NEW YORK STATE OF OPPORTUNITY.

Office of Mental Health

August 2015
Monthly Report

OMH Facility Performance Metrics
and Community Service Investments

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NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

August 2015 Monthly Report:

OMH facility performance metrics and community service investments

Report Overview:

This report is issued pursuant to the State Fiscal Year 2015-16 Budget agreement which requires that "*The commissioner of mental health shall provide monthly status reports of the 2015-16 community investments and the impact on inpatient census to Chairs of the Senate and Assembly fiscal committees. Such reports shall include state operated psychiatric facility census, admissions and discharges; rate of Medicaid psychiatric inpatient readmissions to any hospital within thirty days of discharge; Medicaid emergency room psychiatric visits; descriptions of 2015-16 new community service investments; average length of stay; and, number of long-term stay patients. Such reports shall include an explanation of any material census reductions, when known to the facility.*"

This report is comprised of several components:

1. State Psychiatric Center (PC) descriptive metrics;
2. Description and status of community service investments;
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:

Utilization of services allocated in 2014-15 SFY continued to increase through August, as indicated in the accompanying tables. Additionally, 2015-16 SFY allocations have been made for additional supported housing units statewide, and for State resources in Western New York and Long Island regions, with planning underway for both investments.

Supported housing continued developing and serving new individuals, with over 400 new individuals served with the expansion capacity through August. Requests for Proposals for 130 additional supported housing units funded through the 2015-16 SFY budget pre-investment have been issued for New York City and Long Island, with responses due by October 1, 2015; upstate county housing allocations are pending and will be issued via State Aid Letters in the near future. 2014-15 Home and Community Based Services (HCBS) waiver expansion continued serving more new individuals across the State and utilization is at 100%. 39 new HCBS waiver slots awarded to New York City in SFY 2015-16 have begun serving new individuals.

State-operated community services continue expanding their reach through six facility service regions of the State (five Mobile Integration Teams, three crisis/respite units, and State-operated clinic expansion). This expansion has served nearly 2,400 new individuals through August, as outlined in the accompanying tables.

Programs funded through Aid to Localities pre-investment and Article 28 reinvestment resources continue with start-up and expansion of operations in several areas of the State, including mobile crisis, Assertive Community Treatment (ACT), and peer crisis respite services; over 4,400 new individuals have been served in these programs through August.

Table 1: NYS OMH State Psychiatric Center Inpatient Descriptive Metrics for August, 2015

State Inpatient Facilities[1]	Capital Beds	Budgeted Capacity	Admission	Discharge[2]		Long Stay[3]	Monthly Average Daily Census[4]		
	N	N	N	N	Days	N	N	N	N
	Capital Beds as of end of SFY 2014-2015	August, 2015 Budgeted Capacity	# of Admissions during August 2015	# of Discharges during August 2015	Median Length of Stay for Discharges during August 2015	# of Long Stay on Census 8/31/2015	Avg. daily census 6/1/15- 6/30/2015	Avg. daily census 7/1/15- 7/31/2015	Avg. daily census 8/1/15- 8/31/2015
Adult									
Bronx	348	156	19	21	83	72	149	151	152
Buffalo	221	156	13	11	245	83	155	153	154
Capital District	158	129	33	34	11	73	128	129	125
Creedmoor	480	322	21	21	279	176	325	321	319
Elmira	104	54	12	13	33	23	54	54	53
Greater Binghamton[5]	178	76	17	14	88	31	76	76	75
Hutchings	132	117	11	12	179	42	117	118	117
Kingsboro	254	161	11	10	149	55	158	156	159
Manhattan	476	215	14	19	186	81	194	189	184
Pilgrim[5]	771	296	17	21	190	187	293	291	288
Rochester	222	112	5	9	88	55	113	106	100
Rockland	436	368	22	22	129	232	364	360	361
South Beach	362	296	23	26	172	131	295	296	299
St. Lawrence	84	57	10	8	90	23	57	54	56
Washington Heights	21	21	16	17	37	1	20	19	19
Total	**4,247**	**2,536**	**244**	**258**	**106**	**1,265**	**2,499**	**2,474**	**2,463**
Children & Youth									
Elmira	48	15	14	12	19	1	15	9	10
Greater Binghamton	16	16	14	8	31	1	16	13	15
Hutchings[5]	30	25	24	26	25	0	25	24	23
Mohawk Valley	30	29	30	28	18	0	29	26	24
NYC Children's Center	184	125	15	21	163	70	123	125	118
Rockland CPC[5]	56	29	8	10	51	4	29	21	19
Sagamore CPC	77	54	15	16	54	15	42	40	40
South Beach	12	12	2	2	67	4	10	10	11
St. Lawrence[5]	29	27	23	30	15	1	27	21	18
Western NY CPC	46	46	16	13	81	5	43	39	41
Total	**528**	**378**	**161**	**166**	**29**	**101**	**358**	**327**	**321**
Forensic									
Central New York	569	208	29	26	57	36	150	155	161
Kirby	476	193	20	12	94	66	189	189	190
Mid-Hudson	340	264	22	23	149	153	264	269	269
Rochester	56	55	9	2	867	33	53	55	56
Total	**1,441**	**720**	**80**	**63**	**91**	**288**	**656**	**667**	**676**

Updated as of September 8, 2015

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. Long Stay is defined as: Length of stay over one year for adult and forensic inpatients, and over 90 days for child inpatients.

4. 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.

5. Budgeted capacity was reduced at adult facilities Greater Binghamton Health Center by 2 beds and Pilgrim PC by 6 beds. Children's beds were reduced at Hutchings PC by 1 bed, Rockland CPC by 3 beds, and St. Lawrence PC by 1 bed. Capacity reductions comply with requirement that there be a consistent ninety day period of time that the beds remain vacant, as demonstrated by the June-August census data.

Table 2: SFY 2015-16 Resources for Regional Planning

OMH will continue the collaborative planning process with local governmental units and other community stakeholders to develop plans for investments across the five OMH Field Office regions. Priority will be given to plans developed for transitioning long stay individuals from State inpatient and residential settings.

	Total Funding Available (in 000s)						
OMH Field Office Region	**Supported Housing**		**HCBS Waiver**		**State/Community**	**Voluntary**	**Full Annual Reinvestment**
	Units	**Funds**	**Units**	**Funds**			
Western NY	35	$297	0	$0	$490	$808	$1,595
Central NY	25	$195	0	$0	$0	$422	$617
Hudson River	60	$768	0	$0	$770	$1,425	$2,963
New York City	90	$1,429	39	$1,088	$1,890	$2,109	$6,516
Long Island	40	$645	0	$0	$1,890	$779	$3,314
Total	**250**	**$3,333**	**39**	**$1,088**	**$5,040**	**$5,543**	**$15,004**

Table 3: Transformation and Article 28/31 Reinvestment Summary - By Facility

OMH Facility	Target Population	Prior Capacity[1]	Reinvestment Expansion	Annualized Reinvestment		Allocated	New Individuals Served
		HCBS Waiver Slots					
Greater Binghamton	Children	60	12	$315,516		$315,516	12
Elmira	Children	90	12	$315,516		$315,516	12
St. Lawrence	Children	78	12	$315,516		$315,516	12
Sagamore	Children	192	54	$1,488,240		$1,488,240	54
Pilgrim	Children	-	-	-		-	-
Western NY	Children	110	24	$631,032		$631,032	24
Buffalo	Children	-	-	-		-	-
Rochester	Children	100	-	-		-	-
New York City	Children	600	63	$1,749,440		$1,749,440	45
Rockland	Children	177	12	$323,118		$323,118	12
Hutchings	Children	72	18	$473,274		$473,274	18
Subtotal		**1,479**	**207**	**$5,611,652**		**$5,611,652**	**189**
		Supported Housing Beds					
Greater Binghamton	Adults	289	70	$548,373		$470,263	57
Elmira	Adults	517	50	$404,448		$404,448	40
St. Lawrence	Adults	306	56	$407,543		$383,750	28
Sagamore	Adults	-	-	-		-	-
Pilgrim	Adults	2,245	140	$2,149,260		$1,504,300	62
Western NY	Adults	-	-	-		-	-
Buffalo	Adults	1,196	83	$692,756		$421,300	41
Rochester	Adults	555	116	$1,002,865		$977,416	85
New York City	Adults	8,776	244	$3,745,282		$2,316,622	87
Rockland	Adults	1,841	110	$1,390,496		$622,276	34
Hutchings	Adults	504	9	$92,772			
Subtotal		**16,229**	**878**	**$10,433,795**		**$7,100,375**	**434**
		State-Community					
					FTE		
Greater Binghamton				$5,740,000	45	$3,150,000	1,101
Elmira							
St. Lawrence				$2,870,000	22	$1,540,000	698
Sagamore				$2,100,000	29	$2,030,000	197
Pilgrim				$1,890,000			
Western NY				$1,050,000	15	$1,050,000	158
Buffalo				$490,000			
Rochester				$2,100,000	26	$1,820,000	123
New York City				$1,890,000			
Rockland							
Hutchings				$1,050,000	15	$1,050,000	120
Subtotal				**$19,180,000**	**152**	**$10,640,000**	**2,397**
		Aid to Localities					
Greater Binghamton				$805,000		$402,000	
Elmira						$402,000	3
St. Lawrence				$281,000		$280,998	304
Sagamore				$3,307,000		$3,103,611	251
Pilgrim							158
Western NY				$1,898,000		$1,898,000	537
Buffalo							
Rochester				$2,823,000		$2,823,000	283
New York City				$4,323,000		$4,321,938	196
Rockland				$2,255,000		$2,254,606	894
Hutchings				$177,000		$177,000	381
Subtotal				**$15,869,000**		**$15,663,153**	**3,007**
Statewide: Suicide Prevention and Forensics				$1,500,000		$1,500,000	N/A
		Balance of 2015-16 SFY Funds*					
		State - Community	Aid to Localities	Total Annualized			
Western NY		-	$808,000	$808,000		*Allocated funds for SFY 2015-16 will be distributed by facility service area in above tables and in following facility tables, upon approval of local and regional plans.	
Central NY		-	$422,000	$422,000			
Hudson River		$770,000	$1,425,000	$2,195,000			
New York City		-	$2,109,000	$2,109,000			
Long Island		-	$779,000	$779,000			
Subtotal		**$770,000**	**$5,543,000**	**$6,313,000**			
TOTAL TRANSFORMATION				**$58,907,447**		**$40,515,180**	**6,027**
		Article 28/31 Reinvestment					
St. James Mercy (WNY)	Child & Adult	N/A	N/A	$894,275		$894,275	741
Medina Memorial (WNY)	Adults	N/A	N/A	$199,030		$199,030	129
Holliswood/Stony Lodge (NYC)	Child & Adult	N/A	N/A	$7,335,711		$7,335,711	
Stony Lodge/Rye (Hudson River)	Child & Adult	N/A	N/A	$4,634,577		$4,634,577	347
LBMC/NSUH/PK (Long Island)	Child & Adult	N/A	N/A	$2,910,400		$2,910,400	203
Subtotal				**$15,973,993**		**$15,973,993**	**1,420**
GRAND TOTAL				**$74,881,440**		**$56,489,173**	**7,447**

1. Prior capacity refers to the capacity prior to the distribution of Transformation Plan Reinvestment Funds.

Table 3a: Greater Binghamton Health Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress: Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Broome	24	6	All HCBS expansion slots are in operation, with each unit being at full utilization as indicated in the table.	4/1/2014	6	$157,758
HCBS Waiver	Children	Chenango	6					-
HCBS Waiver	Children	Delaware	12					-
HCBS Waiver	Children	Otsego	12					-
HCBS Waiver	Children	Tioga	6	6		6/5/2014	6	$157,758
HCBS Waiver	Children	Tompkins	0					-
SUBTOTAL:			**60**	**12**			**12**	**$315,516**
Supported Housing	Adult	Broome	161	35	Supported housing allocations for 10 additional units under SFY 2015-16 funds will be issued on State Aid Letters to Chenango (3), Delaware (3), and Otsego (4) Counties. Allocations determined based on capacity analysis and regional consultation.[1]	8/1/2014	48	$268,625
Supported Housing	Adult	Chenango	46	8		10/1/2014	1	$61,568
Supported Housing	Adult	Delaware	27	6				$46,218
Supported Housing	Adult	Otsego	30	8		6/1/2015	1	$62,424
Supported Housing	Adult	Tioga	25	3		7/1/2015	2	$25,278
Supported Housing	Adult	Tompkins	0	10		11/1/2014	5	$84,260
SUBTOTAL:			**289**	**70**			**57**	**$548,373**
State Resources:			N/A					
Mobile Integration Team[2]	Adults & Children	Southern Tier Service Area		32 FTEs	Mobile Integration Team provided services to individuals in the Southern Tier service area. Full regional funding is $1,680,000.	6/1/2014	1,033	$1,120,000
Clinic Expansion[2]	Adult	Southern Tier Service Area		2 FTEs	Two engagement specialists hired to help individuals in clinic access and stay engaged in services. Full regional funding is $140,000.	1/1/2015		$70,000
SUBTOTAL:							**1,033**	**$1,190,000**
Aid to Localities:		Eastern Southern Tier Service Area	N/A	N/A				
Crisis Intervention Team (CIT)	Adult	Broome						$80,400
Engagement & Transitional Support Services Program	Adult	Chenango & Delaware						$160,800
Family Stabilization Program	Children	Otsego						$80,400
Warm Line Program	Adult	Tioga						$35,040
Drop-In Center	Adult	Tioga						$45,360
SUBTOTAL:								**$402,000**

State Resources - In Development:		**$1,921,221**
TOTAL:	**1,102**	**$4,377,110**

Notes:

1. New 2015-16 SFY expansion units are added to expansion units from previous year.

2. State Resources program funding is shared with Elmira service area. State Resources subtotal reflects 50% of the full Southern Tier allocation, with the remainder in Table 3b.

Table 3b: Elmira Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress: Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Allegany	6		All HCBS expansion slots are in operation, with each unit being at full utilization as indicated in the table.			
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		6/5/2014	3	$78,879
HCBS Waiver	Children	Steuben	12	3		6/5/2014	3	$78,879
HCBS Waiver	Children	Tompkins	12					
HCBS Waiver	Children	Wayne	12	6		6/5/2014	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.	11/1/2014	1	$33,704
Supported Housing	Adult	Cattaraugus	0	1		2/1/2015	1	$8,426
Supported Housing	Adult	Chemung	121	14		9/1/2014	14	$117,964
Supported Housing	Adult	Ontario	64	7		10/1/2014	7	$58,982
Supported Housing	Adult	Schuyler	6	1				$8,426
Supported Housing	Adult	Seneca	28	4		8/1/2014	4	$33,704
Supported Housing	Adult	Steuben	119	8		9/1/2014	5	$67,408
Supported Housing	Adult	Tompkins	64	4		9/1/2014	3	$33,704
Supported Housing	Adult	Wayne	70	4		10/1/2014	4	$33,704
Supported Housing	Adult	Yates	10	1		6/1/2015	1	$8,426
SUBTOTAL:			**517**	**48**			**40**	**$404,448**
State Resources:			N/A					
Mobile Integration Team[2]	Adults & Children	Southern Tier Service Area		32 FTEs	The Mobile Integration Team provided services to individuals in the Southern Tier service area. Full regional funding is $1,680,000.	6/1/2014	1,033	$1,120,000
Clinic Expansion[2]	Adult	Southern Tier Service Area		2 FTEs	Two engagement specialists hired to help individuals in clinic access and stay engaged in services. Full regional funding is $140,000.	1/1/2015		$70,000
Crisis/respite Unit	Children	Elmira PC Service Area		11 FTEs	Positions for crisis/respite have been allocated and have begun serving new individuals.	4/16/2015	68	$770,000
SUBTOTAL:							**1,101**	**$1,960,000**
Aid to Localities:		Western Southern Tier/ Finger Lakes Service Area	N/A	N/A				
Respite Services	Adult	Western						$59,704
Community Support Services	Adult	Southern Tier/						$92,466
Family Support	Adult	Finger Lakes						$27,396
Peer Training	Adult	Service Area						$18,750
Transitional Housing Program	Adult	Steuben				7/1/2015	3	$101,842
Transitional Housing Program	Adult	Tompkins						$50,921
Transitional Housing Program	Adult	Yates						$50,921
SUBTOTAL:							**3**	**$402,000**
					State Resources - In Development:			**$668,036**
						TOTAL:	**1,153**	**$3,750,000**

Notes:

1.New 2015-16 SFY expansion units are added to expansion units from previous year.

2. State Resources program funding is shared with Binghamton service area. State resources subtotal reflects 50% of the full Southern Tier allocation, with the remainder in Table 3a.

Table 3c: St. Lawrence Psychiatric Center								
					Investment Plan Progress			
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Clinton	12		All HCBS expansion slots are in operation, with each unit being at full utilization as indicated in the table.			
HCBS Waiver	Children	Essex	12	6		6/5/2014	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		5/1/2014	6	$157,758
SUBTOTAL:			**78**	**12**			**12**	**$315,516**
Supported Housing	Adult	Clinton	54	6	Supported housing allocations for three additional units under SFY 2015-16 funds will be issued on a State Aid Letter to Essex (3) County. Allocations determined based on capacity analysis and regional consultation.[1]	10/1/2014	4	$46,050
Supported Housing	Adult	Essex	29	6		3/1/2015	1	$46,818
Supported Housing	Adult	Franklin	42	5		1/1/2015	4	$38,375
Supported Housing	Adult	Jefferson	57	9		11/1/2014	2	$69,075
Supported Housing	Adult	Lewis	51	2		2/1/2015	1	$15,350
Supported Housing	Adult	St. Lawrence	73	25		1/1/2015	16	$191,875
SUBTOTAL:			**306**	**53**			**28**	**$407,543**
State Resources:			N/A					
Mobile Integration Team	Adults & Children	St. Lawrence PC Service Area		15 FTEs	Mobile Integration Team provided services in St. Lawrence PC service area.	6/6/2014	698	$1,050,000
Clinic expansion	Children	Jefferson		6 FTE	A site has been secured for clinic services in Jefferson County and beginning in mid-2015, upon completion of design phase.			$420,000
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.	1/1/2015		$70,000
SUBTOTAL:							**698**	**$1,540,000**
Aid to Localities:		St. Lawrence PC Service Area	N/A	N/A				
Outreach Services Program	Adult	Clinton				2/1/2015	12	$46,833
Mobile Crisis Program	Adult	Essex				4/28/2015	18	$23,417
Community Support Program	Children	Essex				3/1/2015	32	$23,416
Mobile Crisis Program	Adult	St. Lawrence				7/1/2015	87	$46,833
Support Services Program	Adult	Franklin				3/15/2015	22	$12,278
Self Help Program	Adult	Franklin				3/15/2015	19	$12,277
Outreach Services Program	Adult & Children	Franklin				3/15/2015	103	$12,278
Crisis Intervention Program	Adult & Children	Franklin				6/1/2015	11	$10,000
Outreach Services Program	Adult	Lewis						$46,833
Outreach Services Program	Adult	Jefferson						$46,833
SUBTOTAL:							**304**	**$280,998**
					State Resources - In Development:			**$1,330,000**
						TOTAL:	**1,042**	**$3,874,057**

Notes:

1. New 2015-16 SFY expansion units are added to expansion units from previous year.

Table 3d: Sagamore Children's Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress: Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Nassau	90	24	All HCBS expansion slots are in operation, with each unit being at full utilization as indicated in the table.	10/1/2013	24	$661,440
HCBS Waiver	Children	Suffolk	102	30		5/6/2014	30	$826,800
SUBTOTAL:			**192**	**54**			**54**	**$1,488,240**
State Resources:			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		$70,000
Mobile Crisis	Adults & 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	86	$70,000
Mobile Integration Team	Children	Nassau & Suffolk		9 FTE	Mobile Integration Team provided services to individuals in the Sagamore PC service area.	11/30/2014	37	$630,000
Clinic Expansion	Children	Nassau & Suffolk		9 FTE	Positions for State children's clinic expansion have been allocated.			$630,000
Crisis/respite Unit	Children	Nassau & Suffolk		9 FTE	Positions for crisis/respite have been allocated and have begun serving new individuals.	3/9/2015	74	$630,000
SUBTOTAL:							**197**	**$2,030,000**
Aid to Localities:		Long Island	N/A	N/A				
6 Non-Medicaid Care Coordinators	Children	Suffolk						$526,572
1.5 Intensive Case Managers	Children	Suffolk			State Aid:			$30,954
					State Share of Medicaid*			$50,345
SUBTOTAL:								**$607,871**

State and Community Resources - In Development:		**$273,889**
TOTAL:	**251**	**$4,400,000**

* Gross Medicaid projected $100,690

Table 3e: Pilgrim Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
Supported Housing	Adult	Nassau	885	55	OMH issued RFPs for new Supported Housing units and posted this on the NYS Grants Opportunity portal. The submission deadline is October 1, 2015.	3/1/2015	18	$843,580
Supported Housing	Adult	Suffolk	1,360	85		12/1/2014	44	$1,305,680
SUBTOTAL:			**2,245**	**140**			**62**	**$2,149,260**
Aid to Localities:		Long Island	N/A	N/A				
2 Assertive Community Treatment teams (68 caseload per team)	Adult	Nassau & Suffolk		136	State Aid State Share of Medicaid*	3/1/2015	58	$241,112 $713,298
Three (3) Mobile Crisis Teams	Adult	Suffolk				8/1/2015	100	$758,740
Hospital Alternative Respite Program	Adult	Suffolk						$532,590
Recovery Center	Adult	Suffolk						$250,000
SUBTOTAL:							**158**	**$2,495,740**
					State Resources - In Development:			**$1,890,000**
						TOTAL:	**220**	**$6,535,000**

* Gross Medicaid projected $1,827,048

Table 3f: Western NY Children's - Buffalo Psychiatric Center								
					Investment Plan Progress			
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Allegany	0	6	All HCBS expansion slots are in operation, with each unit being at full utilization as indicated in the table.	6/5/2014	6	$157,758
HCBS Waiver	Children	Cattaraugus	12	6		11/1/2013	6	$157,758
HCBS Waiver	Children	Chautauqua	6	6		6/5/2014	6	$157,758
HCBS Waiver	Children	Erie	78	6		4/1/2014	6	$157,758
HCBS Waiver	Children	Niagara	14					
SUBTOTAL:			**110**	**24**			**24**	**$631,032**
Supported Housing	Adult	Allegany	0		Supported housing allocations for 32 additional units under SFY 2015-16 funds will be issued on State Aid Letters to Chautauqua (3), Cattaraugus (3), Erie (20), and Niagara (7) Counties. Allocations determined based on capacity analysis and regional consultation.[1]			
Supported Housing	Adult	Cattaraugus	104	6		7/1/2014	4	$50,670
Supported Housing	Adult	Chautauqua	86	6		8/1/2014	3	$50,727
Supported Housing	Adult	Erie	863	56		8/1/2014	29	$472,996
Supported Housing	Adult	Niagara	143	14		9/1/2014	5	$118,363
SUBTOTAL:			**1,196**	**82**			**41**	**$692,756**
State Resources:			N/A					
Mobile Integration Team	Children	Western NY CPC Service Area		10 FTEs	The Mobile Integration Team provided services to individuals in the WNY CPC service area.	12/19/2014	158	$700,000
Clinic Expansion	Children	Western NY CPC Service Area		4 FTEs	Positions for State children's clinic expansion have been filled and clinic expansion continued.	2/5/2015		$280,000
Mobile Mental Health Juvenile Justice Team	Children	Western NY CPC Service Area		1 FTE	Staff member has been identified for expansion of WNY Mobile MH Juvenile Justice team, designed to provide specialized assessments for probation and the courts.			$70,000
SUBTOTAL:							**158**	**$1,050,000**
Aid to Localities:		Western NY CPC/Buffalo PC Service Area	N/A	N/A				
Peer Crisis Respite Center (including Warm Line)	Adult	Chautauqua and Cattaraugus						$315,000
Mobile Transitional Support Teams (2)	Adult	Chautauqua and Cattaraugus				1/1/2015	73	$234,000
Peer Crisis Respite Center (including Warm Line)	Adult	Erie			Warm line operation has begun and is serving new individuals. Planning continues to secure a space for the crisis/respite center.	1/26/2015	120	$353,424
Mobile Transitional Support Teams (3)	Adult	Erie				1/26/2015	38	$431,000
Crisis Intervention Team	Adult	Erie				1/1/2015	127	$191,318
Peer Crisis Respite Center (including Warm Line)	Adult	Niagara				12/1/2014	139	$256,258
Mobile Transitional Support Team	Adult	Niagara				1/20/2015	40	$117,000
SUBTOTAL:							**537**	**$1,898,000**
					State Resources - In Development:			**$490,000**
						TOTAL:	**760**	**$4,761,788**

Notes:

1. New 2015-16 SFY expansion units are added to expansion units from previous year.

Table 3g: Rochester Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress: Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
Supported Housing	Adult	Genesee	45	6	Supported housing allocations for three additional units under SFY 2015-16 funds will be issued on a State Aid Letter to Monroe (3) County. Allocations determined based on capacity analysis and regional consultation.[1]			$50,556
Supported Housing	Adult	Livingston	38	2		2/1/2015	2	$16,852
Supported Housing	Adult	Monroe	427	103		10/1/2014	77	$868,049
Supported Housing	Adult	Orleans	25	4		7/1/2015	1	$33,704
Supported Housing	Adult	Wayne	0	2		12/1/2014	2	$16,852
Supported Housing	Adult	Wyoming	20	2		11/1/2014	3	$16,852
SUBTOTAL:			**555**	**119**			**85**	**$1,002,865**
State Resources:			N/A					
Mobile Integration Team	Adult	Rochester PC Service Area		24 FTEs	The Mobile Integration Team provided services to individuals in the Rochester PC service area.	10/30/2014	123	$1,680,000
First Break Team	Adult	Rochester PC Service Area		2 FTE	A staff member has been identified for the FBT. In February, stakeholders continued networking with other programs to develop program design.			$140,000
SUBTOTAL:							**123**	**$1,820,000**
Aid to Localities:		Rochester PC Service Area	N/A	N/A				
Peer Bridger Program	Adult	Genesee & Orleans				6/4/2015	3	$30,468
Community Support Team	Adult	Rochester PC Service Area				3/1/2015	62	$500,758
Peer Bridger Program	Adult	Livingston Monroe Wayne Wyoming				2/1/2015	23	$262,032
Crisis Transitional Housing	Adult	Livingston				2/15/2015	10	$112,500
Peer Run Respite Diversion	Adult	Monroe				5/7/2015	53	$500,000
Assertive Community Treatment Team	Adult	Monroe		48	State Aid State Share of Medicaid*	7/1/2015	11	$79,624 $310,764
Assertive Community Treatment Team	Adult	Monroe		48	State Aid State Share of Medicaid*			$79,624 $310,764
Peer Support	Adult	Monroe						$30,006
Crisis Transitional Housing	Adult	Orleans				7/30/2015	3	$112,500
Crisis Transitional Housing	Adult	Wayne				4/8/2015	6	$112,500
Crisis Transitional Housing	Adult	Wyoming					4	$112,500
Enhanced Recovery Supports	Adult	Wyoming				9/1/2014	102	$51,836
Recovery Center	Adult	Genesee & Orleans				5/7/2015	6	$217,124
SUBTOTAL:							**283**	**$2,823,000**
					State Resources - In Development:			**$280,000**
						TOTAL:	**491**	**$5,925,865**

*Gross Medicaid projected $621,528 per ACT Team ($1,243,056)

Notes:
1.New 2015-16 SFY expansion units are added to expansion units from previous year.

Table 3h: New York City Psychiatric Centers

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Bronx	144	33	OMH is working with Waiver providers to maximize the use of all waiver capacity.[1]	10/1/2013	15	$916,566
HCBS Waiver	Children	Kings	180	12		1/1/2014	12	$332,745
HCBS Waiver	Children	New York	132	6		6/1/2015	6	$167,385
HCBS Waiver	Children	Queens	108	12		10/1/2013	12	$332,745
HCBS Waiver	Children	Richmond	36					
SUBTOTAL:			**600**	**63**			**45**	**$1,749,440**
Supported Housing	Adult	Bronx	2,120	50	OMH issued RFPs for new Supported Housing units and posted this on the NYS Grants Opportunity portal. The submission deadline is October 1, 2015.	5/1/2015	26	$752,150
Supported Housing	Adult	Kings	2,698	30				$476,220
Supported Housing	Adult	New York	1,579	104		3/1/2015	61	$1,564,472
Supported Housing	Adult	Queens	1,887	30				$476,220
Supported Housing	Adult	Richmond	492	30				$476,220
SUBTOTAL:			**8,776**	**244**			**87**	**$3,745,282**
Aid to Localities:	Adult	NYC	N/A	N/A				
Transitions in Care Teams (5)						7/1/2015	196	$4,321,938
SUBTOTAL:							**196**	**$4,321,938**

State Resources - In Development:		**$1,890,000**
TOTAL:	**328**	**$11,706,660**

Notes:

1. Twenty-one (21) pending waiver slots reported in the July Report were awarded to Bronx County, and have begun serving new individuals.

Table 3i: Rockland Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress: Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Dutchess	18		All HCBS expansion slots are in operation, with each unit being at full utilization as indicated in the table.			
HCBS Waiver	Children	Orange	21	6		11/1/2013	6	$157,758
HCBS Waiver	Children	Putnam	12					
HCBS Waiver	Children	Rockland	24	6		6/5/2014	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	17	Supported housing allocations for 60 additional units under SFY 2015-16 funds will be issued on State Aid Letters to Dutchess (10), Orange (10), Rockland (10), Ulster (20), and Westchester (10) Counties. Allocations determined based on capacity analysis and regional consultation.[1]	12/1/2014	8	$221,631
Supported Housing	Adult	Orange	262	22		10/1/2014	11	$286,046
Supported Housing	Adult	Putnam	67	2		5/1/2015	1	$25,766
Supported Housing	Adult	Rockland	173	16		7/1/2014	5	$225,578
Supported Housing	Adult	Sullivan	61	5		11/1/2014	4	$46,425
Supported Housing	Adult	Ulster	142	28		1/1/2015	1	$275,880
Supported Housing	Adult	Westchester	907	20		4/1/2015	4	$309,170
SUBTOTAL:			**1,841**	**110**			**34**	**$1,390,496**
Aid to Localities:		Rockland PC Service Area	N/A	N/A				
Hospital Diversion/Crisis	Adult	Dutchess				2/12/2015	30	$200,000
Supported Housing	Adult	Orange		6		4/1/2015	3	$77,298
Outreach Services	Adult	Orange				12/1/2014	6	$36,924
Outreach Services	Children	Orange				10/1/2014	99	$85,720
Advocacy/Support Services	Adult	Putnam						$23,000
Self-Help Program	Adult	Putnam				2/1/2015	9	$215,000
Mobile Crisis Intervention Program[2]	Adults & Children	Rockland				3/31/2015	293	$449,668
Hospital Diversion/ Transition Program[2]	Adult	Sullivan				11/24/2014	46	$225,000
Mobile Crisis Services[2]	Adults & Children	Ulster				2/9/2015	322	$400,000
Assertive Community Treatment team expansion (48 to 68 slots)	Adult	Ulster		20	State Aid: State Share of Medicaid:	12/1/2014	21	$33,952 $66,664
Outreach Services	Adult	Westchester				4/1/2015	37	$267,328
Crisis Intervention/ Mobile Mental Health Team	Children	Westchester				11/1/2014	28	$174,052
SUBTOTAL:							**894**	**$2,254,606**

	TOTAL:	**940**	**$3,968,220**

* Gross Medicaid projected $229,156

Notes:

1. New 2015-16 SFY expansion units are added to expansion units from previous year.

2. Mobile Crisis programs in Rockland, Sullivan and Ulster Counties are funded by the Rockland PC Aid to Localities funding and Stony-Lodge Rye Article 28 funding. The number of newly served individuals is only reflected on the Rockland PC table so as not to duplicate the number of individuals served.

Table 3j: Hutchings Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Cayuga	12	6	All HCBS expansion slots are in operation, with each unit being at full utilization as indicated in the table.	7/1/2014	6	$157,758
HCBS Waiver	Children	Cortland	6	6		7/1/2014	6	$157,758
HCBS Waiver	Children	Madison	6					
HCBS Waiver	Children	Onondaga	42	6		4/1/2014	6	$157,758
HCBS Waiver	Children	Oswego	6					
SUBTOTAL:			**72**	**18**			**18**	**$473,274**
Supported Housing	Adult	Cayuga	61	3	Supported housing allocations for twelve additional units under SFY 2015-16 funds will be issued on State Aid Letters to Cayuga (3), Cortland (3), Hamilton (3) and Oswego (3) Counties. Allocations determined based on capacity analysis and regional consultation.[1]			$23,193
Supported Housing	Adult	Cortland	53	3				$23,193
Supported Housing	Adult	Hamilton	-	3				$23,193
Supported Housing	Adult	Madison	28					
Supported Housing	Adult	Onondaga	300					
Supported Housing	Adult	Oswego	62	3				$23,193
SUBTOTAL:			**504**	**12**				**$92,772**
State Resources:								
Crisis/respite unit	Children	Hutchings PC Service Area	N/A	12 FTEs	The crisis/respite unit provided services to individuals in the Hutchings PC Service Area.	11/5/2014	120	$840,000
First Episode Psychosis	Adults & Youth	Hutchings PC Service Area	N/A	3 FTEs	Staff have been identified for a FEP team serving transition-aged youth and adults.			$210,000
SUBTOTAL:							**120**	**$1,050,000**
Aid to Localities:		Hutchings PC Service Area	N/A	N/A				
Support of Families in Crisis Program	Children	Onondaga						$125,800
Collaborative Problem Solving Program	Children	Onondaga				4/7/2015	381	$51,200
SUBTOTAL:							**381**	**$177,000**
						TOTAL:	**519**	**$1,700,274**

Notes:

1. New 2015-16 SFY expansion units are added to expansion units from previous year.

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
LBMC/NSUH/PK	Children and Adults	Nassau, Suffolk	$2,910,400
Subtotal:			**$15,973,993**

Table 3k: Western Region Article 28 Hospital Reinvestment								
					Investment Plan Progress			
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
Article 28:			N/A					
St. James Mercy								
Intensive Intervention Services	Adult	Allegany				8/25/2014	32	$95,000
Establish Mental Health Clinic/Crisis Intervention Services	Adults & Children	Livingston				1/5/2015	72	$59,275
Enhanced Mobile Crisis Outreach	Adults & Children	Steuben				11/3/2014	630	$490,000
Intensive In-Home Crisis Intervention (Tri-County)	Children & Youth	Allegany, Livingston, Steuben				6/1/2015	7	$250,000
SUBTOTAL:							**741**	**$894,275**
Medina Memorial Hospital								
Mental Hygiene Practioner to handle crisis calls (late afternoon and evenings)	Adults & Children	Niagara				8/15/2014	76	$68,030
Enhanced Crisis Response	Adults & Children	Orleans				7/1/2014	53	$131,000
SUBTOTAL:							**129**	**$199,030**

TOTAL:	**870**	**$1,093,305**

Table 3l: New York City Region Article 28 Hospital Reinvestment								
					Investment Plan Progress			
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
Holliswood Hospital								
HCBS Waiver*	C&Y	Bronx	144	15*	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
Children's Inpatient Beds - Long Island Jewish Medical	C&Y	NYC		15	State Share of Medicaid:			$620,000
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:								**$5,735,711**
Stony Lodge Hospital								
Home Based Crisis Intervention Team	C&Y	NYC						$313,750
Connection to Care Team	C&Y	NYC						$600,000
Partial Hospitalization Program & Day Treatment Program (Bellevue)	C&Y	NYC			State Share of Medicaid:			$386,250
Home Based Crisis Intervention Team (Bellevue)	C&Y	NYC						$300,000
SUBTOTAL:								**$1,600,000**

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

Notes:

*15 HCBS Waiver Slots will be funded through the Article 28 Reinvestment. An additional 39 slots originally recorded in this table were first funded from the Balancing Incentive Program, and will now be sustained by 2015-2016 SFY Budgeted funds, appearing in Table 3h.

Table 3m: Hudson River Region Article 28 Hospital Reinvestment								
					Investment Plan Progress			
Service	Target Population	County	Prior 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					
Supported Housing	Adult	Albany		2				$18,570
		Greene		5		3/1/2015	4	$46,425
		Rensselaer		7		5/1/2015	5	$64,995
		Schenectady		7				$64,995
Mobile Crisis Services	Adult	Columbia				7/1/2015	50	$180,636
		Greene				7/1/2015	65	$180,636
		Sullivan				11/24/2014	See Table 3i[1]	$81,447
Hospital Diversion Respite	Adult	Columbia						$43,560
		Greene				3/1/2015	2	$43,560
Respite Services	C&Y	Columbia						$15,750
		Greene				3/30/2015	10	$65,670
		Orange				6/30/2015	4	$30,000
		Sullivan				4/1/2015	14	$25,000
Respite Services	Adult	Dutchess				3/1/2015	17	$25,000
		Orange				3/20/2015	6	$60,000
		Putnam				6/1/2015	5	$25,000
		Westchester				6/1/2015	8	$136,460
Self Help Program	Adult	Dutchess						$60,000
		Orange				6/17/2015	3	$30,000
		Westchester				4/8/2015	37	$388,577
Family Support Services	C&Y	Orange				2/18/2015	19	$30,000
		Schoharie				2/23/2015	96	$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				7/8/2015	2	$30,000
Mobile Crisis Intervention	Adult	Rockland				3/30/2015	See Table 3i[1]	$400,000
		Ulster				2/9/2015	See Table 3i[1]	$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:							**347**	**$4,161,563**

TOTAL:	**347**	**$4,634,577**

Notes:

1: Mobile Crisis programs in Rockland, Sullivan and Ulster Counties are funded by the Rockland PC Aid to Localities funding and Stony-Lodge Rye Article 28 funding. The number of newly served individuals is only reflected on the Rockland PC table so as not to duplicate the number of individuals served.

Table 3n: Long Island Region Article 28 Hospital Reinvestment								
					Investment Plan Progress			
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
Article 28:			N/A					
Long Beach Medical Center/North Shore University Hospital/Partial Hospitalization Program Operated by Pederson-Krag								
HCBS Waiver Slots	Children	Suffolk		6	State Share of Medicaid:			$165,400
SUBTOTAL:								**$165,400**
Article 28:								
(6) Mobile Residential Support Teams	Adult	Nassau				7/1/2015	134	$1,344,000
Mobile Crisis Team Expansion	Adult	Nassau				8/1/2015	69	$212,000
Satellite Clinic Treatment Services	Adult	Nassau						$155,000
					State Share of Medicaid:			$45,000
(5) On-Site Rehabilitation	Adult	Nassau						$500,000
(3) Clinic Treatment Services	Adult	Nassau						$375,000
Family Advocate	Children	Nassau						$84,000
Peer Outreach	Adult	Suffolk						$30,000
SUBTOTAL:							**203**	**$2,745,000**

TOTAL:	**203**	**$2,910,400**

*Gross Medicaid projected $420,800

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 (Nov, 2014-Jan, 2015), % Having Psychiatric Readmission within 30 days	For discharge cohort (Nov, 2014-Jan, 2015), % Utilizing Psychiatric Emergency Room within 30 days
Adult		
Bronx	23.7%	5.3%
Buffalo	24.3%	0.0%*
Capital District	28.6%	14.3%
Creedmoor	19.4%	11.5%
Elmira	21.4%	15.4%*
Greater Binghamton	23.1%	7.1%*
Hutchings	35.5%	19.0%
Kingsboro	12.0%	7.1%*
Manhattan	15.8%	4.8%
Pilgrim	7.1%	0.0%*
Rochester	6.3%*	16.7%*
Rockland	13.5%	0.0%
South Beach	6.9%	11.1%
St. Lawrence	25.0%*	37.5%*
Washington Heights	5.7%	13.8%
Total	**18.1%**	**10.2%**
Children & Youth		
Elmira	4.8%	6.3%*
Greater Binghamton	6.3%	7.7%
Hutchings	9.4%	1.7%
Mohawk Valley	11.8%	12.4%
NYC Children's Center	0.0%	11.1%
Rockland CPC	15.4%	16.7%
Sagamore CPC	0.0%	0.0%
South Beach	0.0%*	0.0%*
St. Lawrence	3.1%	3.6%
Western NY CPC	0.0%	4.0%
Total	**6.8%**	**7.5%**
Forensic		
Central New York	3.5%	4.8%
Kirby	6.9%	7.1%
Mid-Hudson	13.8%	3.7%
Rochester	0.0%*	0.0%*
Total	**6.7%**	**5.0%**

Updated as of Sep 16, 2015

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 20 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 8/1/15)			Metrics Post Discharge[4]					
							Readmission[5] For discharge cohort (Nov, 2014-Jan, 2015), % Having Psychiatric Readmission within 30 days			ER Utilization[7] For discharge cohort (Nov, 2014-Jan, 2015), % 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	11.8%	11.8%	.	14.0%	14.0%	.
Central	Cayuga	Auburn Community Hospital	Article 28	14	14	0	30.9%	30.9%	.	20.0%	20.0%	.
Central	Clinton	Champlain Valley Physicians Hospital Med Ctr.	Article 28	34	22	12	16.7%	16.9%	16.0%	7.1%	5.1%	12.0%
Central	Cortland	Cortland Regional Medical Center, Inc.	Article 28	11	11	0	9.1%	9.1%	.	6.8%	6.8%	.
Central	Franklin	Adirondack Medical Center	Article 28	12	12	0	15.4% *	15.4% *	.	7.7% *	7.7% *	.
Central	Jefferson	Samaritan Medical Center	Article 28	32	32	0	15.7%	15.7%	.	4.3%	4.3%	.
Central	Montgomery	St. Mary's Healthcare	Article 28	20	20	0	18.4%	18.4%	.	12.6%	12.6%	.
Central	Oneida	Faxton - St. Luke's Healthcare	Article 28	26	26	0	25.0%	25.0%	.	5.9%	5.9%	.
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	19.8%	19.8%	.	7.8%	7.8%	.
Central	Onondaga	St. Joseph's Hospital Health Center	Article 28	30	30	0	25.2%	25.2%	.	19.6%	19.6%	.
Central	Onondaga	SUNY Health Science Center-University Hospital	Article 28	50	50	0	27.3%	27.3%	.	9.7%	9.7%	.
Central	Oswego	Oswego Hospital, Inc.	Article 28	28	28	0	15.8%	15.8%	.	1.8%	1.8%	.
Central	Otsego	Bassett Healthcare	Article 28	20	20	0	20.5%	20.5%	.	11.4%	11.4%	.
Central	Saint Lawrence	Claxton-Hepburn Medical Center	Article 28	28	28	0	17.2%	17.2%	.	3.2%	3.2%	.
Hudson	Albany	Albany Medical Center	Article 28	26	26	0	23.7%	23.7%	.	4.2%	4.2%	.
Hudson	Columbia	Columbia Memorial Hospital[8]	Article 28	22	22	0	10.6%	10.6%	.	2.1%	2.1%	.
Hudson	Dutchess	Westchester Medical /Mid-Hudson Division[9]	Article 28	40	40	0	26.0%	26.0%	.	6.5%	6.5%	.
Hudson	Orange	Bon Secours Community Hospital	Article 28	24	24	0	13.1%	13.1%	.	8.2%	8.2%	.
Hudson	Orange	Orange Regional Medical Center - Arden Hill Hospital	Article 28	30	30	0	7.4%	7.4%	.	4.9%	4.9%	.
Hudson	Putnam	Putnam Hospital Center	Article 28	20	20	0	22.2%	22.2%	.	13.3%	13.3%	.
Hudson	Rensselaer	Northeast Health - Samaritan Hospital[10]	Article 28	63	63	0	18.1%	18.1%	.	8.6%	8.6%	.
Hudson	Rockland	Nyack Hospital[11]	Article 28	26	26	0	7.0%	7.0%	.	12.7%	12.7%	.
Hudson	Saratoga	FW of Saratoga, Inc.	Article 31	88	31	57	8.4%	17.5%	5.1%	5.0%	3.2%	5.7%
Hudson	Saratoga	The Saratoga Hospital	Article 28	16	16	0	11.9%	11.9%	.	14.3%	14.3%	.
Hudson	Schenectady	Ellis Hospital	Article 28	52	36	16	15.7%	12.8%	21.7%	8.8%	11.5%	2.9%
Hudson	Sullivan	Catskill Regional Medical Center	Article 28	18	18	0	11.6%	11.6%	.	4.7%	4.7%	.
Hudson	Ulster	Health Alliance Hospital Mary's Ave Campus	Article 28	40	40	0	7.1%	7.1%	.	17.1%	17.1%	.
Hudson	Warren	Glens Falls Hospital	Article 28	30	30	0	10.5%	10.5%	.	12.3%	12.3%	.
Hudson	Westchester	Four Winds, Inc.	Article 31	175	28	147	10.9%	16.2%	10.4%	9.5%	10.8%	9.3%
Hudson	Westchester	Montefiore Mount Vernon Hospital, Inc.	Article 28	22	22	0	23.3%	23.3%	.	14.0%	14.0%	.
Hudson	Westchester	New York Presbyterian Hospital	Article 28	252	207	45	28.6%	28.2%	31.0%	15.2%	14.9%	17.2%
Hudson	Westchester	Northern Westchester Hospital Center	Article 28	15	15	0	16.7%	16.7%	.	25.0%	25.0%	.
Hudson	Westchester	Phelps Memorial Hospital Center	Article 28	22	22	0	12.5%	12.5%	.	9.4%	9.4%	.
Hudson	Westchester	St Joseph's Medical Center	Article 28	146	133	13	18.1%	19.4%	9.1%	8.0%	8.9%	2.3%
Hudson	Westchester	Westchester Medical Center	Article 28	101	66	35	9.3%	9.9%	0.0% *	12.1%	12.9%	0.0% *
Long Island	Nassau	Franklin Hospital Medical Center	Article 28	21	21	0	17.2%	17.2%	.	3.4%	3.4%	.
Long Island	Nassau	Mercy Medical Center	Article 28	39	39	0	23.4%	23.4%	.	17.0%	17.0%	.
Long Island	Nassau	Nassau Health Care Corp/Nassau Univ Med Ctr	Article 28	128	106	22	12.7%	12.9%	10.3%	7.9%	7.7%	10.3%
Long Island	Nassau	North Shore University Hospital	Article 28	26	26	0	25.0%	25.0%	.	15.8%	15.8%	.
Long Island	Nassau	South Nassau Communities Hospital	Article 28	36	36	0	28.0%	28.0%	.	15.1%	15.1%	.

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 8/1/15)			Metrics Post Discharge[4]					
							Readmission[5] For discharge cohort (Nov, 2014-Jan, 2015), % Having Psychiatric Readmission within 30 days			ER Utilization[7] For discharge cohort (Nov, 2014-Jan, 2015), % 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	15.5%	15.5%	.	5.6%	5.6%	.
Long Island	Suffolk	Brunswick Hospital Center, Inc.	Article 31	124	79	45	11.4%	5.5%	15.5%	8.5%	5.5%	10.7%
Long Island	Suffolk	Eastern Long Island Hospital Association	Article 28	23	23	0	11.3%	11.3%	.	4.8%	4.8%	.
Long Island	Suffolk	Huntington Hospital	Article 28	21	21	0	16.4%	16.4%	.	5.5%	5.5%	.
Long Island	Suffolk	John T. Mather Memorial Hospital	Article 28	37	27	10	11.0%	10.5%	0.0% *	13.7%	17.5%	0.0% *
Long Island	Suffolk	Southside Hospital[12]	Article 28	0	0	0	21.7%	21.7%	.	18.5%	18.5%	.
Long Island	Suffolk	St. Catherine's of Siena Hospital	Article 28	42	42	0	27.0%	27.0%	.	15.7%	15.7%	.
Long Island	Suffolk	State University of NY at Stony Brook	Article 28	40	30	10	19.2%	19.0%	20.0%	11.0%	11.2%	10.0%
Long Island	Suffolk	The Long Island Home[13]	Article 31	232	167	65	13.8%	15.9%	12.8%	12.8%	9.5%	14.4%
NYC	Bronx	Bronx-Lebanon Hospital Center	Article 28	98	73	25	25.0%	27.1%	12.7%	18.0%	18.2%	16.5%
NYC	Bronx	Montefiore Medical Center	Article 28	55	55	0	16.0%	16.0%	.	9.8%	9.8%	.
NYC	Bronx	NYC-HHC Jacobi Medical Center	Article 28	107	107	0	25.1%	25.1%	.	13.2%	13.2%	.
NYC	Bronx	NYC-HHC Lincoln Medical & Mental Health Ctr.	Article 28	60	60	0	20.7%	20.7%	.	15.8%	15.8%	.
NYC	Bronx	NYC-HHC North Central Bronx Hospital	Article 28	70	70	0	18.7%	18.7%	.	14.8%	14.8%	.
NYC	Bronx	St. Barnabas Hospital	Article 28	49	49	0	23.8%	23.8%	.	18.9%	18.9%	.
NYC	Kings	Brookdale Hospital Medical Center	Article 28	61	52	9	17.6%	20.0%	11.0%	14.7%	14.2%	15.9%
NYC	Kings	Interfaith Medical Center, Inc.	Article 28	120	120	0	30.1%	30.1%	.	17.5%	17.5%	.
NYC	Kings	Kingsbrook Jewish Medical Center[14]	Article 28	55	55	0	26.6%	26.6%	.	14.1%	14.1%	.
NYC	Kings	Lutheran Medical Center	Article 28	35	35	0	16.9%	16.9%	.	13.0%	13.0%	.
NYC	Kings	Maimonides Medical Center	Article 28	70	70	0	21.3%	21.3%	.	8.5%	8.5%	.
NYC	Kings	NYC-HHC Coney Island Hospital	Article 28	64	64	0	11.5%	11.5%	.	13.7%	13.7%	.
NYC	Kings	NYC-HHC Kings County Hospital Center	Article 28	205	160	45	17.0%	17.0%	17.1%	18.7%	18.7%	19.0%
NYC	Kings	NYC-HHC Woodhull Medical & Mental Health Ctr.	Article 28	135	135	0	21.7%	21.7%	.	16.9%	16.9%	.
NYC	Kings	New York Methodist Hospital	Article 28	50	50	0	23.2%	23.2%	.	9.8%	9.8%	.
NYC	New York	Beth Israel Medical Center	Article 28	92	92	0	22.9%	22.9%	.	14.0%	14.0%	.
NYC	New York	Lenox Hill Hospital	Article 28	27	27	0	22.9%	22.9%	.	27.1%	27.1%	.
NYC	New York	Mount Sinai Medical Center[15]	Article 28	76	76	0	20.9%	20.9%	.	11.0%	11.0%	.
NYC	New York	NYC-HHC Bellevue Hospital Center	Article 28	330	285	45	21.8%	24.5%	7.5%	19.5%	21.1%	11.2%
NYC	New York	NYC-HHC Harlem Hospital Center	Article 28	52	52	0	20.9%	20.9%	.	16.1%	16.1%	.
NYC	New York	NYC-HHC Metropolitan Hospital Center	Article 28	122	104	18	23.2%	24.9%	10.4%	15.5%	16.4%	8.3%
NYC	New York	New York Gracie Square Hospital, Inc., The	Article 31	157	157	0	21.8%	21.8%	.	18.4%	18.4%	.
NYC	New York	New York Presbyterian Hospital	Article 28	91	91	0	14.4%	14.4%	.	9.9%	9.9%	.
NYC	New York	New York University Hospitals Center	Article 28	22	22	0	7.7%	7.7%	.	19.2%	19.2%	.
NYC	New York	St. Luke's-Roosevelt Hospital Center[16]	Article 28	110	93	17	27.0%	25.5%	12.5% *	14.8%	14.9%	12.5% *
NYC	Queens	Episcopal Health Services Inc.	Article 28	43	43	0	19.8%	19.8%	.	15.1%	15.1%	.
NYC	Queens	Jamaica Hospital Medical Center	Article 28	50	50	0	22.8%	22.8%	.	19.9%	19.9%	.
NYC	Queens	Long Island Jewish Medical Center	Article 28	221	200	21	23.1%	24.3%	14.3%	11.5%	12.0%	8.2%
NYC	Queens	NYC-HHC Elmhurst Hospital Center	Article 28	177	151	26	18.5%	20.3%	8.0%	18.7%	19.6%	13.3%
NYC	Queens	NYC-HHC Queens Hospital Center	Article 28	71	71	0	15.0%	15.0%	.	18.5%	18.5%	.
NYC	Queens	New York Flushing Hospital and Medical Center	Article 28	18	18	0	32.8%	32.8%	.	17.9%	17.9%	.
NYC	Richmond	Richmond University Medical Center	Article 28	65	55	10	22.6%	21.7%	25.5%	34.1%	33.7%	35.3%

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 8/1/15)			Metrics Post Discharge[4]					
							Readmission[5] For discharge cohort (Nov, 2014-Jan, 2015), % Having Psychiatric Readmission within 30 days			ER Utilization[7] For discharge cohort (Nov, 2014-Jan, 2015), % 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	22.9%	22.9%	.	10.7%	10.7%	.
Western	Cattaraugus	Olean General Hospital	Article 28	14	14	0	10.5%	10.5%	.	7.0%	7.0%	.
Western	Chautauqua	TLC Health Network	Article 28	20	20	0	18.8%	18.8%	.	10.4%	10.4%	.
Western	Chautauqua	Woman's Christian Assoc. of Jamestown, NY	Article 28	40	30	10	12.0%	12.1%	11.9%	2.5%	3.0%	1.7%
Western	Chemung	St. Joseph's Hospital	Article 28	25	25	0	4.8%	4.8%	.	9.6%	9.6%	.
Western	Erie	Brylin Hospitals, Inc.	Article 31	88	68	20	8.4%	6.7%	10.5%	4.8%	2.2%	7.9%
Western	Erie	Erie County Medical Center	Article 28	132	116	16	12.6%	13.4%	3.2%	5.1%	5.2%	3.2%
Western	Monroe	Rochester General Hospital	Article 28	30	30	0	11.5%	11.5%	.	6.7%	6.7%	.
Western	Monroe	The Unity Hospital of Rochester	Article 28	40	40	0	9.3%	9.3%	.	6.7%	6.7%	.
Western	Monroe	Univ of Roch Med Ctr/Strong Memorial Hospital	Article 28	93	66	27	13.1%	13.4%	12.2%	6.6%	7.0%	4.9%
Western	Niagara	Eastern Niagara Hospital, Inc.	Article 28	12	0	12	2.8%	.	2.8%	5.6%	.	5.6%
Western	Niagara	Niagara Falls Memorial Medical Center	Article 28	54	54	0	12.0%	12.0%	.	8.4%	8.4%	.
Western	Ontario	Clifton Springs Hospital and Clinic	Article 28	18	18	0	8.0%	8.0%	.	8.0%	8.0%	.
Western	Tompkins	Cayuga Medical Center at Ithaca, Inc.	Article 28	26	20	6	3.7%	5.3%	6.3% *	1.9%	0.0%	6.3% *
Western	Wayne	Newark-Wayne Community Hospital, Inc.	Article 28	16	16	0	4.3%	4.3%	.	4.3%	4.3%	.
Western	Wyoming	Wyoming County Community Hospital	Article 28	12	12	0	14.0%	14.0%	.	4.7%	4.7%	.
Western	Yates	Soldiers & Sailors Memorial Hospital	Article 28	10	10	0	7.7% *	7.7% *	.	0.0% *	0.0% *	.
Statewide Total				**6,066**	**5,282**	**784**	**18.6%**	**19.5%**	**11.9%**	**12.8%**	**13.2%**	**10.6%**

Updated as of Sep 16, 2015

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 12/1/2014 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. Columbia Memorial Hospital adult beds capacity is expanded by 4 beds from 18 to 22 effecive on 1/1/2015.

9. 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

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

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

12. The Southside Hospital closed adult beds on 6/3/15.

13. The Long Island Home adult beds capacity is expanded by 26 beds from 141 to 167 effecive on 6/19/2015.

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

15. Changes at Mount Sinai Medical Center were made to reduce adult beds by 4 (from 80 to 76), and close all Child/Adolescent beds (from 15 to 0) effective on 7/15/15.

16. Changes at St.Lukes - Roosevelt Hospital Center were made to add 10 adolescent beds and 7 child beds effective on 7/15/15.

***Note: This rate may not be stable due to small denominator (less than 20 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) **Behavioral Support and Consultation:** Consultation services delivered directly to school staff to avoid the unnecessary use of emergency services. Use of sensory modulation, WRAP plans, and de-escalation techniques will be provided. This service can be provided in response to an emerging situation and/or on a planned basis, and might involve the establishment of partnerships with stakeholders to provide assessments on an as-needed basis.

   This service can also be provided to primary care physicians to respond to crisis/acute needs, consultation services for diagnostic decisions, and ongoing support to youth and their families as a result.

   (2) **Crisis Assessment & Intervention:** 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.

(3) **Community Linkage:** Services that will work to establish a coordinated continuity of care to link recipients, their families, and other informal supports with the community's existing services. This might include collaboration and coordination with immediate and extended family, church, school, probation and other service providers.

(4) **Family and Caregiver Support Services:** 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 understanding and helping manage the challenges associated with a child or adolescent's mental health issues. This includes pscyoeducation, enhanced instruction on parenting skills that focus on techniques to help parents deal with problem behaviors, and reinforcement of pro-social behaviors in the home, school and community.

(5) **Health Assessment:** Assessment of vital signs, monitoring of harmful medication side effects such as dehydration, constipation, diabetes and other iatrogenic possibilities to determine need for follow up by physician or pharmacy.

(6) **Health Teaching:** Medication self-administration, medication education, including decision support services to balance the benefits of the medication vs. the side effects, chronic physical illness symptom management, smoking cessation, nutrition, personal hygiene, regular exercise and the exploration of complementary, alternative medicine such as yoga, reiki, tai chi, emotional freedom technique.

(7) **Respite:** Community based short-term care and intervention strategy for adults, children and their families. This service can be provided 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 and/or as a planned intervention needed to enhance the family/caregiver's ability to support the person's disability and/or health care issues. This is for family members caring for adult children as well as young children and adolescents. This can be provided in the family's home or in another community location.

(8) **Legal Interface:** Interfacing with local authorities to create awareness of best practices when engaging a person with mental health issues. This includes, but is not limited to, responding to a crisis, providing support during a court proceeding, and assisting law enforcement with linkage to the most appropriate level of care. When at all possible, peers should be included in responses involving crisis to assist in engaging and de-escalating situations.

(9) **Outreach and Engagement:** 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.

(10) **Peer Support:** Support from people with lived experience who can help to role model recovery and resiliency. Skills training and include, but is not limited to evidence based and best practices that promote self-awareness, insight and lead to community inclusion. The objective is to help people in managing their symptoms, or those of their child, in

order to participate with natural supports in the community. This service can be provided in an individual or group format as needed.

(11) **Physical Health:** Provision of personal care and education to include ADL support, wound care and catheter care and enrollment in managed care, identifying a primary care physician, helping scheduled age and gender appropriate tests (mammogram, physicals, colorectal exams, etc.). Also includes person specific support as needed, such as: diabetes monitoring, pain management, etc.

(12) **Psychiatric Rehabilitation and Recovery:** Coaching to create meaningful life outside the hospital by developing existing strengths, abilities and interests that support a valued role in the community and helps develop meaning and purpose in an individual's day. Includes exploring vocational, educational and personal interest opportunities and resources to create an individualized, purposeful structure in the day.

(13) **Skill Building:** Support to be successful in the home, community and school/work by teaching basic life skills and problem solving; including but not limited to, independent living skills such as: budgeting, shopping, meal preparation and travel training. Social remediation, recreational and vocational skills will be addressed as needed.

Employment supports can include exploring vocational, educational and volunteer opportunities based on a person's interests and experience. This might also include benefits advisement and education on work incentives.

(14) **Therapeutic Support:** Short term therapeutic communication and interaction for the purposes of alleviating event specific symptoms that could arise or be exacerbated for individuals living with mental health or emotional issues.

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/)

23. **First Episode Psychosis:** First Episode Psychosis (FEP) programs are intended for early identification of psychotic symptoms and the development of early intervention strategies to mitigate the onset of psychotic disorders. These programs generally focus on serving transition-aged youth and young adults experiencing their first psychotic break.

24. **First Break Team:** The First Break Teams provides services to the first onset psychosis adult population. The purpose of this program will be to provide interventions that will prevent the need for an inpatient hospitalization for those individuals experiencing their first psychotic break.

25. **On-Site Rehabilitation:** Program objective is to assist mentally ill adults living in adult congregate care settings, supervised or supported living arrangements to achieve their treatment and community living rehabilitation goals. Services include one or a combination of:
    (1) consumer self-help and support interventions:
    (2) community living;

(3) academic and/or social leisure time rehabilitation training and support services.

Services are provided either at the residential location of the resident or in the natural or provider-operated community and are provided by a team that is either located at the residential site or which functions as a mobile rehabilitation team traveling from site to site.

26. **Transitions in Care Teams: Transitions in Care Teams** focused on State PC and acute care discharges. OMH is funding two types of transitions in care teams known as the Pathway Home (2) and Parachute teams (3), for a total of 5 teams, largely focused on assisting recipients in the transition from a State Psychiatric Center to a community setting. These teams will become a critical part of the crisis management system in the City. Although largely focused on State PC discharges, these teams can also be used as a bridge service for individuals being discharged from an acute care hospital as a way to provide more intensive support while a recipient is being engaged in outpatient clinic and other services.

    Both teams are focused on recipient engagement through a multi-disciplinary mobile team consisting of peer specialists and nurses, social workers and part-time physician staff and have as their goal the collaboration with treatment and housing providers to facilitate timely, safe discharge to the community with ongoing support. Although run by different providers, the basic aim is similar – providing time-limited support in transitions in care to prevent future crises, and costly inpatient and psychiatric emergency services use. The team support is very patient-centered and depending on the recipient's needs can extend from three months to a year.