2025

NEW YORK STATE | Office of Mental Health

Intensive and Sustained Engagement Teams (INSET)

Program Manual

NEW YORK STATE OFFICE OF MENTAL HEALTH | 44 Holland Avenue, Albany, NY 12229

Section 1: Program Overview

1(a). Introduction and Background

New York's mental and behavioral health systems continue to strive toward more trauma-informed, equitable ways of meeting the needs of the community, particularly for individuals and their social supports who have not been well engaged through traditional services or programs.

Intensive and Sustained Engagement Teams (INSET) is a voluntary, peer-led, community-based engagement approach designed to support adults who are historically marginalized, underserved, and unserved by traditional mental health services and systems and/or who may be at risk of involuntary commitment. INSET teams aim to support these individuals in identifying and reaching their unique valued life goals, connect individuals and communities, and provide 24/7 intensive and sustained support to participants and their chosen community in the least restrictive manner possible. A particular focus of INSET is supporting participants during times of transition, self-identified vulnerability, or other challenges, which often fall under the traditional description of an individual with "complex mental health needs." See section 1(c) for a full description of the target population for this program.

INSET is distinct because of its holistic, person-first, trauma-informed, and culturally curious approach. The team-based, multi-disciplinary model emphasizes the importance of strengthening existing connections and facilitating new connections to participants' natural sources of support. The INSET model allows for flexibility in how, when, and where participants meet with the team. As a non-billable program, INSET teams do not turn individuals away due to Medicaid eligibility and do not place rigid timeframes on achieving successful outcomes.

INSET team members uphold the belief that recovery is possible and probable. INSET reduces repeat hospitalizations and lengths of stay, incarcerations, and costs connected to the high rate of physical health issues usually experienced by individuals most in need. INSET teams support individuals in navigating systems involvement. INSET teams build trust and rapport, hope, and strength in navigating these difficult circumstances by placing the individual's voice, choice, self-determination, community membership and inclusion, and quality of life at the forefront.

There is an opportunity for INSET to be included as part of an Enhanced Voluntary Agreements (EVA) offered to individuals in need. The use and implementation of EVAs vary widely by county; however, a core function of the agreements is to divert individuals from more restrictive community options such as AOT whenever possible, or in some uses as a step-down from AOT. That key distinction raises the potential for INSET, a wholly voluntary program, to play a critical role moving forward in ensuring that people are able to receive the services they need in the least restrictive setting while focusing on the independence and quality of life of the individual being served. There are also opportunities for counties to designate certain INSET participants as a priority population for Single Point of Access (SPOA) and other immediate needs, given the target population and proximity to programs such as AOT.

1(b). State Administrative Structure

Intensive and Sustained Engagement Teams (INSET) is overseen and monitored by the NYS Office of Mental Health (OMH). Regional contract workplans shall be in compliance with the INSET program manual. INSET teams are designated by OMH and are expected to collaborate

with the OMH Office of Advocacy and Peer Support Services Program Team (OMH INSET Program Team) to develop, implement, and report progress.

1(c). Target Population

INSET teams are designed to support individuals of at least 18 years of age identified as “high risk” or with “complex mental health needs”, who are currently in or have recurrent encounters with emergency department, inpatient, crisis, and/or forensic settings. These individuals may be described by traditional systems as having chronic, serious, or long-term mental illness, substance use, complex and compounding health and wellness needs and a lack of ongoing and consistent access to care that is supportive. The program also aims to conduct outreach and engage with individuals historically and currently marginalized from traditional services and those eligible for, currently active with, have recently been discharged from, or have a history of court-ordered Assisted Outpatient Treatment services (AOT).

1(d). Expected Length of Service

Length of Service is determined by the individual participant receiving INSET services in collaboration with the INSET team.

1(e). Capacity to Provide 24/7 In-Person or On-Call Services

All INSET teams are required to provide 24/7 support by phone and an on-call, flexible staffing schedule.

1(f). Multidisciplinary INSET Team

Multidisciplinary INSET teams are comprised of:

- Peer Team Leader
- 4 full-time Peer Support Staff
- Family Liaison
- Licensed Professionals, including a
    - Social worker or Licensed Mental Health Counselor
    - Nurse practitioner
- Administrative staff

A full description of INSET team roles and responsibilities can be found in Section 3 Team Composition and Roles.

1(g). Sample INSET Budget

It is encouraged that each INSET Team will work with OMH to create a budget that best meets the needs of their unique team. Provided below is a sample budget:

Annual Budget for Intensive and Sustained Engagement Team			
Salaries		FTEs	Total Cost
Position	Rate		
Program Director/Team Leader	70,000	0.50	35,000
Project Coordinator	60,000	0.50	30,000
Peer Support Specialists	65,000	4.00	260,000
Family Specialist	65,000	1.00	65,000
Social Worker	70,000	0.75	52,500
Administrative Support	38,000	0.75	28,500
Total Salaries			471,000
Fringe Benefits			131,880
Total Personal Services			602,880
Other Than Personal Services			
Nurse Practioner Consult		0.06	7,800
Telecommunications(internet, mobile phone, land line)			6,000
Wrap around/Self determination dollars			25,000
Auto Insurance for 2 vehicles			5,600
Gasoline and other transportation costs			6,000
Office Supplies			2,000
Training			10,000
Space Rental			12,500
Auto lease (4 Vehicles @ $225/month)			10,800
Other Program Expenses			1,000
Total OTPS			78,900
Total Direct			681,780
Agency Administration @ 10%			115,903
Total Cost			797,683

1(h). Statement of Key Principles

It is the position of the Office of Mental Health to promote hope and recovery and to strive for justice, equity, diversity and inclusion in all its programs. The use of deficits-based language is kept to a minimum and in no way reflects a lack of respect for the potential of all people to recover and live fulfilling lives in the communities of their choosing.

INSET is based on the principle of informed, voluntary engagement. Engaging in a mutual relationship based on collaboration, trauma responsiveness, cultural curiosity and connections is the key to success in the implementation of INSET. The intent is to re-orient individuals to the community of their choice and toward a self-directed life, placing their personal goals and visions for their future at the forefront.

INSET teams operate from a person-first framework with flexibility based on the expressed needs and goals of the INSET participant. The INSET model is:

- Voluntary
- Social Support- and Social Network- integrated
- Trauma-informed
- Responsive
- Inclusive
- Dialogical and communicative
- Equitable
- Intensive
- Sustained
- Flexible
- Person-centered

Section 2: Fidelity to the Peer Model

2(a). Defining Peer Support

The qualities that make an effective peer supporter are best defined by the individual receiving support rather than by an organization or provider of care. Matching peer supporters with individuals often encompasses shared cultural characteristics such as age, gender, ethnicity, language, sexual orientation, co-occurring challenges, experience in the military or with the criminal justice system, or other identity-shaping life experiences that increase common language, mutual understanding, trust, confidence, and safety (N.A.P.S., 2019).

Experiences of peer staff are unique and diverse. While some people receive positive support from the mental health system, there are many others who feel the need to heal from the impact of how they've been treated (WMRLC & WMPN, n.d.). Peers do not assume expertise over others' experiences, nor do they assign labels or diagnoses to the individuals they work with unless it is the preference of that individual. Peer workers remain flexible, allowing the individual to define and come to an understanding about themselves and their experiences, recognizing the impact of trauma, culture, intersectionality, economic disparity, and other factors which may impact one's understanding of self.

Peer Specialists value human potential and vision, believing in the probability that everyone can and will heal (WMRLC & WMPN, n.d.). Peers prioritize self-determination and choice, the dignity of each person and their own expertise regarding their life. Peer Specialists understand that each person can decide what makes their life meaningful, regarding the person, with their many strengths and contributions. Peer Specialists value human language that is non-clinical, creating space for each person to find meaning in their life and experiences. Peers foster mutuality, respect, honesty, truth, and place relationship-building at the core of their work. Peer Specialists understand that what may traditionally be considered "risk" might in fact be a valid coping skill and should prioritize harm-reduction strategies to support a person's whole health – both mind and body.

2(b). Trauma-Informed Peer Support

Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. It seeks to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?" A trauma-informed approach reflects adherence to six key principles that apply across multiple types of settings: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical, and gender issues (N.A.P.S., 2019).

2(c). Peer Support and INSET Teams

Paramount to the INSET model is a voluntary, peer-led approach to outreach and engagement from a trauma-informed, culturally curious, and fundamentally anti-oppressive approach to wellness and healing.

It will be crucial to the success and longevity of each INSET team to provide space for training, education, and support for their staff. This may include time to complete necessary trainings, attend conferences if funding is available, and attend reflective practice sessions.

2(d). Peer Support within the Context of Social Support and Social Network Engagement

Social Network Meetings are a tool for bringing the INSET participant and all identified and potential social supports together, facilitating open and generative dialogue to identify and actively address the most emergent concerns, needs, an--d personal objectives. Involving chosen family, where appropriate, can contribute significantly to the success of an individual's overall wellbeing and offer alternative options to circumvent reliance and dependency on more stringent and/or coercive treatment options.

The participant is free to call a meeting when needed and invite social supports including but not limited to biological and/or chosen family, friends, service providers, and more. These meetings are a voluntary space for complex conversations and issues to be proactively and safely discussed. This preserves the person-centered elements of INSET.

Being able to support an individual in understanding the role of their social networks and lived experience can help cultivate mutual understanding in the face of new, challenging, or uncertain circumstances that are actively being navigated or may arise. They center the participants, integral part of their networks, and an important decision maker, all of whom can support them in overcoming feelings of powerlessness.

The social networks' dynamic tends to shift and unify as a result of this unique approach: individuals have more autonomy and influence over their own engagement and support process. The individual is not merely a passive recipient of care provided by service providers; instead, they and their identified network is also actively engaged in the support process.

Meeting organization and structure:

Prior to any Social Network Meeting, the participant's social supports and social networks should be discussed and identified. A relationship between the two most connected INSET team members and these supports should be established; this should occur only with the individual's willing and continued consent. This information will be captured in the baseline assessment and any contact notes. Once social supports and social networks are established in this capacity, participants should be encouraged to include these supports in regular meetings with trusted INSET team members. INSET teams will receive training and technical assistance on this model from the OMH INSET Program Team and additional resources can be found in the appendix of this manual.

The role of the INSET Peer Specialists in these meetings is to co-facilitate the conversation and to ground an inclusive structure of the meeting. There may be supports and providers in the meeting who are unfamiliar with the practices of peer support, so these values should be expressed prior to the meeting's start. It should also be emphasized that the intent of these meetings is not to be punitive and comfort agreements should be established by the collective.

After establishing the parameters for the meeting, the meeting should start and be centered with two questions: what is the purpose of this meeting, and what is the desired outcome for everyone? After centering the meeting with these questions, topics and areas of concern can be discussed. The meeting co-facilitators will allow the participant and their social supports to drive the conversation. This ensures that the inherent power dynamic is reduced, which will allow the meeting to be as safe as possible for participants to share their thoughts, feelings and any dilemmas that may need to be addressed. While the OMH INSET Program Team will provide assistance in this area, INSET teams are encouraged to seek out ongoing training to enhance their knowledge of Social Support and Network meetings as well as alternate frameworks to support participants in connecting with their community and chosen supports.

The aim is for people have an open conversation and be listened to; respect for every voice can lead to fresh understandings and collective action. The facilitators should reflect and summarize the different perspectives to help guide the conversation, and these meetings can end respectfully at any time if indicated by the INSET participant. Once the meeting concludes, action steps will be identified so there is a collective understanding of the conversation. Following the meeting, the peer staff will check in with the participant to gather their perspective and discuss next steps. The participant has the option to call another meeting as soon as is desired and/or reasonably possible.

Section 3: Team Composition and Roles

3(a). Team Composition

Multidisciplinary INSET teams are comprised of:

- Peer Team Leader
- 4 full-time Peer Support Staff
- Family Liaison
- Licensed Professionals, including a
    - Social Worker or Mental Health Counselor
    - Nurse practitioner
- Administrative staff

INSET teams are encouraged to remain flexible in their staffing practices.

INSET teams should be mindful that outreach and engagement are paramount to the success of this program. INSET hopes to engage individuals who are who are historically marginalized, underserved, and unserved by traditional mental health services and systems of care and/or who may be at risk of involuntary commitment. INSET teams should be flexible in their approach, Teams are encouraged to be innovative in their engagement techniques.

INSET teams will support participants in identifying and reaching their unique valued life goals which include but are not limited to connections to the community of their choosing, their culture, work, school, parenting, (chosen) family, volunteering, and more. INSET teams support these goals by meeting with participants in the setting of their choosing at the time that is most convenient to them, including their identified supports when indicated and consented by the individual. INSET teams will be available to provide 24/7 support by phone and with on-call staff. This availability is crucial to best support individuals who do not generally engage with other support systems due to improper crisis responses; the INSET team has presumably developed a trusting relationship with the participant, which will promote a collaborative response to “crises” and/or periods of increased stress.

The INSET team should have strong partnerships, linkages, and partnership agreements with AOT providers, including providers of services specified on an AOT order, County Directors of Community Services (DCSs), and AOT referral sources, SPOA contacts, legal liaisons and advocates, hospitals, clinics, and other services as indicated. These relationships are established with the goal of engaging individuals who may benefit from INSET early in their recovery journey, in lieu of AOT, and/or upon discharge or “stepping down” from other services.

Each role on the peer-led INSET team has a unique and complementary job description, with duties outlined in the following subsections. Please note that while job descriptions may vary from region to region, it is imperative that peer support and other staff be fairly compensated for this intensive role and salary for the peer staff should not be under $60,000 per year, per employee.

3(b). Peer Team Leader

Position Summary: INSET offers mobile, community-based, flexible and sustained interventions to support individuals who have frequently faced periods of what has been described as acute distress, recurrent emergency room visits and hospitalizations, and for whom prior programs of

care and support have been ineffective or harmful. This peer-led, person-first approach looks beyond assessing an individual's symptoms to address their immediate needs while also establishing and/or strengthening family and social networks for sustained support to help participants achieve their specific goals through unique care coordination without traditional limitations on time and physical space requirements.

The INSET Peer Team Leader will supervise the INSET team staff and all aspects of operations. They will be responsible for overseeing team staff, record keeping, and reporting for the INSET team. They will work to integrate INSET engagement and care coordination services with other programs and services, provide referrals and linkages to local services, focus on relationship-building, and ensure all staff are placing the relationship and the expressed needs of the participant at the forefront.

Specific Duties and Responsibilities:

- Responsible for the oversight of all operations and reporting for INSET team
- Responsible for working with other agency managers and staff to best integrate services
- Responsible for recruiting, hiring, and supervising INSET staff, including Peer Support Staff, Family Liaison, Licensed Professionals, and Administrative Staff
- Responsible for the oversight and coordination of INSET services and deliverables
- Responsibilities include timely completion of all required trainings and provision of oversight of team members' completion of trainings
- Responsible for understanding and following all policies and procedures to guide the INSET team
- Responsible for overseeing the gathering and updating of professional, peer and community resource and referral information for INSET participants
- Assist with the oversight of program operations
- Other related duties assigned

Suggested minimum qualifications:

- Minimum of 2 years of supervisory experience
- Hold a New York Certified Peer Specialist credential
- Bachelor's degree in related field (Human Services, Social Sciences, etc.)
- 4 years of related work experience may substitute bachelor's degree requirement

3(c). Peer Support Staff

Minimum Salary: $60,000 / year (FTE)

Position Summary: INSET offers mobile, community-based, flexible and sustained interventions to support individuals who have frequently faced periods of what has been described as acute distress, recurrent emergency room visits and hospitalizations, and for whom prior programs of care and support have been ineffective or harmful. This peer-led, person-first approach looks beyond assessing an individual's symptoms to address their immediate needs while also establishing and/or strengthening family and social networks for sustained support to help participants achieve their specific goals through unique care coordination without traditional limitations on time and physical space requirements.

The INSET Peer Support Staff will offer direct outreach and support for adults who are engaged with INSET programming. Peer Support Staff are responsible for working with participants toward their identified goals and aspirations, individually, and as a part of their desired groups/communities. The peer support staff will offer linkages to professional, recovery, peer, family, and natural supports in their community. This position requires a thorough understanding of the process and possibility of recovery for people who are psychiatrically labeled. Certification as a New York Peer Specialist (or eligible for certification within six months of hire) is required. The Peer Support Staff will support recovery by providing services that reflect the values of peer support, including the recognition of individual rights of self-determination, choice, shared decision-making, and collaboration. Travel and flexibility in work schedule is a requirement of this position.

Specific Duties and Responsibilities:

- Offer individual peer support to participants using a flexible, person-first, and trauma-informed framework
- Offer regular contact to participants as well as engaging in community outreach and group facilitation
- Community outreach will afford INSET the ability to engage members of the community that may not historically engage with the mental health system
- The INSET peer support staff must be aware of community resources, supports, and systems, collaborating with the participant and INSET licensed clinician to make referrals if indicated by the participant
- Positively facilitate connections with services and resources
- Schedule and co-facilitate networking and support groups for participants as requested
- Support participants with bridging from respite, emergency rooms, periods of incarceration, etc.
- Weekly full-time schedule may include two evenings per week and weekends when requested
- Utilize strengths-based, person-first tools to support the participant in planning goals. Advanced Directives and WRAP (Wellness Recovery Action Plans) are encouraged.
- Other related duties as assigned

Suggested minimum qualifications

- Hold a New York Certified Peer Specialist certification.
- While not required, it is beneficial for the NY Certified Peer Specialist to hold other credentials such as a CRPA, FPA, or YPA credential
- 2 years of related work experience (preferably, the candidate will have experience in mobile engagement techniques)
- NYS Driver’s license

3(d). Family Liaison

Position Summary: INSET offers mobile, community-based, flexible and sustained interventions to support individuals who have frequently faced periods of what has been described as acute distress, recurrent emergency room visits and hospitalizations, and for whom prior programs of care and support have been ineffective or harmful. This peer-led, person-first approach looks

beyond assessing an individual's symptoms to address their immediate needs while also establishing and/or strengthening family and social networks for sustained support to help participants achieve their specific goals through unique care coordination without traditional limitations on time and physical space requirements.

The INSET Family Liaison functions as an advocate and offers support of INSET participant and/or their family (of choice) if indicated by the participant. The Family Liaison will offer services such as advocacy, connecting families with services and referral, and one-on-one support that reflects the rights of self-determination, choice, shared decision-making, and collaboration from a trauma-informed and culturally curious framework.

Specific Duties and Responsibilities:

- Establish and maintain contact with chosen families of INSET participants or individuals referred to INSET
- Support the families' in accessing appropriate services based on indicated needs
- Advocate with and for families, coaching them on shared decision-making
- Meets with families in person or virtually
- Support families in strengthening their caregiving skills
- Guide families in enhancing their natural support system and increasing connections with their community
- Contact community agencies to explore possibilities for program expansion to better serve the needs of families
- Use computer applications or other automated systems to document progress and maintain a record of support
- Other duties assigned as needed

Suggested minimum qualifications:

- Holds a Family Peer Advocate credential or be eligible to obtain one within the first 6 months of hiring
- 2 years of related work experience or a Bachelor's degree in a related field
- NYS Driver's license

3(e). Licensed Professionals

3(e) i. Licensed Clinician

Position Summary: INSET offers mobile, community-based, flexible and sustained interventions to support individuals who have frequently faced periods of what has been described as acute distress, recurrent emergency room visits and hospitalizations, and for whom prior programs of care and support have been ineffective or harmful. This peer-led, person-first approach looks beyond assessing an individual's symptoms to address their immediate needs while also establishing and/or strengthening family and social networks for sustained support to help participants achieve their specific goals through unique care coordination without traditional limitations on time and physical space requirements.

The INSET clinician role may be filled by a licensed social worker, or licensed mental health counselor.

Specific Duties and Responsibilities:

- Provide outreach and engagement to communities, adults, and families who are eligible for the program
- Engage participants in the process of strengths-based assessments to best collaborate on a support plan
- Assist participants in securing identified services and advocating to other systems for the provision of those services in an individualized and collaborative manner
- Facilitate the development of support networks for each participant and collaborate on the creation of regular meetings with these supports if participant consent is given
- Provide crisis intervention when indicated. Crisis intervention must be consistent with the principles of trauma-informed, culturally curious, and harm reduction techniques
- Develop knowledge of and positive relationships with multiple systems serving the eligible population in the region
- Complete and maintain necessary reporting standards (progress notes, etc.). Ensure all documentation requirements are understood by the participant, who should take an active role in the process using collaborative documentation
- Practice with a person-first, trauma-informed philosophy, understanding the unique needs of this region, including cultural, economic, and otherwise
- Other duties assigned

Suggested minimum qualifications

- Hold a master's degree in social work (LMSW) or related field
- Preferably the candidate will have a minimum of 2 years work experience
- Individuals with lived or familial experience in the mental health system are encouraged to apply

3(e) ii. Nurse Practitioner

Position Summary: INSET offers mobile, community-based, flexible and sustained interventions to support individuals who have frequently faced periods of what has been described as acute distress, recurrent emergency room visits and hospitalizations, and for whom prior programs of care and support have been ineffective or harmful. This peer-led, person-first approach looks beyond assessing an individual's symptoms to address their immediate needs while also establishing and/or strengthening family and social networks for sustained support to help participants achieve their specific goals through unique care coordination without traditional limitations on time and physical space requirements.

The nurse practitioner (NP) will offer comprehensive care that supports individuals in understanding the physical needs of the participant as well as spiritual, emotional, and other aspects of their well-being. The NP may prescribe medications for participants but should not be the participants' sole provider; the NP should integrate health education and holistic methods into their practice, empowering participants to actively participate in their recovery, connecting them with sustainable primary and preventative care resources.

Specific Duties and Responsibilities:

- Provide health education to participants and their families
- Provide counseling, support, psychoeducation, and other care for participants
- Prescribe medication as needed
- Link participants/families with additional resources/referrals if indicated by the participant

- Participate in recovery and goal planning with members of the INSET team and participants
- Communicate with healthcare providers outside of the agency and interpretation of health results for participant care planning

Suggested minimum qualifications

- Must have a nursing degree from an accredited college/university, be licensed in New York State in good standing
- Nurse practitioner must maintain current CPR/AED training
- Should be familiar with Narcan use
- Individuals with lived or familial experience in the mental health system are encouraged to apply

3(f). Administrative Staff

Position Summary: INSET offers mobile, community-based, flexible and sustained interventions to support individuals who have frequently faced periods of what has been described as acute distress, recurrent emergency room visits and hospitalizations, and for whom prior programs of care and support have been ineffective or harmful. This peer-led, person-first approach looks beyond assessing an individual's symptoms to address their immediate needs while also establishing and/or strengthening family and social networks for sustained support to help participants achieve their specific goals through unique care coordination without traditional limitations on time and physical space requirements.

The INSET administrative staff will be responsible for support activities to complement the INSET model and allow direct support staff to maintain the 24/7 flexible, community-based approach. Administrative tasks include but are not limited to scheduling and record-keeping, answering phones and emails, and connecting INSET staff, participants, and other key partners.

Specific Duties and Responsibilities:

- Provide support to the INSET leadership team and coordinate appropriately with staff
- Keep records and fax, scan, and upload documents
- Develop and maintain databases as needed
- Receive and/or return telephone calls related to specific program functions as needed
- Check email and voicemail messages during work hours
- Connect participants to INSET team
- Receive referrals and report to INSET leadership team
- Assist in the use of EHR and other health records
- Other duties as assigned

Section 4: Workflow Overview

4(a). Workflow Overview

INSET is provided by designated peer-led agencies, whereas at least 51% of the governing board and staff should be individuals with lived experience. INSET teams will conduct robust outreach to engage individuals at risk of negative systems involvement and/or who have potential engagement with other service systems (i.e. criminal justice, family court, etc.) but who are not necessarily AOT eligible. Further, teams will foster partnerships with entities to help them reach individuals who may benefit from INSET early in their recovery journey or upon stepping down from other services such as AOT.

INSET teams embrace asset-based community development principles, building on individual and collective strengths for a healthy and well community. This section details aspects of the program model including service delivery method; holistic, strengths-based approach; crisis intervention strategies; communication and information sharing; hours of operation; overall number of persons to be served; team composition and expertise; participant and program assessment protocols; enrollment with INSET and other services; and MHPD program entry.

4(b). Service Delivery Method:

INSET is a voluntary, peer-led engagement approach that centers the connection and inclusion of an individual's natural social supports and social networks. A multi-disciplinary team supports the enrolled individual and their peers in establishing person-centered goals and in accessing needed services and supports in the least restrictive manner possible. INSET upholds expressed goals of reducing hospitalizations and engagement with involuntary services such as AOT, hospitalization, jails, and more.

INSET employs a proactive and personalized approach to service delivery. The teams conduct regular outreach and engage with individuals in a variety of settings, including their homes, community centers, shelters, or other locations where they spend time. The delivery of services is client-centered and aims to meet the specific needs and preferences of each individual.

INSET teams will focus heavily on outreach and engagement with the individual enrolled in INSET and their self-identified social supports and social networks, outlined in section 5 of this manual. Teams will focus on improving engagement with individuals whose sociocultural and other support needs are not met by traditional services; this is accomplished by expanding support to include natural support systems and social networks that are embedded in the individual's community.

INSET teams should be creative in meeting the needs of their community in their service-delivery methods; flexibility in responding to emerging needs is expected. Teams will be available to support individuals in their region on a 24/7 basis and within 72 hours of a need, concern, or emergent issue being expressed. This should include meeting individuals in the community of their choice and engaging their chosen social supports as desired and consented.

INSET staff will support participants in identifying valued life goals, which may include work, school, parenting, and other actions that afford them opportunities to engage with the communities of their choice. Staff may collaborate with participants by utilizing recovery plans to support in framing the participants' expressed goals.

INSET staff should take care to balance their time with participants and tend to their own self-care. This will support the team to:

- Prevent employee burnout
- Foster realistic engagement expectations with participants
- Foster trust and transparency
- Allow employees to schedule and maintain positive relationships with multiple participants

4(c). Holistic, Strengths-Based Approach

INSET Teams should focus on identifying and leveraging individuals' strengths to empower their recovery journey. This approach fosters a sense of agency and ownership in their treatment.

Any goal planning activity should be personalized with the participant taking the lead on their recovery. Plans may address coordination of care, housing, vocational support, support in substance use and mental health treatment, family and community involvement, and more. These plans should differ from traditional service types, building on an individual's unique strengths and wishes to meet their goals in the recovery journey.

INSET teams are encouraged to collaborate with other programs in various regions as well as the OMH INSET Program Team to implement goal planning and other unique aspects of the program design.

4(d). Crisis Intervention Strategies

INSET Teams will develop crisis intervention strategies collaboratively with participants and with their social supports as desired and consented. This will ensure the INSET team responds in ways that afford participants the opportunity for dialogue, voice and choice in decision-making.

Teams should work with INSET participants to develop wellness plans that outline their preferences during times of increased emotional and psychic stressors. This plan will outline tools, strategies, and resources for these periods. Examples of resources could include respites as opposed to emergency rooms; scheduled calls or meetings at the time of day when the participant typically experiences heightened distress; an outline of coping strategies that work for that person; the individual and community support network(s) that can be present for an individual when they experience distress and how they can be used; and more.

4(e). Communication and Information Sharing

In partnership with OMH, INSET teams will develop secure and ethical communication and information-sharing processes among team members, ensuring the individual's privacy rights are respected at all times.

4(f). Hours of Operation

All INSET teams are required to provide 24/7 support by phone and/or an on-call, flexible staffing schedule, ensuring that mental health support is available around the clock, mobile support, and phone support. Crisis intervention and timely assistance are crucial in preventing escalation and promoting stability.

4(g). Overall Number of Persons to be Served

The number of individuals served by the INSET Team can vary depending on the size and scope of the program, as well as the mental health needs of the community. In some regions,

INSET may serve a few dozen individuals, while in larger urban centers, the number could be in the hundreds.

The OMH INSET Program Team will work with INSET teams as they develop their understanding of the size and scope of their program and establish a structure for workload and persons served. Minimally, INSET teams are expected to serve 30 individuals per month and demonstrate outreach efforts to approximately 30 additional individuals.

4(h). Average Successful Contacts of Enrolled Individuals

Ideally, INSET teams will meet with each enrolled individual 4 to 5 times a month, with the majority of these contacts being face-to-face meetings. This meeting frequency reflects the goals of INSET, which is to provide intensive peer support services.

Meeting frequency and type is driven by the enrolled individual's preferences and needs. This could lead to an average number of successful contacts that is either lower or higher than the aforementioned 4 to 5 times a month. This will be an ongoing point of discussion between INSET Teams and the OMH INSET Program Team.

4(i). Team Composition and Expertise

INSET Teams should consist of multidisciplinary professionals with lived expertise in mental health systems and services. One such example of a multidisciplinary INSET team is as follows: Peer Team Leader, Peer Support Staff, Family Liaison, Social Worker, Nurse Practitioner, Administrative Staff, and case management. Collaborative efforts ensure a holistic approach that encourages self-determination and hope when addressing the complex needs of INSET participants and their natural support ecosystems. Position descriptions that define clear roles and responsibilities for each team member are expected to be developed by each INSET team in collaboration with the OMH INSET Program Team. This clarity enhances communication, minimizes duplication of efforts, and ensures a coordinated response to individuals and (re)stablishing connection with their communities.

Teams should provide ongoing training for team members on subjects including but not limited to, person and community-first crisis intervention, motivational interviewing, trauma-informed care, cultural humility, ethical considerations, legal processes associated with AOT, facilitation of social network meetings, introductions to the values and principles of peer supported open dialogue, and other trainings which seek to deepen the understanding the sociocultural elements that contribute to mental health conditions.

Please view section three for a more comprehensive example of roles on the INSET team.

4(j). Participant and Program Assessment Protocols

In partnership with the OMH INSET Program Team, INSET Teams are expected to implement a robust data collection and analysis system to track outcomes, identify trends, and measure the effectiveness of the program. This system will include regularly evaluating the performance of the teams and incorporating feedback from team members, participants, and other partners to refine strategies and enhance outcomes.

In partnership with the OMH INSET Program Team, INSET teams will develop standardized assessment protocols to determine eligibility for INSET. These protocols may include a review of the participant's history in the mental health, substance use, and criminal justice systems. While traditional risk-management tools may be employed prior to the participant's enrollment in

INSET, it is crucial for the team to work with the participant and their identified social supports and social networks to better understand their current needs, including but not limited to their access to community resources and valued life goals.

Assessment protocols are further outlined in section 7, “Reporting”.

4(k). Enrollment with INSET and other Services

Other services enrolled individuals may be referred to and/or in which they may be co-enrolled include but are not limited to:

- Care management
- Clinical services
- Housing
- CORE/HCBS
- PROS
- AOT*
- Enhanced Voluntary Agreements (EVA)**

* For more information about AOT please visit: https://my.omh.ny.gov/bi/aot

** The ability to position INSET correctly with and through the counties where it is implemented will be critical. INSET is based on the principle of informed, voluntary engagement. INSET could be part of the EVA offered to individuals in need.

4(l). INSET Discharge

Discharge, just as participation in INSET, is voluntary and mutually agreed upon and determined by the person in collaboration with the INSET team. That said, INSET discharges can be “successful” or “unsuccessful” depending on the circumstances of the discharge and/or end of the individual’s participation in INSET.

The length of a participant’s engagement in INSET is not pre-determined. As such, a “successful” discharge occurs when an individual voluntarily, and in mutual agreement with the INSET team, ends their participation in INSET. The discharge decision can be for a number of reasons; however, it must include meeting their self-identified goals as described above. As participants enroll, teams should work to define what a “successful” discharge can look like for each individual participant. Throughout the course of the program, preparations for successful discharge can include actions such as discussing and gradually reducing meeting times and connecting participants with other resources.

An “unsuccessful” discharge occurs when, for reasons not described above, the participant chooses to end their participation, or the INSET team loses contact with a participant for a period of 90 days. This loss-to-contact period is consistent with many OMH operated community-based services, as demonstrated in the Child and Adult Integrated Reporting System (CAIRS). Teams will work to further operationalize the definition of an “unsuccessful” discharge. That said, examples of unsuccessful discharges include, but are not limited to, the following:

- Participant chose to end their participation because they were dissatisfied with INSET (i.e., INSET did not meet their needs, dissatisfaction with team)

- Participant was discharged under an AOT order when they entered INSET without an AOT order
- Participant left program due to incarceration (e.g. prison or extended time in jail)
- Participant left program for treatment in an intermediate care facility (e.g. State PC)
- Participant left program due to long-term rehabilitation
- Participant left program due to an acute crisis, including but not limited to a CPEP or psychiatric emergency room encounter, a visit to a Crisis Stabilization Center, an arrest, etc.
- INSET team discharged participant due to major conduct/program violations
- INSET team discharged participant due to INSET not being a good fit
- Participant died

Note: Systems involvement described above does not inherently disqualify someone from engaging with INSET. For example, an individual in crisis may be in contact with the INSET team during their visit to a Crisis Stabilization Center, and the INSET team would be expected to increase engagement with that individual, should the participant desire.

4(m). INSET Program Entry

The Mental Health Provider Data Exchange (MHPD) is a web-based application designed to serve as an accurate master provider directory of the New York State public mental health system. This provider directory is used by state and local mental health authorities to help evaluate access to services across counties and regions. The MHPD enables local mental health authorities and providers to submit, verify and/or request changes to program information, as required by OMH.

All INSET providers will now be required to submit their INSET Team information into MHPD under Program Code: 4860

INSET providers should use 10/01/2023 as the open date for programs of this type.

Program Name, entered in this format: [Your Agency Name] INSET

INSET providers can go to the MHPD Home page for information on entering your INSET Team. At the Mental Health Provider Data Exchange (MHPD) Home Page (https://omh.ny.gov/omhweb/mhpd/) you will find:

- Getting Access via the Security Management System (SMS)
- MHPD application link
- Link to Manuals (including Basic User manual)
- FAQ's
- Definition of Terms
- A link to "find a Mental Health Program"

Providers may contact the MHPD group with any access or navigational questions at mhpd@omh.ny.gov

Section 5: Outreach and Engagement

Outreach and engagement are essential elements of INSET. Effective outreach and engagement ensure that INSET teams can successfully partner with individuals and their social supports to establish and strengthen genuine community connection and belonging. Outreach and engagement, defined below in more detail, are closely related; that said, this program will measure both elements separately.

Outreach occurs on an individual and community basis. At the community level, outreach is a continuous process, involving ongoing relationship-building with potential partners. At the individual level, outreach occurs before an individual is enrolled in INSET. During the outreach phase, INSET teams will work with their communities to identify and meet with individuals who may benefit from participating in INSET. Trust-building is the foundation of the outreach phase, in which teams will foster a relationship with the potential participant and learn about their goals and needs.

Engagement is defined by an individual's decision to enroll in the program. In the Engagement Phase, INSET teams will build on the relationships established during the Outreach Phase, further exploring the participant's goals and beginning to establish connections with their social supports and networks.

INSET Teams will create detailed Outreach and Engagement Plans in collaboration with the OMH INSET Program Team. These plans will be reviewed quarterly. The specific deliverables and measurements will be tailored to each INSET Team and will be informed by each region's unique community characteristics, demographics, and needs. That said, OMH has general expectations from all INSET Teams' Outreach and Engagement Plans, as described in sections 5(a) and 5(b) below.

5(a). Outreach

Each INSET team, in collaboration with the OMH INSET Program Team, will create an Outreach Plan tailored to the communities they serve. Agencies should harness their knowledge of and expertise in their communities to develop and structure their Outreach Plans to best meet the needs of individuals they support. The Outreach Plan will be comprised of multiple components:

- Community Outreach: plan for robust outreach and education in the larger community through strategic partnerships and other means
- Individual Outreach: plan for building trust with potential participants as they navigate whether INSET is an appropriate program for them
- Marketing/Advertising: strategies for promoting INSET via different channels throughout the community
- Referrals: plan for engaging service providers, community partners, and other systems regarding referrals along with the process by which referrals will be handled by the INSET team*
- Documentation: systems and strategies in place that support effective documentation and monitoring of outreach efforts

*Agencies are expected to demonstrate an ability to accept referrals on an as-needed basis from surrounding counties in their catchment area.

Also included in the Outreach Plan should be the following:

- A plan for how INSET teams will reach historically marginalized, underserved, and unserved communities in their regions.
- A plan for how they will obtain community feedback to inform program delivery

Outreach Plans will be reviewed on a quarterly basis with the OMH INSET Program Team to ensure that the plan is effective and to allow INSET teams to adjust approaches as needed.

5(b) Creating an Outreach Plan

As INSET teams implement an outreach strategy, please consider the following:

- Community Outreach
    - Describe your community outreach plan. This should include:
        - The role each INSET staff will play in community outreach.
        - The groups/organizations you plan on incorporating into your outreach.
        - How you plan on reaching out to members of the community.
        - How you plan on reaching individuals on AOT and individuals who aren't on AOT but qualify for INSET services.
        - Frequency of outreach (in daily, weekly, and monthly increments)
        - Locations where community outreach will occur
    - How will you outreach individuals on AOT?
    - How will you outreach individuals not on AOT but who are eligible for INSET?
    - How can people who are interested in the program get more information about INSET (i.e., do you have a dedicated phone number/email address)?
    - What roles will members of the INSET team have in conducting outreach?
    - Do you have relationships with the following agencies/entities in your catchment counties? Check all that apply
        - Child welfare
        - Family Court
        - Legal System (courts, probation, parole, etc.)
        - Drug Treatment Court
        - Social Services
        - K-12 Education
        - Hospitals
        - Houses of worship
        - Community groups
        - MH service providers
        - Drug inpatient/outpatient services
        - Colleges and Universities
        - Domestic Violence Services
        - Criminal Court
        - Military
        - Office of Temporary and Disability Assistance (housing)
        - Other (list)
    - Are there any strategic partners your agency has that would be helpful?
- Individual Outreach and Trust-Building with Potential Participants:
    - Describe in detail the process of engaging with a potential participant when you receive a referral, including:

        - Primary point of contact from INSET team
        - Frequency and type of attempted contacts
        - Approach to building trust with potential participants, including communication strategies for individuals who may be hesitant to engage
        - Process for concluding outreach to individuals who are not interested in participating in INSET
- Referrals
    - Describe the process by which the following individuals or groups can refer people to INSET:
        - Members of the community
        - Community partners
        - Service providers
        - Individuals (self-referrals)
        - Family members and/or caregivers
    - Describe the process by which referrals are handled by the INSET team once they are received.
    - What methods of referrals will you utilize? (electronic, paper, call-in, etc.)
    - Describe your process for handling referrals that don't materialize into enrollment. How many attempts will you make before moving off the referral?
    - How will you prioritize referrals if you have a waitlist?
- Marketing/Advertising
    - Who in your agency will be responsible for marketing and advertising?
    - How do you plan on marketing INSET services to community partners?
    - How will your community partners help you promote INSET?
    - How do you plan on marketing INSET to individuals in the community?
    - What methods of advertising will you use (e.g., brochures, social media, radio)?
        - How do you plan on using social media to conduct marketing?
    - How, if at all, do you plan on using your organization's website to promote INSET? Will this include a space for referrals?
- Documentation:
    - Describe your process for documenting outreach efforts. This should include:
        - The EHR or software that will be used to document outreach
        - Who will be responsible for entering in the outreach documentation

The answers to these questions will be reviewed in collaboration with the OMH INSET Program Team and serve as the foundation of the Outreach Plan. However, these plans can and will change based on community needs and demographics, or a change in strategic direction.

5(c) Engagement

Engagement Plans, like Outreach Plans, will be developed by each INSET team, in collaboration with the OMH INSET Program Team. The Engagement Plan will build on the Individual Outreach component of the Outreach Plan, particularly with regard to trust-building. The Engagement Plan also contains multiple components:

- Engaging with enrolled participants: the process by which an INSET team engages with enrolled participants and their self-identified natural supports and social networks

- Ending engagement with participants: the process by which an INSET team handles the end of an individual's participation in the INSET program for any reason
- Documentation: the systems and strategies in place that support effective documentation and monitoring of outreach efforts

Engagement Plans will be reviewed on a quarterly basis with the OMH INSET Program Team to ensure that the plan is effective and to allow INSET teams to adjust approaches as needed.

5(d) Creating an Engagement Plan

As your program implements an engagement strategy, please consider the following:

- Engaging Enrolled Participants:
    - How will INSET team members engage individuals in completing the baseline assessment once they choose to enroll?
    - Will you utilize other tools and/or assessments to support engagement with a participant upon enrollment? If so, what do you plan to use and how will they add value to the engagement process?
    - How will you engage a participant and their self-identified social supports?
    - How will your team delegate staff responsibilities upon enrolling participants?
        - Will individual team members be assigned to participants, or will participants work with whichever staff is available? If it is the latter, describe how the team will maintain trust with the individual as well as track progress and goals throughout their participation in the program.
    - How will participants engage with the clinical staff?
    - How will you honor participants' choice in meeting time and place?
    - Please describe how you will maintain 24/7 availability to participants
- Ending Engagement with Participants:
    - What is your discharge process for participants when they want to end services?
    - What is your process if you lose contact with a participant?
- Documentation:
    - How will you store, manage, and secure Protected Health Information (PHI)?
    - How will your agency document engagement with enrolled participants, including contact notes? Please be sure to include how you will document different types of engagement (e.g., face-to-face, phone, etc.)

The answers to these questions will be reviewed in collaboration with the OMH INSET Program Team. Responses to the above guidance will serve as the foundation of an Engagement Plan. These plans can and will shift based on identified community needs. INSET teams in collaboration with the OMH INSET Program Team will review the efficacy of the plan with INSET teams quarterly.

Section 6: Collaboration with OMH and Partners

OMH recognizes the complex landscape in which INSET is being implemented, including the many and varying factors that will influence the program's success. Therefore, collaboration between OMH, INSET teams, and partners will be crucial to the success of INSET. This will take the form of monthly management meetings, statewide learning collaboratives, community feedback sessions, as well as reflective practice involving each INSET team.

6(a). Monthly INSET Team and OMH Touch-Base

INSET teams will engage in monthly meetings with the OMH INSET Program Team. During these meetings, INSET teams must report out on workplan progress including but not limited to:

- Outreach efforts:
    - Where does outreach occur?
    - How does outreach occur?
    - Who is not being reached in these efforts?
    - What is the demographic of individuals being reached?
    - How is community being understood in context to the region and sociocultural makeup of the INSET team location?
- Engagement efforts:
    - How many individuals continue to engage with INSET following outreach efforts?
    - How do people primarily learn about INSET? (e.g. word of mouth, referral, etc.)?
    - Where does engagement occur?
    - How does engagement occur (e.g., face-to-face, phone, etc.)?
    - How are an individual's self-identified social supports and network utilized?
    - How frequently do you meet with INSET participants?
    - How long do you engage with INSET participants?
    - How are you collecting participant feedback? What is the result of this feedback?
- Relationship with community partners:
    - How are referrals taking place?
    - What partners have you identified and what is the status of your relationship?
    - How can OMH help facilitate useful connections with resources in your area?

6(b). Monthly Learning Collaborative attendance

Monthly meetings with all INSET teams and the OMH INSET Program Team will afford INSET teams reflexivity in responding to strengths, and opportunities for growth in program design. This space will be facilitated by the OMH INSET Program Team; however, it is expected that INSET teams will utilize the space to share resources, opportunities, barriers, community-first practices, and other aspects of program design to support in implementation statewide.

6(c). Reflective Practice

Monthly meetings with OMH will afford INSET teams with reflexivity in responding to strengths and areas of opportunity in program design. These sessions should not replace opportunities for internal reflective practice. Reflective practice should be made available to INSET teams as a form of non-judgmental review of service delivery, peer support practices, and more. OMH encourages the teams to collaborate with each other individually and as a collective.

Section 7: Reporting

INSET teams will provide reports that address aspects of program design outlined in this manual, as well as data points described by OMH.

7(a). Reporting Methods and timeline

In addition, INSET teams are expected to attend a monthly touch-base with the OMH INSET Program Team as well as a monthly meeting with all INSET teams and the OMH INSET Program Team with the goal of addressing all aspects of INSET implementation and delivery. INSET teams will support OMH in the development of community feedback sessions to collect data on the perception of the impact of INSET on the community.

Data points include deliverables, but also data points that will serve to support discussion in the monthly Learning Collaboratives and individual INSET team meetings.

INSET teams are expected to identify a staff role responsible for ensuring the timely input of data; at the end of each month, INSET teams will have input correct and accurate data reflecting their service delivery and assessments. The data will be analyzed by the OMH INSET Program Team and used for quality assurance purposes, in learning collaborative conversations, distributed to OMH leadership as requested, and for other purposes at OMH's discretion. In addition to the below, INSET teams will work with the OMH INSET Program Team to create and implement methods to collect community and participant feedback for continuous quality improvement.

Reports are due on the 15th of each month. For example, March reporting will be due on April 15th.

Quarterly reports will be due on April 15th, July 15th, October 15th, and January 15th.except when this date conflicts with an annual report.

Annual reports will be due no later than 15 days after your annual contract start date. For example, if your contract began on October 1, your annual report will be due by October 15 of each subsequent year. In this example, INSET teams will forgo the October quarterly report and send the annual report.

The submission timelines and contents of each submission are outlined below:

Reporting forms and submission schedule (list):

Monthly Submission:

1. Baseline Assessment Report
2. Outreach Logs
    a. Individual Outreach Log
    b. Community Outreach Log
3. INSET Participant Characteristics Report
    a. Section 1: INSET Enrollment
    b. Section 2: Contact Characteristics
    c. Section 3: Significant Events
4. Success Story/Stories

Quarterly Submission:

1. Quarterly Report
2. Regularly Monthly Submission

Annual Submission:

1. Annual Report
2. Regular Monthly Submission

7(b). Monthly INSET Reporting

7(b)i. Baseline Individual Assessment

The completion of a baseline assessment will signify a transition from the outreach period to a participant's engagement with the INSET team. INSET teams will export and send baseline data to the OMH INSET Program Team for evaluation and analysis monthly. teams must incorporate the following into their assessment:

Demographics

- **Name (given and chosen)**
- **Age**
- **Race/Ethnicity (check all that apply)**
  - Asian
    - Chinese
    - Japanese
    - Filipino
    - Korean
    - Vietnamese
    - Indian
    - Laotian
    - Cambodian
    - Bangladeshi
    - Hmong
    - Indonesian
    - Malaysian
    - Pakistani
    - Sri Lankan
    - Taiwanese
    - Nepalese
    - Burmese
    - Tibetan
    - Thai
    - Other Asian
  - Black/African American
    - African
    - African American
    - Caribbean
    - Other Black
  - Native Hawaiian/Other Pacific Islander
    - Hawaiian
    - Guamanian
    - Samoan
    - Fijian
    - Tongan

        - Other Pacific Islander
    - White
    - First Nations/Native American
    - Other (please specify)
    - I don't know
    - Prefer not to answer
        - **Sex Assigned at Birth**
    - Male
    - Female
    - Intersex
    - Other
    - Prefer not to answer
        - **Gender**
    - Male
    - Female
    - Transgender male
    - Transgender female
    - Non-binary
    - Gender non-conforming
    - Other (please specify)
    - Prefer not to answer
        - **Primary language:**
        - English
        - Spanish
        - Mandarin
        - Russian
        - French
        - American Sign Language
        - Arabic
        - Haitian Creole
        - Japanese
        - Khmer
        - Korean
        - Urdu
        - Bengali
        - Italian
        - Polish
        - Yiddish
        - Albanian
        - Amharic
        - Bosnian
        - Burmese
        - Chinese-Simplified
        - Farsi
        - German
        - Greek
        - Hebrew
        - Hindi

        - Igbo
        - Karen
        - Nepali
        - Pashto
        - Portuguese
        - Somali
        - Swahili
        - Tagalog
        - Thai
        - Tibetan
        - Twi
        - Ukrainian
        - Vietnamese
        - Yoruba
    - Other (please specify)
        - **County of residence**

Insurance

- Medicaid
- Medicare
- Medicare/Medicaid
- Private (list insurance)
- None

Point of Entry

- Date of initial contact
- Date of enrollment

How did they enter the program? (check all that apply)

- Community Outreach, Self-Referral, Family/Friend Referral, Agency/Org referral, Community partner referral, AOT/EVA referral

AOT/EVA

- Current AOT/EVA (Y/N)
    - If yes:
        - Indicate AOT or EVA
        - Length of involvement (months)
- History of AOT/EVA in the past 365 days? (Y/N)
    - If yes:
        - Indicate AOT or EVA
        - Start date
        - Length of involvement (months)
    -
- History of AOT/EVA in the person's lifetime? (Y/N)
    - If yes:
        - Indicate AOT or EVA
        - Start date
    - Length of Involvement

Psychiatric Hospitalizations

- Psychiatric Hospitalizations in the past 365 days? (Y/N)
    - If yes:
        - Number of admissions
        - Length of stay (days)
- Psychiatric Hospitalizations in their lifetime? (Y/N)
    - If yes:
        - Number of admissions
        - Length of stay (days)

MH Services (current)

- Have you received any MH services in the past 365 days? If yes, please select the service below:
    - PROS
    - ACT
    - Care Coordination
    - MHOTRS (formerly Clinic)
    - Other (please specify)

MH Services (lifetime)

- Have you received any MH services in the past 365 days? If yes, please select the service below:
    - PROS
    - ACT
    - Care Coordination
    - MHOTRS (formerly Clinic)
    - Other (please specify)

Individual History/Concerns (past 365 Days)

Have you experienced/used any of the following?

- Health hospitalizations/ER visits
- Substance Use Hospitalizations
- Substance Use Outpatient services
- Major Health diagnosis
- Loss of employment
- Food insecurity
- Homelessness/evictions/loss of housing
- Loss of loved ones
- Disconnected from family
- Incarceration
- Probation or parole
- Outstanding warrants
- DV Concerns
- Self-reported concerns (please specify)

Individual History/Concerns (lifetime)

Have you experienced/used any of the following?

- Health hospitalizations/ER visits
- Substance Use Hospitalizations
- Substance Use Outpatient services
- Major Health diagnosis

- Loss of employment
- Food insecurity
- Homelessness/evictions/loss of housing
- Loss of loved ones
- Disconnected from family
- Incarceration
- Probation or parole
- Outstanding warrants
- DV Concerns
- Self-reported concerns (please specify)

Involvement with other systems (past 365 Days)

- Child welfare
- Family Court
- Drug Treatment Court
- Social Services
- Criminal Court
- Military
- Office of Temporary and Disability Assistance (housing)
- Other (please specify)

Involvement with other systems (lifetime)

- Child welfare
- Family Court
- Drug Treatment Court
- Social Services
- Criminal Court
- Military
- Office of Temporary and Disability Assistance (housing)
- Other (please specify)

Strengths/Resources (if yes, then write in detail)

- Family/Friend connections
- Community connections
- Religious/Spiritual practice
- Access to community resources
- Knowledge of community resources
- Access to transportation
- Social/recreational activities
    - Identified Social Supports and Social Networks that are important and or missing

How will this person benefit from INSET? (narrative response)

Consent for OMH Follow-Up

- The New York State Office of Mental Health (OMH) oversees the Intensive and Sustained Engagement (INSET) program of which you are currently enrolled. OMH would like to better understand if INSET has met the needs of program participants and how the program might be improved if not. To that end, OMH is asking for the following:

- *Permission to access your health information from the state database:* OMH is requesting your permission to access your information in state systems such as PSYCKES, where your service utilization information is stored. One of the goals of INSET is to assist participants by reducing unnecessary services. By allowing us access to your information in PSYCKES, we can better understand if INSET is meeting this need.
- Do you consent to allow OMH to access your service utilization information through PSYCKES?
    - Yes
    - No
- *Permission to gather your feedback with direct outreach:* OMH would like to potentially follow up with you after your discharge from INSET to get your feedback directly using a set of interview questions. This will support us in understanding your perspectives on the INSET model and how you felt it impacted your recovery journey.
- Do you consent to allow OMH to reach out to you following discharge from INSET?
    - Yes
        - *If yes, please indicate whether you prefer to be contacted by phone or email and provide us with your phone number and/or email address.*
    - No

7(b)ii. Outreach logs

INSET teams will be given excel spreadsheets to track outreach conducted to prospective participants, known as the individual outreach log. Additionally, INSET teams will receive a spreadsheet to track events held in the community with the goal of educating members of the public, organizations, and other strategic partners on the INSET team, known as the community outreach log.

These logs are to be submitted on a monthly basis.

7(b)iii. Exported Characteristics

INSET teams must export the following from their Electronic Health records, monthly:

Section 1: INSET Enrollment

1. Number of unique individuals served
2. Total Enrollments
3. Total Discharges

Section 2: Contact characteristics with INSET participants and their natural supports

4. Total successful contacts with enrollees broken down by:
    a. Face-to-face
    b. Phone calls
    c. Virtual meetings (video)
    d. Emails*
    e. Texts*
5. Total attempted/unsuccessful contacts with enrollees broken down by:
    a. Face-to-face
    b. Phone calls
    c. Virtual meetings (video)
    d. Emails*

e. Texts*

6. Total successful contacts with enrollees' formal and natural supports (traditionally described as 'collateral contacts'):
    a. Non-clinical mental health supports (e.g. peer support programs)
    b. Clinical mental health supports (e.g. MHOTRS, ACT, CCBHCs)
    c. Other system supports (e.g. Housing, Social Security, parole officer, CPS)
    d. Natural supports (friends, chosen family, biological family)
    e. Other
7. Total attempted/unsuccessful contacts with enrollees' formal and natural supports (traditionally described as 'collateral contacts'):
    a. Non-clinical mental health supports (e.g. peer support programs)
    b. Clinical mental health supports (e.g. MHOTRS, ACT, CCBHCs)
    c. Other system supports (e.g. Housing, Social Security, parole officer, CPS)
    d. Natural supports (friends, chosen family, biological family)
    e. Other

** Only report entire conversations as text or email contacts. Do not report the total numbers of individual texts or emails sent in a reporting period.*

Section 3: Significant Events for Enrolled Individuals

8. Incidents
    a. Total medical hospitalizations of enrolled individuals
    b. Total medical Emergency Department visits
    c. Total Psychiatric Emergency Department visits
    d. Total CPEP visits
    e. Total Psychiatric hospitalizations
    f. Total Crisis Residence visits
    g. Total Crisis Stabilization Center visits
    h. Total AOT enrollments
    i. Total OASAS Residential Treatment visits
    j. Total Partial Hospitalizations
    k. Arrests
    l. Loss of employment
    m. Loss of housing
        i. Of these, how many were connected to shelters?
    n. Other (please describe)
9. Notable milestones
    a. Connection with permanent housing
    b. Gained employment
    c. Began educational milestone (GED, College, vocational or other school program)
    d. Completed educational milestone
    e. Began volunteering
    f. Completed parole or probation program
    g. Discharged from AOT
    h. Meaningful life role not mentioned above

i. Other (please describe)

7(c)iv. Success Stories

In your monthly data submissions, please include at least one (we always appreciate a few!) success story from an INSET participant in the previous month. It should not contain any identifying information, including names or specific places.

7(c). Quarterly Program Evaluation

INSET teams will be responsible for providing the OMH INSET Program Team with your quarterly program assessment by the 15th day of the month following the end of a quarter. *For example, Quarter 1 (Q1) goes from January to March, and your Q1 evaluation will be due by April 15. In addition to your quarterly evaluation, INSET teams will also be responsible for submitting regular monthly reporting.*

Program model:

- What is working well with the program model?
- What are some of the barriers toward program implementation? (I.e. difficulties in hiring a peer team lead, staff retention, etc.)
- What concrete steps are you taking to ensure the model is holistic and voluntary?
- What concrete steps are you taking to ensure participants are "in the driver's seat" of their recovery journey?
- Have there been changes to your program model? If so, what prompted these changes?

Relationship with community partners:

- What agency partners have you identified and what is the status of your relationship?
- Are you finding barriers to creating partnerships? How can OMH support in facilitating useful connections with resources in your area?
- Do you have any new or unanticipated partnerships? What were the motivating factors for these partnerships?

Outreach efforts:

- What are some barriers in outreaching to individuals who might benefit from the INSET model?
- Have you made any changes to the program model due to unanticipated barriers in outreaching to communities? What are these changes?
- How is participant feedback used in the development of program outreach efforts?
- How is community feedback used in the development of program outreach efforts?

Engagement efforts:

- What are some of the barriers toward engaging individuals in the INSET model?
- Were there any changes made to the program model due to unanticipated barriers in engaging individuals? If so, what are those changes?
- What is the primary way individuals find out about and engage with INSET? (e.g. word of mouth, referral, outreach, etc.)
- How are referrals taking place?
- What counties are being served and how many individuals are served from each county?
- How are an individual's identified social supports and networks included in the engagement process
- How are individuals connecting with community resources?
- How is participant feedback used in program engagement efforts?
- How is community feedback used in program engagement efforts?

Individual assessments:

- What additional individual assessments are used for supporting INSET participants?
- What are some concrete ways that these assessments have supported participants?
- What additional resources are participants using? (I.e. meetings including a participant's social network, Wellness planning tools, resource libraries, MyChois, etc.)
- How is participant feedback used in the development of individual assessment tools and overall quality assurance?
- How is community feedback used in the development of individual assessment tools and overall quality assurance?

Coordination of care:

- How do participants access the INSET team 24/7?
- How are participants accessing the team outside of 'normal' business hours?
- Are there specific times in the day where participants attempt to access INSET services?
- How is your program supporting individuals in utilizing the participant feedback survey?
- What other services are INSET participants referred to?
- How are meetings which include an individual's identified social supports/network being used to connect individuals with their community?
- How are meetings which include an individual's social supports/network being used to come to a collective understanding of goals, strengths, expressed needs, etc.?
- What other services and systems have INSET participants needed support in navigating?
- What types of crisis intervention strategies are used and what is the desired/real outcome?
- How many participants are on Medicaid?
- How is participant feedback used in the development of program assessment tools and overall quality assurance?
- How is community feedback used in the development of program assessment tools and overall quality assurance? Discharge

Discharge:

- How does INSET prepare participants for discharge from these services?
- What other services are individuals referred to following discharge from INSET?
- What is the average length of an individual's participation in INSET?
- Do discharged participants have opportunities to offer feedback to the program for quality improvement purposes?

7(d). Annual Assessment: reporting form

The following reporting form asks INSET teams to describe and identify progress on deliverables to the New York State Office of Mental Health Office of Advocacy and Peer Support Services INSET Program Team. Please respond completely and if any clarification is needed, a member of the OMH Program Team will reach out for clarification. This Annual report will assess your INSET team's fidelity to the model as well as your capacity to meet program deliverables.

This report is due no later than 15 days after your annual contract start date. For example, if your contract began on October 1, your annual report will be due by October 15 of each subsequent year. In addition to your annual assessment, INSET teams will be responsible for submitting regular monthly reporting.

Section 1: Program Model

1. Please describe your staffing, hiring practices, and any barriers toward implementing a full INSET team. Ensure that you offer the number of individuals on your team currently, their roles, and staff hours.
2. What concrete steps are you taking to ensure the model is person-first, trauma-informed, culturally curious, and voluntary?
3. What concrete steps are you taking to ensure participants are "in the driver's seat" of their recovery journey?
4. Have there been changes to your program model? If so, what prompted these changes?
5. What agency partners have you identified and what is the status of each of these relationships? (e.g. hospitals, LGUs, non-profits, etc.).
6. What barriers have you encountered in creating partnerships? How can OMH support in facilitating useful connections with resources in your area?
7. Do you have any new or unanticipated partnerships? What were the motivating factors for these partnerships?

Section 2: Outreach Efforts

1. What is going well in terms of outreach efforts?
2. What are some barriers in outreaching to individuals who might benefit from the INSET model?
3. How have you adapted or changed your outreach strategies over the past year? What were these changes and what prompted them?
4. How is participant feedback used in the development of program outreach efforts?
5. How is community feedback used in the development of program outreach efforts?

Section 3: Engagement Efforts

1. What is the primary way individuals find out about and engage with INSET? (e.g. word of mouth, referral, outreach, etc.)
2. How are referrals taking place? Please provide concrete examples.
3. Please identify common themes for the reasons individuals engage with INSET. (e.g., participants were (1) previously engaged in court systems, (2) subject to an AOT order, (3) identified as at risk of an AOT order, (4) subject to multiple psychiatric inpatient stays, (5) engaged with our services previously, *etc.*)
4. What Counties are being served and how many individuals reside in each county?

5. What are some of the strengths of your engagement efforts?
6. What are some of the barriers toward engaging individuals in the INSET model?
7. Were there any changes made to the program model due to unanticipated barriers? If so, what are those changes?
8. How is participant feedback used in program engagement efforts?
9. How is community feedback used in program engagement efforts?

Section 4: Individual Assessments

1. What additional individual assessments are used for supporting INSET participants and what are some concrete ways that these assessments have supported participants?
2. What additional resources are participants using? (I.e. Wellness planning tools, resource libraries, MyChois, etc.)
3. Describe how you are ensuring that assessments are used to support INSET participants while not becoming barriers to engagement or enrollment in INSET.
4. How is participant feedback used in the development of individual assessment tools and overall quality assurance?
5. How is community feedback used in the development of individual assessment tools and overall quality assurance?

Section 5: Coordination of Care

1. How many participants is your INSET team serving?
2. How do participants access the INSET team 24/7? Are there specific times when participants attempt to access INSET most?
3. How are participants accessing the team outside of 'normal' business hours? (I.e. is the team on call? Do you have a partnership with a 24/7 hotline? How is this working for the participants utilizing your INSET team?)
4. Participants enroll in INSET having involvement in and needing support navigating multiple systems and services – what are the most common of these? How have you helped them navigate these systems and services?
5. What services are INSET participants referred to as a result of working with the INSET team?
6. What types of intervention strategies, traditionally considered formal/evidence-based or otherwise, are used as a part of INSET? What is the outcome of these interventions?
7. How many participants are on Medicaid?
8. How is participant feedback used in the development of program assessment tools and overall quality assurance?
9. How is community feedback used in the development of program assessment tools and overall quality assurance?

Section 6: Discharges

1. How does the team prepare participants for discharge from INSET?
2. What other services are individuals referred to following discharge from INSET?
3. What is the average length of an individual's participation in INSET?
4. Do discharged participants have opportunities to offer feedback to the program for quality improvement purposes?

Section 7: Additional Reports

Please attach spreadsheets that describe the following services rendered. *Ensure the data reported reflects both **monthly** and **annual** trends*.

Subsection 1: Monthly and Annual INSET Enrollment

1. Number of unique individuals served
2. Total Enrollments
3. Total Discharges

Subsection 2: Contact characteristics with INSET participants and their natural supports

4. Total successful contacts with enrollees broken down by:
    a. Face-to-face
    b. Phone calls
    c. Virtual meetings (video)
    d. Emails*
    e. Texts*
5. Total attempted/unsuccessful contacts with enrollees broken down by:
    a. Face-to-face
    b. Phone calls
    c. Virtual meetings (video)
    d. Emails*
    e. Texts*
6. Total successful contacts with enrollees' formal and natural supports (traditionally described as 'collateral contacts'):
    a. Non-clinical mental health supports (e.g. peer support programs)
    b. Clinical mental health supports (e.g. MHOTRS, ACT, CCBHCs)
    c. Other system supports (e.g. Housing, Social Security, parole officer, CPS)
    d. Natural supports (friends, chosen family, biological family)
    e. Other
7. Total attempted/unsuccessful contacts with enrollees' formal and natural supports (traditionally described as 'collateral contacts'):
    a. Non-clinical mental health supports (e.g. peer support programs)
    b. Clinical mental health supports (e.g. MHOTRS, ACT, CCBHCs)
    c. Other system supports (e.g. Housing, Social Security, parole officer, CPS)
    d. Natural supports (friends, chosen family, biological family)
    e. Other

** Only report entire conversations as text or email contacts. Do not report the total numbers of individual texts or emails sent in a reporting period.*

Subsection 3: Significant Events for Enrolled Individuals

8. Incidents
    a. Total medical hospitalizations of enrolled individuals
    b. Total medical Emergency Department visits
    c. Total Psychiatric Emergency Department visits
    d. Total CPEP visits
    e. Total Psychiatric hospitalizations
    f. Total Crisis Residence visits
    g. Total Crisis Stabilization Center visits

h. Total AOT enrollments
i. Total OASAS Residential Treatment visits
j. Total Partial Hospitalizations
k. Arrests
l. Loss of employment
m. Loss of housing
    i. Of these, how many were connected to shelters?
n. Other (please describe)

9. Notable milestones
    a. Connection with permanent housing
    b. Gained employment
    c. Began educational milestone (GED, College, vocational or other school program)
    d. Completed educational milestone
    e. Began volunteering
    f. Completed parole or probation program
    g. Discharged from AOT
    h. Meaningful life role not mentioned above
    i. Other (please describe)

Section 8: Success Stories

In your monthly data submissions, you were asked to include at least one success story from an INSET participant. Please compile your monthly success stories and include them here.

References

Intentional Peer Support (IPS). (n.d.). *Co-reflection with a team: making the most of the space together*. https://intentionalpeersupport.org/client_media/files/Co-Reflection-With-a-Team.pdf

Lorenz-Artz, K., Bierbooms, J., & Bongers, I. (2023). Introducing Peer-supported Open Dialogue in changing mental health care. *Frontiers in psychology*, *13*, 1056071. https://doi.org/10.3389/fpsyg.2022.1056071

National Practice Guidelines for Peer Specialists and Supervisors (N.A.P.S., 2019).

Olson, M., Seikkula, J., Ziedonis, D., University of Massachusetts Medical School, University of Jyväskylä, Foundation for Excellence in Mental Health Care, & The University of Massachusetts Medical School. (2014). *The key elements of dialogic practice in Open Dialogue* (pp. 1–5). https://www.umassmed.edu/globalassets/psychiatry/open-dialogue/keyelementsv1.109022014.pdf

Razzaque, R., & Stockmann, T. (2016). An introduction to peer-supported open dialogue in mental healthcare. *BJPsych Advances*, *22*(5), 348–356. doi:10.1192/apt.bp.115.015230

Western Massachusetts Recovery Learning Network & Western Massachusetts Peer Network. (n.d.). *A Handbook for Individuals Working in Peer Roles*. https://www.psresources.info/images/stories/peer_role_booklet_peer_side.pdf

Western Massachusetts Recovery Learning Network & Western Massachusetts Peer Network. (n.d.). *The Provider's Handbook on Developing & Implementing Peer Roles*. http://www.psresources.info/images/stories/A_Providers_Handbook_on_Developing__Implementing_Peer_Roles.pdf