

Building OnTrackNY: Learning As We Go

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- OnTrackNY Central Staff
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- Epidemiology Department, Mailman School of Public Health

Disclosures

- None

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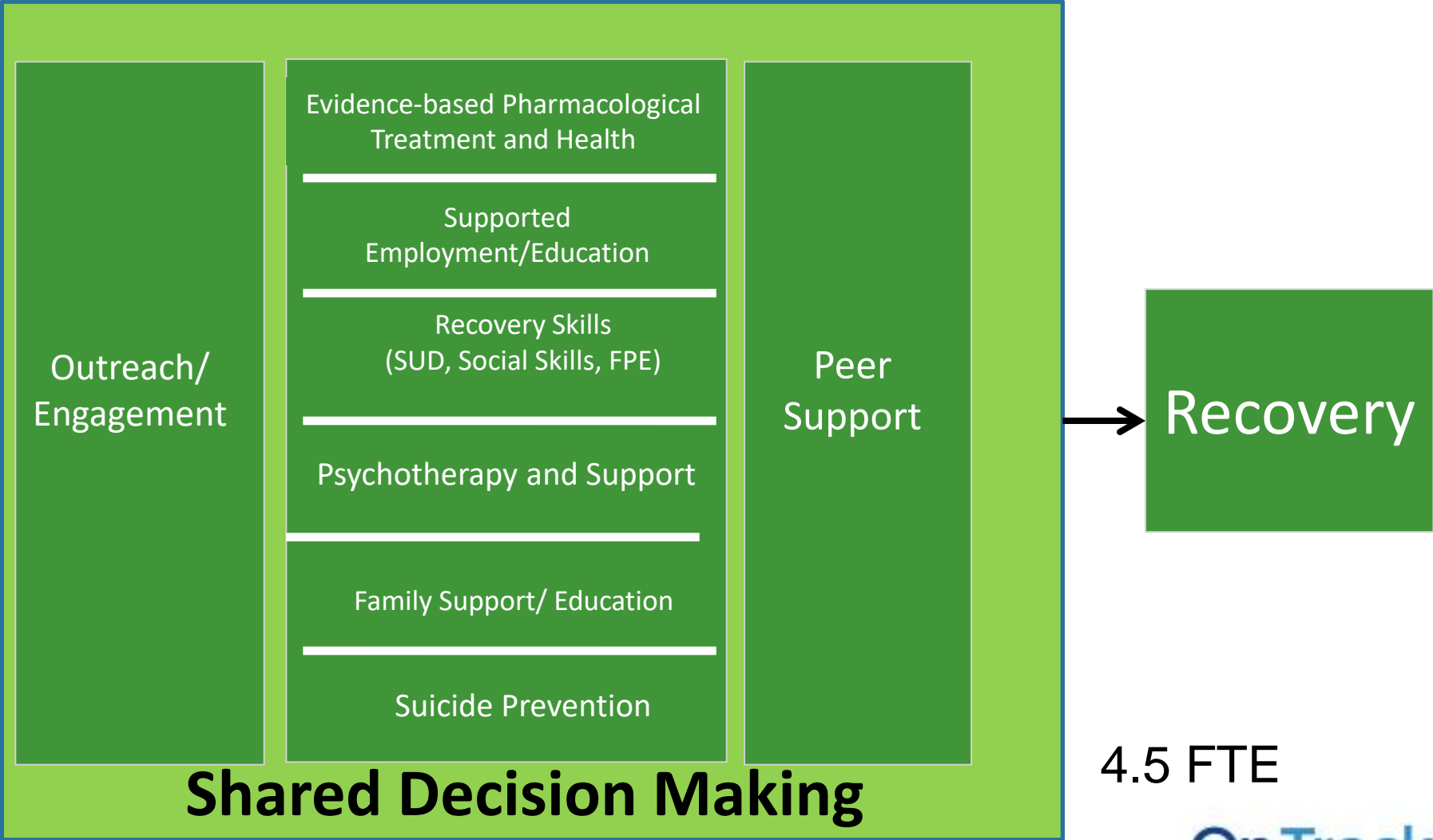
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OnTrackNY is a mental health treatment program that empowers young people to make meaning of their experiences and to pursue their goals for school, work, and relationships. We support the well-being of young people across New York State who are impacted by unexpected changes in their thinking and perceptions. Equity, inclusion, rapid access, and self-determination are at the core of everything we do.

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OTNY Model (Revised)



Who are the Individuals We Work With ?

Sarah was going to be a junior in college in Massachusetts in the fall of 2018. She was majoring in finance and accounting and worked part-time while attending school full-time. In August 2018, a few weeks before school was going to begin, Sarah went out with some friends and smoked a lot of marijuana. While driving in the car she became fearful that her male friends were trying to kidnap her and she was brought to the hospital immediately.

Roxanna is a 23-year-old woman who had been attending college and working part-time as a retail sales clerk. She was hoping to become a physical therapist eventually, and she was proud that the money she earned from her job kept her from depending on her family for financial support.

Eligibility Criteria

- **Age:** 16-30
- **Diagnosis:** Primary psychotic disorders. *Diagnoses include: Schizophrenia, Schizoaffective disorder, Schizophreniform disorder, Other specified schizophrenia spectrum and other psychotic disorder, Unspecified schizophrenia spectrum and other psychotic disorder, or Delusional disorder.*
- **Duration of illness:** Onset of psychosis must be ≥ 1 week and ≤ 2 years
- **New York State Resident** (applicable to only OTNY sites)
- OnTrackNY teams provide services to all referred individuals meeting clinical admission criteria, without wait lists and regardless of their insurance status or ability to pay

Eligibility Criteria: Exclusionary Factors

- Intellectual Disability (IQ < 70) or Autism Spectrum Disorder (ASD)
- Primary diagnosis of **substance-induced psychosis, psychotic mood disorder**, or psychosis secondary to a **general medical condition**
- Serious or chronic medical illness significantly impairing functioning independent of psychosis
- Mild to moderate co-occurring substance use disorders (SUD) do not exclude eligibility for FEP services.
- However, individuals with severe SUDs may not meet eligibility criteria because psychosis is difficult to effectively treatment in the context of severe substance use.
- *For the same reasons, individuals with other co-occurring severe psychiatric disorders (e.g., eating disorders) who require specialized treatment beyond the coordinated specialty care treatment model may not be eligible for services.*

Guiding Principles and Clinical Concepts

- Recovery
- Person-Centeredness
- Shared decision making
 - Dignity of risk and duty to care
- Anti-Racism and Anti-Oppression Frameworks
 - Cultural Humility, Structural Competence

SAMHSA Definition of Recovery from Mental Disorders and/or Substance Use Disorders:

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

(SAMHSA, 2011)

Framing Recovery for Young People

- Contextualize FEP within age-appropriate questioning about role in life
- Walk with the participant
 - Help participant formulate understanding of “what the problem is” and “how I can be a part of the solution.”
 - Adopt participant’s metaphor of illness to explore goals
- Reduce stigma and emphasize resilience and an active individual recovery journey
- Provide same recovery messages to participant’s support network

Shared Decision-Making (SDM)

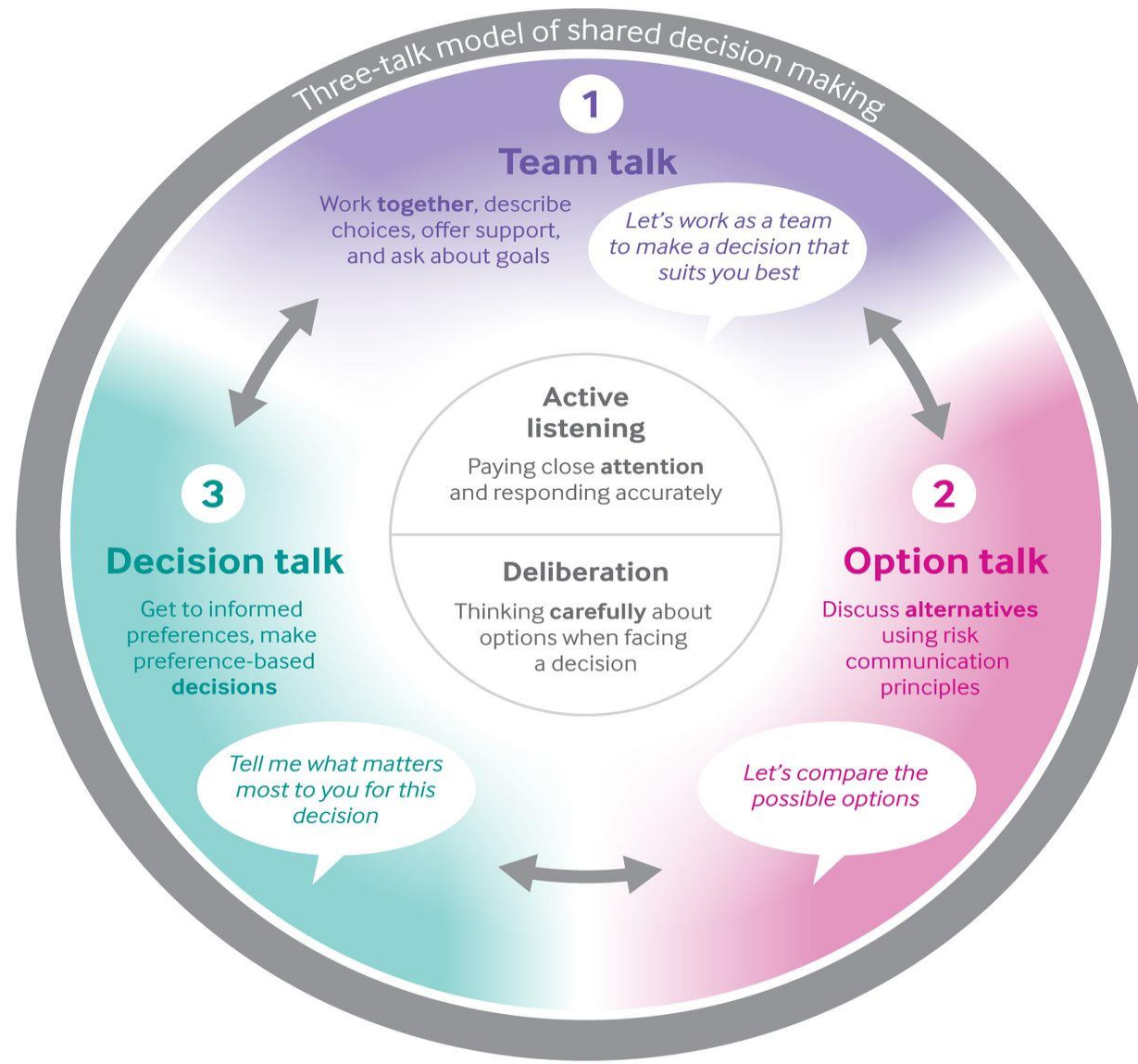
“The process of interacting with patients who wish to be involved in arriving at informed, values-based choices when two or more medically reasonable treatment options have features that patients value differently.”

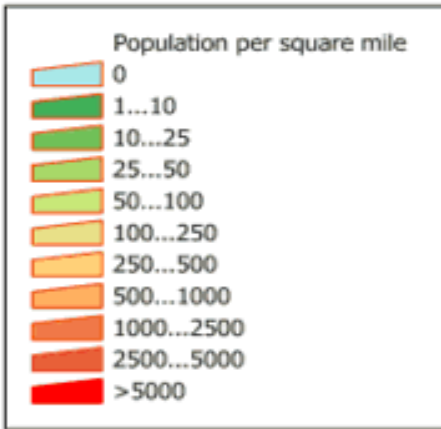
O'Connor AM et al. Health Affairs 2004; (web exclusive): 63-72.

Key Characteristics of SDM

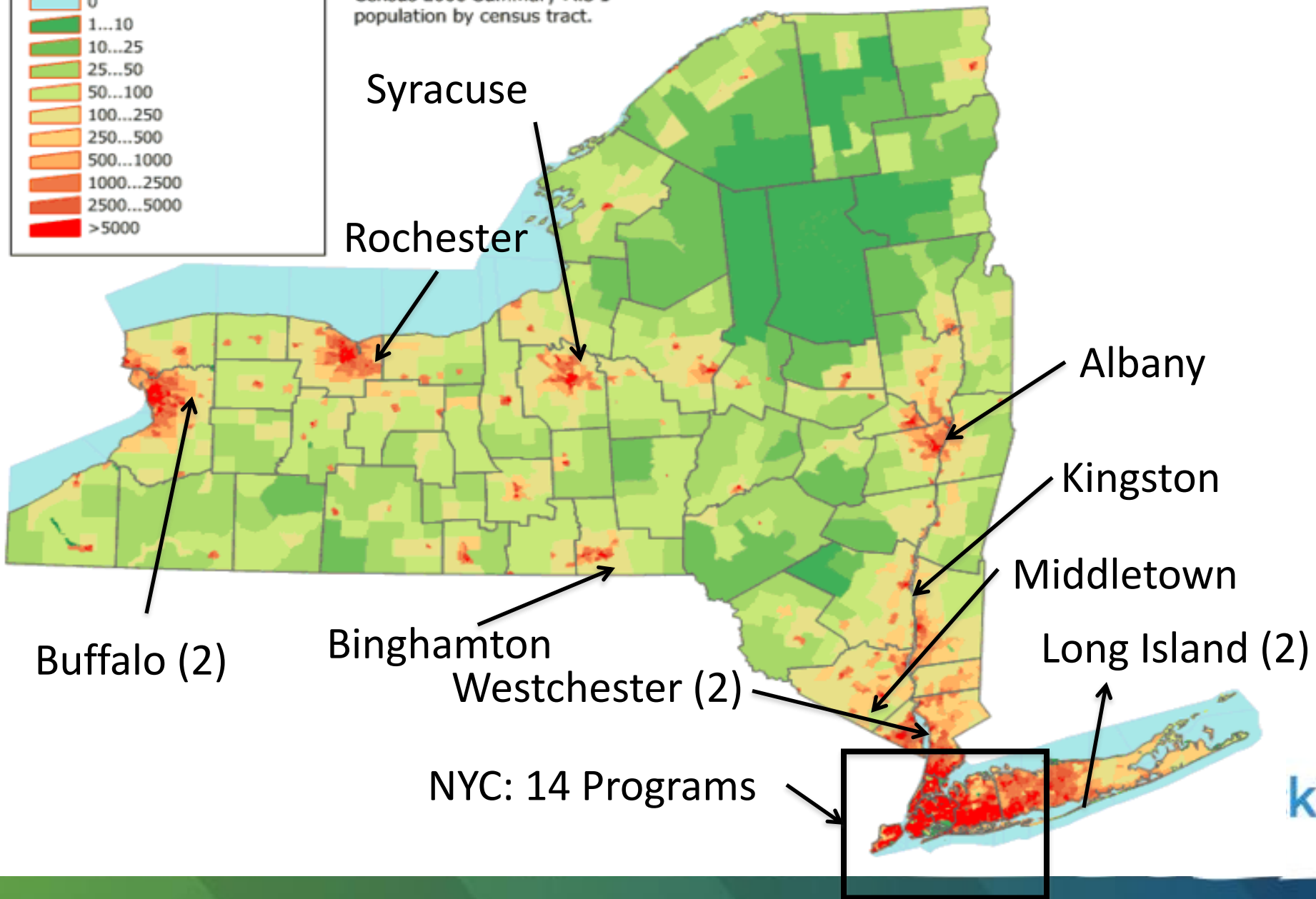
- Clear decision to be made
- Decision making preference evaluated
- Information presented in usable format
- Information provides range of evidenced-based alternatives
- Information includes strength of evidence
- Procedure to weigh options
- Decision that is at least clear, if not agreed upon by all parties

3 Talk Model of SDM





Source: U.S. Census Bureau
Census 2000 Summary File 1
population by census tract.



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Centering Stakeholder Voices

- Youth and Young Adult Leadership Council
- The Arcade
- Ambassadors and Advocates
- Family Advisory Council
- Provider Council
- Amplify

Youth and Young Adult Leadership Council

- Oversees opportunities for input, involvement, and leadership by “OnTrackers”
- Statewide representation of OnTrackNY participants and graduates
- Meets once per month virtually via Zoom
- Facilitated by OnTrackNY Youth Coordinators
- Brief online application for anyone interested

The Arcade

- Overseen and hosted by the Youth and Young Adult Leadership Council members
- Monthly virtual gathering open to all participants and graduates
- Welcoming, engaging atmosphere
- Storytelling segment
- Leadership opportunities
- Theme-based, e.g. 8 Dimensions of Wellness



Family Advisory Council

Council members **represent an important stakeholder voice** of the family members of young people who have experienced a first episode psychosis.

Family Council members **provide advice and guidance** to the OnTrackNY central office (OnTrack Central) on strategies for **maintaining a family-friendly program** and developing innovative **ideas for engaging, involving, and supporting family members** through program services.

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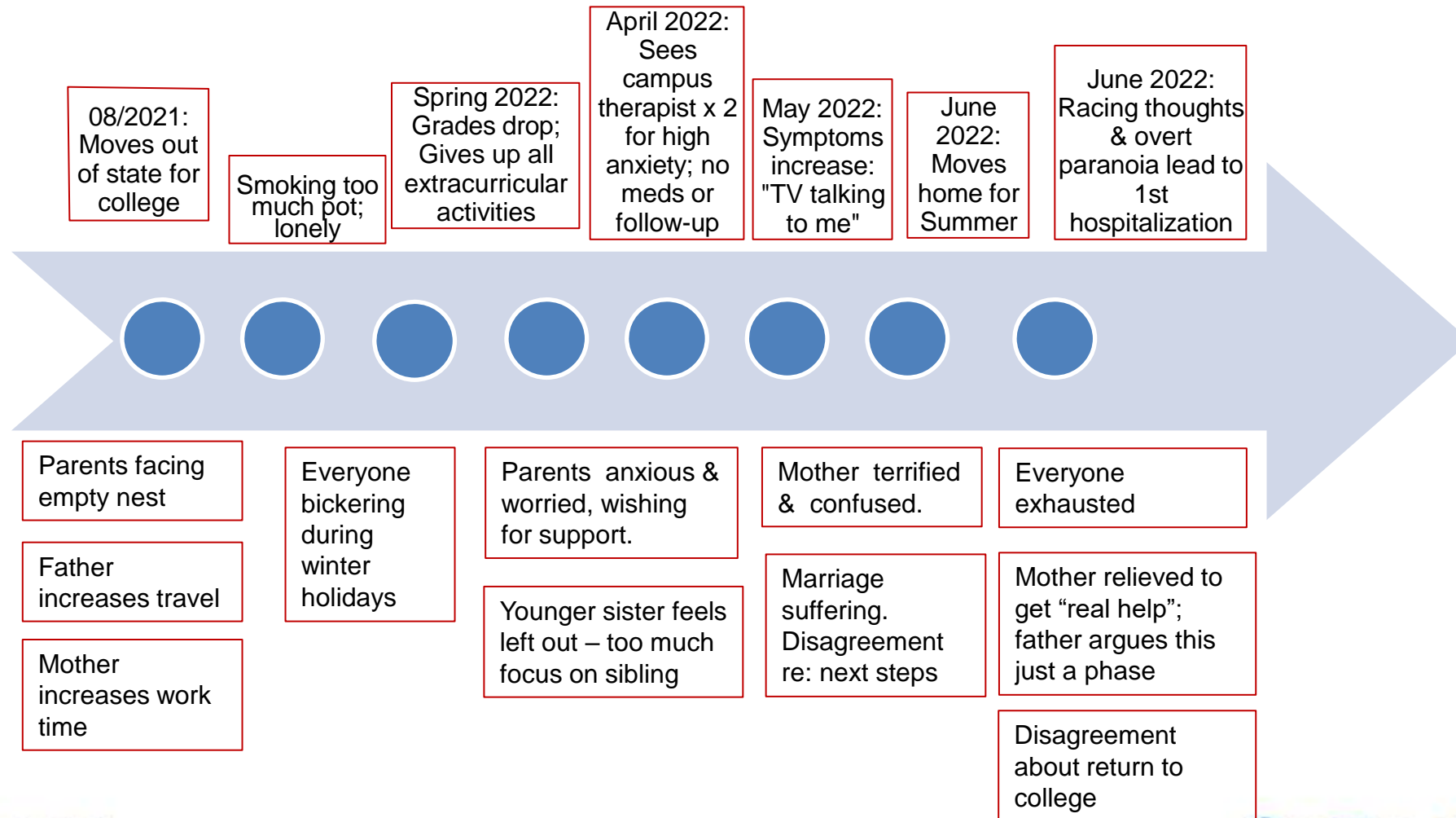
Why Consider Family?

- When a young person faces mental health challenges, the family feels it too
- Family members can have a host of different feelings that are often overlooked
- Evidence suggests that considering the family and its experiences can have positive impact on the young person's journey towards recovery

Defining Family

- OnTrackNY endorses a broad definition of family
 - Includes the immediate, extended, blended and family of choice
 - Includes siblings, parents, grandparent, significant others
 - Includes other natural support people (e.g. friends, community members)

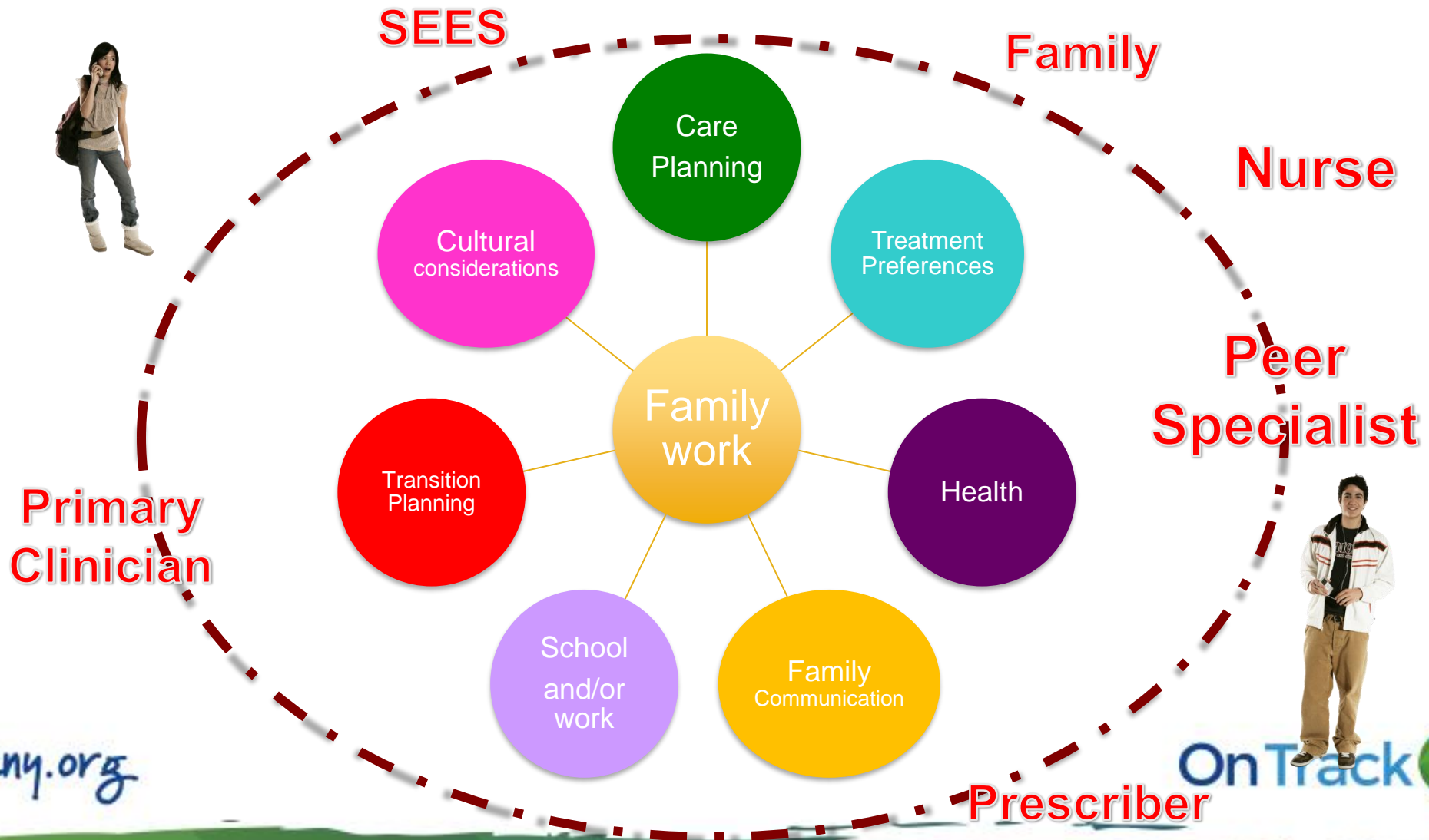
A Family's Experience



Components of Working with Families

- **The Family-Friendly Team:** Team members must understand the unique needs and challenges of families and work to minimize potential barriers to family involvement.
- **Participant and Family Engagement:** Discussions of the potential benefits of family involvement, and participants' preferences regarding family involvement, occur during the engagement process and throughout treatment.
- **Family Needs Assessment:** Discussion of family needs and subsequent services that team may provide and linkages to other resources.

Family Support Work: A Collaborative Approach



Providing Family Services for Children Under 18 Years of Age

- OnTrackNY strives to maintain this framework when the young person is under 18 with the understanding of
 - Parents/ guardian's legal responsibility and rights to know
 - Developmental needs and considerations

• Team Roles



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Team Roles (4.5 FTE)

Role	FTE
Team Leader	2.0
Outreach and Recruitment Coordinator	
Primary Clinician	
Supported Employment and Education Specialist	1.0
Psychiatric Care Provider (MD/NP)	0.3
Nurse	0.2
Peer Specialist	1.0

decide how best to allocate staff time to cover client needs.

Team Leader

- Provides or ensures administrative and clinical supervision to team members
- Facilitates weekly team meeting
- Facilitates communication among team members
- Monitors referral and evaluation process and discharge and linkage process
- Acts as liaison between team and host agency

Primary Clinician/Therapist

- Master's or doctoral level clinician who is the primary resource for the Participant and family
- Coordinates assessment of service needs
- Works with the Participant to create the treatment plan within a shared decision-making framework.
- Provides OnTrack core sessions, psycho-education, supportive therapy and coordination of care.

Introduction to PC Core Sessions

- Purpose:
 - Help PC deliver important information in a flexible & individualized manner.
 - Completing a core session may take several meetings.
 - Adapt the material to consider client's needs, interests, cognitive abilities, attention span, learning style, and other strengths
 - Core Sessions can be provided at any time, in any order (with the exception of Core Session #1, "Introduction to the Program and Team" & Core Session #10, "Transitioning from the Team")

PC Core Sessions

- Introduction to the Team
- Early Intervention and Recovery
- Shared Decision Making
- My Cultural Background, My Choices and My Recovery
- Identifying and Using My Personal Strengths and Supports
- Enhancing my Social Skills (optional)
- Understanding How Drugs and Alcohol Affects My Recovery (optional)
- Learning to Manage Difficult Feelings (optional)
- Increasing Engagement Through Behavioral Activation (optional)
- Transition from the Team: What's Next (Phase 3)

Peer Specialist

- Brings a lived & living experience (perspective of mental health related experiences) and is actively engaged in a process of self-discovery and recovery.
- Helps to build and model mutual and reciprocal connections through an explicitly non-clinical framework.
- Helps team understand voice of the Participant placing emphasis on validating alternate perspectives.
- Being a Change Agent – part of a larger peer movement working to evolve the mental health system through culture and advocacy.

Psychiatric Care Provider (MD/NP)

- Engages the Participant in shared decision making about medication and the next steps in medication treatment.
- Engages Participant around health and wellness more generally
- Engages Participant supports as appropriate

Nurse

- Supports the psychiatric care provider and works with Participant around decisions about medications.
- Engages Participant around health and wellness more generally
- Engages Participant supports as appropriate

Supported Education and Employment Specialist (SEES)

- Takes the lead in assisting the Participant with employment and education goals.
- Provides services based on the Individualized Placement and Support (IPS) Model
- Engages Participant supports as appropriate

Outreach and Recruitment Coordinator (ORC)

- Multiple team members may conduct activities, but ORC takes lead
- Master's or doctoral level clinician who coordinates outreach and recruitment activities
- Organizes and tracks presentations to publicize team activities
- Screens individuals referred to the program and evaluates Participants for eligibility

Welcome

The EPINET includes 8 Regional Hubs, 101 early psychosis clinics across 17 states, and the EPINET National Data Coordinating Center (ENDCC).

LEARN MORE



Photo is for illustrative purposes only. Any person depicted in this photo is a model.

EPINET NATIONAL DATA COORDINATING CENTER

Learn about the role of the EPINET National Data Coordinating Center (ENDCC).

REGIONAL HUBS

Learn about the Regional Hubs working with Coordinated Specialty Care clinics across the country.

EPINET CLINICS

Learn about the clinics that offer Coordinated Specialty Care and participate in EPINET.

101 CSC clinics
3,000-5,000 FEP patients
National Data Coordinating Center

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<https://nationalepinet.org>

Core Assessment Battery

Early Psychosis Intervention Network Core Assessment Battery

Baseline Assessment

Updated: July 29, 2020



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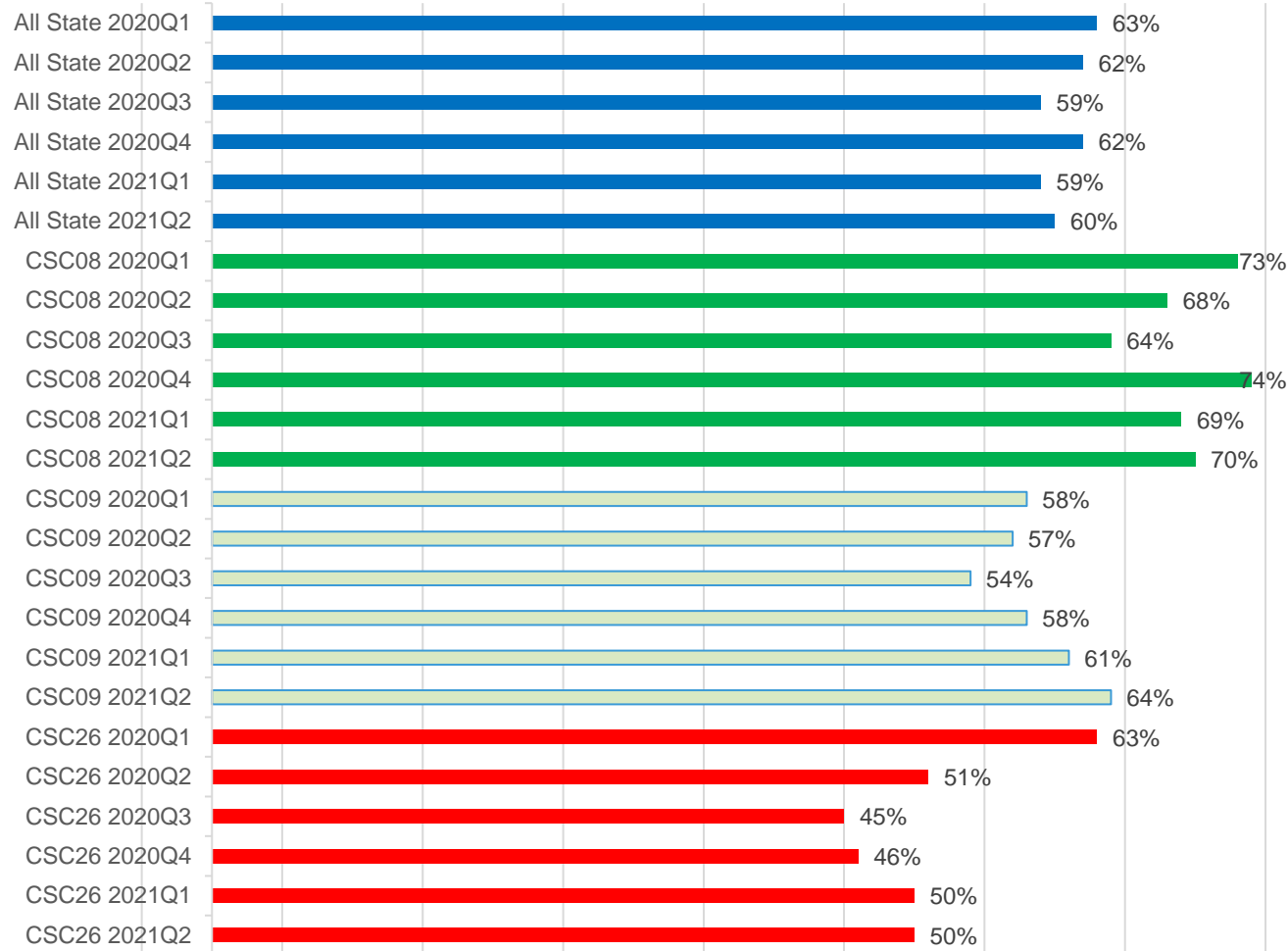
Core Assessment Battery Domains and Data Elements

Demographics and Background	Treatment Elements
Age, gender, sexual orientation	Shared decision making
Race, ethnicity, language	Family involvement
Marital status, children	Medications, side effects, and adherence
Parental education and occupation	CSC service use
Housing, health insurance, SSI/SSDI	Discharge planning and disposition
Potential Moderators of Response	Key Outcomes
Duration of Untreated Psychosis (DUP)	Quality of life, recovery
Stress, trauma, ACEs	Social and role functioning
Substance and alcohol use	School and work involvement
Legal involvement	Symptoms, suicidality, hospital/crisis services
Cognition	Physical health



Common Measures Support Learning and Quality Improvement

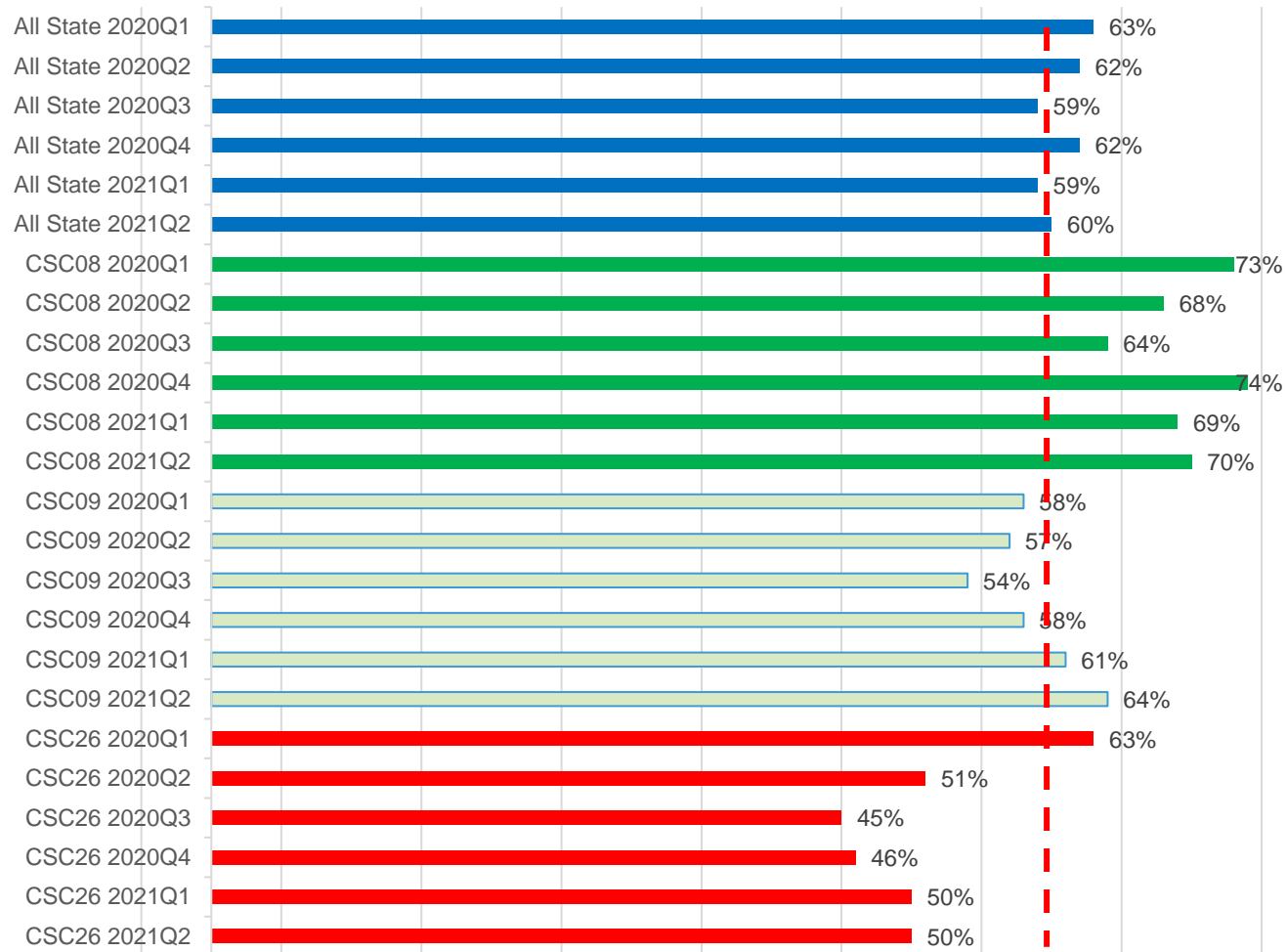
% OnTrackNY participants (N~900) enrolled in school or employed



OnTrackNY data courtesy L. Dixon, 2021

Common Measures Support Learning and Quality Improvement

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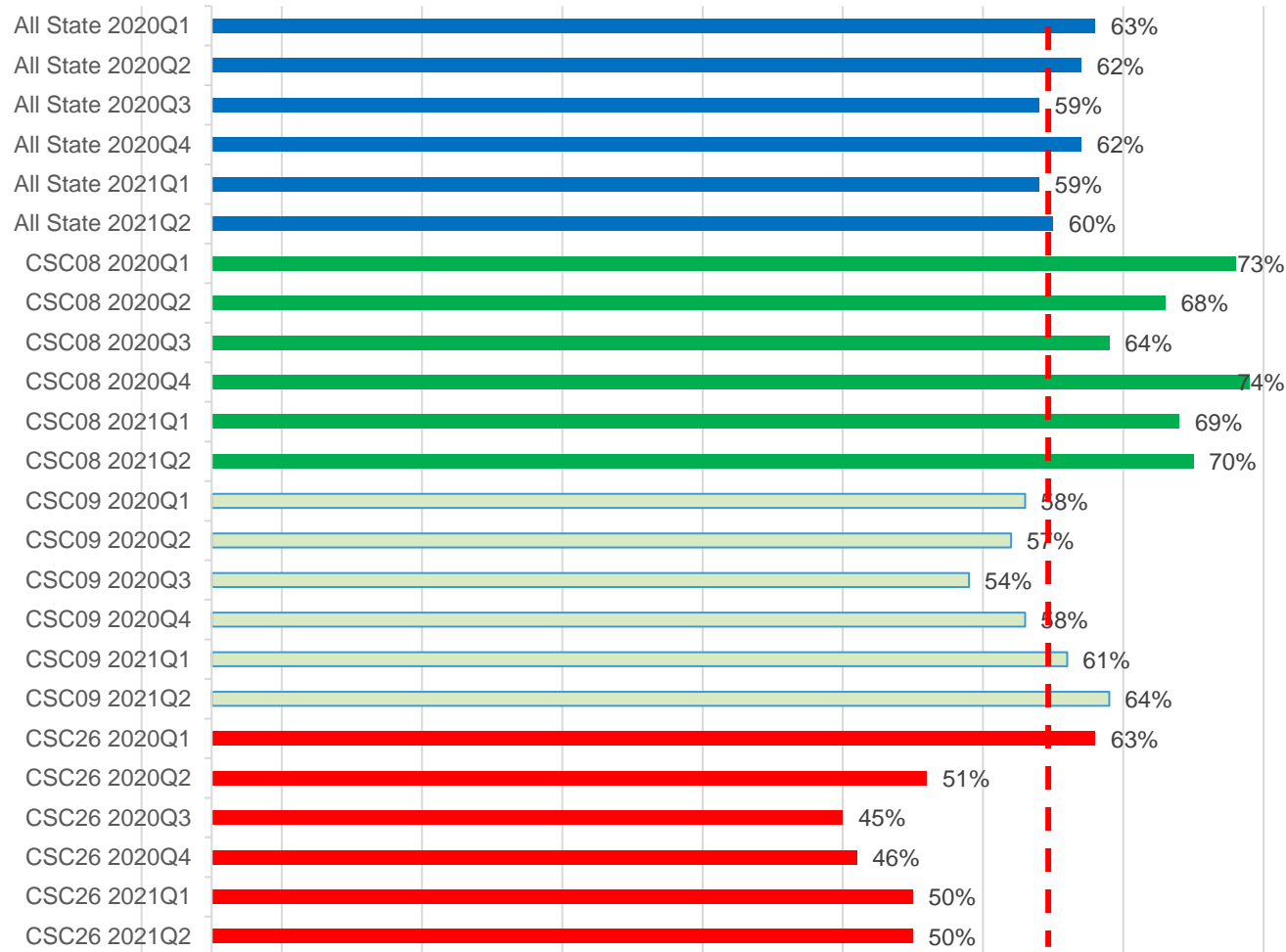


OnTrack Central sets state-wide benchmarks for high-quality care

OnTrackNY data courtesy L. Dixon, 2021

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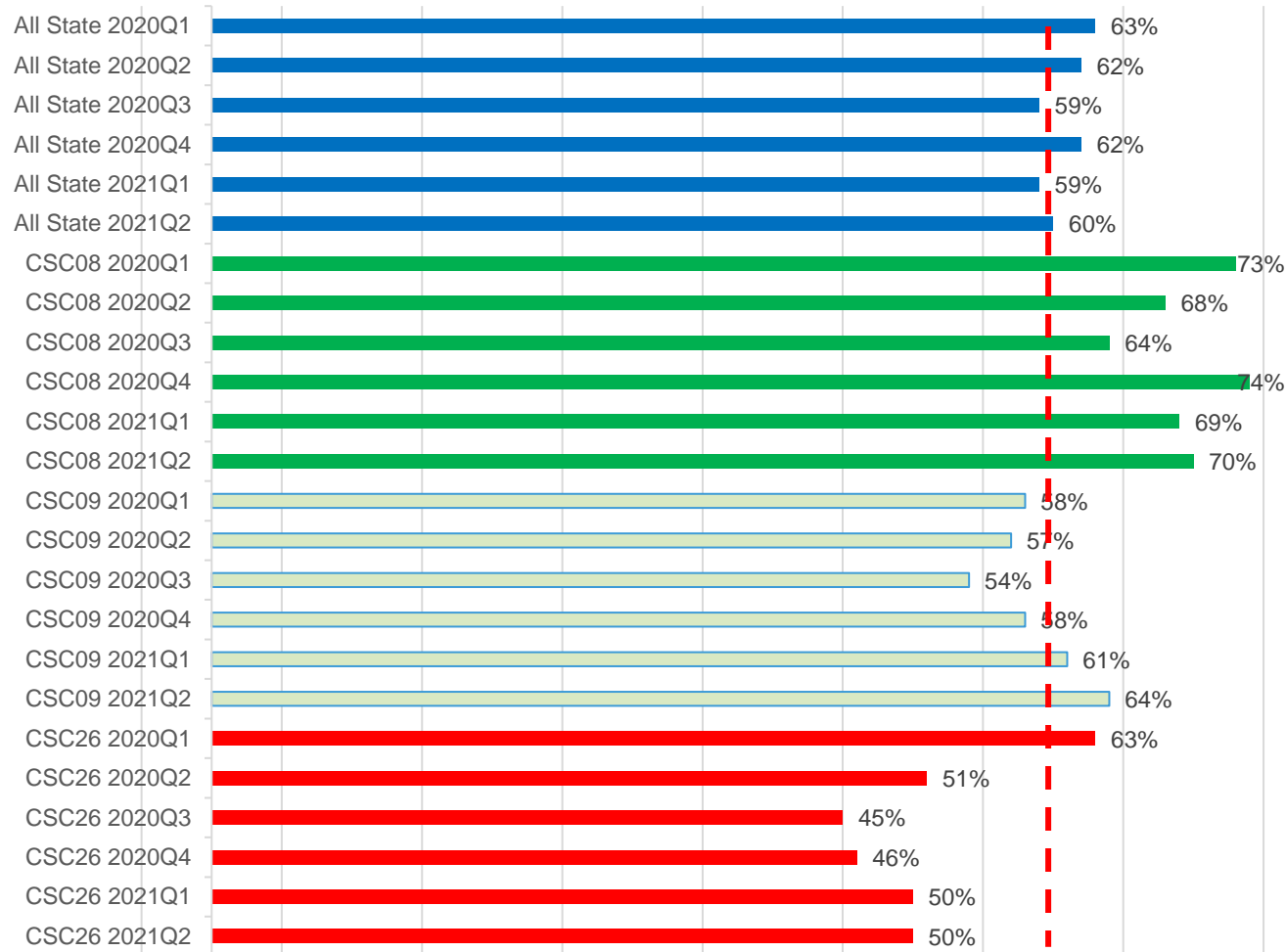
OnTrack Central sets state-wide benchmarks for high-quality care

Learning health care identifies and disseminates CSC best practices

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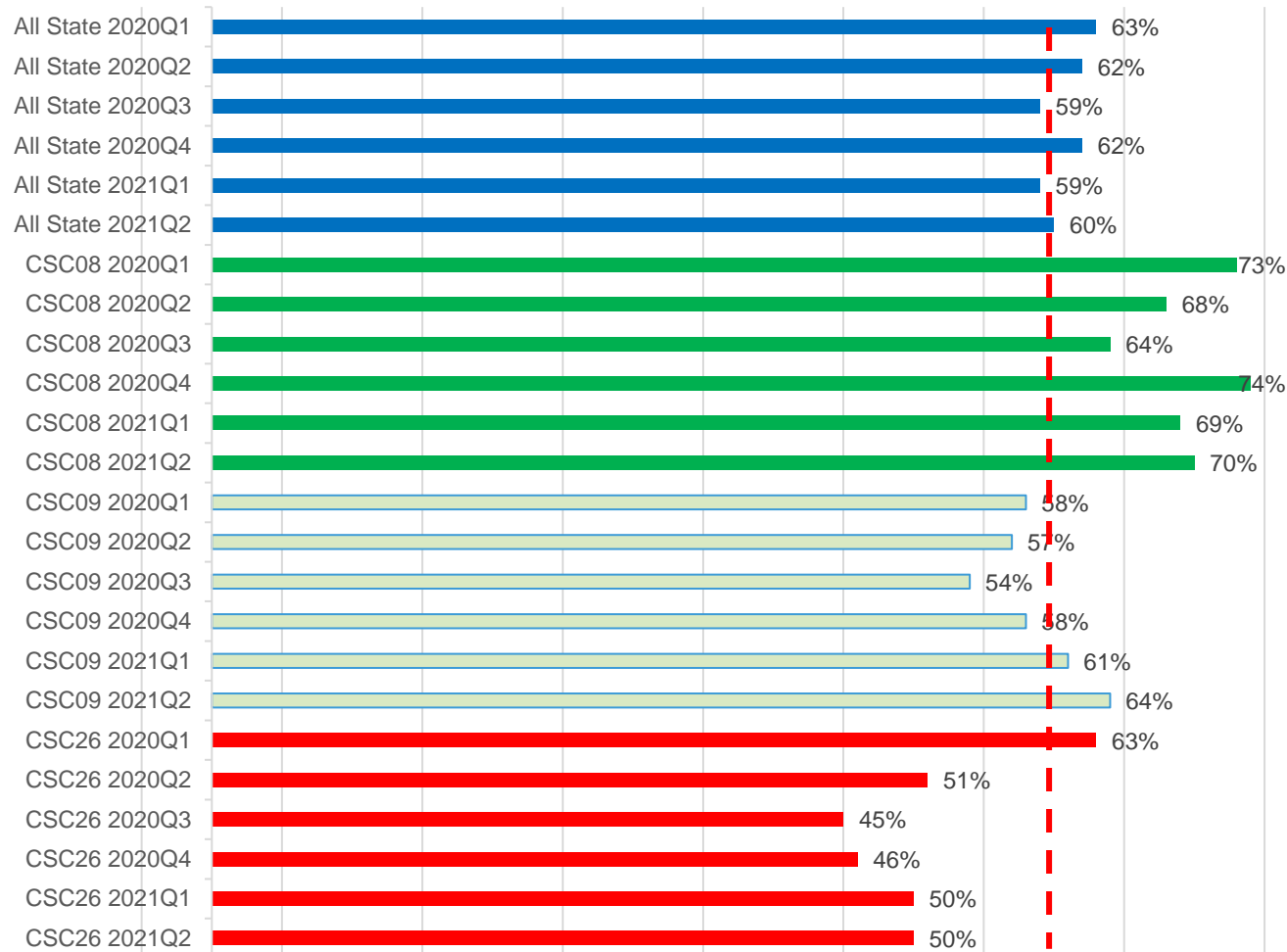
Learning health care identifies and disseminates CSC best practices

Continuous monitoring + real-time feedback improves CSC performance

OnTrackNY data courtesy L. Dixon, 2021

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OnTrack Central sets state-wide benchmarks for high-quality care

Learning health care identifies and disseminates CSC best practices

Continuous monitoring + real-time feedback improves CSC performance

Non-judgmental inquiry reveals key social determinants of health

OnTrackNY data courtesy L. Dixon, 2021

Key Points

- Recovery Orientation
- Multi-disciplinary Team
- Participant/Stakeholder input
- Time-limited
- Need to keep learning!---Trauma/suicide prevention

Questions?

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THANK YOU

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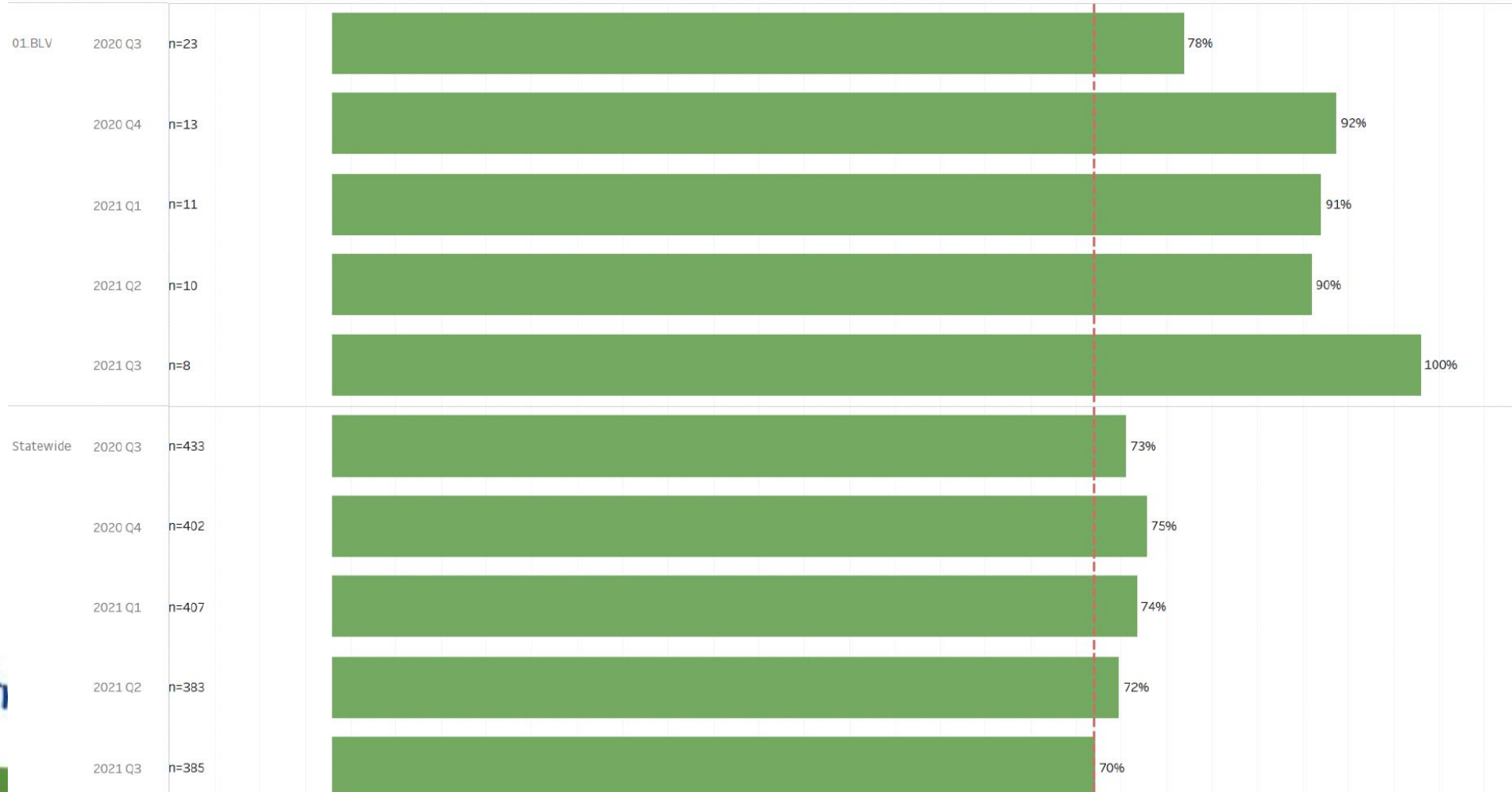
Presentation of Fidelity Indicators

9b. Engagement

Expectation: Engagement: At least 70% of individuals are enrolled at 1 year.

Move Ref Line
70%

■ >=Ref Line



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