November 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 continued developing and serving new individuals in November. Supported Housing providers in New York City and Long Island received awards in response to requests for proposals and are in the process of expanding this additional capacity to begin taking admissions.

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

Aid to Localities investment plans continue to advance, with North Country and New York City plan components the final approval stages. Funding for Article 28/31 hospital reinvestment associated with previous closures at Holliswood, Stony Lodge, and Rye hospitals is being advanced through State Aid Letters to New York City and Hudson River counties, as indicated in the accompanying tables.

Table 1: NYS OMH State Psychiatric Center Inpatient Descriptive Metrics for November, 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	November, 2014 Budgeted Capacity	# of Admissions during November 2014	# of Discharges during November 2014	Avg. daily census 8/1/14-08/31/2014	Avg. daily census 9/1/14-09/30/2014	Avg. daily census 10/1/14-10/31/2014	Avg. daily census 11/1/14-11/30/2014
Adult								
Bronx	348	156	19	20	155	154	154	154
Buffalo	221	183	11	18	173	166	165	156
Capital District	158	136	40	36	127	126	127	130
Creedmoor[4]	480	322	34	30	317	317	316	322
Elmira	104	72	10	17	67	65	64	64
Greater Binghamton	178	90	14	12	94	86	84	83
Hutchings	132	119	19	13	117	117	116	116
Kingsboro	254	165	9	11	163	162	161	164
Manhattan	476	215	14	14	205	203	206	205
Pilgrim[4]	771	310	9	16	312	307	305	301
Rochester	222	116	4	7	116	118	119	116
Rockland	436	380	19	24	371	368	370	368
South Beach	362	300	29	25	303	302	309	310
St. Lawrence	84	65	8	14	57	56	54	54
Washington Heights	21	21	15	13	20	21	20	19
Total	**4,247**	**2,650**	**254**	**270**	**2,597**	**2,568**	**2,571**	**2,562**
Children & Youth								
Elmira	48	18	12	13	14	13	15	16
Greater Binghamton	16	16	16	17	14	15	15	17
Hutchings	30	30	31	38	18	23	26	27
Mohawk Valley	30	30	33	44	9	19	28	26
NYC Children's Center	184	158	22	14	128	121	119	126
Rockland CPC	56	39	15	22	22	20	24	26
Sagamore CPC	77	54	16	15	42	43	44	44
South Beach	12	12	4	1	9	8	8	10
St. Lawrence	29	28	29	28	21	21	27	27
Western NY CPC	46	46	10	9	39	38	39	38
Total	**528**	**431**	**188**	**201**	**317**	**322**	**346**	**357**
Forensic								
Central New York	569	208	39	25	178	168	153	165
Kirby	476	193	17	15	188	188	193	194
Mid-Hudson	340	264	30	40	272	272	268	258
Rochester	56	55	2	2	55	55	55	55
Total	**1,441**	**720**	**88**	**82**	**692**	**682**	**669**	**672**

Updated as of Dec 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 Average Daily Census defined as: Total number of inpatient service days for a month divided by the total number of days in the month. Population totals displayed may differ from the sum of the facility monthly census values due to rounding.

4. Budgeted capacity was reduced at Creedmoor and Pilgrim Adult PCs by 22 and 25 beds respectively. Capacity reductions comply with requirement that there be a consistent ninety day period of time that the beds remain vacant, as demonstrated by the September-November census data.

Table 2: Regional Planning and Service Development

Region/Service Area[1]	Facilities	Total Funding Available (in 000s)					
		Supported Housing[2] Units	Funds	HCBS Waiver[2] Units	Funds	State and Voluntary Community Services[3]	Full Annual Reinvestment
Southern Tier	Binghamton	60	$470	12	$316	$3,514	$4,300
		Progress: In the month of November the Southern Tier Mobile Integration Team worked with 258 individuals and provided over 850 interventions. The interventions were mainly in the areas of outreach and engagement, peer support, skill building, and community linkage. OMH is deferring the opening of additional crisis/respite beds at GBHC until the existing crisis/respite beds capacity if fully utilized. The local governmental units of the Southern Tier submitted a reinvestment proposal to OMH Central and Western NY Field Offices. The proposal includes specific recommendations for the expansion of State staff roles and Aid to Localities funding, to ensure efficient use of the resources in this region. The proposal is under review and OMH has continued communicating with the DCSs to fill out the details of the request.						
Southern Tier	Elmira	48	$404	12	$316	$3,030	$3,750
		Progress: In the month of November the Southern Tier Mobile Integration Team worked with 258 individuals and provided over 850 interventions. The interventions were mainly in the areas of outreach and engagement, peer support, skill building, and community linkage. The local governmental units of the Southern Tier submitted a reinvestment proposal to OMH Central and Western NY Field Offices. The proposal includes specific recommendations for the expansion of State staff roles and Aid to Localities funding, to ensure efficient use of the resources in this region. The proposal is under review and OMH has continued communicating with the DCSs to fill out the details of the request.						
North Country	St. Lawrence	50	$384	12	$316	$3,151	$3,850
		Progress: In the month of November, the North Country Mobile Integration Team worked with 61 individuals and provided 224 interventions. The interventions were mainly in the areas of St. Lawrence and Jefferson counties. Planning continues for the work that needs to be completed in the space that will house the St. Lawrence PC campus-based crisis/respite beds. The local governmental units in the North Country submitted final proposals for Aid to Localities funding and State Aid Letter funding is in the process of being advanced to individual counties.						
Long Island	Sagamore		$0	54	$1,488	$2,912	$4,400
		Progress: Sagamore continues to communicate with local stakeholders regarding the provision of children's crisis services, development of their crisis/respite beds, as well as the development of their Mobile Integration Team and expansion of clinic services. Sagamore leadership continue to attend meetings with the local governmental units in both Suffolk and Nassau counties, the Suffolk County System of Care Meeting and Nassau County Interagency Meeting. During this period, the Adult/Children's Crisis Team for Suffolk County responded to 17 calls for children and adolescents. In addition to the provision of crisis intervention services, the team has also provided parent/family support, and therapeutic support. The Mobile Integration Team began operating at the end of November and worked with 3 individuals and provided 10 interventions, which included parent/family support, skill building and therapeutic support.						
Long Island	Pilgrim	100	$1,504		$0	$2,496	$4,000
		Progress: OMH approved the Aid to Localities funding requests from the Long Island local governmental units and issued funds on County State Aid Letter effective 7/1/2014. The Nassau and Suffolk County LGUs are processing the funding in order to begin awarding funds to providers. Six Supported Housing RFP awards were issued to five housing providers, and the expansion of housing capacity is underway. ACT Team expansion has begun, with the awarding of contracts to providers and the beginning of hiring for these new programs. Additional program development is underway through the approval of RFPs by county governments.						

Table 2: Regional Planning and Service Development

Region/Service Area[1]	Facilities	Total Funding Available (in 000s)					
		Supported Housing[2] Units	Funds	HCBS Waiver[2] Units	Funds	State and Voluntary Community Services[3]	Full Annual Reinvestment
Western NY	Buffalo, Western NY	50	$421	24	$631	$2,948	$4,000
		Progress: The Western NY CPC Mobile Integration Team will begin operation in December 2014. WNY CPC continues to meet with the county mental health directors, and will be meeting with the region's SPOA coordinators, and Article 28 and 31 representatives in the coming year to continue their regional planning efforts. The LGU reinvestment plan for services to be supported with Aid to Localities funding has been approved, and OMH issued State Aid award letters in September. Local governmental units are processing the funding in order to begin awarding funds to providers.						
Rochester Area	Rochester	116	$977		$0	$4,923	$5,900
		Progress: The Rochester PC Mobile Integration Team Housing Support team is now in operation. They are currently working with eight individuals, with a rate of 2-3 new admissions per week. A mobile outreach team component of the MIT is currently under development; they will be providing services in the counties of Orleans, Genesee, Wyoming, Livingston and Wayne. The teams are actively partnering with the DCSs in each county, as evidence by the provision of office space in several of the counties so the team can be centrally located. OMH approved plans for Aid to Localities funding submitted by LGUs in the Rochester PC service area and the Western NY Field Office. Counties have begun the process to award funding to providers serving the Rochester PC service area, and some new services have begun operating.						
New York City	Manhattan, Bronx	154	$2,317	24	$661	$4,322	$7,300
		Progress: A plan for the development of services and supports with Aid to Localities funds has been developed by the New York City Department of Health and Mental Hygiene and the OMH New York City Field Office, and is under review. Awards for the New York City Supported Housing RFP have been made to providers in Bronx and New York Counties.					
Hudson Valley	Rockland	50	$622	12	$323	$2,255	$3,200
		Progress: OMH approved plans for Aid to Localities funding submitted by LGUs in the Rockland PC service area and the Hudson River Field Office, with funds available as of July 1, 2014. Counties have begun awarding funding for expanded services; contracts have been executed and services have begun operating.					
Central NY	Hutchings		$0	18	$473	$1,227	$1,700
		Progress: The crisis respite program began operation on 11/5/2014. During the month of November there were 12 admissions and 9 discharges.					
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 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								
					Investment Plan Progress			
Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Broome	24	6	The second round of HCBS waiver capacity expansion has been implemented and new slots are in use. OMH is working with LGUs and providers to maximize the use of all waiver capacity.	4/1/14	6	$157,758
HCBS Waiver	Children	Chenango	6					-
HCBS Waiver	Children	Delaware	12					-
HCBS Waiver	Children	Otsego	12					-
HCBS Waiver	Children	Tioga	6	6		6/5/14	4	$157,758
HCBS Waiver	Children	Tompkins	0					-
SUBTOTAL:			**60**	**12**			**10**	**$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 and have begun serving new individuals with expanded capacity.	8/1/14	21	$268,625
Supported Housing	Adult	Chenango	46	5		10/1/14	1	$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		11/1/14	1	$84,260
SUBTOTAL:			**289**	**60**			**23**	**$470,263**
State Resources:								
Mobile Integration Team[1]	Adults & Children	Southern Tier Service Area	N/A	14 FTEs	Mobile Integration Team provided services to individuals in Allegany, Broome, Cattaraugus, Chemung, Ontario, Schuyler, Seneca, Steuben, and Tompkins counties.	6/1/2014	387	$980,000
Clinic Expansion		Southern Tier Service Area		2 FTEs				$140,000
SUBTOTAL:							**387**	**$1,120,000**
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. A regional plan has been submitted to OMH and is under review. Funds to be issued on State Aid letter upon approval.			
SUBTOTAL:								
					State Resources - In Development:			**$2,310,000**
					Aid to Localities[1] - In Development:			**$805,000**
						TOTAL:	**420**	**$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		The second round of HCBS waiver capacity expansion has been implemented and new slots are in use. OMH is working with LGUs and providers to maximize the use of all waiver capacity.			
HCBS Waiver	Children	Cattaraugus	0					
HCBS Waiver	Children	Chemung	12					
HCBS Waiver	Children	Ontario	18					
HCBS Waiver	Children	Schuyler	6					
HCBS Waiver	Children	Seneca	6	3		6/5/14	3	$78,879
HCBS Waiver	Children	Steuben	12	3		6/5/14	3	$78,879
HCBS Waiver	Children	Tompkins	12					
HCBS Waiver	Children	Wayne	12	6		6/5/14	6	$157,758
SUBTOTAL:			**90**	**12**			**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 and have begun serving new individuals with expanded capacity.	11/1/14	1	$33,704
Supported Housing	Adult	Cattaraugus	0	1				$8,426
Supported Housing	Adult	Chemung	121	14		9/1/14	4	$117,964
Supported Housing	Adult	Ontario	64	7		10/1/14	1	$58,982
Supported Housing	Adult	Schuyler	6	1				$8,426
Supported Housing	Adult	Seneca	28	4		8/1/14	2	$33,704
Supported Housing	Adult	Steuben	119	8		9/1/14	1	$67,408
Supported Housing	Adult	Tompkins	64	4		9/1/14	2	$33,704
Supported Housing	Adult	Wayne	70	4		10/1/14	1	$33,704
Supported Housing	Adult	Yates	10	1				$8,426
SUBTOTAL:			**517**	**48**			**12**	**$404,448**
State Resources: Mobile Integration Team[1]	Adults & Children	Southern Tier Service Area	N/A	14 FTEs	Mobile Integration Team provided services to individuals in Allegany, Broome, Cattaraugus, Chemung, Ontario, Schuyler, Seneca, Steuben, and Tompkins counties.	6/1/2014	387	$980,000
Clinic Expansion		Southern Tier Service Area		2 FTEs				$140,000
SUBTOTAL:							**387**	**$1,120,000**
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. A regional plan has been submitted to OMH and is under review. Funds to be issued on State Aid letter upon approval.			
SUBTOTAL:								

State Resources - In Development:		**$2,310,000**
Aid to Localities[1] - In Development:		**$805,000**
TOTAL:	**411**	**$3,750,000**

Notes:

1. Mobile Integration Team and Aid to Localities program funding full Southern Tier distribution, shared with Binghamton 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		The second round of HCBS waiver capacity expansion has been implemented and new slots are in use. OMH is working with LGUs and providers to maximize the use of all waiver capacity.			
HCBS Waiver	Children	Essex	12	6		6/5/14	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		5/1/14	2	$157,758
SUBTOTAL:			**78**	**12**			**8**	**$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 and have begun serving new individuals with expanded capacity.	10/1/14	2	$46,050
Supported Housing	Adult	Essex	29	3				$23,025
Supported Housing	Adult	Franklin	42	5				$38,375
Supported Housing	Adult	Jefferson	57	9		11/1/14	1	$69,075
Supported Housing	Adult	Lewis	51	2				$15,350
Supported Housing	Adult	St. Lawrence	73	25				$191,875
SUBTOTAL:			**306**	**50**			**3**	**$383,750**
State-Community: Mobile Integration Team	Adults & Children	St. Lawrence PC Service Area	N/A	9 FTEs	Mobile Integration Team provided services in St. Lawrence and Jefferson Counties.	6/6/2014	290	$630,000
Clinic expansion	Children	Jefferson	N/A	1 FTE	A staffing plan and site search is underway for the expansion of children's clinic services in Jefferson County.			$70,000
Day Treatment Expansion	Children	St. Lawrence PC Service Area		1 FTE	Additional FTE allocated to address demand for children's outpatient services in the North Country.			$70,000
SUBTOTAL:							290	**$770,000**
Aid to Localities:		St. Lawrence PC Service Area	N/A	N/A	OMH approved regional/by county plan and issued funds on County State Aid Letter effective 1/1/2015. LGUs are processing the funding in order to begin provider awards and program implementation.			
Outreach Services Program	Adult	Clinton						**$46,833**
SUBTOTAL:								**$46,833**

State Resources - In Development:		**$1,680,000**
Aid to Localities - In Development:		**$234,167**
TOTAL:	**301**	**$3,850,000**

Table 3d: Sagamore Children's Psychiatric Center								
					Investment Plan Progress			
Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Nassau	90	24	The second round of HCBS waiver capacity expansion has been implemented and new slots are in use. OMH is working with LGUs and providers to maximize the use of all waiver capacity.	10/1/13	13	$661,440
HCBS Waiver	Children	Suffolk	102	30		5/6/14	28	$826,800
SUBTOTAL:			**192**	**54**			**41**	**$1,488,240**
State Resources:	Children	Long Island	N/A					
Family Court Evaluation	Children	Long Island		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 continued its work assessing and intervening with children and their families.	7/1/2014	43	$70,000
Mobile Integration Team	Children	Nassau & Suffolk		9 FTE	Mobile Integration Team provided services to individuals in Nassau and Suffolk counties beginning in November 2014.	11/30/2014	3	$630,000
Clinic Expansion	Children	Nassau & Suffolk		3 FTE	Positions for State children's clinic expansion have been filled.			$210,000
SUBTOTAL:							**46**	**$910,000**
Aid to Localities	Children	Long Island		N/A	OMH approved regional plan and issued funds on County State Aid Letter effective 7/1/2014. LGUs are processing the funding in order to begin provider awards and program implementation.			
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:		**$1,393,889**
TOTAL:	**87**	**$4,400,000**

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	RFP awards were made to five providers on Long Island and referrals may begin to these expansion units.			$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. LGUs are processing the funding in order to begin provider awards and program implementation.			
2 Assertive Community Treatment teams (68 caseload per team)	Adult	Nassau		136	State Aid State Share*			$241,112 $713,298
Three (3) Mobile Crisis Teams	Adult	Suffolk						$758,740
Hospital Alternative Respite Program	Adult	Suffolk						$532,590
Recovery Center	Adult	Suffolk						$250,000
SUBTOTAL:								**$2,495,740**

TOTAL:		**$4,000,040**

* Gross Medicaid projected $1,827,048

Table 3f: Western NY Children's - Buffalo Psychiatric Center								
					Investment Plan Progress			
Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Allegany	0	6	The second round of HCBS waiver capacity expansion has been implemented and new slots are in use. OMH is working with LGUs and providers to maximize the use of all waiver capacity.	6/5/14	6	$157,758
HCBS Waiver	Children	Cattaraugus	12	6		11/1/13	6	$157,758
HCBS Waiver	Children	Chautauqua	6	6		6/5/14	3	$157,758
HCBS Waiver	Children	Erie	78	6		4/1/14	2	$157,758
HCBS Waiver	Children	Niagara	14					
SUBTOTAL:			**110**	**24**			**17**	**$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 and have begun serving new individuals with expanded capacity.			
Supported Housing	Adult	Cattaraugus	104	4		7/1/14	2	$33,704
Supported Housing	Adult	Chautauqua	86	3		8/1/14	2	$25,278
Supported Housing	Adult	Erie	863	36		8/1/14	8	$303,336
Supported Housing	Adult	Niagara	143	7		9/1/14	2	$58,982
SUBTOTAL:			**1,196**	**50**			**14**	**$421,300**
State Resources:								
Mobile Integration Team	Children	Western NY CPC Service Area	N/A	9 FTEs	Western NY CPC identified staff for the MIT Team to serve children and their families in the WNY CPC service area. The MIT is expected to begin operations in this quarter.			$630,000
Clinic Expansion	Children	Western NY CPC Service Area	N/A	2 FTEs	Positions for State children's clinic expansion have been filled.			$140,000
SUBTOTAL:								**$770,000**
Aid to Localities:		Western NY CPC/Buffalo PC Service Area	N/A	N/A	OMH approved regional plan and issued funds on County State Aid Letter effective 7/1/2014. LGUs are processing the funding in order to begin provider awards and program implementation.			
Peer Crisis Respite Center (including Warm Line)	Adult	Chautauqua and Cattaraugus						$315,000
Mobile Transitional Support Teams (2)	Adult	Chautauqua and Cattaraugus						$234,000
Peer Crisis Respite Center	Adult	Erie						$353,424
Mobile Transitional Support Teams (3)	Adult	Erie						$431,000
Crisis Intervention Team	Adult	Erie						$191,318
Peer Crisis Respite Center (including Warm Line)	Adult	Niagara						$256,258
Mobile Transitional Support Team	Adult	Niagara						$117,000
SUBTOTAL:								**$1,898,000**
					State Resources - In Development:			**$280,000**
						TOTAL:	**31**	**$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 and have begun serving new individuals with expanded capacity.			$50,556
Supported Housing	Adult	Livingston	38	2				$16,852
Supported Housing	Adult	Monroe	427	100		10/1/14	10	$842,600
Supported Housing	Adult	Orleans	25	4				$33,704
Supported Housing	Adult	Wayne	0	2				$16,852
Supported Housing	Adult	Wyoming	20	2		11/1/14	2	$16,852
SUBTOTAL:			**555**	**116**			**12**	**$977,416**
State Operations	Adult	Rochester PC Service Area	N/A	N/A				
Mobile Integration Team	Adult			26 FTEs**	Rochester PC Mobile Integration Team began operating on October 30, 2014.	10/30/2014	**8**	$1,820,000
First Episode Psychosis	Adult			1 FTE				$70,000
SUBTOTAL:							**8**	**$1,890,000**
Aid to Localities:	Adult	Rochester PC Service Area	N/A	N/A	OMH approved regional plan and issued funds on County State Aid Letter effective 7/1/2014. Programs are now operating and have begun serving new individuals.			
Peer Bridger Program	Adult	Genesee & Orleans						$30,468
Community Support Team	Adult	Rochester PC Service Area						$500,758
Peer Bridger Program	Adult	Livingston Monroe Wayne Wyoming						$262,032
Crisis Transitional Housing	Adult	Livingston						$112,500
Supported Housing	Adult	Monroe		20				$168,520
Forensic Community Support Team	Adult	Monroe						$251,874
Peer Run Respite Diversion	Adult	Monroe						$500,000
Assertive Community Treatment Team	Adult	Monroe		48	State Aid State Share*			$79,624 $310,764
Crisis Transitional Housing	Adult	Orleans						$112,500
Crisis Transitional Housing	Adult	Wayne						$112,500
Crisis Transitional Housing	Adult	Wyoming						$112,500
Enhanced Recovery Supports	Adult	Wyoming				9/1/2014	17	$51,836
Recovery Center	Adult	Genesee Orleans			OMH approved regional plan and issued funds on County State Aid Letter effective 1/1/2015. LGU is processing the funding in order to begin provider awards and program implementation.			$217,124
SUBTOTAL:							**17**	**$2,823,000**

State Resources - In Development:		**$210,000**
TOTAL:	**37**	**$5,900,000**

*Gross Medicaid projected $621,528

**12 of these FTEs scheduled to begin operations in January 2015

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	All HCBS expansion 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	6	$165,360
HCBS Waiver	Children	Richmond	36					
SUBTOTAL:			**600**	**24**			**24**	**$661,440**
Supported Housing	Adult	Bronx	2,120	50	RFP awards were made to four providers serving Bronx and New York Counties			$752,150
Supported Housing	Adult	Kings	2,698					
Supported Housing	Adult	New York	1,579	104				$1,564,472
Supported Housing	Adult	Queens	1,887					
Supported Housing	Adult	Richmond	492					
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. The LGU plan has been submitted and is under review, with funds available as of July 1, 2014.			
SUBTOTAL:								

Aid to Localities - In Development:			**$4,321,938**
TOTAL:	**24**	**$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		6/5/14	6	$165,360
HCBS Waiver	Children	Sullivan	12					
HCBS Waiver	Children	Ulster	30					
HCBS Waiver	Children	Westchester	60					
SUBTOTAL:			**177**	**12**			**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 and have begun serving new individuals with expanded capacity.			$90,181
Supported Housing	Adult	Orange	262	12		10/1/14	5	$154,596
Supported Housing	Adult	Putnam	67	2				$25,766
Supported Housing	Adult	Rockland	173	6		7/1/14	4	$80,598
Supported Housing	Adult	Sullivan	61	5		11/1/14	1	$46,425
Supported Housing	Adult	Ulster	142	8				$74,280
Supported Housing	Adult	Westchester	907	10				$150,430
SUBTOTAL:			**1,841**	**50**			**10**	**$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. Programs are now operating and have begun serving new individuals.			
Hospital Diversion/Crisis Respite	Adult	Dutchess						$200,000
Supported Housing	Adult	Orange		6				$77,298
Outreach Services	Adult	Orange				11/1/2014	1	$36,924
Outreach Services	Children	Orange				10/1/2014	19	$85,720
Advocacy/Support Services	Adult	Putnam						$23,000
Self-Help Program	Adult	Putnam						$215,000
Mobile Crisis Intervention Program	Adults & Children	Rockland						$449,668
Hospital Diversion/ Transition Program	Adult	Sullivan						$225,000
Mobile Crisis Services	Adults & Children	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					3	$174,052
SUBTOTAL:							**23**	**$2,254,606**
						TOTAL:	**45**	**$3,200,000**

* Gross Medicaid projected $229,156

Table 3j: Hutchings Psychiatric Center								
					Investment Plan Progress			
Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Cayuga	12	6	The second round of HCBS waiver capacity expansion has been implemented and new slots are in use. OMH is working with LGUs and providers to maximize the use of all waiver capacity.	7/1/14	6	$157,758
HCBS Waiver	Children	Cortland	6	6		7/1/14	3	$157,758
HCBS Waiver	Children	Madison	6					
HCBS Waiver	Children	Onondaga	42	6		4/1/14	6	$157,758
HCBS Waiver	Children	Oswego	6					
SUBTOTAL:			**72**	**18**			**15**	**$473,274**
Supported Housing	Adult	Cayuga	61					
Supported Housing	Adult	Cortland	53					
Supported Housing	Adult	Madison	28					
Supported Housing	Adult	Onondaga	300					
Supported Housing	Adult	Oswego	62					
SUBTOTAL:			**504**	**0**				
State Resources:								
Crisis/respite unit	Children	Hutchings PC Service Area	N/A	11.5 FTEs	The crisis/respite unit has been licensed and the program began operating on November 5, 2014.	11/5/2014	**12**	$805,000
First Episode Psychosis	Adults and Youth	Hutchings PC Service Area	N/A	3 FTEs	Staff have been identified for a FEP team serving transition-aged youth and adults.			$245,000
SUBTOTAL:							**12**	**$1,050,000**
Aid to Localities:		Hutchings PC Service Area	N/A	N/A	OMH approved regional plan and will issue funds on County State Aid Letter effective 10/1/2014. LGUs are processing the funding in order to begin provider awards and program implementation.			
Support of Families in Crisis Program	Children	Onondaga						$125,800
Colloborative Problem Solving Program	Children	Onondaga						$51,200
SUBTOTAL:								**$177,000**

TOTAL:	**27**	**$1,700,000**

Article 28 and 31 Hospital Reinvestment Summaries

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

Hospital	Target Population	County/Region	Annualized Reinvestment Amount
St. James Mercy	Children and Adults	Allegany, Livingston, Steuben	$894,275
Medina Memorial	Adults	Niagara, Orleans	$199,030
Holliswood & Stony Lodge	Children and Adults	New York City	$7,335,711
Stony Lodge & Rye	Children and Adults	Hudson River	$4,634,577
Subtotal:			**$13,063,593**

Table 3k: Western Region Article 28 Hospital Reinvestment[1]								
					Investment Plan Progress			
Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
Article 28:			N/A		Reinvestment plan approved to reprogram savings from reduction of inpatient hospital psychiatric services. OMH issued funds on County State Aid Letter, effective July 1, 2014. Providers funded through expansion of existing programs have begun serving new individuals.			
St. James Mercy								
Intensive Intervention Services	Adult	Allegany				8/25/2014	9	$95,000
Establish Mental Health Clinic/Crisis Intervention Services	Adults & Children	Livingston						$59,275
Enhanced Mobile Crisis Outreach	Adults & Children	Steuben				11/3/2014	76	$490,000
Intensive In-Home Crisis Intervention (Tri-County)	Children & Youth	Allegany, Livingston, Steuben						$250,000
SUBTOTAL:							**85**	**$894,275**
Medina Memorial Hospital								
Mental Hygiene Practioner to handle crisis calls (late afternoon and evenings)	Adult	Niagara				8/15/2014	23	$68,030
Enhanced Crisis Response	Adults & Children	Orleans				7/1/2014[2]	14	$131,000
SUBTOTAL:							**37**	**$199,030**
						TOTAL:	**122**	**$1,093,305**

Notes:

1. Details on the programs funded are available on the OMH website or directly through:

St. James Mercy: http://apps.cio.ny.gov/apps/mediaContact/public/view.cfm?parm=C645E4BC-5056-9D0B-1AB40F52F1D7D6DC

Medina: http://apps.cio.ny.gov/apps/mediaContact/public/view.cfm?parm=BF824258-5056-9D0B-1A58AD0ACAB9A268

2. Orleans County began to provide some crisis assessment coverage through the County Clinic beginning in January 2014, while OMH funding was made available retroactively to July 1, 2014 to expand and sustain this program.

Table 3I: New York City Region Article 28 Hospital Reinvestment								
					Investment Plan Progress			
Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
PHASE I Article 28:								
Holliswood Hospital								
HCBS Waiver*	C&Y	NYC		54*	State Share of Medicaid:			$418,500
Crisis Beds	Adult	NYC		5				$210,000
Rapid Response Mobile Crisis		NYC						$1,150,000
Family Advocates		NYC						$450,000
Childrens Inpatient Beds - Long Island Jewish Medical	C&Y	NYC		15	State Share of Medicaid:			$620,000
SUBTOTAL:								**$2,848,500**
PHASE 2 Article 28:								
			N/A		Reinvestment plan approved to reprogram savings from reduction of inpatient hospital psychiatric services. OMH to issue funds on County State Aid Letter, effective October 1, 2014.			
Holliswood Hospital								
6.5 Rapid Response Teams	C&Y	NYC						$2,700,000
Child Specialist	C&Y	NYC						$100,000
Home Based Crisis Intervention Teams-Hudson River	C&Y	NYC						$87,211
SUBTOTAL:								**$2,887,211**
Stony Lodge Hospital								
Home Based Crisis Intervention Team	C&Y	NYC						$313,750
Connection to Care Team	C&Y	NYC						$600,000
Partial Hospitalizaton Program & Day Treatment Program (Bellevue)	C&Y	NYC			State Share of Medicaid:			$386,250
Home Based Crisis Intervention Team (Bellevue)	C&Y	NYC			Contract C007706			$300,000
SUBTOTAL:								**$1,600,000**

TOTAL:		**$7,335,711**

*15 HCBS Waiver Slots will be funded through the Article 28 Reinvestment. OMH is developing the additional 39 slots with support from the Balancing Incentive Program.

Table 3m: Hudson River Region Article 28 Hospital Reinvestment								
					Investment Plan Progress			
Service	Target Population	County	Current Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
Article 28:			N/A					
Stony Lodge/Rye Hospital								
HCBS Waiver Slots	C&Y	Albany		6	State Share of Medicaid:			$157,704
		Saratoga		3	State Share of Medicaid:			$78,803
		Warren		3	State Share of Medicaid:			$78,803
		Westchester		6	State Share of Medicaid:			$157,704
SUBTOTAL:								**$473,014**
Article 28:			N/A		Reinvestment plan approved to reprogram savings from reduction of inpatient hospital psychiatric services. OMH to issue funds on County State Aid Letter, effective January 1, 2015.			
Supported Housing	Adult	Albany		2				$18,570
		Greene		5				$46,425
		Rensselaer		7				$64,995
		Schenectady		7				$64,995
Mobile Crisis Services	Adult	Columbia						$180,636
		Greene						$180,636
		Sullivan						$81,447
Hospital Diversion Repsite	Adult	Columbia						$43,560
		Greene						$43,560
Respite Servcies	C&Y	Columbia						$15,750
		Greene						$65,670
		Orange						$30,000
		Sullivan						$25,000
Respite Servcies	Adult	Dutchess						$25,000
		Orange						$60,000
		Putnam						$25,000
		Westchester						$136,460
Self Help Program	Adult	Dutchess						$60,000
		Orange						$30,000
		Westchester						$388,577
Family Support Services	C&Y	Orange						$30,000
		Schoharie						$170,000
Adult Mobile Crisis Team (5 Counties: Rensselaer, Saratoga, Schenectady, Warren-Washington)	Adult	Rensselaer						$1,000,190
Capital Region Respite Services (5 Counties: Albany, Rensselaer, Schenectady)	C&Y	Rensselaer						$30,000
Mobile Crisis Intervention	Adult	Rockland						$400,000
		Ulster						$300,000
Mobile Crisis Team (Tri-County: Saratoga, Warren-Washington)	C&Y	Warren						$545,092
Home Based Crisis Intervention (Tri-County: Saratoga, Warren-Washington)	C&Y	Warren						$100,000
SUBTOTAL:								**$4,161,563**
						TOTAL:		**$4,634,577**

Table 4: NYS OMH State Psychiatric Center Inpatient Discharge Metrics

State Inpatient Facilities[1]	Metrics Post Discharge	
	Readmission[2]	ER Utilization[3]
	For discharge cohort (Feb-Apr, 2014), % Having Psychiatric Readmission within 30 days	For discharge cohort (Feb-Apr, 2014), % Utilizing Psychiatric Emergency Room within 30 days
Adult		
Bronx	11.7%	8.8%
Buffalo	6.1%	18.2%
Capital District	18.8%	4.4%
Creedmoor	11.5%	0.0%
Elmira	8.7%	0.0%
Greater Binghamton	3.0%	0.0%
Hutchings	10.0%	11.8%
Kingsboro	14.8%	0.0%
Manhattan	19.4%	4.0%
Pilgrim	5.0%	11.8%
Rochester	21.1%	0.0%
Rockland	15.9%	5.9%
South Beach	14.3%	8.6%
St. Lawrence	46.7%	15.4%
Washington Heights	5.7%	3.2%
Total	**14.1%**	**5.7%**
Children & Youth		
Elmira	8.0%	8.3%
Greater Binghamton	7.7%	14.7%
Hutchings	12.3%	10.9%
Mohawk Valley	11.4%	4.2%
NYC Children's Center	2.0%	6.4%
Rockland CPC	12.8%	11.1%
Sagamore CPC	5.7%	13.6%
South Beach	50.0%*	0.0%*
St. Lawrence	6.5%	2.9%
Western NY CPC	4.8%	0.0%
Total	**8.8%**	**7.4%**
Forensic		
Central New York	2.9%	0.0%
Kirby	0.0%	0.0%
Mid-Hudson	4.8%	0.0%
Rochester	33.3%*	0.0%*
Total	**3.5%**	**0.0%**

Updated as of December 2, 2014

Notes:

1. Research units and Sexual Offender Treatment Programs (SOTP) were excluded.

2. Readmissions were defined as State PC and Medicaid (Article 28 /31) psychiatric inpatient readmission events occurring within 1 to 30 days after the State PC discharge. The first readmission within the 30 days window was counted. The denominator for this measure was based on State inpatient discharges to the community. The discharge cohort has a 6-month lag to allow time for completion of Medicaid claim submissions. The discharges that were no longer qualified for Medicaid services (lost Medicaid eligibility, had Medicare or third party insurance) were excluded from the discharge cohort but who had a state operated service in the 3 months post discharge were retained in the discharge cohort.

3. ER utilization was identified using Medicaid claims and encounters only. The numerator included the first Psychiatric ER/CPEP event that occurred within thirty days post discharge. The denominator for this measure was based on State inpatient discharges to the community. The discharge cohort has a 6-month lag to allow time for completion of Medicaid claim submissions. The discharges that were no longer qualified for Medicaid services (lost Medicaid eligibility, had Medicare or third party insurance) were excluded from the discharge cohort.

***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 Rates[1]

Region	County[2]	Hospital Name[3]	Auspice	Capacity (as of 10/1/14)			Metrics Post Discharge[4]					
							Readmission[5] For discharge cohort (Feb-Apr, 2014), % Having Psychiatric Readmission within 30 days			ER Utilization[7] For discharge cohort (Feb-Apr, 2014), % Utilizing Psychiatric Emergency Room within 30 days		
				Total	Adults	Child	Total	Adult[6]	Child	Total	Adult	Child
Central	Broome	United Health Services Hospitals, Inc.	Article 28	56	56	0	12.1%	12.1%		6.1%	6.1%	
Central	Cayuga	Auburn Community Hospital	Article 28	14	14	0	21.7%	21.7%		13.3%	13.3%	
Central	Clinton	Champlain Valley Physicians Hospital Med Ctr.	Article 28	34	22	12	12.0%	8.8%	17.1%	6.5%	8.8%	2.9%
Central	Cortland	Cortland Regional Medical Center, Inc.	Article 28	11	11	0	11.1%	11.1%		5.6%	5.6%	
Central	Franklin	Adirondack Medical Center	Article 28	12	12	0	11.1% *	11.1% *		11.1% *	11.1% *	
Central	Jefferson	Samaritan Medical Center	Article 28	32	32	0	11.5%	11.5%		5.8%	5.8%	
Central	Montgomery	St. Mary's Healthcare	Article 28	20	20	0	10.7%	10.7%		9.5%	9.5%	
Central	Oneida	Faxton - St. Luke's Healthcare	Article 28	26	26	0	13.1%	13.1%		4.9%	4.9%	
Central	Oneida	Rome Memorial Hospital, Inc.	Article 28	12	12	0	0.0% *	0.0% *		0.0% *	0.0% *	
Central	Oneida	St. Elizabeth Medical Center	Article 28	24	24	0	13.3%	13.3%		8.0%	8.0%	
Central	Onondaga	St. Joseph's Hospital Health Center	Article 28	30	30	0	20.4%	20.4%		23.9%	23.9%	
Central	Onondaga	SUNY Health Science Center-University Hospital	Article 28	50	50	0	27.6%	27.6%		24.1%	24.1%	
Central	Oswego	Oswego Hospital, Inc.	Article 28	28	28	0	16.5%	16.5%		9.6%	9.6%	
Central	Otsego	Bassett Healthcare	Article 28	20	20	0	13.5%	13.5%		2.7%	2.7%	
Central	Saint Lawrence	Claxton-Hepburn Medical Center	Article 28	28	28	0	15.9%	15.9%		4.3%	4.3%	
Hudson	Albany	Albany Medical Center	Article 28	26	26	0	19.6%	19.6%		13.0%	13.0%	
Hudson	Columbia	Columbia Memorial Hospital	Article 28	18	18	0	6.5%	6.5%		4.3%	4.3%	
Hudson	Dutchess	Westchester Medical /Mid-Hudson Division[8]	Article 28	40	40	0	24.0%	24.0%		6.9%	6.9%	
Hudson	Orange	Bon Secours Community Hospital	Article 28	24	24	0	12.1%	12.1%		12.1%	12.1%	
Hudson	Orange	Orange Regional Medical Center - Arden Hill Hospital	Article 28	30	30	0	4.0%	4.0%		10.7%	10.7%	
Hudson	Putnam	Putnam Hospital Center	Article 28	20	20	0	12.2%	12.2%		8.2%	8.2%	
Hudson	Rensselaer	Northeast Health - Samaritan Hospital[9]	Article 28	63	63	0	13.4%	13.4%		16.1%	16.1%	
Hudson	Rockland	Nyack Hospital[10]	Article 28	26	26	0	0.0% *	0.0% *		25.0% *	25.0% *	
Hudson	Saratoga	FW of Saratoga, Inc.	Article 31	88	31	57	7.2%	9.3%	6.6%	5.6%	11.6%	3.9%
Hudson	Saratoga	The Saratoga Hospital	Article 28	16	16	0	23.9%	23.9%		14.9%	14.9%	
Hudson	Schenectady	Ellis Hospital	Article 28	52	36	16	18.1%	19.6%	15.4%	13.0%	10.7%	16.9%
Hudson	Sullivan	Catskill Regional Medical Center	Article 28	18	18	0	12.2%	12.2%		16.3%	16.3%	
Hudson	Ulster	Health Alliance Hospital Mary's Ave Campus	Article 28	40	40	0	11.3%	11.3%		8.8%	8.8%	
Hudson	Warren	Glens Falls Hospital	Article 28	30	30	0	13.5%	13.5%		6.8%	6.8%	
Hudson	Westchester	Four Winds, Inc.	Article 31	175	28	147	10.6%	8.9%	10.8%	9.7%	6.7%	10.0%
Hudson	Westchester	Montefiore Mount Vernon Hospital, Inc.	Article 28	22	22	0	30.0%	30.0%		13.3%	13.3%	
Hudson	Westchester	New York Presbyterian Hospital	Article 28	252	207	45	18.9%	19.5%	16.7%	7.7%	9.1%	2.4%
Hudson	Westchester	Northern Westchester Hospital Center	Article 28	15	15	0	13.3%	13.3%		6.7%	6.7%	
Hudson	Westchester	Phelps Memorial Hospital Center	Article 28	22	22	0	21.7%	21.7%		13.0%	13.0%	
Hudson	Westchester	St Joseph's Medical Center	Article 28	146	133	13	20.1%	21.8%	11.7%	6.6%	6.9%	5.0%
Hudson	Westchester	Westchester Medical Center	Article 28	101	66	35	10.1%	10.1%		11.0%	11.0%	
Long Island	Nassau	Franklin Hospital Medical Center	Article 28	21	21	0	16.4%	16.4%		5.5%	5.5%	
Long Island	Nassau	Mercy Medical Center	Article 28	39	39	0	26.8%	26.8%		1.8%	1.8%	
Long Island	Nassau	Nassau Health Care Corp/Nassau Univ Med Ctr	Article 28	128	106	22	12.7%	11.7%	15.9%	3.3%	2.9%	4.5%
Long Island	Nassau	North Shore University Hospital	Article 28	26	26	0	16.9%	16.9%		13.6%	13.6%	
Long Island	Nassau	South Nassau Communities Hospital	Article 28	36	36	0	18.8%	18.8%		5.9%	5.9%	

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

Region	County[2]	Hospital Name[3]	Auspice	Capacity (as of 10/1/14)			Metrics Post Discharge[4]					
							Readmission[5] For discharge cohort (Feb-Apr, 2014), % Having Psychiatric Readmission within 30 days			ER Utilization[7] For discharge cohort (Feb-Apr, 2014), % Utilizing Psychiatric Emergency Room within 30 days		
				Total	Adults	Child	Total	Adult[6]	Child	Total	Adult	Child
Long Island	Suffolk	Brookhaven Memorial Hospital Medical Center	Article 28	20	20	0	23.7%	23.7%		16.9%	16.9%	
Long Island	Suffolk	Brunswick Hospital Center, Inc.	Article 28	124	79	45	13.9%	15.3%	13.0%	15.6%	15.3%	15.7%
Long Island	Suffolk	Eastern Long Island Hospital Association	Article 28	23	23	0	20.0%	20.0%		2.0%	2.0%	
Long Island	Suffolk	Huntington Hospital	Article 28	21	21	0	14.5%	14.5%		3.6%	3.6%	
Long Island	Suffolk	John T. Mather Memorial Hospital	Article 28	37	27	10	17.9%	16.2%	25.0%	20.2%	23.5%	6.3%
Long Island	Suffolk	Southside Hospital	Article 28	20	20	0	26.2%	26.2%		10.8%	10.8%	
Long Island	Suffolk	St. Catherine's of Siena Hospital	Article 28	42	42	0	20.5%	20.5%		9.6%	9.6%	
Long Island	Suffolk	State University of NY at Stony Brook	Article 28	40	30	10	18.6%	19.8%	15.2%	11.6%	9.4%	18.2%
Long Island	Suffolk	The Long Island Home	Article 31	206	141	65	16.6%	16.1%	16.7%	9.8%	16.1%	8.3%
NYC	Bronx	Bronx-Lebanon Hospital Center	Article 28	98	73	25	20.7%	21.9%	17.1%	14.7%	16.6%	8.9%
NYC	Bronx	Montefiore Medical Center	Article 28	55	55	0	10.9%	10.9%		6.3%	6.3%	
NYC	Bronx	NYC-HHC Jacobi Medical Center	Article 28	107	107	0	19.0%	19.0%		14.1%	14.1%	
NYC	Bronx	NYC-HHC Lincoln Medical & Mental Health Ctr.	Article 28	60	60	0	24.0%	24.0%		15.5%	15.5%	
NYC	Bronx	NYC-HHC North Central Bronx Hospital	Article 28	70	70	0	19.4%	19.4%		12.3%	12.3%	
NYC	Bronx	St. Barnabas Hospital	Article 28	49	49	0	27.8%	27.8%		14.4%	14.4%	
NYC	Kings	Brookdale Hospital Medical Center	Article 28	61	52	9	20.0%	22.1%	15.1%	13.4%	16.7%	5.8%
NYC	Kings	Interfaith Medical Center, Inc.	Article 28	120	120	0	29.8%	29.8%		19.7%	19.7%	
NYC	Kings	Kingsbrook Jewish Medical Center[11]	Article 28	55	55	0	24.5%	24.5%		2.0%	2.0%	
NYC	Kings	Lutheran Medical Center	Article 28	35	35	0	19.8%	19.8%		8.4%	8.4%	
NYC	Kings	Maimonides Medical Center	Article 28	70	70	0	21.9%	21.9%		9.6%	9.6%	
NYC	Kings	NYC-HHC Coney Island Hospital	Article 28	64	64	0	20.7%	20.7%		14.0%	14.0%	
NYC	Kings	NYC-HHC Kings County Hospital Center	Article 28	205	160	45	20.6%	22.9%	10.8%	12.7%	13.7%	8.8%
NYC	Kings	NYC-HHC Woodhull Medical & Mental Health Ctr.	Article 28	135	135	0	22.9%	22.9%		14.5%	14.5%	
NYC	Kings	New York Methodist Hospital	Article 28	50	50	0	33.3%	33.3%		9.0%	9.0%	
NYC	Kings	University Hospital of Brooklyn[12]	Article 28	34	34	0	27.6%	27.6%		20.7%	20.7%	
NYC	New York	Beth Israel Medical Center	Article 28	92	92	0	21.5%	21.5%		15.5%	15.5%	
NYC	New York	Lenox Hill Hospital	Article 28	27	27	0	25.6%	25.6%		20.9%	20.9%	
NYC	New York	Mount Sinai Medical Center	Article 28	95	80	15	17.6%	20.5%	7.7%	12.6%	12.2%	14.1%
NYC	New York	NYC-HHC Bellevue Hospital Center	Article 28	330	285	45	24.1%	24.8%	21.1%	16.2%	16.7%	14.3%
NYC	New York	NYC-HHC Harlem Hospital Center	Article 28	52	52	0	26.4%	26.4%		18.9%	18.9%	
NYC	New York	NYC-HHC Metropolitan Hospital Center	Article 28	122	104	18	29.1%	30.8%	18.8%	21.8%	24.0%	7.8%
NYC	New York	New York Gracie Square Hospital, Inc., The	Article 31	157	157	0	24.8%	24.8%		13.2%	13.2%	
NYC	New York	New York Presbyterian Hospital	Article 28	91	91	0	16.8%	16.8%		9.0%	9.0%	
NYC	New York	New York University Hospitals Center	Article 28	22	22	0	22.2%	22.2%		14.8%	14.8%	
NYC	New York	St. Luke's-Roosevelt Hospital Center	Article 28	93	93	0	24.0%	24.0%		11.6%	11.6%	
NYC	Queens	Episcopal Health Services Inc.	Article 28	43	43	0	20.5%	20.5%		12.8%	12.8%	
NYC	Queens	Jamaica Hospital Medical Center	Article 28	50	50	0	22.8%	22.8%		17.6%	17.6%	
NYC	Queens	Long Island Jewish Medical Center	Article 28	221	200	21	17.9%	18.1%	17.1%	11.8%	12.0%	9.8%
NYC	Queens	NYC-HHC Elmhurst Hospital Center	Article 28	177	151	26	25.5%	27.8%	11.1%	14.5%	14.6%	13.9%
NYC	Queens	NYC-HHC Queens Hospital Center	Article 28	71	71	0	17.9%	17.9%		18.3%	18.3%	
NYC	Queens	New York Flushing Hospital and Medical Center	Article 28	18	18	0	27.7%	27.7%		10.8%	10.8%	
NYC	Richmond	Richmond University Medical Center	Article 28	65	55	10	14.7%	14.1%	17.6%	39.5%	39.1%	41.2%

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

Region	County[2]	Hospital Name[3]	Auspice	Capacity (as of 10/1/14)			Metrics Post Discharge[4]					
							Readmission[5] For discharge cohort (Feb-Apr, 2014), % Having Psychiatric Readmission within 30 days			ER Utilization[7] For discharge cohort (Feb-Apr, 2014), % Utilizing Psychiatric Emergency Room within 30 days		
				Total	Adults	Child	Total	Adult[6]	Child	Total	Adult	Child
NYC	Richmond	Staten Island University Hospital	Article 28	64	64	0	22.6%	22.6%		19.7%	19.7%	
Western	Cattaraugus	Olean General Hospital	Article 28	14	14	0	9.1%	9.1%		3.6%	3.6%	
Western	Chautauqua	TLC Health Network	Article 28	20	20	0	12.5%	12.5%		7.8%	7.8%	
Western	Chautauqua	Woman's Christian Assoc. of Jamestown, NY	Article 28	40	30	10	14.0%	17.5%	8.2%	9.1%	7.8%	11.5%
Western	Chemung	St. Joseph's Hospital	Article 28	25	25	0	8.6%	8.6%		10.8%	10.8%	
Western	Erie	Brylin Hospitals, Inc.	Article 31	88	68	20	17.6%	14.0%	24.0%	1.5%	0.0%	4.0%
Western	Erie	Erie County Medical Center	Article 28	132	116	16	12.9%	14.2%	0.0%	8.1%	8.7%	2.9%
Western	Monroe	Rochester General Hospital	Article 28	30	30	0	8.7%	8.7%		5.8%	5.8%	
Western	Monroe	The Unity Hospital of Rochester	Article 28	40	40	0	13.2%	13.2%		8.8%	8.8%	
Western	Monroe	Univ of Roch Med Ctr/Strong Memorial Hospital	Article 28	93	66	27	12.6%	14.3%	5.4%	13.6%	16.2%	2.7%
Western	Niagara	Eastern Niagara Hospital, Inc.	Article 28	12	0	12	13.9%	0.0% *	14.3%	2.8%	0.0% *	2.9%
Western	Niagara	Niagara Falls Memorial Medical Center	Article 28	54	54	0	15.5%	15.5%		11.5%	11.5%	
Western	Ontario	Clifton Springs Hospital and Clinic	Article 28	18	18	0	7.3%	7.3%		17.1%	17.1%	
Western	Tompkins	Cayuga Medical Center at Ithaca, Inc.	Article 28	26	20	6	8.5%	10.3%	5.6%	10.6%	10.3%	11.1%
Western	Wayne	Newark-Wayne Community Hospital, Inc.	Article 28	16	16	0	9.4%	9.4%		18.8%	18.8%	
Western	Wyoming	Wyoming County Community Hospital	Article 28	12	12	0	19.6%	19.6%		13.7%	13.7%	
Western	Yates	Soldiers & Sailors Memorial Hospital	Article 28	10	10	0	37.5% *	37.5% *		25.0% *	25.0% *	
Statewide Total				**6,092**	**5,310**	**782**	**19.2%**	**20.2%**	**13.2%**	**12.8%**	**13.3%**	**9.9%**

Updated as of December 2, 2014

Source: Concerts, Medicaid, MHARS

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 11/1/2014 are excluded.

4. The denominators for the metrics were based on discharges to the community. The discharge cohort has a 6-month lag to allow time for completion of Medicaid claim submissions. The discharges that were no longer qualified for Medicaid services (lost Medicaid eligibility, had Medicare or third party insurance) were excluded from the discharge cohort.

5. Readmissions were defined as State PC and Medicaid psychiatric (Article 28 /31) inpatient events occurring within 1 to 30 days after the Article 28 /31 discharge. The readmission was only counted once.

6. When the psychiatric unit is a child or adolescent unit, persons aged 21 or younger are counted as a child. For adult units, persons aged 16 or older are counted as adults.

7. ER data were extracted from Medicaid claims and encounters only. The numerator included the first Psychiatric ER/CPEP event that occurred within thirty days post discharge.

8. 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

9. Northeast Health - Samaritan Hospital was named as Samaritan Hospital in reports prior to July report

10. Nyack Hospital legally took over the beds of Summit Park Hospital as of 4/22/2014.

11. Change at Kingsbrook Jewish Medical Center capacity is due to adding 30 Geriatric beds and reducing Adult beds by 5

12. University Hospital of Brooklyn closed the SUNY Downstate LICH Inpatient Program on 5/22/2014 but the official approval did not come through until 9/30/2014.

***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 2015.*

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

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

12. **Recovery Center:** A program of peer support activities that are designed to help individuals with psychiatric diagnosis live, work and fully participate in communities. These activities are based on the principle that people who share a common condition or experience can be of substantial

assistance to each other. Specific program activities will: build on existing best practices in self-help/peer support/mutual support; incorporate the principles of Olmstead; assist individuals in identifying, remembering or discovering their own passions in life; serve as a clearinghouse of community participation opportunities; and then support individuals in linking to those community groups, organizations, networks or places that will nurture and feed an individual's passions in life. Social recreation events with a focus on community participation opportunities will be the basis for exposing individuals to potential passion areas through dynamic experiences, not lectures or presentations.

13. **Self Help Program:** To provide rehabilitative and support activities based on the principle that people who share a common condition or experience can be of substantial assistance to each other. These programs may take the form of mutual support groups and networks, or they may be more formal self-help organizations that offer specific educational, recreational, social or other program opportunities.

14. **Clinic Treatment:** A clinic treatment program shall provide treatment designed to minimize the symptoms and adverse effects of illness, maximize wellness, and promote recovery. A clinic treatment program for adults shall provide the following services: outreach, initial assessment (including health screening), psychiatric assessment, crisis intervention, injectable psychotropic medication administration (for clinics serving adults), psychotropic medication treatment, psychotherapy services, family/collateral psychotherapy, group psychotherapy, and complex care management. The following optional services may also be provided: developmental testing, psychological testing, health physicals, health monitoring, and psychiatric consultation. A clinic treatment program for children shall provide the following services: outreach, initial assessment (including health screening), psychiatric assessment, crisis intervention, psychotropic medication treatment, psychotherapy services, family/collateral psychotherapy, group psychotherapy, and complex care management. The following optional services may also be provided: developmental testing, psychological testing, health physicals, health monitoring, psychiatric consultation, and injectable psychotropic medication administration.

15. **Home-Based Crisis Intervention:** The Home-Based Crisis Intervention Program is a clinically oriented program with support services by a MSW or Psychiatric Consultant which assists families with children in crisis by providing an alternative to hospitalization. Families are helped through crisis with intense interventions and the teaching of new effective parenting skills. The overall goal of the program is to provide short-term, intensive in-home crisis intervention services to a family in crisis due to the imminent risk of their child being admitted to a psychiatric hospital. The target population for the HBCI Program is families with a child or adolescent ages 5 to 17 years of age, who are experiencing a psychiatric crisis so severe that unless immediate, effective intervention is provided, the child will be removed from the home and admitted to a psychiatric hospital. Families referred to the program are expected to come from psychiatric emergency services.

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

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

    The goal of the program is to:

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

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

Eligibility

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

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

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

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

Services Provided

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

(1) **Crisis Stabilization** is intended to address the situation that precipitated the youth's admission to the program.

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

(3) **Case management** services will be provided, if appropriate. If the youth and family are already connected to case management services (SCM, ICM, Waiver), this service will continue to be provided by the involved provider. If the youth/family is not connected to case management services, a referral for such services will be submitted, where appropriate.

(4) **Counseling services** will be provided with a focus on clarifying future direction, developing meaningful goals, identifying personal strengths, identifying mental health-related behaviors or feelings that assist or interfere with the achievement of goals, and re-integrating into the community.

(5) **Daily living skills training** will support the acquisition of skills and capabilities to perform primary activities of daily life.

(6) **Education/vocation support services** will be provided to promote regular attendance at school or work. When at all possible, the youth will continue to attend their home school. If this is not possible, then every effort will be made to acquire the students work from the home school for completion during their stay.

(7) **Health Services** are activities designed to foster an increase in the youth's ability to demonstrate developmentally appropriate independence in personal health care and maintenance.

(8) **Medication management and training** is intended to provide information to the youth and their family to ensure appropriate management of medication through understanding the role and effects of medication in treatment, identification of side effects of medication and discussion of potential dangers of consuming other substances while on medication. This service will be facilitated in coordination with the youth's current clinical provider.

(9) **Medication Monitoring** are activities performed by staff which relates to storage, monitoring, recordkeeping and supervision associated with the use of medication. Such activities include reviewing the appropriateness of an existing regimen by staff with the prescribing physician. Prescribing medication is not an activity included under this service.

(10) **Socialization** is intended to ensure that programming includes activities which assist in the development and practice of age-appropriate social and interpersonal skills. Such activities shall promote the capacity to identify and participate in positive social situations and to develop and practice appropriate communication skills.

18. **Transportation:** The provision of transportation to and from facilities or resources specified in the Consumer's individual treatment plan as a necessary part of his/her service for mental disability. This includes all necessary supportive services for full and effective integration of the Consumer into community life.

19. **Flexible Recipient Service Dollars:** Flexible Recipient Service Dollars are not based on a particular fiscal model and are available to provide for a recipient's emergency and non-emergency needs. These funds are to be used as payment of last resort. The use of the service dollars should include participation of the recipient of services, who should play a significant role in the planning for, and the utilization of, service dollars. Services purchased on behalf of a recipient, such as Respite or Crisis Services, should be reported using this Service Dollar program code. Examples of services may include housing, food, clothing, utilities, transportation and assistance in educational, vocational, social or recreational and fitness activities, security deposits, respite, medical care, crisis specialist, homemakers and escorts. This program code cannot be allocated for AHSCM, ICM, SCM, BCM, ACT, RTF Transition Coordinators or Home and Community Based Waiver Services. Agency administrative costs allocated to the operating costs of this program via the Ratio Value allocation methodology are redistributed to other OMH programs in the CFR.

20. **Family Support Services:** Family support programs provide an array of formal and informal services to support and empower families with children and adolescents having serious emotional disturbances. The goal of family support is to reduce family stress and enhance each family's ability to care for their child. To do this, family support programs operate on the principles of individualized care and recognizing every child and family is unique in their strengths and needs. Connecting family members to other families with children with serious emotional problems helps families to feel less isolated and identify their own strengths. Family support programs ideally

provide the following four core services: family/peer support, respite, advocacy, and skill building/educational opportunities.

21. **CPEP Crisis Intervention:** This licensed, hospital-based psychiatric emergency program establishes a primary entry point to the mental health system for individuals who may be mentally ill to receive emergency observation, evaluation, care and treatment in a safe and comfortable environment. Emergency visit services include provision of triage and screening, assessment, treatment, stabilization and referral or diversion to an appropriate program. Brief emergency visits require a psychiatric diagnostic examination and may result in further CPEP evaluation or treatment activities, or discharge from the CPEP program. Full emergency visits, which result in a CPEP admission and treatment plan, must include a psychiatric diagnostic examination, psychosocial assessment and medication examination. Brief and full emergency visit services are Medicaid reimbursable. CPEP Crisis Intervention is one of four program components which, when provided together, form the OMH licensed Comprehensive Psychiatric Emergency Program (CPEP), and the code to which the license is issued. The other program components of the CPEP are: CPEP Extended Observation Beds (1920), CPEP Crisis Outreach (1680) and CPEP Crisis Beds (2600).

22. **Collaborative Problem Solving:** Collaborative Problem Solving (CPS) is an evidence-based approach to working "with children and adolescents with a wide range of social, emotional, and behavioral challenges across a variety of different settings: from families, schools, mentoring organizations and foster care agencies to therapeutic programs such as inpatient psychiatry units, residential treatment and juvenile detention facilities. This evidence based model has also been applied in transitional age youth and adult programs as well as used with neurotypically developing kids to foster the development of social emotional skills. CPS is a strengths-based, neurobiologically-grounded approach that provides concrete guideposts so as to operationalize trauma-informed care and empower youth and family voice." (from http://thinkkids.org/learn/our-collaborative-problem-solving-approach/)