A Systematic Approach to Outreach and Engagement with Adolescents and Young Adults Experiencing First Episode Psychosis

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Outline

- Introduction to OnTrackNY
- Comprehensive and Systematic Approach to Outreach
- Recovery Video by Participant
- Q&A
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.
The Basics: Psychotic Symptoms

- Delusions: False personal beliefs not subject to reason or contradictory evidence and not explained by *culture* and religion
- Hallucinations: Perception of visual, auditory, tactile, olfactory, or gustatory experiences without an external stimulus and with a compelling sense of their reality
- Disordered speech and behavior
Two Key Scientific Findings

• Longer duration of untreated psychosis (DUP) is associated with *poorer* short term and long term outcomes

• DUP is the time between onset of psychosis and specified treatment (e.g., antipsychotics or Coordinated Specialty Care)

• Treatment with Coordinated Specialty Care (CSC) is associated with *better* outcomes
The Big Picture: Rationale

Goal is to **reduce** DUP and provide **early intervention services** to promote long term recovery and reduce disability.
OnTrackNY

What is it?

- Coordinated Specialty Care program for individuals with FEP
- Informed by research studies funded by the federal government which demonstrated improved 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.
OnTrackNY Team Intervention

Outreach/Engagement

Evidence-based Pharmacological Treatment and Health

Supported Employment/Education

Recovery Skills (SUD, Social Skills, FPE)

Psychotherapy and Support

Family Support/Education

Suicide Prevention

Peer Support

Recovery

Shared Decision Making

4.0 FTE
Roadmap for Pathway to Care

1. Onset of Symptoms
2. Help Seeking
3. Referral to Mental Health Services
4. Referral to Specialized Early Psychosis Treatment
## Eligibility

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
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<tr>
<td>• Primary psychotic disorder (schizophrenia, schizoaffective disorder,</td>
<td>• Intellectual Disability (IQ &lt; 70) or Autism</td>
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<td>schizophreniform disorder, delusional disorder, etc.,</td>
<td>• Primary diagnosis of substance-induced psychosis, mood disorder with psychotic</td>
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<td>• Age 16-30</td>
<td>features, or psychosis secondary to a general medical condition</td>
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<td>• Onset of psychosis ≥ 1 week and ≤ 2 years</td>
<td>• Serious or chronic medical illness significantly impairing function</td>
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<td>• New York State Resident</td>
<td>independent of psychosis</td>
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Characteristics of OnTrackNY Participants

• n = 963 (as of January 2018)
• Mean age = 21 (13% under 18)
• 71% Male, 28% Female, <1% Transgender
• 41% White (non-Hispanic), 38% Black (non-Hispanic), 10% Asian, 3% Multiracial, 23% Hispanic
• 50% Medicaid, 41% Private, 3% No insurance
• Average time since onset to admission: 7.3 mo (median = 5.1 mo)
Referral Sources

- 42% Psychiatric Inpatient Unit
- 25% Outpatient MH Provider
- 20% Self/Family
- 9% School or Legal System
- 2% Emergency Room
- 2% Community Organization
% Receiving Treatment Over Time

% in Treatment

Baseline  3-Mo (N=636)  6-Mo (N=506)  9-Mo (N=432)  12-Mo (N=380)  15-Mo (N=334)  18-mo (N=287)

100  96  90  87  78  72  68
Inpatient Hospitalizations
(for clients with at least 2 F/U)

Baseline
- 25% 2 or More Hospitalizations
- 60% 1 Hospitalization
- 15% 0 Hospitalizations

First F/U
- 88% 2 or More Hospitalizations
- 10% 1 Hospitalization

Most Recent F/U
- 89% 2 or More Hospitalizations
Outreach Strategies

Taking a systematic approach and addressing the 5 questions:

- Who and Where
- When
- What and How
- Why
Who?

- Individuals vs. Organizations
- Potential participants
- Friends/Families
- Clinical Providers
- Non-clinical Providers
- Other: private practice, schools, legal/justice, etc.
Where?

“Community Mapping”

- Where are all the possible places you could outreach to within your catchment area?
- Geographic location and proximity to your clinic
- Type of setting (inpatient/acute, outpatient mental health, non-mental health, community
When?

- Consider **Stages** of Outreach
  - Before going live
  - While live and ongoing
  - First year vs. second year vs. third year
A Hierarchy of Who and Where

- Tier-based approach
  - What stage is the team at?
  - Which is low hanging fruit vs. high hanging fruit?
    - High number of referrals and high number of eligible referrals
  - Where and when to expand? Current settings (e.g., hospitals and schools) “saturated”?
  - Who already knows about the program and who hasn’t yet?
Priority: 1\textsuperscript{st} Year

- Inpatient Units: Adult, Child, Adolescent
- CPEP/ER
- Outpatient MH Clinic

Local MH Agencies: NAMI, MHA

Colleges: counseling centers, Active Minds; other student organizations
High Schools: PTA, SW, Nurses
Legal/Justice System: Police/Jail Diversion

Professional Organizations
Psychology, Social Work, Psychiatry, Nursing

Primary Care
Pediatrics/GPs

2\textsuperscript{nd} Year

Other: Faith-based communities, Youth Enrichment Programs
When?

- Consider **Stages** of Engagement
  - Orientation: initiating contact
  - Uptake: complete first referral and ensure process works
  - Optimization: establish and maintain stream of referrals
What, How, Why?

- What to emphasize, based on who and where:
  - Background and context, preventing disability, reducing DUP
  - Flexibility, Evidence-based services, team members and treatment components, etc.
  - Treatment for psychosis vs. Support for school/work
  - Eligibility Criteria
  - Community outreach and engagement; team available for community outreach
What, How, Why?

- Powerpoint presentations, informal meetings, drop-by, emails

- What information and materials to share?
  - Brochures, PPT slides, flyers
  - Recovery videos and links, Facebook page*, OnTrackNY Website, Blog
  - Monthly Newsletters, Postcards
  - Informal stories from current work with clients

*Facebook page is not a URL, but it is a commonly used platform for sharing information and engaging with a community.
What, How, Why?

- Toolkit/packet for providers
- Toolkit/packet for families
- Provide examples or illustrations to referring providers re: how to talk about the program
  - E.g., A psychosis treatment program vs. a comprehensive service that supports young individuals with relationships, work, and school
Social Media and Youth Engagement

Elizabeth Russell, B.A.
&
Talia Richkin, B.A.
OnTrackNY
Facebook and Social Media as Engagement

WHY?
• Creates an online community
• Paints real portraits of OnTrackNY participants
• Share FEP related resources

Content:
• Videos, photos, quotes, creative works
Social Media Projects

- PhotoVoice & #OnTrackExpress
- Video Projects
- Youth Council
- Blog
- Newsletter

Center for Practice Innovations™
New York State Psychiatric Institute
Building best practices with you.
Video Projects

Sebastian: Finding Harmony Through Music
Thank You

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