

July 2014 Monthly Report:

OMH facility performance metrics and community service investments

Report Overview:

This report is issued pursuant to the State Fiscal Year 2014-15 Budget agreement which requires that *“The commissioner of mental health shall provide monthly status reports of the 2014-15 community investments and the impact on inpatient census to Chairs of the Senate and Assembly fiscal committees. Such report 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; and descriptions of 2014-15 new community service investments. Such report shall include an explanation of any material census reductions, when known to the facility.”*

This report is comprised of several components:

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

Statewide Overview of Service Expansion:

Supported Housing capacity expansion issued through State Aid Letters in April began serving individuals in July, and the full capacity expansion of 628 beds will continue to develop through Summer 2014. For New York City and Long Island, housing providers submitted final RFP responses; OMH will issue award letters to selected providers after the review process.

The OMH Children’s Division has continued its regional work with Home and Community Based Services (HCBS) waiver providers and LGUs to get a complete picture of their existing system of care for children, to develop strategies to improve access to waiver services, and to connect the youth at highest risk of hospitalization earlier to county single point of access (SPOA), HCBS waiver slots, and other appropriate services. The second round of HCBS expansion slots have opened, allowing for the full expansion of 168 waiver slots through Summer 2014.

State-operated mobile services are operating in three regions of the State, as outlined in the accompanying tables. OMH continues the preparation of space for campus-based crisis/respite beds, and capacity is expected to become operational in the coming months pursuant to the terms of the 2014-15 State Budget agreement.

Four Aid to Localities reinvestment plans have been submitted to OMH for review: Western New York, Rochester area, Hudson River, and Long Island. State Aid Letters have been amended to support approved Aid to Localities plans beginning July 1, 2014. Local governmental units in remaining areas of the State continue working to complete Aid to Localities plans in consultation with OMH field offices and facilities.

Table 1: NYS OMH State Psychiatric Center Inpatient Descriptive Metrics for July, 2014

State Inpatient Facilities ¹	Capital Beds	Budgeted Capacity	Admission	Discharge ²	Monthly Average Daily Census ³			
	N	N	N	N	N	N	N	N
	Capital Beds as of end of SFY 2013-2014	July, 2014 Budgeted Capacity	# of Admissions during July 2014	# of Discharges during July 2014	Avg. daily census 4/1/14-4/30/2014	Avg. daily census 5/1/14-05/31/2014	Avg. daily census 6/1/14-06/30/2014	Avg. daily census 7/1/14-07/31/2014
Adult								
Bronx	348	181	24	21	159	154	156	151
Buffalo	221	183	15	16	183	180	173	174
Capital District	158	136	53	51	126	122	125	127
Creedmoor	480	344	37	30	307	311	307	309
Elmira	104	72	11	16	72	71	69	67
Greater Binghamton	178	90	19	14	89	85	90	91
Hutchings	132	119	23	22	115	111	113	117
Kingsboro	254	165	11	12	169	164	160	161
Manhattan	476	230	19	30	222	218	215	213
Pilgrim ⁴	771	360	17	21	327	319	317	314
Rochester	222	145	5	9	114	115	114	115
Rockland ⁴	436	405	23	22	379	376	376	374
South Beach	362	300	31	31	295	289	296	298
St. Lawrence	84	65	17	13	61	58	56	56
Washington Heights	21	21	17	15	20	19	19	20
Total	4,247	2,816	322	323	2,636	2,592	2,588	2,587
Children & Youth								
Elmira	48	18	8	11	19	17	16	14
Greater Binghamton	16	16	17	16	16	17	15	11
Hutchings	30	30	25	23	25	25	20	17
Mohawk Valley	30	30	23	30	26	29	24	14
NYC Children's Center	184	172	18	24	141	141	132	126
Rockland CPC	56	54	6	15	44	47	44	30
Sagamore CPC	77	54	18	21	42	41	42	40
South Beach	12	12	2	5	12	12	12	12
St. Lawrence	29	28	33	37	26	27	27	26
Western NY CPC	46	46	18	13	42	42	38	37
Total	528	460	168	195	394	396	370	326
Forensic								
Central New York	569	208	32	42	167	179	184	179
Kirby	476	193	24	24	206	216	188	186
Mid-Hudson	340	264	24	29	277	274	271	271
Rochester	56	55	4	3	54	54	55	55
Total	1,441	720	84	98	705	724	698	691

Updated as of Aug 6, 2014

Notes:

1. Research units and Sexual Offender Treatment Programs (SOTP) were excluded.
2. Discharge includes discharges to the community and transfers to another State IP facility.
3. Monthly Avg Daily Census defined as: Total number of inpatient service days for a month divided by the total number of days in the month.
4. Pilgrim and Rockland Adult PCs reduced budgeted capacity by one ward (25 beds) each in July. Capacity reductions comply with requirement that there be a consistent ninety day period of time that the beds remain vacant, as demonstrated by May-July census data.

Table 2: Regional Planning and Service Development

Region/Service Area ¹	Facilities	Total Funding Available (in 000s)					
		Supported Housing ²		HCBS Waiver ²		State and Voluntary Community Services ³	Full Annual Reinvestment
		Units	Funds	Units	Funds		
Southern Tier	Binghamton	60	\$470	12	\$316	\$3,514	\$4,300
		<p>Progress as of 7/31/14: The Mobile Integration Team (MIT) Advisory Committee members refined protocols and identified additional services that will be provided across the region. They will be focusing on supporting the transition from inpatient to community living, geriatric services, relapse prevention and crisis management. A plan is in development for the MIT to work with consumers coming out of jail who are not linked with outpatient services, don't qualify for Health Home care management, or who need additional support in order to remain in the community. Staff continue to work as bridgers, assisting with housing appeals, supporting participants through the legal system, and facilitating integration and wellness groups.</p> <p>Southern Tier community investment discussions are being coordinated by the Western and Central NY Field Offices including EPC/GBHC leadership and the local governmental units. The community investment plan will utilize survey results identifying needs across the service area.</p>					
Southern Tier	Elmira	48	\$404	12	\$316	\$3,030	\$3,750
		<p>Progress as of 7/31/14: The Mobile Integration Team (MIT) Advisory Committee members refined protocols and identified additional services that will be provided across the region. They will be focusing on supporting the transition from inpatient to community living, geriatric services, relapse prevention and crisis management. A plan is in development for the MIT to work with consumers coming out of jail who are not linked with outpatient services, don't qualify for Health Home care management, or who need additional support in order to remain in the community. Staff continue to work as bridgers, assisting with housing appeals, supporting participants through the legal system, and facilitating integration and wellness groups.</p> <p>OMH has identified suitable space for the crisis/respite beds on the Elmira campus.</p> <p>Southern Tier community investment discussions are being coordinated by the Western and Central NY Field Offices including EPC/GBHC leadership and the local governmental units. The community investment plan will utilize survey results identifying needs across the service area.</p>					
North Country	St. Lawrence	50	\$384	12	\$316	\$3,151	\$3,850
		<p>Progress as of 7/31/14: The Mobile Integration Team worked with 78 individuals and provided 526 interventions during July. The interventions were mainly in the areas of therapeutic support, skill building, outreach and engagement, and community linkage. The team has established partnerships with Claxton Hepburn Medical Center (CHMC) and the Step by Step peer advocates. The peer specialists are offering a bi-weekly group on the mental health unit to provide education on the services of the MIT and other available community supports. During the month of July, the Ogdensburg Children & Youth Mobile Integration Team became fully staffed.</p> <p>Planning continues for the work that needs to be completed in the space that will be the location for the crisis/respite beds.</p> <p>Central NY Field Office staff and St. Lawrence PC facility leadership continued working with local governmental units and other stakeholders to identify additional service needs in the North Country that could be supported through State resources or other community investment funds.</p>					
Long Island	Sagamore		\$0	54	\$1,488	\$2,912	\$4,400
		<p>Progress as of 7/31/14: The OMH Long Island Field Office and Sagamore leadership continued to communicate with local governmental units and providers regarding the expansion of children's crisis services, the development of a Mobile Integration Team and expanded clinic services. This has involved bi-monthly meetings with the local governmental units in both Suffolk and Nassau counties and attendance at the Suffolk County System of Care Meeting and Nassau County Interagency Meeting.</p> <p>The Adult/Children's Crisis Team for Suffolk County started working with children and their families on July 1st. They responded to 10 calls for children and adolescents. The program is available everyday from 8:00 am to 10:00 pm.</p> <p>Proposals for community investments developed in coordination with the Nassau and Suffolk County local governmental units were submitted to OMH in late June. OMH issued State Aid allocations for the counties to expand community services. OMH is in the final stages of approving the regional plan and funds have been issued on State Aid Letters to allow counties enter into contracts to develop the new capacity.</p>					

Table 2: Regional Planning and Service Development

Region/Service Area ¹	Facilities	Total Funding Available (in 000s)					
		Supported Housing ²		HCBS Waiver ²		State and Voluntary Community Services ³	Full Annual Reinvestment
		Units	Funds	Units	Funds		
Long Island	Pilgrim	100	\$1,504		\$0	\$2,496	\$4,000
		Progress as of 7/31/14: OMH received responses for the adult Supported Housing RFP by July 15th and is reviewing submissions. Proposals for community investments developed in coordination with the Nassau and Suffolk County local governmental units were submitted to OMH in late June. OMH issued State Aid allocations for the counties to expand community services. OMH is in the final stages of approving the regional plan, and funds have been issued on State Aid Letters to allow counties enter into contracts to develop the new capacity.					
Western NY	Buffalo, Western NY	50	\$421	24	\$631	\$2,948	\$4,000
		Progress as of 7/31/14: Western NY Children's and Buffalo PC leadership continue working with the Field Office, local governmental units, and other regional stakeholder groups to assess community-specific needs and develop new services, including expansion of clinic and development of a Mobile Integration Team. Proposals for community investments developed in coordination with the local governmental units in the Buffalo/WNYCPC service area were submitted to OMH. OMH issued State Aid allocations for the counties to expand community services. OMH is reviewing the regional plan and funds will be issued on the County State Aid Letters for counties to enter into contracts to develop the new capacity.					
Rochester Area	Rochester	116	\$977		\$0	\$4,923	\$5,900
		Progress as of 7/31/14: Mobile Integration Team planning has continued. Rochester PC leadership will continue to work with the local governmental units and other stakeholder to identify which services from the comprehensive menu are most needed in their communities. The Western NY Field Office submitted proposals for community investments developed in coordination with the local governmental units in the Rochester PC service area. OMH issued State Aid allocations for the counties to expand community services. OMH is reviewing the regional plan, and funds will be issued on the County State Aid Letters for counties to enter into contracts to develop the new capacity.					
New York City	Manhattan, Bronx	154	\$2,317	24	\$661	\$4,322	\$7,300
		Progress as of 7/31/14: OMH received responses for the adult Supported Housing RFP by July 15th and is reviewing submissions. The NYC Field Office continued to work with the local governmental unit in developing proposals for service expansions consistent with local and State priorities; draft recommendations are under review.					
Hudson Valley	Rockland	50	\$622	12	\$323	\$2,255	\$3,200
		Progress as of 7/31/14: The Hudson River Field Office refined its proposals for community investments developed in coordination with the lower seven Hudson River region LGUs. OMH issued State Aid allocations for the counties to expand community services. OMH is in the final stages of approving the revised regional plan and funds have been issued on the County State Aid Letters for counties to enter into contracts to develop the new capacity.					
Central NY	Hutchings		\$0	18	\$473	\$1,227	\$1,700
		Progress as of 7/31/14: Preparation of the space for the crisis/respite beds is nearing completion. Job descriptions have been posted. Hutchings PC has continued its communication with local stakeholders regarding the development of crisis/respite beds. The local governmental units in the Hutchings service area have formally supported the crisis/respite unit through the licensing application. Central NY Field Office Staff and Hutchings PC leadership continued consulting with local governmental units in the region regarding community investments.					
Statewide	Forensic/Suicide Prevention					\$1,500	\$1,500
Total		628	\$7,100	168	\$4,524	\$32,276	\$43,900

Notes:

1. Regions were categorized to match areas described in information sheets provided to the Legislature on April 8, 2014 and posted on OMH website.
2. Supported housing and waiver allocations were determined in consultation with, and distributed to counties in April. County allocations of these resources, are outlined in the accompanying tables.
3. Services to be developed in consultation with local stakeholders and based on regional advisory committee recommendations.

Table 3: Reinvestment Summary - By State Facility

OMH Health Center	Target Population	Current Capacity ¹	Reinvestment Expansion (units) ²	Annualized Reinvestment Amount (\$)	Target Population	Current Capacity ³	Reinvestment Expansion (units)	Annualized Reinvestment Amount (\$)
HCBS Waiver Slots					Supported Housing Beds			
Greater Binghamton	Children	60	12	\$315,516	Adults	289	60	\$470,263
Elmira	Children	90	12	\$315,516	Adults	517	48	\$404,448
St. Lawrence	Children	78	12	\$315,516	Adults	306	50	\$383,750
Sagamore	Children	192	54	\$1,488,240	Adults	-	-	-
Pilgrim	Children	-	-	-	Adults	2,245	100	\$1,504,300
Western NY	Children	110	24	\$631,032	Adults	-	-	-
Buffalo	Children	-	-	-	Adults	1,196	50	\$421,300
Rochester	Children	100	-	-	Adults	555	116	\$977,416
New York City	Children	600	24	\$661,440	Adults	8,776	154	\$2,316,622
Rockland	Children	177	12	\$323,118	Adults	1,841	50	\$622,276
Hutchings	Children	72	18	\$473,274	Adults	504	0	\$0
Subtotal		1,479	168	\$4,523,652		16,229	628	\$7,100,375

Notes:

1. With the additional HCBS waiver capacity of 150 slots in all other service areas, total pre-expansion capacity is 1,629 slots statewide.
2. The reinvestment expansion of HCBS Waiver Slots were initiated in two rounds, the first starting October 1, 2013 and the second starting April 1, 2014.
3. With the additional Supported Housing capacity of 1,065 units in all other service areas, total pre-expansion capacity is 17,294 units statewide.

Table 3a: Greater Binghamton Health Center

Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Broome	24	6	All counties completed the provider selection process for the second round of expanded HCBS waiver capacity. OMH issued amended contracts with providers to develop new waiver slots.	4/1/14	2	\$157,758
HCBS Waiver	Children	Chenango	6					-
HCBS Waiver	Children	Delaware	12					-
HCBS Waiver	Children	Otsego	12					-
HCBS Waiver	Children	Tioga	6	6				\$157,758
HCBS Waiver	Children	Tompkins	0					-
SUBTOTAL:			60	12				\$315,516
Supported Housing	Adult	Broome	161	35	OMH issued State Aid Letter authority and advanced funds for counties to expand Supported Housing capacity. Counties have approved provider contracts to develop the new units.			\$268,625
Supported Housing	Adult	Chenango	46	5				\$38,375
Supported Housing	Adult	Delaware	27	3				\$23,025
Supported Housing	Adult	Otsego	30	4				\$30,700
Supported Housing	Adult	Tioga	25	3				\$25,278
Supported Housing	Adult	Tompkins	0	10				\$84,260
SUBTOTAL:			289	60				\$470,263
State Resources: Mobile Integration Team ¹	Adults & Children	Southern Tier Service Area	N/A	7 FTEs	Mobile Integration Team (Phase I) continued providing services. Individuals were served in Seneca, Chemung, and Tompkins counties.	6/1/2014	254	\$490,000
SUBTOTAL:								\$490,000
Aid to Localities: To be determined	TBD	Southern Tier Service Area	N/A	N/A	OMH issued State Aid allocations for the counties to expand community services. County planning continued for regional plans due July 1st.			
SUBTOTAL:								

State Resources - In Development:

\$2,625,000

Aid to Localities¹ - In Development:

\$805,000

TOTAL:

\$4,300,000

Notes:

1. Mobile Integration Team and Aid to Localities program funding full Southern Tier distribution, shared with Elmira PC service area. Total line does not duplicate shared regional funding.

Table 3b: Elmira Psychiatric Center

Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Allegany	6		All counties completed the provider selection process for the second round of expanded HCBS waiver capacity. OMH issued amended contracts with providers to develop new waiver slots.			
HCBS Waiver	Children	Cattaraugus	0					
HCBS Waiver	Children	Chemung	12					
HCBS Waiver	Children	Ontario	18					
HCBS Waiver	Children	Schuyler	6					
HCBS Waiver	Children	Seneca	6	3				\$78,879
HCBS Waiver	Children	Steuben	12	3				\$78,879
HCBS Waiver	Children	Tompkins	12					
HCBS Waiver	Children	Wayne	12	6				\$157,758
SUBTOTAL:			90	12				\$315,516
Supported Housing	Adult	Allegany	35	4	OMH issued State Aid Letter authority and advanced funds for counties to expand Supported Housing capacity. Counties have approved provider contracts to develop the new units.			\$33,704
Supported Housing	Adult	Cattaraugus	0	1				\$8,426
Supported Housing	Adult	Chemung	121	14				\$117,964
Supported Housing	Adult	Ontario	64	7				\$58,982
Supported Housing	Adult	Schuyler	6	1				\$8,426
Supported Housing	Adult	Seneca	28	4				\$33,704
Supported Housing	Adult	Steuben	119	8				\$67,408
Supported Housing	Adult	Tompkins	64	4				\$33,704
Supported Housing	Adult	Wayne	70	4				\$33,704
Supported Housing	Adult	Yates	10	1				\$8,426
SUBTOTAL:			517	48				\$404,448
State Resources:	Adults & Children	Southern Tier Service Area	N/A	7 FTEs	Mobile Integration Team (Phase I) continued providing services. Individuals were served in Seneca, Chemung, and Tompkins counties.	6/1/2014	254	\$490,000
Mobile Integration Team ¹								
SUBTOTAL:								\$490,000
Aid to Localities: To be determined	TBD	Southern Tier Service Area	N/A	N/A	OMH issued State Aid allocations for the counties to expand community services. County planning continued for regional plans due July 1st.			
SUBTOTAL:								

State Resources - In Development:

\$2,625,000

Aid to Localities¹ - In Development:

\$805,000

TOTAL:

\$3,750,000

Notes:

1. Mobile Integration Team and Aid to Localities program funding full Southern Tier distribution, shared with Elmira PC service area. Total line does not duplicate shared regional funding.

Table 3c: St. Lawrence Psychiatric Center

Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Clinton	12		All counties completed the provider selection process for the second round of expanded HCBS waiver capacity. OMH issued amended contracts with providers to develop new waiver slots.			
HCBS Waiver	Children	Essex	12	6				\$157,758
HCBS Waiver	Children	Franklin	12					
HCBS Waiver	Children	Jefferson	18					
HCBS Waiver	Children	Lewis	6					
HCBS Waiver	Children	St. Lawrence	18	6				\$157,758
SUBTOTAL:			78	12				\$315,516
Supported Housing	Adult	Clinton	54	6	OMH issued State Aid Letter authority and advanced funds for counties to expand Supported Housing capacity. Counties have approved provider contracts to develop the new units.			\$46,050
Supported Housing	Adult	Essex	29	3				\$23,025
Supported Housing	Adult	Franklin	42	5				\$38,375
Supported Housing	Adult	Jefferson	57	9				\$69,075
Supported Housing	Adult	Lewis	51	2				\$15,350
Supported Housing	Adult	St. Lawrence	73	25				\$191,875
SUBTOTAL:			306	50				\$383,750
State-Community: Mobile Integration Team	Adults & Children	St. Lawrence PC Service Area	N/A	6 FTEs	Mobile Integration Team continued providing services across St. Lawrence County.	6/6/2014	99	\$420,000
SUBTOTAL:								\$420,000
Aid to Localities: To be determined	TBD	St. Lawrence PC Service Area	N/A	N/A	OMH issued State Aid allocations for the counties to expand community services. County planning continued for regional plans due July 1st.			
SUBTOTAL:								

State Resources - In Development:

\$2,450,000

Aid to Localities - In Development:

\$281,000

TOTAL:

\$3,850,000

Table 3d: Sagamore Children's Psychiatric Center								
Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Nassau	90	24	Counties completed the provider selection process for the second round of expanded HCBS waiver capacity. OMH issued amended contracts with providers to develop new waiver slots.	10/1/13	8	\$661,440
HCBS Waiver	Children	Suffolk	102	30		5/6/14	11	\$826,800
SUBTOTAL:			192	54				\$1,488,240
State Resources:	Children	Long Island	N/A					
Family Court Evaluation	Children	Long Island	N/A	1 FTE	OMH has allocated a staff member to help increase the efficiency of the evaluation process at Sagamore and reduce length of stay for children remanded for evaluation by the courts.	4/1/2014		
Mobile Crisis	Children	Suffolk		1 FTE	The Adult/Children's Crisis Team for Suffolk County started assessing and intervening with children and their families in July, serving 10 new individuals.	7/1/2014	10	
SUBTOTAL:								
Aid to Localities	Children	Long Island	N/A	N/A	OMH approved regional plan and issued funds on County State Aid Letter effective 7/1/2014.			
6 Non-Medicaid Care Coordinators	Children	Suffolk						\$526,572
1.5 Intensive Case Managers	Children	Suffolk			State Aid State Share*			\$30,954 \$50,345
SUBTOTAL:								\$607,871

State and Community Resources - In Development:	\$2,303,889
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TOTAL:	\$4,400,000
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* Gross Medicaid projected \$100,690

Table 3e: Pilgrim Psychiatric Center

Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
Supported Housing	Adult	Nassau	885	40	Request for Proposals (RFP) responses were submitted to OMH by final deadline of July 15, 2014 and are under review. Award letters to follow.			\$601,720
Supported Housing	Adult	Suffolk	1,360	60				\$902,580
SUBTOTAL:			2,245	100				\$1,504,300
Aid to Localities	Adult	Long Island	N/A	N/A	OMH approved regional plan and issued funds on County State Aid Letter effective 7/1/2014.			
2 Assertive Community Treatment teams (68 caseload per team)	Adult	Nassau		136	State Aid State Share*			\$241,112
Three (3) Mobile Crisis Teams	Adult	Suffolk						\$713,298
Hospital Alternative Respite Program	Adult	Suffolk						\$758,740
Recovery Center	Adult	Suffolk						\$532,590
SUBTOTAL:								\$250,000
								\$2,495,740

TOTAL:		\$4,000,040
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* Gross Medicaid projected \$1,827,048

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

Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Allegany	0	6	All counties completed the provider selection process for the second round of expanded HCBS waiver capacity. OMH issued amended contracts with providers to develop new waiver slots.			\$157,758
HCBS Waiver	Children	Cattaraugus	12	6		11/1/13	6	\$157,758
HCBS Waiver	Children	Chautauqua	6	6				\$157,758
HCBS Waiver	Children	Erie	78	6		4/1/14	1	\$157,758
HCBS Waiver	Children	Niagara	14					
SUBTOTAL:			110	24				\$631,032
Supported Housing	Adult	Allegany	0		OMH issued State Aid Letter authority and advanced funds for counties to expand Supported Housing capacity. Counties have approved provider contracts to develop the new units.			
Supported Housing	Adult	Cattaraugus	104	4		7/1/14	1	\$33,704
Supported Housing	Adult	Chautauqua	86	3				\$25,278
Supported Housing	Adult	Erie	863	36				\$303,336
Supported Housing	Adult	Niagara	143	7				\$58,982
SUBTOTAL:			1,196	50				\$421,300
Aid to Localities: To be determined	TBD	Western NY CPC/Buffalo PC Service Area	N/A	N/A	OMH issued State Aid allocations for the counties to expand community services. County planning continued for regional plans due July 1st.			
SUBTOTAL:								

State Resources - In Development:

\$1,050,000

Aid to Localities - In Development:

\$1,898,000

TOTAL:

\$4,000,000

Table 3g: Rochester Psychiatric Center

Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
Supported Housing	Adult	Genesee	45	6	OMH issued State Aid Letter authority and advanced funds for counties to expand Supported Housing capacity. Counties have approved provider contracts to develop the new units.			\$50,556
Supported Housing	Adult	Livingston	38	2				\$16,852
Supported Housing	Adult	Monroe	427	100				\$842,600
Supported Housing	Adult	Orleans	25	4				\$33,704
Supported Housing	Adult	Wayne	0	2				\$16,852
Supported Housing	Adult	Wyoming	20	2				\$16,852
SUBTOTAL:			555	116				\$977,416
Aid to Localities: To be determined	Adult	Rochester PC Service Area	N/A	N/A	OMH issued State Aid allocations for the counties to expand community services. County planning continued for regional plans due July 1st.			
SUBTOTAL:								

State Resources - In Development:

\$2,100,000

Aid to Localities - In Development:

\$2,823,000

TOTAL:

\$5,900,000

Table 3h: New York City Psychiatric Centers

Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Bronx	144	12	First round of HCBS slots are in operation, as indicated in table.	10/1/13	12	\$330,720
HCBS Waiver	Children	Kings	180	6		1/1/14	6	\$165,360
HCBS Waiver	Children	New York	132					
HCBS Waiver	Children	Queens	108	6		10/1/13	5	\$165,360
HCBS Waiver	Children	Richmond	36					
SUBTOTAL:			600	24				\$661,440
Supported Housing	Adult	Bronx	2,120	TBD	Request for Proposals (RFP) responses were submitted to OMH by final deadline of July 15, 2014 and are under review. Award letters to follow.			\$752,150
Supported Housing	Adult	Kings	2,698	TBD				
Supported Housing	Adult	New York	1,579	TBD				\$1,564,472
Supported Housing	Adult	Queens	1,887	TBD				
Supported Housing	Adult	Richmond	492	TBD				
SUBTOTAL:			8,776	154				\$2,316,622
Aid to Localities: To be determined	TBD	New York City	N/A	N/A	OMH issued State Aid allocations for expansion of community services. Plan must be developed by July 1, 2014.			
SUBTOTAL:								

Aid to Localities - In Development:

\$4,321,938

TOTAL:

\$7,300,000

Table 3i: Rockland Psychiatric Center

Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Dutchess	18		All counties completed the provider selection process for the second round of expanded HCBS waiver capacity. OMH issued amended contracts with providers to develop new waiver slots.			
HCBS Waiver	Children	Orange	21	6		11/1/13	6	\$157,758
HCBS Waiver	Children	Putnam	12					
HCBS Waiver	Children	Rockland	24	6				\$165,360
HCBS Waiver	Children	Sullivan	12					
HCBS Waiver	Children	Ulster	30					
HCBS Waiver	Children	Westchester	60					
SUBTOTAL:			177	12				\$323,118
Supported Housing	Adult	Dutchess	229	7	OMH issued State Aid Letter authority and advanced funds for counties to expand Supported Housing capacity. Counties have approved provider contracts to develop the new units.			\$90,181
Supported Housing	Adult	Orange	262	12				\$154,596
Supported Housing	Adult	Putnam	67	2				\$25,766
Supported Housing	Adult	Rockland	173	6		7/1/14	1	\$80,598
Supported Housing	Adult	Sullivan	61	5				\$46,425
Supported Housing	Adult	Ulster	142	8				\$74,280
Supported Housing	Adult	Westchester	907	10				\$150,430
SUBTOTAL:			1,841	50				\$622,276
Aid to Localities		Rockland PC Service Area	N/A	N/A	OMH approved regional plan and issued funds on County State Aid Letter effective 7/1/2014.			
Hospital Diversion/Crisis Respite	Adult	Dutchess						\$200,000
Supported Housing	Adult	Orange		6				\$77,298
Outreach Services	Adult	Orange						\$36,924
Outreach Services	Children	Orange						\$85,720
Advocacy/Support Services	Adult	Putnam						\$23,000
Self-Help Program	Adult	Putnam						\$215,000
Mobile Crisis Intervention Program	Adult	Rockland						\$449,668
Hospital Diversion/ Transition Program	Adult	Sullivan						\$225,000
Mobile Crisis Services	Adult	Ulster						\$400,000
Assertive Community Treatment team expansion (48 to 68 slots)	Adult	Ulster		20	State Aid State Share			\$33,952
								\$66,664
Outreach Services	Adult	Westchester						\$267,328
Crisis Intervention/ Mobile Mental Health Team	Children	Westchester						\$174,052
SUBTOTAL:								\$2,254,606
TOTAL:								\$3,200,000

* Gross Medicaid projected \$229,156

Table 3j: Hutchings Psychiatric Center

Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Cayuga	12	6	All counties completed the provider selection process for the second round of expanded HCBS waiver capacity. OMH issued amended contracts with providers to develop new waiver slots.			\$157,758
HCBS Waiver	Children	Cortland	6	6				\$157,758
HCBS Waiver	Children	Madison	6					
HCBS Waiver	Children	Onondaga	42	6				\$157,758
HCBS Waiver	Children	Oswego	6					
SUBTOTAL:			72	18				\$473,274
Supported Housing	Adult	Cayuga	61		OMH issued State Aid Letter authority and advanced funds for counties to expand Supported Housing capacity. Counties have approved provider contracts to develop the new units.			
Supported Housing	Adult	Cortland	53					
Supported Housing	Adult	Madison	28					
Supported Housing	Adult	Onondaga	300					
Supported Housing	Adult	Oswego	62					
SUBTOTAL:			504	0				\$0
Aid to Localities: To be determined	TBD	Hutchings PC Service Area	N/A	N/A	OMH issued State Aid allocations for the counties to expand community services. County planning continued for regional plans due July 1st.			
SUBTOTAL:								

State Resources - In Development:

\$1,050,000

Aid to Localities - In Development:

\$177,000

TOTAL:

\$1,700,000

Table 4: NYS OMH State Psychiatric Center Inpatient Discharge Metrics

State Inpatient Facilities ¹	Metrics Post Discharge ²	
	Readmission ³	ER Utilization ⁴
	For discharge cohort (Oct-Dec, 2013), % Having Psychiatric Readmission within 30 days	For discharge cohort (Oct-Dec, 2013), % Utilizing Psychiatric Emergency Room within 30 days
Adult		
Bronx	10.7%	8.0%
Buffalo	9.1%	7.1%
Capital District	6.8%	6.3%
Creedmoor	6.0%	6.9%
Elmira	9.3%	2.7%
Greater Binghamton	4.5%	10.8%
Hutchings	14.0%	8.7%
Kingsboro	0.0%	0.0%
Manhattan	21.1%	5.2%
Pilgrim	15.5%	2.3%
Rochester	3.3%	0.0%
Rockland	9.7%	7.5%
South Beach	13.6%	14.0%
St. Lawrence	30.4%	12.5%
Washington Heights	6.7%	6.1%
Total	11.3%	7.0%
Children & Youth		
Elmira	3.4%	3.4%
Greater Binghamton	1.8%	6.1%
Hutchings	3.3%	3.7%
Mohawk Valley	7.8%	9.7%
NYC Children's Center	6.1%	7.1%
Rockland CPC	6.6%	5.8%
Sagamore CPC	5.3%	3.0%
South Beach	14.3%	50.0%*
St. Lawrence	5.9%	5.7%
Western NY CPC	0.0%	6.3%
Total	5.1%	6.2%
Forensic		
Central New York	4.2%	0.0%
Kirby	2.3%	0.0%
Mid-Hudson	2.6%	0.0%
Rochester	0.0%	0.0%*
Total	3.0%	0.0%

Updated as of August 5, 2014

Notes:

1. Research units and Sexual Offender Treatment Programs (SOTP) were excluded.
2. 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.
3. 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 day window was counted.
4. ER utilization was identified using Medicaid claims and encounters only. The State PC discharge cohort was required to have a minimum of 25 days of Medicaid eligibility post discharge to be included in the denominator of the metric. The numerator included the first Psychiatric ER/CPEP event that occurred within thirty days post discharge.

*Note this rate may not be stable due to small denominator (less than 10 discharges in the denominator).

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

Region	County ²	Hospital Name ³	Auspice	Capacity (as of 7/1/14)			Readmission ⁴ For discharge cohort (Oct-Dec, 2013), % Having Psychiatric Readmission within 30 days			ER Utilization ⁵ For discharge cohort (Oct-Dec, 2013), % Utilizing Psychiatric Emergency Room within 30 days		
				Total	Adults	Child	Total	Adult ⁵	Child	Total	Adult	Child
Central	Broome	United Health Services Hospitals, Inc.	Article 28	56	56	0	16.1%	16.1%		7.2%	7.2%	
Central	Cayuga	Auburn Community Hospital	Article 28	14	14	0	31.7%	31.7%		9.7%	9.7%	
Central	Clinton	Champlain Valley Physicians Hospital Med Ctr.	Article 28	34	22	12	11.1%	8.8%	16.1%	10.2%	9.0%	12.9%
Central	Cortland	Cortland Regional Medical Center, Inc.	Article 28	11	11	0	19.5%	19.5%		2.4%	2.4%	
Central	Franklin	Adirondack Medical Center	Article 28	12	12	0	11.1% *	11.1% *		0.0% *	0.0% *	
Central	Jefferson	Samaritan Medical Center	Article 28	32	32	0	20.3%	20.3%		8.2%	8.2%	
Central	Montgomery	St. Mary's Healthcare	Article 28	20	20	0	4.9%	4.9%		5.0%	5.0%	
Central	Oneida	Faxton - St. Luke's Healthcare	Article 28	26	26	0	19.4%	19.4%		14.4%	14.4%	
Central	Oneida	Rome Memorial Hospital, Inc.	Article 28	11	11	0	10.0%	10.0%		0.0%	0.0%	
Central	Oneida	St. Elizabeth Medical Center	Article 28	24	24	0	18.2%	18.2%		4.2%	4.2%	
Central	Onondaga	St. Joseph's Hospital Health Center	Article 28	30	30	0	22.4%	22.4%		17.8%	17.8%	
Central	Onondaga	SUNY Health Science Center-University Hospital	Article 28	50	50	0	28.7%	28.7%		23.9%	23.9%	
Central	Oswego	Oswego Hospital, Inc.	Article 28	16	16	0	18.6%	18.6%		6.6%	6.6%	
Central	Otsego	Bassett Healthcare	Article 28	20	20	0	24.2%	24.2%		6.3%	6.3%	
Central	Saint Lawrence	Claxton-Hepburn Medical Center	Article 28	28	28	0	17.5%	17.5%		4.1%	4.1%	
Hudson	Albany	Albany Medical Center	Article 28	26	26	0	17.6%	17.6%		4.1%	4.1%	
Hudson	Columbia	Columbia Memorial Hospital	Article 28	18	18	0	10.7%	10.7%		0.0%	0.0%	
Hudson	Dutchess	Westchester Medical /Mid-Hudson Division ⁷	Article 28	40	40	0	20.7%	20.7%		6.3%	6.3%	
Hudson	Orange	Bon Secours Community Hospital	Article 28	24	24	0	22.4%	22.4%		6.0%	6.0%	
Hudson	Orange	Orange Regional Medical Center - Arden Hill Hospital	Article 28	30	30	0	15.7%	15.7%		15.8%	15.8%	
Hudson	Putnam	Putnam Hospital Center	Article 28	20	20	0	15.8%	15.8%		5.4%	5.4%	
Hudson	Rensselaer	Northeast Health - Samaritan Hospital ⁸	Article 28	63	63	0	11.3%	11.3%		2.9%	2.9%	
Hudson	Rockland	Nyack Hospital ⁹	Article 28	26	26	0	N/A	N/A	N/A	N/A	N/A	N/A
Hudson	Saratoga	FW of Saratoga, Inc.	Article 31	88	31	57	7.1%	6.7%	7.2%	3.6%	6.7%	3.2%
Hudson	Saratoga	The Saratoga Hospital	Article 28	16	16	0	9.7%	9.7%		2.8%	2.8%	
Hudson	Schenectady	Ellis Hospital	Article 28	52	36	16	9.3%	8.4%	11.1%	6.4%	8.5%	2.2%
Hudson	Sullivan	Catskill Regional Medical Center	Article 28	18	18	0	14.5%	14.5%		9.7%	9.7%	
Hudson	Ulster	Health Alliance Hospital Mary's Ave Campus	Article 28	40	40	0	14.7%	14.7%		17.8%	17.8%	
Hudson	Warren	Glens Falls Hospital	Article 28	30	30	0	9.3%	9.3%		7.1%	7.1%	
Hudson	Westchester	Four Winds, Inc.	Article 31	175	28	147	12.9%	17.1%	12.6%	9.8%	2.9%	10.3%
Hudson	Westchester	Montefiore Mount Vernon Hospital, Inc. ¹⁰	Article 28	22	22	0	29.2%	29.2%		14.3%	14.3%	
Hudson	Westchester	New York Presbyterian Hospital	Article 28	252	207	45	17.5%	18.9%	11.6%	8.6%	8.4%	9.3%
Hudson	Westchester	Northern Westchester Hospital Center	Article 28	15	15	0	0.0%	0.0%		11.1%	11.1%	
Hudson	Westchester	Phelps Memorial Hospital Center	Article 28	22	22	0	18.9%	18.9%		0.0%	0.0%	
Hudson	Westchester	St Joseph's Medical Center	Article 28	146	133	13	20.6%	21.2%	16.7%	7.4%	8.6%	0.0%
Hudson	Westchester	Westchester Medical Center	Article 28	101	66	35	9.1%	16.7% *	0.0% *	18.2%	33.3% *	0.0% *
Long Island	Nassau	Franklin Hospital Medical Center	Article 28	21	21	0	16.1%	16.1%		5.4%	5.4%	
Long Island	Nassau	Mercy Medical Center	Article 28	39	39	0	21.6%	21.6%		9.6%	9.6%	
Long Island	Nassau	Nassau Health Care Corp/Nassau Univ Med Ctr	Article 28	128	106	22	9.0%	9.1%	8.5%	8.6%	8.2%	10.6%
Long Island	Nassau	North Shore University Hospital	Article 28	26	26	0	16.2%	16.2%		8.5%	8.5%	
Long Island	Nassau	South Nassau Communities Hospital	Article 28	36	36	0	23.5%	23.5%		17.8%	17.8%	

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

Region	County ²	Hospital Name ³	Auspice	Capacity (as of 7/1/14)			Readmission ⁴ For discharge cohort (Oct-Dec, 2013), % Having Psychiatric Readmission within 30 days			ER Utilization ⁵ For discharge cohort (Oct-Dec, 2013), % Utilizing Psychiatric Emergency Room within 30 days		
				Total	Adults	Child	Total	Adult ⁵	Child	Total	Adult	Child
Long Island	Suffolk	Brookhaven Memorial Hospital Medical Center	Article 28	20	20	0	14.0%	14.0%		9.5%	9.5%	
Long Island	Suffolk	Brunswick Hospital Center, Inc.	Article 28	124	79	45	16.8%	11.7%	20.0%	11.4%	11.7%	11.2%
Long Island	Suffolk	Eastern Long Island Hospital Association	Article 28	23	23	0	10.9%	10.9%		15.6%	15.6%	
Long Island	Suffolk	Huntington Hospital	Article 28	21	21	0	13.5%	13.5%		9.6%	9.6%	
Long Island	Suffolk	John T. Mather Memorial Hospital	Article 28	37	27	10	14.2%	14.1%	14.3%	9.6%	8.3%	15.0%
Long Island	Suffolk	Southside Hospital	Article 28	20	20	0	27.6%	27.6%		10.6%	10.6%	
Long Island	Suffolk	St. Catherine's of Siena Hospital	Article 28	42	42	0	17.0%	17.0%		14.3%	14.3%	
Long Island	Suffolk	State University of NY at Stony Brook	Article 28	40	30	10	14.3%	17.4%	6.9%	10.4%	10.3%	10.7%
Long Island	Suffolk	The Long Island Home	Article 31	206	141	65	15.9%	11.9%	17.1%	8.2%	9.5%	7.9%
NYC	Bronx	Bronx-Lebanon Hospital Center	Article 28	98	73	25	20.5%	23.9%	6.4%	12.9%	14.4%	6.6%
NYC	Bronx	Montefiore Medical Center	Article 28	55	55	0	13.9%	13.9%		3.1%	3.1%	
NYC	Bronx	NYC-HHC Jacobi Medical Center	Article 28	107	107	0	19.0%	19.0%		12.8%	12.8%	
NYC	Bronx	NYC-HHC Lincoln Medical & Mental Health Ctr.	Article 28	60	60	0	19.8%	19.8%		13.9%	13.9%	
NYC	Bronx	NYC-HHC North Central Bronx Hospital	Article 28	70	70	0	16.3%	16.3%		8.9%	8.9%	
NYC	Bronx	St. Barnabas Hospital	Article 28	49	49	0	27.0%	27.0%		21.6%	21.6%	
NYC	Kings	Brookdale Hospital Medical Center	Article 28	61	52	9	16.3%	17.0%	14.9%	13.4%	14.7%	10.6%
NYC	Kings	Interfaith Medical Center, Inc.	Article 28	120	120	0	29.0%	29.0%		16.3%	16.3%	
NYC	Kings	Kingsbrook Jewish Medical Center	Article 28	30	30	0	10.0%	10.0%		7.0%	7.0%	
NYC	Kings	Lutheran Medical Center	Article 28	35	35	0	14.2%	14.2%		6.7%	6.7%	
NYC	Kings	Maimonides Medical Center	Article 28	70	70	0	16.9%	16.9%		5.9%	5.9%	
NYC	Kings	NYC-HHC Coney Island Hospital	Article 28	64	64	0	26.1%	26.1%		9.9%	9.9%	
NYC	Kings	NYC-HHC Kings County Hospital Center	Article 28	205	160	45	18.3%	19.5%	13.2%	16.3%	16.5%	15.6%
NYC	Kings	NYC-HHC Woodhull Medical & Mental Health Ctr.	Article 28	135	135	0	21.0%	21.0%		11.8%	11.8%	
NYC	Kings	New York Methodist Hospital	Article 28	50	50	0	14.2%	14.2%		6.2%	6.2%	
NYC	Kings	University Hospital of Brooklyn	Article 28	73	73	0	25.3%	25.3%		26.0%	26.0%	
NYC	New York	Beth Israel Medical Center	Article 28	92	92	0	17.9%	17.9%		9.0%	9.0%	
NYC	New York	Lenox Hill Hospital	Article 28	27	27	0	15.9%	15.9%		15.9%	15.9%	
NYC	New York	Mount Sinai Medical Center	Article 28	95	80	15	17.8%	18.3%	16.0%	12.3%	10.6%	18.5%
NYC	New York	NYC-HHC Bellevue Hospital Center	Article 28	330	285	45	21.4%	22.6%	16.2%	13.4%	13.4%	13.4%
NYC	New York	NYC-HHC Harlem Hospital Center	Article 28	52	52	0	27.3%	27.3%		17.2%	17.2%	
NYC	New York	NYC-HHC Metropolitan Hospital Center	Article 28	122	104	18	23.2%	24.9%	11.7%	17.8%	19.5%	6.7%
NYC	New York	New York Gracie Square Hospital, Inc., The	Article 31	157	157	0	19.8%	19.8%		9.1%	9.1%	
NYC	New York	New York Presbyterian Hospital	Article 28	91	91	0	13.5%	13.5%		9.0%	9.0%	
NYC	New York	New York University Hospitals Center	Article 28	22	22	0	21.7%	21.7%		4.3%	4.3%	
NYC	New York	St. Luke's-Roosevelt Hospital Center	Article 28	93	93	0	17.6%	17.6%		13.1%	13.1%	
NYC	Queens	Episcopal Health Services Inc.	Article 28	43	43	0	16.1%	16.1%		8.9%	8.9%	
NYC	Queens	Jamaica Hospital Medical Center	Article 28	50	50	0	23.1%	23.1%		16.7%	16.7%	
NYC	Queens	Long Island Jewish Medical Center	Article 28	221	200	21	18.8%	20.0%	11.8%	7.2%	7.6%	4.5%
NYC	Queens	NYC-HHC Elmhurst Hospital Center	Article 28	177	151	26	24.6%	25.9%	16.7%	12.7%	11.6%	20.0%
NYC	Queens	NYC-HHC Queens Hospital Center	Article 28	71	71	0	26.2%	26.2%		13.5%	13.5%	
NYC	Queens	New York Flushing Hospital and Medical Center	Article 28	18	18	0	15.5%	15.5%		20.7%	20.7%	
NYC	Richmond	Richmond University Medical Center	Article 28	65	55	10	12.8%	12.4%	15.0%	44.5%	46.4%	35.0%

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

Region	County ²	Hospital Name ³	Auspice	Capacity (as of 7/1/14)			Readmission ⁴ For discharge cohort (Oct-Dec, 2013), % Having Psychiatric Readmission within 30 days			ER Utilization ⁵ For discharge cohort (Oct-Dec, 2013), % Utilizing Psychiatric Emergency Room within 30 days		
				Total	Adults	Child	Total	Adult ⁵	Child	Total	Adult	Child
NYC	Richmond	Staten Island University Hospital	Article 28	64	64	0	27.6%	27.6%		18.3%	18.3%	
Western	Cattaraugus	Olean General Hospital	Article 28	14	14	0	15.8%	15.8%		7.0%	7.0%	
Western	Chautauqua	TLC Health Network	Article 28	20	20	0	16.3%	16.3%		3.8%	3.8%	
Western	Chautauqua	Woman's Christian Assoc. of Jamestown, NY	Article 28	40	30	10	16.0%	20.3%	6.9%	7.7%	4.9%	13.8%
Western	Chemung	St. Joseph's Hospital	Article 28	25	25	0	14.7%	14.7%	.	5.6%	5.6%	.
Western	Erie	Brylin Hospitals, Inc.	Article 31	88	68	20	15.1%	11.7%	21.2%	3.3%	0.0%	9.7%
Western	Erie	Erie County Medical Center	Article 28	132	116	16	9.4%	10.1%	0.0%	6.7%	6.5%	9.4%
Western	Monroe	Rochester General Hospital	Article 28	30	30	0	11.4%	11.4%		8.0%	8.0%	
Western	Monroe	The Unity Hospital of Rochester	Article 28	40	40	0	5.5%	5.5%		9.3%	9.3%	
Western	Monroe	Univ of Roch Med Ctr/Strong Memorial Hospital	Article 28	93	66	27	10.2%	11.4%	6.1%	14.0%	15.0%	10.6%
Western	Niagara	Eastern Niagara Hospital, Inc.	Article 28	12	0	12	14.5%	0.0% *	14.8%	3.8%	0.0% *	3.8%
Western	Niagara	Niagara Falls Memorial Medical Center	Article 28	54	54	0	11.1%	11.1%		9.7%	9.7%	
Western	Ontario	Clifton Springs Hospital and Clinic	Article 28	18	18	0	12.2%	12.2%		4.9%	4.9%	
Western	Tompkins	Cayuga Medical Center at Ithaca, Inc.	Article 28	26	20	6	10.4%	15.2%	0.0%	4.2%	6.1%	0.0%
Western	Wayne	Newark-Wayne Community Hospital, Inc.	Article 28	16	16	0	15.4%	15.4%		0.0%	0.0%	
Western	Wyoming	Wyoming County Community Hospital	Article 28	12	12	0	21.6%	21.6%		14.0%	14.0%	
Western	Yates	Soldiers & Sailors Memorial Hospital	Article 28	10	10	0	19.0%	19.0%		4.8%	4.8%	
Statewide Total				6,093	5,311	782	18.0%	18.8%	12.7%	11.4%	11.6%	10.2%

Updated as of August 6, 2014

Notes:

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 7/1/2014 are excluded.
4. The denominator for this measure was based on discharges to the community. The discharge cohort has a 6-month lag to allow time for completion of Medicaid claim submissions. 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.
5. 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.
6. ER data were extracted from Medicaid claims and encounters only. The discharge cohort was required to have a minimum of 25 days of Medicaid eligibility post discharge to be included in the calculation. The numerator included the first Psychiatric ER/CPEP event that occurred within thirty days post discharge.
7. Westchester Medical /Mid-Hudson Division was St Francis Hospital in previous reports as St Francis Hospital had its beds legally taken over by Westchester Medical Center as of 5/9/2014
8. Northeast Health - Samaritan Hospital was named as Samaritan Hospital in reports prior to July report.
9. Nyack Hospital legally took over the beds of Summit Park Hospital as of 4/22/2014.
10. Montefiore Mount Vernon Hospital legally took over the beds of Mount Vernon Hospital as of 11/5/2013.

*Note: This rate may not be stable due to small denominator (less than 10 discharges in the denominator).

GLOSSARY OF SERVICES

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

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

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

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

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

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

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

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

- **Crisis Response Services** are activities aimed at stabilizing occurrences of child/family crisis where it arises.
 - **Intensive In-home Services** are ongoing activities aimed at providing intensive interventions in the home when a crisis response service is not enough.
 - **Respite Care** are activities that provide a needed break for the family and the child to ease the stress at home and improve family harmony.
 - **Family Support Services** are activities designed to enhance the ability of the child to function as part of a family unit and to increase the family's ability to care for the child in the home and in community based settings.
 - **Skill Building Services** are activities designed to assist the child in acquiring, developing and addressing functional skills and support, both social and environmental.
3. **Mobile Integration Teams (MIT):** The mobile teams will provide the clinical intervention and support necessary to successfully maintain each person in his or her home or community. The goal is to provide the level of clinical care, community based support, and supervision in the home and community setting that is needed to maintain community tenure. The teams will provide an array of services delivered by a multidisciplinary team of professionals and paraprofessionals. Services will address the individualized emotional, behavioral and mental health needs of the recipients and their families. The team will provide services designed to enhance the existing system of care, fill in service gaps, and/or related activities that are preventative of an individual requiring psychiatric hospitalization.

The goals of these services are to:

- Support efforts to maintain the person in his or her natural environment.
- Provide immediate access to treatment services designed to stabilize crisis situations.
- Reduce environmental and social stressors.
- Effectively reduce demand on emergency departments and inpatient hospital services.

Services Provided

The following are service possibilities that may be provided by a team, depending upon the needs of the recipient and community:

- (1) **Health Teaching** includes medication self-administration, chronic physical illness symptom management, smoking cessation, nutrition and elimination, hygiene, healthy choices and importance of exercise.
- (2) **Health Assessment** will include the assessment of vital signs, skin turgor, elimination status, basic neurological status, metabolic syndrome monitoring to determine need for follow up by physician or pharmacy, substance abuse.
- (3) **Skill Building** provides support to be successful in the home, community and school/work by teaching living skills and problem solving, including budgeting, shopping, meal preparation and travel training. Social, remediation, recreational and occupational skills will be addressed associated with level of functioning. Includes educating people regarding their diagnosis, medications and symptom management.

- (4) **Psychiatric Rehabilitation and Recovery** includes coaching to create meaningful life outside the hospital by developing existing strengths and abilities that support a valued role in the community. Also includes exploring vocational, educational and personal interest opportunities and resources to create an individualized, purposeful structure in the day.
- (5) **Peer Support Groups & Skills Training** includes support and informational meetings that will make introduction to the treatment process, model self-advocacy skills, assist in identifying community support systems and developing WRAP plans.
- (6) **Crisis Assessment & Intervention** involves assessment, intervention and follow up for a person experiencing an emotional or behavioral crisis on location in the community, including safety plan development and implementation.
- (7) **Collaboration with legal system** includes interfacing with law enforcement to assist with linkage to most appropriate care, including crisis response and engagement.
- (8) **Outreach and Engagement** provides initial contact to connect with service provider and facilitate first appointment for people never engaged in services, people in the community who need to reconnect and people transitioning from inpatient.
- (9) **Collaboration with ER Staff** provides support in ER settings to avoid unnecessary hospitalizations.
- (10) **Physical Health Care** provides personal care to include ADL support, wound care and catheter care, etc.
- (11) **Crisis Respite** offers in-home short-term care and intervention strategy for children and their families as a result of a behavioral health crisis event that creates an imminent risk for an escalation of symptoms without supports and/or a loss of functioning.
- (12) **Planned Respite** provides in-home planned short-term relief for family/caregivers that are needed to enhance the family/caregiver's ability to support the child's disability and/or health care issues.
- (13) **Consultation & Information** provides telephone consultation and information is available to the recipient and support person when experiencing an emotional and/or behavioral crisis.
- (14) **Behavioral Support and Consultation** are services delivered directly to school staff to avoid the use of 911, and establishment of partnerships with stakeholders to provide assessments.
- (15) **Facilitation of Community Supports and Care** are services that will work to establish an effective continuing plan for support of the entire caregiving system-family, school, probation and service providers. Linking the recipient, family and support person, where appropriate, to the community service system and coordinating the provision of services with the objective of continuity of care and service.

- (16) **Primary Care Consultations & Access to Tele-Psychiatry** creates capability for more immediate access to psychiatric services to respond to crisis/acute needs; consultation services; decision support for primary care physicians, integration with urgent care centers, ongoing support to patients/families, schools, as well as community providers.
- (17) **Brief Therapeutic Support** includes short term therapeutic communication and interaction for the purposes of alleviating symptoms of dysfunction associated with an individual's diagnosed mental illness or emotional disturbance.
- (18) **Family and Caregiver Support and Skills Building** delivered to families and caregivers by Family Peer Advocates, Peer Specialists or Clinicians in a group format or individually to address the symptom-related problems that interfere with the child/adolescent's functioning and supports the care givers in coping and managing with the child/adolescent's emotional disturbance. This includes instruction on parenting skills that focus on techniques to help parents deal with problem behaviors, and reinforce pro-social behaviors in the home, school and community. Parents will learn, discuss and practice positive parenting strategies.
4. **Respite Services:** Temporary services (not beds) provided by trained staff in the consumer's place of residence or other temporary housing arrangement. Includes custodial care for a disabled person in order that primary care givers (family or legal guardian) may have relief from care responsibilities. The purpose of respite services is to provide relief to the primary care provider, allow situations to stabilize and prevent hospitalizations and/or longer term placements out of the home. Maximum Respite Care services per Consumer per year are 14 days.
5. **Outreach:** Outreach programs/services are intended to engage and/or assess individuals potentially in need of mental health services. Outreach programs/services are not crisis services. Examples of applicable services are socialization, recreation, light meals, and provision of information about mental health and social services. Another type of service within this program code includes off-site, community based assessment and screening services. These services can be provided at forensic sites, a consumer's home, other residential settings, including homeless shelters, and the streets.
6. **Assertive Community Treatment (ACT) Program:** ACT Teams provide mobile intensive treatment and support to people with psychiatric disabilities. The focus is on the improvement of an individual's quality of life in the community and reducing the need for inpatient care, by providing intense community-based treatment services by an interdisciplinary team of mental health professionals. Building on the successful components of the Intensive Case Management (ICM) program, the ACT program has low staff-outpatient ratios; 24-hour-a-day, seven-day-per-week availability; enrollment of consumers, and flexible service dollars. Treatment is focused on individuals who have been unsuccessful in traditional forms of treatment.
7. **Advocacy/Support Services:** Advocacy/support services may be individual advocacy or systems advocacy (or a combination of both). Examples are warm lines, hot lines, teaching daily living skills, providing representative payee services, and training in any aspect of mental health services. Individual advocacy assists consumers in protecting and promoting their rights, resolving complaints and grievances, and accessing services and supports of their choice.

Systems advocacy represent the concerns of a class of consumers by identifying patterns of problems and complaints and working with program or system administrators to resolve or eliminate these problems on a systemic, rather than individual basis.

8. Targeted Case Management:

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

Case managers:

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

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

**Note: Targeted Case Management and Intensive Case Management programs for adults have been converted to Health Home care management. Children will continue to be served under the ICM program until the conversion to Health Home in 2016.*

10. Crisis Intervention: Crisis intervention services, applicable to adults, children and adolescents, are intended to reduce acute symptoms and restore individuals to pre-crisis levels of functioning. Examples of where these services may be provided include emergency rooms and residential settings. Provision of services may also be provided by a mobile treatment team, generally at a consumer's residence or other natural setting (not at an in-patient or outpatient treatment setting). Examples of services are screening, assessment, stabilization, triage, and/or referral to an appropriate program or programs. This program type does not include warm lines or hot lines.

11. Non-Medicaid Care Coordination: Activities aimed at linking the consumer to the service system and at coordinating the various services in order to achieve a successful outcome. The objective of care coordination in a mental health system is continuity of care and service. Services may include linking, monitoring and case-specific advocacy. Care Coordination Services are provided to enrolled consumers for whom staff is assigned a continuing care coordination responsibility. Thus, routine referral would not be included unless the staff member making the referral retains a continuing active responsibility for the consumer throughout the system of

service. Persons with Medicaid may receive services from this program, however the program does not receive reimbursement from Medicaid.

- 12. Recovery Center:** A program of peer support activities that are designed to help individuals with psychiatric diagnosis live, work and fully participate in communities. These activities are based on the principle that people who share a common condition or experience can be of substantial assistance to each other. Specific program activities will: build on existing best practices in self-help/peer support/mutual support; incorporate the principles of Olmstead; assist individuals in identifying, remembering or discovering their own passions in life; serve as a clearinghouse of community participation opportunities; and then support individuals in linking to those community groups, organizations, networks or places that will nurture and feed an individual's passions in life. Social recreation events with a focus on community participation opportunities will be the basis for exposing individuals to potential passion areas through dynamic experiences, not lectures or presentations.
- 13. Self Help Program:** To provide rehabilitative and support activities based on the principle that people who share a common condition or experience can be of substantial assistance to each other. These programs may take the form of mutual support groups and networks, or they may be more formal self-help organizations that offer specific educational, recreational, social or other program opportunities.