



FIRST EPISODE PSYCHOSIS PROGRAM

*HELP (HEALING, EMPOWERING, AND
LEARNING ABOUT PSYCHOSIS)

NORTH
Dakota
Be Legendary.™

Behavioral Health
HUMAN SERVICES

LEARNING OBJECTIVES

1. Improve recognition of early psychosis warning signs and referral process.
2. Gain an understanding of the process to referral for HELP programs.
3. Improve competence in HELP program practices in ND.

FIRST EPISODE PSYCHOSIS (FEP) ROLLOUT

Program partially funded by Mental Health Block Grant dollars to assist young people experiencing early episodes of psychosis and their families in providing early intervention services

- Requirement of 10% set-aside for MHBG

Pilot program started with SEHSC and WCHSC with the goal of expansion

Program was titled Healing Empowering and Learning about Psychosis (HELP)

WHY IS EARLY INTERVENTION IMPORTANT?

Psychosis affects many people

- Occurs worldwide with an annual incidence of 15.2 per 100,000
- Usually develops between ages 16-25, men younger than women
- Accounts for 25% of all hospital bed days
- Accounts for 40% of all long-term care days
- Accounts for 20% of all Social Security Benefit days
- Costs the nation up to \$65 Billion per year

Research indicates that early intervention can reduce duration and severity of later episodes and increase functionality (Albert & Weibell, 2019)

WHO QUALIFIES FOR HELP?

Requires a formal screening for associated symptomatology for ages 16-35, but acceptance for treatment of identified individuals felt to be consistent with the following criteria:

Early experience of symptoms of psychosis which may include the following:

- Delusions (false beliefs)
- Hallucinations (seeing or hearing things that others do not see or hear)
- Incoherent speech
- Memory problems
- Trouble thinking clearly or concentrating
- Disturbed thoughts or perceptions
- Difficulty understanding what is real
- Poor executive functioning (the ability to use information to make decisions)
- Behavior that is inappropriate for the situation

Substance use may be present; however, rule out substance induced psychosis

GOVERNING PRINCIPLES

Limiting disability as a central focus

Recovery as a personal journey in which an individual acquires skills and personalized supports

Shared decision-making provides a framework within preferences of patients can be integrated with provider recommendations

Cultural Competence as an interpretive framework for symptoms, signs, and behavior focused on how information is transmitted, revised, and recreated within families and societies

TEAM-BASED CARE

Team Leader

Outreach and Recruitment Coordinator- contracted through Monica McConkey

Supported Employment/Supported Education

Case Management

Psychiatry/Nursing

Primary Clinician

Peer Support/Family Peer Support

REFERRING TO HELP PROGRAMS

General inquiries can be directed to Monica McConkey 218-280-7785

- Referrals can be passed along to the teams in this manner

Open Access at the Human Service Centers

Individuals can be directed to HELP teams

Southeast Human Service Center

Audrey Hopkins, Lead Administrator

ahopkins@nd.gov

701-630-0898

West Central Human Service Center

Ariana Best, LPCC, Clinical Director

abest@nd.gov

(701) 328-8841

PHASED AND TIME-LIMITED

Phase	Phase 1: Engagement with Team and Initial Needs Assessment	Phase 2: Ongoing Intervention and Monitoring	Phase 3: Identification of Future Needs and Services Transition
Timing (approximate)	Months 1-3	Months 4-18	Months 19-24
Purpose	Develop trusting relationship with client and family Introduce client and family to all members of Team Conduct needs assessment Provide support Minimize stigma, limit stress Establish goals Engage in safety planning Ensure adequate housing and financial resources	Provide OnTrackNY interventions as appropriate Review and revise goals Explore risk factors for relapse Strengthen support network Support positive self regard and assist in managing stress Maintain continuity of contact	Re-assess clients' needs, strengths, and support/treatment preferences. Prepare for termination. Meet with client (both alone and with family) to mark end of the experience with the OnTrack Program.

IN PRACTICE

Once referrals are received, the team contacts the individual and their family

Assessments can be completed directly by the team if they do not present through open access initially

Team members begin the engagement process

- Peer support/Family peer support
- Education
- Motivational Interviewing
- Introduction of Collaborative Decision-Making practices
- Safety assessment and planning

Shift into intentional treatment approaches aligned to individual goals

- CBTp
- Supported education or employment
- Peer Support
- Family Therapy/Education

TRAINING AND FIDELITY

Initial training contract with NY Ontrack for evidence-based model

Team members have attended annual conferences each year since implementation

Technical assistance provided throughout rollout and implementation

- Dr. Tully providing on-going training in CBT for psychosis (CBTp), Understanding psychosis, and family interventions
- Dr. Tully contract renewal for training and clinical consultation through 2025

In August 2023, University of North Dakota was contracted to provide an initial fidelity review to the evidence-based practice as well as on-going reviews and monitoring

INITIAL FIDELITY REVIEW

- Interviews with the clinical team leader, care coordinator/case manager, therapist, psychiatrist, and peer support specialist
- Assessor reviewed the health record checklist-review of patient records prepared by a non-clinical staff member at the site, and program documents
- Both program achieved either good or high fidelity (a score of '4' and '5', respectively) across the majority (79%) of components on the FEPS-FS-1.0 scale
- Both programs indicate that their clinicians have received formal training and supervision in CBT, Client Psychoeducation, Family Education, and Motivational Interviewing
- Both programs provide Pharmacotherapy, CBT, Client and Family Psychoeducation, and Peer Support services to support health and deal with Substance Use Disorders

WCHSC HELP OVERVIEW

- The West Central Human Service Center First Episode Psychosis Program, located in Bismarck, North Dakota, serves the people of Region VII of North Dakota's Regional Human Service Centers
- WCHSC has one team consisting of a team lead/therapist, case manager, psychiatric and nursing support, skills training and integration
- Team currently **serves four adult clients and two youth clients** experiencing a first episode of psychosis
- WCHSC team remains integrated within their larger team-based care model; however current efforts are underway to create independent team

SEHSC HELP OVERVIEW

- Southeast Human Service Center First Episode Psychosis Program located in Fargo, North Dakota, serves the people of Region V of North Dakota's Regional Human Service Centers
- SEHSC team currently consists of a clinical team lead, administrative team lead, case manager, peer support specialist, supportive employment specialist
- Team currently **serves 26 clients** experiencing a first episode of psychosis
- 2 successful completions of the program this past year (2024)

STRENGTH AREAS

- All services (case management/care coordination, evidence-based psychotherapy, substance use management, supportive education and employment, pharmacotherapy, health services) are offered to clients and tailored to meet clients where they are at while encouraging clients to move to the next stage of change.
- Strong supervision
- "A significant strength of this program is the psychiatrist's willingness and ability to see clients on short notice, including multiple times a week when needed."
- "Majority of clients (92%) currently meet the program's explicit diagnostic criteria. The program takes great care in working with clients who may have previously experienced limited resources for diagnosing, managing, and treating behavioral health conditions."
- Program offers services to clients ages 16-36, with all of their current clients falling between the age ranges of 18 and 24
- Clients were seen in person within 24 hours after referral by a member of the FEP team. Program strengths included meeting face-to-face with every referral within two weeks of receiving an initial referral
- The FEP team has an individualized approach for each of its clients, but they strongly recommend having family or other social supports involved when appropriate. Lots of educational information is provided to clients and their families
- "Clinicians spend on average 75% of their time out in the community. The ability and willingness to meet and work with clients where they are most comfortable is a crucial strength of this program"

GROWTH AREAS

Fidelity components and service delivery areas that the agency may wish to prioritize for improvement include:

Component 13: Early Intervention- “While 75% percent of current clients have a history of psychiatric hospitalization before joining the FEP program, 3 clients received needed first episode psychosis intervention and half of the current clients were referred to the program from their initial hospitalization. Due to the age of the program (~ 6 months), this suggests the program is filling a needed gap in services.”

Component 31: Client Retention

Component 35: Assuring Fidelity

CASE EXAMPLES

Client A is a 20-year old male enrolled at a local university. Initially their parents and roommates started to notice bizarre behavior, including “conspiracy-like” thinking, increased isolation, lack of attendance in school, and they have started a lengthy document highlighting a government conspiracy unrelated to their studies.

Client B is a 16 year old female whose parents have brought her in to see her primary care physician over concerns. They report she often appears as though she is listening to something others cannot hear. Her speech has started to become disorganized. She sometimes hallucinates.

Client C is a 26 year old female who recently had her first child. Her husband brought her into the ER after she started to exhibit bizarre behavior and refused to care for their infant, believing this infant is not her child, but has been replaced.

QUESTIONS/DISCUSSION

REFERENCES

Albert N, Weibell MA. The outcome of early intervention in first episode psychosis. *Int Rev Psychiatry*. 2019 Aug-Sep;31(5-6):413-424. doi: 10.1080/09540261.2019.1643703. Epub 2019 Aug 28. PMID: 31456455.

NY Ontrack. (2016). Outreach and recruitment manual. Retrieved on https://ontrackny.org/portals/1/Files/Resources/Outreach%20Manual_5%2016%2016%20FINAL.pdf