First Episode Psychosis (FEP)

Behavioral Health Division
The word psychosis is used to describe conditions that affect the mind when there has been some loss of contact with reality.

Psychosis can include hallucinations, paranoia, delusions, as well as disordered thoughts and/or speech.

Psychosis can affect people of all ages from all walks of life.

1-3% of people will experience Psychosis at a point in their life.

The focus is First Episode Psychosis (FEP)

NOT multi-episode or chronic psychosis (ACT clients).
• **Recovery After an Initial Schizophrenia Episode (RAISE) study** showed that getting services and supports early can reduce the effects of the first episode of psychosis, positively affect a person’s overall outcomes, and increase functioning related to employment and education.

• RAISE started in 2008.
On January 17, 2014, former President Barack Obama signed into Law H.R. 3547, the “Consolidated Appropriations Act, 2014” to support those persons with early serious mental illness, including psychotic disorders and first episode psychosis.

FEP funding comes from a 10% set aside of the Federal Mental Health Block Grant through Substance Abuse Mental Health Services Administration (SAMHSA).

FEP programs occur in all 50 states, Washington D.C., and all U.S. Territories.
• The First Episode Psychosis (FEP) pilot project is focusing on early interventions for adolescents and young adults ages 15 to 40.

• Symptoms for less than 2 years.

• Anti-psychotic medication use for less than 12 cumulative months.

• Interest in FEP services.

• Identified goals and motivation for services.
Diagnoses included:

Schizophrenia Spectrum Disorders:
- Schizophrenia
- Schizophreniform Disorder
- Schizoaffective Disorder
- Brief Psychotic Disorder
- Delusional Disorder
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder.

Diagnoses excluded:
- Autism
- Bipolar/Affective Disorders
- Borderline Personality Disorder
- Cognitive IQ limits (IQ ≤ 70)
- TBI.

• Co-occurring diagnoses (SUD) are acceptable if all symptoms are manageable.

• Plan is continual assessment:
  - Is client progress occurring?
  - Are client needs for FEP services vs. another service/referral?
FEP uses Coordinated Specialty Care (CSC) Model

What it is

CSC model is:

• Recovery – oriented about early intervention, so clients do not have to wait until symptoms are severe enough to warrant hospitalization or other higher levels of care.

• Focused on resiliency, illness management, and psychiatric rehabilitation.

• Client-centered where clients specify their goals and treatment plan.

What it does

• CSC model helps to:

  • reduce psychosis symptoms, hospitalization, school dropout rate, unemployment, incarceration, homelessness, application for disability, as well as

  • improve quality of life.
Services are unique:

- **All services are voluntary.** Clients may access any or all, yet need to be involved with at least one.

- **FEP services are intensive** and often occur for **2 years**; sessions taper: weekly → monthly → as needed.

- **“Family”** is broadly defined to include any natural supports:
  - biological/family of origin,
  - family through marriage/partnering, and
  - “family” as defined by client i.e. roommate, co-worker, etc.
FEP uses NAVIGATE Curriculum

- **Evidence Based Practice (EBP)** supported by Substance Abuse and Mental Health Service Administration (SAMHSA) & National Institute of Mental Health (NIMH)

- FEP services occur in the **community** (mobile) and **office** settings.
  - Telehealth: phone/web-based during COVID 19

- **NAVIGATE**: free curriculum and video examples
FEP Roles have unique terms

- Director / Team Lead
- Family Education and Support
  - Supported Employment and Education
  - Individual Resiliency Trainer
- Prescriber
- Case Manager
- Peer Support Specialist
- Family Peer Support Specialist

MH Services

- Supervisor, MHP
- Family Therapist
- Vocational Rehabilitation Worker / Individual Placement Services (IPS)
- Individual Therapist
- Medication Management
- Case Manager
- Peer Support Specialist
- Family Peer support specialist
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FEP Reimbursed Services

- Diagnostic Assessment
- Family Therapy (with or without client)
- Individual Therapy
- Medication Management
- ** All FEP services are billed as an Outpatient level of care.

Payer Sources:

- Government insurance (MA, PMAPs)
- Commercial Insurance from Employer
- The non-covered services are paid by Federal Mental Health Block Grant funds or MN Grant funds.
Teams: MN FEP Providers

FEP Service Providers

• **Hennepin Healthcare (HCMC)**, Minneapolis

• **M Health (University of Minnesota Physicians)**, St. Louis Park

• **Human Development Center (HDC)**, Duluth

Technical Assistance

• **University of Minnesota**, Minneapolis

• **National Alliance on Mental Illness (NAMI) Minnesota**, St. Paul

Advocacy Partner
FEP Services Across MN

Human Development Center (HDC)

National Alliance on Mental Illness (NAMI) Minnesota

Hennepin Healthcare (HCMC), M Health (University of Minnesota Physicians) and University of Minnesota Dept. of Psychiatry & Behavioral Sciences
What about clients who are NOT eligible for FEP?

• The First Episode Psychosis (FEP) pilot project is focusing on early interventions for adolescents and young adults ages 15 to 40.

• **Diagnoses included:** Schizophrenia, Schizoaffective Disorder, Brief Psychotic Disorder, Delusional Disorder, and/or Other Specified Schizophrenia Spectrum and Other Psychotic Disorder.

• **First 2 years of symptoms and treatment.**
Alternatives to FEP

University of Minnesota Child and Adolescent Strengths Program (CASP)

The primary focus of the Child and Adolescent Strengths Program (CASP) is the assessment and treatment of individuals who may have a schizophrenia spectrum disorder.

Conditions Treated
- Psychosis
- Schizophrenia
- Bipolar disorder
- Depression
- Anxiety disorders

University of Minnesota Adult Strengths Program

The Adult Strengths Program is highly influenced by the NAVIGATE program components to include a team of professionals working together to treat the patient and their family.

The trajectory of care is to focus on their acute stabilization (acute-phase) over a period of roughly six to 12 months with frequent clinic visits. Once stable, we help transition the person to ongoing providers within our clinic or in the community for the recovery and maintenance phase of care. With this model, we are able to keep our waitlist time low for an initial comprehensive assessment. It is especially important to have a short waitlist to reduce the duration of untreated psychosis.
Referral & Assessment Process

• Referral: Anyone can make a referral.
  • Teams receive referral
  • Contact referral agent for more info, prn

• Assessment
  • Teams contact client/family member
    • Offer Phone screening
    • Offer Diagnostic Assessment
    • Complete Diagnostic Assessment

• At all stages in the process
  • if eligible, offer FEP services.
  • if not eligible, offer other services.
• Share this information with clients, family members, providers, and agencies as well as others because....

  • Awareness and outreach is key.

  • Anyone can make a referral.

    • No MHP/DA needed to refer.
• National Alliance on Mental Illness (NAMI) Minnesota’s Understanding Psychosis booklet is a free download.
TEDxPSU TED TALK - "I Am Not A Monster: Schizophrenia" by Cecelia McGough, Penn State Univ. Student (14:40), Published on 3-27-2017
https://www.youtube.com/watch?v=xbagFzcyNiM