

On Track NY

My health. My choices. My future.

Who We Are

A program funded by the NY State Office of Mental Health designed to provide early intervention services for young people who have recently started experiencing first episode psychosis (FEP)



OnTrackNY Sites

- King's County Medical Center (Brooklyn, NY)
- Montefiore Medical Center (Bronx, NY)
- Elmhurst Hospital Center (Queens, NY)
- Institute for Family Health Center (Bronx, NY)
- Access: Supports for Living (Middletown, NY)
- Mercy Medical Center (Garden City, NY)
- Mental Health Association of Westchester (Yonkers, NY)
- Washington Heights Community Services at New York State Psychiatric Center (Washington Heights, NY)
- Zucker Hillside at North Shore Long Island Jewish Hospital (Queens, NY)
- The Jewish Board (Manhattan, NY)
- Bellevue Hospital (Manhattan, NY)
- Farmingville Mental Health Clinic (Farmingville, NY)
- Lakeshore Behavioral Health, Inc. (Buffalo, NY)
- Richard H. Hutchings Psychiatric Center (Syracuse, NY)
- **Parsons Child and Family Center (Albany, NY)**
- Rochester Psychiatric Center (Rochester, NY)
- Lenox Hill Hospital (Manhattan, NY)
- Staten Island University Hospital (Staten Island, NY)
- OnTrackNY Southern Tier, Greater Binghamton Health Center (Binghamton, NY)



OnTrackNY

What is it?

- Coordinated Specialty Care program
- Serves participants for an average of two years
- Informed by research studies funded by the federal government which demonstrated good outcomes for people with FEP
 - **RA1SE:** *The “Recovery After an Initial Schizophrenia Episode” initiative seeks to fundamentally alter the trajectory and prognosis of schizophrenia through coordinated and aggressive treatment in the earliest stages of illness.*

What is psychosis?

- Difficulty w/ perceiving reality accurately
- Disorganized, confused, or odd thinking or behavior
- Delusions (false beliefs) & hallucinations (sensing things that others do not sense)
- Feeling fearful or suspicious of others
- Abnormal/unusual movements and positions
- 3 primary causes (psychiatric, medical, substance-induced)

Have you or someone you know:



started withdrawing from family and friends?

recently had thoughts that seem strange to you or others?

become fearful or suspicious of others?

begun hearing or seeing things that others don't?

If left untreated, these thoughts, feelings, and behaviors can become worse over time.

The good news: You can feel better.

Care and treatment can help.

OnTrack  **NY**

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The Impact of these Experiences

Positive Symptoms

Delusions
Hallucinations
Disorganized Speech
Catatonia

Negative Symptoms

Affect Flattening
Alogia
Avolition
Anhedonia
Social Withdrawal

Social/Occupational Challenges

Work
Interpersonal Relationships
Self-care

Cognitive Deficits

Attention
Memory
Executive Functions
(e.g., abstraction)

Substance Abuse

Suicide
Violence

Mood Symptoms

Depression
Anxiety
Hopelessness
Demoralization
Stigmatization
Suicidality

Schizophrenia (DSM-5)

- **Symptoms**

- 1) Delusions
- 2) Hallucinations
- 3) Disorganized speech
- 4) Grossly disorganized or catatonic behavior
- 5) Negative symptoms

Two or more symptoms for at least one month; At least one symptom is 1, 2, or 3

- **Marked decline in functioning since onset**
- **Duration of at least six months**





Schizophrenia Affects Many People

- Occurs worldwide (~0.5-1.5%): annual incidence 15.2 per 100,000; Male/female: 1.4-1.6
- Usually develops age 16 to 25; men younger than women
- Schizophrenia costs the U.S. billions per year in direct and indirect costs and is one of the leading causes of disability worldwide (Millier, Shupo, Chauhan, & Toumi, 2012)



Early Intervention during the critical period

- Duration of Untreated Psychosis (DUP) on average **two years**
(Marshall M, Lewis S, Lockwood A, Drake R, Jones P, & Croudace T., 2005)
- DUP can be lengthy due to stigma, lack of knowledge, distrust & insidious onset
- Once help is sought, there can be misdiagnosis, delays in making appropriate referrals, lack of access, and unaffordability
- Two meta-analytical reviews document a significant correlation between reduced or shorter DUP and better outcomes
(Marshall et al., 2005; Perkin et al., 2005)

Critical period continued

- At highest risk for disengagement, relapse, and suicide
 - 25% of FEP individuals will have made a suicide attempt prior to receiving treatment

(Addington, J., Williams, J., Young, J. & Addington, D. 2004)
- High levels of comorbid substance use

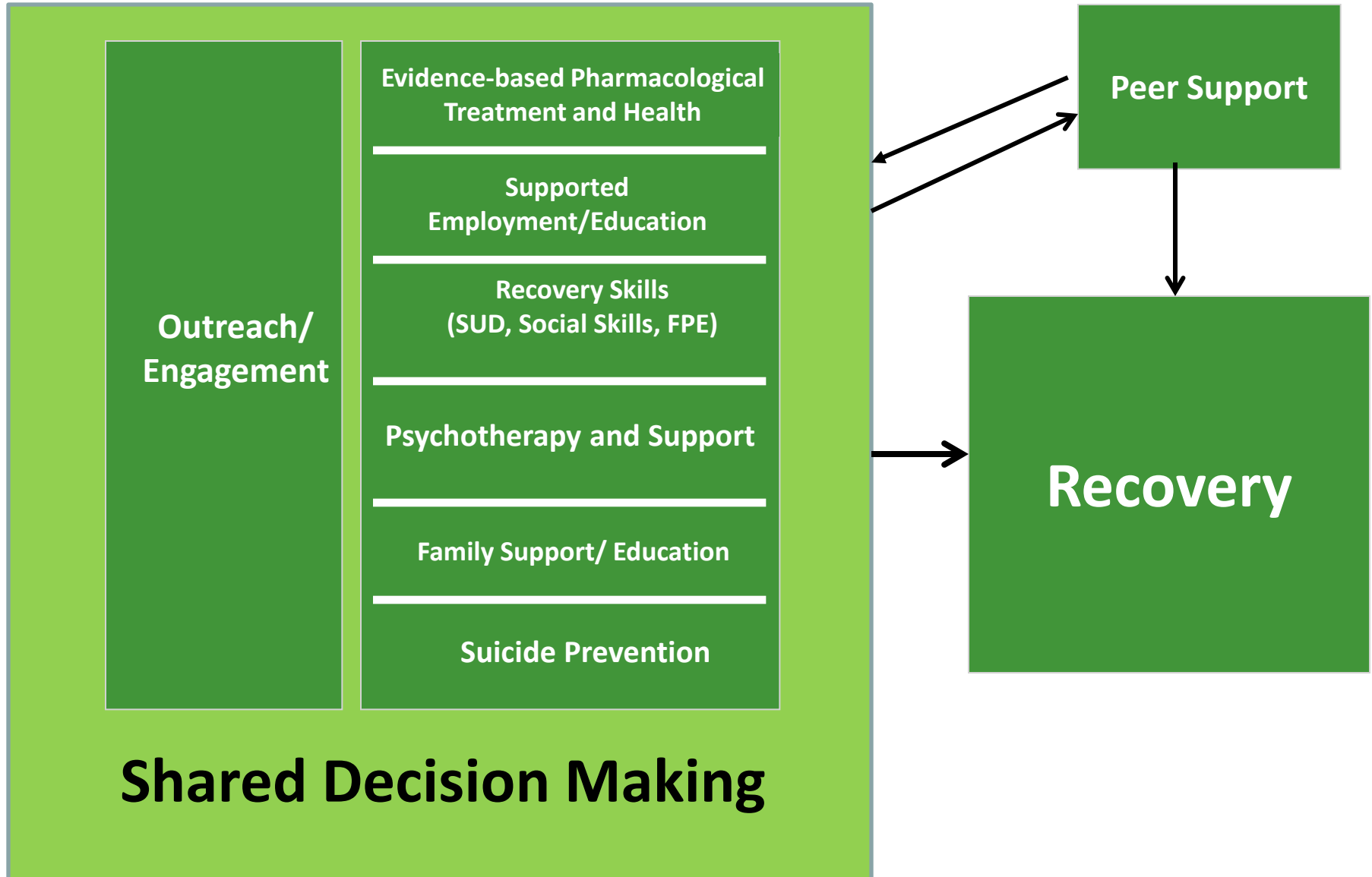
(Compton, M.T. et al., 2009)
- Most pronounced functional declines

Early Intervention Services

Coordinated Specialty Care Components

- Team Leadership
- Case Management
- Supported Education and Employment
- Psychotherapy
- Family Education and Support
- Pharmacotherapy
- Peer Support
- Primary Care Coordination/Nursing
- 24/7 On Call Crisis Intervention

OnTrackNY Team Intervention



Stages of OnTrackNY Interventions

Phase	Phase 1: Engagement with Team and Initial Needs Assessment	Phase 2: Ongoing Intervention and Monitoring	Phase 3: Identification of Future Needs and Services Transition
Timing (approximate)	Months 1-3	Months 4-18	Months 19-24
Purpose	<ul style="list-style-type: none"> • Develop trusting relationship with client and family • Introduce client and family to all members of Team • Conduct needs assessment • Provide support • Minimize stigma, limit stress • Establish goals • Engage in safety planning • Ensure adequate housing and financial 	<ul style="list-style-type: none"> • Provide OnTrackNY interventions as appropriate • Review and revise goals • Explore risk factors for relapse • Strengthen support network • Support positive self regard and assist in managing stress • Maintain continuity of contact 	<ul style="list-style-type: none"> • Re-assess clients' needs, strengths, and support/treatment preferences • Prepare for termination • Meet with client (both alone and with family) to mark end of the experience with the OnTrackNY Program

Outcomes

Early Intervention has been associated with a range of positive outcomes including:

- Remission or decrease in psychotic symptoms
- Lower rates of re-hospitalization
- Shorter hospital stays
- Improved quality of life & social functioning
- Increased cognitive performance
- Decreased substance abuse
- Higher rates of engagement in school & work

(Penn D, Waldheter E, Perkins D, Mueser K, Lieberman J., 2005; Dixon et al., 2015)

Eligibility Criteria

- **Age:** 16-30
- **Diagnosis:** *(Primary Psychotic Disorder)*
Schizophrenia, schizoaffective disorder, schizophreniform, unspecified schizophrenia spectrum and other psychotic disorder, or delusional disorder
- **Duration of Illness:** ≤ 2 years since the first onset of psychotic symptoms
- **Reside in Albany, Schenectady, Rensselaer, or Saratoga counties**

**Exceptions can be made for eligible individuals residing outside of these counties*

Eligibility Rule-Outs

- Intellectual Disability (IQ < 70) or Autism Spectrum Disorder
- 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
- Some **Severe** Substance Use Disorders

Screening and Referral Process

- Initial call: from consumer, family member, and/or provider (goal is to connect within 24 hours)
- Pre-screening activities: Goal is to promote engagement by meeting with the consumer and family in person; collaborate with current provider
- Evaluation: comprehensive evaluation with consumer (goal is to make a determination within 24 hours of completion)
- Timeframe: time to enroll (goal is within 7 days)

OnTrackNY teams provide services to all referred individuals meeting clinical admission criteria, without waitlists and regardless of insurance status or ability to pay.



Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

General inquiries and/or to make a referral:

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General email: OnTrackNY@parsonscenter.org

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Meet the OnTrackNY Parsons Team



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