

## "OUT OF THE BOX" ENGAGEMENT IDEAS

A significant concern in first episode psychosis (FEP) programs is that many young people leave programs early. Although rates of leaving the program vary, the majority of research has shown that about 30 percent of young people in FEP programs will withdraw from care prematurely (Álvarez-Jiménez et al., 2009; Anderson et al., 2012; Stowkowy et al., 2012). The "Out of the Box Engagement Exercise" was an opportunity for conference attendees to participate in collaborative dialogue across difference at the 2022 South Southwest MHTTC FEP Conference. Conference attendees were assigned to groups and asked to reflect on the following question:

***"What is one thing we could do to revolutionize the way we engage individuals in support of their recovery? Don't let the way things are now (e.g. funding, team structures) limit you"***

Groups submitted up to four ideas for re-envisioning engagement in support of recovery. The South Southwest MHTTC team organized the ideas by the themes below: centering peer support, coordinating and deconstructing our systems, embedding care in community, funding and access, holistic/person-centered care, interventions for staff, particular interventions/next steps, public education, using technology to build community. Each theme includes a brief description. Please note that when an idea represented multiple themes, the team subjectively determined the most fitting theme; no submission is repeated across themes. Themes are alphabetized, and ideas within themes are alphabetized. The South Southwest MHTTC team did not edit the ideas beyond typographical errors in order to maintain the integrity of conference attendees' ideas. The ideas below represent those only of conference attendees and not of the South Southwest MHTTC team. We are thankful for all submissions and hopeful that this exercise and submissions will allow for opportunity to re-envision and dream about ideas to increase the time young people actively engage and benefit from FEP programs.

## CENTERING PEER SUPPORT

*This theme focuses on ideas that increase peer support led interventions and the prevalence of peer support.*

- Client-led and peer-first team: several peers act as primary point of contact for clients upon intake, clients determine needs, and treatment not focused on diagnoses.
- Expand/ implement peer club houses for a safe space to practice social skills, coping skills, and to simply have fun.
- Graduated housing options with access to sponsors who are further along in their recovery, who have lived experience of psychosis.
- Hire more peers and case workers to be in the field to knock on doors to re-engage people.
- Hire more peer specialists and increase salaries for peer specialist. This will also decrease client waiting time for services. And help with engagement.
- Peer support center for adolescents (club house) with field trips.

## COORDINATING & DECONSTRUCTING SYSTEMS

*This theme covers submissions that have suggested transformative systems-level changes, including building new infrastructure within existing systems and uprooting existing systems to construct new ones.*

- Deconstructing the system using current limitations to spending, policy, and services offered to create opportunity for transformation.
- Having a more uniform system across the state, eventually across nation so clients will know what they are coming into at that facility.
- Overhaul of Staff/System Requirements: All staff in the team EQUALLY work together as multidisciplinary team to make decisions, role of upper management reduced to allow decisions to be made at ground level, system less involved in engagement; engagement more client-centered.
- Standardized database/systems of care nationally so statewide individuals don't have to start over when they move to other states/counties. The database would include information on all accommodations available at any location so that professionals and individuals are fully aware of what is accessible.

## EMBEDDING CARE IN COMMUNITY

*This theme involves integrating mental health and peer support programs or training into community settings, such as schools and community organizations.*

- Access to care that is easy to reach and available in everyday settings, such as stores, community centers, schools, etc.
- Creating mental health programs in every school so each student and family have access to wrap around services and support.
- Include other neighborhood resources from within the community like NAMI.
- Investing in skill building for the community. Especially in the idea of recruitment for peer support to center and hire people from the community itself.
- Specialized liaisons that are part of the CSC team but physically embedded in the following systems: ISD, criminal justice, MH hospital.
- Standardized mental health training, including mandatory empathy enhancing education for first points of contact such as supervisors, jail officials, law enforcement, educators/school systems, etc.
- Work with the community schools to change the idea of a “detention” hour to instead of just keeping them in detention, having a mental health professional in with at risk kids to prevent the, from getting suspended.

## FUNDING & ACCESS

*This theme includes ideas of increasing access to services, including rural and underserved areas, as well as increasing funding in order to do so.*

- Advocating for more government support and funding.
- Improve accessibility. For rural areas use mobile RV clinics. For urban areas have Mental/behavioral health clinics in neighborhoods like we have pharmacies, medical clinics and grocery stores. Also provide child care and pet care to clients when they come for appointments. Also have food pantry, clothing, household items, hygiene products, pharmacy in the clinic. Include medical, dental and vision care.
- Increased inclusion/lobbying for private insurance to accept and bill evidence-based services such as CSC/FEP.
- More Resources, esp. in Rural Areas: transportation, peer run respite and stabilization facilities.

- Protected funding for full team representation- I.e. all FEP teams funded for specific roles, no overlapping roles, regardless of area (rural or urban).
- Protected funds to assist individual's recovery and resiliency/hope by offering financial scholarships, individual team needs for incentivizing services (outings, celebratory gifts (ie graduation frames for diplomas)), transportation funding for clients, short-term housing assistance. Incentivizing team collaboration (not all teams have access to supplemental funding to take care of their mental wellness at work (coffee, snacks).
- Step-down programs for FEP participants.
- Unlimited transportation no parameters to helping transport prosumers to any appointment or engagement.
- We would love for us as a State to rethink the payment model to a per diem payment model.

(2/2)

## HOLISTIC/PERSON-CENTERED CARE

*This theme focuses on holistic supports (e.g. nutrition, fitness, etc.) and centering the young person's individuality in treatment, including strengths-based and trauma-informed approaches.*

- Allow for none traditional supports for clients and families that address the family and individuals' strengths.
- Creating a community access card or app for clients to access yoga studios, museums, libraries, bowling arenas and other fun activities such as movies, zoo, aquarium.
- Creating one stop centers for conventional mental health services combined with holistic health options.
- Easier access to recreational activities. Finding ways to partner with smaller communities to help meet those towns recreation needs.
- Family and individual outings to bring individuals and family together and build support systems. Allow for a break from having to talk about mental health.
- Have knowledge of psychosis including client's struggles.
- Having recreational therapists on staff.
- The hub would approach psychosis with trauma informed care and peer dominant education. Services would be for FEP and Clinical High Risk for Psychosis prosumers. Embrace prosumers with a neurodivergent model versus an illness model.

(1/2)

- Holistic Hub with mental health/psychosis first aid trained staff members and including the following services: wellness center, gym, nutritionist, PCP/Dentist, Pharmacy, skills center, laundry, kitchen, computer lab, social service center apply for benefits, food pantry, clothing closet, self-care center, showers, respite rooms, transportation services, on demand shuttle services, Integrated substance use program.
- Know the client's interests, including celebrating their successes! Engagement between client and professional should be paramount.
- More access for clients that promote self-care such as a mental health fitness center

(2/2)

## INTERVENTIONS FOR STAFF

*This theme encompasses ideas for improving the well-being, diversity, and competence of FEP providers.*

- Develop an international community of clinicians and service providers to provide more appropriate and culturally competent services in the persons own language and relevant to their culture.
- Diversity in workforce.
- Lower caseload.
- Offering employee services to address burnout: service or resources to the employees to address their wellness through mental health days, team building activities, team outings, new and creative trainings on how to provide interventions, inclusive activities across the center not just program specific.
- Recruitment and retention of providers: increase in pay (25-50%) for all staff and improved equality in wages among team members, federal scholarships specific to becoming CSC clinicians, peer and family support specialists, funding for yearly team retreats to team build, respite, and debrief

## PARTICULAR INTERVENTIONS/NEXT STEPS

*This theme aggregates ideas for implementing established interventions and concrete steps for change.*

- Access to voice simulation by Pat Deegan for families
- An inviting environment, including snacks like candy, fruit as well as comfortable furniture including bean bags, etc.
- Create an “Amazon style” medication delivery for people not living near a pharmacy or can’t easily pick up their medications. We would use drones, delivery trucks, or a medication kiosk that would be directly connected to the Prescriber.
- Expand therapy options and curriculum: Hope to include EMDR, art therapy, music therapy, and CBT-P.
- Expansion of specialized services including neuropsych testing (this directly impacts teams approach to working with clients and increases success in addressing client needs), speech/language therapy, occupational/vocational therapy.
- Grand prize upon completion of program. Which can be school fees, or travel Packages depending on client interest and well-being.
- Have a phone booth so the client can call their team to reengage in services.
- Having alumni of the program do presentations of their success.
- Informative videos made by familiar faces, the staff they know. Making it engaging and fun.

## PUBLIC EDUCATION

*This theme involves educating large community groups about mental health and individual differences.*

- An intervention focused on cultural exchange/exploration through both community groups and a sponsor/buddy system to hold people accountable for reconnecting and learning about one’s own culture.
- Full out marketing campaign to increase awareness of mental health and psychosis to normalize experiences and seeking services.
- Have smaller hubs like resource centers where the public can go to get informed.
- Increase community events that provide mental health information (1/2)

- Providing Mental Health Education to the school systems providing information on common mental health signs and symptoms with local services to provide parents with information. But also added as a course to their required curriculum for students. (2/2)

## USING TECHNOLOGY TO BUILD COMMUNITY

*This theme includes ideas around using technology (e.g. social media, texting, etc.) to increase relationships between young adults and peers, mentors, and providers.*

- Company phones for each staff with no parameters about texting or calling prosumers. It's a younger crowd, text is generally preferred without there's a barrier.
- Develop a social media app by and for peer support members and prosumers. A safe space to share stories, resources, and support.
- Develop an international community that uses technology, such as virtual reality, to connect individuals experiencing psychosis for the first time. The group would be led by alumni of the program.
- More accessibility: more technology allowed to modernize engagement, tablets and cell phones provided to clients to allow for video sessions, text messages, etc., online groups (i.e. gaming), availability of online crisis/warm services.
- The Gift of Psychosis - an all-inclusive, accessible social media app for young people with psychosis to interact with others, share their interests and experiences, view or create live-streams and interest boards, participate in engaging learning experiences, and connect without borders. The app will be a safe space, moderated to ensure the safety of all users, with no tolerance for bullying or discrimination. Everyone ages 15-30 with lived experience of psychosis is welcome and encouraged to connect with others in their assigned age range, showing empathy and understanding of each other's unique experiences.



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Re-envisioning FEP Services with Youth & Young Adults