

# Most US states now expanding early intervention initiatives for young people with psychosis

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A special session at this year's International Early Psychosis Association (IEPA) meeting in Milan, Italy (20-22 October) will focus on the huge expansion of early intervention services for people with psychosis across the USA. The progress will be detailed by Dr Robert Heinssen, Director of the Division of Services and Intervention Research at the National Institute of Mental Health (NIMH), Bethesda, MD, USA.

Early intervention services will be developed or expanded in 48 states, with the expansion driven by the success of the RAISE initiative, consisting of two studies (RAISE-ETP and RAISE-EIS) that showed the success of coordinated specialty care (CSC) in improving outcomes for people with first episode psychosis (FEP).

Coordinated specialty care (CSC) is a recovery-oriented treatment program for people with first episode psychosis (FEP). CSC uses a team of specialists who work with the client to create a personal treatment plan. The specialists offer

- cognitive and behavioral psychotherapy
- medication management geared to individuals with FEP
- family education
- case management, and
- work or education support, depending on the individual's needs and preferences.

Dr Heinssen says: "The goal is to link the client with a CSC team as soon as possible after [psychotic symptoms](#) begin. The client and the CSC team work together to make treatment decisions, involving family members as much as possible."

Compared to people receiving typical care, persons enrolled in CSC programmes stay in treatment longer, and see greater improvement in their symptoms, interpersonal relationships, and quality of life. Treatment is most effective for people who receive care soon after psychotic symptoms begin. Analysis of data from RAISE-ETP shows that CSC is more cost-effective than typical community care.

Dr Heinssen's talk will detail progress that has been made across the US since RAISE's findings:

- In fiscal years 2014 and 2015, Congress mandated that the Substance Abuse and Mental Health Services Agency (SAMHSA) Community Mental Health Services Block Grant program set aside 5% of funds (\$25M USD) so each state could implement evidence-based programs for early serious mental illness.
- By 2016, 36 states used the 5% set aside funds to establish coordinated specialty care programs for first episode psychosis.
- In January 2014, the Virginia General Assembly appropriated several millions of state general funds to expand the number of coordinated specialty care programs for early psychotic disorders. By combining state and federal funds, Virginia is supporting 8 early psychosis clinics throughout the state.
- In August 2015, New York Governor Andrew Cuomo announced his state is expanding its \$6.75 million OnTrackNY program for treating youth with first episode psychosis. OnTrackNY is an offshoot of one of the two NIMH-funded RAISE studies. The ongoing success of OnTrackNY has motivated New York State

to expand the program to a total of 14 sites.

- On October 16, 2015 the Centers for Medicare & Medicaid Services (CMS) posted an informational bulletin to State Medicaid Directors about covering treatment for first episode psychosis. A key feature of this bulletin is CMS' support for coordinated specialty care (CSC).
- In fiscal year 2016, Congress increased funding by mandating that SAMHSA's Community Mental Health Services Block Grant program set aside 10% of funds (\$50M USD) so each state could implement evidence-based programs for early serious mental illness.
- Based on current mental health block grant plans, 48 states have plans to maintain, extend or develop at least 1 CSC program by 2018.

"Coordinated specialty care represents an evidence-based approach that will improve outcomes for many thousands of young people experiencing the first episode of psychosis," explains Dr Heinssen.

"NIMH is now investing in the Early Psychosis Intervention Network (EPINET), a network of clinics that will create a learning health care system within early psychosis treatment settings."

He adds: "With service users' consent, EPINET clinics will share information gathered during routine clinical encounters so participants, clinicians and researchers can learn more about the effectiveness of early psychosis treatment. These data will not include information that identifies individuals receiving care."

"In just 8 years the RAISE initiative answered important questions about the feasibility, effectiveness, and scalability of early intervention services in the United States. The growing number of CSC clinics offers hope to thousands of young people experiencing first episode psychosis, as well as their family members. The next decade will certainly see

further advances in science and clinical practice. With EPINET, we'll have a national network for rapidly translating new discoveries into recovery-oriented care."

Provided by International Early Psychosis Association

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