Programs seek to shorten duration of untreated first-episode illness

The days, months and sometimes years that often elapse between a young person’s first episode of psychosis and full engagement with mental health services can set the stage for a lifetime of struggle and unfulfilled potential. Reducing that duration has become a priority in the federal government and in a number of states, and MHW last week interviewed leaders in one Virginia community who are demonstrating the benefits of early and coordinated care for this population.

PRS Inc., a McLean-based non-profit serving persons with serious mental illness through community support and rehabilitative programs, and the Fairfax-Falls Church Community Services Board (CSB) have been operating the Turning Point specialty service program since March. The state of Virginia is using a 5 percent set-aside in the federal government pays for services only if a service provider achieves clearly defined measurable results.

Bottom Line...
A lengthy time gap between onset of psychotic illness and receiving comprehensive treatment can yield disastrous results, so initiatives such as Turning Point in Fairfax County, Va., are prioritizing early identification and coordinated care for adolescents and young adults.

Funding model to help SMI patients receive intensive community treatment

A new approach to collaboration in mental health care is brewing in California’s Santa Clara County that creates incentives for providers and payers to work together on behalf of its residents with acute mental illness who are frequent users of the county’s psychiatric emergency and inpatient mental health system. The public/private partnership aims to improve patient health and well-being outcomes and produce county savings.

Telecare Corporation, a for-profit provider of services and support for individuals with serious mental illness in Alameda, Calif., has been selected by county officials for the “Pay for Success” (PFS) funding model and six-year project under which the government pays for services only if a service provider achieves clearly defined measurable results.

The PFS project is the ninth used in the United States, and the first to work in the mental health arena, according to a September 19 Stanford Graduate School of Business report, “Pay for Success and Social Innovation Financing: Serving Santa Clara County’s Mentally Ill.”
First from page 1 mental health block grant to establish coordinated-care efforts for young people experiencing a first psychotic episode, targeting the 16- to 25 age group.

"For a long time we have seen the need to provide new services for people just emerging into the system," Thomas Schuplin, director of the Recovery Academy at PRS, told MHW. "They weren't engaging like older clients."

Perhaps the most important component of Turning Point and similar initiatives in Virginia and elsewhere rests in a mindset of new-found and more positive assumptions about what a young person who experiences a psychotic break can ultimately accomplish.

"Many years ago, the goals for these individuals were simply to stay out of the hospital," said Schuplin. "I recently spoke with a client with serious mental illness who is in his 40s, and he said to me, 'If I had had these services when I was 18, my life would have been drastically different.'"

Aggressive outreach

The first barrier in serving these individuals is finding them. This can be an extremely difficult task, considering that the young people experiencing the illness may have limited insight and that families might be misinterpreting their loved one's symptoms. "Often, drug abuse is involved, and the family might say, 'He's just smoking pot; that's why he's acting so weird,'" Schuplin said.

In a community such as Fairfax County with its share of affluent households, stigma also poses a significant barrier. "Families will say they are too well-known in the community to acknowledge a mental health problem, Schuplin said. "Sometimes they will even keep the person's siblings in the dark."

Turning Point therefore conducts extensive outreach that targets schools, hospitals, emergency services and other community entities, Marla Zometsky, program manager at the Fairfax-Falls Church CSB, told MHW. The program also operates a website (www.turningpointcsc.org) through which some families have learned about the available services.

Data from the National Alliance on Mental Illness indicate that half of all lifetime cases of mental illness begin by age 14 and three-quarters by age 24. So leaders increasingly believe it is imperative to provide early and comprehensive care and to reduce durations of untreated psychosis that approach three years in many cases. Turning Point offers core services that include case management, family support, individual therapy, medication management, and supported employment and education, Zometsky said, with participants eligible to be served in the program for two years.

"If a person leaves the program, they can come back in later as long as they are still within two years of onset," Zometsky said. The eventual goal is a transfer to community-based care.

Maintaining engagement will always be a challenge. Some young patients have more insight into their illness than others — some may believe their illness episode was simply a one-time occurrence and is no longer a concern. In one case, the program had to work through a patient's assumption that psychotropic medication actually caused rather than ameliorated his illness.

Zometsky said the family engagement component also proves critical. Families are often beset by a sense of loss, believing that their child will never be the same, when in reality the child still can have the life he/she dreamed of, she said. A supported employment model that builds on patients' own interests is a big part of helping individuals reach their potential, PRS CEO Wendy Gradison told MHW.

In other cases, families press too hard for a "quick fix" to the problem. Schuplin said the program recently
started a monthly family group in which family members gain important perspective about their loved one's illness.

Turning Point is modeled after the National Institute of Mental Health’s Recovery After an Initial Schizophrenia Episode (RAISE) initiative, which seeks to implement person-centered approaches that promote symptomatic and functional recovery. One area in which that model is evolving involves the use of peer support staff as part of the program, Schuplin said.

“Our peer is a young man who can connect with patients in ways that others cannot,” he said. “He has a valuable role in engagement, and reduction of stigma. Also, the families meet with this professional, and seeing him gives families hope for their child.”

The peer works as part of a multidisciplinary team that also includes a psychiatrist, a case manager, and supported employment and education counselors.

---

**Eastern Tennessee MHA peer recovery call center set to expand**

Consumers with mental health and addiction disorders may struggle to find appropriate resources and services and even understand how to use their insurance card, assuming they have insurance. Certified peer specialists employed by the Mental Health Association (MHA) of East Tennessee are helping them find community support and treatment and following up to ensure their needs are met.

MHA of East Tennessee’s Peer Recovery Call Center recently received grant support from BlueCross BlueShield of Tennessee Health Foundation Inc. allowing the center to begin plans to expand peer staff, support marketing efforts and update its computer system.

The call center makes it easy for East Tennesseans seeking support for mental health and substance abuse issues to make a phone call as opposed to finding transportation to a peer support center. Resource centers can be limited as to how many people can get there any given day of the week, said Ben Harrington, executive director of MHA of East Tennessee.

“You can call us five days a week,” Harrington told *MHW*. (Phone support coverage is also available on weekends.) “Everybody answering the phone is a peer in recovery,” he said. “They’re Tennessee certified peer recovery specialists.” The peers have either earned a certificate before being hired by MHA or they can achieve that level of certification and training directly from MHA, said Harrington. Currently, four certified peer specialists, including a peer manager, staff the call center.

The recovery center opened July 22, 2012, Harrington said. “We looked for a long time at other MHAs that had call centers,” he said. “There were a number that did; [however,] very few engaged peers in their call centers.” Harrington noted that although a few peers volunteered their services at these centers, the question for him remained: “How do we make sure we look different?” He did so by employing state certified peer specialists at their organization.

Consumers with mental health or addiction issues can be in and out of the hospital and feeling they’re at the lowest point of recovery, said

Continues on next page
Follow-up support

An important feature of the program is the callback, noted Harrington. “We asked our callers, ‘Can we call you back in a few days to make sure you’re doing okay?’” Ninety-five percent of the callers said yes, Harrington said. “They were surprised we asked to call them back,” he said. The callbacks are usually a few days after their first initial call, Harrington said.

“ar number of years ago we looked at the information and had no clue whether [the consumer] made the phone call or made an appointment,” said Harrington. “We were searching for a way to prove our services do any good. We had to figure out how to follow up with our clients to ensure they get the services they need.”

If the consumer has made the call, the peer gets to congratulate that person on taking the initial step with that call, he said. “If they haven’t made the call, because some do get cold feet or are scared, the peer can say, ‘Yes, I’ve dealt with that too.’ Self-disclosure often happens with our calling,” he said. “We have some coachable moments.”

Amy Rogerson, call center manager, said she provides outreach to consumers receiving inpatient care at area psychiatric hospitals. Once they’re discharged, Rogerson and staff help them to find resources in the community, she said. “The resource center program is unique because everyone is a state-certified peer with lived experiences with a mental health diagnosis,” Rogerson told MHW.

“We stay with our callers until they’re confident, able to advocate for themselves and do not need us anymore,” said Rogerson. “We hold the hope when they think they can’t.”

Client information remains strictly confidential, she added. It’s important to let consumers know that they can have a life and manage their mental health diagnosis, she said.

Promising results

From July 2014 to June 2015, the peer center handled about 4,000 inbound calls and 8,000 outbound calls, amounting to roughly 1,000 calls a month and nearly 12,000 contacts, Harrington said. He pointed to data from the National Institute of Mental Health that revealed that about one-third of people diagnosed with a mental illness are in treatment. He noted that about 24 percent of consumers they talk to through the Peer Recovery Call Center are following up with a treatment and recovery plan.

Prior to the implementation of the call center, MHA of East Tennessee only processed about 1,400 calls. “The center changed the nature of our business in a big way,” Harrington said. “Inbound calls have doubled, if not tripled.”

Harrington said MHA of East Tennessee approached BlueCross BlueShield about expanding staff, implementing infrastructure changes and needing to migrate the call center software package. “The system we’re using now is a little bit archaic,” he said.

In September, the BlueCross BlueShield of Tennessee Health Foundation awarded MHA of East Tennessee a $50,000 grant to expand the Peer Recovery Call Center. The grant will allow MHA to switch to a new information management system and provide marketing resources to promote the call center, and offer free screenings. “We’re about to hire and train new peers to come on board,” Harrington said.

HHS awards Excellence in Mental Health Act planning grants to 24 states

The Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Medicare & Medicaid Services and the Assistant Secretary of Planning and Evaluation on October 19 awarded a total of $22.9 million to 24 states to support their efforts to improve the behavioral health of their consumers by providing community-based mental and substance use disorder treatment.

The planning grants are part of a comprehensive effort to integrate behavioral health with physical health care, utilize evidence-based practices on a more consistent basis and improve access to high-quality care, according to SAMHSA. The planning grants will be used to support states to certify community behavioral health clinics, solicit input from stakeholders, establish prospective payment systems for demonstration reimbursable services and prepare an application to participate in the demonstration program.

The 24 states will each work to become one of eight that one year from now will become pilot states under the Excellence in Mental Health Act, according to the National Council for Behavioral Health. “The twenty-four states selected by SAMHSA will one day be looked upon as pioneers that taught the rest of us how to create the behavioral health safety net that America has lacked for too long,” Linda Rosenberg, president and CEO of the National Council, said in a statement.

Funding will also be used to establish fair and accurate payment rates through Medicaid to facilitate the provision of services required by the Excellence in Mental Health Act.

For more information on the planning grants for certified community behavioral health clinics, visit www.samhsa.gov/grants.
Hospital mentor program trains youth for MH careers

Is it ever too early to provide an educational opportunity for students to learn about mental illness and mental health care and pursue a career in the field? Not according to Broughton Hospital officials in Morgantown, North Carolina, a psychiatric facility that offers a six-week summer program for students ages 12 to 16 to advocate for individuals with mental illness and develop a career interest in psychiatric health care.

The Broughton Hospital Junior Mentor Program, which commenced in 2010, provides students with an opportunity to learn about various mental health careers. Ten students participate in the program from mid-June till the end of July. Since the program's inception, 63 students have participated said J. Scott Sain, MHA, director of volunteer services at Broughton Hospital.

"The reason for the project is a lack of knowledge and misunderstanding about what mental illness is," Sain told MHW. "We want to develop students' knowledge in mental health awareness, leadership and advocacy. We want to stamp out stigma — the lack of knowledge about mental illness creates the ground for stigma to flourish."

Sain called the program "one-of-a-kind" and said he is unaware of any similar program in other states.

"It took us two years to try to find something comparable and we could not find anything," he said. "I don't like to reinvent the wheel if the structure was already there."

"We're building a workforce," added Sain. "The more students know about [mental health careers], the more options they have. One of the things we do is invite community colleges down the road from the hospital to speak about career opportunities," said Sain. "Not everyone has to be a nurse, psychologist or psychiatrist. They could also be an office administrator or work with computers."

Program structure

Sain works with interns to develop a curriculum. An intern is responsible for the management of youth participants in the program. From Monday through Thursday at 8 a.m., students take a Discover Mental Health class. Lesson plans include activities and events to teach them about various mental illnesses, including schizophrenia, bipolar disorder and depression; state and national advocacy organizations; and the state's mental health care system.

From 9 to 10 a.m., the mentor program allows students to rotate through 20 to 25 participating mentor departments, including recreational therapy, staff development, psychology, clinical services, nutritional services and medical records, to help students learn about the inner workings of a psychiatric facility and about various career opportunities within the mental health care field.

Students also participate in a variety of competitions that will focus on current issues within the mental health field. One such activity is a stigma-busting competition. Students are encouraged to develop a particular strategy for eliminating stigma against mental illness, said Sain. A Young Journalism Competition encourages students to research a mental health topic and prepare an essay. This summer's essay was about mental illness and violence.

"We try to look at current issues going on about mental illness," he said.

Community support

Students participate in a variety of activities, workshops and seminars provided by community organization leaders, noted Sain. The National Alliance on Mental Illness (NAMI) North Carolina sponsors several student/intern scholarships for them to attend NAMI North Carolina's annual conference, which covers their weekend stay, meals and fees, he said.

Law enforcement officials talk to the student about the training police officers are required to have about mental illness—related issues, said Sain. Fire department officials also participate in the program. Additionally, the American Red Cross teaches students about home safety and trains them in CPR. They receive certificates upon completion, said Sain.

Students advocate for mental illness, noted Sain. "Their friends may ask, 'What are you doing for the summer?' When they hear about the mentor program, their friends might respond, 'You're at Broughton Hospital, where all the crazy people are?' The students explain that the patients have a mental illness, which they say is like any other health condition. They explain how we should respond and treat people with mental illness," said Sain.

The mentor program is easily replicated, said Sain. Funding for the program is minimal, he noted. Resources come from a local foundation that provides strong support, he said. "The money is used to provide the students with snacks and support off-campus activities," Sain said.

Continues on next page
ERC partners with mobile app company to enhance care

With an eye toward supporting ongoing care, the Denver-based Eating Recovery Center (ERC), a health care system devoted to eating disorders, and Recovery Record, a mobile app company, have joined forces to connect patients with clinicians during and after treatment using technology and evidence-based treatment. The partnership will provide an enhanced treatment approach and behavior analytics for professionals.

The partnership, said officials, offers post-discharge surveys and support follow-up. When patients return home after treatment, the center provides ongoing care to continue to incorporate technology and enhance our patients' treatment programs, said Bermudez. Once patients connect with an ERC clinician, they have access to a unique dashboard that has the center's clinical content and incorporates treatment modalities, such as acceptance and commitment therapy and dialectical behavioral therapy, he said.

Once the patient has returned home following treatment, ERC will offer them the outpatient provider's complimentary Recovery Record access to support ongoing care for the patient to further enhance the recovery process, said Bermudez.

Treatment approach

Members of the care team include all clinicians, medical advisors, psychotherapists and clinicians that constitute the patient's care team, said Bermudez. "As part of our customized treatment, we also collaborate with the patient's family, who are an intricate part of the discovery, treatment and recovery stages of the illness," he said.

ERC provides the full spectrum of recovery services or levels of care (inpatient, residential, partial hospitalization, intensive outpatient and outpatient levels of care) for any individual struggling with eating disorders, regardless of age, gender or stage of the illness, said Bermudez. "I also believe the individualized assessment and depth of aftercare planning we provide to help a lasting recovery sets us apart from other approaches," he said.

"Patients will use the app to not
only log their meals and snacks, but to provide information on their emotional experience, engagement in eating disorder symptoms, urges to use symptoms and skills that they utilized to manage distress," Ashley Solomon PsyD, CEDS, and executive clinical director of Eating Recovery Center of Ohio, told MHW. "When they report challenges, they are prompted within the app to utilize skills that they have learned."

ERC conducted a pilot study with its Insight Behavioral Health Center in Chicago in November 2014. The study found that 79.6 percent of patients completed therapy homework daily. This surpasses traditional pen-and-paper compliance, which is 10.9 percent, Tregarthen said.

Following the pilot, 95 percent of patients reported feeling more connected to their clinician and more accountable in their treatment. Overall, 89 percent of patients reported Recovery Record helped prevent them from getting worse, and 92 percent of patients and clinicians expressed a preference for using the app in the future.

"What we learned in this pilot highlighted how helpful and well-accepted using the app was for both patients and clinical staff," Bermudez said. •

For additional information, visit www.recoveryrecord.com or www.eatingrecoverycenter.com.

**TELECARE from page 1**

PFS involves paying service providers for actual outcomes, such as improved clients’ health and reducing government costs, rather than for services provided — activities and outputs, such as the hours spent counseling clients.

The report noted that treating the most acute mental health patients in the Northern California county costs about $45 million a year, the annual costs for 900 to 1,000 of the county’s most acute patients. Telecare will serve about 250 of the patients over the six years of the project.

The new mental health project represents a real need in the county, said Toni Tullys, MPA, director of behavioral health services at the Santa Clara County Health and Hospital System. County officials will be looking at frequent utilizers of emergency psychiatric services and inpatient hospitalization and determining what they can do differently or better, and how they can reduce the costs of care, Tullys told MHW.

Telecare — one of three bidders — was selected because of its experience with the population targeted in the program, Tullys said. "They have the expertise of working with individuals with very high needs and developing, designing and implementing services to support the needs of that population," she said. Telecare has a positive track record of developing programs that reduce hospital stays and state hospital admissions across the state and in other parts of the country, she said.

Once the program is set up, officials will estimate what the costs are to sustain the program, said Tullys. The county will fund a fair amount, she said. "In essence, in these types of programs you seek outside funding to cover the extra costs involved in the service delivery plan," said Tullys.

**First-time focus on MH**

The project represents the first Pay for Success initiative in the country whose target population is people with mental illness, said Faith Richie, senior vice president for development at Telecare. "This is the first time this unique approach is applied to our population," Richie told MHW. Santa Clara County "was confident in us for serving a very challenging, complex client," said Richie. "We have the bandwidth and the skill to start this program." Telecare was selected for the project on August 25.

Negotiations to determine the final outcomes are still underway, Richie said. The intent, she noted, is to reduce hospitalization utilization, emergency psychiatric services utilization and IMD (Institutions for Mental Disease) utilization. "We’ll be reducing the most expensive services," she said. The 250 consumers to be treated through the project are the highest utilizers in the system, said Richie. "For this group we anticipate reducing their predicted use of these acute and costly services by 35 percent," she said.

The project will serve individuals who have frequent or extended stays in the county’s psychiatric emergency and inpatient facilities and in other institutional settings. Telecare intends to ensure that these individuals are stabilized in less restrictive, community-based settings.

"It will be like ACT [Assertive Community Treatment] on steroids," Richie said of the various interventions to be used. A "very intensive" staff will provide 24/7 wraparound support made up of multidisciplinary teams and a lot of peer support engagement, she said. Telecare expects to begin serving clients through the program in March 2016, she said.

Potential investors of the PFS project would include investment banks, foundations and private investors, said Richie. The project involves defining the target population, and the service intervention, and creating the evaluation design so that investors can determine if it is worth putting capital at risk to invest in this defined outcome, she said.

**Net savings**

By the end of the six-year project, Telecare intends to save Santa Clara County over $5 million (after paying for the cost of its wraparound services) by reducing the use of high-cost institutional services — acute hospital, emergency psychiatric services and subacute care for a very high-utilizing population, said

Continues on next page
Continued from previous page

Richie. "In addition, we intend to help this group of clients regain community stability, including safe housing, improved physical health and a meaningful connection to family, work and/or school," she said.

"We're grateful for the county's leadership and that they were willing to partner on this innovative project," said Richie. "The top county leaders are invested in the success [of this project]."

"We're bringing government and philanthropy and the private sector together with the unique focus on innovations and outcomes," Anne Bakar, president and CEO of Telecare, told MHW. "It's not just typical government financing."

Bakar added, "Our success is the bedrock of the whole financing mechanism. We're at risk if we do not generate results in terms of outcomes. The government would not be paying back the investors; that's the risk. We're excited about bringing more investment into the public mental health field and focusing on outcomes for people with mental illness."

Planning process

Planning is well underway, noted Tullys. "Now we're looking at all client data to identify what the population will look like and what will be the criteria for people in the program," she said. Clinicians and medical directors are currently reviewing utilization data, she said. "We're looking at a lot of utilization data. We have groups of clinicians and medical directors sitting around the table. The planning team is very mindful of the data and looking for patterns," Tullys said. "We're very cognizant of what the client's needs are."

A control group is needed for the project, she noted. The Stanford School of Medicine Department of Psychiatry will be the evaluator. The design will be a randomized controlled trial to assess the efficacy of the project in reducing costs and improving the well-being of the target population. "We'll track the outcomes of folks who have similar needs and are currently using our system with the outcomes of consumers in the [PFS] project," Tullys said.

"We're very hopeful about this project," said Tullys. "What we learn can support other similar efforts around the country. Mental health directors everywhere are dealing with the best way to identify the highest-need population." •

For further information, email Toni.Tullys@hhs.sccgov.org.

Coming up...

The National Association of County Behavioral Health and Developmental Disability Directors is hosting the 56th annual National Dialogues on Behavioral Health Conference, "Preventing the Criminalization of Persons with Mental Illness: Solutions and a Call to Action," November 8–11 in New Orleans. For more information, visit http://nationaldialoguesbh.org.

Children and Adults with Attention-Deficit/Hyperactivity Disorder will be holding its 27th annual International Conference on ADHD November 12–14 in New Orleans. Visit www.chadd.org/Training-Events/Annual-International-Conference-on-ADHD.aspx for more information.

The 26th annual conference of the National Federation of Families for Children's Mental Health will be held November 20–22 in Washington, D.C. For more information, visit www.ffcmh.org/conference.


Mental Health Weekly welcomes letters to the editor from its readers on any topic in the addiction field. Letters no longer than 350 words should be submitted to:

Valerie A. Canady, Managing Editor, Mental Health Weekly,
111 River Street, Hoboken, NJ 07030-5774.

Or send email to: vcanady@wiley.com. Letters may be edited for space or style.

In case you haven't heard...

Sens. Chris Murphy (D-Conn.) and Kelly Ayotte (R-N.H.) led a bipartisan group of 22 senators in calling on the U.S. Department of Health and Human Services (HHS) to take "immediate and overdue action" to fully implement and enforce the Mental Health Parity and Addiction Equity Act (MHPAEA). In the October 15 letter to HHS Secretary Sylvia Mathews Burwell and Thomas E. Perez, secretary of the U.S. Department of Labor, lawmakers wrote: "It has now been over 7 years since MHPAEA was passed and signed into law by President Bush.... Our constituents from across the country continue to report denials of care and great difficulties in accessing substance use and mental health disorder treatment and services." Lawmakers noted that one of the primary complaints they receive is the failure of health plans to disclose how they make coverage decisions. They wrote that they're looking forward to working together to ensure individuals in and seeking recovery from substance use and mental health disorders can access the benefits promised to them under the law. The letter can be viewed at www.murphy.senate.gov/newsroom/press-releases/murphy-ayotte-lead-bipartisan-group-of-22-senators-in-calling-for-full-implementation-of-mental-health-parity-law.