Mental Health Services - First Psychotic Symptom Treatment

Session Law, 2018-5, Section 11L.1(x)

Report to the

House Appropriations Committee on Health and Human Services

And

Senate Appropriations Committee on Health and Human Services

And

Fiscal Research Division

By

North Carolina Department of Health and Human Services

December 31, 2018

Introduction:

In Session Law, 2017-57 Section 11L.1(x)

"SECTION 11L.1.(x) The sum of one million four hundred thirty thousand eight hundred fifty-one dollars ($1,430,851) appropriated in this section in the Mental Health Services Block Grant to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, for each fiscal year of the 2017-2019 fiscal biennium the 2017-2018 fiscal year and the sum of two million three hundred twenty-one thousand eight hundred seventy-three dollars ($2,321,873) for the 2018-2019 fiscal year is allocated for Mental Health Services – First Psychotic Symptom Treatment. The Division shall report on (i) the specific evidence-based treatment and services provided, (ii) the number of persons treated, and (iii) the measured outcomes or impact on the participants served. The Division shall report to the House of Representatives Appropriations Committee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division no later than December 31 of each year.

In its Federal fiscal year (FFY) 2014 appropriation, the Substance Abuse and Mental Health Services Administration (SAMHSA) was directed to require states to set aside 5% of their Mental Health Block Grant (MHBG) allocation to support "evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders." This funding is dedicated to treatment of persons with early serious mental illness and not for primary prevention or preventive intervention for people at high risk of serious mental illness. In its FFY 2016, the First Episode Psychosis (FEP) set aside was increased to 10%. The accompanying Guidance Document from SAMHSA stated "…the funds from the set-aside are only used for programs showing strong evidence of effectiveness and targets the first episode psychosis. SAMHSA shall not expand the use of the set-aside to programs outside of those that address first episode psychosis." The SAMHSA 10% set aside allocation for FFY18 is $1,976,970.00.

Evidence-Based Treatment and Services Provided

In developing guidance in the use of funds, SAMHSA worked collaboratively with the National Institute of Mental Health (NIMH) to review possible evidence-based treatments. NIMH had recently released the publication, *Evidence Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care (CSC)*. CSC is a team-based collaborative, recovery-oriented approach involving individuals experiencing first episode psychosis, treatment team members, and, when appropriate, family members as active participants. CSC components emphasize outreach, low dosage medications, cognitive and behavioral therapy, supported employment, supported education, case management and family psychoeducation. Services are initially very intensive with frequent contact with providers. Over time, service frequency decreases but the program remains flexible and can increase frequency during periods of crisis. CSC also emphasizes shared decision making as a means to address individuals with First Episode Psychosis (FEP) unique needs, preferences and recovery goals. Untreated psychosis increases a person's risk for suicide, involuntary emergency care and poor clinical outcomes. Research indicates that early intervention through a CSC program can alter the illness trajectory and enable individuals experiencing FEP to live in community settings and participate fully in family and community life. North Carolina has chosen to implement Coordinated Specialty Care teams as an evidenced-based treatment for First Episode Psychosis. Programs in North Carolina serve clients ages 15-30.

North Carolina currently allocates funds for three CSC sites. Two sites have been in operation since 2015. A third site was funded in January 2017 and began to accept clients in July 2017.

- Funds are allocated to Alliance Behavioral Healthcare Local Management Entity/Managed Care Organization (LME/MCO) for a contract with the University of North Carolina Department of Psychiatry, Center of Excellence for the Encompass Program in Raleigh, North Carolina
- Funds are allocated to Trillium Health Resources LME/MCO for a contract with RHA, Inc. for the SHORE Program in Wilmington, North Carolina
- Funds are allocated to Cardinal Innovations Healthcare Solutions LME/MCO for a contract with Carolinas Healthcare System for the Eagle Program in Charlotte, North Carolina

In addition to providing funding for three CSC sites, funding is provided to North Carolina-Early Psychosis Intervention Technical Assistance (NC EPI-TA) Program through the University of North Carolina at Chapel Hill, Department of Psychiatry, to provide technical assistance, consultation, training, database management and fidelity monitoring. The NC EPI-TA Program facilitates four monthly clinical consultation phone calls with providers at the three funded CSC sites focusing on medication management, family therapy, peer support, individual therapy and supportive employment. Data reports are provided bi-annually and annually for each site and a comprehensive data report is completed annually.

The NC-EPI-TA Program provides on-going webinars aimed to enhance clinician's early recognition of early psychosis in their clinical practice. These webinars are produced through the Area Health Education Centers (AHEC) in North Carolina. The webinars are not limited to the three funded sites but are available to all clinicians across the state. The four modules include:

- Psychosis – Can You Spot It
- "Mind-tricks", Attenuated-Psychosis and Full Psychosis: What's the Difference and Why Should You Care?"
- Why Clinicians Miss Diagnoses and What You Can Do About It
- Unmasking Psychosis Objectives: Recognize the Range of Disorders that have Psychosis as a Clinical Feature

Individuals are tested at the end of the webinar to ensure they have mastered the objectives and continuing education units (CEUs) are earned.

Outcomes:

Client data has been maintained and analyzed for the period of July 1, 2017 to June 30, 2018, for the three Coordinated Specialty Care Programs. During this time period, one hundred seventy-eight (178) clients were served. Referrals were primarily from community mental health providers and psychiatric hospitals. The average age of admitted clients was 21 years. A summary of outcomes is listed below:

- At program admission clients rated their symptoms on a scale of 0 (not at all) to 4 (everyday) using the Colorado Symptom Inventory. On admissions symptoms were at a moderate to high level of severity. By 12 months symptoms were rated at a mild level of severity.
- Prior to admission 40% of clients reported that they worked or attended school. At 12 months 58% reported that they worked or attended school. After 24 months in treatment 80% reported that they worked or attended school.
- At admission 40% of clients reported cannabis use. At 24 months 15% of clients reported cannabis use.

- Within six (6) months prior to admission 45% of clients reported one or more hospitalizations, Emergency Room or Crisis Center visits. At 24 months less than 10% of clients reported one or more hospitalizations, Emergency Room or Crisis Center visits.

In the next fiscal year, the focus of service delivery will be on the several priorities, such as continuing to meet fidelity standards established for Coordinated Specialty Care Programs; expanding services to clients in rural areas; and further developing opportunities for functional recovery through peer support, supported education and supportive employment.