

THE COUNCIL OF THE CITY OF NEW YORK



Hon. Melissa Mark-Viverito
Speaker of the Council

Hon. Corey Johnson
Chair, Committee on Health

Hearing on the Fiscal 2015 Preliminary Budget & the Fiscal 2014 Preliminary Mayor's Management Report

Health and Hospitals Corporation

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Health and Hospitals Corporation Overview

The Health and Hospitals Corporation (HHC), the largest municipal hospital and health care system in the country, is a \$7 billion public benefit corporation. The HHC is the successor entity for the Department of Hospitals and it provides medical, mental health and substance abuse services through its 11 acute care hospitals, five long term care facilities, six large diagnostic and treatment centers and more than 75 community health clinics. All of these services are provided to New York City residents regardless of their ability to pay. The HHC also provides specialized services such as trauma, high risk neonatal and obstetric care and burn care. Its acute care hospitals serve as major teaching hospitals and it operates a certified home health agency and a health maintenance organization, MetroPlus.

The HHC is the single largest provider of health care to uninsured New Yorkers. One in every six New Yorkers receives health services at an HHC facility. In 2013, the HHC served approximately 1.4 million patients – 479,000, or 34 percent, were uninsured.

The Corporation also provides emergency and inpatient services to New York City's correctional facilities' inmate population and conducts mental health evaluations for the family courts in the Bronx, Brooklyn, Queens, and Manhattan.

This report provides a review of the Fiscal 2015 Preliminary Budget for the HHC. The first section presents a financial summary, including proposed reductions, relevant state budget actions and Council Fiscal 2014 restorations and initiatives. Highlights of the Preliminary Mayor's Management Report for 2014 are presented in the Appendix.

New York City Health & Hospitals Corporation
Fiscal 2015 Preliminary Budget
(in millions)

	Actuals 2013	Projected 2014	Projected 2015	Projected 2016	Projected 2017	Projected 2018
RECEIPTS						
Third Party Receipts						
Medicaid Fee for Service	\$1,005	\$926	\$819	\$711	\$666	\$647
Medicaid Managed Care	1,086	1,229	1,349	1,473	1,499	1,542
Supplemental Medicaid	2,064	3,033	2,099	2,009	1,959	1,825
<i>Disproportionate Share (DSH)</i>	1,791	1,329	1,349	1,292	1,128	1,097
<i>Other Supplemental Medicaid</i>	273	1,704	750	717	831	728
Medicare Fee for Service	534	607	566	535	512	517
Medicare Advantage	354	375	416	385	382	384
Fully Integrated Duals Advantage (FIDA)	-	0	13	27	41	43
Commercial/Other Managed Care	346	365	384	394	400	407
Assessments	(19)	(19)	(19)	(19)	(19)	(19)
<i>Subtotal: Third Party Receipts</i>	\$5,371	\$6,517	\$5,627	\$5,516	\$5,442	\$5,347
City Services	\$204	\$206	\$181	\$181	\$182	\$182
Grants	\$176	\$198	\$203	\$101	\$97	\$97
FEMA Related Grants	62	183	69	-	-	-
FDNY/EMS	169	200	200	200	200	200
Other/Miscellaneous Receipts	208	179	177	180	182	185
<i>Subtotal: Grants & Other</i>	\$615	\$760	\$648	\$480	\$479	\$481
TOTAL RECEIPTS	\$6,189	\$7,482	\$6,457	\$6,178	\$6,102	\$6,010
DISBURSEMENTS						
Personal Services	\$2,488	\$2,490	\$2,522	\$2,554	\$2,675	\$2,618
Fringe Benefits	1,213	1,382	1,391	1,457	1,535	1,602
Other Than Personal Services	1,442	1,745	1,650	1,689	1,730	1,756
Malpractice	114	237	136	136	136	136
Affiliations	925	916	951	984	1,014	1,044
Other City Services and Charges	1	1	1	1	1	1
<i>Subtotal: Disbursements</i>	\$6,183	\$6,771	\$6,651	\$6,820	\$7,091	\$7,157
HHC Debt Service	\$96	\$77	\$83	\$84	\$85	\$85
City Debt Service	-	309	151	152	169	170
<i>Subtotal: Debt Service</i>	\$96	\$386	\$234	\$237	\$254	\$255
TOTAL DISBURSEMENTS	\$6,279	\$7,157	\$6,885	\$7,057	\$7,345	\$7,412

New York City Health & Hospitals Corporation
Fiscal 2015 Preliminary Budget
(in millions)

	Actuals 2013	Projected 2014	Projected 2015	Projected 2016	Projected 2017	Projected 2018
Operating Receipts Over/(Under) Disbursements	(90)	325	(428)	(880)	(1,243)	(1,402)
Capital Receipts Over/(Under) Disbursements	(48)	(6)	8	(9)	35	5
<u>Corrective Actions</u>						
HHC Savings Initiatives/Cost Containment	-	11	11	11	11	11
Restructuring	-	82	79	75	72	72
Additional HHC Actions	-	-	200	300	350	400
State and Federal Actions/Other	-	-	400	400	400	400
Subtotal: Corrective Actions	-	\$93	\$690	\$786	\$833	\$883
Opening Cash Balance	\$461	\$323	\$735	\$1,005	\$902	\$526
Closing Cash Balance	\$323	\$735	\$1,005	\$902	\$526	\$12

*Continuation from previous page

Background

Under a 1992 financial agreement signed with the City, the HHC has the authority to develop a consolidated annual expense and revenue budget, which is then approved by the HHC's Board of Directors and subsequently by the City. The agreement allows the HHC to develop non-city funding sources for new programs and allows for the retention of any surpluses during a fiscal year. Additionally, the agreement provides for payment of the City's tax levy portion to the HHC in a lump sum, thereby indemnifying the Corporation against changes in the City's budget during a fiscal year.

The HHC's financial plan (as shown above) is operated on a cash basis. Cash basis accounting allows for the recognition of income at the time it is actually received. This means that invoiced income is not counted as an asset until payment for the invoice is actually in hand. The same approach is applied to debits, in that any expenses incurred are not posted until they are paid. The HHC prefers this method because it provides a real-time assessment of the Corporation's current cash flow.

Projected Operating Deficit (Fiscal 2014 through Fiscal 2017)

According to its Fiscal 2015 Preliminary Financial Plan, the HHC anticipates a Fiscal 2015 operating loss of \$428 million. Based on current conditions, this deficit is projected to grow to \$1.4 billion by Fiscal 2018. These substantial deficits are a function of the Corporation's declining revenue that falls short of supporting the Corporation's growing needs. There have been eight consecutive years of state Medicaid rate cuts to the HHC, totaling approximately \$540 million.

The HHC has undertaken corrective actions to mitigate the gap over the past four years. These corrective actions are comprised of cost containment initiatives and organizational restructuring.

The HHC has taken significant actions to reduce its expenses and increase revenue, achieving more than \$600 million in cost containment and restructuring since 2009.

While these corrective actions should be effective in curtailing much of the HHC's growing deficit, they are not a remedy for sustaining the HHC's overall long-term financial health. Adverse budget actions at the City, State and federal levels continue to threaten the HHC's long-term financial solvency and sustainability. The HHC's cost containment and restructuring efforts can only do so much to compensate for these additional losses in government funding.

Receipts Highlights

Fiscal 2015 total revenue (or receipts) to the HHC will decline by \$1 billion, or 14 percent, from Fiscal 2014. Third party receipts, which comprise 88 percent of the HHC's total operating revenue, declines by 14 percent. Third party receipts include, among other things, reimbursements from pools, Medicaid, Medicare, Upper Payment Limit (UPL) and Disproportionate Share Hospital (DSH) funding. Reductions in DSH payments via healthcare reform became effective starting in 2014. City funds decline by nearly 12 percent from Fiscal 2014 to Fiscal 2015. This decline is largely a function of intra-city funding modifications.

Long term, the HHC anticipates its operating revenue will decline by approximately seven percent over the next four fiscal years. The HHC's financial plan projects an 4.3 percent decline in third party receipts through Fiscal 2018, which is mainly attributed to: (1) reduced discharges across the HHC network and the City in general (there's a general citywide trend showing fewer people are utilizing inpatient services); and (2) ongoing Statewide efforts to move all Medicaid Fee For Service (FFS) beneficiaries into some form of managed care; and (3) planned reductions in Medicare reimbursements, Upper Payment Limits (UPL) and Disproportionate Share Hospital (DSH) payments, as prescribed by the Patient Protection and Affordable Care Act of 2010. In general, federal healthcare reform comprises several different moving parts, each with different implementation timelines and with key reforms being implemented in 2014.

As a general rule, the HHC only recognizes enacted legislative and budgetary actions.

Disbursements Highlights

Disbursements remain relatively flat from Fiscal 2014 to Fiscal 2015, with a reduction of \$121 million, or less than two percent. However, the HHC expects total operating expenses to grow from \$7.2 billion in Fiscal 2014 to \$7.4 billion by Fiscal 2018, an increase of nearly \$255 million, or four percent. Personal Services (PS) costs (salaries) and fringe benefits comprise a majority of the HHC's operating expenses and, respectively, account for 36.6 percent and 20.2 percent of the overall share of the HHC's operating expenses. Projected spending for PS will increase from \$2.5 billion in Fiscal 2014 to \$2.6 billion in Fiscal 2018.

Fringe benefits paid out will slightly increase between Fiscal 2014 and Fiscal 2018. Fringe benefits are expected to grow from \$1.4 billion in Fiscal 2014 to \$1.6 billion in Fiscal 2018, reflecting a 16 percent or \$220 million overall increase.

Fiscal 2015 Preliminary Plan Actions

- **Restoration - Mental Hygiene Intra-City.** The DOHMH will restore funding of \$248,000 to the HHC for substance abuse, work readiness programs and intensive care coordination services. Work readiness is an intensive pre-employment program for individuals with developmental disabilities who are not ready for supported employment. The goal is to prepare consumers for employment.
- **Baselining of Council Initiatives.** The Administration restored and baselined City Council restorations in the November Financial Plan for Fiscal 2015, resulting in \$12.5 million in additional City spending. In Fiscal 2014, the City Council discretionary funds supported the HHC's unrestricted operating subsidy, developmental evaluation clinics, and child health clinics. (See page 8 for more details.)

Fiscal 2014-2015 State Executive Budget Highlights

Medicaid Waiver. The State recently announced an agreement with the federal government on an \$8 billion Medicaid waiver, \$2 billion less than the State and City initially requested. While an agreement over principles was reached, the State and federal governments have not agreed on the details of how the State will distribute funds, or benchmarks that the State would have to adhere to. The Administration has stated that funding received from this waiver will be utilized to mitigate the HHC's operating deficit and preventing hospital closures across the City.

Medicaid Spending. The 2014-2015 State Executive Budget proposes an increase of 3.8 percent in Medicaid funding (\$604 million), with total Medicaid funding proposed at \$58.2 billion. In addition, the 2014-2015 State Budget includes the following:

- Extends Global Cap on Medicaid spending until March 31, 2016 (one additional year);
- Restores the two percent across-the-board cut to Medicaid providers; and
- Authorizes shared savings if Medicaid spending is below the Global Cap.

Capital Restructuring Financing Program. The 2014-2015 State Executive Budget allocates \$1.2 billion over seven years for a new program, which will be jointly administered by State Department of Health and the Dormitory Authority. The program is designed to improve financial sustainability and increase efficiency through collaboration. Funding in the program is discretionary (no competitive bidding required). Delivery System Reform Incentive Payment (DSRIP) eligible applicants will be given preference.

- Hospitals, nursing homes, diagnostic and treatment centers and licensed SDOH or Office of Mental Hygiene clinics would be eligible.
- Funding could be used to support closures, mergers, restructuring, infrastructure improvements, expanding primary care capacity, promoting integrated delivery systems and providing continued access to essential health services.

Council Initiatives and Funding

City Council funding provides a portion of the HHC’s annual City-funds operating budget. In Fiscal 2014, the Council provided nearly \$15 million in supplemental operating funds for child health clinics, primary care facilities, rapid HIV testing, and mental health services. It is important to note that ALL of these services were restored and baselined for Fiscal 2015 in the November Plan.

FY 2014 Council Changes at Adoption	
<i>Dollars in Thousands</i>	
HHC direct allocations	
HHC Developmental Evaluation Clinic Funding	\$1,467
HHC Unrestricted Operating Subsidy	6,000
Subtotal, HHC direct allocations	\$7,467
HHC (via DOHMH pass through)	
Child Health Clinics (HHC pass-through)*	\$5,000
Rapid HIV Testing (HHC pass-through)*	2,000
Subtotal, HHC (via DOHMH pass through)	\$7,000
TOTAL, HHC	\$14,467

* City tax levy dollars for these services may be eligible for a state match

- HHC Developmental Evaluation Clinic Funding.** Funding was provided to restore the Developmental Evaluation Clinics (DECs) located at the HHC's (1) Morrisania Diagnostic and Treatment Center; (2) Renaissance Health Care Network Diagnostic and Treatment Center; (3) Kings County Hospital; and (4) Queens Hospital Center. The HHC’s DECs offer evaluation, diagnosis and targeted treatment for children with cerebral palsy, developmental disabilities and neurological impairments that limit intellectual, academic and communication potential.
- HHC Unrestricted Operating Subsidy.** This subsidy serves as a lump-sum appropriation to HHC in recognition of the financial challenges of serving uninsured and Medicaid patients. Payments associated with these particular services and patients do not cover the full costs of care and are not sufficient to meet the HHC’s financial needs.
- Child Health Clinics Funding.** Funding for Child Health Clinics ensure that child health clinics will remain open, and provide enhanced levels of access and quality care. The HHC child health clinics provide the medical attention children need to stay healthy, including immunizations, physicals and treatment for just about everything from the common cold to more serious conditions, like asthma. Families also have access to specialists outside of the center, including a wide range of pediatric subspecialists.
- Rapid HIV Testing Funding.** This funding expands the HHC’s HIV rapid testing and counseling services on a routine basis at inpatient units and select outpatient settings at public hospitals and clinics.

Capital Program

Capital Budget Summary

The total City Capital Commitment Plan for Fiscal 2014 has increased from \$21.2 billion in the November Capital Commitment Plan to \$21.3 billion in the Preliminary Capital Commitment Plan, an increase of \$163 million, or less than one percent. For the Health and Hospitals Corporation, the Capital Commitment Plan has increased by \$6.5 million, or less than one percent from the November Plan of \$1.22 billion to \$1.23 billion in the Preliminary Plan. The Fiscal 2014 Capital Commitment Plan for the HHC totals \$1.07 billion, of which \$593 million is non-City funds

The majority of capital projects span multiple fiscal years and it is therefore common practice for an agency to roll unspent capital funds into future fiscal years. In Fiscal Year 2013, the HHC committed \$308 million or about 37 percent of its annual capital plan. Therefore, it is assumed that a significant portion of the agency's Fiscal 2014 Capital Plan will be rolled into Fiscal 2015, thus increasing the size of its Capital Commitment Plan.

2014-2017 Commitment Plan: November and Preliminary Budget

Dollars in Thousands

	FY14	FY15	FY16	FY17	Total
November					
Total Capital Plan	\$1,060,501	\$77,978	\$55,328	\$34,509	\$1,228,316
Prelim					
Total Capital Plan	\$1,067,002	\$77,978	\$55,328	\$34,509	\$1,234,817
Change					
Level	\$6,501	\$0	\$0	\$0	\$6,501
Percentage	0.61%	0.00%	0.00%	0.00%	0.53%

Capital Program Goals

- ✓ Major modernizations to replace or renovate aging facilities intended to improve market share, operational efficiencies and patient satisfaction;
- ✓ Satisfy regulatory requirements and/or correct code deficiencies;
- ✓ Rehabilitate building components and systems to improve safety, patient comfort and operations;
- ✓ Replace medical equipment; and
- ✓ Replace aging ambulance fleet for the FDNY/EMS.

Appendix A

Budget Actions in the November and Preliminary Plans

<i>Dollars in Thousands</i>	FY 2014			FY 2015		
	City	Non-City	Total	City	Non-City	Total
Agency Budget as of Adopted 2014 Plan	\$80,118	\$109,262	\$189,380	\$68,607	\$106,260	\$174,867
Program to Eliminate the Gap (PEGs) Restorations						
Mental Hygiene Intra-City with HHC	\$0	\$248	248	\$0	\$248	\$248
TOTAL, PEGs	\$0	\$248	\$248	\$0	\$248	\$248
Other Adjustments						
14 HHC10489	\$0	\$26	\$26	\$0	\$0	\$0
Community Development Block Grant – Disaster Recovery (CDBG-DR) Tranche	0	183,000	183,000	0	0	0
Child Health Clinic Restoration	0	0	0	5,000	0	5,000
FEMA PW3208	0	1,589	1,589	0	0	0
FY14 HHC I/C	0	114	114	0	0	0
FY14 HHC Toilet Seats	0	52	52	0	0	0
FY14 Homeland Security	0	270	270	0	0	0
FY14 IC Family Court Clinic	0	930	930	0	0	0
HHC - SADS Program	0	95	95	0	0	0
HHC Civic Center Transfer	313	0	313	0	0	0
HHC CTL Takedown for IC	(2,578)	0	(2,578)	0	0	0
HHC DOHMH Transfer	0	4,028	4,028	0	0	0
IC - AOT	0	(665)	(665)	0	(718)	(718)
IC - MLSP Program	0	13	13	0	0	0
IC w/ HHC - Asthma Counselors	0	82	82	0	0	0
IC w/ HHC - Bellevue Hospital	0	154	154	0	0	0
IC w/ HHC - Case Management Prog.	0	150	150	0	150	150
IC w/ HHC - Correctional Health	0	(547)	(547)	0	(5,516)	(5,516)
IC w/ HHC - Harlem Hospital	0	257	257	0	0	0
IC w/ HHC - Prophylaxis Contract	0	2	2	0	0	0
IC w/ HHC - Queens Hospital	0	221	221	0	0	0
IC w/ HHC - Winston Temps	0	60	60	0	0	0
plaNYC funds - HHC	0	75	75	0	0	0
Reduction to MICA (Mentally-Ill Chemical Abusers) Program	0	(74)	(74)	0	(74)	(74)
Restore Developmental Evaluation Clinics	0	0	0	1,467	0	1,467
Restore HHC's Unrestricted City Subsidy	0	0	0	6,000	0	6,000
UASI FY2014	0	270	270	0	0	0
TOTAL, Other Adjustments	(\$2,265)	\$190,100	\$187,835	\$12,467	(\$6,159)	\$6,308
TOTAL, All Changes	(\$2,265)	\$190,348	\$188,083	\$12,467	(\$5,911)	\$6,556
Agency Budget as of Preliminary 2015 Plan	\$77,853	\$299,612	\$377,465	\$81,074	\$100,350	\$181,424

Appendix B

Fiscal 2014 Preliminary Mayor's Management Report

	FY11 Actual	FY 12 Actual	FY13 Actual	Target FY 14	4-Month Actual FY 14
Prenatal patients retained in care through delivery	86.4%	85.8%	83.0%	90.0%	84.2%
Eligible women, aged 40-70, receiving a mammogram screening from HHC	72.0%	73.0%	73.9%	70.0%	74.2%
HIV patients retained in care	87.4%	87.4%	84.3%	90.0%	84.2%
Two-year olds immunized	97.0%	97.0%	97.0%	98.0%	N/A
General care average length of stay (days)	4.6	4.7	5	4.7	4.7
Emergency room revisits for adult asthma patients (%)	5.1%	5.4%	6.0%	5.0%	7.1%
Emergency room revisits for pediatric asthma patients (%)	2.7%	3.7%	3.8%	3.2%	3.0%
Adult patients discharged with a principal psychiatry diagnosis who are readmitted within 15 days	4.8%	4.6%	4.0%	5.0%	4.4%
Average time spent by patient for a primary care visit at hospitals and diagnostic and treatment centers (minutes) - Adult medicine	61.0	75.0	69.0	60.0	72.0
Average time spent by patient for a primary care visit at hospitals and diagnostic and treatment centers (minutes) - Pediatric medicine	60.0	59.0	61.0	60.0	64.0
Average time spent by patient for a primary care visit at hospitals and diagnostic and treatment centers (minutes) - Women's health	61.0	75.0	67.0	60.0	70.0
Uninsured patients served	477,957	478,731	475,627	N/A	N/A
Total Medicaid Managed Care, Child Health Plus and Family Health Plus enrollees	498,324	521,434	525,804	513,400	524,883
MetroPlus Medicaid, Child Health Plus and Family Health Plus enrollees	401,967	420,459	413,893	446,932	412,647
Net days of revenue for Accounts Receivable	52.3	56.4	N/A	56.0	59.4

Prenatal Patients Retained In Care Through Delivery

The percentage of prenatal patients retained in care through delivery decreased from 89.8 percent in the first quarter of Fiscal 2013 to 84.2 percent in the first quarter of Fiscal 2014. Some of the largest decreases were at Bellevue and Coney Island hospitals; both facilities were closed or offered only limited services for three months following Hurricane Sandy. All the HHC facilities continue to promote prenatal patient education and patient-centered birthing environments.

Average Time Spent By Patient For A Primary Care Visit At Hospitals And Diagnostic And Treatment Centers

At the end of the first four months of Fiscal 2013, the average cycle time for adult medicine, pediatric medicine, and women's health were above the Corporate target of 60 minutes. Average cycle times were 72 minutes for adult medicine, 64 minutes for pediatric medicine, and 70 minutes for women's health. Women's health saw the greatest improvement in cycle time from the same time period last year, decreasing from 81 minutes in Fiscal 2013 to 70 minutes in Fiscal 2014.

In February 2013, the HHC began a 24-month, system-wide effort to improve outpatient access. In-depth analysis revealed that staffing levels, fulfillment of optimal care team roles and responsibilities, and scheduling practices play a large role in cycle time variations. Trial workflow changes have been initiated in 17 clinics, and cycle times are being monitored regularly. The HHC's system-wide efforts include improvements to Call Centers, technological advancements to increase capacity, alignment with MetroPlus, and the development of automated performance dashboards.

Total Medicaid Managed Care, Child Health Plus And Family Health Plus Enrollees

The total Medicaid Managed Care, Child Health Plus and Family Health Plus enrollees increased slightly from 524,635 in Fiscal 2013 to 524,833 in the first quarter of Fiscal 2014. The MetroPlus enrollees for these insurance companies decreased from 420,555 to 412,647 in the same period.

Eligible Women, Aged 40-70, Receiving A Mammogram Screening From HHC

At the end of the first quarter of Fiscal 2014, the percentage of eligible women ages 40 to 70 receiving a mammogram increased to 74.2 percent as compared to 72.2 percent in the first quarter of last year. Overall, HHC facilities continued to surpass the Corporate target of 70 percent. The HHC's Cancer Screening Initiative promotes cancer awareness and education at all HHC facilities and conduct outreach at health fairs in the communities they serve.

General Care Average Length Of Stay (Days)

During the first quarter of Fiscal 2014, the general care average length of stay decreased to 4.7 days from 4.8 days in the first quarter of Fiscal 2013, meeting the Corporate target. HHC continues to enhance process improvements in admissions and discharge planning to sustain operational efficiencies which contribute to length of stay reductions.

Emergency Room Revisits For Pediatric Asthma Patients

The HHC encourages asthma patients to use primary care clinics to reduce the need for emergency care. Emergency room revisits for pediatric asthma patients decreased from 3.5 percent in the first quarter of Fiscal 2013 to just below three percent in the same period of Fiscal 2014, surpassing the Corporate target of 3.2 percent.

Emergency Room Revisits For Adult Asthma Patients

Emergency room revisits for adult asthma patients increased from 5.8 percent in the first quarter of Fiscal 2013 to 7.1 percent during this same period. The HHC continues its work with adult patients, referring them to home care services and social workers to encourage patients to adhere to an Asthma Action Plan, which includes instructions on how to assess breathing, take their medications regularly, and maintain contact with their health care provider.

Adult Patients Discharged With A Principal Psychiatry Diagnosis Who Are Readmitted Within 15 Days

The percentage of adult patients discharged with principal psychiatry diagnoses who were readmitted within 15 days increased from 3.9 percent in the first quarter of Fiscal 2013 to 4.4 percent in the first quarter of Fiscal 2014. Despite this increase, HHC remains below the Corporate target of five percent. HHC provides a post-hospitalization treatment and discharge plan for each psychiatric patient, and relies on linkages with community support and housing programs to help psychiatric patients remain engaged in outpatient care within their communities.