



Office of Mental Health

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MEMORANDUM

To: Managed Care Plan Liaisons to NYS

From: Thomas Smith, MD, Medical Director, OMH Division of Managed Care
Gary Weiskopf, Associate Commissioner, OMH Division of Managed Care

Date: April 30, 2015

Re: Information to assist managed care plans to meet requirements for persons with first episode psychosis

NYS is providing further information to plans regarding expectations and services for individuals experiencing a first episode psychosis.

Background

An abundance of data accumulated over the past two decades supports the value of early intervention with particular services to help people maximize recovery following a first psychotic episode. In a 2014 report entitled, "Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care*," the National Institute of Mental Health (NIMH) specified the components of such early-intervention services, calling them "Coordinated Specialty Care" (CSC) for individuals with early psychosis. The NYS Office of Mental Health (OMH) endorses use of the NIMH report on CSC as the cornerstone of practice guidelines for individuals with first episode psychosis (FEP).

One transformational goal of the managed care expansion for behavioral health (BH) services as stated in the RFQ is to foster reliance on specialized expertise for the assessment, treatment, and management of special populations, including individuals experiencing FEP. The purpose of this guidance is to summarize State requirements for managed care plans to assist in achieving this goal, describe resources to assist plans in meeting those requirements, and further specify OMH's practice guidelines and performance expectations for programs providing CSC for individuals with FEP.

Requirements in the RFQ regarding FEP

The RFQ defines FEP as: "individuals who have displayed psychotic symptoms suggestive of recently-emerged schizophrenia. FEP generally occurs in individuals age 16-35. For this RFQ, FEP includes individuals whose emergence of psychotic symptoms occurred within the previous 2 years,

*see <http://www.nimh.nih.gov/health/topics/schizophrenia/raise/coordinated-specialty-care-for-first-episode-psychosis-resources.shtml>

who remain in need of mental health services, and who have a diagnosis of schizophrenia, schizoaffective disorder, schizophreniform disorder, psychotic disorder NOS (DSM-IV), or other specified/ unspecified schizophrenia spectrum and other psychotic disorder (DSM-5). The definition of FEP excludes individuals whose psychotic symptoms are due primarily to a mood disorder or substance use.”

The RFQ specifies standards for plans serving individuals with FEP regarding staffing, network, performance measurement and member communications:

- The plan will ensure that their staff is educated about what FEP is, how to identify individuals experiencing FEP, and what treatment is needed.
- The network has programs meeting FEP guidelines and training is offered to providers on FEP.
- The plan will include monitoring of FEP in its QM program.
- The plan website will make information on FEP available to members, family members, and providers.

Plan Staffing Requirements

The RFQ indicates that HARP utilization/care management staff shall have experience and knowledge with behavioral health treatment, rehabilitation programs, supported housing, supported employment, vocational rehabilitation resources, and welfare to work programs. Experience should include knowledge of recovery-oriented practices and development of evidence-based practices as recognized by the SAMHSA and other national registries for these populations. Among other topics, training will be required in HCBS requirements, supportive housing and services for individuals with FEP (see RFQ Section 3.3 Contract Personnel, page 50).

Network Requirements

Plans are expected to develop a behavioral health network including providers able to address the anticipated needs of special populations, such as adults and transition age youth identified with FEP. In addition, HARPs shall develop and manage a continuum of supported education/employment services to assist members—including members with FEP—to achieve their employment/education goals (see RFQ Section 3.5 Network Service Requirements, page 52 and page 56).

Plans are also expected to develop and implement a comprehensive provider training and support program for network providers to gain appropriate knowledge, skills, and expertise and receive technical assistance to comply with the requirements under managed care. Primary care providers and Health Homes shall be offered training on identification of individuals with FEP and referral to appropriate FEP services. Plans are expected to provide training and technical assistance on meeting the needs of individuals with FEP (see RFQ Section 3.8 Network Training pages 60-61). HARPs are also expected to adopt, disseminate, and implement State selected clinical practice guidelines including OMH FEP practice guidelines (see RFQ Section 3.10 Clinical Management, page 69).

Performance Measurement

- The HARP will have a UM subcommittee dedicated to quality assurance around HARP utilization management activities. One of the responsibilities of this subcommittee is to address rates of initiation and engagement of individuals with FEP in services (see RFQ Section 3.12 Quality Management, page 72).
- The HARP shall track and report on compliance with protocols for the identification and prompt referral of individuals with FEP to programs and services, preferentially referring such individuals to OMH-designated FEP services to the extent such services are available within a reasonable distance (see RFQ Section 3.13 Reporting and Performance Measurement, page 74).

Information Systems and Website Capabilities

- The Plan shall organize the website to allow for easy access to information by members, family members, network providers, stakeholders, and the general public in compliance with the Americans with Disabilities Act. The Plan shall include on its website access to information for Transition Age Youth and members with FEP (see RFQ Section 3.15 Information Systems and Website Capabilities, page 75).

CPI/OnTrackNY

The Center for Practice Innovations (CPI) at Columbia Psychiatry/New York State Psychiatric Institute offers resources to assist plans in meeting the above FEP related requirements. OMH has funded CPI to promote the widespread availability of evidence-based practices to improve mental health services, ensure accountability, and promote recovery-oriented outcomes for consumers and families. CPI oversees OMH's implementation of programs specializing in treating individuals with FEP. CPI provides manuals and other web-based resources as well as consultation and training to programs and State agencies that would like to implement Coordinated Specialty Care teams (CSCs) for people with early psychosis. OnTrackNY is a new clinical service offered at sites across NYS by programs implementing these teams.

OnTrackNY teams meet OMH's standards for coordinated specialty care for individuals with FEP, including:

- The program is organized within a collaborative team that provides multi-element and multi-disciplinary services to a defined set of clients. A Team Leader has overall responsibility for the program. The philosophy is recovery-oriented and uses shared decision making.
- Program staff makes outreach visits into the community when necessary for engagement and identification of new clients as well as for the treatment of current clients.
- Each client has a primary clinician on the team.
- Services offered to all clients include case management for social and community needs, supported employment and education, FEP-relevant psychotherapy and support, pharmacotherapy and primary care coordination, and family support and education. In addition, programs address substance use, suicide prevention, and trauma and intervene

accordingly.

- Programs monitor implementation fidelity and client outcomes.
- Programs incorporate peer support.
- Programs maintain a staff to client ratio of approximately 1:10.
- A team member is available via phone 24/7 for consultation and to support clients in crisis.

Currently there are 5 OnTrackNY sites:

Program	Contact Person
Manhattan: Washington Heights Community Service	Nannan Liu: 646-774-8459
Queens: North Shore/Long Island Jewish	Kristin Candan: 718-470-8888
Brooklyn: Kings County Hospital Center	Melissa Anderson: 718-245-5242
Yonkers/Westchester County: Mental Health Association Westchester	Tia Dole: 914-666-4646 x7725
Catholic Charities of Broome County	Eva Denson: 607-729-9166

Additional OnTrackNY programs will be implemented prior to July 2015 at the following locations:

- Jewish Board of Family and Children Services (Manhattan)
- Bellevue Hospital Center (Manhattan)
- Parsons Northern Rivers (Rensselaer County)
- Suffolk County Farmingville Clinic (Suffolk County)
- Lakeshore Behavioral Health (Erie County)
- Hutchings Psychiatric Center (Onondaga County)
- Elmira Psychiatric Center (Chemung County)
- Chautauqua Tapestry (Chautauqua County)

Plan policies and procedures are to be structured to support the timely referral of persons identified with FEP to these and other similar FEP programs in NYS whenever possible.

CPI has developed training modules for Plan staff to understand services for individuals with FEP. This training is delivered through a sophisticated on-line learning management system with training supplemented by participation in learning collaboratives. Two training modules will be available, FEP 101 and FEP 201.

FEP 101 training is an approximately one-hour module that covers the following topics:

- Introduction to FEP
- What qualifies as FEP? (Including diagnoses, symptoms, member age, time since onset, substance involvement)
- What is the typical course of individuals who do not receive specialized FEP services?
- What evidence-based services do people with FEP need?
- What outcomes can be expected from these evidence-based services?

- Selected suite of videos illustrating key concepts (recovery, spirit of OnTrackNY, Shared Decision Making)

FEP 201 is also an approximately one-hour module focusing on tools for recognizing FEP and service planning including:

- FEP identification interview tools with guidance; algorithm of questions; hypothetical scenarios and back and forth questions; checklists; scripts etc. for work with providers, young people experiencing FEP and family members.
- Facilitate process for review for HARP eligibility determination so that specialized support services can be authorized.
- Exercises: Independent homework-type exercises to build skills.

CPI is also available for regular consultation calls to review cases and problem-solve on either a pre-arranged schedule (e.g. quarterly) and/or when needed. The Learning Management System employed by CPI also permits the monitoring of training progress at the individual level and reporting on course completion, thereby documenting compliance with the RFQ's training requirements.

Plans may wish to consult CPI on creation of policies and procedures regarding the identification and referral of persons with FEP and level of care guidelines as specified in the RFQ, as well as learn more about the trainings offered. Additional information regarding CPI can be found at:

<http://www.practiceinnovations.org/CPIInitiatives/OnTrackNY/tabid/202/Default.aspx>, or by contacting Lisa Dixon, MD at 646-774-8420 (Dixonli@nyspi.columbia.edu).

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