

Implementing Coordinated Specialty Care Services: From RAISE Connection to OTNY and Beyond

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Disclosures

- Dr. Dixon has no personal financial relationships with commercial interests relevant to this presentation.
- Dr. Dixon provides training in the OnTrackNY model as part of her position at the New York State Psychiatric Institute.



My health. My choices. My future.

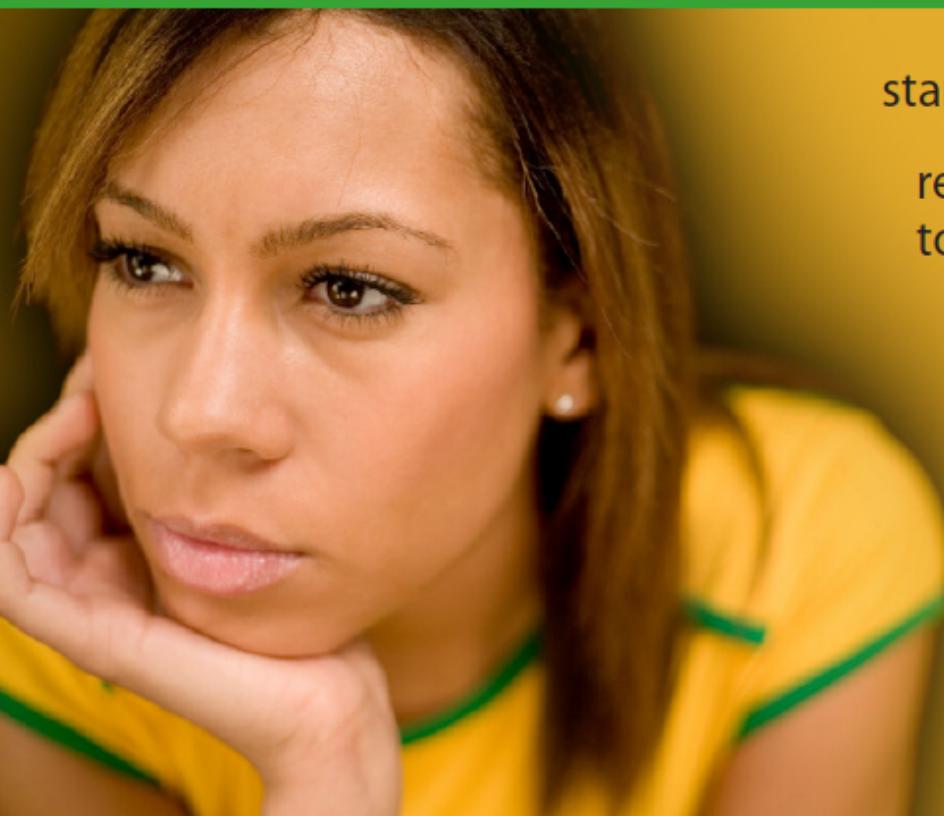
OnTrackNY is an innovative treatment program for adolescents and young adults who recently have had unusual thoughts and behaviors or who have started hearing or seeing things that others don't. OnTrackNY helps people achieve their goals for school, work, and relationships.

Coordinated Specialty Care

- Team Based Approach
- Key Roles and Clinical Services
 - Team leadership, Case management, Supported Employment/Education, Psychotherapy, Family Education and Support, Pharmacotherapy and Primary Care Coordination
- Core Functions
 - Specialized training, Community outreach, Client and family engagement, Mobile outreach and Crisis intervention services

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

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

My health. My choices. My future.

Mental Health Recovery



•What do you think recovery might mean to someone who has only recently started experiencing symptoms of psychosis?

Framing Recovery for Young People

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

Setting Things Up: Start Small and Build Wisely

- Identify Lead (build on existing strength)
 - In NY, build on existing EBP Center for training
- Develop Steering or Leadership Group with Diverse Stakeholders
 - OMH and Local Advisories
- Understand revenue sources and create budget
- Consider overall population needs (See planning tool)

Key Decisions in NYS Kickoff I

- Create “pilot” to gather experience
- Four fully funded teams
- Downstate area: Capitalize on population density and cultural variability and regional proximity for training
- Diversity in type of host program
- Cross adult-child divide

Key Decisions in NYS Kickoff II

- Focus of Outreach (Community to MH System)
- Eligibility (Within 2 years of onset; non-affective psychosis; all insurers or non-insured)
- Model Components (? Cog Rem; Peer support)
- Treatment Length (Average of 2 Years)
- Training (www.practiceinnovations.org)
- Measurement of Outcomes and Performance Expectation

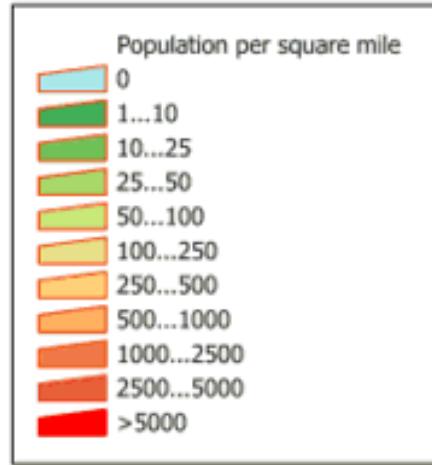
H.R. 3547, 113th Congress

- January 17, 2014
 - Increased Community Mental Health Block Grant (CMHBG) program by \$24.8M
 - Funds allocated for first episode psychosis (FEP) programs
 - NIMH and SAMHSA to develop guidance for States regarding effective programs for FEP

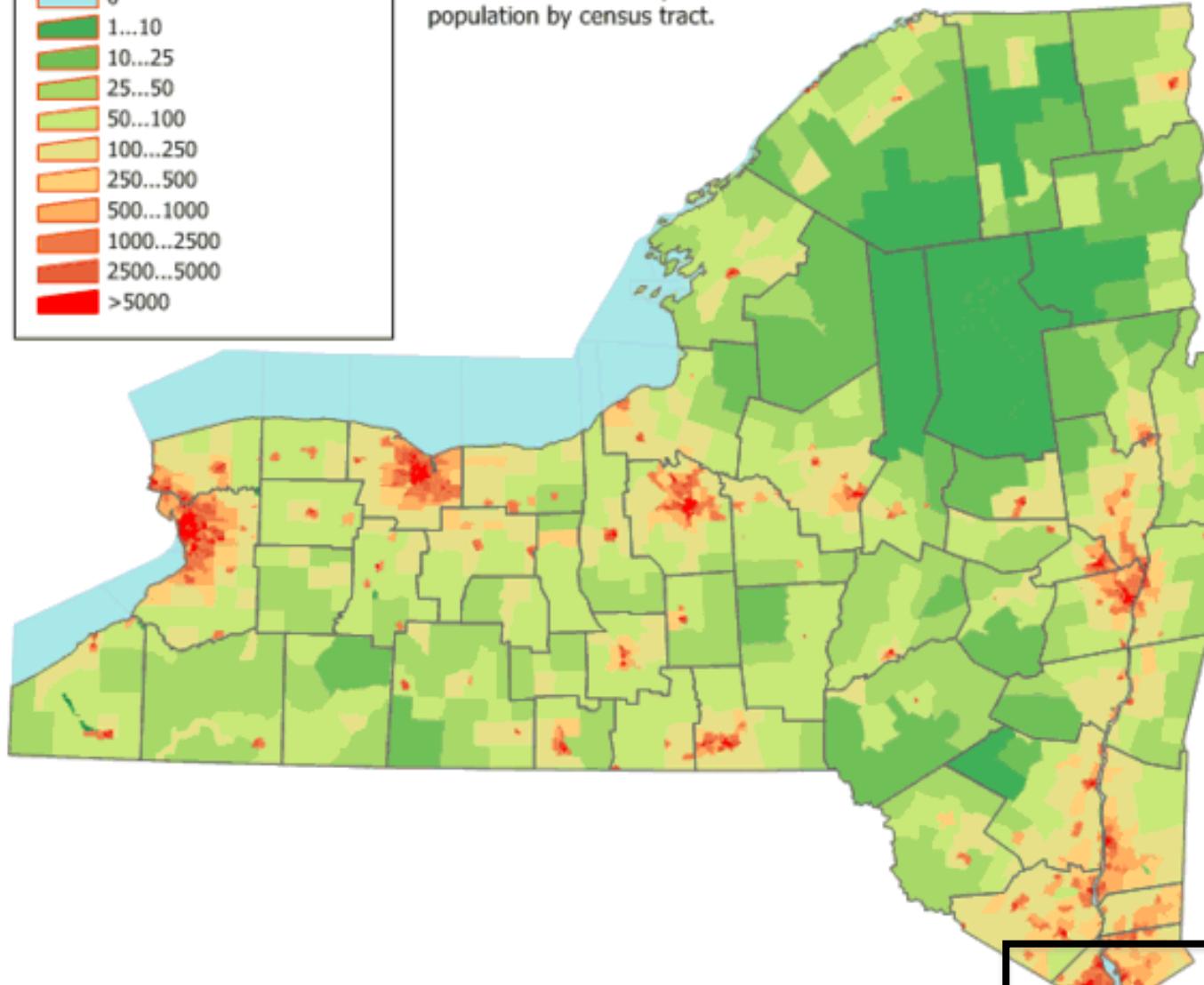


SAMHSA Healthy Transitions Grant

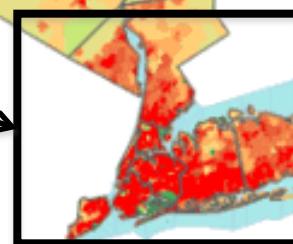
- Support two additional sites
- Enhance participation of youth leadership
- Focus on reaching more underserved individuals
- Enhance cultural competence
- Enhance LGBTQ focus and expertise
- Develop social media presence

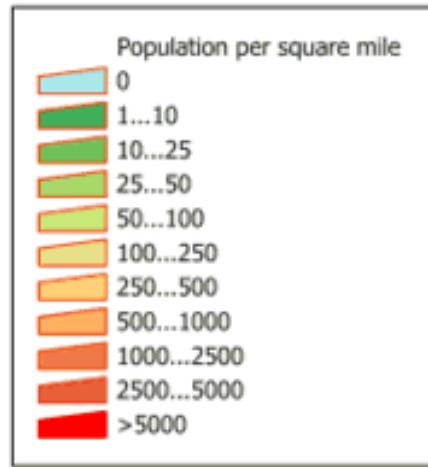


Source: U.S. Census Bureau
Census 2000 Summary File 1
population by census tract.

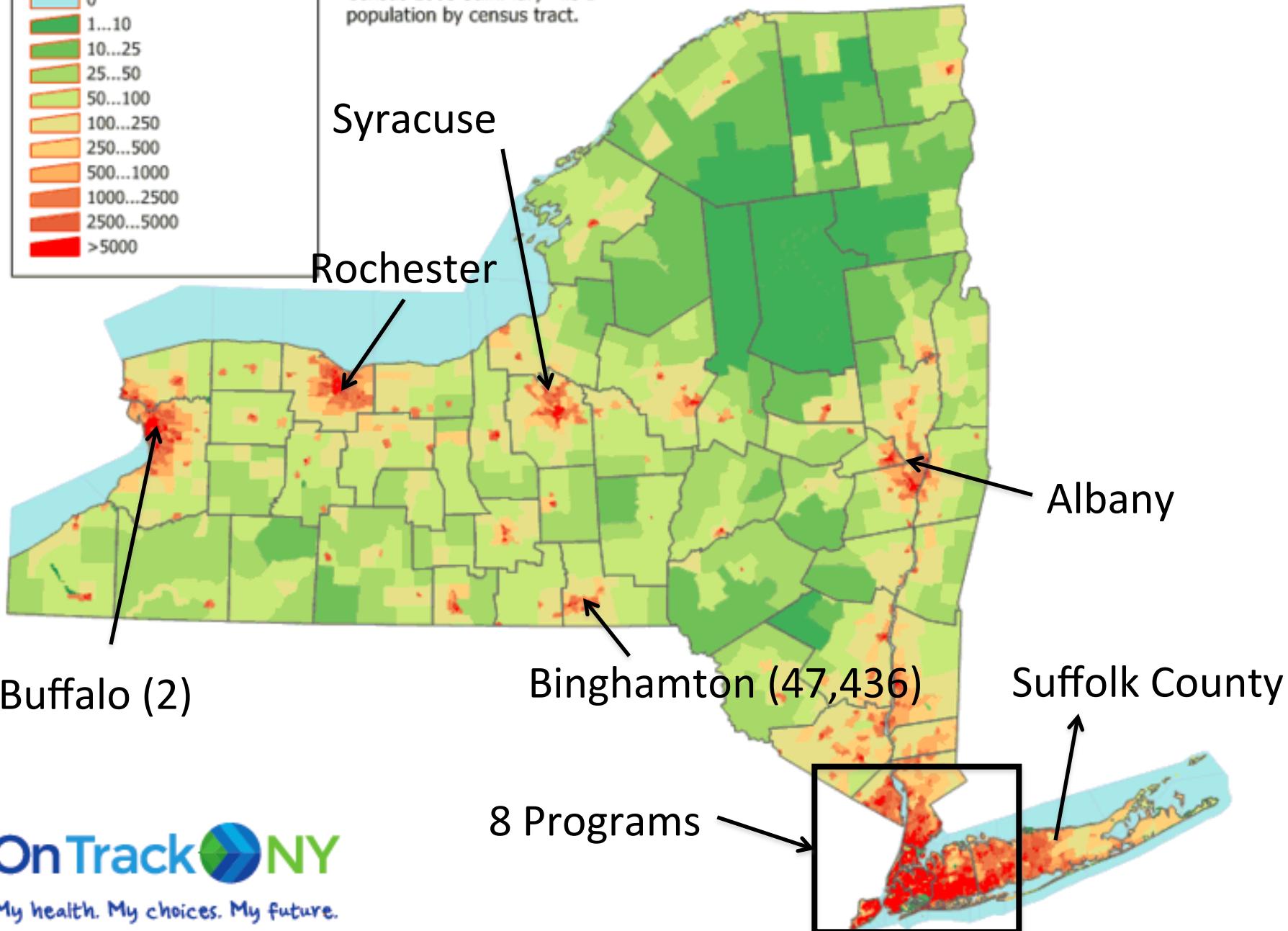


4 Programs





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



Challenges of Expansion With Set-Aside and Other Resources

- 8+ additional sites across the state
- Staying in sync with Medicaid transformation (adults first, and then children)
- Continuing to adapt treatment model (inclusion of peer)
- Expanding census (capacity) of sites
- Focus on transition and follow up
- Improving community outreach

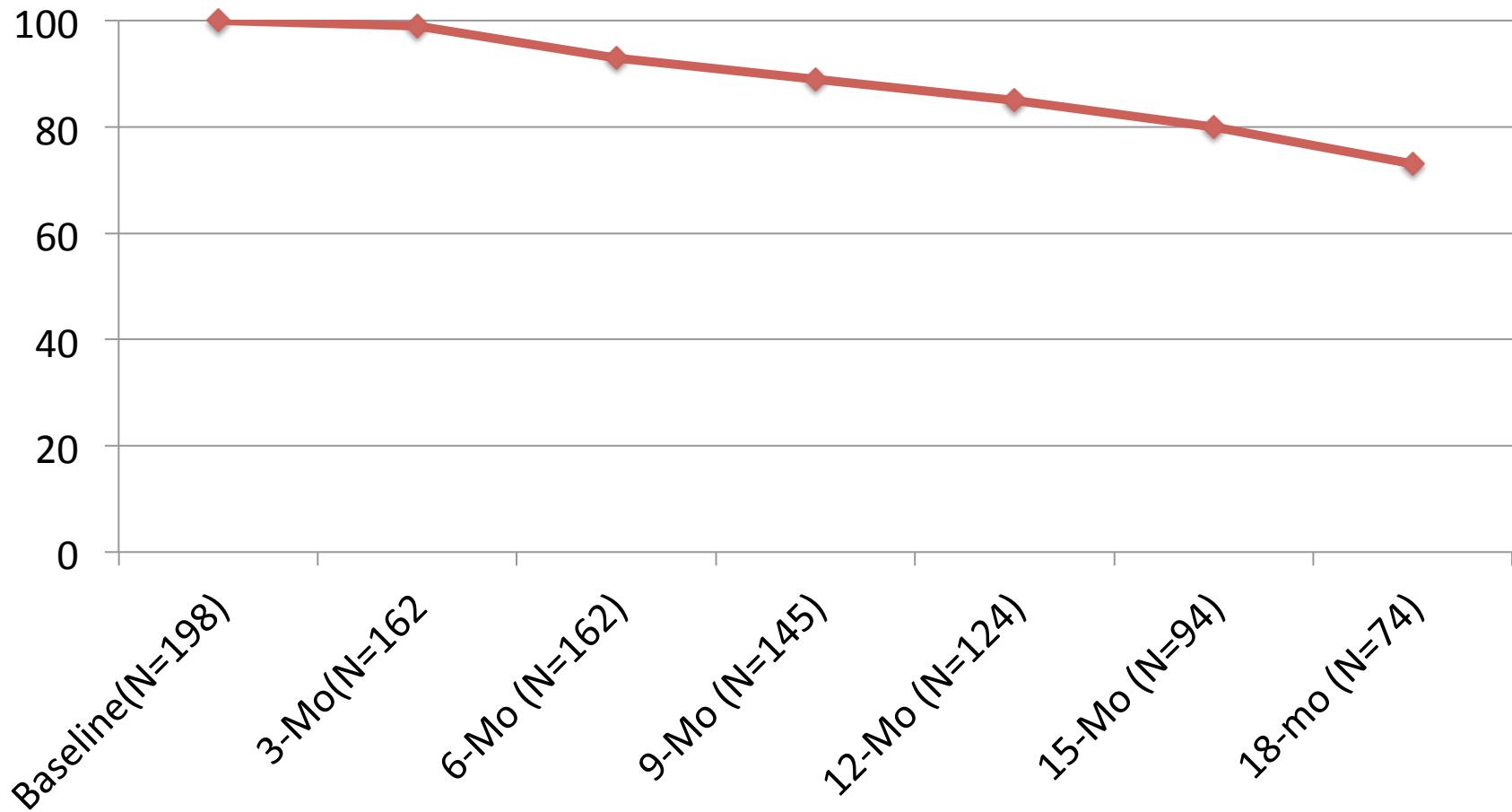
Transition of Medicaid to Managed Care in NYS

- 1915(i)-Like Service Eligibility and Assessment Process: HARP members who meet targeting Criteria and Risk Factors as well as Need-Based Criteria, will have access to an enhanced benefit package of 1915(i) like Home and Community-Based Services.
- An individual with need for HCBS services as indicated by a face to face assessment...and a risk factor of a newly-emerged psychotic disorder suggestive of Schizophrenia herein called individuals with First Episode Psychosis (FEP). Individuals with FEP may have minimal service history.

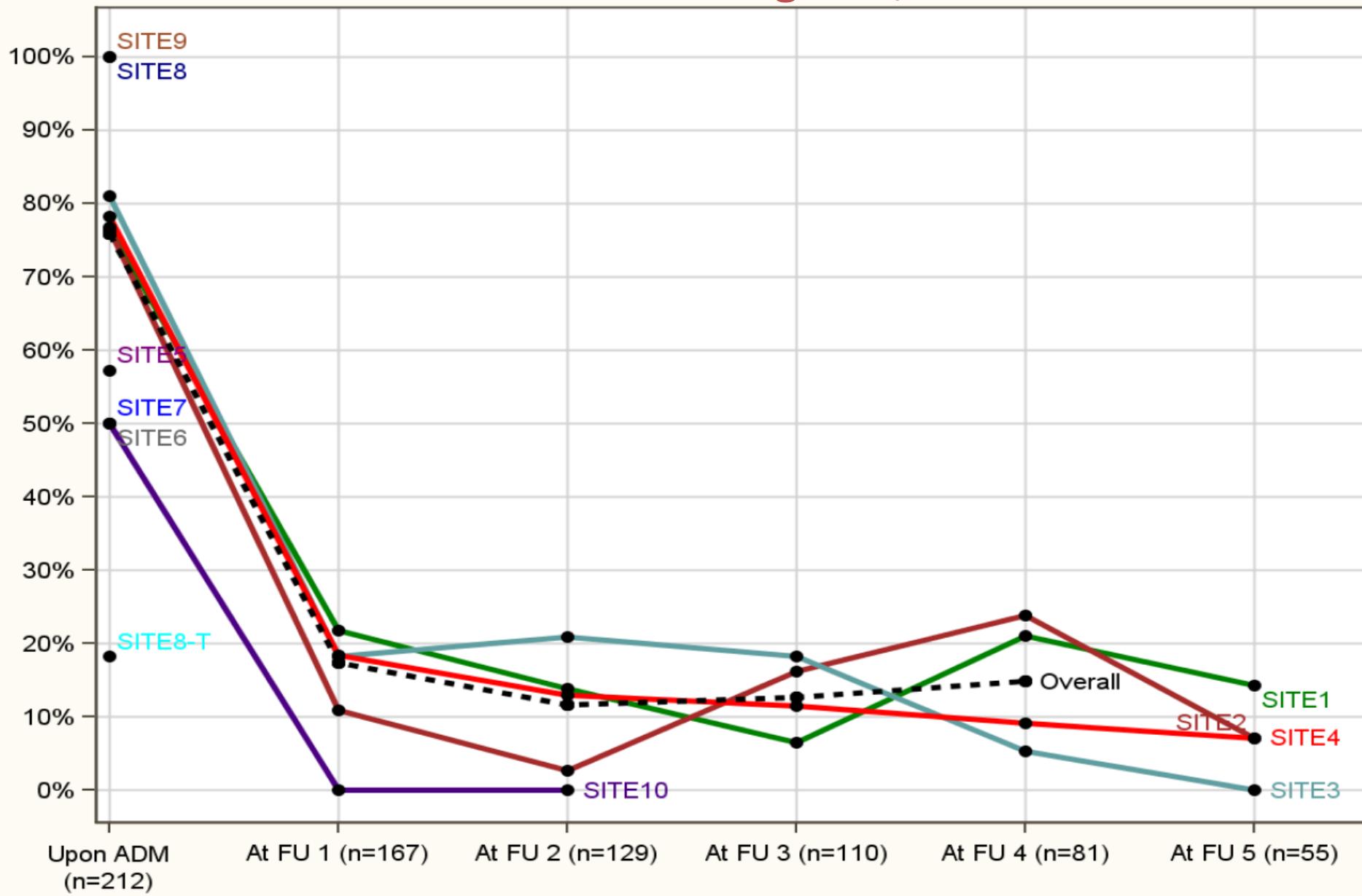
Characteristics of All OnTrackNY Enrollees through 10/2015

- 223 total
- Mean age= 20, 19% under 18
- 69% Male, 30% Female, 1% Transgender woman
- 38% White (non-Hispanic), 39% Black (non-Hispanic), 11% Asian, 12% Other
- 24% Hispanic, 74% Not Hispanic
- 48% Medicaid, 41% Private, 2% No insurance

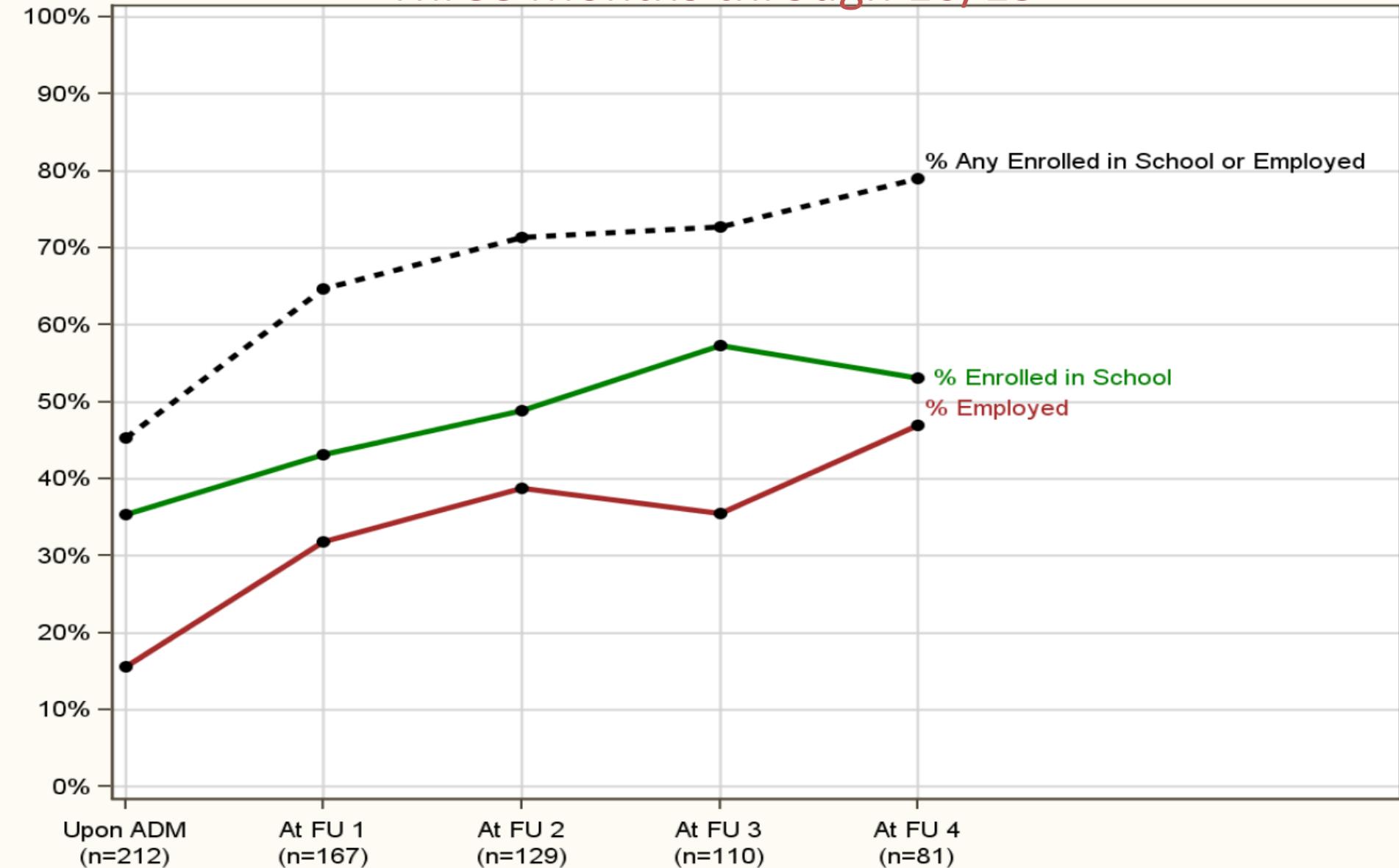
% Receiving Treatment Over Time



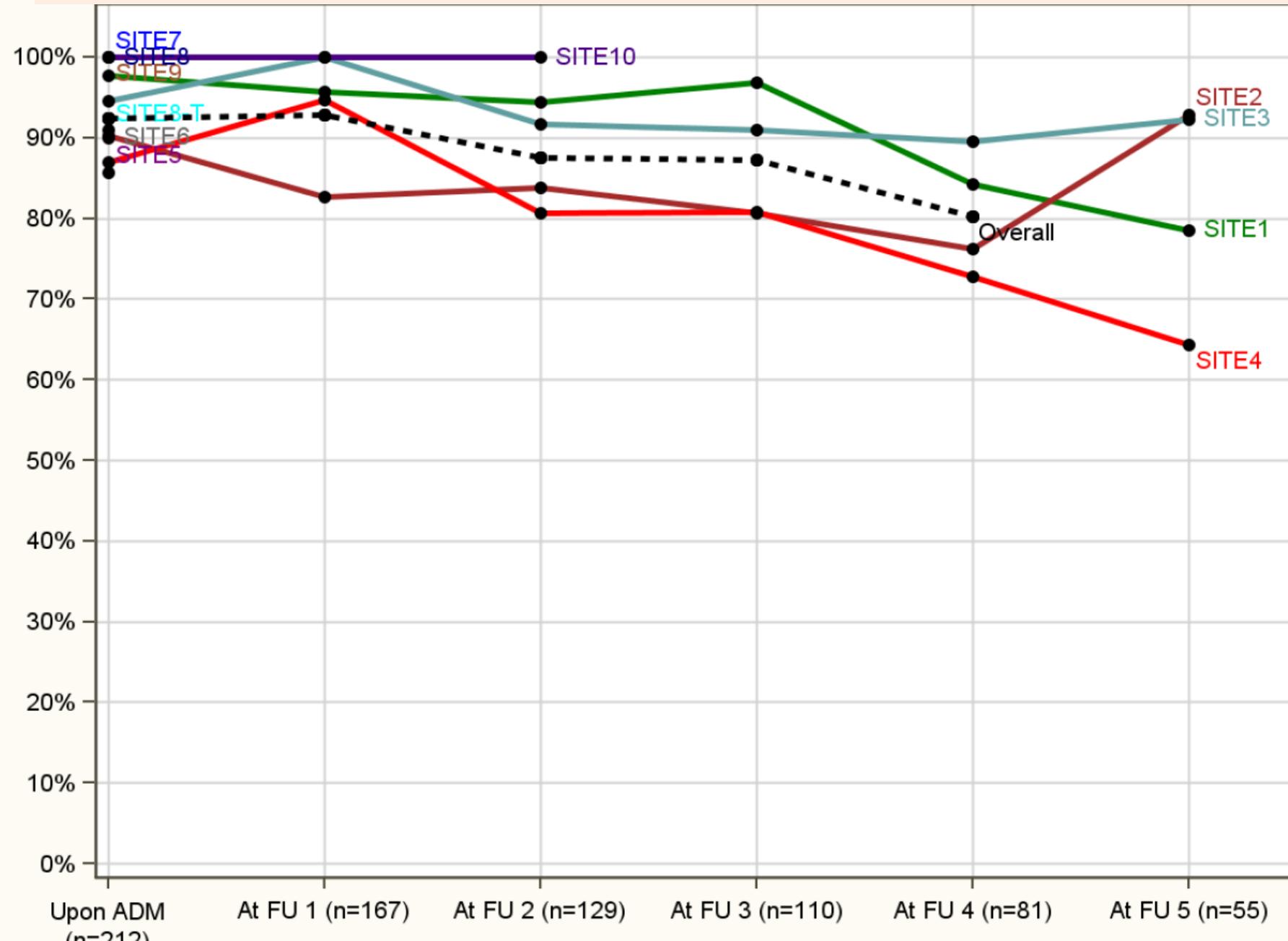
% of Current Clients With 1 or More Hospitalizations in Last 3 Months through 10/15



% of Clients Participating in Work or School During Last Three Months through 10/15



% of Clients Prescribed An Antipsychotic Medication



Consultation and TA to States: Building on Local Strengths

- Tennessee: Strong rural program with infrastructure to cover large territory; commitment to team-based approach
- Indiana: Partnership with academic center to promote sustainability
- Virginia: State dollars added to MHBG dollars: 8 sites for wide coverage. Rapid acquisition of local expertise with state support
- Wisconsin: Partnership with strong CMHC's
- Numerous states: Dialogue with stakeholders to create strategy

Summary

- The time is right to expand and sustain focused resources for individuals with first episode psychosis

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