

# First Episode Psychosis (FEP)

Behavioral Health Division

# What is Psychosis?

- The word psychosis is used to describe conditions that affect the mind when there has been some loss of contact with reality.
- Psychosis can include hallucinations, paranoia, delusions, as well as disordered thoughts and/or speech.
- Psychosis can affect people of all ages from all walks of life.
  - 1-3% of people will experience Psychosis at a point in their life.
- The focus is First Episode Psychosis (FEP)
  - NOT multi-episode or chronic psychosis (ACT clients).

- [Recovery After an Initial Schizophrenia Episode \(RAISE\) study](#) showed that getting services and supports early can reduce the effects of the first episode of psychosis, positively affect a person's overall outcomes, and increase functioning related to employment and education.
- RAISE started in 2008.

# History continued

- On January 17, 2014, former President Barack Obama signed into Law H.R. 3547, the “Consolidated Appropriations Act, 2014” to support those persons with early serious mental illness, including psychotic disorders and first episode psychosis.
- FEP funding comes from a 10% set aside of the Federal Mental Health Block Grant through Substance Abuse Mental Health Services Administration (SAMHSA).
- FEP programs occur in all 50 states, Washington D.C., and all U.S. Territories.

# FEP: Eligibility Criteria

- The First Episode Psychosis (FEP) pilot project is focusing on early interventions for adolescents and young adults ages 15 to 40.
- Symptoms for less than 2 years.
- Anti-psychotic medication use for less than 12 cumulative months.
- Interest in FEP services.
- Identified goals and motivation for services.

# FEP: Diagnostic Criteria

## Diagnoses included:

### Schizophrenia Spectrum Disorders:

- Schizophrenia
- Schizophreniform Disorder
- Schizoaffective Disorder
- Brief Psychotic Disorder
- Delusional Disorder
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder.

## Diagnoses excluded:

- Autism
- Bipolar/Affective Disorders
- Borderline Personality Disorder
- Cognitive IQ limits ( $IQ \leq 70$ )
- TBI.
- Co-occurring diagnoses (SUD) are acceptable if all symptoms are manageable.
- Plan is continual assessment:
  - Is client progress occurring?
  - Are client needs for FEP services vs. another service/referral?

# FEP uses Coordinated Specialty Care (CSC) Model

## What it is

CSC model is:

- Recovery – oriented about early intervention, so clients do not have to wait until symptoms are severe enough to warrant hospitalization or other higher levels of care.
- Focused on resiliency, illness management, and psychiatric rehabilitation.
- Client-centered where clients specify their goals and treatment plan.

## What it does

- CSC model helps to:
  - reduce psychosis symptoms, hospitalization, school dropout rate, unemployment, incarceration, homelessness, application for disability, as well as
  - improve quality of life.

Services are unique:

- \*\*All services are **voluntary**. Clients may access any or all, yet need to be involved with at least one.
- \*\* FEP services are **intensive** and often occur for **2 years**;  
sessions taper: weekly ☐ monthly ☐ as needed.
- \*\* **“Family”** is broadly defined to include any natural supports:
  - biological/family of origin,
  - family through marriage/partnering, and
  - “family” as defined by client i.e. roommate, co-worker, etc.



# FEP uses NAVIGATE Curriculum

- **Evidence Based Practice (EBP)** supported by Substance Abuse and Mental Health Service Administration (SAMHSA) & National Institute of Mental Health (NIMH)
- FEP services occur in the **community** (mobile) and **office** settings.
  - Telehealth: phone/web-based during COVID 19
- [NAVIGATE](#): **free curriculum** and **video examples**

# CSC Staff: Multi-Disciplinary Team

## FEP Roles have unique terms

- Director / Team Lead
- Family Education and Support
- Supported Employment and Education
- Individual Resiliency Trainer
- Prescriber
- Case Manager
- Peer Support Specialist
- Family Peer Support Specialist

## MH Services

- Supervisor, MHP
- Family Therapist
- Vocational Rehabilitation Worker / Individual Placement Services (IPS)
- Individual Therapist
- Medication Management
- Case Manager
- Peer Support Specialist
- Family Peer support specialist

# Billing & Funding

## FEP Roles have unique terms

- Director / Team Lead
- Family Education and Support
- Supported Employment and Education
- Individual Resiliency Trainer
- Prescriber
- Case Manager
- Peer Support Specialist
- Family Peer Support Specialist

## FEP Reimbursed Services

- Diagnostic Assessment
- Family Therapy (with or without client)
- Individual Therapy
- Medication Management
- \*\* All FEP services are billed as an Outpatient level of care.

### Payer Sources:

- Government insurance (MA, PMAPs)
- Commercial Insurance from Employer
- The non-covered services are paid by Federal Mental Health Block Grant funds or MN Grant funds.

# Teams: MN FEP Providers

## FEP Service Providers

- [Hennepin Healthcare \(HCMC\)](#), Minneapolis
- [M Health \(University of Minnesota Physicians\)](#), St. Louis Park
- [Human Development Center \(HDC\)](#), Duluth

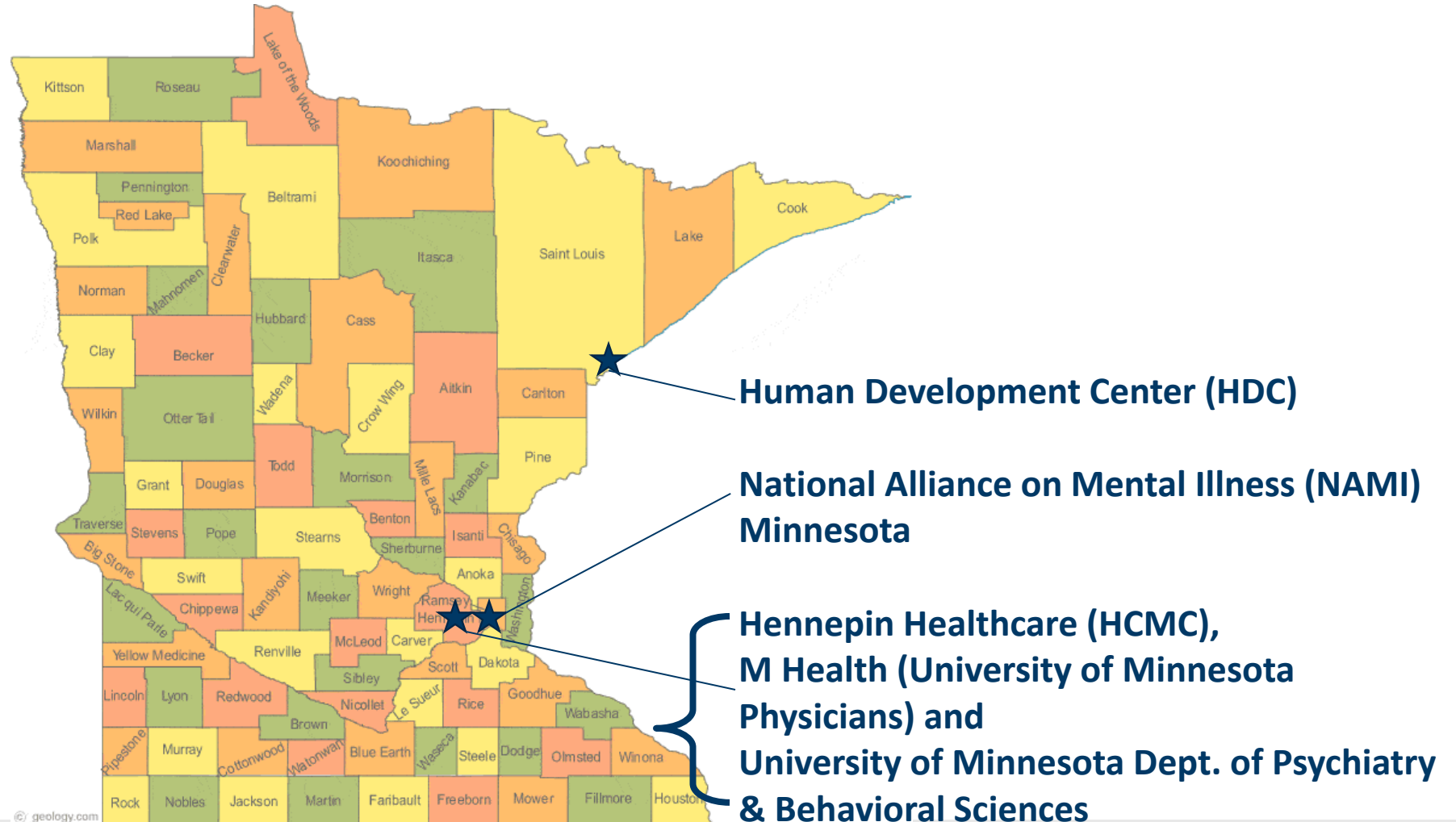
## Technical Assistance

- [University of Minnesota](#), Minneapolis

## Advocacy Partner

- [National Alliance on Mental Illness \(NAMI\) Minnesota](#), St. Paul

# FEP Services Across MN



# What about clients who are NOT eligible for FEP?

- The First Episode Psychosis (FEP) pilot project is focusing on early interventions for adolescents and young adults ages 15 to 40.
- **Diagnoses included:** Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, Brief Psychotic Disorder, Delusional Disorder, and/or Other Specified Schizophrenia Spectrum and Other Psychotic Disorder.
- **First 2 years of symptoms and treatment.**

# Alternatives to FEP

The screenshot shows the top navigation bar with links: Go to Children's Care, For Medical Professionals, Patient Education, MyChart, Contact, Get Involved, Careers, and I Want To. Below is the M Health logo and a search bar with 'find' and a magnifying glass icon. The main navigation menu includes PROVIDERS, CARE, LOCATIONS, PATIENTS & VISITORS, and DISCOVER OUR DIFFERENCE. The breadcrumb trail reads: CARE > UNIVERSITY OF MINNESOTA CHILD AND ADOLESCENT STRENGTHS PROGRAM (CASP). The main heading is 'University of Minnesota Child and Adolescent Strengths Program (CASP)'. Below it, a paragraph states: 'The primary focus of the Child and Adolescent Strengths Program (CASP) is the assessment and treatment of individuals who may have a schizophrenia spectrum disorder.' A horizontal menu contains five buttons: DISCOVER OUR DIFFERENCE, CONDITIONS, SPECIALTIES & SERVICES, OUR CARE TEAM, and APPOINTMENTS & LOCATIONS. Below this, the 'DISCOVER OUR DIFFERENCE' section is titled, followed by a paragraph: 'Our program staff is highly skilled at providing both clinical and non-clinical support services to children and adolescents with psychosis or who are at high risk of psychosis.' The 'Conditions Treated' section lists: '• Prodrome (ultra-high risk)'. The bottom of the page has a footer with the date '2/5/2021'.

The screenshot shows the top navigation bar with the M Health logo and 'Now, M Health Fairview'. A search bar with 'find' and a magnifying glass icon is present. The main navigation menu includes PROVIDERS, CARE, LOCATIONS, PATIENTS & VISITORS, and DISCOVER OUR DIFFERENCE. The breadcrumb trail reads: CARE > UNIVERSITY OF MINNESOTA ADULT STRENGTHS PROGRAM. The main heading is 'University of Minnesota Adult Strengths Program'. Below it, a paragraph states: 'The Adult Strengths Program is highly influenced by the NAVIGATE program components to include a team of professionals working together to treat the patient and their family.' Another paragraph states: 'The trajectory of care is to focus on their acute stabilization (acute phase) over a period of roughly six to 12 months with frequent clinic visits. Once stable, we help transition the person to ongoing providers within our clinic or in the community for the recovery and maintenance phase of care. With this model, we are able to keep our waitlist time low for an initial comprehensive assessment. It is especially important to have a short waitlist to reduce the duration of untreated psychosis.' A horizontal menu contains five buttons: DISCOVER OUR DIFFERENCE, CONDITIONS, SPECIALTIES & SERVICES, OUR CARE TEAM, and APPOINTMENTS & LOCATIONS. The bottom of the page has a footer with the text 'Optional Tagline Goes Here | mn.gov/websiteurl'.

# Referral & Assessment Process

- Referral: Anyone can make a referral.
  - Teams receive referral
  - Contact referral agent for more info, prn
- Assessment
  - Teams contact client/family member
    - Offer Phone screening
    - Offer Diagnostic Assessment
    - Complete Diagnostic Assessment
- At all stages in the process
  - if eligible, offer FEP services.
  - if not eligible, offer other services.



- **Share this information with clients, family members, providers, and agencies as well as others because....**
  - **Awareness and outreach is key.**
  - **Anyone can make a referral.**
    - **No MHP/DA needed to refer.**

# If you have questions, please contact:

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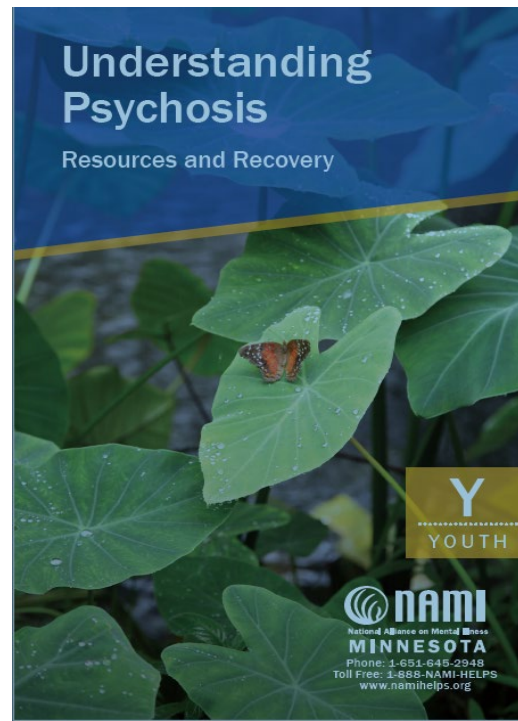
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- [National Alliance on Mental Illness \(NAMI\) Minnesota's Understanding Psychosis booklet](#) is a free download.



- TEDxPSU TED TALK - "I Am Not A Monster: Schizophrenia" by Cecelia McGough, Penn State Univ. Student (14:40), Published on 3-27-2017  
<https://www.youtube.com/watch?v=xbagFzcyNiM>