



**Office of
Mental Health**

Transformation Plan

2015-2016

End of Year Report

February 1, 2016

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I. Overview

The New York State Office of Mental Health (OMH) has prepared this annual report to provide timely information on the progress of the agency's Transformation Plan investments in community mental health services. This report describes the progress and effectiveness of investments in community mental health services in reducing the need for inpatient services and hospital lengths of stay, and the improvement of service effectiveness for children, adolescents and adults.

Under the leadership of Commissioner Ann Marie T. Sullivan, the agency has enhanced its efforts to provide improved community services to help children and adults recover from mental illness with their families, friends and loved ones in the communities where they live, rather than being separated from them in a State Psychiatric Center.

As described in detail later in this report, OMH has made significant investments in every region of the State during the past two fiscal years to enhance community mental health services that are designed to reduce the need for unnecessary inpatient hospitalizations at State Psychiatric Centers. The investments were made with input from a broad set of community stakeholders and advisory bodies in every region of the State.

Since April 2014 OMH has committed approximately \$75 million in new annualized investments to support the following services in all areas of the State, including:

- 905 additional supported apartments with appropriate wrap-around services to ensure individuals can be served safely in the community, and avoid potential future homelessness.
- 246 additional Home and Community Based Services Waiver slots which provide children and their families with respite services, skill building, crisis response, family support, intensive home support and care coordination.
- Twelve State-operated Mobile Integration Teams (MIT) which provide an array of mobile services and supports for youth and adults, including on-site crisis assessment, skill building, family support, and respite. Five other existing State-operated community support services will also be converted to a MIT model. MITs can serve hundreds of individuals each month, and are scaled and located to community need. To date, MITs have provided critical supports to over 2,500 new, unduplicated individuals statewide.
- Three new State-operated, child and adolescent crisis/respite houses.
- Expansion of State and voluntary-operated clinic programs, State-operated school-based clinic satellites, and extended clinic hours to provide services when they would be otherwise unavailable or inaccessible.
- Staffing support for two of the First Episode Psychosis programs being implemented statewide under the nationally recognized OnTrackNY initiative.
- Sixteen new and expanded crisis intervention programs, many with extended hour coverage, mobile capacity, and peer-support components in order to best meet the needs of individuals in times of crisis.

- Over a dozen new advocacy, outreach and bridger programs, to guide individuals through transitions from inpatient settings into integrated, clinically-supported community living, and linking them to various community based supports.
- Five new or expanded Assertive Community Treatment (ACT) teams, accounting for a capacity expansion of 252 slots.
- Forensic programs for both adult and juvenile offenders, developed to link individuals with mental health services, provide specialized assessments for probation and courts, and reduce future recidivism and hospitalization.

The results so far from these community investments have continued to have significant positive impacts. The average daily inpatient census has declined by 5.7% during calendar year 2015 in OMH civil adult and children's Psychiatric Centers. Meanwhile, the OMH community service expansion has increased the number of people served in State-operated community settings in 2015 by 18% compared to the same period four years ago (prior to the OMH Transformation Plan and State-operated outpatient reforms).

These community investments are directly associated with and funded through reduced costs associated with lower inpatient Psychiatric Center census and costs from individuals who no longer need to be placed in a hospital, allowing for the reduction of over 440 vacant inpatient beds across the system. Most importantly, hundreds of children and adults are now receiving quality and effective care in the community, and no longer have to be separated from families and friends in a Psychiatric Center to help recover from mental illness.

II. Background

New York currently exceeds both the national average inpatient utilization rate at state-operated Psychiatric Centers, and per capita inpatient census levels at state-operated PCs in other urban states and all Mid-Atlantic States. New York's extensive State PC inpatient capacity includes 24 facilities with nearly 4,000 budgeted beds. Among these are a number of hospitals operating with fewer than 100 beds.

This situation had led to disproportionately high State-operated inpatient per capita costs as more individuals with mental illness are supported successfully with community-based mental health services, while the inpatient footprint has remained disproportionately large. The evidence of this imbalance is clear: while New York's State-operated inpatient facilities serve approximately 1% of the total number of people served in the public mental health system, they account for 20% of gross annual system expenditures. With the inclusion of other acute inpatient facilities (Article 28 or 31 psychiatric hospitals), inpatient psychiatric costs amount to approximately half of the total spending on public mental health services.

The OMH Transformation Plan aims to rebalance the agency's institutional resources by further developing and enhancing community-based mental health services throughout New York State. By doing so the Plan will strengthen and broaden the public mental health system to enhance the community safety net; allowing more individuals with mental illness to be supported

with high quality, cost-effective services within home and community-based settings and avoid costly inpatient psychiatric stays. Beginning with the State fiscal year (SFY) 2014-15 State Budget and continuing through SFY 2015-16, the OMH Transformation Plan “pre-invests” \$59 million annualized into priority community services and supports, with the goals of reducing State and community-operated facilities’ inpatient psychiatric admissions and lengths of stay. In addition, \$15 million has been reinvested from Article 28 and 31 inpatient facilities to further support the OMH Transformation Plan.

At the State level, the upcoming carve-in of most Medicaid beneficiaries into managed care, the Delivery System Reform Incentive Payment (DSRIP) program, and the Prevention Agenda 2013-2018 are timely and direct drivers of reform to the State and community-based systems of care. Together these initiatives will further coordinate care across clinical modalities and levels of government by developing an integrated, recovery-centered service delivery system designed to improve patient care and population health—the means to achieve the “Triple Aim” of better care, better health and better lives for those whom we serve—at lower costs.

The OMH Transformation Plan is consistent with these ongoing reforms in health care policy and financing. As the market for health care services becomes more consumer-directed, integrated and community-oriented, OMH must advance in step with the people we serve in order to be relevant and sustainable in the future. The OMH Transformation Plan will create the mental health system that New York needs in the 21st Century—a system focused on prevention, early identification and intervention, and evidence-based clinical services and recovery supports. Finally, the Plan’s rebalancing of the agency’s institutional resources to further develop and enhance community-based mental health services is also consistent with the Americans with Disabilities Act (ADA). The US Supreme Court’s 1999 Olmstead decision held that the ADA mandates that the State’s services, programs, and activities for people with disabilities must be administered in the most integrated setting appropriate to a person’s needs.

Section III of this report describes progress made in developing community based mental health services across New York State, and details efforts to increase public awareness of these new services, including the publication of monthly reports and the promotion of services operating to date. Section IV presents OMH’s evaluation of the overall impact of such community services on the following domains: recipient outcome measures, quality of treatment, access to care, functioning level, and social outcomes. Finally, section V provides information on the experiences of individuals engaged in new community services, including satisfaction with these services and overall quality of life.

III. Reinvestment and Regional Planning Progress

With the passage of the SFY 2014-15 budget, planning for pre-investment funding began in all areas of the State: Western New York, the Rochester area, the Southern Tier/Finger Lakes region, the North Country, the Syracuse area, the Hudson River region, New York City, and Long Island. Local government units, OMH Field Offices, and State PC directors have continued

working collaboratively to operationalize the goals of a broad set of community stakeholders who participated in regional advisory bodies initiated in the fall of 2013. The goals of the regional advisory bodies focused on the following resources: Supported Housing, Medicaid Home and Community Based Services (HCBS) Waiver, State-operated community enhancements, and Aid to Localities funding—in addition to overall systemic reforms required to most effectively use these resources. SFY 2014-15 and 2015-16 allocations of these resources by State-operated facility service area are presented in Table 1.

As regional investments have approached the end of a second year of planning, OMH and its stakeholder partners are focusing on further reviewing the effectiveness of all services to ensure that they are having the originally stated impact to reduce inpatient utilization and optimize community living. In addition to the ongoing local and regional dialogue with local governments, providers, consumer and family advocates and others, OMH has developed web content on the OMH website to enhance public knowledge of the Transformation Plan. The OMH Transformation Plan website was created to include narrative updates of regional reinvestment funding and planning progress. Increased programmatic operation and utilization that began in SFY 2014-15 and continued through SFY 2015-16, provided an opportunity to create a directory of newly running and expanded programs and services. This directory includes State-operated and voluntary community-based programs and services, and lists program/service and provider names, locations by county and region, and public phone numbers for program or service access. In some cases, links to program brochures with more detailed information are available.

Additionally, monthly reports are available on the Transformation Plan homepage. Each report includes State Psychiatric Center (PC) descriptive metrics, descriptions and status of community service investments, and psychiatric readmissions to hospitals and emergency rooms for State PC, Article 28, and Article 31 hospital discharges.

Ongoing website maintenance occurs to ensure that program and service information remains relevant and up to date. The OMH Transformation Plan website can be accessed by visiting <http://omh.ny.gov/omhweb/transformation/>.

Table 1. Transformation and Article 28/31 Reinvestment Summary – By Facility

OMH Facility	Target Population	Prior Capacity ¹	Reinvestment Expansion	Annualized Reinvestment	New Individuals Served
HCBS Waiver Slots					
Greater Binghamton	Children	60	12	\$315,516	12
Elmira	Children	90	12	\$315,516	12
St. Lawrence	Children	78	12	\$315,516	12
Sagamore	Children	192	54	\$1,488,240	54
Pilgrim	Children	-	-	-	-
Western NY	Children	110	24	\$631,032	24
Buffalo	Children	-	-	-	-
Rochester	Children	100	-	-	-
New York City	Children	600	63	\$1,749,440	51
Rockland	Children	177	12	\$323,118	12
Hutchings	Children	72	18	\$473,274	18
Subtotal		1,479	207	\$5,611,652	195
Supported Housing Beds					
Greater Binghamton	Adults	289	70	\$548,373	69
Elmira	Adults	517	48	\$404,448	48
St. Lawrence	Adults	306	53	\$407,543	39
Sagamore	Adults	-	-	-	-
Pilgrim	Adults	2,245	140	\$2,149,260	81
Western NY	Adults	-	-	-	-
Buffalo	Adults	1,196	82	\$692,756	49
Rochester	Adults	555	119	\$1,002,865	97
New York City	Adults	8,776	244	\$3,745,282	112
Rockland	Adults	1,841	110	\$1,390,496	42
Hutchings	Adults	504	12	\$92,772	2
Subtotal		16,229	878	\$10,433,795	539
State-Community					
Greater Binghamton				\$5,740,000	1,640
Elmira				\$2,870,000	921
St. Lawrence				\$2,100,000	305
Sagamore				\$1,890,000	
Pilgrim				\$1,050,000	258
Western NY				\$490,000	
Buffalo				\$2,100,000	222
Rochester				\$1,890,000	
New York City				\$770,000	
Rockland/CDPC				\$1,050,000	150
Hutchings				\$19,950,000	3,496
Subtotal					
Aid to Localities					
Greater Binghamton				\$1,035,000	3
Elmira				\$281,000	95
St. Lawrence				\$4,086,000	549
Sagamore				\$2,248,000	163
Pilgrim				\$3,173,000	766
Western NY				\$6,432,000	401
Buffalo				\$3,680,000	294
Rochester				\$477,000	1,601
New York City				\$21,412,000	535
Rockland/CDPC					4,407
Hutchings					
Subtotal					
Statewide: Suicide Prevention and Forensics				\$1,500,000	N/A
TOTAL TRANSFORMATION				\$58,907,447	8,637
Article 28/31 Reinvestment					
St. James Mercy (WNY)	Child & Adult	N/A	N/A	\$894,275	834
Medina Memorial (WNY)	Adults	N/A	N/A	\$199,030	150
Holliswood/Stony Lodge (NYC)	Child & Adult	N/A	N/A	\$7,335,711	
Stony Lodge/Rye (Hudson River)	Child & Adult	N/A	N/A	\$4,634,577	756
LBMC/NSUH/PK (Long Island)	Child & Adult	N/A	N/A	\$2,910,400	723
Subtotal				\$15,973,993	2,463
GRAND TOTAL				\$74,881,440	11,100

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

Table 1 exhibits, approximately \$59 million in annualized Transformation Plan pre-investment funds have been allocated to expanded local and State-operated community services. Services are operational in all areas of the State, with additional programs continuing to develop and phase into implementation throughout 2016. When including additional Article 28 hospital reinvestment—also outlined in this report—the full annual allocation amounts to nearly \$75 million annualized. OMH is committed to continuing its work with stakeholders to further develop community services intended to reduce inpatient hospitalizations and lengths of stay and optimize community living for the adults, children, and families residing throughout New York State. The ensuing section outlines the progress of regional plans to date, including the services already funded and implemented across many areas of the State.

Western New York Reinvestment and Planning Progress

OMH has made funding available for the counties served by Western New York Children's Psychiatric Center and the Buffalo Psychiatric Center in an annualized amount of \$5.1 million. Pre-investment resources will support services in several programmatic areas including Supported Housing, HCBS Waiver, State-operated community service expansion, and Aid to Localities. The geographic and programmatic specifications for the services funded in this region that are listed below were determined through on-going consultation with community stakeholders, including the LGUs.

- *82 new Supported Housing units.*
- *24 new Home and Community-based Services Waiver slots.*
- *A State-operated Mobile Integration Team (MIT) for children and youth.*
- *A State-operated Mobile Integration Team (MIT) for adults.*
- *State-operated children's outpatient clinic expansion.*
- *An expanded State-operated Mobile Mental Health-Juvenile Justice Team*
- *Peer Respite Center Hospital Diversion Program.* These peer-run respite centers provide recovery-based alternatives for adult consumers. The centers' services are designed to enhance engagement in community service supports, help maximize community tenure and avoid inpatient hospitalizations. The Chautauqua and Cattaraugus center will serve approximately 150-175 people annually in a four to six bed center. The Erie County respite center will serve approximately 225 people annually in a three to five bed center.
- *Mobile Transitional Supports* provide mobile clinical intervention and support with follow-up during the time when discharged individuals are transitioning to engagement in the community-based services and supports identified on their discharge plan. This program will provide mobile interventions during hours when community-based clinical services are largely unavailable, care management may not be immediately available, and crisis outreach is not appropriate.
- *Crisis Intervention Team.* This team provides clinical intervention and supports to successfully maintain each person in his/her home or community by providing the level of clinical care, community-based supports and supervision that are needed to maintain community tenure.

In addition to these Transformation Plan services, OMH and the New York State Department of Health are funding the following services with reinvestment funds associated with the closure of

inpatient psychiatric units at Medina Memorial Hospital (\$199,030) and St. James Mercy Hospital (\$894,725):

Medina Memorial Hospital:

- *Crisis Services and Housing* have enhanced Orleans County crisis response capabilities, including expanded crisis assessment, establishment of a Family Assistance Crisis Team (FACT), and new Crisis Apartments.
- *Crisis Response Practitioner* in Niagara County covers high volume late afternoon and evening crisis calls and provide follow-up and linkage to community services.

St. James Mercy Hospital:

- *Mobile Crisis Outreach* is a multi-faceted mobile crisis program with services including enhanced family supports, bridge care management, county targeted mental health responses, and training for local law enforcement.
- *Intensive Intervention Services* in Allegany County will include community-based assessments, development of crisis plans, and frequent face-to-face intervention for adults at high risk of inpatient hospitalization.
- *Clinic Satellite*. Funding has been provided for the start-up of a mental health satellite clinic in Livingston County, and the hiring of a crisis intervention specialist who partners with other county agencies that serve high-risk populations.
- *Home Based Crisis Intervention (HBCI)*. A new HBCI program provides intensive in-home crisis intervention for families whose children are at risk of inpatient admission within the tri-county area (Steuben, Allegany, and Livingston counties) previously served by the St. James Mercy Hospital psychiatric inpatient unit.

Rochester Area Reinvestment and Planning Progress

OMH has made funding available for the counties served by the Rochester Psychiatric Center in an annualized amount of \$6.3 million. Pre-investment resources will support services in several programmatic areas including Supported Housing, HCBS waiver, State-operated community service expansion, and Aid to Localities. The geographic and programmatic specifications for the services funded in this region that are listed below were determined through ongoing consultation with community stakeholders, including the LGUs.

- *119 new Supported Housing units.*
- *A State-operated Mobile Integration Team (MIT) for adults.*
- *A State-operated First Break Psychosis Team.*
- *A State-operated adult outpatient clinic expansion.*
- *Community Support Teams for Individuals in Supported Housing.* These teams meet the complex needs of individuals who move directly into supported housing after discharge from Article 28 Hospitals and the Rochester Psychiatric Center. These individuals are assessed on an ongoing basis to determine their service needs. The level of supports available from the community support teams will match the level of identified needs.
- *Peer-Run Respite Diversion* provides an alternative to emergency room service or inpatient admission for individuals experiencing a psychiatric crisis. This program will provide a home-like environment with peer-directed mental health services and supports.

- *Adult Crisis Transitional Housing* provides short-term crisis transitional housing following a psychiatric hospitalization. In addition, these units are available to individuals already in the community who are experiencing a behavioral health crisis, are at risk of being homeless, and may be at risk of a psychiatric inpatient admission. The units have enhanced staffing available to support the intensive support needs of this population.
- *Two Assertive Community Treatment (ACT) Teams*: ACT Teams are evidence-based programs that deliver comprehensive and flexible treatment, support, and rehabilitation services to individuals in their natural living settings rather than in hospital or clinic settings. These teams have been found to improve recipient outcomes with studies showing greater reductions in psychiatric hospitalization rates, emergency room visits, and higher levels of housing stability after receiving ACT services.
- *Peer Bridger Program* works with individuals transitioning from psychiatric inpatient units into supported housing. Bridger staff offer shared experience and information with the individuals transitioning to the community, using a person-centered approach to best meet each person's needs.
- *Enhanced Recovery Supports* to expand existing peer-operated programs in Wyoming County. These programs support the recovery goals of individuals in community-based settings by promoting consumer empowerment, education, skill development, peer support, advocacy and community integration.

Finger Lakes and Southern Tier Reinvestment and Planning Progress

OMH has made funding available for the counties served by Elmira Psychiatric Center and Greater Binghamton Health Center in an annualized amount of \$8.4 million. Pre-investment resources will support services in several programmatic areas including Supported Housing, HCBS waiver, State-operated community service expansion, and Aid to Localities funds. The geographic and programmatic specifications for the services funded in this region that are listed below were determined through ongoing consultation with community stakeholders, including the LGUs.

- *118 new Supported Housing units.*
- *24 new Home and Community-based Services Waiver slots.*
- *8 Children's Crisis/Respite beds* on the grounds of Elmira PC.
- *State-operated Mobile Integration Teams* operating out of hubs at Elmira PC and Greater Binghamton Health Center.
- *Transportation* supports for individuals and families who must access crisis/respite beds.
- *Adult Crisis Transitional Housing* and the increased utilization of State-operated community residential services for crisis/respite.
- *Family and Peer Support* service expansion, including support for peer training and certification, and peer support services for adults utilizing State-operated crisis/respite services.
- *Forensic Staff Support.* Mental health clinical staff support to work with local law enforcement on the Broome County (Binghamton PD) Crisis Intervention Team forensic program to help prevent criminal justice involvement and subsequent hospitalization of individuals with serious mental illness.

- *Respite Services* to stabilize individuals in the community rather than utilize hospital or long term, out-of home services.

Central New York Reinvestment and Planning Progress

OMH has made funding available for the counties served by Hutchings Psychiatric Center in an annualized amount of \$2 million. Pre-investment resources will support services in several programmatic areas including HCBS waiver, State-operated community service expansion, and Aid to Localities funds. The geographic and programmatic specifications for the services funded in this region and listed below were determined through ongoing consultation with community stakeholders, including the LGUs.

- *12 new Supported Housing units.*
- *18 new Home and Community-based Services Waiver slots.*
- *6 Children's Crisis/Respite beds* on the grounds of Hutchings Psychiatric Center.
- *Diagnostic Evaluation* for children with complex problems who have accessed crisis/respite beds or had repeat hospitalizations.
- *Home Based Crisis Intervention (HBCI).* Enhancement to existing HBCI provider capacity to serve additional children in the Hutchings Psychiatric Center service area.
- *Parent Coach/Partner* to assist families navigating the children's mental health system.
- *Transportation and Child Care* for parents/caregivers of children accessing the crisis/respite unit, diagnostic services and other critical supports that are designed to prevent future hospitalizations.
- *Collaborative Problem Solving.* Funding for training to support the evidence-based Collaborative Problem Solving model across the five counties in this region. As these services are developed through the work of State and local partners, OMH is committed to continuing to work with LGUs and other stakeholders to further develop these and other services to reduce inpatient hospitalizations and lengths of stay and optimize community living for the adults, children, and families in Central New York.

North Country Reinvestment and Planning Progress

OMH has made funding available for the counties served by the St. Lawrence Psychiatric Center in an annualized amount of \$3.9 million. Pre-investment resources will support services in several programmatic areas including Supported Housing, HCBS waiver, State-operated community service expansion, and Aid to Localities funds. The geographic and programmatic specifications for the services funded in this region that are listed below were determined through ongoing consultation with community stakeholders, including the LGUs.

- *53 new Supported Housing units.*
- *12 new Home and Community-based Services Waiver slots.*
- *Children's Crisis/Respite beds* to be developed through the conversion of existing inpatient units. Crisis/respite unit capacity will be developed only as a reduction of inpatient utilization is demonstrated.
- *A State-operated Mobile Integration Team (MIT) for children and adults.*
- *A State-operated children's outpatient clinic expansion.*

- *Outreach and Support Services* in Clinton, Essex, Franklin and Lewis counties, connecting individuals to community-based services, offering quicker access to mental health services and supporting peer engagement in the recovery process.
- *A Self-Help Program* connects adults to community mental health services, offers short-term emergency housing, and provides other incidental services to support recovery.
- *Enhanced Crisis Outreach/Respite Programs*. Capacity expansion, after hour services and an increase in support staff to enhance existing mobile crisis and crisis intervention programs in Essex, Franklin and St. Lawrence counties.
- *Forensic Program*. This program provides more direct services to inmates in Jefferson County who have been identified as mentally ill. This program aims to reduce the rate of inmates decompensating, reduce recidivism among this population and produce data for studies determining how to better divert individuals who enter the justice system from hospitals or jail.

Hudson River Region Reinvestment and Planning Progress

OMH has made funding available for the counties served by Capital District Psychiatric Center, Rockland Psychiatric Center and Rockland Children's Psychiatric Center in an annualized amount of \$6.2 million. Pre-investment resources will support services in several programmatic areas including Supported Housing, HCBS waiver, State-operated community service expansion, and Aid to Localities funds. The geographic and programmatic specifications for the services funded in this region that are listed below were determined through ongoing consultation with community stakeholders, including the LGUs.

- *116 new Supported Housing units.*
- *12 new Home and Community-based Services Waiver slots.*
- *A State-operated Mobile Integration Team (MIT) for adults, serving the Capital District PC service area.*
- *A State-operated Mobile Integration Team for adults, serving the Rockland PC service area.*
- *A Self-Help program offers short-term care and interventions in response to a behavioral health crisis event that creates an imminent risk for an escalation of symptoms without supports.*
- *Outreach programs assist in locating and securing housing of a service recipient's choice and in accessing the supports necessary to live successfully in the community. Outreach programs are intended to engage children, adults, and families who are potentially in need of mental health services.*
- *Advocacy and Support Services.* Advocacy and support services assist consumers in protecting and promoting their rights, resolving complaints and grievances, and accessing services and supports of their choice. A self-help component of the program provides 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 include mutual support groups and networks, self-help organizations and/or specific educational, recreational and social opportunities.
- *Mobile Crisis Intervention programs provide the clinical intervention and support necessary to successfully maintain children in home or community-based settings and prevent inpatient hospitalizations.*

- *Assertive Community Treatment (ACT) Team.* ACT Teams are evidence-based programs that deliver comprehensive and flexible treatment, support, and rehabilitation services to individuals in their natural living settings rather than in hospital or clinic settings. These teams have been found to improve recipient outcomes with studies showing greater reductions in psychiatric hospitalization rates, emergency room visits, and higher levels of housing stability after receiving ACT services.
- *Adult Outreach Services* are intended to engage and access individuals potentially in need of mental health services.
- *Children's Crisis Intervention/Mobile Mental Health Team* provides the clinical interventions and supports necessary to successfully maintain children in home or community-based settings and prevent inpatient hospitalization.

In addition to these Transformation Plan services, OMH and the New York State Department of Health are funding the following services with \$4.6 million in reinvestment funds associated with inpatient psychiatric reductions at the Stony Lodge Children's Psychiatric Hospital and the intermediate care Hospital at Rye.

- *Respite Services* to stabilize individuals in the community rather than utilize hospital or long term, out-of home services.
- *Home Based Crisis Intervention (HBCI) Services* to provide intensive in-home crisis services to children aged 5-17.
- *Mobile Crisis Intervention* to prevent or limit inpatient hospitalization or emergency room use for adults, adolescents and children experiencing acute symptoms. This service will operate late in the day and in the evenings. Combined with the use of respite beds, it will reduce the use of inpatient beds.
- *18 Additional Home and Community-based Services Waiver slots.*
- *Supported Housing and Community Supports* to enable people to live independently and reduce the utilization of more costly Medicaid services. These funds will support 21 additional supported housing units with community supports for targeted populations, including transitional youth (aging out) at risk of hospitalization.
- *Children and Youth Family Support* to provide core services of family/peer support, respite, advocacy and skill building, and educational opportunities. This is a cost-effective and evidence-based method of reducing the need for inpatient services.
- *Self-Help Program.* A peer-operated alternative to hospitalization that provides supports to individuals in crisis or emotional distress.

New York City Reinvestment and Planning Progress

OMH has made funding available for New York City in an annualized amount of \$13.8 million. Pre-investment resources will support services in several programmatic areas including Supported Housing, HCBS waiver, State-operated community service expansion, and Aid to Localities funds. The geographic and programmatic specifications for the services funded in this region that are listed below were determined through ongoing consultation with community stakeholders, including the New York City Department of Health and Mental Hygiene.

- *244 new Supported Housing units.*
- *63 new Home and Community-based Services Waiver slots.*

- *Three State-operated Mobile Integration Teams (MIT) for adults and children across the City.*
- *Transitions in Care Teams* focused on State PC and acute care discharges. OMH is funding two types of transitions in care teams known as the Pathway Home (2) and Parachute teams (3), for a total of 5 teams, largely focused on assisting recipients in the transition from a State Psychiatric Center to a community setting. These teams will become a critical part of what is missing in 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 3 months to year. An important part of the engagement is the use of recipient wrap-around dollars.

In addition to these Transformation Plan services, OMH and the New York State Department of Health are funding the following services with \$7.3 million in reinvestment funds associated with inpatient psychiatric reductions at Holliswood (\$5,735,711) and Stony Lodge Hospitals (\$1,600,000).

Holliswood Hospital:

- *15 Additional Home and Community Based Services (HCBS) Waiver Slots* for intensive home based services targeted at children who would otherwise require hospitalization or residential treatment.
- *Crisis Respite Beds* to offer short term overnight respite of up to 21 days for relief from a current stressful living situation children aged 4-18. This funding increases bed capacity in Queens and Bronx Counties from 16 beds to 21 beds.
- *Rapid Access Mobile Crisis Teams* to provide short term crisis response and management for children and adolescents aged 0-17 in Brooklyn, Queens, Staten Island, and Manhattan. This funding adds a total of 4.5 new teams.
- *Family Advocates* to work with children and families accessing community hospital emergency departments and inpatient and outpatient units by advocating for their needs and assisting them in accessing and navigating services and supports in the community. Family advocates are family members with a child with emotional challenges who have experienced firsthand the services offered through the community mental health system.
- *Family Resource Centers:* Three Family Resource Centers 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.
- *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.

- *Child Specialist Staff* to assess and divert children from inpatient admissions and develop linkages to Home Based Crisis Intervention and other intensive services in Queens.

Stony Lodge Hospital:

- *Home Based Crisis Intervention (HBCI) Team* to provide intensive in-home crisis intervention for families whose children are at risk of inpatient admission. These funds will be used to support the Bellevue HCBI Team in New York County.
- *Partial Hospitalization and Day Treatment Programs* to serve as an alternative to inpatient hospitalization and provide intensive services for children. This funding will enable Bellevue Hospital in New York County to convert its existing 25 slot day treatment program to a 27 slot Partial Hospitalization Program and retain 9 slots for Day Treatment. The program is the only existing Comprehensive Psychiatric Emergency Program (CPEP) for children in New York City and receives referrals from all five boroughs.
- *Family Resource Centers and High Fidelity Wraparound (HFW)*: A portion of the Stony Lodge Hospital resources will also support three Family Resource Centers and HFW services described above.

Long Island Reinvestment and Planning Progress

OMH has made funding available for Long Island in an annualized amount of \$11.7 million. Pre-investment resources will support services in several programmatic areas including Supported Housing, HCBS waiver, State-operated community service expansion, and Aid to Localities funds. The geographic and programmatic specifications for the services funded in this region that are listed below were determined through ongoing consultation with community stakeholders, including the LGUs.

- *140 new Supported Housing units.*
- *54 Home and Community-based Services (HCBS) Waiver slots.*
- *8 Children's Crisis/Respite beds on the grounds of Sagamore CPC.*
- *State-operated Mobile Integration Teams (MIT) for adults and children across Long Island.*
- *A State-operated adult outpatient clinic expansion.*
- *A State-operated children's outpatient clinic expansion.*
- *Two Assertive Community Treatment (ACT) Teams:* Two ACT Teams currently serve 68 individuals each. ACT Teams are evidence-based programs that deliver comprehensive and flexible treatment, support, and rehabilitation services to individuals in their natural living settings rather than in hospital or clinic settings. These teams have been found to improve recipient outcomes with studies showing greater reductions in psychiatric hospitalization rates, emergency room visits, and higher levels of housing stability after receiving ACT services.
- *Non-Medicaid Care Coordination for Children:* 72 Non-Medicaid Care Coordination slots aimed at linking children with serious emotional disturbances and their families to the mental health service system and coordinating these services to promote successful outcomes with continuity of care and service. While children with Medicaid

may receive services from this program, it is open to all children and families meeting the criteria for service provision.

- *Child and Family Intensive Case Management*: 18 Child and Family Intensive Case Management slots will promote optimal health and wellness for children diagnosed with severe emotional disturbance. These case management services will help children and families with linkages to and coordination of essential mental health services and community resources, allowing the children served to live successfully in the community.
- *Mobile Residential Support Teams* to 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 will visit them in their homes to help ensure that their basic needs are being met.
- *Hospital Alternative Respite Center* will provide a viable option to inpatient hospitalization for individuals experiencing psychiatric distress. In many cases, an individual with psychiatric challenges might not require inpatient psychiatric admission, but could benefit from a break from daily stressors in a non-hospital environment that supports recovery and allows for a renewed perspective and wellness plan. A respite setting will not only prevent avoidable emergency room and inpatient hospitalization usage, but also provide care in a less stigmatizing and low stress environment.
- *A Recovery Center* in Riverhead, NY to help individuals living with psychiatric diagnosis to live, work and fully participate in their communities. This center will focus on programs that will build on existing best practices in self-help, peer support, and mutual support.

In addition to these Transformation Plan services, OMH and the New York State Department of Health are funding the following services with \$2.9 million in reinvestment funds associated with inpatient psychiatric reductions at Long Beach Medical Center and North Shore University Hospital, and a Pederson-Krag partial hospitalization program.

- *Mobile Residential Support Teams (6)*: These 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).
- *Mobile Crisis Team Expansion*. Funding for additional staff and transportation enables existing mobile crisis team to increase its coverage hours to 10:00 a.m. to 11:00 p.m., seven days per week.
- *A Family Advocate* to work in the Emergency Room and child and adolescent inpatient units to provide support, crisis diversion, and service planning assistance.
- *6 Additional Home and Community-based Services (HCBS) Waiver slots*.
- *Satellite Clinic*. Funding for a satellite clinic in Long Beach or for an agency interested in adding mental health services to an existing operation.
- *Onsite Rehabilitation Services*. Funding for three different programs to serve individuals who have not this been able to make use of existing treatment services. The services would provide specific skill building to allow individuals to transition into traditional PROS programs.

- *Peer Counselor* to provide outreach to high risk individuals. This peer will be able to work when needed with the Mobile Crisis Team, Hospital Diversion Program and other crisis settings.
- *Clinic Treatment Expansion* for three Nassau County clinics:
 - North Shore Child and Family Guidance Center will develop a bi-lingual open access children's urgent and emergency services unit, and a short term intensive group therapy and parent psycho-educational support group;
 - Central Nassau Guidance and Counseling Services plans to develop an open access model of urgent psychiatric care focusing on stabilization to avoid emergency room and inpatient services; and
 - Catholic Charities will provide comprehensive walk-in services combined with consumer advocate outreach services.

Statewide Forensic and Suicide Prevention Funding

Suicide Prevention

Funding has been allocated to the Statewide Suicide Prevention Center to develop and promote evidence based practices in suicide prevention and identification of individuals at risk of suicide attempts. These efforts will help drive the strategic direction of OMH's newly created Suicide Prevention Office and its strategic planning efforts under the "Zero Suicide" initiative with the goal of zero suicides for individuals receiving health or behavioral health care.

Additionally, the Suicide Prevention Center has expanded the reach of its population-level prevention efforts through targeted technical assistance to local health departments and local governmental units that have identified suicide prevention as a priority under the New York State Prevention Agenda 2013-2018 initiative.

Forensics

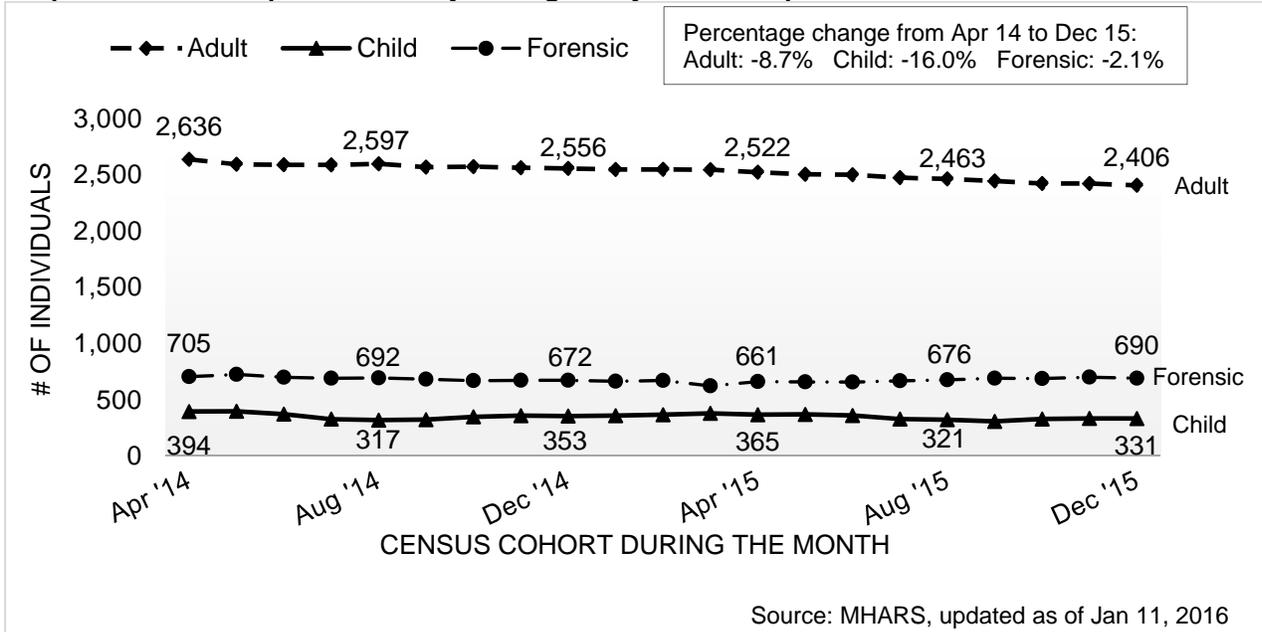
Funding has been allocated for the expansion of community-based interventions to support individuals with mental illness in the criminal justice system through earlier identification and diversion to treatment, and more active discharge and service referrals to reduce recidivism and promote recovery. OMH is currently developing several initiatives to enhance forensic services in the community, including expanded care coordination, Forensic Assertive Community Treatment (ACT) teams, and supported housing units. Within State operations, OMH is expanding its clinical staff in prisons to conduct risk of violence assessments and violence reduction treatment, and to expand clinical treatment services and discharge planning. OMH will also be expanding civil capacity at State PCs for a 20 bed inpatient secure intensive care unit and a 20 bed transitional living residence (TLR) to focus on forensic status individuals.

IV. Inpatient Utilization & Community Integration

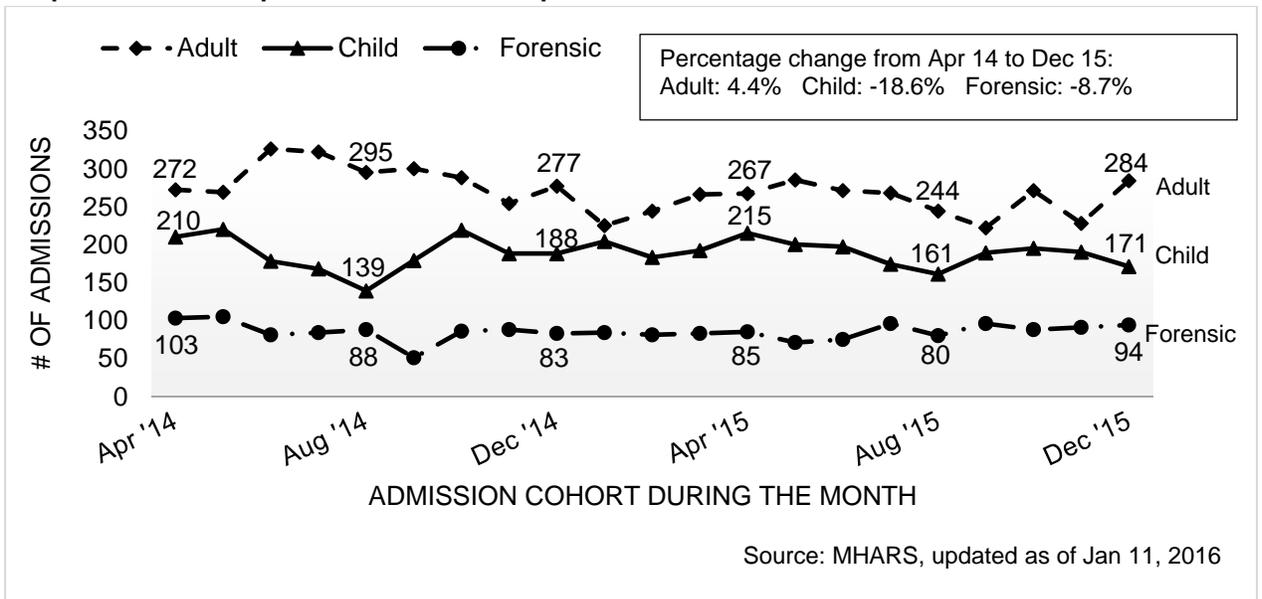
1) State PC inpatient census, utilization rates and average length of stay

From April 2014 to December 2015, the average daily census of inpatients receiving care in New York’s State-operated psychiatric centers (State PCs) dropped for all populations served (Graph 1). During this period of time, monthly admissions of forensic and child populations to State PCs also declined (Graph 2).

Graph 1. State PC Inpatient Monthly Average Daily Census: April 2014-December 2015

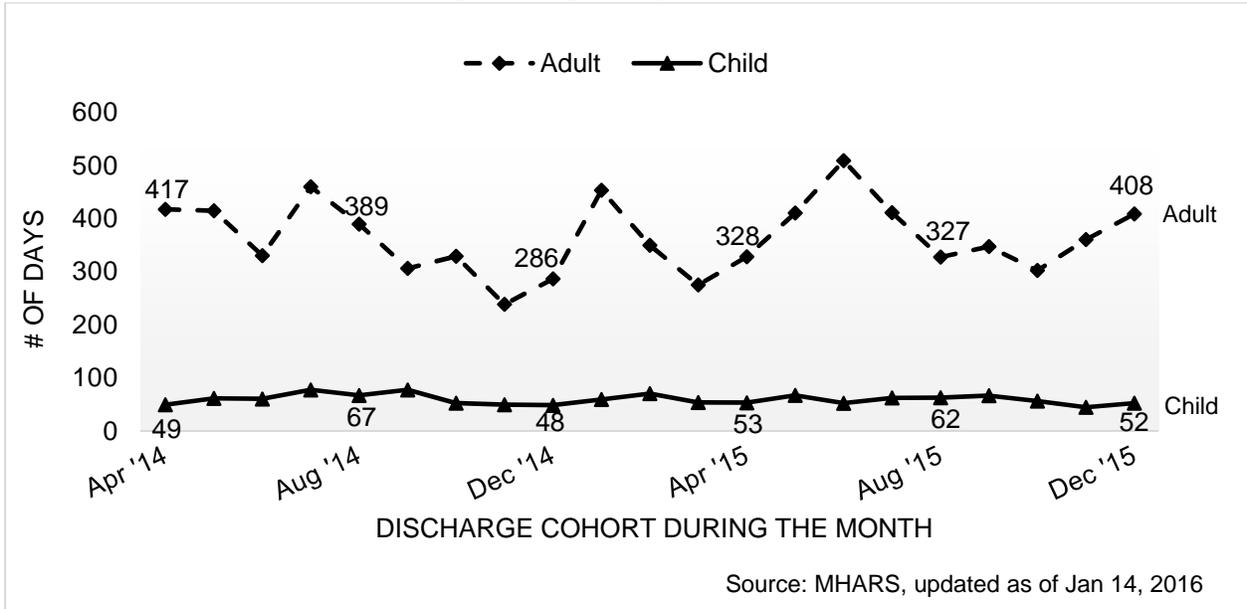


Graph 2. State PC Inpatient Admissions: April 2014-December 2015

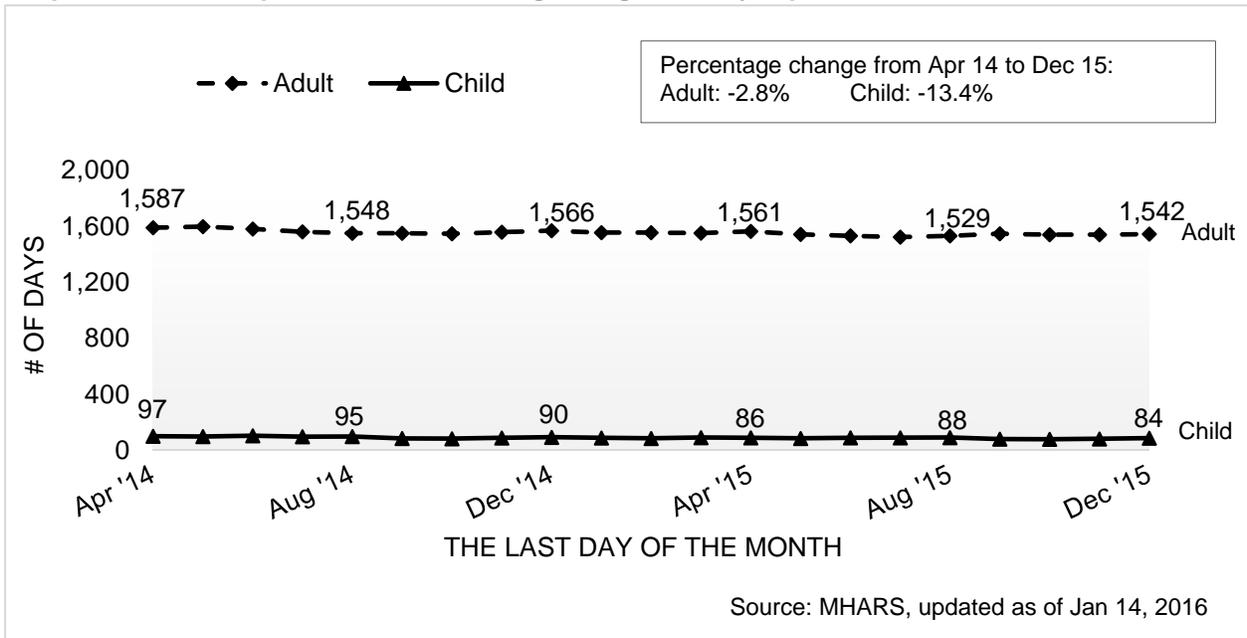


The discharge average length of stay (ALOS) in days in State PCs from April 2014 to December 2015 fluctuated for adults and was relatively stable for children (Graph 3). For adults, the spikes in ALOS are largely reflective of discharges of individuals with long lengths of stay (greater than one year). Graph 4 shows the ALOS for State inpatient census at the end of each month, which has declined for both adult and child populations since April 2014.

Graph 3. State PC Inpatient Discharge Average Length of Stay: April 2014- December 2015



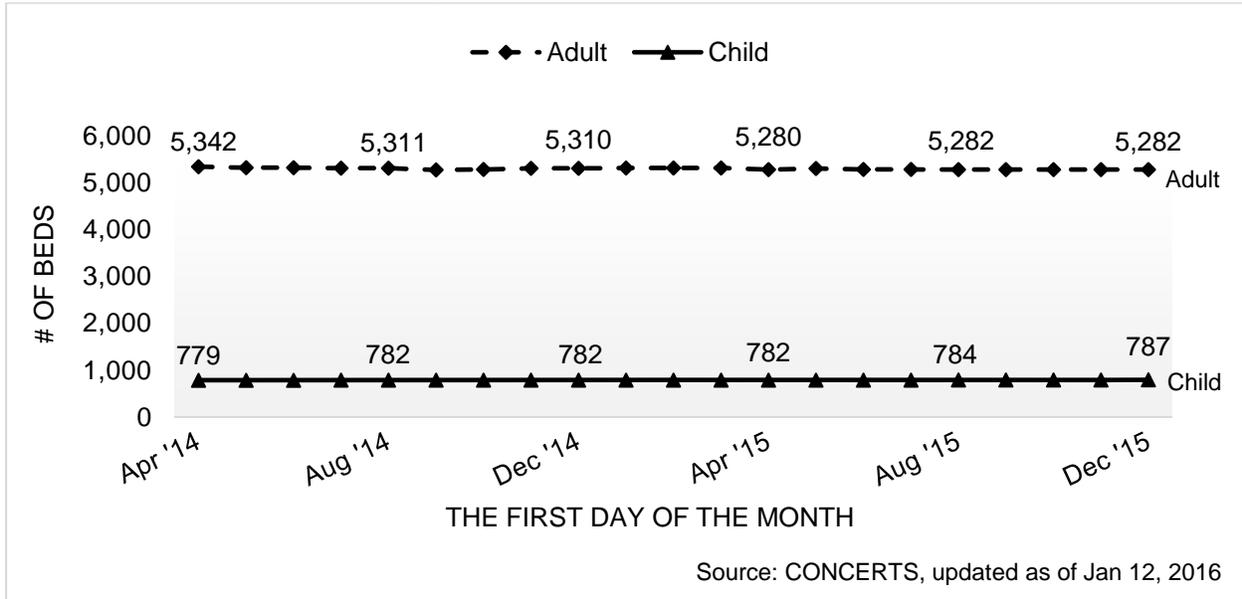
Graph 4. State PC Inpatient Census Average Length of Stay: April 2014-December 2015



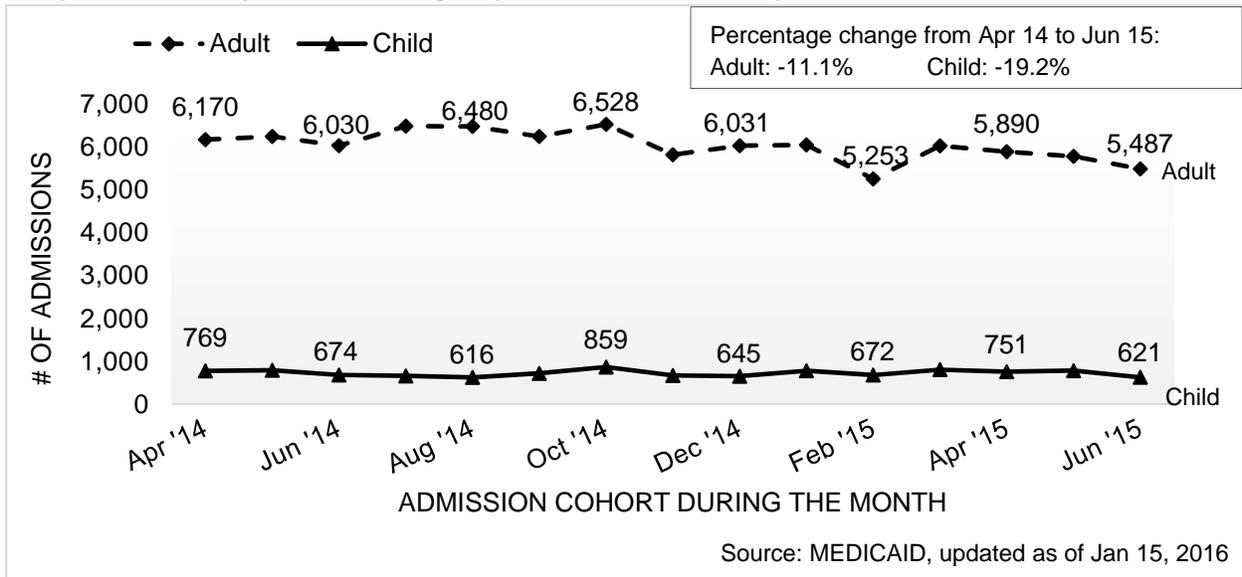
2) Acute psychiatric settings inpatient capacity and utilization rates

From April 2014 to December 2015, acute psychiatric settings (Article 28 units or 31 psychiatric hospitals) adult and child psychiatric inpatient capacity (licensed beds) remained stable (Graph 5). From April 2014 to June 2015, acute hospitals experienced declines in psychiatric admissions (Graph 6) for both adults and children.

Graph 5. Acute Psychiatric Settings Inpatient Capacity: April 2014-December 2015



Graph 6. Acute Psychiatric Settings Inpatient Admissions: April 2014-June 2015

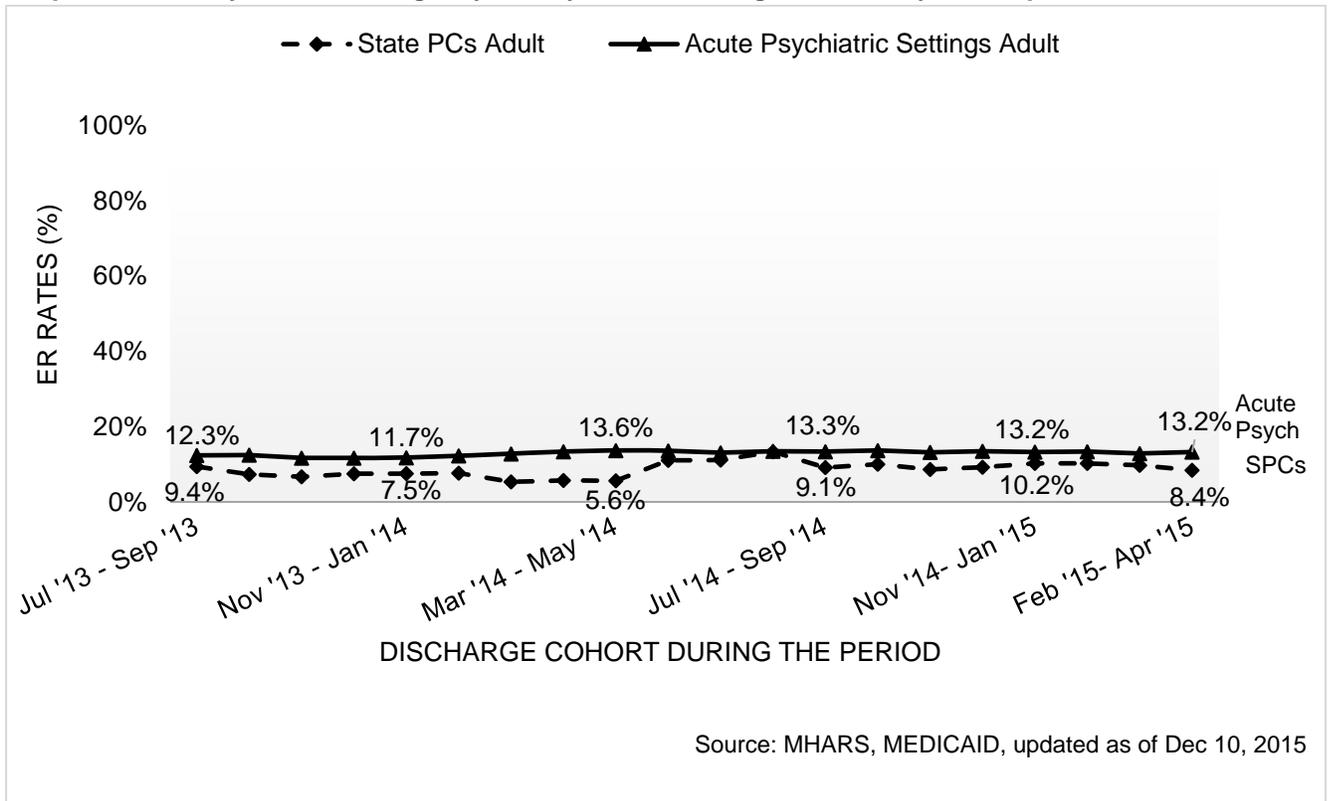


3) Post-discharge follow-up emergency room and readmission rates

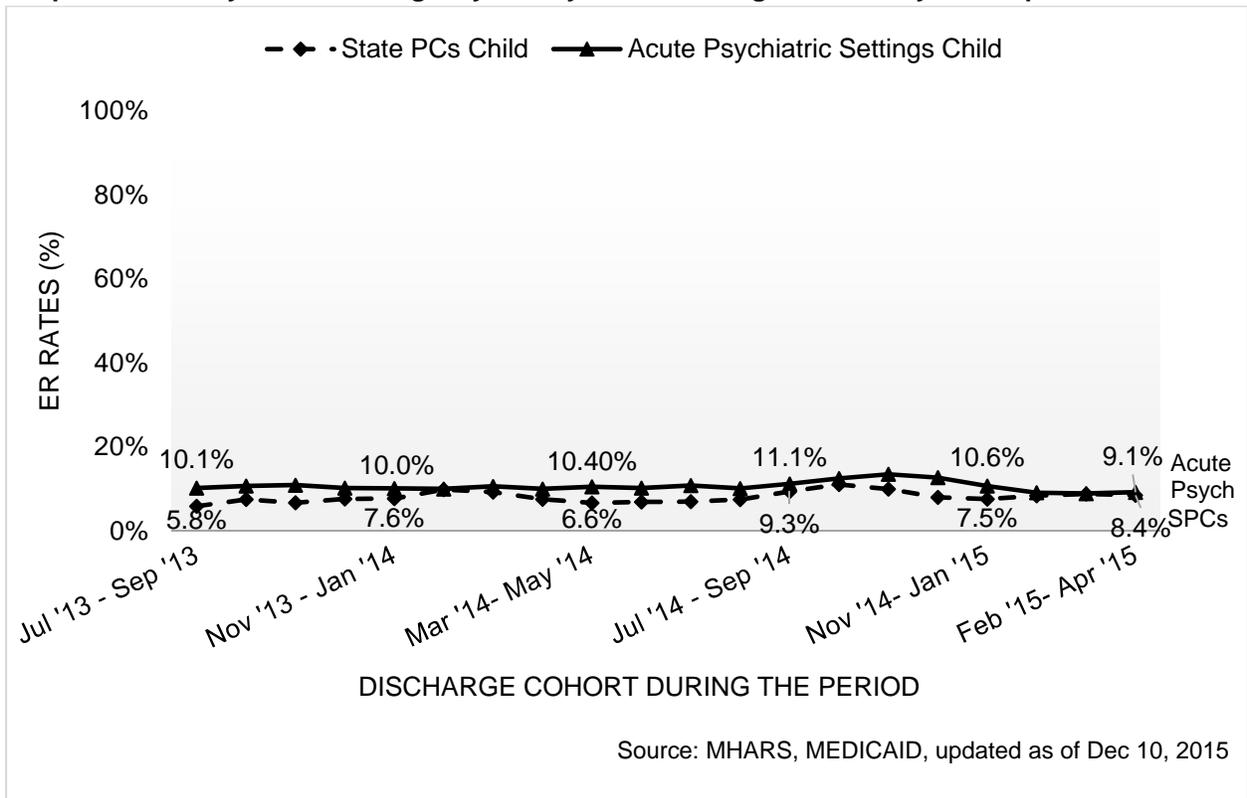
Psychiatric emergency room rates post-discharge

From July 2013-April 2015, adults and children discharged from State PC settings utilized psychiatric emergency services (ER) at consistently lower rates in comparison to adults and children discharged from acute psychiatric settings (Graphs 7 and 8). For children discharged from either setting, 30 day emergency service utilization rates tended to be lower in comparison to adults (Graph 8).

Graph 7. Adult Psychiatric Emergency 30 Day Post-Discharge Rates: July 2013-April 2015



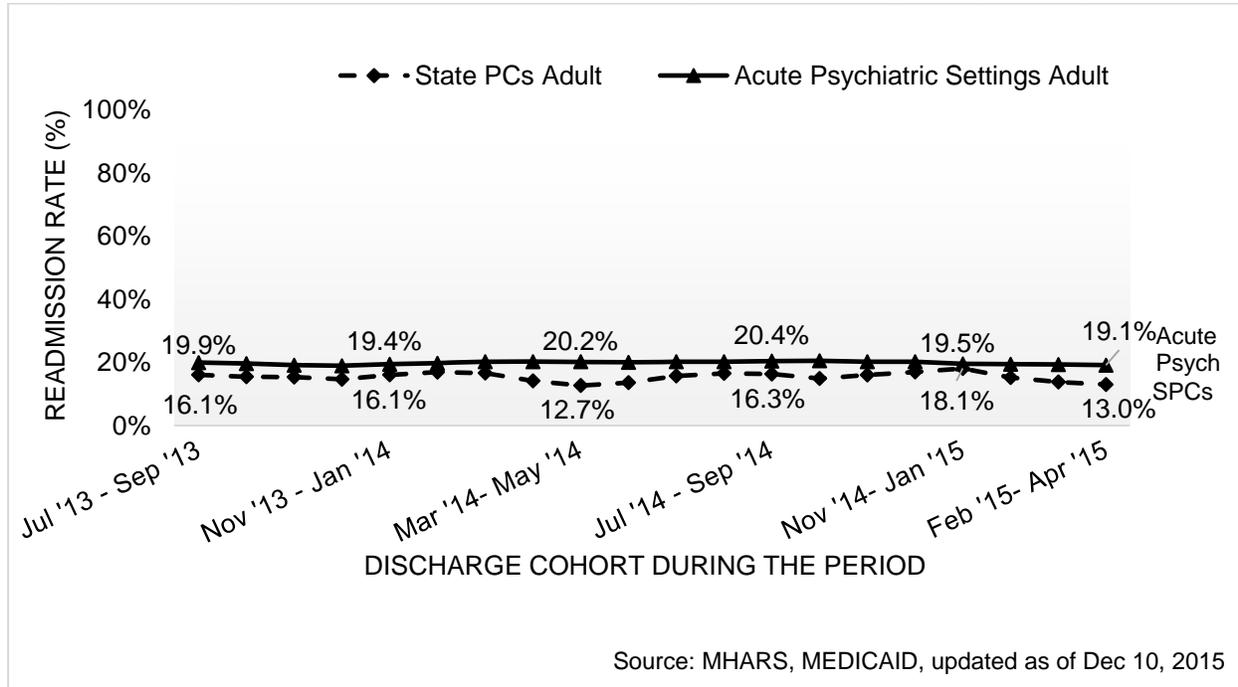
Graph 8. Child Psychiatric Emergency 30-Day Post Discharge Rates: July 2013-April 2015



Psychiatric readmission rates

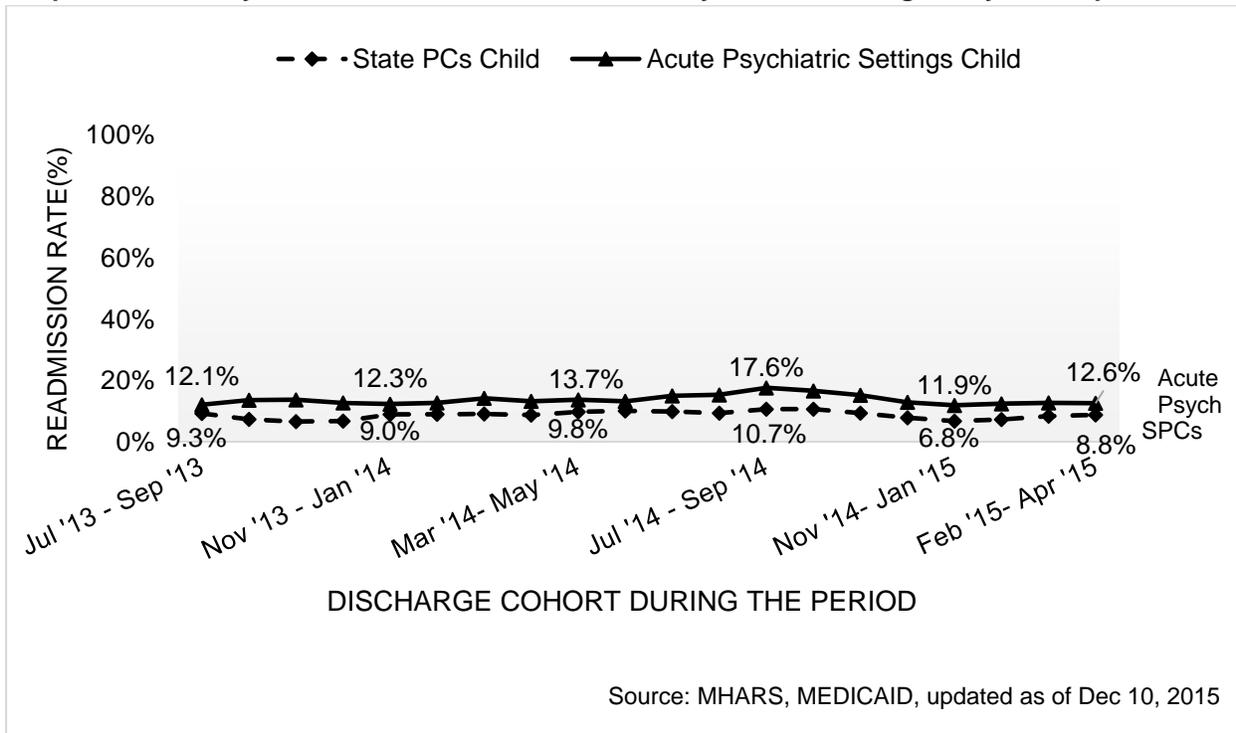
Graph 9 presents 30 day psychiatric readmission rates for adults discharged from State PC settings in comparison to adults discharged from acute psychiatric settings from July 2013 to April 2015. During this time period, readmission of adults discharged from State PC settings decreased in recent cohorts. In addition, psychiatric readmission rates for adults discharged from State PC settings were consistently lower in comparison to the readmission rates among adults discharged from acute psychiatric settings.

Graph 9. Adult Psychiatric Readmission Rates—30 Days Post Discharge: July 2013-April 2015



Graph 10 presents 30 day psychiatric readmission rates for children discharged from State PC settings in comparison to children discharged from acute psychiatric settings from July 2013 to April 2015. During this time period, 30 day readmission rates of children discharged from either State PC settings or acute psychiatric hospital settings trended downward slightly in recent cohorts, but remained consistently higher for children discharged from acute psychiatric settings than those from State inpatient settings.

Graph 10. Child Psychiatric Readmission Rates—30 Days Post Discharge: July 2013-April 2015

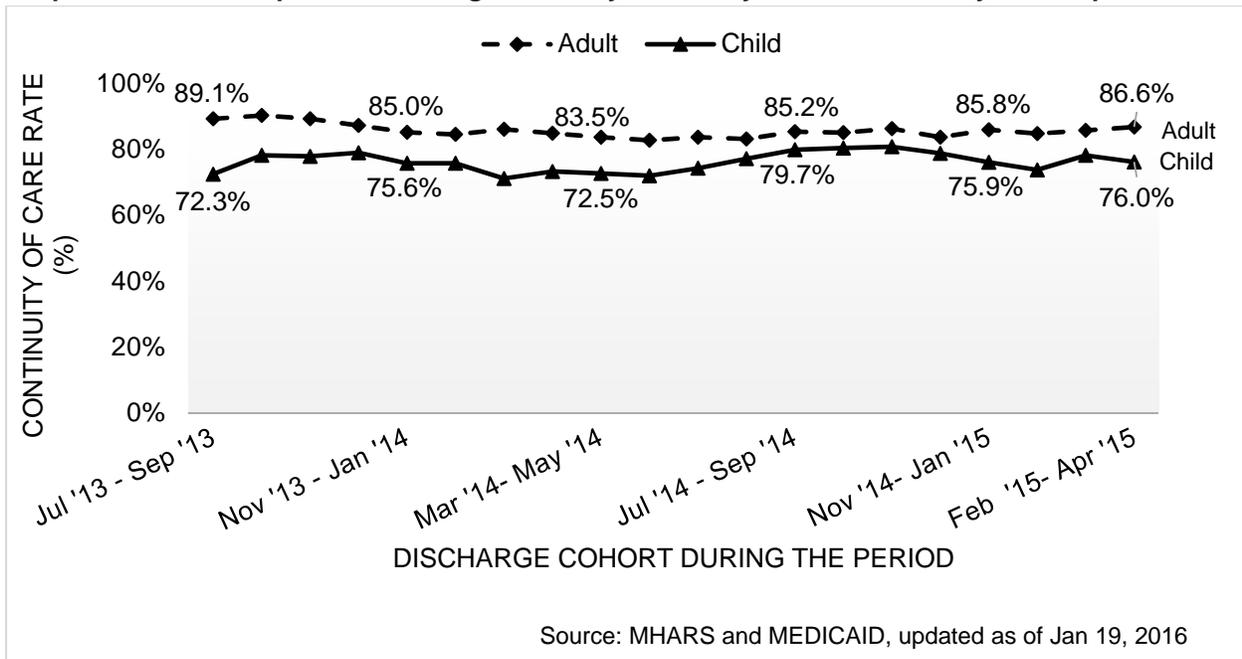


4) Post-discharge engagement for individuals discharged from State PC inpatient settings

Continuity of Care

Proper follow-up care is associated with lower rate of readmission, and with a greater likelihood that gains made during hospitalization are retained. From July 2013 to April 2015, the percentage of State PC discharges receiving outpatient visits for mental health treatment (including specialty mental health services and non-specialty services for mental health reasons) remained stable for both adult and children. (Graph 11).

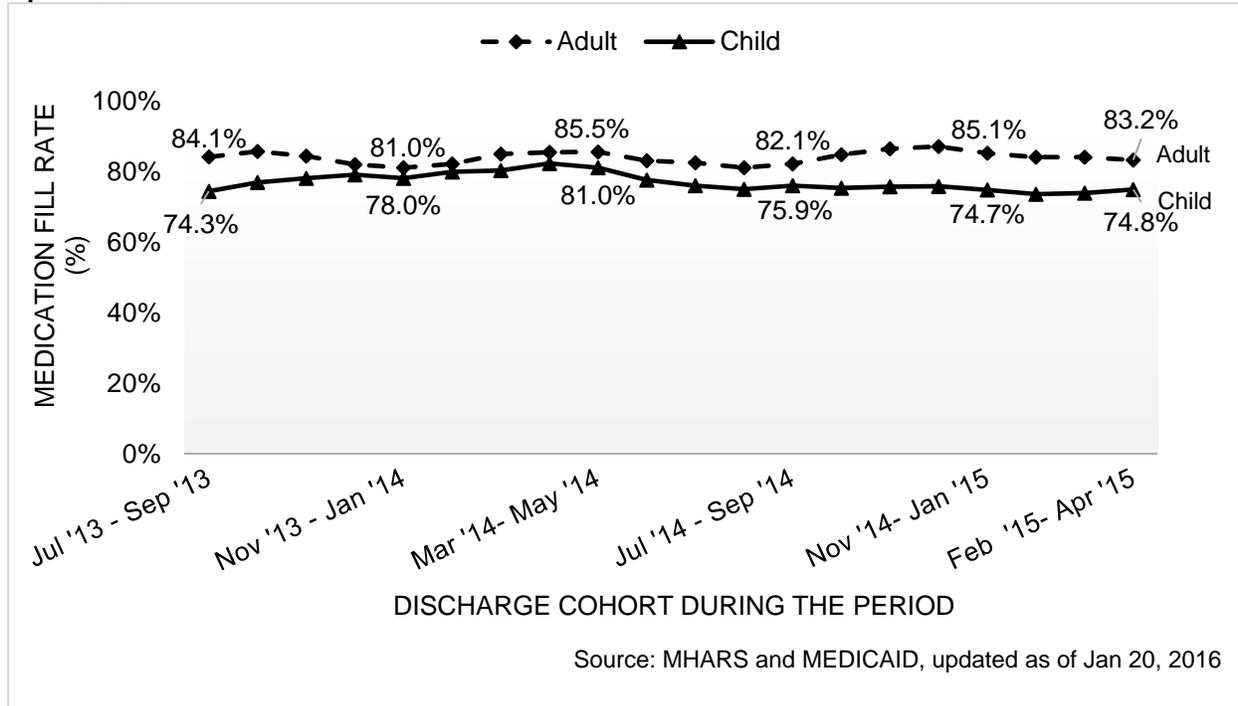
Graph 11. State PC Inpatient Discharges—30 day continuity of care rates: July 2013- April 2015



Medication fills

Non-adherence with medication is a major factor that influences acute psychiatric hospital readmission. From July 2013 to April 2015, the percentage of State PC discharges where one psychotropic medication prescription was filled within 30 days of discharge remained stable for both adult and children (Graph 12).

Graph 12. State PC Inpatient Discharges—30 day psychotropic medication fills rates: July 2013-April 2015

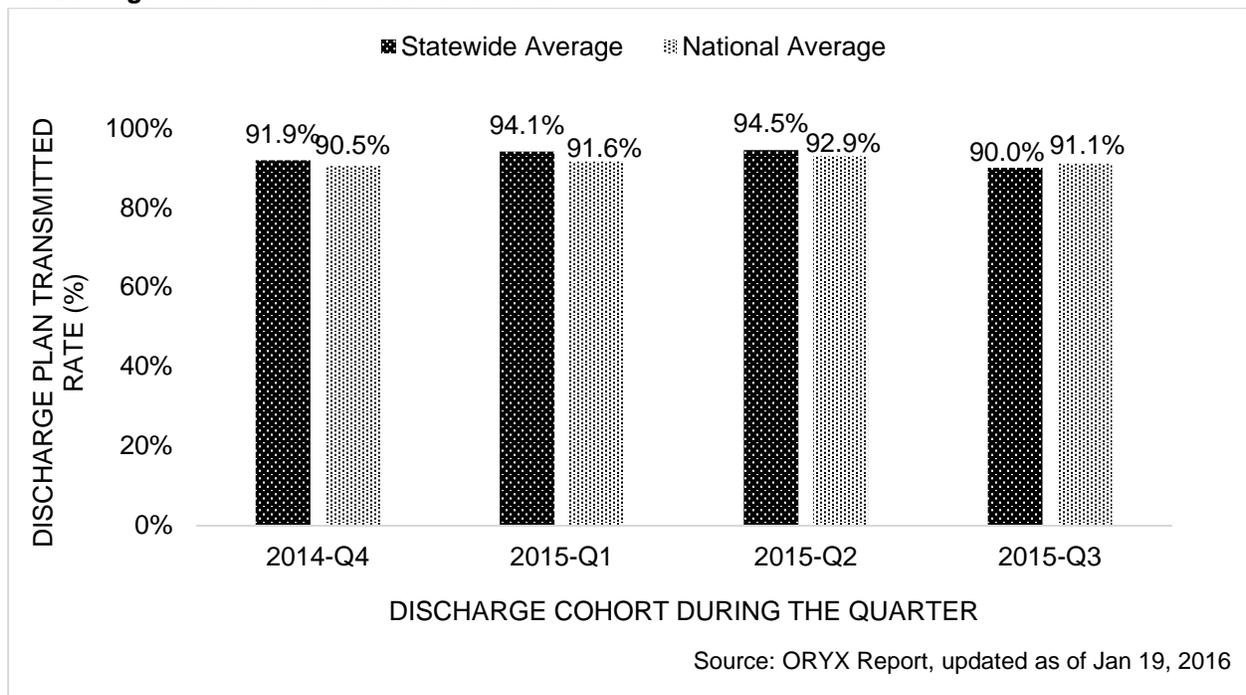


Discharge plan sent to follow-up provider

In order to provide optimum care, next level of care providers need to know details of precipitating events immediately preceding hospital admission, the recipient’s treatment course during hospitalization including rationale and target symptoms for medications changed, discharge medications and next level of care recommendations. For Quarter 1 2014-Quarter 3 2015, Graph 13 describes the average percentage of recipients discharged from State PC inpatient settings where a discharge plan was provided to the next level of care clinician, and compares these rates to the national averages.

During this period of time the average percentage of discharges from State-operated PCs whose discharge plan was sent to their follow-up provider was relatively stable, and have been consistently higher than the national average except the most recent quarter.

Graph 13. Discharge Plan Provided to Follow-up Provider for Individuals Discharged from State PC Settings: Quarter 1 2014-Quarter 3 2015

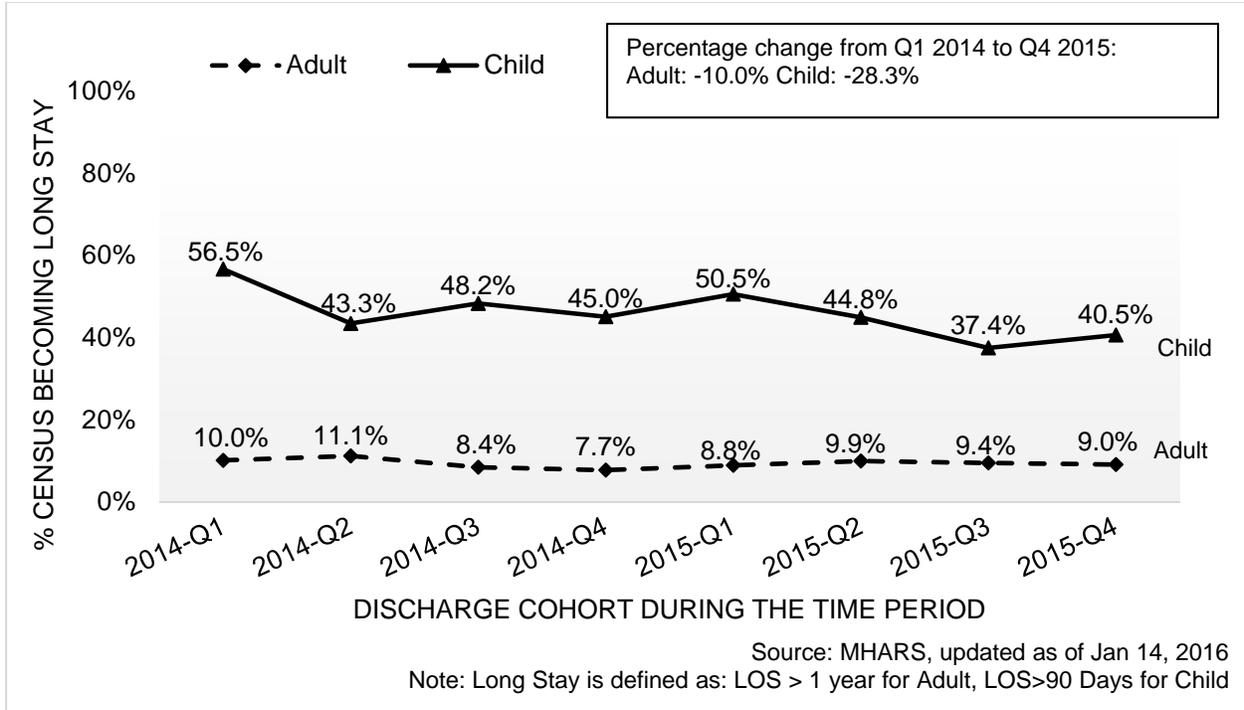


5) State-operated psychiatric inpatient persons aging into long stay trends

State PC long stay population

A “long stay” is defined as an inpatient length of stay (LOS) greater than one year for an adult and greater than 90 days for a child. Graph 14 shows that the percentage of the State PC inpatient census that became long stay at the end of quarter from Quarter 1 2014 to Quarter 4 2015 declined for both adults and children.

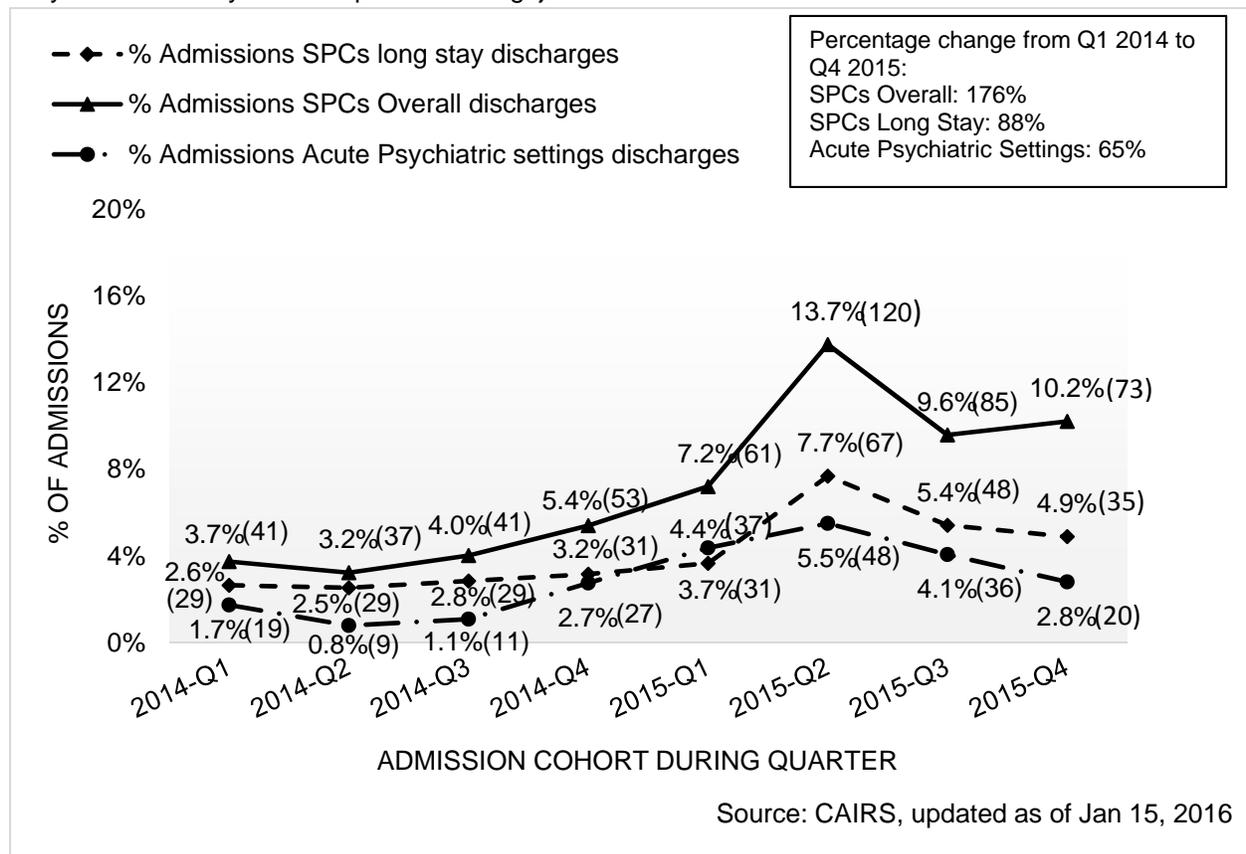
Graph 14. State PC Inpatient Census Becoming Long Stay: Quarter 1 2014-Quarter 4 2015



6) Transition of State PC inpatient population and Acute Psychiatric Settings discharges to community-based settings: Supported Housing

Graph 15 displays the percentages of admissions to Supported Housing from Quarter 1 2014 to Quarter 4 2015 who were individuals discharged from State PCs and individuals discharged from acute psychiatric settings stays. During this period of time, utilization of Supported Housing increased in both populations. The spike during the second quarter of 2015 is likely due the convergence of an infusion of additional housing resources, and reformed discharge processes between PCs and housing providers early in 2015; the subsequent drop still represents a general trend of increased discharges from all inpatient settings to Supported Housing.

Graph 15. Supported Housing Admissions from Targeted Populations (State PC Overall and Long Stay and Acute Psychiatric Inpatient Settings): Quarter 1 2014-Quarter 4 2015

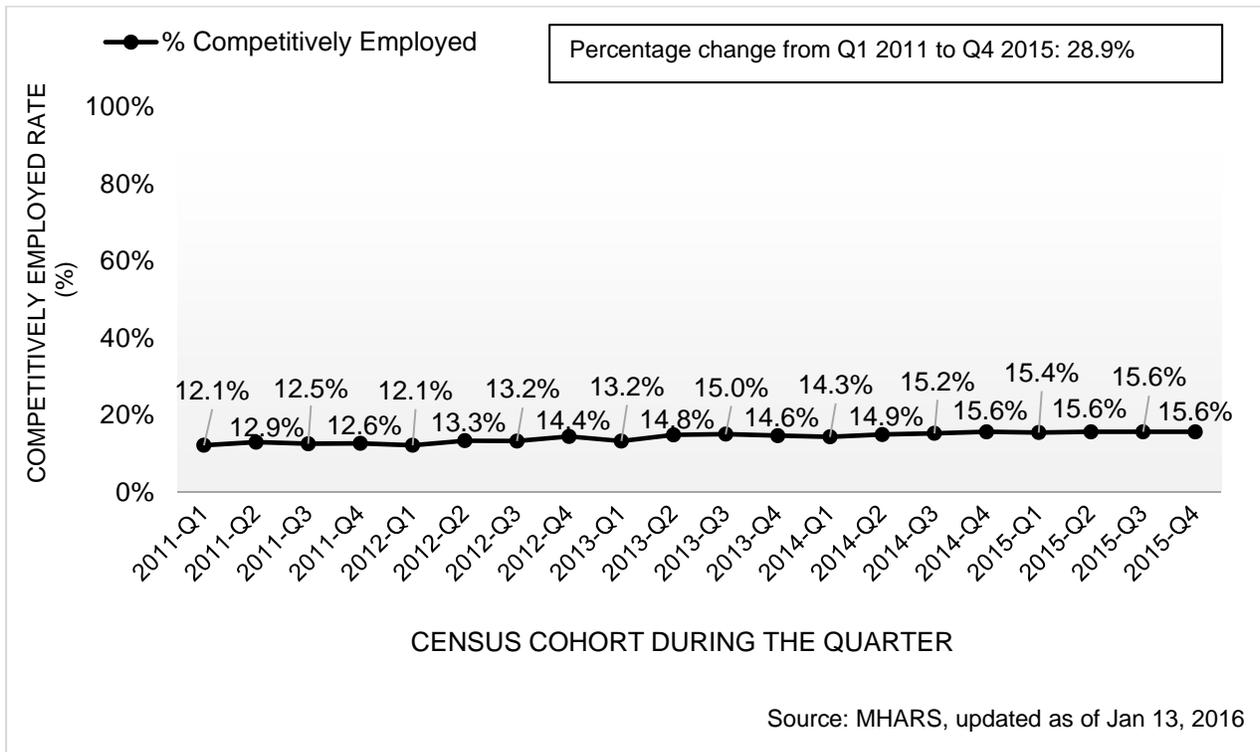


7) Utilization of community based supports: competitive employment and HCBS Waiver

Competitive employment among State-operated clinic outpatient enrollees

Graph 16 displays the percentage of outpatient recipients at State-operated clinics who were competitively employed during calendar quarters ranging from Quarter 1 2011 to Quarter 4 2015. During that period of time, the percentage of outpatient clinic enrollees who were competitively employed increased.

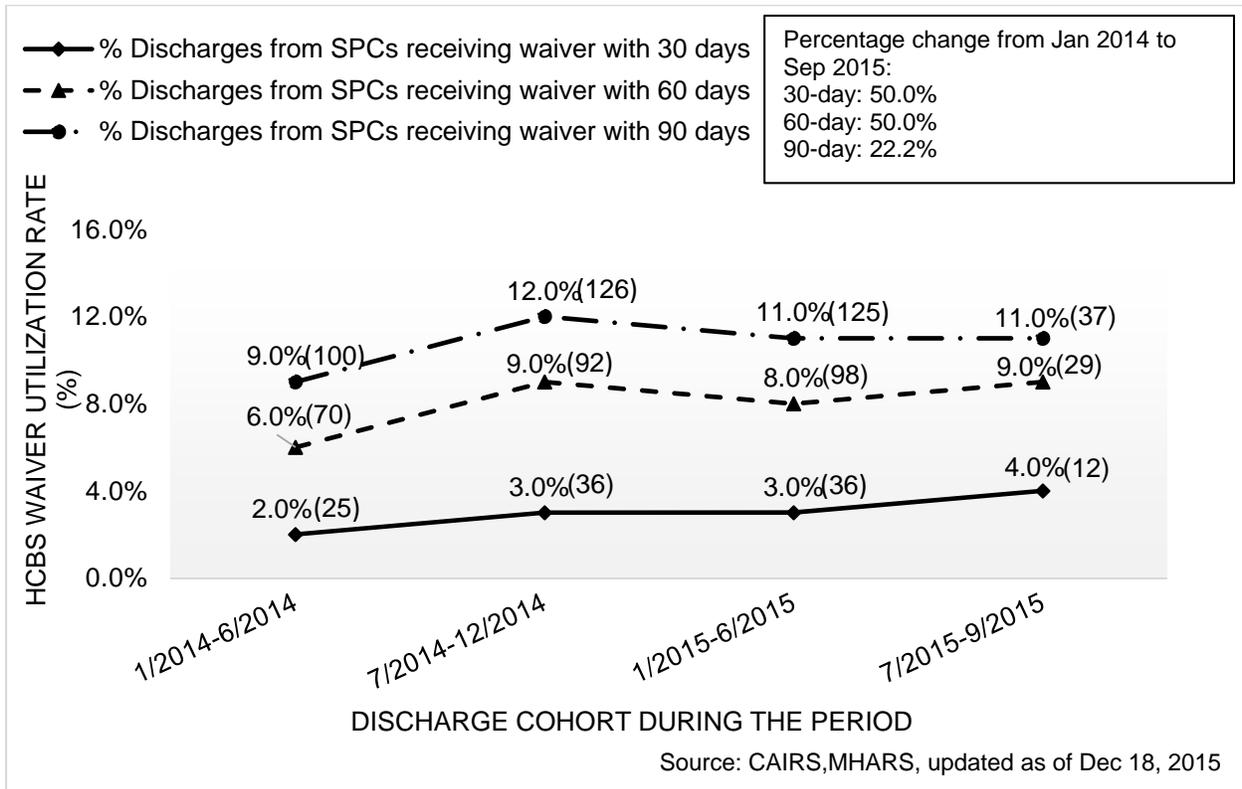
Graph 16. Competitive Employment Rates of Individuals Served in State PC Outpatient Clinics: Quarter 1 2011-Quarter 4 2015



Utilization of Medicaid Home and Community-based Services Waiver Program

Graph 17 presents 30/60/90 day Medicaid HCBS waiver program utilization rates for children discharged from State PC settings from January 2014 to September 2015. During this period, HCBS waiver utilization rates for children discharged from State PC settings increased. Further increases in HCBS waiver utilization are expected as OMH continues its work with localities and providers to identify and improve access for children and families in need.

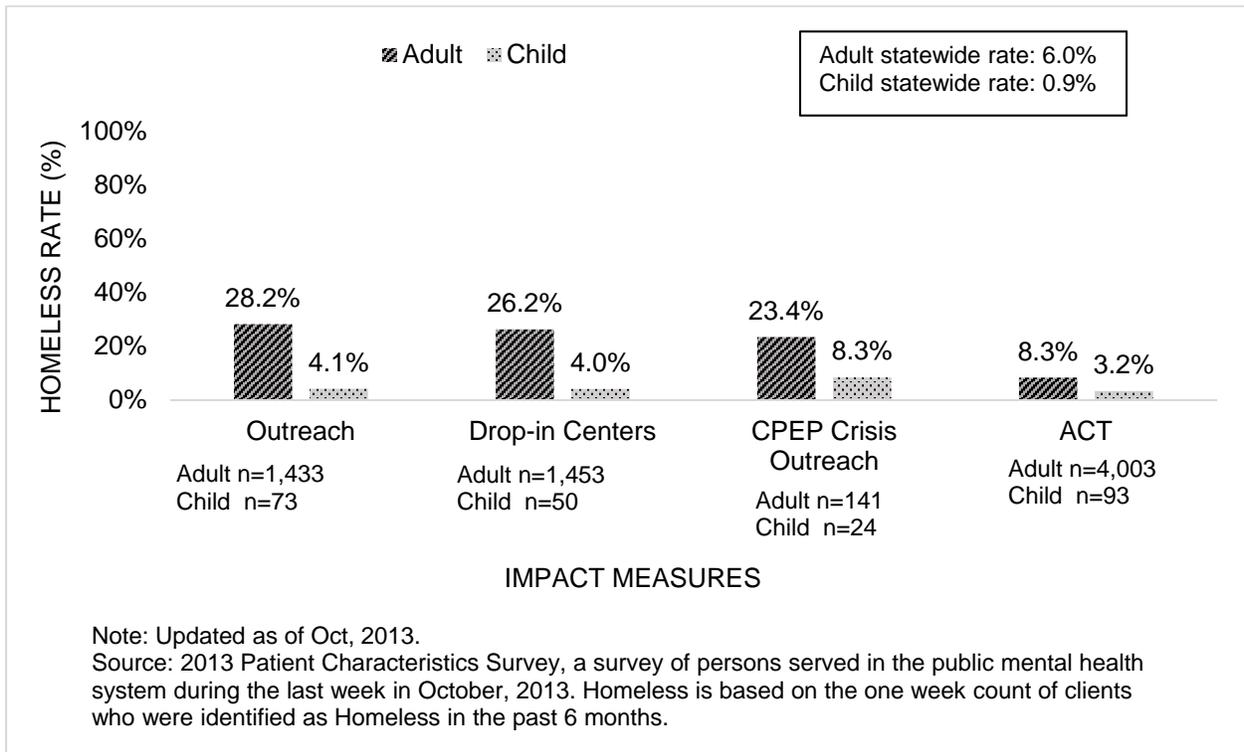
Graph 17. HCBS Waiver Utilization Rates—30/60/90 Days Post State IP Discharge for Children: January 2014- September 2015



8) Impact measures related to homelessness

One impact measure related to social problems in the public mental health population that OMH currently monitors is homelessness. While there is presently limited data available at the State level to monitor these factors, OMH plans to continue monitoring it over the long term. Presently, homelessness is monitored on a biennial basis via the OMH Patient Characteristics Survey (PCS). The most recent data for this metric are presented in Graph 18, including rates that are specific to some of the more intensive OMH services.

Graph 18. Individuals in the Public Mental Health System: Rates of Homelessness by Program Type: 2013

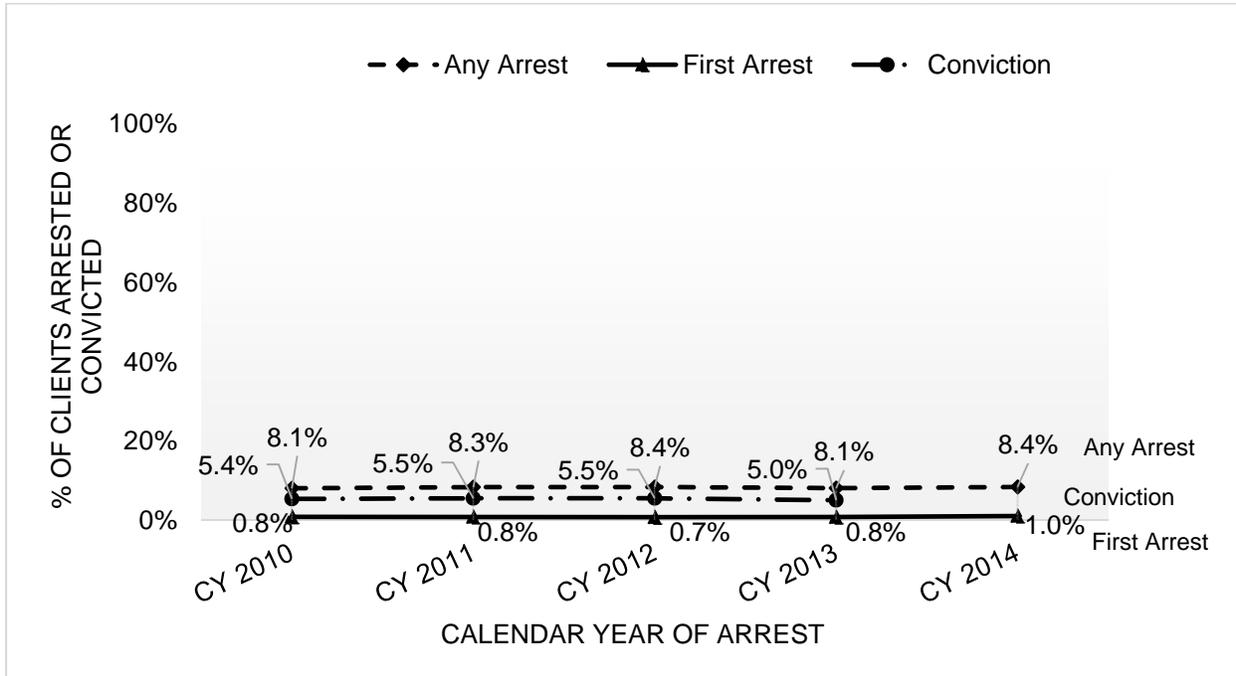


9) Criminal Justice Involvement of the NYS Mental Health Population

Overall Criminal Justice Rates

From 2010 to 2014, the Mental Health (MH) population¹ increased from 313,556 to 339,415. The arrest rate of MH Population rose from 8.1% to 8.4%. First time arrest rate during that period also rose from 0.8% to 1.0%. From 2010 to 2013, the overall conviction rate showed a percent change drop of about 6%, from 5.4% in 2010 to 5.0% in 2013 (Graph 19).

Graph 19. Overall Arrest and Conviction Rates for NYS Mental Health Population: 2010-2014

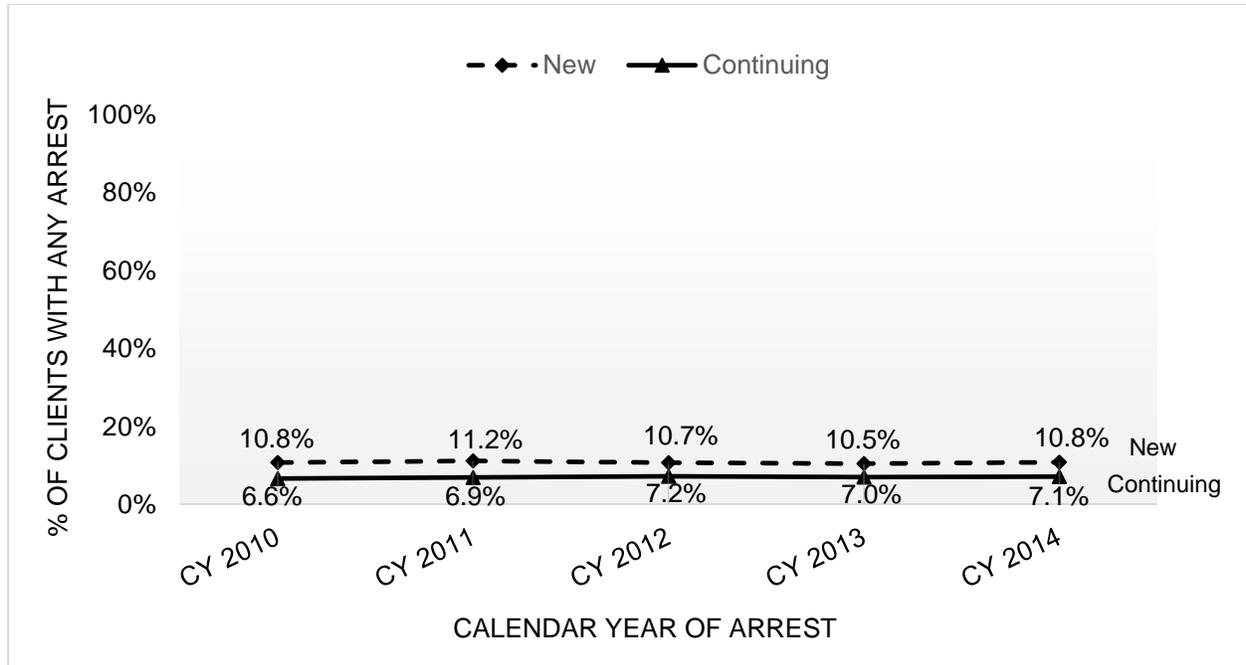


¹ See glossary for description of population.

Arrest Rates by Mental Health Service Status

From 2010 to 2014, the number of new and continuing mental health service clients² increased from 109,294 to 113,629 and from 204,262 to 225,786, respectively. The rate of any arrest for new mental health service clients remained steady at nearly 11%. For continuing clients, however, the rate of any arrest rose from 6.6% to 7.1%. Overall, the arrest rate for new clients was consistently higher than for the continuing clients across the analytic period (Graph 20).

Graph 20. Arrest Rates for NYS Mental Health Population by Mental Health Service Status: 2010-2014



² See glossary for description of new versus continuing mental health clients.

V. The Transformation Plan Services Consumer Satisfaction Survey

From September 14, 2015 through October 9, 2015, OMH assessed consumer satisfaction with OMH Transformation Plan services by directly surveying adults, youth and their families in targeted programs and counties. Custom-made questionnaires were developed for each service population and included the following domains: access to services, appropriateness of services, cultural sensitivity, participation in services, outcomes of services, overall satisfaction with services, and quality of life.

Adult consumers receiving Mobile Integration Team services in St. Lawrence PC, Elmira PC, Greater Binghamton Health Center (GBHC) and Rochester PC service areas, and Community Transition and Crisis Services in Bronx, Erie, New York, Queens, Rockland and Steuben Counties were administered the Adult Service Assessment Survey. The survey response rate for adults was 43% overall (N=185) and varied by county.

Youth and family members of youth receiving crisis/respite services in Elmira PC, Hutchings PC and Sagamore CPC service areas, Mobile Integration Team services in GBHC, Western New York CPC and Sagamore CPC service areas, and Community Transition and Crisis Services in Erie county were administered the Youth and Family Service Assessment Surveys. The survey response rates for youth and family members were 44% (N=52) and 43% (N=55) respectively.

Adult Survey Respondents

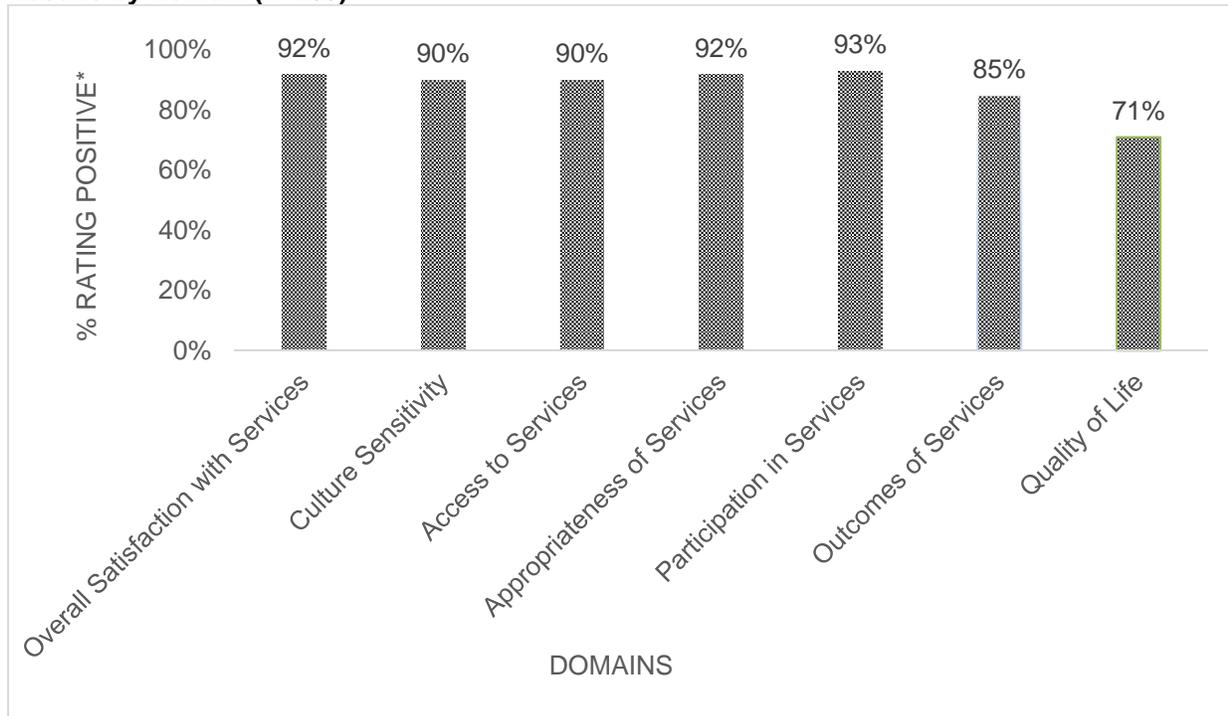
Demographics

Half (50%) of adult respondents were women and three percent of adult respondents identified as transgender. More than half (53%) were above 44 years of age. A majority (65%) of adult respondents were White, 22% were Black/African American, and 6% Multiracial. Twelve percent were of Hispanic/Latino ethnicity.

Assessment of Care

Overall, adult respondents reported a positive assessment of care they received. The percent positive responses to each domain are displayed in Graph 19. Findings showed that the average of the percent positive rating for items in the Overall Satisfaction with Services domain was 92%. Average item scores for other domains ranged from 85% for Outcomes of Services to 93% for Participation in Services. The Quality of Life domain showed an average percent positive rating of 71%, which is consistent with prior survey results.

Graph 22. Adults' Service Assessment of Transformation Services: Results by Domain (n=185)



*Percent Rating Positive = (Agree + Slightly Agree)/All Respondents

Youth and Family Members Survey Respondents

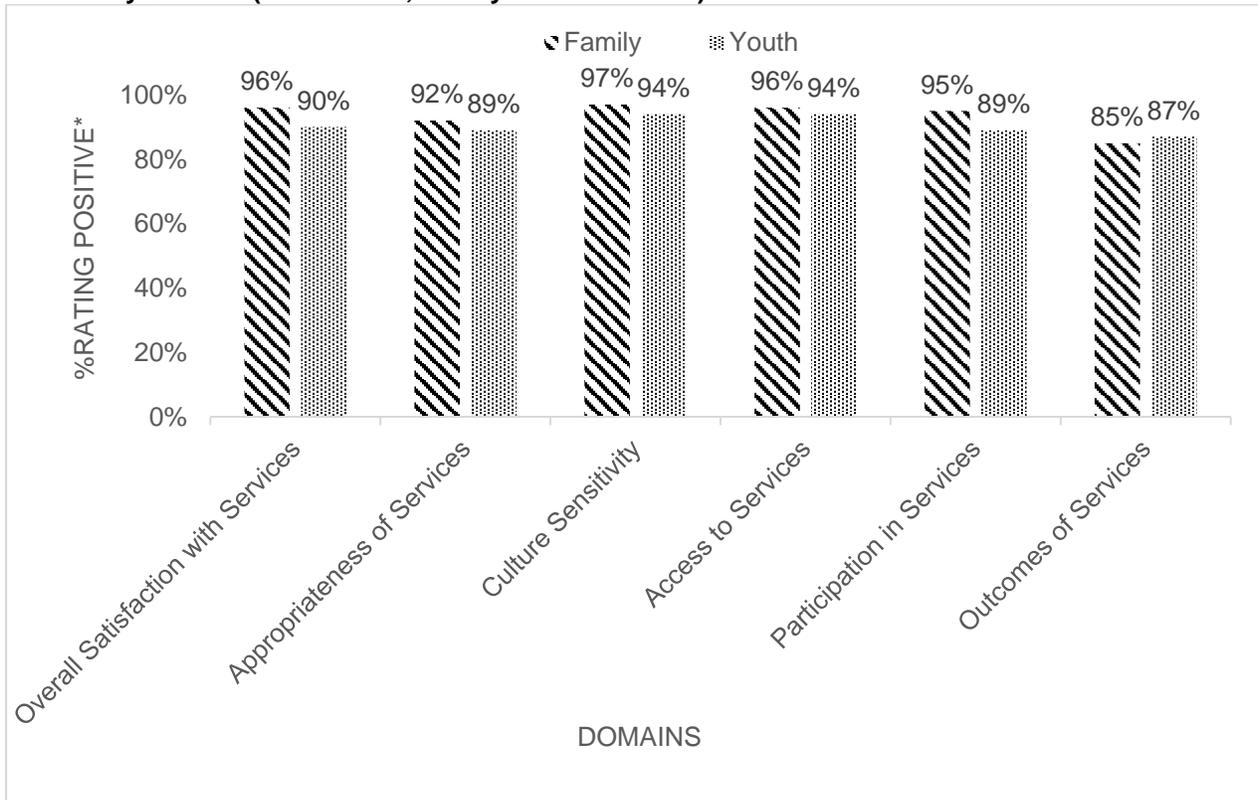
Demographics

Half of youth respondents were male (50%). Similarly, more than half (54%) of children of family respondents were male. The age distribution of youth respondents was 14% aged 9-11, 37% aged 12-14 and 49% aged 15-18. Seventeen percent of children of family respondents were 5-8 years old or 9-11 years old while 83% were 12-14, 15-18 or 19-21. Most responding youth (69%) were White, 8% were Black/African American and 12% Multiracial. Similarly, 78% of children of family respondents were White, 6% Black/African American, and 9% Multiracial. 14% of youth respondents were of Hispanic/Latino ethnicity, although a very small percentage (4%) of children of family respondents were of Hispanic/Latino ethnicity.

Assessment of Care

Like adult consumers, youth and family members of youth served reported a positive assessment of care they received (Graph 20). Findings showed that the average of the percent positive rating for items in the Overall Satisfaction with Services domain was 88% for youth and 96% for family members. For youth respondents average item scores for other domains ranged from 87% for Appropriateness of Services to 94% for Cultural Sensitivity and Access to Services. A similar pattern is seen for the Family Assessment of Services where the average of the percent positive rating ranged from 88% for Outcomes of Services to 97% for Cultural Sensitivity. The average percent positive rating for items in the Quality of Life domain was 82% for youth and 79% for family members, both of which are consistent with prior survey results.

Graph 23. Youth and Family Member Service Assessment of Transformation Services: Results by Domain (Youth n=50; Family Members n=53)



*Percent Rating Positive = (Agree + Slightly Agree)/All Respondents

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APPENDIX A: Database/Terms Glossary

MHARS	Mental Health Automated Record System (MHARS) is an electronic clinical patient record system for New York State psychiatric center programs (inpatient, outpatient & residential).
Medicaid	Medicaid is a joint federal and state government health insurance program that helps people with low income and limited resources, and run by state governments. The Medicaid data include Fee For Service (FFS) claims submitted by providers for each covered service and managed care claims for medical services submitted by Managed Care Organizations.
Acute Psychiatric Settings	Article 28/31 psychiatric licensed beds in hospitals or units are referred to as acute psychiatric settings.
CONCERTS	Certificate of Need Certification (CONCERTS) application processes information gathered by the Bureau of Inspection and Certification (BIC) on local service providers that are licensed and/or funded by OMH. It captures provider information at the sponsor, agency, facility, program and site levels. Site-specific information includes program capacity, services, population served, and counties served.
CAIRS	Child and Adult Integrated Reporting System (CAIRS) application is a web-based information tracking system that facilitates the processing, managing and coordinating of on-going mental health services to children and adults. It integrates the reporting requirements of state and local level providers in consolidating their reporting needs as well as tracking statewide outcomes.
ORYX	The ORYX Initiative is a set of performance and outcome measurement requirements developed by The Joint Commission (TJC). Under these requirements, all TJC accredited healthcare organizations must submit performance measurement data to a TJC approved performance measurement system.
PCS Survey	The Patient Characteristics Survey (PCS) is conducted every two years, and collects demographic, clinical and social characteristics for each person who receives a public mental health service during a specified one-week period. The PCS receives data from approximately 5,000 mental health programs serving 178,000 people during the survey week. All programs licensed or funded by the OMH are required to complete the survey.
Transformation Plan Services Consumer Satisfaction Survey	OMH assessed consumer satisfaction with public mental health transformation services by directly surveying adults, youth and their families in targeted counties. The Transformation Plan Services Consumer Satisfaction Survey was administered from September 14, 2015 through October 9, 2015. Tailored questionnaires were developed for each service population and included the following domains: access to services, appropriateness of services, cultural sensitivity, participation in services, outcomes of services, overall satisfaction with services, and quality of life.
Criminal Justice (CJ) Involvement	NYS Department of Criminal Justice Services (DCJS) provided the criminal justice information, which included arrest and conviction information on individuals throughout NYS for the analytic period (calendar years 2010 through 2014). The following were excluded: 1) Individuals younger than 18 in 2010; 2) Individuals for whom all criminal justice records were sealed; 3) All infraction and violation records; and 4) All violation of traffic law (VTL) records.

Mental Health Population for CJ Involvement	The mental health population included those individuals who, during the analytic period, either 1) received a mental health diagnosis (regardless of service type) and/or a mental health service from NYS Medicaid, or 2) received a service from any NYS-operated psychiatric facility (inpatient or outpatient); Forensic-only state-operated facilities were excluded from the analysis since clients in these facilities receive services while serving a prison sentence (resulting in criminal justice rates of 100%).
Arrest Rate for Mental Health Population	Arrest Rate is the percentage of individuals in the mental health population during the calendar year who had an arrest during the same calendar year.
First Time Arrest Rate for Mental Health Population	First time arrest rate is the percentage of individuals in the mental health population during the calendar year who had an arrest during the same calendar year and for whom that arrest was their first arrest ever.
Conviction Rate for Mental Health Population	Conviction Rate is the percentage of individuals in the mental health population during the calendar year who were convicted for an arrest that occurred during the same calendar year. Conviction rates are only reported through 2013 due to a high rate of pending disposition information for 2014 (i.e., incomplete 2014 conviction data).
Mental Health Service Status for CJ Involvement	Mental Health Service Status separates individuals who received a mental health service during the current calendar year into either a “new” status, indicating that they did not receive a mental health service in the prior year, or a “continuing” status, indicating that they did receive a mental health service in the prior year.

APPENDIX B: Consumer Satisfaction Surveys

From September 14, 2015 through October 9, 2015, OMH assessed consumer satisfaction with public mental health transformation services by directly surveying adults, youth and their families in targeted counties. Tailored questionnaires were developed for each service population and included the following domains: access to services, appropriateness of services, cultural sensitivity, participation in services, outcomes of services, overall satisfaction with services, and quality of life. Respondents completed survey forms anonymously and their responses were confidential. The following are the adult, youth and family surveys used to assess consumer satisfaction.

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New York State Office of Mental Health

Adult Service Assessment

Please indicate your agreement / disagreement with each of the following statements by shading the circle that best represents your opinion. If the question is about something you have not experienced, shade the circle to indicate that this item is "not applicable" to you.

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Not Applicable</u>
1) The services I received were helpful.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) The services I received will help me make positive changes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) I have a safety plan that would work for me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Staff were sensitive to my cultural background (race, religion, language,etc).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Staff treated me with respect.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Services were available at days/times that were convenient.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) I was able to get services where I needed them (home, school,work etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) I was able to get services appropriate to my situation.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) I was able to access services in a timely manner.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) My opinion was listened to and respected.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) I had choices about my services.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) Overall, I am happy with the services I received.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13) I would recommend this program/service to a friend or a family member.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14) I will be better able to deal with crisis.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15) I have learned some skills that will help me maintain my wellness.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16) The services made me aware of community supports available to me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17) My living situation is secure.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18) I have access to reliable transportation.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19) On most days, I have something purposeful to do.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20) I have friends outside the program I can turn to in times of need.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21) I have an intimate and meaningful relationship with someone.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue on the back

Background Information

Please do not share your name. This confidential information is very important to help ensure that services meet your needs. Please fill in the blank or shade the circles to indicate your answers.

22) What is your age?

- 18-24 25-34 35-44 45-54 55-64 65-74 75 +

23) What is your sex?

- Male Female Transgender Male (female at birth) Transgender Female (male at birth) Unknown

24) Are you of Hispanic/Latino Origin?

- Yes, Hispanic or Latino Not Hispanic or Latino

25) What is your race? (*select all that apply*)

- White (Caucasian) Black/African American American Indian/Alaskan Native
 Native Hawaiian/Pacific Islander Asian Other _____

26) How often have you received services from this program?

- Once More than once

27) Have you been discharged from a State psychiatric hospital in the past year?

- Yes No

27a) **If YES**, was your recent stay at the State psychiatric hospital longer than **one** year?

- Yes No

28) Did someone help you complete this form?

- Yes No

28a) **If YES**, who helped you with taking this survey (e.g., collected it from you, helped you with questions or reading etc.)?

- Peer Peer specialist/advocate Staff member Family/Friend No one

28b) **If YES**, how did that person help you? (*select all that apply*)

- Wrote down the answers I gave Translated into my language Read the questions to me Helped in some other way _____

If you could change anything about this service what would it be?

Please return your survey to your program or to:
 NYS OMH Performance Measurement and Evaluation, 44 Holland Ave, Albany, NY, 12229
 If you have any questions about the survey you can call toll free at 1-800-430-3586.
 Para asistencia en español, favor de llamar al 1-800-430-3586.

Thank you for taking this survey!



New York State Office of Mental Health

Youth Service Assessment

Please indicate your agreement / disagreement with each of the following statements by shading the circle that best represents your opinion. If the question is about something you have not experienced, shade the circle to indicate that this item is "not applicable" to you.

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

	<u>Agree</u>	<u>Slightly Agree</u>	<u>Neutral</u>	<u>Slightly Disagree</u>	<u>Disagree</u>	<u>Not Applicable</u>
1) I got services that were helpful for me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) The services I received will help me make positive changes in my life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Staff treated me with respect.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Staff were sensitive to my cultural/ethnic background.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) My culture, beliefs and values were accepted.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) I felt safe in the place(s) I received services.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) I received the services when I needed them.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) My opinion was listened to and respected.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) I had a choice in the services I received.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) I have a safety plan that would work for me if I needed one.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Overall, I am happy with the services I received.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) I think this program would be good for other kids I know.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13) I received services that helped me feel better.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14) I am more hopeful.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15) I am aware of more community supports available to me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16) I have gained new coping skills that are helpful.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17) I have a better sense of my strengths.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18) This service helped my family talk about our needs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19) I know what is going to happen after this service ends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue on the back



Please tell us a little more about yourself

20) Your age group: (select one)

- 9-11 years old 12-14 years old 15-18 years old 19-21 years old

21) Your gender:

- Male Female Transgender Male (female at birth) Transgender Female (male at birth) Unknown

22) Are you of Hispanic ethnicity?

- Yes No Unsure

23) Your race: (select all that apply)

- White (Caucasian) Black/African American American Indian/Alaskan Native
 Native Hawaiian/Pacific Islander Asian Other _____

24) Where do you live?

- At Home (with parent/parents) At Home (with relatives-e.g.,aunt,grandparent)
 Foster Home Residential Program Other _____

25) How often have you received services from this program?

- Once More than once

26) Have you been discharged from a State psychiatric hospital in the past year?

- Yes No

26a) If YES, was your recent stay at the State psychiatric hospital longer than three months?

- Yes No

27) Did someone help you complete this form?

- Yes No

27a) If YES, who helped you with taking this survey (e.g., collected it from you, helped you with questions or reading etc.)?

- Peer Peer specialist/advocate Staff member Family/Friend No one

27b) If YES, how did that person help you? (select all that apply)

- Wrote down the answers I gave Translated into my language Read the questions to me Helped in some other way _____

If you could change anything about this service what would it be?



New York State Office of Mental Health

Family Service Assessment

Please indicate your agreement / disagreement with each of the following statements by shading the circle that best represents your opinion. If the question is about something you have not experienced, shade the circle to indicate that this item is "not applicable" to you.

Shade Circles Like This--> ●

Not Like This--> ~~○~~

	Agree	Slightly Agree	Neutral	Slightly Disagree	Disagree	Not Applicable
1) The services my child and/or family received were helpful for us.....	<input type="radio"/>					
2) The services we received will help my family make positive changes.....	<input type="radio"/>					
3) Staff treated me with respect.....	<input type="radio"/>					
4) My culture, values and beliefs were accepted.....	<input type="radio"/>					
5) My child received services in a timely manner.....	<input type="radio"/>					
6) My child received services where she/he needed them (home, school, etc.).....	<input type="radio"/>					
7) Services were available days/times my child needed them.....	<input type="radio"/>					
8) The location of services was convenient for us.....	<input type="radio"/>					
9) My opinion was listened to and respected.....	<input type="radio"/>					
10) I was actively involved in helping my child while in services.....	<input type="radio"/>					
11) My child and I have a safety plan that would work for us if we needed one.....	<input type="radio"/>					
12) Overall, I am satisfied with the services my child received.....	<input type="radio"/>					
13) I would recommend this kind of help to a friend or a family member.....	<input type="radio"/>					
14) Staff supported my needs as a parent.....	<input type="radio"/>					
15) My child is better able to cope when faced with challenges.....	<input type="radio"/>					
16) I am more hopeful for my child and our family.....	<input type="radio"/>					
17) I am aware of more community supports available to me and my child.....	<input type="radio"/>					
18) I received services that addressed my immediate needs.....	<input type="radio"/>					
19) I have gained new skills to better help myself and my child.....	<input type="radio"/>					
20) I have a better sense of my family's strengths.....	<input type="radio"/>					
21) I feel less alone and isolated.....	<input type="radio"/>					
22) I have a clear understanding of next steps.....	<input type="radio"/>					

Please continue on the back



Please tell us a little about your child (who is receiving services) and family:

23) Your child's age: (select one)

- 4 years old or under
 5-8 years old
 9-11 years old
 12-14 years old
 15-18 years old
 19-21 years old

24) Your child's gender:

- Male
 Female
 Transgender Male (female at birth)
 Transgender Female (male at birth)
 Unknown

25) Is your child of Hispanic ethnicity?

- Yes
 No
 Unsure

26) Your child's race: (select all that apply)

- White (Caucasian)
 Black/African American
 American Indian/Alaskan Native
 Native Hawaiian/Pacific Islander
 Asian
 Other _____

27) What is your relationship to this child?

- Parent/Parents
 Foster Parent
 Relative (e.g., aunt, grandparent)
 Other _____

28) Where does your child live?

- At Home (with parent/parents)
 At Home (with relatives-e.g.,aunt,grandparent)
 Foster Home
 Residential Program
 Other _____

29) How often has your child received services from this program?

- Once
 More than once

30) Has your child been discharged from a State psychiatric hospital in the past year?

- Yes
 No

30a) **If YES**, was your child's recent stay at the State psychiatric hospital longer than three months?

- Yes
 No

31) Did someone help you complete this form?

- Yes
 No

31a) **If YES**, who helped you with taking this survey (e.g., collected it from you, helped you with questions or reading etc.)?

- Peer
 Peer specialist/advocate
 Staff member
 Family/Friend
 No one

31b) **If YES**, how did that person help you? (select all that apply)

- Wrote down the answers I gave
 Translated into my language
 Read the questions to me
 Helped in some other way _____

If you could change anything about this service what would it be?

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Thank you for taking this survey!



