Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis Grant Program (Short Title: CHR-P)

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Agenda

1. Review purpose and requirements of CHR-P
2. Share programmatic data from SPARS covering years one and two:
    1. IPP Data: outreach, screening, referral
    2. NOMS data: baseline enrollment, 6 month follow-up, and discharge
    3. Demographic data
    4. Diagnostic data
    5. Conversion to psychosis data and referral to FEP
    6. Outcome data
3. Discussion Items

Purpose of the CHR-P Grant Program

- Identify youth and young adults (up to age 25) who are at clinical high risk for psychosis
- Provide evidence-based interventions to prevent the onset of psychosis.
- It is expected that this program will:

  (1) improve symptomatic and behavioral functioning;

  (2) enable youth and young adults to resume age-appropriate social, academic, and/or vocational activities;

  (3) delay or prevent the onset of psychosis;

  (4) minimize the duration of untreated psychosis (DUP) for those who develop psychotic symptoms.

Background and Definitions

- Clinical high risk for psychosis refers to individuals who exhibit noticeable changes in perception, thinking, and functioning which typically precedes a first episode of psychosis (FEP).

- During this pre-psychosis phase, individuals exhibit one or more of the following: attenuated psychotic symptoms, brief intermittent psychotic episodes, or trait vulnerability coupled with marked functional deterioration.

- 21st Century Cures Act: 10% set aside of Children's Mental Health Initiative funding

- There are 21 grantees, one cohort, funded in FY2019

- On SAMHSA's funding forecast for FY2022

Required Activities

- Identify an organization, agency, or other qualified entity to provide the required services.
- Implement a stepped-care model for early psychosis that features lower intensity/lower risk treatments as first-line interventions, with decisions regarding treatment completion, maintenance therapy, or step-up to more intensive care based on objective measures of treatment response. Interventions included in the stepped-care model include:
  - ✓ Standardized approaches to CHR-P screening, diagnosis, and psychosis risk assessment;
  - ✓ Psychoeducation for individuals and family members;
  - ✓ Substance use risk reduction;
  - ✓ Cognitive therapy and/or behavioral skills training;
  - ✓ Academic, vocational, peer, and family support; and
  - ✓ Evidence-based pharmacotherapy, as warranted, for youth and young adults who have co-occurring conditions.
- Develop and implement training/workforce development activities for providers/staff to implement the stepped-care model.

Required Activities

- Develop and implement outreach strategies to provide education about the CHR-P program, early identification and screening:
  - **Primary outreach** to engage specialty mental health services (e.g., community mental health clinics, Coordinated Specialty Care clinics, psychiatrists, primary care, social service agencies)
  - **Secondary outreach** to engage organizations and agencies that serve youth and young adults (e.g., schools, faith-based organizations, local settings that serve youth and young adults).

- Establish bidirectional referral relationships with organizations/agencies that provide Coordinated Specialty Care for FEP.

- Coordinate CHR-P services with other mental health services in the community

Required Activities

- Link to the following services:
  - Screening, diagnostic, and evaluation services;
  - Outpatient services
  - 24/7 emergency services;
  - Intensive home-based services for youth/young adults and their families when the youth is at imminent risk of out-of-home placement;
  - Respite care;
  - Therapeutic foster care and services in therapeutic foster family homes, individual therapeutic residential homes, or group homes caring for not more than 10 youth;
  - Assisting the individual in making the transition from services received as a child to the services to be received as an *adult;*
  - Other recovery support services (e.g. supported employment, Coordinated Specialty Care for FEP, family and peer support, primary care services) and focus efforts to provide early intervention for those youth in the clinical risk phase of psychotic illness.
- Develop mechanisms to promote and sustain youth and family participation (e.g., peer support, development of youth leadership, mentoring programs).
- Develop and implement an integrated crisis response strategy to reduce the unnecessary use of inpatient services by youth and young adults at clinical high risk for psychosis.

Infrastructure, Prevention and Mental Health Promotion (IPP) Data

- For CHR-P grantees have three IPPs that they report on:
  - Outreach (O1)
  - Screening (S1)
  - Referral (R1)

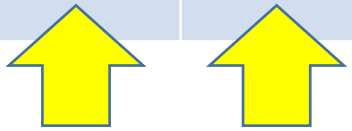
- All IPP data is entered into SPARS on a quarterly basis

- Annual goals for each indicator are entered during quarter 1 of each grant year

IPP Data: Outreach

- Outreach (O1): the number of individuals contacted through program outreach efforts
  - The intent is to capture information on contacts with individuals using strategies to increase access to and participation treatment services for CHR-P.
  - Examples include presentations to those primary (e.g., mental health and other medical providers) and secondary (e.g., community settings where youth and young adults reside) sources, fairs, and contact with families.

FY	Goal	Actual	Met %
2019	3,785	14,460	Yes 382%
2020	6,129	17,848	Yes 291%
Total	**9,914**	**32,308**	**Yes 325.8%**



- More outreach was needed than expected to get referrals
- Definition of outreach
- Advantage of virtual outreach
- Increase grantee goals

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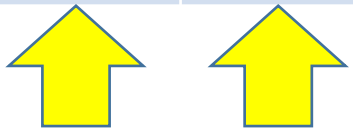
IPP Data: Screening

- Screening (S1): the number of individuals screened for CHR-P
  - Screening is for initial identification of those in need for CHR-P services.
  - Examples include number of PRIME, PQ-B, SIPS, Mini SIPS administered.

FY	Goal	Actual	Met %
2019	2,503	2,927	Yes 117%
2020	4,245	4,289	Yes 101%
Total	**6,748**	**7,216**	**Yes 106.9%**



- As grantees get back into the community and complete years 3 and 4 how will these numbers change

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IPP Data: Referral

- Referral (R1): the number of individuals referred to mental health or related services
  - The intent is to capture information on individuals referred to mental health or related services outside of the grant program as a result of the grant.
  - Examples include number of youth not eligible and were referred elsewhere, e.g., FEP services, other mental health or related services

FY	Goal	Actual	Met %
2019			
2020			
Total			

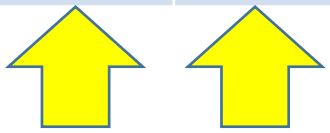
- Recalibrated definition to match the above
- Years 3 & 4 will be accurate

National Outcomes Measures Survey: NOMS Data

- Individual level data; interview
- NOMS assesses across multiple domains of functioning (e.g., psychological distress, academic/vocational, service use)
- Entered into SPARS on a rolling basis:
  - Baseline/Enrollment
  - Every 6 months
  - Discharge
- Two tools:
  - Child Tool- Under 18
  - Adult Tool- Over 18
  - For CHR-P grantees have the option to use both
  - Slides to follow examine combined data
- Annual goals set during quarter 1 for consumers served by grant

NOMS Data: Baseline/Enrollment

FY	Goal	Actual	Met %
2019	560	323	No 58%
2020	947	676	No 71%
Total	**1,507**	**820**	**No 54.4%**



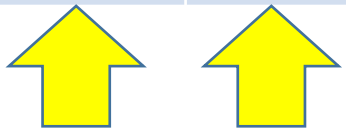
Child NOMS: 439 (54%)

Adult NOMS: 381 (46%)

- Difference between projected and actual served

NOMS Data: 6 Month Follow-up

FY	Due	Interview	Rate
2019	31	13	42%
2020	565	223	39%
Total	**596**	**236**	**39.5%**



Target follow-up rate = 70%

- Importance of this data
- Challenges and how can grantees improve

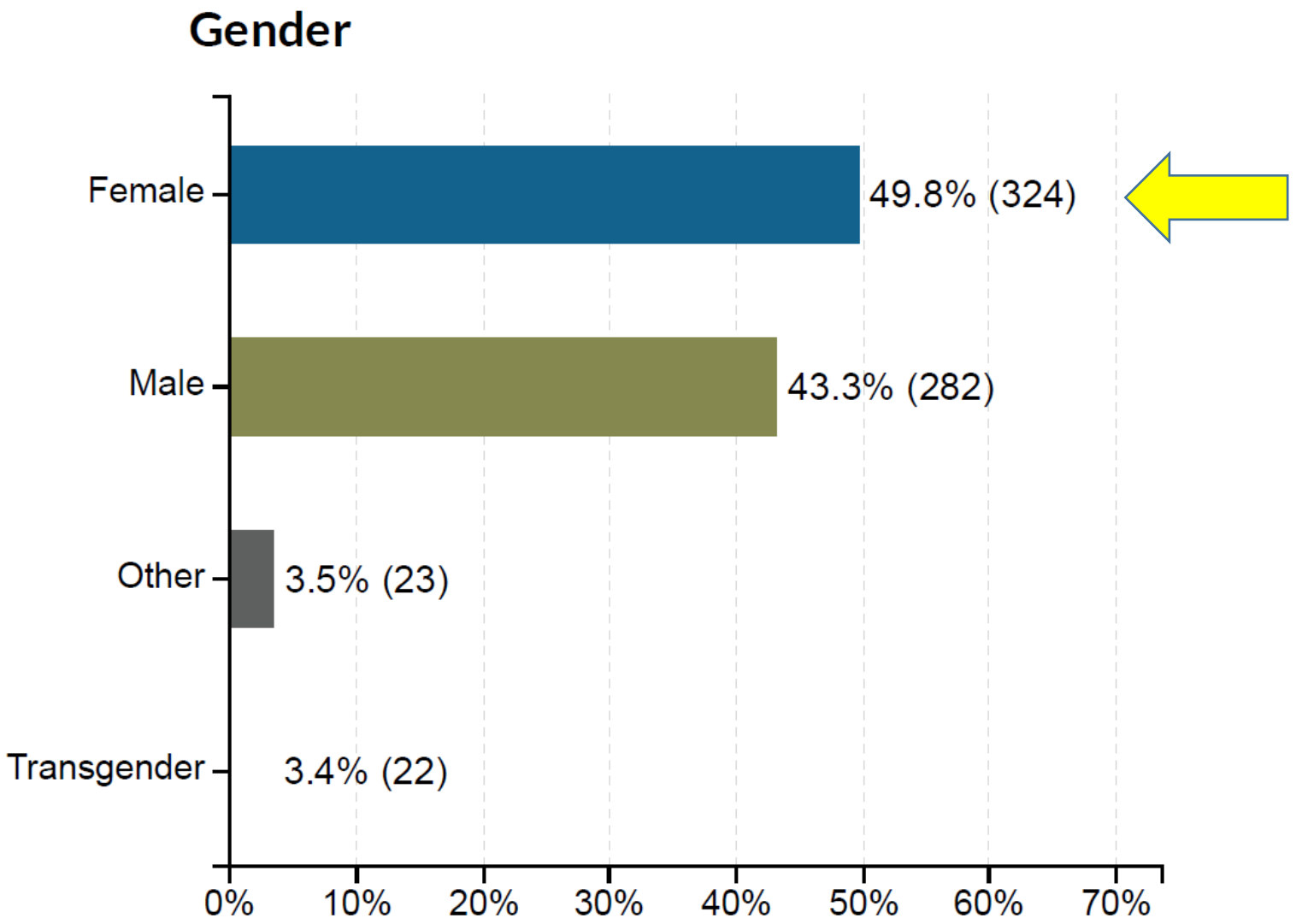
NOMS Data: Discharge

FY	Admin	Interview	Total	Rate
2019	50	4	54	7.4%
2020	109	56	165	33.9%
Total	**159**	**60**	**219**	**27.4%**

Target follow-up rate = 70%

- Importance of this data
- Challenges and how can grantees improve

Demographic Data from Baseline: Gender



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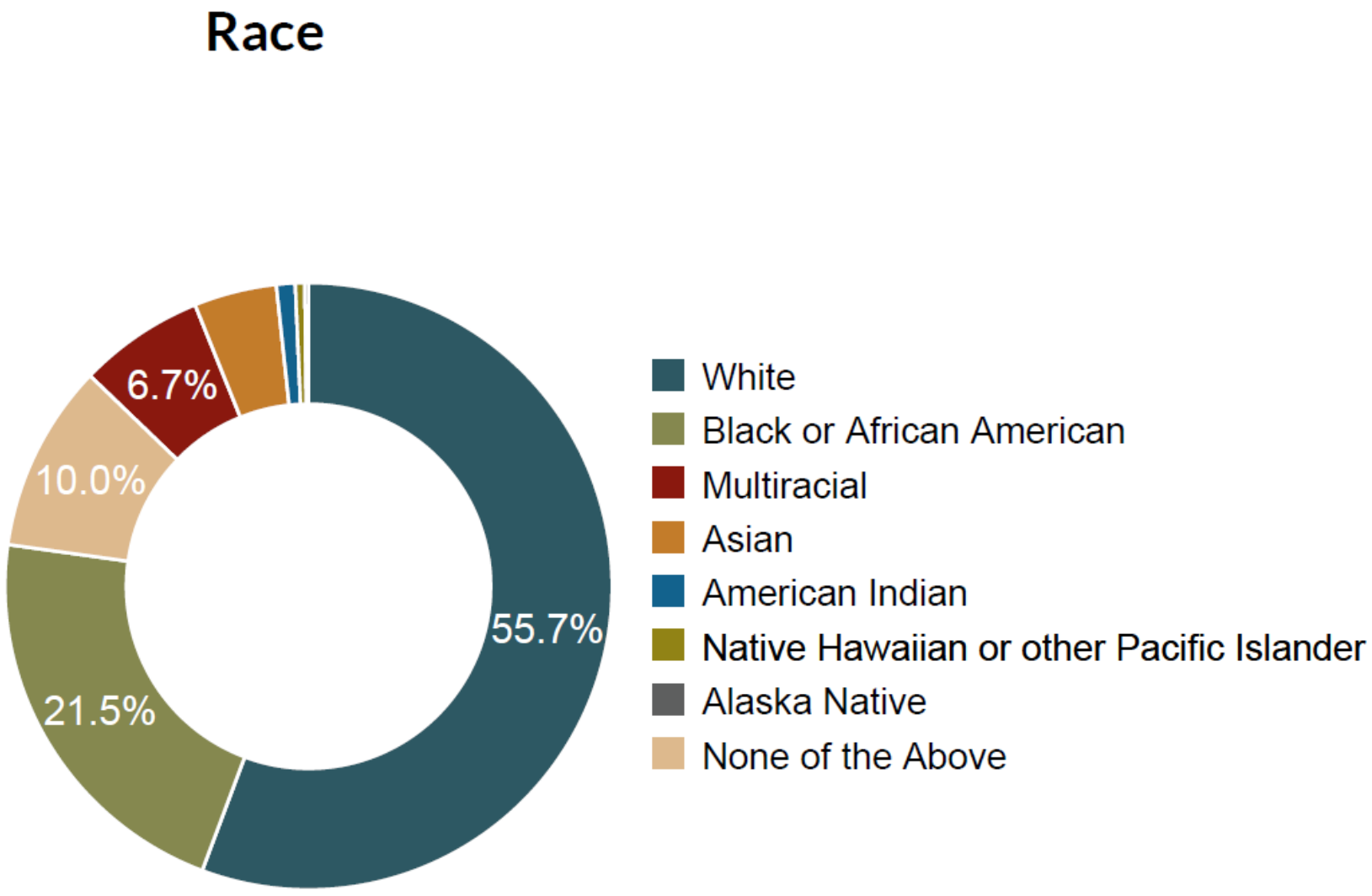
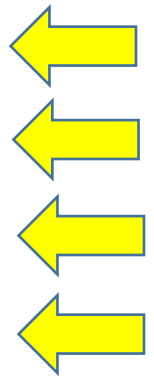
Demographic Data from Baseline: Race

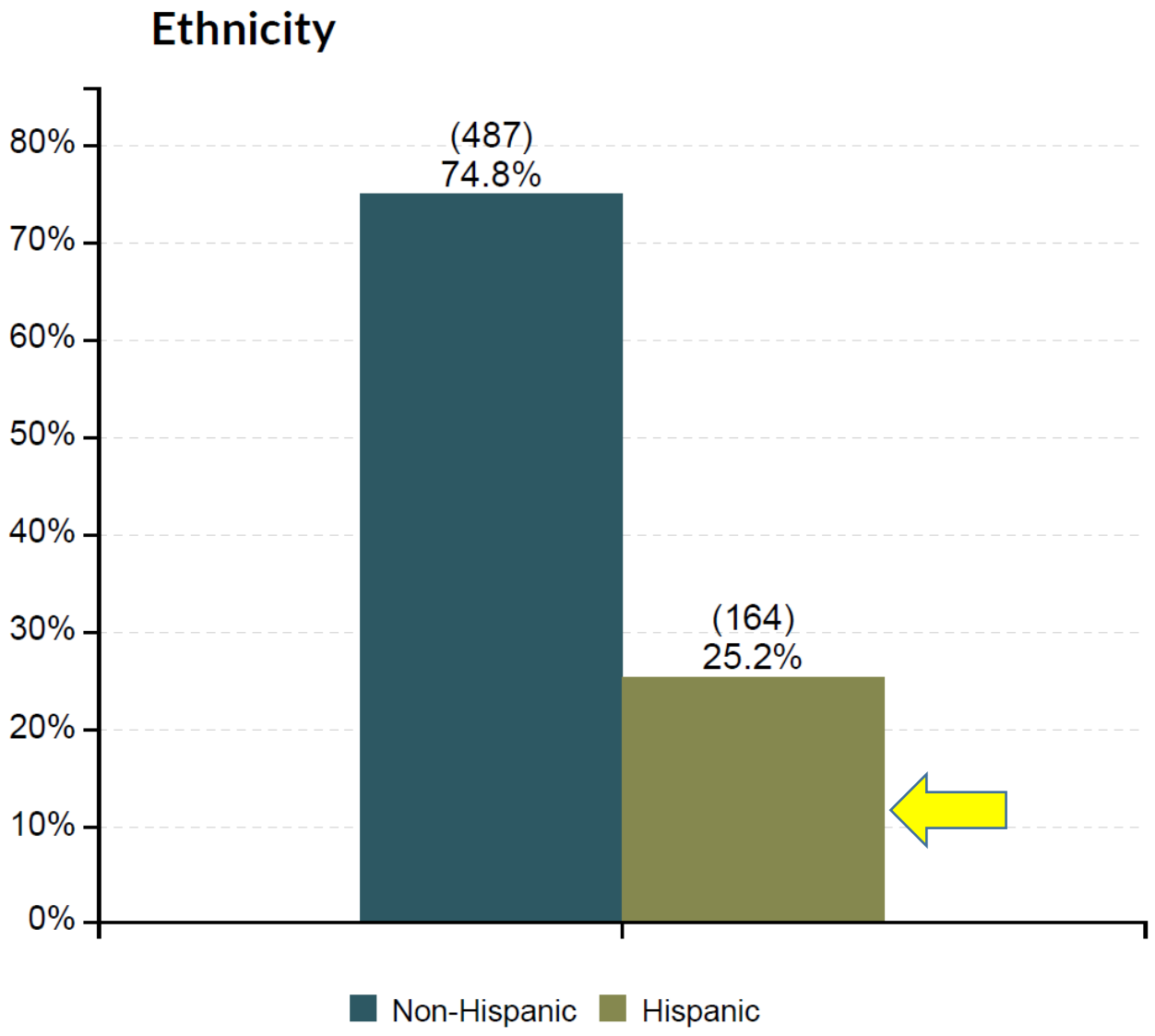


Demographic Data from Baseline: Race

Race	Frequency	Rate
White	339	51.5%
Black of African American	131	19.9%
Multiracial	41	6.2%
Asian	27	4.1%
American Indian	6	0.9%
Native Hawaiian or other Pacific Islander	3	0.5%
Alaska Native	1	0.2%
None of the Above	61	9.3%
MISSING DATA	35	5.3%
REFUSED	14	2.1%
Total	658	100%



Demographic Data from Baseline: Ethnicity



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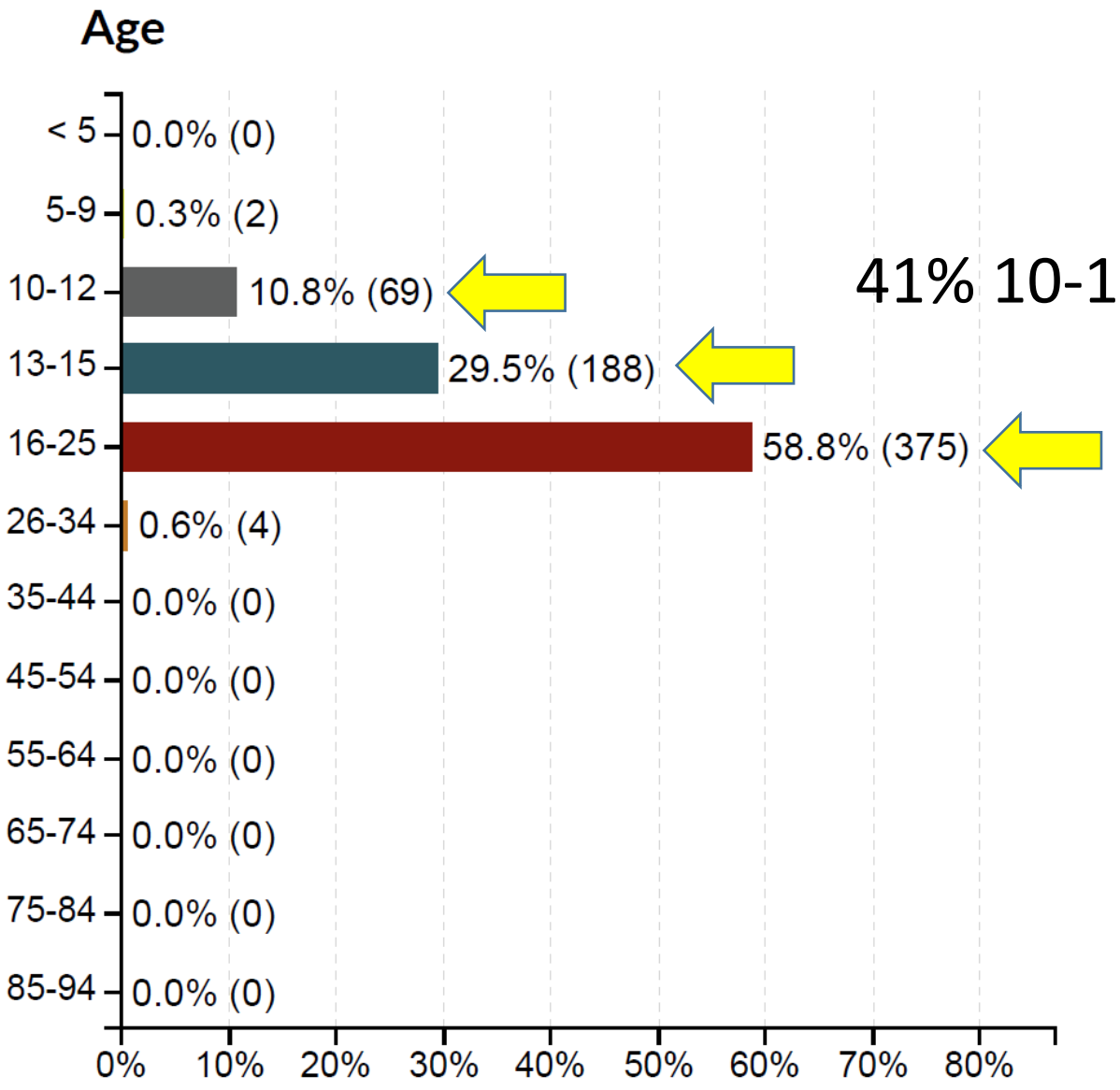
Demographic Data from Baseline: Age



41% 10-15 years old

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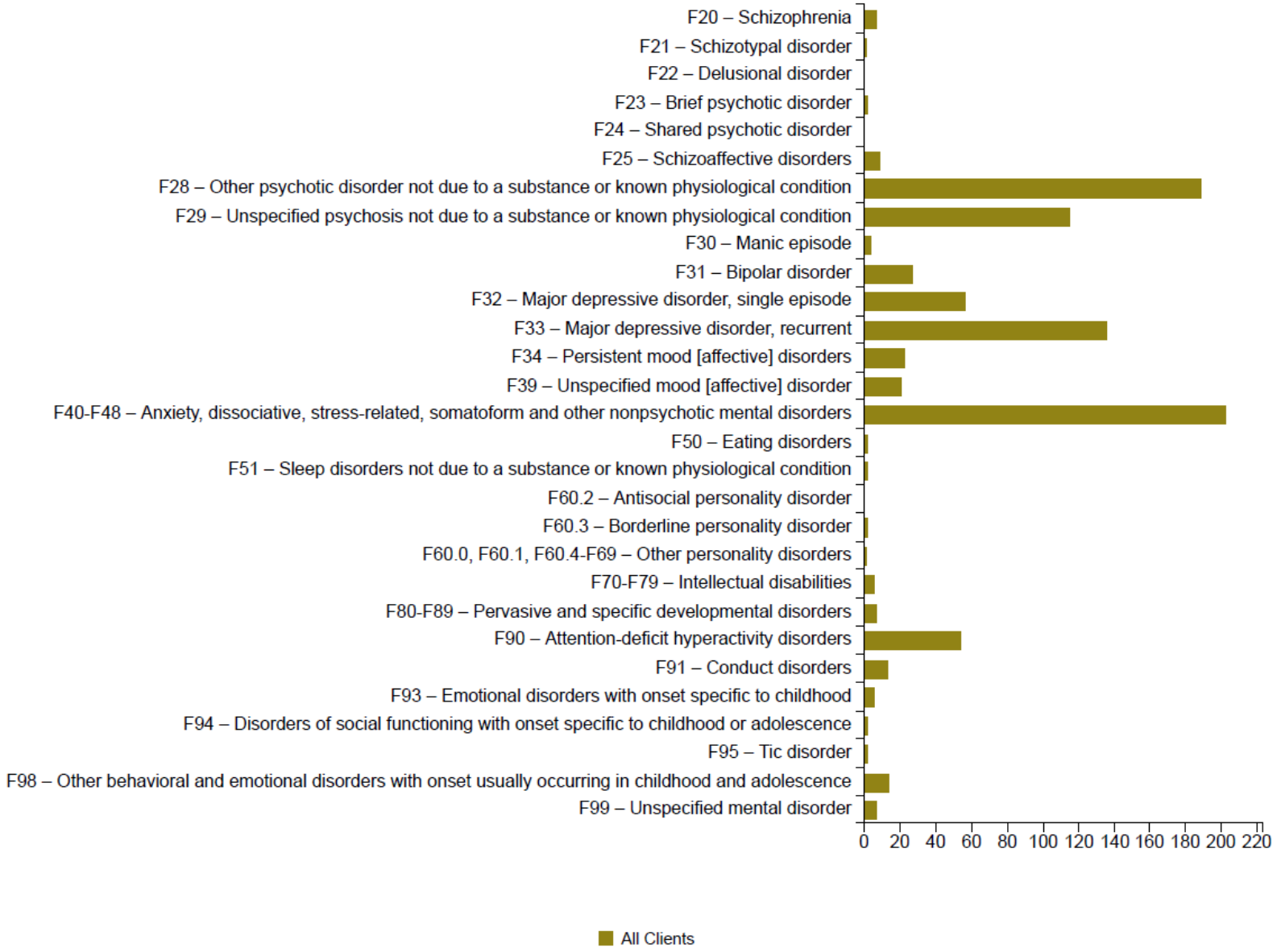
ICD Codes from Baseline

Clients coded up to three diagnoses



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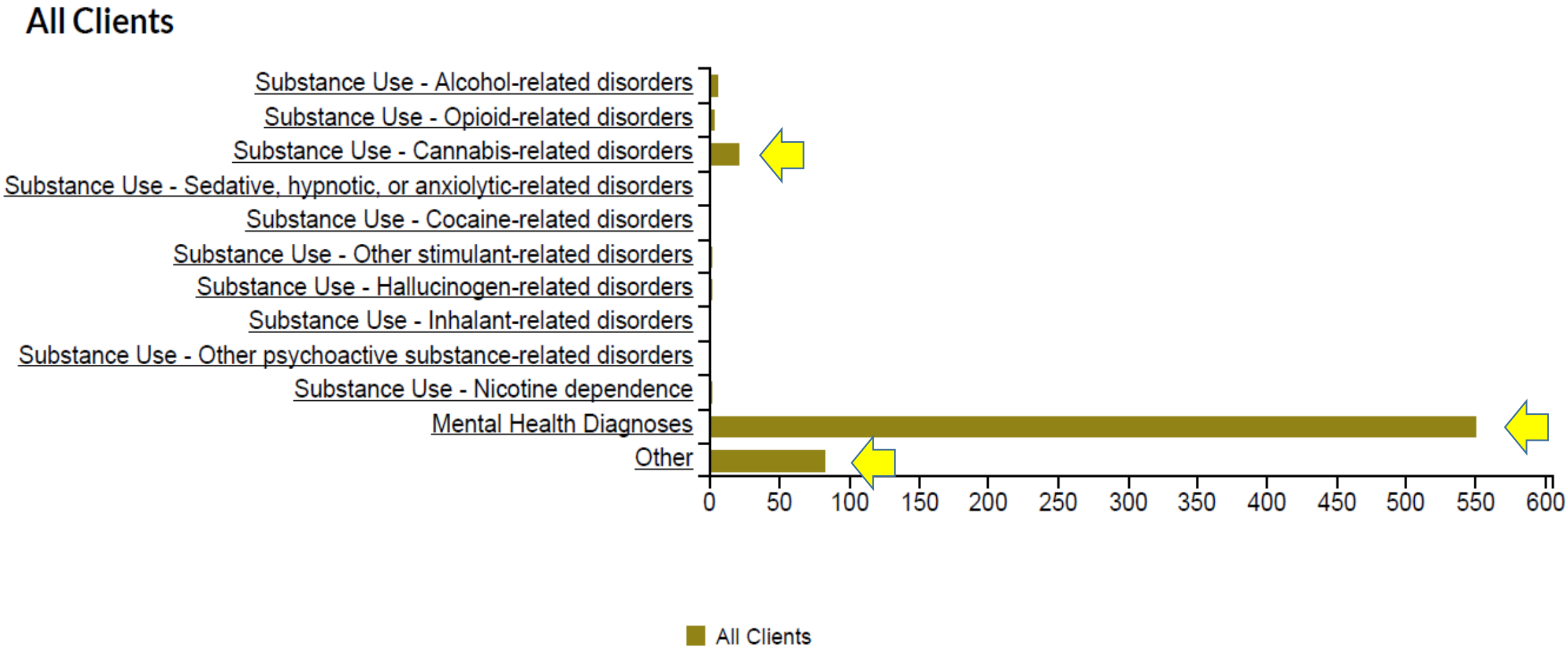
ICD Codes from Baseline

1. F40-F48 Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
1. F28 Other psychotic disorder not due to a substance or known physiological condition

2. F33 Major depressive disorder, recurrent
2. F29 Unspecified psychosis not due to a substance or known physiological condition

3. F90 Attention deficit hyperactivity disorder
3. F32 Major depressive disorder, single episode

ICD Codes from Baseline



Conversion to Psychosis and Referral to FEP Services

- Section H of NOMS Interview is program specific data on follow-up time points
- Items include:
  - Has the consumer experienced a first episode of psychosis since their last interview? Yes/no
    - If yes, approximate date of episode
  - Was the consumer referred to first episode services? Yes/no

Experienced FEP	Yes	Total	Rate
6 month	5	248	2%
Discharge	17	79	21.5%
Total	**22**	**327**	**6.7%**

Referred to FEP services	Yes	Total	Rate
6 month	4	5	80%
Discharge	15	17	88.2%
Total	**19**	**22**	**86.3%**

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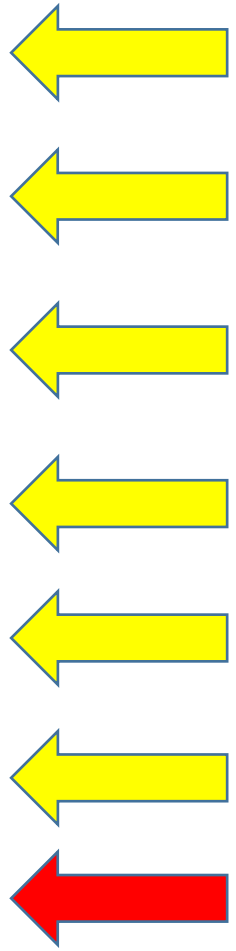
NOMS Outcome Data from Baseline to Second Interview

Outcome	n	Positive at Baseline	Positive at Second Interview	Percent Change
Utilized an emergency room for behavioral health issues (Past 30 days)	284	14.1%	2.1%	-85%
Functioning in everyday life	281	31.7%	58%	83.1%
Hospitalized for Mental Health Care (Past 30 days)	286	7.7%	2.1%	-72.7%
Experienced physical violence (Past 30 days)	130	5.4%	3.1%	-42.9%
No serious psychological distress	262	54.6%	75.6%	38.5%
Currently employed/retired	140	33.6%	41.4%	23.4%
Client perception of care	274	-	96.7%	96.7%



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Discussion Items

- Outreach: a lot is needed, advantage of virtual outreach
- Enrollment: Difference between projected and actual served
- Follow-up/Discharge: Challenges and how can grantees improve
- Demographics
  - Age: 41% are 10-15 years old
  - Gender/Race: 50% female and white
- Conversion to psychosis: compare to literature; treatment has impact
- Outcomes
  - Implications for mental health crisis care:
  - Lower use of emergency room for mental health issues
  - Lower rates of hospitalization for mental health issues

Agency Contacts

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Thank You

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Thank You

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