



**Office of
Mental Health**

June 2019 Monthly Report

OMH Facility Performance Metrics
and Community Service Investments

Table of Contents

June 2019 Report Overview	1
Table 1: NYS OMH State PC Inpatient Descriptive Measures	2
Table 2: Transformation and Article 28/31 RIV Summary	3
Table 3 Series: Reinvestment by Facility Catchment Area	4-18
<i>State Psychiatric Center Reinvestment Tables</i>	
<i>Table 3a: Greater Binghamton Health Center.....</i>	<i>4</i>
<i>Table 3b: Elmira Psychiatric Center.....</i>	<i>5</i>
<i>Table 3c: St. Lawrence Psychiatric Center</i>	<i>6</i>
<i>Table 3d: Sagamore Children’s Psychiatric Center.....</i>	<i>7</i>
<i>Table 3e: Pilgrim Psychiatric Center.....</i>	<i>8</i>
<i>Table 3f: Western NY Children’s – Buffalo Psychiatric Center</i>	<i>9</i>
<i>Table 3g: Rochester Psychiatric Center.....</i>	<i>10</i>
<i>Table 3h: New York City Psychiatric Centers.....</i>	<i>11</i>
<i>Table 3i: Rockland – Capital District Psychiatric Centers.....</i>	<i>12</i>
<i>Table 3j: Hutchings Psychiatric Center</i>	<i>13</i>
<i>Article 28/31 Reinvestment Tables</i>	
<i>Article 28 & 31 Hospital Reinvestment Summaries.....</i>	<i>14</i>
<i>Table 3k: Western Region Article 28 Hospital Reinvestment</i>	<i>15</i>
<i>Table 3l: New York City Region Article 28 Hospital Reinvestment.....</i>	<i>16</i>
<i>Table 3m: Hudson River Region Article 28 Reinvestment.....</i>	<i>17</i>
<i>Table 3n: Long Island Region Article 28 Hospital Reinvestment</i>	<i>18</i>
Glossary of Services.....	19

June 2019 Monthly Report:

OMH facility performance metrics and community service investments

Report Overview:

This report presents a summary of State Psychiatric Center (PC) operating characteristics and performance measures at the facility level for the month of the report.

Detailed data tables provide information on funding and utilization levels for all programs funded by reinvestment of State PC reduction savings, and from reinvestment of the State share of Medicaid for inpatient hospital bed reductions. Funding for these programs began in 2014. These utilization tables provide a general description of the programs, the program location or coverage area, age groups served, prior capacity (when applicable), funding level, and the number of people served. During program start-up, progress notes indicate when funds were issued on contract or via the county State Aid Letter.

Table 1: NYS OMH State Psychiatric Center Inpatient Descriptive Metrics for June, 2019

State Inpatient Facilities ¹	Capital Beds	Budgeted Capacity ²	Capacity Change	Admission	Discharge ³		Long Stay ⁴	Monthly Average Daily Census ⁵		
	N	N	N	N	N	Days	N	N	N	N
	Capital Beds as of end of SFY 2017-18	June, 2019 Budgeted Capacity	Budgeted Capacity change from previous month	# of Admissions during June, 2019	# of Discharges during June, 2019	Median Length of Stay for discharges during June, 2019	# of Long Stay on census 06/30/2019	Avg. daily census 04/01/2019-04/30/2018	Avg. daily census 05/01/2019-05/31/2018	Avg. daily census 06/01/2019-06/30/2019
Adult										
Bronx	156	156	--	4	5	287	98	154	156	155
Buffalo	221	155	--	16	20	94	69	151	151	149
Capital District	158	108	--	5	8	48	66	106	106	106
Creedmoor	480	322	--	19	22	181	209	322	320	319
Elmira	104	47	--	6	8	32	14	42	43	48
Greater Binghamton	178	70	--	15	11	141	28	70	68	69
Hutchings	132	117	--	6	6	163	39	92	98	99
Kingsboro	254	161	--	10	9	296	85	157	155	147
Manhattan	476	150	--	15	14	175	57	149	146	146
Pilgrim	771	273	--	10	11	118	173	268	270	270
Rochester	222	76	--	4	7	127	39	76	77	78
Rockland	436	362	--	17	14	355	230	354	352	350
South Beach	280	235	--	23	19	163	74	232	228	227
St. Lawrence	84	40	--	9	9	176	10	36	33	36
Washington Heights	21	21	--	17	13	20	2	19	19	17
Total	3,973	2,293	--	176	176	131	1,193	2,227	2,222	2,216
Children & Youth										
Elmira	48	12	--	5	7	35	0	12	12	12
Greater Binghamton	16	13	--	13	19	21	1	12	13	11
Hutchings	30	23	--	16	17	31	1	18	19	18
Mohawk Valley	32	27	--	33	37	25	0	31	31	29
NYC Children's Center	184	97	--	22	23	127	35	93	86	78
Rockland CPC	56	20	--	13	16	18	1	13	18	16
Sagamore CPC	77	54	--	0	1	210	28	41	43	42
South Beach	12	10	--	2	4	105	4	10	10	10
St. Lawrence	29	27	--	27	29	20	0	27	26	25
Western NY CPC	46	46	--	10	13	99	7	43	41	41
Total	530	329	--	141	166	29	77	301	299	282
Forensic										
Central New York	450	169	--	23	21	98	19	88	97	95
Kirby	220	218	--	25	26	98	84	218	217	214
Mid-Hudson	340	285	--	25	21	106	156	280	280	282
Rochester	84	84	--	10	7	112	48	84	84	84
Total	1,094	756	--	83	75	98	307	669	678	675

Updated as of July 5, 2019

Notes:

1. Research units and Sexual Offender Treatment Programs (SOTP) were excluded.
2. Budgeted capacity reflects the number of operating beds during the month of the report.
3. Discharge includes discharges to the community and transfers to another State IP facility.
4. Long Stay is defined as: Length of stay over one year for adult and forensic inpatients, and over 90 days for child inpatients.
5. 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: 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	58
Elmira	Children	90	12	\$315,516	\$315,516	28
St. Lawrence	Children	78	12	\$315,516	\$315,516	38
Sagamore	Children	192	60	\$1,488,240	\$1,488,240	201
Western NY	Children	110	24	\$631,032	\$631,032	91
Rochester	Children	100	-	-	-	-
New York City	Children	600	78	\$1,749,440	\$1,749,440	145
Rockland	Children	177	30	\$323,118	\$323,118	118
Hutchings	Children	72	18	\$473,274	\$473,274	55
Subtotal		1,479	246	\$5,611,652	\$5,611,652	734
Supported Housing Beds						
Greater Binghamton	Adults	289	88	\$739,796	\$739,796	168
Elmira	Adults	517	82	\$735,690	\$735,690	145
St. Lawrence	Adults	306	55	\$459,480	\$459,480	106
Pilgrim	Adults	2,245	208	\$3,565,536	\$3,565,536	238
Buffalo	Adults	1,196	112	\$993,040	\$993,040	214
Rochester	Adults	555	125	\$1,135,913	\$1,135,913	239
New York City	Adults	8,776	364	\$6,335,420	\$6,335,420	376
Rockland	Adults	1,841	145	\$2,003,539	\$2,003,539	200
Capital District PC	Adults	659	84	\$632,077	\$632,077	116
Hutchings	Adults	837	42	\$341,754	\$341,754	75
Subtotal		17,221	1,305	\$16,942,245	\$16,942,245	1,877
State-Community						
Greater Binghamton				\$5,740,000	\$4,378,500	5,178
Elmira						
St. Lawrence				\$2,736,160	\$2,736,160	2,453
Sagamore					\$1,820,000	1,774
Pilgrim					\$1,750,000	1,475
Western NY				\$1,050,000	\$1,050,000	1,118
Buffalo				\$490,000	\$490,000	381
Rochester				\$2,145,440	\$2,145,440	1,146
New York City				\$2,660,000	\$1,470,000	852
Rockland				\$770,000	\$280,000	52
Capital District PC					\$420,000	85
Hutchings				\$1,068,400	\$1,068,400	574
Subtotal				\$20,230,000	\$17,608,500	15,088
Aid to Localities						
Greater Binghamton				\$1,690,288	\$954,921	7,165
Elmira					\$703,574	1252
St. Lawrence				\$1,331,000	\$1,330,998	5,228
Sagamore				\$5,866,000	\$5,512,338	158
Pilgrim						7,511
Western NY				-	-	-
Buffalo				\$2,989,517	\$2,989,517	5,163
Rochester				\$3,173,000	\$3,173,000	2678
New York City				\$7,432,000	\$7,430,938	4510
Rockland				\$5,740,000	\$4,228,116	10,211
Capital District PC					\$430,000	50
Hutchings				\$1,077,000	\$1,077,000	2,005
Subtotal				\$29,298,805	\$27,830,402	45,931
Statewide						
Suicide Prevention, Forensics				\$1,500,000	\$1,500,000	N/A
Sustained Engagement Support Team				\$1,000,000	\$1,000,000	1,269
Residential Stipend Adjustment				\$5,725,636	\$5,725,636	N/A
Peer Specialist Certification				N/A	N/A	365
SNF Transition Supports				\$5,500,000	\$5,500,000	265
Subtotal				\$13,725,636	\$13,725,636	1,899
Funds available subject to reduction of anticipated excess inpatient capacity				\$11,676,432		
TOTAL TRANSFORMATION				\$97,484,770	\$81,718,435	65,529
Article 28/31 Reinvestment						
St. James Mercy (WNY)	Child & Adult	N/A	N/A	\$894,275	\$894,275	3,359
Medina Memorial (WNY)	Adults	N/A	N/A	\$199,030	\$199,030	1,240
Holliswood/Stony Lodge/Mt Sinai (NYC)	Child & Adult	N/A	N/A	\$10,254,130	\$10,254,130	3,660
Stony Lodge/Rye (Hudson River)	Child & Adult	N/A	N/A	\$4,650,831	\$4,650,831	8,883
LBMC/NSUH/PK (Long Island)	Child & Adult	N/A	N/A	\$2,910,400	\$2,910,400	7,758
Subtotal				\$18,908,666	\$18,908,666	24,900
GRAND TOTAL				\$116,393,436	\$100,627,101	90,429

1. Prior capacity refers to the program capacity at the end of State fiscal year 2013-14; before Transformation investments began.

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		4/1/2014	32	\$157,758
HCBS Waiver	Children	Tioga	6	6		6/5/2014	26	\$157,758
SUBTOTAL:			30	12			58	\$315,516
Supported Housing	Adult	Broome	161	53		8/1/2014	123	431,261
Supported Housing	Adult	Chenango	46	8		10/1/2014	11	65,096
Supported Housing	Adult	Delaware	27	6		1/1/2016	2	48,822
Supported Housing	Adult	Otsego	30	8		6/1/2015	7	66,712
Supported Housing	Adult	Tioga	25	3		7/1/2015	7	26,175
Supported Housing	Adult	Tompkins	0	10		11/1/2014	18	101,730
SUBTOTAL:			289	88			168	\$739,796
State Resources:			N/A					
Mobile Integration Team ¹	Adults & Children	Southern Tier Service Area		38.35 FTEs		6/1/2014	4,388	\$1,342,250
Clinic Expansion ¹	Adult	Southern Tier Service Area		7.2 FTEs		1/1/2015	353	\$252,000
OnTrack NY Expansion	Adult	Southern Tier Service Area		3 FTE		2/2/2017	25	\$210,000
SUBTOTAL:							4,766	\$1,804,250
Aid to Localities:			N/A					
Crisis Intervention Team (CIT)	Adults & Children	Broome				9/14/2015	4,138	\$80,400
Engagement & Transitional Support Services Program	Adults & Children	Chenango & Delaware				12/28/2015	387	\$160,800
Family Stabilization Program	Children	Otsego				6/27/2016	58	\$80,400
Warm Line Program	Adult	Tioga				6/11/2016	60	\$35,040
Drop-In Center	Adult	Tioga				11/1/2015	114	\$45,360
Crisis Stabilization Team	Adult	Broome				4/30/2018	250	\$80,000
Peer-In-Home Companion Respite	Adult	Broome				8/1/2017	357	\$42,000
Enhanced Outreach Services	Adults & Children	Chenango				8/1/2017	328	\$80,000
Enhanced Outreach Services	Adults & Children	Delaware				8/1/2017	1,446	\$80,000
Enhanced Child & Family Support Services	Children	Otsego				9/1/2017	N/A	\$54,958
System Monitoring Support	Adult & Children	Otsego				9/1/2017	N/A	\$25,042
Crisis/Respite Program Expansion ²	Adult	Tompkins				1/1/2018	27	\$190,921
SUBTOTAL:							7,165	\$954,921

State Resources - In Development:

\$1,306,971

TOTAL: 12,157 \$5,121,454

Notes:

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.
2. Reinvestment funding \$50,921 previously allocated for Transitional Housing Program in Tompkins county on Table 3b was reallocated to a new Crisis/Respite Program Expansion in Tompkins county on Table 3a by combining with \$140,000 unallocated Aid to Localities funding on Table 3a.

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	Seneca	6	3		6/5/2014	9	\$78,879
HCBS Waiver	Children	Steuben	12	3		6/5/2014	11	\$78,879
HCBS Waiver	Children	Wayne	12	6		6/5/2014	8	\$157,758
SUBTOTAL:			36	12			28	\$315,516
Supported Housing	Adult	Allegany	35	2		11/1/2014	6	17,450
Supported Housing	Adult	Cattaraugus	0	1		2/1/2015	1	8,725
Supported Housing	Adult	Chemung	121	31		9/1/2014	58	276,055
Supported Housing	Adult	Ontario	64	13		10/1/2014	20	118,417
Supported Housing	Adult	Schuylar	6	6		12/1/2015	6	52,350
Supported Housing	Adult	Seneca	28	9		8/1/2014	16	80,145
Supported Housing	Adult	Steuben	119	8		9/1/2014	16	69,800
Supported Housing	Adult	Tompkins	64	4		9/1/2014	9	40,692
Supported Housing	Adult	Wayne	70	4		10/1/2014	6	36,436
Supported Housing	Adult	Yates	10	4		6/1/2015	7	35,620
SUBTOTAL:			517	82			145	\$735,690
State Resources:								
Mobile Integration Team ¹	Adults & Children	Southern Tier Service Area		38.35 FTEs		6/1/2014	4,388	\$1,342,250
Clinic Expansion ¹	Adult	Southern Tier Service Area		7.2 FTEs		1/1/2015	353	\$252,000
Crisis/respite Unit	Children	Elmira PC Service Area		12.5 FTEs		4/16/2015	412	\$875,000
Clinic Expansion	Children	Elmira PC Service Area		1.5 FTEs		9/1/2014	N/A	\$105,000
SUBTOTAL:							5,153	\$2,574,250
Aid to Localities:								
		Western Southern Tier/ Finger Lakes Service Area	N/A	N/A				
Respite Services	Adult	Western				3/1/2016	79	\$50,368
Community Support Services	Adult	Southern Tier/ Finger Lakes				5/1/2016	568	\$61,947
Family Support	Adult	Finger Lakes				3/7/2017	82	\$34,887
Peer Training	Adult	Service Area				12/5/2015	338	\$10,538
Mobile Psychiatric Supports ³	Adults & Children							\$40,576
Transitional Housing Program	Adult	Steuben				7/1/2015	69	\$101,842
Transitional Housing Program	Adult	Yates				4/8/2016	44	\$50,921
Residential Crisis/Respite ²	Adult	Chemung				7/1/2017	58	\$108,000
Home-Based Crisis Intervention Program Expansion	Children	Chemung				1/1/2018	14	\$244,495
SUBTOTAL:							1,252	\$703,574

State Resources - In Development: \$53,786

Aid to Localities - In Development: \$30,793

TOTAL: 6,578 \$4,413,609

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.
2. Community Support Program Expansion - Long Stay Team was reprogrammed to support Residential Crisis/Respite, effective 1/1/2019.
- *Note: Reinvestment funding \$50,921 previously allocated for Transitional Housing Program in Tompkins county on Table 3b was reallocated to a new Crisis/Respite Program Expansion in Tompkins county on Table 3a by combining with \$140,000 unallocated Aid to Localities funding on Table 3a.
3. Aid to Localities funding previously allocated to Wayne County for Mobile Psychiatric Supports was reallocated to Seneca County, effective 7/1/19, to support Ontario, Seneca, Wayne and Yates counties.

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	Essex	12	6		6/5/2014	14	\$157,758
HCBS Waiver	Children	St. Lawrence	18	6		5/1/2014	24	\$157,758
SUBTOTAL:			30	12			38	\$315,516
Supported Housing	Adult	Clinton	54	8		10/1/2014	19	66,712
Supported Housing	Adult	Essex	29	6		3/1/2015	9	50,034
Supported Housing	Adult	Franklin	42	5		1/1/2015	10	40,685
Supported Housing	Adult	Jefferson	57	9		11/1/2014	16	82,350
Supported Housing	Adult	Lewis	51	2		2/1/2015	5	16,274
Supported Housing	Adult	St. Lawrence	73	25		1/1/2015	47	203,425
SUBTOTAL:			306	55			106	\$459,480
State Resources:			N/A					
Mobile Integration Team	Adults & Children	St. Lawrence PC Service Area		21 FTEs		6/6/2014	2,118	\$1,470,000
Clinic expansion	Children	Jefferson		6.5 FTEs		9/8/2015	156	\$455,000
Crisis/respice Unit ¹	Children	St. Lawrence PC Service Area		11.5 FTEs		10/1/2016	179	\$811,160
SUBTOTAL:							2,453	\$2,736,160
Aid to Localities:			N/A	N/A				
Outreach Services Program	Adult	Clinton				2/1/2015	119	\$46,833
Mobile Crisis Program	Adult	Essex				4/28/2015	306	\$23,417
Community Support Program	Adults & Children	Essex				3/1/2015	369	\$23,416
Mobile Crisis Program	Adults & Children	St. Lawrence				7/1/2015	625	\$46,833
Support Services Program	Adult	Franklin				3/15/2015	48	\$12,278
Self Help Program	Adult	Franklin				3/15/2015	145	\$12,277
Outreach Services Program	Adults & Children	Franklin				3/15/2015	916	\$12,278
Crisis Intervention Program	Adults & Children	Franklin				6/1/2015	77	\$10,000
Outreach Services Program	Adults & Children	Lewis				1/4/2016	352	\$46,833
Outreach Services Program	Adult	Jefferson				9/28/2015	2,041	\$46,833
Non-Medicaid Care Coordination	Children	Jefferson				9/1/2017	144	\$200,000
Child & Family Support Team	Children	St. Lawrence				2/12/2018	86	\$200,000
Therapeutic Crisis Respite Program	Children	Jefferson				12/18/2018	86	\$650,000
SUBTOTAL:							5,228	\$1,330,998

TOTAL:	7,825	\$4,842,154
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Table 3d: Sagamore Children's Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Nassau	90	24		10/1/2013	89	\$661,440
HCBS Waiver	Children	Suffolk	102	30		5/6/2014	81	\$826,800
SUBTOTAL:			192	54			170	\$1,488,240
State Resources:				N/A				
Family Court Evaluation	Children	Long Island		1 FTE		4/1/2014	N/A	\$70,000
Mobile Crisis	Children	Suffolk		1 FTE		7/1/2014	1,039	\$70,000
Mobile Integration Team	Children	Nassau & Suffolk		10 FTEs		11/30/2014	264	\$700,000
Clinic Expansion ¹	Children	Nassau & Suffolk		5 FTEs		3/21/2016	71	\$350,000
Crisis/respite Unit	Children	Nassau & Suffolk		9 FTEs		3/9/2015	400	\$630,000
SUBTOTAL:							1,774	\$1,820,000
Aid to Localities:		Long Island	N/A	N/A				
6 Non-Medicaid Care Coordinators	Children	Suffolk				4/1/2016	140	\$526,572
1.5 Intensive Case Managers	Children	Suffolk			State Aid & State Share of Medicaid*	4/1/2016	12	\$81,299
Non-Medicaid Case Management	Children	Nassau				1/1/2019	6	\$85,000
Mobile Crisis Team ²	Adults & Children	Nassau				8/1/2018	See Table 3n ²	\$225,700
SUBTOTAL:							158	\$918,571

Aid to Localities - In Development:	\$280,000
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TOTAL:	2,102	\$4,506,811
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* Gross Medicaid projected \$100,690

Notes:

1. A portion of previously allocated and unused clinic FTEs have been reprogrammed for future planning.
2. The Mobile Crisis Team in Nassau County is funded by Long Island Art. 28 reinvestment funding and Sagamore PC Aid to Localities funding. The number of newly served individuals is only reflected on Table 3n, so as not to duplicate the number of individuals served.

Table 3e: Pilgrim 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	Nassau	885	83		3/1/2015	78	1,422,786
Supported Housing	Adult	Suffolk	1,360	125		12/1/2014	160	2,142,750
SUBTOTAL:			2,245	208			238	\$3,565,536
State Resources:								
Clinic Expansion	Adult	Nassau & Suffolk		5 FTEs		11/20/2015	66	\$350,000
Mobile Integration Team	Adult	Nassau & Suffolk		20 FTEs		1/11/2016	1,409	\$1,400,000
SUBTOTAL:							1,475	\$1,750,000
Aid to Localities:								
		Long Island	N/A	N/A				
2 Assertive Community Treatment teams*	Adult	Nassau		136	State Aid & State Share of Medicaid*	3/1/2015	204	\$1,158,299
(3) Mobile Residential Support Teams	Adult	Suffolk				8/1/2015	4,382	\$1,033,926
Hospital Alternative Respite Program ⁵	Adult	Suffolk				7/6/2016	143	\$532,590
Recovery Center	Adult	Suffolk				4/15/2016	622	\$250,000
Mobile Crisis Team Expansion - Long Stay Team ¹	Adults & Children	Nassau & Suffolk				7/1/2016	See Table 3n ¹	\$503,812
Crisis Stabilization Center	Adult	Suffolk				1/1/2019	2,147	\$804,440
Client Financial Management Services ²	Adult	Nassau				1/1/2019	13	\$85,000
Mobile Crisis Team ^{2, 4}	Adults & Children	Nassau				8/1/2018	See Table 3n ⁴	\$225,700
SUBTOTAL:							7,511	\$4,593,767

State & Local Resources- In Development^{2, 3}

\$144,160

TOTAL:	9,224	\$10,053,463
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* Gross Medicaid projected \$1,827,048; State Share adjusted to reflect current model

Notes:

1. The Mobile Crisis Team expansion in Suffolk County is funded by Long Island Art. 28 reinvestment funding and Pilgrim PC Aid to Localities funding. The number of newly served individuals is only reflected on Table 3n, so as not to duplicate the number of individuals served.
2. Previously undeveloped State FTE resources converted to support new local Mobile Crisis and Client Financial Management programming. Additional unallocated resources shifted to Table 3h.
3. State Resources funding – In Development \$70,000 previously allocated to NYC PC on Table 3h was reallocated to Pilgrim PC on Table 3e by combining with \$74,160 Aid to Localities funding- In Development on Table 3e.
4. The Mobile Crisis Team in Nassau County is funded by Long Island Art. 28 reinvestment funding and Pilgrim PC Aid to Localities funding. The number of newly served individuals is only reflected on Table 3n, so as not to duplicate the number of individuals served.
5. Pilgrim PC Aid to Localities reinvestment funding for Hospital Alternative respite program on Table 3e is blended with Long Island Article 28 reinvestment funding for Peer Outreach program on Table 3n. The number of newly served individuals is only reported on Table 3e, to prevent duplication in the number of people served.

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		6/5/2014	18	\$157,758
HCBS Waiver	Children	Cattaraugus	12	6		11/1/2013	19	\$157,758
HCBS Waiver	Children	Chautauqua	6	6		6/5/2014	26	\$157,758
HCBS Waiver	Children	Erie	78	6		4/1/2014	28	\$157,758
SUBTOTAL:			96	24			91	\$631,032
Supported Housing	Adult	Cattaraugus	104	12		7/1/2014	26	104,700
Supported Housing	Adult	Chautauqua	86	12		8/1/2014	17	104,700
Supported Housing	Adult	Erie	863	66		8/1/2014	131	587,730
Supported Housing	Adult	Niagara	143	22		9/1/2014	40	195,910
SUBTOTAL:			1,196	112			214	\$993,040
State Resources:			N/A					
Mobile Integration Team	Children	Western NY CPC Service Area		10 FTEs		12/19/2014	947	\$700,000
Clinic Expansion	Children	Western NY CPC Service Area		4 FTEs		2/5/2015	131	\$280,000
Mobile Mental Health Juvenile Justice Team	Children	Western NY CPC Service Area		1 FTE		12/1/2015	40	\$70,000
Mobile Integration Team	Adult	Buffalo PC Service Area		7 FTEs		1/12/2016	381	\$490,000
SUBTOTAL:							1,499	\$1,540,000
Aid to Localities:								
Peer Crisis Respite Center (including Warm Line)	Adult	Chautauqua and Cattaraugus				11/18/2015	229	\$315,000
Mobile Transitional Support Teams (2)	Adult	Chautauqua and Cattaraugus				1/1/2015	773	\$234,000
Peer Crisis Respite Center (including Warm Line)	Adult	Erie				1/26/2015	750	\$353,424
Mobile Transitional Support Teams (3)	Adult	Erie				1/26/2015	630	\$431,000
Crisis Intervention Team	Adults & Children	Erie				1/1/2015	1,219	\$191,318
Peer Crisis Respite Center (including Warm Line)	Adult	Niagara				12/1/2014	1,024	\$256,258
Mobile Transitional Support Team	Adult	Niagara				1/20/2015	267	\$117,000
Community Integration Team - Long Stay Team	Adult	Erie				10/27/2016	109	\$350,000
Diversion Program	Adult	Erie				1/12/2018	162	\$424,712
Reintegration Enhanced Support Program	Adult	Erie			Funding has been made available on the county State Aid Letter, and is effective April 1, 2018.			\$316,805
SUBTOTAL:							5,163	\$2,989,517
TOTAL:							6,967	\$6,153,589

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	2		1/1/2016	4	17,810
Supported Housing	Adult	Livingston	38	2		2/1/2015	3	18,218
Supported Housing	Adult	Monroe	427	103		10/1/2014	204	938,227
Supported Housing	Adult	Orleans	25	6		7/1/2015	10	54,654
Supported Housing	Adult	Wayne	0	6		12/1/2014	8	54,654
Supported Housing	Adult	Wyoming	20	6		11/1/2014	10	52,350
SUBTOTAL:			555	125			239	\$1,135,913
State Resources:								
Mobile Integration Team	Adult	Rochester PC Service Area	N/A	24 FTEs		10/30/2014	999	\$1,680,000
OnTrackNY Expansion	Adult	Rochester PC Service Area		2 FTEs		3/21/2016	50	\$185,440
Clinic Expansion	Adult	Rochester PC Service Area		4 FTEs		1/1/2015	97	\$280,000
SUBTOTAL:							1,146	\$2,145,440
Aid to Localities:								
Peer Bridger Program	Adult	Rochester PC Service Area	N/A	N/A				
Peer Bridger Program	Adult	Genesee & Orleans				6/4/2015	32	\$30,468
Community Support Team	Adult	Rochester PC Service Area				3/1/2015	185	\$500,758
Peer Bridger Program	Adult	Livingston Monroe Wayne Wyoming				2/1/2015	176	\$262,032
Crisis Transitional Housing	Adult	Livingston				2/15/2015	48	\$112,500
Crisis Transitional Housing	Adult	Orleans				7/30/2015	61	\$112,500
Crisis Transitional Housing	Adult	Wayne				4/8/2015	72	\$112,500
Crisis Transitional Housing	Adult	Wyoming				2/28/2015	65	\$112,500
Peer Run Respite Diversion	Adult	Monroe				5/7/2015	1,012	\$500,000
Assertive Community Treatment Team	Adult	Monroe		48	State Aid & State Share of Medicaid*	7/1/2015	81	\$390,388
Assertive Community Treatment Team	Adult	Monroe		48	State Aid & State Share of Medicaid*	1/15/2016	117	\$390,388
Peer Support ¹	Adult	Monroe						\$30,006
Enhanced Recovery Supports	Adult	Wyoming				9/1/2014	513	\$51,836
Recovery Center	Adult	Genesee & Orleans				5/7/2015	217	\$217,124
Community Support Team - Long Stay Team	Adult	Monroe				5/1/2016	99	\$350,000
SUBTOTAL:							2,678	\$3,173,000

TOTAL:	4,063	\$6,454,353
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*Gross Medicaid projected \$621,528 per ACT Team (\$1,243,056)

Notes:

1. Peer support is an enhancement of the ACT model, and individuals served by the ACT Team also receive peer support.

Table 3h: New York City Psychiatric Centers

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	Bronx	144	33		10/1/2013	57	\$916,566
HCBS Waiver	Children	Kings	180	12		1/1/2014	53	\$332,745
HCBS Waiver	Children	New York	132	6		6/1/2015	15	\$167,385
HCBS Waiver	Children	Queens	108	12		10/1/2013	20	\$332,745
SUBTOTAL:			564	63			145	\$1,749,440
Supported Housing	Adult	Bronx	2,120	70		5/1/2015	82	1,218,350
Supported Housing	Adult	Kings	2,698	60		7/1/2016	52	1,044,300
Supported Housing	Adult	New York	1,579	104		3/1/2015	155	1,810,120
Supported Housing	Adult	Queens	1,887	70		12/1/2016	34	1,218,350
Supported Housing	Adult	Richmond	492	60		4/1/2016	53	1,044,300
SUBTOTAL:			8,776	364			376	\$6,335,420
State Resources:			N/A					
Mobile Integration Team	Adult	Queens		7 FTEs		3/21/2016	193	\$490,000
Mobile Integration Team	Adult	New York		7 FTEs		12/23/2016	253	\$490,000
Mobile Integration Team	Children	Bronx Kings Queens		7 FTEs		1/1/2017	406	\$490,000
SUBTOTAL:							852	\$1,470,000
Aid to Localities:								
Respite Capacity Expansion	Adult	NYC	N/A	N/A		7/1/2015	2,064	\$2,884,275
Pathway Home Program	Adult	NYC				4/1/2016	1,008	\$3,546,663
Crisis Pilot Program (3 Year)	Adult	NYC				9/1/2016	1,306	\$462,760
Hospital Based Care Transition Team	Adult	NYC				4/1/2017	132	\$537,240
SUBTOTAL:							4,510	\$7,430,938

State Resources - In Development¹:	\$1,120,000
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TOTAL:	5,883	\$18,105,798
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Notes:

1. State Resources funding – In Development \$70,000 previously allocated to NYC PC on Table 3h was reallocated to Pilgrim PC on Table 3e by combining with \$74,160 Aid to Localities funding- In Development on Table 3e.

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	Orange	21	6		11/1/2013	31	\$157,758
HCBS Waiver	Children	Rockland	24	6		6/5/2014	17	\$165,360
SUBTOTAL:			45	12			48	\$323,118
Supported Housing	Adult	Dutchess	229	20		12/1/2014	31	273,220
Supported Housing	Adult	Orange	262	36		10/1/2014	53	491,796
Supported Housing	Adult	Putnam	67	4		5/1/2015	7	60,936
Supported Housing	Adult	Rockland	173	19		7/1/2014	33	300,143
Supported Housing	Adult	Sullivan	61	10		11/1/2014	10	98,540
Supported Housing	Adult	Ulster	142	28		1/1/2015	38	297,416
Supported Housing	Adult	Westchester	907	28		4/1/2015	28	481,488
Supported Housing	Adult	Albany	276	11		3/1/2017	11	110,649
Supported Housing	Adult	Columbia	39	8		1/1/2017	11	80,472
Supported Housing	Adult	Greene	35	9		3/1/2015	See Table 3m ¹	90,531
Supported Housing	Adult	Rensselaer	125	10		6/1/2017	9	100,590
Supported Housing	Adult	Saratoga	50	6			6	60,354
Supported Housing	Adult	Schenectady	153	3		10/1/2015	See Table 3m ¹	30,177
Supported Housing	Adult	Schoharie	31	8		2/1/2017	12	80,472
Supported Housing	Adult	Warren & Washington	54	8		11/1/2017	11	78,832
SUBTOTAL:			2,604	208			260	\$2,635,616
State Resources:								
Mobile Integration Team	Adult	Rockland PC Service Area		4 FTEs		2/2/2017	52	\$280,000
Mobile Integration Team	Adult	Capital District PC Service Area		6 FTEs		10/1/2016	85	\$420,000
SUBTOTAL:							137	\$700,000
Aid to Localities:								
		Rockland PC Service Area	N/A	N/A				
Hospital Diversion/Crisis Respite	Adult	Dutchess				2/12/2015	230	\$200,000
Outreach Services	Adult	Orange				12/1/2014	40	\$36,924
Outreach Services	Children	Orange				10/1/2014	519	\$85,720
Advocacy/Support Services	Adult	Putnam				9/28/2015	33	\$23,000
Self-Help Program	Adult	Putnam				2/1/2015	79	\$215,000
Mobile Crisis Intervention Program ²	Adults & Children	Rockland				3/31/2015	2,045	\$449,668
Hospital Diversion/ Transition Program ²	Adults & Children	Sullivan				11/24/2014	1,788	\$225,000
Mobile Crisis Services ²	Adults & Children	Ulster				2/9/2015	4,126	\$400,000
Assertive Community Treatment Team Expansion	Adult	Ulster		20	State Aid & State Share of Medicaid:	12/1/2014	110	\$100,616
Outreach Services	Adult	Westchester				4/1/2015	111	\$267,328
Crisis Intervention/ Mobile Mental Health Team	Children	Westchester				11/1/2014	196	\$174,052
Family Engagement & Support Services Program	Adults & Children	Rockland				1/1/2017	475	\$95,000
Outreach Team - Long Stay Team	Adult	Albany				9/6/2016	37	\$230,000
		Schenectady				9/9/2016	13	\$200,000
		Dutchess				12/12/2016	26	\$225,000
		Orange				9/14/2016	28	\$225,000
		Rockland				8/17/2016	27	\$225,000
		Westchester				10/4/2016	13	\$225,000
Respite Services Program	Children	Dutchess				7/27/2017	54	\$275,000
		Westchester				9/19/2017	53	\$189,048
Home Based Crisis Intervention Services	Children	Orange				9/18/2017	52	\$100,000
		Rockland				10/23/2017	51	\$160,000
		Sullivan				2/28/2018	40	\$100,000
		Ulster				10/2/2017	54	\$81,976
		Westchester				10/1/2017	61	\$149,784
SUBTOTAL:							10,261	\$4,658,116

Aid to Localities -In Development:

\$1,074,192

TOTAL:

10,706

\$9,391,042

* Gross Medicaid projected \$229,156

Notes:

1. Greene and Schenectady Counties currently receive Stony-Lodge Rye Article 28 funding for supported housing, and utilization is reported on Table 3m. Additional supported housing units were awarded to these counties through Rockland PC Aid to Localities. All utilization will continue to be reported on the Table 3m to prevent duplication.

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

Table 3: Hutchings 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	Cayuga	12	6		7/1/2014	16	\$157,758
HCBS Waiver	Children	Cortland	6	6		7/1/2014	16	\$157,758
HCBS Waiver	Children	Onondaga	42	6		4/1/2014	23	\$157,758
SUBTOTAL:			60	18			55	\$473,274
Supported Housing	Adult	Cayuga	61	7		1/1/2016	11	56,959
Supported Housing	Adult	Cortland	53	4		1/1/2016	5	32,548
Supported Housing	Adult	Fulton	30	3		2/1/2017	1	24,411
Supported Housing	Adult	Hamilton	4	3		1/1/2017	2	24,411
Supported Housing	Adult	Herkimer	30	1		1/1/2017	4	8,137
Supported Housing	Adult	Madison	28	4		4/1/2017	5	32,548
Supported Housing	Adult	Montgomery	37	3		1/1/2017	3	24,411
Supported Housing	Adult	Oneida	232	8		2/17/2017	25	65,096
Supported Housing	Adult	Onondaga	300	4		10/1/2017	4	32,548
Supported Housing	Adult	Oswego	62	5		12/1/2015	15	40,685
SUBTOTAL:			837	42			75	\$341,754
State Resources:								
Crisis/respite unit	Children	Hutchings PC Service Area	N/A	12 FTEs		11/5/2014	519	\$840,000
OnTrackNY Expansion	Adults & Children	Hutchings PC Service Area	N/A	3 FTEs		8/1/2015	55	\$228,400
SUBTOTAL:							574	\$1,068,400
Aid to Localities:								
Respite Program	Children	Cayuga	N/A	N/A		4/1/2017	1,288	\$75,000
Regional Mobile Crisis	Adults & Children	Cayuga				4/1/2017		\$518,110
Advocacy/Support Services Program	Children	Cayuga				4/1/2017		\$33,890
Long Stay Reduction Transition Team	Adult	Onondaga				11/9/2016	35	\$300,000
Enhanced Outreach and Clinical Support Services	Adults & Children	Hamilton				5/11/2018	39	\$37,500
		Herkimer				11/17/2017	24	\$37,500
		Fulton				11/1/2017	0	\$37,500
Enhanced Child & Family Support Services	Children	Montgomery				4/1/2017	619	\$31,450
Crisis Services ¹	Children	Montgomery				1/1/2019	0	\$6,050
SUBTOTAL:							2,005	\$1,077,000

TOTAL:	2,709	\$2,960,428
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Notes:

1. Aid to Localities funding (\$6,050) in development was reallocated to support Crisis Services in Montgomery County.

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/Mt. Sinai	Children and Youth	New York City	\$10,254,130
Stony Lodge & Rye	Children and Adults	Hudson River	\$4,650,831
LBMC/NSUH/PK	Children and Adults	Nassau, Suffolk	\$2,910,400
Subtotal:			\$18,908,666

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	145	\$95,000
Post Jail Transition Coordinator/Forensic Therapist	Adults & Children	Livingston				1/5/2015	1,662	\$59,275
Enhanced Mobile Crisis Outreach	Adults & Children	Steuben				11/3/2014	1,373	\$490,000
Intensive In-Home Crisis Intervention (Tri-County)	Children	Allegany Livingston Steuben				6/1/2015	179	\$250,000
SUBTOTAL:							3,359	\$894,275
Medina Memorial Hospital								
Mental Hygiene Practitioner to handle crisis calls (late afternoon and evenings)	Adults & Children	Niagara				8/15/2014	231	\$68,030
Enhanced Crisis Response	Adults & Children	Orleans				7/1/2014	1,009	\$131,000
SUBTOTAL:							1,240	\$199,030

TOTAL:	4,599	\$1,093,305
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Table 3l: New York City Region Article 28 Hospital Reinvestment

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
						Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
Holliswood Hospital								
HCBS Waiver	Children	Bronx	144	15	State Share of Medicaid:	2/1/2016	See Table 3h ¹	\$418,500
Crisis Beds	Children	NYC		5		1/1/2018	34	\$210,000
Rapid Response Mobile	Children	NYC				1/1/2014	301	\$1,150,000
Family Advocates	Children	NYC				1/1/2014	709	\$450,000
4.5 Rapid Response Teams	Children	NYC				4/28/2015	308	\$1,989,569
Family Resource Center ²	Children	NYC				2/1/2016	500	\$1,335,777
High Fidelity Wrap Around	Children	NYC						\$181,865
SUBTOTAL:							1,852	\$5,735,711
Stony Lodge Hospital								
Partial Hospitalization Program & Day Treatment Program (Bellevue)	Children	NYC			State Share of Medicaid:	2/2/2015	535	\$386,250
Home Based Crisis Intervention Team (Bellevue)	Children	NYC				11/1/2015	91	\$300,000
Family Resource Center ²	Children	NYC				2/1/2016	See Note ²	\$728,622
High Fidelity Wraparound	Children	NYC						\$185,128
SUBTOTAL:							626	\$1,600,000
Mount Sinai Hospital								
Mt. Sinai Partial Hospitalization (15 slots)	Adult	NYC		15	State Share of Medicaid:	1/28/2016	419	\$303,966
4 Assertive Community Treatment Teams (68 slots each)	Adult	NYC		272	State Share of Medicaid:	10/3/2016	663	\$1,855,694
1 Assertive Community Treatment Team (48 slots)	Adult	NYC		48	State Share of Medicaid:	4/1/2016	100	\$384,666
Expanded Respite Capacity ³	Adult	NYC					See Table 3h ³	\$374,093
SUBTOTAL:							1,182	\$2,918,419

TOTAL:	3,660	\$10,254,130
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- Notes:**
1. Waiver slots in Bronx County are funded by the NYC Aid to Localities reinvestment funding and Stony Lodge Article 28 funding. All waiver utilization is reported on the Table 3h - New York City to prevent duplication in the number of people served.
 2. The Family Resource Center is funded by the Holliswood Art. 28 reinvestment funding and Stony Lodge Art. 28 reinvestment funding. The number of newly served individuals is only reflected in the Holliswood Reinvestment so as not to duplicate the number of individuals served.
 3. This program funding is blended between Article 28 and State PC reinvestment. The number of newly served individuals in this table is only reported on the Table 3h, to prevent duplication in the number of people served.

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	Children	Albany		6	State Share of Medicaid:	12/1/2015	18	\$157,704
		Saratoga		3	State Share of Medicaid:	1/1/2015	21	\$78,803
		Warren		3	State Share of Medicaid:	1/1/2015	12	\$78,803
		Westchester		6	State Share of Medicaid:	1/1/2015	19	\$157,704
SUBTOTAL:							70	\$473,014
Article 28:				N/A				
Supported Housing	Adult	Albany		2		9/1/2015	8	20,118
		Greene		5		3/1/2015	17	50,295
		Rensselaer		7		5/1/2015	13	70,413
		Schenectady		7		10/1/2015	18	70,413
Mobile Crisis Services	Adult	Columbia				7/1/2015	2,018	\$180,636
		Greene				7/1/2015	1,923	\$203,859
		Sullivan				11/24/2014	See Table 3i ¹	\$81,447
Hospital Diversion Respite	Adult	Columbia				11/1/2015	26	\$43,560
		Greene				3/1/2015	4	\$20,337
Respite Services	Children	Columbia				3/30/2015	16	\$15,750
		Greene				3/30/2015	58	\$65,670
		Orange				6/30/2015	24	\$30,000
		Sullivan				4/1/2015	33	\$25,000
Respite Services	Adult	Dutchess				3/1/2015	328	\$25,000
		Orange				3/20/2015	172	\$60,000
		Putnam				6/1/2015	11	\$25,000
		Westchester				6/1/2015	66	\$136,460
Self Help Program	Adult	Dutchess				2/12/2015	954	\$60,000
		Orange				6/17/2015	56	\$30,000
		Westchester				4/8/2015	175	\$388,577
Family Support Services	Children	Orange				2/18/2015	211	\$30,000
		Schoharie				2/23/2015	493	\$170,000
Adult Mobile Crisis Team (5 Counties: Rensselaer, Saratoga, Schenectady, Warren-Washington)	Adult	Rensselaer				10/1/2015	1,109	\$1,000,190
Capital Region Respite Services (3 Counties: Albany, Rensselaer, Schenectady)	Children	Rensselaer				7/8/2015	55	\$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)	Children	Warren				1/1/2016	679	\$545,092
Home Based Crisis Intervention (Tri-County: Saratoga, Warren-Washington)	Children	Warren				11/26/2013	346	\$100,000
SUBTOTAL:							8,813	\$4,177,817

TOTAL:	8,883	\$4,650,831
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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:		31	\$165,400
SUBTOTAL:							31	\$165,400
Article 28:								
(6) Mobile Residential Support Teams	Adult	Nassau				7/1/2015	427	\$1,544,000
Mobile Crisis Team Expansion ¹	Adults & Children	Nassau & Suffolk				8/1/2015	4,767	\$212,000
Satellite Clinic Treatment Services	Adult	Nassau			State Share of Medicaid:	8/1/2016	80	\$200,000
(2) OnSite Rehabilitation	Adult	Nassau				2/1/2016	103	\$200,000
Help/Hot Line Expansion	Adult	Nassau				9/1/2018	639	\$50,000
On-Site MH Clinic	Children	Nassau				9/1/2018	14	\$50,000
(3) Clinic Treatment Services	Adults & Children	Nassau				8/18/2016	1,017	\$375,000
Family Advocate	Children	Nassau				9/1/2017	711	\$84,000
Peer Outreach ²	Adult	Suffolk					See Table 3e	\$30,000
SUBTOTAL:							7,758	\$2,745,000
TOTAL:							7,789	\$2,910,400

*Gross Medicaid projected \$420,800

Notes:

1. The Mobile Crisis programs in Nassau and Suffolk Counties are funded by Long Island Art. 28 reinvestment funding, Sagamore and Pilgrim PC Aid to Localities funding. The number of newly served individuals is only reflected on the Long Island Art. RIV table (Table 3n) so as not to duplicate the number of individuals served.
2. Long Island Article 28 reinvestment funding for Peer Outreach program on Table 3n is blended with Pilgrim PC Aid to Localities reinvestment funding for Hospital Alternative respite program on Table 3e. The number of newly served individuals on Table 3n is only reported on Table 3e, to prevent duplication in the number of people served.

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. 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.
- 9. 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.
- 10. 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.
- 11. 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.
- 12. 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.

- 13. 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.
- 14. 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.
- 15. 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.
- 16. 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.

- 17. 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.

- 18. 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.
- 19. 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.
- 20. OnTrackNY:** OnTrackNY program is 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 episode of psychosis.
- 21. 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.
- 22. Pathway Home Teams:** Pathway Home teams are multi-disciplinary, staffed by masters-level clinicians, case managers, registered nurses, and peers. Teams follow the evidence-based practice of the critical time intervention model of care, engaging clients intensively during the first 30 days. The team will work clients until they have settled back into the community and are linked with the services they need. While every situation is unique, this takes about six to nine months on average.
- 23. 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 eight communities in the Bronx and Harlem.
- 24. 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.

- 25. Mobile Residential Support Teams** focus on transitioning adults living in supported housing apartments into community living. Once these individuals are living in the community, Mobile Residential Support Teams visit them in their homes to help ensure that their basic needs are being met. Teams assist with discharge and community residential support for high risk individuals such as those with co-morbid medical conditions, dual diagnoses of mental illness and/or developmental disability.
- 26. Long Stay Teams** are services that assist with the transition of long stay individuals in State PC or residential settings into structured community settings. Long stay is defined as an adult with a State PC or residential length of stay exceeding one year.
- 27. Skilled Nursing Facility (SNF) Transition Supports:** The SNF Supports are designed to develop State-operated transition and support services for individuals discharged from State PCs to skilled nursing facilities or managed long term care settings in the community. Many individuals who are eligible for nursing home care but no longer require inpatient psychiatric treatment, may need some enhanced support during the transition to a nursing home. In addition, nursing homes have indicated a need for continuing engagement and consultation from OMH facility staff with expertise in managing complex comorbid conditions. The SNF initiative provides the necessary State staffing supports and psychiatric consultation services to help individuals successfully transition to and remain in the appropriate level of nursing or long term care in the community rather than an inpatient institutional setting.
- 28. Sustained Engagement Support Team:** The Sustained Engagement Support Team (SES) is a centralized unit within the NYS Office of Mental Health that provides telephonic outreach to individuals who were unsuccessfully discharged from State-Operated adult outpatient clinics or ACT Teams in an effort to facilitate re-engagement in outpatient services. This includes adults who were discharged due to loss of contact, declination of services, and incarceration. The SES Team and OMH State-Operated outpatient providers work closely together to identify factors leading to disconnection from mental health treatment. The SES Team actively collaborates with providers, hospitals, and correctional facilities to coordinate referrals and discharge plans for individuals in need of re-engagement. The team also works with community providers to ensure continuity of care and assist in overcoming any barriers to engagement. Sustained Engagement data reflect the total number of individuals disconnected from care who were successfully re-engaged in services by this program.
- 29. Residential Stipend Adjustments:** OMH has directed a portion of reinvestment funds for targeted Supported Housing stipend and Single Room Occupancy (SRO) model adjustments to address funding gaps. Similar to residential investments in the prior budget cycles, OMH has targeted the resources using data to identify the highest priorities.
- 30. Peer Specialist Certification:** The NY Peer Specialist Certification process was developed to acknowledge peers who have acquired the skills that qualify them to assist another in their recovery journey. This process is operated by a board of experienced peer specialist from across NYS. The board is responsible for developing the standards for training and experience. Certification promotes a skilled workforce which is not able to tap new funding from new sources such as Medicaid. Finally, the process establishes the qualifications for professional recognition for individuals working in the mental health system based on “The Shared Personal Experience” paradigm.