Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Using the 5% MHBG Set-Aside to Support Programming for First Episode Psychosis:
Activities and Lessons Learned from the State of Ohio

Featuring:
- The Ohio Department of Mental Health and Addiction Services (OhioMHAS)
- Coleman Professional Services
- Greater Cincinnati Behavioral Health Services

June 29, 2015
Ohio’s First Episode Psychosis (FEP) Projects

Ohio Mental Health and Addiction Services
Mark Hurst, M.D., FAPA, OhioMHAS Medical Director

Coleman Professional Services
Sandy Myers, LPCC-S, Vice President of Behavioral Health

Greater Cincinnati Behavioral Health
Jen Dorschug, LISW-S, Director, Mental Health Services
Stephanie Hurley, MA, PCC-S, Program Manager
OhioMHAS Framework and Approach for Set-Aside Funds

Mark Hurst, M.D., FAPA
OhioMHAS Medical Director
OhioMHAS Framework for Set-Aside Funds

A. Guidance from SAMHSA and NIMH
   1. Components of Evidence-Based Treatments for FEP Coordinated Specialty Care (CSC) team
   2. NIMH Recovery After an Initial Schizophrenia Episode (RAISE) Resources

B. Existing Ohio Strengths and Initiatives
   1. Investments for Young People at Risk: SAMHSA System of Care grant awarded to Ohio; ENGAGE Project focuses on a comprehensive approach for youth/young adults (ages 14-21) with behavioral health needs
   2. Availability of Best Practices (i.e. ACT, IHBT, and SE)
   3. Integration of primary and behavioral health care
   4. Medicaid Expansion (ages 18 and over)
   5. Funds directed toward treatment and staff training

C. Local Expertise/Technical Support: Best Practices for Schizophrenia Treatment (BeST) Center located at Northeast Ohio Medical University
   1. Five existing FEP Projects (FIRST Projects) initiated in 2012 supported by the BeST Center
OhioMHAS Goals – Immediate and Future:

Utilize Federal funds to implement or expand First Episode Psychosis (FEP) programs in two areas of the state

All regions of Ohio will have treatment options for persons experiencing initial symptoms of serious mental illness (FEP programming)

Service availability matches need and is based on data from various sources

Increased access to assessment, treatment and specialized expertise (reduced wait-time)

Local and regional collaboration between partners, funders and stakeholders is mutually supported to assure long-term sustainability
OhioMHAS Framework for Set-Aside Funds

SCOPE of the Project
• Target Population: Persons ages 15-25 with specific diagnoses of psychotic illness
• Provider agrees to commit to work with youth/young adult for two years
• Services initiated at onset of symptoms
• Referral, recruitment and community education plan designed to reduce treatment delays
• Employment and education are project components
• Family involvement and comprehensive integrated care are addressed
• Information and data substantiate service gaps for persons ages 15-25

Program Requirements
• Evidence based treatment approaches
• Sustainability plan
• Implement services within six months of the award
• Agreement to work with OhioMHAS on evaluation requirements
OhioMHAS Approach

Request for Proposal (RFP)

Projects Required Qualifications

Applicant has clinical treatment experience working with individuals ages 15-25 with qualifying diagnosis; certified by OhioMHAS to provide specific services

Non-profit provider meeting SAMHSA definition for a community center to qualify for Federal BG funds

Applicant able to provide services to clients for up to two years

Applicant has the capacity to track and report outcomes for evaluation

Applicant has proven ability to implement an EBP

Existing programs that wish to expand, must demonstrate an unmet need and a plan for regional expansion
OhioMHAS Approach

Request for Proposal (RFP)

Projects Preferred Requirements

Provider has implemented a comprehensive, multidisciplinary approach specific to needs of the target population that is trauma informed.

Organizational experience in implementing EBPs and evidence supported practices for this population (ACT, IHBT, Transition to Independence Process, High Fidelity Wraparound, Peer Support, Supported Employment or Supported Education).

Ability to work in multiple counties, or on a regional basis with youth/young adult service systems.

Interest in collaborating with the existing SAMHSA System of Care project (OhioMHAS).

Possesses a relationship with third party payers, including Medicaid Managed Care Organizations.
OhioMHAS Expand Existing Programs:
Support Regional Access
OhioMHAS Funded Projects

Two Projects Funded - Three Providers - Northeast, Northwest and Southwest Ohio

Coleman Professional: Portage County (expanded)  
Stark County (new)  
Allen, Auglaize and Hardin Counties (new)

Zepf Center: Lucas and Wood Counties (new)

Greater Cincinnati BH: Hamilton and Clermont Counties (new)
OhioMHAS Goals

Some Expected Deliverables:
Increased expertise, knowledge and skill in working with this specialized population
Reduced hospitalizations, increase in education and/or employment (Client Specific Outcomes)
New partners: Emergency rooms, pediatricians and primary care physicians, educational organizations, and others
Lessons learned about outreach, education and referral
Reimbursement strategies that support sustainability
Recommendations for expansion to all regions
Recommendations for staff training, recruitment and retention
OhioMHAS Next Steps

- Incorporate new research findings into clinical approaches

- Monitor NIMH, SAMHSA and National Expert Recommendations and Findings

- Evaluate identified deliverables: Numbers of persons assessed, numbers of persons served; numbers of persons in the program who advance in education (complete a grade, graduate, continue with college, etc.) and the numbers of persons in the program who are employed

- Seek input and feedback from projects on a regular basis to inform future approach
Contact Information:

Mark Hurst, M.D., OhioMHAS Medical Director
mark.hurst@mha.ohio.gov

Kathy Coate-Ortiz, LISW, OhioMHAS FEP Program Contact
kathleen.coate-ortiz@mha.ohio.gov

Liz Gitter, LISW, OhioMHAS Block Grant Manager
elizabeth.gitter@mha.ohio.gov
Coleman Professional Services
First Episode Psychosis Projects in Ohio

Sandy Myers, LPCC-S, Vice President of Behavioral Health
A. Portage County First Episode Team initiated in 2012 in collaboration with the BeST Center:

1. Best Practices in Schizophrenia Treatment (BeST Center) Mission: To promote recovery and improve the lives of as many people with schizophrenia as possible by accelerating the adoption of evidence-based and promising practices.

2. In 2010, the BeST Center partnered with a team funded by the National Institute of Mental Health as part of its Recovery after Initial Schizophrenia Episode (RAISE) to bring the state-of-the-sciences to Northeast Ohio.

3. Portage County was the first rural First Episode Team. Based on the county demographics, the number of individuals expected to experience a First Episode of schizophrenia-spectrum disorders per year is 32-48.

4. Eligibility in early First Episode:

   - Not more than 18 months of prior cumulative treatment with antipsychotics
   - Any duration of untreated psychosis
   - Between the ages of 15-40 years old
   - Psychotic symptoms not known to be cause by temporary effects of substance use
   - Psychotic symptoms not known to be caused by a medical condition
B. Team Recruitment
1. Coleman team members; Team leader/Family Psychoeducation, Psychiatrist, 2-Therapists/Resiliency Coaches, Case Manager, Supported Employment Specialists.
2. Team members chosen for skill set and alignment with Evidence Based Practices.
3. Team leader characteristics; Alignment with Evidence Based Practices and adherence to fidelity of the model, skills to help develop the competencies of team members, ability to manage with time lines and data collection.

C. Role of BeST Center with Team Development
1. Provide the formal training for the team to include;
   • 16 hours CBT-p training
   • 5 hours FIRST training for the whole team including psychiatrist
   • 3 hours for FIRST discipline specific training: supported employment (SE)/case manager (CM)/team leader all together
   • 3 hours IRTs (counselors)
   • 2 hours for psychiatrist (with psychiatrist)
   • 2 hours for Family psychoeducation training (only team leader)
   • 2 hours policy/procedure manual (only team leader)
   • 1 hour for outreach strategy review with Dissemination Coordinator (only team leader)
   • 1 hour data overview with Research Coordinator (only team leader)
   • 24 hours (3days) Team Leader orientation onsite at BeST Center
C. Role of BeST Center with Team Development (Cont.)

2. Interim team leader and benefits of external team leader
3. Emphasis on Shared Decision-Making
4. Facilitate weekly team meetings
5. Facilitate monthly team leader consultation
6. Facilitate monthly High-Yield Cognitive-Behavioral Techniques for Psychosis consultation

D. Marketing/Outreaches

1. Plan for marketing to local providers, hospitals, primary care/pediatricians, First Responders, Universities, NAMI, Schools
2. Formal ribbon-cutting
3. Press releases, articles
Coleman Professional Services First Episode Psychosis Projects

E. 2014 Grant from OhioMHAS to expand First Episode to:
   - Coleman Behavioral Health: Stark County
   - Coleman Behavioral Health: Allen, Auglaize, & Hardin Counties
   - Zepf Center

1. Chosen because of history with Evidence Based Practices. Other criteria to consider; a CQI process to assist team in moving toward fidelity to the model and an awareness of the indirect costs for training and team functions.
2. Incidence rate of a First Episode of Schizophrenia-spectrum disorders per year.

<table>
<thead>
<tr>
<th>County</th>
<th>U.S. Census Bureau Figures 2010 Population</th>
<th>Number of Individuals Expected to Experience an Episode of a Schizophrenia-Spectrum Disorder* per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen, Auglaize, Hardin</td>
<td>498,338</td>
<td>100-150</td>
</tr>
<tr>
<td>Lucas</td>
<td>441,815</td>
<td>88-132</td>
</tr>
<tr>
<td>Portage</td>
<td>161,415</td>
<td>32-48</td>
</tr>
<tr>
<td>Stark</td>
<td>375,586</td>
<td>75-112</td>
</tr>
</tbody>
</table>

*This number reflects a range of 20-30 per 100,000 of the population
F. Timeline for implementation in additional counties:

<table>
<thead>
<tr>
<th>County</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lucas County</td>
<td>October 2014</td>
</tr>
<tr>
<td>Stark County</td>
<td>October 2014</td>
</tr>
<tr>
<td>AAH</td>
<td>January 2015</td>
</tr>
</tbody>
</table>

G. Funding Structure

1. Indirect time projected as 7% for team members including; Resilience Coach, Family Psychoeducation, Psychiatrist, Case Manager, Supported Employment Specialist. Indirect time for the Team Leader is projected at 10%
2. Bill existing payors for service provision
H. 2014 Grant from OhioMHAS to expand First Episode to:

Outcomes:

<table>
<thead>
<tr>
<th>Assessments</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portage</td>
<td>2 (19 active)</td>
<td>5</td>
</tr>
<tr>
<td>Lucas</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Stark</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>AAH</td>
<td>11</td>
<td>7</td>
</tr>
</tbody>
</table>
I. 2014 Grant from Ohio MHAS to expand First Episode to:
Outcomes (Continued)

<table>
<thead>
<tr>
<th>Enrollments</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portage</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Lucas</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Stark</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>AAH</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>

30% of all enrollees are working, going to school or both

50% of all Portage County families either completed or are participating in family psychoeducation.
J. Project Plan for the Future:
1. Expand First Episode to all Coleman Behavioral Health Business Units
2. Run monthly reports with First Episode admission criteria to identify unidentified potential referrals
3. Train all clinicians on CBT-p
Greater Cincinnati Behavioral Health Services FIRST Episode Psychosis Project

Jen Dorschug, LISW-S, Director, Mental Health Services
Stephanie Hurley, MA, PCC-S, Program Manager
A. Greater Cincinnati Area FIRST Team opened October 2014 in collaboration with the BeST Center:

1. Serving both Clermont and Hamilton Counties
2. An estimated 200-300 individuals diagnosed with psychosis living in the region (based on county demographics Hamilton County population is 804,520; Clermont County population 290,218).
3. No other First Episode Psychosis programming available in the area.
4. Greater Cincinnati Behavioral Health Services (GCB) was able to determine that in 2013 alone we had admitted 59 individuals within the given age range of 18-25 year olds.
B. Existing GCB resources and strengths that supported a FEP project:

1. GCB’s Experience using Evidence Based Practices such as ACT, DBT, Motivational Interviewing, IDDT, Supported Employment
2. Transition to Independence Process (TIP) trained providers and onsite trainer
3. Experience serving Transition age Youth since 2004 and part of Journey and FAST TRAC transition age youth systems of care in both Hamilton and Clermont County
4. Team Lead is connected to NAMI Board of Directors and an IDDT trainer
5. Local and State Hospitals- both mental health and medical; emergency services
6. Liaisons and Collaborations with Local and State Hospitals; both mental health and medical, and Mobile Crisis emergency services
7. Collaboration with local jails and Court Clinic
8. Recent merger with Lifepoint Solutions and Clermont Recovery Center
C. Team Recruitment

1. GCB FIRST team members: 1- Administrative Lead, 1-Team Leader/Provider of Family Psychoeducation, 1- .25 Psychiatrist, 1- .5 Individual Resiliency Training Specialist (Counselor), 2- .5 Case Managers, 1- .5 Employment/Education Specialist, 1- .25 Psychiatric Nurse

2. GCB chose to hire own Team Leader internally with the support of the BeST Center.

3. Team members were chosen based on being on length of time at the agency, experience with youth, and knowledge of Evidence Based Practices.

4. Case Managers were also paid a differential higher than traditional Case Managers to make new program appealing for skilled staff.

5. Case Managers also serve Young Adult Care Management clients .5 of their time, to assist with making their roles productive during start-up, and to help ensure continuity of care between teams.
D. Role of BeST Center with Team Development

1. All staff training the same as previously mentioned by Coleman.
2. GCB has internal team leader and had both the team and administrative lead complete trainings.
3. Technology such as video conferencing, plays a big role in our relationship with the BeST center and allows us to train other staff in a cost effective manner in times of turnover or as our project increases.

E. Outcomes Being Tracked

1. Clients employed or enrolled in school
2. Hospitalizations
3. Incarcerations
4. Assessments, rate of services offered and client enrollment
F. Marketing and Client Enrollment

1. GCB FIRST Advisory Board is composed of key individuals from potential referral sources in the community.
2. The Board meets on a quarterly basis to learn about new developments in the program and also to give feedback to the FIRST team.
3. Other agencies and groups targeted include Child and Adult Community Hospitals, State Hospital, Every Child Succeeds, Children’s Mental Health Agencies, Mobile Crisis Units, NAMI support groups.
4. Internal Marketing
5. GCB was able to secure TV and Newspaper Spots in addition to the assistance from BeST Center.
6. Future plan to use agency data to identify potential referrals and use new internal contacts for high school and college groups.
7. As a result of the tracking program referrals, we have found that only 50% of inquiries result in an intake. Due to this finding we doubled our outreach efforts.
8. Currently the project has 25 enrolled participants.
9. Seventeen participants are working with the Employment Specialist, 13 are in IRT counseling, and seven families are receiving Family Psychoeducation
G. Outcomes

1. Quarterly Targets set for the FIRST participants to be engaging in school or work:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>3rd</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>4th</td>
<td>65%</td>
<td>52%</td>
</tr>
</tbody>
</table>
G. Outcomes continued

2. Hospitalizations and Incarcerations after admission to FIRST TEAM

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>0</td>
</tr>
<tr>
<td>3rd</td>
<td>0</td>
</tr>
<tr>
<td>4th</td>
<td>1 client hospitalized</td>
</tr>
</tbody>
</table>
1. GCB plans to bill Medicaid for services to sustain the project.
2. One third of participants are still covered by a parent’s private insurance that do not completely cover the costs of services. GCB is looking into having staff paneled and presenting outcomes to the various companies.
3. Add additional IRT therapist, Care manager, Family Psychoeducation staff to meet the increasing needs of the project.
4. It has been beneficial to use 1 team to serve both counties however use of technology might be needed to add additional staff to Clermont County.
5. Differences in serving individuals in a rural vs. an urban setting.
6. Immediate access to vocational staff upon admission and using vocational staff to engage clients.
7. Each local resource is an opportunity to educate the community, and who we target for community outreach and advertisement of First Episode Programming.
Questions?