

Recovery After an Initial Schizophrenia Episode: *The RA1SE Project*

Research Foundation for Mental Health

Jeffrey Lieberman, MD, PI

Lisa Dixon, MD, Co-PI

Collaborators

Columbia University, Dartmouth Medical School, Duke University, Harvard University – Beth Israel Deaconess Medical Center, Maryland Health Services-Department of Health and Mental Hygiene, New York State Office of Mental Health/RFMH, Sheppard Pratt Health System, University of California – Davis, University of California – Los Angeles, University of Maryland School of Medicine, University of North Carolina at Chapel Hill, University of Southern California, WESTAT

Outline

- Overall design
- Content of experimental and control interventions
- Nature of treatment sites
- Who is eligible and how consumers are referred
- Financing
- Key Outcome Domains

Experimental Design

- 1:1 participant-level randomization to experimental and control conditions
- 330 participants to be enrolled
- Maryland and New York will each have 4 study sites
- Participants receive services for two years
- Assessments every three months

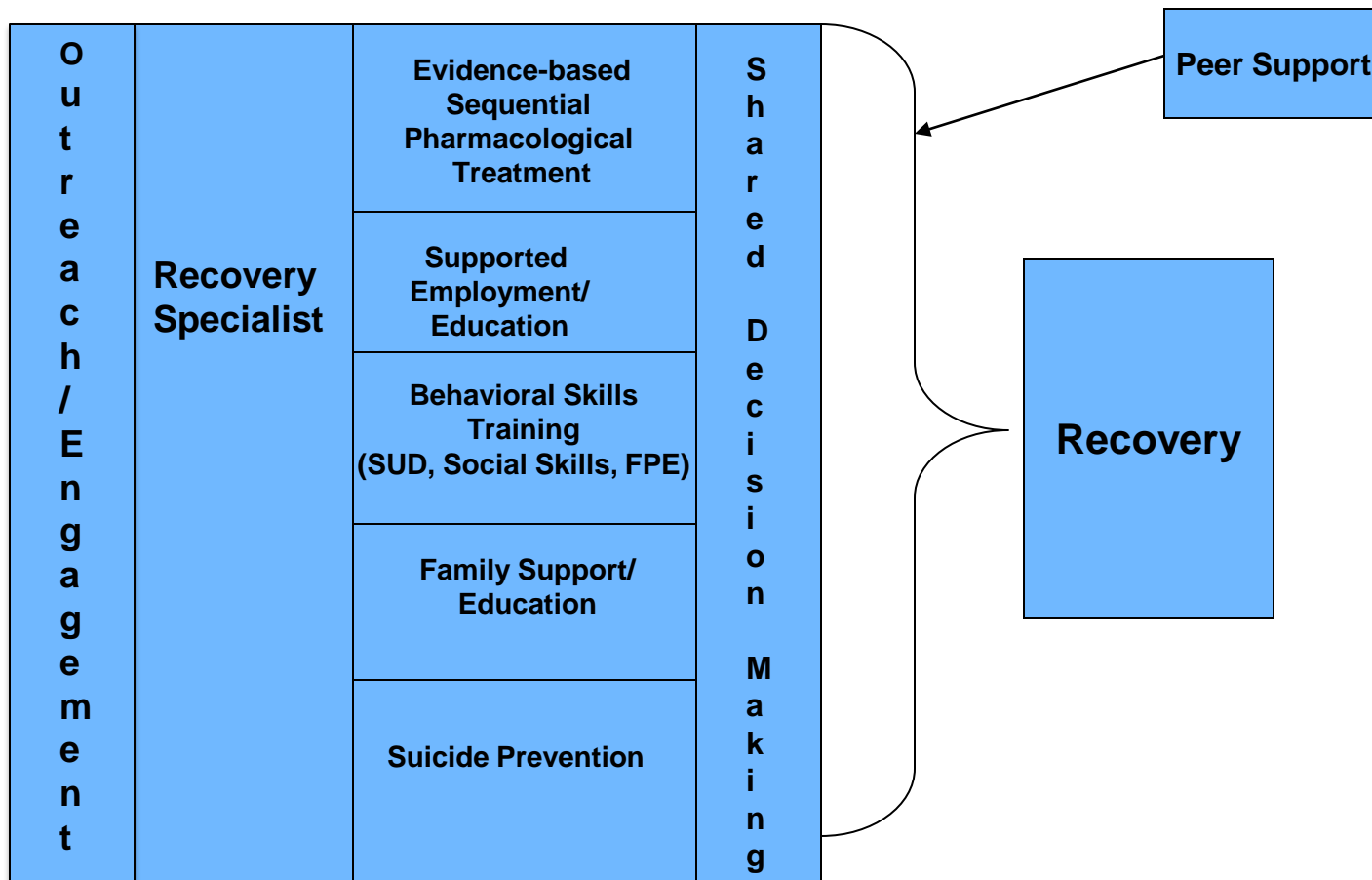
Experimental Intervention Key Elements

- Multi-element
- Team-based
- Grounded in notion of Critical Time Intervention Model
- Emphasis on outreach and engagement
- Shared decision making foundation of treatment decisions
- While clinic based, separated as much as possible from services for individuals with more chronic disorders

The Team for the Experimental Condition

- Recovery specialist (Master's-level clinician)(1.0)
 - Psychiatrist (0.2 FTE)
 - Supported employment/supported education specialist (1.0 FTE)
 - Skills training specialist (0.5 FTE)
- **For 20 patients—can be titrated down for fewer patients

Experimental Intervention



Control Condition

- Manualized approach
- Recovery-oriented care coordinator (0.5 FTE Master's Level Clinician) for 20 patients
- Help identify acceptable existing services and employing motivational approaches to facilitate engagement in such services
- Support for two years

Where Will Study Be Done and By Whom?

- Study sites will be existing community programs selected in partnership with public mental health authority to maximize “coverage” across the states
- Experimental and control interventions to be delivered by typical staff trained in models
- Training will use train the trainer model to facilitate ongoing uptake
- As much as possible, programs will be situated in youth-friendly areas that are physically separated from conventional clinic space.

Who Will Be Included?

- **Age:** 15-35
- **Diagnosis:** Schizophrenia, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, psychosis not otherwise specified, or delusional disorder
- **Psychopathology:** At least one symptom of psychosis at any time during the current episode (or the recent episode if the individual is seen as he/she is recovering)
- **Duration of Illness:** ≤ 2 years since the first onset of psychotic symptoms

How Will People Be Recruited?

- Participants will be recruited assuming a *population-based approach* from health facilities, schools and the like in designated geographic areas
- Self-referral and professional referral will be accommodated
- Extensive outreach activities
 - Community emergency departments
 - Inpatient hospitals
 - Schools/Colleges
 - Residential programs
 - Outpatient facilities
 - Pediatricians and primary care providers
 - Internet
 - Community self-help programs

Financing (Start Up and Continuation)

- **Start up**
 - Costs for staff in contract through ARRA (Estimated annual cost of personnel 240k to 260K for experimental condition and control).
 - For those insured, pursue reimbursement of all eligible service components, laboratory tests and medications
 - Pursue appropriate insurance coverage as long as disability not required
- **Continuation**
 - Pursue recovery of all reimbursable service components through insurance when possible
 - State mental health authority to pick up residual costs

Assessment and Outcome Domains

- Function
- Cognition
- Psychopathology
- Side effects
- Quality of life/recovery
- Costs and financing mechanisms

Concluding Comment: The Long Term

- The goal is to limit the ultimate need for mental health services in the long term, thereby reducing costs
- We are not seeking just to provide a better treatment, but to change the course of illness
- Schizophrenia is a relatively high prevalence but **LOW INCIDENCE** disorder. This service is not “forever.”