The goal of the New York State DSRIP program is a 25% reduction in preventable readmissions and Emergency Department (ED) utilization. At Nyack Hospital in Rockland County, ED providers perceived that patients presenting with schizophrenia and/or psychosis, combined with limited access to appropriate outpatient behavioral health (BH) services, were the primary drivers of ED-utilization. In response to this perceived need, the community requested that new behavioral health services be developed to serve the local population. Emphasizing the importance of using data to drive planning and design, Montefiore Hudson Valley Collaborative (MHVC), a performing Provider System serving the Hudson Valley, engaged diverse community stakeholders to review 911-call data. A high volume of patients being transported to the ED from local congregate care adult homes were identified. A multifaceted, collaborative plan was developed and implemented with the goal of reducing ED utilization.

To encourage diverse stakeholders to use data to drive service planning and inform program development.

Interventions:

i. Behavioral Health Response Team (BHRT) Visits to targeted Adult Homes providing congregate care during non-call periods to build relationships and trust between the targeted homes and the BHRT team.

ii. WRAP Plan template shared with the homes to encourage staff to develop individual crisis plans.

iii. Mental Health First Aid training conducted by MHA Rockland at targeted group homes.

iv. Analysis of treat and release data from Nyack Hospital ED for those with primary behavioral health and chemical dependency diagnoses to inform crisis stabilization roadmap and medical village planning in Rockland County.

Measures:

i. Number of 911 calls made from targeted group homes that result in ED transport

ii. % of staff that responds positively to having skills and confidence to manage sub-acute crises and provide MHFA to residents

This rapid cycle improvement intervention resulted in a 52% decrease in 911 calls from the targeted group homes over a 6-month period. Staff at the homes developed skills and confidence to manage sub-acute crises and utilized the BHRT team if they needed additional help. The ED data revealed that patients presenting with substance use disorders were the key drivers of ED utilization with one high utilizer having 197 ED visits in the past year.

Hospital treat and release data from the Nyack ED identified substance use disorders rather than behavioral health issues, as the main driver of ED-utilization. Data assessment of patient cohorts with primary behavioral health and chemical dependency diagnoses revealed a need for integrated care options and limited access to substance use services.

In response, MHVC is spearheading an improvement initiative for SU provider organizations. We will also continue to track 911 call data to further measure the impact of this program.

This project demonstrates a model for the use of rapid cycle improvement and data-informed planning to redesign processes and inform further program development. In addition, it highlights the benefits of diverse stakeholder engagement and a multifaceted team approach to identifying gaps in care and improving communication, efficiency, and workflows across systems.

MHVC would like to acknowledge the following partner organizations for their contributions:

- Rockland County Department of Mental Health
- Rockland County Department of Health
- Rockland Paramedics and the Behavioral Health Response Team
- Nyack Hospital
- Rockland Psychiatric Center
- NYS Office of Mental Health Hudson River Field Office
- Refuah Community Health Collaborative