NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

NYC HEALTH + HOSPITALS

Specialized I/DD + Mental Illness (Dual Diagnosis) Adult Inpatient Psychiatric Unit

with a

Residential Step-Down Unit

AADMD 2024 One Voice Conference

June 6, 2024

Case Study: Amir

23 years old, Muslim background, born in NYC, Received early intervention, placed out of home due to behaviors at age 8

Diagnosed with autism at age 18 while at an out of state residential behavioral and mental health school

Living in NYC Group Homes since age 21

FSIQ 46, Vineland Adaptive Composite 48

Kings County Hospital Referral

- Referred by OPWDD for progressive extreme challenges with sexually aggressive and assaultive behavior and intimidation. Frequent utilizer of EMS and ED services.

- Family members no longer want to be involved. “He did something very bad.” He states, “I want to go home to Mommy.”

- Unknown family history of mental illness or developmental disorders

- **Developmental history** is unknown

Behaviors Leading to KCH Referral

Behaviors include:

- Inappropriate comments
- Grabbing staff's breasts and genitals of both sexes
- Targeting peers with inappropriate comments and touching
- Seeking access to the internet to access pornography

Symptoms include:

- Reversal of sleep patterns
- Explosive outbursts when redirected by staff

KCH Admission

Complexity increased by obesity, type 2 diabetes, snores loudly – Dx OSA BiPAP – no machine, metabolic syndrome and increased food drive, H/O injury to eye, chronic constipation

Things were going better prior to COVID and was in Day Program– less behaviors were seen in this environment. At admission, no work or day program or other out of the house supports. CSIDD/ NY START involved in supporting.

Medications: Haloperidol 10 mg tid, Olanzapine 2.5 mg bid, Lithium 300 mg tid., **previous trials of Chlorpromazine, Sertraline, Fluvoxamine, VPA, Guanfacine not effective**

THE TURNING POINT

- **Relationship and trust Gained**
- **Individual therapy, modified with him writing and drawing responses to accommodate verbal expressive challenges**
- Disclosed a left testicle injury and atrophy with loss of sexual function and frustration.
- Reported a long history of being bullied and possible sexual abuse (vague).
- Reported childhood verbal and physical abuse and possible inappropriate relationship with a sibling (vague).
- **There was a significant decrease in target behaviors following this therapeutic process and disclosure**

Insights from KCH Admission

Shift in Hypotheses, Changes in Narrative and Medications

- Grief and loss: trauma, loss of sexual function, loss of contact with family all contribute significantly - cumulative trauma – severe PTSD
- Sexually very frustrated
- Cultural issues complicate work with him and the family
- Impulsivity in combination with his ASD and poor social pragmatics and boundaries complicate understanding
- Clozapine initiated

Timeline

- **Summer 2020**: Admitted to H + H KCH IDD + MH Specialty Unit, 218 days

- **Discharge Medications:** Clozapine 200 mg AM and 300 mg bedtime, Topiramate 150 mg bedtime, Guanfacine 2 mg three times daily, Lithium 900 mg AM, Lorazepam 2 mg as needed every 4 hours anxiety/agitation, Pantoprazole (GERD), Miralax (chronic constipation), Metformin Type 2 Diabetes.

- **Discharge Diagnoses:** Moderate/Mild ID, ASD, PTSD, Bipolar Disorder, ADHD combined

- **March 2021 Discharged to ETU**, consideration of Intensive Treatment facility if application if fails

Extended Treatment Unit (ETU) Course

- Orientation and evaluations
- Dental evaluation for toothache and large caries treated
- Responded to restrictions, redirection and positive behavior support
- Treatment of Diabetes, GERD, Obesity, Seasonal Allergies
- Engaged in therapeutic sessions, recreational activities, supervised outings, exercise

ETU Course

- Adhered to diabetic diet
- Constipation, diarrhea, vomiting intermittently
- Behavior progressively improved
- Clozapine reduced to address constipation
- Melatonin added for insomnia
- Progressive weight loss of ~ 20 pounds during stay
- GI evaluation, Sleep Study, ENT evaluation, Dental Care
- No Sleep Apnea, No active GI findings

Discharge from ETU

- Discharge was planned after 6 months at ETU, but he refused to return to previous placement.
- New referrals were made in the following months.
- Discharged to a state-operated group home (IRA) November 2021.
- Attended ETU daytime activities during transition.
- Continued psychiatric and dental care with same providers in Bernard Fineson Article 16 Clinic.
- Had increased insomnia at the new home and melatonin was increased.

Community Success

- Enrolled in a community day program more suited to his needs in May 2022.
- Further weight loss, normal BMI with stable health.
- As of April 2024, remains on same medications, including clozapine, with stable mental and behavioral health.

Pilot Project Background

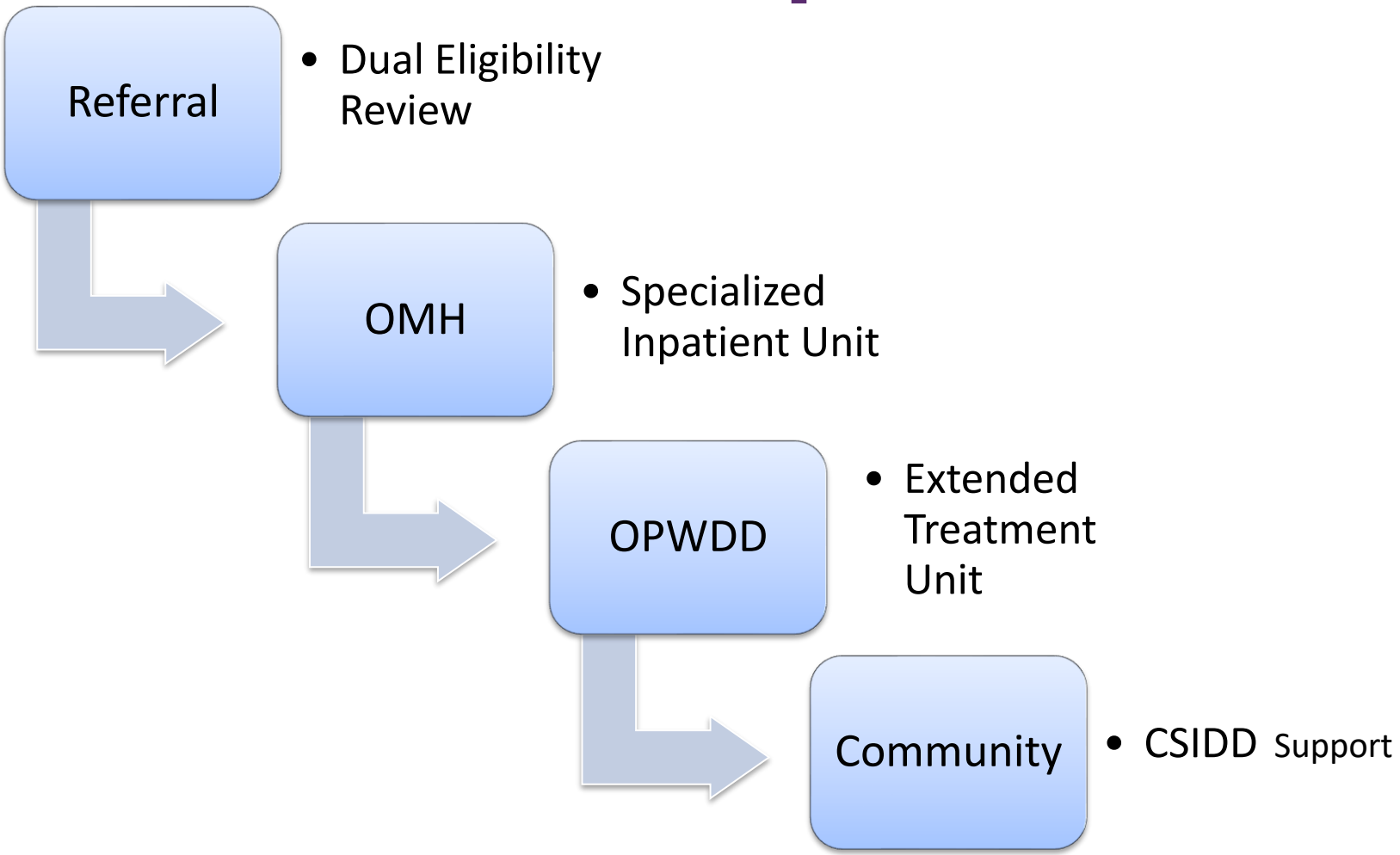
Partnership with the NYS Office of Mental Health (OMH) and NYS Office for People With Developmental Disabilities (OPWDD)

- (New) Specialized Inpatient Unit, King's County Hospital
- (New) OPWDD Extended Treatment Unit (ETU)
- Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD)

The Early Days

- Collaboration began between the NYS Office for Mental Health and the NYS OPWDD in 2000.
- The concept was a response to people dually diagnosed with developmental disabilities and serious mental illness who become stuck in NYC hospitals – Emergency Departments, long-term inpatient and Comprehensive Psychiatric Emergency Programs (CPEP).
- Many stakeholders were included: NYC hospitals, Health Homes / Care Coordination Organizations, provider agencies, advocacy groups
- Partners' Strategic Planning for Actual Program Development (policies, manuals, communication parameters, treatment flows)

Concept


Referral
• Dual Eligibility Review
OMH
• Specialized Inpatient Unit
OPWDD
• Extended Treatment Unit
Community
• CSIDD Support

CSIDD Services

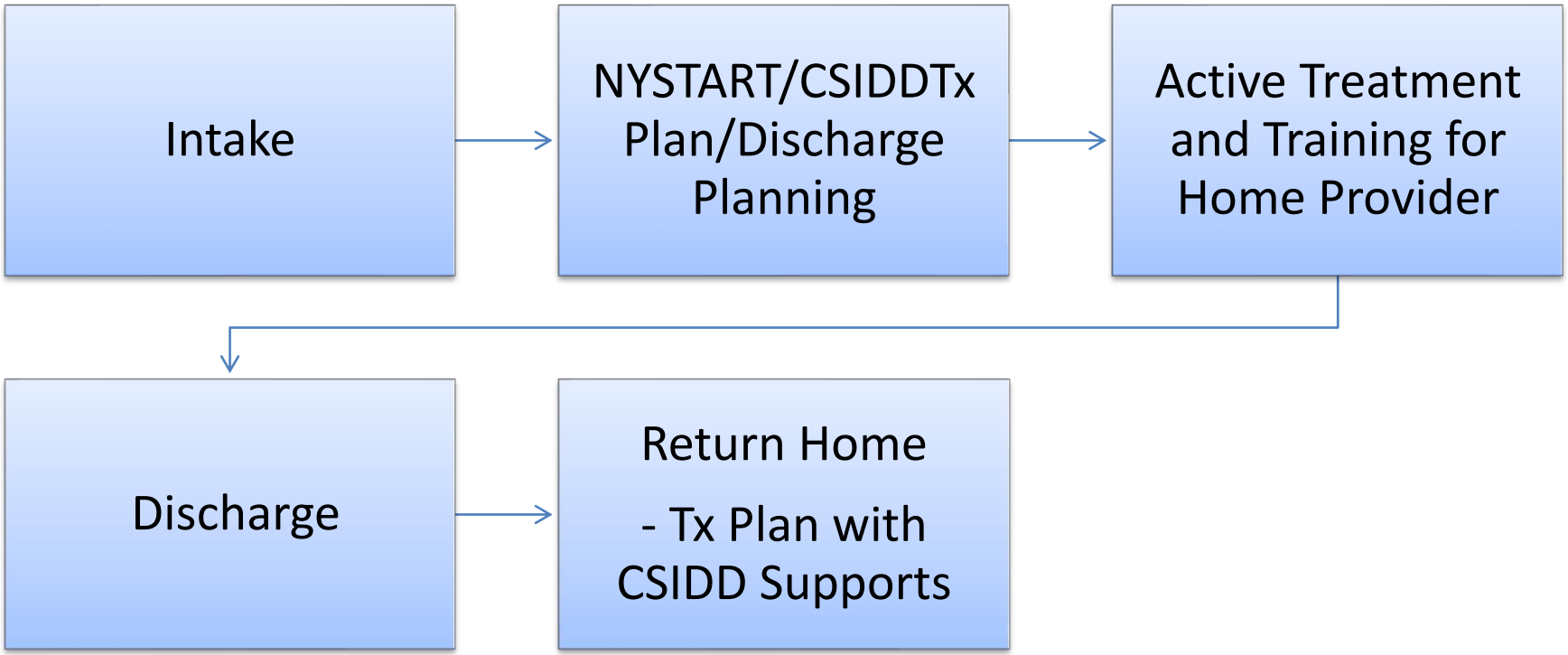
Types of Services:

- Outreach
- Intake/Assessment
- CSCPIP (Cross Systems Crisis Intervention and Prevention Plan)
- Systemic Consultation
- Psycho Education, Clinical Consultation, Medical Consultation
- Crisis Follow-up, In-Home Therapeutic Coaching
- Resource Center – Intensive Respite (Behavioral)

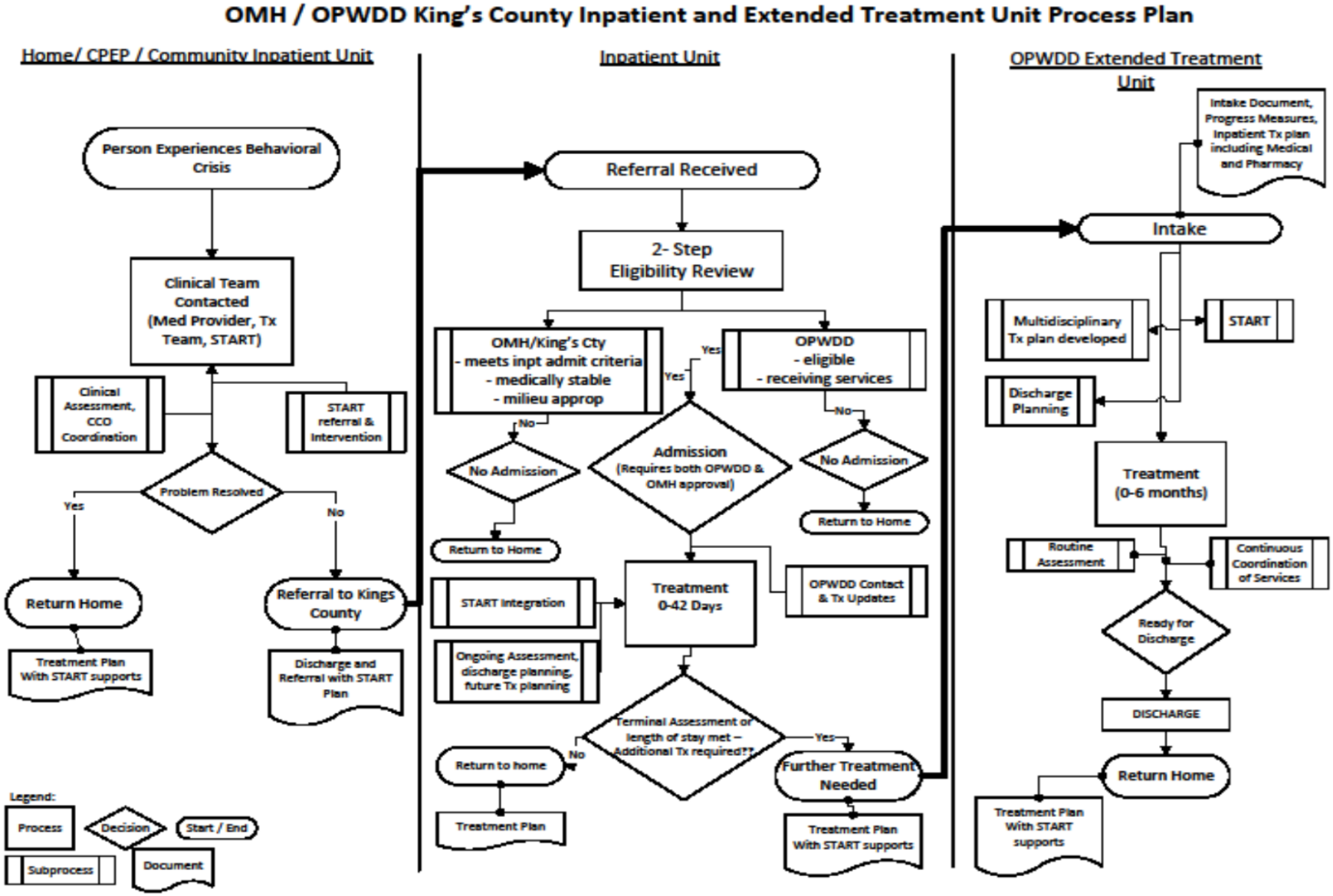
Referral Process:

- Anyone can refer – family member, hospital, school, Care Coordinator, agencies
- 72 hours to reach out and begin the intake process
- Provisional Crisis Plan developed at Intake
- Cross Systems Crisis Prevention and Intervention Plan developed within 30 days

ETU Process Flow



Referral, Intake, Discharge Flows



Key Project Milestones

- OMH/OPWDD Planning and Collaboration
- Staff Recruitment & Hiring
- Secured ICF Operating Certificate and OMH Certifications and Rate
- Operations Manuals
  - Interagency Collaboration Procedures
  - Training Requirements & Process
  - Intake & Discharge Policy
  - Clinical & Programmatic Quality Measures
  - Standards of Care

IDD + MH Unit at NYC HEALTH + HOSPITALS / Kings County

The Basics

Logistics:

- 12 bed inpatient psychiatric unit and 12 bed residential step-down unit
- Under OMH regulations with Step-Down Unit under OPWDD and Federal ICF/IID regulations
- Located at NYC Health+ Hospitals/Kings County in Brooklyn and Bernard Fineson Campus in Queens
- Serving the Five boroughs
- Maximum length of stay: Approximately 42 days at KCH & 6 Months at ETU
- Slated to open in Spring/Summer 2019, but opened in 2020

General Criteria:

- Adults 18 and over, either 18 and out of school or 21 and over
- OPWDD Eligible
- Already receiving CSIDD Services and Care Management (Health Home enrollment)
- Prioritize planned admissions to KCH and transfers from KCH for ETU

Inclusion Criteria & Clinical Profile

Inclusion Criteria for Admission:

- Challenging behaviors / Emotional dysregulation
- Diagnostic confusion
- Medical and neurological comorbidities
- Simplifying complex medication regimens
- Recurrent use of emergency services
- Depression
- Anxiety/PTSD
- Mania
- Psychosis

Exclusion Criteria

- Primary issue is disposition (housing and services)
- Respite
- “Medication Wash-Out”
- Primary issue is the setting
- Outpatient provider unwillingness to collaborate
- Current arrest, court orders (forensic)
- Primary substance use disorder

Admission Basics

Admission Criteria

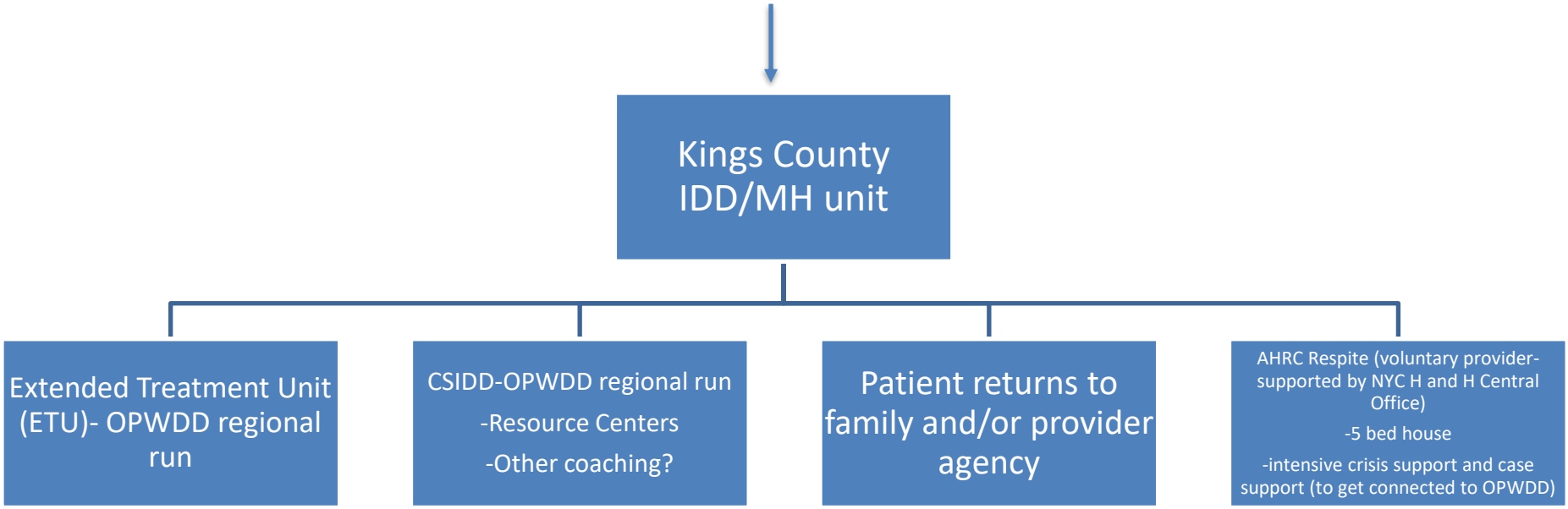
- Must be enrolled and actively engaged in services from OPWDD and CSIDD/NY START
- Must have a mental health diagnosis
- 18 years and over and currently NOT enrolled in Department of Education Program (18-21)
- **Stable housing and/or family connection to return to**

Exclusionary Criteria

- Primary issue is disposition (Housing and Services)
- Respite
- Primary issue is the setting
- Outpatient providers unwillingness to collaborate
- Current arrest
- Primary Substance Use Disorder

Flow of Current State of Service Delivery

CSIDD active engagement-Triage and Referral to Unit



The Basics

Mission Statement:

To demonstrate that informed compassionate, trauma informed care can be provided to individuals with IDD/MH through multidisciplinary evaluation and stabilization. This effort will help us to understand the individuals experience of the world and change their narrative. To increase system competency, communication and partnerships and improve the individual's quality of life and reduce morbidity. That will result in decreased service utilization and increased community capacity and competency to understand and care for these individuals and their supports.

Logistics:

- 12 bed inpatient population specific specialty psychiatric unit
- Under OMH Regulations
- Located at NYC Health+ Hospitals/Kings County in Brooklyn
- Serving the Five Boroughs
- Opened January 2020

Services Provided on Unit

Individuals who are on the IDD/MH unit receive an interdisciplinary evaluation from a team of talented individuals including:

1. Psychiatrist (Medical Director)
2. Psychologists (Program Director and Level 1)
3. Functional Behavior Assessment (Board Certified Behavior Analysts)
4. Psychosocial Assessment - Social Work
5. Licensed Creative Arts Therapists (Music, Dance/movement, Art therapies)
6. Occupational Therapy - Sensory Evaluation and Sensory Profiles
7. Speech Therapy and Communication
8. Medical Internist
9. Nursing Care
10. Consultation to specialty services as needed

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Overall Metrics

Other Data	
Average LOS	40 days
Average age	21-28 yrs
Age range	18->25

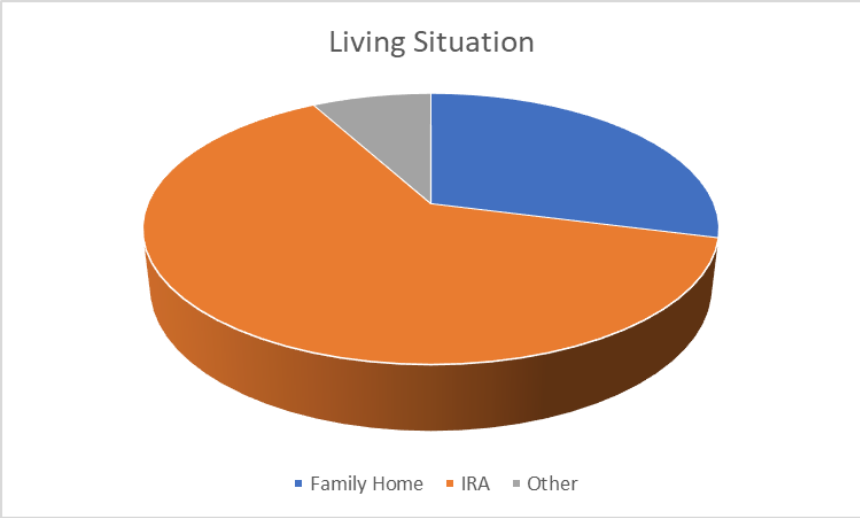
Yearly Data	
2020	62
2021	68
2022	34

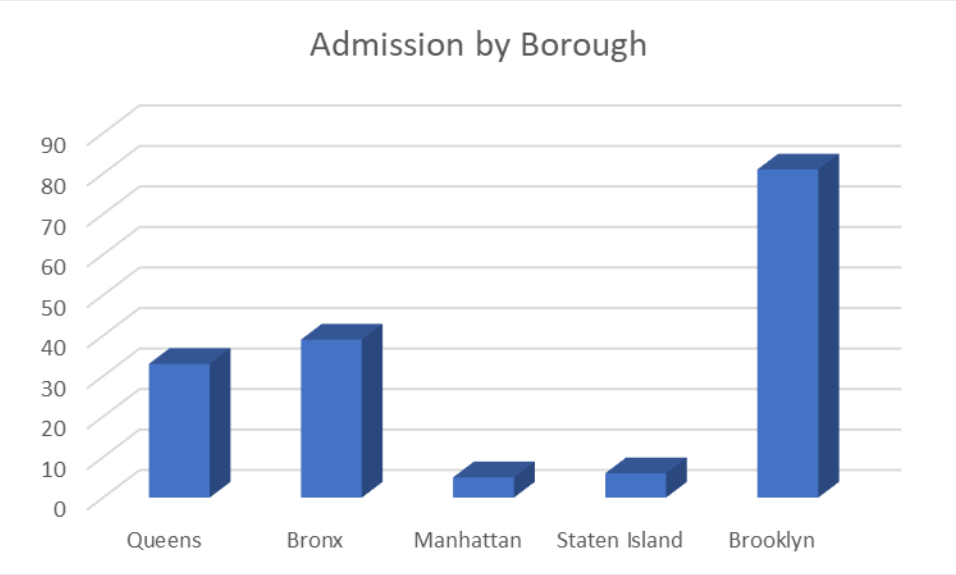
Re-Admission Data		
Lifetime	10	6%
15/30 day	2	1%

Borough Data	Total	Percentage
Queens	33	20%
Bronx	39	24%
Manhattan	5	2%
Staten Island	6	3%
Brooklyn	81	51%
	164	

Admission Source		
Family Home	49	29%
IRA	104	63%
Other	11	8%

Metrics Continued





START Connection		
Yes	149	90%
No	15	10%
Planned Admisisons		
Yes	112	68%
No	52	32%

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IDD/MH Unit- Overview and Highlights

“Changing the Narrative”

- Importance of thorough evaluations at developmental milestones
- What happens when people don’t put the “pieces together”- catastrophic for our population
- Total lifetime admissions, LOS avg, # of people housed, Re-admits, connection to new care (see graphs next slides)
- Diagnostic information (psychiatry, medical, and behavioral)
- Addressing the not “typical” diagnoses (anxiety, depression, PTSD)
- How TRAUMA mediates the larger picture

ID/MH UNIT as a "Catalyst" for Change

- HRSA LEND grant- federal grant to support training of all disciplines to work in the field of IDD/autism
- Developing training partnerships between various sites, i.e., Columbia Whitaker Fellowship, SUNY Downstate School of Health Professions, Pediatrics, Neurology
- Public/private partnerships– NYC Health and Hospitals funded AHRC private respite program and support other systems initiatives
- Breaking down silos between OMH and OPWDD impacting positive patient outcomes "stuck" between the systems

Goal = Center of excellence and training site across the continuum of lifespan

Frequently Asked Questions

- Would we consider taking a planned admission (outside of an acute psychiatric crisis)?
- What/who will control the triage process (i.e. medical and legal checks, etc.) on direct admissions?
- Should we indicate in the eligibility review that the person needs to be OPWDD eligible and either receiving START services or that START evaluation/intake would begin essentially on admission?

Extended Treatment Unit

ETU Team

- The team includes a primary physician, a psychiatrist, registered nurses on site 24 hours/day, psychologists, a social worker, dietician, occupational therapist, physical therapist, speech language pathologist, residential habilitation specialists, recreational therapist, a team leader, residence manager and supervisors and direct support staff.

- A dental clinic is on the same grounds, with priority scheduling for ETU individuals.

- KCH and ETU clinicians meet weekly to share updates and problem-solve for challenging cases.

- Selected team members provide 24/7 behavioral crisis support, receiving calls and consulting on site as needed.

- A primary physician and a psychiatrist are always available by phone.

ETU Variations from Traditional ICF

- Staff receive additional 3 days of specialized training regarding trauma-informed care, autism, dual-diagnoses, mindfulness, teamwork, attachment disorders, sexuality, diversity, treatment modalities, motivation, etc.
- Evaluations and the comprehensive functional assessment are completed in 7 days from admission.
- Daily team rounds
- Medical-psychiatry-psychology weekly rounds with weekly review of behavior data and updates on plans
- Voluntary unit and time-limited stay
- Extensive work with families

Extended Treatment Unit Experience

- Unit opened December 2020
- 22 people were treated and discharged by March 2024.
- 3 of the 22 people signed out early.
- 20 people were discharged to the community and 2 people required an institutional setting.
- 10 people continued psychiatric care with the ETU psychiatrist.
- 6 people continued dental care with our dentist.

Clinical Issues Found and Addressed

- 4 people had significant dental issues, multiple caries and periodontal disease that may have contributed to a mental health crisis.
- 5 people were found to have significant medical conditions which may have contributed to mental health crisis. Diagnoses included hyperthyroidism, gastritis, urethral stricture and right sided heart failure.
- 1 person received specialized care for an existing medical condition which correlated with behavioral improvements (psoriasis).

Discharge Planning Issues

- Needing more suitable residential placement
- Family refusing options
- Finding a day program - ETU informally provided programming for some people after discharge while awaiting community options.
- Training for staff at prior residence and improving plans for challenging behaviors
- Ensuring CSIDD is included in meetings and ready to provide supports
- Ensuring psychiatric and medical follow-up and continued access to medications

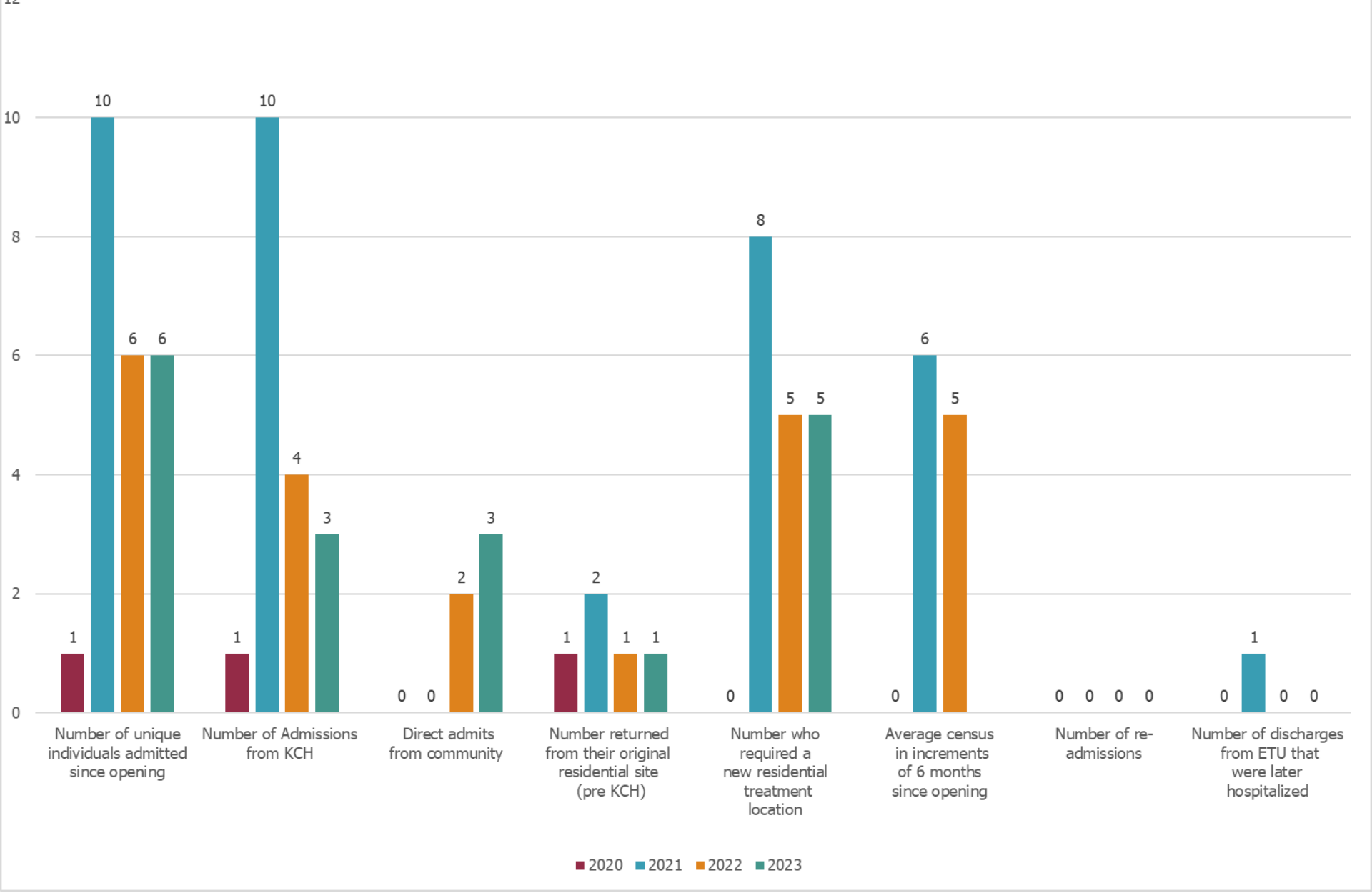
ETU Experience with Discharge Placements

- 10 people had no placement for discharge when admitted to ETU
  - 4 of the 10 were discharged to a residence that opened for them while they were at the ETU.
- 4 people who had a residence on admission were discharged to a different residence that better suited clinical needs or due to family refusal of return.
- This impacted average length of stay –beyond 180 days for years 2021-2023.

Successes
Preliminary Information

- 10 people were considered to be improved or much improved.

- Factors associated with improvement appear to be:
  - Continuity of psychiatric care from the ETU to community
  - Residential agency with strong staff and supports



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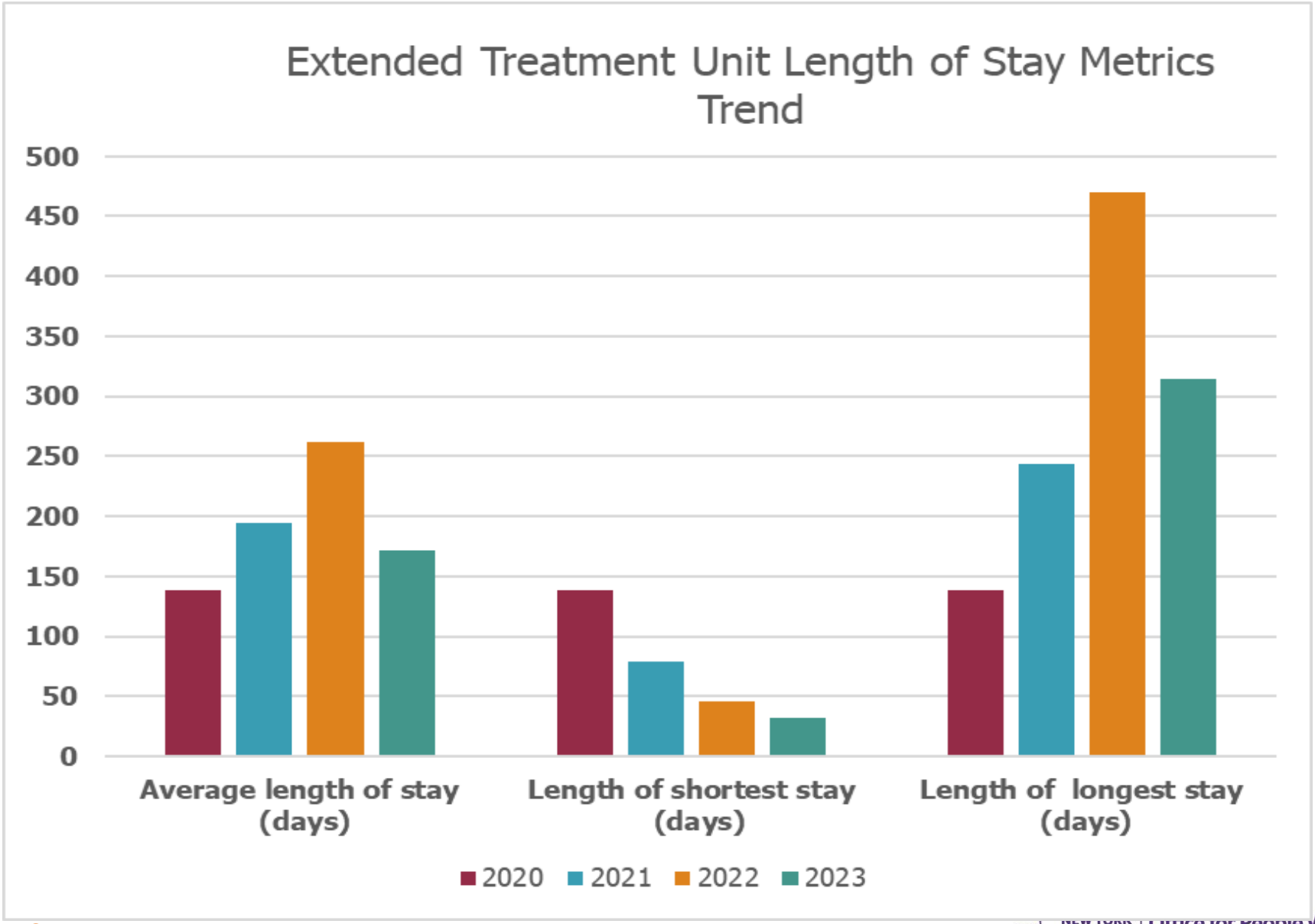
Extended Treatment Unit Length of Stay Metrics Trend
500
450
400
350
300
250
200
150
100
50
0
Average length of stay (days)
Length of shortest stay (days)
Length of longest stay (days)
2020
2021
2022
2023

Questions

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Key Metrics

EXTENDED TREATMENT UNIT METRICS

APRIL 2023-OCTOBER 2023

Competitor Analysis

December 2020-October 2023	Number of unique individuals admitted since opening	Average length of stay (days)	Length of shortest stay (days)	Length of longest stay (days)	Number of Admissions from KCH	Direct admits from community	Number returned from their original residential site (pre KCH)	Number who required a new residential treatment	Average census in increments of 6 months since opening	Number of re-admissions	Number of discharges from ETU that were later hospitalized
2020	1	138	138	138	1	0	1	0	0	0	0
2021	10	194.8	79	244	10	0	2	8	6	0	1
2022	6	261.3	46	470	4	2	1	5	5	0	0
2023	6	172	32	315	3	3	1	5		0	0