Forging Our Future Together

Strategic Plan for Columbia Psychiatry

Department of Psychiatry, Columbia University
Vagelos College of Physicians and Surgeons
New York State Psychiatric Institute
NewYork-Presbyterian/Columbia University Irving Medical Center

Our Mission is to:

Reduce the suffering of people with disturbances in mental functions and behavior by discovering their causes and cures.

Transform the field of psychiatric medicine and improve the quality of mental health care through leading-edge research, clinical services, training, policy development and scientific and journalistic communication.

Strategic Plan

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Strategic Plan

I. Identity, Mission, Rationale and Process

This document describes the strategic plan that is projected to guide Columbia Psychiatry for the next decade.

Identity: Columbia Psychiatry

Columbia Psychiatry, which includes the Department of Psychiatry of Columbia University Vagelos College of Physicians and Surgeons, the New York State Psychiatric Institute (NYSPI) and the Psychiatry Services of New York-Presbyterian Hospital (NYP)/Columbia University Irving Medical Center (CUIMC), has a storied past and a brilliant future. It is perennially one of the leading programs in the country, evidenced by the number of National Institutes of Health (NIH) awards to Columbia and NYSPI, the U.S. News and World Reports rankings of NYP and Doximity rankings of post-graduate training programs, among other metrics. Our research enterprise, which consists of studies ranging from molecular neuroscience to mental health services and policy, is among the most diverse and largest psychiatry departments in the world. We also provide state-of-the-art treatment through an array of clinical services as well as undergraduate and postgraduate training programs that attract and train the best and brightest students, residents, and fellows. In short, Columbia Psychiatry is well qualified and positioned to contribute to advancing the field and workforce of psychiatry and mental health care.

Mission of Columbia Psychiatry

Our mission is to improve the quality of life for the world population by reducing the burden of mental illness and substance abuse. We do this by investigating the causes of and developing effective treatments for people suffering disturbances in mental function and behavior, training physicians and allied mental health care providers, and administering state-of-the-art clinical services. We also seek to raise public awareness, reduce stigma, and improve health and mental health services through policy and communications initiatives.

Rationale for a Strategic Plan

Despite advances in the fields of psychiatric medicine and mental health care and our own impressive record of accomplishment, we are acutely aware that there are substantial unmet clinical needs within the population at the local, national, and global levels, as well as many

scientific opportunities for progress that remain untapped. To more effectively address these needs and opportunities, we must enhance our capabilities and elevate our efforts. To do this, we must advance key scientific disciplines and clinical programs, achieve greater organizational efficiencies, and provide additional infrastructural facilities and services to support our faculty and enhance their productivity.

While our clinical capabilities and scientific opportunities for progress are at historic high points, support for our missions is declining and the challenges are more formidable than ever before. We are increasingly forced to cope with declining revenue streams and sources of research support while contending with increasing unfunded regulatory, oversight, and administrative requirements.

In addition, changes in local institutional conditions and priorities warrant frequent adjustments and adaptations as well as revised strategies and priorities to guide our department for the future.

For these reasons, we have conducted a strategic planning process to enable us to adapt to the changing environment and to best deliver on our mission-focused activities. The reasons, outlined above, motivating this effort can be viewed as global and local. What follows details some of the challenges and opportunities that motivated this strategic planning process and describes the process and the resultant plan that will guide our collective efforts and shape the direction of Columbia Psychiatry for the ensuing five or more years.

<u>Global Factors</u>

- The financial model of academic medicine has changed. The revenue streams that traditionally supported academic departments, biomedical research, and post-graduate medical and life sciences education have declined. Specifically, sources of grant support from the NIH and the pharmaceutical industry fluctuate and too often have been significantly reduced. At the same time, clinical revenues for services provided, and the mechanisms by which they are reimbursed, have changed and contracted.

- Research funding priorities of the NIH and institutes relevant to mental illness and addiction have changed, leaving areas of research and existing laboratories without sources of funding.

- The private sector pharmaceutical and biotechnology companies have reduced or eliminated their programs in psychotropic drug development.

- We have limited private foundation sources of research funding, unlike other disease areas (apart from Alzheimer's and Autism) such as the Gates Foundation, Milken Foundation, Michael J. Fox Foundation, and Huntington's Disease Foundation.

Local Factors

- National healthcare trends, as well as hospital and medical school policies, require Columbia Psychiatry to expand its clinical enterprises and the participation of our faculty in the Faculty Practice Organization (FPO), known as Columbia Psychiatry.

- The Department of Neuroscience faculty's move to the Zuckerman Mind Brain Behavior Institute on the Manhattanville campus will free up laboratory space in the Kolb Building and provide new opportunities for recruitment and/or initiatives.

- In recent years, the nature and requirements of our institutional affiliation with Columbia University (CU), the New York State Office of Mental Health (OMH) and NYP have changed. These include requirements for CU faculty appointments, civil service requirements for OMH salary support, sponsored research administration policies, and indirect cost rate policy changes for CU and NYSPI.

The clear implication of these developments is that for Columbia Psychiatry to continue to be as successful as it has been, much less to be able to meet the clinical needs and take advantage of the available scientific opportunities, we must adapt and change.

Consequently, the strategic plan is intended to:

- Determine our direction in response to the changing healthcare and research funding environment.
- Set priorities by which to focus energy and resources.
- Improve infrastructural services and administrative operations.
- Ensure that all faculty and staff are aware, aligned, and working toward common goals.

Strategic Planning Process

The process commenced in Summer 2016. Phase I, spanning July 2016 to March 2017, focused on research, including scientific directions, research priorities and infrastructural needs; clinical services, including marketing, quality, and program development; and education, including curriculum, training, and faculty development.

Phase II, spanning April to July 2017, focused on finance and administration as well as programmatic and organization structure. Committees in each of these areas worked to devise the best methods for information gathering; consulted with a wide array of faculty, staff and stakeholders; produced an analysis of strengths, weaknesses, opportunities and threats (SWOT); and provided commensurate recommendations to carry each area through the next decade.

The strategic plan for each mission and component of Columbia Psychiatry proposes a series of priorities and initiatives to be pursued, while identifying needs and limitations that must be overcome to enable us to best fulfill our mission. The choices we make for areas of growth and development are informed by scientific opportunities in biomedical research, public health needs and demographic trends, as well as the potential for enhanced integration with departments and programs within the health sciences schools and CU at large, NYS-OMH and NYP-CUIMC. This does not mean that we will de-invest in existing research programs, but defines what we will prioritize for additional investment and growth. What follows are the analyses and recommendations for Research, Clinical Services, Education and Training, Finance and Administration, Faculty Development, and Academic Affairs.

II. Research

Committee Members

- **Jonathan Javitch, M.D., Ph.D.**
  Professor and Chief, Division of Molecular Therapeutics (co-chair)
- **Blair Simpson, M.D., Ph.D.**
  Professor of Psychiatry and Vice Chair for Research (co-chair)
- **Janelle Greenhill**
  Director, Research Foundation for Mental Hygiene (RFMH) Finance and Operations
- **René Hen, Ph.D.**
  Professor and Chief, Division of Integrative Neuroscience
- **Lisa Dixon, M.D., M.P.H.**
  Professor of Psychiatry and Chief, Division of Behavioral Health Services and Policy Research
- **Moira Rynn, M.D.**
  Professor and Chief, Division of Child & Adolescent Psychiatry
- **C. Daniel Salzman, M.D., Ph.D.**
  Professor, Departments of Psychiatry and Neuroscience
- **Rosellen Taraborrelli**
  Vice Chair for Administration and Finance

Process

The Strategic Planning Committee for Research met with and/or surveyed (via an online survey) 22 division directors, while also soliciting feedback from faculty, independently funded researchers, and research trainees. In addition, the committee held three town hall meetings to share data and obtain input. The five areas requiring attention that were identified by this process were: faculty support (including faculty pipeline), infrastructure, culture, partnerships, and investments. Based on both faculty input as well as internal and external discussions, the committee recommended that investments be made to create greater synergies across the department to realize our full translational potential (from bench to community); such investments will include supporting faculty and infrastructure that foster these synergies and

creating the most effective departmental culture and incentives to reward such collaborations. In addition, the committee recommended growing new scientific capacity through strategic recruitments in four areas: 1) human genomics/precision medicine, 2) cognitive and affective neuroscience across species (rodent, primate, and human), 3) technology to advance the diagnosis and treatment of mental illness and 4) big data/bioinformatics. Other areas that are under-developed and are also priorities for investment are aging/geriatrics, mood disorders, sleep, and the developmental biology of gender and sexual orientation and identity. We also have aspirations for initiatives in less conventional pursuits of academic psychiatry departments: mental health policy research and communication strategies to raise public awareness.

Recommendations

1) Incentivizing and Supporting our Faculty

It is critical for Columbia Psychiatry to: align our faculty with our mission, maximize their productivity, foster programs addressing scientific opportunities and public health needs, and grow new scientific capacity. Faculty members reported that the two biggest obstacles they faced in their work were the availability of funding and the administrative burden. These obstacles compound the challenges of growing and diversifying our research faculty as well as planning for succession in response to departmental demographic changes, such as the retirement or departure of division directors and senior researchers.

To address these challenges, we propose to:

- Develop new metrics based on merit and a transparent review system to guide the strategic allocation of central resources (e.g., state lines for research, research space and funds for recruitment and new initiatives) in order to incentivize our most promising and productive faculty.

- Help faculty identify new funding opportunities, provide support for the generation of pilot data for NIH grants (e.g., provide departmental seed funding to foster high priority areas and matching funds for various types of awards) and secure bridge funding to support faculty during funding gaps (e.g., from philanthropy and short-term clinical opportunities for those with clinical licenses).

- Eliminate unnecessary administrative burdens to increase faculty time for research and academic activities, including streamlining processes for grant applications, approval of IRB and IACUC protocols, and other administrative tasks.

- Review research faculty and staff on state lines to ensure that they are productive and involved with research aligned with our mission and priorities.

- Partner with the Vice Chair for Education and Training and the programs under her purview (Levy Fellows, T32 research fellowship, and research track in residency) to track not only who is accepted into our research training programs but also what type of research they do, in order to ensure that we create a pipeline in scientific areas of need and grow a diverse research faculty.

- Partner with the Vice Chair for Faculty Affairs and faculty mentors on the new mentoring programs being initiated in our department to ensure that young research faculty (both junior and mid-level) are receiving the mentorship they need to succeed and that our pipeline is diverse both in their scientific areas of study and their backgrounds/gender.

- Ensure that all K awardees receive a formal review by faculty outside their mentorship team (e.g. in the third and fourth years of their K award) with clear feedback on their career trajectory and potential opportunities in our department.

- Bring together faculty groups to respond to RFAs and develop applications for large grant funding mechanisms.

2) Investing in Research Infrastructure

Enhancing our research infrastructure will enable us to be more productive and efficient and will help us to retain and attract top-notch trainees and scientists. The following limitations were noted:

- Inadequate imaging capacity and facilities.

- Decentralized data storage and management systems that put us at risk for breaches and that limit data sharing.

- Insufficient administrative support in the face of administrative complexity across three institutions (for grant submission and administration).

- Limited use of state-of-the-art technology that could ease administrative burdens (to simplify conflict of interest reporting, streamline IRB and IACUC submissions, or simplify payroll, among others).

To remedy these issues, we recommend the following:

- Review how state personnel associated with the NYSPI MRI unit are deployed; upgrade the existing GE 3T machine; plan to acquire additional machines (Siemens 3T or 7T); and provide faculty access to state-of-the-art imaging methodologies (both acquisitions and analysis), including MRS, fMRI, resting state and DTI.

- Reinvest in new imaging capabilities now that CUIMC has new MR (J. Thomas Vaughan) and PET (Akiva Mintz) research imaging directors.

- Develop centralized opportunities for faculty for data storage, management and sharing, as well as assist faculty with new NIH requirements for data sharing in external NIH repositories.

- Review the clinical research units and research clinics to ensure maximal recruitment, standardization of clinical research procedures, and efficient use of state space and resources such as infrastructural support staff for clinical research.

- Review and develop core facilities for:
  - Basic science research (example: 2-photon imaging facility) and create an action plan around others for the future.
  - Clinical research (e.g. a shared EEG user space in partnership with department faculty using EEG and engaging EEG experts in biomedical engineering). This will facilitate resource-sharing and interaction across scientists who use neurophysiological methods at different levels, in different species.

3) Improve Research Culture for Greater Collective Impact

Although researchers in Columbia Psychiatry collaborate with one another, they are often unaware of the research occurring in other areas of the department that might be of interest to them. This undermines one of our biggest strengths—our breadth and depth of research—and reduces the potential for cooperation and collaboration both horizontally (across research groups using similar methods) and vertically (between basic and clinical scientists).

Moreover, the research mission is often unconnected and independent of the clinical and education training missions. There are ways to increase our collective impact. Some recommendations are:

- Streamline and reduce the redundancy of the organizational structure of Columbia Psychiatry, which currently includes 22 different research divisions of varying sizes and which overlap in scope of activities (in addition to the educational and clinical components). By clustering research disciplines and/or disease areas we could enhance collaboration and create economies of scale across research units. This could also facilitate shared clinical activities, as well as training and education programs.

- Increase communication across research groups to enhance both horizontal and vertical translation (e.g. highlighting new research at grand rounds and research chiefs), support cross-division seminar series and scientific workshops, introduce clinical (or basic) advisors for T32 fellows and Levy trainees who are conducting

basic (or clinical) research, respectively, and incentivize new research collaborations within the department with central funds.

- Identify interdisciplinary funding initiatives—such as program project grants and large foundation grants. We should support faculty that pursue high-risk/high-reward initiatives and offer them assets, such as enhanced administrative support.

- Create a culture where collaboration is celebrated and rewarded. We want to foster the feeling that faculty members are part of a departmental team. We can be more transparent about the way central resources are allocated to productive faculty, allocate resources to shared research cores that benefit many faculty, and credit individuals and divisions for collaborating.

- Identify synergies with the education and training mission to maximize state resources, such as clinical research units where education and training can coexist. We should also identify synergies with the clinical mission for maximal opportunities for philanthropy, patient recruitment, and visibility of our clinical services, as well as bridge funding opportunities for researchers.

4) Enhance Collaborations with Institutional Partners

Our success relies on excellent relations with our institutional partners that directly or indirectly support our faculty and infrastructure. Of particular concern is the apparent increase in problems arising in the interactions between CU, RFMH, and OMH (most recently around the indirect cost rate).

This is an enormous challenge to research productivity since our success depends upon both the scientific opportunities and resources that both partners offer to our faculty. In addition, finding ways to partner with NYP and with the local and state communities, especially that of Washington Heights, can foster our mission. Specific recommendations include:

- Provide ongoing data to both CU and OMH about the direct and indirect value of the affiliations.

- Develop bridges between CUIMC/CU and the state mission, where both sides can benefit.

- Invest efforts in CU partnerships—including those among psychiatry faculty and other CUIMC departments in P&S and in other schools (such as Arts and Sciences' Departments (e.g. Psychology), Schools of Nursing and Public Health)—to demonstrate value to CUIMC.

- Grow partnerships with OMH, where our research directly benefits their mission, demonstrating the value of funding research. Scalability and rapid impact will be key criteria for any clinical/service-based research.

- Explore partnerships with CU's Biomedical Engineering Department (BME) and private sector technology companies to jumpstart progress in technology-based research.

- Strengthen collaborative relationships with the Zuckerman Mind Brain Behavior Initiative faculty and other research initiatives to capitalize on the strengths and expansion of Columbia Neuroscience.

- Strengthen collaborative relationships with the Human Genome Institute to capitalize on the University's Precision Medicine Initiative.

5) Establish New Scientific Capacity in Transformative Research Areas

Expanding into key study areas has the potential to transform our approach to diagnosing and treating mental illness and to address specific gaps in our research enterprise that will spur needed investments in infrastructure. Systematic expansion will enhance our partnerships with strategic partners and align with priority areas for external funding agencies like NIH. Opportunities include:

- Mechanisms of disease
- Experimental therapeutics (drug discovery, early pre-clinical and clinical development through phase II proof of concept) with a focus on novel mechanisms of action that will transform treatment and enable preventive intervention and disease modifying effects.
- Precision psychiatry.
- T1 and T2 translation (bi-directional).
- New methods/approaches (via strategic recruits, retentions and partnerships with CU/CUIMC, among others).

<u>Primary Priorities for Investment and Development:</u>

- Human Genomics, which capitalizes on the precision medicine initiative at CU and the Institute for Genomic Medicine.

- Cognitive and affective neuroscience across species, to strengthen our portfolio of research in humans and in computational approaches, and to spur more translational research by linking researchers across rodent, primate, healthy human, and patient studies in a way that few psychiatry departments in the world can do.

- Technology to advance the treatment of mental illness, to participate in the revolution of types of mental health treatments that will be delivered in the future. We recommend a two-pronged approach: 1) developing and testing new technologies for diagnosis and treatment, in partnership with Columbia Translational Neuroscience Initiative's (CTNI) neuromodulation initiative and BME at CU and 2) developing and testing new technologies for service delivery. These will help OMH increase access to evidence-based care and foster global mental health research—an area where technology is fast becoming the health care delivery solution in low-resource settings.

- Big data/bioinformatics, to bring new expertise in a rapidly growing field that has numerous research and clinical benefits. We plan to partner with the Department of Biomedical Informatics at CUIMC—one of the leading departments in the nation—and to bring value to this partnership because of our unique relationship with OMH, which treats millions of New Yorkers.

<u>Secondary Priorities for Investment and Development:</u>

- Aging/Geriatrics
- Mood Disorders
- Sleep Disorders and Physiology
- Developmental Biology of Gender and Sexual Orientation and Identity

<u>Aspirational Areas for Investment and Development:</u>

- Mental Health Policy Research
- Communications Strategy to Raise Public Awareness and Reduce Stigma
- To develop the capacity to influence government legislation, policy and funding, as well as to provide training and a career path for graduate and post-graduate trainees, we wish to establish a University based Mental Health Policy Research Institute.

III. Clinical

Process

The Clinical Services Strategic Planning Committee was charged with identifying a set of priorities and opportunities to strategically improve and expand our clinical enterprise to meet public mental health needs, increase clinical experiences for trainees, employment opportunities for our faculty and clinical revenue streams, and to achieve better alignment with our research programs. There has been significant progress in the clinical enterprise over the last few years. Our faculty practices continue to expand, and we are evolving to meet the community's needs through our NYP and NYSPI-based services. In particular, we are focusing on integration of our services across our three different systems of care and population health. We now have the

opportunity to identify our main priorities and strategically organize our efforts moving forward, such as defining how we allocate resources.

We evaluated the three systems of care in which Columbia Psychiatry provides clinical services: CUIMC, the FPO, NYP and NYSPI. Subcommittees for CUIMC-FPO, NYP and NYSPI met separately to:

- Review the current mental health care landscape.
- Conduct an analysis of departmental services.
- Identify opportunities and plan initiatives for expansion of services, metrics to ensure optimal quality, and timeline for implementation.

The committee recognized the important need to grow and further develop our clinical footprint, with quality of care and financial viability as prerequisites for new and expanded services. We also recognized that there is a need and opportunity to adjust elements of our FPO structure, such as its taxation model and participation criteria. Additionally, the committee underscored the importance of continuing to support collaboration between research and clinical services in order to yield results that benefit both patients and the entire field of psychiatry.

Committee Members – CUIMC-FPO

- **Evelyn Attia, M.D.**
  Clinical Director, NYSPI
  Director, Columbia Center for Eating Disorders (co-chair)
- **Lourival Baptista Neto, M.D.**
  Vice Chair for Clinical Services (co-chair)
- **Colleen Cullen, PsyD.**
  Clinical Director and Quality Officer, FPO
- **Eve Freidl, M.D.**
  Child Psychiatrist, CUCARD Midtown
- **Amy Friedman**
  Senior Director, Clinical Administration, CUIMC
- **Anthony Puliafico, Ph.D.**
  Director, Adult Acute Services, NYP
- **Bret Rutherford, M.D.**
  Director, Program on Healthy Aging and Late Life Brain Disorders
- **Ravi Shah, M.D.**
  Director of Special Projects, FPO

Recommendations – CUIMC-FPO

1) Service Expansion

- Develop a strategic development and marketing plan.
- Grow current programs and increase commercial payer business.
- Open new clinical sites and explore new business lines/programs.

- Implement metrics to monitor clinical volume, gross and net revenues, and clinical personnel quality and productivity.
- Expand services in substance use, child and adolescent, geriatric, and LGBT populations.
- Explore feasibility of sleep disorders unit.

2) Quality Improvement Assessment

- Create and implement a faculty performance assessment.
- Create incident reports/reviews and safety plans for FPO sites.
- Perform a gap analysis and target dissemination of evidence-based treatments.
- Improve patient experience and measurement of clinical outcomes.
- Implement metrics for process and patient satisfaction.

3) FPO Structure Review

- Develop and implement a more standardized tax model.
- Review the eligibility/requirement criteria for participation in the FPO with the Dean's office.
- Explore ways to facilitate clinical researchers' (RFMH, CU) participation in the FPO on a part-time basis.
- Organize policy/procedures of Department's FPO and make them available to faculty.

Committee Members – NYP

- **Evelyn Attia, M.D.**
  Clinical Director, New York State Psychiatric Institute
  Director, Columbia Center for Eating Disorders (co-chair)
- **Lourival Baptista Neto, M.D.**
  Vice Chair for Clinical Services (co-chair)
- **Stan Arkow, M.D.**
  Director, Inpatient Services, NYP
- **Erica Chin, Ph.D.**
  Director of Psychology, NYP
- **Anna Costakis, M.D.**
  Medical Director, Crisis Hub, NYP
- **Carisa Kymissis, M.D.**
  Medical Director, Adult Outpatient Clinic, NYP
- **Sara Nash, M.D.**
  Associate Director, Adult Consultation, NYP
- **Warren Ng, M.D., M.P.H.**
  Director, Outpatient Behavior Health, NYP
- **Diana Samuel, M.D.**
  Associate Director, Adult CPE
- **Ellen Stevenson, M.D.**
  Clinical Director of Psychiatry Services, NYP

Recommendations – NYP

1) **Service Expansion**
   Increase capacity and array of services, as compatible with NYP strategy, including:
   - Expand outpatient clinic capacity to support Comprehensive Psychiatric Emergency Program (CPEP) and inpatient discharges.
   - Expand mobile crisis capability to provide emergency care in the community and divert patients from the CPEP.
   - Expand C-L services and diversify staffing with non-physician mental health professionals.
   - Explore creative opportunities for comprehensive service expansion in conjunction with Weill-Cornell Psychiatry.

2) **Quality Improvement and Assessment**
   We propose improving integration of our clinical services, improving communication and patient hand-off among psychiatric services, standardizing our clinical care and process across units, reorganizing our quality team, and instituting quality improvement projects.

3) **Career Development for Clinicians**
   Improve clinician engagement in service delivery and planning, mentoring of junior faculty in clinical positions, and better-defined career paths for clinical faculty.

Committee Members – NYSPI/WHCS

- **Evelyn Attia, M.D.**
  Clinical Director, New York State Psychiatric Institute
  Director, Columbia Center for Eating Disorders (co-chair)
- **Lourival Baptista Neto, M.D.**
  Vice Chair for Clinical Services (co-chair)
- **Melissa Arbuckle, M.D.**
  Vice Chair for Education, Director for Residency Training
- **Amy Bennett-Staub**
  Director of Quality Management, NYSPI
- **Mary Bongiovi, M.D.**
  Medical Director, NYSPI
- **Jean-Marie Bradford, M.D.**
  Director, Washington Heights Community Service
- **Eileen Kavanagh, M.D.**
  Director, NYSPI Residents' Clinic (PIRC)
- **Christine McManus, RN**
  Assistant Director of Nursing, NYSPI
- **Laura Mufson, Ph.D.**
  Co-Director, Office of Clinical Psychology
- **Liz Golden Roose, MSW**
  Director, Office of Social Work, NYSPI
- **Bret Rutherford, M.D.**
  Director, Program on Healthy Aging and Late Life Brain Disorders

Recommendations – NYSPI/WHCS

1) **Use of Space**
   - Review the uses, operation, oversight and space allocation of the NYSPI research inpatient units and outpatient clinics and provide report of recommendations to the Chair and Vice Chairs.

2) **Clinical Review**
   - Review clinical model and services of the WHCS and how they interface with other Columbia Psychiatry clinical services and the education and research missions, then make recommendations for innovation.
   - Enhance Integration of Clinical Services with Research and Education Programs.

3) **Enhance Quality Improvement and Assessment**
   - Enact new initiatives for WHCS, including addition of functional assessment to other quality outcome measures.

4) **Enhance Collaboration with OMH for Testing of Initiatives**
   - Build upon initiatives like:

- Center for Practice Innovation
- On Track New York First Episode Psychosis Program
- Suicide Prevention Program
- Quality Indicator and Assessment Center
- Mental Health Services for Trans-Gender Persons in NYS Correctional System

IV. Education

Committee Members

- **Melissa R. Arbuckle, M.D., Ph.D.**
  Professor of Psychiatry, Vice Chair for Education, Director of Residency Training, Director of T32 Research Fellowship in Global Mental Health (co-chair)
- **Steven Roose, M.D.**
  Professor of Psychiatry of Clinical Psychiatry, Director of T32 Research Fellowships in Mood, Anxiety Disorders and Late Life Neuropsychiatric Disorders (co-chair)
- **Deborah L. Cabaniss, M.D.**
  Professor of Clinical Psychiatry, Associate Director of Residency Training
- **Janis Cutler, M.D.**
  Professor of Clinical Psychiatry, Director of Medical Student Education
- **Claude Ann Mellins, Ph.D.**
  Professor of Medical Psychology
  Co-Director of the Office of Clinical Psychology
- **Laura Mufson, Ph.D.**
  Professor of Medical Psychology Co-Director of the Office of Clinical Psychology
- **Nasir Naqvi, Ph.D.**
  Assistant Professor of Clinical Psychiatry
  Associate Director of Clinical Fellowship Training in Addiction Psychiatry
- **Oliver Stroeh, M.D.**
  Assistant Professor of Clinical Psychiatry
  Associate Director of Child & Adolescent Psychiatry
- **Susan C. Vaughan, M.D.**
  Director, Psychoanalytic Center
  Assistant Professor of Clinical Psychiatry
- **Alexandra Perez**
  Program Manager of Residency Education and Training

Process

The committee held multiple meetings while training directors completed a comprehensive online survey about their programs. Based on the information gathered, the committee identified six overarching recommendations and specific action items. Further, three subcommittees were convened to identify ways to protect time for faculty development and scholarly activity;

exploring additional revenue streams for the department; and evaluating salaries for child and adolescent psychiatry residents, Ph.D. research fellows, and psychology students to provide more equitable compensation and to facilitate recruitment. Finally, Drs. Arbuckle and Roose met with the chairs of the Research and Clinical Strategic Planning committees to identify potential areas of synergy and overlap.

Recommendations

1) **Bolster Intra-Department Integration**

   It is vital that we improve integration to better leverage our assets in order to capitalize on opportunities for collaboration and networking among the clinical, research, and education programs. Practically speaking, clinical services are required as training sites, trainee funding for fellows impacts the research mission, and recruitment of the best trainees impacts our future faculty—all of which are essential to our core mission. As changes occur in our affiliate institutions and the state and federal governments' health care policies and budgets, the priorities for clinical services shift; creating the risk of losing valuable clinical training sites as well as funding opportunities for research and clinical care.

   Consequently, moving forward, we will need more effective integration among the various components of Columbia Psychiatry, as well as among the training programs themselves. We also will need to increase our emphasis on several subspecialty areas in core undergraduate and post-graduate training programs: substance use disorders, geriatrics, integrated care, autism spectrum disorders and forensics, in particular. The bulk of clinical training for clinical fellowships in substance use, forensics, and geriatrics occurs outside Columbia Psychiatry, giving us limited quality-control. In addition, in order to accommodate all of our medical students on clinical clerkships, we depend on affiliate sites, where we have limited quality control. Additionally, there is insufficient coordination among the various clinical fellowships as well as among the research fellowships. Clinical fellowships and research fellowships would benefit from developing core curricula to satisfy their respective accreditation and training guidelines/requirements.

   As NYP and NYSPI develop new clinical programs in integrated care and reverse integrated care, there will be new opportunities for trainees of various levels and disciplines in these new clinical models to experience enhanced training in population and team-based care. This is clearly the direction of the health care reform process and a priority of OMH and the Department of Health of New York City. Specific additional recommendations include:

   - Review the clinical services provided across research, clinical, and education missions with a particular focus on identifying opportunities for enhanced integration and coordination. Developing strategies for patient recruitment into research should be a particular focus of the review, as the research and training programs may

compete for similar patient populations. Opportunities for maximizing patient recruitment for all of these purposes should be explored.

- Increase the interface and alignment between clinical services and education. While our training programs are outstanding, we have limitations in clinical services in some areas (such as substance use disorders, geriatrics, integrated care, autism spectrum disorders and forensics) to support these. While we recognize that it may not be possible to develop clinical services in every area, any effort to expand, develop, or contract clinical services, whether it is through NYP, NYSPI, or the Faculty Practice, should include medical and psychology education as a core component of the mission. Since the FPO has been an area of growth, it is essential to identify opportunities from the start for integrating and embedding clinical training opportunities into these services. We recommend piloting this effort by focusing on one area of clinical services under development, such as services for substance use disorders.

- Maximize intra-departmental cooperation and integration among research, clinical, and educational areas that are traditionally less represented across the tripartite mission of the department (education, clinical service, research), such as links between the Geriatric Clinic and education/training; PIRC clinical training service and research; Psychoanalytic Center and research areas including Developmental Psychobiology, the Sackler Institute and Neuroscience.

- To achieve greater integration of research and education, we recommend that the Vice Chair for Education and the Vice Chair for Research work together to ensure that the research pursuits of our medical students, residents, and fellows are consistent with the strategic research mission/direction. We recommend that the Vice Chairs for Education and Research work together to identify opportunities for medical students during their Scholarly Projects Program within the Department of Psychiatry. We also recommend increased attention to T32 fellows applying for K awards. There is a K award course that has been very effective in helping fellows develop the application. We recommend initiating a K review that would serve a different purpose. Six months prior to a planned submission, the fellow and mentor would meet with the committee to review the K award goals as well as the education and research plans. The membership of the committee would vary depending on the topic of the K award, but would always include the T32 Director and the K awardee's mentor.

- We further recommend that, by the middle of the third year of the K award, each awardee have a scientific review by Columbia Psychiatry to enhance scientific career planning and synergy within the department's strategic plan for research. The membership of this committee would vary depending on the topic of the K award, but

would include the K awardee's mentor, the division director of the K awardee and the Vice Chair for Research. The review will evaluate 1) quality and productivity, 2) scientific significance, 3) trajectory of independence from mentor and differentiation from other lab members, 4) plan for RO1 and 5) whether the work fits into the strategic plan of Columbia Psychiatry and the National Institute of Mental Health (NIMH). This recommendation dovetails with the Dean's mentoring policy for the Medical School, as described in the section of Faculty Development and Academic Affairs.

- As clinical and research training programs require extensive departmental resources, we recommend that all new proposals for Clinical or T32 Fellowship Programs or Institutional Career Development Programs first be reviewed and approved by the Vice Chairs for Education and Research and Finance/Administration before they are submitted for funding. In addition, we recommend developing standard and transparent metrics for deploying state and central resources across existing programs. This is important particularly in cases where resources (such as central funds and state training lines) are limited.

2) Consolidating Resources

Columbia Psychiatry faces ever-increasing training and reporting requirements in order to maintain nationally-accredited clinical programs and NIMH-funded research programs. These reporting requirements place a significant burden on faculty and support staff. Increasingly, our training programs, including both the clinical programs overseen by the Accreditation Council for Graduate Medical Education (ACGME) and the American Psychological Association (APA), and NIH-funded research fellowships, have common didactic and administrative requirements. Consolidating the administration of these programs would better meet our needs. To do so, we recommend the following:

- Consolidate administrative support and core training for clinical fellowships. We recommend consolidated support for the smaller clinical training fellowships since the administrative tasks are identical. In addition, new ACGME requirements for fellowship training and the APA requirements (particularly related to training in hand-offs, sentinel event-reporting and wellness) are common among all clinical fellowships, as well as adult residency training and psychology training. Central support would allow us to create shared training resources and to coordinate training to avoid duplication, and ensure quality and standardization across programs. In some instances, research fellows could also benefit from participating in this core program (for example, on topics relevant to wellness, work-life balance). This integration will enhance communication among faculty and trainees in different fellowships and bring smaller fellowships closer to the central operations of the department. This would require specific administration and faculty support and resource reconfiguration.

- Consolidate administrative support and core training for research fellowships. The administration is specialized and increasingly similar across the fellowships. By consolidating the administration of those training programs for psychiatrists and psychologists, we will enhance the efficiency and productivity of these programs. Currently, there is no financial support for administrative functions for most T32s and this results in each division having someone responsible for appointing the fellows, administering the grant and assisting in grant submission. This is both inefficient and inevitably results in problems, especially with progress reports and grant preparation. Administrative support would allow for better development and coordination of the core didactic programs. Dedicated administrative support would be an important investment for Columbia Psychiatry in administering the research T32s.

- Consolidate support for faculty development across training programs. This could include the adult and child residency programs, clinical fellowships, the Psychoanalytic Center, psychology training programs, and social work programs. Potential activities that could benefit from support include didactic teaching, clinical supervision, and faculty wellness.

3) Data Collection to Track Trainee Outcomes

We do not consistently collect long-term data about our graduates' career trajectories. This data is necessary for program evaluation and ongoing quality improvement. In addition, ongoing contact with graduates is an opportunity to keep them informed about current developments at Columbia Psychiatry, as well as potentially solicit for fundraising. To remedy this, we recommend:

- Dedicating personnel and systems support to track trainees under the auspices of the Vice Chair for Education's office. This would allow us to track graduate outcomes, including career trajectory, funding, publications, and general demographics to enhance ongoing quality improvement of all of our training programs and enhance alumni giving.

4) Diversity

Our training programs are an effective means by which to enhance diversity among trainees, faculty, and, ultimately, the mental health field's workforce. Currently, limited resources are available to devote to this effort. Within the past year, we have developed two new grant-funded programs for underrepresented racial and ethnic minority medical students and for those with disabilities to gain exposure to clinical training and research in psychiatry. However, both are time-limited grants. To enable our clinical programs to retain diverse graduates and faculty in the department, or recruit them from elsewhere, we recommend:

- Providing personnel and financial support to enhance diversity through recruitment and retention of trainees from underrepresented ethnic and racial groups. Columbia

Psychiatry should identify more sustainable funding opportunities to support the current medical student summer programs (recently developed with SAMHSA, Levy Foundation, and NIMH funding) and to conduct a more in-depth analysis of individual training programs that will offer additional opportunities to expand recruitment of underrepresented individuals into the clinical and research fellowship programs.

5) Financial Planning

While we are fortunate to receive state support for residency training and fellowship lines, this support is renewed annually and not guaranteed as recurrent. Similarly, we receive grants that provide funds to support the research track program, the Levy program, and the T32 fellowship programs. However, these must be applied to and competed for, and are not guaranteed. In addition, several training programs are disadvantaged in trainee recruitment due to non-competitive salaries. This highlights the financial uncertainty on which our numerous outstanding training programs are based.

In addition, they do not and cannot directly generate substantial revenue streams. Consequently, it is important to explore revenue-generating opportunities, whether through new grants, alumni fundraising, donor solicitation, continuing medical education, or clinical services. Therefore, we recommend the following:

- Explore new revenue streams. A subcommittee charged with investigating this issue suggested that current programs (such as Grand Rounds and online training programs like the Center for Practice Innovations, already under development for OMH) could be leveraged and marketed for other Continuing Education Programs (although providing CME would require significant additional investment). Our Center for Psychoanalytic Training and Research trains post-doctoral students in psychoanalysis and will continue to expand educational programs in brief dynamic treatments and dynamic psychotherapy for children, adolescents, and adults. The NYSPI observership program, which charges tuition for international medical students/gradates, may be another source of funds. Expanding faculty teaching for medical and dental students at P&S may also be a revenue source.

- Create opportunities for trainees to provide outpatient services through NYP or ColumbiaDoctors. Although this would not generate a lot of revenue, it could be set up in a way to offset costs for faculty supervision and may have dividends in terms of faculty recruitment.

- Expand the alumni program to generate revenue through fundraising donations (for which ongoing efforts are underway). Education leadership will reach out to the

development office to continue to explore additional opportunities for philanthropy related to medical education.

- Focus on noncompetitive salaries for child and adolescent psychiatry residents, Ph.D. research fellows, and psychology students. An additional subcommittee should be convened to focus on the programs' struggle with noncompetitive salaries for trainees, including T32 research fellowship programs, the child and adolescent psychiatry residency program, and clinical psychology programs. The psychology pre-doctoral intern salaries are so low that they are now subject to the New York State Fair Labor Act and need to become hourly employees with overtime payments. Low salaries have also significantly challenged several T32 fellowships to recruit clinical psychologists since they are paid significantly less than medical doctors and the cost of living in New York is so high.

V. Faculty Development

Vice Chair Cabinet

- **Anke A. Ehrhardt, Ph.D.**
  Professor and Director, Division of Gender, Sexuality, and Health
  Vice Chair for Academic Affairs
- **Abby Fyer, M.D.**
  Professor of Clinical Psychiatry
  Associate Director of Faculty Affairs
  Director, Anxiety Genetics Unit
- **Stephanie Le Melle, M.D., M.S.**
  Associate Clinical Professor of Psychiatry
  Director, Public Psychiatry Education
- **Jean-Marie Alves-Bradford, M.D.**
  Assistant Clinical Professor of Psychiatry
  Director, Washington Heights Community Service
- **Lourival Baptista Neto, M.D.**
  Associate Professor of Psychiatry
  Vice Chair for Clinical Services
- **David Lowenthal, M.D., J.D.**
  Associate Professor in Psychiatry
- **Holly Moore, Ph.D.**
  Associate Professor of Clinical Neurobiology (in Psychiatry)
  Director of Laboratory Resource Management, NYSPI
- **Laura Mufson, Ph.D.**
  Professor of Medical Psychology (in Psychiatry)
  Co-Director, Office of Clinical Psychology

Staff:

Ely Fontan
Administrative Coordinator

Tonya Reid, M.S.
Administrative Coordinator

Marguerite Salen
Administrative Director, Office of Academic Affairs

Overview

The most valuable resource of any academic department is its faculty and trainees. While all of the department leadership contributes to this process within the scope of their areas of responsibility, the Vice Chair for Academic Affairs and Faculty Development has a primary role in our department's efforts to support the well-being and productivity of our faculty. The goals of this component of the department are to monitor and develop strategies and initiatives to:

- Develop strategies and apply mechanisms to support faculty and trainees to guide their career development.
- Provide information and support to faculty in the promotion process and coordinate the promotion process in the Department of Psychiatry.
- Provide faculty with opportunities to learn specific career-enhancing skills both by providing programs within the department and by facilitating access to outside resources.
- Support practices that encourage the hiring and promotion of a robustly diverse faculty.
- Facilitate the development of mentoring relationships.
- Assist in the management of personnel and HR issues.
- Develop strategies and apply initiatives for information dissemination to faculty.

While a specific committee was not convened for Academic Affairs and Faculty Development as part of the strategic planning process, the Vice Chair and her cabinet have described planned and proposed activities and initiatives as follows.

Mentorship Program for Junior Faculty

The Vice Dean for Academic Affairs has initiated a CUIMC-wide mentoring program to be implemented in each department. Drs. Ehrhardt and Fyer have served on the Vice Dean's Committee for Mentoring for the Tracks, which has worked with the Vice Dean on development of this program. Below is an outline of the implementation of the mentoring plan in our department and the membership of the committee currently working on this implementation. The first phase will focus on providing mentoring for Assistant Professors and Instructors.

CUIMC Faculty Mentoring Initiative

Previous steps

- Reworking of non-tenured title system to better reflect the diversity of careers among CUIMC faculty: Non-tenured faculty now apply for promotion in one of three areas of scholarly focus: Educational Scholarship and Leadership; Applied Health Care and Public Health Intervention; and Investigator. Separate operational guidelines were

established for promotion to each rank in each area of focus. Faculty may also apply with more than one focus (e.g. major and minor), if this better reflects their activities.

- The Dean's office decision instructing each faculty member to have an annual discussion with a mentor about career goals and progress will ensure that all faculty have an opportunity to discuss these issues with a knowledgeable individual who can provide information and support. The mentorship meeting is seen as separate from a performance review or supervisor's evaluation.

- Development of tools to support the mentoring effort:
    - An online form that includes categories for faculty activities in all three areas of focus. It is available to all faculty and can be used to keep track of activities each year to facilitate mentoring meeting discussions (Developed by CUIMC Office of Academic Affairs).
    - Guide to Best Practices in Faculty Mentoring (Developed by CU Office of the Provost).
    - Mentoring Toolkits for both Mentors and Mentees (Developed by CUIMC Office of Academic Affairs).

Implementation of Mentoring Program in the Department of Psychiatry

- Drs. Ehrhardt, Fyer, Stroup, and members of the Mentoring Committee will meet with each Division/Service Chief to discuss how mentoring currently occurs and the implementation of a systematic mentoring policy, including an annual mentoring discussion for each faculty member (beginning with Assistant Professors). They will work with each group to develop a system that fits with their particular structure.

- In addition to the above, a panel of six senior faculty will be appointed who will then be available to all departmental faculty for mentoring consultation. The panel of designated mentors will serve two objectives: 1) It will provide faculty members with the opportunity to talk with someone outside of their division, service or laboratory with different expertise to provide broader perspective on their career development; and 2) It will also provide access to confidential consultations.

- The CUIMC Office of Academic Affairs has developed both mentor and mentee training guidelines and toolkits, which will be made available to all faculty. In addition, the Office of Faculty Affairs will hold mentor training sessions for panel and other mentors as well as will facilitate their participation in events offered by the CUIMC Office of Academic Affairs.

Faculty Mentoring Committee – 2017-2018

- **Anke A. Ehrhardt, Ph.D.**
  Professor and Chief, Division of Gender, Sexuality and Health
  Vice Chair for Academic Affairs
- **Abby Fyer, M.D.**
  Professor of Clinical Psychiatry
  Associate Director of Faculty Affairs
  Director, Anxiety Genetics Unit
- **T. Scott Stroup, M.D., M.P.H.,**
  Professor of Psychiatry
- **Lourival Baptista Neto, M.D.**
  Associate Professor of Psychiatry
  Vice Chair for Clinical Services
- **Erica M. Chin, Ph.D.**
  Assistant Clinical Professor of Medical Psychology (in Psychiatry)
  Associate Director of Pediatric Psychiatry
- **Christoph Kellendonk, Ph.D.**
  Associate Professor of Pharmacology (in Psychiatry)
- **Stephanie Le Melle, M.D., M.S.**
  Associate Clinical Professor of Psychiatry
  Director, Public Psychiatry Education
- **David A. Lowenthal, M.D.**
  Associate Professor of Psychiatry

Faculty Committees and Offices

In recent years, various initiatives have been undertaken by Columbia Psychiatry leadership and operated under the auspices of the Vice Chair for Academic Affairs and Faculty Development. These include the Diversity and Inclusion Committee, Women's Faculty Committee, and the Office of Clinical Psychology. These will continue; a brief description of their mission, goals, and activities follows.

Diversity and Inclusion Committee
The Department of Psychiatry is committed to practices and policies that ensure the hiring and promoting of a robustly diverse faculty. Jean-Marie E. Alves-Bradford, M.D. and E. David Leonardo, M.D., Ph.D. are the current Co-Chairs of the Committee. The Diversity and Inclusion Committee was established to provide and assist in the implementation of recommendations including:

- Promoting diversity in faculty recruitment.
- Promoting diversity in recruitment of trainees.
- Ensuring good mentorship for underrepresented minority faculty.
- Improving visibility of underrepresented minority faculty.
- Promoting the value of diversity and inclusion.

Women Faculty Group
The Women Faculty Group (WFG) is committed to helping women faculty at Columbia Psychiatry develop their careers and address gender-specific challenges often encountered by

women in academic medicine. The WFG holds monthly meetings aimed at providing skills, education, and support to facilitate professional growth and success with an emphasis on topics particularly relevant to women faculty. Meetings are open to all faculty. These meetings have addressed topics, including dealing with difficult employees, negotiating, getting a seat at the table, identifying and addressing gender disparities, and addressing work-life balance. Many speakers have been senior women at Columbia who have shared stories and advice based on their career trajectories. Suggestions for speakers and topics are welcome. Betsy Fitelson, M.D., Sapana Patel, Ph.D., and Myrna Weissman, Ph.D. are the current co-chairs of the group.

Office of Clinical Psychology

Columbia Psychiatry is comprised of multi-disciplinary faculty. To facilitate the contributions of psychology faculty to the clinical mission, the Office of Clinical Psychology was established to support the professional identity, work-related activities, and professional development of clinical psychologists engaged in clinical activities at CUIMC, NYP, and NYSPI. In this context, the Office organizes and centralizes the credentialing and privileging processes for new and existing faculty in collaboration with the Office of Faculty Affairs; provides representation and advocacy within the Department of Psychiatry for clinical psychologists providing clinical services; works with the Office of Faculty Affairs to establish mechanisms for mentoring and identification of pathways to promotion for clinical psychologists providing clinical services; participates in the development of new clinical services and assists with recruitment and retention of clinical psychologists; supports training and oversees the development, organization, credentialing and review of externships and postdoctoral fellowships; and maintains the APA accreditation of the Psychology Internship Program. Laura Mufson, Ph.D. & Claude Ann Mellins, Ph.D. are the current co-directors of the office.

Recommendations for Faculty Development and Wellness

Recruitment and retention of outstanding clinical and research education faculty requires adequate attention to faculty development and wellness. To do so, the Education and Training Committee and the Office of the VC for Faculty Development and Academic Affairs recommend:

1. Ensuring protected time and mentorship for scholarly activity among clinical faculty and supporting faculty wellbeing. Most clinical faculty lack protected time for scholarly activities and faculty development. This could lead to the loss of clinical teaching faculty. Moreover, faculty members involved in the research programs donate their time for education. Scholarly activity should be a requirement of clinical faculty and must be supported. Special attention should be paid to those with potential for academic advancements, which is essential for retaining young faculty and maintaining a top-flight corps of education faculty.

2. Occasional onsite faculty development workshops would be feasible across both NYP and NYSPI. Additionally, we support developing a scholarly projects group with supervision (modeled after the medical education scholarly projects group or the Clinical Educator Research Team). This mentored group experience could provide members exposure to key skills necessary for clinical research, support and guidance in project development and implementation. Given the limited time available, partnering with other faculty and/or residents may facilitate faculty involvement in scholarly projects.

VI. Administration & Finance

Committee Members

- **Rosellen Taraborrelli**
  Vice Chair for Administration and Finance (chair)
- **Janelle Greenhill**
  Director of Finance and Operations RFMH
- **Christine Benanti**
  Senior Director of Budget, CUIMC
- **Amy Friedman**
  Senior Director, Clinical Administration, CUIMC
- **Stuart Linder**
  Deputy Director of Institute Administration, NYSPI
- **Chris Stanley**
  Director of Information Systems, NYSPI

A complete evaluation of the finances and administration of Columbia Psychiatry was undertaken in light of its ongoing needs and the requirements to support our growth and anticipated challenges in the future. The purpose of Columbia Psychiatry's administrative personnel and services is to support faculty, staff, and trainees in their respective activities and most efficiently and productively manage and allocate resources. Department resources derive from various sources received and passed through the affiliate institutions and agencies. The structure of the budget includes Central funds under the control of the Chair, Vice Chairs and senior administration, Area and Division budgets under the auspices of Area-Division Directors, sponsored research managed by the Principal Investigators, gift and endowment funds under the authority of the gift recipient or Department leadership, clinical revenues and NYP pass-through funds under the direction of the Vice Chairs of Clinical Services and Administration and Finance, and NYS-OMH funds for NYSPI and WHCS managed by the Executive Director, Clinical Director, Vice Chair for Administration and Finance and DDIA.

The overarching goals of the committee were to improve efficiency, reduce burden on faculty, and limit costs of administrative procedures and requirements. Several sub-committees were formed to examine Administration and Financial management in the context of our institutional affiliates and components: CU, CUIMC-FPO, NYP, RFMH and NYSPI. The consistent theme that emerged from these discussions was the need for an integrated approach to our multifaceted

institutional composition and "consolidation" of information. Within this context, components and functions of administration were identified and broken down into those involving central resources and divisional resources and by institutional affiliations. The same process was utilized for finances. This resulted in the identification of roles and responsibilities with a focus on maximizing resources, streamlining processes and limiting the burden on faculty, while identifying where additional mechanisms or improved functions were needed in specific areas.

Recommendations and Actions Proposed

1) **Operations**
   - Consolidate financial functions within the Columbia Business Office.
   - Reorganize the RFMH Business Office.
   - Centralize RFMH HR in Albany, NY.
   - Consolidate IT into one unit and under unified leadership.
   - Establish pre and post award units for management of sponsored research.
   - Develop a plan for improved and more efficient organization and management of data collection and storage, and communications information systems.

2) **Finances and Resources**
   - Continue to adapt our department to the changing landscape of our institutional affiliates and their financial ramifications (e.g. indirect cost rates, clinical revenue taxation).
   - Develop an ongoing evaluation of policy for faculty and staff compensation including FPO revenue sharing and assessments.
   - Continue to develop and refine policies and metrics for resource allocation and charges (e.g. space, state lines, gift and endowment funds).
   - Leverage the resources of Columbia Psychiatry (state lines, indirect costs, gift funds and endowments and space) where feasible to support Strategic Plan priorities and initiatives.

3) **Personnel**
   - Create system for cross-coverage for administrative staff.
   - Develop a policy for succession planning for (senior) administrative staff.
   - Establish a plan for mentoring and training administrative staff.

VII. Facilities, Support and Infrastructural Services

Overview

Adequate facilities and support and infrastructural services are essential to facilitate the Columbia Psychiatry mission and to enable us to achieve our goals. Funds for these largely come from indirect costs from sponsored research, NYS-OMH Capital Operations, NIH shared facilities and equipment grants and department funds derived from clinical revenues and philanthropy. Departmental Central resources are allocated on a discretionary basis by the Chair/Executive Director, Vice Chairs, and Clinical Director to support critical mission functions for the purpose of enhancing productivity and expanding the scope of programs. Funds for facilities renovation and expansion must be formally requested from NYS, applied for through NIH grant mechanisms or Department funds. Existing services and planned services and facilities projects are listed below. The expansion and institution of these services will depend on the availability of resources to support them and the ability of Central Administration to plan and enact them.

1. Existing Infrastructural and Support Services

A. Research

a. Biostatistics and Data Management: Melanie Wall, Ph.D.
b. Comparative Medicine – Vivarium – Animal Care: Moshe Shalev, Ph.D.
c. Laboratories Management: Holly Moore, Ph.D.
d. Neuro-Imaging Services and MRI Unit: Rachel Marsh, Ph.D.
e. Research Compliance
   - IRB: Edward Nunes, M.D.
   - IACUC: Stephen Rayport, M.D., Ph.D.
f. Biological Studies Unit: Lazlo Papp, M.D., Evelyn Attia, M.D.
g. Inpatient research units; 4-Center, 5-South NYSPI: Evelyn Attia, M.D., Mary Bon Jovi, M.D., Dan Richter M.D.
h. Child Day Unit: Pablo Goldberg, M.D.
i. Ambulatory Research Clinics
   - Depression Evaluation Service
   - STARS
   - Anxiety Disorders Clinic
   - Geropsychiatry Clinic
   - Lieber Clinic
   - COPE Clinic

B. Clinical

a. NYP (Milstein, CHONY, Allen)
   - 9-Garden North NYP: Stan Arkow, M.D., Ravi DaSilva M.D.

- CPEP-Emergency Department: Ryan Lawrence, M.D., Stan Arkow M.D.
- CHONY Services: Warren Ng, M.D.
- Ambulatory Service Eye 6: Warren Ng, M.D.
- Consultation and Liaison: Peter Shapiro, M.D.
- Mobile Crisis: Adriane Birt, M.D.

b. NYSPI: Evelyn Attia, M.D.
- Psychiatric Institute Residents Clinic: Eileen Kavanagh, M.D.
- Child Day Program: Pablo Goldberg, M.D.

c. WHCS: Jean-Marie Bradford, M.D.
- 4-South Inpatient Units: Jean-Marie Bradford, M.D., Claire Holderness, M.D.

d. Columbia Psychiatry Services: Lou Baptista Neto, M.D.
- Neuro 12 Clinic: Erin Engle, Ph.D., Mary Sciutto, M.D.
- West 51st Street Clinic: Colleen Cullen, PsyD.
- Columbus Circle Clinic
  - Adult: Erin Engle, Ph.D., Ravi Shah, M.D.
  - CUCARD: Anne Marie Albano, Ph.D.
- Tarrytown Clinic: Anthony Puliafico, Ph.D.

C. Administration and Finance: Rosellen Taraborrelli

a. Columbia University
- Budget & Finance: Christine Benanti
- CU Business Office: Christine Benanti
- Human Resources & Faculty Affairs: Amy Friedman
- Clinical/FPO Operations a & Finance: Amy Friedman
- Information Technology: Chris Stanley
  - Columbia University Interface with Columbia IT
  - Data Storage
  - Data Management
  - Audio-Visual: Simon Williamson
- Marketing & Communications: Gregory Flynn
  - Web Design
  - Web Maintenance
  - Marketing – Clinical Services
  - Marketing – Department
  - Government Relations
  - Media Relations
  - NYP/CU Branding

b. NYSPI
- Budget: Raemel Pascual

- Human Resources: Raemel Pascual
- Facilities Management: Thomas Riemenschneider
- Space Management: Mel Davis
- Housekeeping: Panel Deolous
- Security: Chief Leigh Gholson
- Information Technology: Chris Stanley
    - Data Storage
    - Data Management
    - Audio-Visual: Simon Williamson
- Volunteer Services: Wardell Duncan
- Nutrition & Food Services: Justine Roth

c. RFMH

- Budget: Janelle Greenhill
- Human Resources: Terri Conlin
- Information Technology: Chris Stanley
- Grants Management (Pre & Post Award): Scott Yale

2. Planned Infrastructural and Support Services

A. Research

a. Clinical Electrophysiology Laboratory: This consists of a consolidated electrophysiology unit of testing chambers and recording units with stimulus presentation capabilities and state of the art technical assistance and services in planning and data collection for studies.

b. Data Management: This consists of centralized state-of-the-art technical assistance and services in planning and executing data management for sponsored research.

c. Experimental Therapeutics Unit: We plan to create a program to facilitate innovative drug development. This will increase our treatment development research capacity and portfolio and provide a valuable resource and service that can be marketed to pharma, biotech and device companies, and eventually lead to partnerships with companies in the private sector. To take advantage of our inpatient research facilities, we plan to explore the development of a Phase I and II research unit.

- Phase I studies test a new drug in 20 to 80 healthy volunteers or, occasionally, people with the disease/condition, under closely-monitored conditions to gather pharmacokinetic information about how a drug interacts with the human body and to define dosing levels and schedules. The overall goal is to determine how best to administer the drug to limit risks and maximize possible benefits. These studies are unusually conducted on inpatients.
- Phase II studies are usually the first administration of experimental drugs to determine if they work in patients and against symptoms

of the illness. They are intensively monitored but not always required to be administered on an inpatient basis.

B. General

a. Clinical Support: This consists of resources allocated to support personnel (including clerical, clinical and research) to staff clinical programs devoted to research, education or clinical services.

b. Career Development: This resource will be jointly overseen by the VCs for Research, Clinical Services, Education and Training, and Faculty Development and Academic Affairs, and is intended to define career paths for trainees and faculty in traditional and non-traditional areas.

- Research career paths are already well-defined. The existing process will be augmented by the new mentoring policy that is being enacted by the department at the behest of the Medical School and Dean's Office.
- Career paths for clinical faculty are less well-defined, but clearly exist. They simply need to be identified and demarcated. We are committed to developing well-defined paths that provide diverse opportunities and upward mobility for faculty who choose careers in clinical care and administration. To do this, the relevant VCs will create opportunities for professional advancement in clinical care, clinical administration, and the development of mental health services, systems and models of care by establishing paths in and leading from Columbia Psychiatry and NYSPI-WHCS to NYP, NYS-OMH, and the Columbia FPO.
- Career paths for faculty who wish to pursue education as a career path have been limited and not broadly defined. Melissa Arbuckle will form a committee to formulate an approach in this area and present it to the Chair and Vice Chairs for consideration by the end of 2018.

c. Sleep Service: Ever since Dr. Neil Kavey retired from full time clinical activities and Dr. Michael Terman dismantled his chronobiology laboratory and retired, we have lacked a faculty member with expertise in sleep disorders and physiology. Given the importance of sleep as an essential biologic function as well as its frequent disturbance in mental disorders, we will explore the development of a sleep service and possible recruitment of faculty with relevant expertise to succeed the aforementioned faculty members, that would enhance our clinical, educational, and research programs. In this context, we will evaluate the need for a sleep laboratory, the role of portable technology, the desirability of sleep disorder clinical services, and how this added expertise can augment our educational, training and research activities. As part of this

vetting process, we will consult our colleagues in Anesthesiology, Pulmonary Medicine and Neurology, disciplines which have traditionally been associated with providing sleep disorder services.

d. To enable Columbia Psychiatry to increase its impact on mental health care, we will continue to provide training opportunities and to develop career opportunities in mental health policy and communications, in addition to the traditional careers in clinical service, research and education. To facilitate this:
    - Harold Pincus, VC for Strategic Initiatives and Melissa Arbuckle, VC for Education and Training, will be tasked with expanding our curriculum and identifying training opportunities in health policy and financing to be reviewed by Department leadership and offered to trainees in the 2018-19 academic year.
    - We will engage and offer an interdisciplinary faculty appointment to Stephen Fried, of the Journalism School, to work with Melissa Arbuckle, VC for Education and Training, to expand our curriculum and to develop training opportunities in medical journalism for the lay media to be reviewed by Departmental leadership and offered to trainees in the 2018-19 academic year.
e. Editorial Services and Communications Unit: This consists of a science writer to assist in the development of grant applications, scholarly manuscripts for publication in scientific and professional journals, and communications to lay media. The latter includes the potential for Policy and News Media commentary and position statements.
f. Mental Health News Desk: To extend the influence of the department, provide a training experience for students and post-graduate trainees, and opportunities for interested faculty, we will establish a unit to survey the media for topics relevant to mental illness and mental health care to develop and push out commentary. The MH-News Desk will be staffed by an editor (from the Journalism School Faculty) and faculty and trainees who want to contribute to this effort, and work closely with our Office of Communications and Marketing under Greg Flynn.
g. Government Relations: We have not had a staff person focused on government relations, particularly with NYS, since Dolores Kreisman spent over 30 years as Senior Advisor on Government and Policy Affairs. To enhance our ability to serve our state mission as well as the needs and priorities of the federal and municipal governments, we will create a position for a government relations specialist, and recruit someone with relevant skills and expertise.

C. Facilities Renovation and Expansion

a. Workplace Environment: To create a comfortable environment conducive to staff well-being and productivity, initiatives will be made to enhance the aesthetics and functionality of NYSPI and other Columbia Psychiatry space. Toward this end, a person or persons (faculty or staff) will be designated to work under the auspices of the VC for Administration, NYSPI Executive and Clinical Directors for the purposes of identifying and creating improvements in the workplace environment.

b. We will continue to carry out renovations as required for our NYSPI facilities such as are currently planned for Kolb 8th and 7th floors, the Pardes building 6th floor cafeteria, and Library space. This will be done in conjunction with and under the auspices of NYS-MH-Capital Operations and in accordance with NYS policies.

c. New Wing of NYSPI: We are submitting a proposal to NYS-OMH for the construction of a new wing to the South end of the Pardes building that will house facilities for Precision Medicine research and, specifically, deep phenotyping assessments, beginning with neuroimaging (image acquisition and analysis), and also including electrophysiology, cognitive neuroscience, and animal behavioral testing.

VIII. Programmatic and Organizational Structure

The following figures and table depict our programmatic and organizational structures:

- **Figure 1**
  Columbia Psychiatry/NYSPI Comprehensive Table of Organization. This describes major organizational components reflecting the entire department.

- **Figure 2**
  This refers to the Areas of Research and Faculty Expertise.

- **Table 1**
  This table is arranged with the Areas of Clinical, Educational and Research Focus in the rows and the Core Services, Organizational and Administrative Support Services.

Figure 1

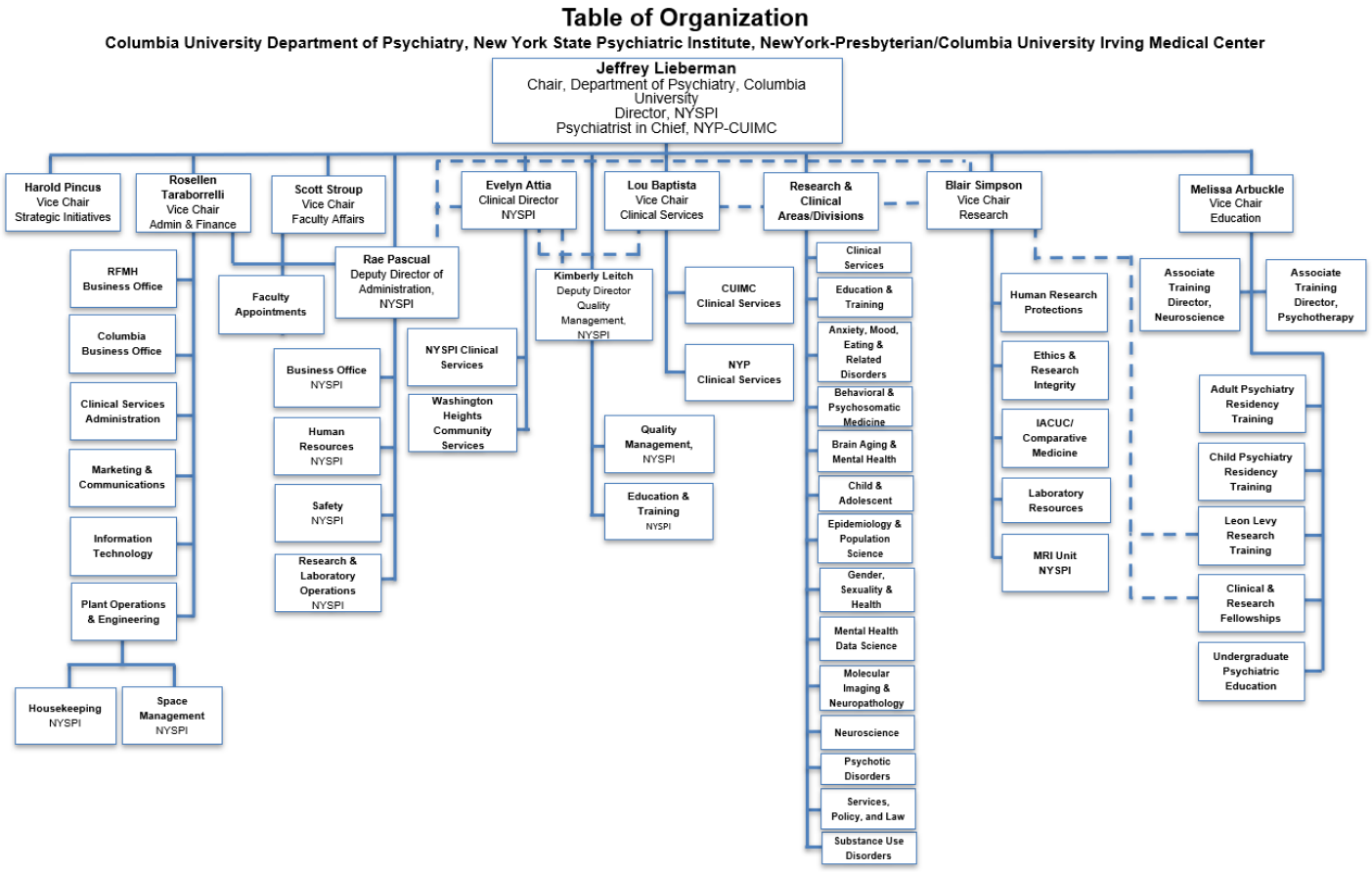
Table of Organization
Columbia University Department of Psychiatry, New York State Psychiatric Institute, NewYork-Presbyterian/Columbia University Irving Medical Center
Jeffrey Lieberman
Chair, Department of Psychiatry, Columbia University
Director, NYSPI
Psychiatrist in Chief, NYP-CUIMC
Harold Pincus
Vice Chair
Strategic Initiatives
Rosellen Taraborrelli
Vice Chair
Admin & Finance
Scott Stroup
Vice Chair
Faculty Affairs
Evelyn Attia
Clinical Director
NYSPI
Lou Baptista
Vice Chair
Clinical Services
Research & Clinical Areas/Divisions
Blair Simpson
Vice Chair
Research
Melissa Arbuckle
Vice Chair
Education
RFMH Business Office
Columbia Business Office
Clinical Services Administration
Marketing & Communications
Information Technology
Plant Operations & Engineering
Housekeeping
NYSPI
Space Management
NYSPI
Faculty Appointments
Rae Pascual
Deputy Director of Administration, NYSPI
Business Office
NYSPI
Human Resources
NYSPI
Safety
NYSPI
Research & Laboratory Operations
NYSPI
NYSPI Clinical Services
Washington Heights Community Services
Kimberly Leitch
Deputy Director Quality Management, NYSPI
Quality Management,
NYSPI
Education & Training
NYSPI
CUIMC Clinical Services
NYP Clinical Services
Clinical Services
Education & Training
Anxiety, Mood, Eating & Related Disorders
Behavioral & Psychosomatic Medicine
Brain Aging & Mental Health
Child & Adolescent
Epidemiology & Population Science
Gender, Sexuality & Health
Mental Health Data Science
Molecular Imaging & Neuropathology
Neuroscience
Psychotic Disorders
Services, Policy, and Law
Substance Use Disorders
Human Research Protections
Ethics & Research Integrity
IACUC/ Comparative Medicine
Laboratory Resources
MRI Unit NYSPI
Associate Training Director, Neuroscience
Associate Training Director, Psychotherapy
Adult Psychiatry Residency Training
Child Psychiatry Residency Training
Leon Levy Research Training
Clinical & Research Fellowships
Undergraduate Psychiatric Education

Figure 2 – Reorganization of Department ***(enacted 1/1/18 based on strategic plan for research)***

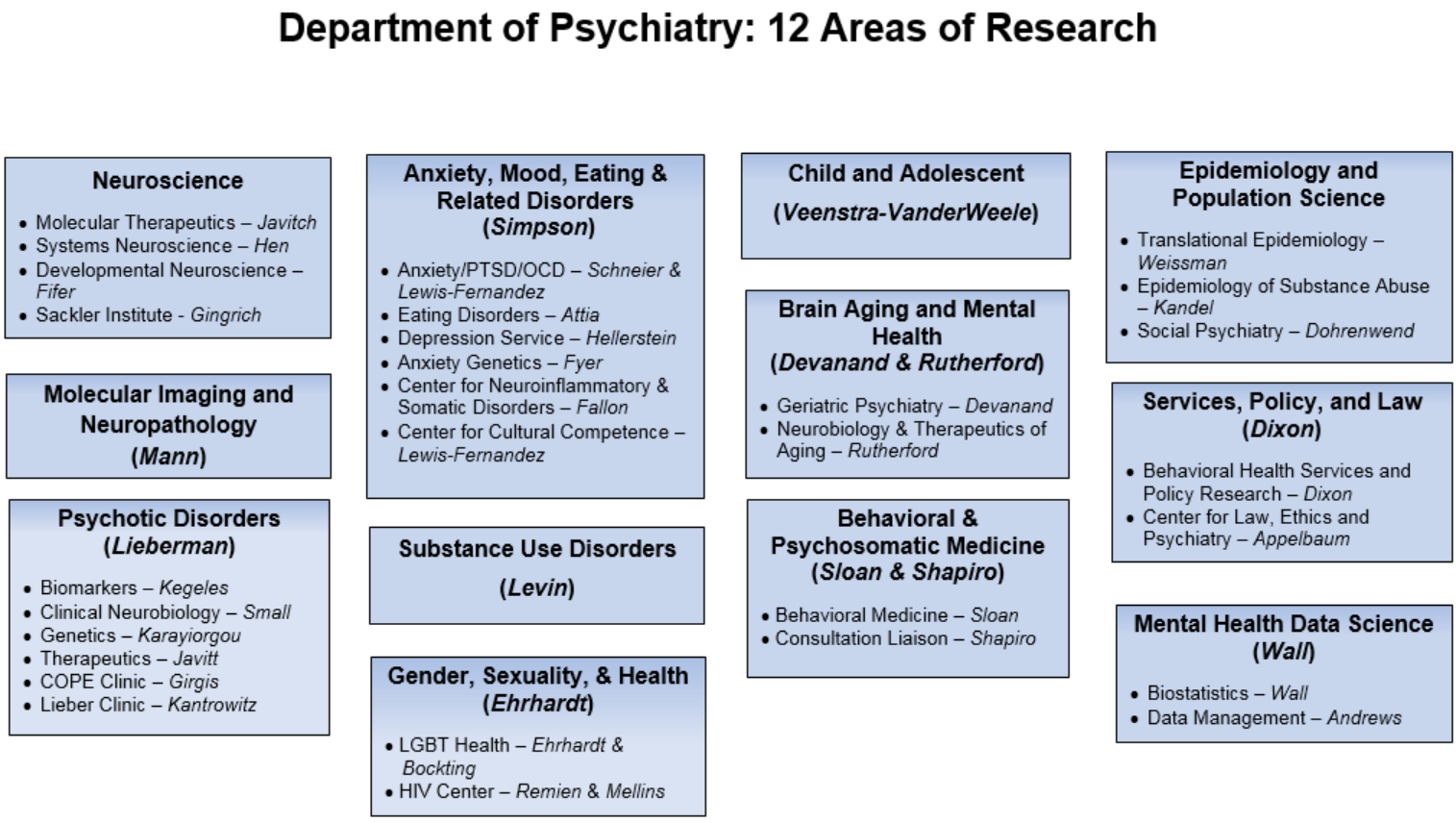

Table 1
Programmatic, Organizational and Operational Structure for Areas and Services

Administrative Mission, Oversight and Operations *(in consultation with relevant Area/Division and Services Directors)*	**Research** *Simpson*	**Clinical Services** *Baptista and Attia*	**Education & Training** *Arbuckle*	**Academic Affairs & Faculty Development** *Ehrhardt*	**Administration & Finance** *Taraborrelli*	**Infrastructural Services** *Taraborrelli and VC's as Warranted*
Services and Responsibilities	- Research Development & Support - Biostatistics and Data Management - Comparative Medicine - Animal Care - Laboratories Management - Neuro-Imaging Services & MRI Unit - Research Compliance - Biological Studies Unit - Ambulatory Research Clinics - Child Day Unit	- Quality & Compliance - Clinical Program Development & Administration - Volunteer Services - NYP, CUMC, NYSPI Clinical Services	- Clinical Fellowships - Research Fellowships - Undergraduate Medical Education - CME/Grand Rounds - Psychoanalytic Center	- Appointments & Promotions - Faculty Mentoring & Career Development - Dispute/Conflict Resolution - Liaison to CUMC Faculty Affairs	- Financial Systems & Reporting - Plant Operations & Engineering - Information Technology - Marketing & Communications	- Data Management - Editorial & Communications Unit - Clinical Research Support - Media, Marketing & Public Relations - Early Phase Drug Development - Facilities Renovation & Expansion - Workplace Environment - Grants Development & Management
Area: Education & Training **Director: Arbuckle**	✓	✓	✓	✓	✓	✓
Medical Student Education						
Adult Residency Program						
Child Residency Program						
Clinical Fellowships						
Research Fellowships						
Psychology Programs						
Social Work Programs						
Area: Clinical Services **Directors: Baptista & Attia**		✓	✓	✓	✓	✓
NYSPI						
Outpatient, Research Clinics						
Inpatient, Research 4C, 5S						
PIRC						
Child Day Program						
WHCS						
Inpatient, 4S						
Outpatient Clinics						
NYP: Milstein, CHONY, Allen						
Inpatient, 9GN, 3RE						
CPEP – Emergency Dept						
CHONY						
Outpatient Service Eye 6						
C & L Service						
Mobile Crisis						
Columbia Psychiatry						
Neuro 12						
W. 51st						
Columbus Circle						
Tarrytown						
Area: Behavioral Health Services & Policy **Director: Lisa Dixon**	✓	✓	✓	✓	✓	✓
Behavioral Health Services and Policy Research						
Center for Law, Ethics and Psychiatry						
Area: Epidemiology & Population Science **Director: Dohrenwend, Kandel, Weissman**	✓		✓	✓	✓	✓

Translational Epidemiology						
Epidemiology of Substance Abuse						
Social Psychiatry						
Area: Mental Health Data Science **Director: Wall**	✓		✓	✓	✓	✓
Biostatistics Group						
Data Management Group						
Area: Molecular Imaging & Neuropathology **Director: Mann**	✓		✓	✓	✓	✓
Depression Evaluation Service						
PET Imaging						
Neuropathology/Brain Bank						
Neurobiology and Prevention of Suicide Center						
Area: Neuroscience **Directors: Gingrich, Hen, Javitch & Fifer**	✓		✓	✓	✓	✓
Molecular Therapeutics						
Systems Neuroscience						
Developmental Neuroscience						
Sackler Institute						
Area: Anxiety, Mood, Eating & Related Disorders **Director: Simpson**	✓	✓	✓	✓	✓	✓
Anxiety/PTSD/OCD						
Eating Disorders Clinic						
Depression Service						
Anxiety Genetics Unit						
Center for Neuroinflammatory & Somatic Disorders						
NYS Center of Excellence for Cultural Competence						
Area: Behavioral & Psychosomatic Medicine **Directors: Sloan & Shapiro**	✓	✓	✓	✓	✓	✓
Behavioral Medicine						
Consultation Liaison						
Area: Psychosis **Director: Lieberman**	✓		✓	✓	✓	✓
Biomarkers						
Clinical Neurobiology						
Genetic						
Therapeutics						
COPE Clinic						
Lieber Clinic						
Area: Substance Use Disorders **Director: Levin**	✓	✓	✓	✓	✓	✓
Area: Brain Aging & Mental Health **Directors: Devanand & Rutherford**	✓	✓	✓	✓	✓	✓
Division of Geriatric Psychiatry						
Neurobiology & Therapeutics of Aging Division						
Area: Child & Adolescent Mental Health **Director: Veenstra-VanderWeele**	✓	✓	✓	✓	✓	✓

Area: Gender Sexuality & Health **Director: Ehrhardt**	✓	✓	✓	✓	✓	✓
HIV Center for Clinical & Behavioral Studies						
LGBT Health Clinic						

Diagnostic and Therapeutic Biomarkers

Clinical Entrepeneurial Initiatives

Administrative Efficiency

IX. Roles and Responsibilities for Area Leadership

1. **Scientific vision** for their area (e.g., working with leadership to develop a scientific vision for their area, including strategic recruitments and retentions as well as developing research bridges to other research areas in our department as well as to our clinical and education/training missions and to our key institutional partners).

2. **Administrative oversight** for their area (in collaboration with their Division Administrator, working to ensure faculty and staff are compliant with administrative procedures for all research activities, including grant processes, IRB/IACUC procedures, and financial transactions).

3. **Financial responsibility** for their area (in collaboration with VC for Finance and their Division Administrator, working to ensure a balanced budget; vetting all requests to central administration for central resources including state lines and space requests; developing new sources of revenue to grow their research activities; demonstrating integrity in financial transactions).

4. **Faculty Development** (e.g., mentoring of faculty in their area, building a robust pipeline of upcoming faculty, collaborating with faculty across areas).

5. **Departmental citizenship** of the highest order (e.g., commitment to promotion of the strategic plan and promotion of departmental values and initiatives; willingness to serve on departmental committees when asked and/or to tap their faculty to serve; promotion of a professional and collegial environment within and between their areas and with central administration; integrity in departmental actions).

X. Summary of Recommendations

General

The overriding goal of this Strategic Plan is to foster increased productivity, operational efficiency, esprit d'corps and employment satisfaction by creating a culture and environment that supports and values our faculty, staff and trainees, and enables them to pursue the mission of Columbia Psychiatry and the prioritized goals that follow and will guide its development and growth over the next decade.

Research

1. Incentivize and Support our Faculty.

2. Invest in Research Infrastructure
    - Enhance scope, capacity and efficiency of neuroimaging research facilities.
    - Develop core clinical electrophysiologic research facilities.
    - Improve research organization, operations, and collaboration.

3. Improve Research Culture to Facilitate Greater Collective Impact.

4. Enhance Collaborations with Institutional Partners (Columbia University, Research Foundation of Mental Hygiene, New York State Office of Mental Health, New York Presbyterian Hospital, Zuckerman Mind, Brain, Behavior Institute, Institute for Genomic Medicine, School of Engineering and Department of Biomedical Engineering, Department of Psychology).

5. Establish Scientific Capacity in Transformative Research Areas through recruitments, resources and space allocation and expansion and acquisition of equipment and facilities.
    - Mechanisms of disease to drive experimental therapeutics (drug discovery, early pre-clinical and clinical development through phase II proof of concept).
    - Precision psychiatry, in collaboration with Columbia Psychiatry/NYSPI and the Columbia Institute for Genomic Medicine.
    - Cognitive and Affective Neuroscience.
    - Technology to advance the treatment of mental illness:
        - In partnership with Columbia Translational Neuroscience Initiative and BME neuromodulation initiative.

    - Developing and testing new mobile device technologies for service delivery.
  - Big Data/Bioinformatics/Computational Psychiatry, in collaboration with the Department of Biomedical Informatics.

6. Secondary Priorities for Investment and Development
   - Aging/Geriatrics
   - Mood Disorders
   - Sleep
   - LGBT Studies Including the Developmental Biology of Sexual Orientation and Identity

7. Aspirational Areas for Investment and Development:
   - Mental Health Policy Research
   - Communications Strategy to Raise Public Awareness and Reduce Stigma

Clinical

Columbia Psychiatry

1. Develop and Expand Clinical Enterprise
   - Develop a strategic development and marketing plan for state of the art and financially viable clinical services.
   - Grow current programs and increase commercial payer business.
   - Open new clinical sites and explore new business lines/programs.
   - Implement metrics to monitor clinical volume, gross and net revenues, and clinical personnel quality and productivity.
   - Expand services in substance abuse, pediatric, geriatric, and LGBT populations.
   - Explore feasibility of sleep disorders service.

2. Quality Improvement Assessment
   - Create and implement a faculty performance assessment.
   - Create incident reports/reviews and safety plans for FPO sites.
   - Perform a gap analysis and target dissemination of evidence-based treatments.
   - Improve patient experience and measurement of clinical outcomes.
   - Implement metrics for process and patient satisfaction.

NewYork-Presbyterian Hospital

1. Service Expansion: Increase capacity and array of services as compatible with NYP policy and strategy, including:
   - Expand outpatient clinic capacity to support Comprehensive Psychiatric Emergency Program (CPEP) and inpatient discharges.

- Expand mobile crisis capability to provide emergency care in the community and divert patients from the CPEP.
- Expand C-L services and diversify staffing with non-physician mental health professionals.
- Explore innovative opportunities for comprehensive service expansion in conjunction with Weill-Cornell Psychiatry.
- Expand capacity for collaborative care services in primary care and medical/surgical specialty services.

2. Enhance Quality Improvement and Assessment.

3. Career Development and Pathways Guidance for Clinicians.

New York State Psychiatric Institute/Washington Heights Community Service

1. Review the uses, operation, oversight, and space allocation of the NYSPI research inpatient units and outpatient clinics.

2. Pursue innovation of WHCS to increase the array of community based services and update and adapt existing outpatient clinics.

3. Enhance integration of Clinical Services with Research and Education Programs.

Education and Training

1. Achieve greater integration and alignment of training programs with research and clinical missions.

2. Consolidate administrative oversight, management, and data collection of training programs under the VC for Education and Training.

3. Promote diversity in trainees and as a pipeline for future faculty.

4. Develop plan and raise funds to offer financial subsidy to trainees that would augment and standardize trainee compensation and facilitate loan repayment.

5. Explore new revenue streams through educational activities.

6. Develop and expand the Alumni Association.

Academic Affairs and Faculty Development

1. Implement mentoring policy as per the Dean's Office and adapted to Columbia Psychiatry.

2. Work with VCs of Education, Clinical Services, Research to define career paths for trainees and junior faculty.

3. Ensure protected time and mentorship for scholarly activity among clinical faculty and support faculty well-being.

4. Work with department leadership to develop and clarify institutional appointments and career paths that are compatible with the policies of our affiliate institutions (CU, NYS-OMH, RFMH).

Administration and Finance

1. Operations
    - Consolidate IT into single unit under unified leadership.
    - Establish pre and post award units for management of sponsored research.
    - Develop a plan for improved and more efficient organization and management of data collection and storage as well as communications information systems.
    - Develop an ongoing evaluation of policy for faculty and staff compensation, including FPO revenue sharing and assessments.
    - Continue to develop and refine policies and metrics for resource allocation and charges (e.g. space, state lines, gift and endowment funds).
    - Establish a plan for mentoring and training administrative staff.

2. Provide oversight and support for the implementation of the Strategic Plan.

XI. Implementation Plan

A schedule and operational approach for implementation of the Strategic Plan is being developed based on considerations of the importance, urgency, and resource requirements for each recommendation. The implementation sequence and process will be determined by myself and the VCs. Rosellen Taraborrelli and Harold Pincus will oversee the implementation process, and Susan Palma will serve as Strategic Plan Implementation Coordinator. Faculty, staff, and trainees will be apprised of the implementation schedule iteratively as each phase is finalized. Feedback on the plan and its implementation is welcome and should be communicated through the appropriate Area, Service, or Unit Director to the relevant Vice Chair with copy to Susan Palma. While the Strategic Plan is now complete, it is not immutable and can be modified pending important developments and compelling reasons as they arise.

XII. Concluding Comment

I want to express my deep appreciation and admiration of our faculty and staff for their dedication, hard work and time spent to develop this plan and document, and the teamwork, commitment and pride of Columbia Psychiatry that it reflects. It is my fervent hope that this plan will guide and enable us to do even greater things, than have already been achieved over the century long history of our great department, to advance our knowledge and ability to relieve the burden of mental illness and addiction on humankind.

Jeffrey Lieberman, M.D.

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Director, New York State Psychiatric Institute
Psychiatrist-in-Chief, New York Presbyterian Hospital-Columbia University Irving Medical Center