



First Episode Psychosis: Support for States and Programs

“They actually pay attention to the whole me.”

–CSC program participant

“I can really open up to them and be myself. I feel like I can tell them anything I would tell my best friend.”

–CSC program participant

The Center for Practice Innovations (CPI) at Columbia Psychiatry, New York State Psychiatric Institute, offers consultation and training for States and programs considering implementing Coordinated Specialty Care (CSC), an evidence-based, team-based intervention for individuals experiencing early psychosis. CSC components include:

- Individual and group psychotherapy
- Supported employment and education services
- Family education and support
- Low doses of select antipsychotic agents
- Care coordination and management

CPI helped develop numerous resources, including manuals for the NIMH-funded RAISE (Recovery After an Initial Schizophrenia Episode) Connection Program, and clinical manuals and tools from OnTrackNY, New York state’s initiative to serve people with first episode psychosis. Many of these tools are available free of charge at <http://practiceinnovations.org/OnTrackUSA/tabid/253/Default.aspx>. Additional interactive products are available for a modest cost.

Consultations with CPI

CPI can help states and programs use these manuals and create a plan to meet SAMHSA’s requirements for early psychosis treatment as part of the expansion of the Federal block grant focusing on treatment for early psychosis. Consultations can help you address questions such as:

- How can we develop CSC teams for early psychosis?
- How can we train CSC teams efficiently and within our budget?
- How can we build on existing strengths and resources to implement FEP care?
- How can we know whether a CSC team is implementing the intervention effectively?

Center for Practice Innovations

New York State Psychiatric Institute
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We offer two levels of consultation:

Overview to implementing CSC teams.

A senior CPI implementation specialist with experience implementing CSC will review with the State point-person what it takes to implement a CSC team and make recommendations based on the State/program's local context. The CPI implementation specialist and the State/program contact will involve other individuals at CPI and the State/program as needed. The consultation includes up to 10 hours of consultation time from the CPI implementation specialist, CPI staff, a written summary of recommendations, and a final video-conference with the State/program to review recommendations.

Creation of a detailed CSC implementation and training plan.

This includes all of the above activities, plus an implementation plan to map a path from current capabilities to the staffing, training, administrative structures, and ongoing support needed to launch one or more CSC teams. We will outline a timeline and action steps to secure staffing, determine baseline competencies, identify and meet training needs, determine and implement routes for identifying and enrolling individuals with early psychosis, and implement means of ongoing performance monitoring. Number of hours for consultation will vary depending on the complexities of the implementation (e.g., number of teams to be implemented, financing structures in place).

Custom pricing available upon request.



an initiative of:



Lisa Dixon, MD, MPH

The point person for this effort is Lisa Dixon, MD, MPH, a Professor of Psychiatry at Columbia



University Medical Center and Director of the Center for Practice Innovations at the New York State Psychiatric Institute. Dr. Dixon has extensive experience in implementing evidence-based practices on a statewide level. She directed the NIMH-funded Recovery After an Initial Episode Schizophrenia (RAISE) Connection program and its New York extension, OnTrackNY, for individuals experiencing early psychosis.

Learn more:

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