Core Components of Coordinated Specialty Care and Fidelity Benchmarks

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• Context of CSC Core components discussion: Historical and conceptual
• Basic principles and components of CSC within an implementation science framework
• Discuss application of CSC fidelity within the U.S.
• Talk about core benchmarks and learning processes
Oregon Early Assessment and Support Alliance

- Community-up vs. research-down
- Built on evidence-based care, interviews with people with psychosis and recovery literature
- Iterative program development to come closer to aspirations and respond to new evidence/feedback
Core Elements of Recovery... Lived experience as a primary source of knowledge

• Hope
• Personal Responsibility
• Education
• Self Advocacy
• Support

From Mary Ellen Copeland
“Unfortunately, our progress continues to be measured by professionals with concepts like ‘consent’ and ‘cooperate’ and ‘comply’ instead of ‘choose,’ insinuating that we are incapable of taking an active role as partners in our own recovery.”

-Esso Leete, 1989
Stories of lived experience as a primary source of knowledge

- Moe Armstrong
- Fred Frese
- Esso Leete
- Mary Ellen Copeland
- Pat Deegan
- Oliver Sacks
- Many others
Historical Developments

• Consumer and family movements
• Mental health reform
  – Community Support Systems movement
  – Patient Outcome Research Team results
• Research
  – Schizophrenia
  – SAMHSA “Six Pack” (Individual Placement and Support, Family Psychoeducation, Assertive Community Treatment, Illness Management and Recovery, Dual Diagnosis)
    – RAISE
• International guideline development (Australia, UK, Canada)
Community Support System Framework

- 1977 Participatory planning process
- Focus on “severe and persistent” mental illness
- Led to CASSP (Children and Adolescents Service System Program)
  – “Severe emotional disturbance”

CSS Guiding Principles

• Person-centered
• Empowering
• Racially and culturally appropriate
• Flexible
• Focus on strengths
• Normalized and incorporating natural supports
• Adapted to meet special needs of subgroups
• Accountable
• Coordinated
CSC adds community education & early identification.

CSC adds shared decision making, developmental focus, bridges child & adult.

CSC: focus on competitive employment & school.
NIMH RAISE Studies

• Early Treatment Program (ETP)- NAVIGATE
• RAISE Connections- OnTrack New York
• Demonstrated CSC feasibility and short-term impact of manualized interventions
• Clinical interventions, less on DUP
• Ongoing research focused on reducing DUP
• Led to “White Paper” introducing core philosophy & components
Evidence-Based Treatments for first Episode Psychosis:
Components of Coordinated Specialty Care.

Heinssen, Goldstein & Azrin, 2014.
Underlying Theory of Change

• Rapid engagement to prevent consequences
• Multidimensional condition & holistic treatment:
  – **Biological:** Stress-related medical condition
  – **Developmental:** Brain changes, identity, learning of skills, responsibilities, relationships, roles
  – **Psychological:** Importance of resilience, overcoming distress, development of recovery skills & attitudes
  – **Social:** Importance of social network and people who believe in you, “handholds-to-reality”
  – **Cultural:** Belief systems, helping structures, outcomes, language/constructs
CSC: Core Philosophy

• Collaboration with participants, family and team
• Shared decision making
• Strengths and resiliency orientated
• Culturally relevant
• Youth-friendly
• Flexible
• Developmental progression
• Highly coordinated with primary medical care
Core components and fidelity: implementation science framework

Resources:

• National Implementation Learning Network/Active Implementation Network
  https://nirn.fpg.unc.edu/

• RE-AIM: http://www.re-aim.org/
Implementation Framework

- Define population and goals
- Theory of change
- Philosophy
- Specification of intervention
- Stages: Exploration, installation, early and later implementation
- Training, consultation and support
- Outcome and process fidelity measurement
- Ongoing quality improvement
Defining the Population

• May affect theory of change, intervention, measures
• Diagnostic
  – RAISE: First episode schizophrenia or related
• Stage of illness (Clinical High Risk, First-Episode, longer-term)
• Age
• Region & culture
CSC Core Components

- Intensive coordinated team
- Community education
- Rapid access
- Crisis response
- Assessment (diagnostic, strengths, risks)
- Person-centered treatment plan
**CSC Core Components**

- Case management similar to Assertive Community Treatment
- Counseling including substance abuse (relapse prevention, CBT, Motivational Interviewing, mindfulness)
- Supported employment and education services
- Family education and support
- Low doses of select antipsychotic agents within shared decision making framework
- Transition planning
“Emerging” Practices/ Areas of Focus

• Peer support
• Nursing and integrated health
• Cognitive remediation
• Occupational therapy
• Independent living interventions
• Acute care
• Longer-term support
• Use of technology
• Dimensional assessment
Clinical High Risk
(i.e. high risk for DEVELOPING psychosis)

- RAISE and FEP-S do not address
- Some consensus
  - Careful assessment using structured tool (SIPS)
  - Step-wise care
  - Focus on psychological and psychosocial interventions over antipsychotics
  - Structured assessment and manualized CBT and family psychoeducation treatment
  - Anti-psychotic medicine generally not recommended except with rapidly escalating symptoms causing severe distress or functional impact
- Standards still evolving; some international guidelines
**Fidelity Tools**

- Should be tied to practices/implementation cycle
  - NAVIGATE, OnTrack, EASA, others all have their own; overarching tool developed by Don Addington et al.

- Should result in better outcomes

- For each component:
  - Definition/operationalization
  - Rationale
  - Sources of measurement
  - Rubric

EASA’s Experience

• Practice guidelines tied to training
• Components added over time
• Fidelity tool tied to practice guidelines
• On-site review and self-assessment
• Training, coaching and fidelity all tied together
• Ongoing adaptation to rural communities, improvement process
• Attention to aligning multiple fidelity scales

http://www.easacommunity.org/PDF/Practice%20Guidelines%202013.pdf
The Need for Adaptation: the Rural and Frontier Example

(Yes Minister, A Compassionate Society)
Fidelity Tools

• IEPA overview published 2018*
• 17 items in common across 5 scales (FEP-FS, OnTrack, EASA, Danish, EPPIC)
• FEP-FS (Addington et al.) being used in U.S. national evaluation
  – Built using international consensus process

**Process Benchmarks**

- **Community education** effort
- **Referrals**: number, representativeness, source
- **Rapid access**: Time from referral to service
- **Engagement**: % who are screened in as appropriate engaged; reason for discharge; time in program
- **Service delivery**: consistency with standards
- **Satisfaction**: feedback processes
- **Transition planning**: successful connection to ongoing supports
Outcome Benchmarks

• **Early identification**: duration of untreated psychosis, % hospitalized
• **Re-admissions** to hospitals
• Maintenance of **family and social networks**
• Maintenance or re-establishment of **school/work** progression
• **Negative events**: legal involvement/arrests
• Suicide and suicide attempts
• Other **symptom** measures
• **Functioning** measures
• **Quality of life**
Benchmarking

• Goal: Developmental improvement
• Some process elements are essential (safety, “do no harm”, effectiveness)
• Scoring/operationalization can be complex
• Progress, not perfection (most tools have “passing” level of 80% with minimum core)
Examples of how benchmarks are used

• Creation of local and state quality improvement plans focused on lower fidelity scores
• Clinical consultation
• Targeting increases in referrals by non-crisis sources, reductions in initial hospitalizations, % remaining engaged/status at discharge
• Targeting fidelity in core competency areas (family psychoeducation, CBTp)
**Beyond CSC:**
*Building a Population-Level Approach*

- Need for cross-system alignment to common goals and outcomes
- Strategies beyond and outside of CSC are needed

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https://med.stanford.edu/peppnet.html

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