Implementing Early Psychosis Intervention in Your System of Care

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Objectives

• Establish a basic understanding of the phases and symptoms of psychotic disorders
• Understand the goals, core elements and importance of early psychosis intervention, and the reality of recovery
• Understand the core practices of early psychosis Coordinated Specialty Care (CSC) and Clinical High Risk
• Understand how Systems of Care and Early Psychosis services align
• Understand the phases of early psychosis implementation and resources for learning, action planning and service improvement
• Identify strategies to begin integrating early psychosis and System of Care efforts
• 1:30-1:45 Introduction by Gary Blau
• 1:45-1:55 What is the focus of early psychosis intervention: overview of psychotic disorders (Iruma)
• 1:55-2:10 The impact of early psychosis intervention in Systems of Care: Scenarios with and without (Patti)
• 2:10-2:30 Core elements and practices of early psychosis intervention (Tamara)
• 2:30-2:45 Break
• 2:45-3:05 Stages of implementation: Bringing it home to your community (Tam)
• 3:05-3:20 Lessons learned from other communities (Patti)
• 3:20-3:40 Evaluating early psychosis programs (Abram)
• 3:40-4:00 Ongoing learning resources (Tamara)
• 4:00-5:00 Discussion: Bringing it home to your community (Iruma lead?)
Gary: Introduction
Psychotic Disorders

Broad terminology

• Individuals with a range of clinical issues that include psychotic symptoms
• Accommodates flux in syndromes during a period where diagnosis is ambiguous
• Treatment not contingent on diagnosis
Symptoms may include:

• Unusual thoughts or beliefs that appear strange to the young person or others
• Feeling fearful or suspicious of others
• Seeing, hearing, smelling, tasting or feeling things that others do not
• Disorganized, “odd” thinking or behavior
• Strange bodily movements or positions
Schizophrenia (DSM-5)

• Symptoms: Delusions; Hallucinations; Disorganized speech; Grossly disorganized or catatonic behavior; Negative symptoms (two or more for a month)

• Level of functioning declines

• Lasts at least six months
OnTrack New York Eligibility Criteria

- **Age:** 16-30 (can vary to include younger and older individuals)

- **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 (some programs include affective psychosis)

- **Duration of illness:** Onset of psychosis must be ≥ 1 week and ≤ 2 years (some programs extend this)
Schizophrenia prodrome

• Can take weeks to years
• Cognitive changes followed by affective, attenuated
• Clinical High Risk for Psychosis/ Psychosis-Risk Syndrome measured by Structured Interview for Psychosis-Risk Syndromes (SIPS)
• Treatment similar but not identical; generally does not recommend antipsychotics except with rapidly escalating symptoms
Who else might you include?

<table>
<thead>
<tr>
<th>Schizophrenia prodrome/Clinical High Risk (syndromes that predict the onset of psychosis)</th>
<th>Affective Psychotic Disorders</th>
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</thead>
<tbody>
<tr>
<td><strong>Brief Intermittent Psychotic Syndrome</strong></td>
<td><strong>Bipolar Disorder</strong></td>
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<tr>
<td>frankly psychotic symptoms that are recent and very brief</td>
<td>Symptoms of mania and depression but the psychotic symptoms are limited to the mood episodes</td>
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<tr>
<td><strong>Attenuated Positive Symptom Syndrome</strong></td>
<td><strong>Depression with psychotic features</strong></td>
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<tr>
<td>Requires one or more sub-threshold positive symptoms that have been present in the last month and have begun or worsened in the past year</td>
<td>Symptoms of psychosis are limited to episodes of depression</td>
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<tr>
<td><strong>Genetic Risk and Deterioration Syndrome</strong></td>
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<tr>
<td>Requires a family history of psychosis or personal history of schizotypal personality disorder and 30% decline in GAF score</td>
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Considerations

• Evidence-based treatments are for schizophrenia
• Expanding eligibility to other diagnoses might require different treatments
  • E.g., (cognitive changes associated to affective and attenuated symptoms, changes in functioning evident in affective disorders, antipsychotics not recommended for prodrome except with rapidly escalating symptoms)
• Diagnostic ambiguity- can take weeks or years to discern when people are prodromal
Your program

• How many people here work in a specialized services program for early psychosis?

• Who do you serve?
  • Age range?
  • Diagnostic categories?
Patti: The impact of early psychosis intervention in Systems of Care: Scenarios with and without
Duration of Untreated Psychosis

Young person develops early symptoms of psychotic illness

Often waits one to two years to engage in treatment

Care is often oriented toward adults, fragmented, reactive, and not based on current evidence

The typical delay before receiving appropriate care for psychosis (duration of untreated psychosis, or DUP) is close to 18 months in the U.S. (Heinssen et al, 2014), and appropriate care based on current knowledge is often not available (Kreyenbuhl, Buchanan, Dickerson, & Dixon, 2009).
Do these SCENARIOS sound familiar?

Shanika
- Child serving mental health agency
- From anxiety disorder to schizophrenia

Mari
- New to system, no prior services, adoptive parents
- From symptoms to residential treatment

Jason
- Paranoid behaviors at home and school
- Mom reached out to police for help
SCENARIOS with early psychosis identification & intervention

Shanika
- Child serving mental health agency
- Clinician screened for early psychosis
- Referred to early psychosis team

Mari
- New to system, no prior services, adoptive parents
- Family education & support provided and she received early psychosis treatment in her home & community
- Graduated from her high school and went on to college.

Jason
- Paranoid behaviors at home and school
- Mom reached out to police for help
- CIT officer OR Juvenile Court referred mom to CSC for FEP team in local agency
Core Elements and Practices of CSC
Goals of early psychosis intervention

- Minimize duration of untreated psychosis and trauma
- Provide rapid access to evidence-based treatment, education and support
- Reinforce family support and social network
- Support developmental progression (school/work, identity, needed skills)
- Reduce substance use
- Relapse prevention
- Provide knowledge, skills and resources to minimize disability
Early Psychosis Coordinated Specialty Care

• Specialized training and practices
• Intensive team (usually ACT standard)
• Serve both under and over 18 on one team
• Support for processing psychotic experiences, resiliency
• Supported employment and education on same team as clinical staff
• Transitional (usually 2 years or longer)
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 education, Client and family outreach and engagement, Mobile outreach and Crisis intervention services

CSC CORE PROCESSES
✓ Proactive community education
✓ Flexible outreach and engagement
✓ Family support and partnership
✓ Strengths and person-centered
✓ Careful risk assessment
✓ Attention to school and work
✓ Introduction to others who have had similar experience
✓ Psychoeducation
✓ Medical & wellness support
✓ Finding meaning, making sense of experience, developing mastery
✓ Developmental progress
✓ Relapse planning
✓ Transition
Section 4: Community Education Planning

• Build on your existing networks
• Frequent and proactive
• Learn from pathway to care
• Use glossy paper and color
• Be visible (signage, web presence, etc.)
• Pay attention to underserved communities and groups
Guiding Principles and Clinical Concepts

• Recovery
• Person-Centeredness
• Shared decision making
• Cultural Competence
Focus on identifying and responding to care as early as possible

Offer evidence-based, culturally relevant, individualized care and follow-up in the least restrictive environment

Engagement of young person, family and other core supporters

Coordination of care across life domains
What Does Your System of Care Look Like?

• What is the target population? Age, Diagnosis, Early Signs and Symptoms?

• Is there a focus on identification and referral for early psychosis part of your system of care?

• Are young adult oriented providers, systems, and supports included?

• What are the advocacy and inclusion efforts related to access for persons with private insurance?
Community Example: Hamilton County, Ohio

- In 2009, Hamilton County, Ohio was awarded a SAMHSA System of Care Expansion Grant.
- Focus was on improving services and supports for 14-21 year old population with serious mental health challenges.
- Greater Cincinnati Behavioral Health developed a specialized service division for older youth and young adults. Natural home to FIRST Greater Cincinnati, an early psychosis coordinated specialty care team.
Are you or someone you know experiencing:

- Serious problems at work or school?
- Things that others do not see or hear?
- Persistent, unusual thoughts or beliefs?
- Trouble thinking clearly or concentrating?
- Suspiciousness or extreme uneasiness with others?

**FIRST**
Allwell Behavioral Health Services can help
Call 740.562.3270

Northeast Ohio MENTAL HEALTH &
Mental Health & Addiction Services
Best Practices in Schizophrenia Treatment (BeST) Center
neomed.edu/bestcenter
@BeSTNEOMED
f/bestschizophreniapractices

**University of Maryland, Baltimore**
**TRAINING INSTITUTES**
**JULY 25-28, 2018 | WASHINGTON, D.C.**

ssw.umaryland.edu/traininginstitutes
Measuring quality and outcomes

• Fidelity measures
• Outcome
• EPINET/PhenX
First Episode Psychosis Fidelity Scales

- First Episode Programs available around the world
- Fidelity scales developed in several countries
- Fidelity scales can be developed based on:
  - Knowledge synthesis based on all available literature
  - A program shown to be effective
  - Expert consensus
First Episode Psychosis Fidelity Scales

- Scales developed using research evidence:
  - FEPS-FS
- Scales developed from a single program model
  - OPUS Denmark
  - EPPIC Australia
- Scales developed by expert consensus
  - EDEN
  - EASA
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<tbody>
<tr>
<td><strong>1.</strong></td>
<td>Timely contact with referred individual</td>
<td><strong>17.</strong></td>
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<td><strong>2.</strong></td>
<td>Family involvement in initial assessment</td>
<td><strong>18.</strong></td>
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<tr>
<td><strong>3.</strong></td>
<td>Comprehensive Clinical Assessment</td>
<td><strong>18.</strong></td>
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<tr>
<td><strong>4.</strong></td>
<td>Comprehensive psychosocial needs assessment</td>
<td><strong>19.</strong></td>
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<tr>
<td><strong>5.</strong></td>
<td>Individualized treatment/care plan</td>
<td><strong>20.</strong></td>
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<tr>
<td><strong>6.</strong></td>
<td>Antipsychotic prescription after diagnosis</td>
<td><strong>21.</strong></td>
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<tr>
<td><strong>7.</strong></td>
<td>Antipsychotic dosing within guidelines</td>
<td><strong>22.</strong></td>
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<tr>
<td><strong>8.</strong></td>
<td>Guided antipsychotic dose reduction</td>
<td><strong>23.</strong></td>
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<tr>
<td><strong>9.</strong></td>
<td>Clozapine for medication-resistant symptoms</td>
<td><strong>24.</strong></td>
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<tr>
<td><strong>10.</strong></td>
<td>Client psychoeducation</td>
<td><strong>25.</strong></td>
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<tr>
<td><strong>11.</strong></td>
<td>Family psychoeducation</td>
<td><strong>26.</strong></td>
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<tr>
<td><strong>12.</strong></td>
<td>Individual/Group CBT</td>
<td><strong>27.</strong></td>
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<tr>
<td><strong>13.</strong></td>
<td>Interventions for prevention of weight gain</td>
<td><strong>28.</strong></td>
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<tr>
<td><strong>14.</strong></td>
<td>Annual formal comprehensive assessment</td>
<td><strong>29.</strong></td>
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<tr>
<td><strong>15.</strong></td>
<td>Assigned prescriber</td>
<td><strong>30.</strong></td>
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<tr>
<td><strong>16.</strong></td>
<td>Assigned case manager</td>
<td><strong>31.</strong></td>
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</table>
MHMG 10% Core Descriptive and Outcome Set

- Gender, Age, Race/Ethnicity
- Marital Status/Children
- Insurance
- Date of Onset of Psychosis
- Mental Health Diagnosis
- Current use of Anti-Psychotic Medication
- Currently Working/Employed/Attending School
- Homeless
- Tobacco/Alcohol/Marijuana/Drug Use
- Hospitalization/ER Visits
- Legal Issues
- Suicide Attempts
**MHBG 10% Core Outcome Measures**

<table>
<thead>
<tr>
<th>Symptom Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <em>Modified Colorado Symptom Index (CSI)</em></td>
</tr>
</tbody>
</table>

In addition:

| 2. If available, *Brief Psychiatric Rating Scale (BPRS)* |
| 3. If available, *MIRECC-GAF (symptom scale)* |
## MHBG 10% Core Outcome Measures

<table>
<thead>
<tr>
<th>Quality of Life and Functioning Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Global Functioning: Social And Role Scales</td>
</tr>
<tr>
<td><strong>2.</strong> Lehman Quality of Life Scale (global scale only)</td>
</tr>
</tbody>
</table>

In addition:

**3.** If available, MIRECC-GAF (social functioning and occupational functioning scale)
SAMHSA Child Mental Health Initiative: Outcome Measures

- Pediatric Symptom Checklist
- Columbia Impairment Scale
- Caregiver Strain Questionnaire
- Demographic Characteristics
- NOMS Based Measures
SAMHSA Child Mental Health Initiative: NOMS Outcome Measures

- Health Status
- Everyday Life Functioning
- Psychological Distress
- Illegal Substances/Tobacco/Binge Drinking
- Stable Living Environment
- School Attendance/Employed
- Criminal Justice Involvement
- Perception of Care
- Social Connections
PhenX Toolkit Domains

- Antipsychotic Medication Adherence
- Antipsychotic Medication Extrapyramidal Side Effects
- Clinician-Administered Psychiatric Assessment
- Family Burden of Mental Illness
- Family Expressed Emotion Toward Relatives with Psychosis and Schizophrenia
- Family Functioning
- Family History of Mental Illness
- General and Psychosis-related Psychopathology Symptoms
- Incarceration
- Mental Health Services Satisfaction
PhenX Toolkit Domains

- Multi-dimensional Assessment of Antipsychotic Medication Side Effects
- Perception of Recovery Orientation and Care Quality of Mental Health Services
- Personal Well-Being
- Physical Activity
- Premorbid Adjustment in Psychosis
- Psychiatric Symptoms - Frequency
- Psychosis Recovery Assessment
- Shared Decision Making in Clinical Encounters
- Social and Role Functioning in Psychosis and Schizophrenia
Measurement Challenges: Early Psychosis Interventions

• Transition age population
  • Outcome domains vary from late adolescence to early adulthood.
  • Measurement perspectives and methods can be different.
  • Child/Adolescent/Young Adult/Adult measures historically developed separately.
Stages of implementation

- Planning
- Start-up
- Fidelity measurement/quality improvement
- Dissemination/expansion

- https://www.nasmhpd.org/sites/default/files/KeyDecisionPointsGuide_0.pdf
Important decisions

• Eligibility criteria
• Population and projected incidence
• Staffing levels and training process
• Where to place program
Common issues

• Large caseloads/ competing responsibilities can interfere with community ed, flexibility, outreach
• Productivity expectations
• Staff turnover- continuity very important
• Training requirements
• Reaching the population
• Financing non-billable services
Unprecedented opportunities for connection and learning


- International Early Psychosis Association: [www.iepa.org.au](http://www.iepa.org.au)

- National Association of State Mental Health Program Directors portal: [http://www.nasmhpd.org/content/early-intervention-psychosis-eip](http://www.nasmhpd.org/content/early-intervention-psychosis-eip)

- NAMI National: [https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Psychosis/First-Episode-Psychosis](https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Psychosis/First-Episode-Psychosis)

Some Technical Assistance Resources

- RAISE resources:

- Navigate (RAISE Early Tx Program manuals & consultation):
  - [www.navigateconsultants.org](http://www.navigateconsultants.org)

- RAISE Connections/ OnTrack USA (implementation and treatment manuals & consultation):
  - [http://practiceinnovations.org/OnTrackUSA/tabid/253/Default.aspx](http://practiceinnovations.org/OnTrackUSA/tabid/253/Default.aspx)

- EASA (practice guidelines, training materials, psychoeducation resources, consultation):
  - [www.easacommunity.org](http://www.easacommunity.org)


Discussion

Bringing it home to your community

• What do you already have in place?
• What resources could you tap into?
• Who might be champions/ supporters?
• What are some barriers and what do you need?
• What modifications might you need to make?
Follow-up?

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