

Mental Health Services –First Psychotic Symptom Treatment

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



Report to the

**House of Representatives 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, 2017

Introduction:

In Session Law, 2017-57 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 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 total for the FFY 2016 10% set-aside was \$1,430,851. 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 total for the FFY 2017 10% set-aside was \$1,515,525.00.

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 Managed Entity-Managed Care Organization (LME/MCO) for a contract with the University of North Carolina Department of Psychiatry, Center of Excellence for the Wake OASIS 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 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 2016 to June 2017 for the two sites implemented in 2015.

During this time period one hundred ten (110) clients were served.

All clients were rated upon admission to the program. Twenty five percent of clients were rated at 12 months after admission.

- At program admission clients rated their symptoms on a scale of 0 (not at all) to 4 (everyday) using the Colorado Symptom Inventory. At admission, the average rating for symptoms was moderate to high level of severity. At 12 months after admission the average rating for symptoms was mild level of severity.
- At program admission 40% of clients reported that they worked or attended school. At 12 months after admission 58% reported that they worked or attended school.
- At program admission 45% of clients reported cannabis use and 55% reported alcohol use. At 12 months after admission 15% of clients reported cannabis use and 20% of clients reported alcohol use.
- Within six (6) months prior to admission 40% of clients reported one or more hospitalizations and 55% reported one or more crisis or ED visits. At 12 months after admission 18% of clients reported one or more hospitalizations and 25% reported one or more crisis or ED visits.

Follow-up to increase the number of clients reporting 12 months after admission is a priority for the 2017-2018 data report.