

# January 2017 Monthly Report

OMH Facility Performance Metrics and Community Service Investments

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# **January 2017 Monthly Report:**

OMH facility performance metrics and community service investments

#### Report Overview:

This report is issued pursuant to the State Fiscal Year 2016-17 Budget agreement which requires that "The commissioner of mental health shall provide monthly status reports of the 2016-17 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 2016-17 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;
- 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 developed in 2014-15 and 2015-16 continued to grow through January, and some regions have begun planning to retool underutilized services developed in year one. Additionally, planning is underway for new and enhanced services to be developed with resources funded in the SFY 2016-17 Budget.

Supported housing continued developing and serving new individuals, with 950 new individuals served with the expansion capacity through January. Additional supported housing units developed through 2016-17 funds continued serving new individuals statewide.

State-operated community services continue expanding their reach through eight facility service regions of the State. Statewide expansion has served 7,100 new individuals through January, 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 21,000 new individuals have been served in these programs through January.



Table 1: NYS OMH State Psychiatric Center Inpatient Descriptive Metrics for January, 2017

	Capital Beds	Budgeted Capacity	Capacity Change <sup>2</sup>	Admission	Discharge <sup>3</sup> Long Stay <sup>4</sup> Monthly Av				ly Average Daily C	Census <sup>5</sup>
State Inpatient	N	N	N	N	N	Days	N	N	N	N
Facilities <sup>1</sup>	Capital Beds as of end of SFY 2015- 16	January, 2017 Budgeted Capacity	Budgeted Capacity change from previous month	# of Admissions during January 2017	# of Discharges during January 2017	Median Length of Stay for discharges during January 2017	# of Long Stay on census 01/31/2017	4414146	Avg. daily census 12/1/16- 12/31/2016	Avg. daily census 01/1/17- 01/31/2017
Adult										
Bronx	156	156		6	6	282	96	157	156	155
Buffalo	221	156		11	11	306	71	152	152	152
Capital District	158	117	(3)	29	32	7	73	113	109	109
Creedmoor	480	322		26	21	168	184	322	320	323
Elmira	104	52		6	6	70	12	52	53	52
Greater Binghamton	178	72		14	9	48	26	72	72	73
Hutchings	132	117		7	7	148	50	119	117	120
Kingsboro	254	161		14	9	307	81	159	156	154
Manhattan	476	200		16	18	102	74	173	174	174
Pilgrim	771	290		17	14	115	168	280	281	284
Rochester	222	94		9	12	70	49	94	94	93
Rockland	436	368		23	15	95	216	355	351	357
South Beach	362	249		26	27	174	92	257	250	245
St. Lawrence	84	50		11	9	85	15	48	47	46
Washington Heights	21	21		13	13	33	0	17	18	17
Total	4,055	2,425		228	209	94	1,207	2,369	2,351	2,354
Children & Youth										
Elmira	48	12		12	10	13	0	12	11	12
Greater Binghamton	16	13		20	18	23	0	13	13	11
Hutchings	30	23		18	14	23	0	19	18	19
Mohawk Valley	30	27		41	37	24	1	30	30	30
NYC Children's Center	184	110		29	19	126	33	83	83	92
Rockland CPC	56	22		15	12	24	2	22	22	21
Sagamore CPC	77	54		14	11	111	20	41	41	41
South Beach	12	11		2	3	120	3	12	10	11
St. Lawrence	29	27		26	22	21	1	26	25	26
Western NY CPC	46	46		20	15	74	4	38	38	35
Total	528	345		197	161	28	64	295	291	299
Forensic										
Central New York	569	179		30	37	85	19	141	144	141
Kirby	476	193		21	13	91	80	199	204	206
Mid-Hudson	340	264		29	33	102	150	277	282	279
Rochester	84	84		5	5	135	57	84	84	84
Total	1,469	720		85	88	101	306	701	714	710

Updated as of Feb 8, 2017

#### Notes:



<sup>1.</sup> Research units and Sexual Offender Treatment Programs (SOTP) were excluded.

<sup>2.</sup> Capacity reductions comply with requirement that there be a consistent ninety day period of time that the beds remain vacant, as demonstrated by the November - January census data.

<sup>3.</sup> Discharge includes discharges to the community and transfers to another State IP facility.

<sup>4.</sup> Long Stay is defined as: Length of stay over one year for adult and forensic inpatients, and over 90 days for child inpatients.

<sup>5.</sup> 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 2016-17 Resources for Regional Planning

		Total Funding Available (in 000s)										
OMH Field Office	Supported Housing		Residential Stipend	SNF Transition	State-	Aid to	Full Annual					
Region	Units	Funds	Adjustment	Supports	Community	Localities	Reinvestment					
Western NY	42	\$356	\$317	\$619	-	\$700	\$1,992					
Central NY	30	\$232	\$53	\$504	-	\$1,380	\$2,169					
Hudson River	40	\$497	\$84	\$427	\$280	\$1,780	\$3,068					
New York City	50	\$806	\$5,061	\$1,053	\$350	\$1,000	\$8,270					
Long Island	38	\$613	\$210	\$117	\$490	\$1,290	\$2,720					
Statewide	-	-	-	\$2,780	\$1,000	-	\$3,780					
Total	200	\$2,504	\$5,726	\$5,500	\$2,120	\$6,150	\$21,999					

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

### HONEY PRINTED NO.   12   \$315,516   12   12   1315,516   1315,516   12   1315,516   1315,516   12   1315,516   1315,516   12   1315,516   1	OMH Facility	Target Population	Prior Capacity <sup>1</sup>	Reinvestment Expansion	Annualized Reinvestment	Allocated	New Individuals Ser
Separation	,	- '					
Interest							1
Lementon							
Separate   Children   192   60   \$1,486,243   \$1,486,24							
Span							
Season NY			192		\$1,488,240	\$1,488,240	_
Addition			-		-	-	
Content	/estern NY	Children	110	24	\$631,032	\$631,032	24
See Force   City	uffalo	Children	-	-	-	-	-
Debtard   Children   177   30   \$323.118   29   242	ochester	Children	100	-	-	-	-
Debtard   Children   177   30   \$323.118   29   242			600	78	\$1,749,440	\$1,749,440	75
Substant							
Substantial   1,479   246   \$5,611,652   \$5,611,652   \$242							_
Adults   289   84   3656.607   93   93   94   3656.607   93   93   94   3656.607   93   93   94   3656.607   93   93   94   3656.607   93   93   94   3656.607   93   93   94   3656.607   93   93   94   3656.607   93   93   94   94   94   94   94   94		Children					
Adults	_		Supported H	ousing Beds			
Adults	reater Ringhamton	Adults	289	84	\$656 607	\$656 607	93
Lawrence							
gamore   Adulis   -							
### State   St							
Selten NY							
Infails	grim	Adults	2,245	178	\$2,761,972	\$2,761,972	125
Infalio Adults 1,196 108 \$913,314 \$113,314 \$110	estern NY	Adults	-	-	-	-	-
Adults			1.196	108	\$913.314	\$913.314	111
w York City							
State   Stat							
State-Process   State-Proces							
Subtotal   Subtotal   Size			,				
Subtotal   17,221   1,105   \$12,938,080   \$12,938,080   \$14,938,080   \$14,2938,080   \$14,2938,080   \$14,2938,080   \$14,2938,080   \$14,2938,080   \$14,2938,080   \$14,2938,080   \$14,2938,080   \$14,2938,080   \$14,2938,080   \$14,2938,080   \$14,2938,080   \$14,2938,080   \$2,2808,180   \$2,2808,180   \$2,2808,180   \$2,2808,180   \$2,2808,180   \$2,2808,180   \$2,2808,180   \$2,2808,180   \$2,2808,180   \$2,2808,000   \$3,7500,000   \$3,7700,000   \$							
State-Community	ıtchings	Adults	837	28	\$216,468	\$216,468	16
Section	Subtotal		17,221	1,105	\$12,938,080	\$12,938,080	954
Section   Sect			State-Co	mmunity			
Section   Sect	eater Binghamton						
Lawrence	,				\$5,740,000	\$4,378,500	2,701
\$4,480,000   \$3,000   \$30,000   \$31,050,000   \$1,050,00					\$0,000,400	#0.000.400	1 000
Statewide   Stat					\$2,806,160		
### Statewide ##					\$4,480,000		
Section   Sect	grim						435
S2.145.440   \$2.145.440   \$2.145.440   \$2.145.440   \$2.145.440   \$2.145.440   \$2.145.440   \$2.145.440   \$2.240.000   \$2.	estern NY				\$1,050,000	\$1,050,000	602
S2.145.440   \$2.145.440   \$2.145.440   \$2.145.440   \$2.145.440   \$2.145.440   \$2.145.440   \$2.145.440   \$2.240.000   \$2.	ffalo				\$490,000	\$490,000	130
Section   Sect							
Statewide   Stat							
Spite   Destrict PC					\$2,240,000		93
Statewide   Stat					\$1.050.000		
Aid to Localities   \$21,070,000   \$17,748,500   7,156							
Aid to Localities   Statewide   Statewid							
Same	Subiolal				\$21,070,000	\$17,740,500	7,130
Size			Aid to Lo	ocalities			
Selection   Sele					\$1.815.000		
Clawrence   \$681,000   \$280,998   1490   1	nira				Ψ1,010,000	\$510,000	381
Same	. Lawrence				\$681,000	\$280,998	
Same							
Sestern NY   Sester NY					\$5,376,000	\$3,882,609	
Section   Sect						-	۷,415
Saltewide   Salt					00.540.655		
Statewide   Stat							
Statewide   Stat							
Statewide   \$5,460,000   \$3,249,606   3,930   \$430,000   \$430,000   \$561   \$57,562,000   \$27,562,000   \$21,996,911   13,628   \$21,996,9	w York City				\$7,432,000	\$6,893,698	631
Statewide   Stat							
Statewide   \$1,077,000   \$927,000   561					\$5,460,000		-,000
Statewide   Stat					\$1.077.000		E04
Statewide   \$2,500,000   \$2,500,000   \$2,500,000   \$3,5	•						
Second Second Risk Monitoring   \$2,500,000   \$2,000,000	Subtotal				\$27,562,000	\$21,996,911	13,628
Sign			State	wide			
Sign	icide Prevention. Forensics and Risk Mo	nitoring			\$2,500.000	\$2,500,000	
Subtotal   \$13,725,636   \$13	·	9					
Subtotal   \$13,725,636   \$13							A1/A
Article 28/31 Reinvestment   \$80,907,368   \$72,020,779   21,980							N/A
Article 28/31 Reinvestment  James Mercy (WNY)	Subtotal				\$13,725,636	\$13,725,636	
James Mercy (WNY)   Child & Adult   N/A   N/A   \$894,275   \$894,275   \$1,710	TOTAL TRANSFORMATION				\$80,907,368	\$72,020,779	21,980
Adults   N/A   \$199,030   \$199,			Article 28/31 F	Reinvestment			
Adults   N/A   \$199,030   \$199,	James Morey (M/NV)	Child o V air	NI/A	NI/A	\$904.27E	¢004.07F	4 740
Subtotal   Sinai (NYC)   Child & Adult   N/A   N/A   \$10,254,129   \$10							
ony Lodge/Rye (Hudson River)         Child & Adult         N/A         N/A         \$4,634,577         \$4,634,577         \$1,62           MC/NSUH/PK (Long Island)         Child & Adult         N/A         N/A         \$2,910,400         \$2,910,400         \$2,910,400         \$1,727           Subtotal         \$18,892,411         \$18,892,411         \$18,892,411         \$3,75							
MC/NSUH/PK (Long Island) Child & Adult N/A N/A \$2,910,400 \$2,910,400 1,727  Subtotal \$18,892,411 \$18,892,411 8,375	lliswood/Stony Lodge/Mt Sinai (NYC)	Child & Adult	N/A	N/A		\$10,254,129	1,459
MC/NSUH/PK (Long Island) Child & Adult N/A N/A \$2,910,400 \$2,910,400 1,727  Subtotal \$18,892,411 \$18,892,411 8,375	ony Lodge/Rye (Hudson River)	Child & Adult	N/A	N/A	\$4,634,577	\$4,634,577	3,162
Subtotal \$18,892,411 \$18,892,411 8,375							
		a & . tuut		,			
CPAND TOTAL \$00.700.770	Subtotal				ψ10,002, <del>7</del> 11	ψ10,032, <del>4</del> 11	0,313
				İ	\$99,799,779	\$90,913,190	30,355
	GRAND TOTAL			ļ	ψου,1ου,11ο	400,000,000	

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



			Table 3a	: Greater Bin	ghamton Health Center				
					Investment Plan Progress				
	Target		Prior	Reinvestment Expansion			New Individuals	Annualized Reinvestment	
Service	Population	County	Capacity	(units)	Status Update	Start Up Date	Served	Amount (\$)	
HCBS Waiver	Children	Broome	24	6		4/1/2014	6	\$157,758	
HCBS Waiver	Children	Chenango	6					-	
HCBS Waiver	Children	Delaware	12					-	
HCBS Waiver HCBS Waiver	Children	Otsego	12	0		6/5/2014		- 0457.750	
	Children Children	Tioga	6	6		6/5/2014	6	\$157,758	
HCBS Waiver	Children	Tompkins	0	40			40	- *245.546	
SUBTOTAL:			60	12			12	\$315,516	
Supported Housing	Adult	Broome	161	49		8/1/2014	66	\$376,859	
Supported Housing	Adult	Chenango	46	8		10/1/2014	5	\$61,568	
Supported Housing	Adult	Delaware	27	6		1/1/2016	1	\$46,218	
Supported Housing	Adult	Otsego	30	8		6/1/2015	7	\$62,424	
Supported Housing	Adult	Tioga	25	3		7/1/2015	5	\$25,278	
Supported Housing	Adult	Tompkins	0	10		11/1/2014	9	\$84,260	
SUBTOTAL:			289	84			93	\$656,607	
State Resources:			N/A						
Mobile Integration Team <sup>1</sup>	Adults & Children	Southern Tier Service Area		38.35 FTEs		6/1/2014	2,225	\$1,342,250	
Clinic Expansion <sup>1</sup>	Adult	Southern Tier Service Area		7.2 FTEs		1/1/2015	270	\$252,000	
OnTrack NY	Adult	Southern Tier Service Area		3 FTE				\$210,000	
SUBTOTAL:							2,495	\$1,804,250	
Aid to Localities:		Eastern Southern Tier Service Area	N/A	N/A					
Crisis Intervention Team (CIT)	Adult	Broome	_			9/14/2015	847	\$80,400	
Engagement & Transitional Support Services Program	Adult	Chenango & Delaware				12/28/2015	116	\$160,800	
Family Stabilization Program	Children	Otsego				6/27/2016	10	\$80,400	
Warm Line Program	Adult	Tioga				6/11/2016	34	\$35,040	
Drop-In Center	Adult	Tioga				11/1/2015	77	\$45,360	
SUBTOTAL:							1,084	\$402,000	

State Resources - In Development:	\$1,306,971
Aid to Localities In Development	<b>\$500.000</b>
Aid to Localities - In Development:	\$502,000

TOTAL:	3,684	\$4,987,344

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.



			Tabl	e 3b: Elmira	Psychiatric Center			
				Investment Plan Progress				
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestmen Amount (\$)
HCBS Waiver	Children	Allegany	6	(units)	Status Opuate	Start Op Date	Serveu	Amount (\$)
HCBS Waiver	Children	Cattaraugus	0					
HCBS Waiver	Children	Chemung	12					
HCBS Waiver	Children	•	18					
HCBS Waiver	Children	Ontario Schuyler	6					
HCBS Waiver	Children		6	3		6/5/2014	3	\$78,879
HCBS Waiver		Seneca	12	3		6/5/2014	3	\$78,879
HCBS Waiver	Children Children	Steuben	12	3		0/3/2014	3	\$10,019
HCBS Waiver	Children	Tompkins	12	6		6/5/2014	6	\$157,758
SUBTOTAL:	Children	Wayne	90	12		0/3/2014	12	\$315,516
SUBTUTAL:			90	12			12	\$315,516
Supported Housing	Adult	Allegany	35	2		11/1/2014	2	\$16,852
Supported Housing	Adult	Cattaraugus	0	1		2/1/2015	1	\$8,426
Supported Housing	Adult	Chemung	121	27		9/1/2014	22	\$228,243
Supported Housing	Adult	Ontario	64	9		10/1/2014	12	\$75,948
Supported Housing	Adult	Schuyler	6	6		12/1/2015	1	\$50,841
Supported Housing	Adult	Seneca	28	5		8/1/2014	7	\$42,187
Supported Housing	Adult	Steuben	119	8		9/1/2014	8	\$67,408
Supported Housing	Adult	Tompkins	64	4		9/1/2014	6	\$33,704
Supported Housing	Adult		70	4		10/1/2014	6	\$33,704
	Adult	Wayne	10	4			2	
Supported Housing SUBTOTAL:	Adult	Yates	517	70		6/1/2015	67	\$33,875 <b>\$591,188</b>
SUBTUTAL:			317	70			67	\$391,100
State Resources:			N/A					
,	Adults &	Southern Tier	IN/A	38.35 FTEs				
Mobile Integration Team <sup>1</sup>	Children	Service Area		30.331123		6/1/2014	2,225	\$1,342,250
OI: : E : 1	Adult	Southern Tier		7.2 FTEs		0/1/2014	2,223	\$1,342,230
Clinic Expansion <sup>1</sup>	Addit	Service Area		7.211LS		1/1/2015	270	\$252,000
Crisis/respite Unit	Children	Elmira PC		12.5 FTEs		1/1/2013	270	Ψ232,000
Chisis/respite Offit	Cilidien	Service Area		12.51 125		4/16/2015	206	\$875,000
Clinic Expansion	Children	Elmira PC		1.5 FTEs		4/10/2013	200	ψ073,000
Clirile Expansion	Crinaren	Service Area		1.511125		9/1/2014	N/A	\$105,000
SUBTOTAL:		Service Area				3/1/2014	2,701	\$2,574,250
SOBIOTAL.							2,701	\$2,374,230
Aid to Localities:		Western Southern Tier/	N/A	N/A				
		Finger Lakes Service Area						
Posnito Sonvicos	Adult	Western				3/1/2016	22	\$59,704
Respite Services Community Support Services	Adult	Southern Tier/				5/1/2016	149	\$92,466
Family Support Services	Adult	Finger Lakes				3/1/2016	149	\$92,466
Peer Training	Adult					12/5/2015	167	\$27,396
Transitional Housing Program	Adult	Service Area Steuben				7/1/2015	24	\$101,842
Transitional Housing Program	Adult	Tompkins				10/1/2016	3	\$50,921
Transitional Housing Program	Adult	Yates				4/8/2016	16	\$50,921
Community Support Program Expansion - Long Stay Team	Adult	Chemung			Funding has been made available on the county State Aid Letter, and is effective			<b>#</b> 400.000
211772					July 1, 2016.		95.	\$108,000
SUBTOTAL:						]	381	\$510,000
			_		State Resources - Ir	n Development	1	

State Resources - In Development	\$53,786
	r .
Aid to Localities - In Development:	\$400,000
TOTAL 2 464	64 444 740

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 3	3c: St. Lawre	nce Psychiatric Center			
					Investme	ent Plan Progress	;	
				Reinvestment	Status Update	Start Up Date	New Individuals	Annualized
	Target		Prior	Expansion			Served	Reinvestment
Service	Population	County	Capacity	(units)				Amount (\$)
HCBS Waiver	Children	Clinton	12					
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		10/1/2014	10	\$46,050
Supported Housing	Adult	Essex	29	6		3/1/2015	5	\$46,818
Supported Housing	Adult	Franklin	42	5		1/1/2015	9	\$38,375
Supported Housing	Adult	Jefferson	57	9		11/1/2014	8	\$69,075
Supported Housing	Adult	Lewis	51	2		2/1/2015	3	\$15,350
Supported Housing	Adult	St. Lawrence	73	25		1/1/2015	29	\$191,875
SUBTOTAL:			306	53			64	\$407,543
State Resources:			N/A					
Mobile Integration Team	Adults &	St. Lawrence		21 FTEs				
	Children	PC Service						
		Area				6/6/2014	1,298	\$1,470,000
Clinic expansion	Children	Jefferson		6.5 FTEs		9/8/2015	90	\$455,000
Day Treatment Expansion	Children	St. Lawrence		1 FTE				
		PC Service						
		Area				1/1/2015	8	\$70,000
Crisis/respite Unit	Children	St. Lawrence		11.5 FTEs				
		PC Service						
		Area				10/1/2016	29	\$811,160
SUBTOTAL:							1,396	\$2,806,160
Aid to Localities:		St. Lawrence	N/A	N/A				
		PC Service						
		Area						
Outreach Services Program	Adult	Clinton				2/1/2015	49	\$46,833
Mobile Crisis Program	Adult	Essex				4/28/2015	88	\$23,417
Community Support Program	Children	Essex				3/1/2015	124	\$23,416
Mobile Crisis Program	Adult	St. Lawrence				7/1/2015	314	\$46,833
Support Services Program	Adult	Franklin				3/15/2015	39	\$12,278
Self Help Program	Adult	Franklin				3/15/2015	76	\$12,277
Outreach Services Program	Adult &	Franklin				0/45/0045	504	040.070
	Children					3/15/2015	521	\$12,278
Crisis Intervention Program	Adult &	Franklin				0/4/0045	20	£40,000
Outros de Comito de Dos	Children	li-				6/1/2015	32	\$10,000
Outreach Services Program	Adult	Lewis				1/4/2016	121	\$46,833
Outreach Services Program	Adult	Jefferson				9/28/2015	126	\$46,833
SUBTOTAL:							1,490	\$280,998

Aid to Localities - In Development: \$400,000

TOTAL: 2,962 \$4,210,217



	Table 3d: Sagamore Children's Psychiatric Center									
					Inves	tment Plan Pro	gress			
	Target		Prior	Reinvestment Expansion			New Individuals	Annualized Reinvestment		
Service	Population	County	Capacity	(units)	Status Update	Start Up Date	Served	Amount (\$)		
HCBS Waiver	Children	Nassau	90	24		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		4/1/2014	N/A	\$70,000		
Mobile Crisis	Children	Nassau & Suffolk		1 FTE		7/1/2014	587	\$70,000		
Mobile Integration Team	Children	Nassau & Suffolk		10 FTEs		11/30/2014	91	\$700,000		
Clinic Expansion	Children	Nassau & Suffolk		9 FTEs		3/21/2016	30	\$630,000		
Crisis/respite Unit	Children	Nassau & Suffolk		9 FTEs		3/9/2015	222	\$630,000		
SUBTOTAL:							930	\$2,100,000		
Aid to Localities:		Long Island	N/A	N/A						
6 Non-Medicaid Care Coordinators	Children	Suffolk				4/1/2016	71	\$526,572		
1.5 Intensive Case Managers	Children	Suffolk			State Aid:	7/1/2010	, , , , , , , , , , , , , , , , , , ,	\$30,954		
1.0 Intensive Case Managers	Official	Odiloik			State Share of Medicaid*	4/1/2016	12	\$50,345		
SUBTOTAL:							83	\$607,871		

State and Community	Resources - In Development:		\$203,889
	TOTAL:	1,067	\$4,400,000

<sup>\*</sup> Gross Medicaid projected \$100,690

			Table	3e: Pilgrim	Psychiatric Center			
				l J		estment Plan P	rogress	
	Target		Prior	Reinvestment Expansion			New Individuals	Annualized Reinvestment
Service	Population	County	Capacity	(units)	Status Update	Start Up Date	Served	Amount (\$)
Supported Housing	Adult	Nassau	885	71		3/1/2015	47	\$1,101,564
Supported Housing	Adult	Suffolk	1,360	107		12/1/2014	78	\$1,660,408
SUBTOTAL:			2,245	178			125	\$2,761,972
State Resources:			N/A					
Clinic Expansion	Adult	Nassau & Suffolk		5 FTEs		11/20/2015	15	\$350,000
Mobile Integration Team	Adult	Nassau & Suffolk		20 FTEs		1/11/2016	420	\$1,400,000
SUBTOTAL:							435	\$1,750,000
Aid to Localities:		Long Island	N/A	N/A				
2 Assertive Community Treatment teams (48 slot teams in Nassau and expansion of an existing 48 team to a 68 slot team in	Adult	Nassau & Suffolk		136	State Aid			\$241,112
Suffolk)					State Share of Medicaid*	3/1/2015	143	\$713,298
Three (3) Mobile Crisis Teams	Adult	Suffolk				8/1/2015	1,923	\$758,740
Hospital Alternative Respite Program	Adult	Suffolk				7/6/2016	21	\$532,590
Recovery Center	Adult	Suffolk				4/15/2016	218	\$250,000
Mobile Crisis Team Expansion - Long Stay Team	Adult	Suffolk			Funding has been made available on the county State Aid Letter, and is effective July 1,	7/1/2016		\$272,948
Mobile Residential Support Team Expansion - Long Stay Team	Adult	Suffolk			2016.	7/1/2016	114	\$275,186
Crisis Program Expansion - Long Stay Team	Adult	Nassau				7/1/2016		\$230,864
SUBTOTAL:			1		1		2,419	\$3,274,738

State Resources - In	Development:		\$630,000
Aid to Localities - In	Development:		\$1,290,000
[	TOTAL:	2,979	\$9,706,710



<sup>\*</sup> Gross Medicaid projected \$1,827,048

<del> </del>		Table 31.		T. Jimaren s	s - Buffalo Psychiatric Cent		arooo	
						tment Plan Pro	gress	
	<b>-</b> .		<b>.</b> .	Reinvestment				Annualized
	Target		Prior	Expansion	0	0, ,,,	New Individuals	Reinvestment
Service	Population	County	Capacity	(units)	Status Update	Start Up Date	Served	Amount (\$)
HCBS Waiver	Children	Allegany	0	6		6/5/2014	6	\$157,758
HCBS Waiver	Children	Cattaraugus	12	6		11/1/2013	6	\$157,758
HCBS Waiver	Children	Chautauqua	6	6		6/5/2014	6	\$157,758
HCBS Waiver	Children	Erie	78	6		4/1/2014	6	\$157,758
HCBS Waiver	Children	Niagara	14					
SUBTOTAL:			110	24			24	\$631,032
Supported Housing	Adult	Allegany	0					
Supported Housing	Adult	Cattaraugus	104	10		7/1/2014	9	\$84,602
Supported Housing	Adult	Chautauqua	86	10		8/1/2014	7	\$84,659
Supported Housing	Adult	Erie	863	66		8/1/2014	72	\$557,826
Supported Housing	Adult	Niagara	143	22		9/1/2014	23	\$186,227
SUBTOTAL:	713311	Hagara	1,196	108		0, 1, 2011	111	\$913,314
OODIOTAL.			1,130	100				ψ310,014
State Resources:			N/A					
Mobile Integration Team	Children	Western NY		10 FTEs				
		CPC Service						
		Area				12/19/2014	445	\$700,000
Clinic Expansion	Children	Western NY		4 FTEs				
		CPC Service						
		Area				2/5/2015	117	\$280,000
Mobile Mental Health Juvenile	Children	Western NY		1 FTE				, ,
Justice Team		CPC Service						
		Area				12/1/2015	40	\$70,000
Mobile Integration Team <sup>1</sup>	Adult	Buffalo PC		7 FTEs			-	, .,
		Service Area				1/12/2016	130	\$490,000
SUBTOTAL:							732	\$1,540,000
Aid to Localitics		Masters NV	N/A	N/A				
Aid to Localities:		Western NY	IN/A	IN/A				
		CPC/Buffalo						
		PC Service						
		Area						
Peer Crisis Respite Center	Adult	Chautauqua						
(including Warm Line)		and						
		Cattaraugus				11/18/2015	96	\$315,000
Mobile Transitional Support	Adult	Chautauqua						
Teams (2)		and						
, ,		Cattaraugus				1/1/2015	323	\$234,000
Peer Crisis Respite Center	Adult	Erie		1		., ., 2010	320	<b>\$201,000</b>
(including Warm Line)	, tout					1/26/2015	323	\$353,424
Mobile Transitional Support	Adult	Erie				1/20/2010	020	φοσο, 12 1
Teams (3)	Addit					1/26/2015	253	\$431,000
Crisis Intervention Team	Adult	Erie	1	+	1	1/1/2015	506	\$191,318
Peer Crisis Respite Center	Adult			+		1/1/2013	500	015,151
(including Warm Line)	Adult	Niagara				12/1/2014	330	\$256,258
Mobile Transitional Support	Adult	Niagara		+		12/1/2014	330	φ230,238
	Adult	iviayara				1/20/2015	100	¢117.000
Team	A	F :	ļ	<b></b>	le e i i i i i i i i i i i i i i i i i i	1/20/2015	126	\$117,000
Community Integration Team -	Adult	Erie			Funding has been made available			
Long Stay Team					on the county State Aid Letter,			
					and is effective April 1, 2016.			
				1		11/20/2016	8	\$350,000
SUBTOTAL:			1		Í		1,957	\$2,248,000

Aid to Localities - In	n Development:		\$300,000
	TOTAL ·	2 824	\$5 632 346

1. Buffalo PC MIT is only partially funded through reinvestment dollars.



			Table 3g:	Rochester F	Psychiatric Center			
					Invest	ment Plan Prog	ress	
				Reinvestment				Annualized
	Target		Prior	Expansion			New Individuals	Reinvestment
Service	Population	County	Capacity	(units)	Status Update	Start Up Date	Served	Amount (\$)
Supported Housing	Adult	Genesee	45	2		1/1/2016	1	\$16,852
Supported Housing	Adult	Livingston	38	2		2/1/2015	3	\$16,852
Supported Housing	Adult	Monroe	427	103		10/1/2014	133	\$868,049
Supported Housing	Adult	Orleans	25	2		7/1/2015	1	\$16,852
Supported Housing	Adult	Wayne	0	2		12/1/2014	3	\$16,852
Supported Housing	Adult	Wyoming	20	2		11/1/2014	3	\$16,852
SUBTOTAL:			555	113			144	\$952,309
State Resources:			N/A					
Mobile Integration Team	Adult	Rochester PC	,, .	24 FTEs				
mesac integration reality	, iddit	Service Area		211123		10/30/2014	379	\$1.680.000
OnTrackNY-First Break	Adult	Rochester PC		2 FTE		. 5, 55, 25 1 7	5.0	¥.,000,000
Team <sup>1</sup>	riddit	Service Area		2112		3/21/2016	11	\$185,440
Clinic Expansion	Adult	Rochester PC		4 FTE		3/21/2010	- ''	ψ103, <del>44</del> 0
Cillic Expansion	Addit	Service Area		4116		1/1/2015	88	\$280,000
SUBTOTAL:		Get vice Area				1/1/2013	478	\$2,145,440
SOBIOTAL.							470	Ψ2,143,440
Aid to Localities:		Rochester PC	N/A	N/A				
Aid to Localities.		Service Area	IN/A	IN/A				
Peer Bridger Program	Adult	Genesee &						
Feel Blidger Flogram	Adult	Orleans				6/4/2015	9	\$30,468
Community Support Team	Adult	Rochester PC				0/4/2013	9	\$30,400
Community Support Team	Adult	Service Area				3/1/2015	126	\$500,758
Peer Bridger Program	Adult	Livingston				3/1/2013	120	\$300,736
reel Blidgel Flografii	Addit	Monroe						
		Wayne						
		Wyoming				2/1/2015	96	\$262,032
Crisis Transitional Housing	Adult	Livingston				2/1/2015	23	\$112,500
						5/7/2015	413	\$112,500
Peer Run Respite Diversion Assertive Community	Adult Adult	Monroe Monroe		48	State Aid	3/1/2013	413	\$500,000 \$79,624
Treatment Team	Adult	Monroe		46	State Share of Medicaid*	7/1/2015	46	\$79,624 \$310,764
Assertive Community	Adult	Monroe		48	State Share of Medicald	7/1/2015	40	\$79,624
	Adult	Monroe		46				. ,
Treatment Team	غار رام ۸	Manraa			State Share of Medicaid*	4/45/0040	40	\$310,764
Peer Support <sup>2</sup>	Adult	Monroe				1/15/2016	49	\$30,006
Crisis Transitional Housing	Adult	Orleans				7/30/2015	19	\$112,500
Crisis Transitional Housing	Adult	Wayne				4/8/2015	28	\$112,500
Crisis Transitional Housing	Adult	Wyoming				2/28/2015	24	\$112,500
Enhanced Recovery Supports	Adult	Wyoming				9/1/2014	181	\$51,836
Recovery Center	Adult	Genesee &				3/1/2017	101	ψο 1,000
•		Orleans				5/7/2015	49	\$217,124
Community Support Team -	Adult	Monroe			Funding has been made available			
Long Stay Team					on the county State Aid Letter,			
					and is effective as of April 1,			
		<u> </u>			2016.	5/1/2016	29	\$350,000
SUBTOTAL:							1,092	\$3,173,000

TOTAL: 1,714 \$6,270,749



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

Notes:

1. Additional reinvestment funding added to the OnTrack program to cover NPS costs.

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

		Та	ble 3h: Ne	w York City	Psychiatric Centers			
					Inves	stment Plan Prod	gress	
				Reinvestment			ĺ	Annualized
	Target		Prior	Expansion			New Individuals	Reinvestment
Service	Population	County	Capacity	(units)	Status Update	Start Up Date	Served	Amount (\$)
HCBS Waiver	Children	Bronx	144	33		10/1/2013	33	\$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			63	\$1,749,440
Supported Housing	Adult	Bronx	2,120	50		5/1/2015	47	\$752,150
Supported Housing	Adult	Kings	2,698	40		7/1/2016	4	\$637,460
Supported Housing	Adult	New York	1,579	104		3/1/2015	120	\$1,564,472
Supported Housing	Adult	Queens	1,887	55		12/1/2016	2	\$879,320
Supported Housing	Adult	Richmond	492	45		4/1/2016	16	\$718,080
SUBTOTAL:			8,776	294			189	\$4,551,482
State Resources:			N/A					
Mobile Integration Team	Adult	Queens		7 FTEs		3/21/2016	93	\$490,000
Mobile Integration Team	Adult	New York		7 FTEs	Staff members have been			
					identified, and the development of			
					a MIT Team operated by			
					Manhattan PC continued through			
					January.			\$490,000
Mobile Integration Team	Children	Bronx		6 FTEs	Staff members have been			
		Kings			identified, and the development of			
		Queens			a MIT Team operated by NYC			
					Children's Center continued			
					through January.			\$420,000
SUBTOTAL:							93	\$1,400,000
Aid to Localities:								
Transitions in Care Teams (3)	Adult	NYC	N/A	N/A		7/1/2015	423	\$2,884,275
Pathway Home Program	Adult	NYC				4/1/2016	208	\$3,546,663
Crisis Pilot Program (3 Year)	Adult	NYC				9/1/2016		\$462,760
SUBTOTAL:							631	\$6,893,698

State Resources - In Development:		\$840,000
Aid to Localities - In Development:		\$537,240
TOTAL:	976	\$15,971,860



		Table 3i: I	Rockland	and Capital	District Psychiatric Centers			
						tment Plan Progr	ess	l a 1: 1
	T		Datas	Reinvestment			Niano la dividato ala	Annualized
	Target		Prior	Expansion	0	0	New Individuals	Reinvestment
Service	Population	County	Capacity	(units)	Status Update	Start Up Date	Served	Amount (\$)
HCBS Waiver	Children	Dutchess	18			44/4/0040		0457.750
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	20		12/1/2014	14	\$261,066
Supported Housing	Adult	Orange	262	30		10/1/2014	26	\$391,206
Supported Housing	Adult	Putnam	67	4		5/1/2015	4	\$54,156
Supported Housing	Adult	Rockland	173	19		7/1/2014	20	\$269,822
Supported Housing	Adult	Sullivan	61	5		11/1/2014	5	\$46,425
Supported Housing	Adult	Ulster	142	28		1/1/2015	29	\$275,880
Supported Housing	Adult	Westchester	907	28		4/1/2015	10	\$436,162
Supported Housing	Adult	Albany	276	2		1, 1,2010	1.0	\$19.060
Supported Housing	Adult	Columbia	39	2		1/1/2017	2	\$19,060
			35	3		1/ 1/2017		
Supported Housing	Adult	Greene					<del>                                     </del>	\$28,590
Supported Housing	Adult	Rensselaer	125	4	<del> </del>		1	\$38,120
Supported Housing	Adult	Schenectady	153	3				\$28,590
Supported Housing	Adult	Schoharie	31	2				\$19,060
SUBTOTAL:			2,500	150			110	\$1,887,197
State Resources:								
Mobile Integration Team	Adult	Rockland PC		4 FTEs	Staff members have been identified,			
_		Service Area			and the development of a MIT Team			
					operated by Rockland PC continued			
					through January.			\$280,000
Mobile Integration Team	Adult	Capital District		4 FTEs	amough canaary.			<del>+</del> ===,===
Wobile Integration ream	Addit	PC Service		41123				
						40/4/2046	10	¢200 000
CURTOTAL		Area				10/1/2016	16	\$280,000
SUBTOTAL:							16	\$560,000
Aid to Localities:		Rockland PC	N/A	N/A				
		Service Area						
Hospital Diversion/Crisis Respite	Adult	Dutchess				2/12/2015	89	\$200,000
Supported Housing	Adult	Orange		6		4/1/2015	6	\$77,298
Outreach Services	Adult	Orange				12/1/2014	18	\$36,924
Outreach Services	Children	Orange				10/1/2014	250	\$85,720
Advocacy/Support Services	Adult	Putnam				9/28/2015	33	\$23,000
Self-Help Program	Adult	Putnam				2/1/2015	38	\$215,000
						2/1/2013	30	φ215,000
Mobile Crisis Intervention Program	Adults &	Rockland						
	Children					3/31/2015	1,046	\$449,668
Hospital Diversion/ Transition	Adult	Sullivan						
Program <sup>1</sup>	<u></u>	<u> </u>	<u></u>	<u> </u>	<u>                                     </u>	11/24/2014	578	\$225,000
Mobile Crisis Services <sup>1</sup>	Adults &	Ulster						
	Children					2/9/2015	1,687	\$400,000
Assertive Community Treatment	Adult	Ulster		20			.,55.	Ţ::0,000
team expansion (48 to 68 slots)	, .auit	0.0.			State Aid:			\$33,952
10411 0xpan31011 (40 t0 00 31013)					State Share of Medicaid:	12/1/2014	39	\$66,664
Outreach Services	Adult	Westchester		<del> </del>		4/1/2015	74	
				-		4/1/2015	14	\$267,328
Crisis Intervention/ Mobile Mental	Children	Westchester				44/4/0044	70	¢474.050
Health Team						11/1/2014	78	\$174,052
Outreach Team - Long Stay Team	Adult	Albany			Funding has been made available			
					on the county State Aid Letter, and			\$230,000
Outreach Team - Long Stay Team	Adult	Schenectady			is effective January 1, 2016.			<u> </u>
	<u></u>	<u> </u>	<u></u>	<u> </u>	]		<u> </u>	\$200,000
Outreach Team - Long Stay Team	Adult	Dutchess			]			
, J.								\$225,000
Outreach Team - Long Stay Team	Adult	Orange		1	1		1	+==5,000
	, touit	Clango						\$225,000
Cattodon roam Long Clay roam		Rockland		+	1		+	Ψ220,000
	۸ ماریا <del>د</del>	LES CHESTER LIMIT	ı	ĺ			1	\$20E.000
Outreach Team - Long Stay Team	Adult	rtoonana						
Outreach Team - Long Stay Team					-			\$225,000
	Adult Adult	Westchester						
Outreach Team - Long Stay Team Outreach Team - Long Stay Team	Adult	Westchester						\$225,000
Outreach Team - Long Stay Team Outreach Team - Long Stay Team Family Engagement & Support					Funding has been made available			\$225,000
Outreach Team - Long Stay Team Outreach Team - Long Stay Team	Adult	Westchester			on the county State Aid Letter, and			
Outreach Team - Long Stay Team Outreach Team - Long Stay Team Family Engagement & Support	Adult Children	Westchester				1/1/2017	4 3,936	\$225,000

State and Communi	ty Resources -In Development:		\$2,270,000
	TOTAL:	4,074	\$8,719,921

<sup>\*</sup> Gross Medicaid projected \$229,156

<sup>1.</sup> 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 3i	: Hutchinas	Psychiatric Center			
					•	stment Plan Pro	gress	
	Target		Prior	Reinvestment Expansion			New Individuals	Annualized Reinvestment
Service	Population	County	Capacity	(units)	Status Update	Start Up Date	Served	Amount (\$)
HCBS Waiver	Children	Cayuga	12	6		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	5		1/1/2016	4	\$38,655
Supported Housing	Adult	Cortland	53	4		1/1/2016	5	\$30,924
Supported Housing	Adult	Fulton	30	1		17 17 20 10		\$7,731
Supported Housing	Adult	Hamilton	4	3				\$23,193
Supported Housing	Adult	Herkimer	30	1		1/1/2017	1	\$7,731
Supported Housing	Adult	Madison	28	2				\$15,462
Supported Housing	Adult	Montgomery	37	1				\$7,731
Supported Housing	Adult	Oneida	232	8				\$61,848
Supported Housing	Adult	Onondaga	300	-				, , , , , , , , , , , , , , , , , , , ,
Supported Housing	Adult	Oswego	62	3		12/1/2015	6	\$23,193
SUBTOTAL:			837	28			16	\$216,468
State Resources:								
Crisis/respite unit	Children	Hutchings PC Service Area	N/A	12 FTEs		11/5/2014	261	\$840,000
OnTrackNY - First Episode Psychosis <sup>1</sup>	Adults & Youth	Hutchings PC Service Area	N/A	3 FTEs		8/1/2015	114	\$228,400
SUBTOTAL:	10001	COLVICO 7 II CU				0/1/2013	375	\$1,068,400
								<b>V</b> 1,000,100
Aid to Localities:		Hutchings PC Service Area	N/A	N/A				
Children's Respite Program	Children	Onondaga						\$96,750
Clinical Services & Support	Children	Onondaga						\$430,555
Respite/Clinical Oversight	Children	Onondaga					551	\$99,695
Long Stay Reduction Transition Team	Adult	Onondaga			Funding has been made available on the county State Aid Letter, and is effective April 1, 2016.			
					and is ellective April 1, 2016.	11/9/2016	10	\$300,000
SUBTOTAL:							561	\$927,000

Aid to Localities - In	\$150,000		
_			
	TOTAL:	970	\$2,835,142

 ${\bf 1.}~{\bf Additional}~{\bf reinvestment}~{\bf funding}~{\bf added}~{\bf to}~{\bf the}~{\bf OnTrack}~{\bf program}~{\bf to}~{\bf cover}~{\bf NPS}~{\bf costs}.$ 



# **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
		Allegany, Livingston,	
St. James Mercy	Children and Adults	Steuben	\$894,275
Medina Memorial	Adults	Niagara, Orleans	\$199,030
Holliswood/Stony Lodge/Mt. Sinai	Children and Youth	New York City	\$10,254,129
Stony Lodge & Rye	Children and Adults	Hudson River	\$4,634,577
LBMC/NSUH/PK	Children and Adults	Nassau, Suffolk	\$2,910,400

Subtotal: \$18,892,411



		Table 3k	: Western	Region Article 2	28 Hospital Reinvestme	nt		
					Inve	stment Plan Pro	gress	
	Target		Prior	Reinvestment Expansion		Start Up	New Individuals	Annualized Reinvestment
Service	Population	County	Capacity	(units)	Status Update	Date	Served	Amount (\$)
Article 28:	· · · · · · · · · · · · · · · · · · ·		N/A	(61.116)				(+/
St. Jame	es Mercy	•						
Intensive Intervention Services	Adult	Allegany				8/25/2014	71	\$95,000
Post Jail Transition Coordinator/Forensic	Adult	Livingston				4/5/2045	568	<b>\$50.275</b>
Therapist Enhanced Mobile Crisis	Adults &	Steuben				1/5/2015	300	\$59,275
Outreach	Children					11/3/2014	1,008	\$490,000
Intensive In-Home Crisis Intervention (Tri-County)	Children & Youth	Allegany, Livingston, Steuben				6/1/2015	63	\$250,000
SUBTOTAL:							1,710	\$894,275
Medina Memo	orial Hospita	il						
Mental Hygiene Practioner to handle crisis calls (late	Adults & Children	Niagara				9/45/2014	122	¢69.020
afternoon and evenings) Enhanced Crisis Response	Adults & Children	Orleans				8/15/2014 7/1/2014	195	\$68,030 \$131,000
SUBTOTAL:							317	\$199,030

TOTAL:	2,027	\$1,093,305



		Table 3I: No	ew York Ci	tv Region Artic	cle 28 Hospital Reinvestment			
					-	nt Plan Prod	ıress	
				Reinvestment			New	Annualized
	Target		Prior	Expansion		Start Up	Individuals	Reinvestment
Service	Population	County	Capacity	(units)	Status Update	Date	Served	Amount (\$)
Holliswood			Cupacity	(66)		2 610	00.700	(ψ)
HCBS Waiver	C&Y	Bronx	144	15	State Share of Medicaid:	2/1/2016	12	\$418,500
Crisis Beds	C&Y	NYC		5				\$210,000
Rapid Response Mobile Crisis	C&Y	NYC				1/1/2014	247	\$1,150,000
Family Advocates	C&Y	NYC				1/1/2014	564	\$450,000
4.5 Rapid Response Teams	C&Y	NYC				4/28/2015	253	\$1,989,569
Family Resource Center <sup>1</sup>	C&Y	NYC				2/1/2016	378	\$1,335,777
High Fidelity Wrap Around	C&Y	NYC						\$181,865
SUBTOTAL:							1,454	\$5,735,711
Stony Lodg	e Hospital	•						
Partial Hospitalization	C&Y	NYC						
Program & Day Treatment								
Program (Bellevue)					State Share of Medicaid:			\$386,250
Home Based Crisis	C&Y	NYC						
Intervention Team (Bellevue)						11/1/2015	17	\$300,000
Family Resource Center <sup>1</sup>	C&Y	NYC				2/1/2016	See Note <sup>1</sup>	\$728,622
High Fidelity Wraparound	C&Y	NYC						\$185,128
SUBTOTAL:							17	\$1,600,000
Mount Sina	i Hospital							
Mt. Sinai Partial	Adult	NYC						
Hospitialization (15 slots)				15	State Share of Medicaid:			\$303,966
4 Assertive Community	Adult	NYC						
Treatment Teams (68 slots								
each)				272	State Share of Medicaid:			\$1,855,694
1 Assertive Community	Adult	NYC						
Treatment Team (48 slots)		ļ		48	State Share of Medicaid:			\$384,666
Expanded Respite Capacity	Adult	NYC						\$374,093
SUBTOTAL:								\$2,918,418

TOTAL:	1 471	¢40.254.420
TOTAL:	1,471	\$10,254,129



<sup>1:</sup> 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.

		Table 3m: Hudson River Region Article 28 Hospital Reinvestment										
						ent Plan Pro	gress					
				Reinvestment			New	Annualized				
	Target		Prior	Expansion		Start Up	Individuals	Reinvestment				
Service	Population	County	Capacity	(units)	Status Update	Date	Served	Amount (\$)				
Article 28:			N/A	(2)				(+)				
Stony Lodge	/Rve Hospita	i										
HCBS Waiver Slots	C&Y	Albany	1	6	State Share of Medicaid:	12/1/2015	5	\$157,704				
		Saratoga		3	State Share of Medicaid:	1/1/2015	3	\$78,803				
		Warren		3	State Share of Medicaid:	1/1/2015	3	\$78,803				
		Westchester	+	6	State Share of Medicaid:	1/1/2015	6	\$157,704				
SUBTOTAL:		TTOOLONGOLON			State Share of Wedicard.	1/1/2013	17	\$473,014				
Article 28:			N/A					<b>\$410,014</b>				
Supported Housing	Adult	Albany	1.47.1	2		9/1/2015	3	\$18,570				
eupperteu i leuemig	, ladit	Greene		5		3/1/2015	8	\$46,425				
		Rensselaer	+	7		5/1/2015	10	\$64,995				
		Schenectady		7		10/1/2015	8	\$64,995				
Mobile Crisis Services	Adult	Columbia		,		7/1/2015	866	\$180,636				
INODIIE CITSIS GELVICES	Addit	Greene	+			7/1/2015	699	\$203,859				
		Sullivan				11/24/2014	See Table 3i <sup>1</sup>	\$81,447				
Hospital Diversion Respite	Adult	Columbia						. ,				
Hospital Diversion Respite	Addit	Greene				11/1/2015	8	\$43,560				
Donite Conices	C&Y	Columbia				3/1/2015		\$20,337				
Respite Services	Car		+			3/30/2015	15	\$15,750				
		Greene	1			3/30/2015	23	\$65,670				
		Orange	1			6/30/2015	11	\$30,000				
Danita Candara	۸ ما د بالم	Sullivan	1			4/1/2015	20	\$25,000				
Respite Services	Adult	Dutchess				3/1/2015	99	\$25,000				
		Orange				3/20/2015	24	\$60,000				
		Putnam	ļ			6/1/2015	10	\$25,000				
		Westchester				6/1/2015	24	\$136,460				
Self Help Program	Adult	Dutchess				2/12/2015	353	\$60,000				
		Orange	ļ			6/17/2015	33	\$30,000				
		Westchester	ļ			4/8/2015	108	\$388,577				
Family Support Services	C&Y	Orange				2/18/2015	102	\$30,000				
		Schoharie	1			2/23/2015	254	\$170,000				
Adult Mobile Crisis Team (5	Adult	Rensselaer										
Counties: Rensselaer,												
Saratoga, Schenectady, Warren-Washington)						10/1/2015	120	¢4 000 400				
Capital Region Respite	C&Y	Rensselaer				10/1/2015	139	\$1,000,190				
Services (3 Counties:	Cai	Kensselaei										
Albany, Rensselaer,												
Schenectady)						7/8/2015	20	\$30,000				
Mobile Crisis Intervention	Adult	Rockland				3/30/2015	See Table 3i <sup>1</sup>	\$400,000				
		Ulster				2/9/2015	See Table 3i <sup>1</sup>	\$300,000				
Mobile Crisis Team (Tri-	C&Y	Warren				_, 5, _ 5 1 5	, 11	<b>\$223,000</b>				
County: Saratoga, Warren-												
Washington)		<u> </u>	<u> </u>	<u> </u>		1/1/2016	124	\$545,092				
Home Based Crisis	C&Y	Warren										
Intervention (Tri-County:												
Saratoga, Warren-							_					
Washington)			1			11/26/2013	227	\$100,000				
SUBTOTAL:							3,191	\$4,161,563				

TOTAL: 3,208 \$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: L	ong Islan	d Region Artic	le 28 Hospital Reinvestment	t		
					Investme	ent Plan Pro	gress	
				Reinvestment			New	Annualized
	Target		Prior	Expansion		Start Up	Individuals	Reinvestment
Service	Population	County	Capacity	(units)	Status Update	Date	Served	Amount (\$)
Article 28:			N/A					
Long Beach Medical Center	/North Shore	University Hos	pital/Partial	Hospitalization				
Progr	ram 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	Adult	Nassau						
Support Teams						7/1/2015	263	\$1,344,000
Mobile Crisis Team	Adult	Nassau						
Expansion						8/1/2015	1,372	\$212,000
Satellite Clinic Treatment	Adult	Nassau						\$155,000
Services					State Share of Medicaid:			\$45,000
(5) On-Site Rehabilitation	Adult	Nassau				2/1/2016	48	\$200,000
Residential Support Teams	Adult	Nassau						\$200,000
Help/Hot Line Expansion	Adult	Nassau		† †				\$50,000
On-Site MH Clinic	Children	Nassau						\$50,000
(3) Clinic Treatment	Adult	Nassau		1				
Services						8/18/2016	44	\$375,000
Family Advocate	Children	Nassau			_			\$84,000
Peer Outreach	Adult	Suffolk						\$30,000
SUBTOTAL:	_						1,727	\$2,745,000

TOTAL: 1,733 \$2,910,400
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<sup>\*</sup>Gross Medicaid projected \$420,800

Table 4: NYS OMH State Psychiatric Center Inpatient Discharge Metrics

	Metrics Post Discharge								
State Inpatient Facilities <sup>1</sup>	Readmission <sup>2, 4</sup>	ER Utilization <sup>3, 4</sup>							
	For discharge cohort (Apr, 2016-Jun, 2016), % Having Psychiatric Readmission within 30 days	For discharge cohort (Apr, 2016-Jun, 2016), % Utilizing Psychiatric Emergency Room within 30 days							
Adult									
Bronx	8.7%	0.0%*							
Buffalo	10.3%	5.6%*							
Capital District	10.6%	0.0%							
Creedmoor	7.2%	1.8%							
Elmira	11.1%*	33.3%*							
Greater Binghamton	3.3%	6.3%*							
Hutchings	16.7%	7.1%*							
Kingsboro	6.9%	5.0%							
Manhattan	16.9%	2.5%							
Pilgrim	6.8%	0.0%							
Rochester	11.1%*	7.7%*							
Rockland	10.0%	0.0%*							
South Beach	16.7%	4.3%							
St. Lawrence	33.3%*	0.0%*							
Washington Heights	27.3%	10.0%							
Total	12.2%	3.7%							
Children & Youth									
Elmira	7.1%	0.0%							
Greater Binghamton	2.6%	10.8%							
Hutchings	6.5%	2.4%							
Mohawk Valley	10.6%	2.4%							
NYC Children's Center	2.9%	0.0%							
Rockland CPC	9.5%	0.0%							
Sagamore CPC	23.1%	6.5%							
South Beach	0.0%*	0.0%*							
St. Lawrence	11.1%	0.0%							
Western NY CPC	0.0%	0.0%							
Total	8.7%	2.3%							
Forensic									
Central New York	4.5%	0.0%							
Kirby	5.6%*	0.0%*							
Mid-Hudson	12.1%	0.0%							
Rochester	0.0%*	0.0%*							
Total 45 0047	6.8%	0.0%							

Updated as of February 15, 2017

#### 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.
- 4. The Medicaid system has had difficulty with the timely updating of managed care encounter data due to system transitions beginning in the fall of 2015. Therefore the Medicaid encounter data included in the rate calculations may not fully represent all managed care inpatient readmission or ER encounters during this reporting time period.
- \*Note this rate may not be stable due to small denominator (less than 20 discharges in the denominator).



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

							Metrics Post Discharge⁴						
							For discha		(Apr, 2016-Jun,				
				Capac	city (as of 0	1/1/17)		, % Having I nission with		Jun, 2016), % Utilizing Psychiatric Emergency Room within 30 days			
Region	County <sup>2</sup>	Hospital Name <sup>3</sup>	Auspice	Total	Adults	Child	Total	Adult <sup>6</sup>	Child	Total	Adult	Child	
Central	Broome	United Health Services Hospitals, Inc.	Article 28	56	56	0	10.0%	10.0%		4.3%	4.3%		
Central	Cayuga	Auburn Community Hospital	Article 28	14	14	0	13.3% *	13.3% *		0.0% *	0.0% *		
Central	Clinton	Champlain Valley Physicians Hospital Med Ctr.	Article 28	34	22	12	0.0%	0.0% *	0.0% *	0.0%	0.0% *	0.0% *	
Central	Cortland	Cortland Regional Medical Center, Inc.	Article 28	11	11	0	0.0% *	0.0% *		12.5% *	12.5% *		
Central	Franklin	Adirondack Medical Center	Article 28	12	12	0	0.0% *	0.0% *		0.0% *	0.0% *		
Central	Jefferson	Samaritan Medical Center	Article 28	32	32	0	2.4%	2.4%		0.0%	0.0%		
Central	Montgomery	St. Mary's Healthcare	Article 28	20	20	0	10.8%	10.8%		0.0%	0.0%		
Central	Oneida	Faxton - St. Luke's Healthcare	Article 28	26	26	0	18.2%	18.2%		0.0%	0.0%		
Central	Oneida	Rome Memorial Hospital, Inc.	Article 28	12	12	0	25.0% *	25.0% *		0.0% *	0.0% *		
Central	Oneida	St. Elizabeth Medical Center	Article 28	24	24	0	22.2%	22.2%		2.2%	2.2%		
Central	Onondaga	St. Joseph's Hospital Health Center	Article 28	49	49	0	14.7%	14.7%		5.3%	5.3%		
Central	Onondaga	SUNY Health Science Center-University Hospital 8	Article 28	30	30	0	22.0%	22.0%		19.5%	19.5%		
Central	Oswego	Oswego Hospital, Inc.	Article 28	28	28	0	3.8%	3.8%		3.8%	3.8%		
Central	Otsego	Bassett Healthcare	Article 28	20	20	0	30.8% *	30.8% *		0.0% *	0.0% *		
Central	Saint Lawrence	Claxton-Hepburn Medical Center	Article 28	28	28	0	14.3%	14.3%		0.0%	0.0%		
Hudson	Albany	Albany Medical Center	Article 28	26	26	0	18.4%	18.4%		0.0%	0.0%		
Hudson	Columbia	Columbia Memorial Hospital	Article 28	22	22	0	11.8% *	11.8% *		0.0% *	0.0% *		
Hudson	Dutchess	Westchester Medical /Mid-Hudson Division	Article 28	40	40	0	19.0%	19.0%		2.4%	2.4%		
Hudson	Orange	Bon Secours Community Hospital	Article 28	24	24	0	13.6%	13.6%		0.0%	0.0%		
Hudson	Orange	Orange Regional Medical Center - Arden Hill Hospital	Article 28	30	30	0	5.4%	5.4%		0.0%	0.0%		
Hudson	Putnam	Putnam Hospital Center	Article 28	20	20	0	25.0% *	25.0% *		12.5% *	12.5% *		
Hudson	Rensselaer	Northeast Health - Samaritan Hospital	Article 28	63	63	0	17.5%	17.5%		0.0%	0.0%		
Hudson	Rockland	Nyack Hospital	Article 28	26	26	0	26.9%	26.9%		0.0%	0.0%		
Hudson	Saratoga	FW of Saratoga, Inc.	Article 31	88	31	57	4.8%	3.8%	5.2%	0.0%	0.0%	0.0%	
Hudson	Saratoga	The Saratoga Hospital	Article 28	16	16	0	23.5% *	23.5% *		0.0% *	0.0% *		
Hudson	Schenectady	Ellis Hospital	Article 28	52	36	16	13.6%	18.6%	4.3%	0.0%	0.0%	0.0%	
Hudson	Sullivan	Catskill Regional Medical Center	Article 28	18	18	0	0.0% *	0.0% *		0.0% *	0.0% *		
Hudson	Ulster	Health Alliance Hospital Mary's Ave Campus	Article 28	40	40	0	21.2%	21.2%	_	0.0%	0.0%		
Hudson	Warren	Glens Falls Hospital	Article 28	30	30	0	15.7%	15.7%		0.0%	0.0%		
Hudson	Westchester	Four Winds, Inc.	Article 31	178	28	150	11.3%	14.3% *	11.0%	1.1%	0.0% *	1.2%	
Hudson	Westchester	Montefiore Mount Vernon Hospital, Inc.	Article 28	22	22	0	16.0%	16.0%	_	4.0%	4.0%		
Hudson	Westchester	New York Presbyterian Hospital	Article 28	252	207	45	23.8%	25.9%	16.7%	5.7%	7.4%	0.0%	
Hudson	Westchester	Northern Westchester Hospital Center	Article 28	15	15	0	14.3% *	14.3% *		0.0% *	0.0% *		
Hudson	Westchester	Phelps Memorial Hospital Center	Article 28	22	22	0	0.0% *	0.0% *		0.0% *	0.0% *		
Hudson	Westchester	St Joseph's Medical Center <sup>9</sup>	Article 28	149	136	13	21.6%	23.3%	0.0% *	5.9%	7.0%	0.0% *	
Hudson	Westchester	Westchester Medical Center	Article 28	101	66	35	21.1%	21.1%	0.070	0.0%	0.0%	0.070	



Table 5: General and Private Hospital 30-Day Inpatient Readmission and ER Utilization Rates<sup>1</sup>

									Metrics Post	Discharge	<sup>4</sup>	
								Readmission	on <sup>5, 13</sup>		ER Utilization	on <sup>7,13</sup>
				Capacity (as of 01/1/17)			2016)	, % Having mission wit		Jun, 2016), % Utilizing Psychiatric Emergency Room within 30 days		
Region	County <sup>2</sup>	Hospital Name <sup>3</sup>	Auspice	Total	Adults	Child	Total	Adult <sup>6</sup>	Child	Total	Adult	Child
Long Island	Nassau	Mercy Medical Center	Article 28	39	39	0	38.5% *	38.5% *		0.0% *	0.0% *	-
Long Island	Nassau	Nassau Health Care Corp/Nassau Univ Med Ctr	Article 28	128	106	22	12.2%	10.6%	0.0% *	0.8%	1.0%	0.0% *
Long Island	Nassau	South Nassau Communities Hospital	Article 28	36	36	0	28.2%	28.2%	•	0.0%	0.0%	
Long Island	Suffolk	Brookhaven Memorial Hospital Medical Center	Article 28	20	20	0	11.1% *	11.1% *		5.6% *	5.6% *	
Long Island	Suffolk	Brunswick Hospital Center, Inc. <sup>10</sup>	Article 31	124	87	37	13.7%	19.7%	4.9%	4.9%	6.6%	2.4%
Long Island	Suffolk	Eastern Long Island Hospital Association	Article 28	23	23	0	31.8%	31.8%		0.0%	0.0%	
Long Island	Suffolk	Huntington Hospital	Article 28	21	21	0	0.0% *	0.0% *		0.0% *	0.0% *	
Long Island	Suffolk	John T. Mather Memorial Hospital	Article 28	37	27	10	31.6% *	40.0% *	0.0% *	0.0% *	0.0% *	0.0% *
Long Island	Suffolk	St. Catherine's of Siena Hospital	Article 28	42	42	0	22.2%	22.2%		0.0%	0.0%	
Long Island	Suffolk	State University of NY at Stony Brook	Article 28	40	30	10	27.3%	25.9%	16.7% *	12.1%	11.1%	16.7% *
Long Island	Suffolk	The Long Island Home	Article 31	232	167	65	13.0%	15.1%	10.9%	1.9%	1.9%	1.8%
NYC	Bronx	Bronx-Lebanon Hospital Center	Article 28	98	73	25	24.3%	28.5%	10.0%	10.2%	13.1%	0.0%
NYC	Bronx	Montefiore Medical Center	Article 28	55	55	0	9.6%	9.6%		2.7%	2.7%	
NYC	Bronx	NYC-HHC Jacobi Medical Center	Article 28	107	107	0	24.4%	24.4%		5.1%	5.1%	
NYC	Bronx	NYC-HHC Lincoln Medical & Mental Health Ctr.	Article 28	60	60	0	8.3%	8.3%		2.1%	2.1%	
NYC	Bronx	NYC-HHC North Central Bronx Hospital	Article 28	70	70	0	18.5%	18.5%		0.0%	0.0%	
NYC	Bronx	St. Barnabas Hospital	Article 28	49	49	0	21.4%	21.4%		6.0%	6.0%	
NYC	Kings	Brookdale Hospital Medical Center	Article 28	61	52	9	18.4%	15.9%	25.0%	14.0%	17.1%	6.3%
NYC	Kings	Interfaith Medical Center, Inc.	Article 28	120	120	0	27.0%	27.0%		3.2%	3.2%	
NYC	Kings	Kingsbrook Jewish Medical Center <sup>11</sup>	Article 28	58	58	0	31.4%	31.4%		11.4%	11.4%	
NYC	Kings	Maimonides Medical Center	Article 28	70	70	0	24.3%	24.3%		1.4%	1.4%	
NYC	Kings	NYC-HHC Coney Island Hospital	Article 28	64	64	0	21.1%	21.1%		7.0%	7.0%	
NYC	Kings	NYC-HHC Kings County Hospital Center	Article 28	205	160	45	21.3%	23.0%	12.1%	8.8%	9.3%	6.1%
NYC	Kings	NYC-HHC Woodhull Medical & Mental Health Ctr.	Article 28	135	135	0	24.1%	24.1%		7.3%	7.3%	
NYC	Kings	New York Methodist Hospital	Article 28	35	35	0	7.7% *	7.7% *		15.4% *	15.4% *	
NYC	Kings	New York University Hospitals Center	Article 28	50	50	0	14.9%	14.9%		2.1%	2.1%	
NYC	New York	Beth Israel Medical Center	Article 28	92	92	0	22.3%	22.3%	ě	4.6%	4.6%	
NYC	New York	Lenox Hill Hospital	Article 28	27	27	0	33.3%	33.3%	÷	14.8%	14.8%	
NYC	New York	Mount Sinai Medical Center	Article 28	76	76	0	11.8%	11.8%		5.9%	5.9%	
NYC	New York	NYC-HHC Bellevue Hospital Center	Article 28	330	285	45	23.0%	24.5%	15.8%	11.3%	10.9%	13.2%
NYC	New York	NYC-HHC Harlem Hospital Center	Article 28	52	52	0	29.3%	29.3%		12.0%	12.0%	
NYC	New York	NYC-HHC Metropolitan Hospital Center	Article 28	122	104	18	26.5%	29.9%	0.0% *	6.5%	7.3%	0.0% *
NYC	New York	New York Gracie Square Hospital, Inc., The	Article 31	157	157	0	25.0%	25.0%	ě	14.3%	14.3%	
NYC	New York	New York Presbyterian Hospital	Article 28	91	91	0	20.6%	20.6%	ě	8.5%	8.5%	
NYC	New York	New York University Hospitals Center	Article 28	22	22	0	7.7% *	7.7% *	ě	15.4% *	15.4% *	
NYC	New York	St. Luke's-Roosevelt Hospital Center	Article 28	110	93	17	18.2%	21.4%	0.0% *	11.4%	14.3%	0.0% *
NYC	Queens	Episcopal Health Services Inc.	Article 28	43	43	0	23.3%	23.3%		2.3%	2.3%	
NYC	Queens	Jamaica Hospital Medical Center <sup>12</sup>	Article 28	52	52	0	21.6%	21.6%		13.6%	13.6%	
NYC	Queens	Long Island Jewish Medical Center <sup>13</sup>	Article 28	234	212	22	23.2%	24.6%	0.0% *	4.4%	4.7%	0.0% *
NYC	Queens	NYC-HHC Elmhurst Hospital Center	Article 28	177	151	26	18.6%	21.8%	0.0%	5.5%	6.5%	0.0%
NYC	Queens	NYC-HHC Queens Hospital Center	Article 28	71	71	0	19.7%	19.7%		13.2%	13.2%	
NYC	Queens	New York Flushing Hospital and Medical Center	Article 28	18	18	0	12.0%	12.0%		4.0%	4.0%	
NYC	Richmond	Richmond University Medical Center	Article 28	65	55	10	12.5%	11.7%	18.2% *	33.0%	35.1%	18.2% *
NYC	Richmond	Staten Island University Hospital 14	Article 28	35	35	0	17.6%	17.6%		5.9%	5.9%	



Table 5: General and Private Hospital 30-Day Inpatient Readmission and ER Utilization Rates<sup>1</sup>

Table 3. C	eneral and i ii	vate Hospital 30-Day inpatient Readin	ilosion and Elv o	unzano	II Nates	<u> </u>					4	
									Metrics Post			
								Readmissio	on <sup>5, 13</sup>		ER Utilizatio	n <sup>7,13</sup>
				Сарас	city (as of 0	1/1/17)	2016)	arge cohort , % Having F mission with		For discharge cohort (Apr, 2016- Jun, 2016), % Utilizing Psychiatric Emergency Room within 30 days		
Region	County <sup>2</sup>	Hospital Name <sup>3</sup>	Auspice	Total	Adults	Child	Total	Adult <sup>6</sup>	Child	Total	Adult	Child
Western	Cattaraugus	Olean General Hospital	Article 28	14	14	0	15.8% *	15.8% *		0.0% *	0.0% *	
Western	Chautauqua	TLC Health Network	Article 28	20	20	0	15.4% *	15.4% *		7.7% *	7.7% *	
Western	Chautauqua	Woman's Christian Assoc. of Jamestown, NY	Article 28	40	30	10	4.2%	6.5%	0.0% *	2.1%	3.2%	0.0% *
Western	Chemung	St. Joseph's Hospital	Article 28	25	25	0	7.5%	7.5%		0.0%	0.0%	
Western	Erie	Brylin Hospitals, Inc.	Article 31	88	68	20	17.6% *	16.7% *	0.0% *	0.0% *	0.0% *	0.0% *
Western	Erie	Erie County Medical Center	Article 28	132	116	16	14.2%	15.5%	8.3% *	10.6%	10.9%	8.3% *
Western	Monroe	Rochester General Hospital	Article 28	30	30	0	11.5%	11.5%		3.8%	3.8%	
Western	Monroe	The Unity Hospital of Rochester	Article 28	40	40	0	9.1%	9.1%		0.0%	0.0%	
Western	Monroe	Univ of Roch Med Ctr/Strong Memorial Hospital	Article 28	93	66	27	9.2%	6.3%	16.7%	4.6%	6.3%	0.0%
Western	Niagara	Eastern Niagara Hospital, Inc.	Article 28	12	0	12	0.0% *	0.0% *	0.0% *	0.0% *	0.0% *	0.0% *
Western	Niagara	Niagara Falls Memorial Medical Center	Article 28	54	54	0	7.5%	7.5%		10.4%	10.4%	
Western	Ontario	Clifton Springs Hospital and Clinic	Article 28	18	18	0	0.0% *	0.0% *		20.0% *	20.0% *	
Western	Tompkins	Cayuga Medical Center at Ithaca, Inc.	Article 28	26	20	6	13.8%	16.7%	0.0% *	0.0%	0.0%	0.0% *
Western	Wayne	Newark-Wayne Community Hospital, Inc.	Article 28	16	16	0	25.0% *	25.0% *		0.0% *	0.0% *	
Western	Wyoming	Wyoming County Community Hospital	Article 28	12	12	0	11.8% *	11.8% *		5.9% *	5.9% *	
Western	Yates	Soldiers & Sailors Memorial Hospital	Article 28	10	10	0	0.0% *	0.0% *		0.0% *	0.0% *	
Statewide Total		<u> </u>	•	6,013	5,233	780	18.2%	19.4%	10.2%	6.0%	6.5%	2.4%

Updated as of February 15, 2017 Source: Concerts. Medicaid. MHARS

#### Notes:

- 1. Private (Article 31) hospitals are classified as Institutes for Mental Diseases (IMD), and as such, are not reimbursed by Medicaid for inpatient treatment in their facilities for persons aged 22-64.
- 2. Data are presented by county of discharging hospital location and age group (child or adult). If an entity operates more than one hospital and county is not available on the records (e.g., managed care encounters), the discharges and readmissions are assigned to one of the hospitals.
- 3. Hospitals that closed prior to 12/1/2016 are excluded.
- 4. The denominators for the metrics were based on discharges to the community. The discharge cohort has a 6-month lag to allow time for completion of Medicaid claim submissions. The discharges that were no longer qualified for Medicaid services (lost Medicaid eliqibility, had Medicare or third party insurance) were excluded from the discharge cohort.
- 5. Readmissions were defined as State PC and Medicaid psychiatric (Article 28 /31) inpatient events occurring within 1 to 30 days after the Article 28 /31 discharge. The readmission was only counted once.
- 6. When the psychiatric unit is a child or adolescent unit, persons aged 21 or younger are counted as a child. For adult units, persons aged 16 or older are counted as adults.
- 7. ER data were extracted from Medicaid claims and encounters only. The numerator included the first Psychiatric ER/CPEP event that occurred within thirty days post discharge.
- 8. Change at SUNY Health Science Center-University Hospital was made to reduce adult beds by 1 (from 50 to 49) effective on 6/13/2016.
- 9.The St. Joseph Medical Center adult capacity is expanded by 3 beds from 133 to 136 effective on 2/29/2016
- 10. Changes at Brunswick Hospital Center, Inc. adult capacity expended by 8 bed from 79 to 87 and child capacity reduced by 8 from 45 to 37 effective on 9/9/2016
- 11. Change at Kingsbrook Jewish Medical Center capacity is due to adding 3 Adult beds (from 55 to 58) effecive on 3/18/2016.
- 12. Changes at Jamaica Hospital Medical Center adult capacity is expanded by 2 bed from 50 to 52 effective on 9/6/2016
- 13. Changes at Long Island Jewish Medical Center child capacity is expanded by 1 bed from 21 to 22 effective on 3/18/2016 and updated on 4/19/2016. Adult capacity is expanded by 12 bed from 200 to 212 effective on 12/2/2016
- 14. Changes at Staten Island University Hospital adult capacity reduced by 29 bed from 64 to 35 due to one of units has been functionally closed and effective on 7/15/2016
- 15. The Medicaid system has had difficulty with the timely updating of managed care encounter data due to system transitions beginning in the fall of 2015. Therefore the Medicaid encounter data included in the rate calculations may not fully represent all managed care inpatient readmission or ER encounters during this reporting time period.
- \*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-perweek availability; enrollment of consumers, and flexible service dollars. Treatment is focused on individuals who have been unsuccessful in traditional forms of treatment.
- 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 personcentered practices
- Maximize community integration and normalization
- Provide leadership in ensuring the coordination of resources for individuals eligible for mental health services
- 9. Intensive Case Management (ICM): In addition to providing the services in the general Targeted Case Management program description above, ICM is set at a case manager/client ratio of 1:12. Medicaid billing requirements for the Traditional ICM model requires a minimum of four (4) 15 minute face to-face contacts per individual per month. For programs serving Children and Families, one contact may be collateral. The Flexible ICM model requires a minimum of two (2) 15 minute minimum face-to-face contacts per individual, per month but must maintain a minimum aggregate of 4 face-to-face contacts over the entire caseload. For programs serving Children and Families, 25% of the aggregate contacts can be collaterals.

\*Note: Targeted Case Management and Intensive Case Management programs for adults have been converted to Health Home care management. Children will continue to be served under the ICM program until the conversion to Health Home in 2015.

- 10. Crisis Intervention: Crisis intervention services, applicable to adults, children and adolescents, are intended to reduce acute symptoms and restore individuals to pre-crisis levels of functioning. Examples of where these services may be provided include emergency rooms and residential settings. Provision of services may also be provided by a mobile treatment team, generally at a consumer's residence or other natural setting (not at an in-patient or outpatient treatment setting). Examples of services are screening, assessment, stabilization, triage, and/or referral to an appropriate program or programs. This program type does not include warm lines or hot lines.
- 11. Non-Medicaid Care Coordination: Activities aimed at linking the consumer to the service system and at coordinating the various services in order to achieve a successful outcome. The objective of care coordination in a mental health system is continuity of care and service. Services may include linking, monitoring and case-specific advocacy. Care Coordination Services are provided to enrolled consumers for whom staff is assigned a continuing care coordination



responsibility. Thus, routine referral would not be included unless the staff member making the referral retains a continuing active responsibility for the consumer throughout the system of service. Persons with Medicaid may receive services from this program, however the program does not receive reimbursement from Medicaid.

- 12. Recovery Center: A program of peer support activities that are designed to help individuals with psychiatric diagnosis live, work and fully participate in communities. These activities are based on the principle that people who share a common condition or experience can be of substantial assistance to each other. Specific program activities will: build on existing best practices in self-help/peer support/mutual support; incorporate the principles of Olmstead; assist individuals in identifying, remembering or discovering their own passions in life; serve as a clearinghouse of community participation opportunities; and then support individuals in linking to those community groups, organizations, networks or places that will nurture and feed an individual's passions in life. Social recreation events with a focus on community participation opportunities will be the basis for exposing individuals to potential passion areas through dynamic experiences, not lectures or presentations.
- 13. Self Help Program: To provide rehabilitative and support activities based on the principle that people who share a common condition or experience can be of substantial assistance to each other. These programs may take the form of mutual support groups and networks, or they may be more formal self-help organizations that offer specific educational, recreational, social or other program opportunities.
- 14. Clinic Treatment: A clinic treatment program shall provide treatment designed to minimize the symptoms and adverse effects of illness, maximize wellness, and promote recovery. A clinic treatment program for adults shall provide the following services: outreach, initial assessment (including health screening), psychiatric assessment, crisis intervention, injectable psychotropic medication administration (for clinics serving adults), psychotropic medication treatment, psychotherapy services, family/collateral psychotherapy, group psychotherapy, and complex care management. The following optional services may also be provided: developmental testing, psychological testing, health physicals, health monitoring, and psychiatric consultation. A clinic treatment program for children shall provide the following services: outreach, initial assessment (including health screening), psychiatric assessment, crisis intervention, psychotropic medication treatment, psychotherapy services, family/collateral psychotherapy, group psychotherapy, and complex care management. The following optional services may also be provided: developmental testing, psychological testing, health physicals, health monitoring, psychiatric consultation, and injectable psychotropic medication administration.
- 15. Home-Based Crisis Intervention: The Home-Based Crisis Intervention Program is a clinically oriented program with support services by a MSW or Psychiatric Consultant which assists families with children in crisis by providing an alternative to hospitalization. Families are helped through crisis with intense interventions and the teaching of new effective parenting skills. The overall goal of the program is to provide short-term, intensive in-home crisis intervention services to a family in crisis due to the imminent risk of their child being admitted to a psychiatric hospital. The target population for the HBCI Program is families with a child or adolescent ages 5 to 17 years of age, who are experiencing a psychiatric crisis so severe that unless immediate, effective intervention is provided, the child will be removed from the home and admitted to a psychiatric hospital. Families referred to the program are expected to come from psychiatric emergency services.



- 16. Crisis Housing/Beds (Adult): Non-licensed residential program, or dedicated beds in a licensed program, which provide consumers a homelike environment with room, board and supervision in cases where individuals must be removed temporarily from their usual residence.
- 17. Children & Youth Crisis/Respite: The intent of the crisis/respite program is to provide a short-term, trauma-sensitive, safe and therapeutic living environment, and crisis support to children and adolescents with serious emotional disturbances, their families and residential service providers.

The goal of the program is to:

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

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

#### **Eligibility**

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

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

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

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

#### Services Provided

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

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



- (3) Case management services will be provided, if appropriate. If the youth and family are already connected to case management services (SCM, ICM, Waiver), this service will continue to be provided by the involved provider. If the youth/family is not connected to case management services, a referral for such services will be submitted, where appropriate.
- (4) Counseling services will be provided with a focus on clarifying future direction, developing meaningful goals, identifying personal strengths, identifying mental healthrelated 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 <a href="http://thinkkids.org/learn/ourcollaborative-problem-solving-approach/">http://thinkkids.org/learn/ourcollaborative-problem-solving-approach/</a>)
- 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 transitionaged 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 provideroperated 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 are focused on State PC and acute care discharges. OMH is currently funding two types of transitions in care teams known as Pathway Home (3) and Parachute teams (3), for a total of 6 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 patient-centered and can extend from three months to a year, depending on the recipient's needs.

- **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 eight 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.
- 29. 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.
- **30.** 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.

