Promoting Wellness and Recovery

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First Episode Psychosis Information System

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First Episode Psychosis Set Aside

- The Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress through its FY 2016 Omnibus bill, Public Law 114-113, to set aside 10 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based programs that provide treatment for those with a first Episode Psychosis (FEP).

- The SAMHSA initiative also includes a plan for program evaluation and data collection related to demonstrating program effectiveness.

- According to Omnibus bill, all states must collect and report FEP services and outcomes data, demonstrating the impact of the FEP initiative.

- To this end, the goal of the FEP data collection is to provide process and impact information to SAMHSA on the FEP program.

FEP Evaluation Objectives

- Assess the Impact outcomes for the FEP program on participants with a particular focus on:
  - Criminal Justice Involvement
  - Treatment Retention
  - Employment
  - Mental Health Symptoms
  - Physical Health
  - Legal and Social Problems
  - Treatment Satisfaction
  - Treatment Program Completion
  - Functioning
  - Housing/Homelessness
  - Treatment Engagement
  - Insight
  - Social Connectedness
  - Trauma
  - Services planned and provided
  - Quality of Life

Question/Statement of the Problem

- Process Questions-Survey Monkey Survey/FEPIS
  - How closely did the FEP program implementation match the plan?
  - What strategies were used to maintain fidelity to the FEP program?
  - What barriers, if any were identified?
  - What effect did the changes have on the planned intervention and evaluation?
  - Who provided what services, to whom, in what context, and at what cost?
- Outcome Questions-FEPIS
  - FEP program participation, retention and completion rates
  - Did FEP programming improve participant functioning?
  - Did the FEP programming improve employment and school attendance?
  - Did the FEP programming improve positive and negative symptoms of psychosis?
  - Did the FEP programming improve the quality of life of participants?
  - Did the FEP programming result in reductions in ER usage, hospitalizations and crisis services (and other services of interest)?
  - Did the FEP programing result in improved social functioning and social connectedness over time?
  - Did FEP programming results in reducing participants' use of substances?

MENTAL HEALTH & ADDICTION SERVICES Ohio

Data Sources and Instruments

- **Instruments and Other Data Sources**
  - Government Performance Results Act Survey (GPRA) and NOMS
  - Colorado Symptom Index
  - Lehman Quality of Life Scale
  - Global Assessment of Functioning Scale: Social, Role, Occupational
  - Brief Psychiatric Rating Scale
  - Illness Insight measure
  - Medicaid Claims
  - Youth Satisfaction Survey

Data Sources and Instruments

- **Government Performance Results Act (GPRA)/NOMS Survey**
  - Current Substance Use, criminal justice involvement, housing status, employment status, access to medical services, high-risk behaviors, race/ethnicity, gender, martical status, children, insurance, onset of psychosis, mental health diagnoses, medications, education, tobacco, inpatient psychiatric hospitalization admissions, ER visists, suicide attempts

Data Plans-Collection

HOW: The participant data will be collected and managed through the new ***Ohio First Episode Psychosis Information System (FEPIS)***. Electronic notifications (reminders) will be sent to the assigned clinicians/data collectors at follow-up periods.

WHAT: FEPIS is designed to enable staff to collect the required baseline, discharge and 6-month post-baseline interviews and all services data.

WHO/WHERE: Clinicians/assigned data collectors will collect the client level data. Roles can be assigned within the system that will grant user access to the system based on their role.

WHEN: Data should be uploaded to the system within a reasonable time period after seeing and collecting the information.

Data Plans-Management

- The OhioMHAS will manage the collection of data by ensuring the submission of information by using FEPIS and creating reports based on data in the system.
- Local program staff have been trained and will continue to be trained on how to enter information in the system. Technical assistance, including on-site TA will be available when needed.
- OhioMHAS will provide the ongoing management and maintenance of the FEPIS information system.
- Reoccurring calls will be set up to discuss data collection and reporting.
- OhioMHAS is working with the national evaluator (WESTAT and NIMH) to reduce duplicate entry for those organizations that are directly participating in the national evaluation.
- System may be modified based on specific program needs.
- All entities that have necessary agreements in place will have access to the data in the system.
- **NEXT STEPS:** Working to have the GFMS system pull information from FEPIS regarding performance.

Data Plans-Reporting

- The data will be reviewed on an ongoing basis to determine the type of services and providers that lead to stronger outcomes categorized by demographics.
- The department will utilize individual program applications to ensure program goals are met.
- The department will report in the Quarterly Report progress, barriers, challenges and success.
- A progress and performance report will be generated bi-annually by evaluation staff and provided to providers, program leadership, and SAMHSA.
- Client-level reports, organization-level reports, and statewide reports will be available in FEPIS based on user-level access.

Anticipated Results

- **Participants in the FEP program will evidence improved outcomes in:**
  - Improved functioning
  - Improved employment and school attendance
  - Improved symptoms
  - Improved quality of life of participants
  - Reductions in ER usage, hospitalizations
  - Reductions in use of substances
  - Overall satisfaction with services

Relevance

- Federally required to evaluate the effectiveness of the FEP block grant set aside and report to federal government

- Will provide valuable information to the state about process issues (facilitators and barriers) surrounding the uptake of FEP interventions.

- Will provide state information about regional variation with regards to adoption issues and effectiveness.

FEP Website

- http://mha.ohio.gov/Default.aspx?tabid=867
- The FEPIS Webinar is located on the website.

http://mha.ohio.gov/Default.aspx?tabid=867

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First Episode Psychosis

Psychosis is characterized as disruptions to a person's thoughts and perceptions that make it difficult for them to recognize what is real and what isn't. Psychosis is a symptom, not an illness, and it is more common than you may think. In the U.S., approximately 100,000 young people experience psychosis each year. Learn more about psychosis.

First Episode Psychosis (FEP) programs help people who are experiencing their initial symptoms of psychosis so that their long-term outcomes are improved. FEP programs offer rapid access and enrollment in services, comprehensive clinical care and support for the individual and their family. Research shows that the earlier people experiencing psychosis receive treatment, the better their long-term quality of life. Learn more about early intervention and research.

Individuals and Families

With a peak onset occurring between 15-25 years of age, psychotic disorders such as schizophrenia can derail a young person's social, academic, and vocational development. Youth who are experiencing psychosis are often frightened and confused, and struggle to understand what is happening to them. They also present unique challenges to family members, including irrational behavior, aggression against self or others, difficulties communicating and relating, and conflicts with authority figures.

- Early Psychosis and Psychosis, National Alliance on Mental Illness (NAMI)
- What is Early and First-Episode Psychosis? NAMI
- Early Warning Signs of Psychosis, National Institute of Mental Health (NIMH)

Providers

National organizations offer a number of tools to assist providers in readiness for providing services to individuals with first episode psychosis, including webinars and issue briefs.

Contact Us

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Project Contacts

First Episode Psychosis Grantees

- Catholic Charities (Cuyahoga County)
- Coleman Professional Services (Portage, Stark, Allen, Auglaize, Hardin and Jefferson counties)