



**Office of
Mental Health**

May 2016 Monthly Report

OMH Facility Performance Metrics
and Community Service Investments

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May 2016 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;
3. Psychiatric readmissions to hospitals and emergency rooms for State PC discharges;
4. Psychiatric readmissions to hospitals and emergency rooms for Article 28 and Article 31 hospital psychiatric unit discharges.

Statewide Overview of Service Expansion:

Utilization of services allocated in 2014-15 SFY continued to increase through May, as indicated in the accompanying tables. Additionally, 2015-16 SFY allocations have been awarded for additional State and locally operated expansion.

Supported housing continued developing and serving new individuals, with 700 new individuals served with the expansion capacity through May. Additional supported housing units funded through the 2015-16 SFY are now operational and have begun serving new individuals in Long Island, and continued to increase in Western, Central and Hudson River regions.

State-operated community services continue expanding their reach through eight facility service regions of the State, with the addition of a new Mobile Integration Team in development in the Hudson River Region. Statewide expansion has served 4,800 new individuals through May, 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 11,000 new individuals have been served in these programs through May.

Table 1: NYS OMH State Psychiatric Center Inpatient Descriptive Metrics for May, 2016

State Inpatient Facilities ¹	Capital Beds	Budgeted Capacity	Capacity Change	Admission	Discharge ²		Long Stay ³	Monthly Average Daily Census ⁴		
	N	N	N	N	N	Days	N	N	N	N
	Capital Beds as of end of SFY 2015-16	May, 2016 Budgeted Capacity	Budgeted Capacity change from previous month	# of Admissions during May 2016	# of Discharges during May 2016	Median Length of Stay for discharges during May 2016	# of Long Stay on census 05/31/2016	Avg. daily census 03/1/16-03/31/2016	Avg. daily census 04/1/16-04/30/2016	Avg. daily census 05/1/16-05/31/2016
Adult										
Bronx	156	156	--	9	9	146	81	155	155	155
Buffalo	221	156	--	11	11	122	88	156	157	155
Capital District	158	124	--	25	32	7	72	122	124	121
Creedmoor	480	322	--	31	42	174	173	320	320	309
Elmira	104	52	--	9	11	58	17	52	54	53
Greater Binghamton	178	74	--	10	12	176	26	74	73	74
Hutchings	132	117	--	11	15	99	46	116	116	119
Kingsboro	254	161	--	9	10	293	71	157	163	162
Manhattan	476	215	--	15	22	137	74	162	161	156
Pilgrim	771	290	--	17	15	235	176	280	280	279
Rochester	222	94	--	7	7	146	51	94	94	95
Rockland	436	368	--	13	15	308	221	367	365	367
South Beach	362	263	(10)	33	35	199	92	258	255	248
St. Lawrence	84	53	--	6	7	74	20	53	51	52
Washington Heights	21	21	--	12	11	28	2	19	19	16
Total	4,055	2,466	--	218	254	141	1,210	2,384	2,385	2,362
Children & Youth										
Elmira	48	14	--	17	15	23	2	13	14	13
Greater Binghamton	16	16	--	20	21	25	0	16	16	16
Hutchings	30	23	--	22	20	23	0	18	18	18
Mohawk Valley	30	27	--	39	39	23	1	32	32	32
NYC Children's Center	184	125	--	18	11	180	74	116	112	117
Rockland CPC	56	24	--	12	10	32	4	25	25	23
Sagamore CPC	77	54	--	16	19	27	13	41	40	40
South Beach	12	11	--	6	6	92	3	10	11	10
St. Lawrence	29	27	--	35	35	18	2	26	27	27
Western NY CPC	46	46	--	16	19	85	4	41	42	39
Total	528	367	--	201	195	26	103	339	337	335
Forensic										
Central New York	569	208	--	21	44	89	33	147	161	154
Kirby	476	193	--	21	17	128	69	186	189	185
Mid-Hudson	340	264	--	35	31	78	142	264	269	268
Rochester	84	55	--	2	2	183	32	84	84	84
Total	1,469	720	--	79	94	100	276	681	702	690

Updated as of Jun 8, 2016

- Notes:**
1. Research units and Sexual Offender Treatment Programs (SOTP) were excluded.
 2. Discharge includes discharges to the community and transfers to another State IP facility.
 3. Long Stay is defined as: Length of stay over one year for adult and forensic inpatients, and over 90 days for child inpatients.
 4. Monthly Average Daily Census defined as: Total number of inpatient service days for a month divided by the total number of days in the month. Population totals displayed may differ from the sum of the facility monthly census values due to rounding.

Table 2: SFY 2015-16 Resources for Regional Planning

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

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

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

OMH Facility	Target Population	Prior Capacity ¹	Reinvestment Expansion	Annualized Reinvestment	Allocated	New Individuals Served	
HCBS Waiver Slots							
Greater Binghamton	Children	60	12	\$315,516	\$315,516	12	
Elmira	Children	90	12	\$315,516	\$315,516	12	
St. Lawrence	Children	78	12	\$315,516	\$315,516	12	
Sagamore	Children	192	54	\$1,488,240	\$1,488,240	54	
Pilgrim	Children	-	-	-	-	-	
Western NY	Children	110	24	\$631,032	\$631,032	24	
Buffalo	Children	-	-	-	-	-	
Rochester	Children	100	-	-	-	-	
New York City	Children	600	63	\$1,749,440	\$1,749,440	63	
Rockland	Children	177	12	\$323,118	\$323,118	12	
Hutchings	Children	72	18	\$473,274	\$473,274	18	
Subtotal		1,479	207	\$5,611,652	\$5,611,652	207	
Supported Housing Beds							
Greater Binghamton	Adults	289	70	\$548,373	\$548,373	83	
Elmira	Adults	517	54	\$455,460	\$455,460	54	
St. Lawrence	Adults	306	53	\$407,543	\$407,543	51	
Sagamore	Adults	-	-	-	-	-	
Pilgrim	Adults	2,245	140	\$2,149,260	\$2,149,260	109	
Western NY	Adults	-	-	-	-	-	
Buffalo	Adults	1,196	82	\$692,756	\$692,756	84	
Rochester	Adults	555	113	\$952,309	\$952,309	115	
New York City	Adults	8,776	244	\$3,745,282	\$3,745,282	139	
Rockland	Adults	1,841	110	\$1,390,496	\$1,390,496	64	
Hutchings	Adults	504	12	\$92,772	\$92,772	10	
Subtotal		16,229	878	\$10,434,251	\$10,434,251	709	
State-Community							
Greater Binghamton				\$5,740,000	56.55	\$3,958,500	1,954
Elmira				\$2,870,000	28.5	\$1,995,000	1,176
St. Lawrence				\$2,100,000	29	\$2,030,000	541
Sagamore				\$1,890,000	17	\$1,190,000	111
Pilgrim				\$1,050,000	15	\$1,050,000	404
Western NY				\$490,000	7	\$490,000	81
Buffalo				\$2,100,000	28	\$1,960,000	314
Rochester				\$1,890,000	7	\$490,000	39
New York City				\$420,000	1	\$70,000	
Rockland				\$350,000			
CDPC				\$1,050,000	15	\$1,050,000	199
Hutchings							
Subtotal				\$19,950,000	204.05	\$14,283,500	4,819
Aid to Localities							
Greater Binghamton				\$1,035,000		\$402,000	262
Elmira				\$281,000		\$510,000	189
St. Lawrence				\$4,086,000		\$280,998	936
Sagamore				-		\$3,651,745	18
Pilgrim				\$2,248,000		-	986
Western NY				\$3,173,000		-	-
Buffalo				\$6,432,000		\$2,248,000	1,224
Rochester				\$3,250,000		\$3,173,000	666
New York City				\$430,000		\$6,430,938	397
Rockland				\$477,000		\$3,154,606	2,410
CDPC						\$430,000	
Hutchings						\$477,000	535
Subtotal				\$21,412,000		\$20,758,287	7,623
Statewide: Suicide Prevention and Forensics				\$1,500,000		\$1,500,000	N/A
TOTAL TRANSFORMATION				\$58,907,903		\$52,587,690	13,358
Article 28/31 Reinvestment							
St. James Mercy (WNY)	Child & Adult	N/A	N/A	\$894,275	\$894,275	1,058	
Medina Memorial (WNY)	Adults	N/A	N/A	\$199,030	\$199,030	220	
Holliswood/Stony Lodge/Mt Sinai (NYC)	Child & Adult	N/A	N/A	\$10,254,129	\$10,254,129	4	
Stony Lodge/Rye (Hudson River)	Child & Adult	N/A	N/A	\$4,634,577	\$4,634,577	1,753	
LBMC/NSUH/PK (Long Island)	Child & Adult	N/A	N/A	\$2,910,400	\$2,910,400	1,031	
Subtotal				\$18,892,411	\$18,892,411	4,066	
GRAND TOTAL				\$77,800,314		\$71,480,101	17,424

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

Table 3a: Greater Binghamton Health Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Broome	24	6		4/1/2014	6	\$157,758
HCBS Waiver	Children	Chenango	6					-
HCBS Waiver	Children	Delaware	12					-
HCBS Waiver	Children	Otsego	12					-
HCBS Waiver	Children	Tioga	6	6		6/5/2014	6	\$157,758
HCBS Waiver	Children	Tompkins	0					-
SUBTOTAL:			60	12			12	\$315,516
Supported Housing	Adult	Broome	161	35		8/1/2014	60	\$268,625
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	5	\$62,424
Supported Housing	Adult	Tioga	25	3		7/1/2015	4	\$25,278
Supported Housing	Adult	Tompkins	0	10		11/1/2014	8	\$84,260
SUBTOTAL:			289	70			83	\$548,373
State Resources:			N/A					
Mobile Integration Team ¹	Adults & Children	Southern Tier Service Area		35.35 FTEs		6/1/2014	1,587	\$1,237,250
Clinic Expansion ¹	Adult	Southern Tier Service Area		7.2 FTEs		1/1/2015	212	\$252,000
SUBTOTAL:							1,799	\$1,489,250
Aid to Localities:			N/A					
Crisis Intervention Team (CIT)	Adult	Broome				9/14/2015	153	\$80,400
Engagement & Transitional Support Services Program	Adult	Chenango & Delaware				12/28/2015	53	\$160,800
Family Stabilization Program	Children	Otsego				6/27/2016		\$80,400
Warm Line Program	Adult	Tioga				6/11/2016		\$35,040
Drop-In Center	Adult	Tioga				11/1/2015	56	\$45,360
SUBTOTAL:							262	\$402,000

State Resources - In Development:	\$1,621,971
Aid to Localities - In Development	\$122,000
TOTAL:	2,156
	\$4,499,110

Notes:

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

Table 3b: Elmira Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Allegany	6					
HCBS Waiver	Children	Cattaraugus	0					
HCBS Waiver	Children	Chemung	12					
HCBS Waiver	Children	Ontario	18					
HCBS Waiver	Children	Schuylers	6					
HCBS Waiver	Children	Seneca	6	3		6/5/2014	3	\$78,879
HCBS Waiver	Children	Steuben	12	3		6/5/2014	3	\$78,879
HCBS Waiver	Children	Tompkins	12					
HCBS Waiver	Children	Wayne	12	6		6/5/2014	6	\$157,758
SUBTOTAL:			90	12			12	\$315,516
Supported Housing	Adult	Allegany	35	2		11/1/2014	2	\$16,852
Supported Housing	Adult	Cattaraugus	0	1		2/1/2015	1	\$8,426
Supported Housing	Adult	Chemung	121	17		9/1/2014	20	\$143,413
Supported Housing	Adult	Ontario	64	9		10/1/2014	8	\$75,948
Supported Housing	Adult	Schuylers	6	2		12/1/2015	1	\$16,909
Supported Housing	Adult	Seneca	28	5		8/1/2014	5	\$42,187
Supported Housing	Adult	Steuben	119	8		9/1/2014	7	\$67,408
Supported Housing	Adult	Tompkins	64	4		9/1/2014	4	\$33,704
Supported Housing	Adult	Wayne	70	4		10/1/2014	5	\$33,704
Supported Housing	Adult	Yates	10	2		6/1/2015	1	\$16,909
SUBTOTAL:			517	54			54	\$455,460
State Resources:			N/A					
Mobile Integration Team ¹	Adults & Children	Southern Tier Service Area		35.35 FTEs		6/1/2014	1,587	\$1,237,250
Clinic Expansion ¹	Adult	Southern Tier Service Area		7.2 FTEs		1/1/2015	212	\$252,000
Crisis/respice Unit	Children	Elmira PC Service Area		12.5 FTEs		4/16/2015	155	\$875,000
Clinic Expansion	Children	Elmira PC Service Area		1.5 FTEs				\$105,000
SUBTOTAL:							1,954	\$2,469,250
Aid to Localities:		Western Southern Tier/ Finger Lakes Service Area	N/A	N/A				
Respite Services	Adult	Western				3/1/2016	1	\$59,704
Community Support Services	Adult	Southern Tier/				5/1/2016	4	\$92,466
Family Support	Adult	Finger Lakes						\$27,396
Peer Training	Adult	Service Area				12/5/2015	167	\$18,750
Transitional Housing Program	Adult	Steuben				7/1/2015	13	\$101,842
Transitional Housing Program	Adult	Tompkins						\$50,921
Transitional Housing Program	Adult	Yates				4/8/2016	4	\$50,921
Community Support Program Expansion - Long Stay Team	Adult	Chemung						\$108,000
SUBTOTAL:							189	\$510,000

State Resources - In Development:	\$158,786
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TOTAL:	2,209	\$3,909,012
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Notes:

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

Table 3c: St. Lawrence Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Clinton	12					
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	8	\$46,050
Supported Housing	Adult	Essex	29	6		3/1/2015	2	\$46,818
Supported Housing	Adult	Franklin	42	5		1/1/2015	6	\$38,375
Supported Housing	Adult	Jefferson	57	9		11/1/2014	7	\$69,075
Supported Housing	Adult	Lewis	51	2		2/1/2015	3	\$15,350
Supported Housing	Adult	St. Lawrence	73	25		1/1/2015	25	\$191,875
SUBTOTAL:			306	53			51	\$407,543
State Resources:			N/A					
Mobile Integration Team	Adults & Children	St. Lawrence PC Service Area		21 FTEs		6/6/2014	1,096	\$1,470,000
Clinic expansion	Children	Jefferson		6.5 FTEs		9/8/2015	72	\$455,000
Day Treatment Expansion	Children	St. Lawrence PC Service Area		1 FTE		1/1/2015	8	\$70,000
SUBTOTAL:							1,176	\$1,995,000
Aid to Localities:		St. Lawrence PC Service Area	N/A	N/A				
Outreach Services Program	Adult	Clinton				2/1/2015	30	\$46,833
Mobile Crisis Program	Adult	Essex				4/28/2015	50	\$23,417
Community Support Program	Children	Essex				3/1/2015	61	\$23,416
Mobile Crisis Program	Adult	St. Lawrence				7/1/2015	244	\$46,833
Support Services Program	Adult	Franklin				3/15/2015	31	\$12,278
Self Help Program	Adult	Franklin				3/15/2015	40	\$12,277
Outreach Services Program	Adult & Children	Franklin				3/15/2015	317	\$12,278
Crisis Intervention Program	Adult & Children	Franklin				6/1/2015	26	\$10,000
Outreach Services Program	Adult	Lewis				1/4/2016	29	\$46,833
Outreach Services Program	Adult	Jefferson				9/28/2015	108	\$46,833
SUBTOTAL:							936	\$280,998

State Resources - In Development:

\$875,000

TOTAL: 2,175

\$3,874,057

Table 3d: Sagamore Children's Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			Annualized Reinvestment Amount (\$)
					Status Update	Start Up Date	New Individuals Served	
HCBS Waiver	Children	Nassau	90	24		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	Adults & Children	Nassau & Suffolk		1 FTE		7/1/2014	325	\$70,000
Mobile Integration Team	Children	Nassau & Suffolk		9 FTEs		11/30/2014	65	\$630,000
Clinic Expansion	Children	Nassau & Suffolk		9 FTEs		3/21/2016	1	\$630,000
Crisis/respite Unit	Children	Nassau & Suffolk		9 FTEs		3/9/2015	150	\$630,000
SUBTOTAL:							541	\$2,030,000
Aid to Localities:		Long Island	N/A	N/A				
6 Non-Medicaid Care Coordinators	Children	Suffolk				4/1/2016	11	\$526,572
1.5 Intensive Case Managers	Children	Suffolk			State Aid: State Share of Medicaid*	4/1/2016	7	\$30,954 \$50,345
SUBTOTAL:							18	\$607,871

State and Community Resources - In Development:	\$273,889
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TOTAL:	613	\$4,400,000
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* Gross Medicaid projected \$100,690

Table 3e: Pilgrim Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
Supported Housing	Adult	Nassau	885	55		3/1/2015	37	\$843,580
Supported Housing	Adult	Suffolk	1,360	85		12/1/2014	72	\$1,305,680
SUBTOTAL:			2,245	140			109	\$2,149,260
State Resources:								
Clinic Expansion	Adult	Nassau & Suffolk		3 FTEs		11/20/2015	7	\$210,000
Mobile Integration Team	Adult	Nassau & Suffolk		14 FTEs		1/11/2016	104	\$980,000
SUBTOTAL:							111	\$1,190,000
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 Suffolk)	Adult	Nassau & Suffolk		136	State Aid			\$241,112
					State Share of Medicaid*	3/1/2015	111	\$713,298
Three (3) Mobile Crisis Teams	Adult	Suffolk				8/1/2015	848	\$758,740
Hospital Alternative Respite Program	Adult	Suffolk						\$532,590
Recovery Center	Adult	Suffolk						\$250,000
Mobile Crisis Team Expansion - Long Stay Team	Adult	Suffolk				7/1/2016		\$272,948
Mobile Residential Support Team Expansion - Long Stay Team	Adult	Suffolk				7/1/2016	27	\$275,186
Crisis Program Expansion - Long Stay Team	Adult	Nassau				7/1/2016		\$230,864
SUBTOTAL:							986	\$3,043,874

State Resources - In Development:

\$700,000

TOTAL:

1,206

\$7,083,134

* Gross Medicaid projected \$1,827,048

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

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			Annualized Reinvestment Amount (\$)
					Status Update	Start Up Date	New Individuals Served	
HCBS Waiver	Children	Allegany	0	6		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	6		7/1/2014	8	\$50,670
Supported Housing	Adult	Chautauqua	86	6		8/1/2014	6	\$50,727
Supported Housing	Adult	Erie	863	56		8/1/2014	55	\$472,996
Supported Housing	Adult	Niagara	143	14		9/1/2014	15	\$118,363
SUBTOTAL:			1,196	82			84	\$692,756
State Resources:			N/A					
Mobile Integration Team	Children	Western NY CPC Service Area		10 FTEs		12/19/2014	304	\$700,000
Clinic Expansion	Children	Western NY CPC Service Area		4 FTEs		2/5/2015	60	\$280,000
Mobile Mental Health Juvenile Justice Team	Children	Western NY CPC Service Area		1 FTE		12/1/2015	40	\$70,000
Mobile Integration Team ¹	Adult	Buffalo PC Service Area		7 FTE		1/12/2016	81	\$490,000
SUBTOTAL:							485	\$1,540,000
Aid to Localities:			N/A	N/A				
Peer Crisis Respite Center (including Warm Line)	Adult	Chautauqua and Cattaraugus				11/18/2015	44	\$315,000
Mobile Transitional Support Teams (2)	Adult	Chautauqua and Cattaraugus				1/1/2015	196	\$234,000
Peer Crisis Respite Center (including Warm Line)	Adult	Erie				1/26/2015	203	\$353,424
Mobile Transitional Support Teams (3)	Adult	Erie				1/26/2015	148	\$431,000
Crisis Intervention Team	Adult	Erie				1/1/2015	326	\$191,318
Peer Crisis Respite Center (including Warm Line)	Adult	Niagara				12/1/2014	225	\$256,258
Mobile Transitional Support Team	Adult	Niagara				1/20/2015	82	\$117,000
Community Integration Team - Long Stay Team	Adult	Erie			Funding has been made available on the county State Aid Letter, and is effective April 1, 2016.			\$350,000
SUBTOTAL:							1,224	\$2,248,000

TOTAL:	1,817	\$5,111,788
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Notes:

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

Table 3g: Rochester Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			Annualized Reinvestment Amount (\$)
					Status Update	Start Up Date	New Individuals Served	
Supported Housing	Adult	Genesee	45	2		1/1/2016	1	\$16,852
Supported Housing	Adult	Livingston	38	2		2/1/2015	2	\$16,852
Supported Housing	Adult	Monroe	427	103		10/1/2014	106	\$868,049
Supported Housing	Adult	Orleans	25	2		7/1/2015	1	\$16,852
Supported Housing	Adult	Wayne	0	2		12/1/2014	2	\$16,852
Supported Housing	Adult	Wyoming	20	2		11/1/2014	3	\$16,852
SUBTOTAL:			555	113			115	\$952,309
State Resources:			N/A					
Mobile Integration Team	Adult	Rochester PC Service Area		22 FTEs		10/30/2014	250	\$1,540,000
First Break Team	Adult	Rochester PC Service Area		2 FTE		9/1/2014		\$140,000
Clinic Expansion	Adult	Rochester PC Service Area		4 FTE		1/1/2015	64	\$280,000
SUBTOTAL:							314	\$1,960,000
Aid to Localities:			N/A	N/A				
Peer Bridger Program	Adult	Genesee & Orleans				6/4/2015	5	\$30,468
Community Support Team	Adult	Rochester PC Service Area				3/1/2015	98	\$500,758
Peer Bridger Program	Adult	Livingston Monroe Wayne Wyoming				2/1/2015	41	\$262,032
Crisis Transitional Housing	Adult	Livingston				2/15/2015	16	\$112,500
Peer Run Respite Diversion	Adult	Monroe				5/7/2015	219	\$500,000
Assertive Community Treatment Team	Adult	Monroe		48	State Aid State Share of Medicaid*	7/1/2015	38	\$79,624 \$310,764
Assertive Community Treatment Team	Adult	Monroe		48	State Aid State Share of Medicaid*			\$79,624 \$310,764
Peer Support ¹	Adult	Monroe				1/15/2016	27	\$30,006
Crisis Transitional Housing	Adult	Orleans				7/30/2015	10	\$112,500
Crisis Transitional Housing	Adult	Wayne				4/8/2015	19	\$112,500
Crisis Transitional Housing	Adult	Wyoming				2/28/2015	18	\$112,500
Enhanced Recovery Supports	Adult	Wyoming				9/1/2014	148	\$51,836
Recovery Center	Adult	Genesee & Orleans				5/7/2015	27	\$217,124
Community Support Team - Long Stay Team	Adult	Monroe			Funding has been made available on the county State Aid Letter, and is effective as of April 1, 2016.			\$350,000
SUBTOTAL:							666	\$3,173,000

State Resources - In Development: \$140,000

TOTAL: 1,095 \$6,225,309

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

Notes:

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

Table 3h: New York City Psychiatric Centers

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment 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	40	\$752,150
Supported Housing	Adult	Kings	2,698	30				\$476,220
Supported Housing	Adult	New York	1,579	104		3/1/2015	93	\$1,564,472
Supported Housing	Adult	Queens	1,887	30				\$476,220
Supported Housing	Adult	Richmond	492	30		4/1/2016	6	\$476,220
SUBTOTAL:			8,776	244			139	\$3,745,282
State Resources:			N/A					
Mobile Integration Team	Adult	Queens		7 FTEs		3/21/2016	39	\$490,000
SUBTOTAL:							39	\$490,000
Aid to Localities:								
Transitions in Care Teams (3)	Adult	NYC	N/A	N/A		7/1/2015	397	\$2,884,275
Pathway Home Program ¹	Adult	NYC				4/1/2016	18	\$3,546,663
SUBTOTAL:							397	\$6,430,938

State Resources - In Development: \$1,400,000

TOTAL: 638 \$13,815,660

Notes:

1. Two transition in care teams previously listed above, now appear on a separate line alongside an additional transition in care team to reflect program expansion.

Table 3i: Rockland and Capital District Psychiatric Centers

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			Annualized Reinvestment Amount (\$)
					Status Update	Start Up Date	New Individuals Served	
HCBS Waiver	Children	Dutchess	18					
HCBS Waiver	Children	Orange	21	6		11/1/2013	6	\$157,758
HCBS Waiver	Children	Putnam	12					
HCBS Waiver	Children	Rockland	24	6		6/5/2014	6	\$165,360
HCBS Waiver	Children	Sullivan	12					
HCBS Waiver	Children	Ulster	30					
HCBS Waiver	Children	Westchester	60					
SUBTOTAL:			177	12			12	\$323,118
Supported Housing	Adult	Dutchess	229	17		12/1/2014	10	\$221,631
Supported Housing	Adult	Orange	262	22		10/1/2014	21	\$286,046
Supported Housing	Adult	Putnam	67	2		5/1/2015	2	\$25,766
Supported Housing	Adult	Rockland	173	16		7/1/2014	13	\$225,578
Supported Housing	Adult	Sullivan	61	5		11/1/2014	5	\$46,425
Supported Housing	Adult	Ulster	142	28		1/1/2015	6	\$275,880
Supported Housing	Adult	Westchester	907	20		4/1/2015	7	\$309,170
SUBTOTAL:			1,841	110			64	\$1,390,496
State Resources:								
Mobile Integration Team	Adult	Rockland PC Service Area		1 FTE	Staff members have been identified, and the development of a MIT Team operated by Rockland PC continued through May.			\$70,000
SUBTOTAL:								\$70,000
Aid to Localities:								
		Rockland PC Service Area	N/A	N/A				
Hospital Diversion/Crisis Respite	Adult	Dutchess				2/12/2015	75	\$200,000
Supported Housing	Adult	Orange		6		4/1/2015	6	\$77,298
Outreach Services	Adult	Orange				12/1/2014	14	\$36,924
Outreach Services	Children	Orange				10/1/2014	192	\$85,720
Advocacy/Support Services	Adult	Putnam						\$23,000
Self-Help Program	Adult	Putnam				2/1/2015	26	\$215,000
Mobile Crisis Intervention Program ¹	Adults & Children	Rockland				3/31/2015	663	\$449,668
Hospital Diversion/ Transition Program ¹	Adult	Sullivan				11/24/2014	262	\$225,000
Mobile Crisis Services ¹	Adults & Children	Ulster				2/9/2015	1,016	\$400,000
Assertive Community Treatment team expansion (48 to 68 slots)	Adult	Ulster		20		State Aid: State Share of Medicaid:		\$33,952
						12/1/2014	39	\$66,664
Outreach Services	Adult	Westchester				4/1/2015	68	\$267,328
Crisis Intervention/ Mobile Mental Health Team	Children	Westchester				11/1/2014	49	\$174,052
Outreach Team - Long Stay Team	Adult	Albany			Funding has been made available on the county State Aid Letter, and is effective January 1, 2016.			\$230,000
Outreach Team - Long Stay Team	Adult	Schenectady						\$200,000
Outreach Team - Long Stay Team	Adult	Dutchess						\$225,000
Outreach Team - Long Stay Team	Adult	Orange						\$225,000
Outreach Team - Long Stay Team	Adult	Rockland						\$225,000
Outreach Team - Long Stay Team	Adult	Westchester						\$225,000
SUBTOTAL:							2,410	\$3,584,606

State Resources -	Rockland PC	\$350,000
In Development:	CDPC	\$350,000

Aid to Localities -In Development:	Rockland PC	\$95,000
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* Gross Medicaid projected \$229,156

TOTAL:	2,486	\$6,163,220
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Notes:

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

Table 3j: Hutchings Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
HCBS Waiver	Children	Cayuga	12	6		7/1/2014	6	\$157,758
HCBS Waiver	Children	Cortland	6	6		7/1/2014	6	\$157,758
HCBS Waiver	Children	Madison	6					
HCBS Waiver	Children	Onondaga	42	6		4/1/2014	6	\$157,758
HCBS Waiver	Children	Oswego	6					
SUBTOTAL:			72	18			18	\$473,274
Supported Housing	Adult	Cayuga	61	3		1/1/2016	3	\$23,193
Supported Housing	Adult	Cortland	53	3		1/1/2016	3	\$23,193
Supported Housing	Adult	Hamilton	4	3				\$23,193
Supported Housing	Adult	Madison	28					
Supported Housing	Adult	Onondaga	300					
Supported Housing	Adult	Oswego	62	3		12/1/2015	4	\$23,193
SUBTOTAL:			508	12			10	\$92,772
State Resources:								
Crisis/respite unit	Children	Hutchings PC Service Area	N/A	12 FTEs		11/5/2014	199	\$840,000
First Episode Psychosis	Adults & Youth	Hutchings PC Service Area	N/A	3 FTEs		8/1/2015		\$210,000
SUBTOTAL:							199	\$1,050,000
Aid to Localities:		Hutchings PC Service Area	N/A	N/A				
Support of Families in Crisis Program	Children	Onondaga						\$125,800
Collaborative Problem Solving Program	Children	Onondaga				4/7/2015	535	\$51,200
Long Stay Reduction Transition Team	Adult	Onondaga			Funding has been made available on the county State Aid Letter, and is effective April 1, 2016.			\$300,000
SUBTOTAL:							535	\$477,000

TOTAL:	762	\$2,093,046
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Article 28 and 31 Hospital Reinvestment Summaries

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

Hospital	Target Population	County/Region	Annualized Reinvestment Amount
St. James Mercy	Children and Adults	Allegany, Livingston, Steuben	\$894,275
Medina Memorial	Adults	Niagara, Orleans	\$199,030
Holliswood/Stony Lodge/Mt. Sinai	Children and Youth	New York City	\$10,254,129
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 28 Hospital Reinvestment

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
Article 28:								
St. James Mercy								
Intensive Intervention Services	Adult	Allegany				8/25/2014	50	\$95,000
Post Jail Transition Coordinator/Forensic Therapist	Adult	Livingston				1/5/2015	154	\$59,275
Enhanced Mobile Crisis Outreach	Adults & Children	Steuben				11/3/2014	819	\$490,000
Intensive In-Home Crisis Intervention (Tri-County)	Children & Youth	Allegany, Livingston, Steuben				6/1/2015	35	\$250,000
SUBTOTAL:							1,058	\$894,275
Medina Memorial Hospital								
Mental Hygiene Practitioner to handle crisis calls (late afternoon and evenings)	Adults & Children	Niagara				8/15/2014	104	\$68,030
Enhanced Crisis Response	Adults & Children	Orleans				7/1/2014	116	\$131,000
SUBTOTAL:							220	\$199,030

TOTAL:	1,278	\$1,093,305
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Table 31: New York City Region Article 28 Hospital Reinvestment

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
Holliswood Hospital								
HCBS Waiver	C&Y	Bronx	144	15	State Share of Medicaid:	2/1/2016	4	\$418,500
Crisis Beds	C&Y	NYC		5				\$210,000
Rapid Response Mobile Crisis	C&Y	NYC						\$1,150,000
Family Advocates	C&Y	NYC						\$450,000
4.5 Rapid Response Teams	C&Y	NYC						\$1,989,569
Family Resource Center	C&Y	NYC						\$1,335,777.36
High Fidelity Wrap Around								\$181,865
SUBTOTAL:							4	\$5,735,711
Stony Lodge Hospital								
Partial Hospitalization Program & Day Treatment Program (Bellevue)	C&Y	NYC			State Share of Medicaid:			\$386,250
Home Based Crisis Intervention Team (Bellevue)	C&Y	NYC						\$300,000
Family Resource Center	C&Y	NYC						\$728,622
High Fidelity Wraparound	C&Y	NYC						\$185,128
SUBTOTAL:								\$1,600,000
Mount Sinai Hospital								
Mt. Sinai Partial Hospitalization (15 slots)	Adult	NYC		15	State Share of Medicaid:			\$303,966
4 Assertive Community Treatment Teams (68 slots each)	Adult	NYC		272	State Share of Medicaid:			\$1,855,694
1 Assertive Community Treatment Team (48 slots)	Adult	NYC		48	State Share of Medicaid:			\$384,666
Expanded Respite Capacity	Adult	NYC						\$374,093
SUBTOTAL:								\$2,918,418

TOTAL:	4	\$10,254,129
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Table 3m: Hudson River Region Article 28 Hospital Reinvestment

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
Article 28:								
Stony Lodge/Rye Hospital								
HCBS Waiver Slots	C&Y	Albany		6	State Share of Medicaid:		5	\$157,704
		Saratoga		3	State Share of Medicaid:			\$78,803
		Warren		3	State Share of Medicaid:			\$78,803
		Westchester		6	State Share of Medicaid:			\$157,704
SUBTOTAL:							5	\$473,014
Article 28:								
Supported Housing	Adult	Albany		2		9/1/2015	3	\$18,570
		Greene		5		3/1/2015	5	\$46,425
		Rensselaer		7		5/1/2015	8	\$64,995
		Schenectady		7		10/1/2015	6	\$64,995
Mobile Crisis Services	Adult	Columbia				7/1/2015	351	\$180,636
		Greene				7/1/2015	345	\$180,636
		Sullivan				11/24/2014	See Table 3i ¹	\$81,447
Hospital Diversion Respite	Adult	Columbia				11/1/2015	3	\$43,560
		Greene				3/1/2015	3	\$43,560
Respite Services	C&Y	Columbia				3/30/2015	11	\$15,750
		Greene				3/30/2015	21	\$65,670
		Orange				6/30/2015	11	\$30,000
		Sullivan				4/1/2015	19	\$25,000
Respite Services	Adult	Dutchess				3/1/2015	40	\$25,000
		Orange				3/20/2015	22	\$60,000
		Putnam				6/1/2015	9	\$25,000
		Westchester				6/1/2015	13	\$136,460
Self Help Program	Adult	Dutchess				2/12/2015	237	\$60,000
		Orange				6/17/2015	19	\$30,000
		Westchester				4/8/2015	87	\$388,577
Family Support Services	C&Y	Orange				2/18/2015	65	\$30,000
		Schoharie				2/23/2015	163	\$170,000
Adult Mobile Crisis Team (5 Counties: Rensselaer, Saratoga, Schenectady, Warren-Washington)	Adult	Rensselaer				10/1/2015	54	\$1,000,190
Capital Region Respite Services (3 Counties: Albany, Rensselaer, Schenectady)	C&Y	Rensselaer				7/8/2015	16	\$30,000
Mobile Crisis Intervention	Adult	Rockland				3/30/2015	See Table 3i ¹	\$400,000
		Ulster				2/9/2015	See Table 3i ¹	\$300,000
Mobile Crisis Team (Tri-County: Saratoga, Warren-Washington)	C&Y	Warren				1/1/2016	48	\$545,092
Home Based Crisis Intervention (Tri-County: Saratoga, Warren-Washington)	C&Y	Warren				11/26/2013	194	\$100,000
SUBTOTAL:							1,753	\$4,161,563

TOTAL:	1,758	\$4,634,577
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Notes:
1: Mobile Crisis programs in Rockland, Sullivan and Ulster Counties are funded by the Rockland PC Aid to Localities funding and Stony-Lodge Rye Article 28 funding. The number of newly served individuals is only reflected on the Rockland PC table so as not to duplicate the number of individuals served.

Table 3n: Long Island Region Article 28 Hospital Reinvestment

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress			
					Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount (\$)
Article 28:								
Long Beach Medical Center/North Shore University Hospital/Partial Hospitalization Program Operated by Pederson-Krag								
HCBS Waiver Slots	Children	Suffolk		6	State Share of Medicaid:		6	\$165,400
SUBTOTAL:							6	\$165,400
Article 28:								
(6) Mobile Residential Support Teams	Adult	Nassau				7/1/2015	216	\$1,344,000
Mobile Crisis Team Expansion	Adult	Nassau				8/1/2015	787	\$212,000
Satellite Clinic Treatment Services	Adult	Nassau			State Share of Medicaid:			\$155,000
								\$45,000
(5) On-Site Rehabilitation	Adult	Nassau				2/1/2016	22	\$500,000
(3) Clinic Treatment Services	Adult	Nassau						\$375,000
Family Advocate	Children	Nassau						\$84,000
Peer Outreach	Adult	Suffolk						\$30,000
SUBTOTAL:							1,025	\$2,745,000

TOTAL:	1,031	\$2,910,400
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*Gross Medicaid projected \$420,800

Table 4: NYS OMH State Psychiatric Center Inpatient Discharge Metrics

State Inpatient Facilities ¹	Metrics Post Discharge	
	Readmission ^{2, 4}	ER Utilization ^{3, 4}
	For discharge cohort (Aug, 2015-Oct, 2015), % Having Psychiatric Readmission within 30 days	For discharge cohort (Aug, 2015-Oct, 2015), % Utilizing Psychiatric Emergency Room within 30 days
Adult		
Bronx	16.3%	19.2%
Buffalo	7.4%	0.0%*
Capital District	19.0%	0.0%
Creedmoor	15.6%	5.3%*
Elmira	6.3%*	0.0%*
Greater Binghamton	13.9%	5.3%*
Hutchings	21.4%	14.3%*
Kingsboro	10.7%	0.0%
Manhattan	23.6%	2.9%
Pilgrim	17.9%	6.7%*
Rochester	25.0%*	0.0%*
Rockland	11.9%	7.1%*
South Beach	13.2%	2.6%
St. Lawrence	16.7%*	16.7%*
Washington Heights	0.0%	0.0%
Total	15.3%	4.7%
Children & Youth		
Elmira	20.0%	11.1%*
Greater Binghamton	5.9%	10.7%
Hutchings	5.4%	7.7%
Mohawk Valley	10.8%	9.7%
NYC Children's Center	2.2%	0.0%
Rockland CPC	5.3%*	0.0%*
Sagamore CPC	6.9%	0.0%
South Beach	33.3%*	0.0%*
St. Lawrence	16.9%	6.9%
Western NY CPC	0.0%	5.3%*
Total	9.1%	6.3%
Forensic		
Central New York	4.7%	0.0%
Kirby	14.3%	9.5%
Mid-Hudson	15.0%	0.0%
Rochester	0.0%*	0.0%*
Total	8.6%	3.0%

Updated as of June 17, 2016

Notes:

1. Research units and Sexual Offender Treatment Programs (SOTP) were excluded.
2. Readmissions were defined as State PC and Medicaid (Article 28 /31) psychiatric inpatient readmission events occurring within 1 to 30 days after the State PC discharge. The first readmission within the 30 days window was counted. The denominator for this measure was based on State inpatient discharges to the community. The discharge cohort has a 6-month lag to allow time for completion of Medicaid claim submissions. The discharges that were no longer qualified for Medicaid services (lost Medicaid eligibility, had Medicare or third party insurance) were excluded from the discharge cohort but who had a state operated service in the 3 months post discharge were retained in the discharge cohort.
3. ER utilization was identified using Medicaid claims and encounters only. The numerator included the first Psychiatric ER/CPEP event that occurred within thirty days post discharge. The denominator for this measure was based on State inpatient discharges to the community. The discharge cohort has a 6-month lag to allow time for completion of Medicaid claim submissions. The discharges that were no longer qualified for Medicaid services (lost Medicaid eligibility, had Medicare or third party insurance) were excluded from the discharge cohort.
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 Rates¹

Region	County ²	Hospital Name ³	Auspice	Capacity (as of 5/1/16)			Metrics Post Discharge ⁴					
							Readmission ^{5,20}			ER Utilization ^{7,20}		
							For discharge cohort (Aug, 2015-Oct, 2015), % Having Psychiatric Readmission within 30 days					
Total	Adults	Child	Total	Adult ⁶	Child	Total	Adult	Child				
Central	Broome	United Health Services Hospitals, Inc.	Article 28	56	56	0	16.9%	16.9%	.	13.0%	13.0%	.
Central	Cayuga	Auburn Community Hospital	Article 28	14	14	0	25.4%	25.4%	.	8.5%	8.5%	.
Central	Clinton	Champlain Valley Physicians Hospital Med Ctr.	Article 28	34	22	12	10.4%	8.9%	13.6%	4.5%	4.4%	4.5%
Central	Cortland	Cortland Regional Medical Center, Inc.	Article 28	11	11	0	21.4%	21.4%	.	11.9%	11.9%	.
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	8.7%	8.7%	.	2.9%	2.9%	.
Central	Montgomery	St. Mary's Healthcare	Article 28	20	20	0	20.2%	20.2%	.	7.1%	7.1%	.
Central	Oneida	Faxton - St. Luke's Healthcare	Article 28	26	26	0	15.4%	15.4%	.	9.3%	9.3%	.
Central	Oneida	Rome Memorial Hospital, Inc.	Article 28	12	12	0	66.7% *	66.7% *	.	0.0% *	0.0% *	.
Central	Oneida	St. Elizabeth Medical Center	Article 28	24	24	0	19.9%	19.9%	.	9.3%	9.3%	.
Central	Onondaga	St. Joseph's Hospital Health Center	Article 28	30	30	0	22.8%	22.8%	.	19.3%	19.3%	.
Central	Onondaga	SUNY Health Science Center-University Hospital	Article 28	50	50	0	21.6%	21.6%	.	29.3%	29.3%	.
Central	Oswego	Oswego Hospital, Inc.	Article 28	28	28	0	31.8%	31.8%	.	8.2%	8.2%	.
Central	Otsego	Bassett Healthcare	Article 28	20	20	0	10.5%	10.5%	.	5.3%	5.3%	.
Central	Saint Lawrence	Claxton-Hepburn Medical Center	Article 28	28	28	0	19.1%	19.1%	.	2.1%	2.1%	.
Hudson	Albany	Albany Medical Center	Article 28	26	26	0	14.0%	14.0%	.	2.2%	2.2%	.
Hudson	Columbia	Columbia Memorial Hospital ⁸	Article 28	22	22	0	16.3%	16.3%	.	2.3%	2.3%	.
Hudson	Dutchess	Westchester Medical /Mid-Hudson Division ⁹	Article 28	40	40	0	24.9%	24.9%	.	6.8%	6.8%	.
Hudson	Orange	Bon Secours Community Hospital	Article 28	24	24	0	18.2%	18.2%	.	2.3%	2.3%	.
Hudson	Orange	Orange Regional Medical Center - Arden Hill Hospital	Article 28	30	30	0	10.1%	10.1%	.	5.6%	5.6%	.
Hudson	Putnam	Putnam Hospital Center	Article 28	20	20	0	19.6%	19.6%	.	4.3%	4.3%	.
Hudson	Rensselaer	Northeast Health - Samaritan Hospital ¹⁰	Article 28	63	63	0	16.0%	16.0%	.	6.7%	6.7%	.
Hudson	Rockland	Nyack Hospital ¹¹	Article 28	26	26	0	25.4%	25.4%	.	9.5%	9.5%	.
Hudson	Saratoga	FW of Saratoga, Inc.	Article 31	88	31	57	7.7%	14.7%	5.9%	1.8%	0.0%	2.2%
Hudson	Saratoga	The Saratoga Hospital	Article 28	16	16	0	11.1%	11.1%	.	2.8%	2.8%	.
Hudson	Schenectady	Ellis Hospital	Article 28	52	36	16	19.2%	20.6%	16.3%	7.7%	9.3%	4.1%
Hudson	Sullivan	Catskill Regional Medical Center	Article 28	18	18	0	12.5%	12.5%	.	0.0%	0.0%	.
Hudson	Ulster	Health Alliance Hospital Mary's Ave Campus	Article 28	40	40	0	26.9%	26.9%	.	12.0%	12.0%	.
Hudson	Warren	Glens Falls Hospital	Article 28	30	30	0	18.1%	18.1%	.	6.0%	6.0%	.
Hudson	Westchester	Four Winds, Inc. ¹²	Article 31	178	28	150	11.6%	4.8%	12.4%	8.1%	7.1%	8.2%
Hudson	Westchester	Montefiore Mount Vernon Hospital, Inc.	Article 28	22	22	0	16.1%	16.1%	.	3.2%	3.2%	.
Hudson	Westchester	New York Presbyterian Hospital	Article 28	252	207	45	24.9%	26.0%	12.9%	10.5%	10.6%	9.7%
Hudson	Westchester	Northern Westchester Hospital Center	Article 28	15	15	0	12.5%	12.5%	.	12.5%	12.5%	.
Hudson	Westchester	Phelps Memorial Hospital Center	Article 28	22	22	0	26.3% *	26.3% *	.	10.5% *	10.5% *	.
Hudson	Westchester	St Joseph's Medical Center ¹³	Article 28	149	136	13	13.9%	15.4%	2.7%	5.4%	6.1%	0.0%
Hudson	Westchester	Westchester Medical Center	Article 28	101	66	35	16.4%	16.9%	25.0% *	9.4%	8.9%	25.0% *
Long Island	Nassau	Mercy Medical Center	Article 28	39	39	0	21.4%	21.4%	.	7.1%	7.1%	.
Long Island	Nassau	Nassau Health Care Corp/Nassau Univ Med Ctr	Article 28	128	106	22	9.0%	8.6%	13.3%	4.3%	4.1%	6.7%
Long Island	Nassau	North Shore University Hospital	Article 28	26	26	0	20.6%	20.6%	.	4.8%	4.8%	.
Long Island	Nassau	South Nassau Communities Hospital	Article 28	36	36	0	24.8%	24.8%	.	9.9%	9.9%	.
Long Island	Suffolk	Brookhaven Memorial Hospital Medical Center	Article 28	20	20	0	12.3%	12.3%	.	3.5%	3.5%	.
Long Island	Suffolk	Brunswick Hospital Center, Inc.	Article 31	124	79	45	14.7%	16.0%	12.1%	15.3%	18.5%	8.6%

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

Region	County ²	Hospital Name ³	Auspice	Capacity (as of 5/1/16)			Metrics Post Discharge ⁴					
							Readmission ^{5,20}			ER Utilization ^{7,20}		
							For discharge cohort (Aug, 2015-Oct, 2015), % Having Psychiatric Readmission within 30 days			For discharge cohort (Aug, 2015-Oct, 2015), % Utilizing Psychiatric Emergency Room within 30 days		
Total	Adults	Child	Total	Adult ⁶	Child	Total	Adult	Child				
Long Island	Suffolk	Eastern Long Island Hospital Association	Article 28	23	23	0	11.0%	11.0%	.	4.1%	4.1%	.
Long Island	Suffolk	Huntington Hospital	Article 28	21	21	0	12.5%	12.5%	.	8.3%	8.3%	.
Long Island	Suffolk	John T. Mather Memorial Hospital	Article 28	37	27	10	21.8%	23.2%	11.1% *	9.0%	8.7%	11.1% *
Long Island	Suffolk	St. Catherine's of Siena Hospital	Article 28	42	42	0	18.6%	18.6%	.	7.8%	7.8%	.
Long Island	Suffolk	State University of NY at Stony Brook	Article 28	40	30	10	12.4%	10.0%	11.8% *	8.2%	7.5%	11.8% *
Long Island	Suffolk	The Long Island Home ¹⁴	Article 31	232	167	65	13.3%	20.8%	7.3%	8.7%	13.0%	5.2%
NYC	Bronx	Bronx-Lebanon Hospital Center	Article 28	98	73	25	20.1%	21.7%	10.3%	14.2%	14.9%	10.3%
NYC	Bronx	Montefiore Medical Center	Article 28	55	55	0	10.5%	10.5%	.	5.7%	5.7%	.
NYC	Bronx	NYC-HHC Jacobi Medical Center	Article 28	107	107	0	21.9%	21.9%	.	14.9%	14.9%	.
NYC	Bronx	NYC-HHC Lincoln Medical & Mental Health Ctr.	Article 28	60	60	0	23.4%	23.4%	.	14.1%	14.1%	.
NYC	Bronx	NYC-HHC North Central Bronx Hospital	Article 28	70	70	0	17.4%	17.4%	.	9.0%	9.0%	.
NYC	Bronx	St. Barnabas Hospital	Article 28	49	49	0	23.6%	23.6%	.	12.1%	12.1%	.
NYC	Kings	Brookdale Hospital Medical Center	Article 28	61	52	9	15.2%	17.1%	8.3%	11.0%	10.4%	13.3%
NYC	Kings	Interfaith Medical Center, Inc.	Article 28	120	120	0	27.4%	27.4%	.	13.4%	13.4%	.
NYC	Kings	Kingsbrook Jewish Medical Center ¹⁵	Article 28	58	58	0	23.3%	23.3%	.	12.8%	12.8%	.
NYC	Kings	Maimonides Medical Center	Article 28	70	70	0	21.8%	21.8%	.	8.8%	8.8%	.
NYC	Kings	NYC-HHC Coney Island Hospital	Article 28	64	64	0	17.8%	17.8%	.	6.6%	6.6%	.
NYC	Kings	NYC-HHC Kings County Hospital Center	Article 28	205	160	45	17.4%	17.6%	16.3%	15.3%	15.1%	16.3%
NYC	Kings	NYC-HHC Woodhull Medical & Mental Health Ctr.	Article 28	135	135	0	19.1%	19.1%	.	11.4%	11.4%	.
NYC	Kings	New York Methodist Hospital	Article 28	50	50	0	25.0%	25.0%	.	7.5%	7.5%	.
NYC	Kings	New York University Hospitals Center ¹⁶	Article 28	35	35	0	24.4%	24.4%	.	7.3%	7.3%	.
NYC	New York	Beth Israel Medical Center	Article 28	92	92	0	19.2%	19.2%	.	12.8%	12.8%	.
NYC	New York	Lenox Hill Hospital	Article 28	27	27	0	22.6%	22.6%	.	14.5%	14.5%	.
NYC	New York	Mount Sinai Medical Center ¹⁷	Article 28	76	76	0	14.2%	14.2%	.	10.5%	10.5%	.
NYC	New York	NYC-HHC Bellevue Hospital Center	Article 28	330	285	45	21.3%	22.3%	16.3%	13.2%	13.4%	12.4%
NYC	New York	NYC-HHC Harlem Hospital Center	Article 28	52	52	0	17.6%	17.6%	.	14.1%	14.1%	.
NYC	New York	NYC-HHC Metropolitan Hospital Center	Article 28	122	104	18	26.8%	28.6%	7.7%	12.9%	14.1%	0.0%
NYC	New York	New York Gracie Square Hospital, Inc., The	Article 31	157	157	0	16.7%	16.7%	.	13.1%	13.1%	.
NYC	New York	New York Presbyterian Hospital	Article 28	91	91	0	16.4%	16.4%	.	8.0%	8.0%	.
NYC	New York	New York University Hospitals Center	Article 28	22	22	0	24.4%	24.4%	.	7.3%	7.3%	.
NYC	New York	St. Luke's-Roosevelt Hospital Center ¹⁸	Article 28	110	93	17	15.4%	15.8%	14.3%	7.7%	7.3%	8.9%
NYC	Queens	Episcopal Health Services Inc.	Article 28	43	43	0	18.1%	18.1%	.	4.8%	4.8%	.
NYC	Queens	Jamaica Hospital Medical Center	Article 28	50	50	0	17.4%	17.4%	.	19.0%	19.0%	.
NYC	Queens	Long Island Jewish Medical Center ¹⁹	Article 28	222	200	22	18.6%	19.6%	13.1%	10.8%	11.5%	6.6%
NYC	Queens	NYC-HHC Elmhurst Hospital Center	Article 28	177	151	26	18.0%	18.9%	8.6%	5.9%	6.1%	2.9%
NYC	Queens	NYC-HHC Queens Hospital Center	Article 28	71	71	0	19.0%	19.0%	.	15.1%	15.1%	.
NYC	Queens	New York Flushing Hospital and Medical Center	Article 28	18	18	0	32.9%	32.9%	.	11.4%	11.4%	.
NYC	Richmond	Richmond University Medical Center	Article 28	65	55	10	14.9%	14.4%	17.1%	42.8%	42.8%	42.9%
NYC	Richmond	Staten Island University Hospital	Article 28	64	64	0	30.5%	30.5%	.	11.3%	11.3%	.
Western	Cattaraugus	Olean General Hospital	Article 28	14	14	0	16.1%	16.1%	.	0.0%	0.0%	.
Western	Chautauqua	TLC Health Network	Article 28	20	20	0	14.5%	14.5%	.	1.8%	1.8%	.
Western	Chautauqua	Woman's Christian Assoc. of Jamestown, NY	Article 28	40	30	10	14.4%	16.4%	10.5%	4.5%	5.5%	2.6%

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

Region	County ²	Hospital Name ³	Auspice	Capacity (as of 5/1/16)			Metrics Post Discharge ⁴					
							Readmission ^{5,20}			ER Utilization ^{7,20}		
							For discharge cohort (Aug, 2015-Oct, 2015), % Having Psychiatric Readmission within 30 days			For discharge cohort (Aug, 2015-Oct, 2015), % Utilizing Psychiatric Emergency Room within 30 days		
Total	Adults	Child	Total	Adult ⁶	Child	Total	Adult	Child				
Western	Chemung	St. Joseph's Hospital	Article 28	25	25	0	16.8%	16.8%	.	10.5%	10.5%	.
Western	Erie	Brylin Hospitals, Inc.	Article 31	88	68	20	7.9%	4.5%	12.5%	1.3%	0.0%	3.1%
Western	Erie	Erie County Medical Center	Article 28	132	116	16	13.5%	14.1%	8.1%	4.5%	4.1%	8.1%
Western	Monroe	Rochester General Hospital	Article 28	30	30	0	14.9%	14.9%	.	7.0%	7.0%	.
Western	Monroe	The Unity Hospital of Rochester	Article 28	40	40	0	15.7%	15.7%	.	5.9%	5.9%	.
Western	Monroe	Univ of Roch Med Ctr/Strong Memorial Hospital	Article 28	93	66	27	11.8%	9.6%	20.4%	8.1%	8.1%	8.2%
Western	Niagara	Eastern Niagara Hospital, Inc.	Article 28	12	0	12	22.2%	0.0% *	24.0%	7.4%	0.0% *	8.0%
Western	Niagara	Niagara Falls Memorial Medical Center	Article 28	54	54	0	5.3%	5.3%	.	5.9%	5.9%	.
Western	Ontario	Clifton Springs Hospital and Clinic	Article 28	18	18	0	18.4%	18.4%	.	15.8%	15.8%	.
Western	Tompkins	Cayuga Medical Center at Ithaca, Inc.	Article 28	26	20	6	4.5%	5.9%	0.0% *	2.3%	2.9%	0.0% *
Western	Wayne	Newark-Wayne Community Hospital, Inc.	Article 28	16	16	0	16.7%	16.7%	.	3.7%	3.7%	.
Western	Wyoming	Wyoming County Community Hospital	Article 28	12	12	0	18.4%	18.4%	.	5.3%	5.3%	.
Western	Yates	Soldiers & Sailors Memorial Hospital	Article 28	10	10	0	20.0% *	20.0% *	.	13.3% *	13.3% *	.
Statewide Total				6,055	5,267	788	18.2%	18.9%	12.0%	10.4%	10.6%	8.4%

Updated as of June 17, 2016

Source: Concerts, Medicaid, MHARS

Notes:

- Private (Article 31) hospitals are classified as Institutes for Mental Diseases (IMD), and as such, are not reimbursed by Medicaid for inpatient treatment in their facilities for persons aged 22-64.
- Data are presented by county of discharging hospital location and age group (child or adult). If an entity operates more than one hospital and county is not available on the records (e.g., managed care encounters), the discharges and readmissions are assigned to one of the hospitals.
- Hospitals that closed prior to 5/1/2016 are excluded.
- The denominators for the metrics were based on discharges to the community. The discharge cohort has a 6-month lag to allow time for completion of Medicaid claim submissions. The discharges that were no longer qualified for Medicaid services (lost Medicaid eligibility, had Medicare or third party insurance) were excluded from the discharge cohort.
- Readmissions were defined as State PC and Medicaid psychiatric (Article 28 /31) inpatient events occurring within 1 to 30 days after the Article 28 /31 discharge. The readmission was only counted once.
- When the psychiatric unit is a child or adolescent unit, persons aged 21 or younger are counted as a child. For adult units, persons aged 16 or older are counted as adults.
- ER data were extracted from Medicaid claims and encounters only. The numerator included the first Psychiatric ER/CPEP event that occurred within thirty days post discharge.
- Columbia Memorial Hospital adult beds capacity is expanded by 4 beds from 18 to 22 effective on 1/1/2015.
- Westchester Medical /Mid-Hudson Division was St Francis Hospital in previous reports as St Francis Hospital had its beds legally taken over by Westchester Medical Center as of 5/9/2014
- Northeast Health - Samaritan Hospital was named as Samaritan Hospital in reports prior to July report
- Nyack Hospital legally took over the beds of Summit Park Hospital as of 4/22/2014.
- The Four Winds In. child beds capacity is expanded by 3 beds from 147 to 150 effective on 11/13/2015.
- The St. Joseph Medical Center adult capacity is expanded by 3 beds from 133 to 136 effective on 2/29/2016
- The Long Island Home adult beds capacity is expanded by 26 beds from 141 to 167 effective on 6/19/2015.
- Change at Kingsbrook Jewish Medical Center capacity is due to adding 3 Adult beds (from 55 to 58) effective on 3/18/2016.
- Changes at Lutheran Medical Center--Lutheran Medical Center joined Hospital New York University Hospital Center effective on 12/15/2015
- Changes at Mount Sinai Medical Center were made to reduce adult beds by 4 (from 80 to 76), and close all Child/Adolescent beds (from 15 to 0) effective on 7/15/2015.
- Changes at St.Lukes - Roosevelt Hospital Center were made to add 10 adolescent beds and 7 child beds effective on 7/15/2015.
- 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
- 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-per-week availability; enrollment of consumers, and flexible service dollars. Treatment is focused on individuals who have been unsuccessful in traditional forms of treatment.
 7. **Advocacy/Support Services:** Advocacy/support services may be individual advocacy or systems advocacy (or a combination of both). Examples are warm lines, hot lines, teaching daily

living skills, providing representative payee services, and training in any aspect of mental health services. Individual advocacy assists consumers in protecting and promoting their rights, resolving complaints and grievances, and accessing services and supports of their choice. Systems advocacy represent the concerns of a class of consumers by identifying patterns of problems and complaints and working with program or system administrators to resolve or eliminate these problems on a systemic, rather than individual basis.

- 8. Targeted Case Management:** The Targeted Case Management (TCM) program promotes optimal health and wellness for adults diagnosed with severe mental illness, and children and youth diagnosed with severe emotional disorders. Wellness and recovery goals are attained by implementing a person-centered approach to service delivery and ensuring linkages to and coordination of essential community resources. With respect for and affirmation of recipients' personal choices, case managers foster hope where there was little before. Case Managers work in partnership with recipients to advance the process of individuals gaining control over their lives and expanding opportunities for engagement in their communities. All targeted case management programs are organized around goals aimed at providing access to services that encourage people to resolve problems that interfere with their attainment or maintenance of independence or self-sufficiency, and maintain themselves in the community rather than an institution.

Case managers:

- Promote hope and recovery by using strengths-based, culturally appropriate, and person-centered practices
- Maximize community integration and normalization
- Provide leadership in ensuring the coordination of resources for individuals eligible for mental health services

- 9. Intensive Case Management (ICM):** In addition to providing the services in the general Targeted Case Management program description above, ICM is set at a case manager/client ratio of 1:12. Medicaid billing requirements for the Traditional ICM model requires a minimum of four (4) 15 minute face to-face contacts per individual per month. For programs serving Children and Families, one contact may be collateral. The Flexible ICM model requires a minimum of two (2) 15 minute minimum face-to-face contacts per individual, per month but must maintain a minimum aggregate of 4 face-to-face contacts over the entire caseload. For programs serving Children and Families, 25% of the aggregate contacts can be collaterals.

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

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

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

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

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

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

The goal of the program is to:

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

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

Eligibility

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

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

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

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

Services Provided

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

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

- (3) **Case management** services will be provided, if appropriate. If the youth and family are already connected to case management services (SCM, ICM, Waiver), this service will continue to be provided by the involved provider. If the youth/family is not connected to case management services, a referral for such services will be submitted, where appropriate.
 - (4) **Counseling services** will be provided with a focus on clarifying future direction, developing meaningful goals, identifying personal strengths, identifying mental health-related behaviors or feelings that assist or interfere with the achievement of goals, and re-integrating into the community.
 - (5) **Daily living skills training** will support the acquisition of skills and capabilities to perform primary activities of daily life.
 - (6) **Education/vocation support services** will be provided to promote regular attendance at school or work. When at all possible, the youth will continue to attend their home school. If this is not possible, then every effort will be made to acquire the students work from the home school for completion during their stay.
 - (7) **Health Services** are activities designed to foster an increase in the youth's ability to demonstrate developmentally appropriate independence in personal health care and maintenance.
 - (8) **Medication management and training** is intended to provide information to the youth and their family to ensure appropriate management of medication through understanding the role and effects of medication in treatment, identification of side effects of medication and discussion of potential dangers of consuming other substances while on medication. This service will be facilitated in coordination with the youth's current clinical provider.
 - (9) **Medication Monitoring** are activities performed by staff which relates to storage, monitoring, recordkeeping and supervision associated with the use of medication. Such activities include reviewing the appropriateness of an existing regimen by staff with the prescribing physician. Prescribing medication is not an activity included under this service.
 - (10) **Socialization** is intended to ensure that programming includes activities which assist in the development and practice of age-appropriate social and interpersonal skills. Such activities shall promote the capacity to identify and participate in positive social situations and to develop and practice appropriate communication skills.
- 18. Transportation:** The provision of transportation to and from facilities or resources specified in the Consumer's individual treatment plan as a necessary part of his/her service for mental disability. This includes all necessary supportive services for full and effective integration of the Consumer into community life.
- 19. Flexible Recipient Service Dollars:** Flexible Recipient Service Dollars are not based on a particular fiscal model and are available to provide for a recipient's emergency and non-emergency needs. These funds are to be used as payment of last resort. The use of the service dollars should include participation of the recipient of services, who should play a significant role in the planning for, and the utilization of, service dollars. Services purchased on behalf of a recipient, such as Respite or Crisis Services, should be reported using this Service Dollar program code. Examples of services may include housing, food, clothing, utilities, transportation and assistance in educational, vocational, social or recreational and fitness activities, security deposits, respite, medical care, crisis specialist, homemakers and escorts. This program code cannot be allocated for AHSCM, ICM, SCM, BCM, ACT, RTF Transition Coordinators or Home and Community Based Waiver Services. Agency administrative costs allocated to the operating

costs of this program via the Ratio Value allocation methodology are redistributed to other OMH programs in the CFR.

- 20. Family Support Services:** Family support programs provide an array of formal and informal services to support and empower families with children and adolescents having serious emotional disturbances. The goal of family support is to reduce family stress and enhance each family's ability to care for their child. To do this, family support programs operate on the principles of individualized care and recognizing every child and family is unique in their strengths and needs. Connecting family members to other families with children with serious emotional problems helps families to feel less isolated and identify their own strengths. Family support programs ideally provide the following four core services: family/peer support, respite, advocacy, and skill building/educational opportunities.
- 21. CPEP Crisis Intervention:** This licensed, hospital-based psychiatric emergency program establishes a primary entry point to the mental health system for individuals who may be mentally ill to receive emergency observation, evaluation, care and treatment in a safe and comfortable environment. Emergency visit services include provision of triage and screening, assessment, treatment, stabilization and referral or diversion to an appropriate program. Brief emergency visits require a psychiatric diagnostic examination and may result in further CPEP evaluation or treatment activities, or discharge from the CPEP program. Full emergency visits, which result in a CPEP admission and treatment plan, must include a psychiatric diagnostic examination, psychosocial assessment and medication examination. Brief and full emergency visit services are Medicaid reimbursable. CPEP Crisis Intervention is one of four program components which, when provided together, form the OMH licensed Comprehensive Psychiatric Emergency Program (CPEP), and the code to which the license is issued. The other program components of the CPEP are: CPEP Extended Observation Beds (1920), CPEP Crisis Outreach (1680) and CPEP Crisis Beds (2600).
- 22. Collaborative Problem Solving:** Collaborative Problem Solving (CPS) is an evidence-based approach to working “with children and adolescents with a wide range of social, emotional, and behavioral challenges across a variety of different settings: from families, schools, mentoring organizations and foster care agencies to therapeutic programs such as inpatient psychiatry units, residential treatment and juvenile detention facilities. This evidence based model has also been applied in transitional age youth and adult programs as well as used with neurotypically developing kids to foster the development of social emotional skills. CPS is a strengths-based, neurobiologically-grounded approach that provides concrete guideposts so as to operationalize trauma-informed care and empower youth and family voice.” (from <http://thinkkids.org/learn/our-collaborative-problem-solving-approach/>)
- 23. First Episode Psychosis:** First Episode Psychosis (FEP) programs are intended for early identification of psychotic symptoms and the development of early intervention strategies to mitigate the onset of psychotic disorders. These programs generally focus on serving transition-aged youth and young adults experiencing their first psychotic break.
- 24. First Break Team:** The First Break Teams provides services to the first onset psychosis adult population. The purpose of this program will be to provide interventions that will prevent the need for an inpatient hospitalization for those individuals experiencing their first psychotic break.
- 25. On-Site Rehabilitation:** Program objective is to assist mentally ill adults living in adult congregate care settings, supervised or supported living arrangements to achieve their treatment and community living rehabilitation goals. Services include one or a combination of:

 - (1) consumer self-help and support interventions;
 - (2) community living;
 - (3) academic and/or social leisure time rehabilitation training and support services.

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

26. Transitions in Care Teams: Transitions in Care Teams focused on State PC and acute care discharges. OMH is funding two types of transitions in care teams known as the Pathway Home (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 very patient-centered and depending on the recipient's needs can extend from three months to a year.

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

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

29. Mobile Residential Support Team: focus on transitioning adults living in supported housing apartments into community living. Once these individuals are living in the community, the 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 (e.g., those with co-morbid medical conditions and dual diagnoses of mental illness and developmental disability).