

OMH 2014-2015 Fiscal Year Fact Sheet

St. Lawrence Psychiatric Center

Operations and Community Mental Health Investments in the North Country

The 2014-15 enacted State Budget reflects continued operation of the St. Lawrence Psychiatric Center in Ogdensburg, New York in Fiscal Year 2014-2015. Additionally, the enacted Budget provides \$3.85 million in new funds for the creation and expansion of community-based mental health services in the North Country, serving 6 counties.

The 2014-2015 State Budget makes historic investments into services designed to bring high quality community-based care to the region that will reduce the need for and length of costly psychiatric hospitalizations. The North Country region will receive this funding out of an overall \$44 million statewide investment for community-based mental health services focused primarily on decreasing avoidable hospital admissions and readmissions. The creation and expansion of community-based services in the North Country will allow over 270 additional residents to receive community mental health services, at full program implementation.

These innovative community-based services funded through the Budget were developed through community input with strong representation from the North Country. Regional Advisory Committees were convened across the State over the past year to identify those services and supports that most effectively reduce psychiatric hospitalizations and lengths of stay, and to optimize community living for adults with serious mental illness and children with serious emotional disturbance.

The following services may be developed in the North Country as a result of Regional Advisory Committee recommendations, which directly informed the 2014-2015 Budget agreement, and will be further refined through ongoing community outreach and planning.

- **50 new Supported Housing units.** These apartments, with related supports and services, are the cornerstone of recovery and resiliency and are integrated into local communities for individuals leaving inpatient and other group living situations. This resource will provide opportunities for more people to live productive and satisfying lives in the community.
- The creation of up to **8 Crisis and Respite Beds** will provide a short term (1-21 days), non-hospital trauma sensitive, therapeutic living environment for children and youth in crisis that will enable intensive work with families to support their return to home with ongoing support.
- **8 new Home and Community Based Services (HCBS) Waiver slots** for children will be established. Participation in this program enables children and their families to receive a multitude of services designed to prevent psychiatric hospitalization. This will be accomplished through intensive services in the home and community, which include: respite services providing family caregivers with a needed rest or time to care for

themselves, skill building for children and families, crisis response, family support, intensive in-home supports and care coordination.

- **Mobile Integration Team for Youth and Families.** Such a team would respond to calls from schools, families and pediatric services to provide on-site crisis assessment and intervention. It would also provide in-home treatment, in-school behavioral support and consultation as needed. This team would provide “Community Respite” services, which are services provided to a family in their natural environment, providing family caregivers with a needed rest or time to care for themselves.
- **Expansion of Tele-Psychiatry** to improve access to quality evaluations and treatment in rural settings, in emergency departments that do not have on site child psychiatric services, and to pediatricians in need of consultation. Tele-psychiatry allows access to skilled and experienced psychiatrists by means of audio/video conferencing technology on computers or other dedicated equipment.
- **Mobile Crisis and Support Team.** Such a team would work with adults of all ages and their families and will include peers who have experienced and recovered from a mental illness. A Mobile Crisis and Support Team would provide on-site assessment, supportive care and treatment to individuals in crisis, thus avoiding unnecessary police calls, emergency room visits, and hospitalizations. It would also provide support to people who have recently begun to live in the community, helping them to maintain their residence and social and vocational progress. The goal is to help people be successful in leading full and productive lives.
- **Increase clinic capacity** and access in targeted counties.
- **Community Mental Health Forensic Program** to develop and manage pretrial release plans for seriously mentally ill persons entering jails in the North Country.

Other services identified through the Regional Advisory Committee process and consultation with local governmental units, supported through additional reinvestment funding, may include:

- **School and BOCES-based clinic satellite programs**, supporting children in accessible and integrated educational settings.
- **Forensic intervention and training programs**, diverting individuals with serious mental illness from the criminal justice system to treatment.
- **Family supports**, including parent training and support network creation.
- **Expansion of recovery services** that foster vocational, educational, and social growth.
- **First Episode Psychosis** programs and other early identification/intervention strategies to mitigate the onset of psychotic disorders.

- **“Bridger” staff** to personally guide individuals through transitions from inpatient institutions into integrated and clinically-supported community living.

The Office of Mental Health will continue to work with county and local government officials in the development and review of community-based service investments to best support the children, adults and families of the North Country.