



Partnering with Consumers to Address First Episode Psychosis

Lindsay Woodbridge

*PROPs Program Recovery
Coach*

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HEALTH WELLNESS RECOVERY

The Story of Katie



What is first
episode psychosis
(FEP) and why is it
important to
intervene early?

Psychosis

Lose contact
with reality

Often “scares”
people

3 out of every
100

Most recover

Schizophrenia



1%

1% of the population



Appears in late adolescence/early adulthood



Affects the individual through rest of lifespan



Costs US \$60 billion per year in loss of productivity, supportive services, medications, etc.

What can early intervention accomplish?

Reduce duration of untreated psychosis (DUP). Current average: 74 weeks.

Medications: lower dose, fewer side effects.

Promote family involvement and education.

Work toward less self-medicating with alcohol, drugs, and tobacco.

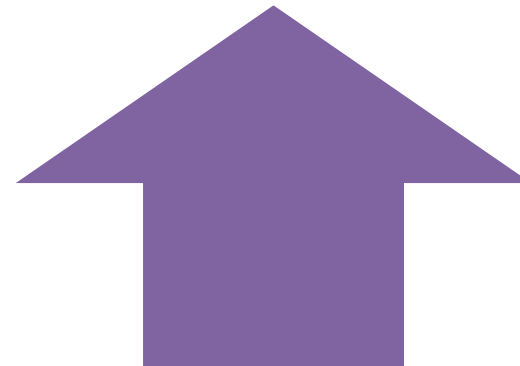
Duration of untreated psychosis (DUP)



Shorter DUP is associated with better social, emotional, and occupational outcomes.



Longer DUP is associated with increased risk of suicide and violence.



Evidence Base

Supporting

evidence

• Multiple bodies of data collected from multiple studies show positive results.

- 2009 Recovery After an Initial Schizophrenia Episode (RA1SE) research initiative created Coordinated Care Model.
- OnTrackNY (Columbia University): took lead on implementing RA1SE model for FEP, created training program.

Federal support

- January 17, 2014, President Obama signed H.R. 3547: Consolidated Appropriations Act, 2014
- Recognizes majority of people with serious mental illness experience first signs in adolescence or early adulthood
- Funds to Substance Abuse and Mental Health Services Administration (SAMHSA)
 - \$25 million block grants to states
 - 10% to support early intervention programs

How is Journey Mental Health Addressing First Episode Psychosis?

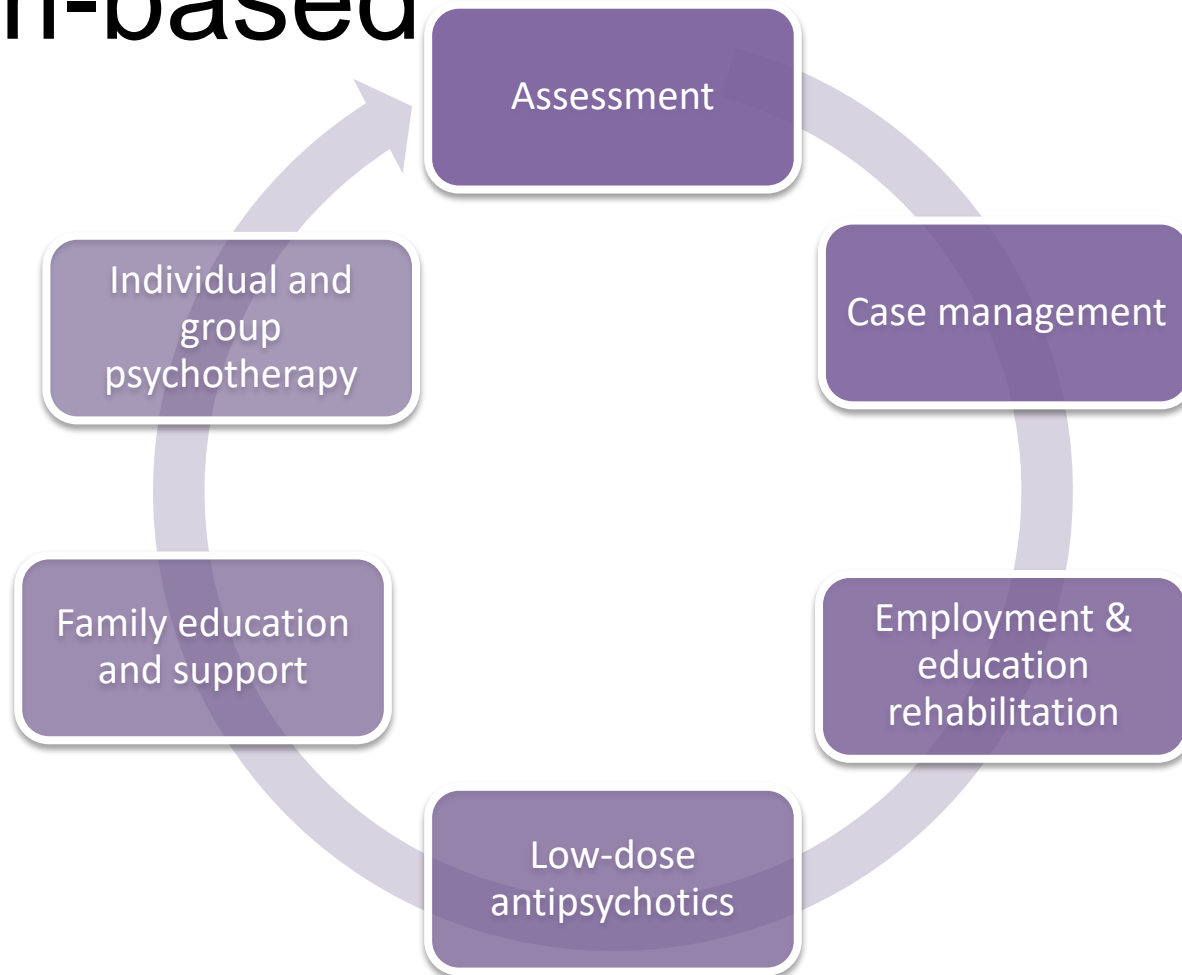
Promoting Recovery from the Onset of Psychosis (PROPs)

Ages
15 – 25

Shared
decision
making

Offer
Hope
!

Coordinated care model: team-based



Staff roles

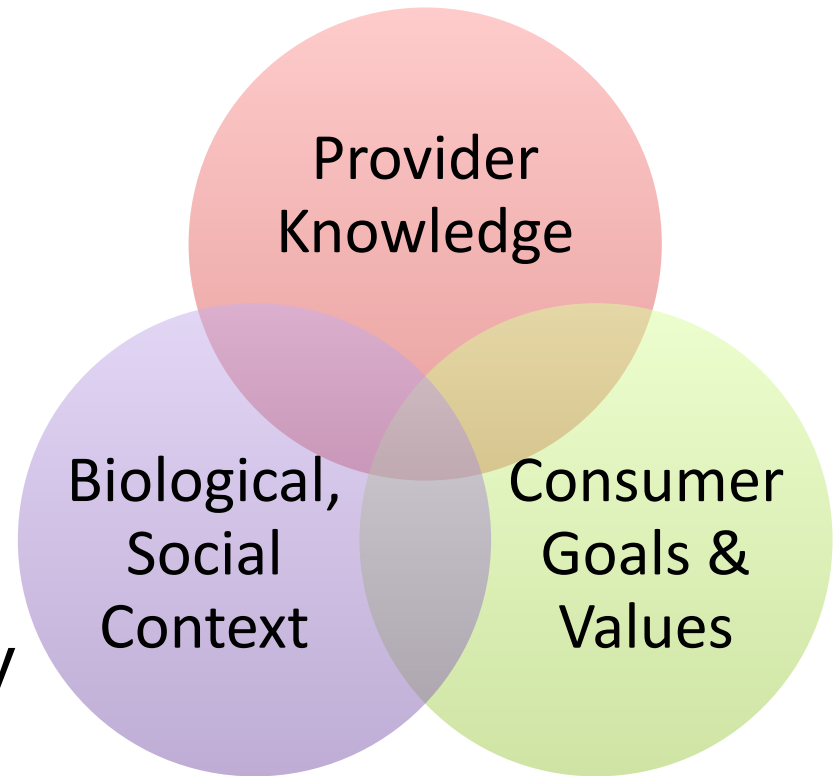


Corey: One door closes, another

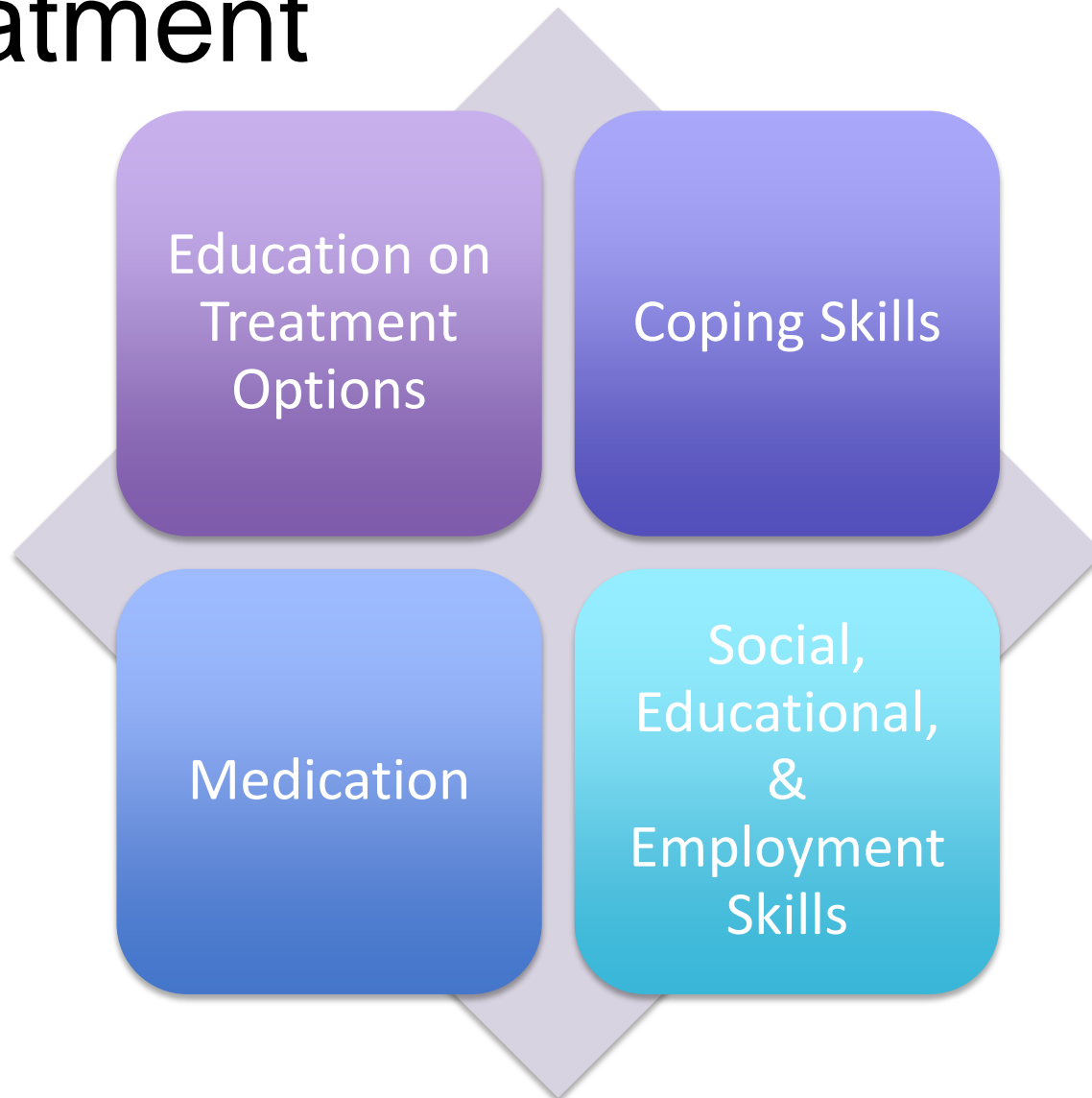


Shared decision making model

- Recovery-based
- Multiple experts including the consumer
- Collaborative process
- Consumer accountability
- Relationship and trust with providers is the key



Treatment



Medication

Second generation antipsychotics



Low dose



Mono-therapy



Minimize side effects



Role of the family

Participate as a member of the treatment team

Understand consumer's recovery goals

Learn about psychosis

Advocate for consumer

Assist consumer in getting to appointments and activities

Maintain a safe, positive, supportive atmosphere at home

Which Medications are Used in the PROPs Program?

Evidence-based medication recommendations

Medication Choice

- Second generation antipsychotic (SGA)
- NOT clozapine or olanzapine

Medication Dose

- Dose is lower than for a multi-episode consumer

Maintenance Med

- Treatment with SGA at lowest possible dose to relieve positive symptoms

Medication choices

risperidone*

aripiprazole*

ziprasidone

loxapine

perphenazine

lurasidone

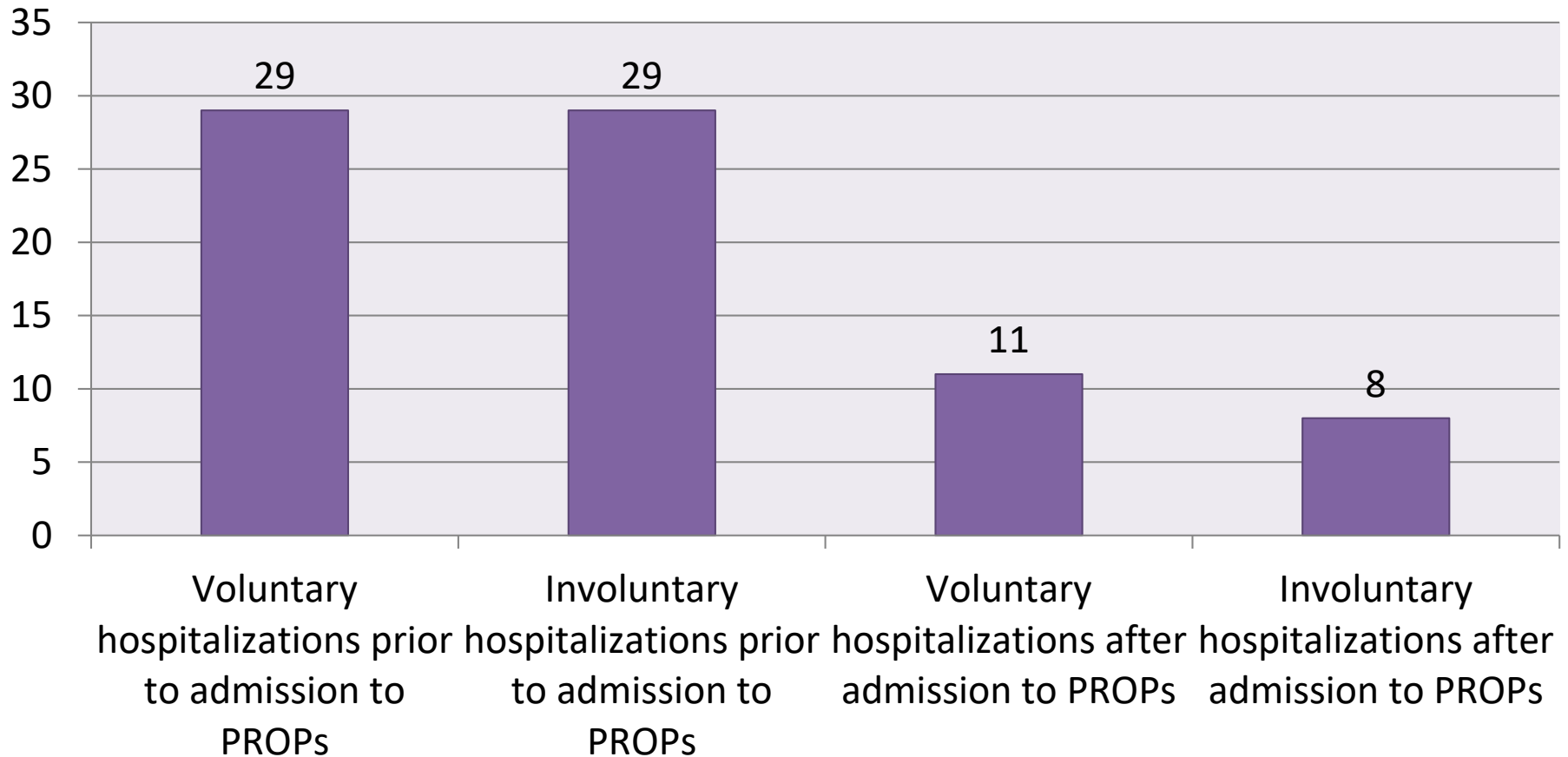
What are the Outcomes?

PROPs in Dane County

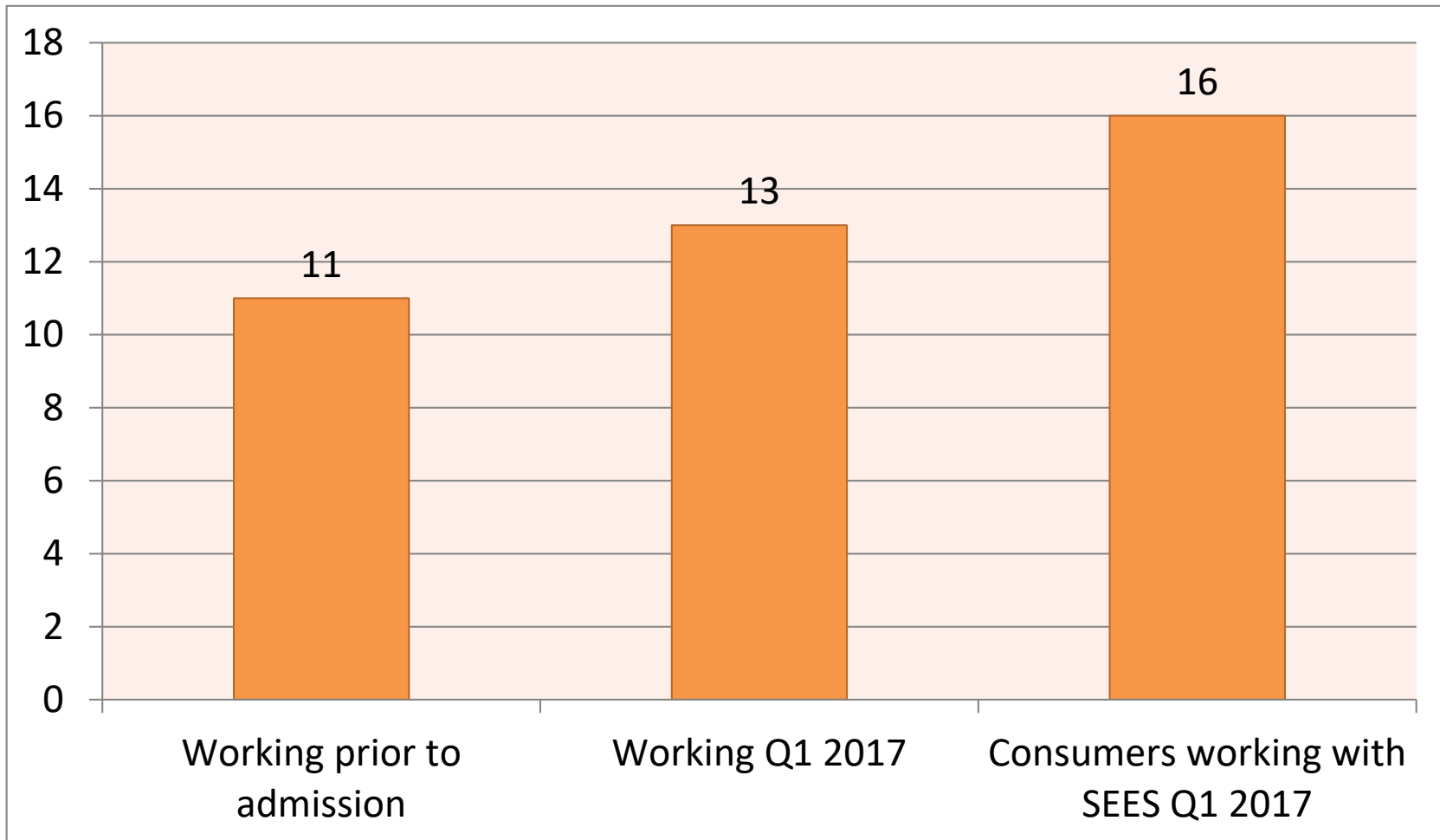
- 2015: Journey Mental Health created PROPs through state block grant funding
- Successful results

Hospitalizations before and after PROPs admission

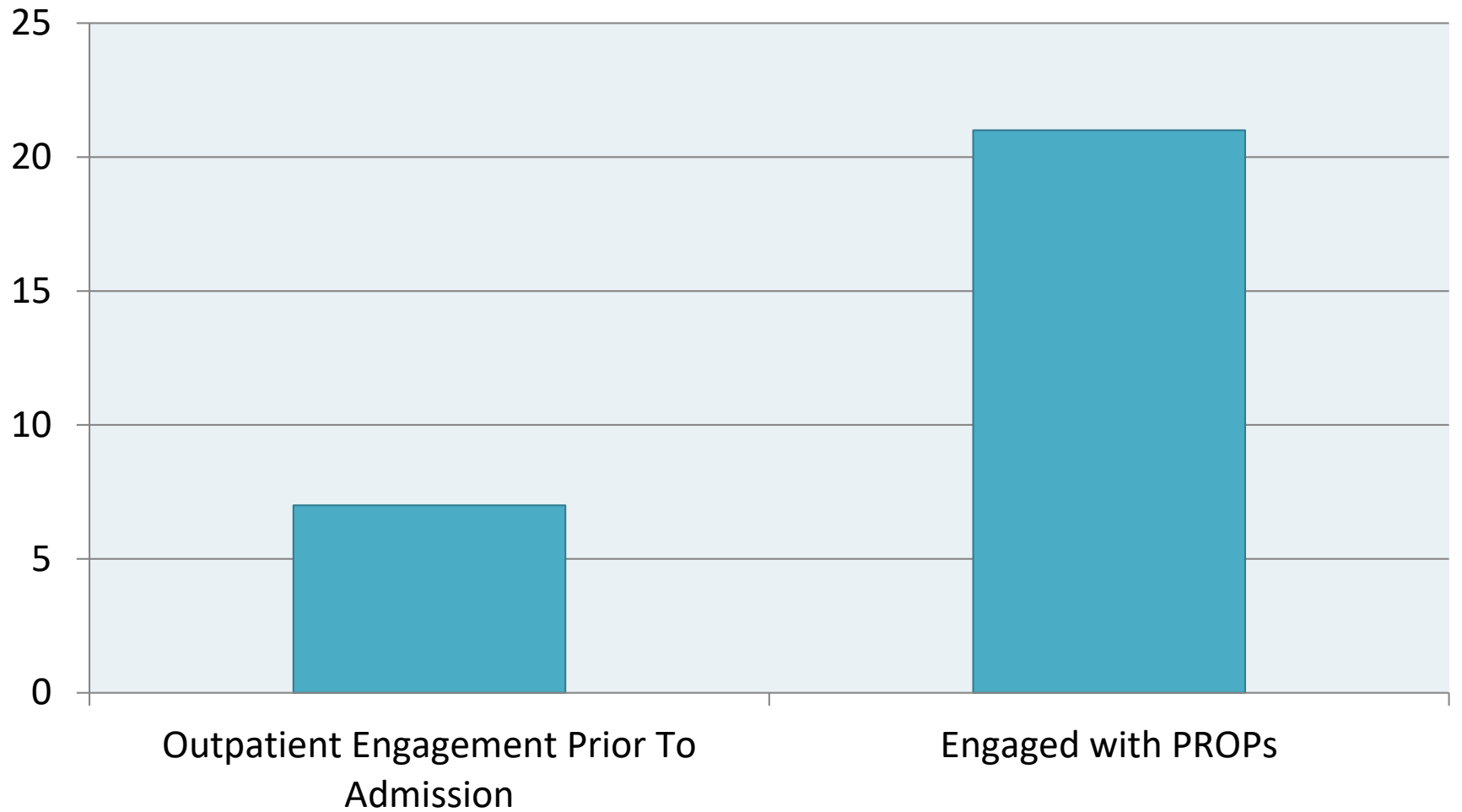
3/1/15-6/16/17



Supportive employment



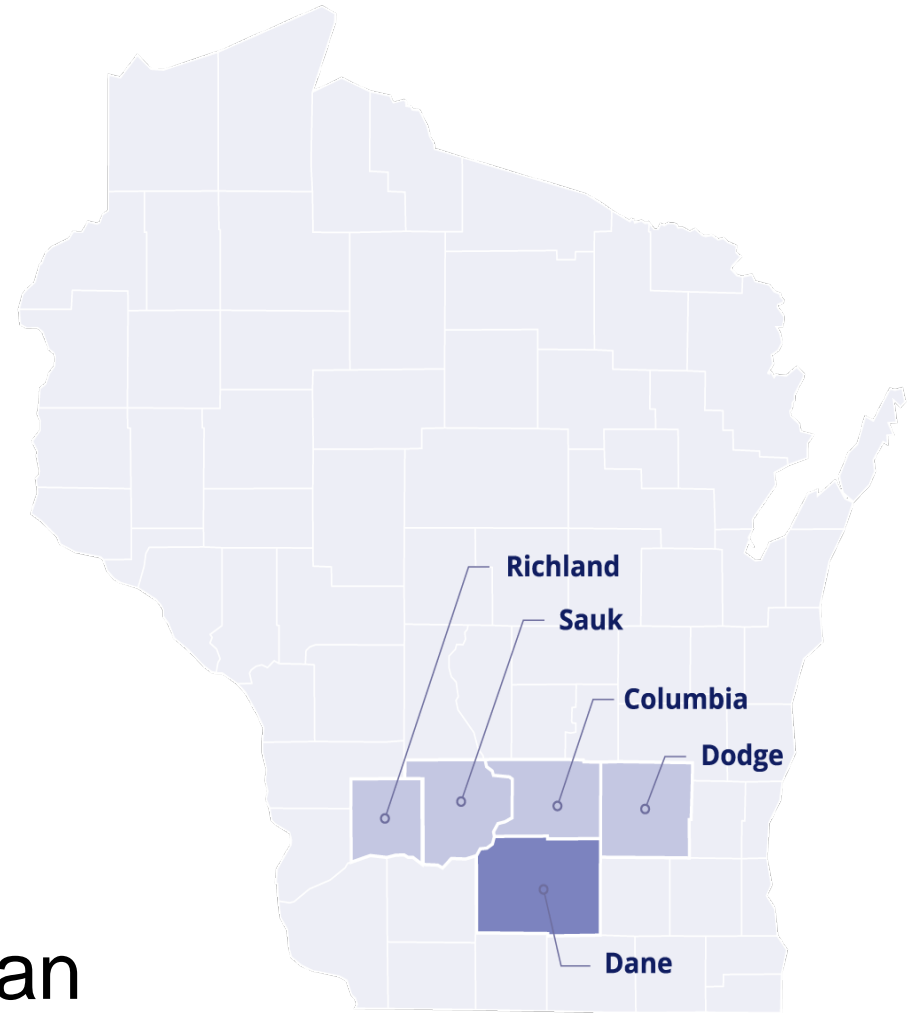
Consumer Engagement



What is the PROPs Service Area?

PROPs

- Main offices:
 - Madison (PROPs1)
 - Portage (PROPs2)
- Satellite offices (PROPs2):
 - UW-Richland
 - UW-Baraboo
 - Dodge County Human Services Building



Challenges of implementing the program in rural areas

Logistics

Outreach

Billing

Transportation

What to Look For When Considering a Referral

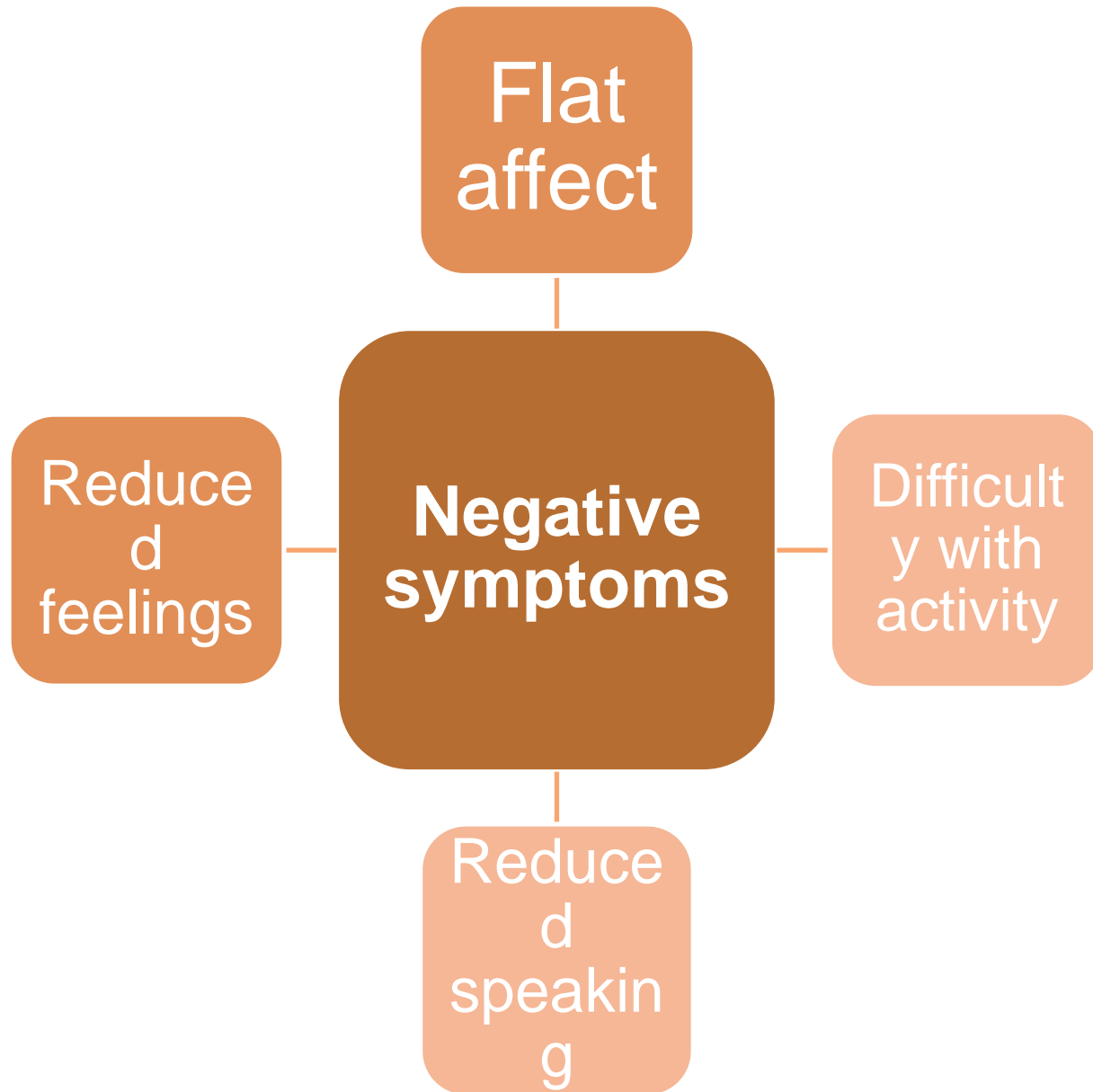
Hallucinations

Delusions

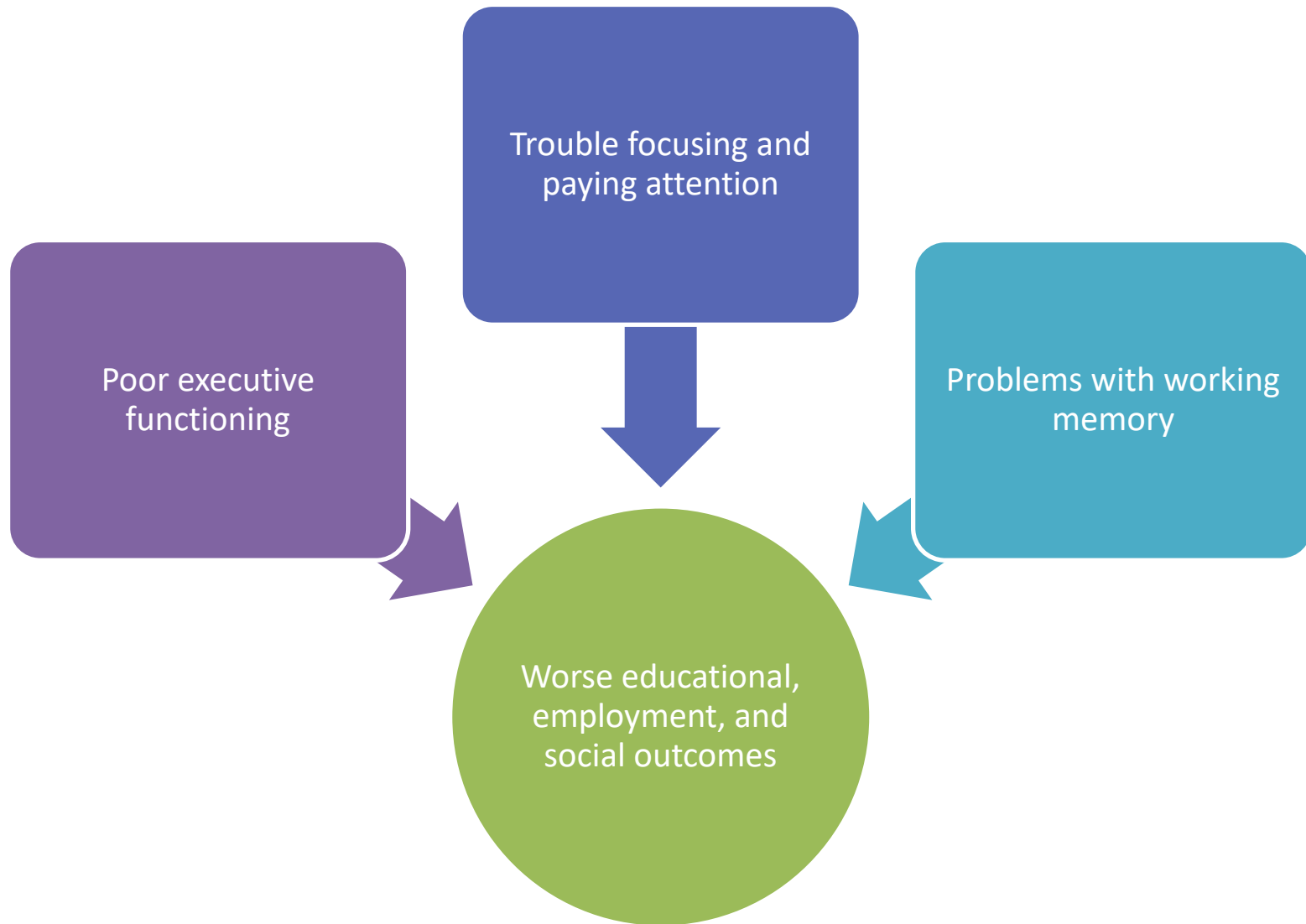
Positive
symptoms

Thought disorder

Movement
disorder



Cognitive symptoms



Factors

Biological

- Individual's biology
- Heredity – family history
- Links to neurotransmitters

Triggers

- Stressful events
- Drug use (especially marijuana, speed, or LSD)

Referrals

- Fill out phone referral form and email to PROPs
- Contact PROPs directly
- Contact through county crisis or CCS staff

Age 15-25

Symptoms more than 1 week, less than 3 years

Eligibility criteria

Psychosis not secondary to medical condition, AODA, or trauma

IQ greater than 70



Discharge criteria



Minimal symptoms for 2 years



No major dysfunction in areas such as vocational, educational, social, independent living, etc.



Mutual agreement of consumer and treatment team

Questions



PROPs

*We're Transforming
Young Lives.*

HEALTH WELLNESS RECOVERY

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