

# OMH 2014-15 Fiscal Year Fact Sheet

## Sagamore Children's Psychiatric Center Operations and Community Mental Health Investments for Long Island

The 2014-15 enacted State Budget reflects the continued operation of Sagamore Children's Psychiatric Center in Fiscal Year 2014-2015. Additionally, the enacted Budget provides \$8.4 million in new funds, \$4.4 million for Sagamore Children's Psychiatric Center (SCPC) and \$4 million for Pilgrim Psychiatric Center (PPC), for the provision of community-based mental health services on Long Island.

The 2014-2015 State Budget makes historic investments into services designed to bring quality community based care to the region that will reduce the need for and length of costly psychiatric hospitalizations. Long Island 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 Long Island will allow over 550 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 Long Island. 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 Long Island 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.

- **100 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.
- **54 new Home and Community Based Services (HCBS) Waiver slots** 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.

- 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.
- **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.
- Enhancement of **the Family Court Evaluation Team** to reduce the number of youth remanded by the local courts and reduce the length of stay for those who are admitted for inpatient evaluation. This team would seek to reduce the current two week evaluation process, identify youth who can have assessments completed in the community, and ensure that youth are appropriately engaged in outpatient services to address the issues that are causing them to present to Family Court.

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 Long Island.