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New Informational Resources for Addressing First Episode Psychosis: Product Overview

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December 1, 2015



Examples of National-Level Technical Assistance Activities in 2014-15 Related to the MHBG Set-Aside

- **Environmental Scan**
 - <http://www.nasmhpd.org/content/inventory-environmental-scan-evidence-based-practices-treating-persons-early-stages-serious>
- **Informational webinars**
 - <http://www.nasmhpd.org/webinars>
- **Technical Assistance informational products**
 - <http://www.nasmhpd.org/content/information-providers>



Environmental Scan

- Provides information about, and links to, a sampling of first episode psychosis (FEP) programs in the US and internationally (with several detailed program profiles)
- Provides information & links to resources on individual evidence based practices of relevance to persons experiencing a first episode of a serious mental disorder
- Lists various archived webinars, and links to publications, organizations, and other relevant resources
- Includes annotated bibliography of published work
- Originally released February 2015, currently being updated with newly-available resources



TA Product Development

- **Input sought from:**
 - ***The Project Triage Team:*** *Academics, consumers/peers, program representatives, state and federal officials, and advocates*
 - ***State Mental Health Authorities***
 - *Prodrome and Early Psychosis Program Network (PEPPNET) members*
- **To elicit input on topic areas of need**
- **Six products were developed by content experts that are currently available to the public.**

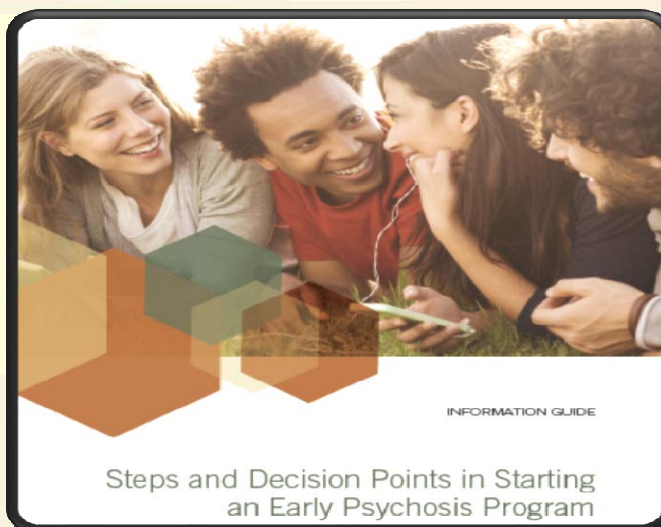


TA Products

- Steps and Decision Points in Starting an Early Psychosis Program
- Web-Based Tutorial: Early Intervention in Psychosis: A Primer
- Building upon Existing Programs and Services to Meet the Needs of Persons with First Episode Psychosis
- Supported Education Issue Brief
- Peer Involvement and Leadership in Early Psychosis Programs
- Implementation of Coordinated Specialty Services for First Episode Psychosis in Rural and Frontier Communities



Informational Guide



About the Informational Guide



Developed by: Tamara Sale, MA,
 Director of the EASA Center for Excellence at
 Portland State University (with assistance
 from Shannon Blajeski)

Purpose: The Informational Guide is designed
 to walk the reader through the steps involved
 in establishing an early psychosis program,
 with specific details on the various decisions
 involved.



Contents

- **Introduction:** Historical context, core components, and benefits
- **20 Steps:**
 - *Identify and coordinate with other related efforts*
 - *Become familiar with core documents and available resources*
 - *Identify and enlist an oversight/ leadership group*
 - *Orient the leadership group and other key partners to early psychosis intervention and how it relates to existing missions, initiatives, and priorities.*





Steps Continued

- Identify the person or small team with primary responsibility for facilitating successful implementation
- Articulate short and long-term goals, roles and timelines
- Identify initial resource availability, needs, and resource development strategies
- Identify the initial geographic catchment area and agency provider for the early psychosis program(s).
- Define the program's initial eligibility criteria or guidelines
- Develop initial incidence projections for target population
- Identify expected staffing levels and positions.
- Determine how long the program will serve individuals
- Develop caseload projections



Steps Continued



- Develop a projected team budget
- Establish a strong internal management/ support infrastructure at the agency level
- Identify clinical strategies and standards
- Identify resources and methods to establish staff core competencies
- Develop and implement a community education strategy
- Establish an outcome measurement process
- Establish evaluation and fidelity measurement processes



Web Based Instructional Video



Developed by



- Kate Hardy, Clin.Psych.D.; Stanford University School of Medicine



Audience and Content

- This course is designed for professionals in diverse settings who work with teens and young adults
- Content includes
 - *early warning signs of psychosis;*
 - *appropriate early intervention treatment and supports; and*
 - *strategies for successfully engaging youth in effective, recovery-oriented care.*



Structured in 3 Modules

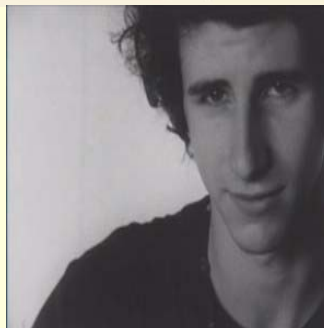
Module 1 Introduction to Psychosis

- typical duration of untreated psychosis; the critical window for intervention; relapse effects; and the importance of early intervention.
- potential obstacles to accessing care.
- maintaining a hopeful orientation and the key tenets of a recovery model.



Module 2 – Identifying Psychosis

- Distinctions between attenuated and fully psychotic symptoms
- Elements to consider when assessing for psychosis, including social and cultural considerations.
- Applying a recovery framework with individuals and families
- Fostering education and outreach to the community to increase knowledge of early psychosis and promote earlier access to care.




Module 3 – Standards of Care

- Standards from the Early Psychosis Association and the World Health Organization
- Creating welcoming spaces for youth
- Options for offering care in community settings.
- Treatment, service, and support components



Clip from the web-based tutorial



The slide features a light yellow background with a decorative horizontal bar at the top consisting of several colored segments: brown, blue, grey, green, red, and black. The SAMHSA logo is positioned in the bottom right corner.

Fact Sheet



Building Upon Existing Programs and Services to Meet the Needs of Persons Experiencing a First Episode of Psychosis

FACT SHEET



The slide features a light yellow background with a decorative horizontal bar at the top consisting of several colored segments: brown, blue, grey, green, red, and black. The central image shows a young woman with long brown hair smiling and looking upwards, with sunbeams filtering through trees in the background. The text is overlaid on the bottom of this image. The SAMHSA logo is positioned in the bottom right corner.

About the Fact Sheet

Developed By: Vicki L. Montesano, PhD (Associate Director) and Lon C. Herman, MA (Director), of the Best Practices in Schizophrenia Treatment (BeST) Center at Northeast Ohio Medical University



Purpose: The Fact Sheet offers strategies to increase access to recovery-oriented, evidence-based, integrated care services for individuals experiencing a first episode of a psychotic illness (FEP), as well as practical suggestions for starting FEP programs or building on existing programs to enhance the quality of life for individuals affected by early-course psychotic illness.




Content Areas

State Support and Policy Considerations: Clinical, Financial, and Operational Considerations


Clinical Considerations: Treatment service components, eligibility criteria, and outcome measures

Key Message: Take an inventory. Are there services that may already be available but are not offered in combination? Are there existing team-based care models that could be modified to incorporate additional services or approaches that would help individuals experiencing a first episode of a psychotic illness? **Build upon existing strengths.**






Financial Considerations: Establish multiple payer sources and funding partnerships for cost efficiency




Operational Considerations: Community and agency characteristics; recovery orientation; treatment team roles and services; engagement strategies; & referral networks.

Issue Brief – Supported Education



ISSUE BRIEF

Supported Education
for Persons Experiencing a
First Episode of Psychosis



Brief Developed by



Deborah R. Becker, Sarah J. Swanson,
Bob Drake and Gary R. Bond Dartmouth
Psychiatric Research Center



Major Content Areas

- **Why is education particularly important for individuals with FEP?**
- **Barriers to Pursuing Education**
 - *Finances, stigma, support, symptoms, traditional attitudes regarding stress*



Supported Education/Supported Employment

- **Core Principles**

- *Mainstream education*
- *Zero exclusion*
- *Focus on participants goals and strengths*
- *Rapid engagement and enrollment*
- *Individualized support and advocacy*
- *Partnership with educational institution*
- *Integrated employment, education & clinical services*
- *Emphasize natural supports.*



SE/SED Service Components

- **Organization of services**
- **SED services**
- **Role of the MH treatment team**
- **Engaging young adults**



Additional Topics



- Professional development for SE/SED specialists
- Financing SED services
- Assuring quality
 - *Fidelity assessment*



Guidance Manual: Peer Involvement & Leadership



GUIDANCE MANUAL

Peer Involvement and Leadership
in Early Intervention in Psychosis
Services: From Planning to Peer
Support and Evaluation

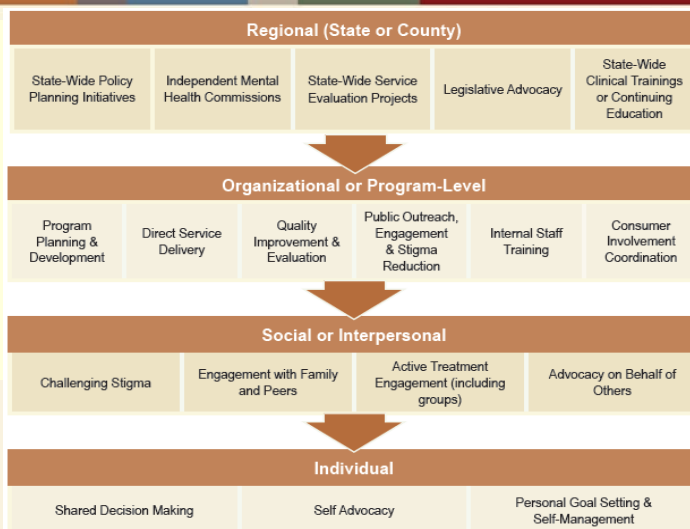


About the Guidance Manual

- **Developed by: Nev Jones, PhD, Stanford University**
- **Purpose: The Guide is designed to provide information and examples of the many ways that peers can play a meaningful role in early psychosis programs, including advocacy and leadership efforts across diverse domains.**

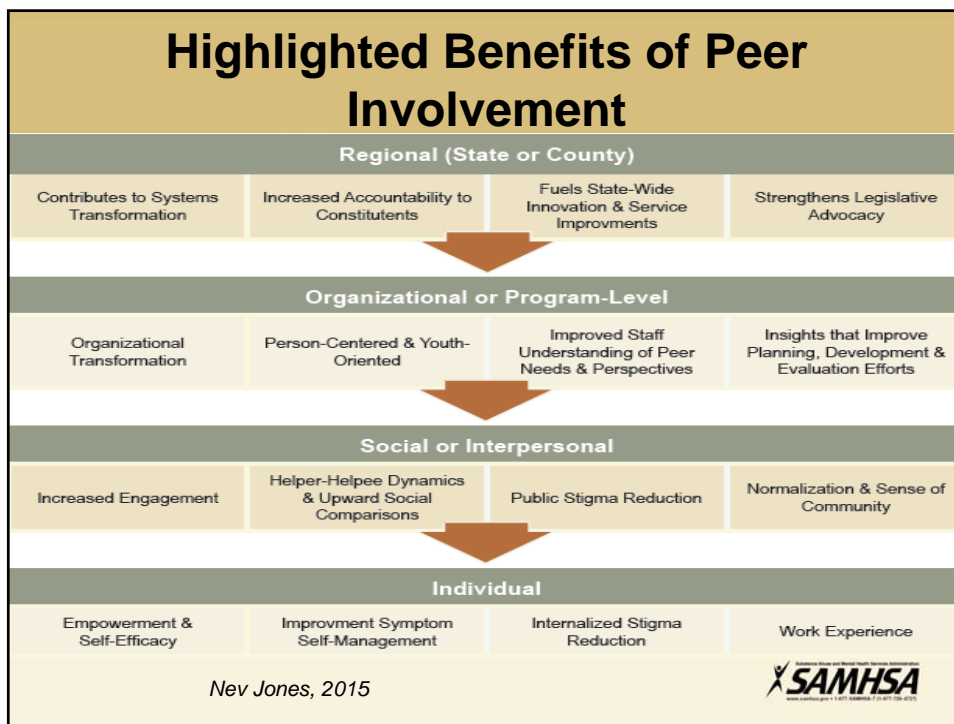


Highlighted Levels of Peer Involvement



Nev Jones, 2015





- ### 7 Peer Involvement Self-Assessment Questions
1. Have attempts been made to include peers *as early as possible* in planning a new initiative or program? (*Timing*)
 2. Do peers have the *power to make decisions and shape programs*, or are they limited to "advisory" roles? (*Power*)
 3. Are peers *financially compensated* in a manner equal to non-peers? (*Compensation*)
 4. Is there a *critical mass* (or sufficient number) of peers involved to make a difference? (*Numbers*)
 5. Have steps been taken to ensure that *peer wellness* is prioritized? (*Wellness*)
 6. Has the program or organization *invested in peer capacity building*—e.g., paying peers to attend conferences and workshops and to learn new skills? (*Investment*)
 7. Have program leaders or administrators taken explicit steps to ensure that peer perspectives are valued, and that resistance to peer involvement is systematically addressed? (*Organizational Culture*)
- Nev Jones, 2015
-

Areas of Focus

- **How can peers “influence, inform, and improve” early intervention in psychosis services via:**
 - *Program Planning, Policy & Development*
 - *Direct Services: Peer Specialists and Peer Support*
 - *Public Outreach and Stigma Reduction*
 - *Clinician Education*
 - *Quality Improvement, Evaluation, and Research*
- **The document incorporates: well-referenced discussion, concrete examples in the U.S. and abroad, “Q & A” segments and “spotlights” on specific programs/projects/people, information and links to a wide variety of helpful resources, project checklists and sample job descriptions.**



Fact Sheet – CSC Programming in Rural Areas



FACT SHEET

Implementation of Coordinated Specialty Services for First Episode Psychosis in Rural and Frontier Communities¹



Developed by



- A.S. Crisanti, PhD, D. Altschul, PhD, L. Smart, PhD, and C. Bonham, MD; Division of Community Behavioral Health, Department of Psychiatry and Behavioral Sciences, University of New Mexico School of Medicine



Coordinated Specialty Care – Challenges in Rural Settings

- **Key components of CSC**
 - *Specialized expertise in FEP Care*
 - *Community outreach*
 - *Consumer and family engagement*
 - *Mobile outreach and crisis intervention*
 - *Transition in care*
 - *Program fidelity*
- **Rural settings make each of these more challenging.**



Making it Work in Rural Areas

- **Workforce shortages are serious**

- *Further complicated by need for FEP-specific knowledge/skills*

- **Telemedicine can help**

- *Information sharing agreements*
- *Secure technology*
- *Systems for sharing information*
- *Staff to coordinate communication across sites*



Developing Teams with Local Resources

- **Key functions need to be addressed**

- **Rural areas may require individuals to serve multiple roles and involve individuals from multiple agencies**

- *Supported by a behavioral health leader either on-site or remotely*

- **Community outreach is key**

- *Transportation a chronic problem*
- *Informal networks are essential*



Mobilizing Resources

- Peers can be an integral element in outreach and engagement
- Mobile crisis outreach may involve police in rural areas
 - *CIT type training can be helpful*
- Care transitions may also use available community resources



Five Phase Strategy

- Establish FEP coalition
- Help community gatekeepers with identification and linkage
- Regular community outreach
- Open referral policy
 - *From both formal and informal sources*
- Assuring that all CSC core components are available.



Looking Ahead...

- Additional materials on first episode services will be developed this year [*Please share your suggestions on the feedback survey that will follow this webinar!*]
- Quarterly webinars on the MHBG 5% set-aside
- Reminder: State Mental Health Authority representatives can request on-site TA on these topics via the SAMHSA TA Tracker [<http://tatracker.treatment.org/login.aspx>]



Thank you!

Questions?

