

# MENTAL HEALTH WEEKLY

Essential information for decision-makers

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The STEP (Specialized Treatment Early in Psychosis) program in New Haven, Conn., offers care to individuals ages 16–35 who experience their first psychotic episode. The first randomized controlled trial of this clinical model found that it reduces hospitalizations and helps patients continue to work and go to school. The program can be adapted at community mental health centers nationally. . . . *See top story, this page*

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## Clinical intervention model yields positive results for youth with psychosis

A clinical model created to provide comprehensive early intervention to young people experiencing their first psychotic episode has, within one year, shown significant reductions in hospitalization and improved vocational outcomes. The study, which researchers say is the first randomized trial of a first-episode services (FES) program in the United States, appears online in the February 3 issue of *Psychiatric Services*.

The STEP (Specialized Treatment Early in Psychosis) program was developed in 2006 by Yale University researchers and the Connecticut Department of Mental Health and Addiction Services (DMHAS). Based in the Connecticut Mental Health Center in New Haven, the STEP clinic combines therapy, coun-

### Bottom Line...

*This delivery of care model, which is moving young people toward recovery, vocation and employment, and reducing hospitalizations, can work in other community mental health centers around the country.*

seling, social skills training and family education for young people in their late teens and early 20s, when these illnesses manifest.

The study, "First-Episode Services for Psychotic Disorders in the U.S. Public Sector," sought to determine the effectiveness of a comprehensive first-episode service, the clinic for STEP, in an urban U.S. community mental health center by com-

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## NAMI chapter's child screening maintains focus on parent choice

It might be difficult to find a more appropriate acronym out there for a mental health initiative than "H.U.G.S.," short for the Health Under Guided Systems children's screening effort administered by the Collier County, Fla., chapter of the National Alliance on Mental Illness (NAMI). At every step of the process from initial outreach to any possible service provision that a child might need, H.U.G.S. envelops children's caregivers with one-on-one guidance in navigating the system.

"We believe that children have a right to early screening and early intervention, and that parents should have a choice in follow-up care," NAMI Collier County CEO Kathryn Hunter told *MHW*.

### Bottom Line...

*Care navigators in NAMI Collier County's award-winning Health Under Guided Systems (H.U.G.S.) initiative maintain close contact with families of children with mental health needs, in many cases drawing from their own experiences in negotiating the intricacies of the children's mental health system.*

NAMI Collier County (covering the southwest Florida area of Naples and surrounding communities) received national attention for H.U.G.S. in December when the partners in the Connect 4 Mental Health Initiative (including the national NAMI

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comparing it with usual treatment.

“Our overarching goal was to answer the full question about whether first-episode services, when compared with usual services, could be effective if implemented within the public sector in the U.S.,” Vinod Srihari, M.D., associate professor of psychiatry at the Yale University School of Medicine and clinical director of STEP, told *MHW*.

already know to be effective treatment but putting them together in a package oriented [toward] the needs of young people and their families,” said Srihari. “We know medication treatment is effective,” he said, noting that family education, cognitive therapy and social skills are interventions that contribute to reducing relapse and rehospitalization for young people.

Srihari added, “When we found-

break this stalemate, the Connecticut DMHAS took the progressive approach of allowing STEP to take individuals in for care regardless of insurance status.”

Srihari noted that other similar models of care have been implemented in California, North Carolina and Massachusetts (the Prevention and Recovery in Early Psychosis program). “What is novel about this program is that it is the first [to be tested] in a randomly controlled trial,” he said.

**‘We believe that the STEP model is feasible to implement in similar community mental health centers across the country and, moreover, that will likely also be cost-effective.’**

Vinod Srihari, M.D.

STEP is modeled after similar first-episode services deemed successful in Denmark, the United Kingdom and Norway, said Srihari. Those FES models were adapted in this country by Yale researchers to determine whether they would result in similarly improved outcomes, he said.

Understanding first-episode services is about determining “what we

ed STEP in 2006, we knew that an important barrier to entry into regular outpatient treatment was the confusion that patients who have commercial insurance or Medicaid face when trying to find a provider who will take their insurance. Many insurance providers restricted the kind and duration of treatment, and several providers do not accept certain insurance plans. In order to

## Study details

Researchers recruited participants from April 2006 to April 2012, and all assessments were concluded in May 2013 to allow for at least one year of follow-up for all enrollees. Recruitment efforts were limited to informing local hospitals, emergency departments and community clinics; making invited presentations to professional groups; and regularly visiting the largest regional private, nonprofit psychiatric hospital.

The randomized controlled trial enrolled 120 patients between the ages of 16 and 35 with first-episode psychosis within five years of illness onset and 12 weeks of antipsychotic exposure. Referrals were mostly from inpatient psychiatric units, and enrollees were randomly allocated to STEP or usual treatment.

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# WILEY

The patient is assigned to a team that coordinates medication, counseling and social skills training, as well as education of family members. The team consisted of staff and trainees from psychiatry, psychology, social work and nursing.

The study found that three out of four in STEP care avoided hospitalization in the next year, compared to about half in the control group. STEP care resulted in fewer total hospitalizations (20 versus 39 with usual treatment) and a lower likelihood of hospitalization (14 of 60 [23 percent] patients versus 25 of 57 [44 percent] of those in usual treatment). Also, patients in STEP were more likely to be in school, have jobs or actively be seeking employment than those in usual systems of care.

“We believe that the STEP model is feasible to implement in similar community mental health centers across the country and, moreover, that will likely also be cost-effective,” said Srihari.

### Early identification

Barbara Walsh, Ph.D., clinical coordinator for the STEP and PRIME Psychosis Prodrome Research Clinic at the Yale University School of Medicine, said that the coordinated care of providers and family in working with young people with early psychosis is paramount. “I think of it as a menu of services that are available to them,” Walsh told *MHW*. “We provide medication management, individual therapy, family therapy, and group and social support.”

Walsh added, “Just like a physical illness, the sooner you see and recognize the signs and symptoms, the better the short-term and long-term prognosis. I liken it to diabetes. The doctor recognizes the early warning signs, which is the metabolic syndrome. They treat you right then and there so that illness never [progresses]. We’re trying to do the same thing but without the [definitive] blood test.”

The field, however, is getting much better at recognizing bio-

## Social media campaign to promote early detection in young adults

Professionals of an early intervention clinical model based in New Haven, Conn., for young people with early psychosis on January 22 launched a social marketing approach to empower caregivers and patients to seek care.

Mindmap addresses the challenge of early detection through a broad-based education effort that combines professional outreach with a social media and advertising campaign.

“In this campaign we’re interested in outreach to professionals in the area [who can] refer patients to our services quickly to engage them,” Vinod Srihari, M.D., associate professor of psychiatry and clinical director of STEP (Specialized Treatment Early in Psychosis) — an early intervention model for young people with psychosis. (See story, beginning on page 1 about new STEP research.)

STEP officials will work with primary care centers, police departments, the social welfare system, the judicial system and other stakeholder groups that work with young people. They will share resources and show young people how to contact the program for STEP consultation and clinical evaluation.

Srihari and his team at the Connecticut Mental Health Center, a community mental health center in New Haven jointly run by the Yale Department of Psychiatry and the Department of Mental Health and Addiction Services, coordinate STEP. The free program, available free to young people with psychosis, places an emphasis on returning them to educational or vocational pursuits.

Mindmap will run for three years, said Srihari, lead author of the STEP research. Eight New Haven-area towns will be involved with the campaign, he said. Social media programs like YouTube, Pinterest and Facebook will all be a part of the campaign, said Srihari. “We want young people to friend us,” Srihari said.

“We’re trying to reach young people, their parents and friends — anybody [in a position] to help — in any way that we can,” Barbara Walsh, Ph.D., clinical coordinator at the PRIME Clinic at the Yale University School of Medicine, told *MHW*.

Walsh added, “This whole campaign is about educating people and letting them know that help is available. Hopefully, people will admit they need help and come to us quickly.” The new initiative is supported by a grant from the National Institutes of Health (NIH).

For more information, visit [www.mindmapct.org](http://www.mindmapct.org).

marker alerts that face someone at risk of developing psychosis, she said. “I think between the PRIME and STEP [programs], we’re really changing the face of mental illness,” said Walsh.

### DMHAS commitment

The program began with \$250,000 in grant funding, Patricia Rehmer, commissioner of the Connecticut DMHAS and newly ap-

pointed president of the National Association of State Mental Health Program Directors, told *MHW*.

“The program has a large focus on family involvement,” added Rehmer. “Families become disengaged over time, which is why the STEP program focuses largely on family involvement. We provide family education; families get connected,” she said. “That’s an impor-

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tant component.”

The state used its 5 percent set-aside mental health block grant funding, amounting to \$84,000, to fund the STEP program. “Part of the reason SAMHSA [Substance Abuse and Mental Health Services Administration] did the set-aside was to give states an opportunity to test differ-

ent [evidence-based] models and see what the outcomes were,” said Rehmer.

There’s uncertainty about whether the federal block grant set-aside will continue or even increase in the new fiscal year, she said. On the other hand, Connecticut is experiencing a \$1 billion shortfall, said Rehmer, who added that she has not

seen the new fiscal year budget yet. “We will continue to support the program; that’s really important,” she said.

“There are many people with a diagnosis of schizophrenia, bipolar disorder or psychosis that do in fact go on to live their lives — that’s really the focus of the program,” said Rehmer. •

## Analysis uncovers potential parity violations in Michigan HIEs

Following an analysis of health insurance exchange plans to determine how the policies stack up against federal parity laws, the Mental Health Association in Michigan (MHAM) has found issues with the definition of “office visits” and challenges with behavioral health prescription coverage and is urging federal and state officials to be more vigilant about monitoring plans for parity compliance.

Michigan is one of the few states without a state parity law. Advocates say with the advent of the federal parity law and the Affordable Care Act (ACA), the state has entered new territory for small-group and individual policies as well as those offered through the ACA health insurance exchanges. Parity became effective in the state in January 2014.

The new report, “A 2014 Analysis of 88 Michigan Individual Health Insurance Policies for Compliance with Mental Health Parity,” released mid-January, will be submitted to the Michigan Department of Community Health and the state Department of Insurance the week of February 2. Additionally, the report will be distributed to the national Mental Health America (MHA).

“What we found wasn’t very encouraging,” Mark Reinstein, Ph.D., lead author of the report and former president and CEO of MHAM, told *MHW*. Reinstein retired from MHAM

### Bottom Line...

*Advocates in Michigan intend to have follow-up discussions with Department of Insurance and community mental health officials about key issues raised in the new report.*

on January 15 and will remain on as a consultant.

Of the 88 individual policies examined in Michigan in 2014, 70 percent represented plans from the health insurance exchange marketplace and 30 percent were off-exchange, said Reinstein. Insurers in the analysis included Aetna, Blue Cross Blue Shield, Humana and United Healthcare.

“We wanted to do a two-pronged check of compliance in Michigan with federal parity law and policy,” he said. “We decided part one would be what we did in ’14, checking out a bunch of individual coverage policies on- and off-exchange for what they claimed to offer. Part two will be in ’15 when we attempt to survey 1,500 consumers about their recent experiences with behavioral health insurance coverage.”

Treatment access and parity compliance under the ACA have come under national scrutiny of late. Last December, MHA released its own report analyzing behavioral prescription drug and services coverage within the federal exchange plans. The newer behavioral health medications involved higher co-pays or the highest out-of-pocket costs for consumers (see *MHW*, Dec. 15, 2014).

*The Baltimore Sun* this month reported that the Mental Health Association of Maryland released a study that found that not enough psychiatrists are available on plans sold on the state exchange. Additionally, a survey released by the Partnership to Fight Chronic Disease found that despite having insurance, people are still encountering obstacles to getting the right treatment when needed, the *Sun* reported.

### Final BH ‘priorities’

Advocates were interested in focusing on six behavioral health areas highlighted by the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act final rules as “priorities”: (1) inpatient, in-network; (2) inpatient, out-of-network; (3) outpatient, in-network; (4) outpatient, out-of-network; (5) emergency care; and (6) prescription drugs. “Reviewing the parity rules was something we had to be sure that we did,” Reinstein said.

“The issue of office visits became a confounding factor because the final federal parity rules say conditions for outpatient ‘office visits’ can be different from those for other outpatient services (i.e., they don’t have to be comparable), and we couldn’t find a formal definition in the rules of ‘office visit,” he said.

“We believe it likely that the categories of primary care and behavioral outpatient would both be office visits to the feds (and legally comparable), especially since the preamble to the rules offered both ‘physician

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