

Implementation Strategies and Overcoming Challenges

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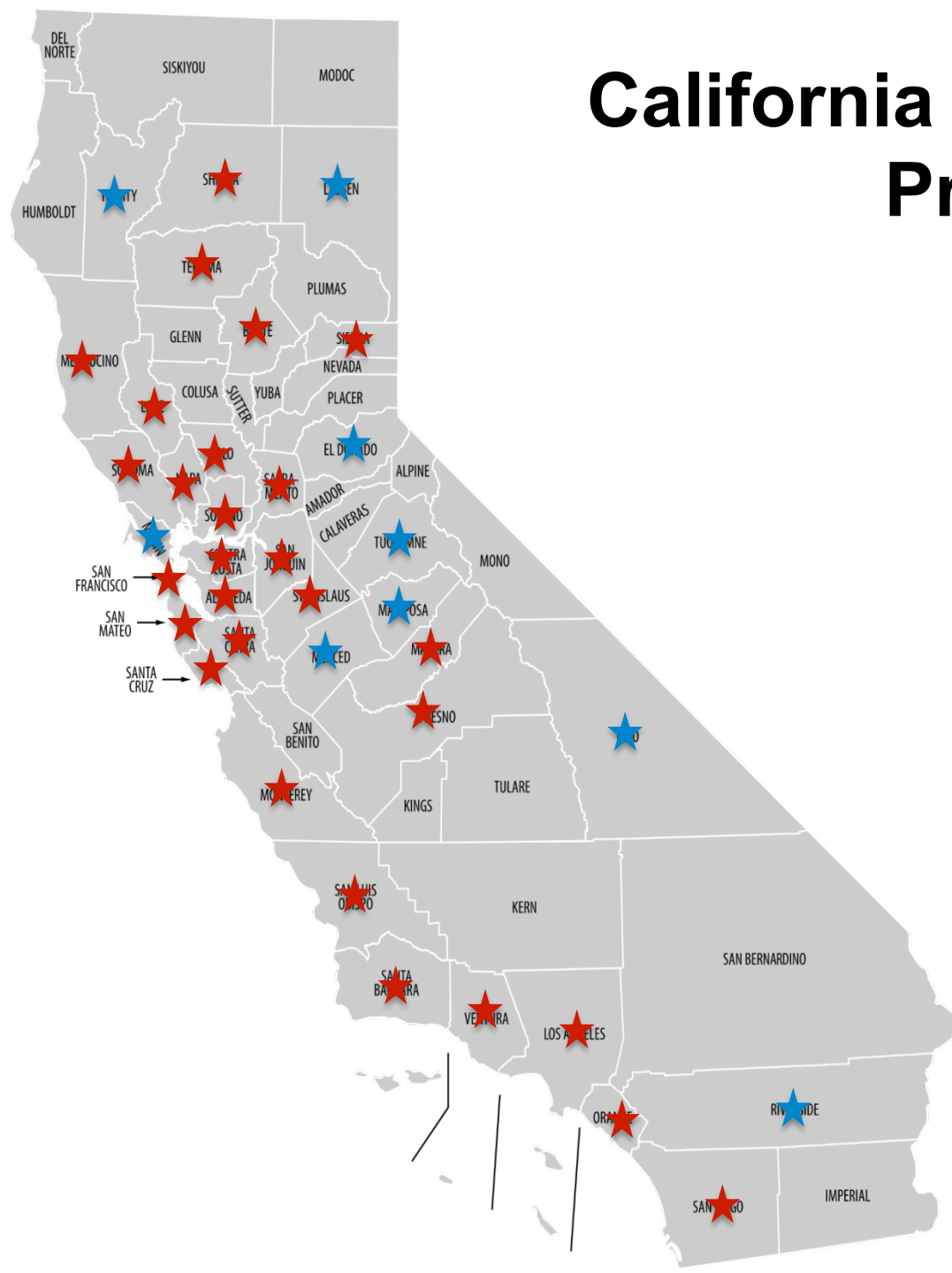
Director of Operations, UC Davis Early Psychosis
Programs (EDAPT & SacEDAPT Clinics)



Objectives

- Describe implementation of early psychosis specialty programs in Sacramento County
- Describe population served, funding sources, staffing/training considerations, and assessment/treatment approaches
- Describe how to overcome challenges of implementing early psychosis care in a community setting

California Early Psychosis Programs



Currently Active Programs (n=28)

- Alameda
- Butte
- Contra Costa
- Fresno
- Lake
- Los Angeles
- Madera
- Mendocino
- Monterey
- Napa
- Orange
- Sacramento
- San Diego
- San Francisco
- San Joaquin
- San Luis Obispo
- San Mateo
- Santa Barbara
- Santa Clara
- Santa Cruz
- Shasta
- Sierra
- Solano
- Sonoma
- Stanislaus
- Tehama
- Ventura
- Yolo

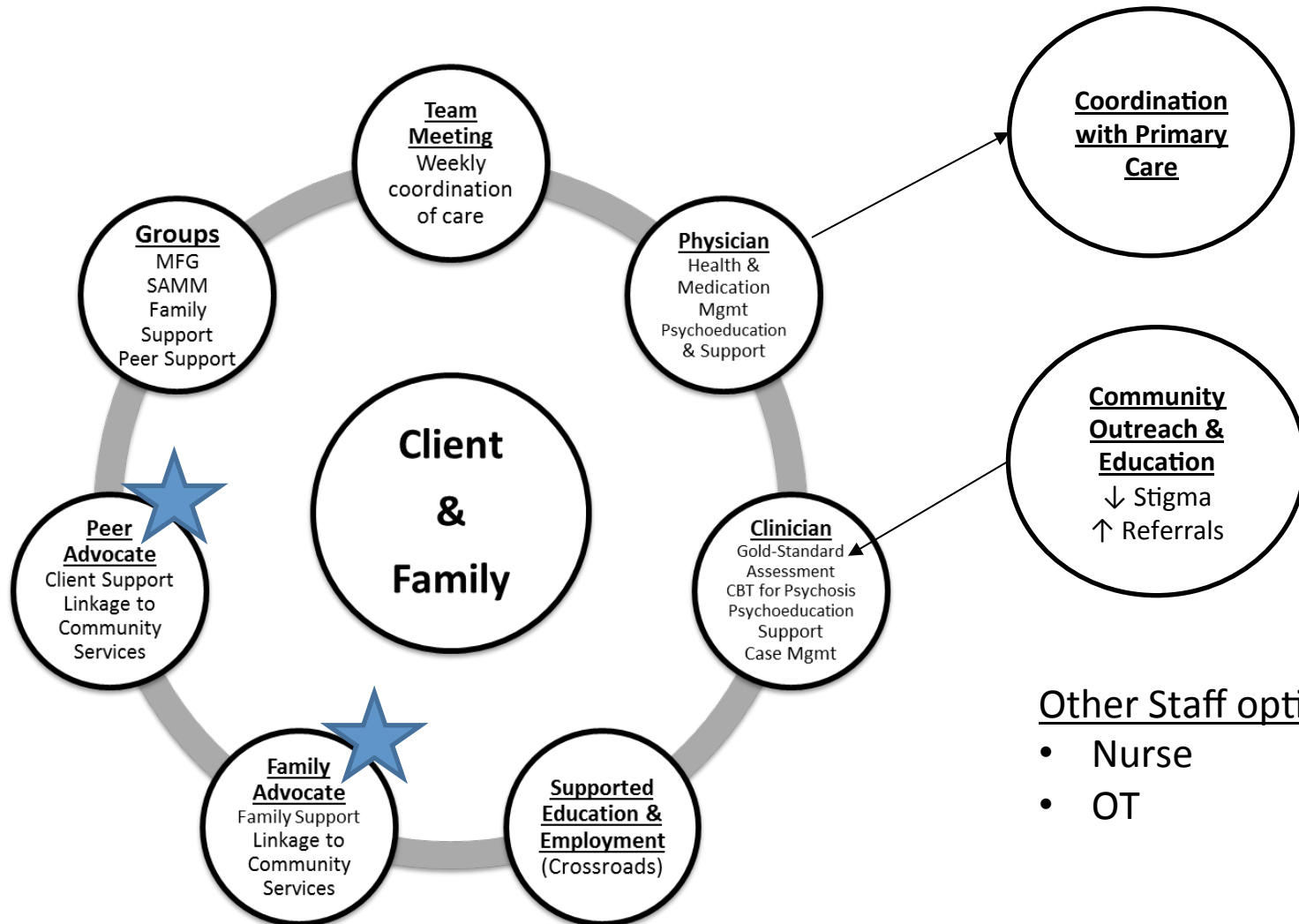
Programs In Development (n=9)

- El Dorado
- Inyo
- Lassen
- Mariposa
- Merced
- Riverside
- Trinity
- Tuolumne

UCD-Affiliated Early Psychosis Programs

- 2004 – Cameron Carter, MD. established an early psychosis research program and outpatient clinic (EDAPT) at UCD
 - First episode psychosis and clinical high risk, ages 12-40
 - More info: <http://earlypsychosis.ucdavis.edu>
- Expanded our clinic in 2011 – Sacramento County EDAPT Clinic (SacEDAPT)
 - First episode psychosis and clinical high risk, ages 12-30
 - More info: <http://earlypsychosis.ucdavis.edu>
- Supported implementation of EP care in Napa (2014) and Solano (2015) in collaboration with Aldea Child and Family Services
 - First episode psychosis and clinical high risk, ages 12-40
 - More info: <http://http://www.aldeainc.org/services/behavioral-health/early-diagnosis-preventative-treatment>

Coordinated Specialty Care Model



Other Staff options:

- Nurse
- OT

Populations Served

- Counties can choose which populations to serve
 - Fully psychotic
 - Which diagnoses? Schizophrenia spectrum only? Mood Disorders? Others?
 - MHBG recent specified Schizophrenia spectrum
 - Duration of psychotic symptoms (1-5 years)
 - Clinical High Risk/Prodromal
 - Generally defined by Attenuated positive symptoms of psychosis
 - According to SIPS? More broadly defined?
 - Both CHR and First episode
 - Our clinic is 80% First episode and 20% CHR
 - Ages served
 - MHPA = 12-25 → affects women who may have later onset
 - Who is not being served
 - Substance dependence, IQ<70, County of residence, Uninsured, Undocumented...

Funding Sources

- California's Mental Health Services Act (MHSA) Prop 63 voted into law in 2004
 - Prevention and Early Intervention (PEI): provide services for those demonstrating early signs of mental health challenges in order to “prevent mental illnesses from becoming severe and disabling” and improve “timely access to services for underserved populations.”
- Many CA counties have used these flexible funds to support EP program development

Funding Sources

- Other County-based funds
 - EPSDT/Medi-cal
 - 26.5 funds
- Federal funds: Mental Health Block Grant
 - Support enhancement of current programs OR development of new programs
- Private insurance
 - Significant limitations on when and how services can be provided
- Self-pay or sliding scale
- Donor funds
- Research grants

Staffing/Training

- EP Program guidelines delineate core staff components
- Funding often determines who can be hired
 - # of staff, level of training/licensure, time dedicated to the project
- Goal: Building an appropriate team to meet the needs of the community being served

Staffing/Training

- Challenges:
 - Finding the “right” staff who want to serve this population (appropriate training, interest, skills)
 - Staffing shortages in some fields (e.g. psychiatry) or some areas (e.g. rural)
 - Limitations in graduate training related to serious mental illness – workforce development issue
 - Need to provide additional training to the staff you hire.
 - Programs need ongoing support for 1) training new staff and 2) maintaining fidelity to the model as the program continues via supervision
 - Staff turnover is high → ongoing cycle of hiring and training
 - How do we KEEP the staff we have? Salary, ongoing professional development, support

Assessment Approaches

- Accurate assessment and diagnosis is core component of the model
 - Use of semi-structured interviews are key – but also time-consuming and training-intensive
 - Must ensure you are covering all the areas: psychosis, mood, substance use... but also trauma, suicidal ideation and behavior, developmental/medical issues
- Need for ongoing, standardized outcomes evaluation
 - Monitoring treatment progress, identify where goals were met/new goals to work on
 - Understand where program is working – and where changes need to be made

Treatment Approaches

- EP programs should incorporate evidence based treatments for individuals and their families
 - Examples include:
 - Cognitive Behavioral therapy for psychosis (CBTp)
 - Multi-Family Group therapy (MFG)
 - Functional Family Therapy (FFT)
- However, other treatment approaches should be incorporated to address variety of needs
 - Substance use, emotional regulation/coping, trauma, cognitive impairment, weight gain, social skills
- Need ongoing staff training and supervision to support use of these interventions

Challenges with Implementation in California

- Supporting access across the state
 - 38% of CA counties still do not have a program due to various barriers
 - Strong relationship/collaboration with the county is essential for success
- Need for parity across funding streams
 - Having insurance can prevent you from getting appropriate care
- Need for standardization in approach
 - How to implement core components with limited funds
- Need for ongoing training and technical assistance
 - How to support workforce development
 - Partnership with established programs, universities is a good way to ensure you are on the right track.