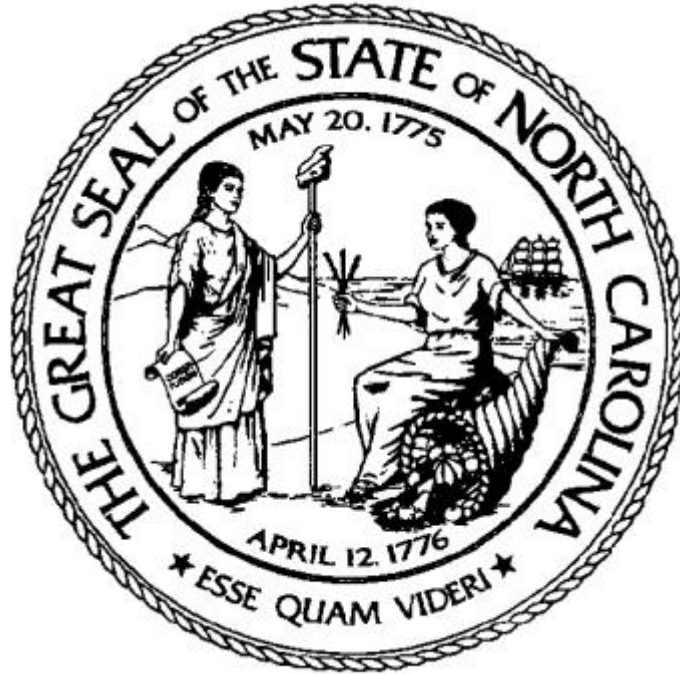


Mental Health Services - First Psychotic Symptom Treatment

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

April 20, 2022

INTRODUCTION:

Session Law, 2017-57 Section 11L.1.(x), as amended by Session Law 2018-5, Section 11L.1.(x), provided the following.

"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 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 FFY21 was \$1,976,970; the SAMHSA 10% set aside allocation for FFY22 is \$1,978,241.

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 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 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 accepting clients in July 2017. Currently, funds are allocated to Alliance Behavioral Healthcare 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 and another contract with Atrium Health, formerly Carolinas Healthcare System for the Eagle program in Charlotte, North Carolina. In addition, funds are allocated to Trillium Health Resources LME/MCO for a contract with RHA, Inc. for the SHORE program in Wilmington, North Carolina. Discussion is underway regarding the development of a fourth site. The counties served by these programs are as follows: Encompass serves Durham, Wake, Cumberland and Johnston; Shore serves New Hanover, Pender, Onslow and Brunswick; and Eagle serves Mecklenburg.

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 clinicians' early recognition of early psychosis in their clinical practice, training on medical management of first episode psychosis to medical providers, training to new clinicians, ongoing supervision on Individual Resiliency Therapy ("IRT"), an overview of family therapy approaches for early psychosis to family therapists, group supervision to Supportive Education and Employment Specialists staff, and group supervision and support to peer support staff. The NC EPI-TA program is also developing pilot programs to address the following: (1) psycho-social developmental recovery; (2) cultural adaptation of CSS psychosocial interventions for Black North Carolinians, and (3) access to care for rural North Carolinians.

OUTCOMES:

Client data has been maintained and analyzed for the period of July 1, 2020 to June 30, 2021 for the three Coordinated Specialty Care Programs. During this time period, one hundred seventy-two (172) clients were served. Referrals were primarily from community mental health providers and community inpatient psychiatric facilities from various counties across the state. The average age of admitted clients was 20 years with the age of admitted patients ranging from 15 to 30 years old. Recovery program components include Peer support services, Supported Employment and Education Services, Medical Management, and Individual and Family Therapy Services. A two-page summary report is attached for your review.

APPENDIX:

The following summary provides background information on Coordinated Specialty Care and outcomes.

Early Psychosis Intervention Advisors of North Carolina

Supporting Hope, Recovery, and Empowerment

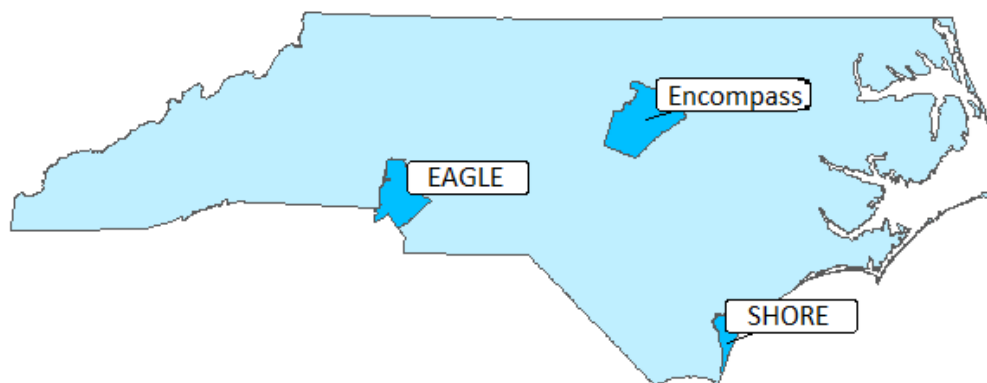
WHAT IS PSYCHOSIS?

Psychosis is a term that describes a condition in which a person has trouble distinguishing between what is real and what isn't. Symptoms can include delusions, auditory or visual hallucinations, incoherent speech, and inappropriate behavior. Psychosis can also lead to depression, anxiety, sleep problems, social withdrawal, lack of motivation, and difficulty functioning overall. First Episode Psychosis (FEP) refers to someone's first experience of psychotic symptoms.

There are currently three First Episode Psychosis Coordinated Specialty Care clinics in North Carolina: the Encompass Clinic (Raleigh), the Shore Clinic (Wilmington), and the Eagle Clinic (Charlotte).

WHAT IS COORDINATED SPECIALTY CARE?

Coordinated Specialty Care, or "CSC," is an evidence-based approach to delivering effective treatment for individuals and families recovering from a first episode of psychosis. CSC Programs utilize multidisciplinary teams including a core team of a medical provider, individually-focused psychotherapists/ care managers, and family focused therapist/ supporter, and includes an employment and education specialist and peer support specialists as needed.



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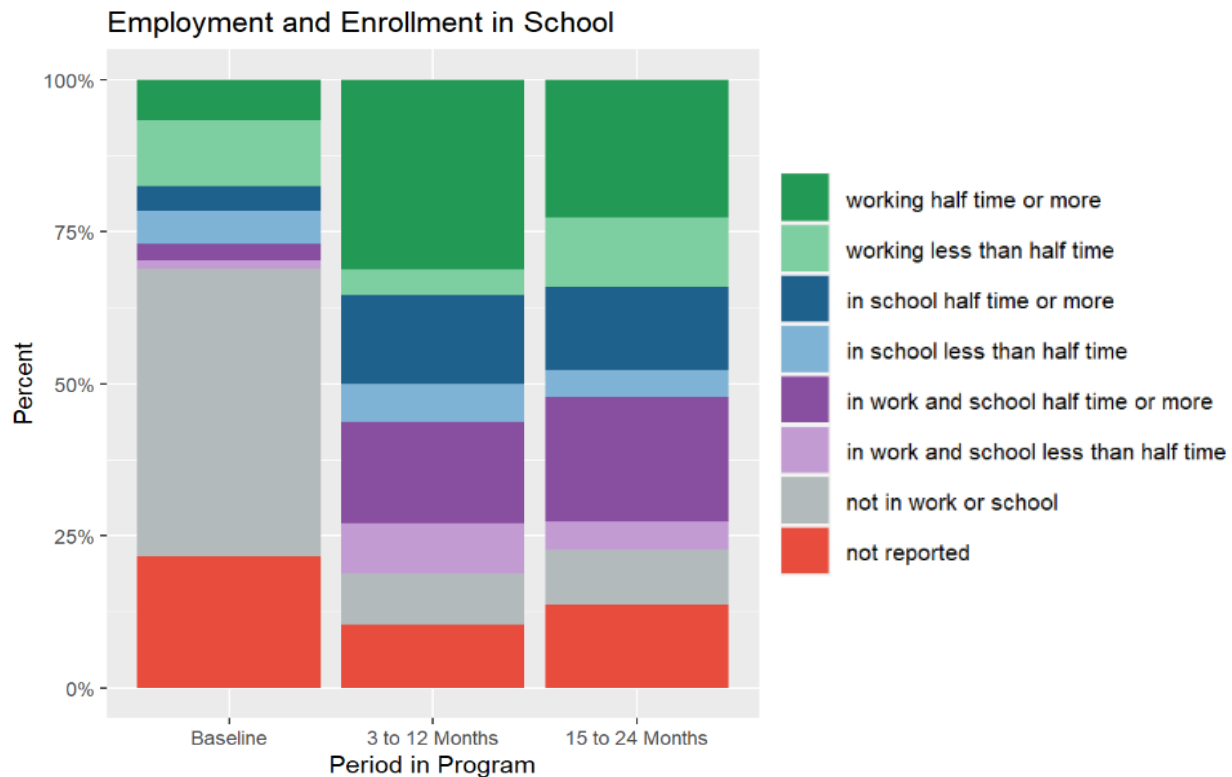
First Episode Psychosis
patients served from
July 2020 - June 2021

13

Counties served
across North Carolina

COORDINATED SPECIALTY CARE WORKS

With more time in the program, patients spend more time working and going to school...



... and less time in hospitals or in encounters with law enforcement.

