Components of Coordinated Specialty Care for First Episode Psychosis:

*Guidance Related to the 5% Set-Aside in the Mental Health Block Grant*

May 2, 2014
Evidence-Based Treatment for First Episode Psychosis

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May 2, 2014
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
Presentation Outline

- First episode psychosis resources
- Early psychosis principles and services
- Coordinated Specialty Care model
- Implementing Coordinated Specialty Care
- Developing an early psychosis plan for FY14 MHBG set-aside
Coordinated Specialty Care for First Episode Psychosis - Resources

- 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

Target Population

- Youth and young adults, ages 15-30
- Non-affective psychoses
  - Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Brief Psychotic Disorder, or Psychotic Disorder NOS
- ≤3 years since onset of psychosis
Early Intervention Principles

- Early detection of psychosis
- Rapid access to specialty care
- Recovery focused interventions
- Youth friendly services
- Respectful of clients’ striving for autonomy and independence
Early Intervention Services

- Assertive outreach and engagement
- Team-based, phase-specific treatment
- 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

Medication/ Primary Care

Case Management

Supported Employment and Education

Psychotherapy

Family Education and Support

Client
Coordinated Specialty Care Model

- Medication/Primary Care
- Psychotherapy
- Case Management
- Supported Employment and Education
- Family Education and Support
Coordinated Specialty Care Model

Medication/Primary Care

Case Management

Psychotherapy

Supported Employment and Education

Family Education and Support

Client
## CSC Roles and Functions

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

![Bar chart showing percent full time employee by clinical roles for Staff 1, Staff 2, Staff 3, and Staff 4. The clinical roles include:
- Other Case Load
- Care Manager
- Pharmacotherapy
- SEE Specialist
- Family Therapist
- Psychotherapist
- Team Leader]
CSC Team Model 2

Urban Mental Health Center; 25-30 Clients

![Graph showing clinical roles among different staff members.](Image)
Revising the FY14 MHBG Plan

<table>
<thead>
<tr>
<th>Set-Aside Amount</th>
<th>Current CSC Capacity in the State or Territory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>≥1 CSC Program</td>
</tr>
<tr>
<td>≥ $1M</td>
<td>Green</td>
</tr>
<tr>
<td>&gt; $100K, &lt; $1M</td>
<td>Yellow</td>
</tr>
<tr>
<td>&lt; $100K</td>
<td>Red</td>
</tr>
</tbody>
</table>

- 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?**

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<tr>
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<th>Current CSC Capacity in the State or Territory</th>
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<tr>
<td>&lt; $100K</td>
<td>≥1 CSC Program</td>
</tr>
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- 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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Getting Started in New York State

Lisa Dixon, M.D., M.P.H.
Director, Center for Practice Innovations
New York State Psychiatric Institute
Professor, Columbia University Medical Center
RAISE Connection Team
OnTrackNY Team
Disclosure

• Providing consultation for development and training for CSC services ("OnTrackUSA")
OnTrackNY is an innovative treatment program for adolescents and young adults who recently have had unusual thoughts and behaviors or who have started hearing or seeing things that others don’t. OnTrackNY helps people achieve their goals for school, work, and relationships.
Have you or someone you know:

started withdrawing from family and friends?

recently had thoughts that seem strange to you or others?

become fearful or suspicious of others?

begun hearing or seeing things that others don’t?

If left untreated, these thoughts, feelings, and behaviors can become worse over time.

The good news: You can feel better.

Care and treatment can help.

On Track NY
Taking Inventory

• RAISE Connection at one site in NYC and very strong partnership and commitment within the Office of Mental Health

• Multiple academic centers of strength
  – John Kane’s Early Treatment Program

• Significant changes in public mental health system (shift to Managed Care) imminent

• Very diverse geodemographic landscape
Setting Things Up

• Identify Lead
• Develop Steering or Leadership Group
• Develop Stakeholder Group
• Understand revenue sources and create budget
• Consider overall population needs (See planning tool) (http://practiceinnovations.org/OnTrackUSA/tabid/253/Default.aspx)
Estimate Need for FEP Services (For State or Region/County)

• Input Assumptions
  – FEP Incidence, Proportion of Individuals approached, Proportion of individuals agreeing to services, Maximum team size, Expected months in treatment, Salaries of staff

• Outputs
  – Number of new “slots” per month; Number of teams needed for state; population size to support one team; Cost per client; Cost per year

Key Decisions in NYS Kickoff I

• Create “pilot” to learn and gather experience
• Four fully funded teams
• Downstate area
  – Capitalize on regional proximity for training
  – Capitalize on population density and cultural variability
• Diversity in type of host program
• Embed in EBP training center, Center for Practice Innovations
Examples of Criteria for Site Selection

• Experience providing care to youth (both children and adults) that are early in a psychotic illness
• Access to inpatient hospital that will work closely with site to facilitate admission and appropriate discharge
• Strong psychiatric supervision and clinical leadership
• Recovery orientation and commitment to hiring individuals with lived experience of mental illness
• Ability to provide data needed for demonstration project
• Willingness to do outreach into the community
<table>
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<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>✓ Identify program structure and services</td>
</tr>
<tr>
<td>✓ Determine geographic boundaries</td>
</tr>
<tr>
<td>✓ Define clinic population and eligibility criteria</td>
</tr>
<tr>
<td>✓ Connect with state and surrounding partners</td>
</tr>
<tr>
<td>✓ Establish funding / operating budget</td>
</tr>
<tr>
<td>✓ Establish a referral network</td>
</tr>
<tr>
<td>✓ Apply clinic procedures to the team</td>
</tr>
<tr>
<td>✓ Establish programmatic oversight rules</td>
</tr>
<tr>
<td>✓ Assess staffing requirements</td>
</tr>
<tr>
<td>✓ Develop standards for team functioning</td>
</tr>
<tr>
<td>✓ Develop training plan</td>
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Key Decisions in NYS Kickoff II

- Focus of Outreach
- Eligibility
- Model Components
- Treatment Length
- Training
- Fidelity and Data Collection
OnTrackNY Focuses on Time From Help Seeking To Referral To Routine Services

Onset of Symptoms → Help Seeking → Referral to Mental Health Services (Could receive criterion treatment in MHS) → Referral to OnTrackNY

Demand Side (Target consumers, families)
Supply Side (Target providers, linkage)

Also consider criminal justice, child welfare
Eligibility

• Help-seeking youth → Psychosis Spectrum → Non-affective psychosis
  – Non-affective psychosis
• Restrict by limited previous treatment vs. time since onset
  – Select time since onset (For RAISE: 10.9 (7.8) mos; Median 8.5)
• Rationale
  – Capacity
  – Biggest impact
RAISE Connection Team Interventions

Outreach/Engagement

Evidence-based Pharmacological Treatment

Supported Employment/Education

Recovery Skills (SUD, Social Skills, FPE)

Family Support/Education

Suicide Prevention

Shared Decision Making

Peer Support

Recovery
Model Components and Challenges

• Optimize flexibility within program model
• Evolving Evidence Base for Cognitive Remediation, Trauma, Peer Staff, Substance Use Treatment
• Use of electronic and online tools
• Time limitations
Training

• Hybrid of in person and remote methods
• On Line Resources
• Develop Tools to Scale Up
• Consultation and Learning Collaboratives
Tracking Important Outcomes

- Health
- School/Work
- Friends
- Costs
- ...Is the intervention happening as planned?
Keeping it Simple: Identify Data Sources to Address Key Fidelity Questions, for example:

- Are teams appropriately staffed, with 24/7 coverage and mobile services when needed?
- Are most clients getting adequate trials of antipsychotic medication?
- Are teams meeting with family members?
- Is the education/employment specialist meeting with most clients and are clients getting/keeping jobs and staying in school?
- Is the team identifying and addressing clients’ substance use?
- Is the team identifying and addressing suicidality?
- Do clients report useful services arrived at via shared decision making?
Cost Considerations for Small City e.g., Buffalo

• Population 261,00: Supports ~0.5 Team
• Salaries and fringe for staff less amount recouped by billing
• Space (including dedicated private meeting space and shared space for groups)
• Unreimbursed medication
• Modest amount of flexible funds
• Training and Fidelity Monitoring
• Indirect expenses
### Annual cost of each team

<table>
<thead>
<tr>
<th>Role</th>
<th>% Time</th>
<th>Annual Salary Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  FEP Team Leader</td>
<td>50%</td>
<td>70,000</td>
<td>$35,000</td>
</tr>
<tr>
<td>2  IPS Specialist</td>
<td>50%</td>
<td>40,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>3  Recovery Coach and Outreach (MSW)</td>
<td>50%</td>
<td>60,000</td>
<td>$30,000</td>
</tr>
<tr>
<td>4  Psychiatrist</td>
<td>15%</td>
<td>157,735</td>
<td>$23,660</td>
</tr>
<tr>
<td>5  RN</td>
<td>5%</td>
<td>78,710</td>
<td>$3,936</td>
</tr>
<tr>
<td>6  Total salary for team</td>
<td></td>
<td></td>
<td>$112,596</td>
</tr>
<tr>
<td>7  Fringe</td>
<td></td>
<td></td>
<td>36%</td>
</tr>
<tr>
<td>8  Total + Fringe</td>
<td></td>
<td></td>
<td>$153,130</td>
</tr>
<tr>
<td>9  Indirect</td>
<td></td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>10 Total Cost</td>
<td></td>
<td></td>
<td>$176,100</td>
</tr>
<tr>
<td>11 Cost per Client (15 client team)</td>
<td></td>
<td></td>
<td>11,740</td>
</tr>
<tr>
<td>12 Cost per client (18 client team)</td>
<td></td>
<td></td>
<td>$9,783.32</td>
</tr>
</tbody>
</table>
Input on Maryland’s Experience
QUESTIONS, COMMENTS, DISCUSSION...