



Office of Mental Health
Council on Children and Families

2024 Residential Treatment Facility (RTF) Admissions Advisory Board Annual Report

Residential Treatment Facility Admissions Advisory Board 2024 Annual Report

Introduction to the Residential Treatment Facility (RTF) Admissions Advisory Board

The Residential Treatment Facility (RTF) Admissions Advisory Board was created pursuant to Part NNN of Chapter 58 of the Laws of 2020, which amended section 9.51 of the Mental Hygiene Law.

The Board is co-chaired by the Commissioner of the Office of Mental Health (OMH) and the Executive Director of the Council on Children and Families (CCF). The Co-chairs selected Board members to include representatives that reflect the racial, ethnic, and geographic diversity of the state; further board members represent all five OMH administration regions. As required by law, the RTF Admissions Advisory Board members must include:

- representatives of the state member agencies that compose CCF as specified in Social Services Law § 483
- local agency representatives under the jurisdiction of a member agency of CCF as specified in Social Services Law § 483
- family representatives with lived experience with RTFs
- medical directors from RTFs
- representatives from hospitals with pediatric inpatient psychiatric beds that are not operated by OMH

Each OMH region and the counties in catchment are as follows:

- Central NY (CNY): Counties in region: Broome, Cayuga, Chenango, Clinton, Cortland, Delaware, Essex, Fulton, Franklin, Hamilton, Herkimer, Jefferson, Madison, Montgomery, Lewis, Oneida, Onondaga, Oswego, Otsego and St. Lawrence
- Hudson River, NY (HR) Counties in region: Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington and Westchester
- Long Island, NY (LI): Counties in region: Nassau and Suffolk
- New York, NY (NYC): Counties in region: Bronx, Kings, New York, Queens and Richmond
- Western, NY (WNY): Counties in region: Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, and Yates.

The Board has a statutory responsibility to issue an annual report on the disposition of eligible applications for admission to RTFs. Additionally, the Board is committed to working with key stakeholders, including youth and families with lived experience with RTFs, RTF providers and representatives from hospitals, and cross-sector representatives from local and state agencies, to better understand and ensure that New York is meeting the behavioral health care needs of children, families, and communities. The RTF Admissions Advisory Board annual report will be posted on OMH's website and submitted to the governor, the speaker of the assembly and the temporary president of the senate.

Board Composition and Meetings

In 2024, the Board met twice. The Board met on March 1st, 2024, with twenty-two members present. The Board also met on November 22nd, 2024, and nineteen members were present. The Board meets as often as deemed necessary by the co-chairs in order to prepare the statutorily mandated annual report; they are to meet at minimum once per full calendar year. The Board is currently comprised of the following individuals:

Key for OMH Regions:

LI – Long Island

NYC – New York City

HR – Hudson River

CNY – Central New York

WNY – Western New York

Table 1.

OMH Region	Name	Title	Representative Type	Representative Agency (if applicable)
Statewide	Dr. Ann Sullivan	Commissioner	Co-Chair	NYS Office of Mental Health
Statewide	Vanessa Threatte	Executive Director	Co-Chair	NYS Council on Children and Families
Statewide	Elana Marton	Deputy Director and counsel	Council on Children and Families (CCF)	NYS Council on Children and Families
Statewide	Suzanne Bolling	Assistant Counsel, Office of Special Education	CCF Member Agency	NY State Education Department
Statewide	Gail Geohagen-Pratt	Deputy Commissioner, Child Welfare and Community Services	CCF Member Agency	NYS Council on Children and Families
Statewide	Dr. Myla Harrison	Medical Director, Division of Medical and Dental Directors	CCF Member Agency	NYS Department of Health
Statewide	Dr. Sarah Kuriakose	Associate Commissioner	CCF Member Agency	NYS Office of Mental Health

OMH Region	Name	Title	Representative Type	Representative Agency (if applicable)
Statewide	Dr. Jill Pettinger	Deputy Commissioner of Statewide Services	CCF Member Agency	NYS Office for People with Developmental Disabilities
WNY	Elijah Chace	Young Person	Young person with lived experience with RTFs	N/A
WNY	Wendy Chace	Caregiver	Family member with lived experience with RTFs	N/A
CNY	Allison Fahmy	Young Person	Young person with lived experience with RTFs	N/A
WNY	Caregiver*	Caregiver	Family member with lived experience with RTFs	N/A
CNY	Caitlin Kilts	Caregiver	Family member with lived experience with RTFs	N/A
CNY	Caregiver	Caregiver	Family member with lived experience with RTFs	N/A
CNY	Amy Cunningham	Commissioner	Local Governmental Unit	Onondaga County, Department of Children and Family Services
CNY	Richelle Gregory	Director of Community Services	Local Governmental Unit	Clinton County, Community Services Board
HR	Michael Orth	Commissioner	Local Governmental Unit	Westchester County Department of Community Mental Health

OMH Region	Name	Title	Representative Type	Representative Agency (if applicable)
HR	Dr. Angela Adger- Antonikowski	Associate Dean, Community Outreach & Medical Education; Clinical Psychologist, Departments of Neurology & Psychiatry	Representative from a hospital	Albany Medical College
LI	Charlotte Poland	Social Worker Supervisor Child & Adolescent Psychiatry	Representative from a hospital with pediatric inpatient psychiatric beds	Nassau University Medical Center
LI	Brian Pritchard	Associate Executive Director	Representative from a hospital with pediatric inpatient psychiatric beds	South Oaks Hospital
NYC	Rachel Surwit Teitel	Social Worker Supervisor	Representative from a hospital with pediatric inpatient psychiatric beds	NYC Health and Hospitals- Bellevue
CNY	Christine VanDelinder	Unit Social Worker	Representative from a hospital with pediatric inpatient psychiatric beds	SUNY Upstate Medical Center
CNY	Dr. John Lynch	RTF Medical Director	RTF Medical Director	Hillside Children's Center
WNY	Elizabeth McPartland	Chief Executive Officer	Representative of RTF agency	Child and Family Services of Erie County (operates Connors RTF)

OMH Region	Name	Title	Representative Type	Representative Agency (if applicable)
WNY/CNY	Maria Cristalli	Chief Executive Officer	Representative of RTF agency	Hillside Children's Center (operates Hillside Monroe RTF, Scottsville RTF, Emerson RTF, and Finger Lakes RTF)
NYC	Traci Donnelly	Chief Executive Officer	Representative of RTF agency	The Child Center of NY
NYC/LI	Suzette Gordon	Chief Executive Officer	Representative of RTF agency	SCO Madonna Heights
NYC	Dr. Ayodola Adigun	Psychiatrist	Representative of RTF agency	The Child Center of NY RTF

* Consent to publicly disclose name is not provided.

Admissions Advisory Board Annual Report Requirements

The Board's annual report is statutorily required to minimally include data on: the number of children that applied to each RTF, the number of children admitted to each RTF, the number of children transferred from a hospital operated by the OMH and subsequently transferred to another hospital, the average length of stay for residents at each RTF, the number of children served at each RTF, and the number of involuntary placements and/or transfers from OMH operated inpatient facilities which occur each calendar year. In this year's annual report, the Board is additionally including information about the RTF programs, target population, services, eligibility criteria and referral process. This report includes data on the number of denials for admission issued by each RTF.

RTF Program

RTFs are OMH licensed treatment facilities that provide a time-limited sub-acute inpatient psychiatric level of care in a residential campus setting. RTFs serve youth requiring sub-acute inpatient psychiatric care as determined by OMH RTF Authorization Teams. RTF Authorization Teams are comprised of a board-certified child psychiatrist and a licensed mental health professional.

The intent of the RTF is to stabilize and/or reduce the intensity and frequency of a youth's mental health symptoms, so that RTF eligible youth may be (re)integrated back into their home and community as soon and as safely as possible. RTFs are only one

type of setting in New York State where children and adolescents with serious emotional disturbance and mental health diagnoses may be treated and receive 24/7 care.

RTFs provide 24/7 medical and clinical intervention and supervision. RTFs provide all mental and physical health treatment and support services in a coordinated, intensive manner. RTFs are not a permanent or long-term residential placement setting for children and adolescents. Admission to an RTF has no impact on the custody status of the youth. RTFs only accept voluntary admissions. Under state law, if a person is sixteen and over, the director of an RTF may, in their discretion, admit such person if they are voluntarily consenting to their admission. Admission to an RTF does result in disenrollment from the youth's current school district and all community based physical and mental health providers.

The RTF target population includes youth who:

- Have a current and historical pattern across settings of complex, severe and frequent psychiatric symptoms, and severe impairments across multiple domains of functioning.
- May experience episodes of exacerbated psychiatric symptoms that require intensified clinical treatment, support, and supervision as indicated by high utilization of emergency services, Comprehensive Psychiatric Emergency Programs, emergency departments and inpatient care.
- Do not need the high level of physical or staff security, nor the frequency of psychiatric intervention that are available on an acute hospital inpatient unit (e.g., Intramuscular injection of medications).
- Need coordinated and intensive multidisciplinary mental health service delivery at the direction of a physician, 24/7 therapeutic supervision and mental health programming, as well as limited community transitions.

Services provided by RTFs include:

- Comprehensive diagnostic assessments
- Multidisciplinary treatment planning
- Psychiatric evaluation and medication management services
- Individual psychotherapy
- Family therapy
- Group therapy
- Expressive or holistic therapy
- Rehabilitative services
- Preventative and routine physician services

- Physician on duty/on-call 24/7
- Preventative and routine dental services
- Dietetic Services
- Preventative and routine nursing treatment services
- Recreational therapy
- Family system/caregiver and sibling psychoeducation and support
- Specialty services as needed (e.g., substance use treatment)
- Case Coordination and Transition coordination (active discharge planning and aftercare support)
- Home and community re-integration (therapeutic leave bed reservations)
- Therapeutic milieu/supervision
- Coordination and collaboration with local emergency and acute inpatient hospitals (hospital bed reservations)
- Behavior management risk assessments and planning
- Crisis Prevention/Behavior Management Specialist services
- Permanency/Family Connections Specialist services
- Room and board

The standard RTF staffing includes:

- Psychiatrist (on call)
- Clinical Coordinator
- Psychologist Licensed
- Therapist (Social Worker Licensed (LMSW, LCSW), Social Worker Master's Level (MSW), Licensed Mental Health Counselor, Licensed Psychoanalyst, or Marriage and Family Counselor/Therapist)
- RTF Transition Coordinator
- Crisis Prevention Specialist
- Direct Care Staff
- Recreational Therapist
- Nurse – Registered

- Physician- M.D. (on call)
- Dietician/Nutritionist

RTF direct care staff ratios during awake hours are at minimum one direct care staff to every five youth (1:5). Direct care staff typically provide 15-minute checks and line of sight observation of youth. Most RTFs do not provide 1:1 constant observation staffing. The only RTF that does provide 1:1 constant observation staffing is one that was developed in partnership with the Office for People with Developmental Disabilities (OPWDD), the OLV Intensive Treatment Program (ITP) RTF for youth with severe psychiatric symptoms in addition to a developmental disability.

RTFs are located on residential campuses, and may have single, double, or triple occupancy bedrooms on co-ed or single gender unit(s). RTF affiliated school programs may be in the same building, on campus, or off site. Most RTFs do not provide a completely physically secure environment. For example, only one RTF (The Child Center of NY, RTF) has locked unit and exterior doors, gated outdoor recreational area, and a school program located in the same building.

Accessing RTFs

Introductory information for caregivers and referring providers about RTFs is available on the OMH webpage Services for Children and Families. In order to apply to an RTF for admission, an applicant must submit a referral to their local Children's Single Point of Access (C-SPOA) using the integrated referral application for Youth Assertive Community Treatment (ACT), Children's Community Residence (CCR) and RTFs. This form is found on the OMH web page Information for Children, Teens and their Families, under "Easy Access Forms." Referrals from OPWDD and the Office of Children and Family Services (OCFS) Division of Juvenile Justice and Opportunities for Youth (DJJOY) are not required to be submitted to the youth's local C-SPOA.

C-SPOA, OPWDD and OCFS DJJOY forward referrals to OMH for an eligibility review by an RTF Authorization Review Team. The RTF Authorization Teams review the clinical documentation provided in the referral to determine if RTF eligibility criteria are met.

RTF eligibility criteria include:

- Between 5 and 20 years old
 - ◊ This criterion does not apply to applications from OPWDD for the specialized OLV ITP RTF. To access the OLV ITP RTF, the applicant must be between the age of 12 years old and 17 years old.
- Intelligence quotient equal to or greater than 51
 - ◊ This criterion does not apply to applications from OPWDD for the specialized OLV ITP RTF.
- Voluntarily consent for release of information, review for eligibility and treatment at an RTF.

- Current primary diagnosis of a designated mental illness
 - ◊ A designated mental illness is defined as a disruption of cognitive, emotional, or behavioral functioning, which can be classified and diagnosed using the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or the International Classification of Diseases (ICD), other than:
 - Substance use disorders in the absence of other mental health conditions defined in the DSM or ICD;
 - Neurodevelopmental disorders in the absence of other mental health conditions defined in the DSM or ICD. The exceptions are Attention- Deficit/Hyperactivity Disorder and Tic Disorders, which can be considered designated mental illnesses
 - Major neurocognitive disorder, traumatic brain injury, or mental disorders due to another medical condition; or
 - Other conditions that may be a focus of clinical attention (commonly described with Z codes). The exception is Parent-Child Relationship Problem (V61.20/Z62.820) for children, which can be considered a designated mental illness.
 - ◊ This criterion does not apply to applications from OPWDD for the specialized OLV ITP RTF. Applications for eligibility to access the OLV ITP RTF require a current designated mental illness AND autism spectrum or intellectual disability diagnosis.
- Verification of meeting Serious Emotional Disturbance Criteria
 - ◊ Serious emotional disturbance means the Child or Youth has a designated mental illness diagnosis according to the DSM as incorporated by reference in Part 584 of 14 NYCRR and has experienced functional limitations due to emotional disturbance over the past twelve months on a continuous or intermittent basis. The functional limitations must be moderate in at least two of the following areas or severe in at least one of the following areas:
 - ability to care for self (e.g., personal hygiene; obtaining and eating food; dressing; avoiding injuries); or
 - family life (e.g., capacity to live in a family or family like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting); or
 - social relationships (e.g., establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); or
 - self-direction/self-control (e.g., ability to sustain focused attention for a long enough period of time to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability); or
 - ability to learn (e.g., school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).
- Meet RTF medical necessity criteria (Certification of Need Criteria), as follows:
 - ◊ Outpatient, community-based, and other out of home interventions available do not meet the psychiatric treatment needs of the youth.

- ◇ The youth is experiencing a severity of psychiatric need which requires proper care and treatment of the youth's psychiatric condition on a sub-acute inpatient basis in an RTF under the direction of a physician.
- ◇ Care and treatment in a RTF can reasonably be expected to improve the youth's condition or prevent further regression so that RTF services will no longer be needed. Poor prognosis shall not in itself constitute grounds for a denial of eligibility if treatment by an RTF can reasonably be expected to effect a change in prognosis.
- Additional RTF eligibility criteria only applicable for the OLV ITP RTF:
 - ◇ Application has been approved by OPWDD Central Office.
 - ◇ Applicant is OPWDD service eligible.
 - ◇ Applicant is Home and Community Based Waiver Services eligible.
 - ◇ Applicant is designated for NYS Education Department Alternate Assessment.
 - ◇ Applicant has an identified and specific discharge plan.

If a youth is found eligible to access RTF services and authorized to apply, the referral is then sent to RTFs that serve the youth's age, gender identity, IQ range, and Individualized Education Plan (IEP) classification, at the preference of the youth and legal guardian. If a referral for the OLV ITP RTF from OPWDD is found eligible, it is then forwarded to OLV ITP RTF for consideration for admission.

RTF Providers of Service

As of December 31st, 2024, there were eleven psychiatric RTF providers with a total of 258 licensed RTF beds in New York State licensed by the OMH. There are two sub-specialty programs: OLV RTF Intensive Treatment Program and Hillside Finger Lakes Intensive Treatment Units. A map with the location of each RTF is available on the OMH webpage Services for Children and Families

Table 2.

Provider of Service Name	Program Name	OMH Region of Location	County of Location	Gender Identities Served	Ages Served	IQ Range Served	IEP Classifications Served	Number of Licensed Beds
Baker Hall dba OLV Human Services, RTF	OLV RTF	WNY	Erie	Co-ed	12-21 years	51+	AU, ED, ID, MD, OHI	20
Baker Hall dba OLV Human Services, RTF	OLV RTF Intensive Treatment Program	WNY	Erie	Co-ed	12-17 years	N/A	NYSAA	12

Provider of Service Name	Program Name	OMH Region of Location	County of Location	Gender Identities Served	Ages Served	IQ Range Served	IEP Classifications Served	Number of Licensed Beds
Child and Family Services of Erie County, RTF	Conners RTF	WNY	Erie	Co-ed	5-14 years	51+	All disability designations	14
Hillside Children's Center- Finger Lakes Campus, RTF	Hillside FL RTF	CNY	Cayuga	Co-ed	11-17 years	70+	ED, LD, OHI	38
Hillside Children's Center- Finger Lakes Campus, RTF	Hillside FL RTF Intensive Treatment Units	CNY	Cayuga	Co-ed	11-17 years	70+	ED, LD, OHI	12
Hillside Children's Center- Monroe Campus RTF	Hillside Monroe RTF	WNY	Monroe	Co-ed	12-18 years	51+	AU, ED, LD, MD, OHI, SLI	22
Hillside Children's Center-Scottsville Campus RTF	Hillside Scottsville RTF	WNY	Monroe	Co-ed	5-14 years	51+	AU, ED, LD, MD, OHI, SLI	18
Hillside Children's Center-Emerson RTF	Hillside Emerson RTF	WNY	Monroe	Co-ed	12-17 years	71+	ED, LD, OHI	8
House of the Good Shepherd RTF	HoGS RTF	CNY	Oneida	Co-ed	10-17 years	71+	ED, LD, MD, OHI, ID	14
Parsons Child & Family Center RTF	Parsons RTF	HR	Albany	Co-ed	12-17 years	71+	ED, LD, OHI, MD, ID, AU	14
SCO Family of Services, Cottage Facility, RTF	Madonna Heights RTF	LI	Suffolk	Female only	12-17 years	71+	ED, LD	14

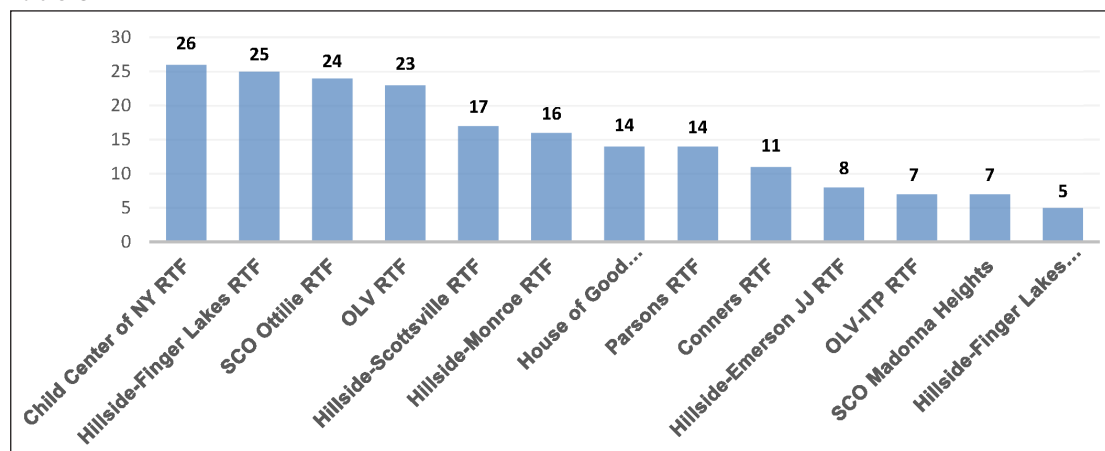
Provider of Service Name	Program Name	OMH Region of Location	County of Location	Gender Identities Served	Ages Served	IQ Range Served	IEP Classifications Served	Number of Licensed Beds
SCO Family of Services, Otilie Home for Children RTF	Otilie RTF	NYC	Queens	Co-ed	10-20 years	51-79	ED, ID	40
The Child Center of NY, Inc. Brooklyn RTF	TCCNY RTF	NYC	Brooklyn	Co-ed	12-20 years	71+	NYSAA	12

KEY: AU=Autism; ED=Emotional Disability; ID=Intellectual Disability; LD=Learning Disability; MH=Multiple Disabilities; SLI=Speech and Language Impairment; OHI=Other Health Impairment, CSE=Committee on Special Education, CDOS=Career Development and Occupational Studies Commencement Credential, NYSAA=New York State Alternative Assessment Skills & Achievement Commencement Credentia.

RTF Admissions Data

In 2024, there were a total of 197 admissions of RTF eligible youth statewide. The admissions that occurred in 2024 include youth who were determined eligible in 2023 and 2024. There were 196 unduplicated youth admitted. There was one youth admitted to an RTF and then re-admitted to another RTF during this time period. The Child Center of NY had the most RTF admissions (26 youth). Hillside Finger Lakes Intensive Treatment Units had the fewest RTF admissions (5 youth).

Table 3. Number of 2024 Admissions



RTFs Admissions and Transfers from OMH Operated Hospitals

In 2024, there were zero children that transferred from a hospital operated by OMH and subsequently transferred to another hospital within seven days of admission to an RTF.

RTFs and Involuntary Admissions

In 2024, the number of involuntary placements and/or transfers from OMH operated inpatient facilities to RTF was zero statewide. This is because RTFs only accept voluntary admissions.

Average Daily Census

In 2024, the average statewide daily census of youth enrolled in RTFs was 205. The RTF with the highest average daily census was Hillside Finger Lakes RTF (38 beds filled). The RTF with the lowest average daily census was Hillside Emerson RTF JJ, which serves youth with mental health and juvenile justice needs (5 beds filled). Average daily census is impacted by the ability to staff beds and referral volume (see table 11 of this report).

Table 4.

Program	Licensed Capacity	Average Daily Census (Beds Filled)
Hillside Finger Lakes Campus, RTF	50	38
SCO Otilie RTF	40	33
The Child Center of NY RTF	32	32
OLV RTF	32	26
Hillside Monroe Campus RTF	22	16
Hillside -Scottsville Campus RTF	18	15
Conners RTF	14	12
Parsons Child & Family Center RTF	14	12
House of the Good Shepherd RTF	14	9
SCO Madonna Heights RTF	14	7
Hillside Emerson RTF JJ	8	5

Average Length of Wait for RTF Admission

The statewide average number of days between a youth being determined RTF eligible and admitting to an RTF bed also known as average length of wait (LOW) was 81 days, the median length of wait was 66 days, with a range of 0-386 days. LOW for RTF vary widely by RTF and over the course of a year depending on the RTFs functional bed capacity, bed turnover rates (number of discharges,) and volume of referrals. A LOW of 0 days was possible for Hillside Emerson RTF JJ because there was a transfer from Hillside Monroe RTF (located on the same campus) that was able to be completed on the date they were found eligible for transfer admission. The longest average length of wait for an RTF was for the sub-specialty program of Hillside Finger Lakes RTF Intensive Treatment Units (167 days). The shortest average length of wait for admission was to SCO Otilie RTF (44 days).

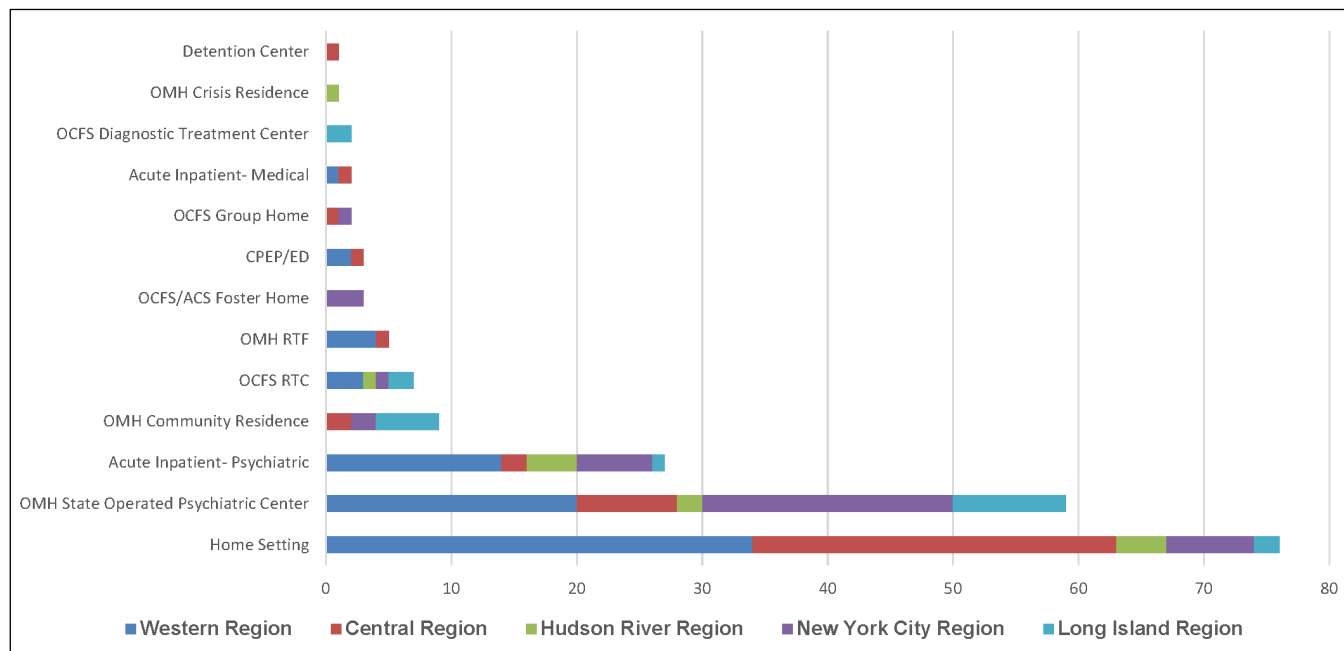
Table 5.

Program Name	Average LOW	Median LOW for Admission	Range
Hillside-Finger Lakes ITU	167	160	54-299
TCCNY	128	126	71-215
SCO-Madonna Heights	121	126	64-174
OLV	79	68	10-236
Hillside-Finger Lakes	85	69	10-302
Parsons	75	68	29-237
Hillside-Monroe JJ	68	77	0-127
Hillside-Monroe	69	33	10-247
OLV-ITP	103	40	20-386
Conners	60	44	20-161
Hillside Crestwood	58	42	12-146
House of Good Shepherd	56	47	21-106
SCO Otilie	44	30	9-258
Statewide	81	68	0-386

Setting Prior To RTF Admission

Of the 197 RTF admissions in 2024, 38% admitted from a home setting and 62% admitted from an out of home setting. Youth admitting from State Psychiatric Centers comprised 30% of statewide admissions and those admitting from an acute inpatient-psychiatric setting comprised 15% of statewide admissions.

Chart 1. Setting Prior to RTF Admission

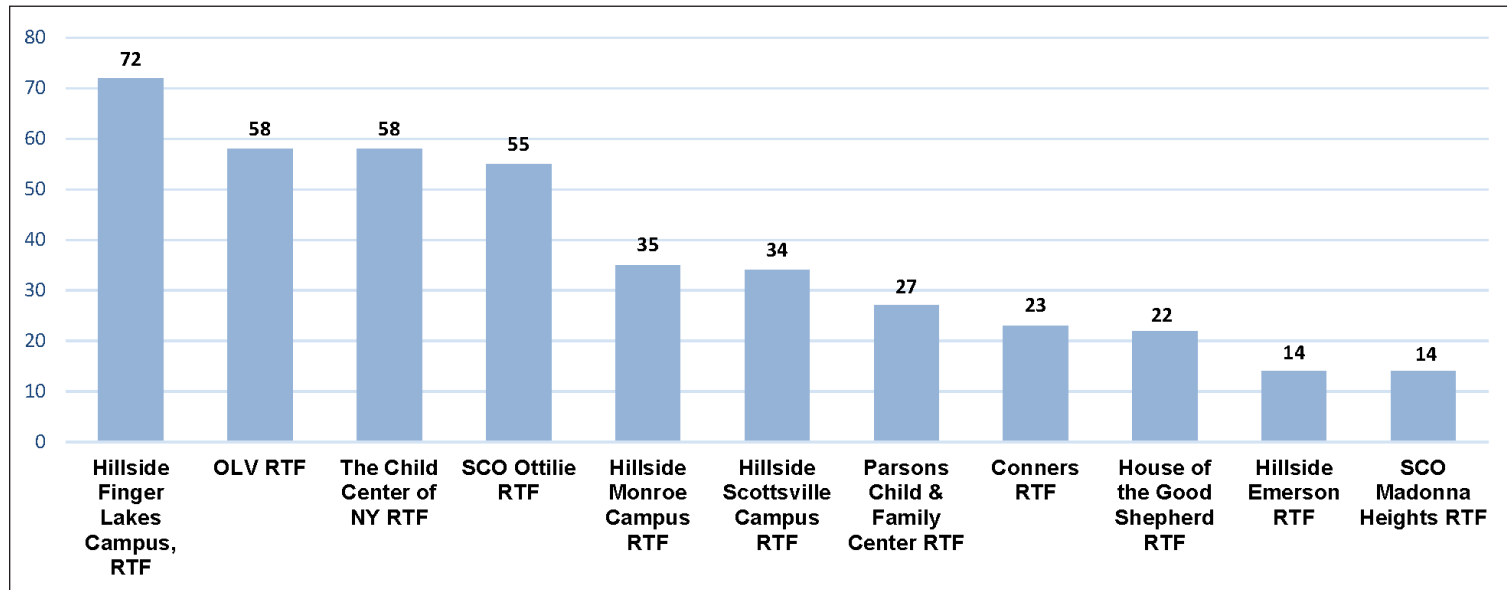


Number of Youth Served by RTFs

In 2024, RTFs served a total of 412 youth from across New York state. This year the number of youth served is only available at the licensed facility level and is not available for the sub-specialty program discharges from OLV RTF Intensive Treatment Program or the Hillside Finger Lakes Intensive Treatment Units. Hillside Finger Lakes RTF served the most youth (72 youth). Hillside Emerson RTF JJ and SCO Cottage Facility served the fewest youth (14 youth). The number of youth served includes youth who were admitted in 2024 and prior years. This number of youth served in a given year is influenced by length of stay, number of discharges and functional capacity of the RTF.

Chart 2.

Number of Youth Served at Each RTF in 2024



RTF Admissions by OMH Region of Origin

In 2024, the most RTF admissions were from youth originating from the OMH Western region (78, 39%). The OMH Hudson River region had the fewest admissions of youth from the region (14, 7%).

Chart 3. Number of RTF Admissions for youth from Each OMH Region

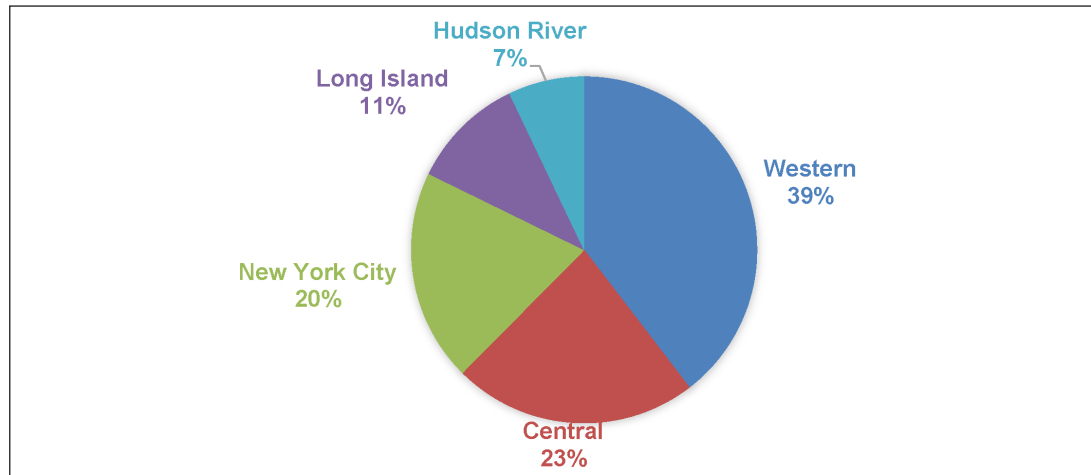


Figure 1.



Table 6.

County Name	Admissions
Suffolk	16
Monroe	12
Erie	12
Kings	11
Saint Lawrence	10
Bronx	10
Queens	10
Chautauqua	8
Onondaga	7
Oswego	7
Chemung	6
New York	5
Richmond	5
Cortland	4
Madison	4
Ontario	4
Tompkins	4
Wayne	4
Cattaraugus	4
Niagara	4
Essex	3

County Name	Admissions
Westchester	3
Nassau	3
Livingston	3
Genesee	3
Broome	2
Delaware	2
Cayuga	2
Montgomery	2
Franklin	2
Warren	2
Dutchess	2
Orange	2
Steuben	2
Allegany	2
Orleans	2
Albany	1
Clinton	1
Columbia	1
Hamilton	1
Herkimer	1
Jefferson	1

County Name	Admissions
Oneida	1
Rensselaer	1
Saratoga	1
Rockland	1
Schuyler	1
Tioga	1
Washington	1
Saratoga	1
Chenango	0
Otsego	0
Fulton	0
Lewis	0
Greene	0
Schenectady	0
Schoharie	0
Schenectady	0
Putnam	0
Sullivan	0
Ulster	0
Seneca	0
Yates	0
Wyoming	0

Race and Ethnicity of Youth Admitted to RTFs

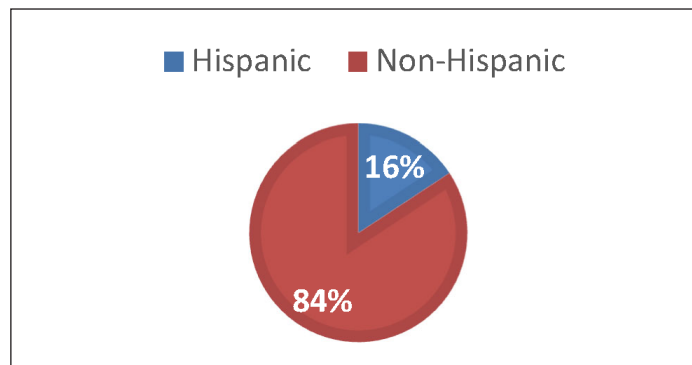
The table below breaks down the identified race of RTF admission statewide in 2024. More than one race is able to be selected. Races included in “other”: Chinese, Filipino, Korean, Japanese, Vietnamese, Other Asian, Native Hawaiian, Guamanian/Chamorro, Samoan, and Other Pacific Islander. At this time OMH asks two separate questions of applicants 1) “what is your race?” and 2) “what is your ethnicity?” Those who have Hispanic ethnicity may identify as many races and may not identify as having a Hispanic race.

Table 8.

American Indian	1
Asian Indian	1
Black/African American	60
Hispanic	5
Other	7
Unknown	6
White	133

In 2024, 31 or 16% of admitted youth identified they were Hispanic ethnicity, and 166 or 84% of admitted youth identified they were non-Hispanic ethnicity.

Chart 4. Ethnicity of Youth Admitted Statewide

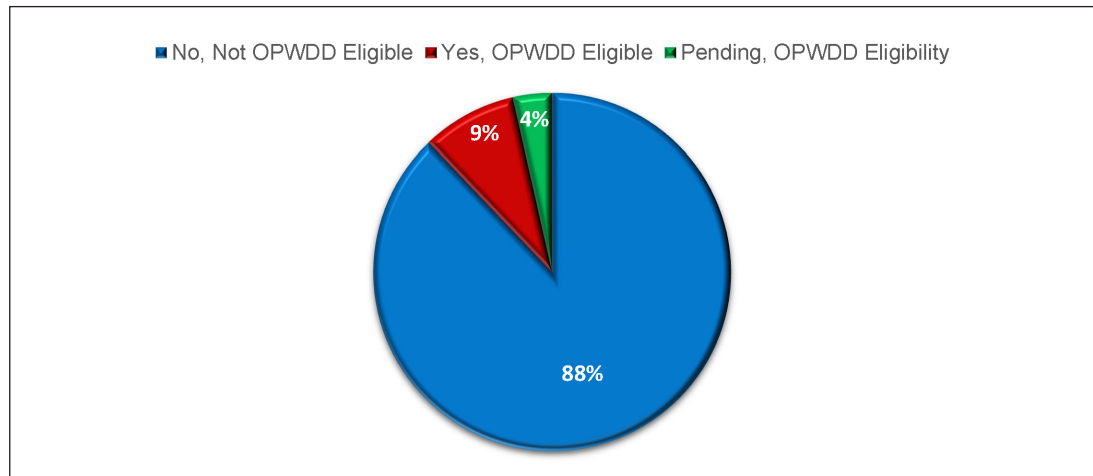


In 2024, 100% of admitted youth had a preferred language of English.

The OPWDD Eligibility Status of RTF Admissions

In 2024, 88% (174) of admissions were not OPWDD eligible, 9% (17) were OPWDD eligible and 4% (7) were pending an OPWDD eligibility.

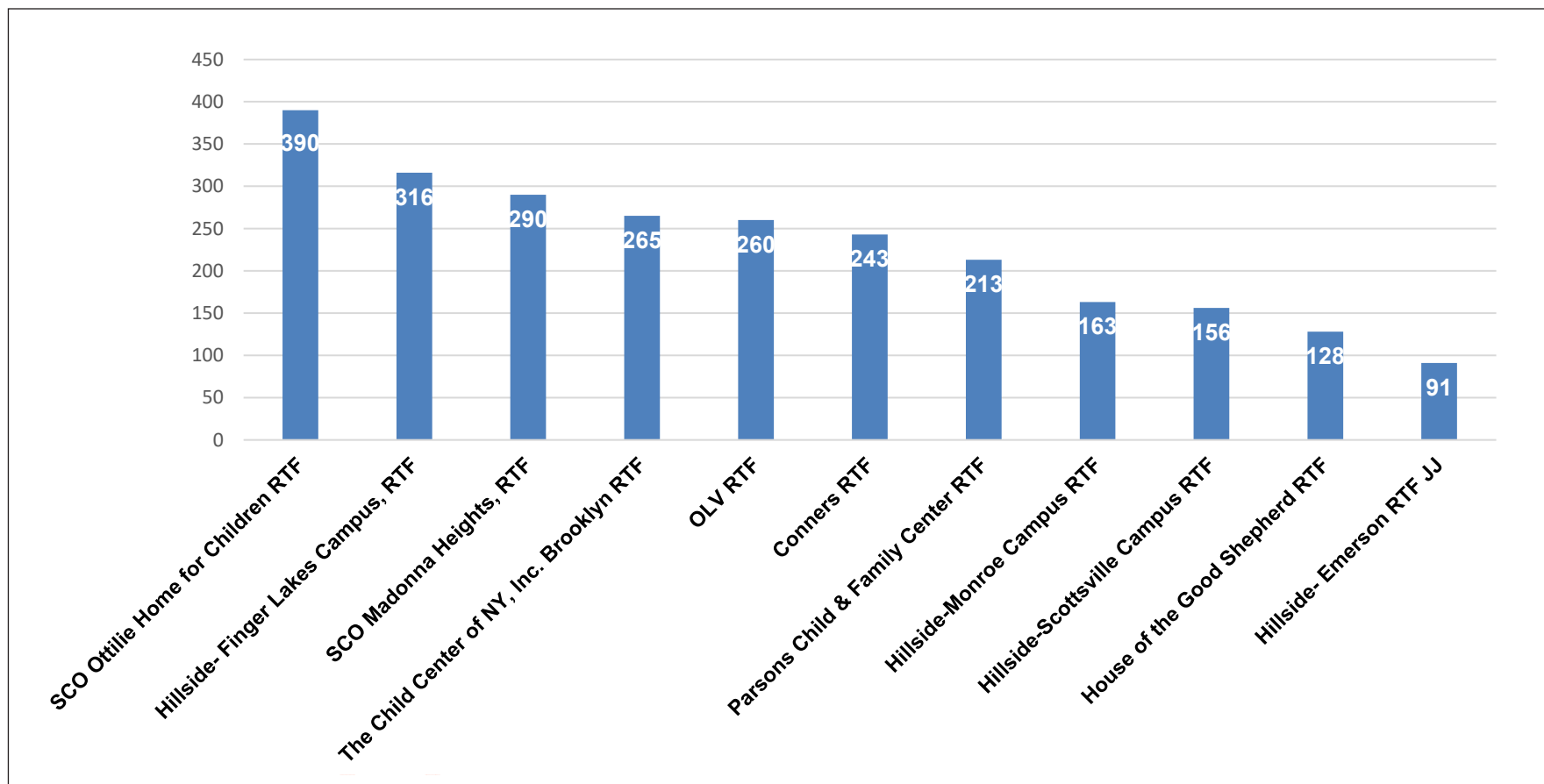
Chart 5. OPWDD Eligibility at Admission



Average Length of Stay in RTF (for those served and not discharged as of 12/31/24)

In 2024, the Average Length of Stay for youth served and not discharged as of December 31st, 2024 was 267 days. The OLV data is inclusive of OLV Traditional and OLV Intensive Treatment Program (ITP) The Hillside FL is inclusive is Hillside FL and Hillside FL Intensive Treatment Unit. Hillside Children Center's Emerson RTF JJ had the lowest average length of stay (91days). SCO Otilie RTF had the longest average length of stay upon discharge (390 days).

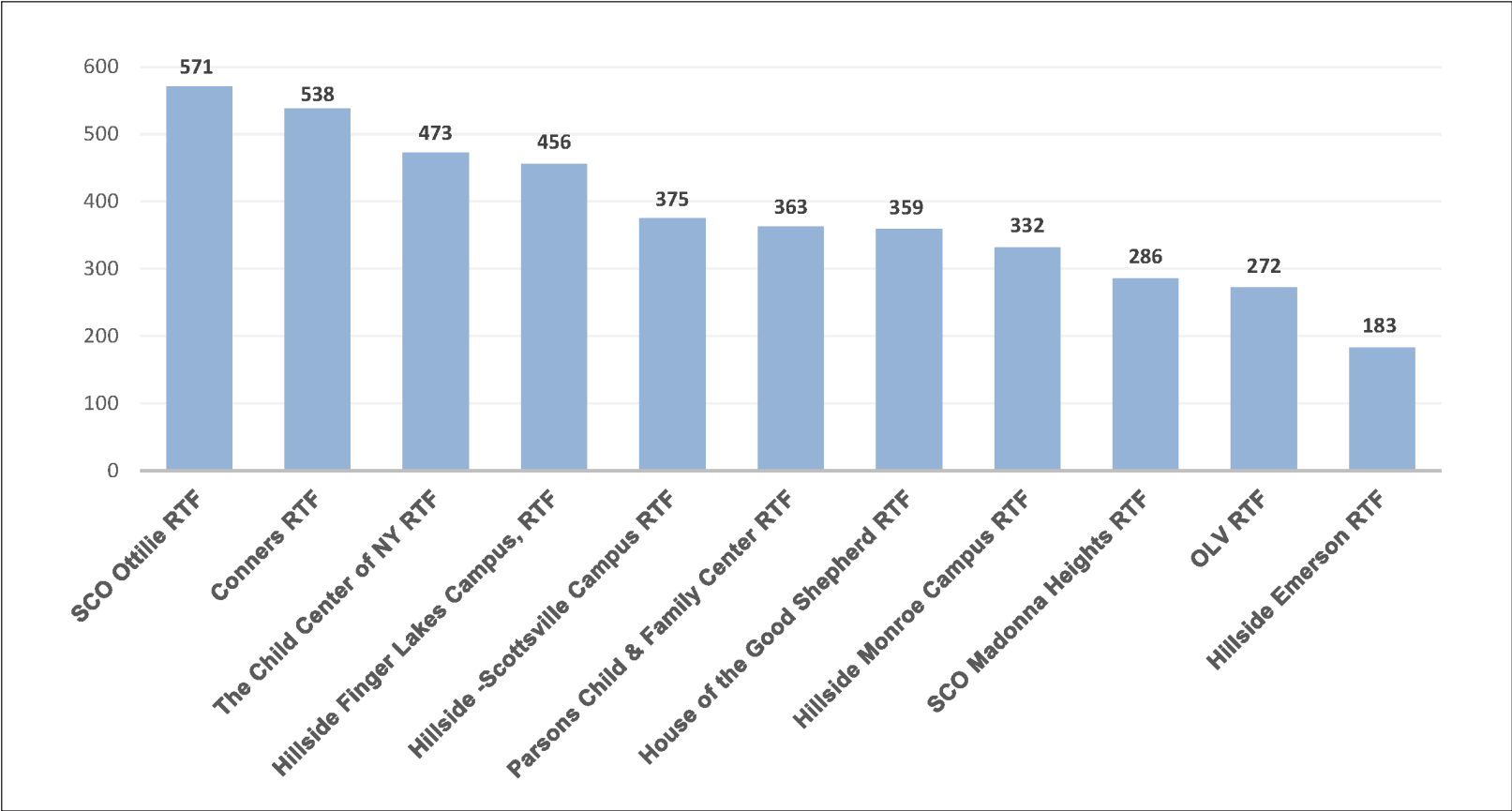
Chart 6. Average Length of Stay of Youth Served and Not Discharged in 2024



Average Length of Stay in RTF (Upon Discharge)

In 2024, there was a total of 208 RTF discharges from RTF licensed facilities statewide and the average length of stay upon discharge was 389 days. This year average length of stay upon discharge data is only available at the licensed facility level and is not discretely available for the sub-specialty programs/units of OLV RTF Intensive Treatment Program or the Hillside Finger Lakes Intensive Treatment Units. Hillside Children Center's Emerson RTF JJ had the lowest average length of stay upon discharge (183 days). SCO Otilie RTF had the longest average length of stay upon discharge (571 days).

Chart 7. Average Length of Stay (Days) for Youth Discharged in 2024



Access to Family Peer Advocates at RTFs

Table 9.

Program	Access to Family Peer Advocate in 2024
Conners RTF	No
Hillside Emerson RTF	Yes
Hillside Finger Lakes Campus, RTF	Yes
Hillside Monroe Campus RTF	Yes
Hillside -Scottsville Campus RTF	Yes
House of the Good Shepherd RTF	Yes
OLV RTF	No
Parsons Child & Family Center RTF	Yes
SCO Madonna Heights RTF	No
SCO Ottilie RTF	No
The Child Center of NY RTF	No

RTF Staff Recruitment and Retention Efforts

In 2024, all RTFs that reported to OMH indicated a variety of activities they engaged in to address staffing shortages. In 2024, all RTFs that reported to OMH indicated they experienced staffing shortages and all also indicated that they hired new staff. Many RTFs shared their 2024 recruitment efforts which included:

Investments in starting rates, merit, compression, regional premiums, shift differentials, holiday pay, on call pay

- Partnerships with local colleges, universities, and specialized recruitment agencies
- Flexible staff scheduling
- Ads in community newspapers, podcasts, additional incentives for employee referral and recruitment agency support

Table 10.

Name of RTF	Hiring events (job fairs, etc.)	Referral Bonus	Sign On Bonus	COLA/ Market Adjustments	Tuition Reimbursement	Student Loan Repayment/ Forgiveness
Conners RTF	Yes	Yes	Yes	Yes	No	No
House of the Good Shepherd RTF	Yes	Yes	Yes	N/A	Yes	Yes
Hillside-Scottsville Campus RTF	Yes	Yes	Yes	Yes	Yes	Yes
Hillside- Finger Lakes Campus, RTF	Yes	Yes	Yes	Yes	Yes	Yes
Hillside- Finger Lakes Campus, RTF, ITU	Yes	Yes	Yes	Yes	Yes	Yes
Hillside Monroe Campus RTF	Yes	Yes	Yes	Yes	Yes	Yes
Hillside Monroe Campus RTF JJ	Yes	Yes	Yes	Yes	Yes	Yes
SCO Madonna Heights RTF	Yes	Yes	No	N/A	Yes	Yes
OLV RTF	N/A	Yes	Yes	N/A	Yes	Yes
OLV RTF ITP	N/A	Yes	Yes	N/A	Yes	Yes
Parsons RTF	N/A	Yes	Yes	N/A	Yes	Yes
SCO Ottilie RTF	N/A	No	Yes	N/A	Yes	Yes
The Child Center of NY, RTF	Yes	Yes	No	Yes	No	No

RTF Staffing

In 2024, all RTFs that reported to OMH indicated they experienced staffing shortages. Six out of ten RTF programs that responded reported needing to reduce their census (functional capacity) and six identified having to pause admissions at some point during the year due to staffing.

Table 11.

Name of RTF	Staffing Shortages Identified?	Decreased Census Due to Staffing Shortages	Paused Admissions Due to Staffing Shortages?	New Staff Hired?
Conners RTF	Yes	No	No	Yes
House of the Good Shepherd RTF	Yes	No	Yes	Yes
Hillside-Scottsville Campus RTF	Yes	No	No	Yes
Hillside- Finger Lakes Campus, RTF	Yes	No	No	Yes
Hillside- Finger Lakes Campus, RTF, ITU	Yes	No	Yes	Yes
Hillside Monroe Campus RTF	Yes	No	No	Yes
Hillside Monroe Campus RTF JJ	Yes	No	No	Yes
SCO Madonna Heights RTF	Yes	Yes	No	Yes
OLV RTF	Yes	Yes	Yes	Yes
OLV RTF ITP	Yes	Yes	Yes	Yes
Parsons RTF	Yes	No	No	Yes
SCO Ottilie RTF	Yes	No	No	Yes
The Child Center of NY, RTF	Yes	No	No	Yes

Disposition of RTF Applications

On average, each RTF received about 47 applications in 2024. The Hillside Monroe RTF received the most RTF eligible applications (88) and Hillside Emerson RTF JJ received the least (10). Data for the sub-program of Hillside Finger Lakes RTF Intensive Treatment Units is not available for 2024. It will be available for 2025. The data on Disposition of RTF Applications for Admissions is provided in a table and a chart below.

Chart 8.

Disposition of RTF Referrals 2024

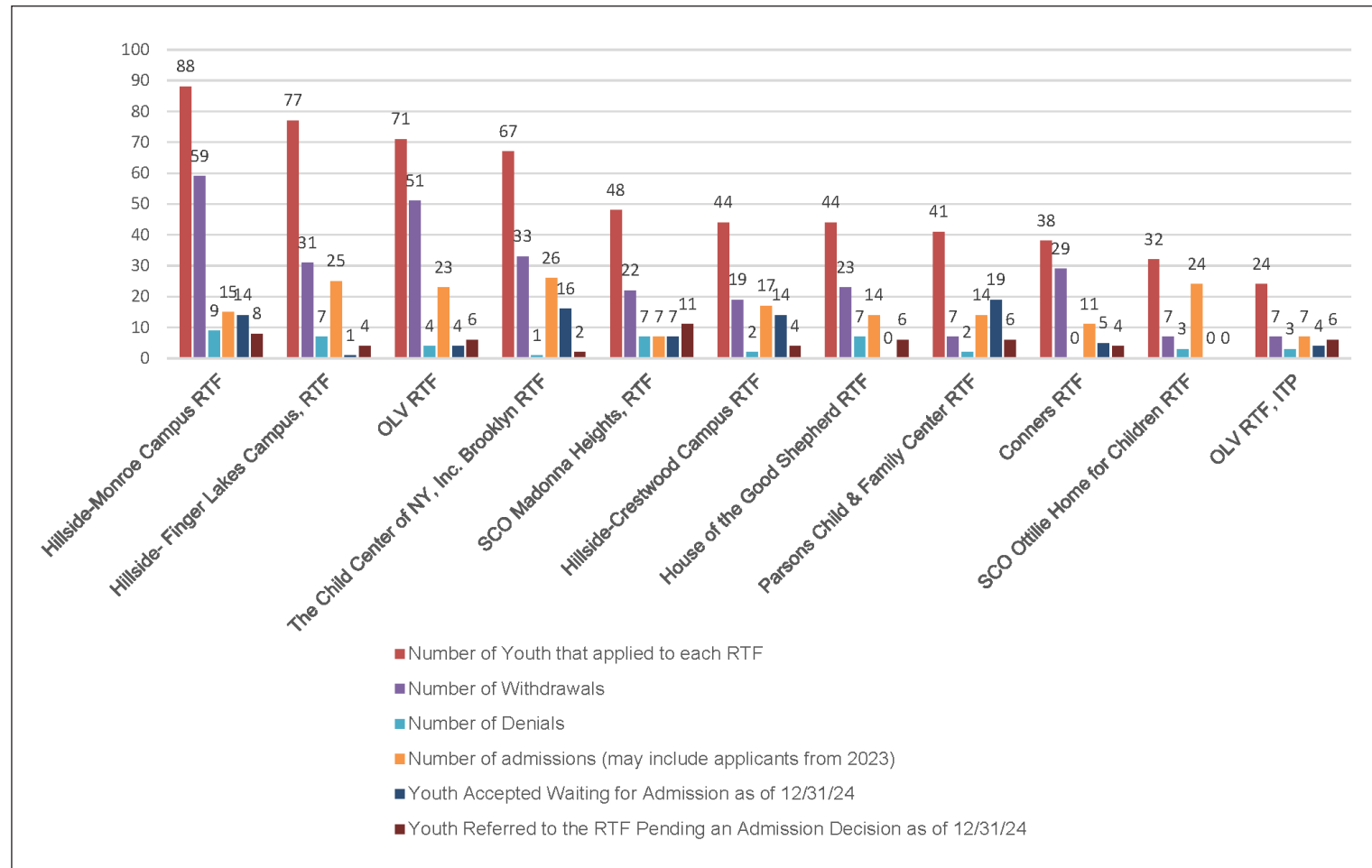


Table 12.

Program Name	Number of Youth that applied to each RTF	Number of Withdrawals	Number of Denials	Number of admissions (may include applicants from 2023)	Youth Accepted Waiting for Admission as of 12/31/24	Youth Referred to the RTF Pending an Admission Decision as of 12/31/24
Hillside-Monroe Campus RTF	88	59	9	15	14	8
Hillside- Finger Lakes Campus, RTF	77	31	7	25	1	4
OLV RTF	71	51	4	23	4	6
The Child Center of NY, Inc. Brooklyn RTF	67	31	1	26	16	2
SCO Madonna Heights, RTF	48	22	7	7	7	11
Hillside-Scottsville Campus RTF	44	19	2	17	14	4
House of the Good Shepherd RTF	44	23	7	14	0	6
Parsons Child & Family Center RTF	41	7	2	14	19	6
Conners RTF	38	29	0	11	5	4
SCO Otilie Home for Children RTF	32	7	3	24	0	0
OLV RTF, ITP	24	7	3	7	4	6
Hillside- Emerson RTF JJ	10	1	2	9	1	1
Hillside- Finger Lakes Campus, RTF, ITU	N/A	N/A	N/A	5	N/A	4

Table 13.

Program Name	Number of Denials	% Referrals Received that were Denied	Reasons for Denial			
			The youth did not meet age, IQ or gender identity criteria for admission	Unable to meet youth's educational needs	Unable to meet youth's medical/ physical needs	Unable to meet youth's needs-Other
Hillside Children's Center-Monroe Campus RTF	9	10%	0	15	0	9
SCO Madonna Heights, RTF	7	15%	0	25	0	3
Hillside Children's Center-Finger Lakes Campus, RTF	7	9%	0	23	1	6
House of the Good Shepherd RTF	7	16%	2	26	0	2
OLV RTF	4	6%	1	7	0	3
Hillside Children's Center- Emerson RTF JJ	3	30%	0	17	0	2
SCO Ottilie Home for Children RTF	3	9%	0	14	1	0
OLV RTF Intensive Treatment Program	3	13%	0	14	1	1
Hillside Children's Center-Scottsville Campus RTF	2	5%	1	11	0	1
Parsons Child & Family Center RTF	2	5%	0	24	0	2
The Child Center of NY, Inc. Brooklyn RTF	1	1%	0	7	0	1
Connors RTF	0	0%	0	9	0	0
Hillside Children's Center-Finger Lakes Campus, RTF, ITU	N/A	N/A	N/A	5	N/A	N/A

RTF Application Withdrawals

OLV RTF had the highest number of applications withdrawn (51). Hillside Emerson RTF JJ has the fewest (1). Data for the sub-program of Hillside Finger Lakes RTF Intensive Treatment Units is not available for 2024. It will be available for 2025. Specific number of applications withdrawn were not provided by The Child Center of NY, RTF. This data will be available for 2025.

Table 14.

Program Name	Number of Withdrawals	% Referrals Received that were Withdrawn	Reasons for Withdrawal				
			OMH de-authorized the youth	The legal guardian declined admission	The youth declined admission	Admitted to a different program	Admitted to another RTF
Hillside Children's Center-Monroe Campus RTF	59	67%	5	33	3	5	13
OLV RTF	51	72%	1	23	2	2	23
Hillside Children's Center-Finger Lakes Campus, RTF	31	40%	7	10	1	0	13
The Child Center of NY, Inc. Brooklyn RTF	31	46%	10	15	2	0	4
Connors RTF	29	76%	3	2	0	0	24
House of the Good Shepherd RTF	23	52%	1	5	2	0	15
SCO Madonna Heights, RTF	22	46%	9	2	1	3	7
OLV RTF Intensive Treatment Program	7	29%	2	3	0	2	0
Hillside Children's Center-Scottsville Campus RTF	19	43%	2	12	0	2	3
Parsons Child & Family Center RTF	8	20%	2	1	2	0	3
SCO Otilie Home for Children RTF	7	22%	4	2	0	0	1
Hillside Children's Center-Emerson RTF JJ	1	10%	0	0	0	0	0
Hillside- Finger Lakes Campus, RTF, ITU	N/A	N/A	N/A	N/A	N/A	N/A	N/A

2025 Report

Looking ahead to 2025, the Board is interested in reviewing additional data elements regarding the clinical profile of admissions, demographic data of youth denied admission to RTFs, the staffing at RTFs, and additional discharge information. These additional data elements will be collected via requests for information from RTF providers and OMH databases. In the coming year, the Board looks forward to better understanding RTF admissions and discharges to help New York continue to keep pace with shifting needs.