

WELCOME!

"Implementing Early Psychosis Intervention in the Real World" will begin shortly...

- Move any electronic handheld devices away from your computer and speakers
- We recommend that you close all file sharing applications and streaming music or video
- Check your settings in the audio pane if you are experiencing audio problems
- During the presentation, you can send questions to the webinar organizer, but these will be held until the end
- Audience members will be muted during the webinar

A recording of this webinar will be available online at http://www.pathwaysrtc.pdx.edu/webinars-previous.shtml





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Announcement: Next Webinar

Save the date: Wednesday, 2/24/16, 10AM



Pathways Project S/PAC
(System/Policy Analysis
and Change) presents:
"Stepping up: Young adult
voice in policy change"

http://www.pathwaysrtc.pdx.edu/webinar









Behavioral Health is Essential To Health



Prevention Works





Treatment is Effective





People Recover







Implementing Early Psychosis Intervention in the Real World

Ryan Melton, PhD, LPC Clinical Training Director, EASA Center for Excellence Tamara Sale, MA
Director,
EASA Center for Excellence











Oregon Early Assessment and Support Alliance (EASA)



First early psychosis roll-out in U.S. public mental health system: 5 counties 2001; statewide 2007-present



Tamara Sale EASA regional/state coordinator since 2001; Ryan Melton EASA clinician since 2001; regional/statewide clinical direction role starting in 2006



EASA Center for Excellence created at Portland State University in 2013; connected to Pathways RTC and National Training and Technical Assistance Center







Early Assessment & Support Alliance (EASA)



EASA provides information and support to young people who are experiencing symptoms of psychosis for the first time. Most people don't realize just how common and treatable psychosis is!

Why do I feel this way?

Are you or someone you know...

Seeing or hearing things that other people don't, like shadows in the corner of your eyes?

Having unusual thoughts, like experiencing the TV, Internet, or music sending you special messages?

Having a lot more energy than usual and racing thoughts, so much that you can't sleep for days?

Are these things bothering you or causing you to be concerned?

You may be experiencing symptoms of *psychosis*. Psychosis is a lot more common than you think. You are not alone.



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Email Tamara Sale for more information: tsale@pdx.edu

Visit the website at: www.easacommunity.org







Agenda

- A little context & history
- Early psychosis practices
- Common implementation challenges and strategies



Resources for ongoing learning and collaboration







The Impact: Schizophrenia

- Cost \$62.7 billion dollars in 2002 (Wu, 2007; Rupp, 1993)
- Among leading causes of disability for ages 15-44;
- Dying ten years or more earlier (World Health Organization, 2001)
- Greater risk of suicide; most soon after onset (Appleby et al 1999; Palmer et al 2005)
- Significant risk of multiple hospitalizations & legal involvement







Why Focus on Schizophrenia

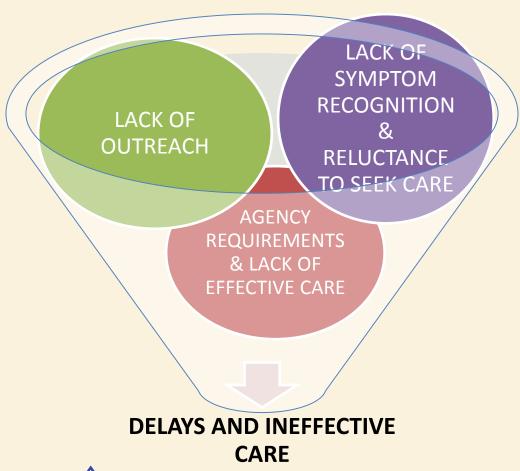
- Unemployment rates greater than 80% (Salkever et al 2007)
- Twice as likely to be victims of violence (Teplin et al 2005)
- High rates homelessness- one study found 1 /5 (Folsom 2005)
- Frequently begins in teenage and young adult years;
 huge developmental impact
- Large and growing body of research showing early intervention can improve functional outcomes







Treatment Delay









Duration of Untreated Psychosis

- "Critical window" of 3-5 years (Birchwood 1998)
- Average Duration of Untreated Psychosis (DUP) in the U.S. is more than 1-2 years (Marshall et al 2005)
 - RAISE found average of 74 weeks
 (Addington et al 2015)
- Time to effective care associated with:
 - Symptom severity(Boonstra et al., 2012; Hill et al., 2012)
 - Rates of remission (Marshall et al., 2005)
 - Social function and quality of life
 (Hill et al., 2012; Marshall et al. 2005)







International research and implementation

- 1990s Early Psychosis Prevention and Intervention Center (EPPIC), Australia
- Scandinavia: TIPS/OPUS
- Growing international network coordinated through International Early Psychosis Association (<u>www.iepa.org.au</u>)
- National dissemination in late 90s/early 2000s: Australia, New Zealand, England, Canada







U.S. Research & Implementation

- Much university research that has not made it to community
- North American Prodromal Longitudinal Study (NAPLS)- ongoing
- Hillside Hospital, UNC OASIS, UCLA/University of CA programs, Yale
 PRIME clinic, EASA 2001 (first episode; expanded statewide to psychosis risk 2010); PIER (Psychosis Risk, 2001)
- Early Detection and Intervention for the Prevention of Psychosis
 Program, 2007 (funded by The Robert Wood Johnson Foundation;
 psychosis risk and very early first episode using multi-family
 psychoeducation, ACT components, supported employment & education)
- RAISE Early Treatment Program & Connections (funded by NIMH), 2010;
 basis for most of current roll-out







Recent Congressional Action



- Congressional action 2014, 2015 increased & set aside 5% of Mental Health Block Grant
- Consolidated Appropriations Act, 2016 increases
 Mental Health Block Grant by \$50,000,000 and
 increases requirement to 10%
 - 2016 Act directs SAMHSA to continue its collaboration with NIMH to ensure that funds from the set-aside are only used for programs showing strong evidence of effectiveness and targets the first episode of psychosis.

(See http://docs.house.gov/billsthisweek/20151214/CPRT-114-HPRT-RU00-SAHR2029-AMNT1final.pdf. The section on SAMHSA begins on page 907; information about the Mental Health Block Grant set-aside for FEP is found on pages 908-909.)







Very Recent Developments

- Federal funding through SAMHSA and elsewhere leading to huge increase in technical assistance materials in last year
- Prodrome and Early Psychosis Prevention Network (PEPPNET) created 2014
- Partners 4 Strong Minds created 2014
- Number of programs growing quickly (now well over 100 nationwide)!!







Evidence-Based Early Psychosis Care in the U.S.: Coordinated Specialty Care

Supported Employment & Education Specialist

Team Lead/ Clinical Supervisor

*Shared caseload (above and below age 18), goals and treatment plan; *Frequent Review; *Shared Decision Making framework

Clinicians: Counselors/ psychologists, nurses, "recovery coaches", peer support specialists, occupational therapists

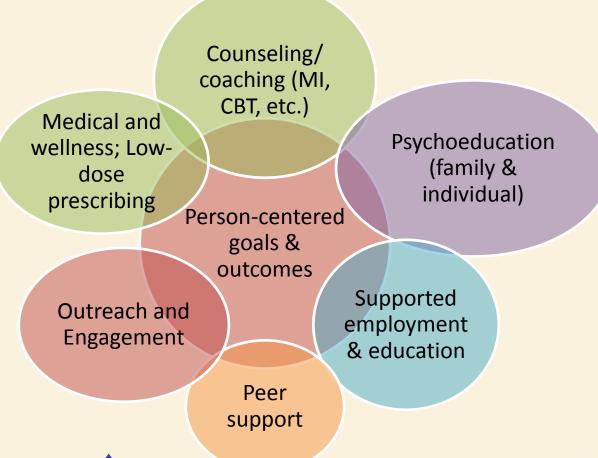
Psychiatrist/ Psychiatric Nurse Practitioner







CSC Strategies









Coordinated Specialty Care Team

- Systematic integration of evidence base
 - Evolving!
- Intensity similar to Assertive Community
 Treatment (ACT): generally around 1 fte:10-15
 participants
- Majority of care including substance abuse managed within team







Core Functions of CSC Teams

Crisis response planning; relapse prevention; continuity of care

Comprehensive assessment

Treatment planning with focus on strengths/resilience, individualized goals, shared decision making and feedback

Family education and support







Core Functions of CSC Teams

Focus on mastering symptoms, finding meaning, personal goals and developmental progress

Support for school /work following Individual Placement and Support practices & principles

Low dose atypical antipsychotics with careful attention to wellness and side effects

Transition into ongoing care after 2-5 years







Growing U.S. Momentum

"These early findings [from RAISE], combined with the already reviewed evidence supporting early intervention in psychosis, are so compelling that the question to ask is not whether early intervention works for FEP, but how specialty care programs can be implemented in community settings throughout the United States."

Theinssen, Goldstein & Azrin. Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care. April 2014. Downloadable at http://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf







Common implementation challenges & effective strategies

- Learning curve
- Hiring and retaining the right staff
- Ongoing infrastructure and accountability
- Financing









Administrator and clinician learning curve

- Learning curve
 - Assign staff with adequate time
 - Use existing resources which walk you through
 - Implementation guides, published documents, webinars, etc.
 - Setting aside ongoing time for learning, consultation and training; expect it to take 2 years for staff to be fully trained
 - Establish ongoing training, train-the-trainer and ongoing consultation







Common challenges: Hiring and retaining the right staff

- Consistent, proactive clinical supervision is key!
- Include people with lived experience on hiring committees
- Advertise opportunity specifically, with significance of role and benefits of the position and community (i.e. National Health Services Corps loan repayment, http://nhsc.hrsa.gov)
- Look for staff who are skilled, willing to invest for the longhaul, excited for a new challenge, persistent, genuinely enjoy teenagers, team players
- Address agency barriers such as productivity requirements & limitations on flexibility
- Seek opportunities for staff to network with people in similar roles or dealing with similar challenges (bilingual/bicultural, peer support, specialized staff, etc.)







Establishing ongoing infrastructure and accountability

- Fully engage leadership to ensure commitment to required systemic change
- Look for train-the-trainer opportunities
- Work to build sustainable training & evaluation/ quality improvement, long-term transition from beginning
- Integrate outcomes and practices into ongoing quality improvement cycles







Financing

- Maximize billing
- Explore alternate payment structures (bundled payments, case rates)
- Analyze unfunded elements and seek subsidies (grants, one-time funds, ongoing appropriations)
- Tie program goals and outcomes to state priorities and legal mandates (hospital and jail alternatives, etc.)
- Work with insurance regulators, professional and advocacy organizations to encourage insurance parity for Coordinated Specialty Care/ community mental health services







Early Psychosis Learning Community

- Funded by National Training and Technical Assistance Center; provided by EASA Center for Excellence
- Some elements open to all; smaller group will go through more intensive process
- Self assessment process
- Walking through key information and decisions
- Networking and learning opportunities
- Technical assistance resources (monthly meetings)
- April-December 2016
- To learn more or apply: tsale@pdx.edu







National Resources

- Prodrome and Early Psychosis Network (PEPNET): http://med.stanford.edu/peppnet/whoweare.html
- International Early Psychosis Association: <u>www.iepa.org.au</u>
- National Association of State Mental Health Program Directors portal: 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
- National Council on Behavioral Health: http://www.thenationalcouncil.org/topics/first-episode-psychosis/
- Partners 4 Strong Minds (national education effort): http://partners4strongminds.org/







Some Technical Assistance Resources

- RAISE study resources: http://www.nimh.nih.gov/health/topics/schizophrenia/raise/coordinated-specialty-care-for-first-episode-psychosis-resources.shtml
 - Navigate (RAISE Early Tx Program manuals & consultation): www.navigateconsultants.org
 - RAISE Connections/ OnTrack USA (implementation and treatment manuals & consultation): http://practiceinnovations.org/OnTrackUSA/tabid/253/Default.aspx
- EASA (practice guidelines, training materials, psychoeducation resources, consultation): www.easacommunity.org
- Commonwealth programs: Orygen (formerly EPPIC) https://orygen.org.au/Campus, IRIS http://www.iris-initiative.org.uk/
- PIER Training Institute (EDIPPP lead): http://www.piertraining.com/







Q&A







Thank you!

Today's slides and references are available at:



http://www.pathwaysrtc.pdx.edu/webinars-previous



