



**Office of
Mental Health**

December 2015 Monthly Report

OMH Facility Performance Metrics
and Community Service Investments

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December 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 December, as indicated in the accompanying tables. Additionally, 2015-16 SFY allocations have been awarded for additional supported housing units and for State-operated community service expansion.

Supported housing continued developing and serving new individuals, with nearly 540 new individuals served with the expansion capacity through December. Requests for Proposals for 130 additional supported housing units funded through the 2015-16 SFY budget have been awarded. Upstate county housing allocations have been issued via State Aid Letters. Home and Community Based Services (HCBS) waiver expansion continued serving more new individuals across the State and utilization is near 100%.

State-operated community services continue expanding their reach through eight facility service regions of the State. This expansion has served over 3,400 new individuals through December, 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 6,800 new individuals have been served in these programs through December.

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

| State Inpatient Facilities ¹ | Capital Beds | Budgeted Capacity | Capacity Change | Admission | Discharge ² | | Long Stay ³ | Monthly Average Daily Census ⁴ | | |
|---|---|----------------------------------|--|--------------------------------------|--------------------------------------|---|-------------------------------------|---|--------------------------------------|--------------------------------------|
| | N | N | N | N | N | Days | N | N | N | N |
| | Capital Beds as of end of SFY 2014-2015 | December, 2015 Budgeted Capacity | Budgeted Capacity change from previous month | # of Admissions during December 2015 | # of Discharges during December 2015 | Median Length of Stay for discharges during December 2015 | # of Long Stay on census 12/31/2015 | Avg. daily census 10/1/15-10/31/2015 | Avg. daily census 11/1/15-11/30/2015 | Avg. daily census 12/1/15-12/31/2015 |
| Adult | | | | | | | | | | |
| Bronx | 348 | 156 | -- | 29 | 24 | 63 | 77 | 155 | 156 | 160 |
| Buffalo | 221 | 156 | -- | 10 | 9 | 105 | 87 | 155 | 156 | 157 |
| Capital District | 158 | 124 | -- | 46 | 48 | 7 | 70 | 123 | 124 | 126 |
| Creedmoor | 480 | 322 | -- | 27 | 23 | 224 | 185 | 320 | 322 | 322 |
| Elmira | 104 | 54 | -- | 12 | 15 | 98 | 19 | 54 | 54 | 54 |
| Greater Binghamton | 178 | 74 | (2) | 10 | 12 | 77 | 27 | 72 | 72 | 72 |
| Hutchings | 132 | 117 | -- | 13 | 15 | 320 | 41 | 117 | 118 | 119 |
| Kingsboro | 254 | 161 | -- | 15 | 15 | 141 | 63 | 160 | 158 | 158 |
| Manhattan | 476 | 215 | -- | 16 | 25 | 135 | 74 | 176 | 173 | 164 |
| Pilgrim | 771 | 296 | -- | 23 | 26 | 194 | 182 | 283 | 284 | 281 |
| Rochester | 222 | 100 | -- | 7 | 8 | 181 | 54 | 100 | 95 | 93 |
| Rockland | 436 | 368 | -- | 23 | 22 | 200 | 229 | 366 | 364 | 364 |
| South Beach | 362 | 289 | -- | 33 | 48 | 309 | 117 | 270 | 275 | 264 |
| St. Lawrence | 84 | 53 | -- | 10 | 6 | 99 | 23 | 50 | 49 | 54 |
| Washington Heights | 21 | 21 | -- | 10 | 15 | 42 | 1 | 19 | 21 | 19 |
| Total | 4,247 | 2,506 | -- | 284 | 311 | 115 | 1,249 | 2,422 | 2,421 | 2,406 |
| Children & Youth | | | | | | | | | | |
| Elmira | 48 | 14 | -- | 11 | 12 | 15 | 4 | 14 | 14 | 13 |
| Greater Binghamton | 16 | 16 | -- | 22 | 21 | 24 | 0 | 16 | 16 | 15 |
| Hutchings | 30 | 23 | -- | 21 | 25 | 24 | 0 | 20 | 24 | 23 |
| Mohawk Valley | 30 | 28 | -- | 35 | 41 | 19 | 1 | 27 | 27 | 26 |
| NYC Children's Center | 184 | 125 | -- | 9 | 8 | 235 | 69 | 115 | 116 | 120 |
| Rockland CPC | 56 | 24 | (2) | 13 | 19 | 38 | 1 | 19 | 24 | 23 |
| Sagamore CPC | 77 | 54 | -- | 17 | 21 | 71 | 13 | 38 | 39 | 41 |
| South Beach | 12 | 12 | -- | 5 | 3 | 142 | 0 | 11 | 7 | 6 |
| St. Lawrence | 29 | 27 | -- | 21 | 23 | 25 | 3 | 27 | 27 | 26 |
| Western NY CPC | 46 | 46 | -- | 17 | 17 | 79 | 3 | 41 | 38 | 39 |
| Total | 528 | 369 | -- | 171 | 190 | 28 | 94 | 327 | 332 | 331 |
| Forensic | | | | | | | | | | |
| Central New York | 569 | 208 | -- | 29 | 51 | 99 | 39 | 159 | 168 | 158 |
| Kirby | 476 | 193 | -- | 27 | 24 | 89 | 69 | 182 | 189 | 191 |
| Mid-Hudson | 340 | 264 | -- | 31 | 31 | 84 | 147 | 262 | 260 | 258 |
| Rochester | 84 | 55 | -- | 7 | 6 | 222 | 31 | 83 | 84 | 83 |
| Total | 1,469 | 720 | -- | 94 | 112 | 99 | 286 | 687 | 700 | 690 |

Updated as of January 11, 2016

- 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.

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.

| OMH Field Office Region | Total Funding Available (in 000s) | | | | | | |
|-------------------------|-----------------------------------|----------------|-------------------|-------------------|-----------------|----------------|--------------------------|
| | Supported Units | Housing Funds | HCBS Waiver Units | HCBS Waiver Funds | State/Community | Voluntary | Full Annual Reinvestment |
| 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 | 51 | | |
| 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 | 195 |
| Supported Housing Beds | | | | | | | | |
| Greater Binghamton | Adults | 289 | 70 | \$548,373 | \$548,373 | 69 | | |
| Elmira | Adults | 517 | 48 | \$404,448 | \$404,448 | 48 | | |
| St. Lawrence | Adults | 306 | 53 | \$407,543 | \$407,543 | 39 | | |
| Sagamore | Adults | - | - | - | - | - | | |
| Pilgrim | Adults | 2,245 | 140 | \$2,149,260 | \$2,149,260 | 81 | | |
| Western NY | Adults | - | - | - | - | - | | |
| Buffalo | Adults | 1,196 | 82 | \$692,756 | \$692,756 | 49 | | |
| Rochester | Adults | 555 | 119 | \$1,002,865 | \$1,002,865 | 97 | | |
| New York City | Adults | 8,776 | 244 | \$3,745,282 | \$3,745,282 | 112 | | |
| Rockland | Adults | 1,841 | 110 | \$1,390,496 | \$1,390,496 | 42 | | |
| Hutchings | Adults | 504 | 12 | \$92,772 | \$92,772 | 2 | | |
| Subtotal | | | | 16,229 | 878 | \$10,433,795 | \$10,433,795 | 539 |
| State-Community | | | | | | | | |
| Greater Binghamton | | | | \$5,740,000 | 46 | \$3,220,000 | 1,640 | |
| Elmira | | | | | 28 | \$1,960,000 | 921 | |
| St. Lawrence | | | | \$2,870,000 | 29 | \$2,030,000 | 305 | |
| Sagamore | | | | \$2,100,000 | 6 | \$420,000 | | |
| Pilgrim | | | | \$1,890,000 | 15 | \$1,050,000 | 258 | |
| Western NY | | | | \$1,050,000 | 1 | \$70,000 | | |
| Buffalo | | | | \$490,000 | 29 | \$2,030,000 | 222 | |
| Rochester | | | | \$2,100,000 | 7 | \$490,000 | | |
| New York City | | | | \$1,890,000 | | | | |
| Rockland/CDPC | | | | \$770,000 | 15 | \$1,050,000 | 150 | |
| Hutchings | | | | \$1,050,000 | 176 | \$12,320,000 | 3,496 | |
| Subtotal | | | | \$19,950,000 | | | | |
| Aid to Localities | | | | | | | | |
| Greater Binghamton | | | | \$1,035,000 | | \$402,000 | 3 | |
| Elmira | | | | | | \$402,000 | 95 | |
| St. Lawrence | | | | \$281,000 | | \$280,998 | 549 | |
| Sagamore | | | | \$4,086,000 | | \$3,103,611 | 163 | |
| Pilgrim | | | | | | | | |
| Western NY | | | | \$2,248,000 | | \$1,898,000 | 766 | |
| Buffalo | | | | | | | | |
| Rochester | | | | \$3,173,000 | | \$2,823,000 | 401 | |
| New York City | | | | \$6,432,000 | | \$4,321,938 | 294 | |
| Rockland/CDPC | | | | \$3,680,000 | | \$2,254,606 | 1,601 | |
| Hutchings | | | | \$477,000 | | \$177,000 | 535 | |
| Subtotal | | | | \$21,412,000 | | \$15,663,153 | 4,407 | |
| Statewide: Suicide Prevention and Forensics | | | | \$1,500,000 | | \$1,500,000 | N/A | |
| TOTAL TRANSFORMATION | | | | \$58,907,447 | | \$45,528,600 | 8,637 | |
| Article 28/31 Reinvestment | | | | | | | | |
| St. James Mercy (WNY) | Child & Adult | N/A | N/A | \$894,275 | | \$894,275 | 834 | |
| Medina Memorial (WNY) | Adults | N/A | N/A | \$199,030 | | \$199,030 | 150 | |
| 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 | 756 | |
| LBMC/NSUH/PK (Long Island) | Child & Adult | N/A | N/A | \$2,910,400 | | \$2,910,400 | 723 | |
| Subtotal | | | | \$15,973,993 | | \$15,973,993 | 2,463 | |
| GRAND TOTAL | | | | \$74,881,440 | | \$61,502,593 | 11,100 | |

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 | 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. | 8/1/2014 | 53 | \$268,625 |
| Supported Housing | Adult | Chenango | 46 | 8 | | 10/1/2014 | 5 | \$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 | 3 | \$25,278 |
| Supported Housing | Adult | Tompkins | 0 | 10 | | 11/1/2014 | 7 | \$84,260 |
| SUBTOTAL: | | | 289 | 70 | | | 69 | \$548,373 |
| State Resources: | | | N/A | | | | | |
| Mobile Integration Team ¹ | Adults & Children | Southern Tier Service Area | | 33 FTEs | Mobile Integration Team provided services to individuals in the Southern Tier service area. Full regional funding is \$1,680,000. | 6/1/2014 | 1,240 | \$1,155,000 |
| Clinic Expansion ¹ | 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 | 296 | \$70,000 |
| SUBTOTAL: | | | | | | | 1,536 | \$1,225,000 |
| Aid to Localities: | | Eastern Southern Tier Service Area | N/A | N/A | | | | |
| Crisis Intervention Team (CIT) | Adult | Broome | | | | 9/14/2015 | 3 | \$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 | | | | 11/1/2015 | | \$45,360 |
| SUBTOTAL: | | | | | | | 3 | \$402,000 |

| | |
|--|--------------------|
| State Resources - In Development: | \$1,886,221 |
|--|--------------------|

| | |
|---|------------------|
| Aid to Localities - In Development | \$122,000 |
|---|------------------|

| | | |
|---------------|--------------|--------------------|
| TOTAL: | 1,620 | \$4,499,110 |
|---------------|--------------|--------------------|

1. 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 | Schuylers | 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 | 18 | \$117,964 |
| Supported Housing | Adult | Ontario | 64 | 7 | | 10/1/2014 | 7 | \$58,982 |
| Supported Housing | Adult | Schuylers | 6 | 1 | | 12/1/2015 | 1 | \$8,426 |
| Supported Housing | Adult | Seneca | 28 | 4 | | 8/1/2014 | 5 | \$33,704 |
| Supported Housing | Adult | Steuben | 119 | 8 | | 9/1/2014 | 6 | \$67,408 |
| Supported Housing | Adult | Tompkins | 64 | 4 | | 9/1/2014 | 4 | \$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 | | 48 | \$404,448 | |
| State Resources: | | | N/A | | | | | |
| Mobile Integration Team ¹ | Adults & Children | Southern Tier Service Area | | 33 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 | 1,240 | \$1,155,000 |
| Clinic Expansion ¹ | 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 | 296 | \$70,000 |
| Crisis/respice Unit | Children | Elmira PC Service Area | | 11 FTEs | Positions for crisis/respice have been allocated and have begun serving new individuals. | 4/16/2015 | 104 | \$770,000 |
| SUBTOTAL: | | | | | | | 1,640 | \$1,995,000 |
| 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/ Finger Lakes | | | | | | \$92,466 |
| Family Support | Adult | Finger Lakes | | | | | | \$27,396 |
| Peer Training | Adult | Service Area | | | | 12/5/2015 | 86 | \$18,750 |
| Transitional Housing Program | Adult | Steuben | | | | 7/1/2015 | 9 | \$101,842 |
| Transitional Housing Program | Adult | Tompkins | | | | | | \$50,921 |
| Transitional Housing Program | Adult | Yates | | | | | | \$50,921 |
| SUBTOTAL: | | | | | | | 95 | \$402,000 |

| | |
|--|--------------------|
| State Resources - In Development: | \$633,036 |
| Aid to Localities - In Development: | \$108,000 |
| TOTAL: | 1,795 |
| | \$3,858,000 |

Notes:

1. 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

| 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 | 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 | 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. | 10/1/2014 | 6 | \$46,050 |
| Supported Housing | Adult | Essex | 29 | 6 | | 3/1/2015 | 1 | \$46,818 |
| Supported Housing | Adult | Franklin | 42 | 5 | | 1/1/2015 | 5 | \$38,375 |
| Supported Housing | Adult | Jefferson | 57 | 9 | | 11/1/2014 | 6 | \$69,075 |
| Supported Housing | Adult | Lewis | 51 | 2 | | 2/1/2015 | 2 | \$15,350 |
| Supported Housing | Adult | St. Lawrence | 73 | 25 | | 1/1/2015 | 19 | \$191,875 |
| SUBTOTAL: | | | 306 | 53 | | | 39 | \$407,543 |
| State Resources: | | | N/A | | | | | |
| Mobile Integration Team | Adults & Children | St. Lawrence PC Service Area | | 21 FTEs | Mobile Integration Team provided services in St. Lawrence PC service area. | 6/6/2014 | 852 | \$1,470,000 |
| Clinic expansion | Children | Jefferson | | 6 FTEs | Positions for State children's clinic expansion have been filled and clinic expansion continued. | 9/8/2015 | 69 | \$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: | | | | | | | 921 | \$1,960,000 |
| Aid to Localities: | | St. Lawrence PC Service Area | N/A | N/A | | | | |
| Outreach Services Program | Adult | Clinton | | | | 2/1/2015 | 21 | \$46,833 |
| Mobile Crisis Program | Adult | Essex | | | | 4/28/2015 | 42 | \$23,417 |
| Community Support Program | Children | Essex | | | | 3/1/2015 | 46 | \$23,416 |
| Mobile Crisis Program | Adult | St. Lawrence | | | | 7/1/2015 | 142 | \$46,833 |
| Support Services Program | Adult | Franklin | | | | 3/15/2015 | 29 | \$12,278 |
| Self Help Program | Adult | Franklin | | | | 3/15/2015 | 33 | \$12,277 |
| Outreach Services Program | Adult & Children | Franklin | | | | 3/15/2015 | 180 | \$12,278 |
| Crisis Intervention Program | Adult & Children | Franklin | | | | 6/1/2015 | 18 | \$10,000 |
| Outreach Services Program | Adult | Lewis | | | | | | \$46,833 |
| Outreach Services Program | Adult | Jefferson | | | | 9/28/2015 | 38 | \$46,833 |
| SUBTOTAL: | | | | | | | 549 | \$280,998 |

State Resources - In Development:

\$910,000

TOTAL:

1,521

\$3,874,057

Table 3d: Sagamore Children's Psychiatric Center

| Service | Target Population | County | Prior Capacity | Reinvestment Expansion (units) | Investment Plan Progress | | | Annualized Reinvestment Amount (\$) |
|----------------------------------|-------------------|------------------|----------------|--------------------------------|--|---------------|------------------------|-------------------------------------|
| | | | | | Status Update | Start Up Date | New Individuals Served | |
| 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 | 152 | \$70,000 |
| Mobile Integration Team | Children | Nassau & Suffolk | | 9 FTEs | Mobile Integration Team provided services to individuals in the Sagamore PC service area. | 11/30/2014 | 45 | \$630,000 |
| Clinic Expansion | Children | Nassau & Suffolk | | 9 FTEs | Positions for State children's clinic expansion have been allocated. | | | \$630,000 |
| Crisis/respice Unit | Children | Nassau & Suffolk | | 9 FTEs | Positions for crisis/respice have been allocated and have begun serving new individuals. | 3/9/2015 | 108 | \$630,000 |
| SUBTOTAL: | | | | | | | 305 | \$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: State Share of Medicaid* | | | \$30,954 \$50,345 |
| SUBTOTAL: | | | | | | | | \$607,871 |

State Resources - In Development: **\$273,889**

TOTAL: **359** **\$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 | RFP awards were made to two providers serving Nassau and Suffolk Counties. Development of new units is underway. | 3/1/2015 | 26 | \$843,580 |
| Supported Housing | Adult | Suffolk | 1,360 | 85 | | 12/1/2014 | 55 | \$1,305,680 |
| SUBTOTAL: | | | 2,245 | 140 | | | 81 | \$2,149,260 |
| State Resources: | | | N/A | | | | | |
| Clinic Expansion | Adult | Nassau & Suffolk | | 2 FTEs | Positions for State adult clinic expansion have been allocated. | | | \$140,000 |
| Mobile Integration Team | Adult | Nassau & Suffolk | | 4 FTEs | Staff members have been identified, and the development of a MIT Team operated by Pilgrim PC continued through December 2015. | | | \$280,000 |
| SUBTOTAL: | | | | | | | | \$420,000 |
| Aid to Localities: | | | 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 | 63 | \$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: | | | | | | | 163 | \$2,495,740 |

State Resources - In Development:

\$1,470,000

Aid to Localities - In Development:

\$779,000

TOTAL:

244

\$7,314,000

* Gross Medicaid projected \$1,827,048

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

| Service | Target Population | County | Prior Capacity | Reinvestment Expansion (units) | Investment Plan Progress | | | Annualized Reinvestment Amount (\$) |
|--|-------------------|--|----------------|--------------------------------|---|---------------|------------------------|-------------------------------------|
| | | | | | Status Update | Start Up Date | New Individuals Served | |
| 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 | | 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 | 6 | | 7/1/2014 | 5 | \$50,670 |
| Supported Housing | Adult | Chautauqua | 86 | 6 | | 8/1/2014 | 4 | \$50,727 |
| Supported Housing | Adult | Erie | 863 | 56 | | 8/1/2014 | 33 | \$472,996 |
| Supported Housing | Adult | Niagara | 143 | 14 | | 9/1/2014 | 7 | \$118,363 |
| SUBTOTAL: | | | 1,196 | 82 | | | 49 | \$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 | 216 | \$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 | 42 | \$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. | 12/1/2015 | | \$70,000 |
| Mobile Integration Team | Adult | Buffalo PC Service Area | | 1 FTE | A staff member has been identified and an existing mobile mental health team is being converted into a MIT Team operated by Buffalo PC. Services anticipated to begin in January 2016. | | | \$70,000 |
| SUBTOTAL: | | | | | | | 258 | \$1,120,000 |
| 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 | | | | 11/18/2015 | 11 | \$315,000 |
| Mobile Transitional Support Teams (2) | Adult | Chautauqua and Cattaraugus | | | | 1/1/2015 | 111 | \$234,000 |
| Peer Crisis Respite Center (including Warm Line) | Adult | Erie | | | | 1/26/2015 | 148 | \$353,424 |
| Mobile Transitional Support Teams (3) | Adult | Erie | | | | 1/26/2015 | 69 | \$431,000 |
| Crisis Intervention Team | Adult | Erie | | | | 1/1/2015 | 202 | \$191,318 |
| Peer Crisis Respite Center (including Warm Line) | Adult | Niagara | | | | 12/1/2014 | 164 | \$256,258 |
| Mobile Transitional Support Team | Adult | Niagara | | | | 1/20/2015 | 61 | \$117,000 |
| SUBTOTAL: | | | | | | | 766 | \$1,898,000 |

| | |
|--|------------------|
| State Resources - In Development: | \$420,000 |
|--|------------------|

| | |
|--|------------------|
| Aid to Localities - In Development: | \$350,000 |
|--|------------------|

| | | |
|---------------|--------------|--------------------|
| TOTAL: | 1,097 | \$5,111,788 |
|---------------|--------------|--------------------|

Table 3g: Rochester Psychiatric Center

| Service | Target Population | County | Prior Capacity | Reinvestment Expansion (units) | Investment Plan Progress | | | Annualized Reinvestment Amount (\$) |
|------------------------------------|-------------------|--|----------------|--------------------------------|---|---------------|------------------------|-------------------------------------|
| | | | | | Status Update | Start Up Date | New Individuals Served | |
| 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 | | 2/1/2015 | 2 | \$16,852 |
| Supported Housing | Adult | Monroe | 427 | 103 | | 10/1/2014 | 89 | \$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 | | | 97 | \$1,002,865 |
| State Resources: | | | | | | | | |
| Mobile Integration Team | Adult | Rochester PC Service Area | | 23 FTEs | The Mobile Integration Team provided services to individuals in the Rochester PC service area. | 10/30/2014 | 174 | \$1,610,000 |
| First Break Team | Adult | Rochester PC Service Area | | 2 FTEs | Two staff members have been identified for the First Break Team. Planning and hiring continued through December. | | | \$140,000 |
| Clinic Expansion | Adult | Rochester PC Service Area | | 4 FTEs | Positions for State adult clinic expansion have been filled and clinic expansion continued through December. | 1/1/2015 | 48 | \$280,000 |
| SUBTOTAL: | | | | | | | 222 | \$2,030,000 |
| Aid to Localities: | | | | | | | | |
| Peer Bridger Program | Adult | Genesee & Orleans | | | | 6/4/2015 | 3 | \$30,468 |
| Community Support Team | Adult | Rochester PC Service Area | | | | 3/1/2015 | 75 | \$500,758 |
| Peer Bridger Program | Adult | Livingston Monroe Wayne Wyoming | | | | 2/1/2015 | 27 | \$262,032 |
| Crisis Transitional Housing | Adult | Livingston | | | | 2/15/2015 | 14 | \$112,500 |
| Peer Run Respite Diversion | Adult | Monroe | | | | 5/7/2015 | 108 | \$500,000 |
| Assertive Community Treatment Team | Adult | Monroe | 48 | | State Aid State Share of Medicaid* | 7/1/2015 | 22 | \$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 | 6 | \$112,500 |
| Crisis Transitional Housing | Adult | Wayne | | | | 4/8/2015 | 13 | \$112,500 |
| Crisis Transitional Housing | Adult | Wyoming | | | | 2/28/2015 | 11 | \$112,500 |
| Enhanced Recovery Supports | Adult | Wyoming | | | | 9/1/2014 | 115 | \$51,836 |
| Recovery Center | Adult | Genesee & Orleans | | | | 5/7/2015 | 7 | \$217,124 |
| SUBTOTAL: | | | | | | | 401 | \$2,823,000 |

State Resources - In Development: **\$70,000**

Aid to Localities - In Development: **\$350,000**

TOTAL: **720** **\$6,275,865**

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

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 Waivr providers to maximize the use of all waiver capacity. | 10/1/2013 | 21 | \$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 | | | 51 | \$1,749,440 |
| Supported Housing | Adult | Bronx | 2,120 | 50 | RFP awards were made to three providers serving Kings, Queens and Richmond Counties. Development of new units is underway. | 5/1/2015 | 29 | \$752,150 |
| Supported Housing | Adult | Kings | 2,698 | 30 | | | | \$476,220 |
| Supported Housing | Adult | New York | 1,579 | 104 | | 3/1/2015 | 83 | \$1,564,472 |
| Supported Housing | Adult | Queens | 1,887 | 30 | | | | \$476,220 |
| Supported Housing | Adult | Richmond | 492 | 30 | | | | \$476,220 |
| SUBTOTAL: | | | 8,776 | 244 | | | 112 | \$3,745,282 |
| State Resources: | | | N/A | | | | | |
| Mobile Integration Team | Adult | NYC | | 7 FTEs | Staff members have been identified, and the development of a MIT Team operated by Creedmoor PC continued through December 2015. | | | \$490,000 |
| SUBTOTAL: | | | | | | | | \$490,000 |
| Aid to Localities: | Adult | NYC | N/A | N/A | | | | |
| Transitions in Care Teams (5) | | | | | | 7/1/2015 | 294 | \$4,321,938 |
| SUBTOTAL: | | | | | | | 294 | \$4,321,938 |

| | |
|--|---------------------|
| State Resources - In Development: | \$1,400,000 |
| Aid to Localities - In Development: | \$2,109,000 |
| TOTAL: | 457 |
| | \$13,815,660 |



Table 3i: Rockland and Capital District 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 | 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 | 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. | 12/1/2014 | 10 | \$221,631 |
| Supported Housing | Adult | Orange | 262 | 22 | | 10/1/2014 | 12 | \$286,046 |
| Supported Housing | Adult | Putnam | 67 | 2 | | 5/1/2015 | 2 | \$25,766 |
| Supported Housing | Adult | Rockland | 173 | 16 | | 7/1/2014 | 6 | \$225,578 |
| Supported Housing | Adult | Sullivan | 61 | 5 | | 11/1/2014 | 5 | \$46,425 |
| Supported Housing | Adult | Ulster | 142 | 28 | | 1/1/2015 | 3 | \$275,880 |
| Supported Housing | Adult | Westchester | 907 | 20 | | | | |
| SUBTOTAL: | | | 1,841 | 110 | | | 42 | \$1,390,496 |
| Aid to Localities: | | Rockland PC Service Area | N/A | N/A | | | | |
| Hospital Diversion/Crisis | Adult | Dutchess | | | | 2/12/2015 | 36 | \$200,000 |
| Supported Housing | Adult | Orange | | 6 | | 4/1/2015 | 4 | \$77,298 |
| Outreach Services | Adult | Orange | | | | 12/1/2014 | 8 | \$36,924 |
| Outreach Services | Children | Orange | | | | 10/1/2014 | 143 | \$85,720 |
| Advocacy/Support Services | Adult | Putnam | | | | | | \$23,000 |
| Self-Help Program | Adult | Putnam | | | | 2/1/2015 | 21 | \$215,000 |
| Mobile Crisis Intervention Program ¹ | Adults & Children | Rockland | | | | 3/31/2015 | 473 | \$449,668 |
| Hospital Diversion/ Transition Program ¹ | Adult | Sullivan | | | | 11/24/2014 | 124 | \$225,000 |
| Mobile Crisis Services ¹ | Adults & Children | Ulster | | | | 2/9/2015 | 671 | \$400,000 |
| Assertive Community Treatment team expansion (48 to 68 slots) | Adult | Ulster | | 20 | State Aid: State Share of Medicaid: | 12/1/2014 | 32 | \$33,952 \$66,664 |
| Outreach Services | Adult | Westchester | | | | 4/1/2015 | 46 | \$267,328 |
| Crisis Intervention/ Mobile Mental Health Team | Children | Westchester | | | | 11/1/2014 | 43 | \$174,052 |
| SUBTOTAL: | | | | | | | 1,601 | \$2,254,606 |

State Resources - In Development: **\$770,000**

Aid to Localities - In Development: **\$1,425,000**

TOTAL: **1,655** **\$6,163,220**

* Gross Medicaid projected \$229,156

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 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 | 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. | | | \$23,193 |
| Supported Housing | Adult | Cortland | 53 | 3 | | | | \$23,193 |
| Supported Housing | Adult | Hamilton | 4 | 3 | | | | \$23,193 |
| Supported Housing | Adult | Madison | 28 | | | | | |
| Supported Housing | Adult | Onondaga | 300 | | | | | |
| Supported Housing | Adult | Oswego | 62 | 3 | | 12/1/2015 | 2 | \$23,193 |
| SUBTOTAL: | | | 508 | 12 | | | 2 | \$92,772 |
| State Resources: | | | | | | | | |
| Crisis/respice unit | Children | Hutchings PC Service Area | N/A | 12 FTEs | The crisis/respice unit provided services to individuals in the Hutchings PC Service Area. | 11/5/2014 | 150 | \$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: | | | | | | | 150 | \$1,050,000 |
| Aid to Localities: | | | | | | | | |
| Support of Families in Crisis Program | Children | Onondaga | | | | | | \$125,800 |
| Collaborative Problem Solving Program | Children | Onondaga | | | | 4/7/2015 | 535 | \$51,200 |
| SUBTOTAL: | | | | | | | 535 | \$177,000 |
| Aid to Localities - In Development: | | | | | | | | \$300,000 |
| TOTAL: | | | | | | | 705 | \$2,093,046 |

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 Youth | 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

| Service | Target Population | County | Prior Capacity | Reinvestment Expansion (units) | Investment Plan Progress | | | |
|--|-------------------|-------------------------------|----------------|--------------------------------|--------------------------|---------------|------------------------|-------------------------------------|
| | | | | | Status Update | Start Up Date | New Individuals Served | Annualized Reinvestment Amount (\$) |
| Article 28: | | | | | | | | |
| St. James Mercy | | | | | | | | |
| Intensive Intervention Services | Adult | Allegany | | | | 8/25/2014 | 37 | \$95,000 |
| Establish Mental Health Clinic/Crisis Intervention Services | Adults & Children | Livingston | | | | 1/5/2015 | 84 | \$59,275 |
| Enhanced Mobile Crisis Outreach | Adults & Children | Steuben | | | | 11/3/2014 | 694 | \$490,000 |
| Intensive In-Home Crisis Intervention (Tri-County) | Children & Youth | Allegany, Livingston, Steuben | | | | 6/1/2015 | 19 | \$250,000 |
| SUBTOTAL: | | | | | | | 834 | \$894,275 |
| Medina Memorial Hospital | | | | | | | | |
| Mental Hygiene Practitioner to handle crisis calls (late afternoon and evenings) | Adults & Children | Niagara | | | | 8/15/2014 | 84 | \$68,030 |
| Enhanced Crisis Response | Adults & Children | Orleans | | | | 7/1/2014 | 66 | \$131,000 |
| SUBTOTAL: | | | | | | | 150 | \$199,030 |
| TOTAL: | | | | | | | 984 | \$1,093,305 |

Table 3I: New York City Region Article 28 Hospital Reinvestment

| Service | Target Population | County | Prior Capacity | Reinvestment Expansion (units) | Investment Plan Progress | | | |
|--|-------------------|--------|----------------|--------------------------------|--------------------------|---------------|------------------------|-------------------------------------|
| | | | | | 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 | C&Y | NYC | | 5 | | | | \$210,000 |
| Rapid Response Mobile Crisis | C&Y | NYC | | | | | | \$1,150,000 |
| Family Advocates | C&Y | NYC | | | | | | \$450,000 |
| 4.5 Rapid Response Teams | C&Y | NYC | | | | | | \$1,989,569 |
| Family Resource Center | C&Y | NYC | | | | | | \$1,335,777 |
| High Fidelity Wrap Around | C&Y | NYC | | | | | | \$181,865 |
| SUBTOTAL: | | | | | | | | \$5,735,711 |
| Stony Lodge Hospital | | | | | | | | |
| 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 |
| Family Resource Center | C&Y | NYC | | | | | | \$728,622 |
| High Fidelity Wraparound | C&Y | NYC | | | | | | \$185,128 |
| SUBTOTAL: | | | | | | | | \$1,600,000 |

| | | |
|---------------|--|--------------------|
| TOTAL: | | \$7,335,711 |
|---------------|--|--------------------|

Table 3m: Hudson River Region Article 28 Hospital Reinvestment

| Service | Target Population | County | Prior Capacity | Reinvestment Expansion (units) | Investment Plan Progress | | | |
|---|-------------------|-------------|----------------|--------------------------------|--------------------------|---------------|---------------------------|-------------------------------------|
| | | | | | 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: | | 5 | \$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: | | | | | | | 5 | \$473,014 |
| Article 28: | | | | N/A | | | | |
| Supported Housing | Adult | Albany | | 2 | | 9/1/2015 | 2 | \$18,570 |
| | | Greene | | 5 | | 3/1/2015 | 5 | \$46,425 |
| | | Rensselaer | | 7 | | 5/1/2015 | 7 | \$64,995 |
| | | Schenectady | | 7 | | 10/1/2015 | 4 | \$64,995 |
| Mobile Crisis Services | Adult | Columbia | | | | 7/1/2015 | 195 | \$180,636 |
| | | Greene | | | | 7/1/2015 | 185 | \$180,636 |
| | | Sullivan | | | | 11/24/2014 | See Table 3i ¹ | \$81,447 |
| Hospital Diversion Respite | Adult | Columbia | | | | 11/1/2015 | 2 | \$43,560 |
| | | Greene | | | | 3/1/2015 | 3 | \$43,560 |
| Respite Services | C&Y | Columbia | | | | 3/30/2015 | 10 | \$15,750 |
| | | Greene | | | | 3/30/2015 | 15 | \$65,670 |
| | | Orange | | | | 6/30/2015 | 6 | \$30,000 |
| | | Sullivan | | | | 4/1/2015 | 17 | \$25,000 |
| Respite Services | Adult | Dutchess | | | | 3/1/2015 | 27 | \$25,000 |
| | | Orange | | | | 3/20/2015 | 14 | \$60,000 |
| | | Putnam | | | | 6/1/2015 | 8 | \$25,000 |
| | | Westchester | | | | 6/1/2015 | 13 | \$136,460 |
| Self Help Program | Adult | Dutchess | | | | 11/1/2015 | 3 | \$60,000 |
| | | Orange | | | | 6/17/2015 | 8 | \$30,000 |
| | | Westchester | | | | 4/8/2015 | 52 | \$388,577 |
| Family Support Services | C&Y | Orange | | | | 2/18/2015 | 44 | \$30,000 |
| | | Schoharie | | | | 2/23/2015 | 115 | \$170,000 |
| Adult Mobile Crisis Team (5 Counties: Rensselaer, Saratoga, Schenectady, Warren-Washington) | Adult | Rensselaer | | | | 10/1/2015 | 15 | \$1,000,190 |
| Capital Region Respite Services (5 Counties: Albany, Rensselaer, Schenectady) | C&Y | Rensselaer | | | | 7/8/2015 | 6 | \$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: | | | | | | | 756 | \$4,161,563 |

| | | |
|---------------|------------|--------------------|
| TOTAL: | 761 | \$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

| Service | Target Population | County | Prior Capacity | Reinvestment Expansion (units) | Investment Plan Progress | | | |
|--|-------------------|---------|----------------|--------------------------------|--------------------------|---------------|------------------------|-------------------------------------|
| | | | | | Status Update | Start Up Date | New Individuals Served | Annualized Reinvestment Amount (\$) |
| Article 28: | | | | | | | | |
| 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: | | 6 | \$165,400 |
| SUBTOTAL: | | | | | | | 6 | \$165,400 |
| Article 28: | | | | | | | | |
| (6) Mobile Residential Support Teams | Adult | Nassau | | | | 7/1/2015 | 187 | \$1,344,000 |
| Mobile Crisis Team Expansion | Adult | Nassau | | | | 8/1/2015 | 530 | \$212,000 |
| Satellite Clinic Treatment Services | Adult | Nassau | | | State Share of Medicaid: | | | \$155,000 |
| | | | | | | | | \$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: | | | | | | | 717 | \$2,745,000 |

| | | |
|---------------|------------|--------------------|
| TOTAL: | 723 | \$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 (Mar, 2015-May, 2015), % Having Psychiatric Readmission within 30 days | For discharge cohort (Mar, 2015-May, 2015), % Utilizing Psychiatric Emergency Room within 30 days |
| Adult | | |
| Bronx | 20.3% | 10.0% |
| Buffalo | 3.2% | 23.1%* |
| Capital District | 15.4% | 10.9% |
| Creedmoor | 25.0% | 11.5% |
| Elmira | 10.5%* | 25.0%* |
| Greater Binghamton | 15.6% | 6.3%* |
| Hutchings | 10.3% | 11.8%* |
| Kingsboro | 4.3% | 0.0%* |
| Manhattan | 15.3% | 3.4% |
| Pilgrim | 11.4% | 7.1%* |
| Rochester | 8.0% | 0.0%* |
| Rockland | 10.0% | 25.0%* |
| South Beach | 11.0% | 8.7% |
| St. Lawrence | 19.0% | 0.0%* |
| Washington Heights | 11.4% | 10.3% |
| Total | 13.5% | 9.4% |
| Children & Youth | | |
| Elmira | 7.1% | 2.7% |
| Greater Binghamton | 2.9% | 6.9% |
| Hutchings | 8.3% | 12.3% |
| Mohawk Valley | 12.5% | 14.4% |
| NYC Children's Center | 6.5% | 5.3% |
| Rockland CPC | 2.4% | 5.3% |
| Sagamore CPC | 13.6% | 7.7% |
| South Beach | 25.0%* | 0.0%* |
| St. Lawrence | 8.1% | 6.5% |
| Western NY CPC | 0.0% | 4.8% |
| Total | 8.1% | 8.6% |
| Forensic | | |
| Central New York | 3.1% | 0.0% |
| Kirby | 2.9% | 6.3% |
| Mid-Hudson | 17.2% | 0.0% |
| Rochester | 0.0%* | 0.0%* |
| Total | 6.1% | 2.3% |

Updated as of Jan 13, 2016

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 Rates¹

| Region | County ² | Hospital Name ³ | Auspice | Capacity (as of 12/1/15) | | | Metrics Post Discharge ⁴ | | | | | |
|-------------|---------------------|---|------------|--------------------------|-------|-------|---|---------|--------|---|---------|--------|
| | | | | | | | Readmission ⁵ | | | ER Utilization ⁷ | | |
| | | | | | | | For discharge cohort (Mar, 2015-May, 2015), % Having Psychiatric Readmission within 30 days | | | For discharge cohort (Mar, 2015-May, 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 | 16.8% | 16.8% | . | 15.1% | 15.1% | . |
| Central | Cayuga | Auburn Community Hospital | Article 28 | 14 | 14 | 0 | 23.8% | 23.8% | . | 7.1% | 7.1% | . |
| Central | Clinton | Champlain Valley Physicians Hospital Med Ctr. | Article 28 | 34 | 22 | 12 | 16.5% | 12.3% | 22.5% | 10.3% | 10.5% | 10.0% |
| Central | Cortland | Cortland Regional Medical Center, Inc. | Article 28 | 11 | 11 | 0 | 10.6% | 10.6% | . | 4.3% | 4.3% | . |
| Central | Franklin | Adirondack Medical Center | Article 28 | 12 | 12 | 0 | 16.7% * | 16.7% * | . | 0.0% * | 0.0% * | . |
| Central | Jefferson | Samaritan Medical Center | Article 28 | 32 | 32 | 0 | 17.2% | 17.2% | . | 3.4% | 3.4% | . |
| Central | Montgomery | St. Mary's Healthcare | Article 28 | 20 | 20 | 0 | 19.4% | 19.4% | . | 5.1% | 5.1% | . |
| Central | Oneida | Faxton - St. Luke's Healthcare | Article 28 | 26 | 26 | 0 | 16.7% | 16.7% | . | 6.0% | 6.0% | . |
| Central | Oneida | Rome Memorial Hospital, Inc. | Article 28 | 12 | 12 | 0 | 22.2% * | 22.2% * | . | 11.1% * | 11.1% * | . |
| Central | Oneida | St. Elizabeth Medical Center | Article 28 | 24 | 24 | 0 | 15.7% | 15.7% | . | 3.7% | 3.7% | . |
| Central | Onondaga | St. Joseph's Hospital Health Center | Article 28 | 30 | 30 | 0 | 16.5% | 16.5% | . | 22.0% | 22.0% | . |
| Central | Onondaga | SUNY Health Science Center-University Hospital | Article 28 | 50 | 50 | 0 | 20.4% | 20.4% | . | 19.4% | 19.4% | . |
| Central | Oswego | Oswego Hospital, Inc. | Article 28 | 28 | 28 | 0 | 16.4% | 16.4% | . | 8.2% | 8.2% | . |
| Central | Otsego | Bassett Healthcare | Article 28 | 20 | 20 | 0 | 16.1% | 16.1% | . | 1.8% | 1.8% | . |
| Central | Saint Lawrence | Claxton-Hepburn Medical Center | Article 28 | 28 | 28 | 0 | 13.1% | 13.1% | . | 3.3% | 3.3% | . |
| Hudson | Albany | Albany Medical Center | Article 28 | 26 | 26 | 0 | 32.3% | 32.3% | . | 10.3% | 10.3% | . |
| Hudson | Columbia | Columbia Memorial Hospital ⁸ | Article 28 | 22 | 22 | 0 | 2.4% | 2.4% | . | 4.8% | 4.8% | . |
| Hudson | Dutchess | Westchester Medical /Mid-Hudson Division ⁹ | Article 28 | 40 | 40 | 0 | 29.7% | 29.7% | . | 10.9% | 10.9% | . |
| Hudson | Orange | Bon Secours Community Hospital | Article 28 | 24 | 24 | 0 | 7.0% | 7.0% | . | 7.0% | 7.0% | . |
| Hudson | Orange | Orange Regional Medical Center - Arden Hill Hospital | Article 28 | 30 | 30 | 0 | 9.1% | 9.1% | . | 6.5% | 6.5% | . |
| Hudson | Putnam | Putnam Hospital Center | Article 28 | 20 | 20 | 0 | 11.6% | 11.6% | . | 7.2% | 7.2% | . |
| Hudson | Rensselaer | Northeast Health - Samaritan Hospital ¹⁰ | Article 28 | 63 | 63 | 0 | 17.9% | 17.9% | . | 12.2% | 12.2% | . |
| Hudson | Rockland | Nyack Hospital ¹¹ | Article 28 | 26 | 26 | 0 | 19.4% | 19.4% | . | 8.1% | 8.1% | . |
| Hudson | Saratoga | FW of Saratoga, Inc. | Article 31 | 88 | 31 | 57 | 11.9% | 17.6% | 10.3% | 7.5% | 7.8% | 7.4% |
| Hudson | Saratoga | The Saratoga Hospital | Article 28 | 16 | 16 | 0 | 12.0% | 12.0% | . | 12.0% | 12.0% | . |
| Hudson | Schenectady | Ellis Hospital | Article 28 | 52 | 36 | 16 | 12.4% | 15.1% | 8.8% | 12.9% | 13.2% | 12.5% |
| Hudson | Sullivan | Catskill Regional Medical Center | Article 28 | 18 | 18 | 0 | 9.1% | 9.1% | . | 0.0% | 0.0% | . |
| Hudson | Ulster | Health Alliance Hospital Mary's Ave Campus | Article 28 | 40 | 40 | 0 | 5.2% | 5.2% | . | 6.5% | 6.5% | . |
| Hudson | Warren | Glens Falls Hospital | Article 28 | 30 | 30 | 0 | 13.5% | 13.5% | . | 12.5% | 12.5% | . |
| Hudson | Westchester | Four Winds, Inc. ¹² | Article 31 | 178 | 28 | 150 | 11.1% | 4.9% | 11.7% | 7.6% | 0.0% | 8.3% |
| Hudson | Westchester | Montefiore Mount Vernon Hospital, Inc. | Article 28 | 22 | 22 | 0 | 19.4% | 19.4% | . | 17.7% | 17.7% | . |
| Hudson | Westchester | New York Presbyterian Hospital | Article 28 | 252 | 207 | 45 | 24.6% | 27.7% | 11.4% | 17.2% | 19.7% | 6.8% |
| Hudson | Westchester | Northern Westchester Hospital Center | Article 28 | 15 | 15 | 0 | 11.1% | 11.1% | . | 0.0% | 0.0% | . |
| Hudson | Westchester | Phelps Memorial Hospital Center | Article 28 | 22 | 22 | 0 | 27.8% * | 27.8% * | . | 11.1% * | 11.1% * | . |
| Hudson | Westchester | St Joseph's Medical Center | Article 28 | 146 | 133 | 13 | 20.8% | 23.1% | 9.2% | 9.7% | 10.8% | 4.6% |
| Hudson | Westchester | Westchester Medical Center | Article 28 | 101 | 66 | 35 | 12.8% | 12.0% | 0.0% * | 14.0% | 14.5% | 0.0% * |
| Long Island | Nassau | Franklin Hospital Medical Center | Article 28 | 21 | 21 | 0 | 22.2% | 22.2% | . | 9.3% | 9.3% | . |
| Long Island | Nassau | Mercy Medical Center | Article 28 | 39 | 39 | 0 | 13.6% | 13.6% | . | 4.5% | 4.5% | . |
| Long Island | Nassau | Nassau Health Care Corp/Nassau Univ Med Ctr | Article 28 | 128 | 106 | 22 | 9.8% | 10.4% | 3.0% | 8.2% | 7.5% | 15.2% |
| Long Island | Nassau | North Shore University Hospital | Article 28 | 26 | 26 | 0 | 21.8% | 21.8% | . | 16.1% | 16.1% | . |
| Long Island | Nassau | South Nassau Communities Hospital | Article 28 | 36 | 36 | 0 | 23.4% | 23.4% | . | 12.1% | 12.1% | . |

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

| Region | County ² | Hospital Name ³ | Auspice | Capacity (as of 12/1/15) | | | Metrics Post Discharge ⁴ | | | | | |
|-------------|---------------------|--|------------|--------------------------|--------|-------|---|-------|---------|---|-------|---------|
| | | | | | | | Readmission ⁵ | | | ER Utilization ⁷ | | |
| | | | | Total | Adults | Child | For discharge cohort (Mar, 2015-May, 2015), % Having Psychiatric Readmission within 30 days | | | For discharge cohort (Mar, 2015-May, 2015), % Utilizing Psychiatric Emergency Room within 30 days | | |
| | | | Total | Adult ⁶ | Child | Total | Adult | Child | Total | Adult | Child | |
| Long Island | Suffolk | Brookhaven Memorial Hospital Medical Center | Article 28 | 20 | 20 | 0 | 18.4% | 18.4% | . | 18.4% | 18.4% | . |
| Long Island | Suffolk | Brunswick Hospital Center, Inc. | Article 31 | 124 | 79 | 45 | 9.7% | 11.8% | 7.0% | 10.7% | 10.0% | 11.6% |
| Long Island | Suffolk | Eastern Long Island Hospital Association | Article 28 | 23 | 23 | 0 | 13.4% | 13.4% | . | 3.0% | 3.0% | . |
| Long Island | Suffolk | Huntington Hospital | Article 28 | 21 | 21 | 0 | 6.5% | 6.5% | . | 17.4% | 17.4% | . |
| Long Island | Suffolk | John T. Mather Memorial Hospital | Article 28 | 37 | 27 | 10 | 13.4% | 14.7% | 21.4% * | 14.6% | 13.2% | 21.4% * |
| Long Island | Suffolk | St. Catherine's of Siena Hospital | Article 28 | 42 | 42 | 0 | 33.7% | 33.7% | . | 13.3% | 13.3% | . |
| Long Island | Suffolk | State University of NY at Stony Brook | Article 28 | 40 | 30 | 10 | 22.3% | 24.8% | 15.4% | 16.2% | 16.5% | 15.4% |
| Long Island | Suffolk | The Long Island Home ¹³ | Article 31 | 232 | 167 | 65 | 23.2% | 27.2% | 21.6% | 8.6% | 13.6% | 6.5% |
| NYC | Bronx | Bronx-Lebanon Hospital Center | Article 28 | 98 | 73 | 25 | 23.4% | 25.5% | 15.0% | 15.9% | 17.5% | 9.3% |
| NYC | Bronx | Montefiore Medical Center | Article 28 | 55 | 55 | 0 | 15.2% | 15.2% | . | 15.2% | 15.2% | . |
| NYC | Bronx | NYC-HHC Jacobi Medical Center | Article 28 | 107 | 107 | 0 | 18.6% | 18.6% | . | 18.2% | 18.2% | . |
| NYC | Bronx | NYC-HHC Lincoln Medical & Mental Health Ctr. | Article 28 | 60 | 60 | 0 | 16.0% | 16.0% | . | 17.1% | 17.1% | . |
| NYC | Bronx | NYC-HHC North Central Bronx Hospital | Article 28 | 70 | 70 | 0 | 17.4% | 17.4% | . | 13.4% | 13.4% | . |
| NYC | Bronx | St. Barnabas Hospital | Article 28 | 49 | 49 | 0 | 24.0% | 24.0% | . | 20.6% | 20.6% | . |
| NYC | Kings | Brookdale Hospital Medical Center | Article 28 | 61 | 52 | 9 | 19.0% | 21.4% | 13.6% | 18.1% | 20.5% | 12.6% |
| NYC | Kings | Interfaith Medical Center, Inc. | Article 28 | 120 | 120 | 0 | 24.4% | 24.4% | . | 18.2% | 18.2% | . |
| NYC | Kings | Kingsbrook Jewish Medical Center ¹⁴ | Article 28 | 55 | 55 | 0 | 24.4% | 24.4% | . | 11.5% | 11.5% | . |
| NYC | Kings | Lutheran Medical Center | Article 28 | 35 | 35 | 0 | 20.8% | 20.8% | . | 13.6% | 13.6% | . |
| NYC | Kings | Maimonides Medical Center | Article 28 | 70 | 70 | 0 | 21.0% | 21.0% | . | 9.4% | 9.4% | . |
| NYC | Kings | NYC-HHC Coney Island Hospital | Article 28 | 64 | 64 | 0 | 13.7% | 13.7% | . | 12.2% | 12.2% | . |
| NYC | Kings | NYC-HHC Kings County Hospital Center | Article 28 | 205 | 160 | 45 | 16.9% | 17.4% | 15.2% | 20.2% | 20.8% | 17.9% |
| NYC | Kings | NYC-HHC Woodhull Medical & Mental Health Ctr. | Article 28 | 135 | 135 | 0 | 23.4% | 23.4% | . | 15.3% | 15.3% | . |
| NYC | Kings | New York Methodist Hospital | Article 28 | 50 | 50 | 0 | 23.4% | 23.4% | . | 12.8% | 12.8% | . |
| NYC | New York | Beth Israel Medical Center | Article 28 | 92 | 92 | 0 | 21.1% | 21.1% | . | 12.2% | 12.2% | . |
| NYC | New York | Lenox Hill Hospital | Article 28 | 27 | 27 | 0 | 22.0% | 22.0% | . | 25.4% | 25.4% | . |
| NYC | New York | Mount Sinai Medical Center ¹⁵ | Article 28 | 76 | 76 | 0 | 14.8% | 14.8% | . | 8.8% | 8.8% | . |
| NYC | New York | NYC-HHC Bellevue Hospital Center | Article 28 | 330 | 285 | 45 | 23.1% | 25.8% | 10.2% | 18.4% | 18.6% | 17.2% |
| NYC | New York | NYC-HHC Harlem Hospital Center | Article 28 | 52 | 52 | 0 | 19.3% | 19.3% | . | 16.1% | 16.1% | . |
| NYC | New York | NYC-HHC Metropolitan Hospital Center | Article 28 | 122 | 104 | 18 | 27.4% | 28.7% | 14.7% | 16.2% | 17.0% | 8.8% |
| NYC | New York | New York Gracie Square Hospital, Inc., The | Article 31 | 157 | 157 | 0 | 11.3% | 11.3% | . | 6.5% | 6.5% | . |
| NYC | New York | New York Presbyterian Hospital | Article 28 | 91 | 91 | 0 | 13.4% | 13.4% | . | 7.8% | 7.8% | . |
| NYC | New York | New York University Hospitals Center | Article 28 | 22 | 22 | 0 | 8.0% | 8.0% | . | 12.0% | 12.0% | . |
| NYC | New York | St. Luke's-Roosevelt Hospital Center ¹⁶ | Article 28 | 110 | 93 | 17 | 19.4% | 19.1% | 0.0% * | 15.9% | 16.5% | 0.0% * |
| NYC | Queens | Episcopal Health Services Inc. | Article 28 | 43 | 43 | 0 | 16.2% | 16.2% | . | 11.1% | 11.1% | . |
| NYC | Queens | Jamaica Hospital Medical Center | Article 28 | 50 | 50 | 0 | 23.1% | 23.1% | . | 19.0% | 19.0% | . |
| NYC | Queens | Long Island Jewish Medical Center | Article 28 | 221 | 200 | 21 | 15.8% | 17.1% | 4.7% | 13.8% | 14.8% | 4.7% |
| NYC | Queens | NYC-HHC Elmhurst Hospital Center | Article 28 | 177 | 151 | 26 | 17.5% | 18.7% | 8.2% | 19.1% | 19.4% | 16.3% |
| NYC | Queens | NYC-HHC Queens Hospital Center | Article 28 | 71 | 71 | 0 | 18.1% | 18.1% | . | 15.5% | 15.5% | . |
| NYC | Queens | New York Flushing Hospital and Medical Center | Article 28 | 18 | 18 | 0 | 28.1% | 28.1% | . | 20.3% | 20.3% | . |
| NYC | Richmond | Richmond University Medical Center | Article 28 | 65 | 55 | 10 | 19.6% | 20.6% | 16.3% | 39.2% | 39.4% | 38.8% |

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

| Region | County ² | Hospital Name ³ | Auspice | Capacity (as of 12/1/15) | | | Metrics Post Discharge ⁴ | | | | | |
|------------------------|---------------------|---|------------|--------------------------|--------------|------------|---|--------------|--------------|---|--------------|--------------|
| | | | | | | | Readmission ⁵ | | | ER Utilization ⁷ | | |
| | | | | Total | Adults | Child | For discharge cohort (Mar, 2015-May, 2015), % Having Psychiatric Readmission within 30 days | | | For discharge cohort (Mar, 2015-May, 2015), % Utilizing Psychiatric Emergency Room within 30 days | | |
| Total | Adult ⁶ | Child | Total | Adult | Child | Total | Adult | Child | | | | |
| NYC | Richmond | Staten Island University Hospital | Article 28 | 64 | 64 | 0 | 11.8% | 11.8% | . | 16.5% | 16.5% | . |
| Western | Cattaraugus | Olean General Hospital | Article 28 | 14 | 14 | 0 | 13.7% | 13.7% | . | 8.2% | 8.2% | . |
| Western | Chautauqua | TLC Health Network | Article 28 | 20 | 20 | 0 | 13.7% | 13.7% | . | 9.8% | 9.8% | . |
| Western | Chautauqua | Woman's Christian Assoc. of Jamestown, NY | Article 28 | 40 | 30 | 10 | 15.9% | 15.2% | 16.9% | 9.4% | 8.9% | 10.2% |
| Western | Chemung | St. Joseph's Hospital | Article 28 | 25 | 25 | 0 | 11.7% | 11.7% | . | 7.8% | 7.8% | . |
| Western | Erie | Brylin Hospitals, Inc. | Article 31 | 88 | 68 | 20 | 12.3% | 14.3% | 10.3% | 3.7% | 0.0% | 7.7% |
| Western | Erie | Erie County Medical Center | Article 28 | 132 | 116 | 16 | 12.2% | 12.6% | 8.9% | 5.0% | 4.7% | 7.1% |
| Western | Monroe | Rochester General Hospital | Article 28 | 30 | 30 | 0 | 8.3% | 8.3% | . | 5.6% | 5.6% | . |
| Western | Monroe | The Unity Hospital of Rochester | Article 28 | 40 | 40 | 0 | 15.4% | 15.4% | . | 3.8% | 3.8% | . |
| Western | Monroe | Univ of Roch Med Ctr/Strong Memorial Hospital | Article 28 | 93 | 66 | 27 | 12.2% | 12.6% | 10.9% | 8.9% | 8.8% | 9.1% |
| Western | Niagara | Eastern Niagara Hospital, Inc. | Article 28 | 12 | 0 | 12 | 5.3% | . | 5.3% | 0.0% | . | 0.0% |
| Western | Niagara | Niagara Falls Memorial Medical Center | Article 28 | 54 | 54 | 0 | 9.9% | 9.9% | . | 7.1% | 7.1% | . |
| Western | Ontario | Clifton Springs Hospital and Clinic | Article 28 | 18 | 18 | 0 | 17.1% | 17.1% | . | 5.7% | 5.7% | . |
| Western | Tompkins | Cayuga Medical Center at Ithaca, Inc. | Article 28 | 26 | 20 | 6 | 17.4% | 18.4% | 15.0% | 7.2% | 8.2% | 5.0% |
| Western | Wayne | Newark-Wayne Community Hospital, Inc. | Article 28 | 16 | 16 | 0 | 11.4% | 11.4% | . | 6.8% | 6.8% | . |
| Western | Wyoming | Wyoming County Community Hospital | Article 28 | 12 | 12 | 0 | 11.5% | 11.5% | . | 5.8% | 5.8% | . |
| Western | Yates | Soldiers & Sailors Memorial Hospital | Article 28 | 10 | 10 | 0 | 10.5% * | 10.5% * | . | 10.5% * | 10.5% * | . |
| Statewide Total | | | | 6,069 | 5,282 | 787 | 17.8% | 18.7% | 12.5% | 12.9% | 13.3% | 10.5% |

Updated as of Jan 12, 2016

Source: Concerts, Medicaid, MHARS

Notes:

- 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.
- 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.
- Hospitals that closed prior to 9/1/2015 are excluded.
- 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.
- 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.
- 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.
- 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.
- Columbia Memorial Hospital adult beds capacity is expanded by 4 beds from 18 to 22 effective on 1/1/2015.
- 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
- Northeast Health - Samaritan Hospital was named as Samaritan Hospital in reports prior to July report
- Nyack Hospital legally took over the beds of Summit Park Hospital as of 4/22/2014.
- The Four Winds In. child beds capacity is expanded by 3 beds from 147 to 150 effective on 11/13/2015.
- The Long Island Home adult beds capacity is expanded by 26 beds from 141 to 167 effective on 6/19/2015.
- Change at Kingsbrook Jewish Medical Center capacity is due to adding 30 Geriatric beds and reducing Adult beds by 5.
- 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.
- 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):** Mobile Integration Teams provide an array of services delivered by multidisciplinary professionals and paraprofessionals to successfully maintain each person in his or her home or community. The intent of this program is to address the social, emotional, behavioral and mental health needs of the recipients and their families to prevent an individual from needing psychiatric hospitalization. Examples of services include, but are not limited to, health teaching, assessment, skill building, psychiatric rehabilitation and recovery support, in-home respite, peer support, parent support and skills groups, crisis services, linkage and referral, outreach and engagement. The population to be served includes children and adolescents, their families, and adults. The services provided by this team can be provided in any setting, including an individual's residence, schools, as well as inpatient or outpatient treatment settings.
 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 from 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.

27. Family Resource Centers: Family Resource Centers aim to strengthen secure attachment between parent and child relationships, and to promote healthy social-emotional development in children age five and under from high risk families residing in 8 communities in the Bronx and Harlem.

28. High Fidelity Wraparound (HFW) is a youth-guided, family-driven planning process that allows youth and their family achieve treatment goals that they have identified and prioritized, with assistance from their natural supports and system providers, while the youth remains in his or her home and community setting.