THE BeST KIND OF HOPE: FIRST EPISODE PSYCHOSIS COORDINATED SPECIALTY CARE

2017 Behavioral Health Conference
Moving Forward in Recovery-Oriented Systems of Care

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PRESENTERS

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LEARNING OBJECTIVES

• To describe early identification and outpatient treatment programs for psychosis and the ways in which they promote faster, more complete recoveries
• To share information about early identification and treatment programs for psychosis available in Ohio
• To describe the ways in which key stakeholders, such as boards and agencies, can support early identification and treatment of psychosis programs and the returns on these investments
The BeST Center’s mission:

- Promote recovery and improve the lives of as many individuals with schizophrenia as quickly as possible
- Accelerate the use and dissemination of effective treatments and best practices
- Build capacity of local systems to deliver state-of-the-art care to people affected by schizophrenia and their families

The BeST Center offers:

- Training
- Consultation
- Technical assistance

The BeST Center was established:

- Department of Psychiatry, Northeast Ohio Medical University in 2009
- Supported by The Margaret Clark Morgan Foundation and other private foundations and governmental agencies
# SCHIZOPHRENIA MYTHS AND FACTS

## MYTHS
- People with schizophrenia are dangerous
- People with schizophrenia have split personalities
- Schizophrenia is a result of bad parenting or weak character
- People with schizophrenia never get better

## FACTS
- Most people with mental illness are not dangerous, and most people who are dangerous are not mentally ill
- People with schizophrenia do not have split personalities
- Schizophrenia is a medical condition
- With the right treatment, people with schizophrenia **can and do** improve their lives
POSITIVE SYMPTOMS OF SCHIZOPHRENIA

- Hallucinations - auditory, visual, tactile, smell, taste
- Delusions – false beliefs that do not change and are not part of a person’s culture
- Thought disorder - unusual or disorganized thinking which impacts their speech
NEGATIVE SYMPTOMS OF SCHIZOPHRENIA

- Diminished emotion
- Neglect of self-care
- Social withdrawal
- Loss of pleasure or interest
- Trouble beginning or finishing things
- Speaking very little
COGNITIVE SYMPTOMS OF SCHIZOPHRENIA

• Poor ability to process information and use it to make decisions
• Difficulty concentrating
• Problems with memory
• Difficulty integrating thoughts, feelings and behavior
COSTS OF SCHIZOPHRENIA

U.S. ECONOMIC BURDEN

- Estimated to be $155.7 billion in 2013
- $37.7 billion in direct health care costs
- $9.3 billion of direct non-health care costs
- $117.3 billion of indirect costs such as unemployment and caregiver productivity

HUMAN COSTS

- About 7 individuals per 1,000 will be affected
- Median 10-year reduction in life expectancy
- Leading cause of disability
PREVIOUS PATH TO SCHIZOPHRENIA CARE

Young person develops psychotic illness

Often waits one to two years to engage in treatment

Care is often oriented toward adults, fragmented, reactive and not based on current evidence
PROMISING PATH TO SCHIZOPHRENIA CARE

• National, randomized control trial focused specifically on improving the quality of life for people with an initial episode of a psychotic illness
• Integrated, team-based, person-centered care based on current evidence
• Emphasizes strengths, developing resilience and improving daily living
• Offered in the community
FIRST EPISODE PSYCHOSIS COORDINATED SPECIALTY CARE

• BeST Center was an initial pilot site for the RA1SE treatment services package in partnership with Child Guidance & Family Solutions, Community Support Services and the Summit County ADM Board.

• Led to the development of additional first episode psychosis programs, each of which is called FIRST (FIRST is now available in 19 counties in Ohio)

• Ohio, Oregon, New York, and Virginia account for almost 50% of the 115 U.S. Coordinated Specialty Care programs for first episode psychosis
ESSENTIAL ELEMENTS OF FIRST

Interprofessional team
Manualized treatment
Shared Decision-Making, CBT-p, Motivational Interviewing
Treatment integration
Family part of recovery team

Individual Resiliency Training
Psychiatric Care
Supported Employment/Education
Family Psychoeducation
Case Management

Assertive Community Outreach and Education
Rapid access to assessment and services

Community partnerships
Regular data collection and analysis
Program evaluation and quality improvement
Collaborative Funding/Financing
Policy Advocacy

Recovery Focus and Individual Choices
SAMHSA FEDERAL BLOCK GRANT FUNDS AND OHIO MHAS APPROACH

• Substance Abuse and Mental Health Services Administration (SAMHSA) provided all states with additional 10% funds dedicated to best practices for persons experiencing their first episode of psychosis (FEP)
• RFP issued to secure experienced providers to expand or develop FEP programs
• RAISE criteria assist OhioMHAS and partners in knowing what areas of Ohio can support FEP teams
• OhioMHAS collecting data to assist with NIMH and SAMHSA data reporting
• Long range planning – support Episode of Care for FEP services
IMPORTANCE OF STAKEHOLDER COMMUNICATION

• Identification of agency to provide the service
• Implementation and start-up support
• Referrals and outreach
• Sustainable funding for non-Medicaid costs such as under-insured, Supported Employment/Education, Peer Support, and team meetings/consultation
• Regular convening of stakeholders to review data, outcomes, progress and address barriers, challenges and opportunities
MHRB OF PORTAGE COUNTY’S EXPERIENCE WITH FIRST

- Board Executive Director asked to partner with BeST Center to bring FIRST to Portage County in 2012
- Board recognized FIRST as an investment that would benefit clients and county in the long and short term
- FIRST Portage County is a partnership of Coleman Professional Services, Mental Health & Recovery Board of Portage County and BeST Center
- MCMF funding – BeST Center – Board – Agency (start up costs) – clients and families
- MHRB of Portage County’s funding is 70% local levy
- Board supported uninsured, under-insured, supported employment costs for FIRST
FIRST PORTAGE COUNTY

• FIRST Portage County led to Coleman expanding FIRST programs to Stark, Trumbull, Greater Lima (Allen, Auglaize and Hardin counties) and Jefferson counties

• Expanded FIRST Portage County services to include Cognitive Enhancement Therapy

• Adding Peer Support to their FIRST Teams
PROGRAM INTO PRACTICE:
LESSONS FROM ZEPF CENTER’S FIRST PROGRAM
ZEPF CENTER

• Started in 1974 as a post-hospitalization treatment center

• Specializes in serving SPMI population

• Primarily Medicaid

• Largest service: Integrated Care Management
ZEPF CENTER

• 7 Sites in Lucas County: IOP, Detox, MAT, Individual and Group Therapy, Recovery Housing, Vocational/One-Stop Services, Psychiatry, Integrated Care Management, FIRST, Gambling Intervention, Wellness Center, Afterschool and Summer Programs, Co-located FQHC

• 2 Sites in Wood County: MH and AOD Services for Adults, Recovery Housing

• Serves over 7000 patients from 3 years of age in NWO
FIRST IMPLEMENTATION TIMELINE

- September 2014: Training for team members
- Sept-Oct 2014: Began outreach into community, in reach to Intake, Therapy, and Medical departments at agency
- October 2014: Kickoff, 1st members enrolled
- February 2015: Reached 10 patients total
- Today, 14 patients (17 total served)
ZEPF’S FIRST TEAM DEVELOPMENT

Zepf is using primarily clinical managers for their team:
*though using primarily clinical managers is not a FIRST implementation expectation*

- Low Productivity Expectations
- Flexibility
- Clinical Expertise
- Staff Stability
ASSETS

• High level of clinical expertise
• Team stability
• Team willingness to share roles as needed
• Agency provides ample MD time to address issues, walk-ins, and reschedules appointments quickly
• Agency has resources to address biggest barriers to care
• Added RN for nutrition education, wellness education, med management
• Strong relationships with hospitals, mobile intake team
• Board support in referrals, funding for uninsured clients
• Other wellness-based groups, CET present on site
CHALLENGES

• Engagement with patients with psychosis

• Time for thorough patient evaluation, consultation meetings, and seeing the “big picture” of patient progress

• Common medication management issues

• High-intensity needs can be difficult to balance

• Plan for patient driven care which includes their choice to come in and out of various FIRST services
SOLUTIONS AND LESSONS LEARNED

• Need to schedule around patient needs

• Expect long engagement period

• Don’t forget about the negative symptoms

• Connect with other services and promote! Psych testing with interns, CET, psychosocial groups, working out

• Outreach is vital, even in-reach needs updated frequently!
SUCCESS STORIES!
SUPPORTING FIRST EPISODE PSYCHOSIS TREATMENT

Understand the *importance* and the *benefits* of early identification and treatment of psychosis and advocate for these services:

- National research indicates that the early identification and treatment of psychosis leads to a faster, more complete recovery from psychosis.
- The re-hospitalization rates for FIRST clients are very low.
- The majority of FIRST clients are either working or in school, or both, either full or part time.
Percentage of First Clients Hospitalized From Baseline to 12 Months

- **Baseline**: 68% (N=133)
- **6 Months**: 8% (N=84)
- **12 Months**: 14% (N=43)

*Promoting Innovation. Restoring Lives.*
This material provided by the Best Practices in Schizophrenia Treatment (BeST) Center, Department of Psychiatry, Northeast Ohio Medical University.

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FIRST Employment

- Baseline: 16%
- 6 Months: 52%
- 12 Months: 55%

**Employed***

- Baseline: 2.23%
- 6 Months: 11.90%
- 12 Months: 8.16%

**SSDI**
SUPPORTING FIRST EPISODE PSYCHOSIS TREATMENT

Develop new FIRST programs

• Partner with the BeST Center to identify specific agencies to implement FIRST programs
• Engage the BeST Center to provide comprehensive training, consultation and technical assistance for implementing FIRST programs
• Offer agencies modest funding to offset training, team meetings, supervision and FIRST program development
Support FIRST treatment services

Because a majority of individuals who were previously uninsured are now eligible for Medicaid, local boards can use discretionary funding to cover FIRST treatment services that are not otherwise covered, such as:

• Supported employment and case management, which are not covered by private insurance
• Supported education, which is not covered by Medicaid, supported employment, which is not fully covered by Medicaid
SUPPORTING FIRST EPISODE PSYCHOSIS TREATMENT

Engage your local network/system of care to market and promote referrals to FIRST

• Local boards, local MH and AoD organizations
• ENGAGE System of Care Partners such as Family and Children First Councils, Wraparound Coordinators
• Youth and Adult Mental Health First Aid trainers
• Mobile crisis teams/hotlines/warm lines
• Youth Move Ohio, Active Minds, NAMI
• Emergency departments, psychiatric hospitals

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SUPPORTING FIRST EPISODE PSYCHOSIS TREATMENT

Engage your local network to market and promote referrals to FIRST

- Medicaid managed care
- Schools, colleges, universities
- Federally Qualified Health Centers
- Primary care mental health centers
- Juvenile, mental health, drug addiction courts
- Jails and juvenile detention centers
- Private practitioners/pediatricians/medical groups
SUPPORTING FIRST EPISODE PSYCHOSIS TREATMENT

Integrate FIRST promotion into your communications and social media
You or someone whom you know may be:
• having serious problems at work or school
• seeing or hearing things that others do not see or hear
• having fixed beliefs not shared by others
• withdrawing from social interactions
• speaking or thinking in a disorganized way
• feeling paranoid

These are all signs that someone may be at risk for a psychotic illness.

FIRST Summit County
Can Help
234.788.1646

FIRST: Early Identification and Treatment of Schizophrenia Spectrum Disorders

What is a FIRST program?
FIRST programs provide comprehensive, team-based treatment aimed at improving the mental health and quality of life for individuals who have experienced a first episode of a schizophrenia spectrum disorder by promoting early identification and providing best treatment practices as soon as possible. FIRST treatment includes psychiatric care, individual counseling, supported employment/education, family psychoeducation and case management that are all delivered in an integrated way by a low-personnel based at a community mental health agency.

What are the benefits of FIRST treatment for clients, families and significant others?
• Decreased severity of the illness
• Less physical, mental, psychological, social and occupational disability
• Lower risk of relapse
• Fewer forensic complications
• Reduced family tension and distress
• Reduced need for inpatient care
• Lower health care costs

FIRST Eligibility Criteria
Eligible persons will be considered for FIRST treatment services on an individual basis. FIRST is not most appropriate for individuals who:
• are between 15-49 years of age — or between 16-69 years of age in Mahoning County only;
• are diagnosed with schizoaffective disorder, schizophreniaform disorder or other specified/unspecified schizophrenia spectrum and other psychotic disorder;
• have experienced no more than 18 months of psychotic symptoms (treated or untreated);
• are willing to consent to participate in at least two treatment modalities that include counseling, psychiatric care, supported employment/education, family psychoeducation and case management.

Other considerations
FIRST is not appropriate for individuals:
• with psychotic symptoms that are known to be caused by the temporary effects of substance abuse or another medical condition
• with an intellectual disability that limits their ability to understand all of the treatment components.

Individuals who do not meet the eligibility criteria for FIRST are referred to other treatment resources.
SUPPORTING FIRST EPISODE PSYCHOSIS TREATMENT
Call FIRST first

Know the FIRST treatment resources and call FIRST first

For an up-to-date list of FIRST treatment services, please visit neomed.edu/bestcenter
THE BeST KIND OF HOPE

“As I often say, in the more than 40 years since I was diagnosed with schizophrenia, there has never been a better time to be diagnosed with a serious mental illness. There is more hope now than ever before.”

- Frederick J. Frese, Ph.D., NEOMED associate professor of psychiatry
THANK YOU!
QUESTIONS? COMMENTS?

To learn more about bringing The BeST Kind of Hope to individuals and families affected by first-episode psychosis, please contact:

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