Understanding Community Mental Health First Episode Psychosis Care in Massachusetts

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Introduction

- The rapid adoption across the country of evidence-based care for individuals experiencing a first episode of psychosis (FEP), “coordinated specialty care” (CSC), has dramatically improved the quality of treatment and service options for many FEP clients.
- Given the increasing availability of CSC across the US, there is now a hope, even an expectation, that this approach will greatly improve trajectories of psychotic illnesses and functional outcomes over time.
- Measuring fidelity to the CSC model and its components, such as Supported Employment and Education, is a critical step in understanding the success of these programs and identifying areas that require improvement.
- This study as two main aims: 1) to conduct fidelity assessments on Massachusetts FEP programs and 2) to compare the fidelity of the Massachusetts sites to the fidelity of the sites across the United States.

Site Details

Site Type

Community Mental Health Clinics

- PREP West
- CHL Step
- JRI PEACE
- JRI Salem
- Elliot Everett Clinic

Site Type

Hospital Affiliated

- McLean ONTRACK
- MGH FEPP
- BMC WRAP
- CHA RISE

60%
40%

Hospital
Community Mental Health Clinic

Methods

- This study is currently conducting fidelity reviews of a total of 10 first episode psychosis programs across Massachusetts.
- All fidelity assessments are conducted in partnership between the Massachusetts General Hospital research team and the Massachusetts Psychosis Network for Early Psychosis (MAPNET) team.
- To better understand how adherence to the different components of the CSC model, as well as to the Supported Education and Education component specifically, this study is utilizing two standardized fidelity scales:
  - FEP Services Fidelity Scale 1.0
  - IPS Fidelity Scale for Young Adults

Fidelity Assessment Components

- A brief site visit to observe clinical facilities.
- Observing a multidisciplinary clinical team meeting.
- View 5-10 randomly selected client charts to assess documentation, communications, assessments, and services completed.
- Individual meetings with:
  - Clinicians
  - Prescribers
  - Peer providers
  - Supported employment and education specialists

Results

<table>
<thead>
<tr>
<th>Site Evaluation Criteria</th>
<th>Site 1 - Metro Boston</th>
<th>Site 2 - North of Boston</th>
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</thead>
<tbody>
<tr>
<td>Services Offered</td>
<td>All aspects of CSC</td>
<td>All aspects of CSC</td>
</tr>
<tr>
<td>Diagnostic Admission Criteria</td>
<td>Primary psychotic disorder; onset of psychosis within past 5 years</td>
<td>Developed symptoms of a psychotic illness in the last 3 years</td>
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<tr>
<td>Average Time in FEP Program</td>
<td>2 years</td>
<td>2 years</td>
</tr>
<tr>
<td>Peer Services</td>
<td>Directly employs a certified peer specialist who works half-time for FEP services</td>
<td>Currently hiring for FEP peer. Has employed one on this team previously</td>
</tr>
<tr>
<td>Supported Employment &amp; Education</td>
<td>No funding for a full-time SEE Specialist. Supplements with a clinician offering 9 hours of SEE support</td>
<td>Full-time SEE specialist</td>
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<tr>
<td>Case Management</td>
<td>A FEP team clinic coordinator provides care coordination and refers to larger clinic services when needed</td>
<td>No designated case manager – all coordination is spread out across the clinical team and team lead.</td>
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<tr>
<td>Program Strengths</td>
<td>Leadership and coordination; client outreach and engagement; prescribing practices-designated Clozapine clinic; wrap around services</td>
<td>Leadership and organization; peer &amp; comprehensive SEE services with strong expertise</td>
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Conclusions

- This study is critical in understanding how Massachusetts delivers evidence-based FEP care including supported employment.
- This is important to compare Massachusetts FEP care to the rest of the country.
- Along with understanding how evidence-based practices are delivered within the context of real-world community mental health.

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