Renaissance School *of* Medicine
Stony Brook University

DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL HEALTH

2021-2024 STRATEGIC PLAN

"Better Care for More People"

Contents

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Introduction

Welcome to the Department of Psychiatry and Behavioral Health at Stony Brook Medicine. We are delighted to share our new Three-Year Strategic Plan (2021-2024), providing the roadmap from which we will build upon the gains achieved under our most recent plan (2017-2020) and look towards our future vision for Clinical Services, Education, and Research.

Over the past three years, we transformed our Clinical Services. We dramatically increased our workforce and subspecialty expertise, expanding our capacity to respond to our community members' high demand for care and the large volume of referrals from our medical colleagues. Moreover, we redefined our geographic footprint, going beyond our University Hospital and outpatient location to include psychiatric and substance use disorders treatment at our two community hospitals and a second ambulatory site. Most recently, the unexpected COVID-19 pandemic radically shifted the way we provide services for our community. We have moved to a predominantly Telehealth paradigm, maintaining and even expanding access to care for the present and future.

To achieve our educational mission to train outstanding providers to serve the needs of our communities and beyond, we have continued to grow the number of programs and trainees we are developing. We increased our Psychiatry Residency Program's size at Stony Brook University Hospital during the past three years and added a new Residency Training Program at Eastern Long Island Hospital. We also initiated a new one-year Psychiatric Nurse Practitioner post-masters residency training program. Our new programs added to our existing Psychology Consortium training program, Psychiatry Sub-Specialty Fellowship Programs, and our highly regarded psychiatry training curriculum for medical students at the Stony Brook Renaissance School of Medicine. As we look to the future through our new three-year plan, we will focus on further developing and strengthening our newest training programs, increasing the number of educators for our programs, and building the quality of teaching they provide.

In research, we have also grown tremendously over the past three years in our productivity, both in publications in top-tier journals and in grant funding, across a broad and growing number of research areas. Some of our highly funded and growing areas include research in Mood Disorders, Schizophrenia, Substance Use Disorders, Psychiatric Epidemiology, and Perinatal Psychiatry. As we look forward, we will further expand research in these areas while increasing the integration of our research and clinical services.

CLINICAL STRATEGIC PLAN

Over the past three years, we have transformed Psychiatry and Behavioral Health Services at Stony Brook Medicine. We completed nearly all of the objectives from the 2017-2022 five-year strategic plan ahead of schedule through our incredibly dedicated, multidisciplinary teams. We expanded the number of clinical staff, their disciplines, and their sub-specializations. We added new Geriatric Psychiatry and Addiction Psychiatry divisions, implemented new care models, including Integrated Primary Care and Telepsychiatry, and expanded our geographic footprint. We grew from a single hospital and ambulatory site to a regional network of three hospitals and four outpatient facilities spanning Suffolk county. Our expansion has provided avenues to improve regional access to care while simultaneously creating the opportunity to coordinate services and quality improvement across a more extensive and complex system. Finally, the COVID-19 pandemic prompted advances in our employee wellness initiatives and thrust forward our telepsychiatry capacity, improving access to care and regional integration for the long-term. Over the next three years, we will further grow access to clinical services in our psychiatric and integrated medical locations that are high quality, subspecialized, and increasingly integrated with our clinical research programs.

CENTRAL PILLARS

1) **Scholarship**
Expand the integration of clinical scholarship into the fabric of our clinical services. Strategies to achieve this include recruiting clinical faculty with a track record of scholarship; adding a stronger orientation of new faculty to academic development; pairing clinical faculty with research mentors, including our newly appointed two Associate Vice Chairs for Clinical Research; increasing our incentives for clinical faculty to produce scholarship, and fostering greater integration of our research and clinical programs. We will explore the creation of several new ambulatory clinical-research subspecialty centers that will simultaneously support clinical research, faculty development, and highly specialized patient care.

2) **Access**
Improving timeliness to first assessments for adults and children seeking services will remain a priority across our settings. In our ambulatory programs, we will advance newer, multidisciplinary models that allow more people to access care while simultaneously growing sub-specialized programs and expertise to reach underserved and often complex to treat populations. We will improve access to emergency psychiatric services in our medical Emergency Department and partner with community hospitals and expand cutting edge models of integrated psychiatric care in our acute inpatient medical and surgical areas. We will also increase mental health services for Stony Brook Medicine employees and develop partnerships with organizations that extend our expertise to the community.

3) **Quality and Safety**
We will increase our focus on the quality of care across our hospitals and ambulatory settings. Our priorities include greater attention to metabolic disorders and substance use disorders across our sites while maintaining our focus on patient and staff safety, including minimizing the use of restraints, assaults on patients and staff, and suicide risk. We will pilot best practices at single sites for subsequent expansion across our system of care.

4) **Regional Integration**
We will improve care access, quality, and efficiency across our network by taking advantage of our hubs of knowledge and clinical excellence for patients arriving at any entry point. Towards these ends, we will use Telehealth, enhanced referral processes, and alignment of objectives across our system.

5) **Patient Experience**
We will elevate patient experience as one primary driver by which we adapt our priorities and operations, using data from existing and newly developed sources spanning our ambulatory and hospital-based services.

6) **Workforce**
We will actively recruit clinical faculty with a track record of scholarship; increase our pipeline of applicants for our positions by growing new and established training programs across behavioral health disciplines; improve our orientation of new staff, and proactively recruit well-trained individuals for open hospital positions to ensure our units can effectively serve all patients presenting for care.

I. Ambulatory Services

During our last strategic implementation period, we added multiple ambulatory locations to our network. These included: 1) The Stony Brook Eastern Long Island Hospital, Quannacut outpatient facility in Riverhead on the east end of Long Island, targeting persons with substance use disorders, 2) Advanced Specialty Care in Commack in western Suffolk county, a new Stony Brook Medicine multi-specialty ambulatory care facility allowing us to accommodate more providers and patients after outgrowing our existing site, and 3) multiple integrated psychiatry and behavioral health programs in primary care and medical subspecialty clinics including Internal Medicine, Family Medicine, Pediatrics and Obstetrics. These new locations complemented our existing services at Putnam Hall, our largest and most highly staffed location on the West Campus of Stony Brook University in central Suffolk county. Goals, Objectives, and Strategies for Ambulatory Services are as follows:

A. Expand Access

1. **Increase our Reach to More Locations**
   - a) **Expand Telehealth.** Grow our capacity to serve other populations, including those in medical subspecialty areas, and in geographically under-served locations such as the east end of Long Island, including Stony Brook Southampton Hospital and the surrounding South Fork communities using telehealth technology. Maintain existing telehealth services across our locations and target populations after the resolution of the COVID-19 pandemic. We aspire to grow and ultimately serve a patient in every county in New York State.
2. **Improve Timeliness to Care:** Reduce the number of days new patients wait for their first assessment and psychotherapy across sites. Grow the overall number of patients we serve.
   - a) **New Call Center:** Grow to streamline our intake processes.
   - b) **New Models of Care:** Utilize alternative approaches that borrow from population health models, including consultative, collaborative care with care management, stepped care, electronic assessment tools, self-management models, and psychotherapy and medication management groups.
3. **Grow Subspecialty Care Offered:** Increase the utilization of existing programs and establish new services that meet specialized needs. We aim to increase new patients served in the following target populations:
   - a) **Substance Use Disorders (SUDs)** (see section V. Substance Use Disorders)
   - b) **Persons in Medical Subspecialty Programs**
     - (1) Obstetrics/Perinatal Care
     - (2) Neurology
       - (a) Tics & Tourette's Disorder Center of Excellence
         - (i) Children and Adults
       - (b) Huntington's Disease Center of Excellence
       - (c) General Neurology Clinic
     - (3) Cancer Center
     - (4) Post-COVID Clinic at Advanced Specialty Care
     - (5) Bariatric and Metabolic Weight Loss Center
     - (6) Pediatrics
       - (a) Endocrinology Transgender Program
       - (b) Adolescent Medicine Eating Disorders Program

c) Older Adults and Persons with Cognitive Disorders

(1) Expand our geographic reach

(a) Extend services to Commack and Stony Brook ELIH sites

(2) Reach adults living in assisted living facilities

(a) Use telehealth technology

(3) Offer evidence-based psychotherapy for patients & caregivers

d) Difficult-to-Treat Depression

Expand the modalities we offer beyond TMS and Ketamine

(1) Electro-Convulsive Therapy

(2) Cognitive-Behavioral Therapy

(3) Vagal Nerve Stimulation

(4) Interface with the SB Brain Stimulation Therapies Center

e) Autism Spectrum Disorders (ASD) and Developmental Disorders

(1) Add early childhood services for children <5 years old

(2) Subspecialty consultations to enhance treatment of complex patients

(3) Grow our role in the Stony Brook University Autism Initiative, which integrates clinical, community, and research resources for the ASD population.

f) LGBTQ+ Populations

(1) Partner with the Edie Windsor Center (Southampton)

(2) Partner with the Department of Adolescent, Family Medicine and Endocrinology to develop an LGBTQ+ Collaborative

(3) Transgender Populations

(a) Establish Adolescent and Adult Support Groups

(b) Create a subspecialty clinic in collaboration with Adolescent Medicine, Pediatric Endocrinology and Gynecology

g) Borderline Personality Disorder

(1) Expand Number of Patients Receiving Dialectical Behavior Therapy Services

h) Stony Brook Medicine Employees

(1) Grow our Wellness and Linkage-to-Care Initiatives

i) Uninsured Populations

(1) Create a business plan to increase access at our sites

(2) Collaborate with 'Stony Brook Home' Free Clinic

j) Establish Clinical-Research Subspecialty Programs

(1) Conduct business case analyses to pilot one or more subspecialty. programs that will integrate highly specialized care with relevant clinical research (see Section VI.A.1 for details).

4. **Enhance Community Outreach:** Increase the number of events and participants in our mental-health education and training activities.

a) Schools: Local school districts, BOCES

b) LGBTQ+ Populations: Community organizations

c) General Public:

(1) 'Wellness Wednesdays' expert podcast

(2) Local media

B. Quality & Safety:

1. Metabolic Disease Outcomes in Patients Prescribed Antipsychotic Meds
- a) Screen for Diabetes, Obesity, Hyperlipidemia, and Hypertension.
- b) Integrate Primary Care Consultation after positive screens
- c) Increase Metformin use to prevent weight gain

2. Suicide Prevention - Implement Best Practices from Zero Suicide Model
- a) Standardize use of risk assessment & safety planning tools

3. Depression in Parents of Children/ Adolescent Patients
- a) Screen all parents and link to positive cases to care

4. Major Depression Outcomes in Primary Care
- a) Add the Collaborative Care Model to Family Medicine
- b) Monitor PHQ-9 and GAD-7 Scores

5. Substance Use Disorders in Primary Care
- a) Screen with the AUDIT-C and DUDIT for alcohol and drug use disorders and link to care

6. All Disorders – Track Clinical Outcomes
- a) Develop our Digital Intake
- b) Strive to transform the digital assessment into a comprehensive electronic assessment system for the entire department

C. Regional Integration

1. Offer Call-Center Single Point of Scheduling
- a) Stony Brook, Commack, Riverhead, and Southampton

D. Workforce

1. Grow Scholarship
- a) Recruit providers with a track record of scholarship
- b) Establish Associate Vice Chairs for Clinical Research Positions
- c) Increase incentives for clinical faculty scholarship

2. Increase Telehealth Providers
- a) Credential all providers
- b) Staff user satisfaction survey
- c) Recruitment of home-based providers

3. Augment Perinatal Care
- a) Certify Providers

4. Dialectical Behavioral Therapy
- a) Certify team leaders through the Linehan Boards
- b) Conduct peer work audits

5. LGBTQ+
- a) Increase providers participating in the Human Rights Campaign
- b) Increase our Facility Healthcare Equality Index Score

6. Hire more psychotherapy providers

7. Complete a workforce needs projection
- a) Aligns with strategic priorities
- b) Based on the geography of patients and PCPs
  - (1) Considers anticipated growth of PCPs through IPA

II. Emergency Psychiatry Services

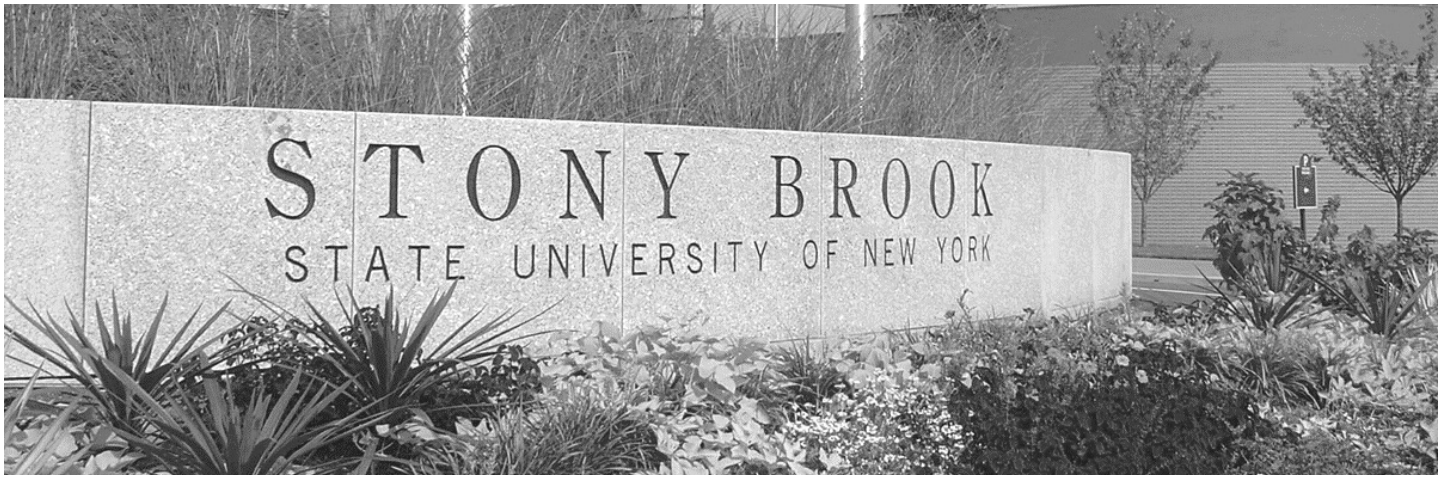
Over the past three years, we achieved significant improvements in access and safety in our Comprehensive Psychiatric Emergency Program (CPEP), measured by reduced time to first physician assessment, improved throughput, decreased diversion, reduced assaults to patients and staff, and reduced use of mechanical restraints. We also initiated a new mobile crisis program. Going forwards, improving access to psychiatric care in our main Emergency Department is a priority, as is providing Telepsychiatry for the Stony Brook Southampton Hospital Emergency Department. We will explore the expansion of emergency Telepsychiatry to our other community sites. We will also add a focus in our CPEP on patient experience and satisfaction. Goals, Objectives, and Strategies for Emergency Psychiatry Services are as follows:

A. Access
- **1. SBUH Main Emergency Department:** Reduce wait-times to consultation
  - a) Integrate psychiatric staff into the ED (SBUH)
- **2. Community Emergencies:** Increase utilization of Mobile Crisis services
  - a) Increase use of telephone and telehealth models
  - b) Evaluate and optimize our Mobile Crisis staffing models
- **3. Extended Observation Beds:** Newly Provided Psychological Services
  - a) Recruit a dedicated psychologist

B. Quality and Safety
- **1. Suicide Prevention:** Mitigate the risk of attempts after discharge.
  - a) Full safety plan on any patient with moderate to high risk
- **2. Crisis Prevention & Management**: Lower assaults, forced meds, restraints
  - a) Judicious IM medication use; Post-IM justification note in CPEP
- **3. Patient Experience:** Measure and improve the CPEP patient experience.
  - a) Create a recurring patient satisfaction survey, and use the results to inform further quality improvement actions
- **4. Substance Use Disorders:** Expand detection and linkage to care
  - **a) Main ED:** Continue Screening, Brief Intervention, and Referral to Treatment (SBIRT); Coordinate between newly integrated ED psychiatry staff & Certified Alcohol and Substance Abuse Counselors (SBUH)
    - (1) Link patients to ambulatory SUDS programs
    - (2) SBIRT: Monitor and study its uses across the health system
  - b) Buprenorphine: Expand Inductions in ED & CPEP (SBUH & SBELIH)

C. Regional Emergency Psychiatry Integration
- **1. Implement Use of Telepsychiatry for Emergency Care**
  - a) Consultations to Stony Brook Southampton Hospital ED
  - b) Grow Telepsychiatry for Mobile Crisis Team

D. Workforce
- **1. SBUH ED**
  - a) Recruit full staff for our ED Psychiatry integrated care program



III. Inpatient Psychiatric Care

In expanding from a single university hospital to a regional network, our system now offers an additional 23-bed inpatient psychiatry unit at the Stony Brook Eastern Long Island Hospital (SBELIH) in Greenport, New York. This unit has particular expertise in managing co-occurring psychiatric and substance use disorders. We have increased our capacity from 40 to 63 acute care psychiatry beds through these changes, which includes our 30-bed adult inpatient unit and 10-bed child inpatient unit at the Stony Brook University Hospital. Our three unique inpatient units across Central and Eastern Suffolk County better allows us to provide patients with services that match their particular clinical needs and preferred geographic location. Goals, Objectives, and Strategies for Inpatient Psychiatric Services are as follows:

A. Access

1. Increase Bed Utilization, % occupancy

a) Shift age for admission to 12N Child Unit to include adolescents
   (1) Pursue certification from OMH

b) Optimize staffing matrix at Stony Brook Eastern Long Island Hospital
   (1) Allow for higher census and more complex cases
   (2) Ensure matrix includes various behavioral health disciplines (SBUH and SBELIH)

2. Grow Psychological Services (10N)

a) Conduct universal psychological assessment

b) Add Dialectical Behavioral Therapy (DBT)
   (1) Add bridge program for outpatient DBT services

c) Add Acceptance & Commitment Group Therapy for Psychosis

3. Earlier Time to Unit Arrival (10N)

B. Quality and Safety

1. Comorbid Medical Disorders – Proactive Case Finding & Linkage to Care

a) Metabolic Disorders: Diabetes and Hyperlipidemia
   (1) Screen, initiate treatment, and link to care (10N)
   (2) Collaborate with endocrinology on post-DC integrative care (10N)

b) Other Active Medical Comorbidities
   (1) Medicine consultation on every admission (SBELIH)
   (2) Timely follow-up with PCP visit after referral (SBELIH)

2. Crisis Prevention and Management: Lower rates of restraint, violence, post-discharge aggression (children/adolescents), nursing constant observation.

a) Pilot the Safewards model for conflict reduction (10N)

b) Continue the Modified Overt Aggression Scale project (10N)

c) Expand the role of our Behavioral Health Specialists

3. Improve Co-occurring Substance Use Disorders Management

a) Expert consultations on patients identified on SBIRT screens (SBELIH)

b) Induce on Buprenorphine when indicated for opioid use disorders
   (1) Grow our use of long-acting Buprenorphine

c) Link to timely outpatient SUDS services

4. Depression in Parents of Child/Adolescent Inpatients (12N)

a) Screening and linkage to care initiative

5. Fall Reduction

a) In Elderly (10N) and Children (12N)

C. Patient Experience (SBUH): Improve outcomes on Press Ganey measures
1, Survey Response Rate
2. Shared Decision Making (10N)
3. Safety Felt on Unit (10N)
4. Parent Satisfaction (12N)
a) Unit appearance to reflect a pediatric unit
b) Improve family orientation
c) Provide sufficient play space
d) Throughput from CPEP

D. Regional Integration
1. Expand Intra-Facility Transfers
2. Substance Disorder: referrals on discharge across the network

E. Workforce
1. Increase Nursing Staff Numbers: (SBELIH)
2. Add a Preventing and Managing Crisis (PMCS) Trainer (SBELIH)
3. Add Psychology Staff (SBELIH)
4. Professional Development and Education
a) Nurses: Continue to modernize and specialize in the education provided for all psychiatric behavioral health nursing employees
(1) Update orientation education; annual education, resource manual, and class series
b) Nurse Assistants: annual education
c) Behavioral Health Specialists: Continue to encourage professional education and special certifications related to patient care, e.g., CBT, DBT.

IV. Psychiatry and Behavioral Health in Inpatient Non-Psychiatric Settings

The vast majority of patients presenting to healthcare systems with psychiatric and substance use disorders (SUDS) do so in the non-psychiatric areas of care. At Stony Brook University Hospital, approximately 50% of our Hospital Medicine inpatients have an active comorbid psychiatric or substance use condition. Furthermore, these comorbid illnesses are associated with prolonged medical hospitalization. To address these often highly complex patients, we have grown the number of staff and clinical disciplines in our Consultation-Liaison (C-L) services over the past three years, adding Psychology and Social Work staff to our team of Psychiatrists and Nurses. We also established a new behavioral Crisis Prevention Team and successfully piloted Tele-Consultation during the COVID pandemic. Our new plan includes expanded use of progressive models of integrated care on Hospital Medicine, increased attention to substance use disorders in medical settings, and growth of our Crisis Prevention services. Our Goals, Objectives, and Strategies for Psychiatric Services in our Medical and Surgical inpatient areas are as follows:

A. Access: Implement cutting edge value-based models that improve quality and reduce utilization costs with enhanced timeliness and co-management of complex cases with acute psychiatric/substance use comorbidity
1. Hospital Medicine
a) Fully staff our Proactive Psychiatry for Hospital Medicine Program
b) Develop and implement the use of an electronic case finder
c) Pilot a Complexity Intervention Unit (i.e., 'med-psych' unit)
(1) Complete proposal for a designated hospital medicine unit with enhanced behavioral staffing and shared medical and psychiatric management to better care for patients with acute inpatient medical care needs who also require intensive behavioral management.
2. Telepsychiatry. Explore maintenance after the COVID pandemic

B. Quality and Safety

1. Workplace Violence Prevention

a) Measure effectiveness of the new Crisis Prevention Team (CPT)
b) Expand CPT hours & coverage to include the ED and new pavilion
c) De-escalation education for nursing staff leads across the system

2. Substance Use Disorders. Case Finding, Treatment & Linkage to Care

a) Recruit two CASACs: follow-up of SBIRT, motivational interviewing & linkage-to-care
b) Expand SUDS case-finding using new electronic case finder tool
c) Increase inductions on Buprenorphine for opioid use disorders
d) Linkage to community maintenance for opioid use disorders
e) Improve the hospital alcohol withdrawal protocol
(1) Educate nursing & medical staff regarding management

3. Suicide prevention

a) Use evidence-based suicide risk assessment tool
b) Safety planning for moderate to high-risk patients before discharge

C. Workforce

1. **Complexity Intervention Unit:** Add psychiatric staffing to increase co-management intensity and offer continuity of care seven days/week
2. **Substance Use:** Add two certified alcohol and substance abuse counselors (CASACs) dedicated to medical and surgical inpatients
3. **Hospital Medicine Pro-active Consultation:** Recruit one Psychiatric NP to fill our vacant position

V. Substance Use Services:

No area in our newly established network lends itself more towards regional integration than our substance use disorders (SUD) treatment programs. Our recent merger with Stony Brook Eastern Long Island Hospital and its affiliated Quannacut outpatient facility adds expertise and resources for SUD treatment in our network. We will strive towards healthcare system cross-site collaboration to ensure all patients with substance use disorders are identified and served. Principles of case finding, initiation of treatment, and linkage to care with the right clinical program in the right location will be priorities, with Telehealth serving as a tool to enhance care access. Goals, Objectives, and Strategies for Substance Use Services are as follows:

A. Access: Improve access to specialized substance use disorders treatment for patients in our system by optimizing the referral stream and utilization of Telehealth, the newly established substance use treatment locations at the Putnam Hall in Stony Brook and the Multispecialty Care Building in Commack and existing programs at the Quannacut facility in Riverhead, Greenport and Stony Brook Southampton.

1. **Services Utilization:** Putnam, Commack, and Quannacut
   a) Increase referral patterns from our inpatient programs for detoxification, rehabilitation, acute psychiatry, and acute medical-surgical care to our ambulatory SUDS treatment sites
2. **Integrated Care:** Offer fully integrated primary care, mental health, and substance use disorder treatment in the same location (Quannacut)
   a) Pending OASAS, OMH, DOH integrated license
3. **Adolescent Care:** Establish an adolescent-specific services track (Quannacut and Commack)
4. **Housing:** Add sober housing beds to the existing 18 beds, for a goal of 50 beds
5. **Telehealth:** Grow Tele-SUD services and extend to Long Island's South Fork (Quannacut)
6. **South Fork:** Expand provision of services in Stony Brook Southampton

B. Quality and Safety:

1. Buprenorphine: Increase the initiation of Buprenorphine for opioid use disorders and treatment retention across our system

a) Emergency Department and Hospital Med-Surg Sites

b) Increased Referrals: all ambulatory settings

2. Treatment of substance use disorders on psychiatric units (2S and 10N)

a) SUDS consult for evaluation and linkage to care (2S)

b) Reduce the administration of narcotics on the unit and discharge (2S)

C. Workforce

1. Recruitment:

a) Addiction Psychologists (Putnam/Commack)

b) Addiction Social Workers/CASACs (Putnam/Commack)

c) Addiction Psychiatrist (Quannacut)

VI. Objectives for Exploration:

Below is a list of objectives that our Strategic Planning process identified as relevant, for which we plan to pursue further assessment of the demand for services and feasibility of implementation:

A. Ambulatory Areas

1. Establish Subspecialty Clinical-Research Centers of Excellence

a) Complete business case analyses for each proposed subspecialty area to determine viability:

(1) Specialty areas proposed include:

(a) Early and Chronic Psychosis

(i) CBT for Psychosis; Clozapine; On Track First Episode Program

(b) Mood Disorders & Difficult-to-Treat Depression

(c) Perinatal Mood and Anxiety Disorders

(d) Integrative Weight Management Services

(e) Anxiety Disorders (PTSD and OCD)

(f) National Institute of Health Alzheimer's disease Research Center (ADRC)

2. Eating Disorders

a) Expand our liaisons with Adolescent Medicine & Bariatric Surgery

(1) Add virtual integrated psychiatric care with adolescent eating disorders program for psychopharmacologic management of secondary mood/anxiety disorders

(2) Expand our DBT programs to include Eating Disorders for the psychotherapy component of care (RO-DBT)

3. Difficult to Treat Depression

a) Add novel therapeutics

4. Sedative/Hypnotic Prescribing

a) Initiate an intervention to reduce co-prescribing of multiple controlled substances

5. Autism Spectrum and Developmental Disorders (ASD)

a) Serve adults with ASD

b) Create an ASD multi-purpose low sensory room

6. Populations in Medical Subspecialty Areas

a) Pediatrics

(1) Expand our presence in Adolescent Medicine

(2) Cystic Fibrosis

b) Gastroenterology

(1) Functional Bowel Disorders

7. **Stony Brook University Students**
   a) Unify behavioral health services across the university
8. **Community Outreach**
   a) Native American Services (Shinnecock Reservation)
   b) Expand county and regional committee participation by faculty
      (1) Committees for Substance Use Disorders, Mental Health, Autism Spectrum Disorders, and Other Developmental Disabilities

B. Emergency Psychiatry

1. **Urgent Care:** Create an Acute Care/Telehealth Center that integrates with Stony Brook Southampton and Stony Brook Eastern Long Island Hospitals.
   a) Explore staffing, location, & contrast to Family Service League's DASH services and models of care
2. **Offer Intranasal Ketamine** for acute suicidal risk
3. **Space:** Evaluate future needs to accommodate strategic objectives
4. **Extended Observation Beds:** Examine business case for more beds
5. **Crisis Prevention and Management**
   a) Implement Safewards Model in the CPEP
6. **System-Wide Emergency Psychiatry Integration:** Use Telehealth to expand and integrate emergency services across the network:
   a) Consultations to Eastern Long Island Hospital Emergency Department
   b) Consultations to Stony Brook Southampton Inpatient Units
   c) Integrate with Quannacut & SBELIH Residency involvement
7. **Workforce**
   a) Emergency Telehealth
      (1) Explore recruitment of off-site telepsychiatrists

C. Inpatient Psychiatric Care

1. **Add Psychology Staff to ELIH 2 South Inpatient Psychiatry Unit**
2. **Improve After Hours Access**
   a) Telehealth from ED to provide 24x7 real-time psychiatric care
3. **Active Medical Comorbidity Care**
   a) Increase integration of general medicine provider(s) (10N)
4. **Substance Use Disorders (SUD) Consultation and Linkage to Care**
   a) Telepsychiatry SUDs consultations by specialists (10N)
5. **Patient Experience (SBUH), per Press Ganey Satisfaction Survey Scores**
   a) Creation of a new comfort room (10N)
6. **Expand bed availability:** Business case to increase beds for following populations:
   a) Adolescents
   b) Older Adults

D. Non-Psychiatric, Medical-Surgical Units of our Hospitals

1. **Access:**
   a) Maintain Telepsychiatry consultations after the COVID pandemic to improve access to after-hours consultation
2. **Quality and Safety**
   a) Workplace Violence Prevention
      (1) Add a Crisis Prevention Team to Stony Brook Southampton Hospital
   b) Clinical outcomes tracking
      (1) Use of electronic self-assessment tools for initial evaluation and symptom severity monitoring

C. Substance Use Services:

1. **Access:**
   a) Integrate Care:
      (1) Integrated Substance Use services in our Primary Care Clinics

Education Strategic Plan

The mission statements of Stony Brook Medicine and the Department of Psychiatry and Behavioral Health share the important objective of "educating the healthcare professionals of the future." Psychiatry's organizing principle has been 'better care for more people'. We achieve better care through research and education. Our overall strategic plan for the next 3 years will include clear educational objectives to improve the knowledge base of our students/ trainees in medicine, advance practice nursing, psychology, social work, and psychiatry, as well as department faculty members. The resultant acquisition of knowledge will directly benefit the clinical care of patients and potentially spur clinical questions to guide research. The ability to impart this knowledge (whether at the bedside or in the classroom) is a learned skill and as such, requires several changes for improvement. These include specific training in teaching techniques, continuous tracking of progress as an educator (including student feedback), and instruction in innovative teaching strategies that have worked well both inside and outside the institution.

Strategic Goals:

I. Expand the **scope** of educational programs in all aspects of behavioral health for students, trainees and faculty in Psychiatry, Psychology, Advanced Practice Nursing, and Social Work.

II. Improve the **quality** of educational programs in Psychiatry, Psychology, Advance Practice Nursing, and Social Work at Stony Brook Medicine.

III. Expand the **size and availability** of training programs in Psychiatry, Psychology, Advanced Practice Nursing, and Social Work.

Goals with Specific Objectives:

I. Expand the scope of educational programs in all aspects of behavioral health for students, trainees, and faculty in Psychiatry, Psychology, Advanced Practice Nursing, and Social Work.

This strategic objective requires increasing both the overall number of educators and the amount of teaching done by individual educators. It will involve methods of increasing motivation and rewards for teaching, as well as coordinating teaching of similar topics for different groups.

A. Increase formal didactics and supervision done by individual faculty members to help them advance to the next academic rank (associate professor or professor). Faculty members' progress towards this objective will be reviewed annually as part of their performance evaluation.
    i. Priority score: 1
    ii. Metric: Achieve participation in teaching by 95% of faculty who have been working for at least 6 months
    iii. Months to completion: 24

B. Create new curriculum for psychiatry residents/fellows (in line with ACGME requirements), psychology interns, and social work interns that include quality improvement and wellness initiatives. In addition, we plan to expand the recently started curricula in diversity issues and cultural psychiatry for psychiatry residents to include all disciplines in behavioral health.
    i. Priority score: 1
    ii. Metric: complete full curriculum for QI, Wellness, and cultural psychiatry
    iii. Months to completion: 24

C. Complete a resident (MD and NP) curriculum that focuses on evidence-based practice (EBP) in Psychiatry and Behavioral Health with the goal of introducing practices/algorithms that have been determined to have a strong evidence base into our department's clinical practice.
    1. Further develop resident seminars on how best to formulate an answerable clinical question and then find/appraise/apply the evidence. This curriculum would include an introduction to search strategies with Boolean operators and methods for critical appraisal of evidence quality.
    2. Expand the recently started monthly research writing seminar for all residents who will propose and review a clinical question relevant to their work in Psychiatry. Our ultimate goal is to foster poster presentations by Psychiatry residents at meetings and/or publications.
    3. Coordinate which resident projects could potentially be incorporated into clinical practice protocols in conjunction with the Clinical Vice-Chairs and division directors.
    4. Establish clinical "champions" of EBP with advanced training who will develop a full curriculum involving each year of training
        i. Priority score: 2
        ii. Metric: 50% of PGY-2, PGY-3, and PGY-4 residents at SBU with poster/publications AND implementation of 2 resultant practice protocols at SBU AND specific EBP curriculum for each year of psychiatry and advanced nursing residencies
        iii. Months to completion: 36

D. Expand on the recent pilot project by Psychology faculty to provide weekly evidence-based treatment "refreshers" for all department faculty and trainees. This would include updates on various psychotherapies and other treatments.
   i. Priority score: 2
   ii. Metric: Fill 75% of available time slots (Tuesdays at 11 am) for clinical updates from July 1 to mid-September
   iii. Months to completion: 36 months

E. Enhance psychotherapy education for psychology trainees on inpatient psychiatry and in CPEP units. New psychology faculty will develop psychotherapy didactics/supervision to train in psychotherapy services, crisis management, and group-based programming.
   i. Priority score: 2
   ii. Metric: complete full didactic modules and organize regular supervision in psychotherapy training in these acute care settings
   iii. Months to completion: 24

F. Reestablish an archive of topics of interest, relevant articles, specific grand rounds presentations, and established lectures that can been be easily accessed for teaching on a topic or later review. These should include journal club articles including those selected from ABPN MOC archive.
   i. Priority score: 3
   ii. Metric: complete an initial archive for all individual faculty members
   iii. Months to completion: 36

G. Foster teaching of psychiatric topics of interest by members of other departments and other medical disciplines to increase the department's footprint in the medical center at large. An example may be a combined exercise at our Clinical Simulation Center involving students in medicine, nursing, and social work that addresses a behavioral health challenge (e.g. the acutely suicidal patient). This objective would also expand on existing seminars by Psychology faculty with other departments (Family Medicine, Nutrition, and Physical Therapy).
   i. Priority score: 3
   ii. Metric: complete at least 3 new teaching sessions that involve more than one department or discipline
   iii. Months to completion: 36

H. Establish new teaching awards for faculty (and residents) including the recognition of innovative ideas and the most highly rated classes by students.
   i. Priority score: 3
   ii. Metric: Establish 2 teaching awards to be presented at the annual resident graduation
   iii. Months to completion: 24

II. Improve the quality of educational programs in Psychiatry, Psychiatry, Advanced Practice Nursing, and Social Work at Stony Brook Medicine.

This objective includes methods of monitoring the quality of teaching, by both incorporating innovative teaching techniques to improve that quality and "educating the educators" on how best to make these changes.

A. Increase overall learner ratings for all formal didactics and bedside teaching/ supervision. Although specific metrics including student ratings/comments about individual instructors and individual seminars have been introduced, the response has been limited thus far. This input is necessary to provide course leaders and residency/fellowship directors a better sense of their teaching resources and help determine those educators who would benefit from further education training.
    1. Inclusion of CBASE teacher evaluation for 3rd year medical school clerks as part of overall teaching evaluation
    2. Increase compliance of evaluations of teachers/supervisors by Psychiatry residents on New Innovations and Psychology trainees on their own evaluation form
    3. Increase compliance of evaluations from Psychiatry residents and Psychology trainees of formal didactics on Qualtrics evaluations
    4. Develop specific measurements of teaching/supervision for NP residents and social work interns
        i. Priority score: 1
        ii. Metric: resident physicians complete 75% of evaluations on both New Innovations and Qualtrics evaluations
        iii. Months to completion: 12

B. Provide training in remote teaching skills when using TEAMS and ZOOM platforms. This should include basic training in remote lecturing and specific methods to engage learners when using this technology.
    i. Priority score: 2
    ii. Metric: provide or develop on-line modules to enhance this skill
    iii. Months to completion: 24

C. Restart an annual educational retreat for clinical faculty that would initially include an introduction to student-centered learning techniques. This was started in 2019, but interrupted in 2020.
    i. Priority score: 3
    ii. Metric: Organize annual educational retreat for at least 2 straight years
    iii. Months to completion: 24

D. Implement specific training by School of Medicine faculty and any relevant on-line courses that focus on new techniques. This would include a "teaching orientation" for new faculty with limited teaching experience to include learning in both formal didactics, bedside teaching, and supervision.
    i. Priority score: 3
    ii. Metric: complete full teaching orientation for new faculty
    iii. Months to completion: 36

E. Develop an on-line module in coordination with IT introducing the department's focus on evidence-based medicine as part of clinical faculty orientation.
    i. Priority score: 3
    ii. Metric: complete full on-line module
    iii. Months to completion: 36

III. Expand the size and availability of training programs in Psychiatry, Psychology, Advanced Practice Nursing, and Social Work

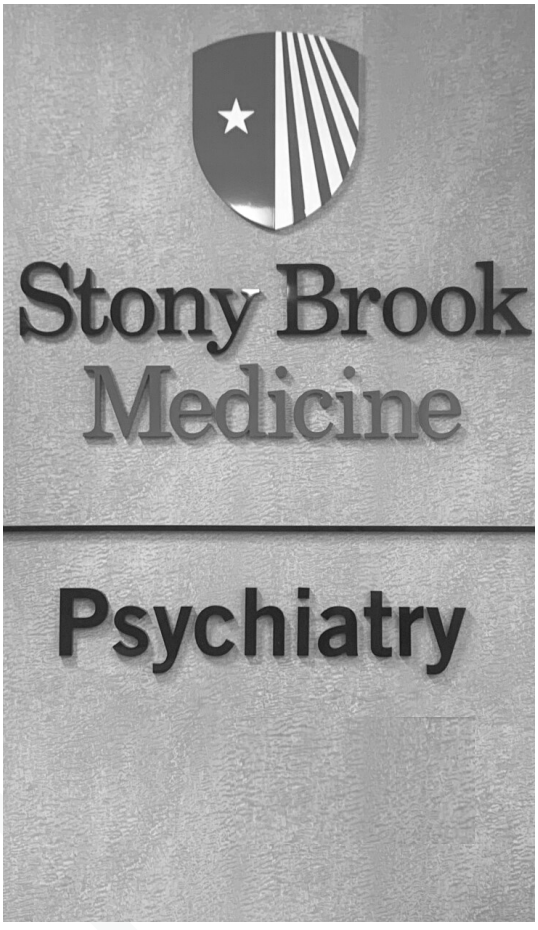
A. Establish a new psychiatry fellowship in addiction psychiatry and revitalize our existing fellowship in geriatric psychiatry.
   i. Priority score: 1
   ii. Metric: recruit at least one addiction psychiatry fellow and one geriatric psychiatry fellow
   iii. Months to completion: 24

B. Improve recruitment to our sub-specialty fellowship programs (Geriatric Psychiatry, Consult-Liaison Psychiatry, and Addiction Psychiatry) by establishing a pipeline from our current psychiatry residents to enter these programs after graduation.
   i. Priority Score: 2
   ii. Metric: establish specific clinical tracks for interested residents
   iii. Months to completion: 24

C. Coordinate training opportunities at our partner hospitals (Southampton Hospital and SBELIH) including more focused training in addiction psychiatry at SBELIH and start of two additional resident electives (Social Medicine at Southampton Hospital and outpatient psychiatry at the Shinnecock Indian Health Clinic).
   i. Priority score: 2
   ii. Metric: establish resident electives/training at both Southampton Hospital and Eastern Long Island Hospital
   iii. Months to completion: 24

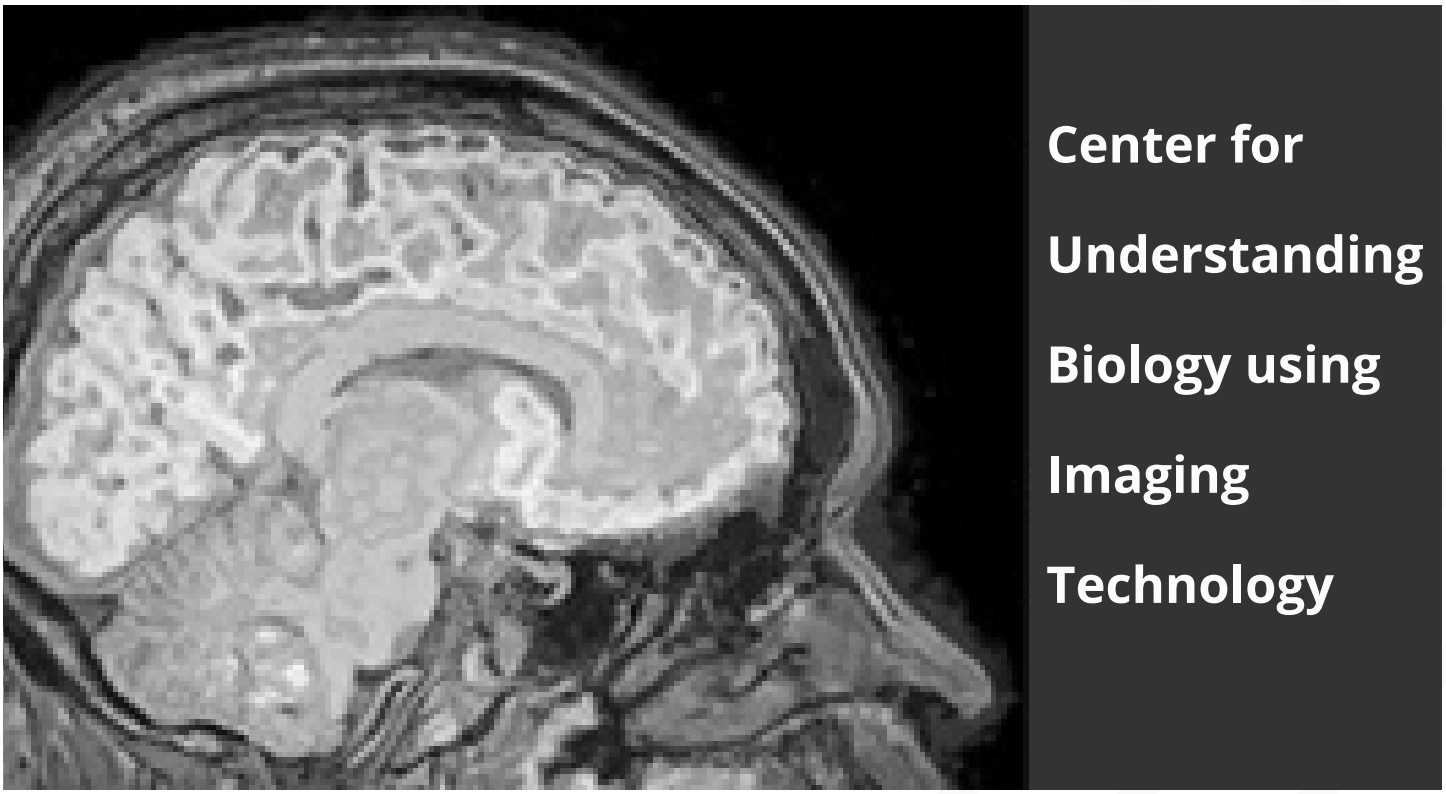
D. Increase the size of the psychiatry residency program from current 50 positions (at SBU and East End sites) to 55.
   i. Priority score: 3
   ii. Metric: Get ACGME approval for 5 more Psychiatry trainees
   iii. Months to completion: 36

E. Establish new Supervisors in Field Instructors (SIFI-certified) in our Social Work faculty to 6 instructors from the current complement of 4.
   i. Priority score: 3
   ii. Metric: recruit 2 additional SIFI instructors
   iii. Months to completion: 24



Research Strategic Plan

The Department of Psychiatry is at a turning point where investments made in the last few years in research can now come together to form the basis of a new era of growth. The Department has recruited a number of talented new junior and senior investigators achieving a critical mass of investigators, who can engage in collaborations within and across departments at Stony Brook University and outside. Furthermore, investments in infrastructure can be leveraged to that purpose. We propose over the next 3 years a set of goals that will capitalize on the strengths and address areas of weaknesses. The overall vision is to have a vibrant and transformative research program that will further attract recognition and talent.



Goals:

I. **Improve and strengthen existing infrastructure supporting research**
II. **Build or expand in new areas of research**
    a. **Recruit a radiochemist devoted to the development of novel CNS tracers**
    b. **Recruit a research Director of Child and Adolescent Psychiatry**
III. **Optimize the links between clinical services and research operation to mutually benefit both**
IV. **Increase research funding**
V. **Enhance collaborations across departments**
VI. **Teaching research**
VII. **Increase industry collaborations (clinical trials and PET studies)**

Objectives:

I. Improve and Strengthen Existing Infrastructure Supporting Research

A. Website

The department website is a great tool to facilitate research, communication across groups and between departments as well as to the outside world, it should also facilitate recruitment of research participants as well as new trainees and faculty to the department, and serve other vital functions to the lab: description of Core facilities (EEG for example) or new capabilities (TMS).

Update the website to offer flexibility for individual researchers and groups to set up their information and update the information as often as needed.

i. Metric: Completed website including all faculty and research projects, regular monthly updating
ii. Years to finalizing website as described above: 1, followed by continuous updating through end of year 3

B. Research Cores – Imaging

This goal is in line with strategic goal 1 of the NIMH strategic plan as outlined https://www.nimh.nih.gov/about/strategic-planning-reports/goal-1-define-the-brain-mechanisms-underlying-complex-behaviors.shtml by the NIMH director: strategy 11C

Achieve an operational PET Center within the next year and build a state of the art PET program in the following 3 years.

i. Metric: 6 new tracers
ii. Years to completion: 3

Enhance multimodal imaging capabilities: set up analyses pipelines for MRS, fMRI, NM-sensitive MRI, diffusion water imaging. Make these accessible to researchers.

i. Metric: new grants proposing use of these methods
ii. Years to completion: by year 3 will have at least 3 newly funded grants using these techniques in combination or separately

Recruit a CNS radiotracer development radiochemist.

C. EEG

Enhance and facilitate use of EEG across different programs.

i. Metric: new grants proposing use of EEG
ii. Years to completion: 1 per end of 3 year period

Collaboration with local and outside EEG experts.

D. TMS

Expansion of research using TMS by setting up periodic discussions of TMS projects within the research group. Purchase an additional system when sufficient demand is reached. This is in line with strategic aim 3 https://www.nimh.nih.gov/about/strategic-planning-reports/goal-3-strive-for-prevention-and-cures.shtml

i. Metric: new grants proposing use of TMS
ii. Years to completion: at least one funded grant by end of the 3 years

II. Build and/or Expand New Areas of Research

A. Schizophrenia

Become a magnet for schizophrenia research with enhanced recruitment of patients research studies, funding, and research staff.

Aging and dementia in psychotic disorders:
Build a program of aging research in schizophrenia and other psychotic disorders, collaborations with Clouston, Kotov, Jonas and MMTI. This is in line with strategic goal II of the NIMH strategic Plan https://www.nimh.nih.gov/about/strategic-planning-reports/goal-2-examine-mental-illness-trajectories-across-the-lifespan.shtml

i. Metric: new grant proposals in this area
ii. Years to completion: 1 to 2 funded grants by year 3

B. Addiction

Enhance research in substance use disorders, with additional recruitments and setting up infrastructure such as self-administration facilities, collaborating on recruitment, sharing research subjects. Expand into areas of cannabis research, nicotine smoking cessation, opiate use, cocaine, in addition to alcohol research. Create a critical mass of researchers interested in substance use.

i. Metric: new grant proposals in this area
ii. Years to completion: multiple grants and plans for a NIDA center by end of year 3

C. Co-morbid Schizophrenia and Addiction

Made feasible by points IIA and IIB. Submit new comorbidity focused grants with the possibility of a center grant by year 3.

i. Metric: new grant proposals
ii. Years to completion: 1 by end of 3 year period

D. Women's Health Issues

This is a new area of research interest, led by Drs. Swain and Mahaffey. The primary goal is to develop a research registry for the OBGYN department. This will allow screening at least 75% of patients for research enrollment. The long term goals are to develop collaborations with other women's health services including the Pelvic Floor Pain Clinic and Cancer Centers which will lead to expanding research in these areas

i. Metric: new research registry in OBGYN clinic
ii. Years to completion: 1 year for establishing registry 3 year for building a research program as evidenced by grant submissions: at least 1 or 2 by year 3

E. Alzheimer's Disorder

With the recent recruitment an AD imager we will continue to expand this effort.

i. Metric: new grant proposals
ii. Years to completion: 1 by end of 3 year period

F. Big Data Science

Some opportunities exist for collaboration with the Bioinformatics department. The Cerner EMR data and data from HealtheIntent can be used to develop predictive algorithms through data analytics with the overall goals of generating datasets for research and allowing research questions to be addressed. Additional databases could be mined : The DSRIP (Delivery System Reform Incentive Payment https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/) program aimed at improving population health and reducing hospitalization through Medicaid redesign, the Suffolk County Collaborative which includes a set of projects related to these missions and many of them include aspects related to behavioral health (https://suffolkcare.org/clinical summaries). We will set up the appropriate regulatory protections for use of such data sets.

i. Metric: new grant proposals
ii. Years to completion: 2 by end of 3 year period

G. Mood Disorders

Recruit a mood disorders researcher as Director of Child and Adolescent Psychiatry.

i. Metric: successful hiring
ii. Years to completion: 1

Followed by initiation/ development of research program in this area: 1 to 2 proposals submitted by end of year 3

H. COVID-19 related psychiatric studies

Respond to new opportunities and directions such as: https://www.nimh.nih.gov/about/strategic-planning-reports/goal-4-strengthen-the-public-health-impact-of-nimh-supported-research.shtml

1. Extension of current studies and creation of new proposals that address neurobiological and psychological outcomes of the pandemic and its associated consequences
   Examples: study social isolation, registry of health care workers and stepped-care model for treatment of mental health problems
2. Survey of clinic patients at Mind Body Center with a COVID-19 questionnaire (sxs; exposure; perceptions; mental health) - collaboration with Northwell Health and Mount Sinai Medical Center as part of Adam Gonzalez's center for disaster health trauma and resilience
3. Participate in national COVID-19 questionnaire

i. Metric: new grant proposals
ii. Years to completion: 2 funded grants by end of year 3

I. Molecular Genetics

To create services (equivalent to a Core) to help investigators collect, store, genotype (genotyping will be off-site), and analyze samples. This will be led by Katherine Jonas.

i. Metric: new investigators using services
ii. Years to completion: 2 investigators used services by end of 3 year period

J. Telehealth

Expand use of Telehealth for research purposes. Incorporate in existing studies if feasible.

Metric: new investigators using Telehealth in studies
Years to completion: 3 new investigators by 3 year end

III. Optimize the links between clinical services and research operation to mutually benefit both

A. Centralize Recruitment

Use of centralized phone response line, brochures, exchange of subjects across groups. Use of database to find potential candidates. Set up a regular task force to consider recruitment challenges and offer solutions.

B. Inpatient Research

Maintain a few inpatient beds for research to facilitate studies that require short stays in collaboration with the inpatient unit Director. Designated trained nursing staff would be needed to work with such patients.

i. Metric: number of participants in research studies increase by 20%
ii. Years to completion: 3

IV. Increase Research Funding by 20% by end of 3 year period

A. New NIMH Areas of Focus

Be responsive to new NIMH areas of focus. Increase submissions to the Brain Initiative funding opportunities, Computational Psychiatry, RDoC, precision Medicine, studies of sex differences. To take advantage of new directions in NIMH funding, organize "interest groups" for discussion of RFAs that come out. This could be within the scope of the already existing research seminars.

B. Examine other sources of funding such as CDMRP (https://cdmrp.army.mil/researchprograms) and NASA

i. Metric: new grant proposals
ii. Years to completion: 2 by end of 3 year period

V. Collaborations across Departments

Set up new multi-department grant submissions.
- Cancer related: Stress management for patients with early stage lung cancer.
- Collaboration with Neurology; current Parkinson's Foundation Community Grant - stress management for patients with Parkinson Disease and caregivers.

i. Metric: new across departments grant proposals
ii. Years to completion: 2 by end of 3 year period

VI. Teaching Research

Submit grants to increase research training for students, fellows and residents. Increase regular interactions with researchers, design feasible studies within the training years of residents. We will also submit over the next 3 years a T32 application for post-doctoral training.

i. Metric: new training grant proposals
ii. Years to completion: 1 by end of 3 year period