

# January 2018 Monthly Report

OMH Facility Performance Metrics and Community Service Investments

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# **January 2018 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;
- 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, 2015-16, and 2016-17 continued to grow through January. Planning is underway for new and enhanced services to be developed with resources funded in the SFY 2017-18 Budget.

Supported housing continued developing and serving new individuals, with over 1,350 new individuals served with the expansion capacity in January. Supported housing beds issued in the SFY 2017-18 have been opened in the Greater Binghamton, Elmira, Buffalo, Rochester, Rockland, and Capital District State PC service areas through January. Requests for proposals to the New York City and Long Island beds were due by January 24, 2018.

State-operated community services continued expanding their reach through eight facility service regions of the State. Statewide expansion has served over 10,500 new individuals through January, 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 36,000 new individuals have been served in the Aid to Localities-funded programs through January.



Table 1: NYS OMH State Psychiatric Center Inpatient Descriptive Metrics for January, 2018

	Capital Beds	Funded Capacity	Capacity Change <sup>2, 3</sup>	Admission	Disc	charge⁴	Long Stay <sup>5</sup>	Month	ly Average Daily C	ensus <sup>6</sup>
State Inpatient	N	N	N	N	N	Days	N	N	N	N
Facilities <sup>1</sup>	Capital Beds as of end of SFY 2016-	January, 2018 Funded Capacity	Capacity change from previous month	# of Admissions during January 2018	# of Discharges during January 2018	Median Length of Stay for discharges during January 2018	# of Long Stay on census 01/31/2018	Avg. daily census 11/1/2017- 11/30/2017	Avg. daily census 12/1/2017- 12/31/2017	Avg. daily census 01/1/2018- 01/31/2018
Adult										
Bronx	156	156		12	12	242	88	154	154	154
Buffalo	221	157	1	12	12	187	76	155	158	157
Capital District	158	109	1	14	16	15	77	108	106	109
Creedmoor	480	333	11	19	27	117	191	332	335	333
Elmira	104	51		15	12	48	16	51	49	48
Greater Binghamton	178	72		13	10	62	28	72	71	72
Hutchings	132	117		6	7	95	52	115	100	99
Kingsboro	254	161		13	9	230	89	157	158	160
Manhattan	476	150		23	24	111	68	149	147	146
Pilgrim	771	278		8	11	226	177	275	278	277
Rochester	222	82		10	11	276	38	80	79	79
Rockland	436	368		18	19	183	236	366	366	366
South Beach	362	237	(1)	15	22	166	89	233	235	237
St. Lawrence	84	41	(3)	9	7	57	6	41	38	40
Washington Heights	21	21		15	19	39	0	20	19	20
Total	4.055	2,333		202	218	108	1,231	2,308	2,292	2,295
Children & Youth	,,,,,,	,					,	,	,	,
Elmira	48	12		14	11	20	1	11	12	11
Greater Binghamton	16	13		17	16	30	0	13	13	13
Hutchings	30	23		14	14	35	2	19	19	19
Mohawk Valley	30	31	4	34	27	19	1	31	29	31
NYC Children's Center	184	102		23	20	100	38	90	90	91
Rockland CPC	56	20		22	15	18	0	22	17	16
Sagamore CPC	77	54		15	13	92	13	43	39	41
South Beach	12	11		2	2	120	2	9	9	9
St. Lawrence	29	27		47	36	15	0	27	25	22
Western NY CPC	46	46		14	13	86	12	41	42	40
Total	528	339		202	167	27	69	307	294	292
Forensic										
Central New York	569	179		29	27	92	19	115	114	121
Kirby	476	193		28	27	80	77	191	191	190
Mid-Hudson	340	288	24	21	23	114	154	289	289	288
Rochester	84	84		3	2	254	56	84	84	84
Total	1,469	744		81	79	92	306	678	678	683

Updated as of February 9, 2018

- 1. Research units and Sexual Offender Treatment Programs (SOTP) were excluded.
- 2. Capacity increases in this report for Buffalo, Capital District, Creedmoor, Mohawk Valley, and Mid-Hudson reflect a temporary increase associated with need that exceeds previously-funded bed levels. Staffing levels are adjusted as needed to accommodate such changes.
- 3. Capacity reductions comply with requirement that there be a consistent ninety day period of time that the beds remain vacant, as demonstrated by the November to January census data.
- 4. Discharge includes discharges to the community and transfers to another State IP facility.
- 5. Long Stay is defined as: Length of stay over one year for adult and forensic inpatients, and over 90 days for child inpatients.
- 6. 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

011115 333	T 15 15	D: 0 ::1	Reinvestment	Annualized	A11	New Individua
OMH Facility	Target Population	Prior Capacity <sup>1</sup>	Expansion	Reinvestment	Allocated	Served
		HCBS	Waiver Slots			
reater Binghamton	Children	60	12	\$315,516	\$315,516	58
Imira	Children	90	12	\$315,516	\$315,516	28
t. Lawrence	Children	78	12	\$315,516	\$315,516	38
agamore	Children	192	60	\$1,488,240	\$1,488,240	201
/estern NY	Children	110	24	\$631,032	\$631,032	91
ochester	Children	100	-	-	-	-
lew York City	Children	600	78	\$1,749,440	\$1,749,440	145
lockland	Children	177	30	\$323,118	\$323,118	118
lutchings	Children	72	18	\$473,274	\$473,274	55
	ototal	1,479	246	\$5,611,652	\$5,611,652	734
		Supported Ho	nusina Reds			
reater Binghamton	Adults	289	88	\$687,604	\$687,604	136
Imira	Adults	517	82	\$694,022	\$694,022	102
t. Lawrence	Adults	306	55	\$423,442	\$423,442	84
ilgrim	Adults	2,245	208	\$3,261,802	\$2,761,972	190
uffalo	Adults	1,196	112	\$947,324	\$947,324	152
ochester	Adults	555	125	\$1,055,947	\$1,055,947	176
ew York City	Adults	8,776	364	\$5,717,752	\$4,551,482	264
ockland	Adults	1,841	145	\$1,858,774	\$1,858,774	159
apital District PC	Adults	659	84	\$599,855	\$599,855	73
utchings	Adults	837	42	\$324,960	\$324,960	63
	ototal	17,221	1,305	\$15,571,482	\$13,905,382	1,399
040	7.0.0.			<b>4.0,0.1,102</b>	<b>V.0,000,00</b>	1,000
		State-Cor	minunity			
reater Binghamton Imira				\$5,740,000	\$4,378,500	3,721
				\$2.006.460	@0.000.400	1.004
t. Lawrence				\$2,806,160	\$2,806,160	1,934
agamore				\$3,570,000	\$1,820,000	1,478
lgrim				**,***	\$1,750,000	787
estern NY				\$1,050,000	\$1,050,000	810
uffalo				\$490,000	\$490,000	201
ochester				\$2,145,440	\$2,145,440	683
ew York City				\$2,660,000	\$1,470,000	424
			-	φ2,000,000		
ockland				\$770,000	\$280,000	26
apital District PC				·	\$420,000	40
utchings				\$1,068,400	\$1,068,400	421
Sub	ototal			\$20,300,000	\$17,678,500	10,525
		Aid to Lo	calities			
Freater Binghamton				\$1,815,000	\$954,921	2,507
Imira					\$703,574	958
t. Lawrence				\$681,000	\$680,998	2,921
agamore				<b>65 000 000</b>	ØF 540 000	102
ilgrim				\$5,866,000	\$5,512,338	4,325
Vestern NY				_	_	
uffalo				\$2,548,000	\$2,672,712	3,115
ochester				\$3,173,000	\$3,173,000	1572
ew York City				\$7,432,000	\$7,430,938	997
ockland				\$5,740,000	\$4,228,116	5,967
apital District PC				ÇC,1 70,000	\$430,000	33
utchings				\$1,077,000	\$1,077,000	627
	ototal			\$28,332,000	\$26,863,597	23,124
		State	wide			
uicide Prevention, Forensics and F	Risk Monitorina			\$2,500,000	\$2,500,000	\$1/A
esidential Stipend Adjustment				\$5,725,636	\$5,725,636	N/A
NF Transition Supports				\$5,500,000	\$5,725,030	103
	ototal			\$5,500,000 \$13,725,636	\$5,500,000 \$13,725,636	103
Sub	- CO-SMI			ψ10,720,000	ψ13,123,030	
		2017-18 Investm	ents Available*		*Allocated funds for SF	Y 2017-18 will be
id to Localities				\$8,444,000	distributed by facility se	
a to Localido				\$8,444,000	approval of local and r	
TOTAL TRANSFORMAT	TION		ĺ	\$91,984,770	\$77,784,767	35,885
		Article 28/31 F	Reinvestment			
. James Mercy (WNY)	Child & Adult	N/A	N/A	\$894,275	\$894,275	2,430
	Adults	N/A	N/A	\$199,030	\$199,030	892
edina Memorial (WNY)		N/A	N/A	\$10,254,129	\$10,254,129	1,852
olliswood/Stony Lodge/Mt Sinai (N						
olliswood/Stony Lodge/Mt Sinai (N tony Lodge/Rye (Hudson River)	Child & Adult	N/A	N/A	\$4,634,577	\$4,634,577	4,646
olliswood/Stony Lodge/Mt Sinai (N tony Lodge/Rye (Hudson River) BMC/NSUH/PK (Long Island)	Child & Adult Child & Adult			\$4,634,577 \$2,910,400	\$4,634,577 \$2,910,400	4,646 3,122
ledina Memorial (WNY) olliswood/Stony Lodge/Mt Sinai (N tony Lodge/Rye (Hudson River) BMC/NSUH/PK (Long Island) Sub	Child & Adult	N/A	N/A	\$4,634,577	\$4,634,577	4,646

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



			Table 3a	: Greater Bir	nghamton Health Center				
					Investment Plan Progress				
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	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	Tioga	6	6		6/5/2014	26	\$157,758	
SUBTOTAL:			30	12			58	\$315,516	
Supported Housing	Adult	Broome	161	53		8/1/2014	97	\$407,856	
Supported Housing	Adult	Chenango	46	8		10/1/2014	9	\$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	7	\$25,278	
Supported Housing	Adult	Tompkins	0	10		11/1/2014	14	\$84,260	
SUBTOTAL:			289	88			136	\$687,604	
State Becourses			N/A						
State Resources:	Adults &	Southern Tier	IN/A	38.35 FTEs				1	
Mobile Integration Team <sup>1</sup>	Children	Service Area				6/1/2014	3,141	\$1,342,250	
Clinic Expansion <sup>1</sup>	Adult	Southern Tier Service Area		7.2 FTEs		1/1/2015	330	\$252,000	
OnTrack NY Expansion	Adult	Southern Tier Service Area		3 FTE		2/2/2017	12	\$210,000	
SUBTOTAL:							3,483	\$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	1,812	\$80.400	
Engagement & Transitional Support	Adults &	Chenango &				40/00/0045	054	0400.000	
Services Program Family Stabilization Program	Children	Delaware				12/28/2015	251	\$160,800	
	Children	Otsego				6/27/2016	28	\$80,400	
Warm Line Program	Adult	Tioga				6/11/2016	60	\$35,040	
Drop-In Center	Adult	Tioga				11/1/2015	89	\$45,360	
Crisis Stabilization Team	Adult	Broome			Funding has been made available on the county		0	\$80,000	
Peer-In-Home Companion Respite	Adult	Broome			State Aid Letter, and is effective January 1, 2017.		18	\$42,000	
Enhanced Outreach Services	Adults & Children	Chenango			Funding has been made available on the county State Aid Letter, and is effective April 1, 2017.	0/4/0047	00	#00.000	
Enhanced Outreach Services	Adults &	Delaware		-	Funding has been made available on the county	8/1/2017	38	\$80,000	
Enhanced Outreach Services	Children	Delaware			State Aid Letter, and is effective April 1, 2017.	0/4/0047	044	****	
Enhanced Child & Family Support	Children	Oteoge			Funding has been made available on the county	8/1/2017	211	\$80,000	
Services	Children	Otsego			State Aid Letter, and is effective July 1, 2017.		0	\$54,958	
System Monitoring Support	Adult & Children	Otsego					0	\$25,042	
Crisis/Respite Program Expansion <sup>2</sup>	Adults	Tompkins			Funding has been made available on the county State Aid Letter, and is effective January 1,		·		
					2018.		0	\$190,921	
SUBTOTAL:							2,507	\$954,921	

State Resources - In Development:	\$1,306,971

TOTAL: 6,184 \$5,069,262

<sup>1.</sup> 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.

<sup>2.</sup> Reinvestment funding \$50,921 previously allocated for Transitional Housing Program in Tompkins county on Table 3b was reallocated to a new Crisis/Respite Program Expansion in Tompkins county on Table 3a by combining with \$140,000 unallocated Aid to Localities funding on Table 3a.

			Table 3	b: Elmira Ps	sychiatric Center			
	Investment Plan Progress							
				Reinvestment			New	Annualized
	Target		Prior	Expansion			Individuals	Reinvestment
Service	Population	County	Capacity	(units)	Status Update	Start Up Date	Served	Amount (\$)
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	Wayne	12	6		6/5/2014	8	\$157,758
SUBTOTAL:			36	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	38	\$262,253
Supported Housing	Adult	Ontario	64	13		10/1/2014	15	\$110,762
Supported Housing	Adult	Schuyler	6	6		12/1/2015	3	\$50,841
Supported Housing	Adult	Seneca	28	9		8/1/2014	13	\$76,197
Supported Housing	Adult	Steuben	119	8		9/1/2014	9	\$67,408
Supported Housing	Adult	Tompkins	64	4		9/1/2014	8	\$33,704
Supported Housing	Adult	Wayne	70	4		10/1/2014	6	\$33,704
Supported Housing	Adult	Yates	10	4		6/1/2015	6	\$33,875
SUBTOTAL:			517	82			102	\$694,022
State Resources:			N/A					
Mobile Integration Team <sup>1</sup>	Adults &	Southern Tier		38.35 FTEs				
Mobile integration ream	Children	Service Area				6/1/2014	3,079	\$1,342,250
Clinic Expansion <sup>1</sup>	Adult	Southern Tier		7.2 FTEs			,	, ,
Cirric Expansion		Service Area				1/1/2015	330	\$252,000
Crisis/respite Unit	Children	Elmira PC		12.5 FTEs				<b>,</b>
		Service Area		12.01120		4/16/2015	300	\$875,000
Clinic Expansion	Children	Elmira PC		1.5 FTEs			N/A	<b>+</b> + + + + + + + + + + + + + + + + + +
	0	Service Area		1.01 120		9/1/2014	1477	\$105,000
SUBTOTAL:		00.7.007.00				0/ 1/20 1 1	3,709	\$2,574,250
333.3.7.							5,: 55	<del>+-,-: :,</del>
Aid to Localities:		Western	N/A	N/A				
7 10 <u></u>		Southern Tier/						
		Finger Lakes						
		Service Area						
Respite Services	Adult	Western				3/1/2016	76	\$50,368
Community Support Services	Adult	Southern Tier/				5/1/2016	493	\$61,947
Family Support	Adult	Finger Lakes				3/7/2017	2	\$34,887
Peer Training	Adult	Service Area				12/5/2015	281	\$10,538
Transitional Housing Program	Adult	Steuben				7/1/2015	43	\$101,842
Transitional Housing Program	Adult	Yates				4/8/2016	24	\$50,921
Mobile Psychiatric Supports	Adult	Wayne			Funding has been made available on the	7/0/2010	47	ΨΟΟ,ΘΕΙ
INIODITE E SYCHIALITIC SUPPORTS	Addit	vvayiic			county State Aid Letter, and is effective	1		1
					January 1, 2017.		0	\$40,576
Comment Comment December	A -114	Observes	l				U	φ <del>4</del> υ,570
Community Support Program	Adult	Chemung			Funding has been made available on the			
Expansion - Long Stay Team					county State Aid Letter, and is effective	7/4/0047	4.4	0400 000
					July 1, 2016.	7/1/2017	14	\$108,000
Home-Based Crisis Intervention	Children	Chemung			Funding has been made available on the			
Program Expansion					county State Aid Letter, and is effective	1		1
					October 1, 2017.	ļ	25	\$244,495
SUBTOTAL:							958	\$703,574

State Resources - In Development:		\$53,786
Aid to Localities - In Development:		\$30,793
TOTAL:	4.797	\$4.371.941

<sup>1.</sup> 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.
\*Note: Reinvestment funding \$50,921 previously allocated for Transitional Housing Program in Tompkins county on Table 3b was reallocated to a new Crisis/Respite Program Expansion in Tompkins county on Table 3a by combining with \$140,000 unallocated Aid to Localities funding on Table 3a.

			Table	3c: St. Lawre	ence Psychiatric Center			
					Investme	nt Plan Progress		
				Reinvestment	Status Update	Start Up Date	New Individuals	Annualized
	Target		Prior	Expansion			Served	Reinvestment
Service	Population	County	Capacity	(units)				Amount (\$)
HCBS Waiver	Children	Essex	12	6		6/5/2014	14	\$157,758
HCBS Waiver	Children	St. Lawrence	18	6		5/1/2014	24	\$157,758
SUBTOTAL:			30	12			38	\$315,516
Commented Herrica	A -114	Clinton	54	8		10/1/2014	10	CC4 C4C
Supported Housing Supported Housing	Adult Adult	Essex	29	6		3/1/2015	6	\$61,949 \$46,818
	Adult	Franklin	42	5		1/1/2015	10	
Supported Housing Supported Housing	Adult	Jefferson	57	9		11/1/2015	12	\$38,375 \$69,075
							5	
Supported Housing	Adult	Lewis	51	2		2/1/2015 1/1/2015	41	\$15,350
Supported Housing	Adult	St. Lawrence	73	25		1/1/2015		\$191,875
SUBTOTAL:			306	55			84	\$423,442
State Resources:			N/A					
Mobile Integration Team	Adults &	St. Lawrence		21 FTEs				
mount management is carried	Children	PC Service						
		Area				6/6/2014	1,683	\$1,470,000
Clinic expansion	Children	Jefferson		6.5 FTEs		9/8/2015	144	\$455,000
Day Treatment Expansion	Children	St. Lawrence		1 FTE		0.0.200		<b>V</b> ,
Bay Troutmont Expansion	Ormaron	PC Service						
		Area				1/1/2015	8	\$70,000
0	Children	St. Lawrence		11.5 FTEs		1/1/2013	0	\$70,000
Crisis/respite Unit1	Cillidien	PC Service		II.5 FIES				
		Area				10/1/2016	99	¢011 160
SUBTOTAL:		Alea				10/1/2010	1,934	\$811,160 <b>\$2,806,160</b>
SUBTUTAL:							1,934	\$2,000,100
Aid to Localities:		St. Lawrence	N/A	N/A				
		PC Service						
		Area						
Outreach Services Program	Adult	Clinton				2/1/2015	80	\$46,833
Mobile Crisis Program	Adult	Essex				4/28/2015	161	\$23,417
Community Support Program	Children	Essex				3/1/2015	222	\$23,416
Mobile Crisis Program	Adults &	St. Lawrence						7=0,110
Weblie Chele i regiani	Children	ot. Lawronce				7/1/2015	448	\$46,833
Support Services Program	Adult	Franklin				3/15/2015	44	\$12,278
Self Help Program	Adult	Franklin				3/15/2015	109	\$12,277
Outreach Services Program	Adults &	Franklin				0/10/2010	100	Ψ12,211
Odireach Services i Togram	Children	Tankiii				3/15/2015	765	\$12,278
Crisis Intervention Program	Adults &	Franklin				3/13/2013	700	Ψ12,270
Chais intervention i rogram	Children	Tankiii				6/1/2015	55	\$10,000
Outreach Services Program	Adults &	Lewis				0/1/2010		Ψ10,000
Outleach Services Frogram	Children	LEWIS				1/4/2016	207	\$46,833
Outreach Services Program	Adult	Jefferson		<del> </del>		9/28/2015	830	\$46,833
Non-Medicaid Care	Children	Jefferson		<del>                                     </del>	Funding has been made available on the	3/20/2013	030	ψ <del>τ</del> υ,υυυ
Coordination	Cilialen	3611612011		1				
Coordination					county State Aid Letter, and is effective		0	000 000
Child 9 Family Cumper T	Childro-	St. Lawrence		<del>                                     </del>	June 1, 2017. Funding has been made available on the		U	\$200,000
Child & Family Support Team	Children	ot. Lawrence		1				
				1	county State Aid Letter, and is effective		0	#200 000
011070711		<del>                                     </del>		<del>                                     </del>	July 1, 2017.	<b> </b>	0	\$200,000
SUBTOTAL:	l		l	I			2,921	\$680,998

TOTAL:	4.977	\$4.226.116



Notes:

1. Utilization for this program has been updated after a review of data issues.

		ıab	e sa: sag	amore Unita	ren's Psychiatric Center			
						tment Plan Prog	gress	
				Reinvestment				Annualized
	Target		Prior	Expansion			New Individuals	Reinvestmen
Service	Population	County	Capacity	(units)	Status Update	Start Up Date	Served	Amount (\$)
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	Suffolk		1 FTE		7/1/2014	949	\$70,000
Mobile Integration Team	Children	Nassau &		10 FTEs				
Č		Suffolk				11/30/2014	168	\$700,000
Clinic Expansion <sup>1</sup>	Children	Nassau &		5 FTEs				
2e <u>2</u>		Suffolk				3/21/2016	71	\$350,000
Crisis/respite Unit	Children	Nassau &		9 FTEs				
·		Suffolk				3/9/2015	290	\$630,000
SUBTOTAL:							1,478	\$1,820,000
Aid to Localities:		Long Island	N/A	N/A				
6 Non-Medicaid Care Coordinators	Adults & Children	Suffolk				4/1/2016	90	\$526,572
1.5 Intensive Case Managers	Adults &	Suffolk	+		State Aid:	4/1/2010	30	\$30,954
1.0 menero Gade Managere	Children	Curront			Otato / iid.		12	φου,σοι
	Official				State Share of Medicaid*	4/1/2016		\$50,345
Non-Medicaid Case	Children	Nassau			Funding has been made			
Management					available on the county State Aid		0	\$85,000
Mobile Crisis Team	Adults &	Nassau			Letter, and is effective July 1,			
	Children				2017.		0	\$225,700
SUBTOTAL:							102	\$918,571

Aid to Localities - In	Development:		\$280,000
	TOTAL:	1,750	\$4,506,811

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

<sup>\*</sup> Gross Medicaid projected \$100,690

			Table	3e: Pilgrim	Psychiatric Center					
_				T		Investment Plan Progress				
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)		
Supported Housing	Adult	Nassau	885	83	·	3/1/2015	72	\$1,101,564		
Supported Housing	Adult	Suffolk	1,360	125		12/1/2014	118	\$1,660,408		
SUBTOTAL:			2,245	208			190	\$2,761,972		
State Resources:			N/A							
Clinic Expansion	Adult	Nassau & Suffolk		5 FTEs		11/20/2015	30	\$350,000		
Mobile Integration Team	Adult	Nassau & Suffolk		20 FTEs		1/11/2016	757	\$1,400,000		
SUBTOTAL:							787	\$1,750,000		
Aid to Localities:		Long Island	N/A	N/A						
2 Assertive Community Treatment teams (48 slot teams in Nassau and expansion of an existing 48	Adult	Nassau & Suffolk		136	State Aid		164	\$241,112		
team to a 68 slot team in Suffolk)*					State Share of Medicaid*	3/1/2015		\$917,187		
Three (3) Mobile Crisis Teams	Adults & Children	Suffolk				8/1/2015	3,309	\$758,740		
Hospital Alternative Respite Program	Adult	Suffolk				7/6/2016	46	\$532,590		
Recovery Center	Adult	Suffolk				4/15/2016	480	\$250,000		
Mobile Crisis Team Expansion - Long Stay Team <sup>1</sup>	Adults & Children	Nassau & Suffolk				7/1/2016	See Table 3n <sup>1</sup>	\$272,948		
Mobile Residential Support Team Expansion - Long Stay Team	Adult	Nassau & Suffolk				7/1/2016	326	\$275,186		
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.		0	\$230,864		
Crisis Stabilization Center	Adult	Suffolk			Funding has been made available		0	\$804,440		
Mobile Crisis Team <sup>2</sup>	Adults &	Nassau			on the county State Aid Letter,		0	\$225,700		
Client Financial Management Services <sup>2</sup>	Adult	Nassau			and is effective July 1, 2017.		0	\$85,000		
SUBTOTAL:							4,325	\$4,593,767		

Supported Housing - Ir	Development		\$499,830
Aid to Localities - In	Development <sup>2:</sup>		\$74,160
	TOTAL:	5,302	\$9,679,729

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

<sup>1.</sup> 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.

<sup>2.</sup> 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 N	NY Children's	s - Buffalo Psychiatric Cente	er		
						tment Plan Prog	gress	
				Reinvestment				Annualized
	Target		Prior	Expansion			New Individuals	Reinvestment
Service	Population	County	Capacity	(units)	Status Update	Start Up Date	Served	Amount (\$)
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
SUBTOTAL:			96	24			91	\$631,032
Supported Housing	Adult	Cattaraugus	104	12		7/1/2014	17	\$101,607
Supported Housing	Adult	Chautauqua	86	12		8/1/2014	14	\$101,664
Supported Housing	Adult	Erie	863	66		8/1/2014	92	\$557,826
Supported Housing	Adult	Niagara	143	22		9/1/2014	29	\$186,227
SUBTOTAL:	riddit	Magara	1,196	112		6/ 1/20 1 1	152	\$947,324
000.1011.121			1,100				.,,=	7011,021
State Resources:			N/A					
Mobile Integration Team	Children	Western NY		10 FTEs				
		CPC Service				10/10/00/1		.=
	0	Area				12/19/2014	639	\$700,000
Clinic Expansion	Children	Western NY		4 FTEs				
		CPC Service				0/5/0045	404	0000 000
		Area				2/5/2015	131	\$280,000
Mobile Mental Health Juvenile	Children	Western NY		1 FTE				
Justice Team		CPC Service						
		Area				12/1/2015	40	\$70,000
Mobile Integration Team	Adult	Buffalo PC		7 FTEs				
		Service Area				1/12/2016	201	\$490,000
SUBTOTAL:							1,011	\$1,540,000
Aid to Localities:								
Peer Crisis Respite Center	Adult	Chautauqua						
(including Warm Line)		and						
, ,		Cattaraugus				11/18/2015	150	\$315,000
Mobile Transitional Support	Adult	Chautauqua						40.0,000
Teams (2)	, , , ,	and						
(-)		Cattaraugus				1/1/2015	465	\$234,000
Peer Crisis Respite Center	Adult	Erie		<del> </del>		1/1/2013	700	Ψ204,000
(including Warm Line)	Addit					1/26/2015	541	\$353,424
Mobile Transitional Support	Adult	Erie		1				, , , , , , , , , , , , , , , , , , ,
Teams (3)	/ tout					1/26/2015	392	\$431,000
Crisis Intervention Team	Adult	Erie		†		1/1/2015	735	\$191,318
Peer Crisis Respite Center	Adult	Niagara						<b>\$101,010</b>
(including Warm Line)	, wait	agara				12/1/2014	604	\$256,258
Mobile Transitional Support	Adult	Niagara					55.	\$200,200
Team	, wait	agara				1/20/2015	177	\$117,000
Community Integration Team -	Adult	Erie		1			i .	,
Long Stay Team						10/27/2016	51	\$350,000
Diversion Program	Adult	Erie			Funding has been made available			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Divoloidi i logidiii	/ tout				on the county State Aid Letter,			
					and is effective April 1, 2017.			
1								
					1, 2017.		0	\$424,712

TOTAL: 4,369 \$5,791,068



			Table 3g:	: Rochester Ps	ychiatric Center			
					Invest	tment Plan Prog	ress	
	Target		Prior	Reinvestment Expansion			New Individuals	Annualized Reinvestment
Service	Population	County	Capacity	(units)	Status Update	Start Up Date	Served	Amount (\$)
Supported Housing	Adult	Genesee	45	2		1/1/2016	3	\$16,852
Supported Housing	Adult	Livingston	38	2		2/1/2015	4	\$16,852
Supported Housing	Adult	Monroe	427	103		10/1/2014	159	\$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			176	\$1,055,947
State Resources:	A 1 1/	D 1 / DO	N/A	04 575				
Mobile Integration Team	Adult	Rochester PC Service Area		24 FTEs		10/30/2014	555	\$1,680,000
OnTrackNY Expansion	Adult	Rochester PC Service Area		2 FTEs		3/21/2016	31	\$185,440
Clinic Expansion	Adult	Rochester PC Service Area		4 FTEs		1/1/2015	97	\$280,000
SUBTOTAL:		Service Area				1/1/2015	683	\$2,145,440
0021017.2.								<del>+2,110,110</del>
Aid to Localities:		Rochester PC	N/A	N/A				
		Service Area						
Peer Bridger Program	Adult	Genesee & Orleans				6/4/2015	15	\$30,468
Community Support Team	Adult	Rochester PC Service Area				3/1/2015	139	\$500,758
Peer Bridger Program	Adult	Livingston Monroe Wayne Wyoming				2/1/2015	139	\$262,032
Crisis Transitional Housing	Adult	Livingston				2/15/2015	32	\$112,500
Crisis Transitional Housing	Adult	Orleans				7/30/2015	28	\$112,500
Crisis Transitional Housing	Adult	Wayne				4/8/2015	41	\$112,500
Crisis Transitional Housing	Adult	Wyoming				2/28/2015	36	\$112,500
Peer Run Respite Diversion	Adult	Monroe				5/7/2015	640	\$500,000
Assertive Community	Adult	Monroe		48	State Aid		60	\$79,624
Treatment Team					State Share of Medicaid*	7/1/2015	0	\$310,764
Assertive Community Treatment Team	Adult	Monroe		48	State Aid			\$79,624
Treatment ream					State Share of Medicaid*		77	\$310,764
Peer Support <sup>1</sup>	Adult	Monroe			The state of medical	1/15/2016		\$30,006
Enhanced Recovery Supports	Adult	Wyoming				9/1/2014	235	\$51,836
Recovery Center	Adult	Genesee &				3/1/2014	200	ψ51,050
	, tadit	Orleans				5/7/2015	80	\$217,124
Community Support Team -	Adult	Monroe						
Long Stay Team						5/1/2016	50	\$350,000
SUBTOTAL:							1,572	\$3,173,000

TOTAL: 2,431 \$6,374,387



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

<sup>1.</sup> Peer support is an enhancement of the ACT model, and individuals served by the ACT Team also receive peer support.

		Ta	ble 3h: Ne	w York City	Psychiatric Centers			
				<u> </u>	-	estment Plan Prod	gress	
				Reinvestment			ĺ	Annualized
	Target		Prior	Expansion			New Individuals	Reinvestment
Service	Population	County	Capacity	(units)	Status Update	Start Up Date	Served	Amount (\$)
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
SUBTOTAL:			564	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	21	\$637,460
Supported Housing	Adult	New York	1,579	104		3/1/2015	132	\$1,564,472
Supported Housing	Adult	Queens	1,887	55		12/1/2016	29	\$879,320
Supported Housing	Adult	Richmond	492	45		4/1/2016	30	\$718,080
SUBTOTAL:			8,776	294			264	\$4,551,482
State Resources:			N/A					
Mobile Integration Team	Adult	Queens	1071	7 FTEs		3/21/2016	143	\$490.000
Mobile Integration Team	Adult	New York		7 FTEs		12/23/2016	114	\$490,000
Mobile Integration Team	Children	Bronx		7 FTEs				, ,
		Kings						
		Queens				1/1/2017	167	\$490,000
SUBTOTAL:							424	\$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	387	\$3,546,663
Crisis Pilot Program (3 Year)	Adult	NYC				9/1/2016	177	\$462,760
Hospital Based Care Transition	Adult	NYC			Funding has been made			
Team					available on direct contract,			
					effective April 1, 2017.		0	\$537,240
SUBTOTAL:							997	\$7,430,938

Supported Housing - In	Development		\$1,166,270
State Resources - In	Development:		\$1,190,000
Γ	TOTAL:	1,830	\$17,558,130



		Table 3i: Ro	ckland a	nd Capital D	istrict Psychiatric Centers			
					Inve	stment Plan Pro	ress	
				Reinvestment				Annualized
	Target		Prior	Expansion			New Individuals	Reinvestmen
Service	Population	County	Capacity	(units)	Status Update	Start Up Date	Served	Amount (\$)
HCBS Waiver	Children	Orange	21	6		11/1/2013	31	\$157,758
HCBS Waiver	Children	Rockland	24	6		6/5/2014	17	\$165,360
SUBTOTAL:			45	12			48	\$323,118
Supported Housing	Adult	Dutchess	229	20		12/1/2014	24	\$261,066
Supported Housing	Adult	Orange	262	36		10/1/2014	35	\$468,504
Supported Housing	Adult	Putnam	67	4		5/1/2015	5	\$54,156
Supported Housing	Adult	Rockland	173	19		7/1/2014	26	\$269,822
Supported Housing	Adult	Sullivan	61	10		11/1/2014	8	\$93,184
Supported Housing	Adult	Ulster	142	28		1/1/2015	35	\$275,880
Supported Housing	Adult	Westchester	907	28		4/1/2015	26	\$436,162
Supported Housing	Adult	Albany	276	11		3/1/2017	4	\$105,036
Supported Housing	Adult	Columbia	39	8		1/1/2017	8	\$76,377
Supported Housing	Adult	Greene	35	9		3/1/2015	See Table 3m1	\$85,907
Supported Housing	Adult	Rensselaer	125	10		6/1/2017	7	\$95,437
Supported Housing	Adult	Saratoga	50	6			0	\$57,317
Supported Housing	Adult	Schenectady	153	3		10/1/2015	See Table 3m <sup>1</sup>	\$28,590
Supported Housing	Adult	Schoharie	31	8		2/1/2017	5	\$76,377
Supported Housing	Adult	Warren &	54	8				
		Washington				11/1/2017	5	\$74,814
SUBTOTAL:			2,604	208			188	\$2,458,629
State Resources:								
Mobile Integration Team	Adult	Rockland PC		4 FTEs				
		Service Area				2/2/2017	26	\$280,000
Mobile Integration Team	Adult	Capital District		6 FTEs				
		PC Service						
		Area				10/1/2016	40	\$420,000
SUBTOTAL:							66	\$700,000
Aid to Localities:		Rockland PC	N/A	N/A				
		Service Area						
Hospital Diversion/Crisis Respite	Adult	Dutchess				2/12/2015	146	\$200,000
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 <sup>2</sup>	Adults & Children	Rockland				3/31/2015	1,402	\$449,668
Hospital Diversion/ Transition	Adults &	Sullivan					.,	7.10,000
Program <sup>2</sup>	Children					11/24/2014	897	\$225,000
Mobile Crisis Services <sup>2</sup>	Adults &	Ulster				11/24/2014	031	Ψ223,000
Mobile Crisis Services	Children	Olotoi				2/9/2015	2,448	\$400,000
Assertive Community Treatment	Adult	Ulster		20	State Aid:	2/0/2010	39	\$33,952
team expansion (48 to 68 slots)	rtadit	Olotoi			State Share of Medicaid:	12/1/2014	0	\$66,664
Outreach Services	Adult	Westchester			State Share of Medicard.	4/1/2015	84	\$267,328
Crisis Intervention/ Mobile Mental	Children	Westchester				17 172010	01	Ψ201,020
Health Team	Official	**Cotonicoton				11/1/2014	112	\$174,052
Family Engagement & Support	Adults &	Rockland				11/1/2011	112	ψ17 1,00 <u>2</u>
Services Program	Children	rtoonaria				1/1/2017	273	\$95,000
Outreach Team - Long Stay Team	Adult	Albany		<del>                                     </del>		9/6/2016	24	\$230,000
Can Saon Toan Long Glay Team	, wait	Schenectady		<b>†</b>		9/9/2016	9	\$200,000
		Dutchess		<b>+</b>		12/12/2016	8	\$225,000
		Orange		<b>†</b>		9/14/2016	13	\$225,000
		Rockland		<b>+</b>		8/17/2016	15	\$225,000
		Westchester			<del> </del>	10/4/2016	9	\$225,000
Respite Services Program	Children	Dutchess			Funding has been made	7/27/2017	14	\$275,000
respite Services Flogram	Cilidieli	Westchester		<del>                                     </del>	available on the county State	9/19/2017	2	\$189,048
Home Based Crisis Intervention	Children	Orange		<del> </del>	Aid Letter, and is effective April	9/18/2017	6	\$109,046
Services	Cilidieli	Rockland		<del> </del>	1, 2017.	10/23/2017	6	\$100,000
OCI VICES				1	1, 2017.	10/23/2017	0	\$100,000
		Sullivan Ulster		1	<b> </b>	10/2/2017	7	
Family Support Services	Children	Westchester		<del>                                     </del>	<b> </b>	10/2/2017	6	\$81,976 \$149,784
Family Support Services SUBTOTAL:	Children	vvesicnesier		-		10/1/201/		
SUBTUTAL:		1	l	1	i l		6,000	\$4,658,116

Aid to Localities -In Development:		\$1,074,192
TOTAL:	6.302	\$9.214.055



<sup>\*</sup> Gross Medicaid projected \$229,156

<sup>1.</sup> 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.

<sup>2.</sup> 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 3i	: Hutchinas	Psychiatric Center			
			1 415.0 0			stment Plan Pro	aress	
			5.	Reinvestment				Annualized Reinvestment
	Target	0 1	Prior	Expansion	Otativa Hardata	044 Ll D-4-	New Individuals	
Service	Population	County	Capacity	(units)	Status Update	Start Up Date	Served	Amount (\$)
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	Onondaga	42	6		4/1/2014	23	\$157,758
SUBTOTAL:			60	18			55	\$473,274
Supported Housing	Adult	Cayuga	61	9		1/1/2016	7	\$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		1/1/2017	2	\$23,193
Supported Housing	Adult	Herkimer	30	1		1/1/2017	7	\$7,731
Supported Housing	Adult	Madison	28	4		4/1/2017	4	\$30,961
Supported Housing	Adult	Montgomery	37	3		1/1/2017	3	\$23,230
Supported Housing	Adult	Oneida	232	8		2/17/2017	18	\$61,848
Supported Housing	Adult	Onondaga	300	4		10/1/2017	2	\$30,997
Supported Housing	Adult	Oswego	62	5		12/1/2015	14	\$38,692
SUBTOTAL:		3	837	44			63	\$324,960
State Resources:								
Crisis/respite unit	Children	Hutchings PC Service Area	N/A	12 FTEs		11/5/2014	382	\$840,000
OnTrackNY Expansion	Adults &	Hutchings PC	N/A	3 FTEs		0/4/2045	39	#220 400
SUBTOTAL:	Children	Service Area				8/1/2015	39 <b>421</b>	\$228,400
SUBTUTAL:							421	\$1,068,400
Aid to Localities:		Hutchings PC Service Area	N/A	N/A				
Children's Respite Program	Children	Onondaga					551	\$96,750
Clinical Services & Support	Children	Onondaga					0	\$430,555
Respite/Clinical Oversight	Children	Onondaga					0	\$99,695
Long Stay Reduction	Adult	Onondaga						
Transition Team		ŭ				11/9/2016	10	\$300,000
Enhanced Outreach and	Adults &	Hamilton			Funding has been made		0	\$37,500
Clinical Support Services	Children	Herkimer			available on the county State Aid	4/1/2017	14	\$37,500
		Fulton			Letter, and is effective April 1,	11/1/207	0	\$37,500
Enhanced Child & Family	Children	Montgomery			2017.	4/1/2017	<b>5</b> 0	¢27 500
Support Services SUBTOTAL:						4/1/2017	52 <b>627</b>	\$37,500 <b>\$1,077,000</b>
SUBTUTAL:			l	l		1	027	φ1,υ <i>/ /</i> ,υυυ

TOTAL:	1,166	\$2,943,634



# **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
		Allegany, Livingston,	
St. James Mercy	Children and Adults	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 Reinvestme	nt		
						stment Plan Pro	gress	
				Reinvestment			New	Annualized
	Target		Prior	Expansion		Start Up	Individuals	Reinvestment
Service	Population	County	Capacity	(units)	Status Update	Date	Served	Amount (\$)
Article 28:			N/A					
St. Jame	es Mercy							
Intensive Intervention Services	Adult	Allegany				8/25/2014	95	\$95,000
Post Jail Transition Coordinator/Forensic Therapist	Adult	Livingston				1/5/2015	1,040	\$59,275
Enhanced Mobile Crisis Outreach	Adults & Children	Steuben				11/3/2014	1,190	\$490,000
Intensive In-Home Crisis Intervention (Tri-County)	Adults & Children	Allegany, Livingston, Steuben				6/1/2015	105	\$250,000
SUBTOTAL:							2,430	\$894,275
Medina Mem	orial Hospita	ıl						
Mental Hygiene Practioner to handle crisis calls (late	Adults & Children	Niagara				0/45/00:	404	200,000
afternoon and evenings)	A -1 - 14 - 0	Oderes				8/15/2014	161	\$68,030
Enhanced Crisis Response <sup>1</sup>	Adults & Children	Orleans				7/1/2014	731	\$131,000
SUBTOTAL:							892	\$199,030

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1. Utilization data for this program has been recalcuated after a review of data quality issues.



		Table 3I: No	w York Ci	tv Region Artic	le 28 Hospital Reinvestmen	t		
					•	ent Plan Pro	ogress	
				Reinvestment			New	Annualized
	Target		Prior	Expansion		Start Up	Individuals	Reinvestment
Service	Population	County	Capacity	(units)		Date	Served	Amount (\$)
Holliswoo		County	Capacity	(driito)		Date	00,700	7 unodni (¢)
HCBS Waiver	Children	Bronx	144	15	State Share of Medicaid:	2/1/2016	See Table 3h1	\$418,500
Crisis Beds	Children	NYC		5			0	\$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 <sup>2</sup>	Children	NYC				2/1/2016	500	\$1,335,777
High Fidelity Wrap Around	Children	NYC					0	\$181,865
SUBTOTAL:							1,818	\$5,735,711
Stony Lodg	ge Hospital	1					,	<del>+</del> - , ,
Partial Hospitalization	Children	NYC						
Program & Day Treatment								
Program (Bellevue)					State Share of Medicaid:		0	\$386,250
Home Based Crisis	Children	NYC						
Intervention Team (Bellevue)						11/1/2015	34	\$300,000
Family Resource Center <sup>2</sup>	Children	NYC				2/1/2016	See Note <sup>2</sup>	\$728,622
High Fidelity Wraparound	Children	NYC					0	\$185,128
SUBTOTAL:							34	\$1,600,000
Mount Sina	ai Hospital							
Mt. Sinai Partial	Adult	NYC						
Hospitalization (15 slots)				15	State Share of Medicaid:		0	\$303,966
4 Assertive Community	Adult	NYC						
Treatment Teams (68 slots								
each)				272	State Share of Medicaid:		0	\$1,855,694
1 Assertive Community	Adult	NYC						
Treatment Team (48 slots)				48	State Share of Medicaid:		0	\$384,666
Expanded Respite Capacity	Adult	NYC					0	\$374,093
SUBTOTAL:								\$2,918,418

TOTAL: 1,052 \$10,254,129	TOTAL:	1,852	\$10,254,129
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<sup>1.</sup> 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.

<sup>2.</sup> 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: H	ludson Ri	ver Region Artic	le 28 Hospital Reinvestmen	ıt		
						ent Plan Pro	aress	
				Reinvestment			New	Annualized
	Target		Prior	Expansion		Start Up	Individuals	Reinvestment
Service	Population	County	Capacity	(units)	Status Update	Date	Served	Amount (\$)
Article 28:	'	1	N/A	·	·			(,,
Stony Lodge	/Rye Hospita	Ī						
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:			N/A					
Supported Housing	Adult	Albany		2		9/1/2015	5	\$18,570
		Greene		5		3/1/2015	14	\$46,425
		Rensselaer		7		5/1/2015	11	\$64,995
		Schenectady		7		10/1/2015	14	\$64,995
Mobile Crisis Services	Adult	Columbia				7/1/2015	1,262	\$180,636
		Greene				7/1/2015	1,145	\$203,859
		Sullivan				11/24/2014	See Table 3i <sup>1</sup>	\$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	Children	Rensselaer				10/1/2013	211	\$1,000,190
Services (3 Counties: Albany, Rensselaer, Schenectady)		. tonocoldo.				7/0/0045	00	#00 000
Mobile Crisis Intervention	Adult	Rockland		<del>                                     </del>		7/8/2015	39	\$30,000
INDUITE CITSIS ITTETVETITION	Adult	Ulster		<del>                                     </del>		3/30/2015	See Table 3i <sup>1</sup>	\$400,000
Mobile Crisis Team (Tri- County: Saratoga, Warren-	Children	Warren				2/9/2015	See Table 3i <sup>1</sup>	\$300,000
Washington)	2					1/1/2016	226	\$545,092
Home Based Crisis Intervention (Tri-County:	Children	Warren						
Saratoga, Warren- Washington)						11/26/2013	258	\$100,000
SUBTOTAL:							4,576	\$4,161,563

TOTAL:	4.646	\$4.634.577



<sup>1.</sup> 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: L	ong Islan	d Region Artic	le 28 Hospital Reinvestment			
					Investme	ent Plan Prog	gress	
				Reinvestment			New	Annualized
	Target		Prior	Expansion		Start Up	Individuals	Reinvestment
Service	Population	County	Capacity	(units)	Status Update	Date	Served	Amount (\$)
Article 28:			N/A					
Long Beach Medical Center				Hospitalization				
	•	by Pederson-K	rag					
HCBS Waiver Slots	Children	Suffolk		6	State Share of Medicaid:		31	\$165,400
SUBTOTAL:							31	\$165,400
Article 28:								
(6) Mobile Residential	Adult	Nassau						
Support Teams	, taut	racoaa				7/1/2015	316	\$1,344,000
Mobile Crisis Team	Adults &	Nassau &				77 1720 10	0.10	Ψ1,011,000
Expansion <sup>1</sup>	Childen	Suffolk				8/1/2015	2,498	\$212,000
Satellite Clinic Treatment	Adult	Nassau						
Services							15	\$155,000
					State Share of Medicaid:			\$45,000
(5) OnSite Rehabilitation	Adult	Nassau				2/1/2016	75	\$200,000
	Adult	Nassau						
Residential Support Teams							0	\$200,000
Help/Hot Line Expansion	Adult	Nassau					0	\$50,000
On-Site MH Clinic	Children	Nassau					0	\$50,000
(3) Clinic Treatment	Adult	Nassau						
Services						8/18/2016	93	\$375,000
Family Advocate	Children	Nassau					125	\$84,000
Peer Outreach	Adult	Suffolk					0	\$30,000
SUBTOTAL:							3,122	\$2,745,000

TOTAL: 3,153	2,910,400
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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.



<sup>\*</sup>Gross Medicaid projected \$420,800

Table 4: NYS OMH State Psychiatric Center Inpatient Discharge Metrics

State Inpatient Facilities <sup>1</sup>	Metrics I	Post Discharge ER Utilization <sup>3, 4</sup>
	For discharge cohort (Apr, 2017-Jun, 2017), % Having Psychiatric Readmission within 30 days	For discharge cohort (Apr, 2017-Jun, 2017), % Utilizing Psychiatric Emergency Room within 30 days
Adult		
Bronx	15.8%*	15.4%*
Buffalo	6.9%	0.0%*
Capital District	14.6%	9.7%
Creedmoor	18.8%	4.9%
Elmira	14.3%	16.7%*
Greater Binghamton	9.7%	22.2%*
Hutchings	9.1%	15.8%*
Kingsboro	19.0%	7.7%*
Manhattan	30.8%	3.0%
Pilgrim	8.3%	11.8%*
Rochester	0.0%*	10.0%*
Rockland	14.6%	3.4%
South Beach	13.0%	11.1%
St. Lawrence	22.2%*	0.0%*
Washington Heights	10.7%	17.4%
Total	14.8%	9.2%
Children & Youth		
Elmira	0.0%*	6.3%*
Greater Binghamton	11.4%	21.2%
Hutchings	31.6%	11.1%
Mohawk Valley	8.1%	12.3%
NYC Children's Center	5.8%	6.3%
Rockland CPC	3.4%	10.7%
Sagamore CPC	11.1%	19.0%
South Beach	16.7%*	33.3%*
St. Lawrence	12.5%	16.7%
Western NY CPC	3.8% 10.5%	12.5%*
Total Forensic	10.5%	13.3%
Central New York	5.6%	0.0%
Kirby	5.6% 11.4%	0.0%
Mid-Hudson	12.5%	0.0%
Rochester	14.3%*	0.0%
Total	8.9%	0.0%
10141	0.3 /0	U.U /0

Updated as of Feb 26, 2018

- 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 Rates 1

		ate Hospital 30-Day Inpatient Readmissi					Metrics Post Discharge <sup>4</sup>						
							For disch	Readmission <sup>5, 20</sup> For discharge cohort (Apr, 2017-Jun,			ER Utilization <sup>7,20</sup> For discharge cohort (Apr, 2017-		
				Capacity (as of 01/1/18)			2017	), % Having I mission with	Sychiatric	Jun, 2017), % Utilizing Psychiatric Emergency Room within 30 days			
Region	County <sup>2</sup>	Hospital Name <sup>3</sup>	Auspice	Total	Adults	Child	Total	Adult <sup>6</sup>	Child	Total	Adult	Child	
Central	Broome	United Health Services Hospitals, Inc.	Article 28	56	56	0	13.9%	13.9%		9.5%	9.5%		
Central	Cayuga	Auburn Community Hospital	Article 28	14	14	0	13.7%	13.7%		7.8%	7.8%		
Central	Clinton	Champlain Valley Physicians Hospital Med Ctr.8	Article 28	30	18	12	14.0%	14.8%	12.5%	18.6%	14.8%	25.0%	
Central	Cortland	Cortland Regional Medical Center, Inc.	Article 28	11	11	0	14.3%	14.3%		9.5%	9.5%		
Central	Franklin	Adirondack Medical Center	Article 28	12	12	0	20.0% *	20.0% *		0.0% *	0.0% *		
Central	Jefferson	Samaritan Medical Center	Article 28	32	32	0	11.8%	11.8%		5.9%	5.9%		
Central	Montgomery	St. Mary's Healthcare	Article 28	20	20	0	11.3%	11.3%		11.3%	11.3%		
Central	Oneida	Faxton - St. Luke's Healthcare	Article 28	26	26	0	15.3%	15.3%		15.3%	15.3%		
Central	Oneida	Rome Memorial Hospital, Inc.	Article 28	12	12	0	0.0% *	0.0% *		20.0% *	20.0% *		
Central	Oneida	St. Elizabeth Medical Center	Article 28	24	24	0	13.9%	13.9%		13.9%	13.9%		
Central	Onondaga	St. Joseph's Hospital Health Center	Article 28	30	30	0	12.0%	12.0%		22.9%	22.9%		
Central	Onondaga	SUNY Health Science Center-University Hospital	Article 28	49	49	0	17.0%	17.0%		15.6%	15.6%		
Central	Oswego	Oswego Hospital, Inc.	Article 28	28	28	0	16.3%	16.3%		20.0%	20.0%		
Central	Otsego	Bassett Healthcare	Article 28	20	20	0	5.4%	5.4%		8.1%	8.1%		
Central	Saint Lawrence	Claxton-Hepburn Medical Center	Article 28	28	28	0	5.7%	5.7%		6.8%	6.8%		
Hudson	Albany	Albany Medical Center	Article 28	26	26	0	22.2%	22.2%	·	13.1%	13.1%	·	
Hudson	Columbia	Columbia Memorial Hospital	Article 28	22	22	0	17.3%	17.3%	·	23.1%	23.1%	·	
Hudson	Dutchess	Westchester Medical /Mid-Hudson Division	Article 28	40	40	0	13.9%	13.9%	•	12.3%	12.3%	•	
Hudson	Orange	Bon Secours Community Hospital	Article 28	24	24	0	6.9%	6.9%	•	16.7%	16.7%	•	
Hudson	Orange	Orange Regional Medical Center - Arden Hill Hospital	Article 28	30	30	0	12.3%	12.3%	•	12.3%	12.3%	•	
Hudson	Putnam	Putnam Hospital Center	Article 28	20	20	0	20.4%	20.4%	•	9.3%	9.3%	•	
Hudson	Rensselaer	Northeast Health - Samaritan Hospital	Article 28	63	63	0	20.2%	20.2%	•	13.0%	13.0%	•	
Hudson	Rockland	Nyack Hospital	Article 28	26	26	0	13.3%	13.3%	•	6.7%	6.7%	•	
Hudson	Saratoga	FW of Saratoga, Inc.	Article 31	88	31	57	8.1%	8.4%	8.0%	7.4%	2.4%	9.7%	
Hudson	Saratoga	The Saratoga Hospital	Article 28	16	16	0	12.7%	12.7%	0.070	16.4%	16.4%	9.7 /0	
Hudson	Schenectady	Ellis Hospital	Article 28	52	36	16	17.3%	20.4%	12.5%	17.3%	16.4%	18.8%	
Hudson	Sullivan	Catskill Regional Medical Center	Article 28	18	18	0	12.3%	12.3%	12.570	10.5%	10.4 %	10.0 /6	
Hudson	Ulster	Health Alliance Hospital Mary's Ave Campus	Article 28	40	40	0	14.2%	14.2%	•	20.8%	20.8%	•	
				30		0	20.8%		•			•	
Hudson	Warren	Glens Falls Hospital	Article 28		30			20.8%		16.8%	16.8%		
Hudson	Westchester	Four Winds, Inc.	Article 31	178 22	28 22	150	10.7%	19.0%	10.0%	9.2%	7.1%	9.4%	
Hudson	Westchester	Montefiore Mount Vernon Hospital, Inc.	Article 28			0	14.5%	14.5%		11.3%	11.3%		
Hudson	Westchester	New York Presbyterian Hospital	Article 28	250	205	45	18.8%	20.6%	11.1%	9.9%	10.3%	8.3%	
Hudson	Westchester	Northern Westchester Hospital Center	Article 28	15	15	0	7.7% *	7.7% *	•	30.8% *	30.8% *	-	
Hudson	Westchester	Phelps Memorial Hospital Center	Article 28	22	22	0	25.9%	25.9%		14.8%	14.8%		
Hudson	Westchester	St Joseph's Medical Center	Article 28	149	136	13	15.6%	15.6%	15.8%	16.7%	17.1%	13.2%	
Hudson	Westchester	Westchester Medical Center	Article 28	101	66	35	12.2%	12.8%	0.0% *	4.1%	4.3%	0.0% *	
Long Island	Nassau	Mercy Medical Center	Article 28	39	39	0	17.5%	17.5%		22.8%	22.8%		
Long Island	Nassau	Nassau Health Care Corp/Nassau Univ Med Ctr	Article 28	128	106	22	15.2%	16.8%	9.3%	11.3%	9.3%	18.6%	
Long Island	Nassau	North Shore University Hospital @Syosset <sup>10</sup>	Article 28	20	20	0	14.3%	14.3%		4.8%	4.8%		
Long Island	Nassau	South Nassau Communities Hospital	Article 28	36	36	0	29.4%	29.4%		19.1%	19.1%		



Table 5: General and Private Hospital 30-Day Inpatient Readmission and ER Utilization Rates 1

							Metrics Post Discharge⁴					
							Readmission <sup>5, 20</sup> For discharge cohort (Apr, 2017-Jun, 2017), % Having Psychiatric			ER Utilization <sup>7,20</sup> For discharge cohort (Apr, 2017-Jun, 2017), % Utilizing Psychiatric		
				Capacity (as of 01/1/18)			Readmission within 30 days			Emergency Room within 30 days		ithin 30 days
Region	County <sup>2</sup>	Hospital Name <sup>3</sup>	Auspice	Total	Adults	Child	Total	Adult <sup>6</sup>	Child	Total	Adult	Child
Long Island	Suffolk	Brookhaven Memorial Hospital Medical Center	Article 28	20	20	0	21.1%	21.1%		28.9%	28.9%	
Long Island	Suffolk	Brunswick Hospital Center, Inc. 11	Article 31	124	87	37	18.6%	23.1%	11.4%	18.9%	23.6%	11.4%
Long Island	Suffolk	Eastern Long Island Hospital Association	Article 28	23	23	0	24.5%	24.5%		17.0%	17.0%	
Long Island	Suffolk	Huntington Hospital	Article 28	21	21	0	8.1%	8.1%		16.2%	16.2%	
Long Island	Suffolk	John T. Mather Memorial Hospital	Article 28	37	27	10	13.9%	14.5%	10.0% *	9.7%	8.1%	20.0% *
Long Island	Suffolk	St. Catherine's of Siena Hospital	Article 28	42	42	0	14.6%	14.6%		25.6%	25.6%	
Long Island	Suffolk	State University of NY at Stony Brook	Article 28	40	30	10	14.0%	16.0%	8.3%	17.6%	18.0%	16.7%
Long Island	Suffolk	The Long Island Home	Article 31	206	141	65	13.6%	12.4%	14.6%	9.4%	10.5%	8.5%
NYC	Bronx	Bronx-Lebanon Hospital Center <sup>12</sup>	Article 28	104	79	25	22.1%	24.6%	12.0%	20.8%	21.9%	16.3%
NYC	Bronx	Montefiore Medical Center	Article 28	55	55	0	14.5%	14.5%		13.6%	13.6%	
NYC	Bronx	NYC-HHC Jacobi Medical Center	Article 28	107	107	0	22.0%	22.0%		18.5%	18.5%	
NYC	Bronx	NYC-HHC Lincoln Medical & Mental Health Ctr.	Article 28	60	60	0	19.2%	19.2%		15.4%	15.4%	
NYC	Bronx	NYC-HHC North Central Bronx Hospital	Article 28	70	70	0	18.6%	18.6%		20.6%	20.6%	
NYC	Bronx	St. Barnabas Hospital	Article 28	49	49	0	21.3%	21.3%		18.1%	18.1%	
NYC	Kings	Brookdale Hospital Medical Center	Article 28	61	52	9	17.2%	19.7%	9.7%	22.8%	24.9%	16.7%
NYC	Kings	Interfaith Medical Center, Inc.	Article 28	120	120	0	26.6%	26.6%		21.8%	21.8%	
NYC	Kings	Kingsbrook Jewish Medical Center	Article 28	58	58	0	17.7%	17.7%		19.4%	19.4%	
NYC	Kings	Maimonides Medical Center	Article 28	70	70	0	19.1%	19.1%		14.6%	14.6%	·
NYC	Kings	NYC-HHC Coney Island Hospital	Article 28	64	64	0	15.5%	15.5%		16.9%	16.9%	·
NYC	Kings	NYC-HHC Kings County Hospital Center	Article 28	205	160	45	16.9%	18.5%	6.8%	18.0%	18.7%	13.7%
NYC	Kings	NYC-HHC Woodhull Medical & Mental Health Ctr. 13	Article 28	112	112	0	23.9%	23.9%		21.5%	21.5%	10.7 70
NYC	Kings	New York Methodist Hospital	Article 28	50	50	0	19.2%	19.2%	•	22.4%	22.4%	•
NYC	Kings	New York University Hospitals Center	Article 28	35	35	0	20.6%	20.6%	•	16.0%	16.0%	•
NYC	New York	Beth Israel Medical Center	Article 28	92	92	0	21.0%	21.0%	•	17.6%	17.6%	•
NYC	New York	Lenox Hill Hospital		27	92 27	0	34.3%	34.3%	•	24.3%	24.3%	•
NYC		•	Article 28	46	46	0			•	14.4%		•
NYC	New York	Mount Sinai Medical Center <sup>14</sup>	Article 28				12.6%	12.6%			14.4%	
	New York	NYC-HHC Bellevue Hospital Center	Article 28	330	285	45	23.8%	25.6%	15.2%	19.9%	20.2%	18.2%
NYC	New York	NYC-HHC Harlem Hospital Center	Article 28	52	52	0	29.7%	29.7%		21.3%	21.3%	
NYC	New York	NYC-HHC Metropolitan Hospital Center	Article 28	122	104	18	27.7%	30.4%	6.8%	22.0%	23.5%	10.2%
NYC	New York	New York Gracie Square Hospital, Inc. 15	Article 31	133	133	0	27.4%	27.4%	•	23.7%	23.7%	•
NYC	New York	New York Presbyterian Hospital	Article 28	91	91	0	16.6%	16.6%	•	15.0%	15.0%	•
NYC	New York	New York University Hospitals Center	Article 28	22	22	0	20.6%	20.6%		16.0%	16.0%	·
NYC	New York	St. Luke's-Roosevelt Hospital Center	Article 28	110	93	17	15.5%	14.9%	17.4%	17.1%	20.4%	5.8%
NYC	Queens	Episcopal Health Services Inc.	Article 28	43	43	0	20.4%	20.4%		25.7%	25.7%	
NYC	Queens	Jamaica Hospital Medical Center <sup>16</sup>	Article 28	52	52	0	20.3%	20.3%	-	26.8%	26.8%	
NYC	Queens	Long Island Jewish Medical Center	Article 28	234	212	22	17.9%	20.0%	3.1%	14.5%	15.2%	9.2%
NYC	Queens	NYC-HHC Elmhurst Hospital Center	Article 28	177	151	26	18.5%	20.3%	8.4%	15.6%	16.3%	12.0%
NYC	Queens	NYC-HHC Queens Hospital Center <sup>17</sup>	Article 28	53	53	0	16.9%	16.9%		21.5%	21.5%	
NYC	Queens	New York Flushing Hospital and Medical Center	Article 28	18	18	0	26.7%	26.7%		16.7%	16.7%	
NYC	Richmond	Richmond University Medical Center	Article 28	65	55	10	12.8%	13.1%	11.6%	52.6%	51.2%	58.1%
NYC	Richmond	Staten Island University Hospital 18	Article 28	35	35	0	17.8%	17.8%		19.2%	19.2%	
Western	Cattaraugus	Olean General Hospital	Article 28	14	14	0	11.5%	11.5%		8.2%	8.2%	



Table 5: General and Private Hospital 30-Day Inpatient Readmission and ER Utilization Rates 1

									Metrics Post	Discharge <sup>6</sup>	1		
								Readmission <sup>5, 20</sup>			ER Utilization	n <sup>7,20</sup>	
				Capa	city (as of 0°	1/1/18)	2017	), % Having F mission with		Jun, 2017	For discharge cohort (Apr, 2 Jun, 2017), % Utilizing Psych Emergency Room within 30		
Region	County <sup>2</sup>	Hospital Name <sup>3</sup>	Auspice	Total	Adults	Child	Total	Total Adult <sup>6</sup> Child		Total	Adult	Child	
Western	Chautauqua	TLC Health Network	Article 28	20	20	0	14.3%	14.3%		4.1%	4.1%		
Western	Chautauqua	Woman's Christian Assoc. of Jamestown, NY	Article 28	40	30	10	18.9%	23.1%	11.5%	9.1%	8.8%	9.6%	
Western	Chemung	St. Joseph's Hospital	Article 28	25	25	0	10.2%	10.2%		6.5%	6.5%		
Western	Erie	Brylin Hospitals, Inc.	Article 31	88	68	20	12.5%	16.1%	8.0%	10.7%	12.9%	8.0%	
Western	Erie	Erie County Medical Center <sup>19</sup>	Article 28	136	120	16	11.3%	12.0%	0.0%	13.7%	13.4%	19.2%	
Western	Monroe	Rochester General Hospital	Article 28	30	30	0	6.0%	6.0%		12.8%	12.8%		
Western	Monroe	The Unity Hospital of Rochester	Article 28	40	40	0	3.8%	3.8%		3.8%	3.8%		
Western	Monroe	Univ of Roch Med Ctr/Strong Memorial Hospital	Article 28	93	66	27	12.0%	15.6%	3.0%	18.5%	19.8%	15.2%	
Western	Niagara	Eastern Niagara Hospital, Inc.	Article 28	12	0	12	0.0%		0.0%	16.7%		16.7%	
Western	Niagara	Niagara Falls Memorial Medical Center	Article 28	54	54	0	13.3%	13.3%		17.8%	17.8%		
Western	Ontario	Clifton Springs Hospital and Clinic	Article 28	18	18	0	10.5%	10.5%		15.8%	15.8%		
Western	Tompkins	Cayuga Medical Center at Ithaca, Inc.	Article 28	26	20	6	26.9%	26.2%	29.4% *	10.3%	9.8%	11.8% *	
Western	Wayne	Newark-Wayne Community Hospital, Inc.	Article 28	16	16	0	5.9%	5.9%		17.6%	17.6%		
Western	Wyoming	Wyoming County Community Hospital	Article 28	12	12	0	7.9%	7.9%		2.6%	2.6%		
Western	Yates	Soldiers & Sailors Memorial Hospital	Article 28	10	10	0	0.0% *	0.0% *		6.3% *	6.3% *		
Statewide Total				5,916	5,136	780	17.8%	18.9%	10.3%	16.9%	17.5%	13.2%	

Updated as of Feb 26, 2018

Source: Concerts, Medicaid, MHARS

- 1. 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.
- 2. 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.
- 3. Hospitals that closed prior to 01/1/2018 are excluded.
- 4. 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.
- 5. 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.
- 6. 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.
- 7. 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.
- 8. 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.
- 9. Changes at New York Presbyterian Hospital adult capacity reduced by 2 bed from 207 to 205 effective on 11/7/2017
- 10. 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.
- 11. 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
- 12. Changes at Bronx-Lebanon Hospital Center adult capacity is expanded by 6 bed from 73 to 79 effective on 10/20/2017
- 13. Changes at NYC-HHC Woodhull Medical & Mental Health Ctr. adult capacity is reduced by 23 bed from 135 to 112 effective on 11/30/2017
- 14. Changes at Mount Sinai Medical Center adult capacity is reduced by 30 bed from 76 to 46 effective on 7/1/2016
- 15. Changes at New York Gracie Square Hospital, Inc. adult capacity is reduced by 24 bed from 157 to 133 effective on 9/15/2017
- 16. Changes at Jamaica Hospital Medical Center adult capacity is expanded by 2 bed from 50 to 52 effective on 9/6/2016
- 17. Changes at NYC-HHC Queens Hospital Center adult capacity is reduced by 18 bed from 71 to 53 effective on 10/16/2017
- 18. 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
- 19. Changes at Erie County Medical Center adult capacity expended by 4 bed from 116 to 120 effective on 7/19/2017
- 20. 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.



# **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-perweek availability; enrollment of consumers, and flexible service dollars. Treatment is focused on individuals who have been unsuccessful in traditional forms of treatment.
- 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. 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.
- 9. 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.
- 10. 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.
- 11. 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.
- 12. 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.



- 13. 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.
- 14. 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.
- **15. 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.
- **16. 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.

17. 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.



- 18. 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.
- 19. 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.
- **20. OnTrackNY:** OnTrackNY program is 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 episode of psychosis.
- **21. 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 provideroperated 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.

- **22. Pathway Home Teams:** Pathway Home teams are multi-disciplinary, staffed by masters-level clinicians, case managers, registered nurses, and peers. Teams follow the evidence-based practice of the critical time intervention model of care, engaging clients intensively during the first 30 days. The team will work clients until they have settled back into the community and are linked with the services they need. While every situation is unique, this takes about six to nine months on average.
- 23. 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.
- 24. 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.

- 25. 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.
- **26. 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.