Creative Solutions

Putting innovative ideas into practice to address crucial issues

Despite our most thorough efforts to anticipate and prepare, real life can present us with problems that are unexpected and complicated. So sometimes, you just have to create your own solutions.

This means it becomes necessary to vary from conventional practice, take a chance, and chart a new course. Even though the term "thinking outside the box" is overworked, the concept behind it is still a solid one. It refers to the ability to come up with a resourceful method of overcoming an obstacle. Through this process of innovation, we expand our knowledge and discover improvements and efficiencies.

OMH believes in creating an environment that supports innovation in the practice of providing quality mental health care and in putting good ideas into action. This edition of *OMH News* features four innovative programs that were created to meet the needs of clients in an ever-changing world — programs that are now setting new, higher standards for care.

We welcome your comments at omhnews@omh.ny.gov.

Training:
Partnership helps meet the need for certifying peer specialists

The APS catalog includes more than 40 training courses. For information, visit: https://www. academyofpeerservices.org.

The work of Peer Support Specialists has proven to be of tremendous value in helping people make positive choices for mental health and substance use recovery. Research has shown peer specialists, who are in recovery themselves, often inspire hope in people who may have felt hopeless. They help engage others to support empowerment by exploring a range of recovery options and helping people make choices that enhance their quality of life.

During the past 30 years, there has been a growing recognition that peer specialists are a vital part of the state's mental health system. New York was the first state to establish a Civil Service title for peer specialists. In 2007, the Center for Medicaid and Medicare Services issued a guidance letter to the Medicaid directors of states that were seeking newly available Medicaid funding for peer specialist positions. The guidance required supervision and the development of a state-recognized peer specialist training and certification program.

Although peer specialist positions in New York were not initially funded through Medicaid, there was still the need for a standardized training and certification process to ensure that an adequate and qualified peer workforce was available to support funded mental health programs. Accordingly, **Michael Hogan**, OMH Commissioner at the time, asked the OMH Office of Consumer Affairs to launch a project to develop a peer workforce and provide training that could be offered in a standardized manner.

The need for a uniform method of certification became more urgent when an increase in the use of peer services became an important part of the 2010 plan of the Medicaid Redesign Team Behavioral Health Work Group, led by **Governor Andrew Cuomo.** In response, OMH issued a request for proposals to develop an online training platform that would provide free-of-charge, online, self-directed training for peer providers across the state. The idea was to create a sustainable model for ongoing training and development of the peer support workforce during the transition to recovery centers in New York State.

The Rutgers University School of Health Professions was awarded the contract in partnership with the New York Association of Psychiatric Rehabilitation Services, which, in turn, drew upon the expertise of New York peer specialists and peer-run program managers for the development of course content. This collaboration became the **Academy of Peer Services** (APS), an open-source, online, on-demand, training and testing platform.

A collaborative process

"The philosophy behind APS is that peer providers, or those who are aspiring to become peer providers, can benefit from the flexibility of developing professional competencies in a supportive online environment," said **Amy B. Spagnolo,** PhD, Rutgers professor and Project Director. "If instructional design principles are adequately employed, online learning can not only impart knowledge, but can also assist in the application of principles to practice. Interactive technology that supports the learner in thinking through how peer competencies could be delivered in the real-world environment is an exciting feature of APS."

For information on our APS partners, visit:

Rutgers University School of Health Professions at: https://shp.rutgers.edu.

New York Association of Psychiatric Rehabilitation Services at: https://www. nyaprs.org.

In-person training can be an important part of the education process, and the online coursework provided by APS is not intended to replace such sessions. But in remote areas of the state, in-person opportunities may not always be available. APS' online environment ensures that peer providers around the state, including rural areas, have access to the required training for certification using an on-demand basis.

Working experience as peer specialists or supervisors was essential to conceptualizing and shaping APS. In 2011, a total of 47 persons in leadership roles from 19 peer-run organizations participated in in-depth interviews. Follow-up meetings were held in Batavia, Westport, Newburgh, Syracuse, Manhattan, and Amityville in which about 300 participants discussed needs and participated in a formal survey to identify competency gaps in peer services and propose course content. OMH staff gave input into content geared toward another key project; establishing peer-run recovery centers.

In 2012, peer support staff, managers, and administrators of peer-run organizations participated in a forum to identify core competencies of peer providers and the core skills that are essential for specific peer-service models. The forum was facilitated by **Amy Colesante**, Executive Director of the Mental Health Empowerment Project; and **Cheryl MacNeil**, PhD, of Sage Colleges.

Amy B. Spagnolo, PhD

Based on the data collected and the available literature on peer support competencies nationwide, course development began. Throughout the next several years of development, the Rutgers instructional design team worked closely with more than 70 subject-matter experts, including experienced peer specialists, supervisors of peer specialists, and peer-run program managers to create or revise the courses. The team used a structured analysis, design, development, implementation, and evaluation approach to ensure the learning objectives, content, videos, interactive activities, and knowledge checks recommended by the experts translated into the attitudes, skills, and knowledge needed by working peer specialists.

Support for the learning experience

Today, APS offers more than 40 courses. Coursework is free and anyone with a role in the peer-support workforce can enroll – whether they live in New York State or not. Courses are open for spring (May to July), fall (September to December), and winter (January to March) terms. For exact start and end dates, visit the APS homepage at https://www.academyof-peerservices.org.

The program has several built-in supports for APS learners. User support specialists are available via e-mail or phone to help with technical issues related to accessing APS coursework online, registering for courses, printing certificates of completion, and viewing their progress.

"We recognize that learning online can feel very intimidating and that technology requires a certain level of comfort to master," Spagnolo said. "We try to make the enrollment process and accessing of courses as seamless as possible. Our technical support people listen, troubleshoot, and truly work to ensure access for all. We have an ongoing accessibility plan that helps us to address any accommodation requests and we work one-on-one with many individuals who require alternative course materials due to a disability."

Each course includes knowledge checks along the way and ends with a post test. After successfully completing the post test, learners complete a course evaluation on how well the course met its objectives and their learning needs. Each term, the instructional design team reviews the evaluations and makes adjustments to the courses, as necessary, based on learner feedback.

Virtual Community

The Rutgers design team knew it was important to provide a bridge from the knowledge gained in the online courses to the more complex real-world skills that would be necessary to be effective in peer support and supervision roles. So they created the Virtual Learning Community, which provides a state-

How to become a Peer Support Specialist

New York State residents can become certified New York State Peer Specialists for free.

The New York Peer Specialist Certification Board is a separate organization that oversees the application and certification for Peer Support Specialists.

The Peer Specialist Certification Process in New York State

OMH established the New York Peer Specialist Certification Board shortly after the APS began developing courses. New York is the only state in the nation that is delivering online training and testing that leads to certification.

To apply for peer specialist certification, first complete the 13 core courses and then complete the rest of the requirements on the application.

To learn more about the Certification Board and the requirements for different levels of certification, visit: http://nypeerspecialist.org.OMH

wide job bank, community calendar, newsletter, webinars, conference workshops, and video conference networking meetings — allowing peers to connect, communicate and collaborate. Support-group meetings are designed for working peer providers who would like to gather in a virtual space to discuss their professional experiences.

"One benefit of our 'ask me anything' webinars is that we're offering live question-and-answer sessions with some of the leading voices and practitioners in the peer-support workforce today, so learners can understand how others handle some of these real-world issues," said **Rita Cronise**, APS Virtual Learning Community Coordinator. "Our regular webinars, held in collaboration with OMH, are on topics of interest for peer supporters and supervisors of peer support."

The APS team also attends many conferences around the state on a yearly basis to talk with working peer specialists about current issues and areas for further course development, and to provide hands-on technical support and general information for current and potential learners in APS.

"By connecting through our networking meetings, peers have an opportunity to learn about the newest courses or the latest updates to current courses," Cronise added. "Particularly the core courses that are required for certification. If a course goes through a major revision, it could be a very different course than when it was offered in previous terms. By connecting with us, people will be sure they're are preparing themselves with the most current information."

Rita Cronise

Looking to the future

APS has grown dramatically in its short life, both in content and notoriety. APS organizers are working to expand its offerings, developing resources for supervisors and other related roles in the peer workforce on its website. They also hope to be involved in shaping the future of peer support supervision by contributing to an effort now underway by the International Association of Peer Supporters to develop National Practice Guidelines for Supervisors of Peer Supporters.

OMH has made presentations on the academy to mental health directors in other states and has produced several webinars. In a slightly different collaboration, the Academy is also offering online courses on working with people who have mental health conditions to employees of the New York State Department of Corrections and Community Supervision. Collaborations to offer portions of peer certification training with other states are also possible.OMH
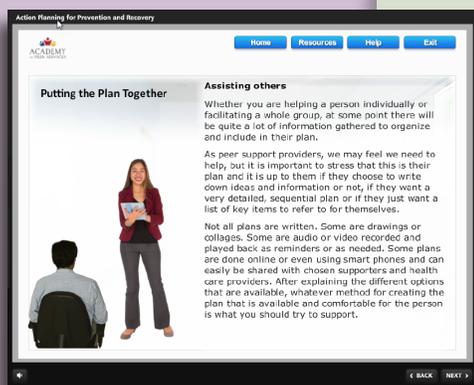
**Academy of Peer Services
Virtual Learning Community**

The Virtual Learning Community is open to everyone. Visit https://aps-community.org, or send an inquiry to: APS.virtual.community@gmail.com.

13 core courses are required for peer certification in New York State

- *Action Planning for Prevention and Recovery*
- *Creating Person-Centered Service Plans*
- *Documentation for Peer Support Services*
- *Essential Communication Skills (Active Listening and Reflective Responding)*
- *Human and Patient Rights in New York*
- *Introduction to Person-Centered Principles*
- *Olmstead: The Continued Mandate of De-Institutionalization*
- *Peer-Delivered Service Models*
- *The Goal Is Recovery*
- *The Historical Roots of the Peer Support Movement*
- *The Importance of Advocacy & Advocacy Organizations*
- *Trauma-Informed Peer Support*
- *The Rehabilitation Act and the Americans with Disabilities Act (ADA)*

Connection:
Manhattan PC smartphone program helps clients maintain social contact

Creative Solutions
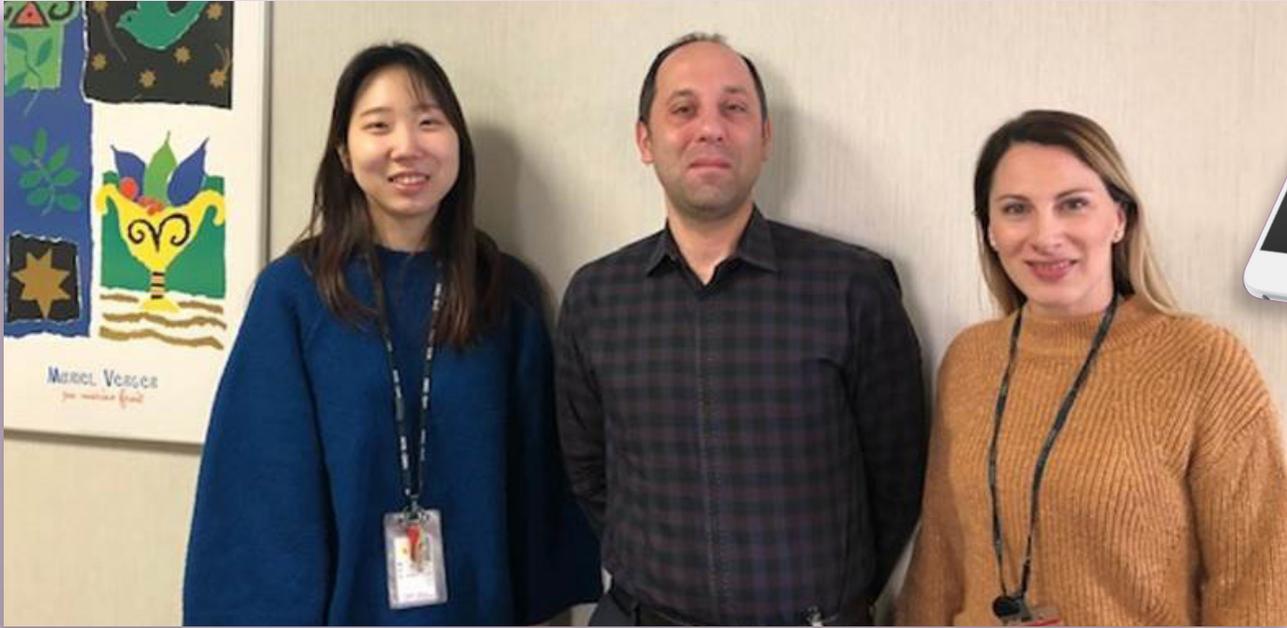
When clients with severe mental illness are first admitted for care, they can feel as though they're cut off from the "outside world." Often lacking a social network and support, they can't use the internet, check their personal e-mails, or use social media. This can only add to a feeling of isolation.

"We believe that, even though clients are hospitalized, it's important to have a means of staying connected to their family and to the external community, because it can be beneficial to their recovery," said **Joanne Yoon,** Research Associate at Manhattan Psychiatric Center (MPC.

When clients can stay connected to family and friends, they gain emotional support and a sense of belonging —which are crucial to maintain when receiving treatment. In an effort to help this process along, a team of researchers from MPC started looking for a way of helping clients stay connected. They found the solution in the palm of their hands. A smartphone.

Learning new technology

Since August, the team has been providing smartphones to a group of clients during their inpatient stay through the Lifeline Assistance Program. Lifeline can provide applicants who qualify under certain government assistance programs with an Android phone, free of charge.

The research team was the driving force behind this initiative. Working with Yoon to organize the program were **Isidora Ljuri,** Research Scientist I; and **Anzalee Khan,** PhD. Their work was supported by **Gabriel Tsuboyama,** MD, Psychiatry; and **Jacob Kader,** PhD, Psychology.

The researchers were starting from scratch, so they needed to get several elements in-synch for the project to progress smoothly. Different departments – Research, Social Work, Treatment Team, and Rehabilitation – needed to work together and communicate well in order to obtain cellphones, place clients in a group to support the project, and then run the group.

Three members of the Manhattan Psychiatric Center team that is conducting a project to provide some of its clients with smartphones. From left: **Joanne Yoon,** *Research Associate;* **Jacob Kader,** *PhD, Psychology; and* **Isidora Ljuri,** *Research Scientist I.*

Manhattan Psychiatric Center

"We decided to start the inpatient group to teach clients how to navigate a smartphone, give them time to practice, and provide a safe space to use it," Ljuri said. "We became quickly aware that many clients had never used a phone before, nor ever had an e-mail address. While many were interested, some were reluctant or unfamiliar with this new technology."

Upon admission, the research team and social workers check if a client has active benefits. If they do, the staff applies for a smartphone through Lifeline. Once clients are approved by Lifeline, their phones are received by their respective social workers. Social workers then contact group leaders to store the phones in a designated locked cabinet in an office on the same floor where the class is held.

The group is led by two staff members, who use a projector and a smartphone manual developed internally to train clients. The manual includes lessons such as setting up a new phone, making calls, sending text messages, accessing the internet, and setting up calendar alerts. Within the group, clients have an opportunity to learn how to use different functions of the smartphone and have some free time to listen to music, surf the internet, or call or text their family and friends.

Phones are charged on a weekly basis by group leaders. In the classroom, a hotspot has been set up so that the clients won't have to use their data plan during the group session.

Source of empowerment

The smartphone program has been encouraging social interaction by allowing clients to connect with peers who have similar issues through group chats, blogs, and social media. When asked about the smartphone group experience, one of the most common answers given by clients was that they enjoyed being able to call friends and family as well as using some of their favorite apps.

One of the clients currently in the cellphone group is talking more often with her family members and was able to receive pictures from them, which made her more motivated to learn about using her cellphone. She has a son who she is currently not in contact with, but her sister was able to send a picture of him, which made her very happy. She's also enjoyed listening to music, and her cellphone allows her to choose the music she wants to listen to. This is in contrast to many clients who don't have a personal radio, which would allow them to listen to the music they prefer.

All clients expressed that they would continue to use their phones upon discharge.

The researchers are now working on adding an automated messaging system, which would remind clients of any upcoming appointments.

"With a continuing interest in technology-based treatments, we believe this is an important initiative and group to implement," Yoon said. "Nowadays, being able to access Internet is becoming a necessity. Providing clients with smartphones helps. It may also be a source of empowerment for clients to be involved in their own recovery."OMH
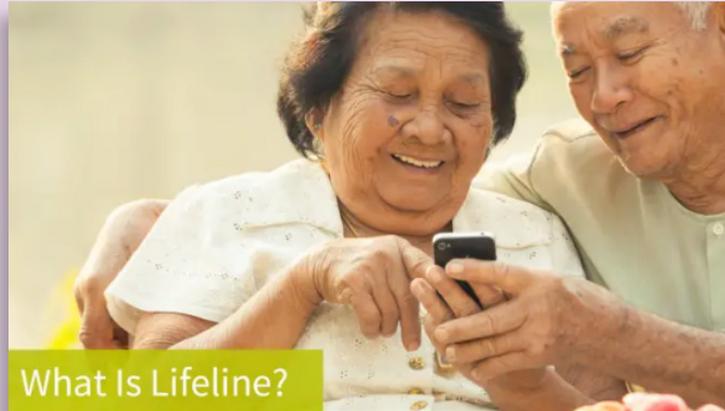
What Is Lifeline?

Lifeline is the Federal Communications Commission's program to help make communications services more affordable for eligible consumers. For information, visit: https://www.lifelinesupport.org/ls/apply-for-lifeline/default.aspx.

Expanding the use of smartphone technology

Smartphone technology can also help clients gain a broader range of access to health professionals.

A study published in a recent issue of *Psychiatric Services* indicated that regular telephone calls and personalized communication improved medication adherence in patients with severe mental illness in a randomized controlled trial.

The researchers used telephone calls and text messages and improved patient adherence to antipsychotic medication regimens over six months.OMH

For information, visit: https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201800286

Employment:
CDPC program finds success in matching clients with meaningful employment

Creative Solutions

A meaningful job has long been a valuable part of the process of recovery from mental illness. But finding such work hasn't always been easy.

According to the National Alliance on Mental Illness, the majority of individuals with serious mental illness *want* to work. Yet their employment rates are estimated to be 22 percent, with little more than half of that number working full-time. Although many programs over the years have offered clients employment through sheltered workshops, this typically kept them isolated from the rest of the workforce.

Providers, like the Capital District Psychiatric Center (CDPC) in Albany, knew they could do better.

A new philosophy

"We needed to leave the sheltered workshop model of 'training and placing' individuals behind and engage in a new philosophy of finding employment first, then supporting them on the job," said **James Kearney,** CDPC Director of Rehabilitation Services.

*From left: Albany Support Center staff member **Jenny Keck,** clients **Daryl Taylor** and **Roger Gilliam,** and Albany Support Center staff member **Donna Charish.***

With guidance and collaboration from the OMH Central Office, CDPC closed its sheltered workshop and developed a program to continue to help individuals gain necessary job-readiness skills while exploring the world of work. The program makes use of the evidence-based model of Individual Placement and Support (IPS).

"IPS supports people in their efforts to achieve steady, meaningful employment in mainstream competitive jobs, either part-time or full-time," Kearney said. "CDPC moved forward with the belief that we could do better at supporting these amazing men and women in our care by helping them achieve the type of work that inspired them."

CDPC created new employment-focused groups to educate participants on the skills they needed to be successful on the job — such as time and attendance and accepting supervision. Other groups focused on the development of interests, job exploration, and the job search process.

For many individuals, the program begins in the inpatient setting. CDPC's vocational rehabilitation team works closely with its clinical team to identify individuals who have expressed an interest in employment. Once a clinician refers an individual, a rehabilitation counselor conducts a pre-employment intake to gather information about the person's vocational interests, skills, abilities, and work history.

The individual then takes part in pre-vocational groups that focus on developing vocational interests and soft skills. This support continues into the outpatient setting, where pre-vocational groups continue to help potential workers understand the expectations of the work world, refine job goals, understand the job-search process, and eventually obtain employment. A counselor then locates employers with positions that match the interests and skills of the individual seeking employment. If the person chooses to select their own place of employment, the counselor helps arrange the interview.

Changing attitudes, changing lives

Not only is the program helping individuals – some who had criminal backgrounds, sporadic job records, or no work experience – break through the barrier of stigma, it's changing community attitudes about hiring people who are in recovery.

The change has been dramatic. When the tracking of the percentages of consumers working began, the program had a baseline average of 12.1 percent competitive employment. By 2018, this figure had grown to 28.3 percent. CDPC's Albany Community Support Center currently has an employment rate of 36.5 percent.

Capital District Psychiatric Center

Some examples of the program's success:

- **Roger Gilliam,** who had struggled with numerous hospitalizations during the last several years, said independence was important to him. With the help of the program, Gilliam returned to competitive employment after five years. After securing the job, he accepted job-coaching support services on-site to allow for a better transition. He's increased his level of independence to be able to follow his schedule and use public transportation to and from work, without any assistance. Taylor also picks up his weekly paychecks on his own and cashes them independently.

- **Daryl Taylor** had been in mental health treatment for his entire adult life. He often had struggles that interrupted his daily functioning and held only transitional jobs. Through his dedication and hard work with the program team, Taylor was hired by a local employer last year. His work schedule has brought him stability, he's gained confidence and socialization skills, and he's demonstrated an overall improvement in almost every facet of his life. Taylor has managed situations that previously would have been significant setbacks. He's been routinely more goal-oriented, punctual to his appointments, and has even worn his work uniform to appointments as a sign of pride.

- **Jules White** resumed outpatient mental health services soon after his release from county jail. Prior to committing to psychiatric treatment, he struggled with day-to-day functioning, yet with treatment and job-coach support services through the Albany Community Support Center's Vocational Program, he managed to secure part-time employment through the 90-day Transitional Training Program (TTP). The TTP allowed White to slowly integrate back into the workforce while fine-tuning his skills. After completion of this 90-day contract, he was optimistic and was hired full-time by a local store. White has now overcome years being out of the workforce and encountering numerous setbacks and mandated restrictions throughout his life, and has remained successfully employed. The employment supports have served as the catalyst towards gainful employment and independent living, which remains important to him.

- The program helped a fourth individual find employment just weeks after his release from prison. Currently on parole, he's working full-time, loves his job and is well-loved by his co-workers. This is his first success with competitive employment rather than making money through illegal means. He doesn't want to go back to prison is highly committed to maintaining his current work path.

Teamwork and dedication

The program's success has been a result of several factors: support by administration, collaboration by the clinical team, commitment and flexibility by the employment team, building and maintaining strong connections with community employers, and – most important – individuals having an unwavering belief that they can work if they choose.

Vital to the program has been the dedication of the staff at the community support centers in Albany – **Joyce Johansson, Donna Charish, Jenny Keck,** and **Diane Albert;** and Schenectady – **Kim Hostig, Kate Kerwin, Amy DellaRocco,** and **Ina Maynor;** and in CDPC administration – Executive Director **Bill Dickson** and Deputy Director **Deborah Murray.**

"Community support center staff are very skilled at developing excellent partnerships with employers," Kearney said. "They've made themselves available at any time to accommodate situations like last-minute job coaching and navigating the myriad workplace issues that can arise. Our administration, meanwhile demonstrated an unrelenting dedication to supporting clients who choose to work."

"Across the entire landscape of our organization, employment successes are celebrated," Kearney added. "This was the foundation for our change in culture toward employment and continues to be a key ingredient to our success." OMH

*From left: client **Jules White** and Albany Support Center staff member **Diane Albert**.*

*From left: Schenectady Support Center staff members **Kim Hostig, Kate Kerwin,** and **Amy DellaRocco**.*

To learn more about Individual Placement and Support, visit the IPS Employment Center at: https://ipsworks.org.

Lean Six Sigma:
Inpatient-flow project leads to development of length-of-stay tracker

An initiative to reduce the amount of time that clients spend as inpatients is now active at nearly all OMH psychiatric centers. This major milestone was reached with the rollout of standardized length-of-stay (LOS) trackers and treatment team huddles that went live on select inpatient units on October 1, 2018.

Improving inpatient flow and reducing length-of-stay is an objective based on OMH's strategic goal of rebalancing and stabilizing inpatient and community mental health services. Implementing LOS trackers represents a big step toward this goal. The project set a specific target of discharging 90 percent of new inpatient admissions within 180 days, or for children, discharging 80 percent of new admissions within 90 days.

"This initiative started with the belief that the best place for clients to recover is in their own communities," said **Mark Stevens**, Director of OMH's Lean Six Sigma (LSS) Unit. "So we asked the teams to look for ways to improve delivery of services so that clients aren't hospitalized any longer than necessary." Despite being in the early stages of implementation, treatment teams across the system are reporting that the LOS tracker and huddles are improving communication and the ability to proactively identify and address barriers to discharge.

*Mark Stevens, OMH
Lean Six Sigma Director*

Analyzing activity and finding solutions

The project started in 2017 with eight OMH facilities — Creedmoor Psychiatric Center, Greater Binghamton Health Center, Hutchings PC, Mid-Hudson Forensic PC, New York City Children's Center, Pilgrim PC, Rockland PC, and South Beach PC — participating in a series of Lean "kaizen" events (a form of workshop) conducted under the guidance of the LSS Unit. These were fast-paced and results-driven events in which teams analyzed processes that impacted length-of-stay. They used various Lean concepts and tools to optimize value-added activity such as medication management, coordination of care, and implementing treatment changes, while reducing factors such as delays and redundant paperwork.

Also providing initial support for the project was the New York State Lean Office and the Toyota Production System Support Center, a not-for-profit corporation affiliated with Toyota that collaborates with organizations to help them become more productive, maximize available resources, and improve quality and safety.

Despite progress made early on, it became apparent that without a real-time tool to monitor patient flow and length-of-stay, it would be difficult to manage related processes on an ongoing basis.

As a result, each of the eight facilities developed electronic LOS trackers to capture a variety of patient-specific data elements. They also and began routine "huddles" (very brief team meetings) around the tracker to improve communication, coordination, and problem-solving, in which issues were identified.

A sample screen from a length-of-stay tracker. The tool incorporates target dates for key milestones, as well as red, yellow, and green-colored formatting to help teams prioritize tasks.

OMH realized other facilities would benefit from this approach, so an effort to establish the standardized LOS trackers for adult, child, and forensic units started during the spring of 2018. All the existing trackers were analyzed, and facilities and OMH State Operations staff provided input regarding which aspects of treatment would be most useful for treatment teams to monitor from a length-of-stay perspective.

Tracking progress, encouraging innovation

This information and the previous facility-level work became the foundation for the final product, a tracker that took multiple areas into consideration including targeted problems on admission, medication adherence, challenges to discharge, and Assisted Outpatient Treatment (AOT) eligibility. The tool incorporates target dates for key milestones, as well as red, yellow, and green-colored formatting to help teams prioritize tasks.

Developers used Excel software because its wide availability and flexibility made it the best option to get trackers up and running quickly. Despite these benefits, some limitations have been identified and so the longer-term plan is to transition to a web-based platform.

In preparation for introduction of the LOS trackers and huddles, facilities designated "huddle coaches" who would guide and support the implementation at their facility. Since September 2018, huddle coaches have participated in "huddle coach collaborative calls," a forum for huddle coaches to develop the knowledge and skills needed to be effective in this role and provide updates related to their facility's tracker and huddle.

Based on updates provided during these calls, huddle coaches have reported that their trackers have led to:

- Improved team approach to address medical comorbidities at discharge.
- Heightened awareness of issues contributing to longer lengths-of-stay.
- Increased motivation among treatment team to complete tasks sooner.
- Better clarity on what's needed for each level of housing.
- Improved tracking of vital documents and info for wrap services.
- Better coordination around Treatment Over Objection requests.

Some facilities are taking this a step further, and have kicked off new projects to address larger issues impacting length-of-stay, including:

- Transitioning patients into housing programs - Buffalo PC.
- Redesigning an alternative treatment program - Buffalo PC.
- Increasing use of therapeutic communication skills - Rochester PC.
- Examining the process of discharge into state-operated community residences - Elmira PC.

A Lean huddle at an OMH facility.

The daily huddle

An important part of the Lean Six Sigma process, huddles are face-to-face team meetings to stay informed and coordinate care. Participants review results, evaluate progress, and set goals.

Huddles are brief and focused, typically no more than 15 minutes, and are often held daily or weekly at the same time and place.

Such meetings encourage teamwork and communication, help surface and solve problems at multiple levels, and celebrate successes.

Although whiteboards like the one in the photo above were used early in the project, teams determined that it was necessary to develop an electronic tool to track length-of-stay in real time.

The team at Western New York Children's Psychiatric Center is focusing on disposition and problem solving. "We're tracking follow-up items and actions more consistently. We're also taking time to recognize what is going well," said **David T. Privett,** LCSW, the center's Executive Director.

"The program has provided us with an efficient way to meet," Privett added. "Our energy has been high and our conversations with treatment teams are more focused. Because meetings are brief, we're seeing more attendance from staff who might otherwise struggle to break away from their duties to attend an hour-long meeting."

"The LSS Length of Stay Tracker brought a number of points to the forefront for our teams," said **Dr. Eileen Trigoboff,** Director of Program Evaluation, at Buffalo PC. "It's focused action on those imminent tasks to be allocated resources immediately."

The tracker's color-coded system helps teams see quickly which time-sensitive tasks are approaching deadlines and which have been completed for patients on the unit. It's also helped the team address external factors that at one time would have interfered with discharging an inpatient by engendering support from administration to mitigate the issues.

"This process has provided us with valuable information without duplication or missed elements to enhance active care while maximizing an inpatient's opportunity to enjoy community tenure as efficiently as possible," Trigoboff added. "It's also given us validation that our team has been performing in an exemplary manner."OMH