Early Psychosis Intervention for Teens and Young Adults: New and Empowering Approaches

Learning Exchange Series

Webinar 3:

Transforming Systems of Care for Early Psychosis: A Step-by-Step Approach

Lisa Dixon, MD, Tamara Sale, MA
Follow-up Call Information

October 6, 2-3:30 Eastern

Previous 2 webinars, video links, handouts at www.easacommunity.org
Lisa Dixon, MD, MPH

• Professor of Psychiatry at Columbia University Medical Center
• Director of Center for Practice Innovations at New York State Psychiatric Institute
• Principal Investigator of RAISE Connection Program
• Director of OnTrackNY
Tamara Sale, MA

- Director, Early Assessment and Support Alliance (EASA) Center for Excellence, Portland State University Regional Research Institute
- Coordinated original 5-county implementation in public managed health care system starting January 2001
- Coordinate training, program development statewide in Oregon since 2007
What we will cover today

• Brief Overview of Coordinated Specialty Care
• Steps in creating a program
• Experience and lessons from EASA and RAISE Connections/OnTrack NY
• Ongoing resources
Early Psychosis Coordinated Specialty Care: A National Movement

• Strong support for Coordinated Specialty Care from NIMH, SAMHSA and national organizations
• Existing programs with significant experience in U.S.
• Concrete steps taken toward national coordination
• “Learning healthcare system” concept
Coordinated Specialty Care

- Rapid response team
- Embedded in larger system/community
- Proactive; seeks out people needing support; facilitates service for those screened out
- Intensive, integrated approach with multiple disciplines
- Learning healthcare approach:
  - Services based on evidence
  - Participatory decision making
  - Focus on outcomes
CSC Components

- Team Leadership
- Case Management & Psychotherapy
- Supported Education and Employment
- Family Education and Support
- Pharmacotherapy
- Primary Care Coordination

I guess what’s been good about the program is...hearing the counselors talk and saying this is not defining who you are, this is an event in your life. You can still get on with your life. You know, there may be some differences, but you can still do it. (RAISE Connection: Client 447)
<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify program structure and services</td>
</tr>
<tr>
<td>Determine geographic boundaries</td>
</tr>
<tr>
<td>Define clinic population and eligibility criteria</td>
</tr>
<tr>
<td>Connect with state and surrounding partners</td>
</tr>
<tr>
<td>Establish funding / operating budget</td>
</tr>
<tr>
<td>Establish a referral network</td>
</tr>
<tr>
<td>Apply clinic procedures to the team</td>
</tr>
<tr>
<td>Establish programmatic oversight rules</td>
</tr>
<tr>
<td>Assess staffing requirements</td>
</tr>
<tr>
<td>Develop standards for team functioning</td>
</tr>
<tr>
<td>Develop training plan</td>
</tr>
</tbody>
</table>
Steps in Creating a Program

• Gain buy-in
• Geographic population and eligibility
• Program structure, services and financing
• Training and accountability
Early Assessment and Support Alliance (EASA)

- 2001 *managed mental healthcare initiative* in 5 counties (Mid-Valley Behavioral Care Network)
  - Roots: Early Psychosis Prevention and Intervention Center (EPPIC) in Australia

- 2007 legislature began *statewide* effort; Oregon Health Authority position created
  - Subsidy to ensure access regardless of funding

- *EASA Center for Excellence* partners to provide coordination, training, consultation, coaching, practice guideline and fidelity review development, planning and program development support
EASA Components

• All CSC elements (international/national best practices)
• Universal access regardless of insurance
• Alcohol and drug treatment within team
• Occupational therapy & RN-level nurses
• Peer support
• Participatory decision making
Promising Results to Build On

• Established teams available to 90% of state population
• Over 1100 served since 2008
• Penetration rate .77/10,000
• Majority in school or work
• 58% not planning to apply for disability
• Strong family participation
EASA Results

Percent of EASA Participants Hospitalized
(Data from 1/08 through 9/13, n = 943)

Time in EASA

EASA Center for Excellence
Building Ownership

• Recommend at least one full-time person to champion

• Leaders need to understand their role early on

• Involve people with lived experience

• Invite people to the table to figure out what you can’t do alone
Tying Early Psychosis to Core Motivations

- Voice of people with lived experience; recovery focus
- Large percent hospitalized
  - Olmstead Decision: right to services required to stay out of hospital (Dept. of Justice)
  - Huge dollars being spent, poor outcomes (hospitalizations, legal, life-long care)
- Evidence-Based Practice and prevention mandates
- Health care reform “Triple Aim” (individual quality/satisfaction, population health, cost)
Population and Eligibility

- How many do you expect to serve? (Projected annual incidence based on population)
- Who will you serve?
  - Diagnostic spectrum: schizophreniform/bipolar spectrum/other psychoses/psychosis risk syndrome
    - Diagnostic uncertainty hallmark
  - Age (EASA minimum 15-25; can go beyond)
  - Funding restrictions?
Program Structure and Services

• Compatibility of organization/location/personnel within organization
  – Leadership mission/commitment

  – Linkage to crisis systems, referral structures

  – Staffing intensity, coordination and flexibility

EASA Center for Excellence
Services

• Community ed critical

• Screening
  – Large percent screened out
  – Built into costs
  – Consultation/brokering service
Services

• Shoot for 1:10 fte (total fte, not per clinician)
• Need is more intensive in early stages
• Lead clinician caseload needs to be limited (1:20-25)
• Minimum weekly review of all individuals in service; close coordination
• Whole team serves above and below 18
Duration

• How long will program last?
  – EASA started 3-5 years, moved to 2, and is now working toward “aftercare” or “alumni”
  – Graduates are exceptional resource
  – Issues:
    • Permanent connection to public mental health system and impact on identity development
    • Management of new influx
• Transition
  – Planned, gradual, with ability to do longer-term check-ins & problem solve with graduates
Staffing Considerations

• There by choice
• In their job description!
• Supervisory support
  – Productivity
  – Flexibility
  – Training needs
Financing

• Program builds to plateau
• Adequate utilization (not below 1:10!)
• Diversified funding
  – Private insurance: aggressive pursuit and staff licensure
  – Projection of need for subsidy (insurance mix, % cost reimbursed)
• Exploration of alternative eligibility & billing methods/strategies:
  – Expanded Medicaid eligibility
  – Case rate/Bundled service
Training & Accountability

- Ongoing training, consultation & coaching
- Fidelity review
- Outcome measures
RAISE Connection ➔ OnTrackNY

• Maryland and New York optimized CSC programs including individuals 15-35 within one year of the onset of non-affective psychosis

• Demonstrated community buy in, feasibility and positive outcomes

• Led to creation of OnTrackNY (and MD EIP)

• 4 sites expanding to 12 sites with national capacity
RAISE Connection Team Interventions

Outreach/Engagement

Evidence-based Pharmacological Treatment

Supported Employment/Education

Recovery Skills (SUD, Social Skills, FPE)

Family Support/Education

Suicide Prevention

Peer Support

Recovery

Shared Decision Making

2.7 FTE—25 young people:
Start Small and Build Wisely

- 4 demonstration sites of full model to accrue information on feasibility, effectiveness and costs
- Provide technical assistance and training to other sites/agencies seeking to provide care for individuals experiencing early psychosis. Develop network of knowledge and experience
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.
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.

On Track NY
Governing Principles

• **Disability**: Limiting disability is the central focus; disability influenced by treatment and environment

• **Recovery**: Core value of empowerment and a personal journey in which the individual acquires the skills and personalized supports necessary to optimize recovery

• **Shared decision-making**: Shared decision-making facilitates recovery and provides a framework within which the preferences of consumers can be integrated with provider recommendations for available treatments
OnTrackNY: Overview

- Multi-disciplinary team grounded in Critical Time Intervention Coordinated Specialty Care (CSC) model
- Multi-element (e.g. psychiatric care and medications, care coordination, supported education/employment, skills training and substance abuse treatment, family psycho-education and support, suicide prevention)
- Developmentally flexible (teams serve youth and young adults age 16-30)
- Non-stigmatizing space
- Culturally competent
- 3.5 FTE
- Capable of outreach, but largely office based
- Highly individualized
Who is OnTrackNY Serving Today?

- 85 young adults
- Average age is 20, and 26% are under 18
- 69% Male, 31% Female
- 21% White (non-Hispanic), 39% Black (non-Hispanic), 18% Hispanic, 6% Asian, 16% Other
- Average time from onset of psychosis to OnTrackNY is 5 months—very fast by national standards
% of Clients With 1 or More Hospitalizations in Last 3 Months

BL (N=74) 3 mo (N=59) 6 mo (N=30) 9 mo (N=8)
% of Clients Participating in Work or School During Last Three Months

- Work
- School
- Work or School

BL (N=74)  3 mo (N=59)  6 mo (N=30)  9 mo (N=8)
Setting Things Up

• Identify Lead (build on existing strength)
  – In NY, use EBP Center from RAISE

• 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 learn and gather experience
• Four fully funded teams—Now moving towards billable services and Medicaid Managed Care coverage
• Downstate area
  – Capitalize on regional proximity for training
  – Capitalize on population density and cultural variability
• Diversity in type of host program
Examples of Criteria for Site Selection

• Experience providing care to youth (both children and adults) that are early in a psychotic illness
• Access to inpatient hospital that will work closely with site to facilitate admission and appropriate discharge
• Strong psychiatric supervision and clinical leadership
• Recovery orientation and commitment to hiring individuals with lived experience of mental illness
• Ability to provide data needed for demonstration project
• Willingness to do outreach into the community
Key Decisions in NYS Kickoff II

- Focus of Outreach
- Eligibility
- Model Components
- Treatment Length
- Training
- Fidelity and Data Collection
What is Possible for OnTrackNY?
Roadmap for Pathway to Care

Help Seeking

Demand Side (Target consumers, families)
Referral to Mental Health Services (Could receive criterion treatment in MHS)
Supply Side (Target providers, linkage)
Referral to EIS

Also consider criminal justice, child welfare
Eligibility

- Help-seeking youth → Psychosis Spectrum → Non-affective psychosis
  - Non-affective psychosis
- Restrict by limited previous treatment vs. time since onset
  - Select time since onset (For RAISE: 10.9 (7.8) mos; Median 8.5)
- Rationale
  - Capacity
  - Biggest impact
Model Components

• All CSC requirements with special emphasis on supported employment/education, engagement, shared decision making

• Current challenges and questions
  – Peer support workers (now adding)
  – Cognitive remediation
  – Trauma—PTSD (adding brief PTSD treatment with Kim Mueser)
Treatment Length

• Could not have open ended model—needed time limitation, but aware that gains can be lost over time
• Settled on average length of treatment of 2 years as goal
• Working actively on improving transition process and conducting follow-ups
• Focus of peer support?
Training/ Tracking Outcomes

• Health, School/Work, Friends, Costs, Fidelity
• Rely on quarterly reports by team that can be aggregated relatively simply
• No extensive site visits—trust but verify
• Provide teams and individuals with data to assist teams to self-evaluate
• In person and remote training; learning collaboratives
RESOURCES:
NAVIGATE Implemented at Half of the Early Treatment Sites for RAISE ETP Research Program
NAVIGATE Early Treatment Program

- Based on the stress-vulnerability model
- Emphasizes recovery and resiliency
- Uses Cognitive Behavioral Therapy strategies, including cognitive restructuring for hallucinations and delusions
- Uses principles of illness management and psychiatric rehabilitation
- Informed by special issues for first episode psychosis clients (including their developmental stage and trauma often caused by their first episode)
The NAVIGATE Team: Each has a manual and a training package

- Director and Family Clinician (combined role)
- Prescriber
- Supported Employment and Education (SEE) specialist
- Individual Resiliency Training (IRT) clinicians
- Sometimes a peer specialist and/or separate case manager

CONTACT: For more information, contact Susan Gingerich at navigate.info@gmail.com
WEBSITE: www.navigateconsultants.org
Resources


• NAVIGATE (RAISE Early Treatment Program): http://navigateconsultants.org/

• EASA, www.easacommunity.org

• University of North Carolina OASIS: http://www.med.unc.edu/psych/cecmh/patient-client-information/oasis

• University of California San Francisco/Felton Institute: http://prepwellness.org/ & http://felton.org/

• PIER Training Institute: http://www.piertraining.com/

One Last Thought

• Becoming part of national and international learning networks:
  – The problems we face have often been solved by someone, or will be soon!
  – Synergy increases speed of change

Lisa: dixonli@nyspi.columbia.edu
Tamara: tsale@pdx.edu