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## Coordinated Specialty Care for First Episode Psychosis

First Episode Psychosis (FEP) impacts the health and wellbeing of approximately 3,000 Texas children and young adult each year. Coordinated Specialty Care (CSC) is best practice in FEP treatment, providing team-based, multi-disciplinary approach that promotes patient-choice and shared decision making. Unfortunately, limited access and availability of CSC may delay the receipt of services, worsen mental health outcomes, and complicate professional or academic achievement. State funding for CSC services and a mandate requiring commercial health plans and insurers to adequately reimburse all CSC disciplines will improve mental health outcomes, promote patient academic and professional achievement, and enhance the quality of life of countless Texans.

### *First Episode Psychosis*

Three out of 100 people will experience psychosis in their lives.<sup>1</sup> In Texas, approximately 3,000 adolescents and young adults experience first episode psychosis each year.<sup>2</sup> The first episode of psychosis, often referred to as First Episode Psychosis (FEP), can include symptoms such as hallucinations, delusions, and confused thoughts and speech.<sup>3</sup> Although the precise causes of psychosis are unknown, they likely include genetics, trauma, substance use, physical illness or injury, and mental health conditions.<sup>4</sup>

### *Conventional Treatment: Symptom Management*

Treatment for psychosis is often aimed at reducing symptoms through the utilization of antipsychotic medications, psychological counseling, and psychosocial education. Antipsychotic medications are often

<sup>1</sup> National Institute of Mental Health. (n.d.). *Fact Sheet: First Episode Psychosis*. <https://www.nimh.nih.gov/health/topics/schizophrenia/raise/fact-sheet-first-episode-psychosis.shtml>

<sup>2</sup> Meadows Mental Health Policy Institute. (n.d.). *First Episode Psychosis Care*.

<https://www.texasstateofmind.org/education/#:~:text=Each%20year%2C%203%2C000%20Texas%20adolescents,five%20years%20after%20first%20onset.>

<sup>3</sup> Substance Abuse and Mental Health Services Administration. (2017). *Understanding a First Episode of Psychosis: Young Adult: Get the Facts*.

<https://store.samhsa.gov/product/Understanding-A-First-Episode-Of-Psychosis-Young-Adult-Get-the-Facts/SMA16-5006>

<sup>4</sup> National Alliance of Mental Illness. (n.d.). *Psychosis*. <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Psychosis>

the first intervention provided and have been shown effective in managing hallucinations and delusions, but adverse side effects may interfere with treatment compliance.<sup>5</sup> Further, long-term use of antipsychotic medications is associated with greater risk of metabolic and cardiovascular disease.<sup>6</sup>

Psychological counseling may be utilized to improve insight into the nature of their mental illness, facilitate goal development and achievement, and reduce the intensity of anxiety associated with the management of a serious mental illness.<sup>7</sup> Family therapy and mutual support groups may also be incorporated to improve interpersonal communication, foster a social support system, and promote the development of a response plan for future psychotic episodes.<sup>8</sup> Psychoeducation and skills training may be incorporated to improve medication compliance and promote secondary symptom improvement.

### *The Challenge: Clinician Choice Therapies and Delays in Service Receipt*

The primary challenges associated with the conventional treatment of psychosis are an emphasis on clinician choice in treatment and limited service availability. The initiation of antipsychotics medications is generally considered necessary prior to the utilization of non-pharmaceutical interventions.<sup>9</sup> The prioritization of medicinal interventions at the expense of patient choice may undermine other determinants of treatment success, such as medication compliance.<sup>10</sup> Further, perceptions of the urgency for pharmacological treatment to reduce risk and distress may take precedence over further clinical assessment.<sup>11</sup>

In addition to clinician choice in intervention, limited access and availability of treatment may delay service receipt and worsen mental health outcomes.<sup>12</sup> Studies have shown that patients who receive care within 74 weeks of onset demonstrate substantially greater benefit.<sup>13</sup> Unfortunately, the median time to first intervention is approximately 260 weeks, or 5 years.<sup>14</sup> Further, the earlier the age of onset of psychosis, the longer the duration to first treatment. As previously stated, the relative primacy of

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<sup>5</sup> Wolters, H., Kneegting, H., van den Bosch, R., & Wiersma, D. (2009). Effects and side effects of antipsychotic treatment in schizophrenia: Pros and cons of available self-rating scales. *Schizophrenia Research*, 112(3), 114-118

<sup>6</sup>Correll, C., Rubio, J., & Kane, J. (2018). What is the risk-benefit of long-term antipsychotic treatment in people with schizophrenia? *World Psychiatry*, 17(2), 149-160

<sup>7</sup> Turner, D., van der Gaag, M., Karyotaki, E., & Cuijpers, P. (2014). Psychological interventions for psychosis: A meta-analysis of comparative outcome studies. *American Journal of Psychiatry*, 171(5), 523-538

<sup>8</sup> United Kingdom National Health Service. (2019). *Psychosis*. <https://www.nhs.uk/conditions/psychosis/treatment/>

<sup>9</sup> Patel, K., Cherian, J., Gohil, K., & Atkinson, D. (2014). Schizophrenia: Overview and treatment options. *Pharmacy and Therapeutics*, 39(9), 638-645

<sup>10</sup> Whale, R., Harris, M., Kavanagh, G., Wickramasinghe, V., Jones, C., Marwaha, S., Jethwa, K., Ayadurai, N., & Thompson, A. (2016). Effectiveness of antipsychotics used in first-episode psychosis: A naturalistic cohort study. *The British Journal of Psychiatry*, 2(5), 323-329

<sup>11</sup> Byrne, R., Reeve, S., Bird, J., Jones, W., Shiers, D., Morrison, A., Pyle, M., & Peters, S. (2020). Clinicians' views of treatment types for first episode psychosis delivered in a randomized controlled trial (MAPS). *The Lancet: eClinicalMedicine*, 24

<sup>12</sup> Albert, N., Melau, M., Jensen, H., Halling-Hastrup, L., Hjorthoj, C., & Nordentoft, M. (2017). The effect of duration of untreated psychosis and treatment delay on the outcomes of prolonged early intervention in psychotic disorders. *Nature Partner Journals: Schizophrenia*, 3(1), 34

<sup>13</sup> Kane, J. M., Robinson, D. G., Schooler, N. R., Mueser, K. T., Penn, D. L., Rosenheck, R. A., Addington, J., Brunette, M. F., Correll, C. U., Estroff, S. E., Marcy, P., Robinson, J., Meyer-Kalos, P. S., Gottlieb, J. D., Glynn, S. M., Lynde, D. W., Pipes, R., Kurian, B. T., Miller, A. L., Azrin, S. T., ... Heinszen, R. K. (2016). Comprehensive versus usual community care for first-episode psychosis: 2-year outcomes from the NIMH RAISE early treatment program. *The American journal of psychiatry*, 173(4), 362-372

<sup>14</sup> Wang, P., Berglund, P., Olfson, M., & Kessler, R. (2004). Delays in initial treatment contact after first onset of a mental disorder. *Health Services Research*, 39(2), 393-416

pharmacological interventions may negatively impact medication compliance and treatment engagement.

### *The Solution: Coordinated Specialty Care*

Programs that support patient choice and timely access will improve treatment outcomes. Coordinated Specialty Care (CSC) is a team-based, multi-intervention approach for First Episode Psychosis (FEP) that promotes shared decision making between clinician and client.<sup>15</sup> CSC has been shown to increase treatment retention, reduce symptoms, and decrease future psychiatric hospitalizations. CSC interventions may include psychotherapy, medication management, case management, family education and support, and supportive employment, depending upon the client's need. Family members are included to the extent possible.

From a patient perspective, proven benefits of CSC include:<sup>16</sup>

- Supportive relationships with family and friends
- Continued participation in secondary or higher education
- Improved opportunities for meaningful employment
- Increased life satisfaction and quality of life

Unfortunately, many services provided by CSC are not reimbursed by commercial insurance and providers have faced obstacles in obtaining reimbursement for recovery-oriented interventions with proven benefit, such as supported employment and education. Further, variability in the number of billable episodes of care and rates of reimbursement for case management may prevent robust implementation of the gold-standard of psychosis care.<sup>17</sup> Consequences of inadequate access to and availability of CSC may include increased utilization of emergency or crisis services, criminal justice involvement, and taxpayer spending.

### *Prior Legislative Efforts: Increased Funding for CSC to Improve Access and Availability*

Currently, CSC programs are reimbursed through existing fee schedules that require providers to bill for each CSC intervention separately under the individual practitioner model.<sup>18</sup> Although this methodology

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<sup>15</sup> National Institute of Mental Health. (n.d.) *What is Coordinated Specialty Care (CSC)?* <https://www.nimh.nih.gov/health/topics/schizophrenia/raise/what-is-coordinated-specialty-care-csc.shtml>

<sup>16</sup> Health and Human Services. (n.d.). *Adult mental health coordinated specialty care for first episode of psychosis.* <https://hhs.texas.gov/services/mental-health-substance-use/adult-mental-health/adult-mental-health-coordinated-specialty-care-first-episode-psychosis>

<sup>17</sup> Heinssen, R., Goldstein, A., & Azrin, S. (2014). Evidence-based treatments for first episode psychosis: Components of coordinated specialty care. *National Institute of Mental Health.*

[https://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep\\_147096.pdf](https://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf)

<sup>18</sup> Jackson, B., Sternbach, K., Dixon, L., Harbin, H., Schoenbaum, M., & Rowan, M. (2019). Payment strategies for Coordinated Specialty Care. *Meadows Mental Health Policy Institute.*

may allow for flexibility in the interventions utilized, it may not adequately reimburse team-based services that promote cost-effective interventions essential to the CSC model. Further, supportive employment and supportive education are often not reimbursed by commercial insurance plans.

During the 86<sup>th</sup> Legislative Session, NAMI Texas worked with partners to advocate for HHSC Exceptional Item 19, which would have provided approximately 16 million dollars in enhanced funding for CSC services across the 2020/2021 biennium.<sup>19</sup> Exceptional Item 19 proposed to increase CSC program capacity, improve cross-agency collaboration, and limit duplication of services. Ultimately, Exceptional Item 19 was not included in the budget and many CSC providers have since struggled to provide comprehensive and effective care for first episode psychosis.

#### *Legislative Proposal for the 87<sup>th</sup> Legislature*

To improve the quality of life of Texans experiencing First Episode Psychosis and their families, NAMI Texas supports:

- Mandates that require commercial insurance providers to reimburse essential Coordinated Specialty Care services, such as supportive employment and education, or adopt a single billing code that includes all the key elements of Coordinated Specialty Care
- Increased General Revenue funding to expand existing Coordinated Specialty Care programs in order to better meet the mental health needs of Texans, as proposed in 2020/2021 HHSC Exceptional Item 19

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[https://www.texasstateofmind.org/wp-content/uploads/2020/02/MMHPI-Payment-Strategies-for-Coordinated-Specialty-Care-Final-Report-01\\_10\\_2020-with-citation.pdf](https://www.texasstateofmind.org/wp-content/uploads/2020/02/MMHPI-Payment-Strategies-for-Coordinated-Specialty-Care-Final-Report-01_10_2020-with-citation.pdf)

<sup>19</sup> Health and Human Services. (2018). *Consolidated behavioral health schedule and exceptional item review FY 2020-21*.

<https://hhs.texas.gov/reports/2019/01/consolidated-behavioral-health-schedule-exceptional-item-review-fy-2020-21>