National Council for Behavioral Health

Prep for Success: Lessons Learned in Implementing Models for Early Intervention in Psychosis

In partnership with the
National Alliance on Mental Illness

Thursday, June 5, 2014
2:00 – 3:30pm EST

Webinar Logistics

- Select "Dialing-in to the Audio Conference Via Phone"
  - Dial **1-888-727-2247**
  - Enter the conference ID number **5433540#**

- Difficulty joining the call? Contact Adobe Tech Support at **1-800-459-5680**
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Evidence-Based Treatment for First Episode Psychosis

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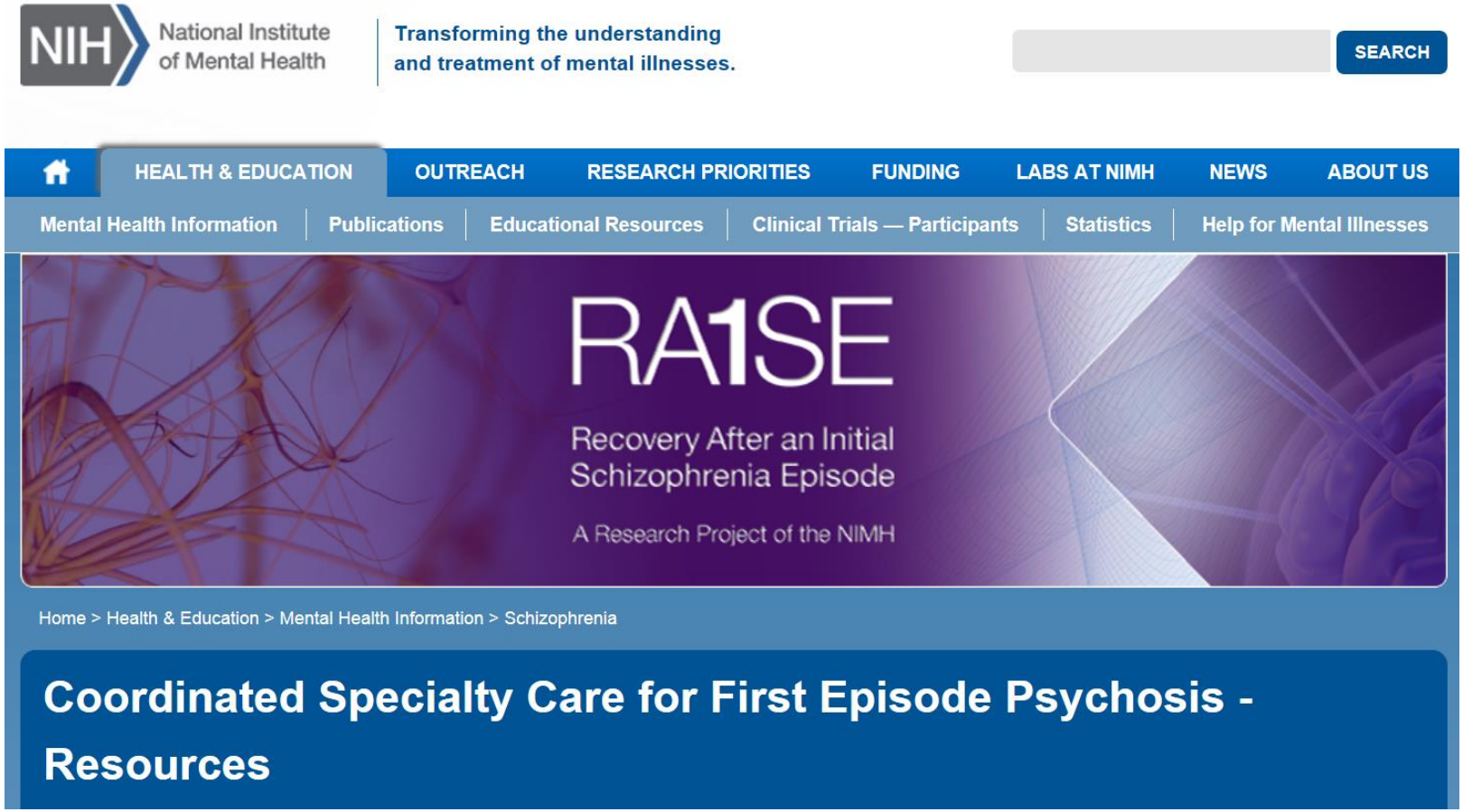
June 5, 2014

National Institute of Mental Health

Disclosures

- I have no personal financial relationships with commercial interests relevant to this presentation
- The views expressed are my own, and do not necessarily represent those of the NIH, NIMH, or the Federal Government



- **Evidence-based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care**
- **RAISE Coordinated Specialty Care for First Episode Psychosis Manuals**
- **RAISE Early Treatment Program Manuals and Program Resources**
- ***OnTrackNY* Manuals & Program Resources**
- **Voices of Recovery Video Series**

http://www.nimh.nih.gov/health/topics/schizophrenia/raise/coordinated-specialty-care-for-first-episode-psychosis-resources.shtml

Early Intervention Principles

- Early detection of psychosis
- Rapid access to specialty care
- Recovery focus
- Youth friendly services
- Respectful of clients' autonomy/independence

Early Intervention Services

- Team-based, phase-specific treatment
- Assertive outreach and engagement
- Empirically-supported interventions
  - Low-dose antipsychotic medications
  - Cognitive and behavioral psychotherapy
  - Family education and support
  - Educational and vocational rehabilitation
- Shared decision-making framework

Coordinated Specialty Care Model

Coordinated Specialty Care Model

Coordinated Specialty Care Model

CSC Roles and Functions

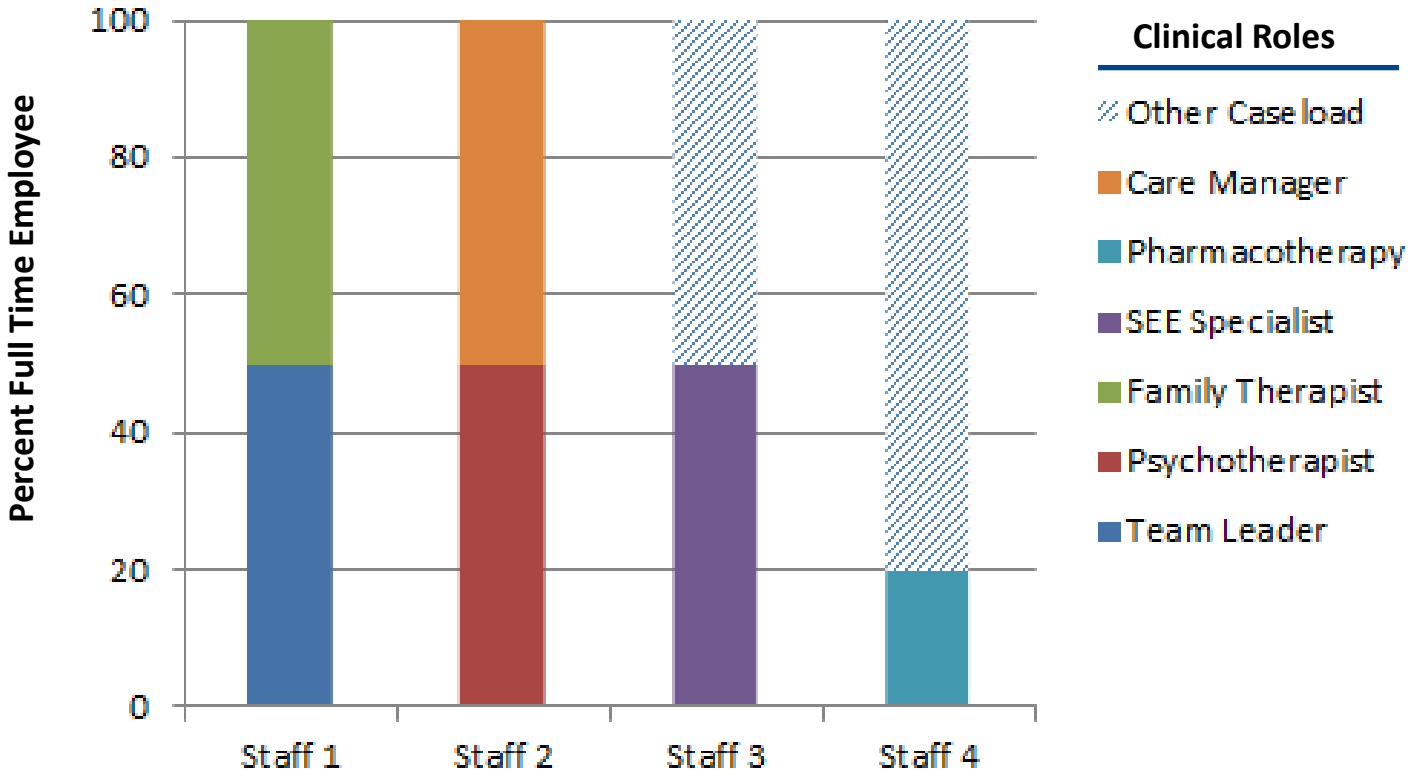
CSC Role	Services	Credentials
Team Leadership	Outreach to community providers, clients, and family members; coordinate services among team members; provide ongoing supervision	Licensed clinician; management skills
Psychotherapy	Individual and group psychotherapy (CBT and behavioral skills training)	Licensed clinician
Care Management	Care management functions provided in clinic and community settings	Licensed clinician
Family Therapy	Psychoeducation, relapse prevention counseling, and crisis intervention services	Licensed clinician
Supported Employment and Education	Supported employment and supported education; ongoing coaching and support following job or school placement	BA; IPS training and experience
Pharmacotherapy and PC Coordination	Medication management; coordination with primary medical care to address health issues	Licensed M.D., NP, or RN

Must I hire 6 new FEP specialists?

- In the RAISE initiative, clinicians from multiple disciplines learned, mastered, and applied the principles of CSC
- Many providers achieved competency in more than one CSC function, and fulfilled dual roles on the treatment team
- Many sites leveraged existing resources to create cost efficiencies that supported the CSC program

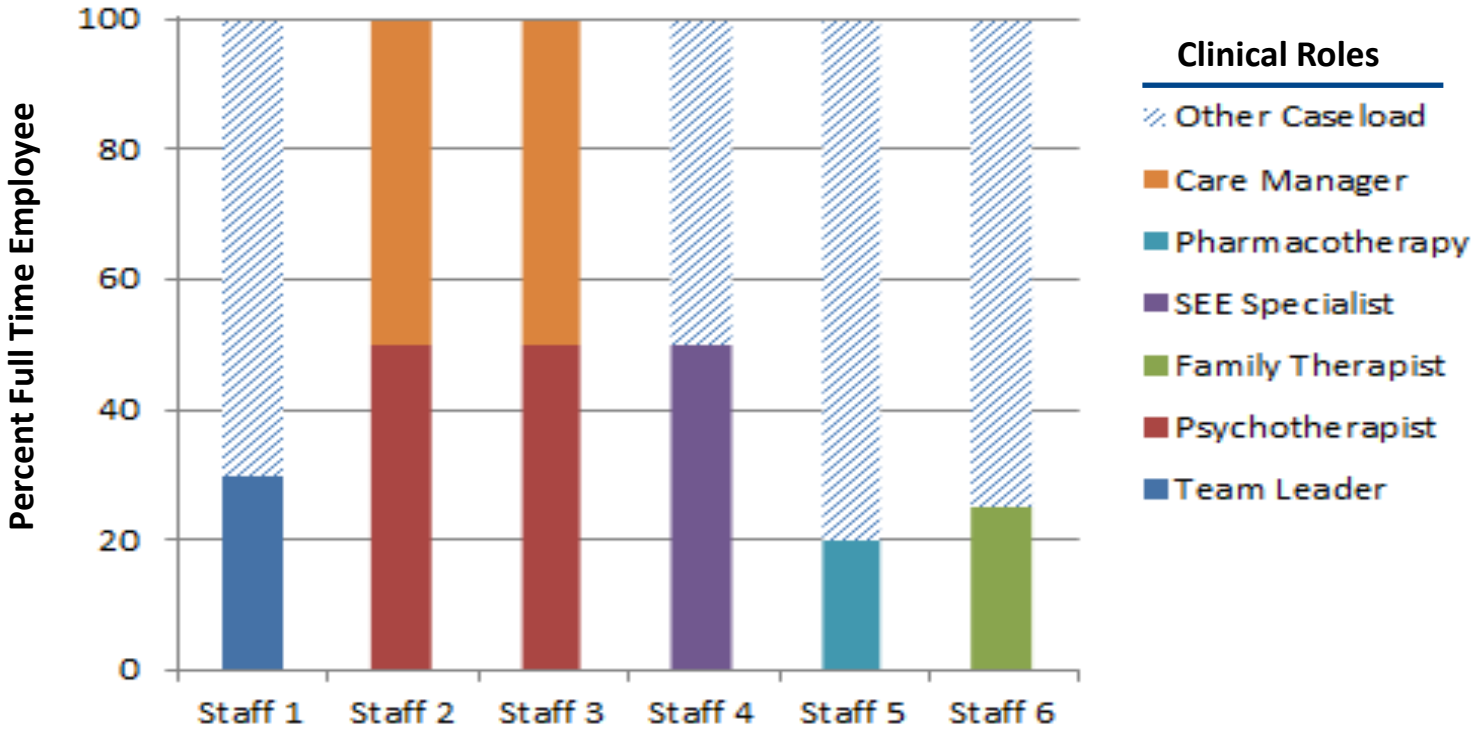
CSC Team Model 1

Suburban Mental Health Center; 20-25 Clients



CSC Team Model 2

Urban Mental Health Center; 25-30 Clients



Estimating Costs of FEP Teams

- Input Assumptions
  - FEP incidence; number of people approached; proportion agreeing to services; expected months in treatment; team size; salaries
- Outputs
  - Population size to support one team; number of teams needed for catchment area; number of new “slots” per month; cost/client; cost/year

Humensky JL et al. (2013). *Psychiatric Services,* 649(9): 832-834.

Revising the FY14 MHBG Plan

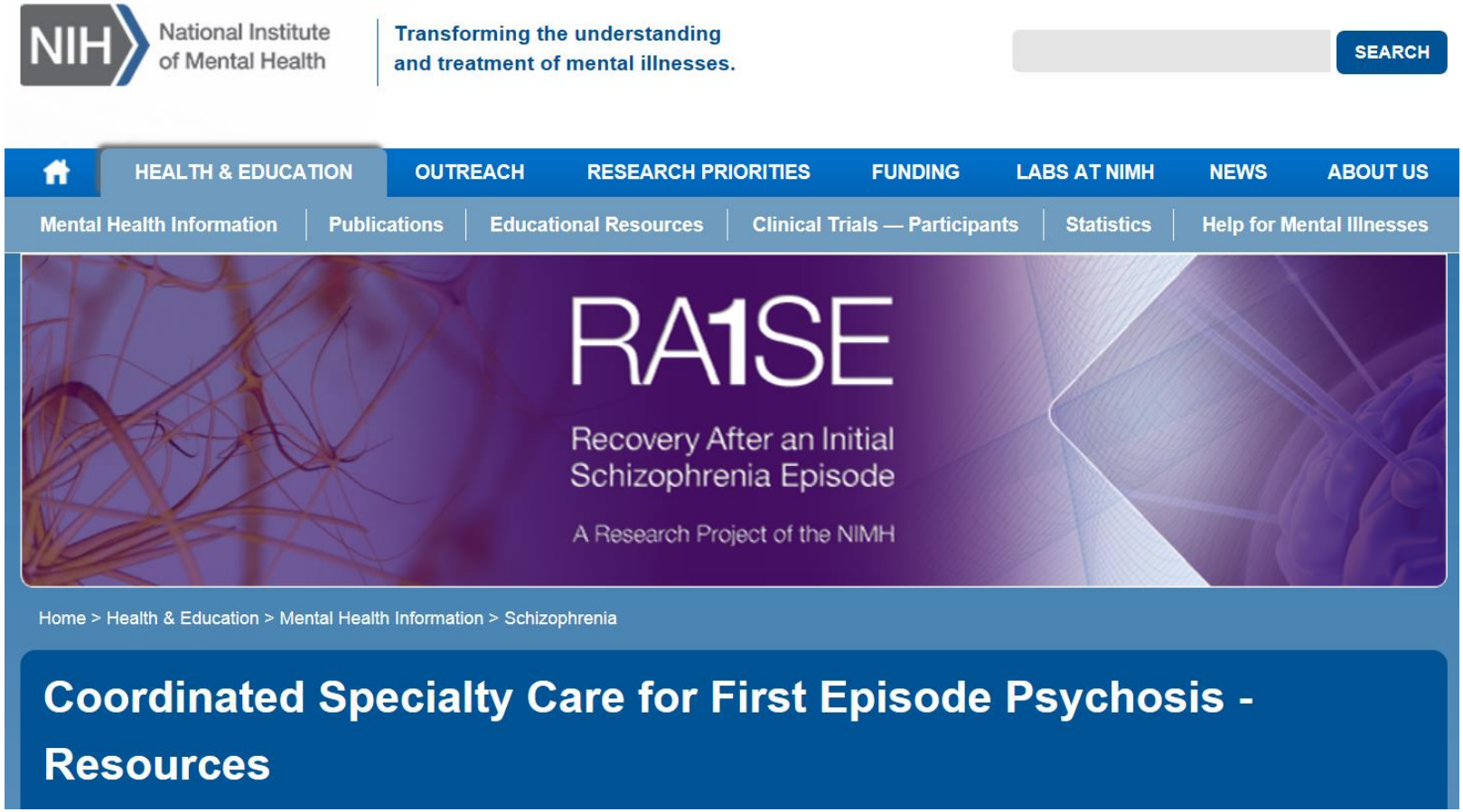
Set-Aside Amount	Current CSC Capacity in the State or Territory		
	≥1 CSC Program	≥1 Developing Program	No CSC Programs
≥ $1M			
> $100K, < $1M			
< $100K			

- Depending on current capacity and set-aside amount:
  - Expand or augment existing CSC services
  - Fill gaps to create at least one operational program
  - Create infrastructure for a future CSC program

What if capacity and funds are low?

Set-Aside Amount	Current CSC Capacity in the State or Territory		
	≥1 CSC Program	≥1 Developing Program	No CSC Programs
< $100K			

- Consider targeted investments to build core CSC capacities
  - Shared decision making tools and training
  - Supported employment specialists
  - Regional collaborations to build FEP expertise



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For More Information

- www.nimh.nih.gov/RAISE
- rheinsse@mail.nih.gov

THE PREP MODEL:

HOW AND WHY IT WORKS

BOB BENNETT

PRESIDENT & CEO, THE FELTON INSTITUTE

WWW.FELTON.ORG

The project described was supported by Funding Opportunity Number CMS-1C1-12-0001 from Centers for Medicare and Medicaid Services, Center for Medicare and Medicaid Innovation. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

WHAT IS PREP?

PREP is a community-academic partnership providing rigorous evidence-based treatment for schizophrenia to over 250 clients annually, in both English and Spanish.

CORE PARTNERS

Felton Institute and the University of California, San Francisco

SERVING CALIFORNIA

Now operating in five California counties; three sites have local funding; two have CMS funding; three are also funded by NIMH through UCSF.

Services are provided in English and Spanish.

THE PREP MODEL

PREP is a model of how effective treatment can be migrated out of university research settings and taken to scale in the community.

TWO COMPETING MYTHS

Schizophrenia is an untreatable illness. A person with schizophrenia is doomed to a life of continuing cognitive decline, frequent crises, and repeated hospitalizations. All we can provide is long-term palliative care.

People with schizophrenia would be fine if they would JUST KEEP TAKING THEIR MEDICATION. The only challenge is to find an effective means to compel them to adhere to their medication regimen.

THE GOOD AND THE BAD NEWS

THE GOOD

Schizophrenia *can* be effectively treated *and even prevented* with early diagnosis and a suite of evidence based treatments.

The field has made tremendous progress in the last 15 years, with even better treatments coming soon.

THE BAD

Very few programs are offering these effective treatments.

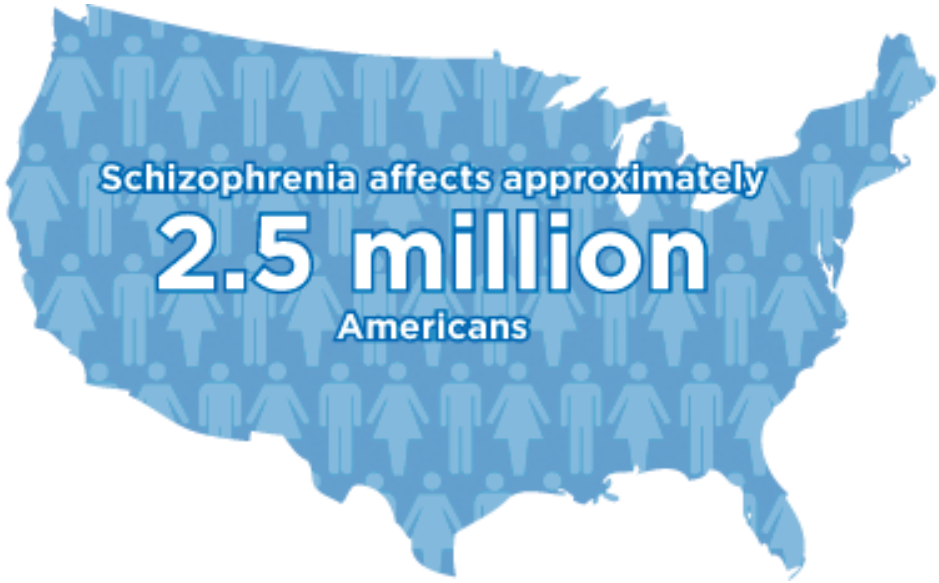
It will be a tragedy if we unnecessarily lose a generation of children to an illness we know how to treat. We must transform our services to provide effective care.

THE NATURE OF SCHIZOPHRENIA

Schizophrenia begins in youth, lasts a lifetime, and results in ongoing cognitive decline, repeated psychiatric crises, and frequent hospitalization.

Individuals with schizophrenia die, on average, 24 years prematurely.

Schizophrenia is the 7th most expensive disease in the U.S. healthcare system. Over 70% of this cost is from hospitalization.



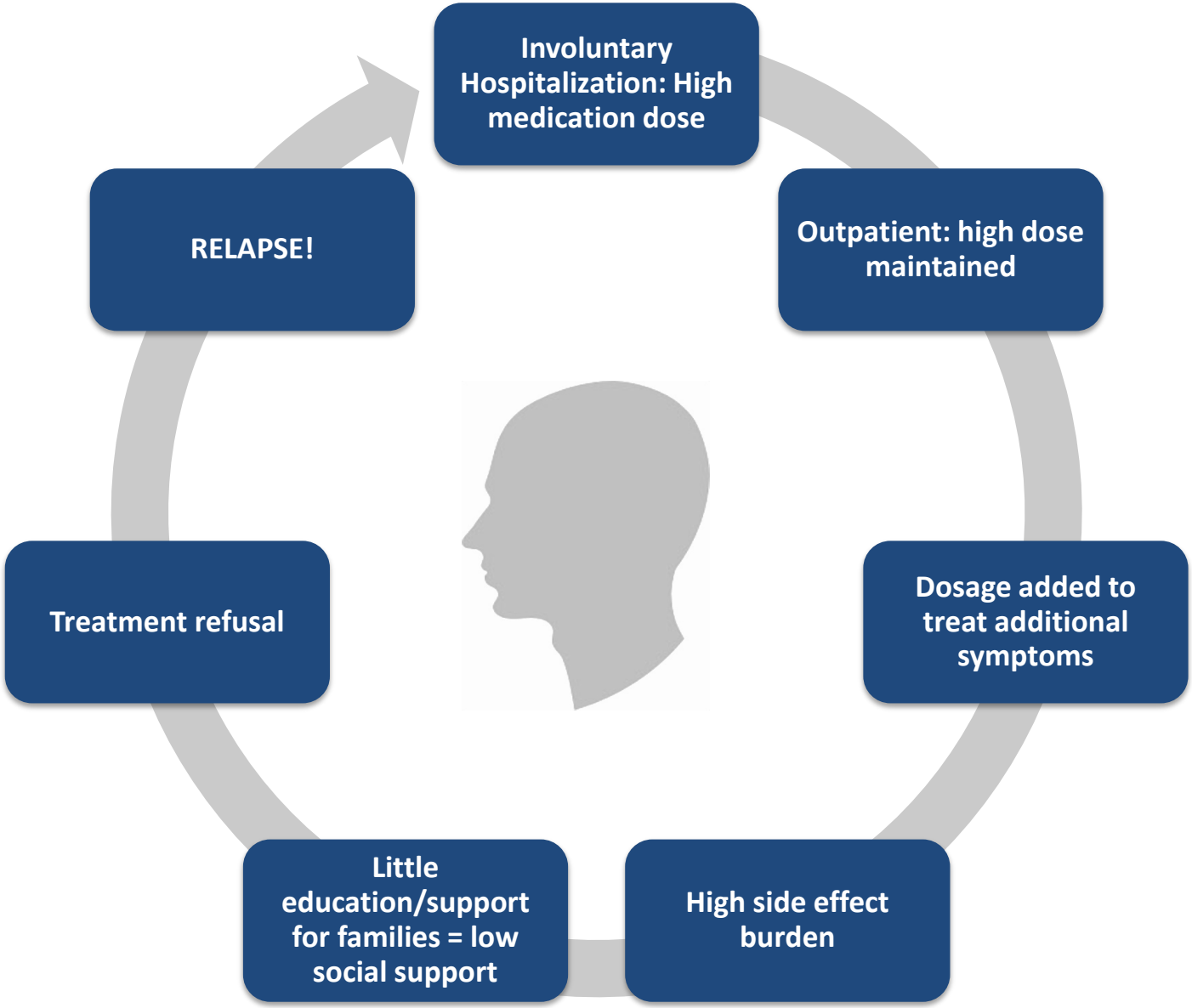
THE CURRENT STATE OF CARE

The average person suffers from full-blown schizophrenia for almost three years before they are correctly diagnosed.

The PORT project found that 78% of people with schizophrenia do not even receive a minimally adequate medication regimen.

The CATIE study found that there was a median of only six months before discontinuation of treatment.

Nearly three-quarters of life-time medical costs are associated with repeated hospitalization, which in turn arises from treatment refusal.


Involuntary Hospitalization: High medication dose
Outpatient: high dose maintained
Dosage added to treat additional symptoms
High side effect burden
Little education/support for families = low social support
Treatment refusal
RELAPSE!

THE PREP VISION

REMISSION

To stably remit schizophrenia in most individuals through a combination of early detection, rigorous diagnosis, and an array of science based treatments.

REHABILITATION

To restore cognitive, social, and vocational functioning to normal levels.

RECOVERY

To return individuals with schizophrenia to a normal, productive life.

RESPECT

To approach treatment as a collaboration with clients to help them achieve their life goals.

THE PREP MODEL

SIX EVIDENCE BASED INTERVENTIONS

1. Rigorous early diagnosis using the SIPS and SCID
2. Algorithm-guided Medication Management
3. Cognitive Behavioral Therapy for Psychosis (CBTp)
4. Multifamily Psychoeducation Groups (PIER Model)
5. Individualized Placement and Support (Dartmouth Model)
6. Computer-based Cognitive Remediation (Vinogradov, et al.)

TARGET POPULATION

AGE

14 – 35 years

DIAGNOSIS

- Schizophrenia spectrum disorder
- Recent onset:
  - First episode within the past two years, or
- Ultra high risk
  - Showing subclinical symptoms with high risk of full onset (prodromal)
- No exclusion for co-morbidities

LANGUAGE

Services provided in English, Spanish, Mandarin, & Cantonese

WHAT MAKES AN EVIDENCE BASED TREATMENT EFFECTIVE?

Creating a standard of care

Comprehensive training

Fidelity coaching to clinical competence

Outcome accountability

Documentation standards

WHY IS COMMUNITY-BASED TREATMENT IMPORTANT?

COMMUNITY TREATMENT

- Operates at scale, aiming to serve all of target population
- Serves people with comorbidities
- Staffed with masters-level therapists and psychiatric nurse practitioners
- Local & Medicaid funding
- Ongoing

UNIVERSITY RESEARCH

- Serves small number of clients
- Excludes people with comorbidities
- Staffed with psychiatrists and post-docs
- Research/grant funding
- Ends with research completion

DOES PREP WORK?

RESULTS: CRISES REDUCED

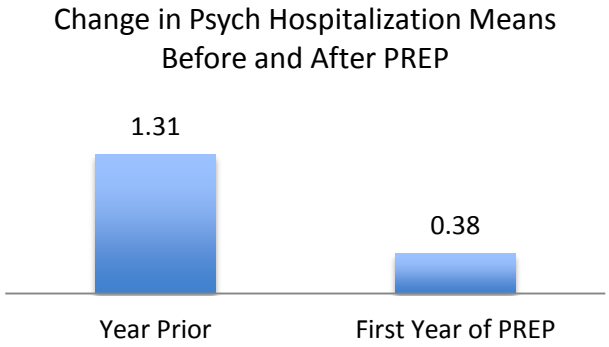
Hospitalizations reduced by 71% compared to year prior to entering PREP.

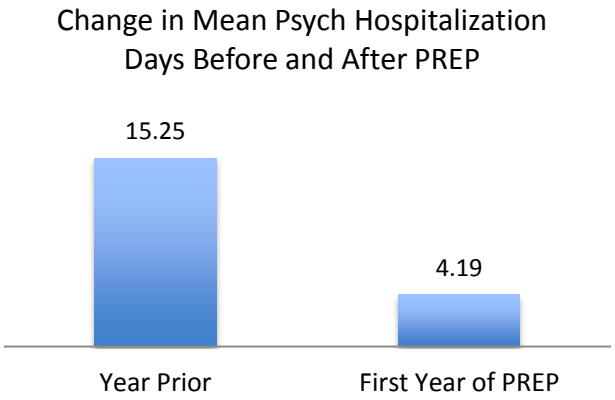
Hospitalization days reduced by 73% compared to year prior to PREP.

Emergency room visits reduced by 77%.

These reductions saved participating counties an estimated **$15,450** per participant year!

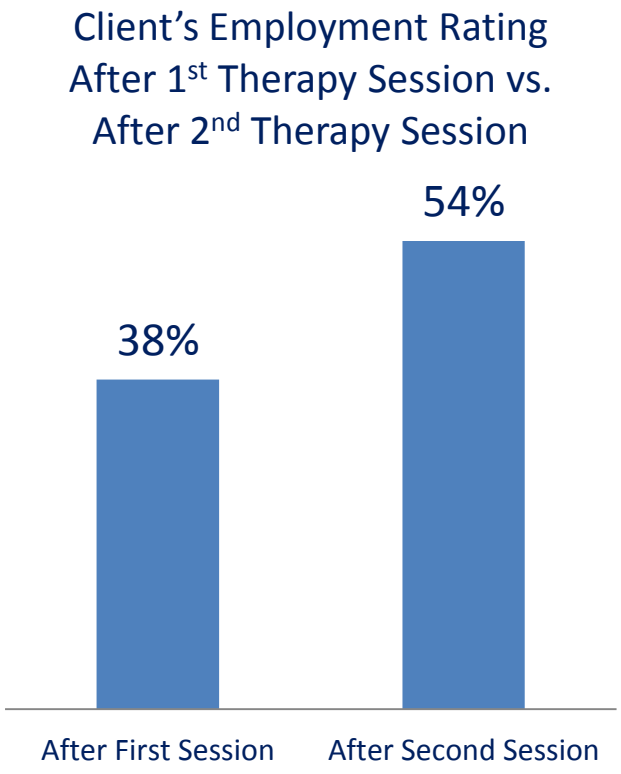
These reductions saved clients and families an untold amount of trauma and suffering!





RESULTS: SOCIAL FUNCTIONING IMPROVED

- 38% of clients were enrolled in school or participating in competitive employment at their first assessment.
- 54% of clients were employed or in school by their second assessment.
- This change was statistically significant but not of the magnitude we are aiming for.
- We are working to improve both educational and labor force participation following the Dartmouth IPS model.



RESULTS: SYMPTOMS IMPROVED

Clients had a statically significant reduction in positive symptoms (such as hallucinations, bizarre beliefs, unusual behavior).

Clients had a statistically significant reduction in negative symptoms (such as social isolation, lethargy, etc.).

Clients showed reductions in the desired direction in disorganized symptoms and depression, but not at a statistically significant level.

WITH NET COST SAVINGS

Compared to client costs in the year prior to entering PREP, PREP saved an estimated $7,972 per participant per year.

We are now beginning to study cost-savings and stability of results over longer periods.

	Year Prior	Participant-Year	Difference
Hospitalization	$18,514	$5,087	($13,427)
Emergency Services	$2,862	$830	($2,032)
Outpatient	Unknown	$7,487	$7,487
Total	$21,376	$13,404	($7,972)

PREP TRAINING PACKAGE

OBJECTIVE

Multidisciplinary Teams trained and ready to treat clients within three months.

TRAINING AND IMPLEMENTATION

- Onsite needs assessment.
- Development of customized implementation plan with leadership and line staff.

PREP TRAINING PACKAGE

TRAINING: PHASE 1

- Diagnosis and Assessment
- Cognitive Behavioral Therapy for Psychosis
- Algorithm Guided Medication Management
- Computer-based Cognitive Remediation
- Community outreach and education

COACHING CIRCLES (ONE YEAR)

CLINICAL SUPERVISION (ONE YEAR)

CERTIFICATION OF FIDELITY

THANK YOU

For more information on PREP visit:

www.PREPWELLNESS.org

Or contact Kelly Saturno
The Felton Institute
KSaturno@Felton.org
(415)474-7310 x431

Felton PREP
Prevention and Recovery in Early Psychosis

National Alliance on Mental Illness

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Darcy Gruttadaro, J.D.

Director, Child and Adolescent Action Center, NAMI

@NAMICommunicate

Who is NAMI?

NAMI is the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

- 50 states & DC
- 1,000 affiliates
- 100,000+ members

What does NAMI do?

NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raise awareness and build a community of hope for all of those in need.

What is the Role of Family Advocacy Organizations in Early Intervention?

- Funding
- Family support and education
- Information and resources
- Outreach to schools and communities
- Building and investing in workforce capacity

Funding

Advocate for coverage of coordinated array of early intervention services and bundled rates.

Family Support & Education

- NAMI educates families about:
  - Mental illness
  - Treatment options and more
- NAMI provides support
- FEP sites partner with local NAMIs
  - e.g. NAMI Minnesota

Information & Resources

- NAMI translates research and clinical information to be meaningful and well-understood by families and individuals.
- NAMI is a trusted resource.

Outreach to Schools & Communities

NAMI Parents & Teachers As Allies
National Alliance on Mental Illness

NAMI Ending the Silence
National Alliance on Mental Illness

NAMI On Campus
National Alliance on Mental Illness

- NAMI programs in schools
  - NAMI Parents & Teachers as Allies
  - NAMI Ending the Silence
  - NAMI On Campus
- NAMI grassroots have relationships with schools and community organizations.

Building & Investing in Workforce Capacity

Advocate for investment in training and workforce capacity in delivering a coordinated array of services and supports for FEP and effective early intervention.

Ken Duckworth, M.D.

Medical Director, NAMI

@NAMICommunicate

From the frontlines…

A provider's perspective on providing early intervention and first episode of psychosis services in the community.

How to partner with YOUR local NAMI

- www.nami.org/local

- NAMI helpline
  (800) 950-6264

Q & A

Stay Tuned!

Stay tuned for the National Council's other upcoming early intervention webinars:

- "**Funding Strategies for Early Psychosis Intervention Models**"
- "**Community Outreach and Prevention as an Element of Early Intervention in Psychosis**"

To be notified about these webinars, please email Adam Swanson at AdamS@TheNationalCouncil.org.