admission	Discharge ³		Long Stay ⁴	Monthly Average Daily Census ⁵		
	N	N	N	N	N	Days	N	N	N	N
	Capital Beds as of end of SFY 2015-16	September, 2017 Budgeted Capacity	Budgeted Capacity change from previous month	# of Admissions during September 2017	# of Discharges during September 2017	Median Length of Stay for discharges during September 2017	# of Long Stay on census 09/30/2017	Avg. daily census 07/1/2017-07/31/2017	Avg. daily census 08/1/2017-08/31/2017	Avg. daily census 09/1/2017-09/30/2017
Adult										
Bronx	156	156	--	12	13	231	96	156	155	154
Buffalo	221	156	--	12	13	91	73	153	152	153
Capital District	158	108	--	4	2	223	75	108	107	111
Creedmoor	480	322	--	27	19	198	181	312	317	323
Elmira	104	52	--	14	11	49	17	52	51	51
Greater Binghamton	178	72	--	13	12	79	30	72	74	73
Hutchings	132	117	--	11	10	105	56	117	117	117
Kingsboro	254	161	--	7	5	345	84	157	159	156
Manhattan	476	150	(25)	17	15	142	61	147	147	147
Pilgrim	771	287	--	15	15	168	169	287	283	276
Rochester	222	86	--	6	4	250	44	84	84	86
Rockland	436	368	--	17	18	149	229	366	360	364
South Beach	362	240	--	20	21	108	95	243	240	238
St. Lawrence	84	45	(2)	12	10	60	8	41	42	43
Washington Heights	21	21	--	15	8	34	0	19	18	19
Total	4,055	2,341	--	202	176	130	1,218	2,314	2,305	2,307
Children & Youth										
Elmira	48	12	--	19	13	17	0	8	10	8
Greater Binghamton	16	13	--	15	15	24	0	13	11	12
Hutchings	30	23	--	17	16	30	1	19	19	19
Mohawk Valley	30	27	--	39	34	19	0	27	26	24
NYC Children's Center	184	102	--	16	26	103	38	97	97	91
Rockland CPC	56	22	--	19	15	33	3	20	17	16
Sagamore CPC	77	54	--	10	19	113	13	42	42	40
South Beach	12	11	--	2	2	78	2	8	7	7
St. Lawrence	29	27	--	34	21	18	1	23	21	21
Western NY CPC	46	46	--	9	7	109	6	35	31	25
Total	528	337	--	180	168	28	64	291	280	263
Forensic										
Central New York	569	179	--	24	18	135	17	115	111	105
Kirby	476	193	--	23	22	101	75	193	193	193
Mid-Hudson	340	264	--	32	36	92	155	286	290	285
Rochester	84	84	--	4	4	441	57	83	84	84
Total	1,469	720	--	83	80	97	304	677	678	667

Updated as of October 10, 2017

Notes:

1. Research units and Sexual Offender Treatment Programs (SOTP) were excluded.
2. Capacity reductions comply with requirement that there be a consistent ninety day period of time that the beds remain vacant, as demonstrated by the July to September census data.
3. Discharge includes discharges to the community and transfers to another State IP facility.
4. Long Stay is defined as: Length of stay over one year for adult and forensic inpatients, and over 90 days for child inpatients.
5. Monthly Average Daily Census defined as: Total number of inpatient service days for a month divided by the total number of days in the month. Population totals displayed may differ from the sum of the facility monthly census values due to rounding.

Table 2: Transformation and Article 28/31 Reinvestment Summary - By Facility

OMH Facility	Target Population	Prior Capacity ¹	Reinvestment Expansion	Annualized Reinvestment	Allocated	New Individuals Served
HCBS Waiver Slots						
Greater Binghamton	Children	60	12	\$315,516	\$315,516	58
Elmira	Children	90	12	\$315,516	\$315,516	28
St. Lawrence	Children	78	12	\$315,516	\$315,516	38
Sagamore	Children	192	60	\$1,488,240	\$1,488,240	201
Pilgrim	Children	-	-	-	-	-
Western NY	Children	110	24	\$631,032	\$631,032	91
Buffalo	Children	-	-	-	-	-
Rochester	Children	100	-	-	-	-
New York City	Children	600	78	\$1,749,440	\$1,749,440	145
Rockland	Children	177	30	\$323,118	\$323,118	118
Hutchings	Children	72	18	\$473,274	\$473,274	55
Subtotal		1,479	246	\$5,611,652	\$5,611,652	734
Supported Housing Beds						
Greater Binghamton	Adults	289	88	\$687,604	\$687,604	125
Elmira	Adults	517	82	\$694,022	\$694,022	91
St. Lawrence	Adults	306	55	\$423,442	\$423,442	78
Sagamore	Adults	-	-	-	-	-
Pilgrim	Adults	2,245	208	\$3,261,802	\$2,761,972	155
Western NY	Adults	-	-	-	-	-
Buffalo	Adults	1,196	112	\$947,324	\$947,324	142
Rochester	Adults	555	125	\$1,055,947	\$1,055,947	161
New York City	Adults	8,776	364	\$5,717,752	\$4,551,482	256
Rockland	Adults	1,841	139	\$1,781,476	\$1,781,476	164
Capital District PC	Adults	659	90	\$599,855	\$599,855	63
Hutchings	Adults	837	42	\$324,960	\$324,960	35
Subtotal		17,221	1,305	\$15,494,184	\$13,828,084	1,270
State-Community						
Greater Binghamton				\$5,740,000	\$4,378,500	3,399
Elmira						
St. Lawrence				\$2,806,160	\$2,806,160	1,771
Sagamore					\$1,820,000	1,365
Pilgrim				\$3,570,000	\$1,750,000	690
Western NY					\$1,050,000	736
Buffalo				\$490,000	\$490,000	183
Rochester				\$2,145,440	\$2,145,440	605
New York City				\$2,660,000	\$1,470,000	307
Rockland				\$770,000	\$280,000	17
Capital District PC					\$420,000	35
Hutchings				\$1,068,400	\$1,068,400	375
Subtotal				\$20,300,000	\$17,678,500	9,483
Aid to Localities						
Greater Binghamton				\$1,815,000	\$764,000	1,934
Elmira					\$754,495	948
St. Lawrence				\$681,000	\$680,998	2,667
Sagamore					\$5,512,338	81
Pilgrim				\$5,866,000		3,832
Western NY						
Buffalo				\$2,548,000	\$2,672,712	2,735
Rochester				\$3,173,000	\$3,173,000	1465
New York City				\$7,432,000	\$7,430,938	896
Rockland				\$5,740,000	\$4,305,414	5,932
Capital District PC					\$430,000	30
Hutchings				\$1,077,000	\$1,077,000	561
Subtotal				\$28,332,000	\$26,800,895	21,081
Statewide						
Suicide Prevention, Forensics and Risk Monitoring				\$2,500,000	\$2,500,000	
Residential Stipend Adjustment				\$5,725,636	\$5,725,636	N/A
SNF Transition Supports				\$5,500,000	\$5,500,000	76
Subtotal				\$13,725,636	\$13,725,636	
2017-18 Investments Available*						
Aid to Localities				\$8,444,000	\$8,444,000	
TOTAL TRANSFORMATION				\$91,907,472	\$77,644,767	32,644
Article 28/31 Reinvestment						
St. James Mercy (WNY)	Child & Adult	N/A	N/A	\$894,275	\$894,275	2,282
Medina Memorial (WNY)	Adults	N/A	N/A	\$199,030	\$199,030	1,607
Holliswood/Stony Lodge/Mt Sinai (NYC)	Child & Adult	N/A	N/A	\$10,254,129	\$10,254,129	1,852
Stony Lodge/Rye (Hudson River)	Child & Adult	N/A	N/A	\$4,634,577	\$4,634,577	4,639
LBMC/NSUH/PK (Long Island)	Child & Adult	N/A	N/A	\$2,910,400	\$2,910,400	2,672
Subtotal				\$18,892,411	\$18,892,411	13,052
GRAND TOTAL				\$110,799,883	\$96,537,178	45,696

1. Prior capacity refers to the program capacity at the end of State fiscal year 2013-14; before Transformation investments began.

*Allocated funds for SFY 2017-18 will be distributed by facility service area upon approval of local and regional plans.

Table 3a: Greater Binghamton Health Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Broome	24	6		4/1/2014	32	\$157,758
HCBS Waiver	Children	Chenango	6					-
HCBS Waiver	Children	Delaware	12					-
HCBS Waiver	Children	Otsego	12					-
HCBS Waiver	Children	Tioga	6	6		6/5/2014	26	\$157,758
HCBS Waiver	Children	Tompkins	0					-
SUBTOTAL:			60	12			58	\$315,516
Supported Housing	Adult	Broome	161	53		8/1/2014	91	\$407,856
Supported Housing	Adult	Chenango	46	8		10/1/2014	8	\$61,568
Supported Housing	Adult	Delaware	27	6		1/1/2016	1	\$46,218
Supported Housing	Adult	Otsego	30	8		6/1/2015	8	\$62,424
Supported Housing	Adult	Tioga	25	3		7/1/2015	5	\$25,278
Supported Housing	Adult	Tompkins	0	10		11/1/2014	12	\$84,260
SUBTOTAL:			289	88			125	\$687,604
State Resources:			N/A					
Mobile Integration Team ¹	Adults & Children	Southern Tier Service Area		38.35 FTEs		6/1/2014	2,816	\$1,342,250
Clinic Expansion ¹	Adult	Southern Tier Service Area		7.2 FTEs		1/1/2015	310	\$252,000
OnTrack NY	Adult	Southern Tier Service Area		3 FTE		2/2/2017	4	\$210,000
SUBTOTAL:							3,126	\$1,804,250
Aid to Localities:		Eastern Southern Tier Service Area	N/A	N/A				
Crisis Intervention Team (CIT)	Adults & Children	Broome				9/14/2015	1,539	\$80,400
Engagement & Transitional Support	Adults & Children	Chenango & Delaware				12/28/2015	223	\$160,800
Family Stabilization Program	Children	Otsego				6/27/2016	25	\$80,400
Warm Line Program	Adult	Tioga				6/11/2016	60	\$35,040
Drop-In Center	Adult	Tioga				11/1/2015	87	\$45,360
Crisis Stabilization Team	Adult	Broome			Funding has been made available on the county State Aid Letter, and is effective January 1, 2017.			\$80,000
Peer-In-Home Companion Respite	Adult	Broome						\$42,000
Enhanced Outreach Services	Adults & Children	Chenango & Delaware			Funding has been made available on the county State Aid Letter, and is effective April 1, 2017.			\$160,000
Enhanced Child & Family Support Services	Children	Otsego			Funding has been made available on the county State Aid Letter, and is effective July 1, 2017.			\$54,958
System Monitoring Support	N/A	Otsego						\$25,042
SUBTOTAL:							1,934	\$764,000

State Resources - In Development:	\$1,306,971
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Aid to Localities - In Development	\$140,000
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TOTAL:	5,243	\$5,018,341
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Notes:

1. State Resources program funding is shared with Elmira service area. State Resources subtotal reflects 50% of the full Southern Tier allocation, with the remainder in Table 3b.

Table 3b: Elmira Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Allegany	6					
HCBS Waiver	Children	Cattaraugus	0					
HCBS Waiver	Children	Chemung	12					
HCBS Waiver	Children	Ontario	18					
HCBS Waiver	Children	Schuyler	6					
HCBS Waiver	Children	Seneca	6	3		6/5/2014	9	\$78,879
HCBS Waiver	Children	Steuben	12	3		6/5/2014	11	\$78,879
HCBS Waiver	Children	Tompkins	12					
HCBS Waiver	Children	Wayne	12	6		6/5/2014	8	\$157,758
SUBTOTAL:			90	12			28	\$315,516
Supported Housing	Adult	Allegany	35	2		11/1/2014	3	\$16,852
Supported Housing	Adult	Cattaraugus	0	1		2/1/2015	1	\$8,426
Supported Housing	Adult	Chemung	121	31		9/1/2014	37	\$262,253
Supported Housing	Adult	Ontario	64	13		10/1/2014	12	\$110,762
Supported Housing	Adult	Schuyler	6	6		12/1/2015	3	\$50,841
Supported Housing	Adult	Seneca	28	9		8/1/2014	8	\$76,197
Supported Housing	Adult	Steuben	119	8		9/1/2014	10	\$67,408
Supported Housing	Adult	Tompkins	64	4		9/1/2014	7	\$33,704
Supported Housing	Adult	Wayne	70	4		10/1/2014	6	\$33,704
Supported Housing	Adult	Yates	10	4		6/1/2015	4	\$33,875
SUBTOTAL:			517	82			91	\$694,022
State Resources:			N/A					
Mobile Integration Team ¹	Adults & Children	Southern Tier Service Area		38.35 FTEs		6/1/2014	2,816	\$1,342,250
Clinic Expansion ¹	Adult	Southern Tier Service Area		7.2 FTEs		1/1/2015	310	\$252,000
Crisis/respite Unit	Children	Elmira PC Service Area		12.5 FTEs		4/16/2015	273	\$875,000
Clinic Expansion	Children	Elmira PC Service Area		1.5 FTEs		9/1/2014	N/A	\$105,000
SUBTOTAL:							3,399	\$2,574,250
Aid to Localities:		Western Southern Tier/ Finger Lakes Service Area	N/A	N/A				
Respite Services	Adult	Western				3/1/2016	75	\$50,368
Community Support Services	Adult	Southern Tier/				5/1/2016	470	\$61,947
Family Support	Adult	Finger Lakes				3/7/2017	52	\$34,887
Peer Training	Adult	Service Area				12/5/2015	281	\$10,538
Transitional Housing Program	Adult	Steuben				7/1/2015	41	\$101,842
Transitional Housing Program	Adult	Tompkins				4/1/2016	5	\$50,921
Transitional Housing Program	Adult	Yates				4/8/2016	24	\$50,921
Mobile Psychiatric Supports	Adult	Wayne			Funding has been made available on the county State Aid Letter, and is effective January 1, 2017.			\$40,576
Community Support Program Expansion - Long Stay Team	Adult	Chemung			Funding has been made available on the county State Aid Letter, and is effective July 1, 2016.			\$108,000
Home-Based Crisis Intervention Program Expansion	Children	Chemung			Funding has been made available on the county State Aid Letter, and is effective October 1, 2017.			\$244,495
SUBTOTAL:							948	\$754,495

State Resources - In Development: **\$53,786**

Aid to Localities - In Development: **\$30,793**

TOTAL: **4,466** **\$4,422,862**

Notes:

1. State Resources program funding is shared with Binghamton service area. State resources subtotal reflects 50% of the full Southern Tier allocation, with the remainder in Table 3a.

Table 3c: St. Lawrence Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Clinton	12					
HCBS Waiver	Children	Essex	12	6		6/5/2014	14	\$157,758
HCBS Waiver	Children	Franklin	12					
HCBS Waiver	Children	Jefferson	18					
HCBS Waiver	Children	Lewis	6					
HCBS Waiver	Children	St. Lawrence	18	6		5/1/2014	24	\$157,758
SUBTOTAL:			78	12			38	\$315,516
Supported Housing	Adult	Clinton	54	8		10/1/2014	10	\$61,949
Supported Housing	Adult	Essex	29	6		3/1/2015	6	\$46,818
Supported Housing	Adult	Franklin	42	5		1/1/2015	9	\$38,375
Supported Housing	Adult	Jefferson	57	9		11/1/2014	9	\$69,075
Supported Housing	Adult	Lewis	51	2		2/1/2015	5	\$15,350
Supported Housing	Adult	St. Lawrence	73	25		1/1/2015	39	\$191,875
SUBTOTAL:			306	55			78	\$423,442
State Resources:			N/A					
Mobile Integration Team	Adults & Children	St. Lawrence PC Service Area		21 FTEs		6/6/2014	1,558	\$1,470,000
Clinic expansion	Children	Jefferson		6.5 FTEs		9/8/2015	144	\$455,000
Day Treatment Expansion	Children	St. Lawrence PC Service Area		1 FTE		1/1/2015	8	\$70,000
Crisis/respite Unit	Children	St. Lawrence PC Service Area		11.5 FTEs		10/1/2016	61	\$811,160
SUBTOTAL:							1,771	\$2,806,160
Aid to Localities:		St. Lawrence PC Service Area	N/A	N/A				
Outreach Services Program	Adult	Clinton				2/1/2015	76	\$46,833
Mobile Crisis Program	Adult	Essex				4/28/2015	135	\$23,417
Community Support Program	Children	Essex				3/1/2015	198	\$23,416
Mobile Crisis Program	Adults & Children	St. Lawrence PC Service				7/1/2015	420	\$46,833
Support Services Program	Adult	Franklin				3/15/2015	40	\$12,278
Self Help Program	Adult	Franklin				3/15/2015	99	\$12,277
Outreach Services Program	Adult & Children	Franklin				3/15/2015	737	\$12,278
Crisis Intervention Program	Adult & Children	Franklin				6/1/2015	53	\$10,000
Outreach Services Program	Adults & Children	Lewis				1/4/2016	179	\$46,833
Outreach Services Program	Adult	Jefferson				9/28/2015	730	\$46,833
Non-Medicaid Care Coordination	Children	Jefferson			Funding has been made available on the county State Aid Letter, and is effective June 1, 2017.			\$200,000
Child & Family Support Team	Children	St. Lawrence			Funding has been made available on the county State Aid Letter, and is effective July 1, 2017.			\$200,000
SUBTOTAL:							2,667	\$680,998

TOTAL:	4,554	\$4,226,116
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Table 3d: Sagamore Children's Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			Annualized Reinvestment Amount (\$)
					Status Update	Start Up Date	New Individuals Served	
HCBS Waiver	Children	Nassau	90	24		10/1/2013	89	\$661,440
HCBS Waiver	Children	Suffolk	102	30		5/6/2014	81	\$826,800
SUBTOTAL:			192	54			170	\$1,488,240
State Resources:								
			N/A					
Family Court Evaluation	Children	Long Island		1 FTE		4/1/2014	N/A	\$70,000
Mobile Crisis	Children	Nassau & Suffolk		1 FTE		7/1/2014	868	\$70,000
Mobile Integration Team	Children	Nassau & Suffolk		10 FTEs		11/30/2014	142	\$700,000
Clinic Expansion ¹	Children	Nassau & Suffolk		5 FTEs		3/21/2016	71	\$350,000
Crisis/respite Unit	Children	Nassau & Suffolk		9 FTEs		3/9/2015	284	\$630,000
SUBTOTAL:							1,365	\$1,820,000
Aid to Localities:								
		Long Island	N/A	N/A				
6 Non-Medicaid Care Coordinators	Children	Suffolk				4/1/2016	81	\$526,572
1.5 Intensive Case Managers	Children	Suffolk			State Aid: State Share of Medicaid*	4/1/2016	0	\$30,954 \$50,345
Non-Medicaid Case Management	Children	Nassau			Funding has been made available on the county State Aid Letter, and is effective July 1, 2017.			\$85,000
Mobile Crisis Team	Children & Adults	Nassau						\$225,700
SUBTOTAL:							81	\$918,571

State and Community Resources - In Development:	\$280,000
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* Gross Medicaid projected \$100,690

TOTAL:	1,616	\$4,506,811
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Notes:

1. A portion of previously allocated and unused clinic FTEs have been reprogrammed for future planning.

Table 3e: Pilgrim Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
Supported Housing	Adult	Nassau	885	83		3/1/2015	53	\$1,101,564
Supported Housing	Adult	Suffolk	1,360	125		12/1/2014	102	\$1,660,408
SUBTOTAL:			2,245	208			155	\$2,761,972
State Resources:								
Clinic Expansion	Adult	Nassau & Suffolk		5 FTEs		11/20/2015	30	\$350,000
Mobile Integration Team	Adult	Nassau & Suffolk		20 FTEs		1/11/2016	660	\$1,400,000
SUBTOTAL:							690	\$1,750,000
Aid to Localities:								
2 Assertive Community Treatment teams (48 slot teams in Nassau and expansion of an existing 48 team to a 68 slot team in Suffolk)*	Adult	Nassau & Suffolk		136	State Aid			\$241,112
Three (3) Mobile Crisis Teams	Adults & Children	Suffolk			State Share of Medicaid*	3/1/2015	148	\$917,187
Hospital Alternative Respite Program	Adult	Suffolk				8/1/2015	2,932	\$758,740
Recovery Center	Adult	Suffolk				7/6/2016	40	\$532,590
Mobile Crisis Team Expansion - Long Stay Team ¹	Adult	Nassau & Suffolk				4/15/2016	446	\$250,000
Mobile Residential Support Team Expansion - Long Stay Team	Adult	Suffolk				7/1/2016	See Table 3n ¹	\$272,948
Crisis Program Expansion - Long Stay Team	Adult	Nassau			Funding has been made available on the county State Aid Letter, and is effective July 1, 2016.			\$230,864
Crisis Stabilization Center	Adult	Suffolk			Funding has been made available on the county State Aid Letter, and is effective July 1, 2017.			\$804,440
Mobile Crisis Team ²	Adults & Children	Nassau						\$225,700
Client Financial Management Services ²	Adult	Nassau						\$85,000
SUBTOTAL:							3,832	\$4,593,767

Supported Housing - In Development	\$499,830
Aid to Localities - In Development²	\$74,160
TOTAL:	4,677
	\$9,679,729

* Gross Medicaid projected \$1,827,048; State Share adjusted to reflect current model

Notes:

1. The Mobile Crisis Team expansion in Suffolk County is funded by Long Island Art. 28 reinvestment funding and Pilgrim PC Aid to Localities funding. The number of newly served individuals is only reflected on Table 3n, so as not to duplicate the number of individuals served.
2. Previously undeveloped State FTE resources converted to support new local Mobile Crisis and Client Financial Management programming. Additional unallocated resources shifted to Table 3h.

Table 3f: Western NY Children's - Buffalo Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			Annualized Reinvestment Amount (\$)
					Status Update	Start Up Date	New Individuals Served	
HCBS Waiver	Children	Allegany	0	6		6/5/2014	18	\$157,758
HCBS Waiver	Children	Cattaraugus	12	6		11/1/2013	19	\$157,758
HCBS Waiver	Children	Chautauqua	6	6		6/5/2014	26	\$157,758
HCBS Waiver	Children	Erie	78	6		4/1/2014	28	\$157,758
HCBS Waiver	Children	Niagara	14					
SUBTOTAL:			110	24			91	\$631,032
Supported Housing	Adult	Allegany	0					
Supported Housing	Adult	Cattaraugus	104	12		7/1/2014	13	\$101,607
Supported Housing	Adult	Chautauqua	86	12		8/1/2014	12	\$101,664
Supported Housing	Adult	Erie	863	66		8/1/2014	91	\$557,826
Supported Housing	Adult	Niagara	143	22		9/1/2014	26	\$186,227
SUBTOTAL:			1,196	112			142	\$947,324
State Resources:			N/A					
Mobile Integration Team	Children	Western NY CPC Service Area		10 FTEs		12/19/2014	565	\$700,000
Clinic Expansion	Children	Western NY CPC Service Area		4 FTEs		2/5/2015	131	\$280,000
Mobile Mental Health Juvenile Justice Team	Children	Western NY CPC Service Area		1 FTE		12/1/2015	40	\$70,000
Mobile Integration Team	Adult	Buffalo PC Service Area		7 FTEs		1/12/2016	183	\$490,000
SUBTOTAL:							919	\$1,540,000
Aid to Localities:								
Peer Crisis Respite Center (including Warm Line)	Adult	Chautauqua and Cattaraugus				11/18/2015	138	\$315,000
Mobile Transitional Support Teams (2)	Adult	Chautauqua and Cattaraugus				1/1/2015	418	\$234,000
Peer Crisis Respite Center (including Warm Line)	Adult	Erie				1/26/2015	477	\$353,424
Mobile Transitional Support Teams (3)	Adult	Erie				1/26/2015	356	\$431,000
Crisis Intervention Team	Adult	Erie				1/1/2015	690	\$191,318
Peer Crisis Respite Center (including Warm Line)	Adult	Niagara				12/1/2014	494	\$256,258
Mobile Transitional Support Team	Adult	Niagara				1/20/2015	162	\$117,000
Community Integration Team - Long Stay Team	Adult	Erie				10/27/2016	45	\$350,000
Living Room Model Crisis Center	Adult	Erie			Funding has been made available on the county State Aid Letter, and is effective April 1, 2017.			\$424,712
SUBTOTAL:							2,735	\$2,672,712

TOTAL:	3,887	\$5,791,068
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Table 3g: Rochester Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			Annualized Reinvestment Amount (\$)
					Status Update	Start Up Date	New Individuals Served	
Supported Housing	Adult	Genesee	45	2		1/1/2016	3	\$16,852
Supported Housing	Adult	Livingston	38	2		2/1/2015	3	\$16,852
Supported Housing	Adult	Monroe	427	103		10/1/2014	145	\$868,049
Supported Housing	Adult	Orleans	25	6		7/1/2015	2	\$51,666
Supported Housing	Adult	Wayne	0	6		12/1/2014	4	\$51,666
Supported Housing	Adult	Wyoming	20	6		11/1/2014	4	\$50,862
SUBTOTAL:			555	125			161	\$1,055,947
State Resources:			N/A					
Mobile Integration Team	Adult	Rochester PC Service Area		24 FTEs		10/30/2014	491	\$1,680,000
OnTrackNY-First Break Team ¹	Adult	Rochester PC Service Area		2 FTEs		3/21/2016	17	\$185,440
Clinic Expansion	Adult	Rochester PC Service Area		4 FTEs		1/1/2015	97	\$280,000
SUBTOTAL:							605	\$2,145,440
Aid to Localities:		Rochester PC Service Area	N/A	N/A				
Peer Bridger Program	Adult	Genesee & Orleans				6/4/2015	15	\$30,468
Community Support Team	Adult	Rochester PC Service Area				3/1/2015	137	\$500,758
Peer Bridger Program	Adult	Livingston Monroe Wayne Wyoming				2/1/2015	135	\$262,032
Crisis Transitional Housing	Adult	Livingston				2/15/2015	31	\$112,500
Peer Run Respite Diversion	Adult	Monroe				5/7/2015	582	\$500,000
Assertive Community Treatment Team	Adult	Monroe		48	State Aid State Share of Medicaid*	7/1/2015	58	\$79,624 \$310,764
Assertive Community Treatment Team	Adult	Monroe		48	State Aid State Share of Medicaid*			\$79,624 \$310,764
Peer Support ²	Adult	Monroe				1/15/2016	71	\$30,006
Crisis Transitional Housing	Adult	Orleans				7/30/2015	23	\$112,500
Crisis Transitional Housing	Adult	Wayne				4/8/2015	37	\$112,500
Crisis Transitional Housing	Adult	Wyoming				2/28/2015	33	\$112,500
Enhanced Recovery Supports	Adult	Wyoming				9/1/2014	220	\$51,836
Recovery Center	Adult	Genesee & Orleans				5/7/2015	73	\$217,124
Community Support Team - Long Stay Team	Adult	Monroe				5/1/2016	50	\$350,000
SUBTOTAL:							1,465	\$3,173,000
TOTAL:							2,231	\$6,374,387

*Gross Medicaid projected \$621,528 per ACT Team (\$1,243,056)

Notes:

1. Additional reinvestment funding added to the OnTrack program to cover NPS costs.
2. Peer support is an enhancement of the ACT model, and individuals served by the ACT Team also receive peer support.

Table 3h: New York City Psychiatric Centers

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			Annualized Reinvestment Amount (\$)
					Status Update	Start Up Date	New Individuals Served	
HCBS Waiver	Children	Bronx	144	33		10/1/2013	57	\$916,566
HCBS Waiver	Children	Kings	180	12		1/1/2014	53	\$332,745
HCBS Waiver	Children	New York	132	6		6/1/2015	15	\$167,385
HCBS Waiver	Children	Queens	108	12		10/1/2013	20	\$332,745
HCBS Waiver	Children	Richmond	36					
SUBTOTAL:			600	63			145	\$1,749,440
Supported Housing	Adult	Bronx	2,120	50		5/1/2015	52	\$752,150
Supported Housing	Adult	Kings	2,698	40		7/1/2016	20	\$637,460
Supported Housing	Adult	New York	1,579	104		3/1/2015	131	\$1,564,472
Supported Housing	Adult	Queens	1,887	55		12/1/2016	27	\$879,320
Supported Housing	Adult	Richmond	492	45		4/1/2016	26	\$718,080
SUBTOTAL:			8,776	294			256	\$4,551,482
State Resources:			N/A					
Mobile Integration Team	Adult	Queens		7 FTEs		3/21/2016	125	\$490,000
Mobile Integration Team	Adult	New York		7 FTEs		12/23/2016	81	\$490,000
Mobile Integration Team	Children	Bronx Kings Queens		7 FTEs		1/1/2017	101	\$490,000
SUBTOTAL:							307	\$1,470,000
Aid to Localities:								
Respite Capacity Expansion	Adult	NYC	N/A	N/A		7/1/2015	433	\$2,884,275
Pathway Home Program	Adult	NYC				4/1/2016	319	\$3,546,663
Crisis Pilot Program (3 Year)	Adult	NYC				9/1/2016	144	\$462,760
Hospital Based Care Transition Team	Adult	NYC			Funding has been made available on direct contract, effective April 1, 2017.			\$537,240
SUBTOTAL:							896	\$7,430,938

Supported Housing - In Development	\$1,166,270
State Resources - In Development:	\$1,190,000
TOTAL:	1,604
	\$17,558,130

Table 3i: Rockland and Capital District Psychiatric Centers

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Dutchess	18					
HCBS Waiver	Children	Orange	21	6		11/1/2013	31	\$157,758
HCBS Waiver	Children	Putnam	12					
HCBS Waiver	Children	Rockland	24	6		6/5/2014	17	\$165,360
HCBS Waiver	Children	Sullivan	12					
HCBS Waiver	Children	Ulster	30					
HCBS Waiver	Children	Westchester	60					
SUBTOTAL:			177	12			48	\$323,118
Supported Housing	Adult	Dutchess	229	20		12/1/2014	21	\$261,066
Supported Housing	Adult	Orange	262	30		10/1/2014	47	\$391,206
Supported Housing	Adult	Putnam	67	4		5/1/2015	5	\$54,156
Supported Housing	Adult	Rockland	173	19		7/1/2014	22	\$269,822
Supported Housing	Adult	Sullivan	61	10		11/1/2014	6	\$93,184
Supported Housing	Adult	Ulster	142	28		1/1/2015	33	\$275,880
Supported Housing	Adult	Westchester	907	28		4/1/2015	24	\$436,162
Supported Housing	Adult	Albany	276	11		3/1/2017	7	\$105,036
Supported Housing	Adult	Columbia	39	8		1/1/2017	2	\$76,377
Supported Housing	Adult	Greene	35	9		3/1/2015	See Table 3m ¹	\$85,907
Supported Housing	Adult	Rensselaer	125	10		6/1/2017	15	\$95,437
Supported Housing	Adult	Saratoga	50	6				\$57,317
Supported Housing	Adult	Schenectady	153	3		10/1/2015	See Table 3m ¹	\$28,590
Supported Housing	Adult	Schoharie	31	8		2/1/2017	2	\$76,377
Supported Housing	Adult	Warren	49	4				\$37,407
Supported Housing	Adult	Washington	5	4				\$37,407
SUBTOTAL:			2,550	202			182	\$2,381,331
State Resources:								
Mobile Integration Team	Adult	Rockland PC Service Area		4 FTEs		2/2/2017	17	\$280,000
Mobile Integration Team	Adult	Capital District PC Service Area		6 FTEs		10/1/2016	35	\$420,000
SUBTOTAL:							52	\$700,000
Aid to Localities:								
		Rockland PC Service Area	N/A	N/A				
Hospital Diversion/Crisis Respite	Adult	Dutchess				2/12/2015	146	\$200,000
Supported Housing	Adult	Orange		6		4/1/2015	6	\$77,298
Outreach Services	Adult	Orange				12/1/2014	22	\$36,924
Outreach Services	Children	Orange				10/1/2014	383	\$85,720
Advocacy/Support Services	Adult	Putnam				9/28/2015	33	\$23,000
Self-Help Program	Adult	Putnam				2/1/2015	42	\$215,000
Mobile Crisis Intervention Program ²	Adults & Children	Rockland				3/31/2015	1,402	\$449,668
Hospital Diversion/ Transition Program ²	Adult	Sullivan				11/24/2014	897	\$225,000
Mobile Crisis Services ²	Adults & Children	Ulster				2/9/2015	2,448	\$400,000
Assertive Community Treatment team expansion (48 to 68 slots)	Adult	Ulster		20	State Aid: State Share of Medicaid:	12/1/2014	39	\$33,952 \$66,664
Outreach Services	Adult	Westchester				4/1/2015	84	\$267,328
Crisis Intervention/ Mobile Mental Health Team	Children	Westchester				11/1/2014	112	\$174,052
Family Engagement & Support Services Program	Children	Rockland				1/1/2017	273	\$95,000
Outreach Team - Long Stay Team	Adult	Albany				9/6/2016	21	\$230,000
		Schenectady				9/9/2016	9	\$200,000
		Dutchess				12/12/2016	7	\$225,000
		Orange				9/14/2016	13	\$225,000
		Rockland				8/17/2016	15	\$225,000
		Westchester				10/4/2016	9	\$225,000
Respite Services Program	Children	Dutchess			Funding has been made available on the county State Aid Letter, and is effective April 1, 2017.	7/27/2017	1	\$275,000
Home Based Crisis Intervention Services	Children	Westchester						\$189,048
		Orange						\$100,000
		Rockland						\$160,000
		Sullivan						\$100,000
		Ulster						\$81,976
Family Support Services	Children	Westchester					\$149,784	
SUBTOTAL:							5,961	\$4,735,414

State and Community Resources -In Development:	\$1,074,192
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* Gross Medicaid projected \$229,156

TOTAL:	6,243	\$9,214,055
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Notes:

- Greene and Schenectady Counties currently receive Stony-Lodge Rye Article 28 funding for supported housing, and utilization is reported on Table 3m. Additional supported housing units were awarded to these counties through Rockland PC Aid to Localities. All utilization will continue to be reported on the Table 3m to prevent duplication.
- Mobile Crisis programs in Rockland, Sullivan and Ulster Counties are funded by the Rockland PC Aid to Localities funding and Stony-Lodge Rye Article 28 funding. The number of newly served individuals is only reflected on the Rockland PC table so as not to duplicate the number of individuals served.



Table 3: Hutchings Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			Annualized Reinvestment Amount (\$)
					Status Update	Start Up Date	New Individuals Served	
HCBS Waiver	Children	Cayuga	12	6		7/1/2014	16	\$157,758
HCBS Waiver	Children	Cortland	6	6		7/1/2014	16	\$157,758
HCBS Waiver	Children	Madison	6					
HCBS Waiver	Children	Onondaga	42	6		4/1/2014	23	\$157,758
HCBS Waiver	Children	Oswego	6					
SUBTOTAL:			72	18			55	\$473,274
Supported Housing	Adult	Cayuga	61	9		1/1/2016	5	\$54,154
Supported Housing	Adult	Cortland	53	4		1/1/2016	5	\$30,924
Supported Housing	Adult	Fulton	30	3		2/1/2017	1	\$23,230
Supported Housing	Adult	Hamilton	4	3				\$23,193
Supported Housing	Adult	Herkimer	30	1		1/1/2017	1	\$7,731
Supported Housing	Adult	Madison	28	4		4/1/2017	2	\$30,961
Supported Housing	Adult	Montgomery	37	3		1/1/2017	1	\$23,230
Supported Housing	Adult	Oneida	232	8		2/1/2017	8	\$61,848
Supported Housing	Adult	Onondaga	300	4				\$30,997
Supported Housing	Adult	Oswego	62	5		12/1/2015	12	\$38,692
SUBTOTAL:			837	44			35	\$324,960
State Resources:								
Crisis/respite unit	Children	Hutchings PC Service Area	N/A	12 FTEs		11/5/2014	351	\$840,000
OnTrackNY - First Episode Psychosis ¹	Adults & Youth	Hutchings PC Service Area	N/A	3 FTEs		8/1/2015	24	\$228,400
SUBTOTAL:							375	\$1,068,400
Aid to Localities:								
		Hutchings PC Service Area	N/A	N/A				
Children's Respite Program	Children	Onondaga						\$96,750
Clinical Services & Support	Children	Onondaga						\$430,555
Respite/Clinical Oversight	Children	Onondaga					551	\$99,695
Long Stay Reduction Transition Team	Adult	Onondaga				11/9/2016	10	\$300,000
Enhanced Outreach and Clinical Support Services	Adults & Children	Hamilton Herkimer Fulton			Funding has been made available on the county State Aid Letter, and is effective April 1, 2017.			\$37,500 \$37,500 \$37,500
Enhanced Child & Family Support Services	Children	Montgomery						\$37,500
SUBTOTAL:							561	\$1,077,000

TOTAL:	1,026	\$2,943,634
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Notes:

1. Additional reinvestment funding added to the OnTrack program to cover NPS costs.

Article 28 and 31 Hospital Reinvestment Summaries

Pursuant to Chapter 53 of the Laws of 2014 for services and expenses of the medical assistance program to address community mental health service needs resulting from the reduction of psychiatric inpatient services.

Hospital	Target Population	County/Region	Annualized Reinvestment Amount
St. James Mercy	Children and Adults	Allegany, Livingston, Steuben	\$894,275
Medina Memorial	Adults	Niagara, Orleans	\$199,030
Holliswood/Stony Lodge/Mt. Sinai	Children and Youth	New York City	\$10,254,129
Stony Lodge & Rye	Children and Adults	Hudson River	\$4,634,577
LBMC/NSUH/PK	Children and Adults	Nassau, Suffolk	\$2,910,400
Subtotal:			\$18,892,411

Table 3k: Western Region Article 28 Hospital Reinvestment

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
Article 28:								
St. James Mercy								
Intensive Intervention Services	Adult	Allegany				8/25/2014	92	\$95,000
Post Jail Transition Coordinator/Forensic Therapist	Adult	Livingston				1/5/2015	929	\$59,275
Enhanced Mobile Crisis Outreach	Adults & Children	Steuben				11/3/2014	1,165	\$490,000
Intensive In-Home Crisis Intervention (Tri-County)	Children & Youth	Allegany, Livingston, Steuben				6/1/2015	96	\$250,000
SUBTOTAL:							2,282	\$894,275
Medina Memorial Hospital								
Mental Hygiene Practitioner to handle crisis calls (late afternoon and evenings)	Adults & Children	Niagara				8/15/2014	151	\$68,030
Enhanced Crisis Response	Adults & Children	Orleans				7/1/2014	1,456	\$131,000
SUBTOTAL:							1,607	\$199,030

TOTAL:	3,889	\$1,093,305
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Table 3I: New York City Region Article 28 Hospital Reinvestment

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
						Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
Holliswood Hospital								
HCBS Waiver	Children	Bronx	144	15	State Share of Medicaid:	2/1/2016	See Table 3h ¹	\$418,500
Crisis Beds	Children	NYC		5				\$210,000
Rapid Response Mobile	Children	NYC				1/1/2014	301	\$1,150,000
Family Advocates	Children	NYC				1/1/2014	709	\$450,000
4.5 Rapid Response Teams	Children	NYC				4/28/2015	308	\$1,989,569
Family Resource Center ¹	Children	NYC				2/1/2016	500	\$1,335,777
High Fidelity Wrap Around	Children	NYC						\$181,865
SUBTOTAL:							1,818	\$5,735,711
Stony Lodge Hospital								
Partial Hospitalization Program & Day Treatment Program (Bellevue)	Children	NYC			State Share of Medicaid:			\$386,250
Home Based Crisis Intervention Team (Bellevue)	Children	NYC				11/1/2015	34	\$300,000
Family Resource Center ¹	Children	NYC				2/1/2016	See Note ¹	\$728,622
High Fidelity Wraparound	Children	NYC						\$185,128
SUBTOTAL:							34	\$1,600,000
Mount Sinai Hospital								
Mt. Sinai Partial Hospitalization (15 slots)	Adult	NYC		15	State Share of Medicaid:			\$303,966
4 Assertive Community Treatment Teams (68 slots each)	Adult	NYC		272	State Share of Medicaid:			\$1,855,694
1 Assertive Community Treatment Team (48 slots)	Adult	NYC		48	State Share of Medicaid:			\$384,666
Expanded Respite Capacity	Adult	NYC						\$374,093
SUBTOTAL:								\$2,918,418

TOTAL:	1,852	\$10,254,129
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- Notes:**
1. Waiver slots in Bronx County are funded by the NYC Aid to Localities reinvestment funding and Stony Lodge Article 28 funding. All waiver utilization is reported on the Table 3h - New York City to prevent duplication in the number of people served.
 2. The Family Resource Center is funded by the Holliswood Art. 28 reinvestment funding and Stony Lodge Art. 28 reinvestment funding. The number of newly served individuals is only reflected in the Holliswood Reinvestment so as not to duplicate the number of individuals served.

Table 3m: Hudson River Region Article 28 Hospital Reinvestment

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
Article 28:								
Stony Lodge/Rye Hospital								
HCBS Waiver Slots	Children	Albany		6	State Share of Medicaid:	12/1/2015	18	\$157,704
		Saratoga		3	State Share of Medicaid:	1/1/2015	21	\$78,803
		Warren		3	State Share of Medicaid:	1/1/2015	12	\$78,803
		Westchester		6	State Share of Medicaid:	1/1/2015	19	\$157,704
SUBTOTAL:							70	\$473,014
Article 28:								
Supported Housing	Adult	Albany		2		9/1/2015	5	\$18,570
		Greene		5		3/1/2015	8	\$46,425
		Rensselaer		7		5/1/2015	11	\$64,995
		Schenectady		7		10/1/2015	13	\$64,995
Mobile Crisis Services	Adult	Columbia				7/1/2015	1,262	\$180,636
		Greene				7/1/2015	1145	\$203,859
		Sullivan				11/24/2014	See Table 3i ¹	\$81,447
Hospital Diversion Respite	Adult	Columbia				11/1/2015	16	\$43,560
		Greene				3/1/2015	4	\$20,337
Respite Services	Children	Columbia				3/30/2015	16	\$15,750
		Greene				3/30/2015	26	\$65,670
		Orange				6/30/2015	18	\$30,000
		Sullivan				4/1/2015	23	\$25,000
Respite Services	Adult	Dutchess				3/1/2015	160	\$25,000
		Orange				3/20/2015	31	\$60,000
		Putnam				6/1/2015	11	\$25,000
		Westchester				6/1/2015	36	\$136,460
Self Help Program	Adult	Dutchess				2/12/2015	353	\$60,000
		Orange				6/17/2015	43	\$30,000
		Westchester				4/8/2015	121	\$388,577
Family Support Services	Children	Orange				2/18/2015	133	\$30,000
		Schoharie				2/23/2015	340	\$170,000
Adult Mobile Crisis Team (5 Counties: Rensselaer, Saratoga, Schenectady, Warren-Washington)	Adult	Rensselaer				10/1/2015	271	\$1,000,190
Capital Region Respite Services (3 Counties: Albany, Rensselaer, Schenectady)	Children	Rensselaer				7/8/2015	39	\$30,000
Mobile Crisis Intervention	Adult	Rockland				3/30/2015	See Table 3i ¹	\$400,000
		Ulster				2/9/2015	See Table 3i ¹	\$300,000
Mobile Crisis Team (Tri-County: Saratoga, Warren-Washington)	Children	Warren				1/1/2016	226	\$545,092
Home Based Crisis Intervention (Tri-County: Saratoga, Warren-Washington)	Children	Warren				11/26/2013	258	\$100,000
SUBTOTAL:							4,569	\$4,161,563

TOTAL:	4,639	\$4,634,577
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Notes:
 1. Mobile Crisis programs in Rockland, Sullivan and Ulster Counties are funded by the Rockland PC Aid to Localities funding and Stony Lodge-Rye Article 28 funding. The number of newly served individuals is only reflected on the Rockland PC table so as not to duplicate the number of individuals served.

Table 3n: Long Island Region Article 28 Hospital Reinvestment

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
Article 28:								
Long Beach Medical Center/North Shore University Hospital/Partial Hospitalization Program Operated by Pederson-Krag								
HCBS Waiver Slots	Children	Suffolk		6	State Share of Medicaid:		31	\$165,400
SUBTOTAL:							31	\$165,400
Article 28:								
(6) Mobile Residential Support Teams	Adult	Nassau				7/1/2015	302	\$1,344,000
Mobile Crisis Team Expansion ¹	Adult	Nassau & Suffolk				8/1/2015	2,204	\$212,000
Satellite Clinic Treatment Services	Adult	Nassau			State Share of Medicaid:			\$155,000
(5) OnSite Rehabilitation	Adult	Nassau				2/1/2016	73	\$200,000
Residential Support Teams	Adult	Nassau						\$200,000
Help/Hot Line Expansion	Adult	Nassau						\$50,000
On-Site MH Clinic	Children	Nassau						\$50,000
(3) Clinic Treatment Services	Adult	Nassau				8/18/2016	93	\$375,000
Family Advocate	Children	Nassau						\$84,000
Peer Outreach	Adult	Suffolk						\$30,000
SUBTOTAL:							2,672	\$2,745,000

TOTAL:	2,703	\$2,910,400
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*Gross Medicaid projected \$420,800

Notes:

1. The Mobile Crisis Team expansion in Suffolk County is funded by Long Island Art. 28 reinvestment funding and Pilgrim PC Aid to Localities funding. The number of newly served individuals is only reflected on the Long Island Art. RIV table (Table 3n) so as not to duplicate the number of individuals served.

Table 4: NYS OMH State Psychiatric Center Inpatient Discharge Metrics

State Inpatient Facilities ¹	Metrics Post Discharge	
	Readmission ^{2, 4}	ER Utilization ^{3, 4}
	For discharge cohort (Dec, 2016-Feb, 2017), % Having Psychiatric Readmission within 30 days	For discharge cohort (Dec, 2016-Feb, 2017), % Utilizing Psychiatric Emergency Room within 30 days
Adult		
Bronx	8.3%*	11.1%*
Buffalo	13.8%	30.0%*
Capital District	15.4%	0.0%
Creedmoor	12.9%	2.2%
Elmira	14.3%*	11.1%*
Greater Binghamton	22.7%	8.3%*
Hutchings	18.2%	9.1%*
Kingsboro	12.0%	0.0%*
Manhattan	22.4%	0.0%
Pilgrim	14.7%	0.0%*
Rochester	0.0%	0.0%*
Rockland	13.5%	0.0%
South Beach	11.8%	2.2%
St. Lawrence	10.5%*	0.0%*
Washington Heights	16.0%	10.5%*
Total	14.2%	3.7%
Children & Youth		
Elmira	4.3%	0.0%
Greater Binghamton	0.0%	6.3%
Hutchings	14.6%	5.1%
Mohawk Valley	7.9%	0.0%
NYC Children's Center	12.5%	2.3%
Rockland CPC	20.7%	0.0%
Sagamore CPC	4.5%	0.0%*
South Beach	0.0%*	33.3%*
St. Lawrence	14.0%	0.0%
Western NY CPC	3.4%	0.0%
Total	9.4%	1.8%
Forensic		
Central New York	5.4%	0.0%
Kirby	0.0%	0.0%
Mid-Hudson	20.0%	0.0%
Rochester	0.0%*	0.0%*
Total	8.4%	0.0%

Updated as of Oct 13, 2017

Notes:

1. Research units and Sexual Offender Treatment Programs (SOTP) were excluded.
2. Readmissions were defined as State PC and Medicaid (Article 28 /31) psychiatric inpatient readmission events occurring within 1 to 30 days after the State PC discharge. The first readmission within the 30 days window was counted. The denominator for this measure was based on State inpatient discharges to the community. The discharge cohort has a 6-month lag to allow time for completion of Medicaid claim submissions. The discharges that were no longer qualified for Medicaid services (lost Medicaid eligibility, had Medicare or third party insurance) were excluded from the discharge cohort but who had a state operated service in the 3 months post discharge were retained in the discharge cohort.
3. ER utilization was identified using Medicaid claims and encounters only. The numerator included the first Psychiatric ER/CPEP event that occurred within thirty days post discharge. The denominator for this measure was based on State inpatient discharges to the community. The discharge cohort has a 6-month lag to allow time for completion of Medicaid claim submissions. The discharges that were no longer qualified for Medicaid services (lost Medicaid eligibility, had Medicare or third party insurance) were excluded from the discharge cohort.
4. The Medicaid system has had difficulty with the timely updating of managed care encounter data due to system transitions beginning in the fall of 2015. Therefore the Medicaid encounter data included in the rate calculations may not fully represent all managed care inpatient readmission or ER encounters during this reporting time period.
*Note this rate may not be stable due to small denominator (less than 20 discharges in the denominator).

Table 5: General and Private Hospital 30-Day Inpatient Readmission and ER Utilization Rates¹

Region	County ²	Hospital Name ³	Auspice	Capacity (as of 09/11/17)			Metrics Post Discharge ⁴					
							Readmission ^{5,15}			ER Utilization ^{7,15}		
							For discharge cohort (Dec, 2016-Feb, 2017), % Having Psychiatric Readmission within 30 days					
Total	Adults	Child	Total	Adult ⁶	Child	Total	Adult	Child				
Central	Broome	United Health Services Hospitals, Inc.	Article 28	56	56	0	14.2%	14.2%	.	7.4%	7.4%	.
Central	Cayuga	Auburn Community Hospital	Article 28	14	14	0	12.9%	12.9%	.	0.0%	0.0%	.
Central	Clinton	Champlain Valley Physicians Hospital Med Ctr. ⁸	Article 28	30	18	12	17.3%	14.0%	22.6%	0.0%	0.0%	0.0%
Central	Cortland	Cortland Regional Medical Center, Inc.	Article 28	11	11	0	18.2%	18.2%	.	0.0%	0.0%	.
Central	Franklin	Adirondack Medical Center	Article 28	12	12	0	22.2% *	22.2% *	.	0.0% *	0.0% *	.
Central	Jefferson	Samaritan Medical Center	Article 28	32	32	0	11.3%	11.3%	.	0.0%	0.0%	.
Central	Montgomery	St. Mary's Healthcare	Article 28	20	20	0	8.2%	8.2%	.	0.0%	0.0%	.
Central	Oneida	Faxton - St. Luke's Healthcare	Article 28	26	26	0	15.5%	15.5%	.	1.6%	1.6%	.
Central	Oneida	Rome Memorial Hospital, Inc.	Article 28	12	12	0	0.0% *	0.0% *	.	0.0% *	0.0% *	.
Central	Oneida	St. Elizabeth Medical Center	Article 28	24	24	0	22.2%	22.2%	.	1.7%	1.7%	.
Central	Onondaga	St. Joseph's Hospital Health Center	Article 28	30	30	0	11.3%	11.3%	.	18.3%	18.3%	.
Central	Onondaga	SUNY Health Science Center-University Hospital	Article 28	49	49	0	17.8%	17.8%	.	11.6%	11.6%	.
Central	Oswego	Oswego Hospital, Inc.	Article 28	28	28	0	10.7%	10.7%	.	2.7%	2.7%	.
Central	Otsego	Bassett Healthcare	Article 28	20	20	0	15.6%	15.6%	.	0.0%	0.0%	.
Central	Saint Lawrence	Claxton-Hepburn Medical Center	Article 28	28	28	0	12.7%	12.7%	.	0.0%	0.0%	.
Hudson	Albany	Albany Medical Center	Article 28	26	26	0	22.8%	22.8%	.	0.0%	0.0%	.
Hudson	Columbia	Columbia Memorial Hospital	Article 28	22	22	0	7.4%	7.4%	.	0.0%	0.0%	.
Hudson	Dutchess	Westchester Medical /Mid-Hudson Division	Article 28	40	40	0	22.7%	22.7%	.	1.5%	1.5%	.
Hudson	Orange	Bon Secours Community Hospital	Article 28	24	24	0	9.5%	9.5%	.	1.6%	1.6%	.
Hudson	Orange	Orange Regional Medical Center - Arden Hill Hospital	Article 28	30	30	0	11.8%	11.8%	.	0.0%	0.0%	.
Hudson	Putnam	Putnam Hospital Center	Article 28	20	20	0	21.7%	21.7%	.	0.0%	0.0%	.
Hudson	Rensselaer	Northeast Health - Samaritan Hospital	Article 28	63	63	0	20.0%	20.0%	.	0.0%	0.0%	.
Hudson	Rockland	Nyack Hospital	Article 28	26	26	0	15.6%	15.6%	.	0.0%	0.0%	.
Hudson	Saratoga	FW of Saratoga, Inc.	Article 31	88	31	57	12.1%	13.9%	11.4%	0.4%	0.0%	0.6%
Hudson	Saratoga	The Saratoga Hospital	Article 28	16	16	0	20.7%	20.7%	.	0.0%	0.0%	.
Hudson	Schenectady	Ellis Hospital	Article 28	52	36	16	15.1%	17.3%	10.2%	0.5%	0.8%	0.0%
Hudson	Sullivan	Catskill Regional Medical Center	Article 28	18	18	0	7.7%	7.7%	.	0.0%	0.0%	.
Hudson	Ulster	Health Alliance Hospital Mary's Ave Campus	Article 28	40	40	0	22.7%	22.7%	.	0.0%	0.0%	.
Hudson	Warren	Glens Falls Hospital	Article 28	30	30	0	14.3%	14.3%	.	0.0%	0.0%	.
Hudson	Westchester	Four Winds, Inc.	Article 31	178	28	150	11.7%	14.3%	11.5%	3.0%	2.9%	3.1%
Hudson	Westchester	Montefiore Mount Vernon Hospital, Inc.	Article 28	22	22	0	11.5%	11.5%	.	1.9%	1.9%	.
Hudson	Westchester	New York Presbyterian Hospital	Article 28	252	207	45	20.1%	23.2%	11.9%	8.9%	9.7%	6.8%
Hudson	Westchester	Northern Westchester Hospital Center	Article 28	15	15	0	17.6% *	17.6% *	.	0.0% *	0.0% *	.
Hudson	Westchester	Phelps Memorial Hospital Center	Article 28	22	22	0	23.5%	23.5%	.	0.0%	0.0%	.
Hudson	Westchester	St Joseph's Medical Center	Article 28	149	136	13	18.2%	21.6%	0.0%	1.8%	2.1%	0.0%
Hudson	Westchester	Westchester Medical Center	Article 28	101	66	35	12.9%	13.3%	0.0% *	0.9%	0.9%	0.0% *
Long Island	Nassau	Mercy Medical Center	Article 28	39	39	0	27.3%	27.3%	.	2.3%	2.3%	.
Long Island	Nassau	Nassau Health Care Corp/Nassau Univ Med Ctr	Article 28	128	106	22	9.8%	9.3%	13.5%	1.3%	1.4%	0.0%
Long Island	Nassau	North Shore University Hospital @Syosset ⁹	Article 28	20	20	0	7.7%	7.7%	.	3.8%	3.8%	.
Long Island	Nassau	South Nassau Communities Hospital	Article 28	36	36	0	25.8%	25.8%	.	1.1%	1.1%	.

Table 5: General and Private Hospital 30-Day Inpatient Readmission and ER Utilization Rates¹

Region	County ²	Hospital Name ³	Auspice	Capacity (as of 09/1/17)			Metrics Post Discharge ⁴					
							Readmission ^{5, 15}			ER Utilization ^{7, 15}		
							For discharge cohort (Dec, 2016-Feb, 2017), % Having Psychiatric Readmission within 30 days					
Total	Adults	Child	Total	Adult ⁶	Child	Total	Adult	Child				
Long Island	Suffolk	Brookhaven Memorial Hospital Medical Center	Article 28	20	20	0	13.0%	13.0%	.	1.9%	1.9%	.
Long Island	Suffolk	Brunswick Hospital Center, Inc. ¹⁰	Article 31	124	87	37	20.3%	22.9%	14.9%	9.2%	11.4%	4.3%
Long Island	Suffolk	Eastern Long Island Hospital Association	Article 28	23	23	0	19.2%	19.2%	.	3.8%	3.8%	.
Long Island	Suffolk	Huntington Hospital	Article 28	21	21	0	22.0%	22.0%	.	2.4%	2.4%	.
Long Island	Suffolk	John T. Mather Memorial Hospital	Article 28	37	27	10	13.8%	16.3%	6.3% *	3.1%	4.1%	0.0% *
Long Island	Suffolk	St. Catherine's of Siena Hospital	Article 28	42	42	0	26.5%	26.5%	.	2.4%	2.4%	.
Long Island	Suffolk	State University of NY at Stony Brook	Article 28	40	30	10	11.4%	12.2%	9.4%	2.6%	2.4%	3.1%
Long Island	Suffolk	The Long Island Home	Article 31	206	141	65	17.1%	20.2%	14.3%	3.7%	1.0%	6.3%
NYC	Bronx	Bronx-Lebanon Hospital Center	Article 28	98	73	25	21.3%	22.4%	17.2%	12.2%	13.4%	8.1%
NYC	Bronx	Montefiore Medical Center	Article 28	55	55	0	14.3%	14.3%	.	2.9%	2.9%	.
NYC	Bronx	NYC-HHC Jacobi Medical Center	Article 28	107	107	0	16.6%	16.6%	.	11.1%	11.1%	.
NYC	Bronx	NYC-HHC Lincoln Medical & Mental Health Ctr.	Article 28	60	60	0	18.4%	18.4%	.	5.3%	5.3%	.
NYC	Bronx	NYC-HHC North Central Bronx Hospital	Article 28	70	70	0	20.7%	20.7%	.	6.5%	6.5%	.
NYC	Bronx	St. Barnabas Hospital	Article 28	49	49	0	20.8%	20.8%	.	10.6%	10.6%	.
NYC	Kings	Brookdale Hospital Medical Center	Article 28	61	52	9	18.9%	16.7%	25.0%	15.2%	17.1%	10.0%
NYC	Kings	Interfaith Medical Center, Inc.	Article 28	120	120	0	23.2%	23.2%	.	12.5%	12.5%	.
NYC	Kings	Kingsbrook Jewish Medical Center	Article 28	58	58	0	29.2%	29.2%	.	9.2%	9.2%	.
NYC	Kings	Maimonides Medical Center	Article 28	70	70	0	19.4%	19.4%	.	1.0%	1.0%	.
NYC	Kings	NYC-HHC Coney Island Hospital	Article 28	64	64	0	22.6%	22.6%	.	6.9%	6.9%	.
NYC	Kings	NYC-HHC Kings County Hospital Center	Article 28	205	160	45	16.0%	16.7%	12.8%	12.5%	13.4%	8.5%
NYC	Kings	NYC-HHC Woodhull Medical & Mental Health Ctr.	Article 28	135	135	0	18.8%	18.8%	.	10.8%	10.8%	.
NYC	Kings	New York Methodist Hospital	Article 28	50	50	0	13.8%	13.8%	.	3.7%	3.7%	.
NYC	Kings	New York University Hospitals Center	Article 28	35	35	0	12.7%	12.7%	.	2.0%	2.0%	.
NYC	New York	Beth Israel Medical Center	Article 28	92	92	0	20.5%	20.5%	.	11.1%	11.1%	.
NYC	New York	Lenox Hill Hospital	Article 28	27	27	0	25.0%	25.0%	.	21.7%	21.7%	.
NYC	New York	Mount Sinai Medical Center ¹¹	Article 28	46	46	0	6.6%	6.6%	.	3.6%	3.6%	.
NYC	New York	NYC-HHC Bellevue Hospital Center	Article 28	330	285	45	24.3%	25.5%	18.1%	14.9%	15.6%	11.2%
NYC	New York	NYC-HHC Harlem Hospital Center	Article 28	52	52	0	21.1%	21.1%	.	11.3%	11.3%	.
NYC	New York	NYC-HHC Metropolitan Hospital Center	Article 28	122	104	18	30.9%	32.8%	14.3%	9.1%	10.2%	0.0%
NYC	New York	New York Gracie Square Hospital, Inc., The	Article 31	157	157	0	26.3%	26.3%	.	12.6%	12.6%	.
NYC	New York	New York Presbyterian Hospital	Article 28	91	91	0	14.4%	14.4%	.	7.1%	7.1%	.
NYC	New York	New York University Hospitals Center	Article 28	22	22	0	12.7%	12.7%	.	2.0%	2.0%	.
NYC	New York	St. Luke's-Roosevelt Hospital Center	Article 28	110	93	17	17.2%	17.5%	16.2%	8.6%	10.0%	4.4%
NYC	Queens	Episcopal Health Services Inc.	Article 28	43	43	0	27.1%	27.1%	.	4.2%	4.2%	.
NYC	Queens	Jamaica Hospital Medical Center ¹²	Article 28	52	52	0	19.7%	19.7%	.	18.2%	18.2%	.
NYC	Queens	Long Island Jewish Medical Center	Article 28	234	212	22	19.4%	20.3%	13.4%	3.4%	3.7%	1.5%
NYC	Queens	NYC-HHC Elmhurst Hospital Center	Article 28	177	151	26	17.5%	19.2%	6.3%	10.4%	10.6%	9.4%
NYC	Queens	NYC-HHC Queens Hospital Center	Article 28	71	71	0	19.6%	19.6%	.	10.6%	10.6%	.
NYC	Queens	New York Flushing Hospital and Medical Center	Article 28	18	18	0	24.5%	24.5%	.	4.1%	4.1%	.
NYC	Richmond	Richmond University Medical Center	Article 28	65	55	10	13.5%	14.0%	11.6%	43.7%	42.4%	48.8%
NYC	Richmond	Staten Island University Hospital ¹³	Article 28	35	35	0	20.0%	20.0%	.	15.7%	15.7%	.
Western	Cattaraugus	Olean General Hospital	Article 28	14	14	0	25.8%	25.8%	.	0.0%	0.0%	.

Table 5: General and Private Hospital 30-Day Inpatient Readmission and ER Utilization Rates¹

Region	County ²	Hospital Name ³	Auspice	Metrics Post Discharge ⁴								
				Capacity (as of 09/1/17)			Readmission ^{5, 15}			ER Utilization ^{7, 15}		
				Total	Adults	Child	For discharge cohort (Dec, 2016-Feb, 2017), % Having Psychiatric Readmission within 30 days			For discharge cohort (Dec, 2016-Feb, 2017), % Utilizing Psychiatric Emergency Room within 30 days		
			Total	Adult ⁶	Child	Total	Adult	Child	Total	Adult	Child	
Western	Chautauqua	TLC Health Network	Article 28	20	20	0	26.1%	26.1%	.	0.0%	0.0%	.
Western	Chautauqua	Woman's Christian Assoc. of Jamestown, NY	Article 28	40	30	10	15.6%	20.4%	6.1%	0.0%	0.0%	0.0%
Western	Chemung	St. Joseph's Hospital	Article 28	25	25	0	16.2%	16.2%	.	0.0%	0.0%	.
Western	Erie	Brylin Hospitals, Inc.	Article 31	88	68	20	17.7%	20.8%	15.8%	8.1%	16.7%	2.6%
Western	Erie	Erie County Medical Center ¹⁴	Article 28	136	120	16	7.7%	7.6%	8.6%	10.5%	11.3%	2.9%
Western	Monroe	Rochester General Hospital	Article 28	30	30	0	16.3%	16.3%	.	4.7%	4.7%	.
Western	Monroe	The Unity Hospital of Rochester	Article 28	40	40	0	6.3%	6.3%	.	12.5%	12.5%	.
Western	Monroe	Univ of Roch Med Ctr/Strong Memorial Hospital	Article 28	93	66	27	11.7%	12.4%	10.0%	16.5%	18.6%	11.4%
Western	Niagara	Eastern Niagara Hospital, Inc.	Article 28	12	0	12	0.0%	.	0.0%	4.0%	.	4.0%
Western	Niagara	Niagara Falls Memorial Medical Center	Article 28	54	54	0	13.7%	13.7%	.	3.7%	3.7%	.
Western	Ontario	Clifton Springs Hospital and Clinic	Article 28	18	18	0	22.6%	22.6%	.	29.0%	29.0%	.
Western	Tompkins	Cayuga Medical Center at Ithaca, Inc.	Article 28	26	20	6	7.7%	8.6%	5.0%	1.3%	1.7%	0.0%
Western	Wayne	Newark-Wayne Community Hospital, Inc.	Article 28	16	16	0	12.8%	12.8%	.	2.1%	2.1%	.
Western	Wyoming	Wyoming County Community Hospital	Article 28	12	12	0	8.2%	8.2%	.	0.0%	0.0%	.
Western	Yates	Soldiers & Sailors Memorial Hospital	Article 28	10	10	0	15.4% *	15.4% *	.	0.0% *	0.0% *	.
Statewide Total				5,977	5,197	780	17.8%	18.6%	12.6%	7.5%	7.8%	5.4%

Updated as of Oct 16, 2017

Source: Concerts, Medicaid, MHARS

Notes:

- Private (Article 31) hospitals are classified as Institutes for Mental Diseases (IMD), and as such, are not reimbursed by Medicaid for inpatient treatment in their facilities for persons aged 22-64.
- Data are presented by county of discharging hospital location and age group (child or adult). If an entity operates more than one hospital and county is not available on the records (e.g., managed care encounters), the discharges and readmissions are assigned to one of the hospitals.
- Hospitals that closed prior to 09/1/2017 are excluded.
- The denominators for the metrics were based on discharges to the community. The discharge cohort has a 6-month lag to allow time for completion of Medicaid claim submissions. The discharges that were no longer qualified for Medicaid services (lost Medicaid eligibility, had Medicare or third party insurance) were excluded from the discharge cohort.
- Readmissions were defined as State PC and Medicaid psychiatric (Article 28 /31) inpatient events occurring within 1 to 30 days after the Article 28 /31 discharge. The readmission was only counted once.
- When the psychiatric unit is a child or adolescent unit, persons aged 21 or younger are counted as a child. For adult units, persons aged 16 or older are counted as adults.
- ER data were extracted from Medicaid claims and encounters only. The numerator included the first Psychiatric ER/CPEP event that occurred within thirty days post discharge.
- Change at Champlain Valley Physicians Hospital Med Ctr. was made to reduce adult beds by 4(from 22 to 18) effective on 5/25/2017.
- North Shore University Hospital @ Syosset was not appearing in this report prior to June 2017, due to a Medicaid data matching issue that has now been resolved.
- Changes at Brunswick Hospital Center, Inc. adult capacity expended by 8 bed from 79 to 87 and child capacity reduced by 8 from 45 to 37 effective on 9/9/2016
- Changes at Mount Sinai Medical Center adult capacity is reduced by 30 bed from 76 to 46 effective on 7/1/2016
- Changes at Jamaica Hospital Medical Center adult capacity is expanded by 2 bed from 50 to 52 effective on 9/6/2016
- Changes at Staten Island University Hospital adult capacity reduced by 29 bed from 64 to 35 due to one of units has been functionally closed and effective on 7/15/2016
- Changes at Erie County Medical Center adult capacity expended by 4 bed from 116 to 120 effective on 7/19/2017
- The Medicaid system has had difficulty with the timely updating of managed care encounter data due to system transitions beginning in the fall of 2015. Therefore the Medicaid encounter data included in the rate calculations may not fully represent all managed care inpatient readmission or ER encounters during this reporting time period.

*Note: This rate may not be stable due to small denominator (less than 20 discharges in the denominator).

Glossary of Services

1. **Supported Housing:** Supported Housing is a category of community-based housing that is designed to ensure that individuals who are seriously and persistently mentally ill (SPMI) may exercise their right to choose where they are going to live, taking into consideration the recipient's functional skills, the range of affordable housing options available in the area under consideration, and the type and extent of services and resources that recipients require to maintain their residence with the community. Supported Housing is not as much considered a "program" which is designed to develop a specific number of beds; but rather, it is an approach to creating housing opportunities for people through the development of a range of housing options, community support services, rental stipends, and recipient specific advocacy and brokering. As such, this model encompasses community support and psychiatric rehabilitation approaches.

The unifying principle of Supported Housing is that individual options in choosing preferred long term housing must be enhanced through:

- Increasing the number of affordable options available to recipients;
- Ensuring the provision of community supports necessary to assist recipients in succeeding in their preferred housing and to meaningfully integrate recipients into the community; and
- Separating housing from support services by assisting the resident to remain in the housing of his choice while the type and intensity of services vary to meet the changing needs of the individual.

2. **Home and Community Based Services Waiver (HCBS):** HCBS was developed as a response to experience and learning gained from other state and national grant initiatives. The goals of the HCBS waiver are to:

- Enable children to remain at home, and/or in the community, thus decreasing institutional placement.
- Use the Individualized Care approach to service planning, delivery and evaluation. This approach is based on a full partnership between family members and service providers. Service plans focus upon the unique needs of each child and builds upon the strengths of the family unit.
- Expand funding and service options currently available to children and adolescents with a diagnosis of serious emotional disturbance and their families.
- Provide services that promote better outcomes and are cost-effective.

The target population of children eligible for the waiver are children with a diagnosis of serious emotional disturbance who without access to the waiver would be in psychiatric institutional placement. Parent income and resources are not considered in determining a child's eligibility.

The HCBS waiver includes six new services not otherwise available in Medicaid:

- **Individualized Care Coordination** includes the components of intake and screening, assessment of needs, service plan development, linking, advocacy, monitoring and consultation.

- **Crisis Response Services** are activities aimed at stabilizing occurrences of child/family crisis where it arises.
 - **Intensive In-home Services** are ongoing activities aimed at providing intensive interventions in the home when a crisis response service is not enough.
 - **Respite Care** are activities that provide a needed break for the family and the child to ease the stress at home and improve family harmony.
 - **Family Support Services** are activities designed to enhance the ability of the child to function as part of a family unit and to increase the family's ability to care for the child in the home and in community based settings.
 - **Skill Building Services** are activities designed to assist the child in acquiring, developing and addressing functional skills and support, both social and environmental.
3. **Mobile Integration Teams (MIT):** Mobile Integration Teams provide an array of services delivered by multidisciplinary professionals and paraprofessionals to successfully maintain each person in his or her home or community. The intent of this program is to address the social, emotional, behavioral and mental health needs of the recipients and their families to prevent an individual from needing psychiatric hospitalization. Examples of services include, but are not limited to, health teaching, assessment, skill building, psychiatric rehabilitation and recovery support, in-home respite, peer support, parent support and skills groups, crisis services, linkage and referral, outreach and engagement. The population to be served includes children and adolescents, their families, and adults. The services provided by this team can be provided in any setting, including an individual's residence, schools, as well as inpatient or outpatient treatment settings.
 4. **Respite Services:** Temporary services (not beds) provided by trained staff in the consumer's place of residence or other temporary housing arrangement. Includes custodial care for a disabled person in order that primary care givers (family or legal guardian) may have relief from care responsibilities. The purpose of respite services is to provide relief to the primary care provider, allow situations to stabilize and prevent hospitalizations and/or longer term placements out of the home. Maximum Respite Care services per Consumer per year are 14 days.
 5. **Outreach:** Outreach programs/services are intended to engage and/or assess individuals potentially in need of mental health services. Outreach programs/services are not crisis services. Examples of applicable services are socialization, recreation, light meals, and provision of information about mental health and social services. Another type of service within this program code includes off-site, community based assessment and screening services. These services can be provided at forensic sites, a consumer's home, other residential settings, including homeless shelters, and the streets.
 6. **Assertive Community Treatment (ACT) Program:** ACT Teams provide mobile intensive treatment and support to people with psychiatric disabilities. The focus is on the improvement of an individual's quality of life in the community and reducing the need for inpatient care, by providing intense community-based treatment services by an interdisciplinary team of mental health professionals. Building on the successful components of the Intensive Case Management (ICM) program, the ACT program has low staff-outpatient ratios; 24-hour-a-day, seven-day-per-week availability; enrollment of consumers, and flexible service dollars. Treatment is focused on individuals who have been unsuccessful in traditional forms of treatment.
 7. **Advocacy/Support Services:** Advocacy/support services may be individual advocacy or systems advocacy (or a combination of both). Examples are warm lines, hot lines, teaching daily

living skills, providing representative payee services, and training in any aspect of mental health services. Individual advocacy assists consumers in protecting and promoting their rights, resolving complaints and grievances, and accessing services and supports of their choice. Systems advocacy represent the concerns of a class of consumers by identifying patterns of problems and complaints and working with program or system administrators to resolve or eliminate these problems on a systemic, rather than individual basis.

- 8. Targeted Case Management:** The Targeted Case Management (TCM) program promotes optimal health and wellness for adults diagnosed with severe mental illness, and children and youth diagnosed with severe emotional disorders. Wellness and recovery goals are attained by implementing a person-centered approach to service delivery and ensuring linkages to and coordination of essential community resources. With respect for and affirmation of recipients' personal choices, case managers foster hope where there was little before. Case Managers work in partnership with recipients to advance the process of individuals gaining control over their lives and expanding opportunities for engagement in their communities. All targeted case management programs are organized around goals aimed at providing access to services that encourage people to resolve problems that interfere with their attainment or maintenance of independence or self-sufficiency, and maintain themselves in the community rather than an institution.

Case managers:

- Promote hope and recovery by using strengths-based, culturally appropriate, and person-centered practices
- Maximize community integration and normalization
- Provide leadership in ensuring the coordination of resources for individuals eligible for mental health services

- 9. Intensive Case Management (ICM):** In addition to providing the services in the general Targeted Case Management program description above, ICM is set at a case manager/client ratio of 1:12. Medicaid billing requirements for the Traditional ICM model requires a minimum of four (4) 15 minute face to-face contacts per individual per month. For programs serving Children and Families, one contact may be collateral. The Flexible ICM model requires a minimum of two (2) 15 minute minimum face-to-face contacts per individual, per month but must maintain a minimum aggregate of 4 face-to-face contacts over the entire caseload. For programs serving Children and Families, 25% of the aggregate contacts can be collaterals.

**Note: Targeted Case Management and Intensive Case Management programs for adults have been converted to Health Home care management. Children will continue to be served under the ICM program until the conversion to Health Home in 2015.*

- 10. Crisis Intervention:** Crisis intervention services, applicable to adults, children and adolescents, are intended to reduce acute symptoms and restore individuals to pre-crisis levels of functioning. Examples of where these services may be provided include emergency rooms and residential settings. Provision of services may also be provided by a mobile treatment team, generally at a consumer's residence or other natural setting (not at an in-patient or outpatient treatment setting). Examples of services are screening, assessment, stabilization, triage, and/or referral to an appropriate program or programs. This program type does not include warm lines or hot lines.
- 11. Non-Medicaid Care Coordination:** Activities aimed at linking the consumer to the service system and at coordinating the various services in order to achieve a successful outcome. The objective of care coordination in a mental health system is continuity of care and service. Services may include linking, monitoring and case-specific advocacy. Care Coordination Services are provided to enrolled consumers for whom staff is assigned a continuing care coordination

responsibility. Thus, routine referral would not be included unless the staff member making the referral retains a continuing active responsibility for the consumer throughout the system of service. Persons with Medicaid may receive services from this program, however the program does not receive reimbursement from Medicaid.

- 12. Recovery Center:** A program of peer support activities that are designed to help individuals with psychiatric diagnosis live, work and fully participate in communities. These activities are based on the principle that people who share a common condition or experience can be of substantial assistance to each other. Specific program activities will: build on existing best practices in self-help/peer support/mutual support; incorporate the principles of Olmstead; assist individuals in identifying, remembering or discovering their own passions in life; serve as a clearinghouse of community participation opportunities; and then support individuals in linking to those community groups, organizations, networks or places that will nurture and feed an individual's passions in life. Social recreation events with a focus on community participation opportunities will be the basis for exposing individuals to potential passion areas through dynamic experiences, not lectures or presentations.
- 13. Self Help Program:** To provide rehabilitative and support activities based on the principle that people who share a common condition or experience can be of substantial assistance to each other. These programs may take the form of mutual support groups and networks, or they may be more formal self-help organizations that offer specific educational, recreational, social or other program opportunities.
- 14. Clinic Treatment:** A clinic treatment program shall provide treatment designed to minimize the symptoms and adverse effects of illness, maximize wellness, and promote recovery. A clinic treatment program for adults shall provide the following services: outreach, initial assessment (including health screening), psychiatric assessment, crisis intervention, injectable psychotropic medication administration (for clinics serving adults), psychotropic medication treatment, psychotherapy services, family/collateral psychotherapy, group psychotherapy, and complex care management. The following optional services may also be provided: developmental testing, psychological testing, health physicals, health monitoring, and psychiatric consultation. A clinic treatment program for children shall provide the following services: outreach, initial assessment (including health screening), psychiatric assessment, crisis intervention, psychotropic medication treatment, psychotherapy services, family/collateral psychotherapy, group psychotherapy, and complex care management. The following optional services may also be provided: developmental testing, psychological testing, health physicals, health monitoring, psychiatric consultation, and injectable psychotropic medication administration.
- 15. Home-Based Crisis Intervention:** The Home-Based Crisis Intervention Program is a clinically oriented program with support services by a MSW or Psychiatric Consultant which assists families with children in crisis by providing an alternative to hospitalization. Families are helped through crisis with intense interventions and the teaching of new effective parenting skills. The overall goal of the program is to provide short-term, intensive in-home crisis intervention services to a family in crisis due to the imminent risk of their child being admitted to a psychiatric hospital. The target population for the HBCI Program is families with a child or adolescent ages 5 to 17 years of age, who are experiencing a psychiatric crisis so severe that unless immediate, effective intervention is provided, the child will be removed from the home and admitted to a psychiatric hospital. Families referred to the program are expected to come from psychiatric emergency services.

16. Crisis Housing/Beds (Adult): Non-licensed residential program, or dedicated beds in a licensed program, which provide consumers a homelike environment with room, board and supervision in cases where individuals must be removed temporarily from their usual residence.

17. Children & Youth Crisis/Respite: The intent of the crisis/respite program is to provide a short-term, trauma-sensitive, safe and therapeutic living environment, and crisis support to children and adolescents with serious emotional disturbances, their families and residential service providers.

The goal of the program is to:

- Stabilize the crisis situation and support the family or service provider's efforts to maintain the child in his or her current residence;
- Provide immediate access to treatment services;
- Increase engagement with peer and family support services;
- Improve the family/caregiver's ability to respond to the environmental/social stressors that precipitated the need for respite; and
- Decrease the inappropriate use of emergency departments, inpatient hospitalizations and/or other out-of-home placements.

This program is intended to be an opportunity to provide intense support and guidance to the youth and their family/caregivers so as to prevent a reoccurrence of the situation preceding the admission.

Eligibility

Depending upon the facility and/or location of the program, the population to be served may include youth from five to eighteen years of age, with admission happening prior to the youth's eighteenth birthday.

A crisis admission to the crisis/respite unit may occur when there is evidence of situational crisis requiring temporary residential placement for assessment and treatment planning due to one or more of the following:

- A situational crisis occurred disturbing the adolescent's ability to cope;
- Substantial problems in social functioning due to a serious emotional disturbance within the past year;
- Serious problems in family relationships, peer/social interaction or school performance;
- Serious and persistent symptoms of cognitive, affective and personality disorders.

A planned respite admission will occur for youth in active mental health treatment, whose service providers believe that planned time away from the living situation would significantly relieve stress and allow time for parents and providers to re-strategize, which in turn will keep youth out of hospitals and long term residential placements.

Services Provided

The following services will be provided and/or coordinated through the crisis/respite program:

- (1) **Crisis Stabilization** is intended to address the situation that precipitated the youth's admission to the program.
- (2) **Behavior support** services will provide guidance and training in behavior intervention techniques and opportunities to practice those skills to increase the youth's ability to manage their behavior. These interventions will be primarily focused in the areas that were the catalyst for the youth's admission.

- (3) **Case management** services will be provided, if appropriate. If the youth and family are already connected to case management services (SCM, ICM, Waiver), this service will continue to be provided by the involved provider. If the youth/family is not connected to case management services, a referral for such services will be submitted, where appropriate.
 - (4) **Counseling services** will be provided with a focus on clarifying future direction, developing meaningful goals, identifying personal strengths, identifying mental health-related behaviors or feelings that assist or interfere with the achievement of goals, and re-integrating into the community.
 - (5) **Daily living skills training** will support the acquisition of skills and capabilities to perform primary activities of daily life.
 - (6) **Education/vocation support services** will be provided to promote regular attendance at school or work. When at all possible, the youth will continue to attend their home school. If this is not possible, then every effort will be made to acquire the students work from the home school for completion during their stay.
 - (7) **Health Services** are activities designed to foster an increase in the youth's ability to demonstrate developmentally appropriate independence in personal health care and maintenance.
 - (8) **Medication management and training** is intended to provide information to the youth and their family to ensure appropriate management of medication through understanding the role and effects of medication in treatment, identification of side effects of medication and discussion of potential dangers of consuming other substances while on medication. This service will be facilitated in coordination with the youth's current clinical provider.
 - (9) **Medication Monitoring** are activities performed by staff which relates to storage, monitoring, recordkeeping and supervision associated with the use of medication. Such activities include reviewing the appropriateness of an existing regimen by staff with the prescribing physician. Prescribing medication is not an activity included under this service.
 - (10) **Socialization** is intended to ensure that programming includes activities which assist in the development and practice of age-appropriate social and interpersonal skills. Such activities shall promote the capacity to identify and participate in positive social situations and to develop and practice appropriate communication skills.
- 18. Transportation:** The provision of transportation to and from facilities or resources specified in the Consumer's individual treatment plan as a necessary part of his/her service for mental disability. This includes all necessary supportive services for full and effective integration of the Consumer into community life.
- 19. Flexible Recipient Service Dollars:** Flexible Recipient Service Dollars are not based on a particular fiscal model and are available to provide for a recipient's emergency and non-emergency needs. These funds are to be used as payment of last resort. The use of the service dollars should include participation of the recipient of services, who should play a significant role in the planning for, and the utilization of, service dollars. Services purchased on behalf of a recipient, such as Respite or Crisis Services, should be reported using this Service Dollar program code. Examples of services may include housing, food, clothing, utilities, transportation and assistance in educational, vocational, social or recreational and fitness activities, security deposits, respite, medical care, crisis specialist, homemakers and escorts. This program code cannot be allocated for AHSCM, ICM, SCM, BCM, ACT, RTF Transition Coordinators or Home and Community Based Waiver Services. Agency administrative costs allocated to the operating

costs of this program via the Ratio Value allocation methodology are redistributed to other OMH programs in the CFR.

- 20. Family Support Services:** Family support programs provide an array of formal and informal services to support and empower families with children and adolescents having serious emotional disturbances. The goal of family support is to reduce family stress and enhance each family's ability to care for their child. To do this, family support programs operate on the principles of individualized care and recognizing every child and family is unique in their strengths and needs. Connecting family members to other families with children with serious emotional problems helps families to feel less isolated and identify their own strengths. Family support programs ideally provide the following four core services: family/peer support, respite, advocacy, and skill building/educational opportunities.
- 21. CPEP Crisis Intervention:** This licensed, hospital-based psychiatric emergency program establishes a primary entry point to the mental health system for individuals who may be mentally ill to receive emergency observation, evaluation, care and treatment in a safe and comfortable environment. Emergency visit services include provision of triage and screening, assessment, treatment, stabilization and referral or diversion to an appropriate program. Brief emergency visits require a psychiatric diagnostic examination and may result in further CPEP evaluation or treatment activities, or discharge from the CPEP program. Full emergency visits, which result in a CPEP admission and treatment plan, must include a psychiatric diagnostic examination, psychosocial assessment and medication examination. Brief and full emergency visit services are Medicaid reimbursable. CPEP Crisis Intervention is one of four program components which, when provided together, form the OMH licensed Comprehensive Psychiatric Emergency Program (CPEP), and the code to which the license is issued. The other program components of the CPEP are: CPEP Extended Observation Beds (1920), CPEP Crisis Outreach (1680) and CPEP Crisis Beds (2600).
- 22. Collaborative Problem Solving:** Collaborative Problem Solving (CPS) is an evidence-based approach to working “with children and adolescents with a wide range of social, emotional, and behavioral challenges across a variety of different settings: from families, schools, mentoring organizations and foster care agencies to therapeutic programs such as inpatient psychiatry units, residential treatment and juvenile detention facilities. This evidence based model has also been applied in transitional age youth and adult programs as well as used with neurotypically developing kids to foster the development of social emotional skills. CPS is a strengths-based, neurobiologically-grounded approach that provides concrete guideposts so as to operationalize trauma-informed care and empower youth and family voice.” (from <http://thinkkids.org/learn/our-collaborative-problem-solving-approach/>)
- 23. First Episode Psychosis:** First Episode Psychosis (FEP) programs are intended for early identification of psychotic symptoms and the development of early intervention strategies to mitigate the onset of psychotic disorders. These programs generally focus on serving transition-aged youth and young adults experiencing their first psychotic break.
- 24. First Break Team:** The First Break Teams provides services to the first onset psychosis adult population. The purpose of this program will be to provide interventions that will prevent the need for an inpatient hospitalization for those individuals experiencing their first psychotic break.
- 25. On-Site Rehabilitation:** Program objective is to assist mentally ill adults living in adult congregate care settings, supervised or supported living arrangements to achieve their treatment and community living rehabilitation goals. Services include one or a combination of:
- (1) consumer self-help and support interventions;
 - (2) community living;
 - (3) academic and/or social leisure time rehabilitation training and support services.
- Services are provided either at the residential location of the resident or in the natural or provider-operated community and are provided by a team that is either located at the residential site or which functions as a mobile rehabilitation team traveling from site to site.

26. Transitions in Care Teams: Transitions in Care Teams are focused on State PC and acute care discharges. OMH is currently funding two types of transitions in care teams known as Pathway Home (3) and Parachute teams (3), for a total of 6 teams, largely focused on assisting recipients in the transition from a State Psychiatric Center to a community setting. These teams will become a critical part of the crisis management system in the City. Although largely focused on State PC discharges, these teams can also be used as a bridge service for individuals being discharged from an acute care hospital as a way to provide more intensive support while a recipient is being engaged in outpatient clinic and other services.

Both teams are focused on recipient engagement through a multi-disciplinary mobile team consisting of peer specialists and nurses, social workers and part-time physician staff and have as their goal the collaboration with treatment and housing providers to facilitate timely, safe discharge to the community with ongoing support. Although run by different providers, the basic aim is similar – providing time-limited support in transitions in care to prevent future crises, and costly inpatient and psychiatric emergency services use. The team support is patient-centered and can extend from three months to a year, depending on the recipient's needs.

27. Family Resource Centers: Family Resource Centers aim to strengthen secure attachment between parent and child relationships, and to promote healthy social-emotional development in children age five and under from high risk families residing in eight communities in the Bronx and Harlem.

28. High Fidelity Wraparound (HFW) is a youth-guided, family-driven planning process that allows youth and their family achieve treatment goals that they have identified and prioritized, with assistance from their natural supports and system providers, while the youth remains in his or her home and community setting.

29. Mobile Residential Support Teams focus on transitioning adults living in supported housing apartments into community living. Once these individuals are living in the community, Mobile Residential Support Teams visit them in their homes to help ensure that their basic needs are being met. Teams assist with discharge and community residential support for high risk individuals such as those with co-morbid medical conditions, dual diagnoses of mental illness and/or developmental disability.

30. Long Stay Teams are services that assist with the transition of long stay individuals in State PC or residential settings into structured community settings. Long stay is defined as an adult with a State PC or residential length of stay exceeding one year.