Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

"Inventory and Environmental Scan of Evidence - Based Practices for Treating Persons in Early Stages of Serious Mental Disorders"

Resource Overview

Wednesday, February 11, 2015

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Introduction

- **Webinar Goal:** Today's webinar is designed to provide a succinct overview of the purpose, structure, content, and uses of the *Environmental Scan.*

Organization of the Environmental Scan

- **Purpose of the Document**
- **Five primary components:**
  - *Introduction/Methodology/Limitations*
  - *Matrix A: Examples of Coordinated Care Models for Persons in Early Stages of Illness*
  - *Matrix B: Examples of Individual Evidence-Based Practices*
  - *Selected Additional Resources*
  - *Appendix of Profiles for Select Coordinated Specialty Care Programs*

Matrix A: Examples of Coordinated Care Models for Persons in Early Stages of Illness

- **22 Programs**
  - *15 Domestic*
  - *7 International*
- **Each program listing in Matrix A includes:**
  - *Description of program with developer contact information*
  - *Eligibility criteria*
  - *Treatment components*
  - *Team staffing recommendations*
  - *Resources for families and professionals (when available)*
    - **Outcome measures**
    - **Fidelity monitoring**
    - **Outreach materials**
    - **Manuals**

Matrix A: Examples of Coordinated Care Models for Persons in Early Stages of Illness

Matrix A: Examples of Coordinated Care Models for Persons in Early Stages of Illness

Coordinated Specialty Care (CSC) as defined by the National Institute of Mental Health is a "team-based, multi-element approach to treating first episode psychosis[1]". This section contains a selection of domestic and international CSCs aimed at treating first episodes of psychosis that occur as a result of a serious mental illnesses, including (but not limited to) schizophrenia, schizoaffective disorder, and schizophreniform disorder. This matrix is not intended to serve as an exhaustive listing of all of the individual CSC models or clinic sites across the globe, but rather to offer a representational sampling of programs utilizing this type of model. Eligibility criteria, treatment components, team staffing, and available online resources are provided for each program, when available (In the electronic version, web-links are embedded). Of course, a coordinated care approach is *also* beneficial to persons in early stages of other types of mental disorders beyond psychosis. Resources categorized under "Special Features" are developed by the program; other resources that are provided were developed by other sources, but are useful in implementing the CSC. At the end of this matrix, then, are examples of three integrated care program models that focus on mood disorders (one on bipolar, and two other on youth depression).

Program	Eligibility Criteria (May Vary by Treatment Location)	Treatment Components	Team Staffing (May Vary by Treatment Location)	Resources
Sacramento EDAPT (SacEDAPT): Similar to EDAPT, SacEDAPT is a recovery-based treatment approach that provides for two years of services focusing on 1) reducing and managing symptoms, and 2) improving individuals' ability to achieve success in independent roles. Gold standard assessments of clinical symptoms and psychosocial functioning are used to evaluate each client to determine appropriate diagnosis in order to guide treatment. This program is specifically designed for residents in Sacramento County, California, who receive Medi-Cal (California's Medicaid program), or are uninsured or undocumented. [Note: program serves both FEP and high-risk populations]. Click Early Diagnosis and Preventive Treatment (EDAPT) & Sacramento EDAPT (SacEDAPT) for a more thorough description of this program. Program Established in 2011. Contact: Tara Niendam, Ph.D. Tel: 916-734-3090 / tniendam@ucdavis.edu http://earlypsychosis.ucdavis.edu/edapt Located at the Behavioral Health Center University of California Davis Medical Center 2230 Stockton, Blvd Sacramento, CA 95817	• Ages 12-30 • Residents of Sacramento County • Non-affective and affective psychosis • Experienced symptoms in the past year • Have Medi-Cal or are uninsured and/or undocumented • Also serves prodromal clients	• Medication Management • Individual/Family Psychoeducation and support • Multi-family groups • Supported Education • Supported Employment • Peer Support Groups • Family Support groups • Individual and Group Cognitive Behavioral Therapy • Substance Abuse Management Groups	• Clinic Director • Director of Operations • Medical Director • Clinic Coordinator • Licensed Clinical Social Worker • Licensed Marriage and Family Therapist • Peer Advocate • Supported Education/ Employment Specialist	**SPECIAL FEATURES:** • ***For Professionals***: ○ Fellowships, internships, and externships for professionals are available through the EDAPT program. • ***Outreach and Screening Materials:*** ○ Online 21 Question Screening Survey ○ Educational sessions for stakeholders and practitioners are available through the EDAPT program at UC Davis. ○ How to access services **OUTCOME MEASURES/INSTRUMENTS:** • Change in clinical symptom severity is monitored using the following instruments: ○ Global Functioning Scale – Social and Role ○ CGI-SCH (Haro, 2008; Masand, O'Gormon, & Mandel, 2011) ○ Columbia Suicide Severity Rating Scale (CSSRS) • Outcomes are also measured based on the following indicators: ○ Participation in age-appropriate social

Matrix A Example: EASA

Program

The Early Assessment and Support Alliance (EASA): EASA is a coordinated statewide network of programs in Oregon that provides information and support to young people who are experiencing symptoms of psychosis for the first time. EASA is an early intervention program serving young people who have had their first experience of psychosis within the last twelve month. It is a transitional program that provides services for approximately two years. Click here for a more thorough description of this program.

Program Established 2001

Contact: Tamara G. Sale
Tel: 503-726-9620 / tsale@pdx.edu
http://www.easacommunity.org
Regional Research Institute
Portland State University
Suite 918
1600 SW 4th Avenue
Portland, Oregon 97201

Matrix A Example: EASA

Early Assessment and Support Alliance (EASA)

Contact Information:

Tamara G. Sale
Tel: 503-726-9620 / tsale@pdx.edu
http://www.easacommunity.org
Regional Research Institute
Portland State University
Suite 918
1600 SW 4th Avenue
Portland, Oregon 97201

Please indicate the designated target population for your program, including any information on the diagnoses addressed or other clinical or demographic characteristics.

- EASA's primary target population is individuals with early symptoms consistent with onset of schizophrenia or schizoaffective disorder. The program accepts:
  - Individuals residing in Oregon (including college students in other states whose families live in Oregon)
  - Individuals who score into the Psychosis Risk Syndrome on the SIPS (including differential diagnosis screening – we will screen them out if etiology appears more consistent with a different disorder)
  - Individuals who have experienced psychosis going back 12 months or less, with symptoms consistent with either schizophreniform or bipolar spectrum. We recognize that due to diagnostic uncertainty that final diagnosis may not be schizophrenia or schizoaffective disorder; once someone is accepted they can remain in the program up until the point where an effective transition occurs. This can be as long as two years.
  - All Oregon communities accept ages 15 to 25 at a minimum, but this is a guideline – they can accept below and above. Some communities accept down to age 12 and some accept above age 25.
  - All forms of insurance and uninsured are accepted.

How does your program identify, recruit, and/or "screen-in" program participants, including public education/awareness strategies that may be employed?

- We are committed to universal access and flexible, rapid engagement so we maintain access to care without a waiting list and problem solve around how to maintain this as needed.
- Community education is part of the responsibility of local teams and is part of our training, data collection, and fidelity process. We encourage local teams to review the pathway to care of individuals coming into their programs. We do outreach to local and state-level media, and presentations to a wide range of groups. Our training includes tailored messaging.
- All teams use the same name, and all but one use the same logo, which promotes statewide visibility; we have centralized development and sharing of brochures, marketing materials and PowerPoint as well as a statewide website. We use both statewide and local strategies for approaching media and key referent groups. We also partner as much as possible through parallel efforts (e.g., NAMI, and Mental Health First Aid).

Matrix A Example: EASA

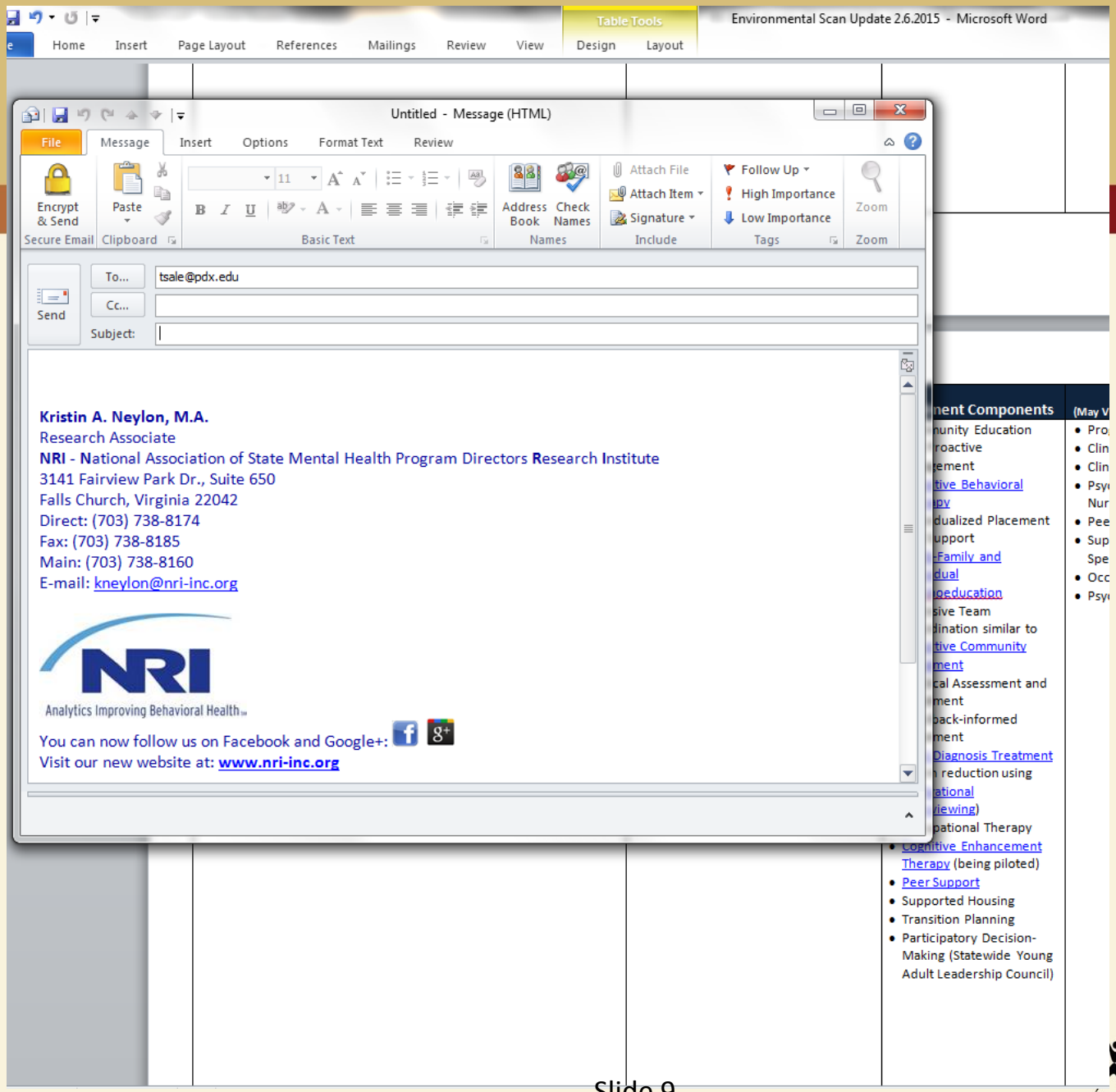
Program

The Early Assessment and Support Alliance (EASA): EASA is a coordinated statewide network of programs in Oregon that provides information and support to young people who are experiencing symptoms of psychosis for the first time. EASA is an early intervention program serving young people who have had their first experience of psychosis within the last twelve month. It is a transitional program that provides services for approximately two years. Click here for a more thorough description of this program.

Program Established 2001

Contact: Tamara G. Sale
Tel: 503-726-9620 / tsale@pdx.edu
http://www.easacommunity.org
Regional Research Institute
Portland State University
Suite 918
1600 SW 4th Avenue
Portland, Oregon 97201

Matrix A Example: EASA



Matrix A Example: EASA

Program

The Early Assessment and Support Alliance (EASA): EASA is a coordinated statewide network of programs in Oregon that provides information and support to young people who are experiencing symptoms of psychosis for the first time. EASA is an early intervention program serving young people who have had their first experience of psychosis within the last twelve month. It is a transitional program that provides services for approximately two years. Click here for a more thorough description of this program.

Program Established 2001

Contact: Tamara G. Sale
Tel: 503-726-9620 / tsale@pdx.edu
http://www.easacommunity.org
Regional Research Institute
Portland State University
Suite 918
1600 SW 4th Avenue
Portland, Oregon 97201

Matrix A Example: EASA

Matrix A Example: EASA

Eligibility Criteria (May Vary by Treatment Location)
• Ages 12-25 • Residents of Oregon (including college students in other states whose families live in Oregon) • Individuals who screen into the Psychosis Risk Syndrome on the Structured Interview for Prodromal Symptoms (SIPS) • Individuals who have experienced psychosis within the past 12 months

Matrix A Example: EASA

Treatment Components

- Community Education and Proactive Engagement
- Cognitive Behavioral Therapy
- Individualized Placement and Support
- Multi-Family and Individual Psychoeducation
- Intensive Team Coordination similar to Assertive Community Treatment
- Medical Assessment and Treatment
- Feedback-informed Treatment
- Dual Diagnosis Treatment (harm reduction using motivational interviewing)
- Occupational Therapy
- Cognitive Enhancement Therapy (being piloted)
- Peer Support
- Supported Housing
- Transition Planning
- Participatory Decision-Making (Statewide Young Adult Leadership Council)

Matrix A Example: EASA

		program.	
Assertive Community Treatment: ACT is a service delivery model whose primary goal is recovery through treatment and rehabilitation. The model provides treatment, rehabilitation, and support services to individuals who are diagnosed with a severe mental illness. ACT teams provide services directly to an individual that are tailored to meet his or her specific needs. Teams have small case loads of only one to 10 individuals. Services are available 24/7. Source	• Services are provided out of the office, are available 24 hours a day and 365 days per year Involving assertive outreach to consumers • Services are provided by a multi-disciplinary team • Treatment plans are individualized • Team members are pro-active in helping consumers • Services are provided long-term; • Emphasis on vocational expectations • Substance abuse services • Psychoeducation • Family support and education; • Helps consumers become less socially isolated and more integrated into their community.	ACT teams consist of case managers, psychiatrists, nurses, team leaders, substance abuse specialists, vocational specialists, and peer specialists.	**FOR PROFESSIONALS:** • Assertive Community Treatment Getting-Started Guide: This manual "helps organizations prepare to implement Assertive Community Treatment." It is organized into seven sections, including FAQs, Answers, Recommended Reading, and Organizational Next Steps. • Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) KIT: Tools to implement ACT, including information in English and Spanish. • Assertive Community Treatment Association (ACTA): ACTA "promotes, develops, and supports high-quality ACT services that improve the lives of people diagnosed with serious and persistent mental illnesses. ACTA also provides training to entities wishing to develop or improve ACT services. **MONITORING FIDELITY:** • ACT Fidelity Scale: Fidelity scale used by the State of Oregon in implementing ACT • Fidelity to the ACT Model: Discusses the issue of fidelity related to ACT. • Dartmouth Fidelity Scale

Matrix A Example: EASA

Team Staffing
(May Vary by Treatment Location)

- Program Director
- Clinical Supervisor
- Clinical Case Manager
- Psychiatrist/Prescribing Nurse Practitioner
- Peer Support Specialist
- Supported Employment Specialist
- Occupational Therapist
- Psychiatric Nurse (RN)

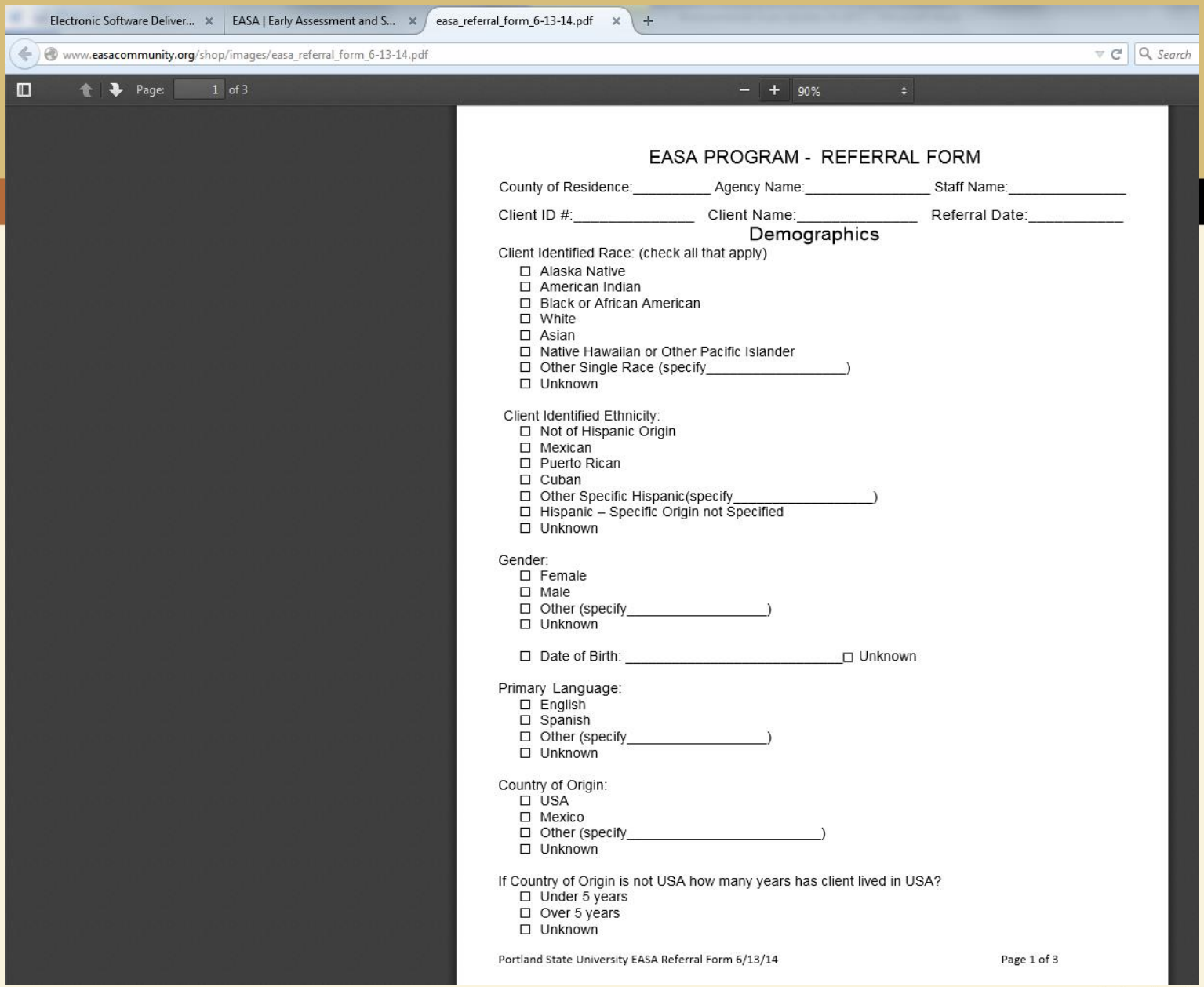
Matrix A Example: EASA

Resources

SPECIAL FEATURES:

- ***Outreach and Screening Materials:***
  - What psychosis is, identifying symptoms
  - EASA Program Referral Form
  - Assessment Input Form
  - EASA Program Intake Form
  - EASA Program Education/Outreach Form
- ***For Patients and Families:***
  - What to Expect During Assessment
  - Family Guidelines (English / Spanish)
  - Family Roles (Spanish)
- ***For Professionals:***
  - EASA Overview
  - EASA and EASA Center of Excellence Flyer
  - EASA Referent Brochure (Eng. / Span.)
  - Advice for Professionals
  - EASA: Questions and Answers
  - Cultural Competency Readiness
  - EASA Adv. Strengths/Needs Assessment
  - Cultural Considerations
  - Trauma and Psychosis
  - Young Adult Identity, Psychosis, & Stigma
  - Common experience vs. Intended Result
  - EASA Path to Recovery (Spanish)
- ***Monitoring Fidelity:***
  - EASA Practice Guidelines

Matrix A Example: EASA



EASA PROGRAM - REFERRAL FORM

County of Residence:_____ Agency Name:_____ Staff Name:_____

Client ID #:_____ Client Name:_____ Referral Date:_____

Demographics

Client Identified Race: (check all that apply)

- ☐ Alaska Native
- ☐ American Indian
- ☐ Black or African American
- ☐ White
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other Single Race (specify_____)
- ☐ Unknown

Client Identified Ethnicity:

- ☐ Not of Hispanic Origin
- ☐ Mexican
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Other Specific Hispanic(specify_____)
- ☐ Hispanic – Specific Origin not Specified
- ☐ Unknown

Gender:

- ☐ Female
- ☐ Male
- ☐ Other (specify_____)
- ☐ Unknown

☐ Date of Birth: _____☐ Unknown

Primary Language:

- ☐ English
- ☐ Spanish
- ☐ Other (specify_____)
- ☐ Unknown

Country of Origin:

- ☐ USA
- ☐ Mexico
- ☐ Other (specify_____)
- ☐ Unknown

If Country of Origin is not USA how many years has client lived in USA?

- ☐ Under 5 years
- ☐ Over 5 years
- ☐ Unknown

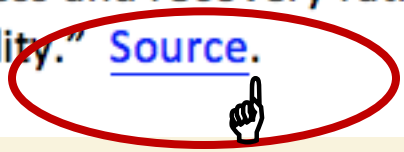
Matrix B: Examples of Individual Evidence-Based Practices

Matrix B: Examples of Individual Evidence-Based Practices

Evidence-Based Practice	Treatment Elements	Provider Requirements	Resources
Medication Management: Helps treatment teams, in collaboration with patients, at mental health agencies develop a systematic plan to make medication management decisions for people with mental illnesses. Source	• Diagnostic Evaluation • Treatment plan, including choice of medication, often using treatment algorithms • Standardized documentation • Cooperation with others involved in patient's treatment • Monitoring progress of treatment.	Requires Physicians, Physician's Assistants, or Nurse Practitioners to prescribe medication.	**FOR PATIENTS AND FAMILIES:** • Mental Illness and Medication Algorithms – A Guide for Mental Health Planning and Advisory Councils: "This guide helps state mental health planning and advisory council members and others advocate for the implementation of medication algorithms to advance the quality of care for persons with mental illness." • Common Ground Shared Decision Making Tool Is a web-based application that helps people prepare to meet with psychiatrists or treatment teams and arrive at the best decisions for treatment and recovery. **FOR PROFESSIONALS:** • SAMHSA MedTEAM EBP Toolkit: This toolkit provides treatment teams at mental health agencies with a systematic plan to ensure they use the latest scientific evidence when making medication management decisions. • Texas Medication Algorithm Project Procedural Manual –Schizophrenia Treatment Algorithms: Provides an overview of treatment algorithms for schizophrenia developed by the Texas Department of Mental Health and Retardation. Related: Texas Children's Medication Algorithm Project – Update from Texas Consensus Conference Panel on Medication Treatment of Childhood Major Depressive Disorder. • Robinson, D., Schooler, N., John, M., Correll, C., Marcy, P., Addington, J., Brunette, M., Estroff, S., Mueser, K., Penn, D., Robinson, J., Rosenheck, R., Severe, J., Goldstein, A., Azrin, S., Heinssen, R., and Kane, J. (2014). Prescription Practices in the Treatment of First Episode Schizophrenia – Data from the National RAISE-ETP Study. *American Journal of Psychiatry*, [Epub ahead of print]. **MONITORING FIDELITY** • Prescriber Fidelity to a Medication Management EBP in the Treatment of Schizophrenia: This article reports prescriber fidelity to MedMAP principles in a public mental health service system." • Evaluating Your Program: Section in SAMHSA's toolkit to help monitor and evaluate the implementation of the MedTEAM EBP.

Matrix B Example: Peer Support

Evidence-Based Practice
Peer Support: Peer support "relies on individuals who live with mental illness to provide peer-to-peer support to others, drawing on their own experiences to promote wellness and recovery. [It is] based on mutual respect and personal responsibility, [and] focuses on wellness and recovery rather than on illness and disability." Source.



Matrix B Example: Peer Support

Peer Support

www.recoverywithinreach.org/peersupport/

Search

RECOVERY WITHIN REACH

Recovery Education | Recovery Tools | Recovery From Substance Abuse | Peer Support | Housing within Reach | Recovery through Employment

Peer Support

- Peer Support
- Peer Support Centers
- Certified Peer Recovery Specialists
- CPRS Guidelines & Forms
- Tennessee Certified Peer Recovery Specialist Conference
- State Office of Consumer Affairs & Peer Recovery Services
- International Association of Peer Supporters (iNAPS)
- Peer Support Research
- Famous Peers of the Present & Past
- Webinars & Continuing Education Hours
- TMHCA
- VolunPeers

Quick Links

- Frequently Asked Questions
- Recovery Glossary
- Calendar of Events
- Emergency Information

Peer Support

More

It is one of the most beautiful compensations in life that no man can sincerely try to help another without helping himself.

—Ralph Waldo Emerson

As a best-practice model for supporting people who have been diagnosed with mental illness, peer support can be one of the most significant tools a person can use on the journey to recovery. This model relies on individuals who live with mental illness to provide peer-to-peer support to others, drawing on their own experiences to promote wellness and recovery. Peer support is about getting help from someone who's been there. Based on mutual respect and personal responsibility, peer support focuses on wellness and recovery rather than on illness and disability. Peers share with one another their experiences, their strengths, and their hope—a powerful combination for recovery.

Peer Specialists are mental health consumers who have completed specific training that enables them to enhance a person's wellness and recovery by providing peer support. Peer Specialists work in a variety of locations, such as peer support centers, crisis stabilization units, respite programs, living skills programs, and in psychiatric hospitals. Peer support can be a one-on-one experience or a group of people sharing together.

To view the American Psychiatric Association (APA) Recovery-Oriented Care in Psychiatry Module 4: Peer Supports in Recovery Click Here.

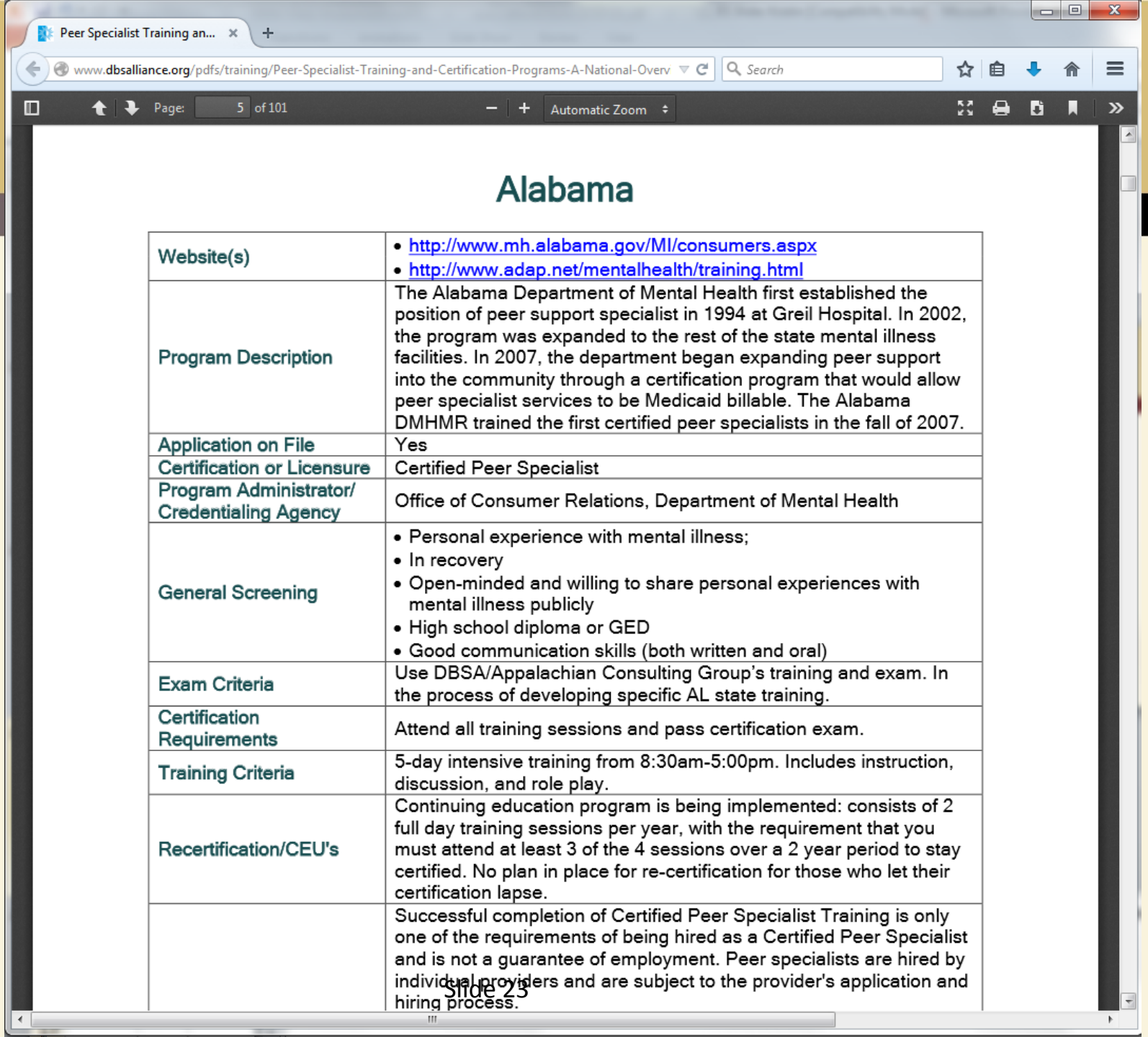
Matrix B Example: Peer Support

Treatment Elements
• Peer support services rely on peer specialists who "are mental health consumers who have completed specific training that enables them to enhance a person's wellness and recovery by providing peer support." • "Peer services include mutual support groups, peer-run programs and services in traditional mental health agencies provided by peer support specialists."

Matrix B Example: Peer Support

Provider Requirements
Peer support can be provided through formal and informal settings. While peers may offer support without undergoing any specific training, peers who provide services in official settings are required to participate in training and certification. A list of Peer Support Training and Certification Programs for each U.S. state is provided in this National Overview, compiled in 2012 by the Depression and Bipolar Support Alliance.

Matrix B Example: Peer Support



Alabama

Website(s)	• http://www.mh.alabama.gov/MI/consumers.aspx • http://www.adap.net/mentalhealth/training.html
Program Description	The Alabama Department of Mental Health first established the position of peer support specialist in 1994 at Greil Hospital. In 2002, the program was expanded to the rest of the state mental illness facilities. In 2007, the department began expanding peer support into the community through a certification program that would allow peer specialist services to be Medicaid billable. The Alabama DMHMR trained the first certified peer specialists in the fall of 2007.
Application on File	Yes
Certification or Licensure	Certified Peer Specialist
Program Administrator/ Credentialing Agency	Office of Consumer Relations, Department of Mental Health
General Screening	• Personal experience with mental illness; • In recovery • Open-minded and willing to share personal experiences with mental illness publicly • High school diploma or GED • Good communication skills (both written and oral)
Exam Criteria	Use DBSA/Appalachian Consulting Group's training and exam. In the process of developing specific AL state training.
Certification Requirements	Attend all training sessions and pass certification exam.
Training Criteria	5-day intensive training from 8:30am-5:00pm. Includes instruction, discussion, and role play.
Recertification/CEU's	Continuing education program is being implemented: consists of 2 full day training sessions per year, with the requirement that you must attend at least 3 of the 4 sessions over a 2 year period to stay certified. No plan in place for re-certification for those who let their certification lapse.
	Successful completion of Certified Peer Specialist Training is only one of the requirements of being hired as a Certified Peer Specialist and is not a guarantee of employment. Peer specialists are hired by individual providers and are subject to the provider's application and hiring process.

Matrix B Example: Peer Support

Resources

FOR PATIENTS AND FAMILIES:

- NAMI provides a free Peer-to-Peer educational program, which is recovery focused for adults who "wish to establish and maintain wellness in response to mental health challenges." The ten, two-hour courses provide "critical information and strategies related to living with mental illness."
- Mental Health America information about peer services for consumers.
- Recovery within Reach, a consumer advocacy organization in Tennessee, provides information about peer support services for consumers.

FOR PROFESSIONALS:

- American Psychiatric Association's Training Module on Peer Supports.
- American Psychiatric Association's Network Therapy: Using the Patient's Family and Peer Support for Effective Office Practice
- The website for the International Association of Peer Supporters provides access to webinars, a library of resources, and updates on current events related to peer support services.
- Pillars of Peer Support Services is an initiative "designed to develop and foster the use of Medicaid funding to support peer support services in state mental health systems of care." The website provides links to the organization's annual summit reports, which provide information about The Role of Peers in Building Self-Management within Mental Health, Addiction and Family/Child Health Settings, Establishing Standards for Excellence, incorporating peer support services into whole health approaches of care, Expanding the Role of Peer Support Services in Mental Health Systems of Care and Recovery, and Transforming Mental Health Systems of Care through Peer Support Services.
- National Practice Guidelines developed by the International Association of Peer Supporters.

Matrix B Example: Peer Support

Peer Specialist Training an... | Peer Services | Mental Heal...

www.mentalhealthamerica.net/peer-services

Search

Home | Store | Career Center | Affiliate Login | Contact Us | Search

Mental Health America

Donate to MHA >

About Us | Living Well | Finding Help | Get Involved | Mental Health Information | Policy & Advocacy | Newsroom

In Crisis?
Call 1-800-273-TALK

Finding Help

- Mental Health Screening Tools
- Find An Affiliate
- Mental Health Treatments >
- Frequently Asked Questions >
- Working With a Provider >
- Recovery & Support >
- Peer Services

Home > Finding Help > Peer Services

Share this page

Peer Services

Mental Health America (MHA) believes that peer support is a unique and essential element of recovery-oriented mental health and substance abuse systems.

What are peer services?

Peer support programs provide an opportunity for consumers who have achieved significant recovery to assist others in their recovery journeys. Peer specialists model recovery, teach skills and offer supports to help people experiencing mental health challenges lead meaningful lives in the community. Peer specialists promote recovery; enhance hope and social networking through role modeling and activation; and supplement existing treatment with education, empowerment, and aid in system navigation[1].

Why are peer services important?

Research shows that the use of peer specialists, allows states to save mental health program

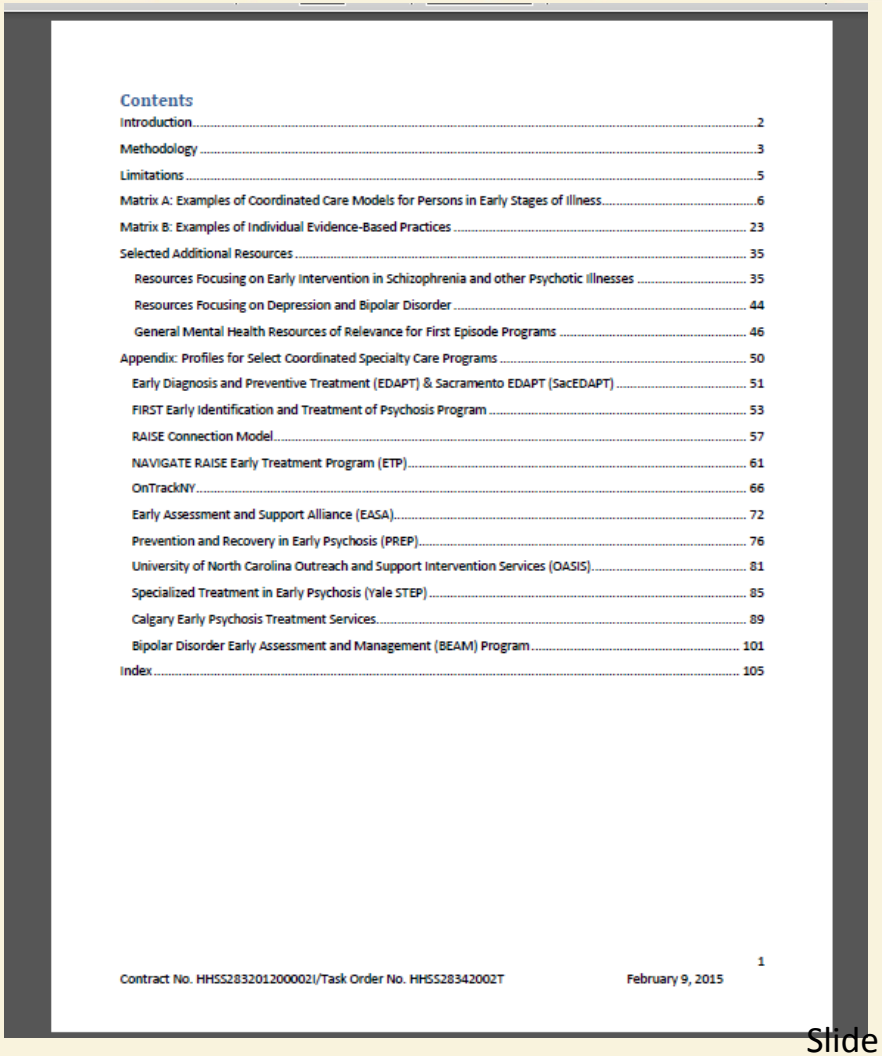
Find MHA in Your Area

Enter city, state, or zip | Search >

Additional Ways to Navigate the Document

- **Table of Contents**
- **Index**

Navigation: Table of Contents



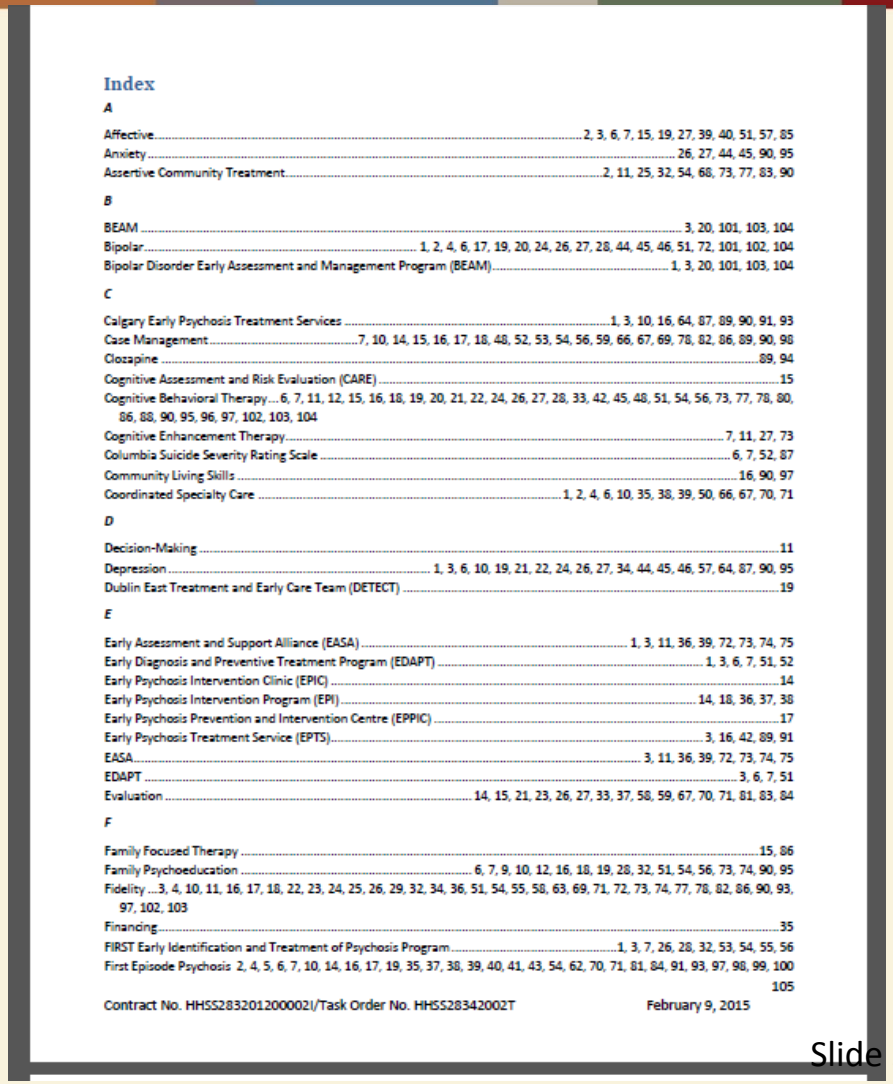
Contents

Introduction 2
Methodology 3
Limitations 5
Matrix A: Examples of Coordinated Care Models for Persons in Early Stages of Illness 6
Matrix B: Examples of Individual Evidence-Based Practices 23
Selected Additional Resources 35
Resources Focusing on Early Intervention in Schizophrenia and other Psychotic Illnesses 35
Resources Focusing on Depression and Bipolar Disorder 44
General Mental Health Resources of Relevance for First Episode Programs 46
Appendix: Profiles for Select Coordinated Specialty Care Programs 50
Early Diagnosis and Preventive Treatment (EDAPT) & Sacramento EDAPT (SacEDAPT) 51
FIRST Early Identification and Treatment of Psychosis Program 53
RAISE Connection Model 57
NAVIGATE RAISE Early Treatment Program (ETP) 61
OnTrackNY 66
Early Assessment and Support Alliance (EASA) 72
Prevention and Recovery in Early Psychosis (PREP) 76
University of North Carolina Outreach and Support Intervention Services (OASIS) 81
Specialized Treatment in Early Psychosis (Yale STEP) 85
Calgary Early Psychosis Treatment Services 89
Bipolar Disorder Early Assessment and Management (BEAM) Program 101
Index 105

Link directly to:

- Introduction
- Methodology
- Limitations
- Matrix A
- Matrix B
- Additional Resources
- Appendix of Program Profiles
- Index

Navigation: Index



Index

A

Affective ... 2, 3, 6, 7, 15, 19, 27, 39, 40, 51, 57, 85
Anxiety ... 26, 27, 44, 45, 90, 95
Assertive Community Treatment ... 2, 11, 25, 32, 54, 68, 73, 77, 83, 90

B

BEAM ... 3, 20, 101, 103, 104
Bipolar ... 1, 2, 4, 6, 17, 19, 20, 24, 26, 27, 28, 44, 45, 46, 51, 72, 101, 102, 104
Bipolar Disorder Early Assessment and Management Program (BEAM) ... 1, 3, 20, 101, 103, 104

C

Calgary Early Psychosis Treatment Services ... 1, 3, 10, 16, 64, 87, 89, 90, 91, 93
Case Management ... 7, 10, 14, 15, 16, 17, 18, 48, 52, 53, 54, 56, 59, 66, 67, 69, 78, 82, 86, 89, 90, 98
Clozapine ... 89, 94
Cognitive Assessment and Risk Evaluation (CARE) ... 15
Cognitive Behavioral Therapy ... 6, 7, 11, 12, 15, 16, 18, 19, 20, 21, 22, 24, 26, 27, 28, 33, 42, 45, 48, 51, 54, 56, 73, 77, 78, 80, 86, 88, 90, 95, 96, 97, 102, 103, 104
Cognitive Enhancement Therapy ... 7, 11, 27, 73
Columbia Suicide Severity Rating Scale ... 6, 7, 52, 87
Community Living Skills ... 16, 90, 97
Coordinated Specialty Care ... 1, 2, 4, 6, 10, 35, 38, 39, 50, 66, 67, 70, 71

D

Decision-Making ... 11
Depression ... 1, 3, 6, 10, 19, 21, 22, 24, 26, 27, 34, 44, 45, 46, 57, 64, 87, 90, 95
Dublin East Treatment and Early Care Team (DETECT) ... 19

E

Early Assessment and Support Alliance (EASA) ... 1, 3, 11, 36, 39, 72, 73, 74, 75
Early Diagnosis and Preventive Treatment Program (EDAPT) ... 1, 3, 6, 7, 51, 52
Early Psychosis Intervention Clinic (EPIC) ... 14
Early Psychosis Intervention Program (EPI) ... 14, 18, 36, 37, 38
Early Psychosis Prevention and Intervention Centre (EPPIC) ... 17
Early Psychosis Treatment Service (EPTS) ... 3, 16, 42, 89, 91
EASA ... 3, 11, 36, 39, 72, 73, 74, 75
EDAPT ... 3, 6, 7, 51
Evaluation ... 14, 15, 21, 23, 26, 27, 33, 37, 58, 59, 67, 70, 71, 81, 83, 84

F

Family Focused Therapy ... 15, 86
Family Psychoeducation ... 6, 7, 9, 10, 12, 16, 18, 19, 28, 32, 51, 54, 56, 73, 74, 90, 95
Fidelity ... 3, 4, 10, 11, 16, 17, 18, 22, 23, 24, 25, 26, 29, 32, 34, 36, 51, 54, 55, 58, 63, 69, 71, 72, 73, 74, 77, 78, 82, 86, 90, 93, 97, 102, 103
Financing ... 35
FIRST Early Identification and Treatment of Psychosis Program ... 1, 3, 7, 26, 28, 32, 53, 54, 55, 56
First Episode Psychosis 2, 4, 5, 6, 7, 10, 14, 16, 17, 19, 35, 37, 38, 39, 40, 41, 43, 54, 62, 70, 71, 81, 84, 91, 93, 97, 98, 99, 100 105

Three-page index
86 key words

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Selected Additional Resources

Archived Webinars, Websites, Peer Reviewed Literature, R&T Centers and Organizations that Support the Work

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Federal Agencies

- **SAMHSA**
  - *A wealth of resources on the treatment of mental health and substance abuse conditions as well as specific information of the set aside*

- **NIMH**
  - *Also has a great deal of general information on mental illness as well as specific information on Coordinated Specialty Care and the RAISE Project*

Maps and Characteristics of Programs

- **US Program Directory**
  - *Foundation for Excellence in Mental Health*
    - **Programs and Contact Information**
- **International Early Psychosis Assoc.**
  - *International sites as well as information for consumers and family members*
- **Doctoral Dissertation**
  - *Dominique White examined program characteristics, clinical services and treatment population characteristics of US programs (early 2015)*

Additional Networks Focusing on Early Intervention

- **British Columbia Schizophrenia Society**
  - *Focus on family and friends*
- **University of British Columbia**
  - *Guide for clinicians*
- **Ontario Ministry of Health**
  - *Program standards*
- **National Institute for Health Care Excellence**
  - *Psychosis and Schizophrenia in Young People*
- **Canadian Mental Health Association**
  - *Siblings Guide to Psychosis*

Archived Webinars

- **Components of Coordinated Specialty Care (2014)**
- **Funding Strategies for Early Psychosis (2014)**
- **Lessons Learned Implementing FEP Programs (2014)**
- **Community Outreach and Prevention as an Element of FEP Programs(2014)**
- **FEP and the Block Grant**
  - *Estimates of Prevalence (2014)*
  - *Modeling Tool for Incidence (2014)*
- **Cognitive Behavioral Treatment**
  - *Integration of recovery principles and CBT (2014)*

Relevant Peer Reviewed Literature

- **Engagement in Care**
  - *Reviews of issues in engagement and discontinuation of care*
- **Family Involvement**
  - *Reviews and handbooks on family involvment*
- **Children and Adolescents**
  - *Special issues for young clients including medication concerns*

Peer Reviewed (cont.)

- **Cognitive Impacts**
  - *Reviews of intervention targets like verbal memory, executive function*
- **Cognitive Behavioral Treatment**
  - *Systematic reviews/meta analysis*
- **Performance Measures**
  - *Literature review and Delphi reduction to 24 suggested measures*

Peer Review (cont.)

- **Assorted Topics**
  - *Metabolic Issues*
  - *Community/Academic Partnerships*
  - *Violence and Duration of Untreated Psychosis*
  - *Success of FEPs*
  - *Unmet needs in managing schizophrenia*
  - *Qualitative analysis of influence of recovery in FEP*

Emphasis on Depression and Bipolar Disorder

- **Webinars**
  - *Preventing Neuroprogression in Early Episodes of Bipolar disorder*
  - *Strategies for Optimizing Outcomes in Bipolar Disorder*
  - *Child and Adolescent Depression*
- **Specialty Organizations/Networks**
  - *UCLA Semel Institute – multiple resources*
  - *Depression and Bi-polar Support Alliance*
    - **Balanced Mind Parent's Network**
  - *Equilibrium Bipolar Foundation*
  - *Cardiff University – on line interactive resources*
  - *Australian Centre for Clinical Intervention*
    - **Consumer wellness tool**

General Mental Health Resources

- **University of Virginia – Going to College**
  - *Online resource for students with disabilities*
- **New South Wales Health Department**
  - *Getting in Early – Prevention and early intervention*
- **Mental Health America – B4Stage4**
- **NAMI**
  - *Family Guidance*
  - *Early identification and community resources*

Rehabiliation and Training Centers

- **University of Illinois at Chicago**
  - *Multiple resources focused on recovery*
  - *Special emphasis on patient centered/consumer directed care and planning*
- **Boston University Center on Psychiatric Rehabilitation**
  - *Employment*
  - *Wellness*
  - *Readiness/Engagement*
  - *Reasonable accommodations*
  - *Psychiatric rehab process*
  - *Ongoing webcasts*

R&T Centers (cont.)

- **Temple University Collaborative for Community Inclusion – Materials related to**
  - *Concept of Community Inclusion*
  - *Criminal Justice Issues*
  - *Civic Involvement*
  - *Gay and Lesbian Issues*
  - *Parenting*
  - *Olmstead*
  - *Recreation Leisure*
  - *Among others*

Next Steps…

Thank you!

Questions?

When this webinar ends, please take a moment to fill out the brief voluntary feedback form.