

Meadows Mental Health Policy Institute

First Episode Psychosis Care for Texans – November 2019

What is First Episode Psychosis Care?

- Each year, about **3,000 Texas adolescents and young adults** ages 14-35 experience a first episode of psychosis (FEP).¹ Many have access to health insurance through their parents (up to age 26), Medicaid or CHIP, but they do not typically receive care and treatment **until five years after first onset of psychosis**.²
- Studies show that the longer treatment is delayed, the worse the outcome, both for the individual and for society.³ While most people who experience psychosis are not violent, they are much **more likely to be violent or become entangled in our criminal justice system** when their conditions go untreated.⁴

What does FEP Detection, Screening and Treatment Look Like in Practice?

- A team-based approach, **First Episode Psychosis (FEP) Care**, sometimes called **Coordinated Specialty Care**, starts assertive and intensive treatment as early after the initial psychosis as possible. The sooner Coordinated Specialty Care is accessed following the onset of psychotic symptoms, the better. One study of Coordinated Specialty Care found that those who began treatment **within 17 months of the first onset of symptoms** had better outcomes.⁵
- FEP can be **detected by law enforcement, in emergency rooms, and in hospitals**. Screening can also occur in primary care practices, schools, and even faith communities, if training is provided. Useful brief screening tools are available.⁶
- Coordinated Specialty Care takes about two years on average and costs approximately **\$14,000 per year per person served**.⁷

Why Should Texas Invest in Coordinated Specialty Care?

- People with **untreated psychosis are fifteen times more likely to commit homicide**.⁸ Coordinated Specialty Care helps people get into treatment more quickly.
- People experiencing a first episode of psychosis have a dramatically **elevated risk of suicide and other mortality: 24 times the average risk** for people of the same age. This may be due in part to a greater risk of suicide but also to elevated cardiometabolic risk factors.⁹
- Texas spends **\$1.4 billion** in emergency room costs and **\$700 million** in local justice system costs **each year** due to inadequately treated mental illness and substance use disorders. Although these costs are not a result of psychosis alone, delayed and ineffective treatment for those experiencing FEP result in a disproportionate share of costs to local governments.
- When participants receive Coordinated Specialty Care within the first 17 months of psychosis onset, they have better **quality of life** and are more involved in **work and**

school.¹⁰ Compared to usual care, Coordinated Specialty Care **is more cost-effective** in improving participants' quality of life.¹¹

To Which Age Groups Does This Apply and What is the Extent of the Need?

- A first episode of psychosis can occur at almost any age, but the vast majority of FEP incidence occurs between **ages 14 and 35**, with more than **3,000 Texans** in that age group experiencing FEP in a 12-month period. The overall estimate can be broken out by the following meaningful age groups. These estimates represent a minimum expected number of new first episode psychosis cases in a given **12-month period**, per age group.
 - 14-18: 900
 - 19-21: 600
 - 22-35: 1,500
- Given that a course of Coordinated Specialty Care takes about two years, on average, and Coordinated Specialty Care teams can serve about **30 people at one time**, Texas would need **200 teams** to meet statewide need. However, even with a more comprehensive statewide effort to detect and refer all those in need, we estimate that only half would actually agree to receive and follow through with a Coordinated Specialty Care referral, such that a more realistic estimate of the number of teams needed statewide would be **100 teams**.¹² Based on the level of appropriations, instead of a statewide effort, the state could ramp up teams in certain regions over time.
- Texas currently has **23 program sites and 26 Coordinated Specialty Care teams** across the state that operate primarily through block grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). This represents an important increase in capacity since 2014, but current teams are meeting only **25% of the estimated need** on an annual basis.
 - In July 2019, the Health and Human Services Commission announced the addition of 13 new program sites funded through increased funding from SAMHSA, which continues the 10 percent set-aside "to support evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders, regardless of the age of the individual at onset." The new sites will be served by: Andrews Center Behavioral Healthcare (Tyler), Border Region Behavioral Health Center (Laredo), Central Counties Services (Temple), Coastal Plains Center (Portland), Community Healthcore (Longview), Denton County MHMR (Denton), LifePath Systems (Plano), Pecan Valley Centers (Granbury), Spindletop Center (Beaumont), Texana Center (Rosenberg), Texoma Community Center (Sherman), Tri County Behavioral Health (Conroe), and West Texas Centers (Big Spring).

¹ Psychotic episodes include troubling symptoms, such as hallucinations (hearing or seeing things that are not there), and delusions (false and sometimes bizarre beliefs). MMHPI previously reported an estimate of 3,900 cases of FEP in a 12-month period, but that estimate was based on an older, now outdated estimation methodology. Our estimate of 3,000 was calculated by using data reported in Kirkbride et al. (2017). The epidemiology of first-episode psychosis in early intervention in psychosis services: Findings from the social epidemiology of psychoses in East Anglia [SEPEA] Study. *American Journal of Psychiatry*, 174(2), 143-153.) The incidence rates for ages 16-35 reported in Kirkbride et al. (2017) were applied to Texans of the same ages, and we also derived conservative, extrapolated estimates for Texans ages 14-15, since other studies have found first episode psychosis can occur in those ages, as well. However, it should be noted that FEP incidence varies considerably, depending on a community's rate of migration, poverty rate, crime rate, and other factors, and FEP incidence therefore can vary considerably across different Texas communities. Our estimates likely are biased downward for urban areas.

² Wang P.S., Berglund P.A., Olfson M., Kessler R.C. (2004). Delays in initial treatment contact after first onset of a mental disorder. *Health Services Research*, 39(2), 393-415.

³ Kane, J.M., et al. (2015). Comprehensive versus usual community care for first episode psychosis: 2-year outcomes from the NIMH RAISE early treatment program. *American Journal of Psychiatry*, *AJP in Advance*, 1-11.

⁴ Nielssen, O., & Large, M. (2010). Rates of homicide during the first episode of psychosis and after treatment: A systematic review and meta-analysis. *Schizophrenia Bulletin*, 36(4), 702-712. Randall, J. R., Chateau, D., Smith, M., Taylor, C., Bolton, J., Katz, L., ... & Brownell, M. (2016). An early intervention for psychosis and its effect on criminal accusations and suicidal behavior using a matched-cohort design. *Schizophrenia Research*, 176(2-3), 307-311.

⁵ Kane, J.M., et al. (2015). Cited above.

⁶ For example, the Prodromal Questionnaire, Brief Version (PQ-B) or the Yale University PRIME Screening Test are frequently used.

⁷ Data from HHSC, received through personal communication on March 13, 2018.

⁸ Nielssen & Large (2010), cited above. Randall et al. (2016), cited above.

⁹ Schoenbaum, M. et al. (2017). Twelve-month health care use and mortality in commercially insured young people with incident psychosis in the United States. *Schizophrenia Bulletin*, doi:10.1093/schbul/sbx009.

¹⁰ Kane, J.M., et al. (2015). Cited above.

¹¹ Rosenheck, R., et al. (2016). Cost-effectiveness of comprehensive, integrated care for first episode psychosis in the NIMH RAISE early treatment program. *Schizophrenia Bulletin* (Advance Access, doi: 10.1093/schbul/sbv224).

¹² In non-metropolitan areas it is likely that small FEP Care teams serving 25 people at one time would be more realistic.