Early Psychosis Treatment: How Did We Get Here & Where Are We Going?

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OnTrackNY
Disclosures

None
Acknowledgements

OnTrackNY Central Staff
OnTrackNY Teams
OnTrackNY Clients
Objectives

• To describe current efforts to disseminate FEP “early intervention” services in the US

• To understand the challenges of implementing FEP services
  • Before
  • During
  • After
The “Recovery After an Initial Schizophrenia Episode” initiative seeks to fundamentally alter the trajectory and prognosis of schizophrenia through coordinated and aggressive treatment in the earliest stages of illness.
RAISE Statement of Work, 2008

Develop, refine, deploy, and test an early intervention model that is relevant for the U.S. mental health system

Engage community treatment programs, not academic research clinics, as partners
- Enroll patients typically seen in community MH clinics
- Employ existing clinicians as providers of FEP care
- Utilize existing reimbursement mechanisms

Incorporate features for rapid dissemination, adoption, and implementation in community clinics
NIMH RAISE Projects

Randomized clinical trial
- John Kane
- Nina Schooler
- Delbert Robinson

Implementation study
- Lisa Dixon
- Susan Essock
- Jeffery Lieberman
- Howard Goldman
An Interactive Tool to Estimate Costs and Resources for a First-Episode Psychosis Initiative in New York State

Jennifer L. Humensky, Ph.D.
Lisa B. Dixon, M.D., M.P.H.
Susan M. Essock, Ph.D.

State Partnerships for First-Episode Psychosis Services

Susan M. Essock, Ph.D., Howard H. Goldman, M.D., Ph.D., Michael F. Hogan, Ph.D., Brian M. Hepburn, M.D., Lloyd I. Sederer, M.D., Lisa B. Dixon, M.D., M.P.H.

Practical Monitoring of Treatment Fidelity: Examples From a Team-Based Intervention for People With Early Psychosis

Susan M. Essock, Ph.D., Ilana R. Nossel, M.D., Karen McNamara, L.C.S.W.-C., Ph.D., Melanie E. Bennett, Ph.D., Robert W. Buchanan, M.D., Julie A. Kreyenbuhl, Pharm.D., Ph.D., Sapna J. Mendon, L.M.S.W., Howard H. Goldman, M.D., Ph.D., Lisa B. Dixon, M.D., M.P.H.
OnTrackNY is an innovative treatment program for adolescents and young adults who recently have had unusual thoughts and behaviors or who have started hearing or seeing things that others don’t. OnTrackNY helps people achieve their goals for school, work, and relationships.
Have you or someone you know:

- started withdrawing from family and friends?
- recently had thoughts that seem strange to you or others?
- become fearful or suspicious of others?
- begun hearing or seeing things that others don’t?

If left untreated, these thoughts, feelings, and behaviors can become worse over time.

The good news: You can feel better. Care and treatment can help.

On Track NY

Building best practices with you.
RAISE Engagement Activities

SAMHSA

CMS/CMMI

SSA

NIDA

ASPE

2013 - 2014

U.S. Congress

Mental Health Advocacy Groups
H.R. 3547, 113th Congress

January 17, 2014

- Increased Community Mental Health Block Grant (CMHBG) program by $24.8M
- Funds allocated for first episode psychosis (FEP) programs
- NIMH and SAMHSA to develop guidance for States regarding effective programs for FEP
Moving Forward From RAISE

Dr. Thomas Insel characterized these events as the single most noteworthy research story in mental health of 2014. Insel pointed out that “RAISE reminds us how research can be moved into practice when agencies, Congress, and states are aligned.”

Coordinated Specialty Care

Team Based Approach

Key Roles and Clinical Services

• Team leadership, Case management, Supported Employment/Education, Psychotherapy, Family Education and Support, Pharmacotherapy and Primary Care Coordination

Core Functions

• Specialized training, Community outreach, Client and family engagement, Mobile outreach and Crisis intervention services

Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program


Objective: The primary aim of this study was to compare the impact of NAVIGATE, a comprehensive, multidisciplinary, team-based treatment approach for first-episode psychosis designed for implementation in the U.S. health care system, with community care on quality of life.

Method: Thirty-four clinics in 21 states were randomly assigned to NAVIGATE or community care. Diagnosis, duration of untreated psychosis, and clinical outcomes were assessed via live, two-way video by remote, centralized raters masked to study design and treatment. Participants (mean age, 23) with schizophrenia and related disorders and ≤6 months of antipsychotic treatment (N=404) were enrolled and followed for ≥2 years. The primary outcome was the total score of the Heinrichs-Carpenter Quality of Life Scale, a measure that includes sense of purpose, motivation, emotional and social interactions, role functioning, and engagement in regular activities.

Results: The 223 recipients of NAVIGATE remained in treatment longer, experienced greater improvement in quality of life and psychopathology, and experienced greater involvement in work and school compared with 181 participants in community care. The median duration of untreated psychosis was 74 weeks. NAVIGATE participants with duration of untreated psychosis of <74 weeks had greater improvement in quality of life and psychopathology compared with those with longer duration of untreated psychosis and those in community care. Rates of hospitalization were relatively low compared with other first-episode psychosis clinical trials and did not differ between groups.

Conclusions: Comprehensive care for first-episode psychosis can be implemented in U.S. community clinics and improves functional and clinical outcomes. Effects are more pronounced for those with shorter duration of untreated psychosis.

AJP in Advance (doi: 10.1176/appi.ajp.2015.15050632)
RAISE Early Treatment Program Study

Cluster Randomized Trial comparing clients (N= 223) at 17 sites randomized to Navigate vs at 17 sites randomized to usual care (N=181) for two years
From: Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Progra

A. QLS total score

B. PANSS total score

c Treatment by square root of time interaction, p=0.016.
Consolidated Appropriations Act, 2016: Mental Health Block Grants

$50,000,000 increase over FY 2015 for the Mental Health Block Grant program

Increases the set-aside to 10 percent

SAMHSA directed to continue its collaboration with NIMH to ensure that funds from the set-aside are only used for programs showing strong evidence of effectiveness and targets the first episode of psychosis.

http://docs.house.gov/billsthisweek/20151214/CPRT-114-HPRT-RU00-SAHR2029-AMNT1final.pdf
“RAISE-ETP, RAISE-IES, and STEP demonstrate convincingly (1) the feasibility of first episode psychosis specialty care programs in U.S. community mental health settings; (2) that young people with psychosis and their family members accept these services; and (3) that CSC results in better clinical and functional outcomes than typical treatment.”
New Federal Funding Accelerates Adoption of Evidence-Based Care for First Episode Psychosis

Dates and Milestones

July, 2009
RAISE studies begin

December, 2013
RAISE feasibility study completed

January, 2014
H.R. 3547 ($25M set-aside for FEP)

April, 2014
NIMH/SAMHSA provide guidance to states

December, 2014
H.R. 88 ($25M set-aside for FEP)

October, 2015
RAISE clinical trial completed

October, 2015
CMS coverage of FEP intervention services

December, 2015
H.R. 2029 ($50M set-aside for FEP)

Cumulative Number of States with Early Psychosis Intervention Plans

Center for Practice Innovations
Mental Health Block Grant Plans: https://bgas.samhsa.gov/

Building best practices with you.
Overall Challenges

Before
To understand the role of DUP in outcomes in schizophrenia
To identify bottlenecks in the pathway to care for individuals with FEP

During
To understand the components and outcomes of CSC
To identify important gaps in knowledge about FEP treatment

After
To understand what is known about follow up studies of FEP services
To identify the challenges for providing optimal follow up care
Key Scientific Finding Driving FEP Care

• Longer duration of untreated psychosis (DUP) is associated with *poorer* short term and long term outcome

• DUP is the time between onset of psychosis and specified treatment (e.g., antipsychotics or CSC)
Roadmap for Pathway to Care

Onset of Symptoms → Help Seeking → Referral to Mental Health Services (Could receive criterion treatment in MHS) → Referral to EIS
Association Between Duration of Untreated Psychosis and Outcome in Cohorts of First-Episode Patients: A Systematic Review

Correlations between duration of untreated psychosis (DUP) and clinical outcomes, hospital treatment and social functioning.

Matti Penttilä et al. BJP 2014;205:88-94

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Duration of Untreated Psychosis in Community Treatment Settings in the United States

Jean Addington, Ph.D., Robert K. Heinssen, Ph.D., Delbert G. Robinson, M.D., Nina R. Schooler, Ph.D., Patricia Marcy, B.S.N., Mary F. Brunette, M.D., Christoph U. Correll, M.D., Sue Estroff, Ph.D., Kim T. Mueser, Ph.D., David Penn, Ph.D., James A. Robinson, M.Ed., Robert A. Rosenheck, M.D., Susan T. Azrin, Ph.D., Amy B. Goldstein, Ph.D., Joanne Severe, M.S., John M. Kane, M.D.

- **Methods:** Participants were 404 individuals (ages 15-40) who presented for treatment for FEP at 34 nonacademic clinics in 21 states. DUP and individual- and site-level variables were measured.

- **DUP** was defined as the period between onset of psychotic symptoms and initial treatment with antipsychotic medications.
Results: DUP in RAISE ETP Study

- Mean DUP 196 (262) weeks
- Median 74 (1-1456)
- 268 (68%) had DUP of > 6 months
Shorter vs. Longer Duration of Untreated Psychosis (DUP) on Quality of Life (p<0.03)
What is Possible for OnTrackNY?
Roadmap for Pathway to Care

Onset of Symptoms → Help Seeking → Referral to Mental Health Services (Could receive criterion treatment in MHS) → Referral to EIS

Demand Side: Target Consumers/Families

Supply Side: Target Providers/Linkage

Also consider criminal justice, child welfare
OnTrackNY Strategy

- Eligibility limited to individuals within two years of onset
- Focus on post help-seeking to start
- Fund and monitor outreach activities
- Develop “DUP Toolkit” to train providers
- Work with Medicaid MCO’s
- Use social media/youth leaders
The Road to Enrollment (05/15-07/17)

~25% (N=547) of those who are referred (N=2214) are eligible
88% (N=482) of those who are eligible are enrolled
68% (N=326) of those who are enrolled are enrolled within one week of eligibility
Average time since onset of psychosis: 7.4 (5.3) months
% of Clients Referred From Different Sources (05/15-07/17)

<table>
<thead>
<tr>
<th>Source</th>
<th>%</th>
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<tbody>
<tr>
<td>Total Referrals</td>
<td>24%</td>
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<tr>
<td>Psychiatric inpatient unit</td>
<td>21%</td>
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<tr>
<td>Outpatient MH provider</td>
<td>9%</td>
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<tr>
<td>Self/Family</td>
<td>3%</td>
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<tr>
<td>*Other</td>
<td>2%</td>
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<tr>
<td>Community organization</td>
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<tr>
<td>ER</td>
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</table>
## Outcome of Referral From Different Sources
(5/20/15-7/01/17)

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Psychiatric inpatient unit</th>
<th>Outpatient MH provider</th>
<th>Self/Family</th>
<th>*Other</th>
<th>Community organization</th>
<th>ER</th>
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<tbody>
<tr>
<td><strong>n=41</strong></td>
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<td>100%</td>
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<td>2%</td>
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<td>24%</td>
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</tbody>
</table>
% of Enrollees With Type of Previous Service Contact (2/17; N=543)

Average contacts=3.3
Reason for Prior Encounters
Enrolled Clients (N=543) 2/17

- Other: %
- Violent Behavior: 1%
- Odd Behavior: %
- Suicidal ideation/attempt: %
- Social Withdrawal: %
- Depression: %
- Paranoia: %
- Delusions: %
- Hallucinations: %

% of 3,966 Reasons
Using Medicaid Claims to Identify Clients and Establish Pathway

<table>
<thead>
<tr>
<th>First Onset of psychosis date (from OTNY form)</th>
<th>First DX date (from Medicaid algorithm)</th>
<th>OTNY Admission date (from OTNY form)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean: 92 days</td>
<td>Mean: 165 days</td>
<td></td>
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<tr>
<td>Median: 45 days</td>
<td>Median: 75 days</td>
<td></td>
</tr>
</tbody>
</table>

Time from Onset of psychosis to First DX date (N=148):
-730 ~-1 days: 14%
0~30 days: 30%
31~90 days: 17%
91~180 days: 16%
181~365 days: 16%
365~749 days: 7%

Time from First DX date to OnTrackNY Admission (N=148):
-185 ~-1 days: 3%
0~30 days: 28%
31~90 days: 28%
91~180 days: 11%
181~365 days: 18%
365~954 days: 14%
# Site of First Diagnosis

<table>
<thead>
<tr>
<th>Site of First Diagnosis</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER-MH</td>
<td>18%</td>
</tr>
<tr>
<td>ER-Medical</td>
<td>6%</td>
</tr>
<tr>
<td>Inpatient-MH</td>
<td>20%</td>
</tr>
<tr>
<td>Inpatient-Medical</td>
<td>4%</td>
</tr>
<tr>
<td>Outpatient-MH-General</td>
<td>24%</td>
</tr>
<tr>
<td>Outpatient-MH-Specialty</td>
<td>2%</td>
</tr>
<tr>
<td>Outpatient-OMH Licensed Clinic/Residential</td>
<td>10%</td>
</tr>
<tr>
<td>Outpatient-Practitioners</td>
<td>3%</td>
</tr>
<tr>
<td>Outpatient-Medical</td>
<td>5%</td>
</tr>
<tr>
<td>SUD-ER</td>
<td>1%</td>
</tr>
<tr>
<td>SUD-Inpatient</td>
<td>1%</td>
</tr>
<tr>
<td>SUD-Outpatient/Residential</td>
<td>1%</td>
</tr>
<tr>
<td>Others</td>
<td>5%</td>
</tr>
</tbody>
</table>
Overall Challenges

Before
To understand the role of DUP in outcomes in schizophrenia
To identify bottlenecks in the pathway to care for individuals with FEP

During
To understand the components and outcomes of CSC
To identify important gaps in knowledge about FEP treatment

After
To understand what is known about follow up studies of FEP services
To identify the challenges for providing optimal follow up care
Coordinated Specialty Care

Clinical Services

• Case management, Supported Employment/Education, Psychotherapy, Family Education and Support, Pharmacotherapy and Primary Care Coordination

Core Functions/Processes

• Team based approach, Specialized training, Community outreach, Client and family engagement, Mobile outreach and Crisis intervention services, shared decision making

NAVIGATE Participants Stayed in Treatment Longer
Time to Last Mental Health Visit
(Difference between treatments, $p=0.009$)
From: Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program

Treatment by square root of time interaction, p=0.016.

c Treatment by square root of time interaction, p=0.016.
FIGURE 1. One-year hospitalization and vocational engagement outcomes among STEP participants and those in usual treatment.

STEP, Specialized Treatment Early in Psychosis. Between-groups comparisons: for hospitalization rates (adjusted for pretreatment hospitalization), omnibus \( \chi^2 = 5.60, \text{df}=1, p = .018 \); for vocational engagement (adjusted for pretreatment vocational engagement), omnibus \( \chi^2 = 9.56, \text{df}=1, p = .002 \).
A Systematic Review of the Effect of Early Interventions for Psychosis on the Usage of Inpatient Services

Jason R. Randall¹,², Sherri Vokey³, Hal Loewen³, Patricia J. Martens¹,², Marni Brownell¹,², Alan Katz¹,², Nathan C. Nickel¹,², Elaine Burland², and Dan Chateau*¹,²


Table 1. Summary of Included Studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Country</th>
<th>Design</th>
<th>Outcomes</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agius 2010</td>
<td>UK</td>
<td>Cohort</td>
<td>Both</td>
<td>OPUS</td>
</tr>
<tr>
<td>Bertelson 2008</td>
<td>Denmark</td>
<td>RCT</td>
<td>Both</td>
<td></td>
</tr>
<tr>
<td>Boden 2010</td>
<td>Sweden</td>
<td>Historical control</td>
<td>Both</td>
<td></td>
</tr>
<tr>
<td>Chen 2011</td>
<td>Hong Kong</td>
<td>Matched historical control</td>
<td>Both</td>
<td>EASY</td>
</tr>
<tr>
<td>Cocchi 2011</td>
<td>Italy</td>
<td>Cohort</td>
<td>Bed days</td>
<td>Programma 2000</td>
</tr>
<tr>
<td>Craig 2004</td>
<td>UK</td>
<td>RCT</td>
<td>Both</td>
<td>LEO</td>
</tr>
<tr>
<td>Cullberg 2002</td>
<td>Sweden</td>
<td>Cohort and Historical control</td>
<td>Hospitalization</td>
<td>Parachute</td>
</tr>
<tr>
<td>Dodgson 2008</td>
<td>UK</td>
<td>Historical control</td>
<td>Bed days</td>
<td></td>
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<tr>
<td>Fowler 2009</td>
<td>UK</td>
<td>Historical control</td>
<td>Both</td>
<td></td>
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<tr>
<td>Goldberg 2006</td>
<td>Canada</td>
<td>Historical control</td>
<td>Both</td>
<td>PEPP</td>
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<tr>
<td>Grøwe 2006</td>
<td>Norway</td>
<td>RCT</td>
<td>Hospitalization</td>
<td></td>
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<tr>
<td>McGorry 1996</td>
<td>Australia</td>
<td>Matched historical control</td>
<td>Both</td>
<td>EPPIC</td>
</tr>
<tr>
<td>Petrakis 2012</td>
<td>Australia</td>
<td>Historical control</td>
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<td>EPP</td>
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<tr>
<td>Sandbrook 2006</td>
<td>Australia</td>
<td>Historical control</td>
<td>Hospitalization</td>
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<tr>
<td>Singh 2007</td>
<td>UK</td>
<td>Cohort</td>
<td>Hospitalization</td>
<td>ETHOS</td>
</tr>
</tbody>
</table>
Meta-analysis for any hospitalization during the follow-up period
OnTrackNY is an innovative treatment program for adolescents and young adults who recently have had unusual thoughts and behaviors or who have started hearing or seeing things that others don’t. OnTrackNY helps people achieve their goals for school, work, and relationships.
Inclusion Criteria for OnTrackNY

• Non-affective psychosis (schizophrenia, schizoaffective disorder, schizophreniform disorder, psychotic disorder NOS (DSM-IV), or other specified/unspecified schizophrenia spectrum and other psychotic disorder (DSM-5))
• Age 16-30
• Onset of psychosis must be ≥ 1 week and ≤ 2 years
• New York State resident
Exclusion Criteria for OnTrackNY

- Any history indicating developmental delays (IQ < 70)
- Primary diagnosis of substance induced psychosis, psychotic mood disorder, or psychosis secondary to a general medical condition
- Serious or chronic medical illness significantly impairing function independent of psychosis
OnTrackNY Team Intervention

Outreach/Engagement

Evidence-based Pharmacological Treatment and Health
  - Supported Employment/Education
  - Recovery Skills (SUD, Social Skills, FPE)
  - Psychotherapy and Support
  - Family Support/Education
  - Suicide Prevention

Peer Support

Shared Decision Making

Recovery

4.0 FTE
Buffalo (2)
(1 Navigate)

Rochester

Syracuse

Albany

Binghamton*

Long Island (2)

NYC: 11 Programs

Middletown

Yonkers

OnTrackNY
Characteristics of OnTrackNY Enrollees through 7/2017 (N=711)

- Mean age= 21, Median= 21, 14% under 18
- 72% Male, 27% Female, <1% Transgender
- 41% White (non-Hispanic), 38% Black (non-Hispanic), 9% Asian, 4% Multiracial, 8% Missing
- 28% Hispanic, 71% Not Hispanic, 1% Unknown
- 49% Medicaid, 39% Private, 6% Other, 3% Uninsured; 3% Unknown
- 85% Live with family, 6% Homeless
% Receiving Treatment Over Time (07/17)

Engagement Rate

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

At 3mon. At 6mon. At 9mon. At 12mon. At 15mon. At 18mon.
N=586  N=475  N=412  N=364  N=322  N=264
% With Hospitalization in Past 3 months (07/17)

0 hospitalization
1 hospitalization
2 or more hospitalizations
% With Hospitalization in Past 3 Months (07/17)
% With Suicidal Ideation or Attempt (07/17)

- **Suicide Ideation**
  - ADM (N=691) 5%
  - 3m. F/U (N=529) 1%
  - 6m. F/U (N=396) 1%
  - 9m. F/U (N=330) 1%
  - 12m. F/U (N=272) 1%
  - 15m. F/U (N=223) 0%

- **Suicide Attempt**
  - ADM (N=691) 29%
  - 3m. F/U (N=529) 16%
  - 6m. F/U (N=396) 12%
  - 9m. F/U (N=330) 11%
  - 12m. F/U (N=272) 9%
  - 15m. F/U (N=223) 11%
% With Suicidal Ideation or Attempt (07/17)

<table>
<thead>
<tr>
<th></th>
<th>Suicide Ideation</th>
<th>Suicide Attempt</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADM (N=397)</td>
<td>30%</td>
<td>5%</td>
</tr>
<tr>
<td>3m. F/U (N=397)</td>
<td>17%</td>
<td>1%</td>
</tr>
<tr>
<td>Last F/U (N=397)</td>
<td>10%</td>
<td>1%</td>
</tr>
</tbody>
</table>
% With Violent Ideation or Behavior (07/17)

ADM (N=691)  3m. F/U (N=529)  6m. F/U (N=396)  9m. F/U (N=330)  12m. F/U (N=272)  15m. F/U (N=223)

Violent Ideation
Violent Behavior
% With Violent Ideation or Behavior (07/17)

- ADM (N=397): 20% Violent Ideation, 20% Violent Behavior
- 3m. F/U (N=397): 8% Violent Ideation, 5% Violent Behavior
- Last F/U (N=397): 6% Violent Ideation, 3% Violent Behavior
% in Work or School (07/17)

ADM (N=397)  3m. F/U (N=397)  Last F/U (N=397)

% Enrolled in school | % Employed | % Any enrolled in school or employed

- ADM (N=397): 33% | 15% | 42%
- 3m. F/U (N=397): 37% | 36% | 63%
- Last F/U (N=397): 40% | 48% | 72%
% of Clients Prescribed Antipsychotic Medication (07/17)

- BL N=691
- 3-MO N=529
- 6-MO N=396
- 9-MO N=330
- 12-MO N=272
- 15-MO N=223

Values:
- BL: 90%
- 3-MO: 90%
- 6-MO: 85%
- 9-MO: 84%
- 12-MO: 78%
- 15-MO: 78%
% of Clients Seen in Community (07/17)

- Other Team Member
- SEES

- 3-MO N=529
- 6-MO N=396
- 9-MO N=330
- 12-MO N=272
- 15-MO N=223

- 34
- 33
- 35
- 29
- 30
- 24
% of Clients w/Family Contact (7/17)

- 3-MO N=529: 86
- 6-MO N=396: 79
- 9-MO F/UP N=330: 71
- 12-MO N=272: 68
- 15-MO N=223: 68
Gaps

• Role of peers
• Cognition
• Suicidality
• Trauma
• Aggression/Violence
• Severe substance use
• Medication continuation vs. tapering
Overall Challenges

Before
To understand the role of DUP in outcomes in schizophrenia
To identify bottlenecks in the pathway to care for individuals with FEP

During
To understand the components and outcomes of CSC
To identify important gaps in knowledge about FEP treatment

After
To understand what is known about follow up studies of FEP services
To identify the challenges for providing optimal follow up care
5-Year Follow Up of LEO Study

18-Month RCT comparing specialized early intervention service to usual care (N=144)

Reduced admissions and percentage admitted in LEO experimental condition at 18 months

No differences observed in the 18 month-period preceding year 5 (N=99)
10-Year Follow-up of OPUS Study

• RCT comparing 2 years of multi-element team based model to usual care (N=547)
• 10-year follow up recruited 347 (63%)
• Evidence of a differential 10-year course in the development of negative symptoms, psychiatric bed days, and possibly psychotic symptoms in favor of OPUS treatment, differences were driven by effects at earlier follow-ups and had diminished over time.

Secher et al. Schiz Bull 41 (3) 617-26 2015
10-Year Follow-UP of OPUS Study

Secher et al. Schiz Bull 41 (3) 617-26 2015

- Psychotic dimension
- Negative dimension
- Disorganized dimension
- GAF function
- Randomization:
  - OPUS
  - Treatment as usual

SAPS / SANS: Scale for the Assessment of Positive / Negative Symptoms
GAF: Global Assessment of Functioning scale
Potential Explanations

Treatment not long enough
Absence of critical pieces in model (SE)
Shift in TAU (Improvement)
DUP too long? (~125 weeks)—no early detection
RCT (N=160) comparing additional year of EASY with usual step down among individuals who received 2 years of EASY. Extended EASY produced significant increases in role functioning and reduced negative and depressive symptoms over the year.

Sustainability of treatment effect of a 3-year early intervention programme for first-episode psychosis

Wing Chung Chang, Vivian Wing Yan Kwong, Emily Sin Kei Lau, Hon Cheong So, Corine Sau Man Wong, Gloria Hoi Kei Chan, Olivia Tsz Ting Jim, Christy Lai Ming Hui, Sherry Kit Wa Chan, Edwin Ho Ming Lee and Eric Yu Hai Chen

EASY programme (2 years)

2-year specialized early intervention service for first-episode psychosis

EASY-Extension trial & Follow-up study (3 years)

1-year RCT (randomized to 1-year extended early intervention or step-down care)

2-year post-trial follow-up (all participants received standard care)

Entry to EASY

Year 1

Year 2

Year 3

Year 4

Year 5

Br J Psychiatry doi: 10.1192/bjp.bp.117.198929
Social & Occupational Functioning Assessment Scale

Role Functioning Scale

(a) SOFAS score
- Intervention group
- Control group

(b) RFS total score
- Intervention group
- Control group

(c)
Symptom and functional outcomes for a 5-year early intervention program for psychoses

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b Prevention and Early Intervention Program for Psychoses (PEPP), Department of Psychiatry, London Health Sciences Centre, South Street Hospital, 392 South Street, London, ON Canada N6A 4G5
c Department of Psychiatry, McGill University, Douglas Hospital Research Centre, 6875 LaSalle Boulevard, Montreal, QC Canada H4H 1R3

ABSTRACT

There continues to be controversy concerning the long-term benefits of specialized early intervention programs (SEI) for psychotic disorders. Recent reports of five-year outcomes for SEI programs indicate that benefits of early intervention programs at two-year follow-up have disappeared at five years. The Prevention and Early Intervention Program for Psychoses (PEPP) in London, Ontario offers continuity of care for five years, with a lower intensity level of specialized intervention after the initial two years. In this paper we examine whether the outcomes observed at two years were maintained at five-year follow-up. In addition, it was possible to compare PEPP outcomes with those of the OPUS project at two and five years. Results indicate that improvement of symptoms between entry into PEPP and two-year follow-up were maintained at five years. In addition, there was further improvement in global functioning between two and five-year follow-up. Comparison of PEPP outcomes at two and five-year follow-up to those of OPUS suggests that longer-term continuity of care within SEI is associated with continuing benefits at least with respect to level of positive symptoms and functioning.

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Comparison of mean level of symptoms and functioning at entry into PEPP and at two and five year follow up

<table>
<thead>
<tr>
<th></th>
<th>Entry</th>
<th>2-Year</th>
<th>5-Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (SD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAPS Global</td>
<td>10.34(3.36)</td>
<td>2.23(2.77)</td>
<td>2.12(2.83)</td>
</tr>
<tr>
<td>SANS Global</td>
<td>11.73(6.44)</td>
<td>6.44(4.52)</td>
<td>5.71(4.22)</td>
</tr>
<tr>
<td>Psychotic Dimension</td>
<td>3.05(0.93)</td>
<td>0.94(1.20)</td>
<td>0.71(0.98)</td>
</tr>
<tr>
<td>Negative Dimension</td>
<td>2.59(1.02)</td>
<td>1.64(1.08)</td>
<td>1.41(1.05)</td>
</tr>
<tr>
<td>Disorganized Dimension</td>
<td>1.79(1.08)</td>
<td>0.44(0.65)</td>
<td>0.28(0.53)</td>
</tr>
<tr>
<td>GAF</td>
<td>22.08(17.10)</td>
<td>52.66(28.31)</td>
<td>60.85(16.61)</td>
</tr>
</tbody>
</table>
OnTrack Framework

• Informed by Critical Time Intervention (CTI), a time-limited, three-phase, flexible intervention designed to enhance continuity of support during a “critical time” for youth and adults with serious mental illness.

• Three phases of OnTrackNY:

  Phase 1: Engagement with team and initial needs assessment
  Phase 2: Ongoing planning, intervention and monitoring
  Phase 3: Identification of future needs and services transition
Phase 3: Transition Planning

- Work with the team is time-limited: approximately two years for most participants.
- The PC helps the participant and family prepare for transition in the following ways:
  - Equip them with knowledge about the mental health care system and available resources for future goals and plans
  - Develop a comprehensive plan for transition with them
  - Encourage strong relationships with new treatment providers
Core Session # 10: Transition

**Purpose:** To help prepare the client and family to transition successfully from the team to mental health care in the community.

A clear and thoughtful Transition Plan alleviates everyone’s anxiety, and framing transition from the team as an accomplishment creates an occasion for celebration!

Congratulations!
Transition Planning Tool

• Identifies the progress client has made towards goals while working with OnTrackNY

• Helps client identify
  • His/her vision of success in the community
  • Supports to achieve vision
  • Practical next steps

• Transition Planning Tool.pdf
Case Example

18 y/o female who has been working with the team for 18 months

• Psychiatric services and therapy
• Attending some social skills training groups
• Volunteering at a community program
• Both parents were involved in treatment
Steps Taken

• Before discharge linked client to a local clinic
• Took tour of clinic with OnTrackNY provider
• Went with OnTrackNY team and family to meet psychiatrist and therapist in person and discuss treatment possibilities
• Attended 2 “test” groups to see if interested
• Linked family to NAMI support group
• Linked client with liaison who could work with client in his volunteer position to facilitate part-time employment with the organization
Initiation of Discharge and Follow-up Care (6/17)

<table>
<thead>
<tr>
<th>Discharge initiation by:</th>
<th>n</th>
<th>%</th>
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<tbody>
<tr>
<td>Client</td>
<td>176</td>
<td>61.3</td>
</tr>
<tr>
<td>Team</td>
<td>166</td>
<td>57.8</td>
</tr>
<tr>
<td>Family member</td>
<td>68</td>
<td>23.7</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>1.74</td>
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## Summary of Discharge Types (6/17)

<table>
<thead>
<tr>
<th>Discharge Type</th>
<th>Number</th>
<th>%</th>
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<tbody>
<tr>
<td>Program completion, appropriate post-discharge services in place</td>
<td>84</td>
<td>29.3</td>
</tr>
<tr>
<td>Program completion, appropriate post-discharge services not yet in place</td>
<td>14</td>
<td>4.9</td>
</tr>
<tr>
<td>Program termination by client, appropriate post-discharge services in place</td>
<td>42</td>
<td>14.6</td>
</tr>
<tr>
<td>Program termination by client, appropriate post-discharge services not yet in place</td>
<td>56</td>
<td>19.5</td>
</tr>
<tr>
<td>Team unable to contact client</td>
<td>34</td>
<td>11.8</td>
</tr>
<tr>
<td>Client no longer available to participate</td>
<td>56</td>
<td>19.5</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>0.35</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>287</td>
<td>100</td>
</tr>
</tbody>
</table>
The Long List of Challenges

• Optimizing model—we are not there yet
• Developing and training workforce
• Solidifying financing model
• Developing more effective strategies to reduce DUP and reach community
• Considering how to sustain benefits
• Empowering the community to demand these services
Thank you