

Early Psychosis Pre-Conference

The Second National Conference on Advancing Early Psychosis Care
Wednesday, October 2, 2019 | Sheraton New York Times Square

Session and Presenter Information

8:30am - 8:45am

Welcome

8:45am - 9:45am

Morning Keynote: Moving Early Psychosis Intervention from Research to On-the-Ground Community Practice

Presenter

Lisa Dixon, MD, MPH is Professor of Psychiatry at Columbia University Medical Center and the director of the Division of Behavioral Health Services and Policy Research within the Department of Psychiatry. She directs the Center for Practice Innovations (CPI) at the New York State Psychiatric Institute. Dr. Dixon oversees activities for the New York State Office of Mental Health in implementing evidenced based practices for persons diagnosed with serious mental illness. She is leading the innovative program, OnTrackNY, a statewide initiative designed to improve outcomes and reduce disability for the population of individuals experiencing their first episode of psychosis.

Learning Objectives

- Describe the elements of the RE-AIM framework in assessing the progress of the implementation of an evidence-based practice.
- List the ways in which the Coordinated Specialty Care program, OnTrackNY, has met its goals.

Overview

Consistent evidence shows that early interventions for individuals with psychosis lead to improvements in symptoms, social functioning and treatment satisfaction. These results, combined with the allocation of specific funds for early psychosis services, have contributed to the emergence and dissemination of coordinated specialty care for early psychosis in the United States. Despite the rapid growth of such services across the country over the last 5 years, implementation processes are not yet well understood. We employ the RE-AIM (Reach, Effectiveness, Adoption, Implementation and Maintenance) framework to describe processes, achievements and challenges of an early psychosis program called OnTrackNY that has been implemented in New York State.

References

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Radigan, M., Gu, G., Frimpong, E.Y., Wang, R., Huz, S., Li, M., Nossel, I., Dixon, L. (2019). A New Method for Estimating Incidence of First Psychotic Diagnosis in a Medicaid Population. *Psychiatr Serv.*; 70(8):665-673. doi: 10.1176/appi.ps.201900033. Epub 2019 May 29. PMID: 31138057

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9:45am – 10:00am

Break

10:00am - 10:50am: Concurrent Sessions—Choose 1

1. [Conversations on How Peer Support Specialists are Engaging and What is Being Worked on for Future Peers](#)

Moderator

Brandon Staglin, MS is President of One Mind and channels his deep experience in communications, advocacy, and personal schizophrenia recovery to drive brain health research programs to heal lives. He has originated One Mind's ASPIRe program, which is expanding and improving early care for youth facing serious psychiatric illness to meaningfully enhance public health. He earned a Master of Science in Healthcare Administration and Interprofessional Leadership from UCSF in September 2018, and Bachelors of Arts in Engineering Sciences and Anthropology from Dartmouth College in 1993.

Presenters

Patrick Kaufmann, IPS, CPSS, BS is a Supported Education and Employment Peer Specialist with the Navigate Team at InterAct of Michigan in Kalamazoo. He has served at InterAct for 8 years and worked at Clubhouse as a Family Support Partner, and as director of a small non-profit called Power Branch, Inc. He utilizes his personal experience as someone in recovery who was diagnosed with a psychosis related illness to support his peers and influence systems. Mr. Kaufmann has experience planning events and conferences, creating and implementing recovery programs, and leading peers in Kalamazoo in peer run initiatives.

Abaigeal Duke is the recovery specialist and trainer for the ACT institute and OnTrackNY for the Center for Practice Innovations through the NYS Psychiatric Institute. She completed her BA at Manhattan College in liberal arts, with a focus on mass communications. She has worked as a peer in the mental health field for over a decade, starting as a peer advocate for a non-profit agency working in state and county programs. Most recently she worked in the NYC field office for OMH as an advocacy specialist on the children's services division.

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Carlos A. Larrauri, MSN, APRN, PMHNP-BC, FNP-BC serves on the Board of Directors for NAMI, and NAMI Miami-Dade County. Diagnosed with schizophrenia at 23, access to affordable health care, community-based treatments and early intervention afforded him the best opportunity for recovery. Mr. Larrauri is board certified as a Family Nurse Practitioner and Psychiatric Mental Health Nurse Practitioner, and lectures at the UofM, and Miami Dade College. Mr. Larrauri aspires to interface clinical practice, policy, and research, to reduce health inequities for people living with mental illness.

Danny Sosa is a Peer Specialist in the OnTrack setting. After being part of an OnTrack program himself, Mr. Sosa decided to contribute the same support and dedication that was shown to him, back at the community. He is looking to learn as much as possible from both the present and the approaching future.

Learning Objectives

- Describe how peer support specialists can enhance the practice of care delivery for early psychosis.
- Describe the role peer support specialists play in clients' recovery.
- Describe challenges and opportunities facing peer support specialists today.

Overview

Integrated into early psychosis care teams, Peer Support Specialists (PSS) enhance clients' recovery by providing lived experience-based guidance, empowering clients' agency, and bridging clients, families and providers (Hardy, et al, 2019). Though their services are evidence-based, progress remains to equitably incorporate PSS into mainstream health care culture. This panel's experts will discuss the challenges and opportunities facing the PSS profession today.

References

Chapman, S., Blash, L., Mayer, K., Spetz, J. (2018). Emerging Roles for Peer Providers in Mental Health and Substance Use Disorders. *American Journal of Preventive Medicine*, 54(6), Supplement 3, S267-S274. Retrieved from <https://www.sciencedirect.com/science/article/pii/S0749379718316052>

Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer Support Among Persons with Severe Mental Illnesses: A review of evidence and experience. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 11(2), 123–128. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3363389/>

Sale, T., Raymaker, D., Rija, M., Gould, V., Wall, C., Melton, R. (2018). Mitigating Early Loss of Community Participation in Early Psychosis Services: State of the Science. *Research and Training Center for Pathways to Positive Futures*. Retrieved from <https://www.pathwaysrtc.pdx.edu/state-of-the-science-articles-2018-easa>.

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2. Issues in Financing First Episode Psychosis Programs: Cost Based Financing in Medicaid and the Commercial Insurance Sectors

Moderator

David Shern, PhD joined NASMHPD in 2012 as a Senior Public Health Advisor. Previously Dr. Shern served as President and CEO of Mental Health America (MHA). Prior to MHA, he was Dean and Professor at the Louis de la Parte Florida Mental Health Institute at USF. Dr. Shern founded and directed the National Center for the Study of Issues in Public Mental Health, a NIMH funded services research center, located in the New York State Office of Mental Health. He currently is a Senior Associate in the Department of Mental Health and the Bloomberg School of Public Health at Johns Hopkins University.

Presenters

Douglas Robbins, MD completed his B.A. in English literature at Carleton College, and his medical education at the SUNY, Downstate Medical Center. He completed his pediatric internship at St. Paul-Ramsey Hospital and the UMinn Hospitals, and residency in general psychiatry and fellowship in child and adolescent psychiatry at the University of Colorado. He joined the Maine Medical Center in 1996. He has also been on the faculty of the UMichigan and Brown University Departments of Psychiatry, initially with the University of Vermont School of Medicine and currently Tufts University School of Medicine.

Thomas Smith, MD earned his M.D. at WSU and completed his psychiatry residency at UChicago before coming to New York where he has had extensive experience as a clinician, hospital administrator, and researcher, initially at Weill Cornell from 1989 - 2001. He moved to Columbia in 2001, and in 2008, joined NYS Psychiatric Institute. He is the recipient of numerous NIMH and foundation grants for studies of engagement strategies for high-need persons with SMI; services for persons with first episode psychosis, and inpatient psychiatry discharge planning and care transition practices.

Jill Dunstan, LMHC, CASAC received her B.A. in Psychology from D'Youville College and her M.A. from Medaille College's Mental Health Counseling Program. She is a licensed chemical dependency counselor and a licensed mental health counselor. In 2010, Ms. Dunstan started at Lake Shore Behavioral Health in the PROS program focusing on rehabilitation goals for those suffering from severe and persistent mental illness. Ms. Dunstan is currently the program director of OnTrackNY, a program serving young adults ages 16-30 years old who are experiencing a first episode of psychosis.

Melissa Rowan, MSW, MBA is the Senior Vice President of Policy Implementation at the Meadows Mental Health Policy Institute, where she brings a practical, real-world focus to the Institute's work in health systems and with service providers. Ms. Rowan has been a Partner at Wertz & Rowan, a health care policy consulting firm she founded in Austin, and she has worked in and around Texas and national health systems for 25 years, focusing on broad health care issues, managed care, and behavioral health. She earned her MSW from The University of Texas at Austin, and an MBA from Concordia University.

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Learning Objectives

- Describe the challenges involved in sustainable financing for Coordinated Specialty Care in first episode psychosis programming.
- Identify financing models that may be used to finance Coordinated Specialty Care Services.
- State the importance of and strategies for reimbursement from commercial insurers for Coordinated Specialty Care services in first episode psychosis programming.

Overview

Given the range and intensity of services that are included in Coordinated Specialty Care (CSC), sustainable financing is a challenge. Most programs currently rely on a mix of state and federal grant-based financing to supplement insurance reimbursement. This panel will explore several issues related to the cost of delivering CSC services and three strategies that are being pursued to obtain sustainable financing from both public and private insurance payers. We will first present data from New York State programs on the cost of delivering services. These data clearly demonstrate that fee for service Medicaid reimbursement, even with a rich Medicaid benefit, is inadequate to cover the full cost of CSC services. We will then present three different approaches to obtaining sustainable financing. The first involves the use of the Comprehensive Community Behavioral Health Services financing mechanism that is currently being piloted throughout the United States. This mechanism provides for prospective, cost based reimbursement for the full range of services included in an evidence-based practice. The second strategy involves the development of a reimbursement code for the package of services included in CSC programs that covers the full cost of services. The development and adoption of a code may increase the likelihood of adequate insurance-based reimbursement. Finally, we will feature a first episode program (FEP) program that has negotiated a cost based bundled payment for CSC services with commercial insurers in Maine. Here we will feature the use of utilization data to demonstrate the cost offset associated with FEP programming and the process of negotiating the rate and utilization management of CSC services.

References

Shern, D., Neylon, K., Kazandjian, M. & Lutterman, T. Use of Medicaid to finance first episode psychosis services. Alexandria VA: National Association of State Mental Health Program Directors, 2017.

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Smith, T., Kurk, M., Sawhney, R., et al. (2019). Estimated staff time effort, costs and Medicaid revenues for coordinated specialty care clinics servicing clients with first-episode psychosis. *Psychiatric Services*; 70(5), 425-427. <https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201900039>

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10:50am - 11:45am

What Happens after CSC? Challenges and Opportunities Associated with Transitioning from Early Psychosis Care

Moderator

Kate Hardy, PsyD is a Clinical Associate Professor at Stanford University and CA Licensed Psychologist who has for over 15 years specialized in working with individuals with psychosis in both research and clinical settings. Dr. Hardy received her doctorate in clinical psychology from the University of Liverpool, UK and completed her post-doctoral fellowship at UCSF. She is Co-Director of the INSPIRE Early Psychosis clinic, Stanford University. She provides psychosocial interventions for individuals with psychosis and their families, and training and consultation in CBT for psychosis.

Presenters

Catherine Adams, LMSW, ACSW, CAADC received her MSW from Michigan State University. She is a Certified Advanced Alcohol and Drug Counselor and is a member of the Academy of Certified Social Workers. She worked for over 30 years for the Clinton-Eaton-Ingham Community Mental Health Board in Lansing, MI as a senior clinician and clinical manager serving consumers with mental illness and their families. Cathy is the Co-owner and Clinical Director of ETCH (Early Treatment and Cognitive Health) which provides NAVIGATE model interventions to young adults experiencing a first episode of psychosis and their families.

Irene Hurford, MD is an Assistant Professor of Clinical Psychiatry at UPenn. Dr. Hurford graduated from the University of Toronto and received her M.D. from McMaster University in Hamilton Ontario. Dr. Hurford founded the PEACE Program at Horizon House, Inc, which has become a leading First-Episode Psychosis (FEP) program in Pennsylvania. She is the founder and director of the Pennsylvania Early Intervention Center at UPenn, and she leads Pennsylvania-wide efforts at FEP services program evaluation and programmatic training in FEP CSC service implementation and delivery.

Learning Objectives

- Describe challenges associated with transitioning young people out of Coordinated Specialty Care (CSC).
- Name practical resources that can be implemented to support transition from CSC.
- List key recommendations for supporting young people, and their families, in transitioning from CSC.

Overview

There is substantial data that supports the effectiveness of early intervention in psychosis CSC services. As CSC services begin to mature in the United States a key developmental question has emerged – how best to support young people transitioning out of CSC? One challenge faced by such programs is that initial gains may be lost over time when CSC supports are removed. There are promising indicators, however, that extended services and a step-down phases of care approach may contribute to fundamentally altering the trajectory of psychosis experience and allow for a sustaining of gains over a

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longer period. A panel discussion will highlight various approaches to stepped down care that aim to address the challenges of reducing intensity of service in FEP programs.

References

Kam, S. M., Singh, S. P., & Uptegrove, R. (2015). What needs to follow early intervention? Predictors of relapse and functional recovery following first-episode psychosis. *Early Intervention in Psychiatry*, 9(4), 279-283.

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11:45am-12:45pm

Lunch (on your own)

12:45pm - 1:45pm

Afternoon Keynote: [First episode affective psychosis; diagnostic and treatment considerations](#)

Presenter

Dost Öngür, MD, PhD is Chief of the Psychotic Disorders Division at McLean Hospital and the William P. and Henry B. Test Professor of Psychiatry at Harvard Medical School. He conducts clinical and neurobiology research on psychotic disorders including schizophrenia and bipolar disorder. He has won awards for his teaching and mentoring on these topics. In addition, he is the editor of *JAMA Psychiatry*, a premier journal in the field.

Learning Objectives

- Describe the features of affective vs. nonaffective psychotic disorders in early course of illness.
- Describe the clinical challenges in working with patients with first episode affective psychosis.
- Describe the principles of treatment in first episode affective psychosis.

Overview

A substantial number of individuals experience a first episode of psychosis concurrently with a manic or depressive episode, but this group has received less attention than that with non-affective psychosis. There is heterogeneity in symptom presentations and evolution in clinical features over time which present diagnostic and management challenges for the clinician. Although well-accepted treatment algorithms are available for treating mania and depression, less is known about how these treatments perform in the context of a first episode affective psychosis. In this lecture, we will review the current state of the field in first episode affective psychosis, starting with the diagnostic issues and extending into considerations for treatment selection and ongoing management. The focus will be on providing useful information to clinicians working with people with first episode affective psychosis.

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1:45pm - 2:45pm

Understanding and Managing Cannabis Use in First Episode Psychosis

Moderator

Kim T. Mueser, PhD is a clinical psychologist at the Center for Psychiatric Rehabilitation, Boston University, and Professor of Occupational Therapy, Psychological and Brain Sciences, and Psychiatry. His research interests are on the development and evaluation of psychosocial interventions for persons with serious mental illness. His work has involved a range of different treatments, including coordinate specialty care for first episode psychosis, integrated treatment for co-occurring disorders, CBT for posttraumatic stress disorder, and illness management and recovery.

Presenters

Erik Messamore, MD, PhD is an Associate Professor of Psychiatry at Northeast Ohio Medical University and serves as the Medical Director for the University's Best Practices in Schizophrenia Treatment Center. He teaches medical students and residents, consults with physicians, and helps clinicians achieve the best possible outcomes for people with schizophrenia and other forms of illness. He holds a PhD in Pharmacology from SIU was a postdoctoral research fellow at the Karolinska Institute, earned his MD from the University of Illinois, and completed psychiatric residency at OHSU.

Susan Gingerich, MSW has worked with the NAVIGATE First Episode of Psychosis program since 2009, developing manuals and providing consultation support for the directors of 17 NAVIGATE programs during the RAISE Initiative. She is currently the training coordinator for the NAVIGATE Program, providing training to over 27 national and international teams. Ms. Gingerich has co-authored 5 books with Kim Mueser: *Coping with Schizophrenia*, *Social Skills Training for Schizophrenia*, *The Coping Skills Group*, *The Complete Family Guide to Schizophrenia*, and *Illness Management and Recovery (IMR)*.

Melanie Bennett, PhD is a Professor and the Director of the Division of Psychiatric Services Research in the Department of Psychiatry at the University of Maryland School of Medicine. Her research focuses on the development, testing, and implementation of psychosocial interventions to help individuals with serious mental illness reduce substance use, improve health, enhance recovery, and increase community engagement. She currently leads the Maryland Early Intervention Program Training and Implementation Support Services and collaborates with the Maryland BHA at multiple sites in Maryland.

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Learning Objectives

- Describe the prevalence of cannabis use disorder (CUD) in first episode of psychosis and identify at two demographic and two clinical correlates of CUD in this population.
- Identify at least three different motives for cannabis use in persons recovering from an FEP.
- Summarize three different strategies for reducing CUD and its effects in persons with FEP.

Overview

Cannabis use and misuse is common in persons recovering from a first episode of psychosis, and its management presents special challenges to clinicians working with this population. This session will provide clinicians with critical information and skills about the nature of cannabis use disorder (CUD) in young people who have developed a psychosis, and strategies for reducing its negative impact on the course of psychosis. First, the epidemiology of CUD in the FEP population will be reviewed, including prevalence, demographic and clinical correlates, and course. Second, theories addressing the high prevalence of CUD in this population will be considered, and the implications of those theories for treatment will be discussed. Third, strategies for reducing CUD and its effects on treatment engagement and outcomes will be covered.

References

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2:45pm-3:00pm

Break

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3:00pm - 4:00pm: Concurrent Sessions—Choose 1

1. Incorporating Strategies for Delivering Culturally Competent Coordinated Specialty Care in First Episode Psychosis

Presenters

Iruma Bello, PhD is a clinical psychologist, and Co-Associate Director and Clinical Training Director of OnTrackNY and Assistant Professor of Psychology in Psychiatry at the Columbia University Vagelos College of Physicians and Surgeons since 2015. Dr. Bello received her Ph.D. in clinical psychology from the University of Hawaii at Manoa and completed her clinical internship and post-doctoral training at the Massachusetts General Hospital, Harvard Medical School. She has a broad background in public sector clinical psychology with specialized training in evidence-based practices for FEP.

Stephen Smith, PhD is a licensed clinical psychologist. He currently serves as a Clinical Trainer and Implementation Specialist at the Center for Practice and Innovations, delivering consultation and technical assistance on a nationally-recognized model of care for first episode of psychosis (OnTrackNY). His training and expertise focuses primarily on the use of recovery-oriented interventions for psychosis. Additionally, Dr. Smith is also interested in exploring topics in cultural competence, with a particular focus on treatments for men of color.

Hong Ngo, PhD is a licensed clinical psychologist and clinical trainer at the New York State Psychiatric Institute at the Center for Practice Innovations. She currently delivers consultation and technical assistance nationally on a model of First Episode Psychosis (FEP) care, OnTrackNY, and directly oversees outreach and recruitment across 21 OnTrackNY teams in New York State. Her specific areas of expertise are: cultural competence, outreach and engagement, differential diagnosis, and evaluation/assessment of FEP.

Learning Objectives

- Develop an understanding of the overall approach of delivering culturally competent care in coordinated specialty care programs.
- Become familiar with primary themes related to the intersection of culture and psychosis.
- Understand the identified best practices for addressing each theme when working with program participants.
- Discuss and share ways in which coordinated specialty care teams are implementing these best practices.

Overview

Background: Coordinated Specialty Care (CSC) is an early intervention treatment model found to significantly improve outcomes for young individuals experiencing a first episode of psychosis (FEP). Challenges with treatment engagement have been identified as primary barriers preventing young people from receiving CSC treatment particularly, for those who do not identify as having a psychotic illness. Cultural competency is one of the underlying clinical pillars necessary for delivering effective CSC treatment.

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Objectives: CSC providers express a need for strategies that address the intersection between cultural factors and symptoms of psychosis. This workshop will focus on discussing and practicing culturally competent best practices for treating individuals with FEP within OnTrackNY, a coordinated specialty care program.

Methods: Content will be derived from the OnTrackNY Delivering Culturally Competent Care for FEP Guide developed collaboratively by cultural competency experts and CSC providers. A framework will be provided for understanding the bidirectional relationship between psychotic symptoms and culture. Participants will be presented with typical themes that arise for young people with FEP (i.e., religion/spirituality, family culture, language barriers, gender/sexuality, youth culture, and organizational culture of CSC treatment). Recommended best practices will be reviewed for each theme. Panelists who have had real world experience using the guide with participants will share vignettes of describing the use of the guide and how they incorporate it into their treatment approach.

Potential Outcomes: Participants will have a better understanding of how to conceptualize the relationship between culture and FEP and will have developed a more nuanced and culturally competent framework for delivering treatment. Participants will feel more comfortable incorporating the best practices into their clinical work. Participants will also be able to identify tools for facilitating this process and will have an opportunity to discuss whether this will be useful for their teams.

Discussion: CSC treatment has been shown to improve outcomes for individuals with FEP. Yet, as programs expand across diverse communities, it becomes important that providers have practical guidelines that facilitate their ability to work with individuals in a flexible way that respects and effectively incorporates the role that culture plays in people's lives.

References

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2. Findings from the Mental Health Block Grant Ten Percent Set Aside National Evaluation: Implementation, Characteristics, Outcomes and Fidelity

Presenters

Abram Rosenblatt, PhD is a Vice President at Westat. He is a behavioral health researcher with more than 25 years of experience conducting research on topics related to mental health and substance abuse service delivery with a primary focus on children, adolescents and young adults. At Westat, he served as the Director of two SAMHSA projects: The Mental Health Block Grant 10% Study and The Child Mental Health Initiative National Evaluation. Before joining Westat in 2015, Dr. Rosenblatt was a Professor in the Department of Psychiatry at the University of California, San Francisco.

Steven Dettwyler, PhD is a Public Health Analyst at the SAMHSA. He has over 30 years of experience in developing, managing and monitoring public mental health, addiction and intellectual disability services at the state and local area. His roles in SAMHSA include data analysis and training pertaining to the Mental Health Block Grant Uniform Reporting System and Data Dashboard; the COR of the First Episode Psychosis Evaluation project; the Mental Health Block Grant and PAIMI State Project Officer for the six Pacific Jurisdictions; and co-steward of the ISMICC Access work group.

Learning Objectives

- Describe the purpose and goals of the Mental Health Block Grant 10 % Study.
- Understand the results from the Mental Health Block Grant 10% Study.
- Learn the implications of the Mental Health Block Grant 10% Study Findings for implementing CSC for FEP.

Overview

Effective services for young people experiencing a first episode psychosis (FEP) are integrated into a Coordinated Specialty Care (CSC) package intended to address the systemic gaps and barriers that youth who experience FEP face in accessing beneficial services. Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Mental Health Block Grant (MHBG) Ten Percent Set Aside provides a funding mechanism for community-based providers to establish CSC for clients with FEP. Approximately 250 sites nationally are receiving MHBG 10% set aside funds. These sites participated in the MHBG Ten Percent Set Aside National Evaluation, supported by SAMHSA, the National Institute of Mental Health (NIMH), and the Office of the Assistant Secretary for Planning and Evaluation (ASPE). The National Evaluation evaluated the implementation of CSC across a variety of geographic and economic settings, and across states with differing state-level policies. All sites received a survey about their services, and 36 of these participated in more in-depth evaluation components: 1) An outcome study using a standardized set of symptom, quality of life and functioning measures to assess clients entering the program over a 12 month period; 2) a fidelity assessment to assess adherence to the CSC model; and 3) a process assessment to understand key contextual and descriptive information about the sites.

Results pertaining to each of the main study goals of the MHBG Study will be provided, including: A description of CSC program services being offered nationally; An exploration of how local environmental and contextual factors related to how CSC programs are implemented; Results from an assessment of

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program fidelity to the NIMH-CSC model; An examination of outcomes of CSC program participants, such as symptom severity, employment, education, and quality of life and how they relate to fidelity.

Conclusions from the MHBG 10 Study that will be presented include: the Mental Health Block Grant 10% Set Aside funds are critical to the implementation of Coordinated Specialty Care; even with differences across sites, programs were generally able to implement Coordinated Specialty Care with fidelity; the peer support role is a rapidly evolving position within Coordinated Specialty Care sites; clients experience improvements as they move through Coordinated Specialty Care; and, initial results indicate that fidelity to the Coordinated Specialty Care model is related to improvements in specific clinical outcomes. Implications of the findings from the MHBG 10% Study for the financing and implementation of CSC services nationally will be discussed.

References

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4:00pm - 5:00pm: Concurrent Sessions—Choose 1

1. Structured Supports for the Early Psychosis Coordinated Specialty Care (CSC) Team: Strategies to Prevent and Address Burnout

Presenters

Adriana Furuzawa, LMFT, CPRP is the Early Psychosis Division Director at Felton Institute in San Francisco, CA. She provides executive oversight and development of the (re)MIND® Early Psychosis Network (formerly Prevention and Recovery in Early Psychosis - PREP) in five counties in northern California. Ms. Furuzawa has 20 years of experience as a behavioral health provider in Brazil and in the United States, including 10 years in behavioral health leadership, implementing evidence-based practices with fidelity in community mental health settings, and promoting recovery-oriented practices.

Bruce Adams, MS is an Associate Director for the Early Psychosis Division of Felton Institute and administers operations of the (re)MIND®, BEAM, and BEAM UP® Programs of San Francisco and San Mateo Counties. He has 9 years of experience implementing prevention and early intervention for severe mental illness across multiple culturally distinct counties in California as both a direct service provider and an administrator. He is passionate about helping youth and young adults build on their strengths and overcome mental health challenges so that they can successfully transition into adulthood.

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Learning Objectives

- Describe the coordinated specialty care for early psychosis multidisciplinary team structure.
- Describe organization-level supports to prevent and address burnout in coordinated specialty care teams.
- List resources for individual-level interventions to prevent and address burnout in coordinated specialty care teams.

Overview

The sustainable dissemination of coordinated specialty care for early psychosis across the United States has prompted service providers to consider a multitude of factors that impact service delivery. The behavioral health workforce in outpatient community mental health settings is exposed to common stressors that can contribute to worker burnout. The Felton Institute Early Psychosis Model (re)MIND®, formerly Prevention and Recovery in Early Psychosis (PREP), is a coordinated specialty care model implemented in Northern California since 2007 with a multidisciplinary team formed by clinical therapists, employment and education specialists, psychiatric nurse practitioners, psychiatrists, peer and family support specialists, and clinical program administration. Although in many aspects coordinated specialty care practitioners are exposed to similar stressors as other behavioral healthcare workers serving young people and families, effective strategies to prevent and address burnout in these highly specialized settings need to be embedded in coordinated specialty care clinical operations and include organization-level supports and practice-oriented supervision, in addition to individual-level self-care interventions. This session is designed for direct service providers, clinical directors and behavioral health organization leadership.

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2. Update on Clinical High Risk Program and Service Expansion: State, County, and Educational Liaison Perspectives

Moderator

Steven Adelsheim, MD is a Clinical Professor and Associate Chair for Community Engagement at Stanford's Department of Psychiatry and Behavioral Sciences, where he directs the Center for Youth Mental Health and Wellbeing. Dr. Adelsheim works in the areas of youth suicide prevention, mental health policy, telebehavioral health, and tribal mental health, and co-leads the national clinical network for early psychosis called PEPPNET. He is leading the effort to bring allcove to the U.S., an integrated youth mental health model based on Australia's headspace, Canada's Foundry, and other similar programs.

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Presenters

Tamara Sale, MA is the Director of the EASA Center for Excellence at OHSU - Portland State University School of Public Health. Ms. Sale was the lead architect of the first U.S. integration of early psychosis services into the public mental health system, beginning with a five-county implementation in 2001 by an Oregon Health Plan regional mental health authority, followed by statewide implementation beginning in 2007. Ms. Sale provides national technical assistance through the National Training and Technical Assistance Center for Children's Behavioral Health and is active with PEPPNET.

Jason Schiffman, PhD is Professor of Psychology and Director of Clinical Training at UMBC. He co-directs the MEIP's SFW Clinic, a research, training and services program designed to work with young people at risk for psychosis. Dr. Schiffman has held grants from NIMH, state departments of health, private foundations, and SAMHSA, including a SAMHSA CHR-P award. Publishing over 120 scientific articles, Dr. Schiffman's research seeks to refine the identification of early psychosis, better understand the effects of psychosocial interventions, and reduce stigma against people with mental health concerns.

Jude Leung, PhD is the Program Manager of First Hope, an early intervention in psychosis program with Contra Costa County Behavioral Health Services, based in the San Francisco Bay Area. Formerly, she was the Director of Intensive Clinical Programs at Rikers Island Jail in New York City, where she designed and launched innovative treatment programs for patient-inmates living with serious mental illness. Dr. Leung is a clinical psychologist with a BA in psychology from Stanford University and a PhD in clinical psychology from Boston University.

Learning Objectives

- Identify 4 core service components of clinical high risk programs.
- Name 3 strategies for interfacing between community clinical high risk programs and secondary school/college settings.
- Recognize structures for linking and creating continuity between clinical high risk programs and first episode psychosis programs.

Overview

Programs supporting people at clinical high risk (CHR) for psychosis have been prevalent for many years now in the United States. Research efforts through NAPLS and EDIPPP, as well as other programs, have served to provide valuable data on the core identification and intervention model components for these programs, as well as their effectiveness. Largely due to these efforts, federal funding has now been established through SAMHSA to create a learning community for supporting those working within CHR programs as well as specific CHR funding for 21 programs across the country. This workshop provides critical updates on CHR programs from the state and county/community program perspectives. In addition, models for supporting the continuum of intervention from CHR programs to first episode psychosis programs, as well as strategies for linking CHR program efforts to secondary schools and colleges will also be highlighted.

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5:00pm – 5:15pm

[Closing Remarks](#)

[Disclosures](#)

Planners

Steven Adelsheim, MD, Stanford University. *Reports no financial relationships with commercial interests.*

Amy N. Cohen, PhD, American Psychiatric Association. *Reports no financial relationships with commercial interests.*

Judith Dauberaman, PhD, Stanford University. *Reports no financial relationships with commercial interests.*

Tristan Gorrindo, MD, American Psychiatric Association. *Reports no financial relationships with commercial interests.*

Moderators/Presenters

Kate Hardy, PsyD, Stanford University. *Disclosure: Grant/Research Support – Pear Therapeutics, Speakers Bureau/Speaker Honoraria – Pfizer*

Brandon Staglin, One Mind. *Disclosure: Consultant – Mindstrong Health*

All other moderators and presenters report no financial relationships with commercial interests.

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