Before, During and After: Successes and Challenges in the Delivery of Early Psychosis Treatment: The NY Experience

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Columbia University Medical Center
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OnTrackNY
Disclosures

None
Acknowledgements

OnTrackNY Central Staff
OnTrackNY Teams
OnTrackNY Clients
Learning Objectives

Before
To understand the role of DUP in outcomes in schizophrenia
To identify bottlenecks in the pathway to care for individuals with FEP

During
To understand the components and outcomes of CSC
To identify important gaps in knowledge about FEP treatment

After
To understand what is known about follow up studies of FEP services
To identify the challenges for providing optimal follow up care
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Key Scientific Finding Driving FEP Care

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

• DUP is the time between onset of psychosis and specified treatment (e.g., antipsychotics or CSC)
Roadmap for Pathway to Care

- Onset of Symptoms
- Help Seeking
- Referral to Mental Health Services (Could receive criterion treatment in MHS)
- Referral to EIS
Association Between Duration of Untreated Psychosis and Outcome in Cohorts of First-Episode Patients: A Systematic Review

Correlations between duration of untreated psychosis (DUP) and clinical outcomes, hospital treatment and social functioning.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Correlation (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General symptomatic outcome</td>
<td>-0.15 (-0.22 to -0.09)</td>
</tr>
<tr>
<td>Positive symptoms (n = 8)</td>
<td>-0.14 (-0.22 to -0.07)</td>
</tr>
<tr>
<td>Negative symptoms (n = 18)</td>
<td>-0.13 (-0.21 to -0.05)</td>
</tr>
<tr>
<td>Hospital treatments (n = 11)</td>
<td>-0.09 (-0.22 to 0.04)</td>
</tr>
<tr>
<td>Social functioning (n = 14)</td>
<td>-0.18 (-0.27 to -0.09)</td>
</tr>
<tr>
<td>Employment (n = 7)</td>
<td>-0.05 (-0.16 to 0.06)</td>
</tr>
<tr>
<td>Global outcome (n = 19)</td>
<td>-0.17 (-0.26 to -0.07)</td>
</tr>
<tr>
<td>Quality of life (n = 7)</td>
<td>-0.10 (-0.22 to 0.01)</td>
</tr>
<tr>
<td>Remission (n = 10)</td>
<td>-0.14 (-0.23 to -0.06)</td>
</tr>
</tbody>
</table>
Duration of Untreated Psychosis in Community Treatment Settings in the United States

Jean Addington, Ph.D., Robert K. Heinssen, Ph.D., Delbert G. Robinson, M.D., Nina R. Schooler, Ph.D., Patricia Marcy, B.S.N., Mary F. Brunette, M.D., Christoph U. Correll, M.D., Sue Estroff, Ph.D., Kim T. Mueser, Ph.D., David Penn, Ph.D., James A. Robinson, M.Ed., Robert A. Rosenheck, M.D., Susan T. Azrin, Ph.D., Amy B. Goldstein, Ph.D., Joanne Severe, M.S., John M. Kane, M.D.

- **Methods:** Participants were 404 individuals (ages 15-40) who presented for treatment for FEP at 34 nonacademic clinics in 21 states. DUP and individual- and site-level variables were measured.

- **DUP** was defined as the period between onset of psychotic symptoms and initial treatment with antipsychotic medications.
Results: DUP in RAISE ETP Study

- Mean DUP 196 (262) weeks
- Median 74 (1-1456)
- 268 (68%) had DUP of > 6 months
Shorter vs. Longer Duration of Untreated Psychosis (DUP) on Quality of Life (p<0.03)
What is Possible for OnTrackNY?
Roadmap for Pathway to Care

Onset of Symptoms → Help Seeking

Demand Side: Target Consumers/Families
- Referral to Mental Health Services (Could receive criterion treatment in MHS)
- Referral to EIS

Supply Side: Target Providers/Linkage
- Also consider criminal justice, child welfare
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
The Road to Enrollment (2/17)

~20% of those who are referred (N=1734) are eligible
87% of those who are eligible are enrolled
71% of those who are enrolled are enrolled within one week of eligibility
Average time since onset of psychosis: 7.5 months
% of Clients Referred From Different Sources

Data are for presentation only and should not be referenced.

- All Referrals (N=1734)
- Enrolled Since 7/15 (N=351)

Others:
- Psychiatric Inpt
- Outpatient MH
- Other
- ER
- NYC START
- School system
- Family/Self
- Community Org
- Another OTNY

% of Clients
% of Enrollees With Type of Previous Service Contact (2/17; N=543)

Average contacts=3.3

Data are for presentation only and should not be referenced
Reason for Prior Encounters
Enrolled Clients (N=543) 2/17

Data are for presentation only and should not be referenced

% of 3,966 Reasons
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To identify the challenges for providing optimal follow up care
Coordinated Specialty Care

Clinical Services

• Case management, Supported Employment/Education, Psychotherapy, Family Education and Support, Pharmacotherapy and Primary Care Coordination

Core Functions/Processes

• Team based approach, Specialized training, Community outreach, Client and family engagement, Mobile outreach and Crisis intervention services, shared decision making

NAVIGATE Participants Stayed in Treatment Longer

Time to Last Mental Health Visit

(Difference between treatments, $p=0.009$)
From: Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program

A. QLS total score

B. PANSS total score

c Treatment by square root of time interaction, p=0.016.
FIGURE 1. One-year hospitalization and vocational engagement outcomes among STEP participants and those in usual treatment

- Hospitalized during 6 months before enrollment
- Hospitalized during 1 year after enrollment
- Vocationally engaged at enrollment
- Vocationally engaged 1 year after enrollment

Percentage of patients

<table>
<thead>
<tr>
<th></th>
<th>STEP</th>
<th>Usual treatment</th>
<th>STEP</th>
<th>Usual treatment</th>
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</thead>
<tbody>
<tr>
<td>Hospitalized</td>
<td>49/60</td>
<td>46/57</td>
<td>44/48</td>
<td>25/37</td>
</tr>
<tr>
<td>Vocationally</td>
<td>14/60</td>
<td>25/57</td>
<td>34/48</td>
<td>26/37</td>
</tr>
<tr>
<td>engaged at</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>enrollment</td>
<td></td>
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</tbody>
</table>

STEP, Specialized Treatment Early in Psychosis. Between-groups comparisons: for hospitalization rates (adjusted for pretreatment hospitalization), omnibus $\chi^2=5.60$, df=1, $p=.018$; for vocational engagement (adjusted for pretreatment vocational engagement), omnibus $\chi^2=9.56$, df=1, $p=.002$
A Systematic Review of the Effect of Early Interventions for Psychosis on the Usage of Inpatient Services

Jason R. Randall¹,², Sherri Vokey³, Hal Loewen³, Patricia J. Martens¹,², Marni Brownell¹,², Alan Katz¹,², Nathan C. Nickel¹,², Elaine Burland², and Dan Chateau*¹,²


Table 1. Summary of Included Studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Country</th>
<th>Design</th>
<th>Outcomes</th>
<th>Program</th>
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<tbody>
<tr>
<td>Agius 2010</td>
<td>UK</td>
<td>Cohort</td>
<td>Both</td>
<td>OPUS</td>
</tr>
<tr>
<td>Bertelson 2008</td>
<td>Denmark</td>
<td>RCT</td>
<td>Both</td>
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</tr>
<tr>
<td>Boden 2010</td>
<td>Sweden</td>
<td>Historical control</td>
<td>Both</td>
<td></td>
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<tr>
<td>Chen 2011</td>
<td>Hong Kong</td>
<td>Matched historical control</td>
<td>Both</td>
<td>EASY</td>
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<tr>
<td>Cocchi 2011</td>
<td>Italy</td>
<td>Cohort</td>
<td>Bed days</td>
<td>Programma 2000</td>
</tr>
<tr>
<td>Craig 2004</td>
<td>UK</td>
<td>RCT</td>
<td>Both</td>
<td>LEO</td>
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<tr>
<td>Cullberg 2002</td>
<td>Sweden</td>
<td>Cohort and Historical control</td>
<td>Hospitalization</td>
<td>Parachute</td>
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<tr>
<td>Dodgson 2008</td>
<td>UK</td>
<td>Historical control</td>
<td>Bed days</td>
<td></td>
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<tr>
<td>Fowler 2009</td>
<td>UK</td>
<td>Historical control</td>
<td>Both</td>
<td></td>
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<tr>
<td>Goldberg 2006</td>
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<td>Graye 2006</td>
<td>Norway</td>
<td>RCT</td>
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<td>Australia</td>
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<td>Petakis 2012</td>
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<td>Sandbrook 2006</td>
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<td>Singh 2007</td>
<td>UK</td>
<td>Cohort</td>
<td>Hospitalization</td>
<td>ETHOS</td>
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</tbody>
</table>
Meta-analysis for any hospitalization during the follow-up period
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.
Inclusion Criteria for OnTrackNY

- Non-affective psychosis (schizophrenia, schizoaffective disorder, schizophreniform disorder, psychotic disorder NOS (DSM-IV), or other specified/unspecified schizophrenia spectrum and other psychotic disorder (DSM-5))
- Age 16-30
- Onset of psychosis must be ≥ 1 week and ≤ 2 years
- New York State resident
Exclusion Criteria for OnTrackNY

- Any history indicating developmental delays (IQ < 70)
- Primary diagnosis of substance induced psychosis, psychotic mood disorder, or psychosis secondary to a general medical condition
- Serious or chronic medical illness significantly impairing function independent of psychosis
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

Building best practices with you.
Buffalo (2) (1 Navigate)

Rochester

Syracuse

Albany

Binghamton*

Middletown

Long Island (2)

Yonkers

NYC: 11 Programs

OnTrackNY

Characteristics of OnTrackNY Enrollees through 2/2017 (N=544)

• Mean age= 21, 14% under 18
• 70% Male, 27% Female, <1% Transgender
• 41% White (non-Hispanic), 36% Black (non-Hispanic), 10% Asian, 3% Multiracial, 10% Missing
• 22% Hispanic, 77% Not Hispanic; 1% Missing
• 50% Medicaid, 43% Private, 3% No insurance, 7% Other
• Average time since onset of psychosis: 7.5 months
% Receiving Treatment Over Time (2/17)

% in Treatment

Data are for presentation only and should not be referenced

Baseline (N=446)  3-Mo (N=398)  6-Mo (N=352)  9-Mo (N=224)  12-Mo (N=181)  15-Mo (N=157)  18-mo
% With Hospitalization in Past 3 months (2/17)

Data are for presentation only and should not be referenced

<table>
<thead>
<tr>
<th>Time</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>ADM (N=463)</td>
<td>72%</td>
</tr>
<tr>
<td>3m. F/U (N=406)</td>
<td>13%</td>
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<tr>
<td>6m. F/U (N=340)</td>
<td>9%</td>
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<tr>
<td>9m. F/U (N=280)</td>
<td>10%</td>
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<tr>
<td>12m. F/U (N=217)</td>
<td>10%</td>
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<tr>
<td>15m. F/U (N=166)</td>
<td>10%</td>
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</table>
% With Hospitalization in Past 3 Months (2/17)

Data are for presentation only and should not be referenced
% with ER Visits Last 3 Months (2/17)

Data are for presentation only and should not be referenced

- ADM (N=463): 63%
- 3m. F/U (N=406): 12%
- 6m. F/U (N=340): 14%
- 9m. F/U (N=280): 10%
- 12m. F/U (N=217): 9%
- 15m. F/U (N=166): 9%
% With ER Visits Last 3 Months (2/17)

- ADM (N=340): 66%
- 3m. F/U (N=340): 13%
- Last F/U (N=340): 11%

Data are for presentation only and should not be referenced.
MIRECC GAF Scores (2/17)

Data are for presentation only and should not be referenced

- ADM (N=340): Symptoms 33, Occupational functioning 36, Social functioning 56
- 3m. F/U (N=340): Symptoms 46, Occupational functioning 50, Social functioning 63
- Last F/U (N=340): Symptoms 54, Occupational functioning 56, Social functioning 68
MIRECC GAF Scores (2/17)

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<table>
<thead>
<tr>
<th>Time</th>
<th>ADM (N=517)</th>
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<th>6m. F/U (N=340)</th>
<th>9m. F/U (N=281)</th>
<th>12m. F/U (N=217)</th>
<th>15m. F/U (N=166)</th>
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<tr>
<td>Symptoms</td>
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<td>49</td>
<td>54</td>
<td>57</td>
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<tr>
<td>Occupational functioning</td>
<td>56</td>
<td>63</td>
<td>66</td>
<td>68</td>
<td>69</td>
<td>71</td>
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<tr>
<td>Social functioning</td>
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</tbody>
</table>

Legend:
- Symptoms
- Occupational functioning
- Social functioning
% With Suicidal Ideation or Attempt (2/17)

Data are for presentation only and should not be referenced.
% With Suicidal Ideation or Attempt (2/17)

Data are for presentation only and should not be referenced.
% in Work or School (2/17)

Data are for presentation only and should not be referenced

- ADM (N=340): 34% Enrolled in school, 14% Employed, 42% Any enrolled in school or employed
- 3m. F/U (N=340): 37% Enrolled in school, 36% Employed, 64% Any enrolled in school or employed
- Last F/U (N=340): 41% Enrolled in school, 46% Employed, 71% Any enrolled in school or employed
% in Work or School (2/17)

Data are for presentation only and should not be referenced.

- ADM (N=540)
- 3m. F/U (N=405)
- 6m. F/U (N=340)
- 9m. F/U (N=281)
- 12m. F/U (N=217)
- 15m. F/U (N=166)

- % Enrolled in school
- % Employed
- % Any enrolled in school or employed

- ADM: 44%, 32%, 17%
- 3m. F/U: 63%, 42%, 41%
- 6m. F/U: 72%, 50%, 43%
- 9m. F/U: 74%, 50%, 46%
- 12m. F/U: 75%, 50%, 46%
- 15m. F/U: 72%, 50%, 46%
% of Clients Prescribed Antipsychotic Medication Through 2/17

Data are for presentation only and should not be referenced.
Meet In Community (2/17)

Data are for presentation only and should not be referenced.

Team leader/Primary clinician/Outreach coordinator/others

SEES

<table>
<thead>
<tr>
<th>Time</th>
<th>Team leader/Primary clinician/Outreach coordinator/others</th>
<th>SEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>3m. F/U</td>
<td>36%</td>
<td>36%</td>
</tr>
<tr>
<td>6m. F/U</td>
<td>35%</td>
<td>34%</td>
</tr>
<tr>
<td>9m. F/U</td>
<td>36%</td>
<td>31%</td>
</tr>
<tr>
<td>12m. F/U</td>
<td>30%</td>
<td>26%</td>
</tr>
<tr>
<td>15m. F/U</td>
<td>28%</td>
<td>26%</td>
</tr>
</tbody>
</table>

- 3m. F/U (N=404)
- 6m. F/U (N=340)
- 9m. F/U (N=280)
- 12m. F/U (N=217)
- 15m. F/U (N=166)
Team Met With Family (2/17)

Data are for presentation only and should not be referenced

3m. F/U (N=404)  6m. F/U (N=340)  9m. F/U (N=280)  12m. F/U (N=217)  15m. F/U (N=166)
Data are for presentation only and should not be referenced
Gaps

• Role of peers
• Cognition
• Suicidality
• Trauma
• Aggression/Violence
• Severe substance use
• Medication continuation vs. tapering
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To identify the challenges for providing optimal follow up care
5-Year Follow Up of LEO Study

18-Month RCT comparing specialized early intervention service to usual care (N=144)
Reduced admissions and percentage admitted in LEO experimental condition at 18 months
No differences observed in the 18 month-period preceding year 5 (N=99)
10-Year Follow-up of OPUS Study

• RCT comparing 2 years of multi-element team based model to usual care (N=547)
• 10-year follow up recruited 347 (63%)
• Evidence of a differential 10-year course in the development of negative symptoms, psychiatric bed days, and possibly psychotic symptoms in favor of OPUS treatment, differences were driven by effects at earlier follow-ups and had diminished over time.

Secher et al. Schiz Bull 41 (3) 617-26 2015
10-Year Follow-UP of OPUS Study

SAP / SANS: Scale for the Assessment of Positive / Negative Symptoms
GAF: Global Assessment of Functioning scale

Secher et al. Schiz Bull 41 (3) 617-26 2015
Potential Explanations

Treatment not long enough
Absence of critical pieces in model (SE)
Shift in TAU (Improvement)
DUP too long? (~125 weeks)—no early detection
RCT (N=160) comparing additional year of EASY with usual step down among individuals who received 2 years of EASY. Extended EASY produced significant increases in role functioning and reduced negative and depressive symptoms over the year.

Symptom and functional outcomes for a 5 year early intervention program for psychoses

Ross M.G. Norman, Rahul Manchanda, Ashok K. Malla, Deborah Windell, Raj Harricharan, Sandra Northcott

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ABSTRACT
There continues to be controversy concerning the long term benefits of specialized early intervention programs (SEI) for psychotic disorders. Recent reports of five year outcomes for SEI programs indicate that benefits of early intervention programs at two year follow-up have disappeared at five years. The Prevention and Early Intervention Program for Psychoses (PEPP) in London, Ontario offers continuity of care for five years, with a lower intensity level of specialized intervention after the initial two years. In this paper we examine whether the outcomes observed at two years were maintained at five year follow-up. In addition, it was possible to compare PEPP outcomes with those of the OPUS project at two and five years. Results indicate that improvement of symptoms between entry into PEPP and two year follow-up were maintained at five years. In addition, there was further improvement in global functioning between two and five year follow-up. Comparison of PEPP outcomes at two and five year follow-up to those of OPUS suggest that longer term continuity of care within SEI is associated with continuing benefits at least with respect to level of positive symptoms and functioning.

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Comparison of mean level of symptoms and functioning at entry into PEPP and at two and five year follow up

<table>
<thead>
<tr>
<th></th>
<th>Entry</th>
<th>2-Year</th>
<th>5-Year</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td></td>
<td></td>
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<tr>
<td>SAPS Global</td>
<td>10.34(3.36)</td>
<td>2.23(2.77)</td>
<td>2.12(2.83)</td>
</tr>
<tr>
<td>SANS Global</td>
<td>11.73(6.44)</td>
<td>6.44(4.52)</td>
<td>5.71(4.22)</td>
</tr>
<tr>
<td>Psychotic Dimension</td>
<td>3.05(0.93)</td>
<td>0.94(1.20)</td>
<td>0.71(0.98)</td>
</tr>
<tr>
<td>Negative Dimension</td>
<td>2.59(1.02)</td>
<td>1.64(1.08)</td>
<td>1.41(1.05)</td>
</tr>
<tr>
<td>Disorganized Dimension</td>
<td>1.79(1.08)</td>
<td>0.44(0.65)</td>
<td>0.28(0.53)</td>
</tr>
<tr>
<td>GAF</td>
<td>22.08(17.10)</td>
<td>52.66(28.31)</td>
<td>60.85(16.61)</td>
</tr>
</tbody>
</table>
OnTrack Framework

- Informed by Critical Time Intervention (CTI), a time-limited, three-phase, flexible intervention designed to enhance continuity of support during a “critical time” for youth and adults with serious mental illness.

- Three phases of OnTrackNY:
  
  **Phase 1:** Engagement with team and initial needs assessment
  
  **Phase 2:** Ongoing planning, intervention and monitoring
  
  **Phase 3:** Identification of future needs and services transition
Phase 3: Transition Planning

• Work with the team is time-limited: approximately two years for most participants.

• The PC helps the participant and family prepare for transition in the following ways:
  o Equip them with knowledge about the mental health care system and available resources for future goals and plans
  o Develop a comprehensive plan for transition with them
  o Encourage strong relationships with new treatment providers
Core Session # 10: Transition

**Purpose:** To help prepare the client and family to transition successfully from the team to mental health care in the community.

A clear and thoughtful Transition Plan alleviates everyone’s anxiety, and framing transition from the team as an accomplishment creates an occasion for celebration!

*Congratulations!*
Transition Planning Tool

- Identifies the progress client has made towards goals while working with OnTrackNY
- Helps client identify
  - His/her vision of success in the community
  - Supports to achieve vision
  - Practical next steps
- Transition Planning Tool.pdf
Case Example

18 y/o female who has been working with the team for 18 months

- Psychiatric services and therapy
- Attending some social skills training groups
- Volunteering at a community program
- Both parents were involved in treatment
Steps Taken

- Before discharge linked client to a local clinic
  - Took tour of clinic with OnTrackNY provider
  - Went with OnTrackNY team and family to meet psychiatrist and therapist in person and discuss treatment possibilities
- Attended 2 “test” groups to see if interested
- Linked family to NAMI support group
- Linked client with liaison who could work with client in his volunteer position to facilitate part-time employment with the organization
# Summary of Discharge Types

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program completion, appropriate post-discharge services in place</td>
<td>65</td>
<td>31.3</td>
</tr>
<tr>
<td>Program completion, appropriate post-discharge services not yet in place</td>
<td>7</td>
<td>3.4</td>
</tr>
<tr>
<td>Program termination by client, appropriate post-discharge services in place</td>
<td>29</td>
<td>13.9</td>
</tr>
<tr>
<td>Program termination by client, appropriate post-discharge services not yet in place</td>
<td>44</td>
<td>21.2</td>
</tr>
<tr>
<td>Team unable to contact client</td>
<td>17</td>
<td>8.2</td>
</tr>
<tr>
<td>Client no longer available to participate</td>
<td>39</td>
<td>18.8</td>
</tr>
<tr>
<td>Missing</td>
<td>7</td>
<td>3.4</td>
</tr>
<tr>
<td>Total</td>
<td>208</td>
<td>100</td>
</tr>
</tbody>
</table>

Data are for presentation only and should not be referenced.
The Long List of Challenges

- Optimizing model—we are not there yet
- Developing and training workforce
- Solidifying financing model
- Developing more effective strategies to reduce DUP and reach community
- Considering how to sustain benefits
- Empowering the community to demand these services
Thank you