



Critical Time Transition Program
Cross Systems Action Team
Quarterly Meeting
April 2, 2026



Critical Time Transition Program

Hillside was awarded one of the Critical Time Transition Program (CTTP) contracts in NYS by OMH (round 1)

- Critical Time Intervention (CTI) - Care Management Team- 16 slots
- Transitional Residential Setting (TRS) - 8 beds available for the 16 youth in the CTI program
- The program is housed on the Monroe Campus in Rochester
- CTTP serves 11-17 year olds boarding in the hospital for at least 72 hours with an established discharge disposition and previous documented declinations from community based programs
- CTI started in Nov 2025; TRS beds opened March 2026

Program goal is to mitigate the hospital boarding crisis

- Hillside's hospital partner is the University of Rochester Medical Center (URMC)
- Referrals come directly from hospitals to Hillside
- Referrals have been received from URMC, ECMC and other regional hospitals

Critical Time Transition Program: 2 components

Critical Time Intervention (CTI) - 16 slots

- A time-limited, phase-based care management model which provides assertive outreach and engagement in both high-level care settings and the community.
- Length of Stay: 6-9 months

Transitional Residential Supports (TRS) - 8 respite beds available to the youth enrolled in CTI

- Focuses on stabilization, behavioral support, and assessment connections in a home-like setting designed for safety and minimal elopement risk.
- Length of Stay: Up to 120 days (shorter stays or cumulative)

Critical Time Transition Program

Youth enrolled in the CTTTP program will have access to a variety of services such as:

- Case management services
- Mental health and behavioral health treatment and support
- Interpersonal and rehabilitative skills training
- Maintenance and continuity of their educational setting/program
- Intensive family/caregiver education, support and advocacy to facilitate engagement
- Coordination of all stakeholders and service providers
- A transitional home-like environment to stay, as needed

Critical Time Transition Program

Operating Funding Summary

- Funding for the CTI component of the CTTP is for a five (5) year period.
- OMH plans to submit a Medicaid State Plan Amendment (SPA) to allow for Medicaid reimbursement for the CTI component of CTTP.
- Once approved, funding will shift from full state aid to a hybrid model incorporating Medicaid billing and deficit funding.
- Until the CTI State Plan Amendment is approved CTI teams will be fully funded with State Aid.
- The TRS portion of the CTTP program will be deficit funded.

CTTP Staffing

- Program Director
- Case Manager/Care Coordinator (2)
- Educational/Vocational Specialist
- Family Peer Advocate
- Youth Peer Advocate
- Behavior Analyst
- Clinician
- Recreation/Expressive Therapist
- Nurse Coordinator
- Intake Specialist
- Administrative Assistant
- Youth Care Professionals (24/7)

Referrals to Date

- 15 total referrals to the Next Steps CTPP since Nov 2025
 - 6 admissions
 - 5 current enrollees
 - 1 pending referral
- High number of referrals are coming in from Wyoming, Wayne and Genesee Counties
- Hospital partner reports that many kids that are boarding need long term psychiatric inpatient care (WNY CPC) or residential care (RTF, QRTP) and are not deemed appropriate for referral to CTPP

Advocacy Efforts

- Final Program Guidance has not been distributed to providers
- CTI Model is a rigid, time based vs goal based model
 - Youth must remain in each phase for 3 months
- Program Eligibility is narrow
 - Providers and hospitals would like to widen eligibility to include youth who frequently utilize the CPEP/ED, but may not have been boarding for 72 hours
 - Co-enrollment restrictions (OMH DT, Youth ACT, Partial Hospitalization programs) require families to choose between CTTP and other community services
 - “Program of last resort” philosophy is not seen as child centered and does not allow flexibility in using CTTP as children wait for other services

Case Study

- Hillside's Next Steps: CTTTP received a referral for a 16 year old youth on 03/11 who resides in Wyoming County.
- This youth was previously in residential treatment for a period of time and was discharged to the community rapidly.
- This youth has presented to CPEP **16 times between January of 2026 to March of 2026.**
- This youth's referral was opened and closed three times overall.
 - The youth was first referred to CTTTP on 03/11. Hillside was unable to proceed further with the referral as the youth discharged from the hospital after 48 hours.
 - The referral was reopened on 03/17 after youth returned to the hospital on that same day. Hillside was again unable to proceed with this referral as the youth discharged from the hospital a little after 24 hours of residing in the hospital.
 - This youth's referral was reopened again after the youth presented to CPEP again on 03/20. The youth boarded at the hospital for 72 hours, Central OMH confirmed the youth's eligibility, and the Hillside team was able to accept this youth.
- By restricting referral criteria to youth with hospital boarding stays of 72 hours or longer, the current approach overlooks a subgroup of youth who stand to benefit from CTI-based intervention. The 72-hour boarding requirement may unintentionally prolong hospital stays for youth beyond what is clinically necessary.
- Additionally, it may force parents and guardians to leave their child in the hospital in order to access CTTTP.

Questions?