

May 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;¹
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:

In May 2014, the Office of Mental Health issued Requests for Proposals (RFPs) for Supported Housing units allocated to New York City and Long Island. Letters of Intent for the housing RFPs are due by June 10, 2014 and final proposals are due by July 15, 2014. Copies of the RFP documents are available on the OMH website <http://www.omh.ny.gov/omhweb/rfp/>

For Upstate counties, guidance letters sent in May 2014 for the Supported Housing allocations distributed in April guided the development of work plans for the use of these housing units. Work plans were developed throughout the month by those local governmental units (LGUs) receiving the housing allocations, in conjunction with OMH State facility directors and OMH Field Offices; the LGU work plans are due on June 3, 2014. OMH is working with LGUs who have requested extensions.

Also during the month of May, counties developed recommendations of waiver slot allocations by provider, as required in the allocation letters issued in April. All counties submitted their allocation requests by the end of May.

OMH continues to engage local stakeholders in consultation on service enhancements across the State, and State facilities have filled staff positions to support regional reinvestment plans, as outlined in the accompanying tables.

¹ Full descriptions of new community services to be developed with funds appropriated in the 2014-15 State Budget were provided to the Legislature on April 8, 2014 pursuant to the Budget agreement; these descriptions are also available on the State Office of Mental Health website at <http://www.omh.ny.gov/omhweb/excellence/rce/>

Table 1: NYS OMH State Psychiatric Center Inpatient Descriptive Metrics for May, 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	May, 2014 Budgeted Capacity	# of Admissions during May 2014	# of Discharges during May 2014	Avg. daily census 2/1/14-2/28/2014	Avg. daily census 3/1/14-3/31/2014	Avg. daily census 4/1/14-4/30/2014	Avg. daily census 5/1/14-05/31/2014
Adult								
Bronx	348	181	22	22	174	168	159	154
Buffalo	221	183	16	14	191	188	183	180
Capital District	158	136	34	35	134	129	126	122
Creedmoor	480	344	26	27	320	316	307	311
Elmira	104	72	4	7	75	73	72	71
Greater Binghamton	178	90	17	15	89	91	89	85
Hutchings	132	119	18	19	115	117	115	111
Kingsboro	254	165	9	16	168	165	169	164
Manhattan	476	230	22	31	223	228	222	218
Pilgrim	771	385	18	29	329	333	327	319
Rochester	222	145	4	7	118	114	114	115
Rockland	436	430	22	22	386	384	379	376
South Beach	362	300	31	24	305	311	295	289
St. Lawrence	84	65	8	15	61	58	61	58
Washington Heights	21	21	18	19	18	17	20	19
Total	4,247	2,866	269	302	2,706	2,693	2,636	2,592
Children & Youth								
Elmira	48	18	7	9	17	17	19	17
Greater Binghamton	16	16	18	18	16	16	16	17
Hutchings	30	30	40	36	27	23	25	25
Mohawk Valley	30	30	49	41	20	28	26	29
NYC Children's Center	184	172	15	23	147	145	141	141
Rockland CPC	56	54	23	22	37	43	44	47
Sagamore CPC	77	54	17	15	41	43	42	41
South Beach	12	12	5	5	12	12	12	12
St. Lawrence	29	28	35	37	26	27	26	27
Western NY CPC	46	46	11	15	38	36	42	42
Total	528	460	220	221	380	390	394	396
Forensic								
Central New York	569	208	44	27	147	152	167	179
Kirby	476	193	31	12	195	201	206	216
Mid-Hudson	340	264	27	32	267	272	277	274
Rochester	56	55	3	1	52	53	54	54
Total	1,441	720	105	72	662	678	705	724

Updated as of June 9, 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.

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 4/30/14: The OMH Western and Central New York Field Offices have met with the local Directors of Community Services (DCSs) and the Executive Director overseeing both Elmira and Binghamton Psychiatric Centers during March and April, to discuss planned reinvestments, including supported housing, Home and Community Based Services (HCBS) waiver, and key service expansions that will be staffed by employees of Elmira and Greater Binghamton.</p> <p>Progress as of 5/31/14: The OMH Western and Central NY Field Offices met with the local DCSs in the Southern Tier area, and with the Executive Director overseeing Elmira and Binghamton Psychiatric Centers to receive feedback on State-community reinvestment plans, and to give DCSs opportunities to identify additional services to support this region. The EPC and GBHC Executive Director will be canvassing all DCSs in the facilities' service regions for continuing feedback on the State-community reinvestment draft plan. OMH is continuing efforts to identify suitable space for the crisis/respite beds on the Greater Binghamton campus. The Southern Tier Mobile Integration Team has been staffed with seven individuals, including a team leader. While awaiting canvass results regarding specific service needs in each of the 15 counties, orientation of the team members to the communities and existing services has begun. Consideration is also being given to where the team members will be located, based on geographics, service needs of areas and available space.</p>					
Southern Tier	Elmira	48	\$404	12	\$316	\$3,030	\$3,750
		<p>Progress as of 4/30/14: The OMH Western and Central New York Field Offices have met with the local Directors of Community Services (DCSs) and the Executive Director overseeing both Elmira and Binghamton Psychiatric Centers during March and April, to discuss planned reinvestments, including supported housing, Home and Community Based Services (HCBS) waiver, and key service expansions that will be staffed by employees of Elmira and Greater Binghamton.</p> <p>Progress as of 5/31/14: The OMH Western and Central NY Field Offices met with the local DCSs in the Southern Tier area, and with the Executive Director overseeing Elmira and Binghamton Psychiatric Centers to receive feedback on State-community reinvestment plans, and to give DCSs opportunities to identify additional services to support this region. The EPC and GBHC Executive Director will be canvassing all DCSs in the facilities' service regions for continuing feedback on the State-community reinvestment draft plan. OMH has identified suitable space for the crisis/respite beds on the Elmira campus and preparation of the space has been initiated. These preparations include, but are not limited to, minor capital improvements, identification of furniture and finishing needs, and identification of training needs for staff. Seven staff have been hired for the Southern Tier Mobile Integration Team, including a team leader. While awaiting canvass results regarding specific service needs in each of the 15 counties, orientation of the team members to the communities and existing services has begun. Consideration is also being given to where the team members will be located, based on geographics, service needs of areas and available space.</p>					
North Country	St. Lawrence	50	\$384	12	\$316	\$3,151	\$3,850
		<p>Progress as of 4/30/14: The OMH Central New York Field Office has met with the local DCSs and the Executive Director of St. Lawrence Psychiatric Center to discuss planned reinvestments, including supported housing, Home and Community Based Services (HCBS) waiver, and key service expansions that will be staffed by employees of St. Lawrence PC.</p> <p>Progress as of 5/31/14: The Central NY Field Office continued to work with local governmental units, SLPC, and other stakeholders to refine State-community services plans and to identify additional community services to support transformation in the North Country. OMH has identified suitable space for the crisis/respite beds on the St. Lawrence campus and preparation of the space has been initiated. These preparations include, but are not limited to, minor capital improvements, identification of furniture and finishing needs, and identification of training needs for staff. A coordinator for the crisis/respite unit has been hired. Six staff have been hired for Mobile Integration Teams operated under St. Lawrence PC and which will be based out of Ogdensburg and Massena; these teams are expected to begin services in the North Country in mid to late June, 2014.</p>					
Long Island	Sagamore		\$0	54	\$1,488	\$2,912	\$4,400
		<p>Progress as of 4/30/14: The OMH Long Island Field Office met with the DCSs from Long Island and representatives from both Sagamore Children's and Pilgrim Psychiatric Center in March and April to discuss planned reinvestments, including supported housing, Home and Community Based Services (HCBS) waiver, and key service expansions that will be staffed by employees of Sagamore PC. A Request for Proposals for Supported Housing is under development and will be issued in the future. Allocations of these resources, by county are outlined in the accompanying table.</p> <p>Progress as of 5/31/14: The OMH Field Office has continued its work with local governmental units on proposals to support additional key services and supports on Long Island; LGUs are completing plans for submission to OMH. OMH has identified suitable space for the crisis/respite beds on the Sagamore campus and preparation of the space has been initiated. These preparations include, but are not limited to, minor capital improvements, identification of furniture and finishing needs, and identification of training needs for staff. An Adult/Children's Mobile Integration Team for Suffolk County will start assessing children by July 2014. The program is a 7 day a week program with hours from 8am to 10pm. The services that will be provided by this team are still under development. Sagamore has continued to communicate with local stakeholders regarding the development of their crisis/respite beds. Current staff at Sagamore have expressed an interest in working in the crisis/respite program. Job descriptions have been prepared and the official postings are scheduled for June.</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
		<p>Progress as of 4/30/14: The OMH Long Island Field Office met with the DCSs from Long Island and representatives from both Sagamore Children's and Pilgrim Psychiatric Center in March and April to discuss planned reinvestments, including supported housing, Home and Community Based Services (HCBS) waiver, and key service expansions that will be staffed by employees of Sagamore PC. A Request for Proposals for Supported Housing is under development and will be issued in the future. Allocations of these resources, by county are outlined in the accompanying table.</p> <p>Progress as of 5/31/14: The OMH Field Office has continued its work with local governmental units on proposals to support additional services on Long Island; LGUs are completing plans for submission to OMH. A Request for Proposals for 100 units of Supported Housing on Long Island was issued during this month, with a deadline of July 15th.</p>					
Western NY	Buffalo, Western NY	50	\$421	24	\$631	\$2,948	\$4,000
		<p>Progress as of 4/30/14: The OMH Western NY Field Office met with the local DCSs and the Executive Directors of both Western NY Children's and Buffalo Psychiatric Center in March and April to discuss planned reinvestments, including supported housing, Home and Community Based Services (HCBS) waiver, and key service expansions that will be staffed by employees of Western NY Children's Psychiatric Center.</p> <p>Progress as of 5/31/14: Western NY Children's has identified a psychologist who will be transitioning to the Juvenile Justice Mobile Mental Health Team. 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, including expansion of clinic services and the other mobile community supports. Staffing will be addressed in the coming months. The Western NY Field Office and the Buffalo PC leadership continue to work with local governmental units to plan for services and supports in the region to be developed with State-community investments and additional funds associated with inpatient reductions.</p>					
Rochester Area	Rochester	116	\$977		\$0	\$4,923	\$5,900
		<p>Progress as of 4/30/14: The OMH Western NY Field Office met with the local DCSs and the Executive Director of Rochester PC to discuss planned reinvestments, including supported housing, Home and Community Based Services (HCBS) waiver, and other local and regional services needed to support this area.</p> <p>Progress as of 5/31/14: The Western NY Field Office and the Rochester PC leadership continue to work with local governmental units to plan for services and supports in the region to be developed with State-community investments and additional funds associated with inpatient reductions. Rochester PC solicited formal feedback from LGUs on draft State-community investment plans with a response date of May 30, 2014. OMH will be receiving final recommendations from LGUs during the month of June.</p>					
New York City	Manhattan, Bronx	154	\$2,317	24	\$661	\$4,322	\$7,300
		<p>Progress as of 4/30/14: The New York City Field Office planned a meeting to take place in May, with all OMH facility directors for the New York City area, the local governmental unit to begin discussions on community investments. Supported housing allocations are under consideration and discussion with the local governmental unit in order to best support the reduction in need for inpatient services and long inpatient stays; a housing RFP is under development and will be issued in the future.</p> <p>Progress as of 5/31/14: The NYC Field Office continued to meet regularly with the State facility directors and the local governmental unit to plan for services and supports in addition to supported housing and HCBS waiver expansion in New York City. A Request for Proposals for 154 new units of Supported Housing in New York City was issued during this month, with a deadline of July 15th.</p>					
Hudson Valley	Rockland	50	\$622	12	\$323	\$2,255	\$3,200
		<p>Progress as of 4/30/14: The OMH Hudson River Field Office has held a series of meetings with DCSs from the entire Hudson River region, including counties in the Rockland PC and Capital District PC service areas, to discuss the planned reinvestments, including supported housing, Home and Community Based Services (HCBS) waiver, and other local and regional services needed to support this region.</p> <p>Progress as of 5/31/14: The Hudson River Field Office met with all counties impacted by Rockland PC planned census reductions to discuss county and regional needs for services which could be supported through local reinvestment funds associated with inpatient reductions. OMH will be receiving final recommendations from LGUs during the month of June.</p>					
Central NY	Hutchings		\$0	18	\$473	\$1,227	\$1,700
		<p>Progress as of 4/30/14: The OMH Central New York Field Office and the Executive Director of Hutchings PC will be meeting with local DCSs to discuss planned reinvestments, including Home and Community Based Services (HCBS) waiver, and other local and regional services needed to support this region.</p> <p>Progress as of 5/31/14: OMH has identified suitable space for the crisis/respite beds on the Hutchings campus and preparation of the space has been initiated. These preparations include, but are not limited to, minor capital improvements, identification of furniture and finishing needs, and identification of training needs for staff. OMH continued its consultation with local governmental units, Hutchings PC and other stakeholders to identify additional services to support transformation efforts in Central NY.</p>					
Statewide	Forensic/Suicide Prevention					\$1,500	\$1,500
Total		628	\$7,100	168	\$4,524	\$32,276	\$43,900

Notes:

- Regions were categorized to match areas described in information sheets provided to Legislature on April 8, 2014 and posted on OMH website.
- Supported housing and waiver allocations were determined in consultation with, and distributed to counties in April. Allocations of these resources, by county are outlined in the accompanying tables.
- 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	OMH issued award letters for counties to initiate the second round to expand HCBS waiver capacity. All counties completed the provider selection process.			\$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 must develop plan for new units by June 3, 2014.			\$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-Community: Mobile Integration Team	Adults & Children	Southern Tier Service Area	N/A	7 FTEs	State staff have been recruited and trained for phase one of the mobile integration team, services are expected to begin in June, 2014.			\$490,000
SUBTOTAL:								\$490,000

State and Community Resources - In Development:

\$3,269,221

TOTAL:

\$4,300,000

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		OMH issued award letters for counties to initiate the second round to expand HCBS waiver capacity. All counties completed the provider selection process.			
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
HCBS Waiver	Children	Yates	6					
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 must develop plan for new units by June 3, 2014.			\$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-Community: Mobile Integration Team	Adults & Children	Southern Tier Service Area	N/A	7 FTEs	State staff have been recruited and trained for phase one of the mobile integration team, services are expected to begin in June, 2014.			\$490,000
SUBTOTAL:								\$490,000

State and Community Resources - In Development:

\$2,785,036

TOTAL:

\$3,750,000

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		OMH issued award letters for counties to initiate the second round to expand HCBS waiver capacity. All counties completed the provider selection process.			
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 must develop plan for new units by June 3, 2014.			\$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	State staff have been recruited and trained for phase one of the mobile integration team, services are expected to begin in June, 2014.			\$420,000
SUBTOTAL:								\$420,000

State and Community Resources - In Development:

\$2,730,734

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	First round of HCBS slots are in operation, as indicated in table. OMH issued award letters for counties to initiate the second round to expand HCBS waiver capacity. All counties completed the provider selection process.	10/1/13	4	\$661,440
HCBS Waiver	Children	Suffolk	102	30				\$826,800
SUBTOTAL:			192	54				\$1,488,240

State and Community Resources - In Development:	\$2,911,760
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TOTAL:	\$4,400,000
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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	OMH issued a Request for Proposal (RFP) for new Supported Housing units for release and posted on the NYS Grants Opportunity portal in May 2014. The submission deadline is July 15, 2014.			\$601,720
Supported Housing	Adult	Suffolk	1,360	60				\$902,580
SUBTOTAL:			2,245	100				\$1,504,300

State and Community Resources - In Development:	\$2,495,700
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TOTAL:	\$4,000,000
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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	First round of HCBS slots are in operation, as indicated in table. OMH issued award letters for counties to initiate the second round to expand HCBS waiver capacity. All counties completed the provider selection process.			\$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				\$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 must develop plan for new units by June 3, 2014.			
Supported Housing	Adult	Cattaraugus	104	4				\$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

State and Community Resources - In Development:

\$2,947,668

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 must develop plan for new units by June 3, 2014.			\$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

State and Community Resources - In Development:	\$4,922,584
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TOTAL:	\$5,900,000
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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. OMH issued award letters for counties to initiate the second round to expand HCBS waiver capacity.	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	OMH is developing a Request for Proposal (RFP) for new Supported Housing units for release and posting on the NYS Grants Opportunity portal in May 2014. The submission deadline is July 15, 2014.			\$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

State and Community Resources - 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		First round of HCBS slots are in operation, as indicated in table. OMH issued award letters for counties to initiate the second round to expand HCBS waiver capacity. All counties completed the provider selection process.			
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 must develop plan for new units by June 3, 2014.			\$90,181
Supported Housing	Adult	Orange	262	12				\$154,596
Supported Housing	Adult	Putnam	67	2				\$25,766
Supported Housing	Adult	Rockland	173	6				\$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

State and Community Resources - In Development:

\$2,254,606

TOTAL:

\$3,200,000

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	OMH issued award letters for counties to initiate the second round to expand HCBS waiver capacity. All counties completed the provider selection process.			\$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 must develop plan for new units by June 3, 2014.			
Supported Housing	Adult	Cortland	53					
Supported Housing	Adult	Madison	28					
Supported Housing	Adult	Onondaga	300					
Supported Housing	Adult	Oswego	62					
SUBTOTAL:			504	0				\$0

State and Community Resources - In Development:

\$1,226,726

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 (Aug-Oct, 2013), % Having Psychiatric Readmission within 30 days	For discharge cohort (Aug-Oct, 2013), % Utilizing Psychiatric Emergency Room within 30 days
Adult		
Bronx	9.7%	12.1%
Buffalo	8.5%	6.5%
Capital District	13.9%	6.0%
Creedmoor	9.2%	3.7%
Elmira	6.8%	0.0%
Greater Binghamton	7.3%	13.5%
Hutchings	10.8%	13.0%
Kingsboro	0.0%	0.0%
Manhattan	21.1%	4.8%
Pilgrim	14.1%	3.8%
Rochester	2.5%	2.9%
Rockland	9.5%	9.1%
South Beach	12.5%	13.8%
St. Lawrence	19.2%	9.8%
Washington Heights	6.8%	2.9%
Total	11.1%	7.5%
Children & Youth		
Elmira	0.0%	3.6%
Greater Binghamton	2.4%	10.5%
Hutchings	6.3%	7.1%
Mohawk Valley	10.0%	13.2%
NYC Children's Center	6.8%	3.7%
Rockland CPC	10.3%	2.9%
Sagamore CPC	2.4%	5.7%
South Beach	0.0%	25.0%*
St. Lawrence	6.8%	5.2%
Western NY CPC	0.0%	3.4%
Total	5.6%	6.7%
Forensic		
Central New York	2.8%	0.0%
Kirby	4.3%	0.0%
Mid-Hudson	4.2%	2.9%
Rochester	0.0%	0.0%*
Total	3.5%	1.1%

Updated as of June 12, 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 5/1/14)			Readmission ⁴			ER Utilization ⁶		
				Total	Adults	Child	For discharge cohort (Aug-Oct, 2013), % Having Psychiatric			For discharge cohort (Aug-Oct, 2013), % Utilizing Psychiatric		
							Total	Adult ⁵	Child	Total	Adult	Child
Central	Broome	United Health Services Hospitals, Inc.	Article 28	56	56	0	15.7%	15.7%		8.5%	8.5%	
Central	Cayuga	Auburn Community Hospital	Article 28	14	14	0	23.1%	23.1%		7.7%	7.7%	
Central	Clinton	Champlain Valley Physicians Hospital Med Ctr.	Article 28	34	22	12	16.3%	14.3%	21.7%	11.6%	12.7%	8.7%
Central	Cortland	Cortland Regional Medical Center, Inc.	Article 28	11	11	0	22.5%	22.5%		12.5%	12.5%	
Central	Franklin	Adirondack Medical Center	Article 28	12	12	0	8.3%	8.3%		0.0%	0.0%	
Central	Jefferson	Samaritan Medical Center	Article 28	32	32	0	21.5%	21.5%		3.8%	3.8%	
Central	Montgomery	St. Mary's Healthcare	Article 28	20	20	0	11.5%	11.5%		9.2%	9.2%	
Central	Oneida	Faxton - St. Luke's Healthcare	Article 28	26	26	0	20.9%	20.9%		12.5%	12.5%	
Central	Oneida	Rome Memorial Hospital, Inc.	Article 28	11	11	0	18.2%	18.2%		9.1%	9.1%	
Central	Oneida	St. Elizabeth Medical Center	Article 28	24	24	0	18.1%	18.1%		8.0%	8.0%	
Central	Onondaga	St. Joseph's Hospital Health Center	Article 28	30	30	0	22.7%	22.7%		26.0%	26.0%	
Central	Onondaga	SUNY Health Science Center-University Hospital	Article 28	50	50	0	27.9%	27.9%		19.1%	19.1%	
Central	Oswego	Oswego Hospital, Inc.	Article 28	16	16	0	22.3%	22.3%		8.0%	8.0%	
Central	Otsego	Mary Imogene Bassett Hospital	Article 28	20	20	0	9.0%	9.0%		7.7%	7.7%	
Central	Saint Lawrence	Claxton-Hepburn Medical Center	Article 28	28	28	0	20.8%	20.8%		8.5%	8.5%	
Hudson	Albany	Albany Medical Center	Article 28	26	26	0	16.0%	16.0%		8.6%	8.6%	
Hudson	Columbia	Columbia Memorial Hospital	Article 28	18	18	0	14.5%	14.5%		3.3%	3.3%	
Hudson	Dutchess	St. Francis Hospital ⁷	Article 28	40	40	0	14.6%	14.6%		12.7%	12.7%	
Hudson	Orange	Bon Secours Community Hospital	Article 28	24	24	0	14.1%	14.1%		2.8%	2.8%	
Hudson	Orange	Orange Regional Medical Center	Article 28	30	30	0	6.9%	6.9%		10.3%	10.3%	
Hudson	Putnam	Putnam Hospital Center	Article 28	20	20	0	21.6%	21.6%		2.7%	2.7%	
Hudson	Rensselaer	Samaritan Hospital	Article 28	63	63	0	13.5%	13.5%		4.4%	4.4%	
Hudson	Rockland	Nyack Hospital ⁸	Article 28	26	26	0	0.0%	0.0%		0.0%	0.0%	
Hudson	Saratoga	FW of Saratoga, Inc.	Article 31	88	31	57	7.3%	11.8%	6.8%	4.7%	11.8%	3.8%
Hudson	Saratoga	The Saratoga Hospital	Article 28	16	16	0	11.5%	11.5%		2.6%	2.6%	
Hudson	Schenectady	Ellis Hospital	Article 28	52	36	16	15.2%	15.8%	13.4%	6.3%	7.9%	1.5%
Hudson	Sullivan	Catskill Regional Medical Center	Article 28	18	18	0	17.9%	17.9%		6.4%	6.4%	
Hudson	Ulster	Health Alliance Hospital Mary's Ave Campus	Article 28	40	40	0	13.4%	13.4%		10.3%	10.3%	
Hudson	Warren	Glens Falls Hospital	Article 28	30	30	0	10.9%	10.9%		6.7%	6.7%	
Hudson	Westchester	Four Winds, Inc.	Article 31	175	28	147	14.2%	15.9%	14.0%	9.5%	6.8%	9.8%
Hudson	Westchester	Montefiore Mount Vernon Hospital, Inc. ⁹	Article 28	22	22	0	15.4%	15.4%		7.7%	7.7%	
Hudson	Westchester	New York Presbyterian Hospital	Article 28	252	207	45	19.0%	20.4%	11.9%	9.9%	10.4%	7.1%
Hudson	Westchester	Northern Westchester Hospital Center	Article 28	15	15	0	9.5%	9.5%		4.8%	4.8%	
Hudson	Westchester	Phelps Memorial Hospital Center	Article 28	22	22	0	18.2%	18.2%		1.8%	1.8%	
Hudson	Westchester	St. Joseph's Medical Center	Article 28	146	133	13	19.5%	20.4%	11.9%	6.6%	6.8%	4.8%
Hudson	Westchester	Westchester Medical Center	Article 28	101	66	35	24.2%	21.7%	28.0%	7.7%	9.7%	4.7%
Long Island	Nassau	Franklin Hospital Medical Center	Article 28	21	21	0	4.6%	4.6%		3.1%	3.1%	
Long Island	Nassau	Mercy Medical Center	Article 28	39	39	0	15.4%	15.4%		10.8%	10.8%	
Long Island	Nassau	Nassau Health Care Corp/Nassau Univ Med Ctr	Article 28	128	106	22	11.9%	10.5%	18.6%	11.7%	10.2%	18.6%
Long Island	Nassau	North Shore University Hospital ¹⁰	Article 28	26	26	0	16.7%	16.7%		12.4%	12.4%	
Long Island	Nassau	South Nassau Communities Hospital	Article 28	36	36	0	33.1%	33.1%		15.4%	15.4%	
Long Island	Suffolk	Brookhaven Memorial Hospital Medical Center	Article 28	20	20	0	13.2%	13.2%		9.2%	9.2%	
Long Island	Suffolk	Brunswick Hospital Center, Inc.	Article 28	124	79	45	14.2%	12.3%	15.9%	10.1%	8.6%	11.4%
Long Island	Suffolk	Eastern Long Island Hospital Association	Article 28	23	23	0	16.9%	16.9%		15.5%	15.5%	
Long Island	Suffolk	Huntington Hospital	Article 28	21	21	0	14.9%	14.9%		12.8%	12.8%	

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

Region	County ²	Hospital Name ³	Auspice	Capacity (as of 5/1/14)			Readmission ⁴ For discharge cohort (Aug-Oct, 2013), % Having Psychiatric			ER Utilization ⁶ For discharge cohort (Aug-Oct, 2013), % Utilizing Psychiatric		
				Total	Adults	Child	Total	Adult ⁵	Child	Total	Adult	Child
Long Island	Suffolk	John T. Mather Memorial Hospital	Article 28	37	27	10	16.3%	14.7%	23.5%	6.5%	4.0%	17.6%
Long Island	Suffolk	Southside Hospital	Article 28	20	20	0	32.6%	32.6%		9.8%	9.8%	
Long Island	Suffolk	St. Cath of Siena MC-d/b/a St.Cath Siena Hosp	Article 28	42	42	0	20.4%	20.4%		11.7%	11.7%	
Long Island	Suffolk	State University of NY at Stony Brook	Article 28	40	30	10	20.3%	25.5%	5.6%	10.1%	13.7%	0.0%
Long Island	Suffolk	The Long Island Home	Article 31	206	141	65	20.7%	16.9%	22.7%	9.5%	6.9%	10.9%
NYC	Bronx	Bronx-Lebanon Hospital Center	Article 28	106	79	27	20.5%	22.7%	9.1%	13.8%	14.1%	12.2%
NYC	Bronx	Montefiore Medical Center	Article 28	55	55	0	14.1%	14.1%		8.0%	8.0%	
NYC	Bronx	NYC-HHC Jacobi Medical Center	Article 28	107	107	0	17.5%	17.5%		13.0%	13.0%	
NYC	Bronx	NYC-HHC Lincoln Medical & Mental Health Ctr.	Article 28	60	60	0	25.0%	25.0%		15.6%	15.6%	
NYC	Bronx	NYC-HHC North Central Bronx Hospital	Article 28	70	70	0	19.3%	19.3%		8.9%	8.9%	
NYC	Bronx	St. Barnabas Hospital	Article 28	49	49	0	26.3%	26.3%		21.7%	21.7%	
NYC	Kings	Brookdale Hospital Medical Center	Article 28	61	52	9	16.3%	18.4%	11.1%	15.2%	18.4%	7.4%
NYC	Kings	Interfaith Medical Center, Inc.	Article 28	120	120	0	32.6%	32.6%		15.8%	15.8%	
NYC	Kings	Kingsbrook Jewish Medical Center	Article 28	30	30	0	14.8%	14.8%		11.1%	11.1%	
NYC	Kings	Lutheran Medical Center	Article 28	35	35	0	17.8%	17.8%		10.7%	10.7%	
NYC	Kings	Maimonides Medical Center	Article 28	70	70	0	17.1%	17.1%		5.6%	5.6%	
NYC	Kings	NYC-HHC Coney Island Hospital	Article 28	64	64	0	22.1%	22.1%		10.5%	10.5%	
NYC	Kings	NYC-HHC Kings County Hospital Center	Article 28	205	160	45	18.7%	20.3%	11.6%	18.0%	18.5%	15.5%
NYC	Kings	NYC-HHC Woodhull Medical & Mental Health Ctr.	Article 28	135	135	0	20.0%	20.2%		14.0%	13.9%	20.0%
NYC	Kings	New York Methodist Hospital	Article 28	50	50	0	17.6%	17.7%		5.6%	5.7%	0.0%
NYC	Kings	University Hospital of Brooklyn	Article 28	73	73	0	27.2%	27.2%		26.1%	26.1%	
NYC	New York	Beth Israel Medical Center	Article 28	92	92	0	17.2%	17.2%		12.1%	12.1%	
NYC	New York	Lenox Hill Hospital	Article 28	27	27	0	27.5%	27.5%		12.5%	12.5%	
NYC	New York	Mount Sinai Medical Center	Article 28	95	80	15	15.5%	16.6%	11.0%	12.3%	11.3%	16.4%
NYC	New York	NYC-HHC Bellevue Hospital Center	Article 28	330	285	45	21.6%	22.4%	16.8%	15.9%	16.1%	14.2%
NYC	New York	NYC-HHC Harlem Hospital Center	Article 28	52	52	0	31.1%	31.1%		21.8%	21.8%	
NYC	New York	NYC-HHC Metropolitan Hospital Center	Article 28	122	104	18	26.4%	27.8%	14.3%	16.8%	18.0%	6.1%
NYC	New York	New York Gracie Square Hospital, Inc., The	Article 31	157	157	0	15.4%	15.4%		8.9%	8.9%	
NYC	New York	New York Presbyterian Hospital	Article 28	96	96	0	14.0%	14.0%		6.5%	6.5%	
NYC	New York	New York University Hospitals Center	Article 28	22	22	0	22.2%	22.2%		11.1%	11.1%	
NYC	New York	St. Luke's-Roosevelt Hospital Center	Article 28	93	93	0	18.1%	18.1%		11.7%	11.7%	
NYC	Queens	Episcopal Health Services Inc.	Article 28	43	43	0	13.3%	13.3%		10.8%	10.8%	
NYC	Queens	Jamaica Hospital Medical Center	Article 28	50	50	0	24.0%	24.0%		20.6%	20.6%	
NYC	Queens	Long Island Jewish Medical Center	Article 28	221	200	21	20.2%	21.7%	10.8%	7.9%	7.9%	7.8%
NYC	Queens	NYC-HHC Elmhurst Hospital Center	Article 28	177	151	26	24.2%	24.9%	20.0%	15.0%	14.2%	20.0%
NYC	Queens	NYC-HHC Queens Hospital Center	Article 28	71	71	0	23.6%	23.6%		15.3%	15.3%	
NYC	Queens	New York Flushing Hospital and Medical Center	Article 28	18	18	0	23.0%	23.0%		18.9%	19.4%	0.0%
NYC	Richmond	Richmond Medical Center dba Richmond UMC	Article 28	60	55	5	15.6%	16.3%	10.7%	38.3%	38.1%	39.3%
NYC	Richmond	Staten Island University Hospital	Article 28	64	64	0	22.3%	22.3%		16.3%	16.3%	

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

Region	County ²	Hospital Name ³	Auspice	Capacity (as of 5/1/14)			Readmission ⁴ For discharge cohort (Aug-Oct, 2013), % Having Psychiatric			ER Utilization ⁶ For discharge cohort (Aug-Oct, 2013), % Utilizing Psychiatric		
				Total	Adults	Child	Total	Adult ⁵	Child	Total	Adult	Child
Western	Cattaraugus	Olean General Hospital	Article 28	14	14	0	11.6%	11.6%		2.9%	2.9%	
Western	Chautauqua	TLC Health Network	Article 28	20	20	0	19.0%	19.0%		5.1%	5.1%	
Western	Chautauqua	Woman's Christian Assoc. of Jamestown, NY	Article 28	40	30	10	12.2%	12.2%	12.3%	7.3%	3.3%	15.8%
Western	Chemung	St. Joseph's Hospital	Article 28	25	25	0	11.0%	11.0%		1.0%	1.0%	
Western	Erie	Brylin Hospitals, Inc.	Article 31	88	68	20	13.4%	9.6%	20.0%	4.9%	1.9%	10.0%
Western	Erie	Erie County Medical Center	Article 28	132	116	16	7.3%	7.9%	0.0%	7.6%	7.5%	8.8%
Western	Monroe	Rochester General Hospital	Article 28	30	30	0	11.4%	11.4%		11.4%	10.3%	100.0%
Western	Monroe	The Unity Hospital of Rochester	Article 28	40	40	0	8.2%	8.2%		11.7%	11.7%	
Western	Monroe	Univ of Roch Med Ctr/Strong Memorial Hospital	Article 28	93	66	27	15.2%	15.0%	16.0%	13.3%	15.0%	6.0%
Western	Niagara	Eastern Niagara Hospital, Inc.	Article 28	12	0	12	21.1%		21.1%	8.1%		8.1%
Western	Niagara	Niagara Falls Memorial Medical Center	Article 28	54	54	0	11.5%	11.5%		9.4%	9.4%	
Western	Ontario	Clifton Springs Hospital and Clinic	Article 28	18	18	0	18.2%	18.2%		11.4%	11.4%	
Western	Tompkins	Cayuga Medical Center at Ithaca, Inc.	Article 28	26	20	6	2.9%	5.0%	0.0%	5.9%	10.0%	0.0%
Western	Wayne	Newark-Wayne Community Hospital, Inc.	Article 28	16	16	0	18.9%	18.9%		2.7%	2.7%	
Western	Wyoming	Wyoming County Community Hospital	Article 28	12	12	0	18.5%	18.5%		12.3%	12.3%	
Western	Yates	Soldiers & Sailors Memorial Hospital	Article 28	10	10	0	13.3%	13.3%		0.0%	0.0%	
Statewide Total				6,101	5,322	779	18.6%	19.2%	14.3%	12.1%	12.3%	10.3%

Updated as of June 10, 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 5/1/2014 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. St Francis Hospital had its beds legally taken over by Westchester Medical Center as of 5/9/2014 and will be listed as Westchester Medical /Mid-Hudson Division in subsequent reports.
8. Nyack Hospital legally took over the beds of Summit Park Hospital as of 4/22/2014.
9. Montefiore Mount Vernon Hospital legally took over the beds of Mount Vernon Hospital as of 11/5/2013.
10. North Shore University Hospital @ Glen Cove closed on 4/21/14, this contributed to the decrease in capacity of North Shore University Hospital from 46 to 26 beds.

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.