Beating the Clock: Reducing the Duration of Untreated Psychosis

Coordinated Specialty Care, Early Psychosis Intervention
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The “duration of untreated psychosis” is the time period from first symptoms of psychosis to the start of treatment. The shorter the period of untreated psychosis, the better the outcomes for people engaged in research-based early psychosis programs. Unfortunately, people with early psychosis typically experience significant delays—an average of 74 weeks—in the U.S. With stakeholder collaboration, we can help identify young adults with psychosis quicker—and get them into effective programs that support recovery and keep lives on track.

This webinar will discuss strategies to build awareness through targeted outreach and collaboration, that promote early engagement and lead to improved outcomes for youth.
Coordinated Specialty Care (CSC) for First Episode Psychosis

• RAISE: research initiative developed to test CSC programs
• Coordinated Specialty Care: recovery-oriented treatment for individuals with first episode psychosis (FEP)
• Highly coordinated program with multidisciplinary team of specialists
Coordinated Specialty Care – Evidence-Based

- Case management
- Individual and group psychotherapy
- Supported employment
- Supported education
- Peer support
- Multifamily psychoeducation
- Psychopharmacology (based on the low/slow approach)
Fairfax County – Turning Point

- Population of 1,142,888
- 390.97 square miles
- 26.4% of residents are children and youth under the age of 20 years
- 49.5% of residents are male
- 50.5% of residents are female

Sources: https://www.fairfaxcounty.gov/demographics/county-general-overview
www.us-laces.com/virginia/maps/fairfax-county-map.htm
37.9% of residents age 5 and older, speak a language other than English at home.

Source: https://www.fairfaxcounty.gov/demographics/fairfax-county-general-overview
Turning Point: Getting Started

- Descendant of RAISE initiative
- One of eight programs in Virginia
- Received technical assistance
  - OnTrackNY Center for Practice Innovations
    http://practiceinnovations.org/OnTrackUSA
  - Early Assessment and Support Alliance (EASA) network calls
    http://www.easacommunity.org/
Turning Point Eligibility

- Resident of Fairfax County
- Between 16 & 25 years old
- The person has an IQ of 80 or above.
- The person has experienced frank psychotic symptoms for not more than 24 months (two years).
- Psychotic symptoms are not known to be caused by the temporary effects of substance intoxication, brain injury, affective psychosis (due to major depression, mania) or to a known medical condition.
- Services are provided by a multidisciplinary, integrated team.
- Services provided in the community and clinic.
- Services are provided for two years
Turning Point: Community Based

• Embedded within Public Mental Health System: Community Services Board (CSB)
  • Turning Point is considered a “front door”, this means that individuals can be admitted directly into Turning Point.

• CSB site is co-located with the Inova Psychiatric Assessment Center (IPAC) and Community Healthcare Network (CHCN)
Immediate identification of participants: outreach strategy to target this goal

• **Internal Referrals** - Public Mental Health System: Community Services Board

• **External Referrals** – Referrals from Community (community MH partners, families, individuals, schools, faith based)
## Outreach Tracking

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Internal CSB Outreach

- Assessment and Referral (walk-in Adult and Youth)
- Emergency Services
  - Mobile Crisis Unit
- Woodburn Place Crisis Care Program
- Adult Behavioral Health Outpatient
- Youth Behavioral Health Outpatient
- Discharge Planners (individuals receiving LIPOS or linked with CSB)
Internal CSB Outreach

- Adult/Youth Detention Center
  - Forensic staff identify possible candidates and TP staff visit inmate while in detention.
- Jail Diversion Team
Community Outreach

External Outreach

NAMI  Various NAMI group presentations

Hospital
• Dominion Hospital (Youth and Adult)
  • Inpatient, outpatient and Partial Hospitalization Program
• State Hospital (linkage with discharge planners)
• Inova Fairfax Hospital Psychiatric Units
• Inova PHP programs

Turning Point staff can engage potential participants on site; maintain continued outreach and collaboration with hospital staff.
Community Outreach: Education Partners

Fairfax County Public School System (10th largest school system in the U.S.)

• School Social Workers/Psychologists
  • Inter-agency meetings, emails to social work listserv
• Outreach to individual schools
Community Outreach: Education Partners

Higher Education:

• Community College

• Universities
  • University Counseling Centers
  • University Police
  • Others...(e.g., department for International Services, etc.)

📖 Foster relationship with departments (e.g. psychology department, counseling department) to present to current students enrolled about psychosis.
Community Outreach: Providers

Private Providers

- Psychiatrists in private practice
- Counselors/Therapists/Social Workers in private practice
  - University alumni listserv/groups
- Other Health Entities
  - e.g., Kaiser Permanente
Outreach: Media

Media

- Turning Point:  [http://turningpointcsc.org/](http://turningpointcsc.org/)
- CSB:  [https://www.fairfaxcounty.gov/community-services-board/services/turning-point](https://www.fairfaxcounty.gov/community-services-board/services/turning-point)
- Email:  [CSBTurningPointCSC@fairfaxcounty.gov](mailto:CSBTurningPointCSC@fairfaxcounty.gov)
- Include program information in psychosis screening tool (Psychosis Aware)
  - [http://screening.mentalhealthamerica.net/screening-tools](http://screening.mentalhealthamerica.net/screening-tools)
Outreach: Media

- Local public access program
- NBC 4 Changing Minds
- Podcast
- Articles in local press
THE INTEGRATION OF EARLY PSYCHOSIS SERVICES IN A SYSTEM OF CARE FRAMEWORK:
Opportunities, Issues, and Recommendations

April 2018

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INFORMATION BRIEF
First-Episode Psychosis: Considerations for the Criminal Justice System

Technical Assistance Material Developed by SAMHSA/CHHS under Contract Reference: SAMHSA2017-00863/Task Order No. HHS023N17T0017

SAMHSA
Substance Abuse and Mental Health Services Administration
Back to School: Toolkits to Support the Full Inclusion of Students with Early Psychosis in Higher Education

STUDENT & FAMILY VERSION

Authors: Sven James, MD, Fellowship Alum; Kareem Brown, JD, Law Officer of Kare Brown; Alineh Faresnia, MITH/CIDSR, Edith Nourse

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Outreach is Ongoing

- Return to providers/partners - offer presentations, attend staff meetings
- Public presentations (tailored to the audience; cultural considerations; can be delivered by staff)
- Disseminate program information at community events
  - NAMI Northern VA SummerFest 2018
  - Mental Health First Aid (Youth and Adult) training packets
  - FCPS Mental Health Day
Next Steps

• Where we need more outreach -- school system (different components), faith community, primary care physicians and psychiatrists in private practice

• These groups can help identify individuals who have not been engaged in previous MH treatment or have prior hospitalization
  • Non-clinical school staff - teachers, coaches and other staff may be the first to notice significant changes that do not seem right.
  • Parents may then take their loved one to their primary care doctor or reach out to a psychiatrist.
Next Steps

• Collaboration with Community Interfaith Coordinator/Community Impact Unit

• Outreach to pediatricians and family doctors who have received training in mental health

• Increase public presentations
  • Community and professional forums & develop mechanism for continued contact (e.g., update website, email or newsletter)

• Improve system that tracks referral sources to identify gaps

• Analyze where outreach occurs with referral sources (how are we reaching transition age youth & were are the gaps in that outreach, collaboration and engagement)
Final Thoughts

• Expect growing pains and challenges
• Utilize resources to educate your community
  • Future referrals
  • Increases knowledge about psychosis
  • Increases knowledge around possibility for recovery
• Referral source learning curve on persons who may meet eligibility criteria
Contact Information

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