







## BH Agencies

### *Early Identification & Rapid Access*

- Train all behavioral health providers on signs and symptoms of psychosis, benefits of early intervention, differential diagnosis, initial management steps and referral process to coordinated specialty care
- Build rapport and trust with your patient and their support system
  - Understand the patient's definition of their concerns and use their terms in conversation
  - Encourage support system, community health workers, and other relevant individuals (e.g., school professionals) to participate in planning and goal setting conversations with consent
  - Use trauma-informed, nonjudgmental and non-stigmatizing  language
  - Prioritize patient-identified treatment goals
  - Include a trained interpreter as part of care team when appropriate.
- For people with suspected psychosis, screen with validated short screening tools (e.g., PQ-B, SIPS)
- Discuss treatment options, prioritizing patient preferences and considering barriers to treatment (e.g., transportation, cost, etc.). Provide psychoeducation about benefits of early intervention (better outcomes and long-term functioning). 
- Develop referral capacity and workflow to coordinated specialty care teams.
  - Refer through warm handoffs when not eligible for CSC whenever possible

### *Treatment*




-  Incorporate increased multidisciplinary service provision (e.g., psychiatric prescriber, therapist trained in cognitive behavioral therapy for psychosis (CBT-P), supported employment & education, peer and family support, etc.)
- If unable to access coordinated specialty care, deliver and/or refer out for core elements with available staff and resources. CSC services offer the gold-standard of care, but components offered individually can still positively impact quality of life, symptoms and functioning. Components include the following:
  - Psychiatric care and medication management
  - Physical activity, nutrition and sleep
  - Individual and/or group therapy
  - Family/support system education
  - Education and employment support
  - Case management
  - Peer support services

- Provide integrated care for people experiencing psychosis and substance use disorders.
  - At a minimum, provide dedicated care coordination between coordinated specialty care teams and other involved physical and behavioral health team professionals.
- Consider ways to expand capacity to provide access to providers trained in coordinated specialty care for psychosis 
- Medication management considerations
  - Initiate on lowest effective dose
  - Titrate slowly over days to minimize side effects, and continuously monitor for side effects
  - Discuss with the patient whether a long-acting injectable (LAI) medication might be appropriate or preferred
    - Ensure LAIs are on formulary and incorporated into treatment workflows as an available option
    - Train prescribers and care teams on LAI administration, shared decision-making and side effect monitoring
- For patients with co-occurring substance use disorders
  - Offer evidence-based treatments for both conditions concurrently
  - Consider severity and type of substance use when prescribing medication for psychosis. stances, especially alcohol, may alter metabolism, decrease effectiveness or increase risk for side effects of prescribed medication.  
**However, substance-induced psychosis should be treated with substance use disorder services. Engage psychiatric consultation for any concern identifying underlying cause of psychosis.**
  - Discuss risks and potential interactions between substances and prescribed medication when appropriate
  - Coordinate care between substance use professionals and other members of the behavioral healthcare team
- For patients with co-occurring autism spectrum disorder and psychosis
  - Uncover whether symptoms are related to primary psychotic condition or related to individual autism spectrum disorder
  - For individuals with co-occurring autism, ensure cognitive functioning will allow for engagement in CSC components and needs are not better met by DDA
  - When DDA is involved, strong coordination with DDA and MH services is recommended

- Level 1 actions (introductory): activities that provide a starting place to improve care including advancing audience knowledge and self-efficacy in addressing the health topic. These activities may be able to be incorporated into existing workflows.
  - Note: These actions are to be encouraging for individuals to begin treating the chosen health topic.
- Level 2 actions (intermediate): activities that may require collaboration, new workflows, and resources to accomplish.
- Level 3 actions (advanced): activities that may require higher collaboration, resources, funding, and time to accomplish.
- The checklists are not prioritizing by what should be done first (most important) rather ease of implementation

## Level 1

### Rapid Detection & Early Access

-  Train all behavioral health providers on signs and symptoms of psychosis, benefits of early intervention, differential diagnosis, initial management steps and referral process to coordinated specialty care
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  - Understand the patient's definition of their concerns and use their terms in conversation
  - Encourage support system, community health workers, and other relevant individuals (e.g., school professionals) to participate in planning and goal setting conversations with consent
  - Use trauma-informed, nonjudgmental and non-stigmatizing  language
  - Prioritize patient-identified treatment goals
  - Include a trained interpreter as part of care team when appropriate.
- For people with suspected psychosis, screen with validated short screening tools (e.g., PQ-B, SIPS)
- Discuss treatment options, prioritizing patient preferences and considering barriers to treatment (e.g., transportation, cost, etc.). Provide psychoeducation about benefits of early intervention (better outcomes and long-term functioning). 

### Treatment

- Medication management considerations

- Initiate on lowest effective dose
- Titrate slowly over days to minimize side effects, and continuously monitor for side effects
- Discuss with the patient whether a long-acting injectable (LAI) medication might be appropriate or preferred
  - Ensure LAIs are on formulary and incorporated into treatment workflows as an available option
  - Train prescribers and care teams on LAI administration, shared decision-making and side effect monitoring

## Transitions of Care

### Level 2

#### Rapid Detection & Early Access

#### Treatment

- For patients with co-occurring substance use disorders
  - Offer evidence-based treatments for both conditions concurrently
  - Consider severity and type of substance use when prescribing medication for psychosis. Substances, especially alcohol, may alter metabolism, decrease effectiveness or increase risk for side effects of prescribed medication.  
**However, substance-induced psychosis should be treated with substance use disorder services. Engage psychiatric consultation for any concern identifying underlying cause of psychosis.**
  - Discuss risks and potential interactions between substances and prescribed medication when appropriate
  - Coordinate care between substance use professionals and other members of the behavioral healthcare team
- For patients with co-occurring autism spectrum disorder and psychosis
  - Uncover whether symptoms are related to primary psychotic condition or related to individual autism spectrum disorder
  - For individuals with co-occurring autism, ensure cognitive functioning will allow for engagement in CSC components and needs are not better met by DDA

- When DDA is involved, strong coordination with DDA and MH services is recommended

## Transitions of Care

### Level 3

#### Rapid Detection & Early Access

- Develop referral capacity and workflow to coordinated specialty care teams.
  - Refer through warm handoffs when not eligible for CSC whenever possible

#### Treatment

- Incorporate increased multidisciplinary service provision (e.g., psychiatric prescriber, therapist trained in cognitive behavioral therapy for psychosis (CBT-P), supported employment & education, peer and family support, etc.)
- If unable to access coordinated specialty care, deliver and/or refer out for core elements with available staff and resources. CSC services offer the gold-standard of care, but components offered individually can still positively impact quality of life, symptoms and functioning. Components include the following:
  - Psychiatric care and medication management
  - Physical activity, nutrition and sleep
  - Individual and/or group therapy
  - Family/support system education
  - Education and employment support
  - Case management
  - Peer support services
- Provide integrated care for people experiencing psychosis and substance use disorders.
  - At a minimum, provide dedicated care coordination between coordinated specialty care teams and other involved physical and behavioral health team professionals.
- Consider ways to expand capacity to provide access to providers trained in coordinated specialty care for psychosis

## Transitions of Care