

# Implementing a Community- Based Initiative for Early Treatment of Psychosis: From RAISE Connection to OnTrackNY

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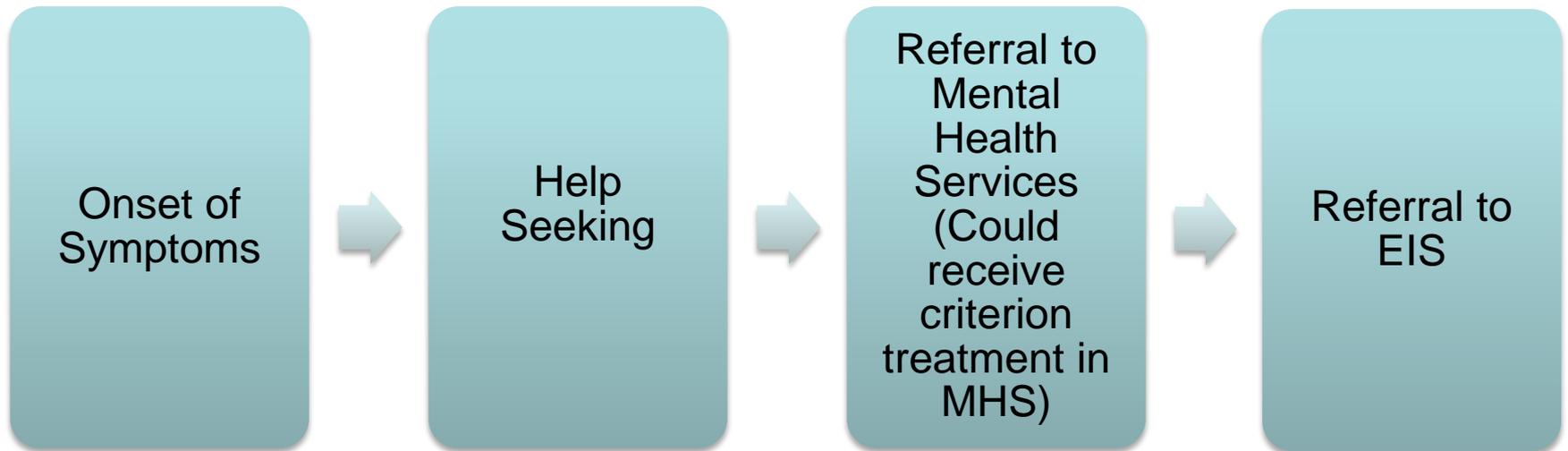
# Setting the Stage: Background and Context for OnTrackNY



# The Big Picture: Rationale

- Under-treatment of mental disorders in youth
- Under-treatment or non-treatment of psychotic illness operationalized as “duration of untreated psychosis (DUP)”
  - onset of psychosis to delivery of criterion treatment (antipsychotic medications)
- Shorter DUP or more rapid “pathway to care” associated with better short term outcomes
- Specialized early intervention services\* (EIS) superior to usual care for individuals with “first episode psychosis (FEP)” while care is being delivered
- Goal is to reduce DUP and provide EIS to promote long term recovery and reduce disability

# Roadmap for Pathway to Care



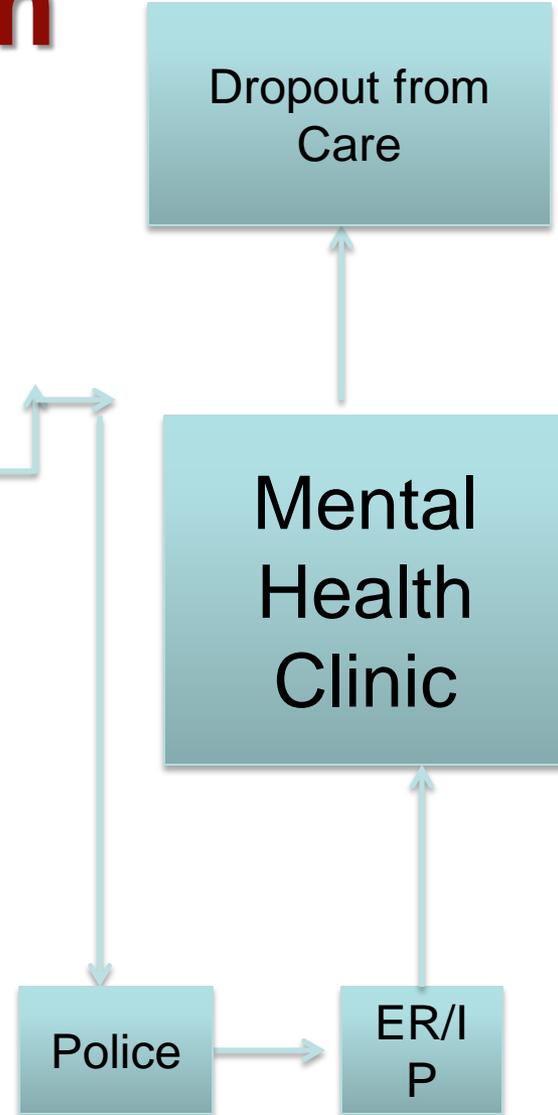
# Current System



Help seeking

Stigma  
Lack of Knowledge  
Distrust  
Poor Insight  
Insidious Onset

Referral from GP  
Lack of Access  
Unaffordability  
and Inefficiency of  
health care



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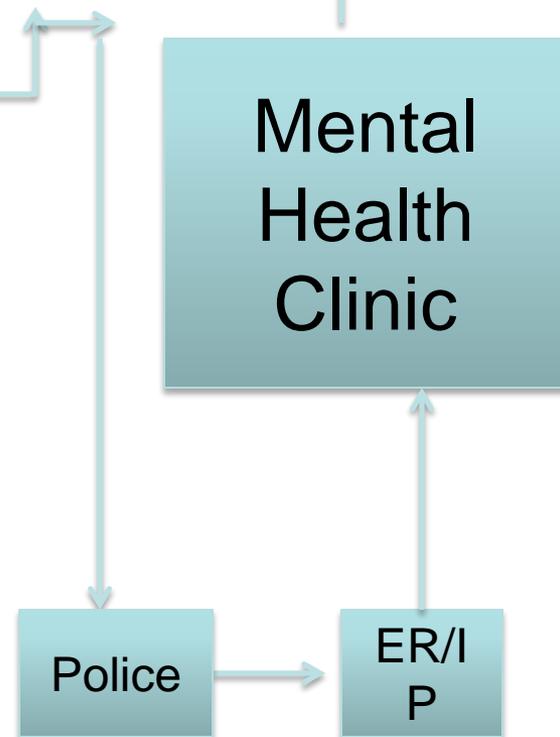
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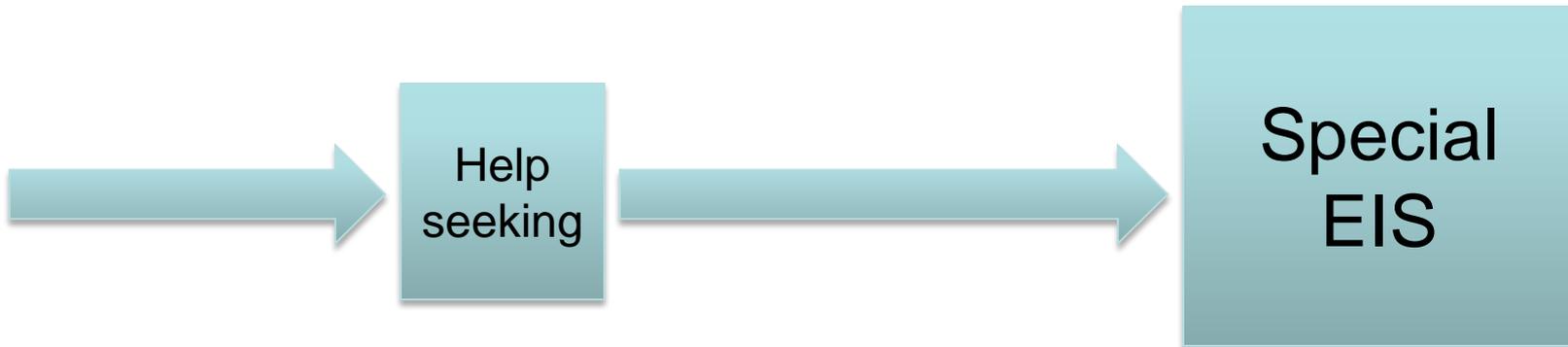
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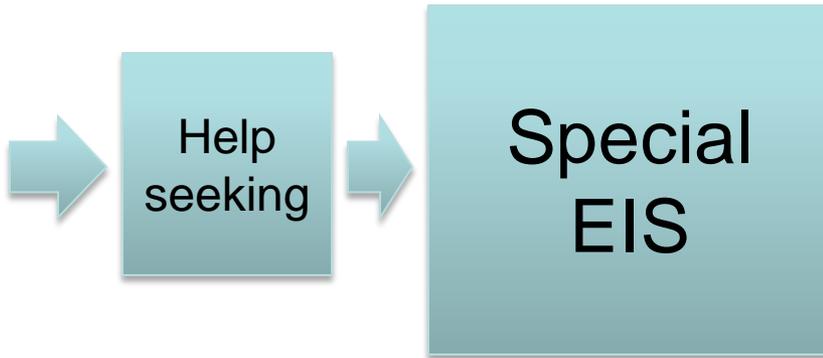


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# Vision



# Vision



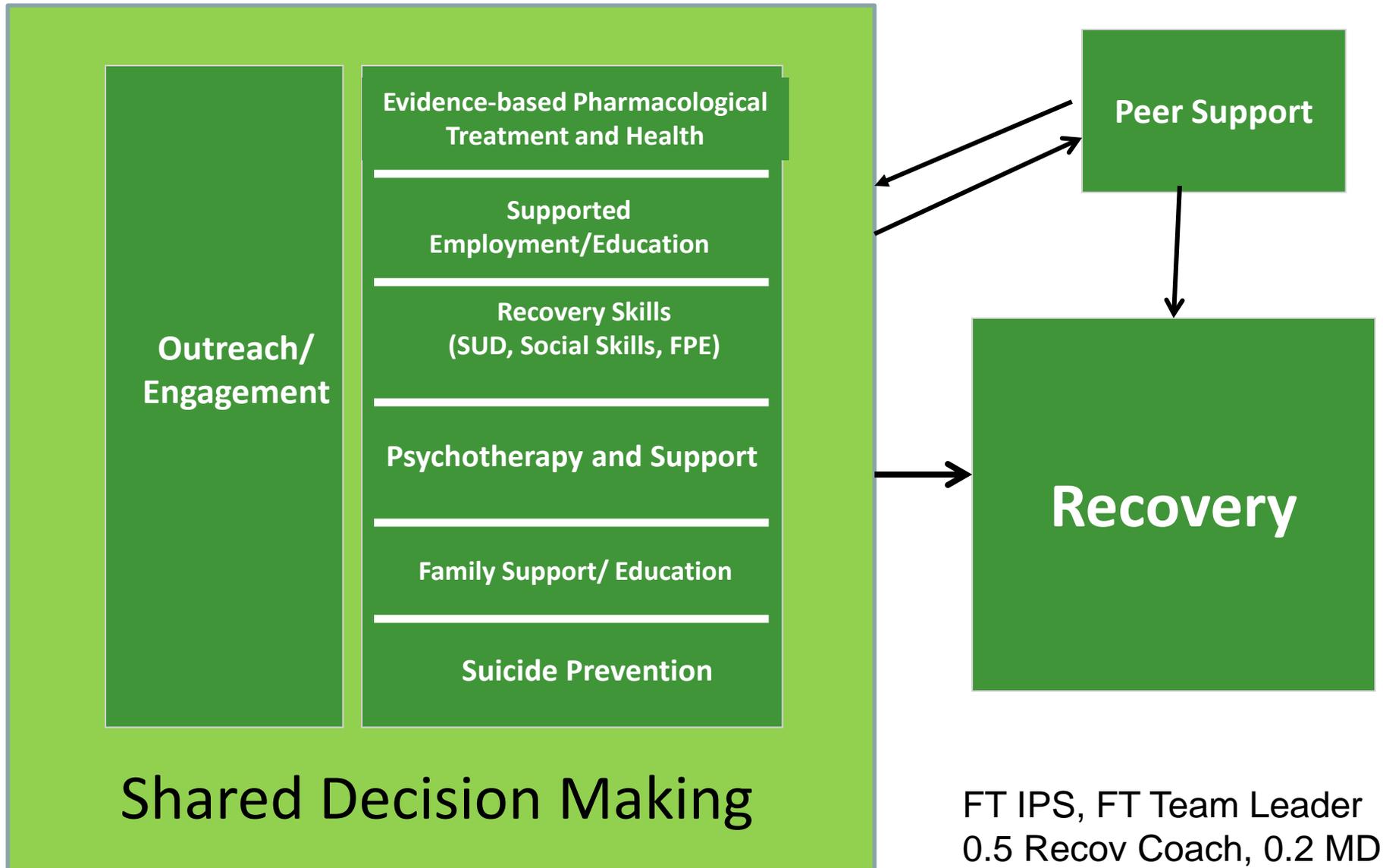


# RA1SE

A Research Project of the NIMH

## Connection Program

# RAISE Connection Team Interventions



# Engagement Service Utilization

- Participants remained patients of the Teams for **91.0%** (SD 21.4) of the total possible time they could have been receiving services
- The median time was 100%.
- Only 6/65 participants remained patients of the Team for less than 50% of the possible time they could be engaged.



# Highlights of Outcomes: Significantly Improved

- MIRECC GAF Occupational Functioning Scores (neuropsych/negative symptoms negative predictor)
- MIRECC GAF Social Functioning Scores (greater number of family meetings and fidelity regarding recovery coach mediators)
- PANSS Total and Subscale Scores
- Participation in competitive work or degree granting school program(40% to 80%)
- Rates of remission (25% to 75-80%)
- CGI scores (Moderately Ill to Borderline Mentally Ill)



# OnTrack NY

*My health. My choices. My future.*

OnTrackNY is an innovative treatment program for adolescents and young adults who recently have had unusual thoughts and behaviors or who have started hearing or seeing things that others don't. OnTrackNY helps people achieve their goals for school, work, and relationships.



# Governing Principles

**Disability:** Limiting disability is the central focus; disability influenced by treatment and environment

**Recovery:** Core value of empowerment and a personal journey in which the individual acquires the skills and personalized supports necessary to optimize recovery

**Shared decision-making:** Shared decision-making facilitates recovery and provides a framework within which the preferences of consumers can be integrated with provider recommendations for available treatments



# OnTrackNY: Overview

- Multi-disciplinary team-based model
- Multi-element (e.g. psychiatric care and medications, care coordination, supported education/employment, skills training and substance abuse treatment, family psycho-education and support, suicide prevention)
- Poised to add peer support to program
- Individualized and developmentally flexible (teams serve youth and young adults age 16-30)
- Ideally located in non-stigmatizing space
- Culturally competent
- 3.5 FTE
- Capable of outreach, but largely office based

# Start Small and Build Wisely

- Four demonstration sites of full model to accrue information on feasibility, effectiveness and costs
- Provide technical assistance and training to other sites/agencies seeking to provide care for individuals experiencing early psychosis.
- Develop network of knowledge and experience



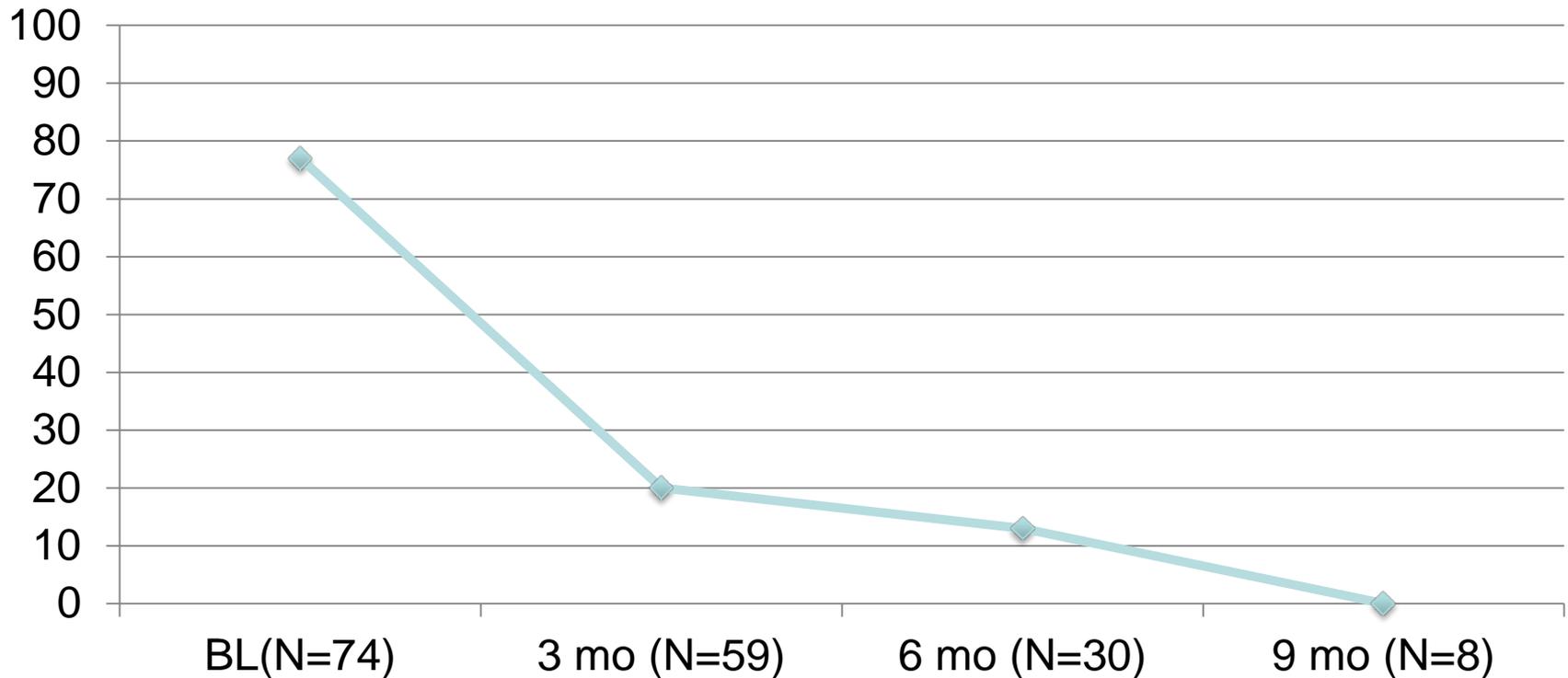
# OnTrackNY Initial Sites

- Current site enrollment (as of 7/7/14)
  - **20:** Washington Heights Community Service(NYSPI)
  - **17:** Kings County Hospital Center
  - **22:** North Shore LIJ
  - **19:** Mental Health Association of Westchester

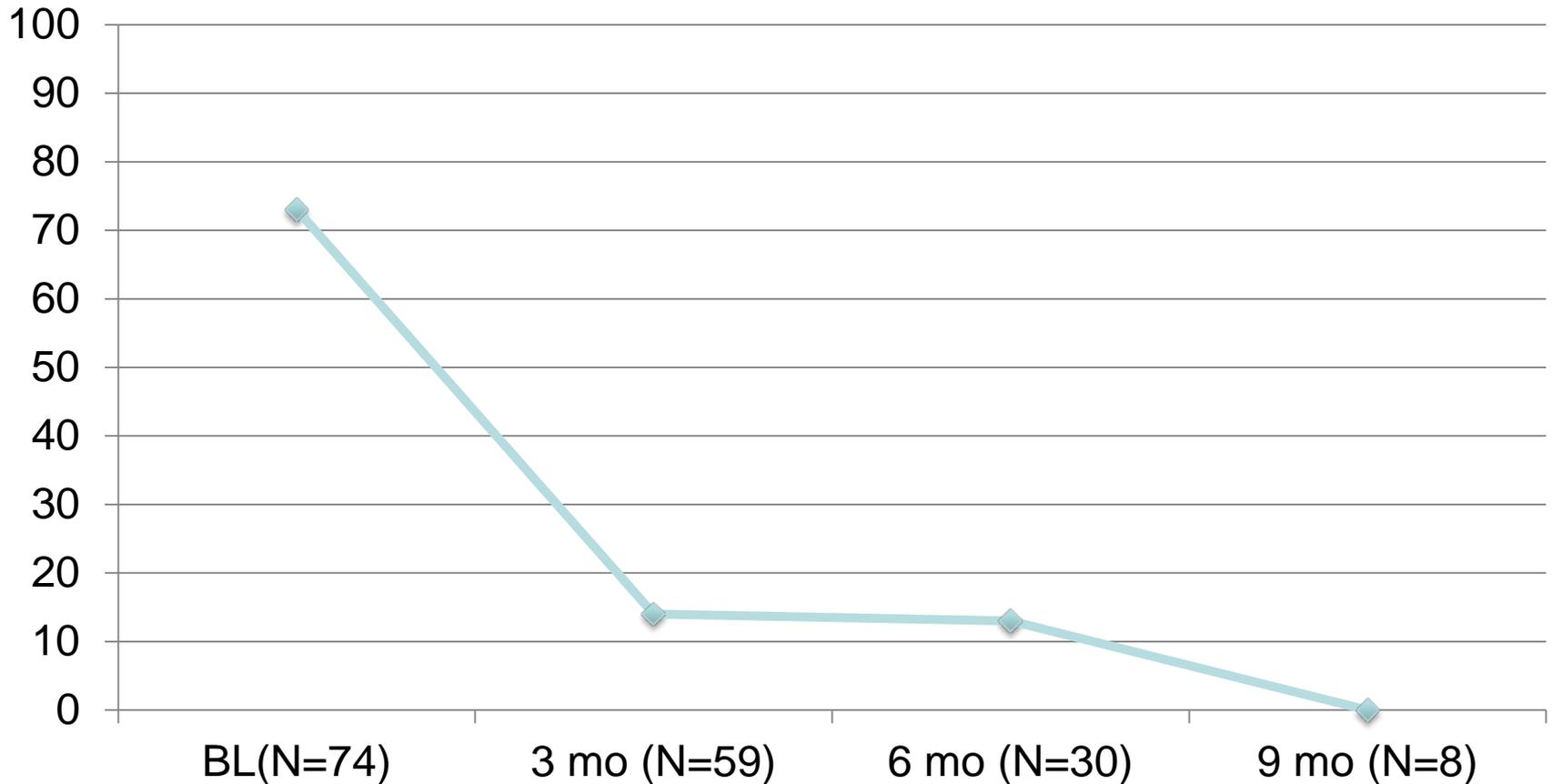
# Who is OnTrackNY Serving Today?

- 85 young adults
- Average age is 20, and 26% are under 18
- 69% Male, 31% Female
- 21% White (non-Hispanic), 39% Black (non-Hispanic), 18% Hispanic, 6% Asian, 16% Other
- Average time from onset of psychosis to OnTrackNY is *5 months*— very fast by national standards

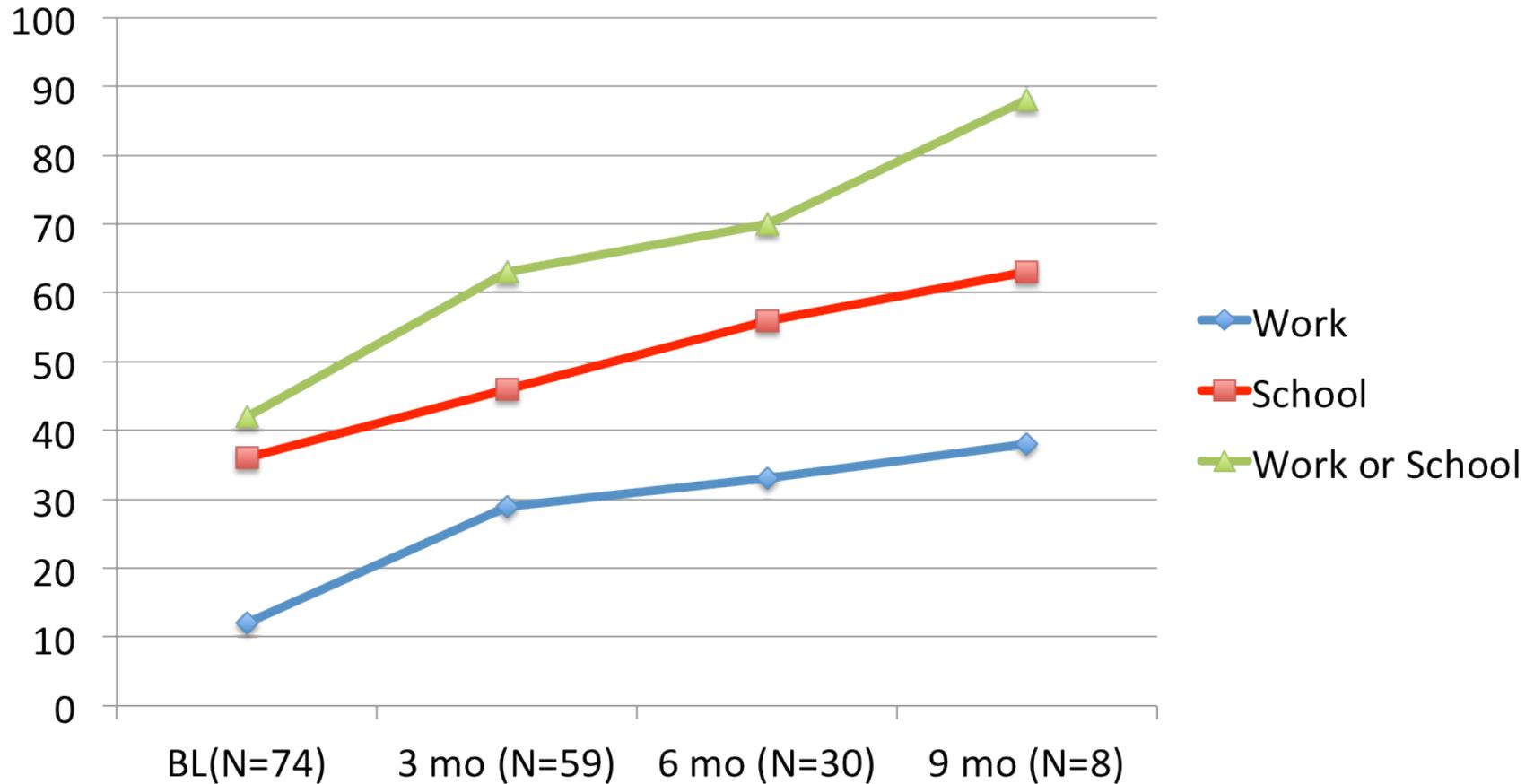
# % of Clients With 1 or More Hospitalizations in Last 3 Months



# % of Clients With 1 or More ER Visits in Last 3 Months

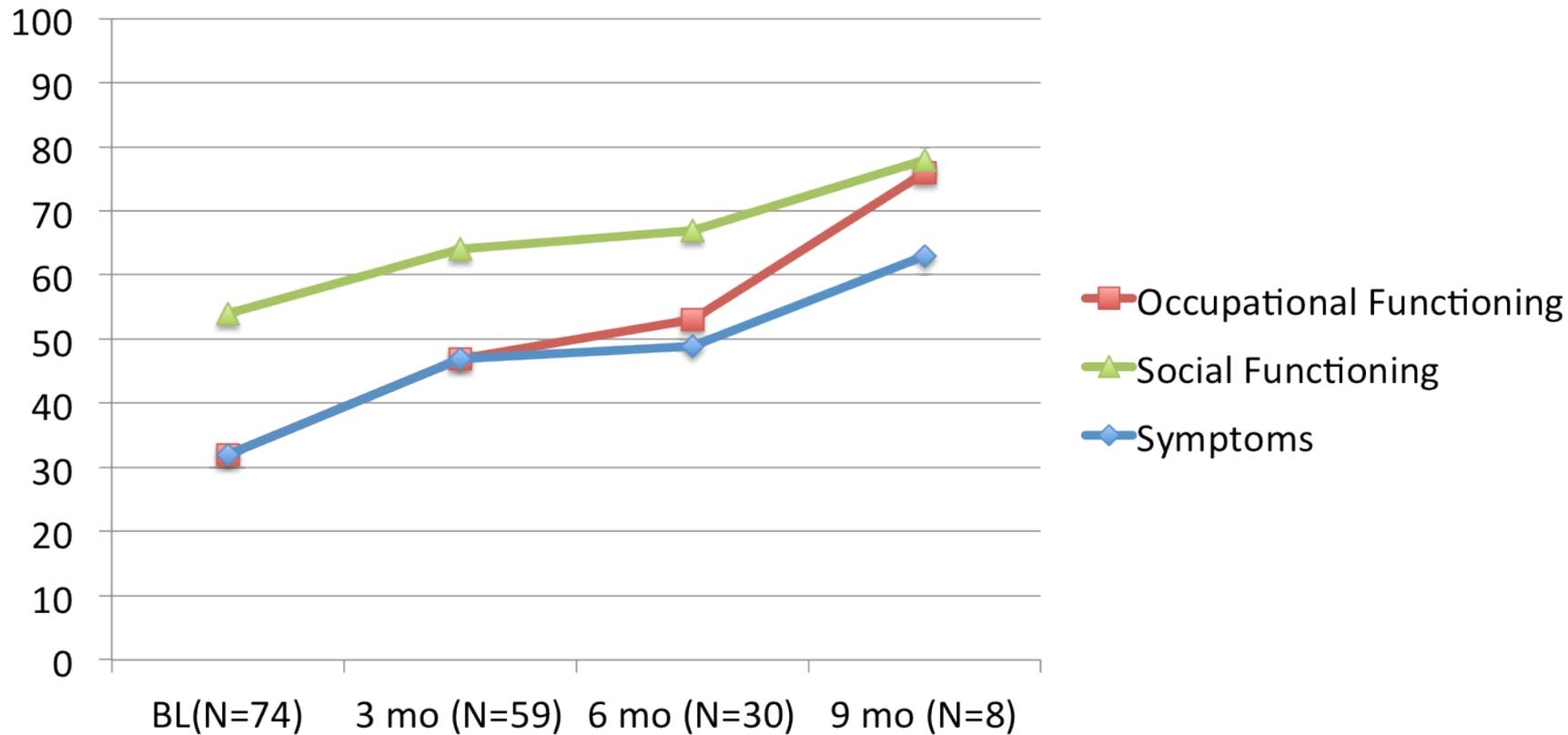


# % of Clients Participating in Work or School During Last Three Months



# Average MIRECC GAF Scores (0-100)

Best



Worst



# The National Effort: Coordinated Specialty Care

- Consolidated Appropriations Act, 2014 provides funds to the Substance Abuse and Mental Health Services Administration (SAMHSA) to support the development of early psychosis treatment programs across the United States.
- NIMH worked with SAMHSA to develop roadmap defining Evidence-based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care



# CSC Components

- Team Leadership
- Case Management
- Supported Education and Employment
- Psychotherapy
- Family Education and Support
- Pharmacotherapy
- Primary Care Coordination

<http://www.nimh.nih.gov/health/topics/schizophrenia/raise/coordinated-specialty-care-for-first-episode-psychosis-resources.shtml>



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# OnTrackNY Next Steps

- Planned Statewide Expansion
  - Block grant funding
  - Funding of up to 10 teams anticipated
  - Recent SAMHSA Healthy Transitions Award (5 years x \$1million per year) will expand sites and opportunity for outreach)



# Training Plan

# Focus of Training

- **Team functioning** (including administrative procedures and activities such as screening/evaluation, intake and tx planning)
- **Role functioning** (i.e., team leader, outreach/recruitment coordinator, primary clinician, recovery coach, psychiatrist, nurse, and supported employment/education staff).
- **Clinical Topics:** (e.g. family work, shared decision making, safety planning)

# OnTrackNY Training Plan

Training event	Description	Attendees
2-day kickoff training	In-person or by webinar training focused on knowledge and skills necessary for successful team functioning and knowledge/skills required for each role.	Full team
Use of LMS	Online resources containing modules, videos, tools and important readings	Full team
Ongoing consultation by role	Monthly calls by role to continue training and share challenges and strategies	Trainees in each role across sites, consultants, OnTrackNY training staff,
Care review	Monthly call where care review of client presented for feedback	Full team, consultants, OnTrackNY training staff,



# OnTrackNY Training Plan

Training event	Description	Attendees
Core topic webinars	Continued distance training on topics such as shared decision making, family work, safety planning, substance abuse treatment	Full team
2-day skills building meetings	In-person or online meetings follow up meetings 6 months after kickoff to develop skills in OnTrackNY interventions	Full team
Administrative Consultation	Calls with site leadership about implementation	TL, site Admin staff, OnTrackNY trainers

# Team Roles (3.5 FTE)

1. Team Leader (1.0 FTE)
2. Psychiatrist (prescriber) (0.3 FTE)
3. Nurse (0.2 FTE)
4. Recovery Coach (0.5 FTE)
5. Individual Placement and Support (IPS) Specialist (1.0 FTE)
6. Outreach and Recruitment Coordinator (0.5 FTE)

\*An individual can perform more than one of these roles. For example, the Team Leader, Recovery Coach, and Outreach and Recruitment Coordinator often also act as Primary Clinicians.



# Major Focus Areas

- Identifying Appropriate Medication and Medical Care
- Supported Education and Employment
- Family Support and Intervention
- Illness Self-Management and Recovery
- Social Skills Training, Substance Use/Abuse Treatment, Coping Skills Training, Behavioral Activation
- Housing and Income
- Trauma-Informed Care
- Safety Planning and Suicide Prevention



# Summary

- The time is right for early intervention for psychosis
- RAISE Connection led to OnTrackNY which was also enhanced by including elements of RAISE Early Treatment Program
- Favorable outcomes have contributed to momentum for Federal support and increased block grant funding
- Expansion of services is now possible!

# Thank You