Massachusetts Strategic Plan for Prevention, Early Detection and Intervention with Psychosis (FEP Strategic Plan)

Massachusetts is committed to increasing the accessibility and availability of effective information, supports, and services that take into account and respect the diverse cultural and linguistic needs of Massachusetts’ youth and young adults who are at risk for psychosis or who are experiencing the recent onset of psychosis and their families and friends.

SAMHSA recently articulated goals for states’ efforts:

* delay or prevent the onset of psychosis; and
* minimize the duration of untreated psychosis for those who develop psychotic symptoms
* improve symptomatic and behavioral functioning;
* enable youth and young adults to resume age-appropriate social, academic, and/or vocational activities;

The RAISE studies have been heralded as evidence that 1) there is effective treatment for youth experiencing first episode psychosis and their families and 2) these treatments can be delivered in 'real world' settings relying largely on 3rd party payments. The treatment that was found to be effective through the RAISE studies, Coordinated Specialty Care (CSC), is comprised of several discrete evidence-based practices (EBPs) and requires a multidisciplinary team, with specialized training in working with youth experiencing first episode psychosis (FEP) and their families.  SAMHSA and NIMH have prioritized the dissemination of CSC across the country.  Many states have worked closely with their Medicaid office to establish specific payment rates.  Others have used the block grant dollars (as Massachusetts has) to provide time for training and supervision of FEP staff and to support staff positions and activities that are not 3rd party reimbursable.

To enhance statewide efforts and improve outcomes for young people at risk or experiencing psychosis and their families, DMH is developing a Strategic Plan. As part of this effort, it will partner with the recently launched LEAP (Laboratory for Early Psychosis) Center. The LEAP Center is funded by the NIH and based at McLean Hospital. DMH and the LEAP Center will co-host a day-long conference on April 14th 2020 to review the draft Strategic Plan and make recommendations for finalizing it.

MASSACHUSETTS STRATEGIC PLAN GOALS:

* 1. Support avenues for youth and families affected by early psychosis to effectively inform and advocate for the information, services, and supports necessary to improve the well-being of youth and their families.
     1. Create/support avenues for visibility of the diverse experiences of people with lived experience and family members
  2. Partner with the diverse communities of Massachusetts to increase **awareness and capacity to identify** people at risk for and/or experiencing recent onset of psychosis and supporting access to treatment.
     1. Reduce stigma associated with psychotic symptoms and increase hope for recovery
     2. Public awareness campaign regarding signs and symptoms, screening tools, etc.
     3. Training in early signs, symptoms, screening among community leaders/community programs (religious communities, youth programs)
     4. Training and ongoing supervision and coordination among practitioners across the state in evidence-based assessment of early psychosis and clinical high risk
  3. Increase competence among first responders who are more likely to encounter people at high risk and recent onset of psychosis to identify and refer/facilitate access to services, e.g. **law enforcement/forensic services; veterans**; **school** (elementary, middle, high, college, etc.); and the **medical system**
     1. Training in early signs, symptoms, screening
     2. Creating collaborative/integrated relationships between medical and behavioral health providers
     3. Creating collaborative relationships between emergency service providers and early psychosis assessment and treatment resources
     4. Quick access to phone consultation/ support regarding recognizing and responding to concerns for emerging symptoms (e.g., MCPAP for psychosis)
  4. Increase competence within the **behavioral health provider system** to recognize and respond to people with emerging or recent-onset psychotic symptoms, and also to provide ongoing step-down care for clients exiting CSC.
     1. Educate behavioral health providers to, at a minimum, screen, detect, refer to specialized services for psychotic symptoms – inpatient, ESP, outpatient
     2. Facilitate access to consultation from expert providers (phone consultation service similar to MCPAP)
     3. Assist family members and practitioners in acute settings in navigating the barriers to accessing CSC
     4. Assure that graduate programs and training sites are training future behavioral workforce members in recognizing clinical high risk and recent onset of psychosis
     5. Provide opportunities for non-specialty mental health providers to obtain training and support to competently address the needs of individuals “graduating” from specialized early psychosis care.
  5. Assure access to **evidence based stepped care model** of treatment for people at clinical high risk and recent onset of psychosis that are culturally and linguistically appropriate and that are person centered, trauma informed, recovery focused.
     1. Establish CSC treatment services in outpatient clinics across state
     2. Maintain capacity to provide intensive outpatient service, e.g. PREP for people with need for higher level of care
     3. Improve access to engagement oriented, high-quality care for individuals with co-occurring FEP and substance use disorders
     4. Address funding avenues for services that are not currently 3rd party billable, e.g. peer support, psychoeducation, employment/education support, team meetings, community education and outreach
     5. Adapt engagement and treatment models to best meet the needs of culturally and linguistically diverse communities (building diverse workforce and also including access to interpretive services)
     6. Consider use of telehealth and mobile teams for increasing access to care for communities far from urban academic medical centers.
  6. Utilize data to monitor need for clinical high risk and early psychosis services, capacity of behavioral health system to address service needs, quality of services provided, and to evaluate impact of services received.
     1. Standardize screening, assessment, outcome evaluation systems
     2. Institute regular assessment of fidelity to CSC FEP and other EBPs
  7. Continue to identify, develop and evaluate evidence based practices through partnerships with research community
     1. Evaluate implementation strategies that support optimal uptake of evidence based practices in non-research settings
  8. Foster and support communication between programs and sharing of resources and information to increase access to EBP in CHR and FEP treatment across the state.