SMIAdviser
A Clinical Support System for Serious Mental Illness

www.SMIadviser.org

An APA and SAMHSA Initiative

AMERICAN PSYCHIATRIC ASSOCIATION

SAMHSA
Substance Abuse and Mental Health Services Administration

Technical Assistance and Educational Needs of First Episode Psychosis Programs

Federal FY 2020

By

National Association of State Mental Health Program Directors Research Institute, Inc.
3141 Fairview Park Drive, Suite 650, Falls Church, VA 22042
www.nri-inc.org

Released January 2021

Funding for this initiative was made possible (in part) by Grant No. SM080818-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

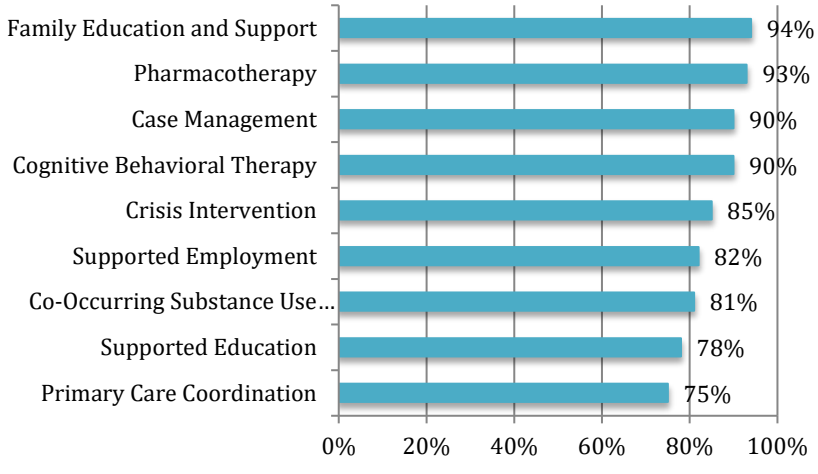
Introduction

During Federal FY 2020, researchers at NRI surveyed first episode psychosis (FEP) coordinated specialty care (CSC) programs about their use of evidence-based practices (EBPs) and clinical practice guidelines (CPGs), and any related technical assistance needs they may have. Responses from 68 FEP programs representing 28 states were received. Highlights from this survey are included in this brief summary.

Availability of EBPs

All responding FEP programs offer EBPs and/or CPGs for the treatment and recovery of adults with a serious mental illness (SMI). The most common EBPs offered in FEP programs are Family Education and Support, Pharmacotherapy, Case Management, Cognitive Behavioral Therapy, Crisis Intervention, Supported Employment, Co-Occurring Substance Use Services, Supported Education, and Primary Care Coordination. See Figure 1 for the EBPs offered by more than 75% of responding FEP programs. Other EBPs offered by FEP programs include Mobile Outreach, Peer Support Services, Smoking Cessation, and Housing Support and Services. FEP programs would like to offer Occupational Therapy, Cognitive Remediation, and Housing Support Services, but need additional TA to do so. Sixty-seven percent of FEP programs monitor fidelity to the CSC program as a whole; however, only 27% monitor the fidelity of individual components.

Figure 1: EBPs Provided by FEP Programs



Barriers to Implementing EBPs

Workforce is the biggest barrier faced by FEP programs when implementing EBPs. FEP programs struggle to recruit and retain psychiatrists, masters-level social workers, and peer specialists. The inability to offer competitive salaries and benefits and the risk of compassion fatigue contribute to their inability to recruit and retain a qualified workforce. To overcome

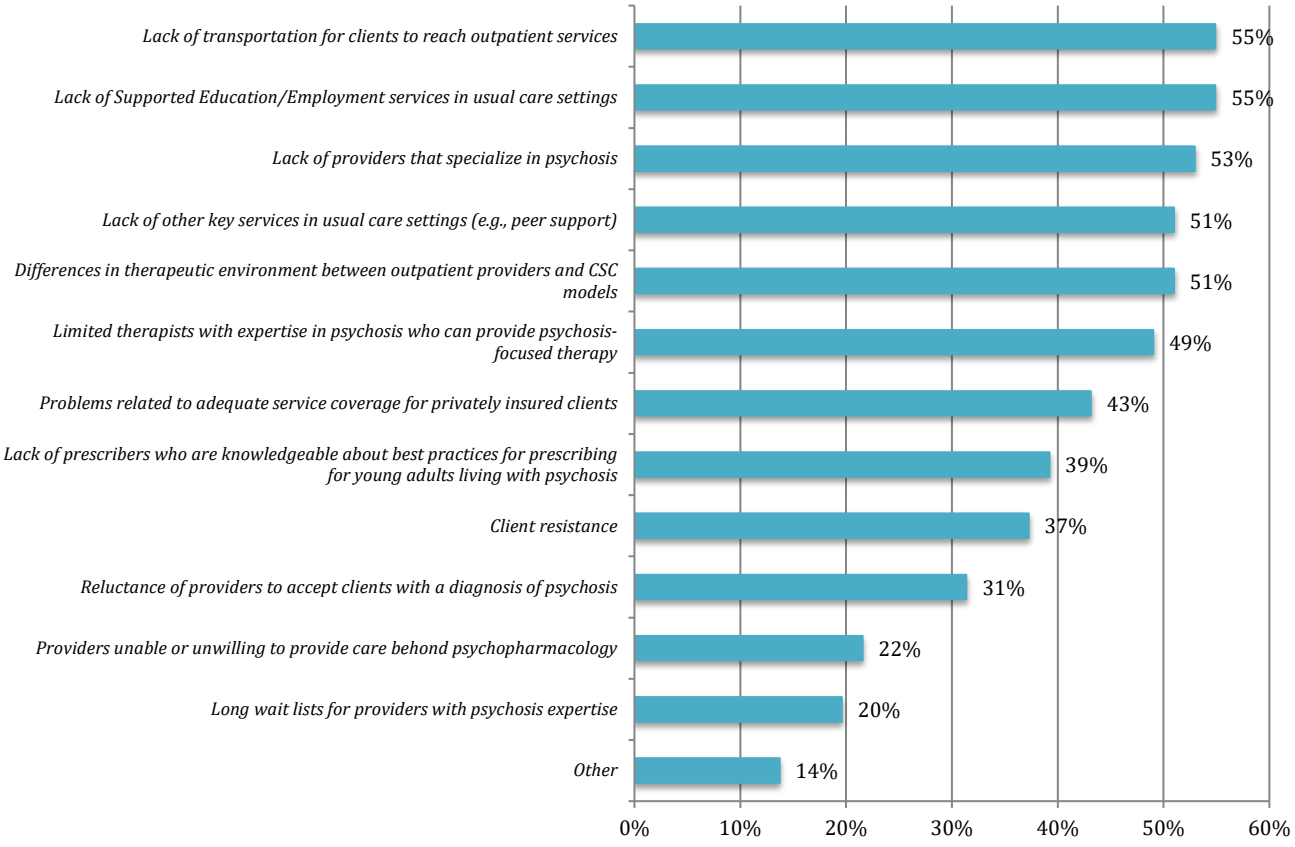
these barriers, most FEP programs offer on-site training (78%), provide protected time to participate in continuing education activities (69%), and cover the cost of continuing education courses (67%).

In addition to workforce challenges, FEP programs also struggle with financing and sustainability issues (49%), contextual concerns (e.g., rural areas and highly mobile populations; 43%), fidelity adherence and monitoring (38%), and cultural and linguistic competence (33%). Other barriers to the implementation of EBPs identified by FEP programs include transportation issues; engaging clients into services; barriers to acquiring state-issued identification (e.g., birth certificates, driver's licenses, etc.) for clients to obtain employment; lack of transition services; and a need for financial assistance for clients to obtain medication.

Transitioning Clients from Coordinated Specialty Care Programs

CSC programs for individuals experiencing an FEP have shown promise in reducing the trajectory and severity of mental illness. Many of these programs are time limited to three or fewer years, and recent research suggests that additional, intensive supports are needed for continued success upon graduation. Fifty-one FEP programs provided information about challenges and efforts related to the successful transition of CSC clients to the community. The biggest challenges FEP programs face when transitioning clients to usual services in the community are a lack of transportation for clients to reach outpatient care once they have graduated from the program, a lack of supported education/ employment services available in the community, a lack of providers that specialize in psychosis, a lack of other key services in usual care settings, and differences in the therapeutic environment between outpatient providers and CSC models. See Figure 2. Unique strategies FEP programs have implemented to overcome these barriers include the creation of a step-down model, the development of individualized treatment plans, and allowing the individuals to remain within the CSC program based on an individual's needs. Most CSC programs refer clients to services within their own agency (59%), while others refer clients to community-based providers outside of their organization (12%); some CSC programs were too new to address challenges at the time of the survey.

Figure 2: Challenges Transitioning Clients Out of CSC-Level Care



Additional TA Needs Identified by State Psychiatric Hospital Administrators

State psychiatric hospital administrators would most like TA related to dealing with the risks of aggression and violence (80%), followed by serving forensic populations (60%), serving individuals with co-morbid intellectual disabilities (60%), and suicide prevention and treatment (55%). Other needs identified include education around residential services for adults with SMI and digital technology to enhance patient care.

For Additional Information:

Kristin Neylon
NRI, Inc.
kneylon@nri-inc.org