

OnTrackNY: Statewide Infrastructure to Support Implementation

Iruma Bello, PhD

Co-Director and Clinical Training Director, OnTrackNY

Associate Professor of Medical Psychiatry, Columbia University Vagelos College of
Physicians and Surgeons

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OnTrack NY

My Health, My Choices, My Future.

Supporting young people with mental health challenges across New York State

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A program of the
 **NEW YORK STATE** | **Office of Mental Health**

OnTrack  NY

What is coordinated specialty care?

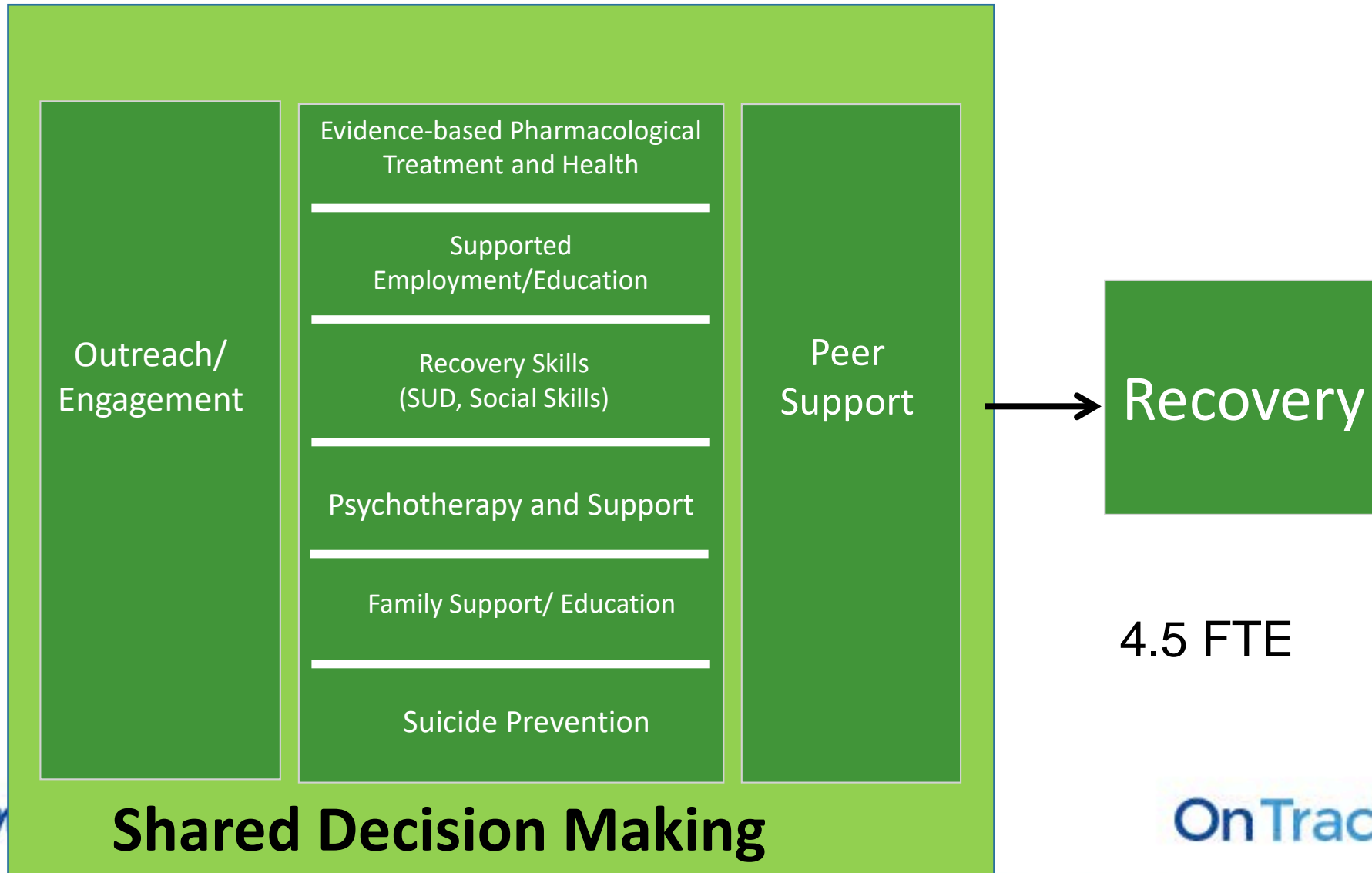
The gold standard model of care for early psychosis, offering evidence-based, comprehensive, personalized support, all in one place



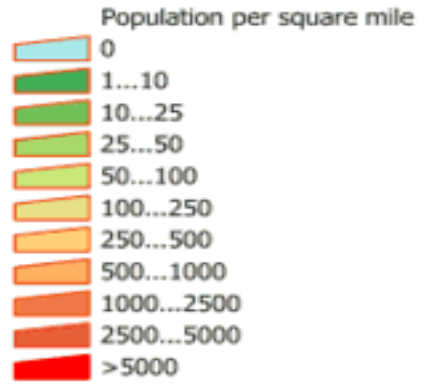
Eligibility Criteria

- **Age:** 16-30
- **Diagnosis:** Primary psychotic disorder. 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 OnTrackNY sites)

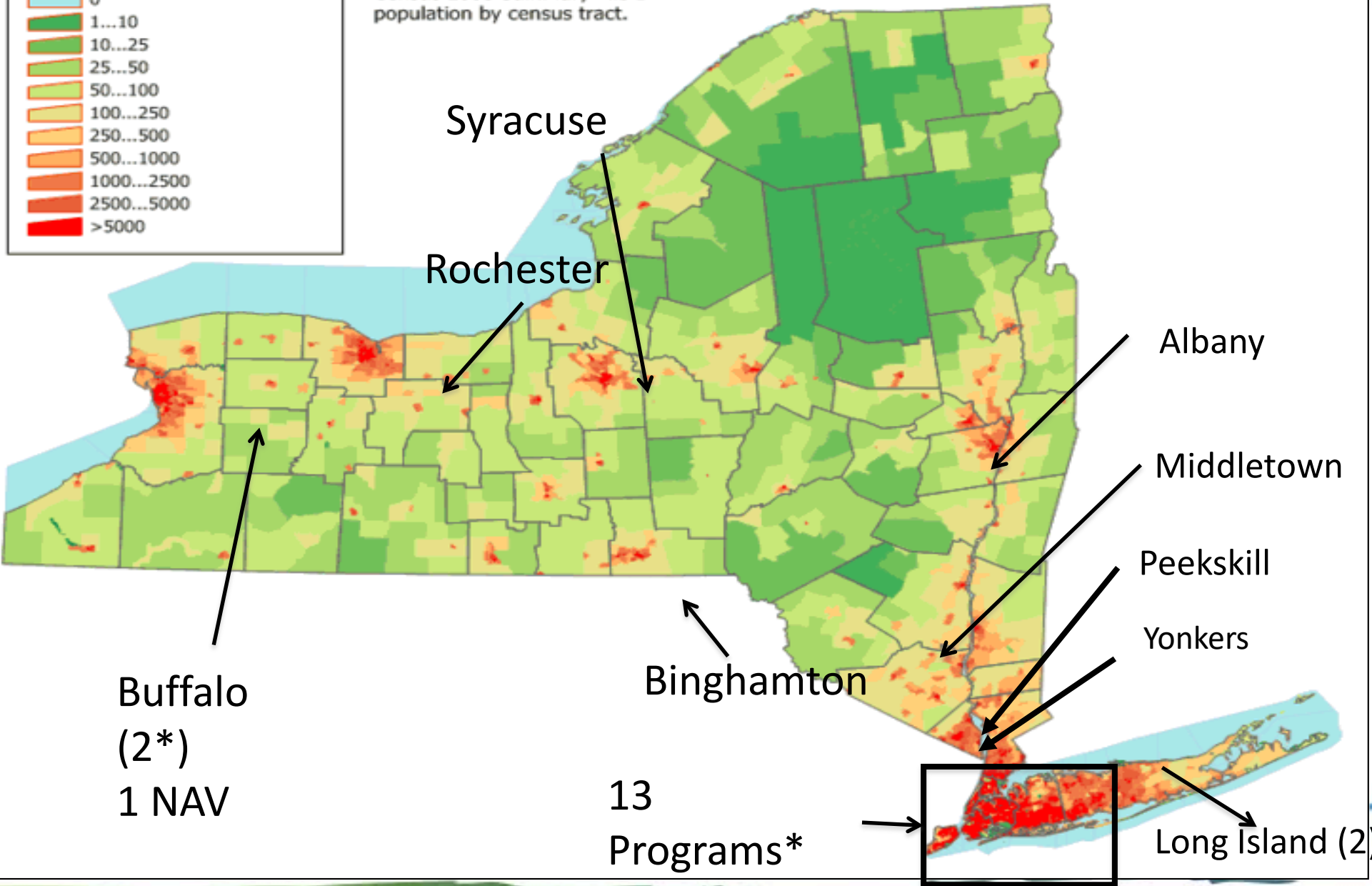
OnTrackNY Team Intervention



ontrackn



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



Buffalo
(2*)
1 NAV

13
Programs*

Long Island (2)

Location of OnTrackNY Teams



Characteristics of OnTrackNY Enrollees through 1/3/23 (N=2983)

- Mean age= 21, 14% under 18
- 71% Male, 28% Female, <1% Transgender
- 34% Black, non-Hispanic; 24% White, non-Hispanic; 26% Hispanic; 9% Asian, non-Hispanic; 2% Multiracial, 5% Missing
- 54% Medicaid, 35% Private, 3% Other, 4% Uninsured; 2% Unknown
- 79% Live with parents at admission, 5% Homeless
- Time since onset of psychosis 7.5 (5.3) months

What is the Center for Practice Innovations?

- CPI supports the NYS OMH mission to promote the widespread availability of *evidence-based practices to improve mental health services*, ensure *accountability*, and *promote recovery-oriented outcomes* for recipients and families.
- CPI serves as a key resource to OMH by spreading those practices identified by OMH as most *critical to accomplish OMH's system-transformation initiatives*.
- CPI is a *Purveyor and Intermediary Organization* with increasing national presence as it expands availability

Purveyor Organization

- An individual or group of individuals representing a practice that work to implement a model program with fidelity and good effect
- Typically involved in the implementation of a specific EBP

Intermediary Organization

- An individual or group of individuals that acts as an intermediary between two or more entities to promote the implementation of model programs with fidelity and good effect
- Defined as having a broader role to promote implementation including building the capacity of providers or systems to implement and sustain best practice models

What Do We Know About IPO's?

Proctor et al. (2019)

■ IPO Characteristics:

- All EBIs had an IPO and 90.7% had active contact information
- About 20% of IPOs trained at a large scale (500-1000+ providers/yr)
- 85% train at individual level, 84% at organizational level, and 33% on community levels
- 89% train onsite, 58% at IPO headquarters, and 47% online

■ Strategies Used:

- Used an average of **32 distinct strategies** with little consensus on most effective strategy
- **Most common**-educational, planning, and quality improvement

■ Only significant predictor of # of strategies used was the **readiness for dissemination score** from NREPP website

■ Latent class analysis revealed that IPOs either used several strategies or only a few

Timeline: CPI's Initiatives



FIT Focus on Integrated Treatment
Whole Treatment. Whole Recovery. Whole Lives.

OnTrack  **NY**
My health. My choices. My future.



**UNIFORM NETWORK
PROVIDER
TRAINING**



IPS Individual Placement and Support
Working with you to help you work.



ACT Institute
for Recovery-Based Practice



SP-TIE
Suicide Prevention-
Training Implementation Evaluation



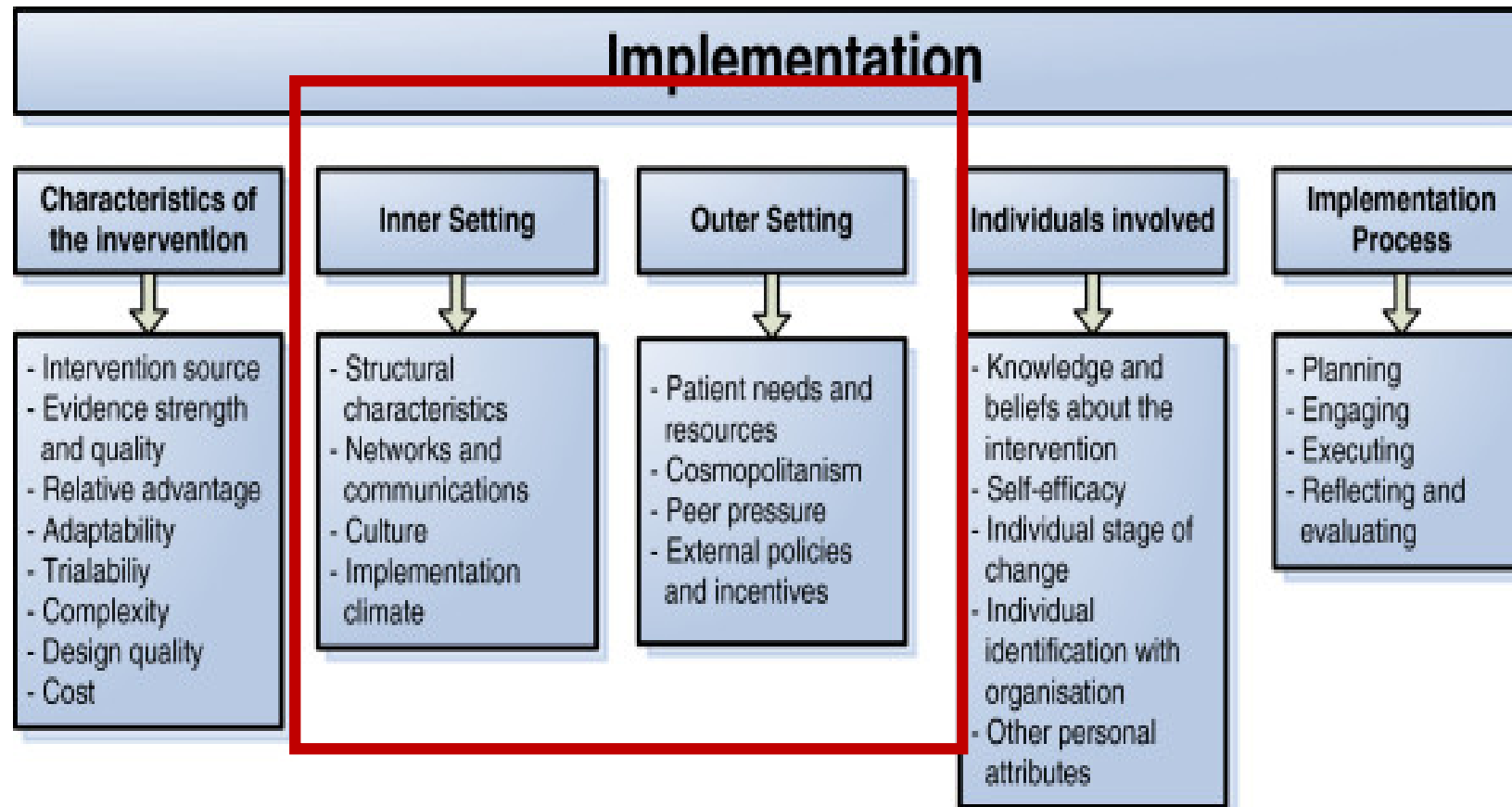
WSM Wellness Self-Management
Hope. Choice. Involvement. Recovery.

OCD
Cognitive Health
Psychopharm
HCBS

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Consolidated Framework for Implementation Research (CFIR)



Offers an overarching typology to promote implementation theory

Replicating Effective Programs Framework

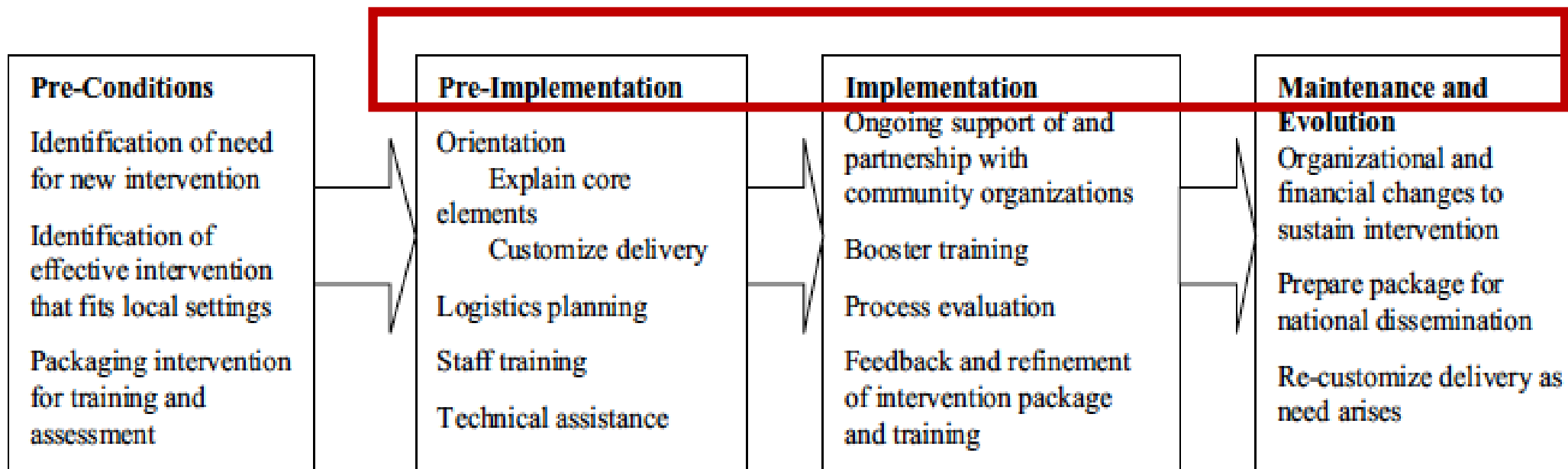


Figure 1

Replicating effective programs framework for health care interventions. This figure outlines the Replicating Effective Programs (REP) process as it can be applied to health care interventions.

CPI Practice Change Model

Pre-implementation

- Understand policies, regulations, and fiscal incentives to align them as closely as possible to the proposed change
- Work with State to communicate clear message to programs

Implementation

- Targeted interventions to policies and incentives to increase participation
- Work with state to communicate clear message of continued support (including guidance documents)

Maintenance and Evolution

- Advise State on policies, regulations and fiscal incentives that would improve uptake
- Encourage state to communicate clear message of support for maintenance

Outer Setting – policies, regulations, and fiscal reimbursements to programs must align to support the change; State authorities must provide a clear message of importance to programs.

Inner Setting – intervention must address felt need in programs; leadership must be on board with the changes, and the program must support a culture of change; interventions have to fit into modifiable limits of program structure, workflow, and processes; resources must be allocated to the change (especially time).

Pre-implementation

- Understand program-level commitment
- Understand barriers and incentives for program participation
- Engage program leadership

Implementation

- Training – advise programs on staff selection, provide high quality training, support supervisors in a coaching role
- Provide technical assistance to support implementation
- Evaluate the implementation process and practitioner and client outcomes – provide feedback to programs

Maintenance and Evolution

- Reach out to programs that have not yet adopted the intervention
- Refine original intervention package as necessary

OnTrackNY Outer Setting

Outer Setting – policies, regulations, and fiscal reimbursements to programs must align to support the change; State authorities must provide a clear message of importance to programs.

Pre-implementation

- Understand relevant policies and regulations, e.g. licensing issues for programs to serve youth and young adults
- Develop fiscal plan of support (may include OMH or SAMHSA grant support and billing revenue; CCBHC and state-operated services as alternative models)
- OMH (through field offices) communicates clear message to agencies regarding importance of the program

Implementation

- OMH provides clear guidance on issues as needed, e.g. importance of providing services regardless of ability to pay; obligation of agencies to remain open to enrollment and provide clinical coverage during gaps in staffing

Maintenance and Evolution

- Work with OMH and MCO's to develop model(s) for financial sustainability, including eligibility for individuals with FEP for HARPs and HCBS services; bundled case rate
- Medicaid MCO's will be required to identify and report to OMH on members with FEP and referral to Coordinated Specialty Care

Inner Setting

OnTrackNY Inner Setting

Outer Setting

Inner Setting – intervention must address felt need in programs; leadership must be on board with the changes, and the program must support a culture of change; interventions have to fit into modifiable limits of program structure, workflow, and processes; resources must be allocated to the change (especially time).

Pre-implementation

- Engage program leaders.
Leadership must support model: team approach with low caseload, high risk pop, SDM model, assertive outreach, community work
- Understand program level commitment for staffing, participation in training & data collection, supervision
- Understand barriers & facilitators to implementation (e.g. state programs w/ civil service rules, staffing policies or union rules that may impact ability for staff to be on call, pre-existing relationships with referral sources)

Implementation

- Hire or re-allocate staff. Understand qualities needed among staff (engaging, youth and family friendly, recovery orientation)
- Provide team-based and role-specific training in the OnTrackNY model
- Provide technical assistance to support implementation (learning collaborative structure combining team-wide and role-specific calls and online curriculum on learning management system)
- Collect client-level and program-level data and provide feedback to teams
- Assess fidelity and support teams in enhancing high-fidelity implementation of the model
- Teams evaluate training and technical assistance

Maintenance and Evolution

- Support development of new OnTrackNY teams to enhance reach
- Refine intervention as needed, e.g. added cognitive health component to the model, enhanced training and resources in cultural competence and working with LGBTQ participants, piloting screening tool for tobacco and substance use
- Refine methodology for training and technical assistance as needed (e.g. creation of monthly statewide webinar series)
- Refine fidelity scale as needed

Dimensions of OnTrack Intermediary Organization: What is Needed?

Access to state OMH leadership and ongoing dialogue;

- OTNY sits in Office of Medical Director with connection to adult and children's services
- Consensus around program model and parameters (e.g., eligibility)
- Real time consideration of financing

Connection to regional leadership

- Work closely with field office directors around any implementation challenges

Staff members who provides technical assistance, oversight, monitoring

- OnTrackCentral

Support for data collection activities

- Connection to OMH Performance Measurement and Evaluation Unit

Program Set Up

Admin Calls w/Agency Staff and TL



Initial Training

3-day overview of principles and model	In person 2-day SEES training	Remote MD/RN training	Remote MIRECC GAF & Data Form Training
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Building Competency (2 years)

Frequent individual and collaborative role-based calls	Monthly Care Consultation Calls	LMS	Use of data & fidelity reports to highlight problems and strengths
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General Maintenance and Ongoing Support (2 yrs +)

Reduce collaborative calls	Care Consultation Calls	Use of data & fidelity reports to highlight problems and strengths
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Addressing Model Gaps and Introducing New Knowledge (webinars, training, LMS)

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OnTrackNY Data Flow

Data Science

OMH
Commissioner, Sr. Medical Officer
Field Offices, PME, NKI

OnTrack Central
Intermediary and Purveyor
Organization

Teams Clinics Agencies

OnTrackNY Clients and Families

Self-report
Forms

Fidelity, Monthly Reports

Quarterly
Forms:
Program
Components

Flow of Stakeholder Feedback

QI Activities

OMH
Commissioner, Sr. Medical Officer
Field Offices, PME, NKI

OnTrackCentral
Intermediary and Purveyor
Organization

Teams Clinics Agencies

OnTrackNY Clients and Families

Executive Committee
(Includes Fam/Cons
Advocates)

Evaluation of TA
& Solicitation of
Needs

Youth and
Family Council



Group Health Cooperative Learning Health Care System Framework and Conceptual Model

Scanning & Surveillance	Design	Implement	Evaluate	Adjust	Disseminate
A healthcare system that is willing to learn and identify gaps in quality and efficiency and solutions	Design of solutions includes key stakeholders to ensure that solutions meet their needs	Piloting or testing solutions (with early adopters or comparison group)	Evaluation of pilot results with feedback from all key stakeholders	Make program changes based on evaluation feedback	Dissemination of knowledge in a timely manner through evidence-based communications

OnTrackNY's Learning Healthcare System as EPINET Regional Hub

- Aim 1: Implement systematic community-based participatory processes to ensure robust *stakeholder involvement*.
- Aim 2: Enhancing the *data collection and informatics system*.
- Aim 3: Developing *practice-based research*.

Humensky JL, Nossel I, Bello I, Dixon LB. COMMENTS: Future Directions for OnTrackNY and Coordinated Specialty Care for Young People with Recent-Onset Psychosis. J Ment Health Policy Econ. 2019 Dec;22(4):155-157. PMID: 32913389; PMCID: PMC7478861.

Using the RE-AIM Framework to Evaluate Progress in System of Care

- Grew from need for improved reporting on issues related to implementation and external validity of health promotion and health care research.
- Developed partially as a response research conducted under optimal efficacy conditions—not real-world complex settings.
- Initially designed to help evaluate interventions and public health programs, to produce a more balanced approach to internal and external validity, and address key issues important for dissemination and generalization.

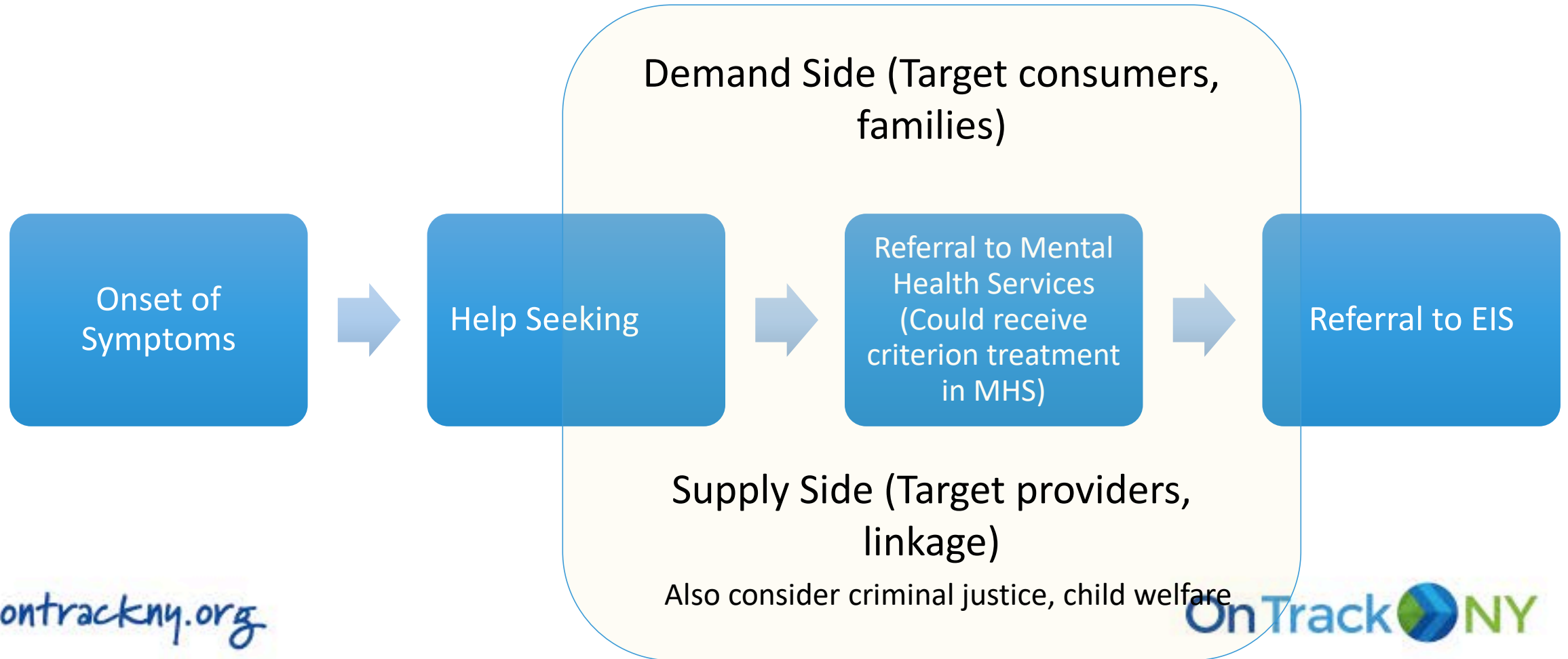
RE-AIM Framework

Domain	Definition
Reach	The number of eligible people who are enrolled and the extent to which the program is serving the population in need.
Effectiveness	The impact of an intervention on outcomes, including potential negative effects, quality of life, and economic outcomes
Adoption	Adoption is the absolute number, proportion and representativeness of settings and intervention agents who are willing and able to initiate a program
Implementation	Fidelity to the various elements of an intervention's protocol. This includes consistency of delivery as intended and the time and cost of the intervention.
Maintenance	The extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies. Also has referents at the individual level defined as the long term effects of a program on outcomes 6 or months after the most recent intervention contact.

R is for Reach: How Do I Reach the Targeted Population?

- The number of eligible people who are enrolled and the extent to which the program is serving the population in need.

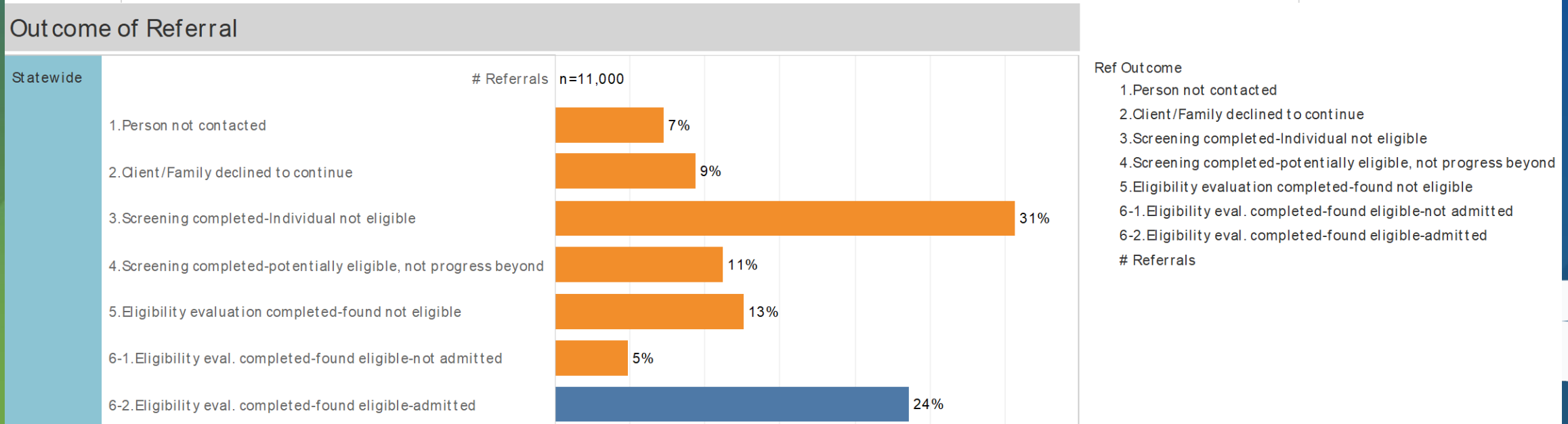
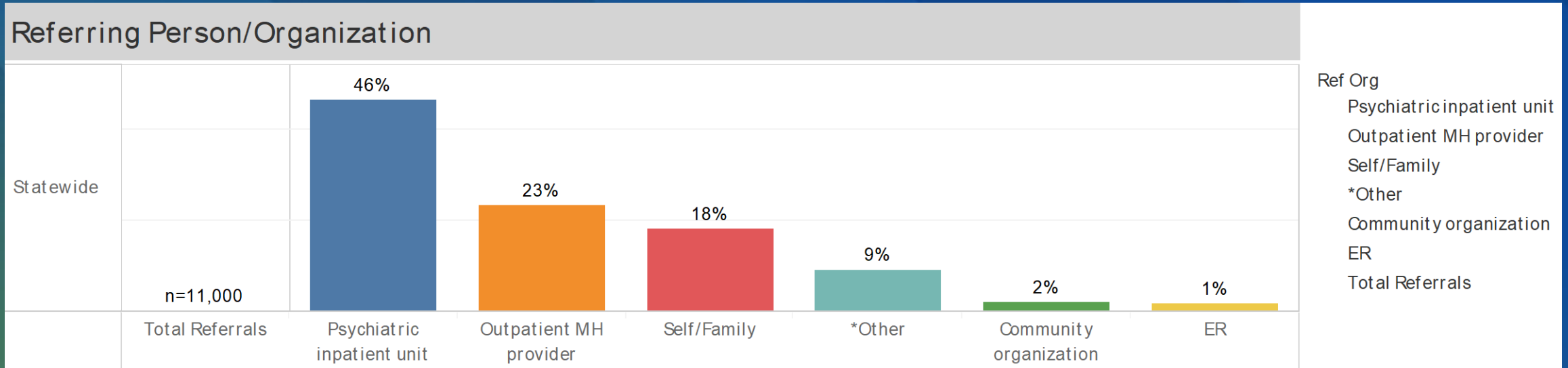
What is Possible for OnTrackNY? Roadmap for Pathway to Care



OnTrackNY Strategy

- Eligibility limited to individuals within two years of onset
- Focus on post help-seeking to start
- Fund and monitor outreach activities
- Develop “DUP Toolkit” to train providers
- Work with Medicaid MCO’s
- Use social media/youth leaders
- Designate team member with responsibility

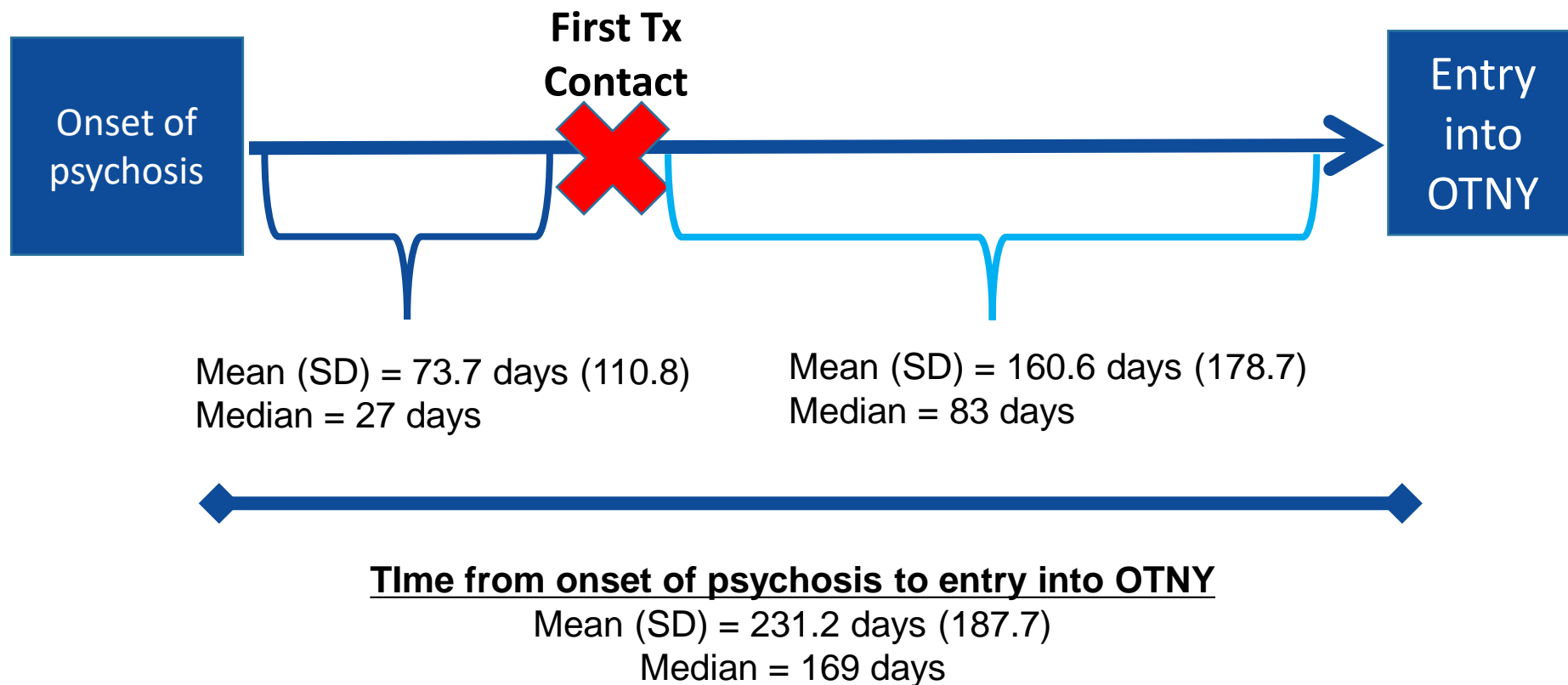
% of Clients Referred From Different Sources and Outcome of Referral (05/15-05/23)



Characteristics of OnTrackNY Enrollees through 5/23 (N=3160)

- Mean age= 21, 14% under 18
- 70% Male, 28% Female, 1% Transgender
- 34% Black, non-Hispanic; 24% White, non-Hispanic; 26% Hispanic; 9% Asian, non-Hispanic; 2% Multiracial, 6% Missing
- 54% Medicaid, 34% Private, 3% Other, 4% Uninsured; 2% Unknown
- 79% Live with family, 5% Homeless
- Time since onset of psychosis 7.4 (5.1) months

Mean Duration of Untreated Psychosis for OnTrackNY (N=779)



Evaluation of “Reach”

- Increasing availability across the state
- Numbers served (~2000) and slots (~960) Estimated need: at least 2000, maybe a lot more
- DUP: 7.5 months exceeds goal of no more than 3 months
- Over-reliance on hospitals and mental health system for recruitment

Lessons Learned

- Tension between reaching out to high-yield referrers (inpt) and doing extensive community work so that individuals are referred before a first admission
- Impact of turnover (within teams and at outside agencies) on referral relationships
- MCO's can identify members with FEP- but differences across plans in how to do so
- Rural areas more challenging than urban

Summary

- Scaling up requires strategy to link and connect with strong data and stakeholder feedback dimensions
- Intermediary organization can facilitate
- Capacity to identify strengths and weaknesses as in a learning health care system

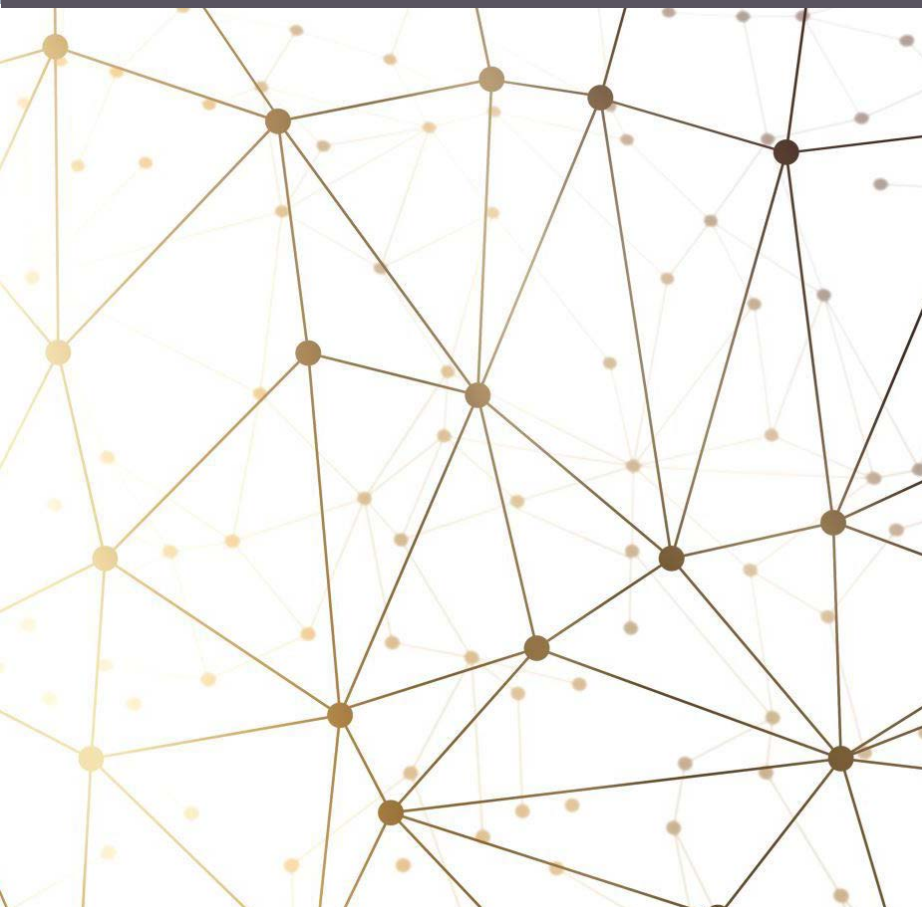
Questions?

Thank you

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Yale SCHOOL OF MEDICINE



ELEMENTS OF EARLY DETECTION OF PSYCHOSIS

Jessica Monahan Pollard, PhD

Senior Behavioral Health Advisor, NASMHPD

NASMHPD

Reducing the Duration of Untreated Psychosis (DUP) in a US Community: A Quasi-Experimental Trial

Vinod H. Srihari^{*,1,⊕}, Maria Ferrara^{1,2,⊕}, Fangyong Li³, Emily Kline⁴, Sinan Gülöksüz^{1,5}, Jessica M. Pollard¹, John D. Cahill¹, Walter S. Mathis¹, Laura Yoviene Sykes^{1,⊕}, Barbara C. Walsh¹, Glen McDermott⁶, Larry J. Seidman^{4,7}, Ralitza Gueorguieva^{1,⊕}, Scott W. Woods¹, Cenk Tek¹, and Matcheri S. Keshavan⁴

¹Program for Specialized Treatment Early in Psychosis (STEP), Yale University School of Medicine, Department of Psychiatry, New Haven, CT, USA; ²Institute of Psychiatry, Department of Neuroscience and Rehabilitation, University of Ferrara, Ferrara, Italy; ³Yale Center for Analytical Sciences (YCAS), Yale School of Public Health, New Haven, CT, USA; ⁴Department of Psychiatry, Harvard Medical School at Beth Israel Deaconess Medical Center, Boston, MA, USA; ⁵Department of Psychiatry and Psychology, Maastricht University Medical Centre, Maastricht, The Netherlands; ⁶Red Rock Branding, New Haven, CT, USA

⁷This author is now deceased.

*To whom correspondence should be addressed to; 34 Park Street, CMHC, New Haven, CT 06517; tel: (203) 464-4463, fax: (203) 974-7322, e-mail: vinod.srihari@yale.edu

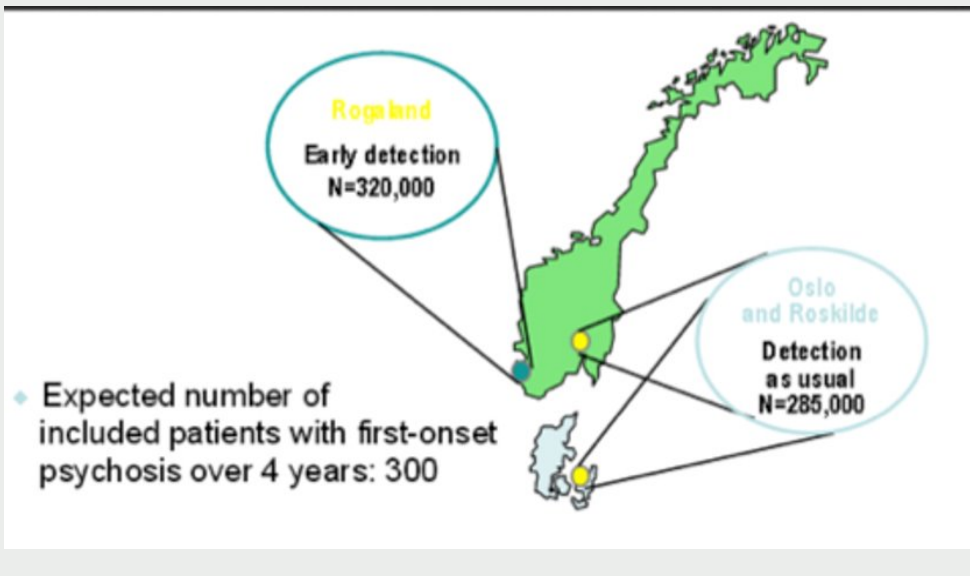
Why Focus on DUP?

- DUP = time between onset & appropriate treatment
- Strongest predictor of variety of outcomes even decades later; the longer DUP the worse symptoms & functioning
- Most clinical & psychosocial deterioration occurs in the first 5 years
- Severe distress, increased suicide risk, aggression, aversive pathways to care, criminal justice involvement, & traumatic experiences



Norwegian TIPS Study

- Public education campaign & rapid assessment/referral teams
- Educated public, schools, health professionals on early signs of psychosis
- DUP from 16 weeks down to 5 weeks
- Superior functioning 10 years later for Early Detection patients



Mindmap: Quasi-experimental Design

- Two similar CSC programs (STEP & PREP): processes, intervention, affiliation with public CMHC & academic, connection to CHR-P clinics, catchment area
- STEP + ED (mindmap) versus PREP Usual Detection (UD)
- 1 year baseline, 4 years campaign
- Participants assessed at entry, 6 months, 12 months

Mindmap: Our Approach

- Replicate TIPS in the US
- Update to include social media & other current marketing strategies
- Lessons learned from unsuccessful campaigns
- Agnostic; focused on behavior change

Learning from Unsuccessful Attempts

- Our referral pathway data: missed opportunities, including suicide attempts, police interactions, involuntary admissions, routes involving multiple community members
- Premature termination of campaigns
- Too narrowly focused
- Inaccurate understanding/targeting of sources of delay

Mindmap: Conceptual Model

- Modifiable sources of delays on "demand" *and* "supply" side
- Demand: appropriate attribution, acknowledging need for care, help seeking by patient, family, & identification of psychosis by health professional
- Supply: healthcare system, referral to & enrollment in CSC
- Socio-ecological: continuously adapt campaign tactics to responsiveness of all relevant stakeholders
- Separate target groups that could become network

No Wrong Door



Mindmap: Campaign Components

Public
Education:
Social & Mass
Media

Professional
Outreach &
Detailing (POD)

Rapid Access
to Services
(RAS)

Mindmap: Developing Messaging

- Worked with marketing firm
- Identified target audiences
- Focus groups
- Search terms
- Social media metrics
- Feedback at POD events
- Tracking referrals

Mindmap: Public Education

- Newspaper, transit, ads at movies, postcards, billboards
- Social media: facebook, twitter, instagram, youtube
- Videos were particularly popular
- Maximized dollars with PSAs, discounted rates, earned
- Signs & symptoms of psychosis, simple, visually attractive text & graphics targeting stakeholder groups
- Linked to a continuously updated campaign website

ONE PATH TO CUSTOMIZED CARE CHOOSE YOUR STOPS

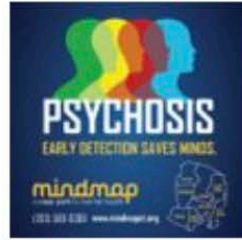
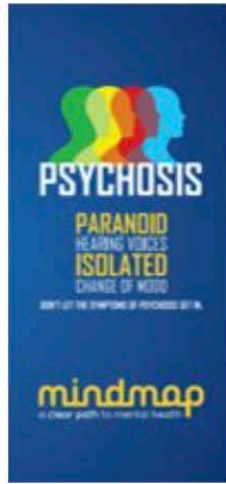
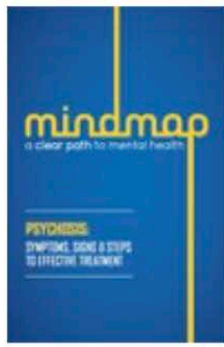


Mindmap: Public Education

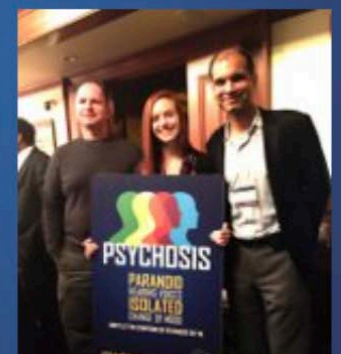
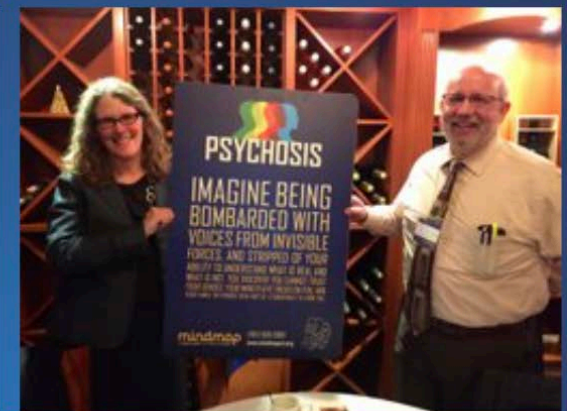
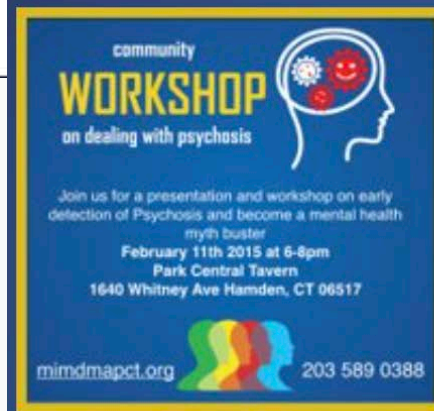


Mindmap: Professional Outreach & Detailing

- Took at page from success of pharmaceutical companies
- Stakeholders invited to informational dinners
- Participation in & booths at community events
- Contacts gathered were followed up via visits to workplace, ongoing phone and email
- Give aways materials developed for specific stakeholder needs & preferences



Lieutenant Joseph Murgio
East Haven Police Department



Mindmap: Rapid Access to STEP

- Continuous Quality Improvement (CQI) approach
- Single mobile referral number; expected response 1 day
- Queries were reviewed weekly by outreach coordinator, STEP clinical lead, & program director
- Review outliers: process improvements to limit all sources of delay; performance standard of <1 week

Mindmap: RAS (continued)

- Assertive, "sticky", youth friendly, recovery oriented & flexible outreach
- Support to families/supports & referrers helpful
- Noneligible calls were reviewed to inform refinements in messaging across other campaign components
- Inclusion criteria were kept simple to limit referral delay

> [Psychiatr Serv.](#) 2022 Dec 1;73(12):1416-1419. doi: 10.1176/appi.ps.202100374. Epub 2022 Jun 2.

Reducing Delay From Referral to Admission at a U.S. First-Episode Psychosis Service: A Quality Improvement Initiative

[Maria Ferrara](#)¹, [Keith Gallagher](#)¹, [Laura A Yoviene Sykes](#)¹, [Philip Markovich](#)¹, [Fangyong Li](#)¹,
[Jessica M Pollard](#)¹, [Shannon Imetovski](#)¹, [John Cahill](#)¹, [Sinan Guloksuz](#)¹, [Vinod H Srihari](#)¹

Affiliations + expand

PMID: 35652190 PMCID: PMC9715806 (available on 2023-12-01)

DOI: [10.1176/appi.ps.202100374](https://doi.org/10.1176/appi.ps.202100374)

Mindmap: Results

- Progressive yearly increase in community responsiveness; digital impressions (>4 million)
- Escalating inquiries to referral phone line; from pre-campaign year of 101 to 314 average per campaign year
- Pre-campaign DUP (2014–2015) was equivalent, while Mindmap was associated with DUP reductions at STEP but not PREP
- DUP-Total fell significantly in both 1st and 2nd quartile (11.5 and 58.5 days reduction per campaign year, respectively)
- DUP Demand and DUP-Supply fell in the third quartiles only (46.3 and 70.3 days reduction per campaign year, respectively)
- No reductions were detectable across all quartiles at PREP

Mindmap: Results

Table 2. DUP (days) for patients enrolled in FES (STEP & PREP) before (2014–2015) and during (2015–2019) early detection campaign (Mindmap)

		STEP		PREP	
		2014–2015 (pre-Mindmap) <i>N</i> = 24	2015–2019 (Mindmap) <i>N</i> = 147	2014–2015 <i>N</i> = 12	2015–2019 <i>N</i> = 63
DUP-Demand	Mean (SD)	173.5 (177.2)	145.3 (234.0)	204.1 (211.4)	186.4 (236.7)
	Median (Q1,Q3)	98.5 (19.5, 329.0)	48.0 (14.0, 183.0)	127.0 (46.5, 317.5)	81.0 (17.0, 291.0)
	Range	0–700	0–1153	1–701	1–938
DUP-Supply	Mean (SD)	153.0 (218.7)	138.7 (242.2)	180.8 (175.5)	297.8 (312.6)
	Median (Q1, Q3)	29.5 (13.5, 246.0)	20.0 (9.0, 133.0)	152.0 (39.0, 234.5)	149.0 (65.0, 458.0)
	Range	0–726	0–1106	0–521	0–1290
DUP-Total	Mean (SD)	326.5 (303.4)	284.1 (301.6)	384.9 (255.4)	484.2 (346.6)
	Median (Q1, Q3)	311.5 (59.0, 492.5)	149.0 (50.0, 457.0)	324.5 (224.5, 526.5)	430.0 (162.0,709.0)
	Range	8–1060	2–1189 [†]	19–917	13–1416 [†]

[†]0–1087 (PREP) and 0–1094 (STEP) after excluding those with DUP-Total > 3 years.

Mindmap: Take Aways

- Campaigns don't need to be expensive but do need to be sustained
- Even seemingly strong relationships require follow up
- Be repetitious in messaging & shameless in asking for message boosting
- Face to face interactions can increase number and quality of referrals
- Multi-pronged approach necessary
- Dispelling myths is important
- Information about psychosis, treatment, & referral can be simplified
- Know your audience & tailor your messages
- Designated outreach coordinator really useful
- Low barrier, simple, clear admission criteria still can be accurate
- Daily clinical huddle & data feedback to clinical team
- Messaging that resonates with treatment naïve/early phase individuals & families different than what resonates with advocates, etc

For More Information

- Srihari, V.H., Ferrara, M., Li, F., Kline, E., Gülöksüz, S., Pollard, J.M., et al., Reducing the Duration of Untreated Psychosis (DUP) in a US Community: A Quasi-Experimental Trial, Schizophrenia Bulletin Open, Volume 3, Issue 1, January 2022, sgab057, <https://doi.org/10.1093/schizbullopen/sgab057>
- Ferrara, M., Gallagher, K., Yoviene Sykes, L. A., Markovich, P., Li, F., Pollard, J. M., Imetovski, S., Cahill, J., Guloksuz, S., & Srihari, V. H. (2022). Reducing delay from referral to admission at a U.S. first-episode psychosis service: A quality improvement initiative. Psychiatric Services, appi.ps. <https://doi.org/10.1176/appi.ps.202100374>
- <https://mindmapct.org/home/>
- [NASMHPD/NRI Information Brief "Outreach for First Episode Psychosis"](#)