ESMI TTA CENTER

SAMHSA's National Training and Technical Assistance Center for Early Serious Mental Illness

Introduction and Resources from SAMHSA's National ESMI TTA Center

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First Episode Psychosis Virtual Conference

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What is the ESMI TTA Center?

The National Training and Technical Assistance Center for Early Serious Mental Illness (ESMI TTA Center) is a newly funded TA Center supported by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The ESMI TTA Center will allow SAMHSA to promote effective services and supports for early serious mental illness.

SAMHSA's Working Definition of ESMI

"An early serious mental illness or ESMI is a condition that affects an individual regardless of their age and that is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-5 (APA, 2013).

For a significant portion of the time since the onset of the disturbance, the individual has not achieved or is at risk for not achieving the expected level of interpersonal, academic or occupational functioning.

This definition is not intended to include conditions that are attributable to the physiologic effects of a substance use disorder, are attributable to an intellectual/developmental disorder or are attributable to another medical condition. The term ESMI is intended for the initial period of onset."

Background and Need for the ESMI TTA Center

The Center for Mental Health Services (CMHS) at SAMHSA funds two programs that provide intervention during the early stages of serious mental illness (ESMI).

Programs funded by the Mental Health Block Grant (MHBG) ESMI 10% set-aside
- Established by Congress to support evidence-based programs that address ESMI

Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis (CHR-P) grants
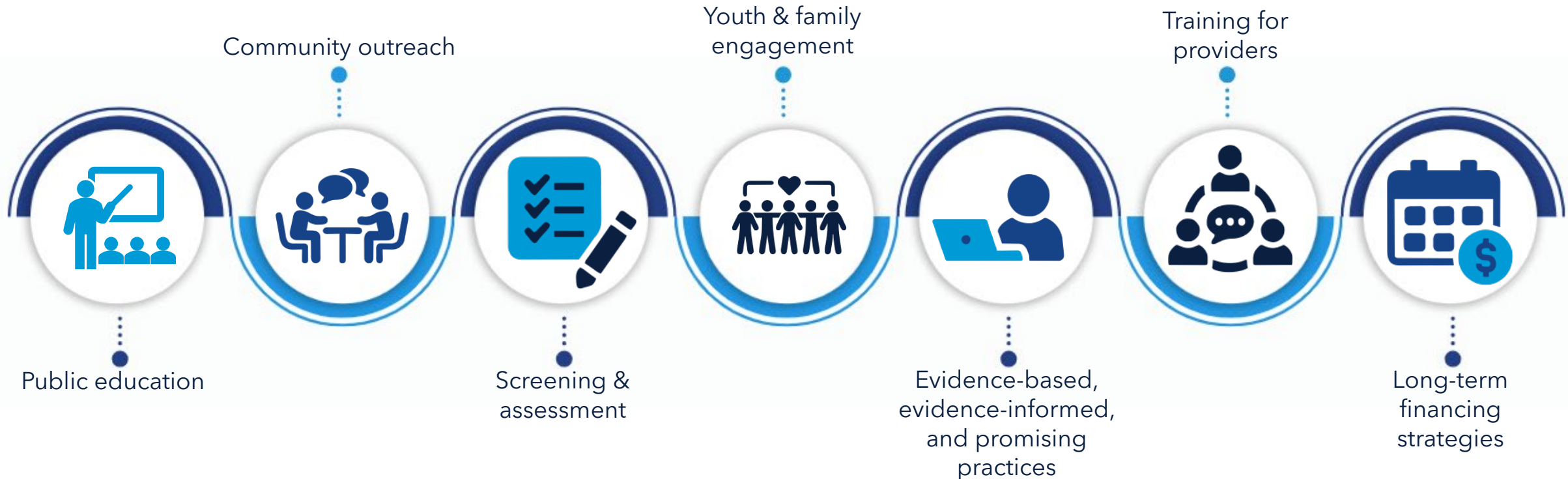- Identify youth and young adults at clinical high risk for psychosis
- Provide trauma-informed, evidence-based interventions designed delay or prevent the onset of psychosis by intervening at the earliest detectible stage
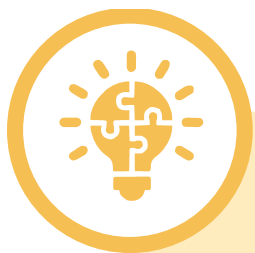
Background and Need for the ESMI TTA Center

SAMHSA's MHBG 10% set-aside and CHR-P programs represent a portion of the continuum of care for individuals with ESMI across the country.

SAMHSA wants to support core components of this work including (but not limited to):

Community outreach

Youth & family engagement

Training for providers

Public education

Screening & assessment

Evidence-based, evidence-informed, and promising practices

Long-term financing strategies

Purpose

- **Develop** a National TTA Center addressing ESMI, including FEP and CHR-P
- **Expand** education and training on identification, assessment and treatment of ESMI
- **Promote** effective ESMI services and supports

Objectives

- **Provide** TTA consultation to multiple audiences
- **Identify**, develop, and disseminate resources about effective ESMI practice
- **Implement** Learning Communities, trainings, meetings, and expert panels

Tasks

- Technical Expert Panel
- Products, Resources, & Listserv newsletters
- ESMI Program Inventory
- State MHBG Snapshot
- Individualized Training and Technical Assistance
- ESMI Treatment Locator

Key Audiences

Individuals Experiencing ESMI, Family Members, Providers and Direct Care Staff, Communities, States and Territories
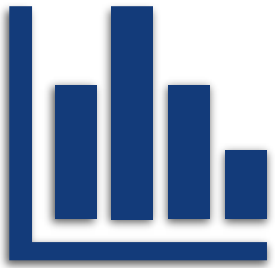
ESMI TTA Center Tasks & Resources

ESMI Program Information
- ESMI Program Inventory

Training and Technical Assistance
- Virtual Learning Communities
- Individualized TA

Resource Development
- ESMI Products
- Resource Inventory

Dissemination
- Website
- Newsletter

Virtual Learning Communities

- 2024 Learning Communities are in progress for the following groups:
  - **Team Leads** (facilitated by Kate Hardy and Steven Adelsheim at PEPPNET)
  - **Supported Employment/Education Specialists** (facilitated by Gary Scannevin and Thomas Jewell at OnTrackNY)
  - **Peer Support Specialists** (facilitated by Shannon Pagdon and Sacha Altman DuBrul at PEPPNET and National Council of Mental Wellbeing)

- Each Learning Community includes up to 25-30 participants

- Sessions are engaging and interactive sessions focused on providing practical strategies and skills

ESMI TTA Center will facilitate **3 virtual Learning Communities** per year.

We will have additional Learning Community opportunities next year!

Individualized Training and Technical Assistance

Who can request individualized TTA?

- Clinical High-Risk for Psychosis grantees
  - *With project director approval*
- States/territories and Programs funded by the Community Mental Health Services Block Grant 10% set-aside for ESMI
  - *Notify your State Mental Health Authority*

How to request TTA?

Fill out the form linked on the QR code,

Go to https://tinyurl.com/esmi-ta-request, OR

Email esmitacenter@westat.com!

What types of TTA are available?

TTA is customized to the needs of individual organizations

Common TTA requests from states and programs:

1. Financing

2. Outreach including school collaboration and screening

3. Trauma informed care and trauma treatment

4. Connecting CHR-P treatment across system of care

5. Treatment specific TTA

6. Assessment of CHR-P

And more!

Poll: What training and technical assistance (TTA) topics could help you (select any that apply)?

- Client engagement and outreach
- Financing and sustainability
- Training and workforce development
- Clinical high risk for psychosis programming
- Crisis response
- Co-occurring ESMI and substance use conditions
- Fidelity monitoring
- Peer Support
- Evidence-based and/or evidence-informed treatment approaches to care
- Shared decision making

Please include any other topics in the chat!

We want to help you!

Product Development

Possible Topics May Include:

1. Addressing Disparities and Inequities in Coordinated Specialty Care

2. Coordinated Specialty Care Model Overview and Comparisons

3. Crisis Services and ESMI

4. Developmentally Appropriate Shared Decision-Making Tools

5. Coordinated Specialty Care Healthcare Common Procedure Coding System (HCPCS) Resource Document

6. Clinical High Risk for Psychosis Grantee Results from the First Cohort

The ESMI TTA Center will develop resources to support ESMI Service delivery

ESMI TTA Center Newsletter

- Access the latest resources

- Stay up to date on upcoming ESMI trainings and events

- Learn more about practices related to ESMI research, education, and training!

Subscribe to our newsletter using the QR code or the URL below!

https://tinyurl.com/esmi-newsletter

ESMI TTA Center
Website & Resource Inventory

https://www.samhsa.gov/esmi-ta-center

Website includes resource inventory for **individuals, families, and providers**

Community Outreach and Education

Identification, Screening, and Assessment

Treatment and Support Services

Financing Resources

Other Areas of Need

MHBG ESMI Program Information

We will be reaching out to states and territories to gather information about ESMI programs that are funded through the Mental Health Block Grant (MHBG) through the **Snapshot**

We will learn more about what programs exist, the range of services offered, and whom they serve.

SAMHSA's ESMI Treatment Locator

Find programs in your area!

- Programs follow an evidence-based CSC model
- Programs are recognized by the State Mental Health Authority

We are continuing to update the Locator!

Find programs in your area at

https://www.samhsa.gov/esmi-treatment-locator

Final Thoughts

As the ESMI TTA Center grows…

- We want to be supportive of and responsive to needs in the field

- We want to highlight effective models and programs

- We want to collaborate with those of you who are trying to advance early intervention services

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Thank you!

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Developmentally Appropriate Shared Decision Making

Shannon Pagdon, ESMI TTA Center

Apurva Bhatt, ESMI TTA Center

Poll: Have you heard of Shared Decision Making?

Let us know!

Shared Decision Making

Introduction to Shared Decision Making

- Shared Decision Making (SDM) is a collaborative process where the individual works together with their healthcare provider to make the most informed decision about the treatment or care option that is best for them.

- It offers a framework intended to support the goals and preserve dignity of individuals.

- Studies show that SDM can lead to increased levels of satisfaction, quality of life, support around treatments, and a sense that one is respected as an active decision-maker and agent of change in their own lives.

- Shared decision making is a feasible intervention during routine first episode psychosis care and does not extend appointment length.

Introduction to Shared Decision Making

- It's important to create a positive first experience for individuals related to health care decisions.

- Ensuring individuals have an active voice, especially minors, can help them feel empowered over time to participate in their healthcare decisions.

- Families should support their child(ren) in having positive experiences in healthcare decision making and consider employing shared decision making early to promote transition to adulthood.

- This involves a process over time that shifts responsibility of decision making to the youth as they grow and offers them opportunities to develop skills related to decision making, including knowing what questions to ask and how to advocate for their care.

The Shared Decision Making Process

Image from: Elwyn, G., Durand, M. A., Song, J., Aarts, J., Barr, P. J., Berger, Z., Cochran, N., Frosch, D., Galasiński, D., Gulbrandsen, P., Han, P. K. J., Härter, M., Kinnersley, P., Lloyd, A., Mishra, M., Perestelo-Perez, L., Scholl, I., Tomori, K., Trevena, L., … Van der Weijden, T. (2017). A three-talk model for shared decision making: multistage consultation process. BMJ (Clinical Research Ed.), 359, j4891. https://doi.org/10.1136/bmj.j4891

Additional Considerations

Though parents/legal guardians of adolescents provide legal consent for treatment, most of the time, the ultimate choice of whether the individual participates in treatment lies with the young person taking the

medication/treatment.

It is important to honor personal choice for both loved ones and minors.

Three-talk model of shared decision making

1 Team talk — Work **together**, describe choices, offer support, and ask about goals. *Let's work as a team to make a decision that suits you best*

2 Option talk — Discuss **alternatives** using risk communication principles. *Let's compare the possible options*

3 Decision talk — Get to informed preferences, make preference-based **decisions**. *Tell me what matters most to you for this decision*

Active listening — Paying close **attention** and responding accurately

Deliberation — Thinking **carefully** about options when facing a decision

- Age of legal consent
- HIPAA, FERPA

- Use age-appropriate language
- Visual aids
- SDM worksheets/tools
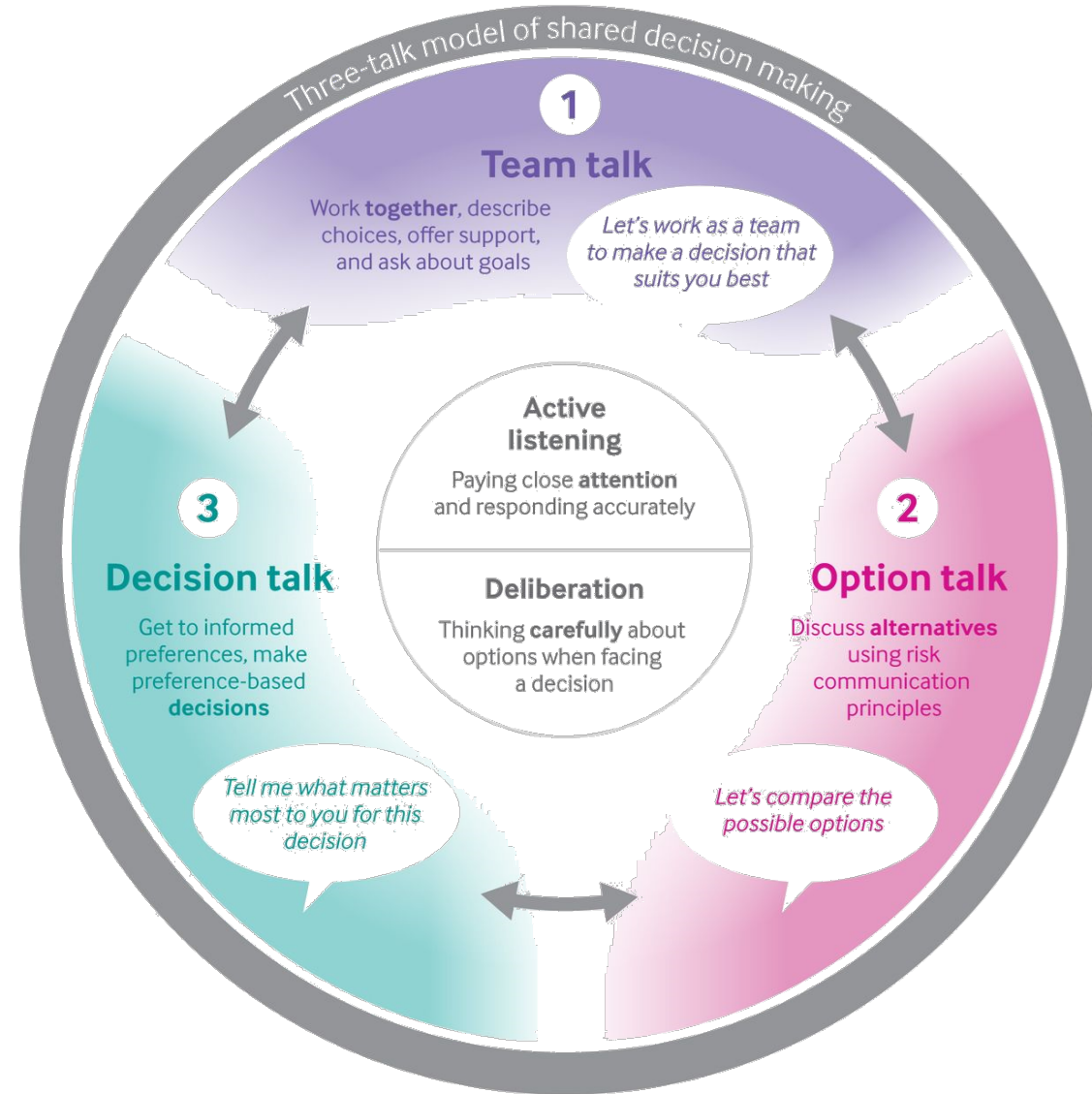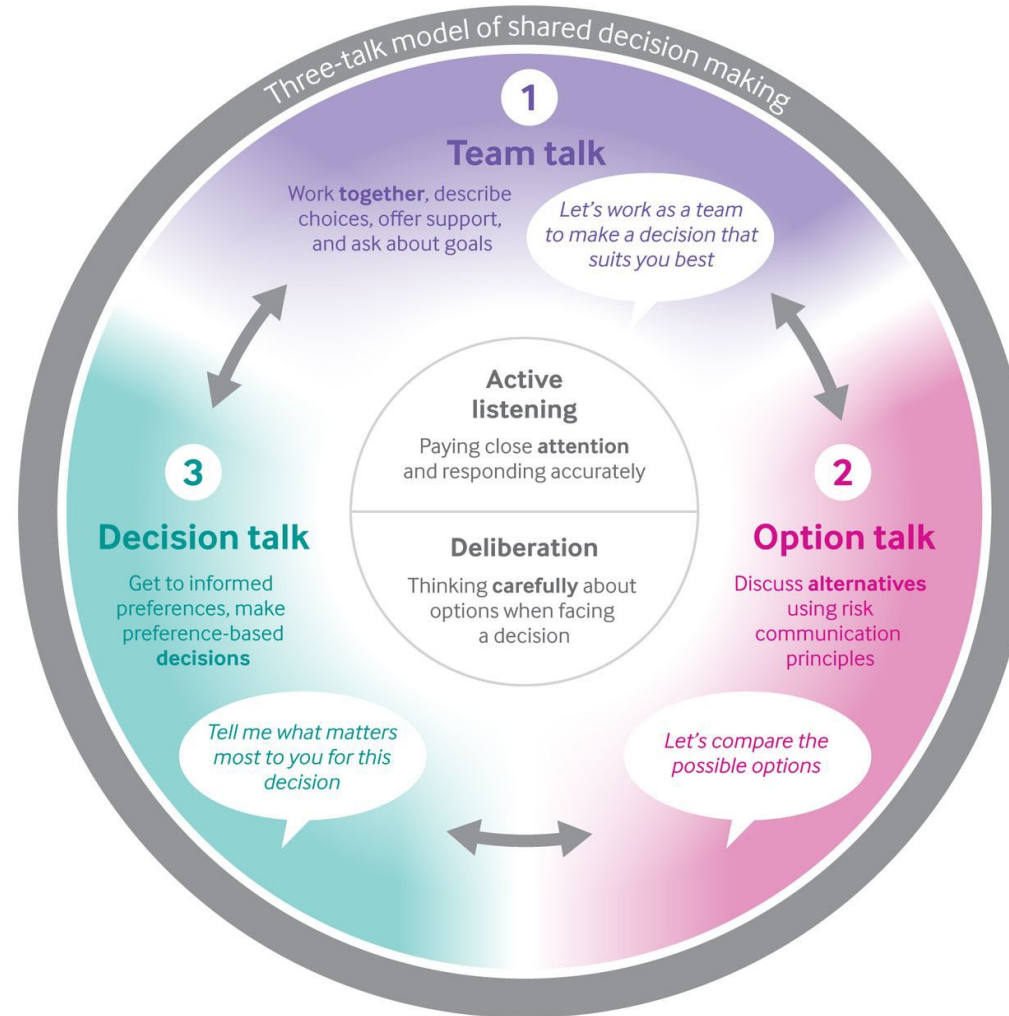- Ensure understanding
- Answer questions

Image from: Elwyn, G., Durand, M. A., Song, J., Aarts, J., Barr, P. J., Berger, Z., Cochran, N., Frosch, D., Galasiński, D., Gulbrandsen, P., Han, P. K. J., Härter, M., Kinnersley, P., Lloyd, A., Mishra, M., Perestelo-Perez, L., Scholl, I., Tomori, K., Trevena, L., … Van der Weijden, T. (2017). A three-talk model for shared decision making: multistage consultation process. BMJ (Clinical Research Ed.), 359, j4891. https://doi.org/10.1136/bmj.j4891

Developmental Considerations

- **Identity development**, and how being diagnosed with a chronic illness and/or receiving treatment can impact one's sense of self and identity development
  - o Use non-stigmatizing language
  - o Power of peer support
- **Social factors, peer and family influence**
  - o Be prepared to discuss individual's preferred levels of disclosure
- **Autonomy**
  - o During adolescence, individuals seek autonomy/independence from their parents/caregivers.
  - o This is considered normal, typical development and should be identified and supported.
  - o Shared decision making empowers adolescents to participate in their healthcare decisions and supports healthy transition to adulthood.

Practical Tips for Shared Decision Making

1. **Setting.** Meet in quiet, private setting with low stimulation. As possible, make the environment warm and inviting.

2. **Set-Up.** Consider placement of chairs in the office. Try to sit in a circle at eye level with all decision makers. Providers seated across from one another fosters equal sharing.

3. **Create a Safe Environment.** Ensure needs are met by offering water, tissues, and adjusting seating as needed.

4. **Learning Styles.** To accommodate learning styles/needs, offer visuals, handouts, and translated materials.

5. **Visuals.** Use SDM worksheets or decision aids to guide the process, if of interest to the individuals.

6. **Chunk and Check.** Use developmentally appropriate language, summarize progress in small chunks, and check for understanding throughout SDM process.

7. **Review.** Review perspectives; promote respect and mutual understanding.

8. **Questions.** Invite questions and share resources. Remember no question is a bad question!

9. **Follow Through.** Act in timely manner on next steps to foster trust.

10. **Common Ground.** Focus on needs, goals, and common ground when conflict arises. Acknowledge some individuals may prefer a decision that is different from their parent/support person or health care provider.

Poll: What additional information would you like to learn about regarding Shared Decision Making?

Type your answer in the chat!

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