Improving the Early Identification of Youth at Clinical High Risk for Psychosis and Increasing Access to Care

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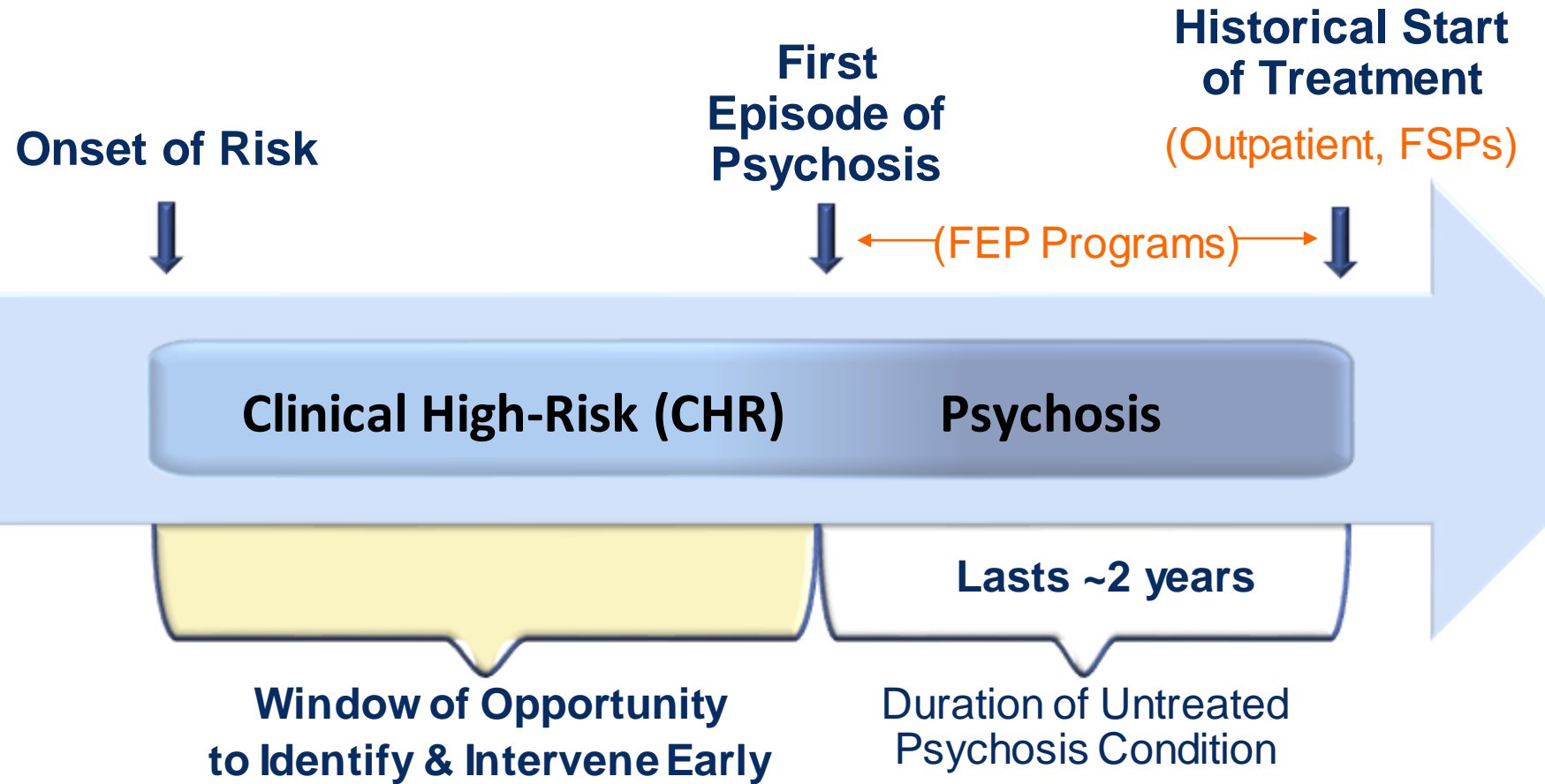
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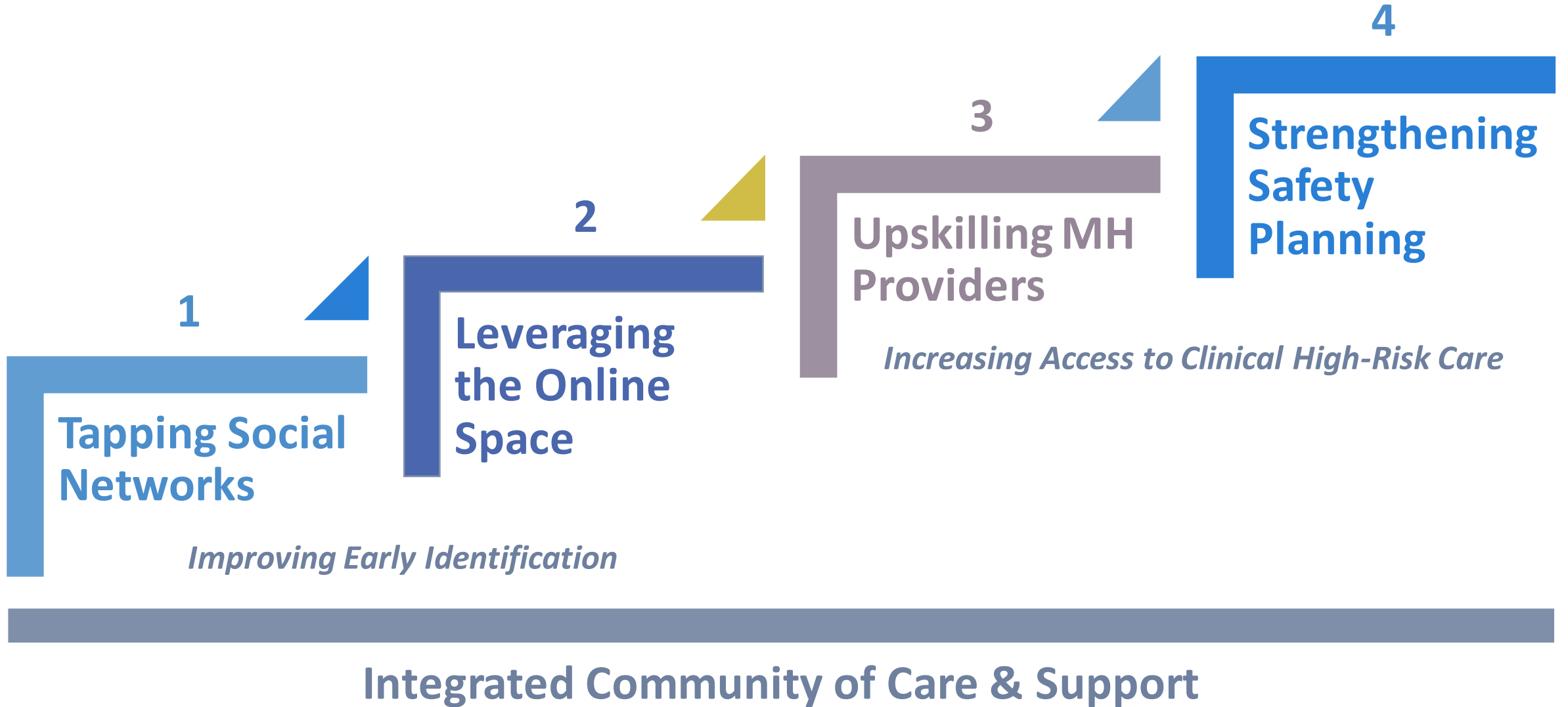Chief Program Officer

IMPACT OF PSYCHOTIC DISORDERS

- 12,000 adolescents and young adults develop a first episode each year
  (Heinssen, Goldstein, & Azrin, 2014)

- Heavy impacts on
  - Life expectancy by 20 years (Laursen et al., 2014)
  - Risk of suicide
  - Independent functioning
  - Quality of life
  - Family functioning
  - $155 billion per year in the United States (Cloutier 2016)

- Many individuals who experience psychosis can and do lead full and successful lives and report positive changes as a result of their experiences
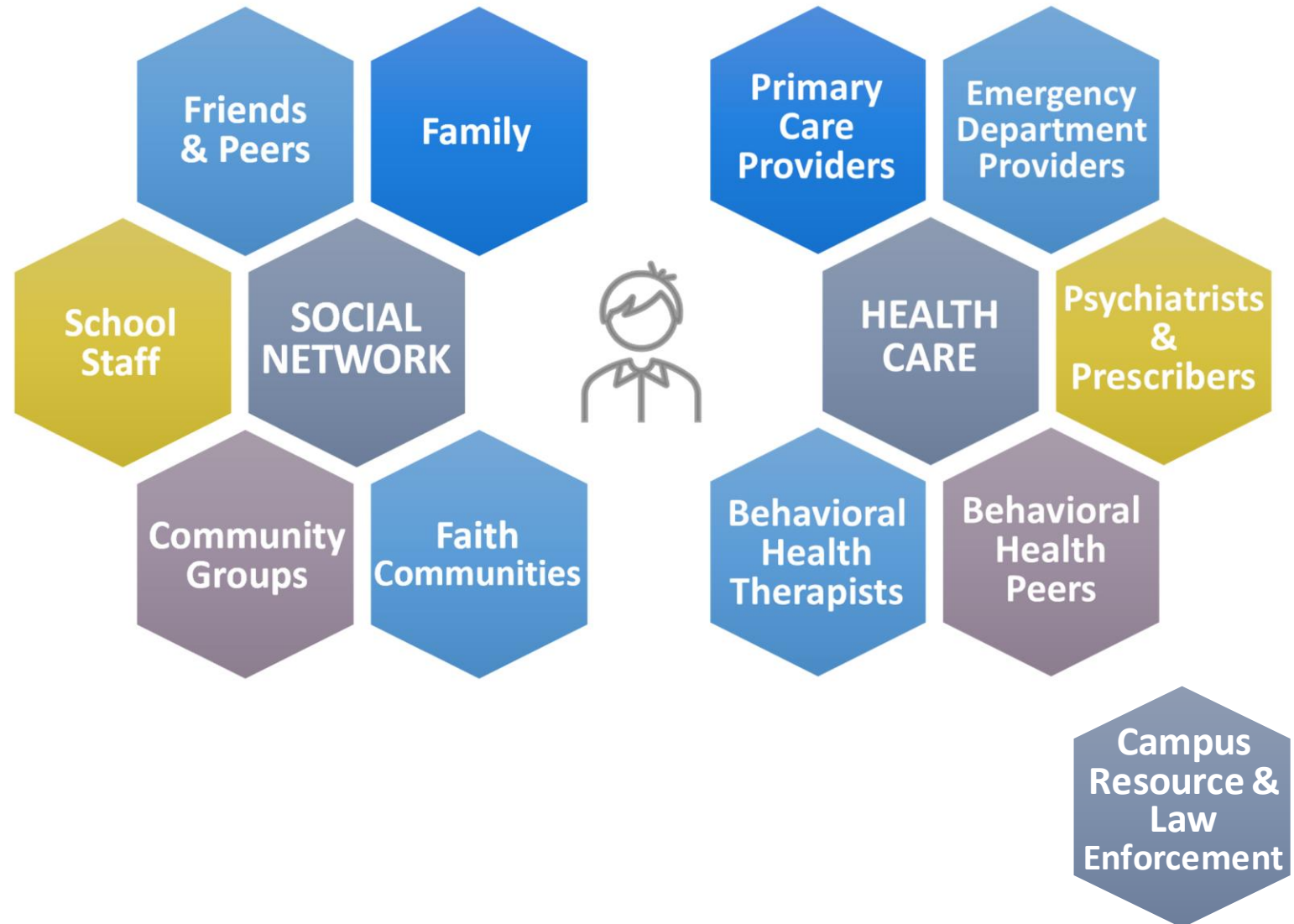
DURATION OF UNTREATED PSYCHOSIS SPECTRUM

Onset of Risk

First Episode of Psychosis

Historical Start of Treatment
(Outpatient, FSPs)

(FEP Programs)

Pre-Risk

Clinical High-Risk (CHR)

Psychosis

Lasts ~2 years

Window of Opportunity to Identify & Intervene Early

Duration of Untreated Psychosis Condition

Adapted from Marshall et al, 2005

INNOVATION PROJECT PROPOSAL

4

Strengthening Safety Planning

3

Upskilling MH Providers

Increasing Access to Clinical High-Risk Care

2

Leveraging the Online Space

1

Tapping Social Networks
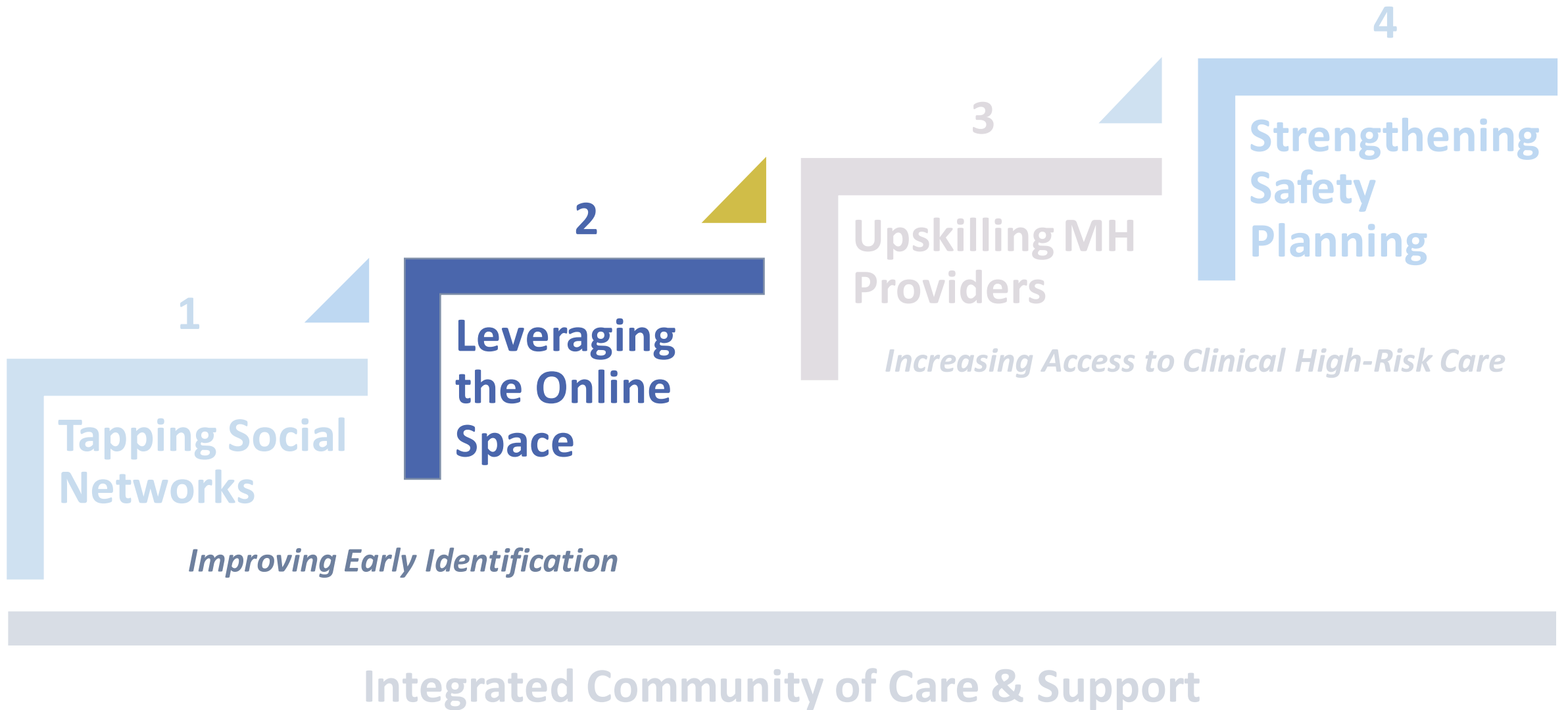
Improving Early Identification

Integrated Community of Care & Support

1. TAPPING SOCIAL AND HEALTHCARE NETWORKS

- Key potential responders:
  - Members of youth's social networks
  - Healthcare providers caring for youth
  - Campus resource/law enforcement officers who may be called to intervene

- We will provide outreach and training designed to improve the knowledge and skills on CHR syndromes and referral process among these potential responders

- Trainings and materials will be co-developed with community to be tailored and culturally and linguistically responsive

1

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Improving Early Identification

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2. LEVERAGING THE MHA ONLINE SPACE

- In 2021, 10,000 screeners were completed by OC residents; 800 were the psychosis screener

- Of those 800:
  - 74% scored at risk
  - 50% no treatment for a mental health condition
  - 40% White; 31% Latino; 13% API
  - 61% household income < $60k
  - 61% under age 25
    - 25% under 18 years
    - 37% 18-25 years

- **However only 1 in 5 people wanted to connect to someone for help**

HOW WILL WE LEVERAGE THE MHA ONLINE SPACE?

- Create a **designated mental health screening and support space** for Orange County residents

- Customize the "Next Steps" offered by:
  - **Offering a direct link to CHR-specific support in Orange County**
  - **Enhancing psychoeducational materials on psychosis**
  - **Introducing Personalized Normative Feedback**

- Evaluate whether these approaches increase the rate at which youth connect to CHR care in OC

WHAT IS PERSONALIZED NORMATIVE FEEDBACK (PNF)?

- Social norms are one of the strongest influences on youth behavior

- Youth change their behaviors to fit in with their peers

- Youth often have inaccurate perceptions of their peers' behaviors/beliefs

- Correcting these misperceptions can motivate youth towards change

- This approach has proven effective *in alcohol and substance use interventions*

- **We will adapt PNF and evaluate its effectiveness at encouraging youth at CHR to move from the online space to seeking care**

Example of Potential PNF Intervention

% of people your age who think less of a person who has received mental health treatment.

YOUR BELIEF

PEERS' BELIEF

You thought 95% of people your age would think less of a person who received mental health treatment. Based on a survey of over 10,000 young adults, only 10% said they would think less of a person.

■ Perception   ■ Actual
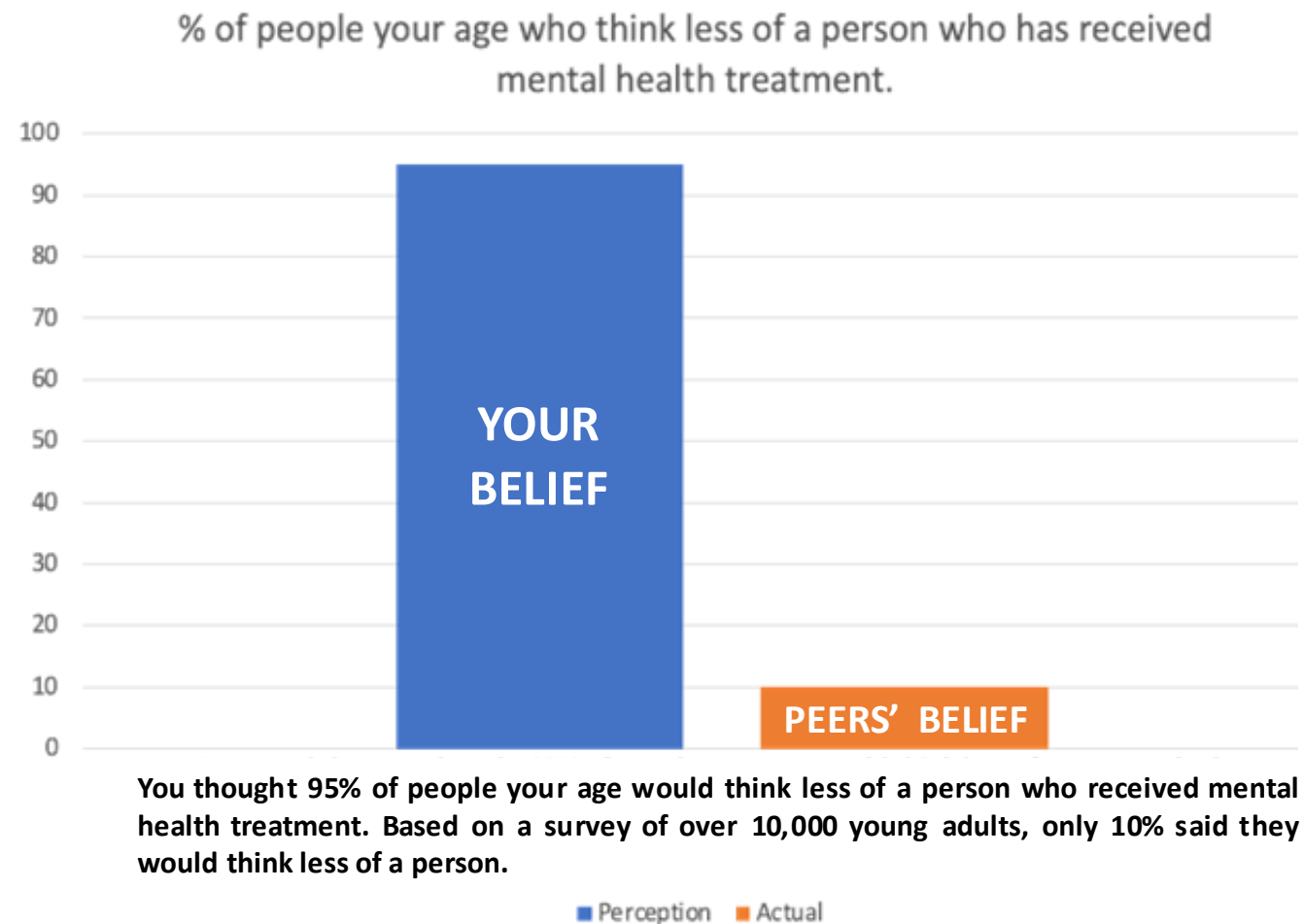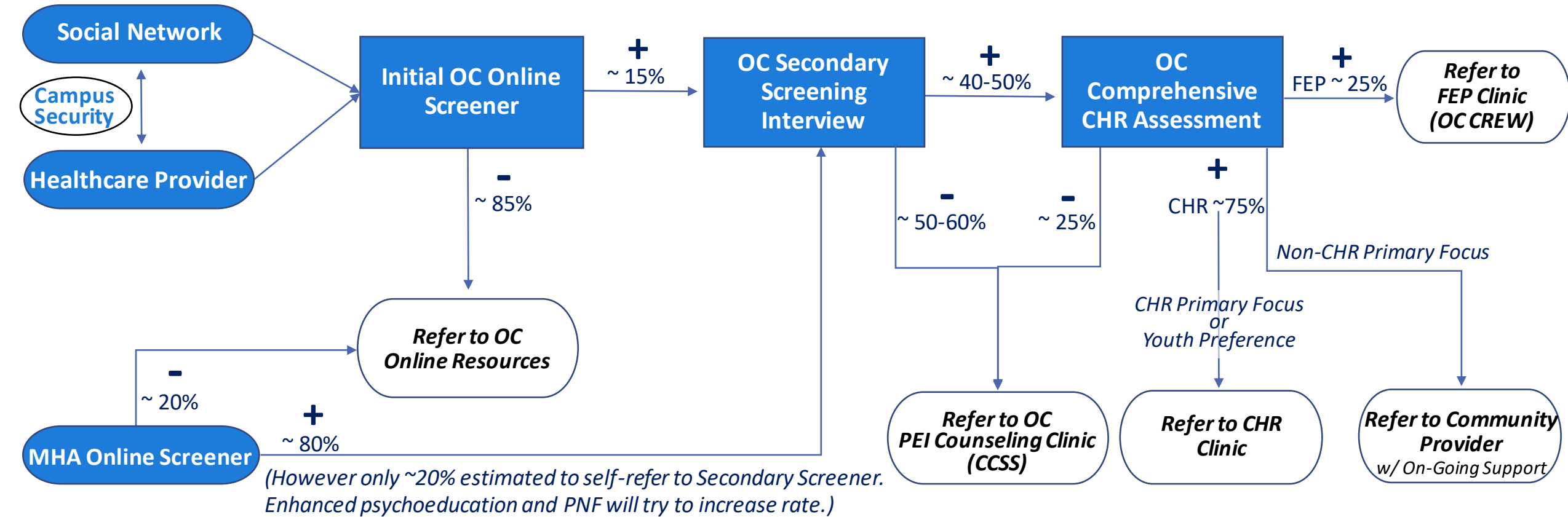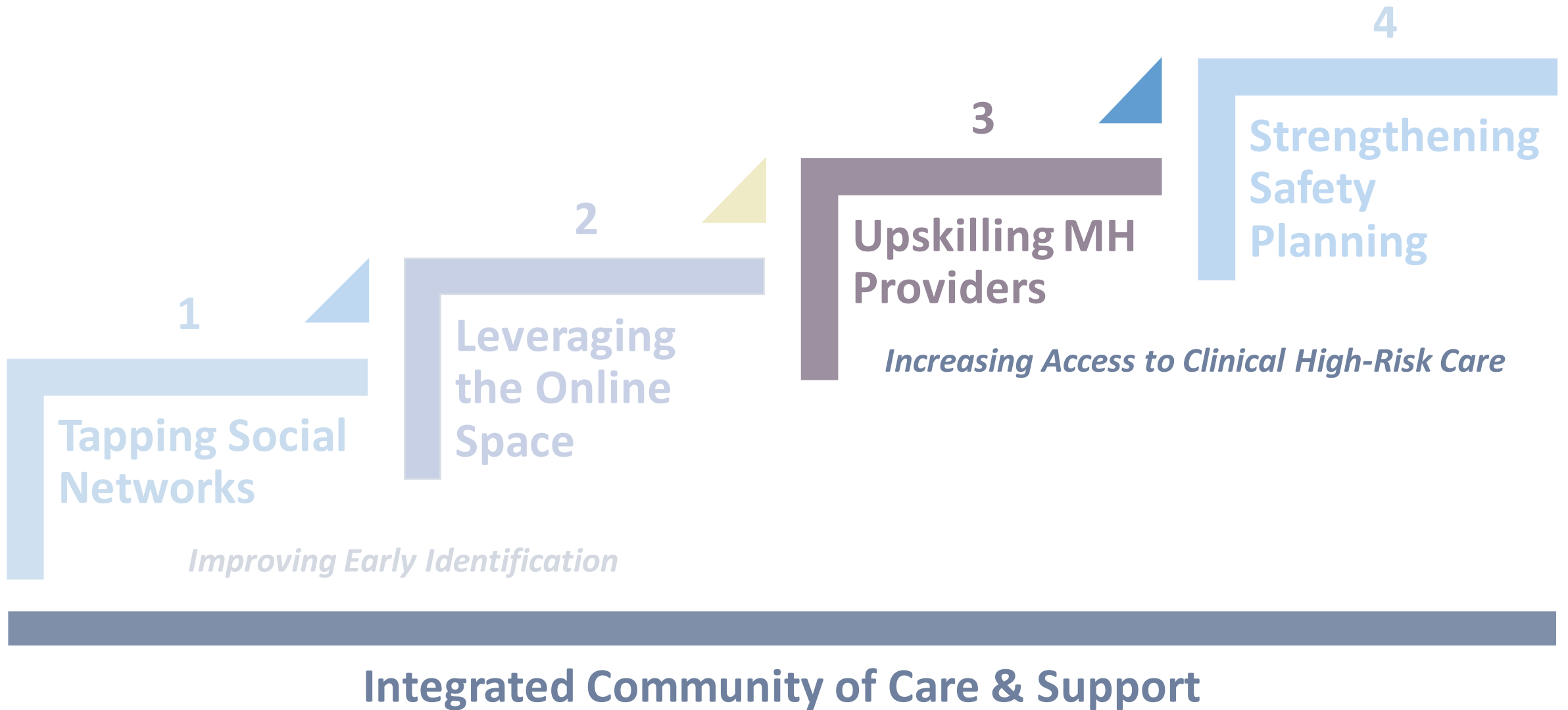
CHR Screening-to-Support Process Flow

Training in early identification of Clinical High-Risk (CHR) indicators...

... can result in a referral to start a multi-step CHR screening process that connects youth to the appropriate level of care based on their clinical needs

Social Network

Campus Security

Healthcare Provider

Initial OC Online Screener

+ ~ 15%

OC Secondary Screening Interview

+ ~ 40-50%

OC Comprehensive CHR Assessment

+ FEP ~ 25%

Refer to FEP Clinic (OC CREW)

− ~ 85%

Refer to OC Online Resources

− ~ 50-60%

− ~ 25%

+ CHR ~75%

Non-CHR Primary Focus

CHR Primary Focus or Youth Preference

− ~ 20%

MHA Online Screener

+ ~ 80%

(However only ~20% estimated to self-refer to Secondary Screener. Enhanced psychoeducation and PNF will try to increase rate.)

Refer to OC PEI Counseling Clinic (CCSS)

Refer to CHR Clinic

Refer to Community Provider w/ On-Going Support

Legend
− Negative screening result
+ Positive screening result

1

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**Integrated Community of Care & Support**

3. UPSKILLING MENTAL HEALTH PROVIDERS

- The number of trained **early psychosis specialists cannot keep pace with the number of youth and families in need**, especially if we are successful at improving early identification of CHR syndromes and at increasing referrals to CHR care

- One way to help address the behavioral health workforce shortage is to enhance the quality of CHR care provided throughout **all levels of the health care workforce**, not just the behavioral healthcare workforce

- This could **create a sustainable system** that avoids an over-reliance on CHR specialists and creates opportunity for the **youth and their families to be supported by their existing provider**

CHR CONSULTATION IN ACTION
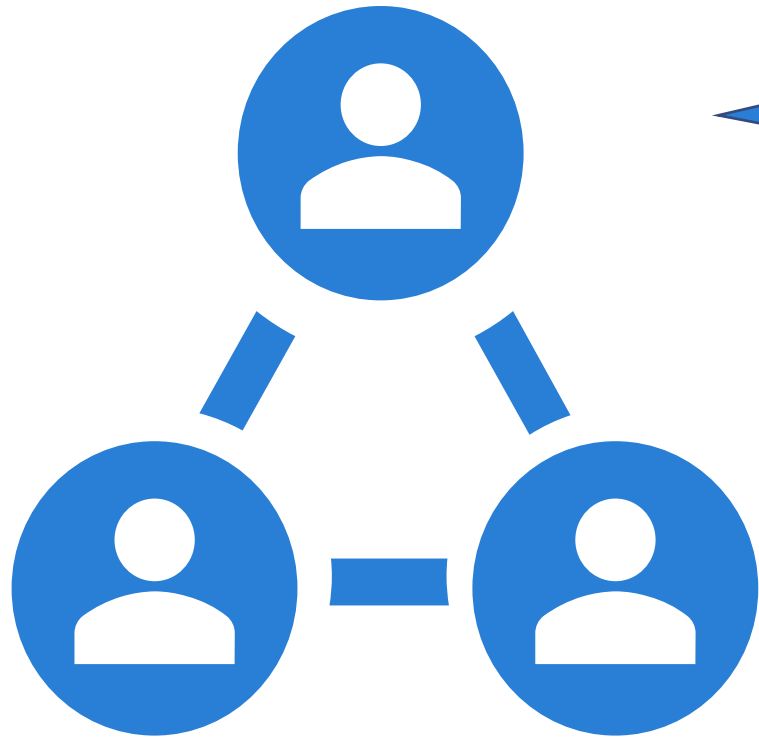
Thank [you] so much for the support and consultation! ... I feel much more at ease with my treatment plan and am grateful to be grounded conceptually with some more intervention ideas in my pocket. I look forward to continuing to work with both of you in whatever capacity we can.

CREATING A COMMUNITY OF PRACTICE & CONTINUAL LEARNING

WHAT IS PROJECT ECHO?

The University of New Mexico's Project ECHO ("Extension for Community Healthcare Outcomes") is an evidence-based learning framework used to create a virtual "community of practice" in which general practitioners learn how to provide quality, specialty care from specialists and from each other. Through weekly sessions of case-based learning, mentoring and peer support, general practitioners learn evidence-based and best practices from experts in the field, thus building their capacity to manage complex or serious conditions safely and effectively. The case-conference/ grand rounds-style format also encourages participants to learn from each other, which the County will leverage to create *opportunities for sharing culturally-responsive practices and strategies, with the goal of simultaneously building cultural competence across the network of providers*.

ONE-TIME CONSULTATIONS
Scheduled CHR case consultation for providers. Records shared ahead of time. Authorization to disclose (ATD) required.

ON-GOING TEAM CONSULTATIONS
Monthly, scheduled case consultation with youth, family, and provider(s). ATD required.
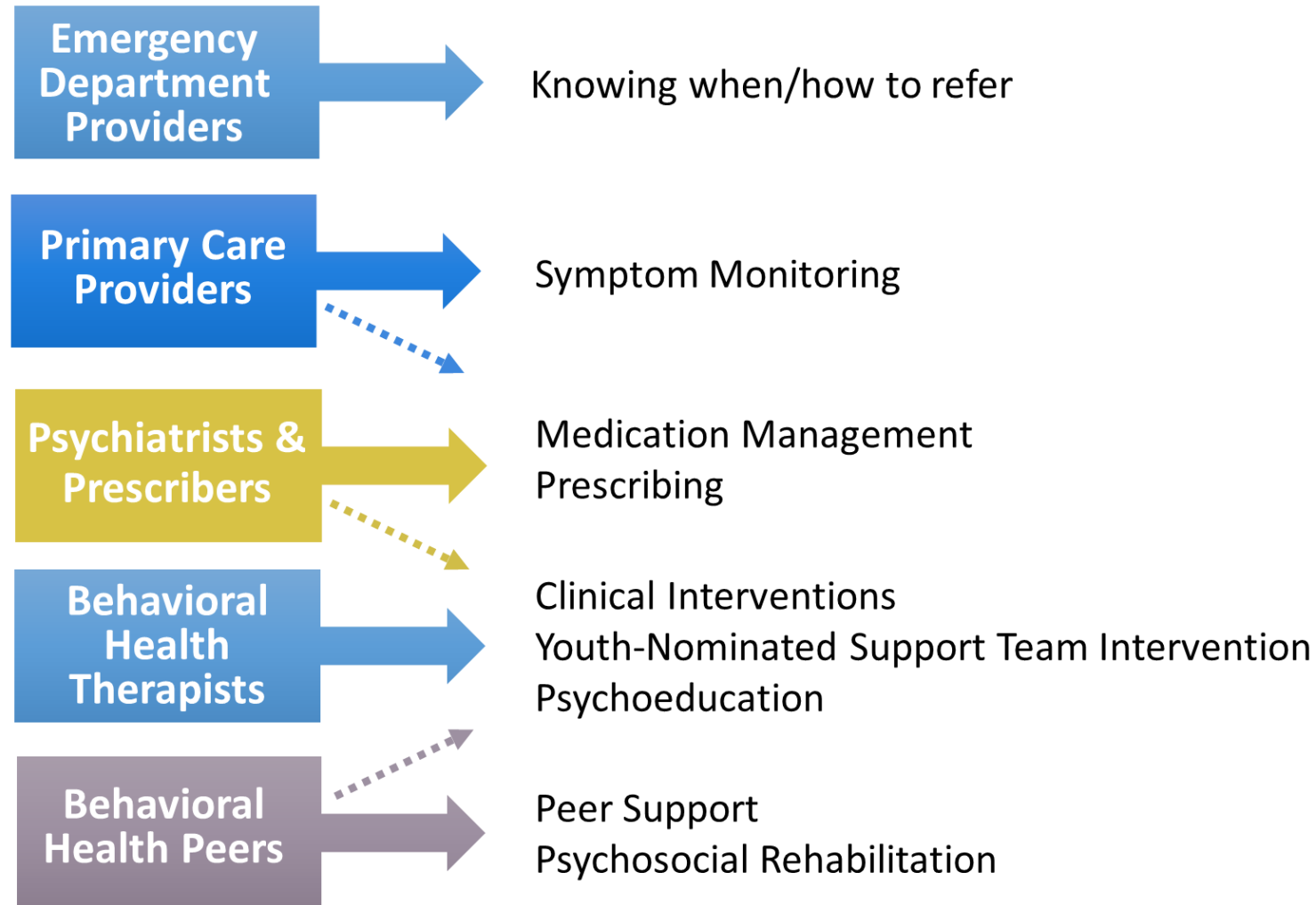
OC CHR OFFICE HOURS
Drop-in as needed for support, questions, etc. Casual, flexible, anonymous.

OC CHR POST-TRAINING OFFICE HOURS
Drop-in as needed to reinforce learning and use of new skills. Supports fidelity to best practices. Anonymous.

TAILORING LEARNING TO THE PROVIDER'S SCOPE OF PRACTICE

Emergency Department Providers → Knowing when/how to refer

Primary Care Providers → Symptom Monitoring

Psychiatrists & Prescribers → Medication Management
Prescribing

Behavioral Health Therapists → Clinical Interventions
Youth-Nominated Support Team Intervention
Psychoeducation

Behavioral Health Peers → Peer Support
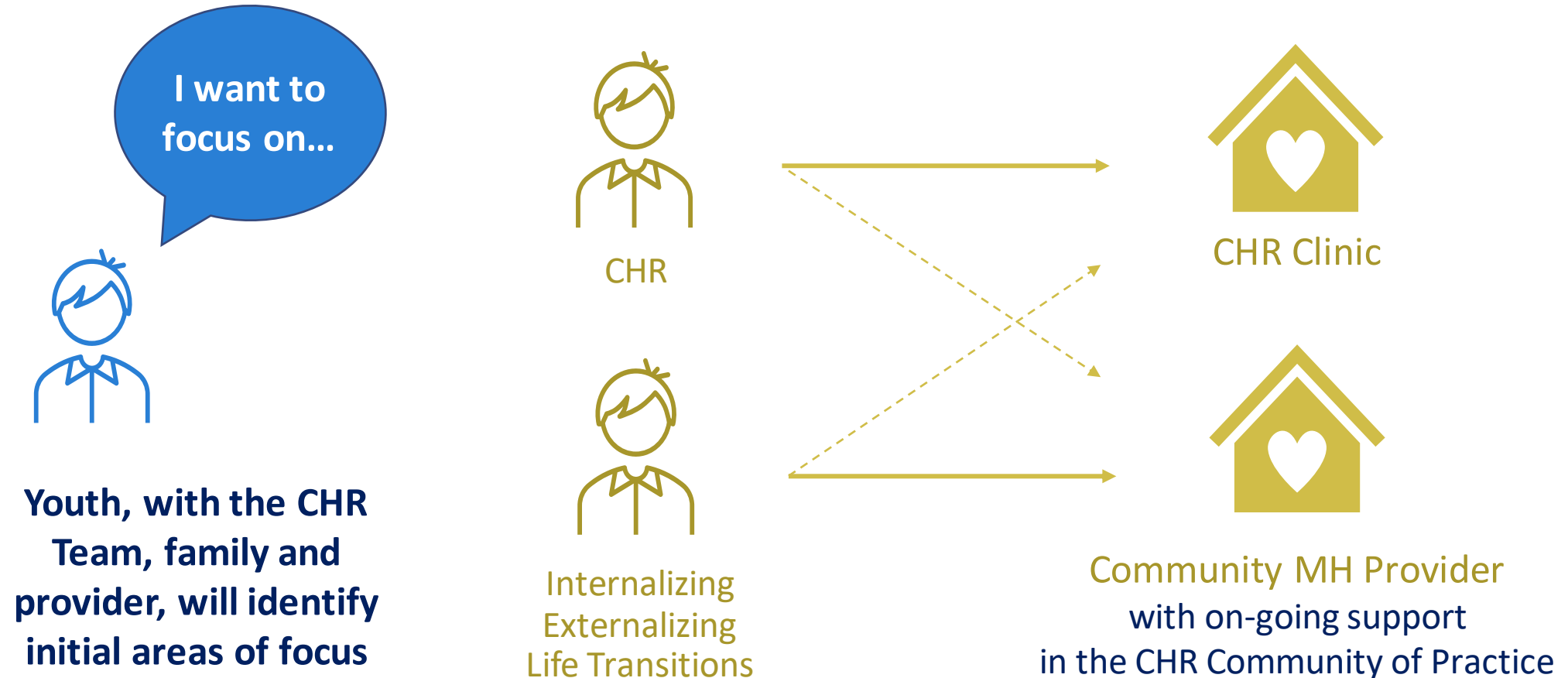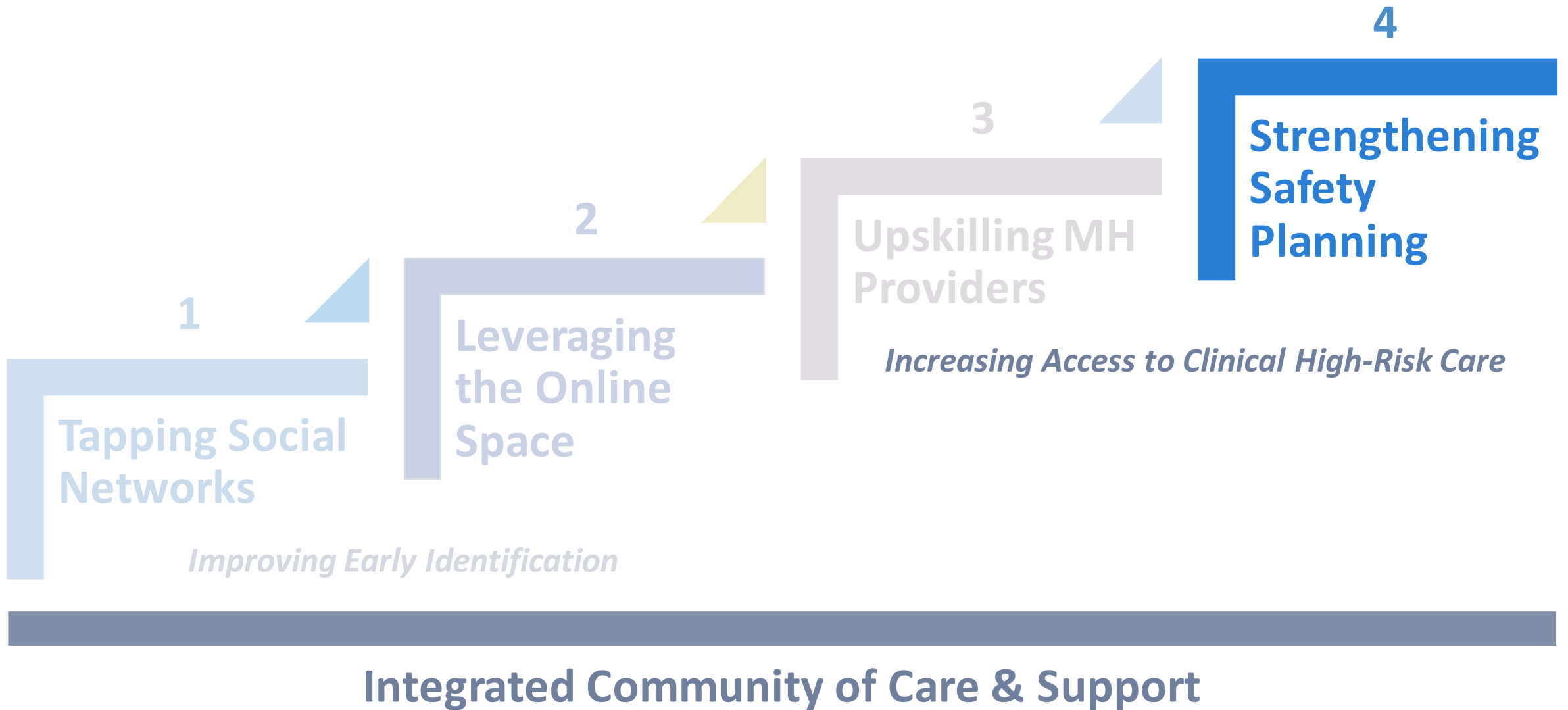Psychosocial Rehabilitation

WHAT IS A MODULAR APPROACH TO TREATMENT?

Modular psychotherapy is an approach in which evidence-based therapies are broken down into small, self-contained functional units (modules) that each focus on a specific, evidence-based intervention (i.e., deep breathing, muscle relaxation, activity scheduling, etc.; Chorpita et al., 2005). Different modules can then be connected together to create a care plan tailored to the unique needs and preferences of the client and family. This approach is in contrast to most evidence-based practices (EBP) that generally use a one-size-fits-all, scripted manual outlining one course of treatment to be applied to all clients. Modular psychotherapy has been in practice for several decades, and successfully applied to the treatment of anxiety, depression and conduct behavior in children (Chorpita et al., 2005).

CREATING MORE OPPORTUNITY FOR CLIENT CHOICE

Youth will connect to care, based on needs and preferences

I want to focus on…

CHR

Internalizing
Externalizing
Life Transitions

CHR Clinic

Community MH Provider
with on-going support
in the CHR Community of Practice

Youth, with the CHR Team, family and provider, will identify initial areas of focus

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4. STRENGTHENING SAFETY PLANNING

WHAT IS A YOUTH-NOMINATED SUPPORT TEAM?

Youth-Nominated Support Teams are an evidence-supported suicide prevention strategy that evolved to address the fact that, during safety planning, the people who youth often name to be in their support network are typically not familiar with how to support someone experiencing suicidal ideation or behaviors. In YSTs, the people nominated by the youth as their supports are integrated into the clinical team and educated on how to be a source of support in the young person's life.

YSTs have been shown to reduce suicide risk among adolescents with recent suicidal ideation and attempts (King et al.., 2006; 2009; 2019a; 2019b).

PROJECT OVERVIEW

- **Primary Purpose:**
  - Increase access to mental health services to underserved groups

- **MHSA INN Project Requirement:**
  - Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population

- **Learning Objectives: To what extent can we…**
  1. … improve the knowledge and skills of potential responders within young people's naturally existing social networks so they feel a) better equipped with how to recognize a young person who may be experiencing symptoms of CHR for psychosis, and b) more comfortable with knowing when and how to refer youth for screening and/or treatment services?
  2. … engage with young people online, where many youth first go for information, and identify ways to increase the likelihood that youth who are clinical high risk move from the online space to seeking available mental health services through a stepped screening process?
  3. … expand the number of mental health providers qualified to work with youth at CHR by training them on a modularized approach to care that builds upon providers' existing skills and adapts them for youth at CHR for psychosis and supporting their learning through the University of New Mexico's Project Echo model?
  4. … improve one of the core elements of CHR intervention – safety planning – by implementing and evaluating the Youth-Nominated Support Teams (YST) approach adapted to CHR population?

- **Project Duration:**
  - Five years

- **Total Budget:**
  - Not to exceed $38 million over 5 years

CHR INNOVATION PROJECT BUDGET SUMMARY

Budget Category	5-Year Staffing	5-Year Services & Supplies	5-Year Indirects
CHR Training, Clinical and Consultation Services: $24.73 million total over 5 years			
Project Management	$3.41 million		
Potential Responder & Provider Training	$2.38 million		
CHR Screening & Assessment Services	$2.32 million		
CHR Clinic & Consultation Services	$7.65 million		
Community Co-Development	$595 thousand	$1.04 million	
Evaluation	$1.68 million	$50 thousand	
CHR Overall Project		$2.38 million	$3.23 million
MHA Online Services: $9.8 million total over 5 years			
Platform Enhancements & Evaluation	5.17 million	$3.34 million	$1.28 million
HCA: $3.47 million total over 5 years			
HCA Administrative & Indirects		$3.47 million	
Total Project budget not to exceed $38 million over 5 years			

REFERENCE SLIDE

OPERATIONALIZING THE PSYCHOSIS SPECTRUM

Clinical High Risk (CHR) for Psychosis

Clinical High-Risk for Psychosis ("CHR") is a commonly adopted term among specialists and researchers in North America to describe a state associated with increased risk for developing psychosis. Some symptoms include:

- Trouble concentrating or thinking clearly
- Confusion about what is real or imaginary
- Hearing or seeing things that aren't there
- Feeling that the world has become strange or unreal
- Preoccupation with unusual beliefs or superstitions

- Feeling suspicious or paranoid, while maintaining insight
- Disorganized speech, racing thoughts or slowed down thoughts
- Problems with social activities at work or school
- Mild withdrawal from family and friends

First Episode of Psychosis (FEP)

The first time a person meets full criteria for an established psychotic disorder (e.g., schizophrenia). FEP is characterized by loss of insight between what is real and what is not real regarding psychotic symptoms, increase in distress over symptoms, and/or significant functional impairment.

Psychosis

A mental health condition characterized as disruptions to a person's thoughts and perceptions that make it difficult for them to recognize what is real and what is not. These disruptions are often experienced as seeing, hearing and believing things that are not real or having strange, persistent thoughts, behaviors and emotions.