

# CSC-EEP: Road Map to Implementation in Vermont

*Vermont CSC: What It Is and Why We Need It*  
Conference

Wilda L. White, Presenter

September 30, 2024

## Vermont Coordinated Specialty Care Conference

Hotel Champlain, Burlington, VT

September 30, 2024

**Workshop #: 2 of 7 Coordinated Specialty Care for Early Episode Psychosis: Road Map to Implementation in Vermont**

**Planners: Vermont Department of Mental Health Staff**

**Speaker: Wilda L. White, JD, MBA**



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## Vermont Coordinated Specialty Care Conference Hotel Champlain, Burlington, VT, September 30, 2024



In support of improving patient care, this activity has been planned and implemented by The Robert Larner College of Medicine at the University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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This activity was planned by and for the healthcare team, and learners will receive 5.5 Interprofessional Continuing Education (IPCE) credit for learning and change.

# About the Presenter



**Wilda L. White**

**Education:**

JD, MBA

**Occupation:**

Management Consultant

**Passion:**

Justice for all

## Experience

- Principal, Wilda L. White Consulting
- President, MadFreedom Advocates, Inc.
- Founder, MadFreedom, Inc.
- Executive Director, Vermont Psychiatric Survivors
- Executive Director, Center for Social Justice, UC Berkeley School of Law
- Partner, Walker, Hamilton & White (San Francisco, CA)
- General Management Consultant, McKinsey & Company (San Francisco, CA)

## Relevant Publication

“Coordinated Specialty Care for Early Episode Psychosis: Road Map to Implementation in Vermont,” July 31, 2024

# CSC-EEP Report

## COORDINATED SPECIALTY CARE FOR EARLY EPISODE PSYCHOSIS

7/31/2024

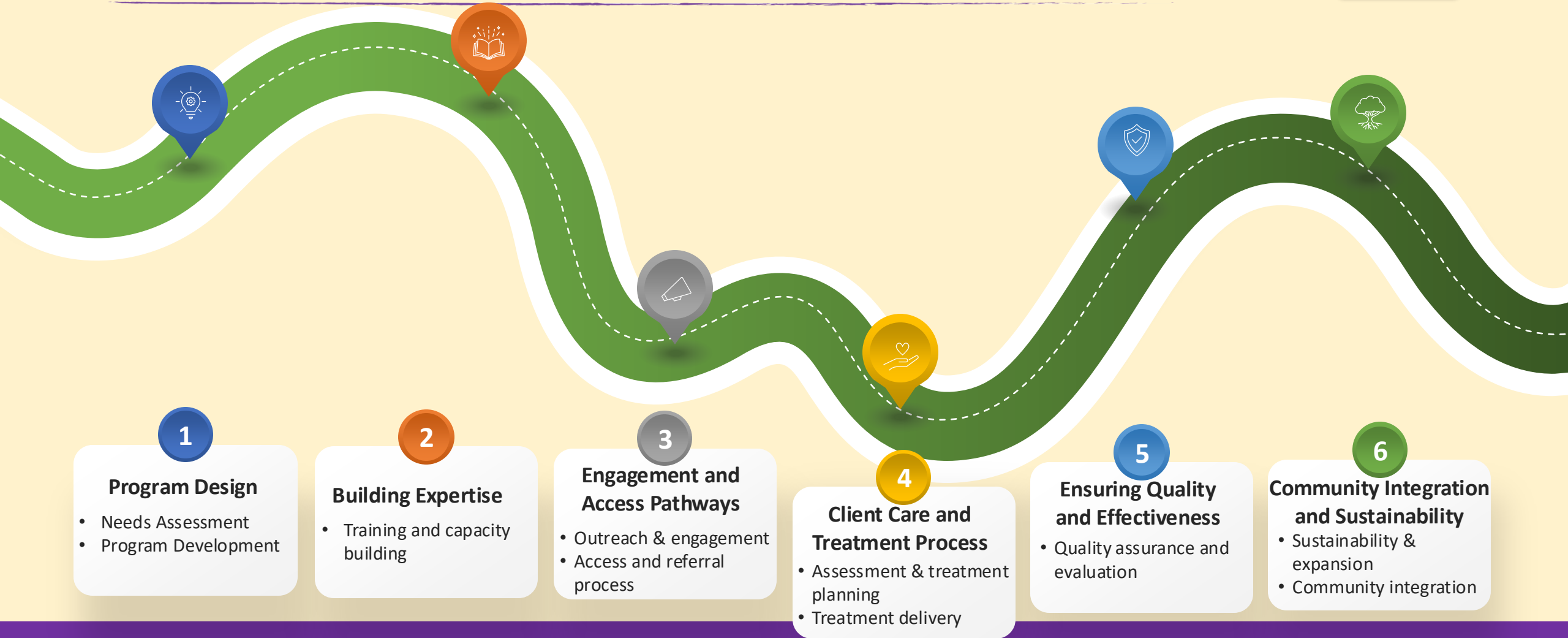
Road Map to Implementation in Vermont

This report provides an overview of Coordinated Specialty Care for Early Episode Psychosis (CSC-EEP). It is intended to provide a road map for implementing CSC-EEP in the State of Vermont.



<https://qrco.de/bfRHpk>

# Roadmap to CSC Implementation



# Early Episode Psychosis

CSC-EEP: Road Map to Implementation in Vermont

# What is Psychosis

Psychosis, aka an “extreme state” is a medical term used to describe an individual’s experience of perceiving things through any of the five senses (seeing, smelling, hearing, feeling, and tasting) that are outside consensus reality.

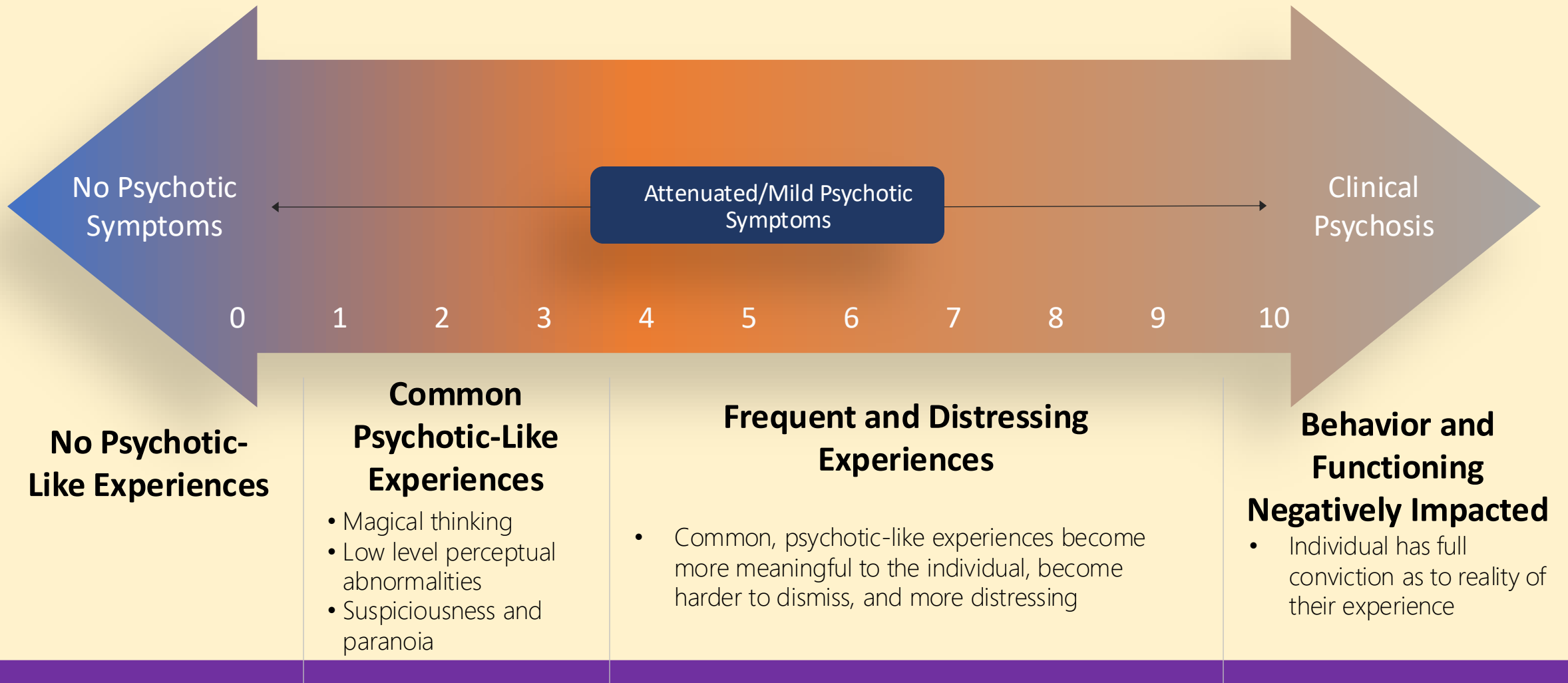
- Such experiences are also called visual, olfactory, auditory, tactile, and gustatory hallucinations

The term “psychosis” also encompasses delusions – believing things that are outside the consensus reality – and confused thinking.

- Symptoms exist on a continuum
- Factors like stress, trauma, sleep deprivation, and substance use can increase the risk of developing clinical psychosis



# Psychosis Continuum



# Early Episode Psychosis

Specific definition varies across medical and research settings

In context of CSC, early episode psychosis is generally considered the period up to five years after the onset of psychotic symptoms

- Due to mental illness
- Unrelated to substance use, brain injury or other medical issues (e.g., dementia)

# Coordinated Specialty Care for Early Episode Psychosis

CSC-EEP: Road Map to Implementation in Vermont

# What is CSC-EEP

Coordinated Specialty Care is an Americanized name for what originated outside the U.S. as Specialized Early Intervention and Psychosis Services (EIP)

CSC-EEP is an evidence-based, multi-disciplinary, team-based approach to providing early intervention for psychosis related to mental illness

- Intended primarily for adolescents and young adults between the ages of 15 and 30
- Typically offered over a two-to-three-year period following onset of first episode psychosis

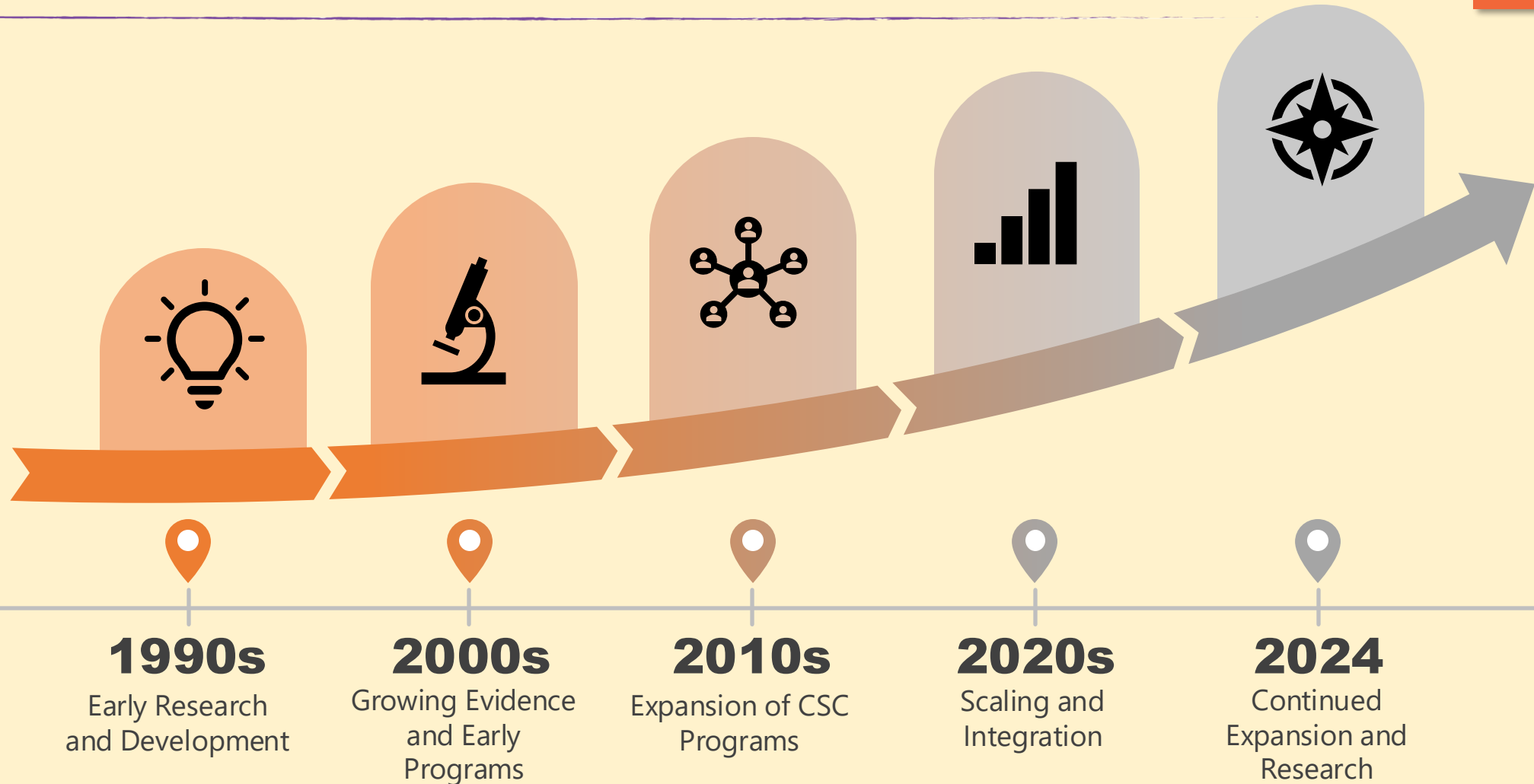
Since 2020, standard of care for individuals diagnosed with schizophrenia who are experiencing a first episode of psychosis

# CSC-EEP and Duration of Untreated Psychosis

Main emphasis of CSC-EEP is intervening early when symptoms are just emerging

Research has demonstrated poorer clinical, social, and functional outcomes for those who live with longer duration of untreated psychosis

# History of CSC-EEP



# Early CSC-EEP Research

WILDA  
L. WHITE  
consulting

2005 and

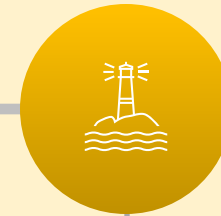
1996

Early 2000s

2006

2005

2006



## Australia

- Early Psychosis Prevention and Intervention Centre in Australia reports that early intervention reduced DUP in young people

## United Kingdom

- The United Kingdom mandates national coverage of early intervention programs

## Denmark and Norway

- Conduct large scale trials that demonstrate effectiveness of specialized first episode psychosis care over standard care

## North Carolina

- First U.S. trial of early episode psychosis services (uncontrolled trial)
- Begins in 2005

## Connecticut

- STEP program and first, controlled CSC trial begins at Yale University

# 2008 National RAISE Initiative

In 2008, the National Institute of Mental Health undertakes the Recovery After an Initial Schizophrenia Episode (RAISE) Initiative

First, multi-state control trial and feasibility study of first episode psychosis programs across the United States

RAISE initiative developed and evaluated a particular model of early episode psychosis care called Navigate

- Name was chosen to convey the goal of helping study participants and their families find their way to recovery through the complexities of psychosis and the mental health system



# About NAVIGATE

Standardized, team-based program

Designed to be implemented by existing staff in community mental health centers

Navigate included four interventions

- Individual resilience training
- Family education and support
- Supported education and employment; and
- Individual medication management.

# About the RAISE Initiative

Navigate was compared to standard community treatment in a randomized controlled trial

34 community mental health centers in 21 states participated with a two-year treatment and follow-up

# RAISE Initiative Participant Criteria

## Inclusion Criteria

- Individuals 15 to 40 years old
- First episode of schizophrenia, schizoaffective disorder, schizophreniform disorder, psychotic disorder NOS, or brief psychotic disorder (DSM-IV)
- No more than six months of treatment with antipsychotics

## Exclusion Criteria

- Affective psychosis diagnosis
- Substance-induced psychotic disorder
- Psychosis due to general medical conditions
- Clinically significant head trauma
- Other serious medical conditions

# RAISE Initiative Results

Participants in Navigate had significantly greater reductions in overall psychiatric symptoms and depression

- Greater improvement in quality of life, social relationships, and involvement in work and school compared to those who received standard treatment

There were no significant differences in rehospitalization rates, changes in positive and negative symptoms or changes in cognitive functioning

- However, those in the Navigate program remained in treatment longer and had more involvement in work and school

# RAISE Initiative and Vermont



Howard Center was one of 34 sites in RAISE Initiative

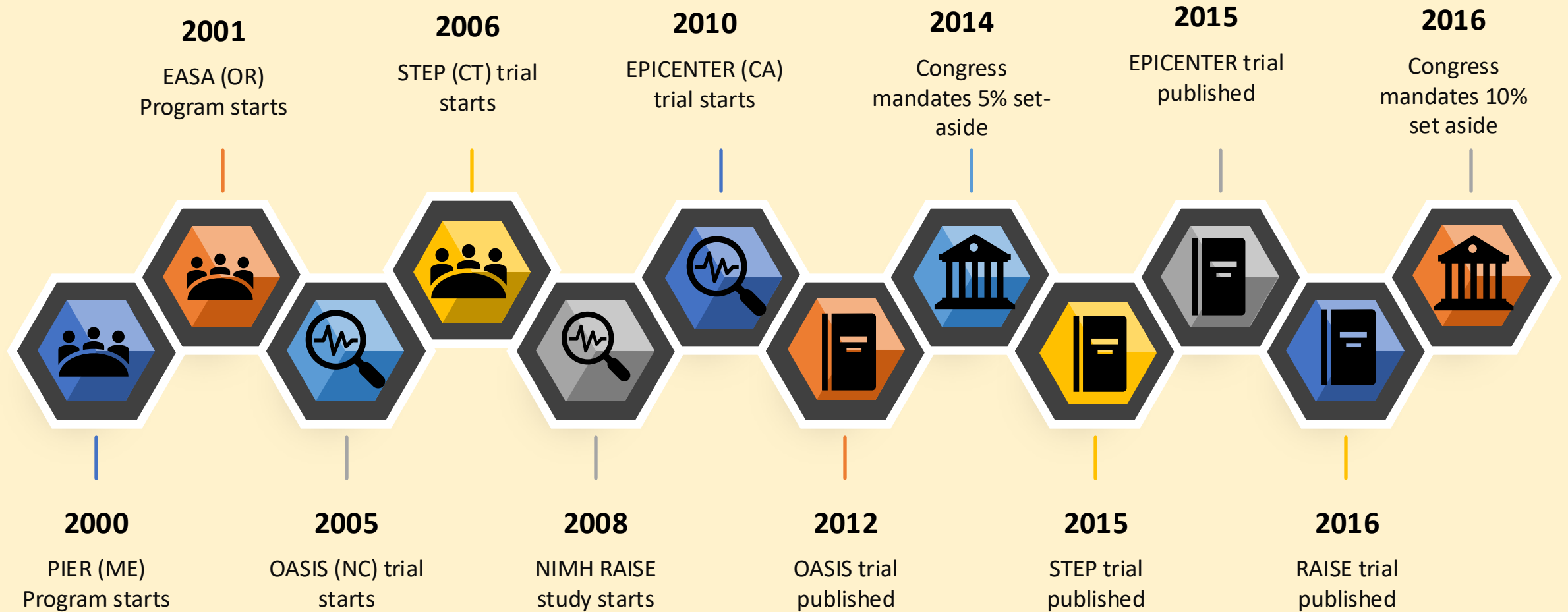
Howard Center was randomly selected to deliver NAVIGATE

- Enrolled 14 participants
- Assessed at baseline and every six months for 2 years

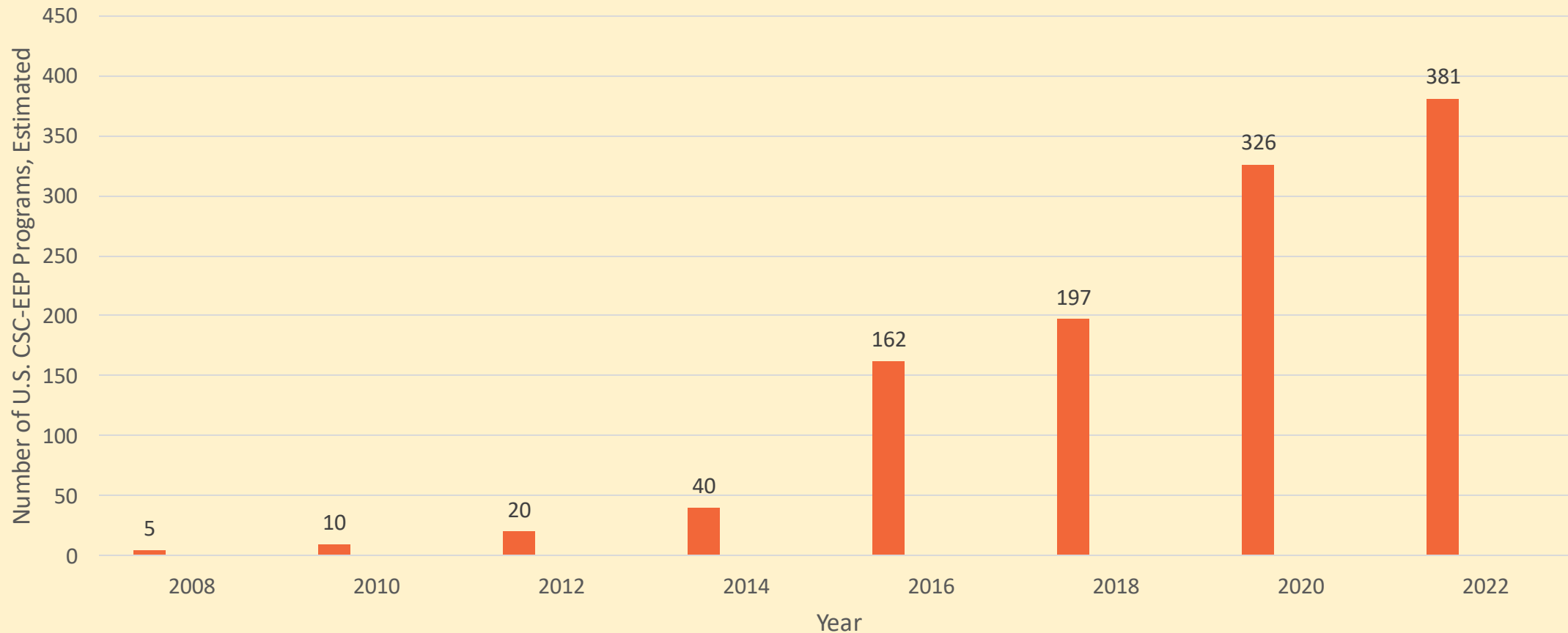
Howard Center demonstrated high fidelity to the model

- Howard Center Overall Fidelity Score was 2.60
- Overall Fidelity Score (Mean) for all participants was 2.51

# U.S. CSC-EEP Research and Funding



# Growth of CSC-EEP Programs in U.S.



# CSC Models, by state and programs

CSC Model	Number of States with Model	Number of Programs
NAVIGATE	16	48
OnTrack	11	38
EASA	6	47
PIER	3	10
FIRST	2	25
EDAPT (UC Davis)	1	3



# CSC-EEP: Core Activities



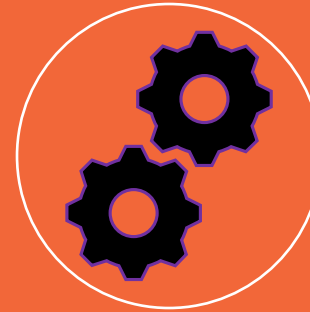
Cognitive or Behavioral Psychotherapy



Medication Management



Family Education and Support



Service Coordination and Case Management



Supported employment and education



# Services Offered In CSC Models

Case Management/Care Coordination	Cognitive Behavior Therapy
Cognitive Health/Remediation	Community Outreach/Assertive Outreach
Comprehensive Assessment and Evaluation	Digital Interventions
Family Advocates/Family Peer Support	Family Education and Support
Family Therapy	Group Psychotherapy
Group Sessions	Health and Wellness Services
Individual Psychotherapy	Individual Resilience Training
Integrated Primary and Mental Health Care	Medical Assessment and Treatment
Metacognition Remediation Therapy	Multifamily Psychoeducation
Occupational Therapy	Peer Support
Recreational/Social Activity Rehabilitation	Social Skills Training
Substance Use Treatment	Support with Concrete Needs
Supported Education and Employment	Supported Housing

# Consistent Across CSC-EEP Models

Rapid access to CSC-EEP programs

Eliminating barriers to eligibility based on insurance

# Delivery of CSC-EEP

## CSC Team Composition

- CSC is typically delivered by four to six clinicians trained for a specific component of CSC
- Team usually carries caseload of 30 to 35 clients

## Key CSC Roles on Teams

- Team Leadership (licensed clinicians)
- Case Management (licensed clinicians)
- Supported Employment and Education (specialist trained in Individual Placement and Support Model)
- Psychotherapy (licensed clinicians)
- Family Education and Support (licensed clinicians)
- Medication Management and Primary Care Coordination (Licensed Physicians and Nurses)
- Peer Support Provider (Certified peer support provider)

# Psychosis Care: Traditional Care versus Coordinated Specialty Care



Key Aspect of Care	Traditional Care Model	Coordinated Specialty Care Model
<b>Timing of Treatment</b>	Often starts late, sometimes years after symptoms have appeared and after multiple hospitalizations or crises	Early intervention, within first two to five years of symptom onset
<b>Care Providers</b>	Separate providers (e.g., psychiatrist, social worker, etc.) working independently	Multidisciplinary team working together to provide holistic and personalized care
<b>Focus of Treatment</b>	Often symptom-focused, relying on medications and therapy primarily to reduce symptoms	Recovery-oriented, focusing on helping individuals restore functioning in their personal, social and work lives
<b>Decision-Making Approach</b>	Provider-centered decision making	Shared decision making

# Psychosis Care: Standard versus Coordinated Specialty Care (cont'd)



Key Aspects of Care	Traditional Care	Coordinated Specialty Care
<b>Family Participation</b>	May vary; not always a core part of treatment	Family education and support is a critical part of CSC
<b>Care Settings</b>	Often delivered in clinical settings like hospitals or outpatient offices	Flexible care settings, including services provided in the community or at home
<b>Approach to Prevention</b>	May not have robust systems in place for preventing relapses or may address relapse after it occurs	Emphasizes preventative care by providing ongoing support, crisis intervention, and personalized plans to reduce the likelihood of relapse
<b>Education and Employment Support</b>	Work and education may not be integrated into treatment	Supported education and employment is an essential component of CSC

# Core Functions of CSC

Access to clinical providers with specialized training in EEP care



Easy access to the CSC program through active outreach and engagement



Provision of services in home, community and clinic settings, as needed



Acute care during or following a crisis



Transition to step-down services with the CSC team or discharge to regular care after two to three years



Program quality assurance through continuous monitoring of treatment fidelity

# Eligibility for CSC-EEP

Eligibility varies by program

Eligibility criteria typically include:

- Age
- Diagnosis (historically have excluded individuals experiencing “affective psychosis” (e.g., bipolar disorder with psychosis))
- Duration of psychosis
- Treatment history
- Co-occurring diagnoses



# CSC for Bipolar Disorder: STRIDE Program

STRIDE is an adaptation of the NAVIGATE program that focuses specifically on bipolar disorder

- Program aims to provide a coordinated specialty care approach for young people diagnosed with bipolar disorder

STRIDE is currently being tested for feasibility and usability in Colorado

- There are plans to implement STRIDE program in Washington State and Florida

# Costs of CSC-EEP

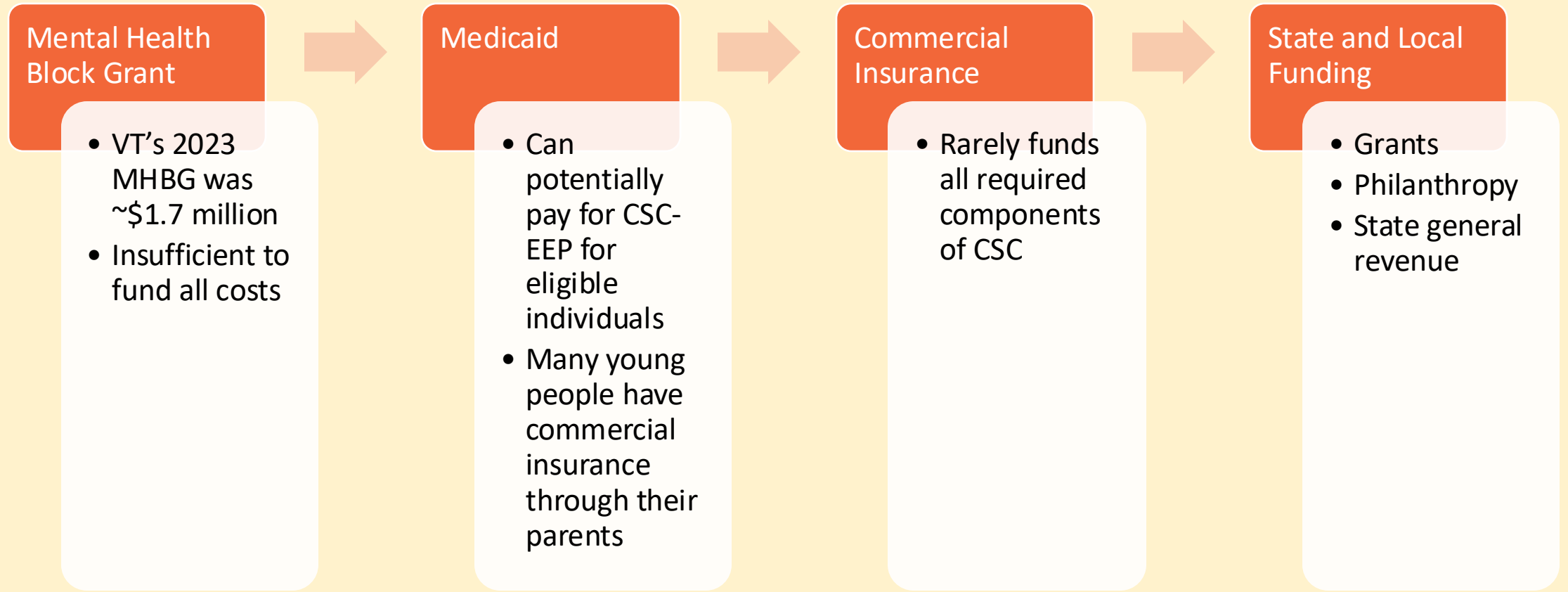
## Start-Up Costs

- \$300,000 to \$996,000 over two years

## Operating Costs

- \$1,054 to \$1,653 per client per month
- SAMHSA has determined that CSC is cost-effective based on decreases in high cost of adverse outcomes

# Paying for CSC-EEP



# Current Early Episode Psychosis Care in Vermont

CSC-EEP: Road Map to Implementation in Vermont

# Current EEP Providers in Vermont

## Hospital

- Brattleboro Retreat

## Residential Treatment

- Soteria House, five-bed Therapeutic Community Residence for prevention of hospitalization for individuals experiencing first episode psychosis
- Hilltop Recovery Residence, eight-bed, staff supported residence originally intended for young adults experiencing early episodes of psychosis

## Dialogic Practice

- Collaborative Network Approach (CNA), based on Open Dialogue, offers dialogic responses to people experiencing a wide range of difficult situations

# Current EEP Providers in Vermont (cont'd)

## Community Mental Health Agencies

- Designated Agencies

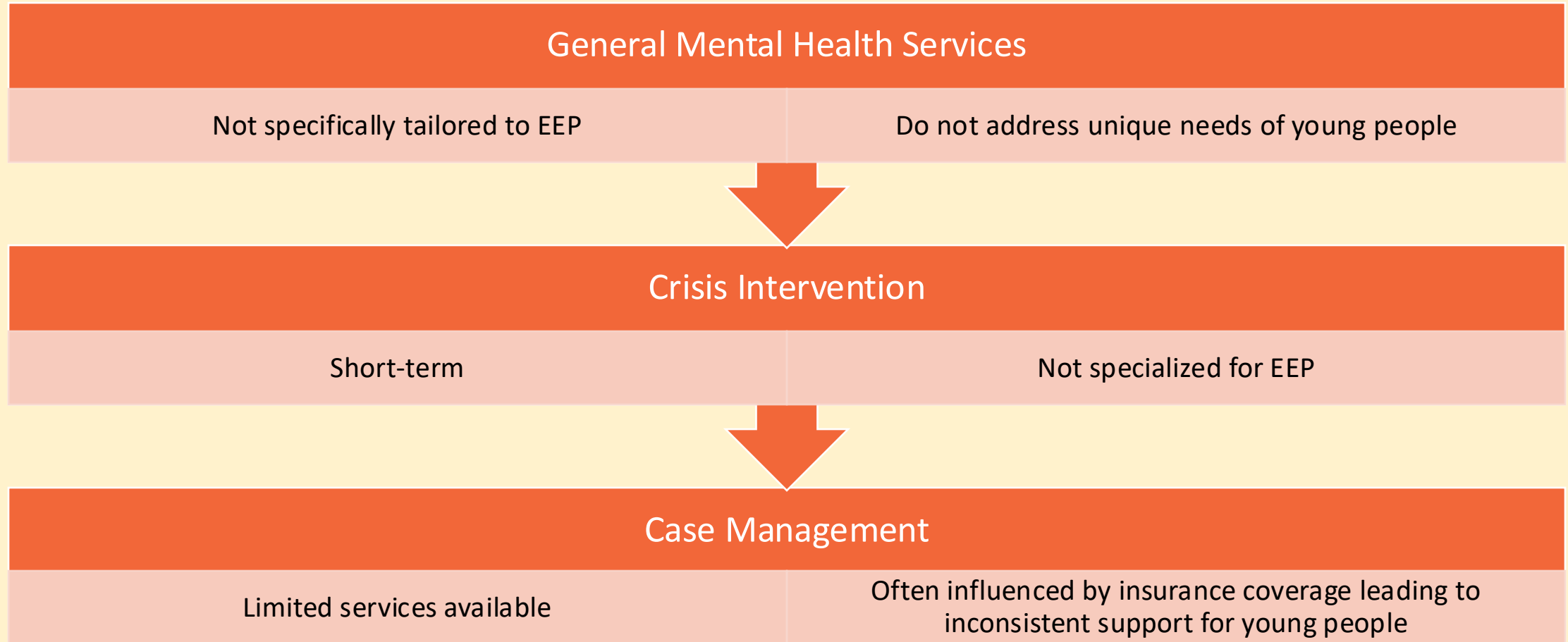
## Private Practitioners

- Child psychiatrists
- Pediatricians

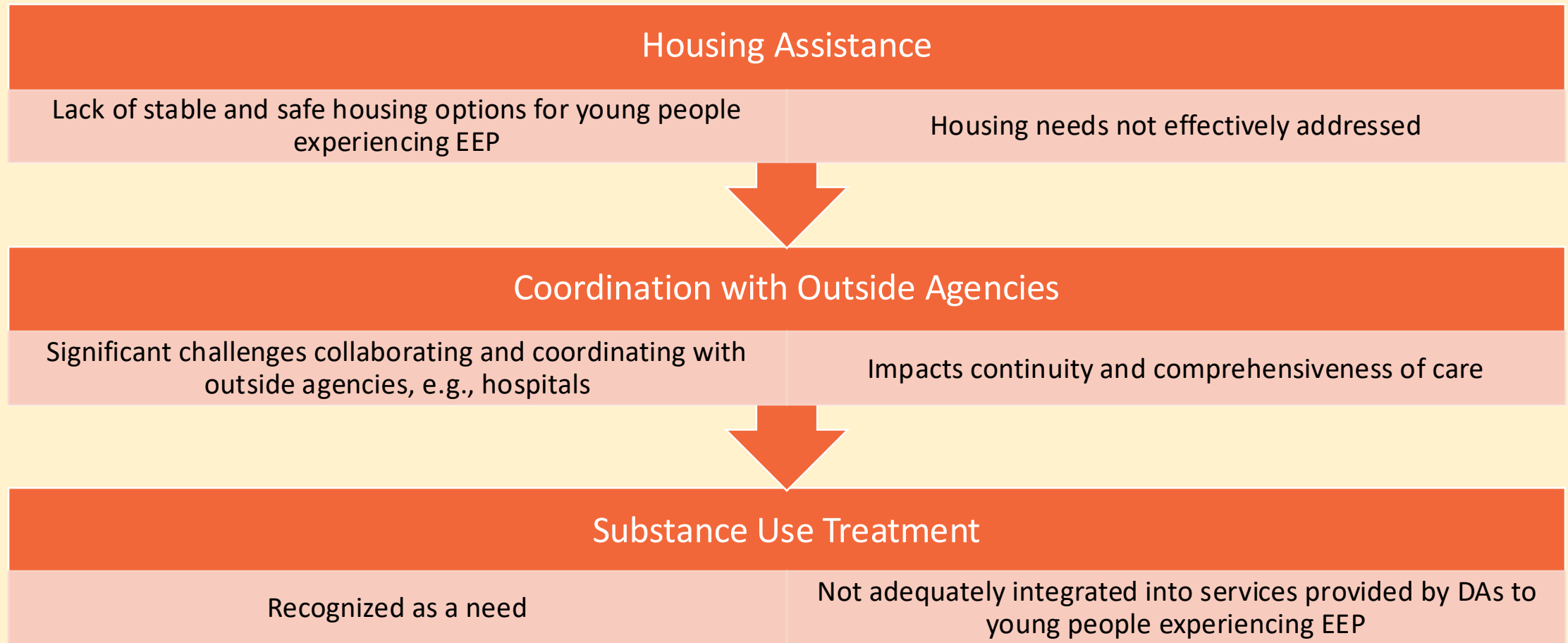
## Vermont Child Psychiatry Access Program

- Telephone consultation service that supports primary care providers to address and treat pediatric mental health concerns within their practice

# Stakeholder Feedback: DA Services & Supports



# Stakeholder Feedback: DA Services & Supports (cont'd)





# Stakeholder Feedback: DA Services & Supports (cont'd)



## Engagement Strategies

Traditional service models used to engage young people

May not be effective for young people who require a softer touch and more family involvement

# 2016 and 2024 Stakeholder Feedback

Significant delays and barriers in accessing mental health services

Negative experiences with mental health professionals who were reportedly dismissive of concerns

Overmedication and polypharmacy (reported by clients and their families)

Lack of inclusive and supportive family involvement in treatment plans

# Unmet EEP Needs in Vermont

Housing

Substance Use Treatment

Family Support (guidance and support for parents and families)

Peer Support

- For those under 18 years old

Care Coordination, unhampered by insurance constraints

Care regardless of insurance

# CSC and Needs Specific to Vermont

Housing

Financial Support

Substance Use Treatment

- Integrated, seamless treatment for co-occurring substance use issues within CSC program

# CSC and Needs Specific to Vermont (cont'd)

## Equity

- Ensure access regardless of insurance, geography, language

## Rural Access

- Ensure access without use of telehealth

## Cultural Competence

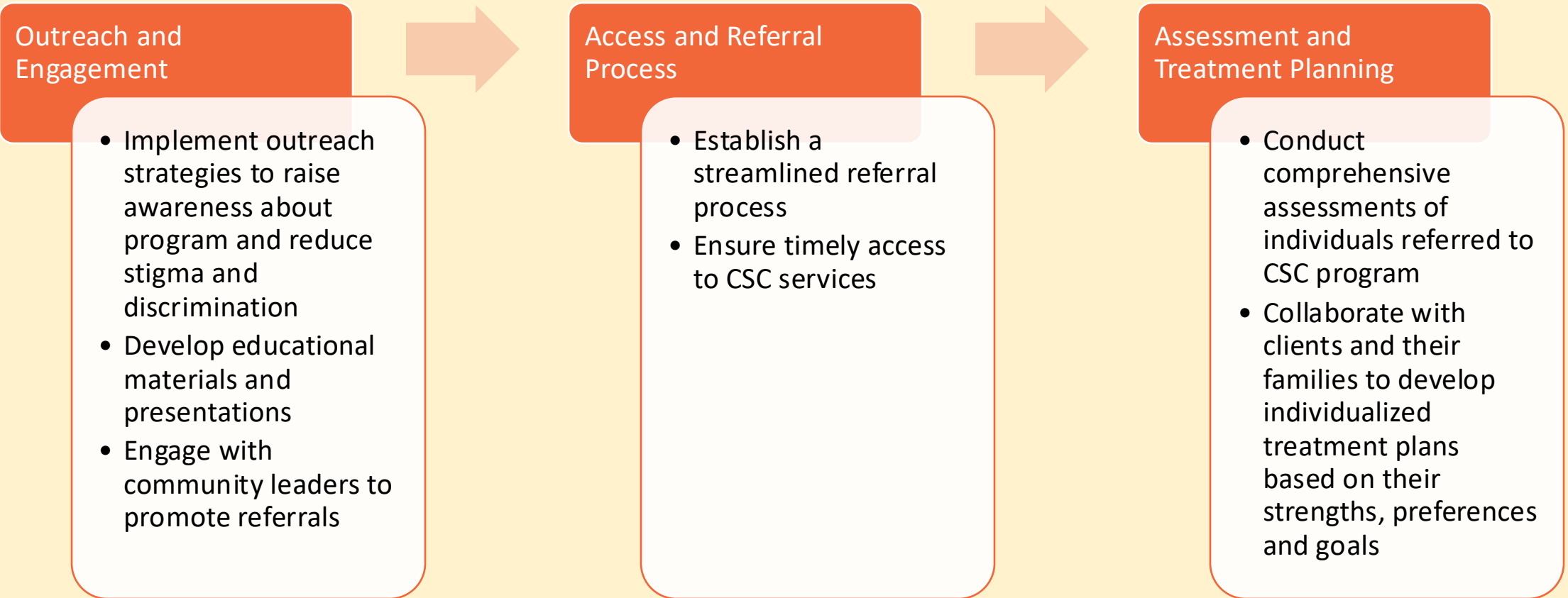
# CSC Implementation

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# Implementation

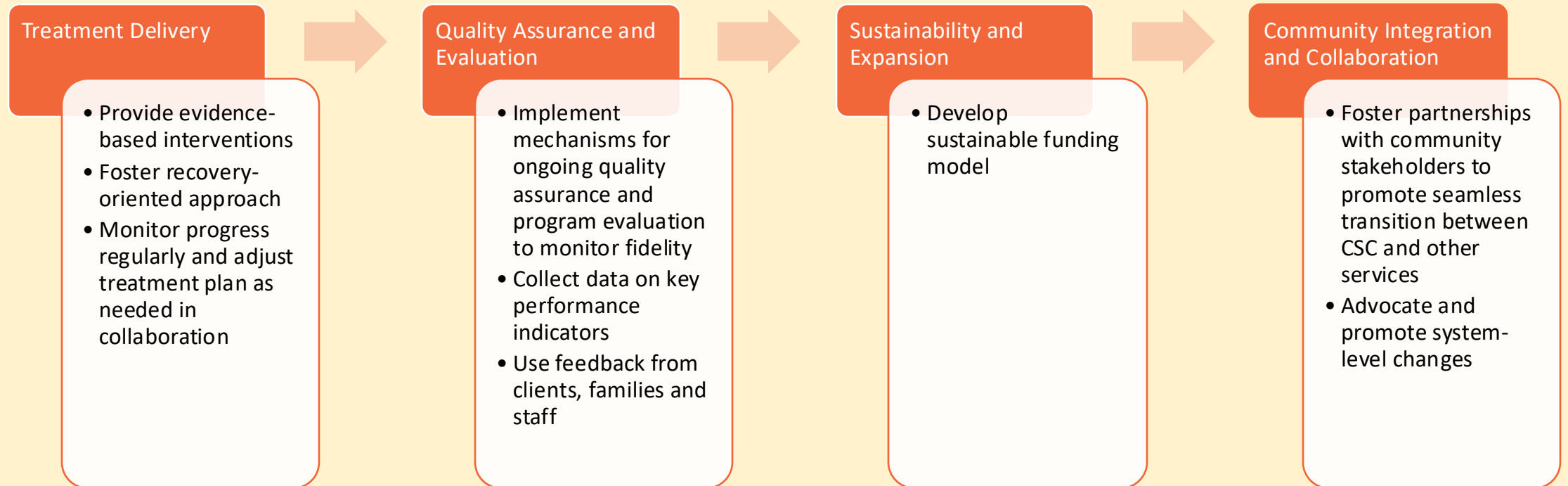


# Implementation (cont'd)





# Implementation (cont'd)



# Questions, Comments, Concerns

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