



Advanced Services for Adolescents with Psychosis (ASAP): Challenges with Access to Care

Child & Adolescent Quality, Access, and Policy Committee

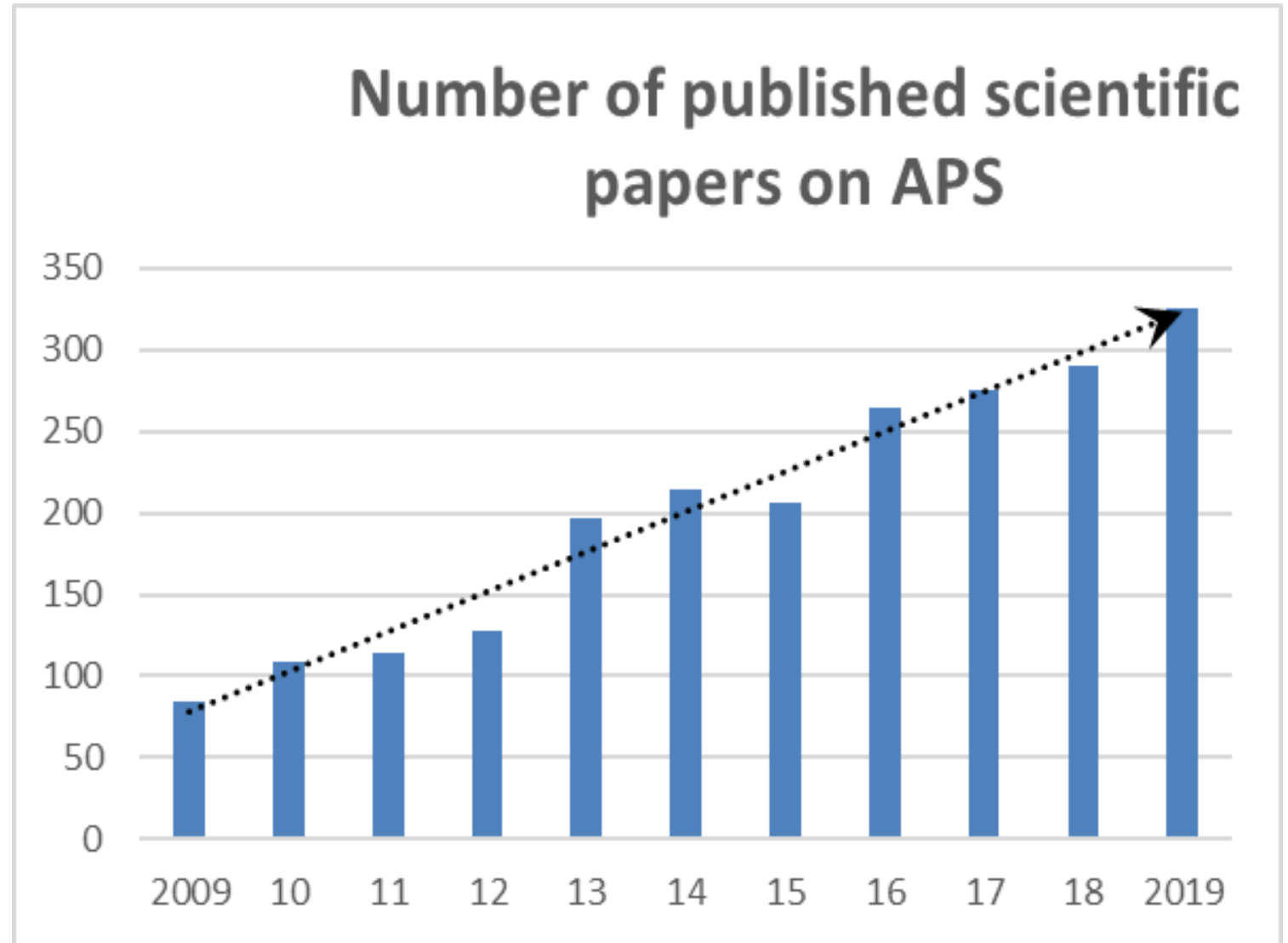
November 16th, 2022

Patricia C. Graham-Sullivan, LCSW

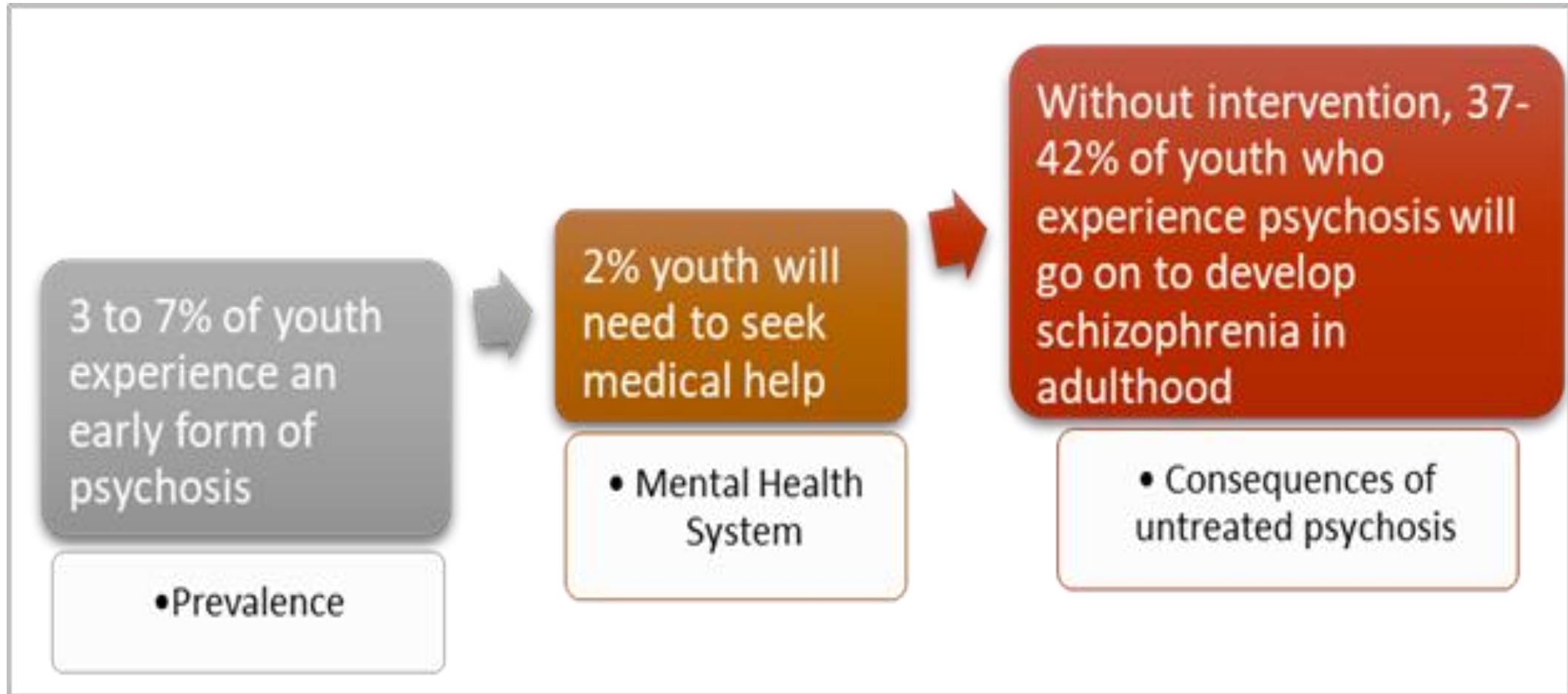
Jennifer Zajac, DO

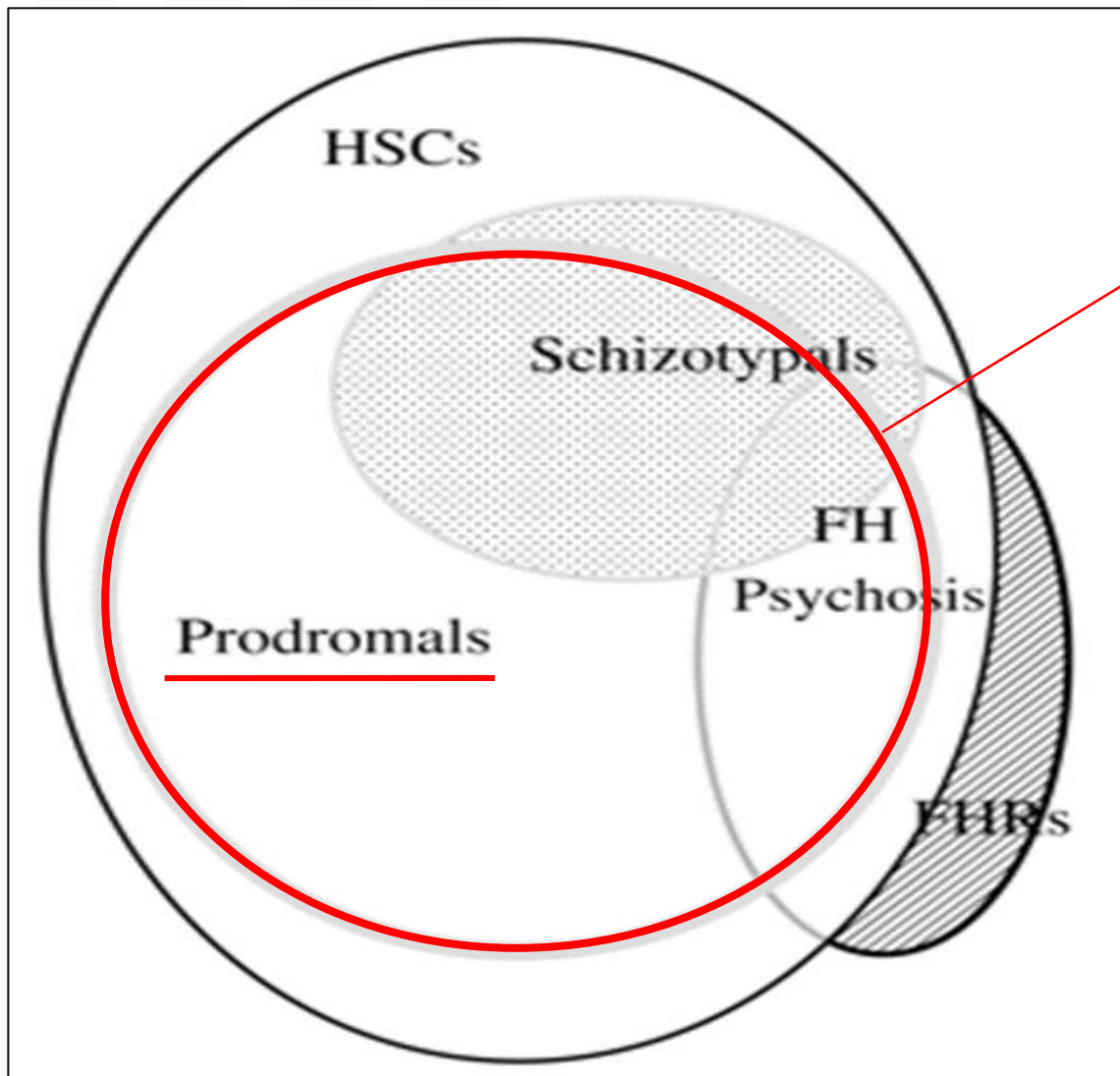
Shift in early psychosis intervention

- **Beginning of schizophrenia was thought to be in young adulthood**
- **Now we know that there is a significant and treatable prodrome stage called Attenuated Psychosis Syndrome**



The Problem: Untreated Psychosis





- 75% of Help-seeking for psychosis
- Average age 16.3yo \pm 3.6

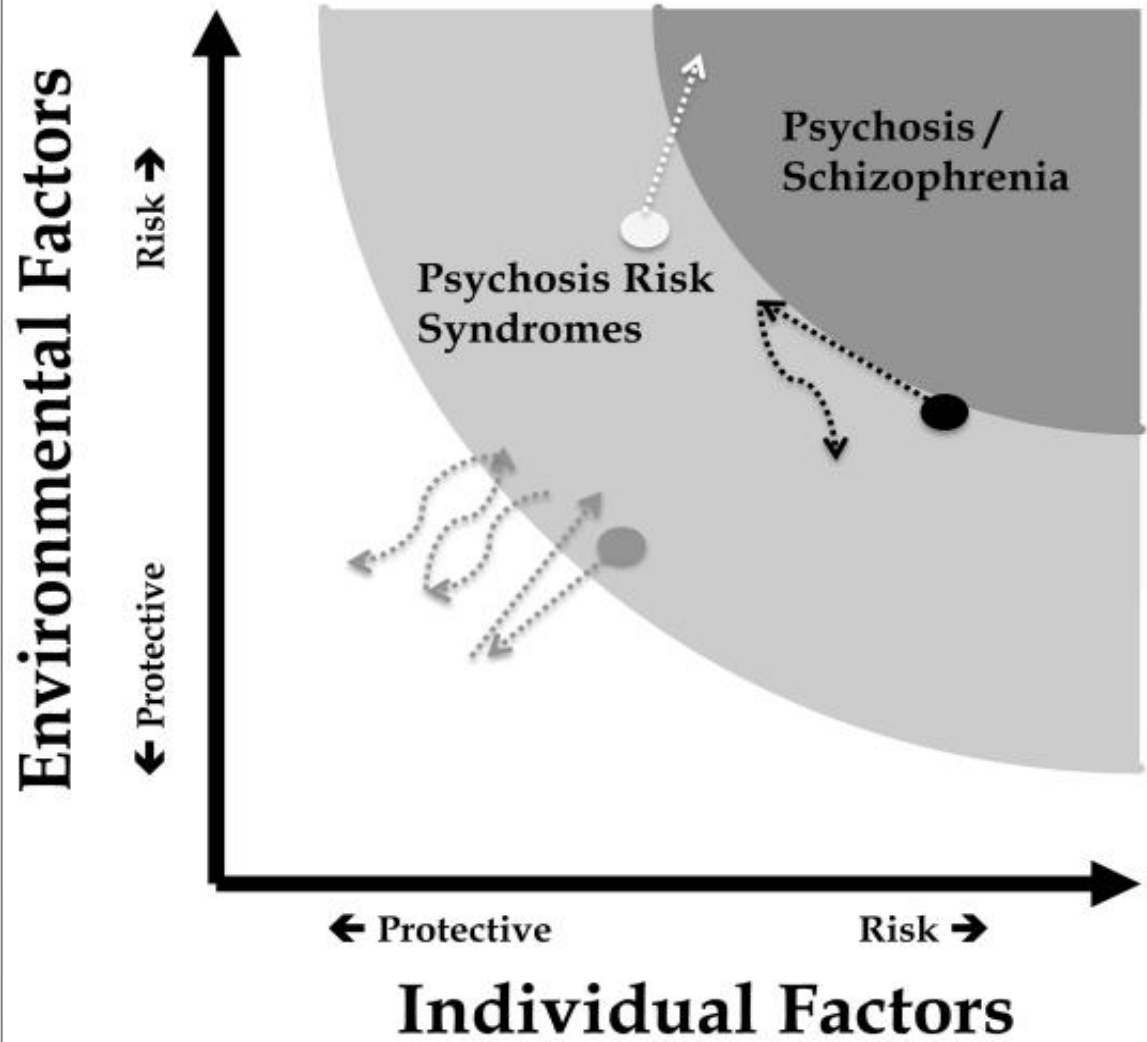
Clinical presentation

- 1 or 2 elevated sub-threshold psychotic symptoms that gradually increase over 1 yr
 - Mild paranoia
 - Intermittent and mild bizarre beliefs
 - Hallucinations
 - Anhedonia/apathy (AA)
 - Diminished expression and experience of emotions (DE)

Number of patients and overlaps are approximately proportional to oval areas

HSC: Help seeking (psychosis)
 FH: Family history of psychosis
 FHR: familial high risk subjects

Dynamic & Interactional Model of Psychosis Risk and Protection



- APS is not a rigid boundary in the real clinical world
- This psychosis risk is dynamic
 - Protective factors can kick in or be removed
 - Environmental factors can recede or increase
 - Intermittent, back and forth tug of war...
 - ...until schizophrenia onset



Current State

- **Advanced Services for Adolescents with Psychosis (ASAP) IOP at the Institute of Living**
 - Specialized adolescent early psychosis treating 13-18 year olds (18 if still in high school)
 - Opened in 2013
 - Since 2018, reformatted, more evidenced based treatments
 - Only IOP treating at-risk psychosis states and FEP in adolescents in the country
- **IOP 13-18 year olds experiencing CHR or FEP**
 - 4-6 month avg. length of stay
 - Census 8-9
 - Offer at-risk psychosis state testing, standardized assessment period
 - Collaboration with schools
 - Family support
 - Community outreach
 - Specialized skills and activity groups
 - ProNET International Consortium since 2020 (Accelerating Medicine Partnership)

Current State

- Over the last 3 years, 47 % of patients lived over 45 minutes away
- Transportation issues:
 - Family members having to transport, take FMLA
 - Family discomfort with cabs
 - Teens being too ill to ride cab alone when beginning program
- Current Funding Assistance:
 - 2017 NIH Grant support for 10% clinician salary support, marketing tools
 - 2020, ProNET
 - 25-30% of Clinician Salary
 - 4-8% of Psychiatrist Salary
 - 5% of Case Worker

Current State

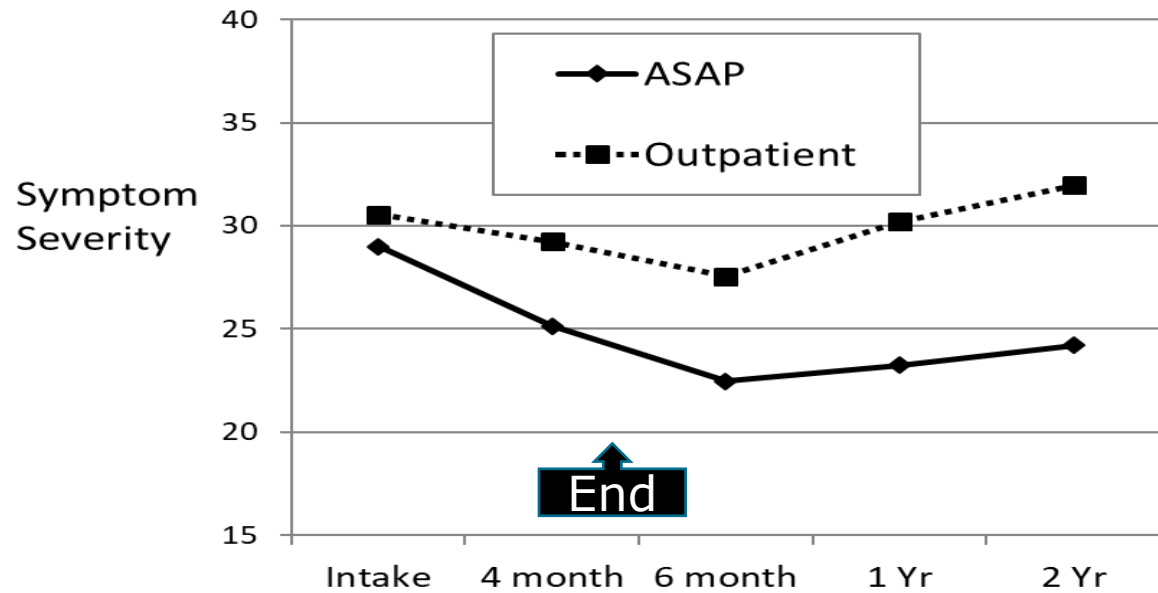
	FY23 (to date)	FY22	FY21	FY20
Referrals	11	67	51	50
Not appropriate for ASAP	0	39	27	19
Intakes	4	28	32	31
Engagement	87.39%	83%	87%	n/a
Caseload Traveling more than 45 mins	4	10	9	10
Referrals where distance was barrier	1	9	2	1
Inquiries out of State	2	6	1	0

Current Waitlist: 6, new referrals intakes schedule March/April 2023
½ live over 45 minutes away

Internal System Current State

- Network C&A Clinical Council identified expansion of early psychosis services for adolescents as a strategic goal
- 12 Hour training provided to BHN staff July 2021-August 2021
- Offer monthly case consultation meeting for BHN colleagues and consultation as needed
- Offer at-risk psychosis testing for those receiving care in BHN
 - Meet with providers to provide feedback and discuss results
 - Offer family meeting to discuss results with current treatment team & ASAP team
 - 30 referrals, 7 met criteria for clinical high risk, 2 FEP Schizophrenia Spectrum Disorder, 5 Early Onset Schizophrenia → referrals to ASAP despite distance

Early Psychotic Symptoms

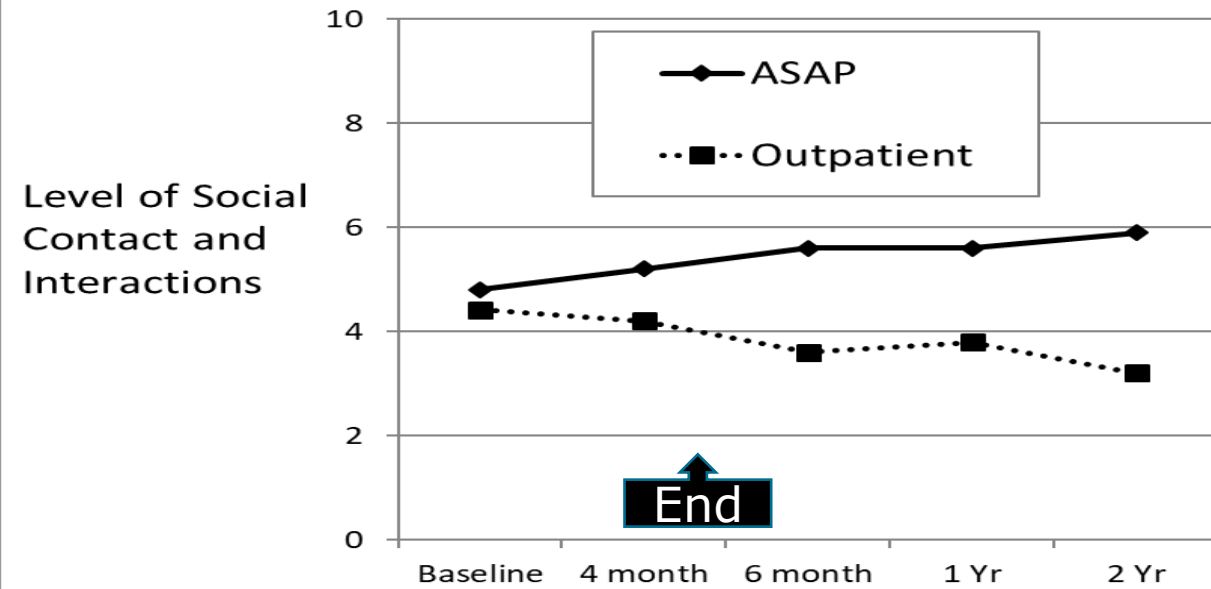


Does ASAP work?

Changes in early psychotic symptoms and social function from intake to 2-year

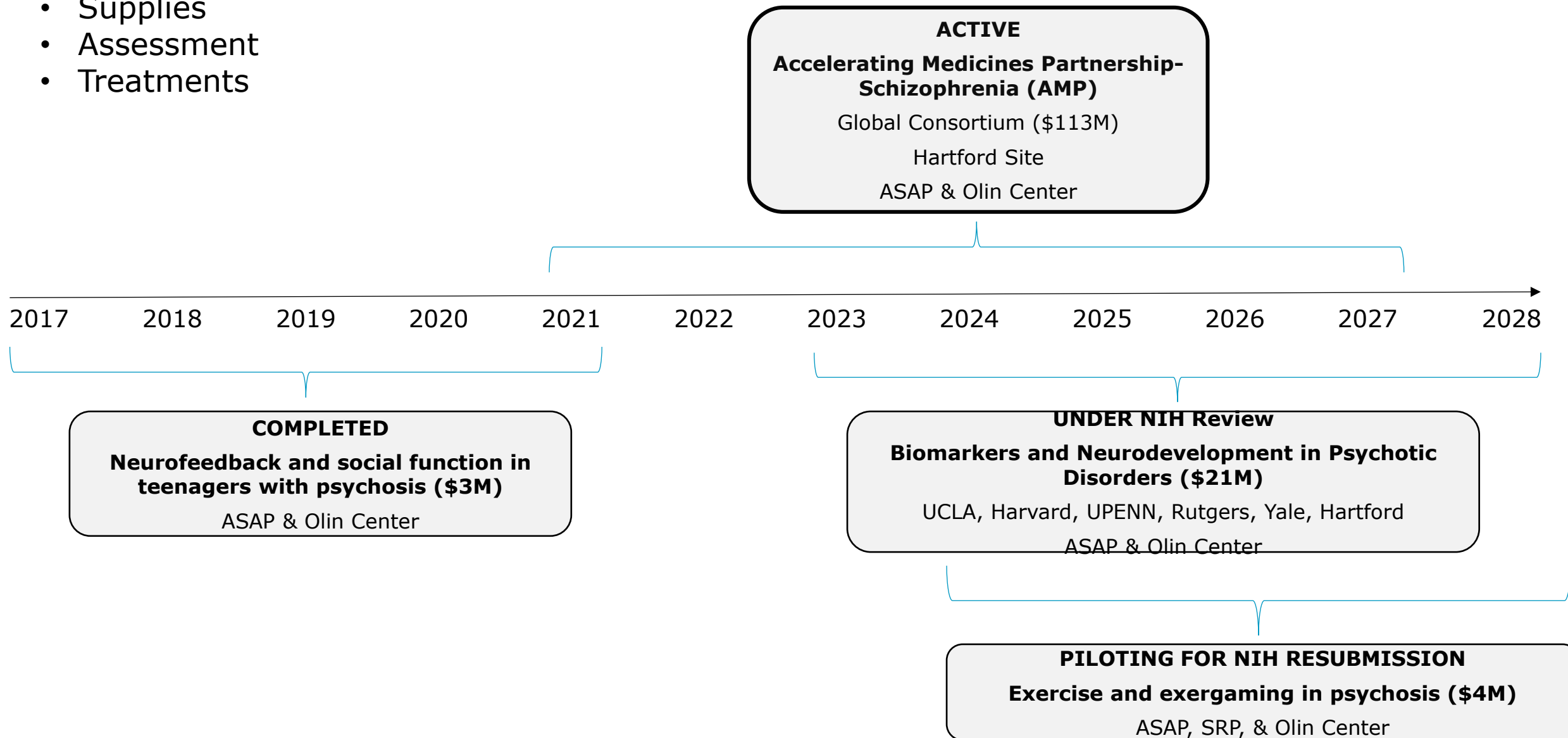
Intake to 2-yr follow-up	ASAP	Outpatient
Psychiatric hospitalization		
Number of admits (ratio)	0.86	2.11
Days in hospital (ratio)	3.38	6.04
Conversion to schizophrenia	8/42 (19%)	39/79 (49.3%)
Average cost-benefit ratio	6.77	1.95

Global Social Function



Federal funding provides ASAP:

- Staff salary support
- Supplies
- Assessment
- Treatments

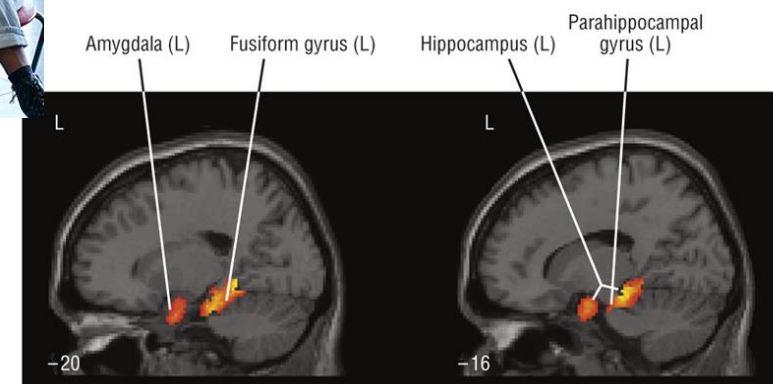


Making the case for early stage IOP

- Emerging evidence that IOP interventions can mitigate neural inefficiency in early stages of schizophrenia

Intensive and structured milieu offers:

- Neurobiological protective and enhancing effects
- Long-term cognitive and clinical outcomes *including cost-effectiveness*



Eack et al., 2016 J Soc Social Wor Res
Keshavan et al., 2017 Neuroimage

Cost-effectiveness of early stage IOP

- More evidence emerging that intensive services are a cost-effective alternative across different health systems
- Dutch Early Detection and Intervention Evaluation study (N=196)
 - IOP cost-effective by £551 (\$844) per psychotic episode
 - Cost-utility analysis (psychosis-free) health gains were higher for IOP vs OP
- Lancet meta-analysis across 54 practices in UK
 - Total cost over 2 years
 - £26,785 (\$30,226) High-intensity practice
 - £30,007 (\$33,862) Practice as usual (PAU)
 - Intensive intervention for people with early signs of psychosis was clinically and cost effective

Isling et al., 2014 Psychol Med
Aceituno et al., 2019 BJP
Perez et al., 2015 Lancet

Future State

Satellite Location of IOP:

- Create a satellite location of ASAP to improve access
- .50 FTE Psychiatrist
- 1 FTE Clinician
- 1 FTE Case Worker
- Space
- Materials:
 - TV Screen and laptops for groups and cognitive remediation
 - T-Wall for cognitive remediation, Xergaming

Identify clinicians and Providers in existing outpatient ECCs:

- Challenges with discharging from IOP
- Appropriateness for groups
- Training/consultation for providers and therapists



Questions/Comments

Website: <https://instituteofliving.org/programs-services/child-adolescent-services/departments-services/day-treatment-programs/advanced-services-for-adolescents-with-psychosis>