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GLOBAL INNOVATION FOR BRAIN HEALTH

Improving Early Psychosis Care Access: Challenges and Strategies

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Serving Early Psychosis Populations: Evidence-Based Practices and Systems
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Challenges to Treatment Access

1. Community unaware of nature of psychosis, of programs/efficacy
2. Too little program capacity
3. Insurance does not fully reimburse
4. Distances, time commitment make consistent treatment inconvenient

Strategies to Improve Access

1. Educate the public
2. Build a community culture of support
3. Advocate with officials & insurers, using data
4. Embrace digital technologies

Challenge 1: Unawareness

- Fear-inducing misconceptions:
 - “Mental illness is the sufferer’s fault.”
 - “Mentally ill people are different and dangerous.”
 - “Mental illness is a life sentence.”
- Results:
 - “Different” youth disciplined or ostracized
 - Youth in crisis afraid to seek, and do not get, care

Strategy 1: Educate

- Offer programs to teach:
 - Psychosis is no one's fault
 - Psychosis is highly treatable, and remission common
 - Coordinated Specialty Care (CSC) programs emphasize helping clients attain their goals
 - There may be a CSC program nearby
- Examples: Strong365, NAMI programs

Strategy 2:

Build a Culture of Support

- Wider networks of trust = stronger safety nets
- Support programs in which youth work, play and learn cooperatively
- Examples: Sporting teams, music bands, volunteer teams, outdoor education

Challenge 2: Too Little Capacity

- For some programs, insufficient funding to build to capacity
 - Even in CA, only ~1/2 of counties with CSC programs have applied MHSA PEI funding to them
 - Medicaid does not cover every component of CSC
 - Medicaid does not cover Prodrome treatment
- Result: Programs only treat a small fraction

Challenge 3:

Insurance Non-coverage

- Commercial insurance:
 - does not cover every component of CSC
 - does not cover prodrome treatment
- Parity laws are only weakly in effect
- Result: Families that rely on private insurance can't access adequate care

Strategy 3: Advocate, with Data

- CSC is expensive to support
- Need to prove that CSC saves costs downstream
- Current data: ~50% drop in hospitalizations
- Collect and analyze outcomes data across programs to strengthen case
- Examples: MHSOAC reporting website, EPI-Plus

Challenge 4: Inconvenience

- Some families live too far from a CSC center for regular visits
- Even families who live close by may have little time to allocate to therapeutic visits

Strategy 4: Embrace Technology

- Cognitive Training software has been tested remotely: Improvements in function & health
- Online CBT has been shown effective
- Software to enhance patient-clinician communication: promising results
- Examples: BrainHQ, PRIME, Mobi

Recap

Challenges

- Unawareness
- Lack of Capacity
- Insurance non-coverage
- Inconvenience

Strategies

- Educate
- Build a culture of trust
- Advocate, with data
- Embrace technology

THANK YOU!

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