Early Intervention in Psychosis Demonstration - 4 Year Project Recap



Summary

Most serious mental health conditions onset during the transition to adulthood.

Early Identification + **Specialized treatment in critical period** = **Prevent long-term struggles associated with psychosis & other mental health conditions**

In 2018, the Illinois Department of Mental Health & Thresholds were awarded a 4-year $1.6 Million SAMHSA service demonstration grant to implement public outreach & early intervention services for 13-25 year olds identified at clinical high risk for psychosis & their families.

We developed the MindStrong stepped-care model using scientific best-practices + expert consultation. MindStrong is co-located in Chicago & the Western suburbs.; & accepts both commercial insurance & Medicaid.

MindStrong **educates the community about warning signs** for those at risk for psychosis. To learn more, contact YoungAdult@thresohlds.org or visit our website via the QR code.

What are the early signs & symptoms of psychosis?

What an individual may experience:

- Increased sensitivity to light, sounds & smells
- Confusion about what is real v. imaginary
- Unusual sensory experiences
- Increased suspicion of others
- Preoccupation with unusual thoughts
- Saying things that do not make sense

What others may notice:

- Stark deterioration in work, school, relationships & self-care/hygiene
- Changes in thinking, behavior, sleep & appetite
- Feeling anxious, irritable, or depressed
- Decreased energy & motivation
- Difficulties with memory & concentration
- Thinking & speech disorganized, paranoid, or preoccupied with certain topic

What is a Stepped-Care Model?

Stepped care models allow for tailoring of service type & intensity to need level. See each step & associated services below.

STEP 4:
First-Episode Psychosis
Coordinated Specialty Care (MindStrong)

STEP 3:
Clinical High Risk
Psychosis Risk Syndrome determined by Mini-SIPS
Specialized Early Intervention Care (MindStrong)

STEP 2:
At Risk
Mild/non-specific symptoms
Monitoring, Education & Provider consultation with CHRp Specialist

STEP 1:
Latent Risk
General public
Community Education & screening tool

Why is MindStrong Multidisciplinary?

MindStrong is a multidisciplinary team-based approach to ensure that young people & family needs are met when signs & symptoms of early serious mental illness are identified.

See diagram for the different service modalities that MindStrong offers.



Implementation Timeline

Year 1

Develop & implement a stepped-care model.

- Launched Operating Systems Set-up Committee
- Consultants advised on recruitment, screening & assessment
- Staff recruited, hired & trained in model, PQ-B & SIPS
- Designed initial outreach & education materials + strategy
- Began attending monthly SAMHSA National Practice Community
- Launched bi-monthly staff CAMP (Clinical Model Application) meetings
- Launched Quarterly Community Advisory Board
- Enrolled 1st Participant
- Built service documentation procedures

Year 2

Adapt stepped-care model in response to COVID-19.

- Modified all practices (i.e., community education, screening & assessment, services) due to COVID-19 pandemic
- Launched Cognitive Training Model customization process
- KPI & participation dashboard development
- Adopted Mini-SIPS; trained staff in Mini-SIPS

Year 3

Refine stepped-care model.

- Continued refining model, screening & enrolling participants, & providing services with consultant support
- Revised psychoeducation materials with expert feedback
- Developed & launched Social Skills group at 1 site
- Cognitive Training Launch; enrolled 6 participants

Year 4

Sustain stepped-care model.

- Developed Early Intervention Toolkit: a structured goal-directed service experience, & modified education materials
- Revised website content & KPI + service participation dashboard
- Trained other providers on how to provide CHR-P services
- Monitored & revised Conitive Training protocols

Outreach & Education

MindStrong connected with **257** organizations in the 4-years of the grant.

161	52	44
Community Organizations	Hospitals & Medical Centers	Educational Institutions

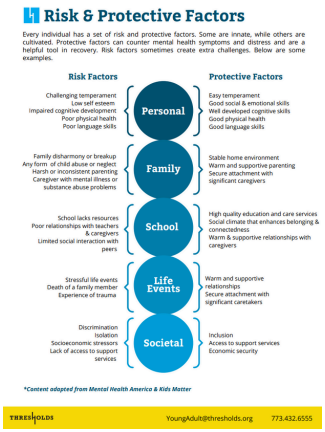
Screening

MindStrong conducted **190** early psychosis screenings using the PQ-B as a guide. MindStrong uses the Mini-SIPS to assess for clinical high-risk.

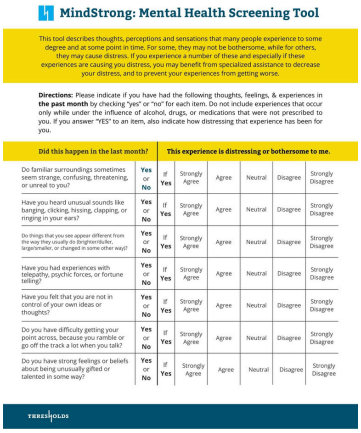
Education Tools

MindStrong developed & shared education materials.

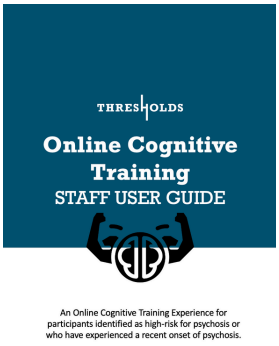








Cognitive Training Integration



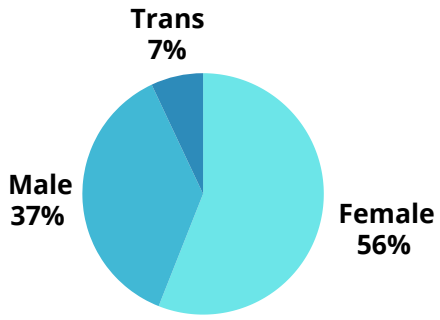
In Consultation with Dr. Hooker (Rush University) & BrainHQ, Thresholds tailored an online Cognitive Training experience for MindStrong participants. To benefit most from the training, participants complete the online training 5 days per week for 30 minutes a day for 8 weeks. To learn more, visit our website.

THRESHOLDS

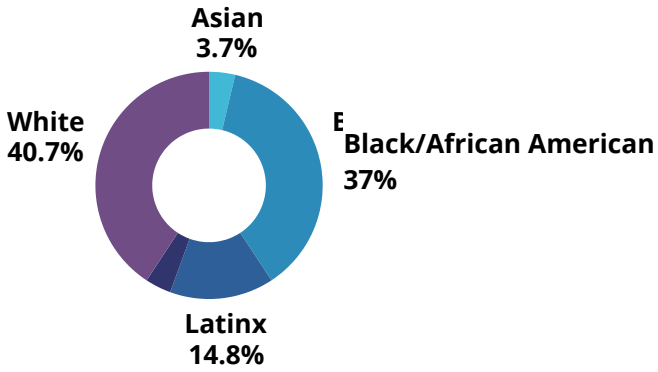
Who participated?

Twenty-seven young people & families participated in CHR-P Services from 4/1/19-7/1/22. Average age was 18.6 (Range=13-25).

Gender Idenity



Race & Ethnicity



Service Participation

Participants were enrolled on average for 16.25 months (Range=1.4-34.4). Over the course of 4 years, participants engaged in 1732 hours of services.

858 Individual Therapy Hours

256 Community Support Hours

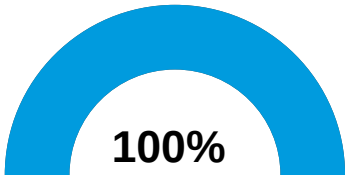
125 Psychiatry Service Hours

74%
had at least 1 Service with Family

Service Exits

- 10 had planned exits: 7 to lower care level, 2 to similar care level, & 1 to higher care level
- 7 had unplanned exits: 3 were passive, 2 included chronic missed sessions & self-termination, 1 never engaged, & 1 to a similar care level

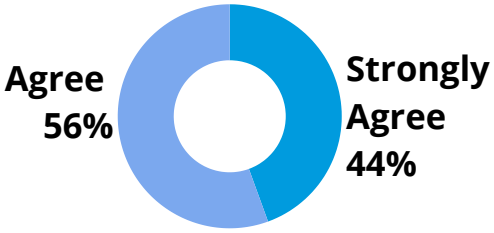
Service Experiences



Felt staff encouraged them to take responsibility for how they live their life



100%
Liked the services



Felt staff believed that they can grow, change, & recover

Clinical Outcomes

Participants completed the SIPS or Mini-SIPS at enrollment & every 6 months while enrolled. Below is a summary of assessment outcomes.

- **1 young person converted from being clinical high risk for psychosis to having their first episode of psychosis.** He continued working with his team, receiving more intensive & specialized care. This is beneficial because services aim is to both to prevent psychosis symptoms from worsening, and also ensure seamless transitions into specialized first-episode psychosis care.

- **Decreased Need.** 7 met criteria for clinical high risk at their initial SIPS, but no longer met clinical high-risk criteria at their last completed SIPS. This means that their mental health related needs decreased.

- **No change in need.** 7 met criteria for clinical high risk at their initial & last completed SIPS. This means their mental health needs stayed the same.

- **Change unable to be measured.** 12 had only 1 SIPS completed, preventing pre-post score comparison. Reasons included: 5 exited prior to 2nd SIPS due; 4 not completed; 3 too early in enrollment for 2nd SIPS to occur.

Key Performance Outcomes



85%
Avoided Hospitalization



1 of 27 (4%)
Moved from Early Intervention to First-Episode Psychosis Services



0%
Experienced Unstable Housing



74%
Enrolled in Education Program



85%
Made Vocational Progress (employed, in school &/or enrolled in vocational services)



60%
of those eligible to work were employed

Lessons Learned

1. Community Education takes resources, strategy & time.

2. Compared to the full SIPS, the Mini-SIPS is quicker, easier & yields needed info for determining service eligibility.

3. A more structured psychoeducational + skills coaching practice model is ideal for new clinicians to gain confidence & confidence in engaging & supporting youth & their families in services.

4. Online Cognitive Training integration was feasible into the service model, but need for motivational enhancements to promote Cognitive Training engagement.

5. Having the team leader work with families individually proved beneficial.

6. Virtual outreach, screening, assessment & service delivery of this early intervention model is feasible.

Training & Consultation

Thresholds provides tailored training & clinical consultation in effective treatment of clinical high risk for psychosis, first-episode psychosis, & other serious mental health conditions. Our training & consultation can be delivered in-person or virtually.

To learn more about our services, training and consultation, contact YoungAdult@thresohlds.org or visit our website via the QR code.

Cite this report

Thresholds Youth & Young Adult Services (YAYAS) Research & Innovation team developed this report. Use the following citation:

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In Gratitude

SAMHSA for funding this project, & **Lisa Betz,** our State of Illinois Project PI, for your support, & **Dr. Marc Fagan** for your leadership in Thresholds YAYAS.

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Candy Malina, our Thresholds CHR-P clinical lead, for distilling theory into practice & training staff in emerging best-practices in CHR-P assessment & treatment.

Eva Zeidner, our emerging adults program clinical assessment & outreach coordinator, for developing effective outreach materials & trainings + educating 100s of people about the signs & symptoms of early serious mental illness.

Kelly Alexander, our emerging adults program director, for joining the team during COVID-19 & figuring out creative ways to support CHR-P youth & families.