

## Rochester Psychiatric Center (RPC) Sub-Regional Reinvestment Proposal

September 12, 2014

### **RPC Sub-Regional Charge:**

NYS OMH communicated the availability of reinvestment funding associated with their commitment to enhance community-based services to reduce admissions to and length of stay within inpatient psychiatric settings.

The total amount allocated to the Rochester Psychiatric Center's (RPC) sub-regional catchment area is \$2,823,000, with the catchment region including Genesee, Livingston, Monroe, Orleans, Wayne and Wyoming Counties.

The identified counties recognized the need to develop a sub-regional reinvestment proposal, seeking to both maximize reinvestment dollars and to create a regional network of services, positioned to effectively meet the needs of individuals transitioning off of the state operated psychiatric campus. The sub-regional planning group recognized the work already conducted by the Western Regional Center for Excellence (RCE) Planning Committee in 2013. This RCE planning committee engaged multiple stakeholder groups and developed a proposal identifying the needs of the Western Region as it relates to the downsizing of state-operated psychiatric settings. As the RCE developed proposal accurately reflects the needs of the sub-region, it was determined that the sub regional reinvestment proposal should build upon the recommendations made in the RCE plan. This reinvestment proposal is targeted at the following Rochester Psychiatric Center-related outcomes: reducing admissions, facilitating discharges, and managing census.

It was the intent of sub regional planning participants to incorporate information from planning activities already underway throughout the sub-region, with an emphasis on initiatives targeting a reduction in psychiatric inpatient admissions and enhanced use of community-based services. Therefore, this sub regional reinvestment proposal is intended to build upon, and not duplicate, planning initiatives such as the staffing reinvestment planning via Rochester Psychiatric Center (RPC), the existing Western Regional Center of Excellence plan, and the Delivery System Redesign Incentive Planning (DSRIP). [See Attachment A regarding initiatives of focus for RCE plan and RPC staffing reinvestment plan].

The sub-regional counties recognized the need to incorporate information from ongoing collaboration and planning efforts that have been in place between the Rochester Psychiatric Center and the identified local governmental units. This includes monthly RPC Director's meetings (attendees include RPC Leadership and County Directors of Community Services), monthly RPC Chief's Meetings (attendees include RPC Leadership and Clinical Chiefs from the Monroe County behavioral health service system), and ongoing planning meetings between RPC staff and Monroe County SPOA and residential providers to determine how to best meet the needs of the RPC long-stay population. These collaborative efforts have informed the development of this proposal.

### **RPC Sub-Regional Goal:**

Development of a sub-regional reinvestment plan that enhances the array and availability of community-based services, thereby supporting the Rochester Psychiatric Center goals of reducing admissions, facilitating discharges, and managing census and making it possible for individuals to achieve their recovery goals in an integrated community settings.

**RPC Sub-Regional Members:** David Putney (Monroe), Ellery Reaves (Genesee), Jennifer Rodriguez (Livingston), Mark O’Brien (Orleans), Nancy Balbick (Wyoming), Jim Haitz (Wayne), Colleen Eccleston (Wyoming), Michele Anuszkiewicz (Livingston), Ed Hunt (Wayne), Augusta Welsh (Genesee), Jim Damien (Genesee), Mandy Teeter (Monroe), Christina Doherty Smith (NYS OMH FO), Chris Marcello (NYS OMH FO).

**Meeting Dates:** The sub-regional planning team met on four occasions in the Genesee County Mental Health Conference Room:

1. Wednesday, June 4th 11:00am-12:30pm
2. Wednesday, June 11th 11:00am-12:30pm
3. Wednesday, June 18<sup>th</sup> 11:00am-12:30pm
4. Wednesday, June 25<sup>th</sup> 11:00am-12:30pm

**Recommendations Regarding Reinvestment Priorities:**

The Western Regional Center for Excellence (RCE) Planning Committee proposal was utilized as the framework for identifying and prioritizing the initiatives that would most effectively support the transition to a system of care that enhances community-based services and reduces admissions to and length of stay within inpatient psychiatric settings.

The following services were identified to be reinvestment priorities throughout the sub-region:

Reinvestment Priority	Reinvestment Allocation
Peer Bridger Program	\$292,500
Community Support Team (Targeted at Supported Housing)	\$500,757
Supported Housing (Targeted at Forensic Population)	\$168,520
Community Support Team (Targeted at Forensic Population in SH)	\$251,875
Adult Crisis Transitional Housing	\$450,000
Peer-Run Respite Diversion Program	\$500,000
Enhanced Recovery Supports	\$51,836
Assertive Community Treatment (ACT) Teams- Additional Capacity	\$390,388
Recovery Center	\$217,124
Total	\$2,823,000

Recommendations from the Western Regional Center of Excellence proposal, collaboration and planning with RPC staff, and knowledge of existing services that have been proven to be successful in adequately meeting the needs of this population were reviewed in the planning process. Recognizing the need to enhance community-based services to the needs of individuals transitioning off of the Rochester Psychiatric Center (RPC) unit, RPC provided census information on individuals considered to be “long-stay.” Individuals receiving services on the RPC Adult Services Unit (ASU) for periods of time between 6-11 months and greater than 12 months are considered to be “long-stay.” County of origin information for the long-stay population is included below. Review of Rochester Psychiatric Center long-stay census data demonstrate that the majority of the individuals that will be transitioned out of inpatient psychiatric units and into community-based services will be within Monroe County. This information was utilized to determine where enhanced community-based services should be located in order to best meet the needs of the population of focus.

<b>Long-Stay Census- County of Origin</b>				
<b>Individuals on ASU 365+ days</b>			<b>Individuals on ASU 180-364 days</b>	
<b>County of Origin</b>	<b># Ind.</b>	<b>% of Total</b>	<b># Ind.</b>	<b>% of Total</b>
Genesee	5	7%	0	0%
Livingston	2	3%	0	0%
Monroe	65	89%	11	92%
Orleans	0	0%	1	8%
Wayne	1	1%	0	0%
Wyoming	0	0%	0	0%
<b>Total</b>	<b>73</b>	<b>100%</b>	<b>12</b>	<b>100%</b>

Collaborating with RPC leadership and staff has been essential in this planning process. RPC has completed comprehensive assessments of individuals with long lengths of stay on RPC inpatient units. Beginning in 2013, MCOMH, RPC, and Monroe County residential providers began meeting to proactively plan for the needs of individuals being transitioned off of the RPC campus, with special emphasis on the long-stay population. MCOMH and residential providers met with residents and staff at RPC to explore how to best meet residential needs of this population within the community. Since then, residential providers have continued to meet with RPC residents and staff monthly to identify residential solutions that best meet the needs of these individuals. The sub-region has already demonstrated success in downsizing one 30-bed unit. In addition, RPC has communicated to the sub-region that as the RPC civil unit census downsizes, RPC staff will be made available to support the transition of individuals from the RPC campus to the community. These staff members will reportedly be part of teams, referred to as RPC mobile integration teams (MIT). The availability of RPC mobile integration teams is evident throughout the reinvestment proposal and it is recognized that additional planning will need to occur to ensure that all reinvestment resources are maximized and not duplicated during implementation.

As individuals are transitioned from psychiatric settings into community-based settings, a review of individual needs was conducted to ensure a proper match between need and availability of community-based services. Individuals referred from the RPC psychiatric inpatient unit oftentimes present with chronic physical health conditions, more complex physical health needs, and in some instances, require additional assistance with activities of daily living. As MCOMH, RPC leadership and staff and Monroe County residential providers worked to best understand the need of the long-stay population on the RPC campus, several central themes were identified as necessary to support the transition to community-based living. These themes include:

- Availability of permanent, affordable housing with supports
- Availability of mobile comprehensive services
- Availability of services to support community living- including peers support, medical support, community living technical support

Access to affordable, safe housing is essential to meet the recovery goals of the population of focus. It is recognized that access to residential programming, particularly supported housing can be key to diverting an individual from a state-operated psychiatric inpatient stay. New York State Office of Mental Health (NYS OMH) has recognized the importance of supported housing in supporting the recovery goals of individuals on the RPC campus and has allocated 116 units of supported housing to this sub-region for this purpose. The table below depicts both the existing OMH supported housing capacity within the sub-region and the newly awarded supported housing allocations associated with RPC downsizing.

RPC Sub Regional OMH Supported Housing		
County	Existing Capacity	RPC Reinvestment
Genesee	45	6
Livingston	38	2
Monroe	427	100
Orleans	25	4
Wayne	56	2
Wyoming	20	2

To best understand the needs of individuals determined to be “long-stay” on the RPC unit, a small sample size was reviewed to understand the needs of this population. A review of 18 individuals on the psychiatric unit with a history of long-stays at RPC demonstrated that approximately 44% (n=8) presented with complex physical health conditions and approximately 44% (n=8) required additional support and/or guidance in completing activities of daily living. Oftentimes, individuals presented with one set of needs (medical supports or personal care needs). Referrals for individuals with physical health and personal care needs are not unique for residential providers within the sub-region. In the past, residential providers have utilized higher levels of care (CR or SRO) and have worked to engage home health aides and visiting nurse services to work with these individuals with some success. However, it is recognized that the population targeted by these additional supported housing units will require additional supports.

Therefore, it is recommended that all newly allocated supported housing units will have supportive services available to them via community support teams, allowing the residential provider to effectively admit individuals from the RPC campus, while simultaneously meeting their complex physical health and personal care needs. This reinvestment priority will allow for the availability of additional staff to provide services to all supported housing units admitting individuals directly from the RPC campus.

It will be essential for residential programs to collaborate closely with the newly developed ACT teams, as well as the RPC mobile integration teams to ensure that duplication of effort does not occur within this setting. It is anticipated that in most instances, the role of the health home care manager will be embedded in the ACT team. However, if an individual is referred to these supported housing units and is not enrolled in ACT programming, the role of the health home care manager will be clearly articulated to ensure duplication of services does not occur with this population. The enhanced funding will be made available to finance the following supportive services within the supported housing model. It is important to note that this list provides a basis for the types of supportive services needed to effectively support the recovery goals of individuals leaving the RPC campus; however this list is not inclusive of all supports and services that may be necessary on a case-by-case basis. Prioritized services include the following, which are not ranked by importance:

1. Peer Bridger Program
2. Community Support Team (Targeted at Supported Housing)
3. Supported Housing (Targeted at Forensic Population)
4. Community Support Team (Targeted at Forensic Population in SH)
5. Adult Crisis Transitional Housing
6. Peer Run Respite Diversion Services
7. Enhanced Recovery Supports
8. Assertive Community Treatment – additional capacity
9. Recovery Center in Genesee County

**1. Peer Bridger Program**

In 2013, the Western Region Behavioral Health Organization (RBHO), with Beacon Health Strategies, LLC and

Coordinated Care Services, Inc., piloted a Peer Bridger Program. This program was implemented via collaboration between the RBHO and an Article 28 psychiatric inpatient unit and a local chapter of the Mental Health Association. Peer Coaches received stipends to work with “Complex Population” clients identified by the RBHO (e.g. high need ineffectively engaged, previous admission within 30 days, Active AOT, etc.) as they transitioned off of the psychiatric inpatient unit and into the community. Additional information regarding the Peer Bridger model is available below, including the outcomes associated with this approach.

This reinvestment priority would make six full-time equivalent peer staff available to work with individuals being transitioned off psychiatric inpatient units and into supported housing. It is anticipated that the caseload for one full time equivalent peer staff would be approximately 20 individuals. The peer bridger staff would be made available to all counties within the sub-region and the supports are associated with the newly allocated OMH supported housing.

- *Peer Coach services:* During the pilot program the Peer Coach (or the Peer Coordinator) engaged with the individual in the following ways:
  - Met with the individual as soon as possible once the individual agreed to peer supports.
  - Participated in the discharge planning process whenever possible
  - Supported a person-centered approach to determining how the Peer Coach could best meet the needs of the individual.
  - Offered a shared experience for the individual in an effort to let them know what to expect at time of and after discharge.
  - Shared information concerning social and other resources.
  - Was available to accept phone calls from the individual during scheduled times of the day
  - Supported the individual so that he/she attends the first, second and third outpatient MH appointment
- *Pilot Outcomes ( based upon 40 individuals served):*
  - 68% (27 of the total) attended their first MH outpatient appointment. The best comparable metrics are found in the NYS OMH BHO Portal and the Peer Coaching success rate compares favorably. As reported in the BHO Portal, in Quarter 4 2012, only 42.6% of inpatient discharges in our region attended one outpatient MH appointment within seven days and 59% attended one outpatient MH appointment within 30 days.
  - 63% (25 of the total) attended their second MH outpatient appointment.
  - 59% (23 of the total) attended all three of the follow up MH outpatient appointments during their time in the program

Impact of Services

Peer Bridger Program

Funding Request For Service	\$292,500
Allocation Methodology	116 = RPC RIV Supported Housing allocation utilized as proxy for capacity 20 = Anticipated caseload of Peer Coach 6 = # Full Time Equivalent Staff Hired
Potential Outcomes Measures	
<ul style="list-style-type: none"> <li>• # Individuals Served</li> <li>• # Individuals attending first three appointments following psychiatric inpatient discharge</li> <li>• % Individual enrolled that access acute psychiatric services-post 12 months</li> </ul>	

## **2. Community Support Team (Targeted at Supported Housing)**

It is recognized that access to residential programming, particularly supported housing can be key to diverting an individual from a state-operated psychiatric inpatient stay. New York State Office of Mental Health (NYS OMH) has recognized the importance of supported housing in supporting the recovery goals of individuals on the RPC campus and has allocated 116 units of supported housing to this sub-region for this purpose. The newly allocated supported housing units will provide individuals the opportunity to transition off of the RPC campus and into their own permanent, independent apartment. Historically, some individuals transitioning off of the RPC campus have been determined to be ineligible for supported housing due to their need for ongoing assistance, assistance that was not historically available within an independent apartment setting. This assistance could include activities such as medication assistance, managing independent living skills and maintaining their own apartment. It is recognized that transitional supports will be made available via the RPC mobile integration team, however it is recognized that additional supports will be required on an ongoing basis to allow individuals to reside in their own permanent apartments. This reinvestment priority will make eight full-time equivalent staff available to residential providers to work with individuals being directly admitted into the newly allocated supported housing unit. These eight full-time equivalent staff will be members of a community support team. These community support teams will be dedicated to the newly allocated supported housing units and will be available to meet the complex needs of individuals being admitted directly into supported housing. Ongoing collaboration and planning will be essential to ensuring that this community support team does not duplicate supports available via the ACT team or the RPC mobile integration teams. In addition, it is recognized that when an individual is in need of a supportive services that can be provided and reimbursed via insurance (e.g. Medicaid, Medicare or commercial insurer), these billable services will be accessed prior to utilizing community support teams. It is anticipated that individuals transitioning off of the RPC campus will continue to be assessed for intensity of needs while they are residing in supported housing and level of support available via these community support teams will match level of identified need. The community support team would be made available to all counties within the sub-region and are associated with the newly allocated OMH supported housing.

### Impact of Services

#### Community Support Team

Funding Request For Service	\$500,757
Potential Outcome Measures	
• Number of individuals requiring this level of support who maintain residential placement.	

## **3. Supported Housing (Targeted at Forensic Population)**

Within Monroe County, individuals with a serious mental illness being discharged from the RPC forensic unit, local jail or prisons are frequently referred for housing services via the Monroe County SPOA process. Oftentimes these individuals present with a history of interpersonal violence or other behaviors, which make them inappropriate for a group residential setting (e.g. group homes, SROs, etc.), but existing supported housing programs do not provide the amount of support and supervision needed to meet the needs of this population.

The additional 116 supported housing units allocated to the sub-region are targeted at individuals being discharged from an inpatient psychiatric unit and therefore many individuals with significant forensic histories may not be eligible for these new supported housing slots.

Therefore, it is recommended that an additional 20 units of supported housing be made available within Monroe County

targeted at the forensic population (additional information regarding eligibility criteria is noted below).

To be eligible for this residential program, an individual would be seeking permanent housing and:

- have a diagnosis of serious mental illness; AND
- recently discharged from jail, prison or RPC forensic unit; OR
- has a significant history of multiple incarcerations; OR
- deemed as appropriate by the County Community Services Director or his/her designee

Impact of Services

Supported Housing (Targeted at Forensic Population)

Funding Request For Service	\$168,520 = Supported Housing Allocation
Supported Housing Capacity	20
Potential Outcomes Measures	
<ul style="list-style-type: none"> <li>• # Individuals Served</li> </ul>	

**4. Community Support Team (Targeted at Forensic Population in SH)**

It is anticipated that all individuals referred to the Supported Housing program targeted at the forensic population will be engaged in clinical outpatient treatment services that best meets their individual needs. Within Monroe County this may include existing forensic ACT services or other forensic specialty programs currently available, as well as existing ambulatory treatment programs available

In addition to the 20 supported housing units, six full-time equivalent staff members will be made available to work with individuals residing in the supported housing units and will be part of a community support team. The forensically focused community support teams would allow 24-hour staffing supports to be available to individuals residing in the supported housing program. In addition, staffing may include a peer with lived forensic experience. Staff members would be available to work with consumers on early identification of symptoms and warning signs of possible decompensation, as well as ongoing collaboration with the consumer for community integration and engagement. In addition, it is anticipated that the supported housing program may require enhanced monitoring and facility management to mitigate risks associated with this population. Staff will receive specialized training in educating landlords about housing with this population, utilizing trauma-informed interventions, and training in criminogenic risk identification and response plans.

Impact of Services

Community Support Team (Targeted at Forensic Population in SH)

Funding Request For Service	\$251,875 = Community Support Team
Potential Outcomes Measures	
<ul style="list-style-type: none"> <li>• # Individuals Served</li> <li>• % Individuals that interface with law while enrolled</li> <li>• % Individual enrolled that access acute psychiatric services-post 12 months</li> </ul>	

**5. Adult Crisis Transitional Housing**

The need for short-term crisis transitional housing has been identified within the sub-region and is particularly important within rural communities. Rural communities are already utilizing innovative strategies to divert admissions into the state-operated psychiatric centers, resulting in fewer admissions to RPC from these communities on a per-capita basis. The creation of short-term crisis transitional housing units is anticipated to further divert RPC admissions from acute psychiatric units by providing a transitional step-down program following psychiatric hospitalization. In addition, these units will be made available to individuals already in the community who are experiencing a behavioral health crisis and are at risk of being homeless and may be at risk of a psychiatric inpatient admission. These units will have enhanced staffing available to support the needs of individuals placed in the crisis transitional housing program. The goal of this program is to offer a short-term residential respite option as individuals transition to permanent housing. It is recognized that NYS OMH has recently released a request for proposals (RFP) for Enriched Crisis and Transitional Housing Services in 2014, it is important to note that no providers within the sub-regional community responded to this RFP, despite this identified gap in services.

This reinvestment priority will make eight (four-one bedroom; four- two bedroom) apartments available to eligible recipients throughout rural counties in the sub-region. While the apartments are technically allocated by county, , individuals in need will be able to access units as they are available throughout the sub-region. The location/allocation plans for this resource are as follows:

- County; location of apartments; 1bdm;2bdm\* (format for sharing location/allocation information)
- Livingston – Mt. Morris; 1x-1brm; 1x-2bdm
- Orleans – Albion; 1x-1brm; 1x-2bdm
- Wayne – Newark; 1x-1brm; 1x-2bdm
- Wyoming- Warsaw; 1x-1brm; 1x-2bdm

\*Individuals intended to be diverted from the psychiatric inpatient admissions oftentimes reside with their child and/or children. Therefore, it was determined that each community would benefit from having access to 2 bedroom apartments to allow families to remain intact during these periods of transition and/or crisis. Genesee County is currently operating two crisis transitional units, one of which is a 2 bedroom apartment intended to meet the needs of an adult with a child. This apartment is frequently utilized for this purpose.

To be eligible for this service, an individual would be seeking short-term respite housing and:

- have a diagnosis of serious mental illness; AND
- recently discharged from an acute psychiatric program; OR
- being evicted out of one's current residence and at risk for homelessness; OR
- deemed as appropriate by the County Community Services Director and/or his/her designee

Referrals for this resource will be triaged via the County SPOA to make the determination of appropriateness and approval for the crisis transitional housing service. If an individual with a recent RPC stay is determined to be appropriate for the crisis transitional housing units, the SPOA will engage the RPC mobile community teams to support the residential and clinical needs of the individual and to assist with stabilization, placement, and retention in a permanent housing program. In addition, SPOA will ensure that the eligible individual's health home care manager is a partner in the individual's plan of care. If the eligible individual does not currently have a health home care manager, SPOA will work with involved stakeholders to ensure a care manager is assigned. The health home care manager will

be essential in partnering with SPOA to secure the appropriate permanent housing resource, as well as to coordinate physical health and behavioral health care linkages. The SPOA Coordinator will prioritize that individual’s referral so that permanent housing can be secured as quickly as possible.

It is important to note that the crisis transitional housing service is intended to be short-term, with an anticipated length of stay of 15 days or less. Any stays over 15 days would need to be approved by County Community Services Director or his/her designee. In the event of an extension, length of stay will not exceed 30 days.

As the only organization providing residential services within all six of the counties DePaul Community Services, Inc. was engaged in the sub-regional planning process. DePaul proposed to provide the following supports/services for this crisis transition service:

- Rent (4) one-bedroom apartments and (4) two-bedroom apartments Pay the rent and the utilities
- Furnish apartments
- Provide nonperishable food items
- Staffing- 3 Full Time staff –available business hours-7 days per week
  - provide a minimum of 2 visits per resident per week (and more if needed);
  - utilize peer supports staff in supporting the transition of individuals
  - serve as a member of the resident’s Support team
  - assist the resident when necessary to settle housing related disputes with the landlord and/or any other tenants in the building
  - provide teaching, monitoring and recovery oriented supports as needed in the areas associated with daily living
  - maintain a basic file during the resident’s stay and provide statistical reports to the County Directors as requested
  - provide transportation to the resident when necessary
  - provide each resident with a list of telephone numbers /protocols for after hour crises/ emergencies. (Emergency/crisis protocol handbook will be established and will document availability of resources and processes throughout the sub region network.)

Impact of Service

Adult Crisis Transitional Housing

Funding Request For Service	\$450,000
Units	8
Cost/Unit	\$56,250
# Individuals Served	176 (assuming 90% UR; LOS = 15)
Cost/Individual	\$171.23/day (\$2,557/individual – 15 days)
Potential Outcomes Measures	
<ul style="list-style-type: none"> <li>• # Individuals Served</li> <li>• Referral Source (Psychiatric Inpt; RPC; Community, etc.)</li> <li>• Length of Stay</li> <li>• % Individual enrolled that access acute psychiatric services-post 6 months</li> </ul>	

**6. Peer –Run Respite Diversion Program**

While peer-based and peer-operated supports and services are available throughout the sub region, currently no peer respite diversion programming exists. Peer-run respite diversion programs provide individuals experiencing a psychiatric crisis or an acute exacerbation of symptoms an alternative to presenting to an emergency room and/or seeking a psychiatric inpatient unit admission. According to research available via the National Empowerment Center (<http://www.power2u.org/evidence-for-peer-run-crisis.html>), peer-run respite programs typically feature the following central components:

- Are crisis alternatives with the intended outcome of diverting hospitalization
- Are staffed and operated by peers who have professional training in providing crisis support to build mutual, trusting relationships
- Are usually located in a house in a residential neighborhood and provide a safe, homelike environment for people to overcome crisis

This reinvestment priority will support one peer-run respite diversion program located in Monroe County. While this service will be centrally located in Monroe County, the service will be available to eligible recipients throughout the sub-region. The peer-run respite diversion model is a homelike environment (~8 bed home), staffed with peers 24/7. Peer-run respite diversion programs are operated utilizing a person-centered and trauma-informed philosophy.

To be eligible for this service, an individual would be seeking short-term (2-5 days) respite and:

- have a diagnosis of serious mental illness; AND
- be experiencing a psychiatric crisis; OR
- be experiencing an acute exacerbation of mental health symptoms

There are multiple peer respite models being implemented around the state and country. Monroe County recently engaged Projects to Empower and Organize the Psychiatrically Labeled, Inc. (PEOPLE, Inc.), which runs Rose House in Ulster County, to discuss peer-run respite services. Per the PEOPLE, Inc. model, the following services are available to individuals at the respite program:

- art expressions
- resources/education
- social events
- recreation
- peer support
- WRAP
- recovery
- peer support group
- twelve-step program
- music
- community events
- smoking cessation
- spirituality
- healthy eating

It is important to note that peer-run respite diversion is not a residential program. The service is intended to provide support and stabilization to an individual experience an exacerbation of psychiatric symptoms or a psychiatric crisis. This service is intended to be short-term, with average length of stay being 2-5 days. Other respite models may also be investigated to determine what best meets local needs.

Based on an evaluation of the Rose House Model, the following outcomes were identified:

- Reduction of stigma
- Increased community integration
- Decrease in hospitalizations
  - In a 2-year look-back survey conducted in 2009, 90% of Rose House alumni have reported no

hospitalizations since the diversion house experience

Impact of Service

Peer Run Respite Diversion Program

Funding Request For Service	\$500,000
Units	8
Cost/Unit	\$62,500/bed
# Individuals Served	876 (Assuming- 90% UR, LOS = 3 days)
Cost/Individual	\$190.26/day (\$570.78/individual – 3 days)
Cost/Individual – Acute Psychiatric Day	Monroe County Inpatient Cost per day =~\$600 per day
<b>Potential Outcomes Measures</b>	
<ul style="list-style-type: none"> <li>• # Individuals Served</li> <li>• Length of Stay</li> <li>• Linkages made to community-based programming</li> <li>• Experience of care (person-centered, trauma-informed)</li> <li>• % Individual enrolled that access acute psychiatric services-post 6 months</li> </ul>	

**7. Enhanced Recovery Supports**

Peer-operated programming plays a vital role in supporting recovery goals of individuals in community-based settings. Throughout the sub-regional network, existing peer programming promotes consumer empowerment, education, skill development, peer support, advocacy and the development of social skills. In some communities, peer-operated programs provide transportation to individuals, allowing them to integrate into the community and engage in recovery support services.

This reinvestment priority would expand existing peer-operated programming in sub-regional communities.

Within Wyoming County, peer operated programming is made available via the Peers Helping Peers. These programs support the recovery goals of more than 114 individuals within the Wyoming County community. Peers Helping Peers has been pivotal in working with individuals to develop the skills and resources necessary to achieve goals for community integration. Peers within the program develop mutual, trusting relationships with consumers and are a source of mutual support and a resource for linkages when behavioral health symptoms exacerbate, thereby diverting possible psychiatric admissions. The Wyoming County Peers Helping Peers program would be expanded and allow for the hiring of two additional part-time peers to meet the goals of this program.

In addition, the Peers Wheels transportation program is available for individuals with behavioral health needs. Wyoming County peer operated programs utilize existing methods of transportation (e.g. public transportation, Medicaid billable transportation) as transportation of first resort for consumers. However, gaps in the availability of transportation services continue to exist, particularly for individuals immediately discharged from psychiatric inpatient units and for individuals with specialized service appointments outside of Wyoming County. In addition, transportation services are not available for non-medical appointments for recovery-oriented interests such as support groups and community activities (e.g. trips to library, community fairs, etc.). By expanding the Circle of Friends Social Club hours and expanding

access to the Peer Wheels transportation program to individuals coming out of psychiatric settings, Wyoming County is positioned to decrease the number of unnecessary ER visits, as well as divert unnecessary hospitalizations.

Impact of Services:

Enhanced Recovery Supports

Funding Request For Service	Wyoming \$ 51,836
Potential Outcomes Measures	
<ul style="list-style-type: none"> <li>• # Individuals Served</li> <li>• % Individual enrolled that access acute psychiatric services-post 6 months</li> <li>• # Units Transportation Offered</li> </ul>	

**8. Assertive Community Treatment (ACT) Teams- Additional Capacity**

Assertive Community Treatment (ACT) Teams have a history of providing comprehensive services to high-need and at risk populations. ACT teams deliver comprehensive and flexible treatment, support, and rehabilitation services to individuals in their natural living settings rather than in hospital or clinic settings. The availability of the mobile therapist, psychiatrist, nurse and peers (staff which can meet with individuals within their home), removes a number of barriers to treatment and provides support with symptom management, all activities that support an individual’s ability to remain independent within the community. Currently Monroe County has an ACT capacity of 68 slots and it is recognized that this capacity does not adequately meet the needs of the community. The table below identifies the ACT capacity of counties with similar population sizes, as well as the population sizes of counties with similar ACT capacity.

County	2013 Population*	NYS OMH ACT Capacity
Westchester	968,802	204
Erie	919,866	252
Monroe	749,606	68
Richmond	472,621	136

County	2013 Population*	NYS OMH ACT Capacity
Onondaga	468,387	68
Oneida	233,585	68
Broome	197,534	68
Chemung	88,506	68

*\*United States Census Bureau Population Projections*

Based on this review, the need for additional ACT programming has been identified. This reinvestment priority will make available an additional 48 slot ACT program located within Monroe County and available to Monroe County residents. Individuals being discharged from the RPC campus will be given priority access to this ACT team. In addition, the ACT team will accept referrals from high-need individuals not currently on the RPC campus, as it is recognized that the utilization of ACT services will divert individuals from future admissions on the RPC campus, thereby reducing RPC census. The ACT team will assist with physical and behavioral health issues, pharmacy problems, and transportation issues. In addition, the ACT team will have the ability to work with the forensic population within Monroe County as well via close collaboration with the criminal justice system, county staff and special attention to transitional issues for individuals being released from custody.

It is important to note that limitations do exist within the ACT model. In the past, referrals to ACT have been determined to be inappropriate when individuals present with coexisting complex medical conditions and/or physical health and personal care needs. In these instances, home health aides and visiting nurse services are engaged to work

with referred individuals. Barriers continue to exist for this population as home health aides and visiting nurse services are intended to respond to a short-term physical health concerns and are not intended to support long-term chronic health and physical care needs. Therefore a gap continues to exist when identifying a plan to adequately meet the needs of individuals discharged from the RPC campus that present with coexisting complex medical conditions and/or physical health and personal care needs. It is anticipated that this gap will be met through the utilization of the RPC mobile integration teams, as well as the utilization of enhanced staffing and supports within the residential settings. Additional detail regarding RPC mobile integration teams and enhanced staff and supports within residential settings is included in the Supported Housing push in supports portion of this report.

As previously noted, it will be essential for the ACT team to work in collaboration with both the RPC mobile integration teams and the existing and new residential programming made available to individuals with a diagnosis of a serious mental illness. Per supported housing guidelines, it is clear that the intent of these allocated units are to reduce the census at the RPC campus (80% of referrals are to originate from Rochester Psychiatric Center campus; 20% referrals are to originate from Article 28/Article 31 hospitals) and local governmental units and residential providers are dedicated to operating in concert with these guidelines. Through ongoing planning and collaboration with RPC staff, additional information has been learned about the ongoing needs of individuals residing on the RPC campus. Based on this information, it is recognized that supported housing (with it's existing funding structure) will not meet the complex needs of individuals on the RPC campus. It is anticipated that many individuals being discharged from the RPC campus will present with coexisting complex medical conditions and/or physical health and personal care needs.

Impact of Services

Expanded ACT Slots

Funding Request For Service	\$390,388
Slots	48
Cost/Slot	\$8,133
Potential Outcomes Measures	
<ul style="list-style-type: none"> <li>• # Individuals Served</li> <li>• % Individual enrolled that access acute psychiatric services-post 6 months</li> <li>• Existing ACT Reporting data points</li> </ul>	

**9. Recovery Center**

The Counties of Genesee, Livingston, Orleans, Wyoming (GLOW) continue to encounter the need for daytime skill building, social interacting and clinical linkages for persons potentially exiting the psychiatric center or diverting people needing admission to the psychiatric center. As of January, 2015 the current model for Adult Continuing Day Treatment will revert to full Managed Care. Within the Managed Care Model access to Adult Continuing Day Treatment-type services will be extremely limited. We propose the development of Adult Day Programing based on the Recovery model. The Recovery Model stresses, but is not limited to, providing skill building, social interaction and clinical linkages. It is our intention to convert the existing Adult Day Program in Genesee County to a Regional Recovery Center available for people in the GLOW region.

The proposed Recovery Center would be located in Batavia, NY (Genesee County). The current facility has the capacity for a daily census of 60+ people. Within flexible program hours, the Recovery Center, will provide but is not limited to skill building, enhanced social interaction and clinical linkages. The Recovery Center will also become a direct link to the

Rochester Psychiatric Center (RPC) and the Single Point of Access (SPOA) of each member county.

- SKILL BUILDING- Within the Recovery Model Program staff will introduce skill building formats from evidence based learning models. For example, people will learn basic cooking, banking and home maintenance concepts. Also, when appropriate, people will be linked to community job programs or volunteer experience.
- SOCIAL INTERACTION- Within the Recovery Model Program people will experience enhanced social interactions with peers as well as neighbors and friends through community interactions/exposures. People will also have the opportunity to participate in activities sponsored by the local Mental Health Associations.
- CLINICAL LINKAGES- Within the Recovery Model Program people will receive, as needed medically necessary clinical interventions, medication management and general health related interventions. The intent of the recovery center is to promote health related lifestyles and practices.

Impact of Services:

Recovery Center

Funding Request For Service	\$ 217,124
Cost/Slots	\$3,618
Potential Outcomes Measures	
<ul style="list-style-type: none"> <li>• # Individuals Served</li> <li>•</li> </ul>	