

Coordinated Specialty Care (CSC) for Early Serious Mental Illness (ESMI) – First Episode Psychosis (FEP)

Requirement: The Office of Substance Abuse and Mental Health (SAMH) Contract

Frequency: Ongoing

Due Date: 10th of each month

Like many other chronic illnesses, the earlier symptoms of psychotic disorders are identified and treated, the better the outcome for the individuals' overall health status. Research conducted by the National Institute for Mental Health demonstrated that coordinated specialty care programs (CSC) designed to treat individuals' who have experienced a first episode psychosis (FEP) event can help prevent a full onset of symptoms that accompany psychotic disorders. The CSC for FEP treatment model provides high-intensity services for individuals in need.

The NAVIGATE program is a CSC for FEP model which provides the early and effective treatment to individuals after they experience their FEP. Program manuals for NAVIGATE can be located in Appendix XX and using the following link: <https://navigateconsultants.org/manuals.html>. Program audits will be based on fidelity to the design outlined in these manuals.

The focus of CSC for FEP is on helping individuals who are experiencing their first episode of psychosis, regardless of the duration of symptoms, who have received no or limited antipsychotic medication or who have recently received treatment for a first episode and are therefore early in the treatment of psychosis. CSC for FEP is intended for individuals whose acute psychotic symptoms have remitted or been stabilized, as well as those who continue to have severe symptoms related to their first episode.

Program Goal: Improve functioning or symptom severity among individuals served by CSC for ESMI programs.

Network Service Provider Responsibilities:

Enrollment Criteria:

1. Individuals between the ages of 15-40
2. Diagnosis of schizophrenia, schizoaffective disorder, delusional disorder, brief psychotic disorder, or schizophreniform disorder
3. Have received antipsychotic medications for less than one year

Exclusions for enrollment:

1. Significant intellectual disability or autism
2. Diagnoses of psychosis based on affective disorders (such as bipolar disorder or anxiety disorders) or personality disorders.

Program Design:

- A formal orientation to the program using the Orientation the NAVIGATE Program handout.
- Whenever possible, the first family session is conducted within two weeks of the Orientation meeting. If a family situation does not allow participation within this time frame, the first family session will be conducted as soon as possible following the Orientation meeting.
- A Preparation for Collaborative Treatment Planning Meeting is held with all team members during the weekly team meetings approximately 3-4 weeks after client begins the program.
- Each member of the NAVIGATE team is responsible for assessing specific areas of the client's functioning, with some areas assessed by more than one team member. The domains of assessment are the following: Recovery, Psychopathology, Illness Management, Health, Family and other Supports, and Basic Living Needs per the NAVIGATE manual.
- Within one month of the client's enrollment in the NAVIGATE program, a one-hour collaborative treatment planning meeting is held with the client, his or her relatives or other significant persons (if applicable), the Director. Any other members of the team may also be involved in the meeting.
- The provision of NAVIGATE services is divided into two phases, including the Engagement and Stabilization Phase, and the Recovery Phase.
- Engagement and Stabilization Phase may last eight to twelve months depending on the client's clinical status and allowing time for all required sessions.
- The Recovery Phase varies depending upon each client's needs and progress towards personal goals.
- The Recovery Phase includes 1) Individualized Medication Management and may include a review of the other parts of EPIC, each tailored to the individual client and relatives (or other natural supports), including 2) Family Education Program (FEP), 3) Supported Employment and Education (SEE), and 4) Individual Resiliency Training (IRT), which incorporates case management.
- Family Education Program is delivered over 12-14 sessions, at a minimum with more sessions (Modified Intensive Skills Training) provided when there are more problems, conflict, and stress.
- Supported Employment and Education (SEE) will be introduced during the introduction phase and will be provided as soon as the client is ready and agrees to participation
- Individual Resiliency Training (IRT) is provided by a clinician, usually on a weekly or biweekly basis. Modules 1-7 include 33 sessions, and modules 8-14 including 50 or more sessions will be provided depending upon the needs of the individual.
- All of the members of the NAVIGATE team meet weekly to develop possible ideas for preliminary treatment plans for new clients, discuss and review progress towards treatment goals for established clients, and to identify and address other issues related to the clinical management of each client's disorder.
- All Core Competencies of NAVIGATE are present in the programming. The Core Competencies include the following: shared decision-making, strengths and resiliency focus, motivational enhancement skills, psychoeducation teaching skills, cognitive-behavioral teaching skills, and collaboration with natural supports

Staffing Pattern:

NAVIGATE is a team-based approach to providing treatment for FEP. The teams should at minimum consist of the following staff members based on a census of 60-65 clients:

1. **Program Director** - 1 FTE
 - Master's level clinician
2. **Prescriber** - .5 FTE
 - APRN, M.D.
3. **Individual Resiliency Trainer (IRT)** – 1 FTE
 - Master's level clinician
4. **Family Education (FE) Clinician** - 1 FTE
 - Master's level clinician
5. **Supported Employment and Education (SEE) Specialist** – 1 FTE
 - Bachelor's level clinician
6. **Case Manager** -1 FTE
 - Meets the agency's requirement for employment
7. **Peer Specialist** - 1 FTE
 - An individual with lived experience with mental health challenges and is currently in recovery.

Staff Roles and Responsibilities:

Program Director

The administrative duties of the director include hiring the NAVIGATE team include:

- providing ongoing supervision of all team members,
- securing recommended training for staff members,
- building relationships with community partners to increase referral options,
- leading weekly team meetings,
- evaluate program referrals,
- monitoring the team's ongoing fidelity to the NAVIGATE model, and
- monitoring client outcomes.

http://navigateconsultants.org/2020manuals/director_2020.pdf

Prescriber

This team member will perform diagnostic assessments and elicits client preferences, goals, and values in order to guide the medication treatment. The prescriber should follow the recommendations outlined in the The Quick Guide to NAVIGATE Psychopharmacological Treatment, including using the Client Questionnaire and Prescriber Questionnaires at each meeting w the client. <http://www.navigateconsultants.org/wp-content/uploads/2017/05/Prescribers-Manual.pdf>

http://navigateconsultants.org/2020manuals/prescribers_2020.pdf

Individual Resiliency Trainer (IRT)

This team member works with clients to help set and achieve personal recovery goals:

- Helps client identify their personal strengths
- Helps clients identify personal goals and break them down into manageable steps.
- Help clients develop or enhance their resiliency skills.
- Provides clients with information about their psychotic disorder and the principles in its treatment.
- Teaches strategies for reducing distress and coping with symptoms.
- Helps clients improve their social and leisure functioning.
- Prevents or addresses problems related to substance use or health.

In the absence of a dedicated case manager on the team, the IRT may provide case management services.

http://navigateconsultants.org/2020manuals/irt_2020.pdf

Family Education (FE) Clinician

Refer to the NAVIGATE Family Education Program Manual
http://navigateconsultants.org/2020manuals/family_2020.pdf

Case Manager

The case management services often include assistance with accessing housing, benefits, transportation and other community resources.

http://navigateconsultants.org/2020manuals/team_guide_2020.pdf

Supported Employment and Education (SEE) Specialist

This member of the team will assist clients seeking to further their education and/or gain employment. The SEE does not provide clinical or case management services, rather focuses on working with the individuals to further their education and employment goals utilizing evidenced based supported employment strategies. The SEE specialists should actively participate in the NAVIGATE team meetings. The SEE may provide input on clinical issues that other members of the NAVIGATE should be responsible for addressing. The SEE may assist clients in developing coping strategies to overcome some barrier clients experience while working towards vocational and educational goals.

http://navigateconsultants.org/2020manuals/see_2020.pdf

Peer Specialist

A peer specialist is a team member with lived experience with mental health challenges and provides hope and encouragement to clients. The peer may, at time, lead or co-lead support groups and other group activities.

Required Assessments:

1. IRT assessments:
 - a. Brief Strengths Test
 - b. Satisfaction with Areas of My Life

Program Guidance for Contract Deliverables
 Incorporated Document 46

- c. Stressful Events Screening Questionnaire
- d. CRAFFT substance use screening
- 2. Family Education assessments:
 - a. Individual Family Member Interview
- 3. SEE assessments:
 - a. Career Inventory

*See NAVIGATE manuals for a complete list of assessment domains and elements of a treatment plan.
http://navigateconsultants.org/2020manuals/team_guide_2020.pdf

Performance Measures:

FEP teams will be responsible for meeting the following performance outcome measures:

Measure	Outcomes
Increase/Maintain the average number of days in the community & Decrease the number of inpatient hospital days.	Fewer than 10% of program clients will have more than 3 Baker Acts and/or arrests in a 12-month period. Reduce inpatient hospital days by 30%. [this measure is not calculated until after the client has been enrolled for at least 90 days]
Increase/maintain the average number of days in safe and stable housing	90% of adults in the program will live in a stable housing environment
Increase the average number of days worked if employed, or if in school Increase the average number of days in school. Increase the number of participants enrolled in educational/vocational training if applicable.	90% of clients who have employment as a goal will either obtain employment, enroll in educational/vocational courses, or obtain social security benefits. 90% of clients who have educational/vocational training as a goal will either obtain employment, enroll in educational/vocational courses, or obtain social security benefits.
Improvement in overall functioning or symptom severity	80% of individuals served will show improvement in FARS/QLS scores across the time period they are enrolled in the program.

- The Network Service Provider must adhere to the service delivery and reporting requirements described in the Department’s Exhibit B1 - Federal Block Grant Requirements. The guidance document is located on the Department’s website: <https://www.myflfamilies.com/service-programs/samh/managing-entities/> for the appropriate fiscal year.

Required Reports:

- **Monthly Services Report:** A monthly report submitted by the 10th of the month after the completion of the month, to the LSF Health Systems Network Manager and Adult System of Care Manager. The Template for this report is incorporated herein.
- **Exhibit O - Expenditure Reconciliation Report:** A quarterly detailed cumulative reports of program expenses submitted on the Managing Entity's template by the 10th of the month after the completion of each state fiscal year quarter, (10/10, 1/10, 4/10, 7/10), to the LSF Health Systems Network Manager and Adult System of Care Manager which are used to track all expenses associated with the grant and reconcile these expenditures with the payments made to the grantee. The financial reports track both grant award-funded and match-funded expenses and encourages program expenditure planning and projection.
 - The Managing Entity reserves the right to request monthly **Exhibit O - Expenditure Reconciliation** reports after the third quarter depending on the Network Service Providers rate of spending
- Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Department of Children and Families.

Documentation:

Costs

- Professional Services Rendered: Invoices for professional services must include a general statement of the services provided, the time period covered by the invoice, the hourly rate, the number of hours worked and the total payment required. Evidence of payment of the invoice must also be included.
- Postage and Reproduction Expenses: Outside vendors purchases must include invoices with evidence of payments made or receipts with itemization. In-house postage and reproduction must be supported by usage logs or similar reports.
- Travel: Travel reimbursements shall be made in accordance with the Department's CFOP 40-1, § 287.058(1)(b), Fla. Stat. and §112.061, Fla. Stat. Receipts for direct expenses (e.g., airfare, car rental, parking, tolls) shall be provided in support of such expenses. For mileage reimbursements, submissions shall include date(s) of travel, amount of mileage (support of mileage may include either map routes or odometer readings), purpose of travel, origin and destination.
- General Expenses not otherwise Specified: Receipts or invoices with evidence of payment should be provided.

Services Rendered

- The Network Service Provider shall maintain records documenting the total number of clients and names/unique identifiers of clients to whom services were rendered and the date(s) on which

services were provided. The Network Service Provider shall make such information available to LSF Health Systems upon request and during monitoring of the program administration.

- When billing for incidental expenses, the Network Service Provider shall follow F.A.C. 65E-14.021(4)(k)4.b.(V).
- The Network Service Provider is required to enter actual services provided, using the covered services available in the LSF Health Systems Contract System into the LSF Health Systems Data System as required by the contract.

Client Charts

- Client Charts shall be maintained in accordance with the applicable parameters established by the appropriate guidance outlined in this attachment.
- Orientation documentation
- Comprehensive Assessments that cover Recovery, Psychopathology, Illness Management, Health, Family and Other Supports, and Basic Living Needs per the NAVIGATE manual.
- Treatment Plan developed and implemented within one month. Treatment plans contain the following components: recovery goals, barriers, objectives, client and family strengths and resiliency factors, and interventions.
- Treatment Plan Review every six months, and more often when necessary.
- Individualized Medication Treatment progress notes are in the client chart. The focus of Individualized Medication Treatment services are aimed at reducing symptoms and preventing relapses in order to help people achieve their desired goals.
- Family Education Program progress notes are in the client chart. The focus of Family Education may include:
 - Teaching families about psychosis and its treatment.
 - Reducing relapses by encouraging medication adherence and
 - Monitoring early warning signs of relapse.
 - Supporting the client's work towards personal recovery goals.
 - Reducing family stress through improved communication and problem-solving skills.
- Individual Resiliency Training progress notes for weekly or biweekly sessions are in the client chart. The focus of Individual Resiliency Training services address the following:
 - Helping clients achieve personal goals by teaching them about their disorder and its treatment.
 - Processing the experience of psychosis.
 - Reducing self-stigmatizing beliefs.
 - Helping them learn social and resiliency skills.
- Supported Employment and Education progress notes are in the client chart. The focus of Supported Employment and Education services address the following:
 - Helping clients to develop education and employment goals related to their career interests.
 - Specialists work with clients to help them obtain jobs or enroll in educational programs.

- Follow along supports are provided for all clients who are employed or in school to help them be successful.
- Weekly team meeting minutes are documented.
- Diagnostic and/or Symptoms Assessments are filed in the client chart.
- Psychosocial functioning Assessments are filed in the client chart.
- Discharge plan completed as applicable.

Miscellaneous

- Other contractual requirements in effect under the remaining portions of this contract apply to the administration of the program described herein.
- Renewal of the provisions of this Attachment and the program it governs are contingent on performance under the terms and subject to availability of funding from the Department.
- The provisions of this Attachment are subject to revision and amendment by LSF Health Systems.
- Any ambiguity in this Attachment shall be interpreted to permit compliance with laws, regulations and codes in effect within the State of Florida.