NEW YORK STATE OF OPPORTUNITY.

Office of Mental Health

February 2019
Monthly Report

OMH Facility Performance Metrics
and Community Service Investments

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February 2019 Monthly Report:

OMH facility performance metrics and community service investments

Report Overview:

This report is issued pursuant to the State Fiscal Year 2018-19 Budget agreement which requires that *"The Commissioner of Mental Health shall provide monthly status reports of the 2018-19 community investments and the impact on inpatient census to the Temporary President of the Senate, the Speaker of the Assembly, and the Chairs of the Senate and Assembly fiscal committees. Such reports shall include state operated psychiatric facility census; occurrence of census exceeding budgeted capacity and reason; occurrence of out of catchment area placements that are due to insufficient capacity in the catchment area hospital; admissions and discharges; rate of Medicaid psychiatric inpatient readmissions to any hospital within thirty days of discharge; Medicaid emergency room psychiatric visits; descriptions of 2018-19 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 developed through the 2018-19 fiscal year continued to grow during February. Planning is underway for new and enhanced services to be developed with unallocated resources. OMH is also conducting a review of existing programs to identify opportunities for improvement or reprogramming.

Supported housing continued developing and serving new individuals, with over 1,700 new individuals served with the expansion capacity through February.

State-operated community services continued expanding their reach through eight facility service regions of the State. Statewide expansion has served over 14,100 new individuals through February, as outlined in the accompanying tables. Programs funded through Aid to Localities, including mobile crisis, Assertive Community Treatment (ACT), and peer crisis respite services, continue with start-up and expansion in all areas of the State. Over 55,900 new individuals have been served in the Aid to Localities-funded programs through February.

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

State Inpatient Facilities[1]	Capital Beds	Funded Capacity	Capacity Change[2, 3]	Admission	Catchment Area Placements[4]	Discharge[5]		Long Stay[6]	Monthly Average Daily Census[7]		
	N	N	N	N	N	N	Days	N	N	N	N
	Capital Beds as of end of SFY 2017-18	February, 2019 Funded Capacity	Capacity change from previous month	# of Admissions during February, 2019	# of out of catchment area placements during February, 2019	# of Discharges during February, 2019	Median Length of Stay for discharges during February, 2019	# of Long Stay on census 02/28/2019	Avg. daily census 12/01/2018-12/31/2018	Avg. daily census 01/01/2019-01/31/2019	Avg. daily census 02/01/2019-02/28/2019
Adult											
Bronx	156	156	--	10	--	12	245	90	155	154	155
Buffalo	221	155	--	13	--	9	100	72	153	153	153
Capital District	158	109	--	11	--	9	164	66	103	103	104
Creedmoor	480	333	--	14	--	9	106	210	324	320	320
Elmira	104	47	(2)	9	--	16	51	12	43	47	45
Greater Binghamton	178	71	--	6	--	7	123	29	66	71	70
Hutchings	132	117	--	8	1	7	297	39	96	96	99
Kingsboro	254	161	--	12	--	6	460	89	159	159	158
Manhattan	476	151	--	11	--	11	133	58	150	151	150
Pilgrim	771	273	--	14	--	12	407	170	271	271	273
Rochester	222	76	--	9	--	8	142	40	68	67	72
Rockland	436	362	--	17	--	11	113	235	357	350	350
South Beach	280	237	--	21	--	19	151	76	225	230	229
St. Lawrence	84	40	--	5	--	6	89	9	38	37	39
Washington Heights	21	21	--	15	--	12	23	0	16	18	20
Total	**3,973**	**2,309**	--	**175**	--	**154**	**124**	**1,195**	**2,224**	**2,227**	**2,237**
Children & Youth											
Elmira	48	13	--	5	3	6	30	2	12	12	12
Greater Binghamton	16	14	--	12	--	12	27	0	11	12	13
Hutchings	30	23	--	9	1	9	30	1	19	19	19
Mohawk Valley	32	32	--	37	--	37	21	0	29	29	31
NYC Children's Center	184	97	--	25	--	17	136	31	76	82	88
Rockland CPC	56	20	--	12	--	15	24	0	14	12	13
Sagamore CPC	77	54	--	9	--	9	121	26	42	42	43
South Beach	12	11	--	2	--	2	107	2	9	10	8
St. Lawrence	29	28	--	20	--	22	24	1	22	22	24
Western NY CPC	46	46	--	15	--	15	114	4	37	41	36
Total	**530**	**338**	--	**146**	--	**144**	**28**	**67**	**271**	**280**	**287**
Forensic											
Central New York	450	179	--	22	--	23	56	19	104	97	94
Kirby	220	219	3	26	--	23	105	84	216	216	219
Mid-Hudson	340	288	--	25	--	25	125	163	279	283	284
Rochester	84	84	--	12	--	9	116	48	84	84	83
Total	**1,094**	**770**	--	**85**	--	**80**	**100**	**314**	**683**	**680**	**680**

Updated as of March 5, 2019

Notes:

1. Research units and Sexual Offender Treatment Programs (SOTP) were excluded.

2. Capacity increases in this report for Kirby reflect a temporary increase associated with need that exceeds previously-funded bed levels. Staffing levels are adjusted as needed to accommodate such changes.

3. Capacity reductions comply with requirement that there be a consistent ninety day period of time that the beds remain vacant, as demonstrated by the December to February census data.

4. Catchment area placements are defined as: The number of individuals referred to this facility but admitted outside of its catchment area due to insufficient capacity at the time of referral.

5. Discharge includes discharges to the community and transfers to another State IP facility.

6. Long Stay is defined as: Length of stay over one year for adult and forensic inpatients, and over 90 days for child inpatients.

7. Monthly Average Daily Census defined as: Total number of inpatient service days for a month divided by the total number of days in the month. Population totals displayed may differ from the sum of the facility monthly census values due to rounding.

Table 2: Transformation and Article 28/31 Reinvestment Summary - By Facility

OMH Facility	Target Population	Prior Capacity[1]	Reinvestment Expansion	Annualized Reinvestment	Allocated	New Individuals Served
		HCBS Waiver Slots				
Greater Binghamton	Children	60	12	$315,516	$315,516	58
Elmira	Children	90	12	$315,516	$315,516	28
St. Lawrence	Children	78	12	$315,516	$315,516	38
Sagamore	Children	192	60	$1,488,240	$1,488,240	201
Western NY	Children	110	24	$631,032	$631,032	91
Rochester	Children	100	-	-	-	-
New York City	Children	600	78	$1,749,440	$1,749,440	145
Rockland	Children	177	30	$323,118	$323,118	118
Hutchings	Children	72	18	$473,274	$473,274	55
Subtotal		**1,479**	**246**	**$5,611,652**	**$5,611,652**	**734**
		Supported Housing Beds				
Greater Binghamton	Adults	289	88	$739,796	$739,796	159
Elmira	Adults	517	82	$735,690	$735,690	143
St. Lawrence	Adults	306	55	$459,480	$459,480	104
Pilgrim	Adults	2,245	208	$3,565,536	$3,565,536	229
Buffalo	Adults	1,196	112	$993,040	$993,040	202
Rochester	Adults	555	125	$1,135,913	$1,135,913	230
New York City	Adults	8,776	364	$6,335,420	$6,335,420	346
Rockland	Adults	1,841	145	$2,003,539	$2,003,539	197
Capital District PC	Adults	659	84	$632,077	$632,077	106
Hutchings	Adults	837	42	$341,754	$341,754	74
Subtotal		**17,221**	**1,305**	**$16,942,245**	**$16,942,245**	**1,790**
		State-Community				
Greater Binghamton				$5,740,000	$4,378,500	4,866
Elmira						
St. Lawrence				$2,736,160	$2,736,160	2,329
Sagamore				$3,570,000	$1,820,000	1,727
Pilgrim					$1,750,000	1,324
Western NY				$1,050,000	$1,050,000	1,049
Buffalo				$490,000	$490,000	363
Rochester				$2,145,440	$2,145,440	1,034
New York City				$2,660,000	$1,470,000	749
Rockland				$770,000	$280,000	48
Capital District PC					$420,000	73
Hutchings				$1,068,400	$1,068,400	540
Subtotal				**$20,230,000**	**$17,608,500**	**14,102**
		Aid to Localities				
Greater Binghamton				$1,690,288	$954,921	5,431
Elmira					$703,574	1109
St. Lawrence				$1,331,000	$1,330,998	4,582
Sagamore				$5,866,000	$5,512,338	137
Pilgrim						5,184
Western NY				-	-	-
Buffalo				$2,989,517	$2,989,517	4,513
Rochester				$3,173,000	$3,173,000	2181
New York City				$7,432,000	$7,430,938	2966
Rockland				$5,740,000	$4,228,116	8,834
Capital District PC					$430,000	45
Hutchings				$1,077,000	$1,070,950	1,287
Subtotal				**$29,298,805**	**$27,824,352**	**36,269**
		Statewide				
Suicide Prevention, Forensics				$1,500,000	$1,500,000	N/A
Sustained Engagement Support Team				$1,000,000	$1,000,000	920
Residential Stipend Adjustment				$5,725,636	$5,725,636	N/A
Peer Specialist Certification				N/A	N/A	365
SNF Transition Supports				$5,500,000	$5,500,000	220
Subtotal				**$13,725,636**	**$13,725,636**	**1,505**
Funds available subject to reduction of anticipated excess inpatient capacity				$11,676,432		
TOTAL TRANSFORMATION				**$97,484,770**	**$81,712,385**	**54,400**
		Article 28/31 Reinvestment				
St. James Mercy (WNY)	Child & Adult	N/A	N/A	$894,275	$894,275	2,910
Medina Memorial (WNY)	Adults	N/A	N/A	$199,030	$199,030	980
Holliswood/Stony Lodge/Mt Sinai (NYC)	Child & Adult	N/A	N/A	$10,254,130	$10,254,130	2,567
Stony Lodge/Rye (Hudson River)	Child & Adult	N/A	N/A	$4,650,831	$4,650,831	7,369
LBMC/NSUH/PK (Long Island)	Child & Adult	N/A	N/A	$2,910,400	$2,910,400	5,847
Subtotal				**$18,908,666**	**$18,908,666**	**19,673**
GRAND TOTAL				**$116,393,436**	**$100,621,051**	**74,073**

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

Table 3a: Greater Binghamton Health Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress: Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Broome	24	6		4/1/2014	32	$157,758
HCBS Waiver	Children	Tioga	6	6		6/5/2014	26	$157,758
SUBTOTAL:			**30**	**12**			**58**	**$315,516**
Supported Housing	Adult	Broome	161	53		8/1/2014	116	431,261
Supported Housing	Adult	Chenango	46	8		10/1/2014	10	65,096
Supported Housing	Adult	Delaware	27	6		1/1/2016	1	48,822
Supported Housing	Adult	Otsego	30	8		6/1/2015	8	66,712
Supported Housing	Adult	Tioga	25	3		7/1/2015	7	26,175
Supported Housing	Adult	Tompkins	0	10		11/1/2014	17	101,730
SUBTOTAL:			**289**	**88**			**159**	**$739,796**
State Resources:			N/A					
Mobile Integration Team[1]	Adults & Children	Southern Tier Service Area		38.35 FTEs		6/1/2014	4,098	$1,342,250
Clinic Expansion[1]	Adult	Southern Tier Service Area		7.2 FTEs		1/1/2015	353	$252,000
OnTrack NY Expansion	Adult	Southern Tier Service Area		3 FTE		2/2/2017	24	$210,000
SUBTOTAL:							**4,475**	**$1,804,250**
Aid to Localities:		Eastern Southern Tier Service Area	N/A	N/A				
Crisis Intervention Team (CIT)	Adults & Children	Broome				9/14/2015	3,275	$80,400
Engagement & Transitional Support Services Program	Adults & Children	Chenango & Delaware				12/28/2015	308	$160,800
Family Stabilization Program	Children	Otsego				6/27/2016	45	$80,400
Warm Line Program	Adult	Tioga				6/11/2016	60	$35,040
Drop-In Center	Adult	Tioga				11/1/2015	111	$45,360
Crisis Stabilization Team	Adult	Broome				4/30/2018	130	$80,000
Peer-In-Home Companion Respite	Adult	Broome				8/1/2017	308	$42,000
Enhanced Outreach Services	Adults & Children	Chenango				8/1/2017	159	$80,000
Enhanced Outreach Services	Adults & Children	Delaware				8/1/2017	1,019	$80,000
Enhanced Child & Family Support Services	Children	Otsego				9/1/2017	N/A	$54,958
System Monitoring Support	Adult & Children	Otsego				9/1/2017	N/A	$25,042
Crisis/Respite Program Expansion[2]	Adult	Tompkins				1/1/2018	16	$190,921
SUBTOTAL:							**5,431**	**$954,921**

State Resources - In Development:		**$1,306,971**
TOTAL:	**10,123**	**$5,121,454**

Notes:

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

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

Table 3b: Elmira Psychiatric Center								
					Investment Plan Progress			
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Seneca	6	3		6/5/2014	9	$78,879
HCBS Waiver	Children	Steuben	12	3		6/5/2014	11	$78,879
HCBS Waiver	Children	Wayne	12	6		6/5/2014	8	$157,758
SUBTOTAL:			**36**	**12**			**28**	**$315,516**
Supported Housing	Adult	Allegany	35	2		11/1/2014	6	17,450
Supported Housing	Adult	Cattaraugus	0	1		2/1/2015	2	8,725
Supported Housing	Adult	Chemung	121	31		9/1/2014	56	276,055
Supported Housing	Adult	Ontario	64	13		10/1/2014	19	118,417
Supported Housing	Adult	Schuyler	6	6		12/1/2015	5	52,350
Supported Housing	Adult	Seneca	28	9		8/1/2014	16	80,145
Supported Housing	Adult	Steuben	119	8		9/1/2014	15	69,800
Supported Housing	Adult	Tompkins	64	4		9/1/2014	10	40,692
Supported Housing	Adult	Wayne	70	4		10/1/2014	7	36,436
Supported Housing	Adult	Yates	10	4		6/1/2015	7	35,620
SUBTOTAL:			**517**	**82**			**143**	**$735,690**
State Resources:			N/A					
Mobile Integration Team[1]	Adults & Children	Southern Tier Service Area		38.35 FTEs		6/1/2014	4,098	$1,342,250
Clinic Expansion[1]	Adult	Southern Tier Service Area		7.2 FTEs		1/1/2015	353	$252,000
Crisis/respite Unit	Children	Elmira PC Service Area		12.5 FTEs		4/16/2015	391	$875,000
Clinic Expansion	Children	Elmira PC Service Area		1.5 FTEs		9/1/2014	N/A	$105,000
SUBTOTAL:							**4,842**	**$2,574,250**
Aid to Localities:		Western Southern Tier/ Finger Lakes Service Area	N/A	N/A				
Respite Services	Adult	Western				3/1/2016	78	$50,368
Community Support Services	Adult	Southern Tier/				5/1/2016	563	$61,947
Family Support	Adult	Finger Lakes				3/7/2017	6	$34,887
Peer Training	Adult	Service Area				12/5/2015	292	$10,538
Transitional Housing Program	Adult	Steuben				7/1/2015	61	$101,842
Transitional Housing Program	Adult	Yates				4/8/2016	42	$50,921
Mobile Psychiatric Supports	Adult	Wayne			Funding has been made available on the county State Aid Letter, and is effective January 1, 2017.			$40,576
Residential Crisis/Respite[2]	Adult	Chemung				7/1/2017	58	$108,000
Home-Based Crisis Intervention Program Expansion	Children	Chemung				1/1/2018	9	$244,495
SUBTOTAL:							**1,109**	**$703,574**
					State Resources - In Development:			**$53,786**
					Aid to Localities - In Development:			**$30,793**
						TOTAL:	**6,122**	**$4,413,609**

Notes:

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

2. Community Support Program Expansion - Long Stay Team was reprogrammed to support Residential Crisis/Respite, effective 1/1/2019.

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

Table 3c: St. Lawrence Psychiatric Center								
					Investment Plan Progress			
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Essex	12	6		6/5/2014	14	$157,758
HCBS Waiver	Children	St. Lawrence	18	6		5/1/2014	24	$157,758
SUBTOTAL:			**30**	**12**			**38**	**$315,516**
Supported Housing	Adult	Clinton	54	8		10/1/2014	19	66,712
Supported Housing	Adult	Essex	29	6		3/1/2015	9	50,034
Supported Housing	Adult	Franklin	42	5		1/1/2015	10	40,685
Supported Housing	Adult	Jefferson	57	9		11/1/2014	16	82,350
Supported Housing	Adult	Lewis	51	2		2/1/2015	5	16,274
Supported Housing	Adult	St. Lawrence	73	25		1/1/2015	45	203,425
SUBTOTAL:			**306**	**55**			**104**	**$459,480**
State Resources:			N/A					
Mobile Integration Team	Adults & Children	St. Lawrence PC Service Area		21 FTEs		6/6/2014	2,017	$1,470,000
Clinic expansion	Children	Jefferson		6.5 FTEs		9/8/2015	156	$455,000
Crisis/respite Unit[1]	Children	St. Lawrence PC Service Area		11.5 FTEs		10/1/2016	156	$811,160
SUBTOTAL:							**2,329**	**$2,736,160**
Aid to Localities:		St. Lawrence PC Service Area	N/A	N/A				
Outreach Services Program	Adult	Clinton				2/1/2015	103	$46,833
Mobile Crisis Program	Adult	Essex				4/28/2015	263	$23,417
Community Support Program	Adults & Children	Essex				3/1/2015	307	$23,416
Mobile Crisis Program	Adults & Children	St. Lawrence				7/1/2015	544	$46,833
Support Services Program	Adult	Franklin				3/15/2015	47	$12,278
Self Help Program	Adult	Franklin				3/15/2015	138	$12,277
Outreach Services Program	Adults & Children	Franklin				3/15/2015	889	$12,278
Crisis Intervention Program	Adults & Children	Franklin				6/1/2015	69	$10,000
Outreach Services Program	Adults & Children	Lewis				1/4/2016	312	$46,833
Outreach Services Program	Adult	Jefferson				9/28/2015	1,798	$46,833
Non-Medicaid Care Coordination	Children	Jefferson				9/1/2017	59	$200,000
Child & Family Support Team	Children	St. Lawrence				2/12/2018	53	$200,000
Therapeutic Crisis Respite Program	Children	Jefferson			Funding has been made available on the county State Aid Letter, and is effective July 1, 2018.			$650,000
SUBTOTAL:							**4,582**	**$1,330,998**
						TOTAL:	**7,053**	**$4,842,154**

Table 3d: Sagamore Children's Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress: Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Nassau	90	24		10/1/2013	89	$661,440
HCBS Waiver	Children	Suffolk	102	30		5/6/2014	81	$826,800
SUBTOTAL:			**192**	**54**			**170**	**$1,488,240**
State Resources:			N/A					
Family Court Evaluation	Children	Long Island		1 FTE		4/1/2014	N/A	$70,000
Mobile Crisis	Children	Suffolk		1 FTE		7/1/2014	1,039	$70,000
Mobile Integration Team	Children	Nassau & Suffolk		10 FTEs		11/30/2014	244	$700,000
Clinic Expansion[1]	Children	Nassau & Suffolk		5 FTEs		3/21/2016	71	$350,000
Crisis/respite Unit	Children	Nassau & Suffolk		9 FTEs		3/9/2015	373	$630,000
SUBTOTAL:							**1,727**	**$1,820,000**
Aid to Localities:		Long Island	N/A	N/A				
6 Non-Medicaid Care Coordinators	Children	Suffolk				4/1/2016	125	$526,572
1.5 Intensive Case Managers	Children	Suffolk			State Aid & State Share of Medicaid*	4/1/2016	12	$81,299
Non-Medicaid Case Management	Children	Nassau			Funding has been made available on the county State Aid Letter, and is effective July 1,			$85,000
Mobile Crisis Team[2]	Adults & Children	Nassau				8/1/2018	See Table 3n[2]	$225,700
SUBTOTAL:							**137**	**$918,571**

Aid to Localities - In Development:		**$280,000**
TOTAL:	**2,034**	**$4,506,811**

* Gross Medicaid projected $100,690

Notes:

1. A portion of previously allocated and unused clinic FTEs have been reprogrammed for future planning.

2. The Mobile Crisis Team in Nassau County is funded by Long Island Art. 28 reinvestment funding and Sagamore PC Aid to Localities funding. The number of newly served individuals is only reflected on Table 3n, so as not to duplicate the number of individuals served.

Table 3e: Pilgrim Psychiatric Center

Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Investment Plan Progress: Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
Supported Housing	Adult	Nassau	885	83		3/1/2015	75	1,422,786
Supported Housing	Adult	Suffolk	1,360	125		12/1/2014	154	2,142,750
SUBTOTAL:			**2,245**	**208**			**229**	**$3,565,536**
State Resources:			N/A					
Clinic Expansion	Adult	Nassau & Suffolk		5 FTEs		11/20/2015	61	$350,000
Mobile Integration Team	Adult	Nassau & Suffolk		20 FTEs		1/11/2016	1,263	$1,400,000
SUBTOTAL:							**1,324**	**$1,750,000**
Aid to Localities:		Long Island	N/A	N/A				
2 Assertive Community Treatment teams*	Adult	Nassau		136	State Aid & State Share of Medicaid*	3/1/2015	184	$1,158,299
(3) Mobile Residential Support Teams	Adult	Suffolk				8/1/2015	4,313	$1,033,926
Hospital Alternative Respite Program[5]	Adult	Suffolk				7/6/2016	101	$532,590
Recovery Center	Adult	Suffolk				4/15/2016	586	$250,000
Mobile Crisis Team Expansion - Long Stay Team[1]	Adults & Children	Nassau & Suffolk				7/1/2016	See Table 3n[1]	$503,812
Crisis Stabilization Center	Adult	Suffolk			Funding has been made available on the county State Aid Letter, and is effective July 1, 2017.			$804,440
Client Financial Management Services[2]	Adult	Nassau						$85,000
Mobile Crisis Team[2, 4]	Adults & Children	Nassau				8/1/2018	See Table 3n[4]	$225,700
SUBTOTAL:							**5,184**	**$4,593,767**
					State & Local Resources- In Development[2, 3]:			**$144,160**
						TOTAL:	**6,737**	**$10,053,463**

* Gross Medicaid projected $1,827,048; State Share adjusted to reflect current model

Notes:

1. The Mobile Crisis Team expansion in Suffolk County is funded by Long Island Art. 28 reinvestment funding and Pilgrim PC Aid to Localities funding. The number of newly served individuals is only reflected on Table 3n, so as not to duplicate the number of individuals served.

2. Previously undeveloped State FTE resources converted to support new local Mobile Crisis and Client Financial Management programming. Additional unallocated resources shifted to Table 3h.

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

4. The Mobile Crisis Team in Nassau County is funded by Long Island Art. 28 reinvestment funding and Pilgrim PC Aid to Localities funding. The number of newly served individuals is only reflected on Table 3n, so as not to duplicate the number of individuals served.

5. Pilgrim PC Aid to Localities reinvestment funding for Hospital Alternative respite program on Table 3e is blended with Long Island Article 28 reinvestment funding for Peer Outreach program on Table 3n. The number of newly served individuals is only reported on Table 3e, to prevent duplication in the number of people served.

Table 3f: Western NY Children's - Buffalo Psychiatric Center								
					Investment Plan Progress			
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Allegany	0	6		6/5/2014	18	$157,758
HCBS Waiver	Children	Cattaraugus	12	6		11/1/2013	19	$157,758
HCBS Waiver	Children	Chautauqua	6	6		6/5/2014	26	$157,758
HCBS Waiver	Children	Erie	78	6		4/1/2014	28	$157,758
SUBTOTAL:			**96**	**24**			**91**	**$631,032**
Supported Housing	Adult	Cattaraugus	104	12		7/1/2014	23	104,700
Supported Housing	Adult	Chautauqua	86	12		8/1/2014	17	104,700
Supported Housing	Adult	Erie	863	66		8/1/2014	123	587,730
Supported Housing	Adult	Niagara	143	22		9/1/2014	39	195,910
SUBTOTAL:			**1,196**	**112**			**202**	**$993,040**
State Resources:			N/A					
Mobile Integration Team	Children	Western NY CPC Service Area		10 FTEs		12/19/2014	878	$700,000
Clinic Expansion	Children	Western NY CPC Service Area		4 FTEs		2/5/2015	131	$280,000
Mobile Mental Health Juvenile Justice Team	Children	Western NY CPC Service Area		1 FTE		12/1/2015	40	$70,000
Mobile Integration Team	Adult	Buffalo PC Service Area		7 FTEs		1/12/2016	363	$490,000
SUBTOTAL:							**1,412**	**$1,540,000**
Aid to Localities:								
Peer Crisis Respite Center (including Warm Line)	Adult	Chautauqua and Cattaraugus				11/18/2015	196	$315,000
Mobile Transitional Support Teams (2)	Adult	Chautauqua and Cattaraugus				1/1/2015	647	$234,000
Peer Crisis Respite Center (including Warm Line)	Adult	Erie				1/26/2015	703	$353,424
Mobile Transitional Support Teams (3)	Adult	Erie				1/26/2015	575	$431,000
Crisis Intervention Team	Adults & Children	Erie				1/1/2015	1,019	$191,318
Peer Crisis Respite Center (including Warm Line)	Adult	Niagara				12/1/2014	926	$256,258
Mobile Transitional Support Team	Adult	Niagara				1/20/2015	236	$117,000
Community Integration Team - Long Stay Team	Adult	Erie				10/27/2016	85	$350,000
Diversion Program	Adult	Erie				1/12/2018	126	$424,712
Reintegration Enhanced Support Program	Adult	Erie			Funding has been made available on the county State Aid Letter, and is effective April 1, 2018.			$316,805
SUBTOTAL:							**4,513**	**$2,989,517**
						TOTAL:	**6,218**	**$6,153,589**

Table 3g: Rochester Psychiatric Center								
					Investment Plan Progress			
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
Supported Housing	Adult	Genesee	45	2		1/1/2016	4	17,810
Supported Housing	Adult	Livingston	38	2		2/1/2015	3	18,218
Supported Housing	Adult	Monroe	427	103		10/1/2014	195	938,227
Supported Housing	Adult	Orleans	25	6		7/1/2015	8	54,654
Supported Housing	Adult	Wayne	0	6		12/1/2014	10	54,654
Supported Housing	Adult	Wyoming	20	6		11/1/2014	10	52,350
SUBTOTAL:			**555**	**125**			**230**	**$1,135,913**
State Resources:			N/A					
Mobile Integration Team	Adult	Rochester PC Service Area		24 FTEs		10/30/2014	891	$1,680,000
OnTrackNY Expansion	Adult	Rochester PC Service Area		2 FTEs		3/21/2016	46	$185,440
Clinic Expansion	Adult	Rochester PC Service Area		4 FTEs		1/1/2015	97	$280,000
SUBTOTAL:							**1,034**	**$2,145,440**
Aid to Localities:		Rochester PC Service Area	N/A	N/A				
Peer Bridger Program	Adult	Genesee & Orleans				6/4/2015	29	$30,468
Community Support Team	Adult	Rochester PC Service Area				3/1/2015	177	$500,758
Peer Bridger Program	Adult	Livingston Monroe Wayne Wyoming				2/1/2015	171	$262,032
Crisis Transitional Housing	Adult	Livingston				2/15/2015	42	$112,500
Crisis Transitional Housing	Adult	Orleans				7/30/2015	52	$112,500
Crisis Transitional Housing	Adult	Wayne				4/8/2015	62	$112,500
Crisis Transitional Housing	Adult	Wyoming				2/28/2015	55	$112,500
Peer Run Respite Diversion	Adult	Monroe				5/7/2015	903	$500,000
Assertive Community Treatment Team	Adult	Monroe		48	State Aid & State Share of Medicaid*	7/1/2015	76	$390,388
Assertive Community Treatment Team	Adult	Monroe		48	State Aid & State Share of Medicaid*	1/15/2016	106	$390,388
Peer Support[1]	Adult	Monroe						$30,006
Enhanced Recovery Supports	Adult	Wyoming				9/1/2014	291	$51,836
Recovery Center	Adult	Genesee & Orleans				5/7/2015	149	$217,124
Community Support Team - Long Stay Team	Adult	Monroe				5/1/2016	68	$350,000
SUBTOTAL:							**2,181**	**$3,173,000**
						TOTAL:	**3,445**	**$6,454,353**

*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	57	$916,566
HCBS Waiver	Children	Kings	180	12		1/1/2014	53	$332,745
HCBS Waiver	Children	New York	132	6		6/1/2015	15	$167,385
HCBS Waiver	Children	Queens	108	12		10/1/2013	20	$332,745
SUBTOTAL:			**564**	**63**			**145**	**$1,749,440**
Supported Housing	Adult	Bronx	2,120	70		5/1/2015	72	1,218,350
Supported Housing	Adult	Kings	2,698	60		7/1/2016	38	1,044,300
Supported Housing	Adult	New York	1,579	104		3/1/2015	155	1,810,120
Supported Housing	Adult	Queens	1,887	70		12/1/2016	32	1,218,350
Supported Housing	Adult	Richmond	492	60		4/1/2016	49	1,044,300
SUBTOTAL:			**8,776**	**364**			**346**	**$6,335,420**
State Resources:			N/A					
Mobile Integration Team	Adult	Queens		7 FTEs		3/21/2016	179	$490,000
Mobile Integration Team	Adult	New York		7 FTEs		12/23/2016	224	$490,000
Mobile Integration Team	Children	Bronx Kings Queens		7 FTEs		1/1/2017	346	$490,000
SUBTOTAL:							**749**	**$1,470,000**
Aid to Localities:								
Respite Capacity Expansion	Adult	NYC	N/A	N/A		7/1/2015	1,367	$2,884,275
Pathway Home Program	Adult	NYC				4/1/2016	810	$3,546,663
Crisis Pilot Program (3 Year)	Adult	NYC				9/1/2016	710	$462,760
Hospital Based Care Transition Team	Adult	NYC				4/1/2017	79	$537,240
SUBTOTAL:							**2,966**	**$7,430,938**

State Resources - In Development[1]:		**$1,120,000**
TOTAL:	**4,206**	**$18,105,798**

Notes:

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

Table 3i: Rockland and Capital District Psychiatric Centers								
					Investment Plan Progress			
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
HCBS Waiver	Children	Orange	21	6		11/1/2013	31	$157,758
HCBS Waiver	Children	Rockland	24	6		6/5/2014	17	$165,360
SUBTOTAL:			**45**	**12**			**48**	**$323,118**
Supported Housing	Adult	Dutchess	229	20		12/1/2014	31	273,220
Supported Housing	Adult	Orange	262	36		10/1/2014	52	491,796
Supported Housing	Adult	Putnam	67	4		5/1/2015	7	60,936
Supported Housing	Adult	Rockland	173	19		7/1/2014	33	300,143
Supported Housing	Adult	Sullivan	61	10		11/1/2014	10	98,540
Supported Housing	Adult	Ulster	142	28		1/1/2015	37	297,416
Supported Housing	Adult	Westchester	907	28		4/1/2015	27	481,488
Supported Housing	Adult	Albany	276	11		3/1/2017	11	110,649
Supported Housing	Adult	Columbia	39	8		1/1/2017	10	80,472
Supported Housing	Adult	Greene	35	9		3/1/2015	See Table 3m[1]	90,531
Supported Housing	Adult	Rensselaer	125	10		6/1/2017	8	100,590
Supported Housing	Adult	Saratoga	50	6			5	60,354
Supported Housing	Adult	Schenectady	153	3		10/1/2015	See Table 3m[1]	30,177
Supported Housing	Adult	Schoharie	31	8		2/1/2017	10	80,472
Supported Housing	Adult	Warren & Washington	54	8		11/1/2017	9	78,832
SUBTOTAL:			**2,604**	**208**			**250**	**$2,635,616**
State Resources:								
Mobile Integration Team	Adult	Rockland PC Service Area		4 FTEs		2/2/2017	48	$280,000
Mobile Integration Team	Adult	Capital District PC Service Area		6 FTEs		10/1/2016	73	$420,000
SUBTOTAL:							**121**	**$700,000**
Aid to Localities:		Rockland PC Service Area	N/A	N/A				
Hospital Diversion/Crisis Respite	Adult	Dutchess				2/12/2015	219	$200,000
Outreach Services	Adult	Orange				12/1/2014	24	$36,924
Outreach Services	Children	Orange				10/1/2014	468	$85,720
Advocacy/Support Services	Adult	Putnam				9/28/2015	33	$23,000
Self-Help Program	Adult	Putnam				2/1/2015	71	$215,000
Mobile Crisis Intervention Program[2]	Adults & Children	Rockland				3/31/2015	1,873	$449,668
Hospital Diversion/ Transition Program[2]	Adults & Children	Sullivan				11/24/2014	1,513	$225,000
Mobile Crisis Services[2]	Adults & Children	Ulster				2/9/2015	3,510	$400,000
Assertive Community Treatment team expansion	Adult	Ulster		20	State Aid & State Share of Medicaid:	12/1/2014	110	$100,616
Outreach Services	Adult	Westchester				4/1/2015	91	$267,328
Crisis Intervention/ Mobile Mental Health Team	Children	Westchester				11/1/2014	170	$174,052
Family Engagement & Support Services Program	Adults & Children	Rockland				1/1/2017	419	$95,000
Outreach Team - Long Stay Team	Adult	Albany				9/6/2016	33	$230,000
		Schenectady				9/9/2016	12	$200,000
		Dutchess				12/12/2016	17	$225,000
		Orange				9/14/2016	24	$225,000
		Rockland				8/17/2016	23	$225,000
		Westchester				10/4/2016	11	$225,000
Respite Services Program	Children	Dutchess				7/27/2017	43	$275,000
		Westchester				9/19/2017	36	$189,048
Home Based Crisis Intervention Services	Children	Orange				9/18/2017	37	$100,000
		Rockland				10/23/2017	36	$160,000
		Sullivan				2/28/2018	24	$100,000
		Ulster				10/2/2017	37	$81,976
Family Support Services	Children	Westchester				10/1/2017	45	$149,784
SUBTOTAL:							**8,879**	**$4,658,116**
					Aid to Localities -In Development:			**$1,074,192**
						TOTAL:	**9,298**	**$9,391,042**

* Gross Medicaid projected $229,156

Notes:

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

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

Table 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	16	$157,758
HCBS Waiver	Children	Cortland	6	6		7/1/2014	16	$157,758
HCBS Waiver	Children	Onondaga	42	6		4/1/2014	23	$157,758
SUBTOTAL:			**60**	**18**			**55**	**$473,274**
Supported Housing	Adult	Cayuga	61	7		1/1/2016	10	56,959
Supported Housing	Adult	Cortland	53	4		1/1/2016	5	32,548
Supported Housing	Adult	Fulton	30	3		2/1/2017	1	24,411
Supported Housing	Adult	Hamilton	4	3		1/1/2017	2	24,411
Supported Housing	Adult	Herkimer	30	1		1/1/2017	4	8,137
Supported Housing	Adult	Madison	28	4		4/1/2017	5	32,548
Supported Housing	Adult	Montgomery	37	3		1/1/2017	3	24,411
Supported Housing	Adult	Oneida	232	8		2/17/2017	25	65,096
Supported Housing	Adult	Onondaga	300	4		10/1/2017	4	32,548
Supported Housing	Adult	Oswego	62	5		12/1/2015	15	40,685
SUBTOTAL:			**837**	**42**			**74**	**$341,754**
State Resources:								
Crisis/respite unit	Children	Hutchings PC Service Area	N/A	12 FTEs		11/5/2014	487	$840,000
OnTrackNY Expansion	Adults & Children	Hutchings PC Service Area	N/A	3 FTEs		8/1/2015	53	$228,400
SUBTOTAL:							**540**	**$1,068,400**
Aid to Localities:		Hutchings PC Service Area	N/A	N/A				
Children's Respite Program	Children	Cayuga				4/1/2017	724	$96,750
Regional Mobile Crisis	Children	Cayuga				4/1/2017		$430,555
Advocacy/Support Services Program	Children	Cayuga				4/1/2017		$99,695
Long Stay Reduction Transition Team	Adult	Onondaga				11/9/2016	11	$300,000
Enhanced Outreach and Clinical Support Services	Adults & Children	Hamilton				5/11/2018	34	$37,500
		Herkimer				11/17/2017	22	$37,500
		Fulton				11/1/2017	0	$37,500
Enhanced Child & Family Support Services[1]	Children	Montgomery				4/1/2017	496	$31,450
SUBTOTAL:							**1,287**	**$1,070,950**

Aid to Localities - In Development[1]:		**$6,050**
TOTAL:	**1,956**	**$2,960,428**

Notes:

1. A portion of previously allocated Aid to Localities funding for Enhanced Child & Family Support Services in Montgomery County has been reprogrammed to Aid to Localities - In Development for future planning.

Article 28 and 31 Hospital Reinvestment Summaries

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

Hospital	Target Population	County/Region	Annualized Reinvestment Amount
St. James Mercy	Children and Adults	Allegany, Livingston, Steuben	$894,275
Medina Memorial	Adults	Niagara, Orleans	$199,030
Holliswood/Stony Lodge/Mt. Sinai	Children and Youth	New York City	$10,254,130
Stony Lodge & Rye	Children and Adults	Hudson River	$4,650,831
LBMC/NSUH/PK	Children and Adults	Nassau, Suffolk	$2,910,400
Subtotal:			**$18,908,666**

Table 3k: Western Region Article 28 Hospital Reinvestment								
					Investment Plan Progress			
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
Article 28:			N/A					
St. James Mercy								
Intensive Intervention Services	Adult	Allegany				8/25/2014	128	$95,000
Post Jail Transition Coordinator/Forensic Therapist	Adults & Children	Livingston				1/5/2015	1,339	$59,275
Enhanced Mobile Crisis Outreach	Adults & Children	Steuben				11/3/2014	1,296	$490,000
Intensive In-Home Crisis Intervention (Tri-County)	Children	Allegany Livingston Steuben				6/1/2015	147	$250,000
SUBTOTAL:							**2,910**	**$894,275**
Medina Memorial Hospital								
Mental Hygiene Practioner to handle crisis calls (late afternoon and evenings)	Adults & Children	Niagara				8/15/2014	208	$68,030
Enhanced Crisis Response	Adults & Children	Orleans				7/1/2014	772	$131,000
SUBTOTAL:							**980**	**$199,030**
						TOTAL:	**3,890**	**$1,093,305**

Table 3l: New York City Region Article 28 Hospital Reinvestment								
					Investment Plan Progress			
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)		Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
Holliswood Hospital								
HCBS Waiver	Children	Bronx	144	15	State Share of Medicaid:	2/1/2016	See Table 3h[1]	$418,500
Crisis Beds	Children	NYC		5		1/1/2018	34	$210,000
Rapid Response Mobile	Children	NYC				1/1/2014	301	$1,150,000
Family Advocates	Children	NYC				1/1/2014	709	$450,000
4.5 Rapid Response Teams	Children	NYC				4/28/2015	308	$1,989,569
Family Resource Center[2]	Children	NYC				2/1/2016	500	$1,335,777
High Fidelity Wrap Around	Children	NYC						$181,865
SUBTOTAL:							**1,852**	**$5,735,711**
Stony Lodge Hospital								
Partial Hospitalization Program & Day Treatment Program (Bellevue)	Children	NYC			State Share of Medicaid:	2/2/2015	200	$386,250
Home Based Crisis Intervention Team (Bellevue)	Children	NYC				11/1/2015	91	$300,000
Family Resource Center[2]	Children	NYC				2/1/2016	See Note[2]	$728,622
High Fidelity Wraparound	Children	NYC						$185,128
SUBTOTAL:							**291**	**$1,600,000**
Mount Sinai Hospital								
Mt. Sinai Partial Hospitalization (15 slots)	Adult	NYC		15	State Share of Medicaid:	1/28/2016	136	$303,966
4 Assertive Community Treatment Teams (68 slots each)	Adult	NYC		272	State Share of Medicaid:	10/3/2016	239	$1,855,694
1 Assertive Community Treatment Team (48 slots)	Adult	NYC		48	State Share of Medicaid:	4/1/2016	49	$384,666
Expanded Respite Capacity[3]	Adult	NYC					See Table 3h[3]	$374,093
SUBTOTAL:							**424**	**$2,918,419**

TOTAL:	**2,567**	**$10,254,130**

Notes:

1. Waiver slots in Bronx County are funded by the NYC Aid to Localities reinvestment funding and Stony Lodge Article 28 funding. All waiver utilization is reported on the Table 3h - New York City to prevent duplication in the number of people served.

2. The Family Resource Center is funded by the Holliswood Art. 28 reinvestment funding and Stony Lodge Art. 28 reinvestment funding. The number of newly served individuals is only reflected in the Holliswood Reinvestment so as not to duplicate the number of individuals served.

3. This program funding is blended between Article 28 and State PC reinvestment. The number of newly served individuals in this table is only reported on the Table 3h, to prevent duplication in the number of people served.

Table 3m: Hudson River Region Article 28 Hospital Reinvestment								
					Investment Plan Progress			
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
Article 28:			N/A					
Stony Lodge/Rye Hospital								
HCBS Waiver Slots	Children	Albany		6	State Share of Medicaid:	12/1/2015	18	$157,704
		Saratoga		3	State Share of Medicaid:	1/1/2015	21	$78,803
		Warren		3	State Share of Medicaid:	1/1/2015	12	$78,803
		Westchester		6	State Share of Medicaid:	1/1/2015	19	$157,704
SUBTOTAL:							**70**	**$473,014**
Article 28:			N/A					
Supported Housing	Adult	Albany		2		9/1/2015	8	20,118
		Greene		5		3/1/2015	16	50,295
		Rensselaer		7		5/1/2015	12	70,413
		Schenectady		7		10/1/2015	17	70,413
Mobile Crisis Services	Adult	Columbia				7/1/2015	1,791	$180,636
		Greene				7/1/2015	1,696	$203,859
		Sullivan				11/24/2014	See Table 3i[1]	$81,447
Hospital Diversion Respite	Adult	Columbia				11/1/2015	22	$43,560
		Greene				3/1/2015	4	$20,337
Respite Services	Children	Columbia				3/30/2015	16	$15,750
		Greene				3/30/2015	47	$65,670
		Orange				6/30/2015	19	$30,000
		Sullivan				4/1/2015	31	$25,000
Respite Services	Adult	Dutchess				3/1/2015	269	$25,000
		Orange				3/20/2015	112	$60,000
		Putnam				6/1/2015	11	$25,000
		Westchester				6/1/2015	53	$136,460
Self Help Program	Adult	Dutchess				2/12/2015	699	$60,000
		Orange				6/17/2015	55	$30,000
		Westchester				4/8/2015	153	$388,577
Family Support Services	Children	Orange				2/18/2015	174	$30,000
		Schoharie				2/23/2015	445	$170,000
Adult Mobile Crisis Team (5 Counties: Rensselaer, Saratoga, Schenectady, Warren-Washington)	Adult	Rensselaer				10/1/2015	816	$1,000,190
Capital Region Respite Services (3 Counties: Albany, Rensselaer, Schenectady)	Children	Rensselaer				7/8/2015	50	$30,000
Mobile Crisis Intervention	Adult	Rockland				3/30/2015	See Table 3i[1]	$400,000
		Ulster				2/9/2015	See Table 3i[1]	$300,000
Mobile Crisis Team (Tri-County: Saratoga, Warren-Washington)	Children	Warren				1/1/2016	463	$545,092
Home Based Crisis Intervention (Tri-County: Saratoga, Warren-Washington)	Children	Warren				11/26/2013	320	$100,000
SUBTOTAL:							**7,299**	**$4,177,817**

TOTAL:	**7,369**	**$4,650,831**

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								
					Investment Plan Progress			
Service	Target Population	County	Prior Capacity	Reinvestment Expansion (units)	Status Update	Start Up Date	New Individuals Served	Annualized Reinvestment Amount ($)
Article 28:			N/A					
Long Beach Medical Center/North Shore University Hospital/Partial Hospitalization Program Operated by Pederson-Krag								
HCBS Waiver Slots	Children	Suffolk		6	State Share of Medicaid:		31	$165,400
SUBTOTAL:							**31**	**$165,400**
Article 28:								
(6) Mobile Residential Support Teams	Adult	Nassau				7/1/2015	405	$1,544,000
Mobile Crisis Team Expansion[1]	Adults & Children	Nassau & Suffolk				8/1/2015	3,869	$212,000
Satellite Clinic Treatment Services	Adult	Nassau			State Share of Medicaid:	8/1/2016	69	$200,000
(2) OnSite Rehabilitation	Adult	Nassau				2/1/2016	93	$200,000
Help/Hot Line Expansion	Adult	Nassau				9/1/2018	298	$50,000
On-Site MH Clinic	Children	Nassau				9/1/2018	14	$50,000
(3) Clinic Treatment Services	Adults & Children	Nassau				8/18/2016	586	$375,000
Family Advocate	Children	Nassau				9/1/2017	513	$84,000
Peer Outreach[2]	Adult	Suffolk					See Table 3e	$30,000
SUBTOTAL:							**5,847**	**$2,745,000**

TOTAL:	**5,878**	**$2,910,400**

*Gross Medicaid projected $420,800

Notes:

1. The Mobile Crisis programs in Nassau and Suffolk Counties are funded by Long Island Art. 28 reinvestment funding, Sagamore and Pilgrim PC Aid to Localities funding. The number of newly served individuals is only reflected on the Long Island Art. RIV table (Table 3n) so as not to duplicate the number of individuals served.

2. Long Island Article 28 reinvestment funding for Peer Outreach program on Table 3n is blended with Pilgrim PC Aid to Localities reinvestment funding for Hospital Alternative respite program on Table 3e. The number of newly served individuals on Table 3n is only reported on Table 3e, to prevent duplication in the number of people served.

Table 4: NYS OMH State Psychiatric Center Inpatient Discharge Metrics

State Inpatient Facilities[1]	Metrics Post Discharge	
	Readmission[2]	ER Utilization[3]
	For discharge cohort (Jan, 2018-Mar, 2018), % Having Psychiatric Readmission within 30 days	For discharge cohort (Jan, 2018-Mar, 2018), % Utilizing Psychiatric Emergency Room within 30 days
Adult		
Bronx	15.2%	18.8%*
Buffalo	18.8%	5.9%*
Capital District	11.8%	24.0%
Creedmoor	18.0%	5.9%
Elmira	12.5%	0.0%*
Greater Binghamton	13.6%	0.0%*
Hutchings	20.0%	22.2%*
Kingsboro	11.1%	11.8%*
Manhattan	22.2%	9.7%
Pilgrim	7.9%	17.6%*
Rochester	8.3%	11.1%*
Rockland	11.1%	6.7%*
South Beach	16.4%	17.5%
St. Lawrence	50.0%*	0.0%*
Washington Heights	14.7%	10.0%
Total	**15.9%**	**11.4%**
Children & Youth		
Elmira	7.1%*	15.4%*
Greater Binghamton	4.3%	0.0%*
Hutchings	6.7%	16.0%
Mohawk Valley	7.2%	10.9%
NYC Children's Center	6.5%	8.9%
Rockland CPC	2.9%	13.8%
Sagamore CPC	0.0%	9.1%
South Beach	25.0%*	50.0%*
St. Lawrence	7.9%	11.3%
Western NY CPC	3.6%	4.5%
Total	**6.0%**	**10.6%**
Forensic		
Central New York	0.0%	0.0%
Kirby	11.4%	0.0%
Mid-Hudson	7.1%	3.7%
Rochester	0.0%*	0.0%*
Total	**4.7%**	**1.2%**

Updated as of January 25, 2019

Notes:

1. Research units and Sexual Offender Treatment Programs (SOTP) were excluded.

2. Readmissions were defined as State PC and Medicaid (Article 28 /31) psychiatric inpatient readmission events occurring within 1 to 30 days after the State PC discharge. The first readmission within the 30 days window was counted. The denominator for this measure was based on State inpatient discharges to the community. The discharge cohort has a 6-month lag to allow time for completion of Medicaid claim submissions. The discharges that were no longer qualified for Medicaid services (lost Medicaid eligibility, had Medicare or third party insurance) were excluded from the discharge cohort but who had a state operated service in the 3 months post discharge were retained in the discharge cohort.

3. ER utilization was identified using Medicaid claims and encounters only. The numerator included the first Psychiatric ER/CPEP event that occurred within thirty days post discharge. The denominator for this measure was based on State inpatient discharges to the community. The discharge cohort has a 6-month lag to allow time for completion of Medicaid claim submissions. The discharges that were no longer qualified for Medicaid services (lost Medicaid eligibility, had Medicare or third party insurance) were excluded from the discharge cohort.

***Note this rate may not be stable due to small denominator (less than 20 discharges in the denominator).**

Table 5: General and Private Hospital 30-Day Inpatient Readmission and ER Utilization Rates[1]

Region	County[2]	Hospital Name[3]	Auspice	Capacity (as of 12/1/18)			Metrics Post Discharge[4]					
							Readmission[5]			ER Utilization[7]		
							For discharge cohort (Jan, 2018-Mar, 2018), % Having Psychiatric Readmission within 30 days			For discharge cohort (Jan, 2018-Mar, 2018), % Utilizing Psychiatric Emergency Room within 30 days		
				Total	Adults	Child	Total	Adult[6]	Child	Total	Adult	Child
Central	Broome	United Health Services Hospitals, Inc.	Article 28	56	56	0	10.4%	10.4%	.	11.0%	11.0%	.
Central	Cayuga	Auburn Community Hospital	Article 28	14	14	0	16.1%	16.1%	.	12.5%	12.5%	.
Central	Clinton	Champlain Valley Physicians Hospital Med Ctr.[8]	Article 28	30	18	12	15.3%	9.1%	25.0%	6.9%	2.3%	14.3%
Central	Cortland	Cortland Regional Medical Center, Inc.	Article 28	11	11	0	2.9%	2.9%	.	8.6%	8.6%	.
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	12.7%	12.7%	.	7.3%	7.3%	.
Central	Montgomery	St. Mary's Healthcare	Article 28	20	20	0	11.6%	11.6%	.	5.8%	5.8%	.
Central	Oneida	Faxton - St. Luke's Healthcare	Article 28	26	26	0	21.0%	21.0%	.	15.0%	15.0%	.
Central	Oneida	Rome Memorial Hospital, Inc.	Article 28	12	12	0	16.7% *	16.7% *	.	0.0% *	0.0% *	.
Central	Oneida	St. Elizabeth Medical Center	Article 28	24	24	0	15.5%	15.5%	.	12.4%	12.4%	.
Central	Onondaga	St. Joseph's Hospital Health Center	Article 28	30	30	0	12.5%	12.5%	.	20.0%	20.0%	.
Central	Onondaga	SUNY Health Science Center-University Hospital	Article 28	49	49	0	16.1%	16.1%	.	17.3%	17.3%	.
Central	Oswego	Oswego Hospital, Inc.	Article 28	28	28	0	12.9%	12.9%	.	6.5%	6.5%	.
Central	Otsego	Bassett Healthcare	Article 28	20	20	0	21.2%	21.2%	.	9.6%	9.6%	.
Central	Saint Lawrence	Claxton-Hepburn Medical Center	Article 28	28	28	0	20.7%	20.7%	.	11.0%	11.0%	.
Hudson	Albany	Albany Medical Center	Article 28	26	26	0	23.6%	23.6%	.	13.8%	13.8%	.
Hudson	Columbia	Columbia Memorial Hospital	Article 28	22	22	0	15.7%	15.7%	.	21.6%	21.6%	.
Hudson	Dutchess	Westchester Medical /Mid-Hudson Division	Article 28	40	40	0	20.6%	20.6%	.	20.3%	20.3%	.
Hudson	Orange	Bon Secours Community Hospital	Article 28	24	24	0	20.0%	20.0%	.	17.5%	17.5%	.
Hudson	Orange	Orange Regional Medical Center - Arden Hill Hospital	Article 28	30	30	0	9.1%	9.1%	.	5.5%	5.5%	.
Hudson	Putnam	Putnam Hospital Center	Article 28	20	20	0	23.9%	23.9%	.	21.7%	21.7%	.
Hudson	Rensselaer	Northeast Health - Samaritan Hospital	Article 28	63	63	0	20.5%	20.5%	.	11.8%	11.8%	.
Hudson	Rockland	Nyack Hospital	Article 28	26	26	0	22.2%	22.2%	.	13.3%	13.3%	.
Hudson	Saratoga	FW of Saratoga, Inc.	Article 31	88	31	57	9.7%	8.3%	10.4%	4.4%	2.4%	5.5%
Hudson	Saratoga	The Saratoga Hospital	Article 28	16	16	0	15.5%	15.5%	.	20.7%	20.7%	.
Hudson	Schenectady	Ellis Hospital	Article 28	52	36	16	16.5%	19.2%	12.0%	19.8%	21.8%	16.3%
Hudson	Sullivan	Catskill Regional Medical Center	Article 28	18	18	0	18.4%	18.4%	.	16.3%	16.3%	.
Hudson	Ulster	Health Alliance Hospital Mary's Ave Campus	Article 28	40	40	0	14.3%	14.3%	.	27.3%	27.3%	.
Hudson	Warren	Glens Falls Hospital	Article 28	30	30	0	25.2%	25.2%	.	15.5%	15.5%	.
Hudson	Westchester	Four Winds, Inc.	Article 31	178	28	150	10.4%	14.9%	9.9%	10.5%	8.5%	10.7%
Hudson	Westchester	Montefiore Mount Vernon Hospital, Inc.	Article 28	22	22	0	8.3%	8.3%	.	13.3%	13.3%	.
Hudson	Westchester	New York Presbyterian Hospital[9]	Article 28	250	205	45	15.3%	16.7%	10.5%	11.3%	11.1%	11.6%
Hudson	Westchester	Northern Westchester Hospital Center	Article 28	15	15	0	16.7% *	16.7% *	.	22.2% *	22.2% *	.
Hudson	Westchester	Phelps Memorial Hospital Center	Article 28	22	22	0	19.2%	19.2%	.	7.7%	7.7%	.
Hudson	Westchester	St Joseph's Medical Center	Article 28	149	136	13	21.5%	23.2%	5.0%	12.0%	12.4%	7.5%
Hudson	Westchester	Westchester Medical Center	Article 28	101	66	35	14.2%	14.3%	0.0% *	11.2%	11.3%	0.0% *
Long Island	Nassau	Mercy Medical Center	Article 28	39	39	0	24.5%	24.5%	.	20.8%	20.8%	.
Long Island	Nassau	Nassau Health Care Corp/Nassau Univ Med Ctr	Article 28	128	106	22	12.7%	15.3%	2.8%	9.2%	8.8%	11.1%
Long Island	Nassau	North Shore University Hospital @Syosset[10]	Article 28	20	20	0	15.0%	15.0%	.	5.0%	5.0%	.
Long Island	Nassau	South Nassau Communities Hospital	Article 28	36	36	0	31.4%	31.4%	.	18.1%	18.1%	.

Table 5: General and Private Hospital 30-Day Inpatient Readmission and ER Utilization Rates[1]

Region	County[2]	Hospital Name[3]	Auspice	Capacity (as of 12/1/18)			Metrics Post Discharge[4]					
							Readmission[5]			ER Utilization[7]		
							For discharge cohort (Jan, 2018-Mar, 2018), % Having Psychiatric Readmission within 30 days			For discharge cohort (Jan, 2018-Mar, 2018), % Utilizing Psychiatric Emergency Room within 30 days		
				Total	Adults	Child	Total	Adult[6]	Child	Total	Adult	Child
Long Island	Suffolk	Brookhaven Memorial Hospital Medical Center	Article 28	20	20	0	21.4%	21.4%	.	21.4%	21.4%	.
Long Island	Suffolk	Brunswick Hospital Center, Inc.[11]	Article 31	124	87	37	21.6%	27.3%	12.0%	21.6%	22.5%	20.0%
Long Island	Suffolk	Eastern Long Island Hospital Association	Article 28	23	23	0	17.5%	17.5%	.	12.3%	12.3%	.
Long Island	Suffolk	Huntington Hospital	Article 28	21	21	0	7.1%	7.1%	.	14.3%	14.3%	.
Long Island	Suffolk	John T. Mather Memorial Hospital	Article 28	37	27	10	13.0%	12.1%	18.2% *	17.4%	15.5%	27.3% *
Long Island	Suffolk	St. Catherine's of Siena Hospital	Article 28	42	42	0	22.7%	22.7%	.	25.3%	25.3%	.
Long Island	Suffolk	State University of NY at Stony Brook	Article 28	40	30	10	16.4%	20.2%	6.3%	17.2%	19.0%	12.5%
Long Island	Suffolk	The Long Island Home[12]	Article 31	150	98	52	13.8%	17.9%	9.3%	20.4%	24.2%	16.3%
NYC	Bronx	Bronx-Lebanon Hospital Center[13]	Article 28	104	79	25	22.4%	24.3%	13.8%	28.0%	29.2%	23.0%
NYC	Bronx	Montefiore Medical Center	Article 28	55	55	0	13.1%	13.1%	.	12.7%	12.7%	.
NYC	Bronx	NYC-HHC Jacobi Medical Center	Article 28	107	107	0	18.1%	18.1%	.	18.1%	18.1%	.
NYC	Bronx	NYC-HHC Lincoln Medical & Mental Health Ctr.	Article 28	60	60	0	21.0%	21.0%	.	18.8%	18.8%	.
NYC	Bronx	NYC-HHC North Central Bronx Hospital	Article 28	70	70	0	15.4%	15.4%	.	18.4%	18.4%	.
NYC	Bronx	St. Barnabas Hospital	Article 28	49	49	0	18.0%	18.0%	.	20.9%	20.9%	.
NYC	Kings	Brookdale Hospital Medical Center	Article 28	61	52	9	19.8%	22.2%	13.5%	26.5%	29.7%	18.0%
NYC	Kings	Interfaith Medical Center, Inc.	Article 28	120	120	0	24.8%	24.8%	.	22.9%	22.9%	.
NYC	Kings	Kingsbrook Jewish Medical Center[14]	Article 28	55	55	0	28.3%	28.3%	.	26.7%	26.7%	.
NYC	Kings	Maimonides Medical Center	Article 28	70	70	0	22.4%	22.4%	.	15.6%	15.6%	.
NYC	Kings	NYC-HHC Coney Island Hospital	Article 28	64	64	0	17.3%	17.3%	.	14.7%	14.7%	.
NYC	Kings	NYC-HHC Kings County Hospital Center	Article 28	205	160	45	16.9%	17.7%	12.1%	22.5%	23.9%	13.8%
NYC	Kings	NYC-HHC Woodhull Medical & Mental Health Ctr.[15]	Article 28	112	112	0	23.3%	23.3%	.	23.0%	23.0%	.
NYC	Kings	New York Methodist Hospital	Article 28	50	50	0	21.3%	21.3%	.	27.6%	27.6%	.
NYC	Kings	New York University Hospitals Center	Article 28	35	35	0	20.0%	20.0%	.	16.3%	16.3%	.
NYC	New York	Beth Israel Medical Center	Article 28	92	92	0	25.0%	25.0%	.	20.7%	20.7%	.
NYC	New York	Lenox Hill Hospital	Article 28	27	27	0	30.8%	30.8%	.	34.6%	34.6%	.
NYC	New York	Mount Sinai Medical Center[16]	Article 28	46	46	0	17.3%	17.3%	.	5.1%	5.1%	.
NYC	New York	NYC-HHC Bellevue Hospital Center	Article 28	330	285	45	22.4%	22.0%	24.4%	20.3%	21.6%	13.8%
NYC	New York	NYC-HHC Harlem Hospital Center	Article 28	52	52	0	26.0%	26.0%	.	31.1%	31.1%	.
NYC	New York	NYC-HHC Metropolitan Hospital Center	Article 28	122	104	18	31.2%	33.0%	14.9%	22.9%	24.9%	4.3%
NYC	New York	New York Gracie Square Hospital, Inc.[17]	Article 31	133	133	0	15.8%	15.8%	.	17.7%	17.7%	.
NYC	New York	New York Presbyterian Hospital	Article 28	91	91	0	17.8%	17.8%	.	17.1%	17.1%	.
NYC	New York	New York University Hospitals Center	Article 28	22	22	0	20.0%	20.0%	.	16.3%	16.3%	.
NYC	New York	St. Luke's-Roosevelt Hospital Center	Article 28	110	93	17	19.0%	19.8%	17.1%	19.8%	20.9%	17.1%
NYC	Queens	Episcopal Health Services Inc.	Article 28	43	43	0	18.8%	18.8%	.	18.8%	18.8%	.
NYC	Queens	Jamaica Hospital Medical Center[18]	Article 28	56	56	0	24.7%	24.7%	.	31.4%	31.4%	.
NYC	Queens	Long Island Jewish Medical Center	Article 28	234	212	22	16.6%	18.3%	2.0%	15.5%	15.9%	12.0%
NYC	Queens	NYC-HHC Elmhurst Hospital Center	Article 28	177	151	26	15.4%	16.9%	6.3%	16.9%	17.6%	12.5%
NYC	Queens	NYC-HHC Queens Hospital Center[19]	Article 28	53	53	0	18.5%	18.5%	.	24.5%	24.5%	.
NYC	Queens	New York Flushing Hospital and Medical Center	Article 28	18	18	0	33.9%	33.9%	.	37.1%	37.1%	.
NYC	Richmond	Richmond University Medical Center	Article 28	65	55	10	10.3%	10.7%	9.1%	50.6%	50.9%	50.0%
NYC	Richmond	Staten Island University Hospital [20]	Article 28	35	35	0	17.8%	17.8%	.	27.4%	27.4%	.
Western	Cattaraugus	Olean General Hospital	Article 28	14	14	0	12.3%	12.3%	.	2.7%	2.7%	.

Table 5: General and Private Hospital 30-Day Inpatient Readmission and ER Utilization Rates[1]

Region	County[2]	Hospital Name[3]	Auspice	Capacity (as of 12/1/18)			Metrics Post Discharge[4]					
							Readmission[5] For discharge cohort (Jan, 2018-Mar, 2018), % Having Psychiatric Readmission within 30 days			ER Utilization[7] For discharge cohort (Jan, 2018-Mar, 2018), % Utilizing Psychiatric Emergency Room within 30 days		
				Total	Adults	Child	Total	Adult[6]	Child	Total	Adult	Child
Western	Chautauqua	TLC Health Network	Article 28	20	20	0	2.8%	2.8%	.	5.6%	5.6%	.
Western	Chautauqua	Woman's Christian Assoc. of Jamestown, NY	Article 28	40	30	10	13.9%	10.0%	19.7%	12.6%	12.2%	13.1%
Western	Chemung	St. Joseph's Hospital	Article 28	25	25	0	13.8%	13.8%	.	11.2%	11.2%	.
Western	Erie	Brylin Hospitals, Inc.	Article 31	88	68	20	8.3%	5.3%	11.8%	6.9%	5.3%	8.8%
Western	Erie	Erie County Medical Center[21]	Article 28	160	144	16	10.1%	10.2%	8.8%	13.7%	13.6%	14.7%
Western	Monroe	Rochester General Hospital	Article 28	30	30	0	17.9%	17.9%	.	8.3%	8.3%	.
Western	Monroe	The Unity Hospital of Rochester	Article 28	40	40	0	15.8%	15.8%	.	10.5%	10.5%	.
Western	Monroe	Univ of Roch Med Ctr/Strong Memorial Hospital	Article 28	93	66	27	8.3%	8.0%	8.8%	16.1%	13.2%	23.5%
Western	Niagara	Eastern Niagara Hospital, Inc.	Article 28	12	0	12	18.8%	.	18.8%	12.5%	.	12.5%
Western	Niagara	Niagara Falls Memorial Medical Center	Article 28	54	54	0	15.7%	15.7%	.	12.7%	12.7%	.
Western	Ontario	Clifton Springs Hospital and Clinic	Article 28	18	18	0	6.3% *	6.3% *	.	31.3% *	31.3% *	.
Western	Tompkins	Cayuga Medical Center at Ithaca, Inc.	Article 28	26	20	6	11.1%	6.5%	21.4% *	8.9%	6.5%	14.3% *
Western	Wayne	Newark-Wayne Community Hospital, Inc.	Article 28	16	16	0	11.1%	11.1%	.	22.2%	22.2%	.
Western	Wyoming	Wyoming County Community Hospital	Article 28	12	12	0	10.3%	10.3%	.	15.4%	15.4%	.
Western	Yates	Soldiers & Sailors Memorial Hospital	Article 28	10	10	0	10.0% *	10.0% *	.	10.0% *	10.0% *	.
Statewide Total				**5,885**	**5,118**	**767**	**18.2%**	**19.2%**	**11.9%**	**18.1%**	**18.7%**	**14.2%**

Updated as of Jan 29, 2019

Source: Concerts, Medicaid, MHARS

Notes:

1. Private (Article 31) hospitals are classified as Institutes for Mental Diseases (IMD), and as such, are not reimbursed by Medicaid for inpatient treatment in their facilities for persons aged 22-64.

2. Data are presented by county of discharging hospital location and age group (child or adult). If an entity operates more than one hospital and county is not available on the records (e.g., managed care encounters), the discharges and readmissions are assigned to one of the hospitals.

3. Hospitals that closed prior to 12/1/2018 are excluded.

4. The denominators for the metrics were based on discharges to the community. The discharge cohort has a 6-month lag to allow time for completion of Medicaid claim submissions. The discharges that were no longer qualified for Medicaid services (lost Medicaid eligibility, had Medicare or third party insurance) were excluded from the discharge cohort.

5. Readmissions were defined as State PC and Medicaid psychiatric (Article 28 /31) inpatient events occurring within 1 to 30 days after the Article 28 /31 discharge. The readmission was only counted once.

6. When the psychiatric unit is a child or adolescent unit, persons aged 21 or younger are counted as a child. For adult units, persons aged 16 or older are counted as adults.

7. ER data were extracted from Medicaid claims and encounters only. The numerator included the first Psychiatric ER/CPEP event that occurred within thirty days post discharge.

8. Change at Champlain Valley Physicians Hospital Med Ctr. was reduced by 4 adult beds (from 22 to 18) effective on 5/25/2017.

9. Change at New York Presbyterian Hospital adult capacity was reduced by 2 bed from 207 to 205 effective on 11/7/2017.

10. North Shore University Hospital @ Syosset was not appearing in this report prior to June 2017, due to a Medicaid data matching issue that has now been resolved.

11. Changes at Brunswick Hospital Center, Inc. were expended by 8 adult bed from 79 to 87 and reduced by 8 child beds from 45 to 37 effective on 9/9/2016.

12. Changes at The Long Island Home were reduced by 43 adult bed from 141 to 98 and reduced by 13 child beds from 65 to 52 effective on 8/6/2018.

13. Change at Bronx-Lebanon Hospital Center was expanded by 6 adult bed from 73 to 79 effective on 10/20/2017.

14. Change at Kingsbrook Jewish Medical Center was reduced by 3 adult bed from 58 to 55 effective on 10/15/2018.

15. Change at NYC-HHC Woodhull Medical & Mental Health Ctr. Was reduced by 23 adult bed from 135 to 112 effective on 11/30/2017.

16. Change at Mount Sinai Medical Center was reduced by 30 adult bed from 76 to 46 effective on 7/1/2016.

17. Change at New York Gracie Square Hospital, Inc. was reduced by 24 adult bed from 157 to 133 effective on 9/15/2017.

18. Change at Jamaica Hospital Medical Center was expanded by 4 adult bed from 52 to 56 effective on 12/22/2017. However, this change was updated in Concerts on 3/20/2018, so they are not captured in the overall capacity previously.

19. Change at NYC-HHC Queens Hospital Center was reduced by 18 adult bed from 71 to 53 effective on 10/16/2017.

20. Change at Staten Island University Hospital was reduced by 29 adult bed from 64 to 35 due to one of units has been functionally closed and effective on 7/15/2016.

21. Change at Erie County Medical Center was expanded by 24 adult non-operational beds from 120 to 144 due to consolidation of services from Kaleida hospital effective on July 2017. However, these 24 non-operational beds were just entered in Concerts in June, 2018 so they are not captured in the overall capacity previously.

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

9. **Crisis Intervention:** Crisis intervention services, applicable to adults, children and adolescents, are intended to reduce acute symptoms and restore individuals to pre-crisis levels of functioning. Examples of where these services may be provided include emergency rooms and residential settings. Provision of services may also be provided by a mobile treatment team, generally at a consumer's residence or other natural setting (not at an in-patient or outpatient treatment setting). Examples of services are screening, assessment, stabilization, triage, and/or referral to an appropriate program or programs. This program type does not include warm lines or hot lines.

10. **Non-Medicaid Care Coordination:** Activities aimed at linking the consumer to the service system and at coordinating the various services in order to achieve a successful outcome. The objective of care coordination in a mental health system is continuity of care and service. Services may include linking, monitoring and case-specific advocacy. Care Coordination Services are provided to enrolled consumers for whom staff is assigned a continuing care coordination responsibility. Thus, routine referral would not be included unless the staff member making the referral retains a continuing active responsibility for the consumer throughout the system of service. Persons with Medicaid may receive services from this program, however the program does not receive reimbursement from Medicaid.

11. **Recovery Center:** A program of peer support activities that are designed to help individuals with psychiatric diagnosis live, work and fully participate in communities. These activities are based on the principle that people who share a common condition or experience can be of substantial assistance to each other. Specific program activities will: build on existing best practices in self-help/peer support/mutual support; incorporate the principles of Olmstead; assist individuals in identifying, remembering or discovering their own passions in life; serve as a clearinghouse of community participation opportunities; and then support individuals in linking to those community groups, organizations, networks or places that will nurture and feed an individual's passions in life. Social recreation events with a focus on community participation opportunities will be the basis for exposing individuals to potential passion areas through dynamic experiences, not lectures or presentations.

12. **Self Help Program:** To provide rehabilitative and support activities based on the principle that people who share a common condition or experience can be of substantial assistance to each other. These programs may take the form of mutual support groups and networks, or they may be more formal self-help organizations that offer specific educational, recreational, social or other program opportunities.

13. **Clinic Treatment:** A clinic treatment program shall provide treatment designed to minimize the symptoms and adverse effects of illness, maximize wellness, and promote recovery. A clinic treatment program for adults shall provide the following services: outreach, initial assessment (including health screening), psychiatric assessment, crisis intervention, injectable psychotropic medication administration (for clinics serving adults), psychotropic medication treatment, psychotherapy services, family/collateral psychotherapy, group psychotherapy, and complex care management. The following optional services may also be provided: developmental testing, psychological testing, health physicals, health monitoring, and psychiatric consultation. A clinic treatment program for children shall provide the following services: outreach, initial assessment (including health screening), psychiatric assessment, crisis intervention, psychotropic medication treatment, psychotherapy services, family/collateral psychotherapy, group psychotherapy, and complex care management. The following optional services may also be provided: developmental testing, psychological testing, health physicals, health monitoring, psychiatric consultation, and injectable psychotropic medication administration.

14. **Home-Based Crisis Intervention:** The Home-Based Crisis Intervention Program is a clinically oriented program with support services by a MSW or Psychiatric Consultant which assists families with children in crisis by providing an alternative to hospitalization. Families are helped through crisis with intense interventions and the teaching of new effective parenting skills. The overall goal of the program is to provide short-term, intensive in-home crisis intervention services to a family in crisis due to the imminent risk of their child being admitted to a psychiatric hospital. The target population for the HBCI Program is families with a child or adolescent ages 5 to 17 years of age, who are experiencing a psychiatric crisis so severe that unless immediate, effective intervention is provided, the child will be removed from the home and admitted to a psychiatric hospital. Families referred to the program are expected to come from psychiatric emergency services.

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

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

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

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

17. **Transportation:** The provision of transportation to and from facilities or resources specified in the Consumer's individual treatment plan as a necessary part of his/her service for mental disability. This includes all necessary supportive services for full and effective integration of the Consumer into community life.

18. **Flexible Recipient Service Dollars:** Flexible Recipient Service Dollars are not based on a particular fiscal model and are available to provide for a recipient's emergency and non-emergency needs. These funds are to be used as payment of last resort. The use of the service dollars should include participation of the recipient of services, who should play a significant role in the planning for, and the utilization of, service dollars. Services purchased on behalf of a recipient, such as Respite or Crisis Services, should be reported using this Service Dollar program code. Examples of services may include housing, food, clothing, utilities, transportation and assistance in educational, vocational, social or recreational and fitness activities, security deposits, respite, medical care, crisis specialist, homemakers and escorts. This program code cannot be allocated for AHSCM, ICM, SCM, BCM, ACT, RTF Transition Coordinators or Home and Community Based Waiver Services. Agency administrative costs allocated to the operating costs of this program via the Ratio Value allocation methodology are redistributed to other OMH programs in the CFR.

19. **Family Support Services:** Family support programs provide an array of formal and informal services to support and empower families with children and adolescents having serious emotional disturbances. The goal of family support is to reduce family stress and enhance each family's ability to care for their child. To do this, family support programs operate on the principles of individualized care and recognizing every child and family is unique in their strengths and needs. Connecting family members to other families with children with serious emotional problems helps families to feel less isolated and identify their own strengths. Family support programs ideally provide the following four core services: family/peer support, respite, advocacy, and skill building/educational opportunities.

20. **OnTrackNY:** OnTrackNY program is intended for early identification of psychotic symptoms and the development of early intervention strategies to mitigate the onset of psychotic disorders. These programs generally focus on serving transition-aged youth and young adults experiencing their first episode of psychosis.

21. **On-Site Rehabilitation:** Program objective is to assist mentally ill adults living in adult congregate care settings, supervised or supported living arrangements to achieve their treatment and community living rehabilitation goals. Services include one or a combination of:
    (1) consumer self-help and support interventions:
    (2) community living;
    (3) academic and/or social leisure time rehabilitation training and support services.

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

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

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

24. **High Fidelity Wraparound (HFW)** is a youth-guided, family-driven planning process that allows youth and their family achieve treatment goals that they have identified and prioritized, with

assistance from their natural supports and system providers, while the youth remains in his or her home and community setting.

25. **Mobile Residential Support Teams** focus on transitioning adults living in supported housing apartments into community living. Once these individuals are living in the community, Mobile Residential Support Teams visit them in their homes to help ensure that their basic needs are being met. Teams assist with discharge and community residential support for high risk individuals such as those with co-morbid medical conditions, dual diagnoses of mental illness and/or developmental disability.

26. **Long Stay Teams** are services that assist with the transition of long stay individuals in State PC or residential settings into structured community settings. Long stay is defined as an adult with a State PC or residential length of stay exceeding one year.

27. **Skilled Nursing Facility (SNF) Transition Supports:** The SNF Supports are designed to develop State-operated transition and support services for individuals discharged from State PCs to skilled nursing facilities or managed long term care settings in the community. Many individuals who are eligible for nursing home care but no longer require inpatient psychiatric treatment, may need some enhanced support during the transition to a nursing home. In addition, nursing homes have indicated a need for continuing engagement and consultation from OMH facility staff with expertise in managing complex comorbid conditions. The SNF initiative provides the necessary State staffing supports and psychiatric consultation services to help individuals successfully transition to and remain in the appropriate level of nursing or long term care in the community rather than an inpatient institutional setting.

28. **Sustained Engagement Support Team:** The Sustained Engagement Support Team (SES) is a centralized unit within the NYS Office of Mental Health that provides telephonic outreach to individuals who were unsuccessfully discharged from State-Operated adult outpatient clinics or ACT Teams in an effort to facilitate re-engagement in outpatient services. This includes adults who were discharged due to loss of contact, declination of services, and incarceration. The SES Team and OMH State-Operated outpatient providers work closely together to identify factors leading to disconnection from mental health treatment. The SES Team actively collaborates with providers, hospitals, and correctional facilities to coordinate referrals and discharge plans for individuals in need of re-engagement. The team also works with community providers to ensure continuity of care and assist in overcoming any barriers to engagement. Sustained Engagement data reflect the total number of individuals disconnected from care who were successfully re-engaged in services by this program.

29. **Residential Stipend Adjustments:** OMH has directed a portion of reinvestment funds for targeted Supported Housing stipend and Single Room Occupancy (SRO) model adjustments to address funding gaps. Similar to residential investments in the prior budget cycles, OMH has targeted the resources using data to identify the highest priorities.

30. **Peer Specialist Certification**: The NY Peer Specialist Certification process was developed to acknowledge peers who have acquired the skills that qualify them to assist another in their recovery journey. This process is operated by a board of experienced peer specialist from across NYS. The board is responsible for developing the standards for training and experience. Certification promotes a skilled workforce which is not able to tape new funding from new sources such as Medicaid. Finally, the process establishes the qualifications for professional recognition for individuals working in the mental health system based on “The Shared Personal Experience” paradigm.