ESMI TTA CENTER

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

Findings from the First Cohort of SAMHSA's Clinical High Risk for Psychosis Grant Program

July 15, 2025

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Housekeeping Notes

- This presentation will be recorded.
- During the presentation, submit questions and feedback in the chat.
- You will receive the presentation slides via email after the presentation.

Webinar Overview

I. Opening Remarks

II. Overview of Findings from the First Cohort of SAMHSA's Clinical High Risk for Psychosis Grant Program

III. Panel Discussion

IV. Question and Answer

V. Closing Remarks

Presenter

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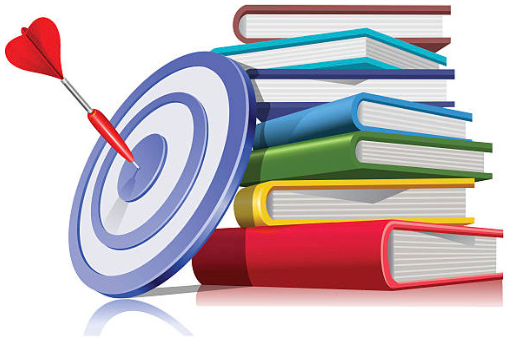
Principal Research Associate

Westat

Learning Objectives

- Gain knowledge of the signs of being at clinical high risk for psychosis (CHR-P) and the implications of developing psychosis
- Learn about the CHR-P grant program and how its interventions address the needs of individuals at CHR-P
- Become familiar with findings from the CHR-P grant program and how clients have benefited from the program



Psychotic Illness

- Characterized by delusions, hallucinations, disorganized thoughts, apathy, social withdrawal, and lack of emotional expression
- Refers to serious mental illnesses like schizophrenia and bipolar disorder
  - Excludes other causes of psychosis such as substance use, traumatic brain injury, dementia
- Typically starts in late teens or early 20s, disrupting development during transition to adulthood
- Affects 1% to 3% of the population
- Can result in decreased functioning, health comorbidities, premature mortality, and significant economic costs ($343 billion/year)

Sources: NIMH, 2023; GBD, 2019; Olson et al., 2015; Schoenbaum et al., 2017; Kadakia et al., 2022

Early Identification and Intervention

- Timely intervention after a first episode of psychosis (FEP) can improve symptoms, functioning, and quality of life
  - Minimizing duration of untreated psychosis improves treatment response
- Early intervention → increased focus on early indicators of psychosis risk
- ***Symptoms can occur prior to experiencing FEP***

Sources: Correll et al., 2018; Howes et al., 2021; Read & Kohrt, 2022

Clinical High Risk for Psychosis

Exhibiting noticeable changes in perception, thinking, and functioning typically preceding a FEP

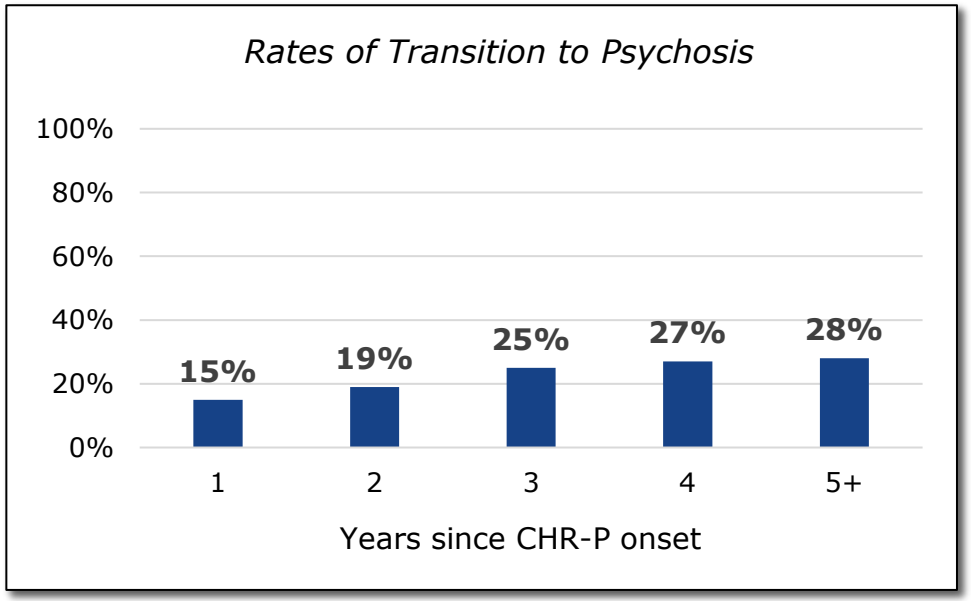
Individuals at CHR-P display:

- *Attenuated psychotic symptoms:* Positive symptoms that do not meet full criteria for psychotic disorder (e.g., hearing faint noises, seeing fleeting shadows)
- *Brief psychotic episodes:* Symptoms of psychosis for a short duration that remit spontaneously
- *Trait vulnerability and functional decline:* Predisposition to psychotic disorder (e.g., biological or environmental factors) and decline in daily life functioning (e.g., work or school)

Sources: Andreou et al., 2019; McGlashan et al., 2010

Prevalence of CHR-P and Onset of FEP

- 80% of individuals who experience FEP first exhibit CHR-P symptoms
- Not all individuals who exhibit CHR-P symptoms experience FEP



Source: Salazar de Pablo et al., 2021

CHR-P Interventions

- Intervention during the CHR-P phase can be beneficial
- Psychotherapy and pharmacology have shown positive effects
  - Improved CHR-P symptoms
  - Reduced risk for FEP

Sources: Hutton et al., 2014; Mei et al., 2021; Stafford et al., 2013; van der Gaag et al., 2013

Clinical High Risk for Psychosis Overview Webinar

Jason Schiffman, PhD

Elaina Montague, PhD

Kaelin Large, LMSW

Clinical High Risk for Psychosis Overview

CHR-P Grant Programs

In 2018, SAMHSA launched the *Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis* grant program

Also known as the **CHR-P program**

Program goals:

- Identify individuals at risk for psychosis
- Provide evidence-based interventions to
  - Improve functioning
  - Resume age-appropriate activities
  - Minimize symptoms
  - Delay or prevent psychosis

Source: SAMHSA, 2018

First Cohort of CHR-P Program Grantees

- Initial cohort consisted of 21 grantees funded to implement CHR-P programs from 2018 to 2022
- Grantees were public entities
  - State government or territory
  - Subdivision of a state (e.g., county)
  - Tribe or Tribal organization

Source: SAMHSA, 2018

Map of Program Grantees – First Cohort

Stepped-Care Model

- Provide the least intensive treatments first, and introduce higher intensity treatments only as needed
  - Lower intensity treatments are non-psychosis specific (e.g., stress management and coping skills)
  - Higher intensity treatments are psychosis-specific, with greater risk of side effects from antipsychotic medications
- Treatment plans based on shared decision-making between client and clinician
  - Supported by ongoing assessment of client symptoms and functioning to monitor progress on treatment goals

CHR-P Program Interventions

Required Interventions	Examples From Grantee Sites
Evidence-based screening, diagnosis, and assessment	• Structured Interview for Psychosis Risk Syndromes (SIPS) • Two-Item Screen (for hallucinations and delusions)
Psychoeducation	• Psychoeducation for individuals at risk for psychosis • Family-centered psychoeducation
Substance misuse risk reduction	• Motivational interviewing • Referral to substance misuse treatment providers
Cognitive therapy or behavioral skills training	• Cognitive behavioral therapy for attenuated psychotic symptoms • Social and functional skills training
Academic, vocational, peer, and family support	• Peer support services (individual and group formats) • Supported employment and education services • Multifamily groups
Evidence-based pharmacotherapy	• Targeted medication treatments for comorbid mental health and substance use disorder (SUD) • Provided only as needed, emphasizing shared decision-making

Clinical High Risk for Psychosis Stepped Care Webinar

Nicholas Breitborde, PhD, ABPP

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Sarah Lynch, LCSW

Jessica Makin, MSW

Daniel I. Shapiro, PhD

Clinical High Risk for Psychosis Stepped Care

CHR-P Program Findings

Cosgrove, J. A., Crocker, L. D., Breitborde, N. J. K., Rosenblatt, A., George, P., Marshall, T., Lichvar, E., Mullins, J., & Schiffman, J. (under review). Stepped-care intervention for pre-psychosis: Findings from the first cohort of clinical high risk for psychosis grantee programs. *Psychiatric Services.*

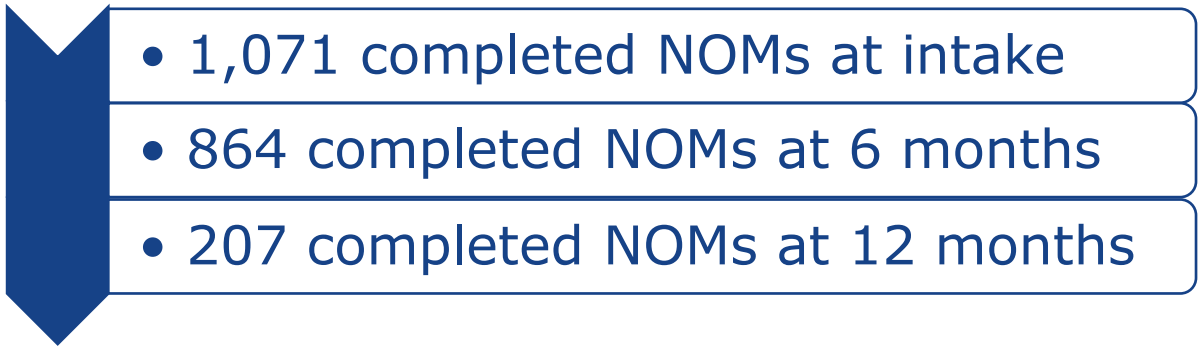
Study Data: National Outcomes Measures (NOMs)

- Questionnaire completed by clients during their time in the CHR-P program

- Measures many areas of client wellness and recovery
  - Functioning, social connectedness, and distress
  - Psychiatric hospitalizations and emergency department (ED) visits
  - Experiencing FEP

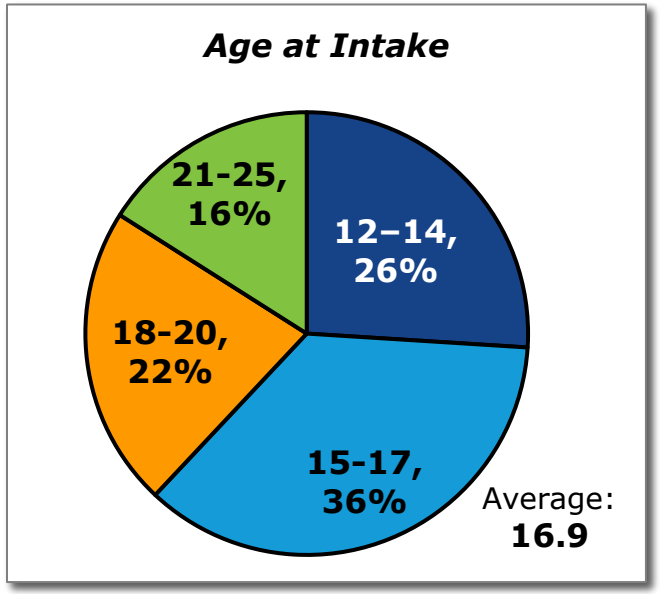
National Outcome Measures (NOMs) Assessments Over Time

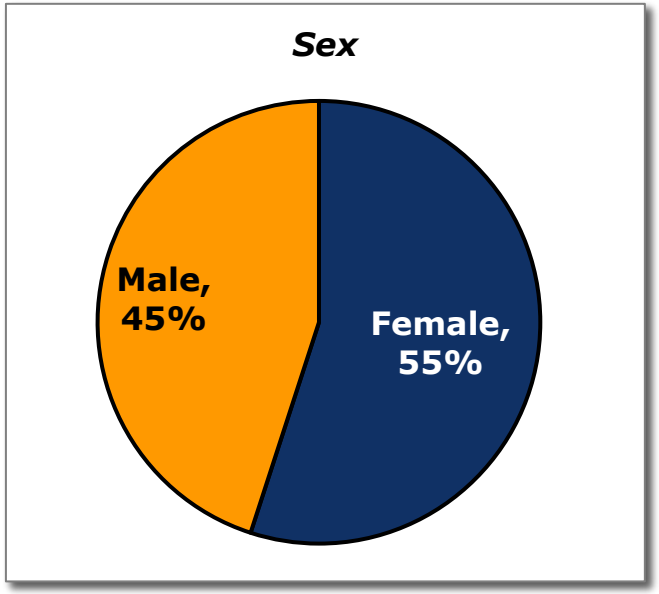
- 1,331 clients ages 12 to 25 enrolled in CHR-P programs, Sept 2018 – Dec 2022

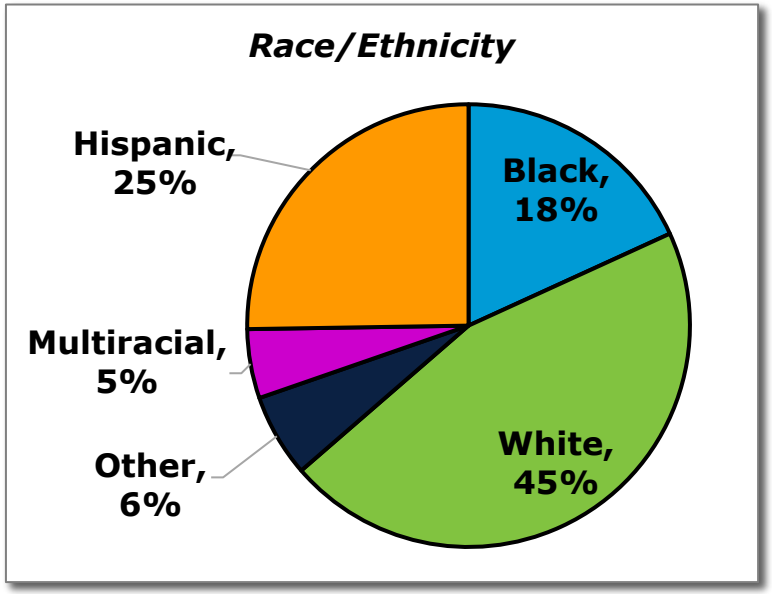


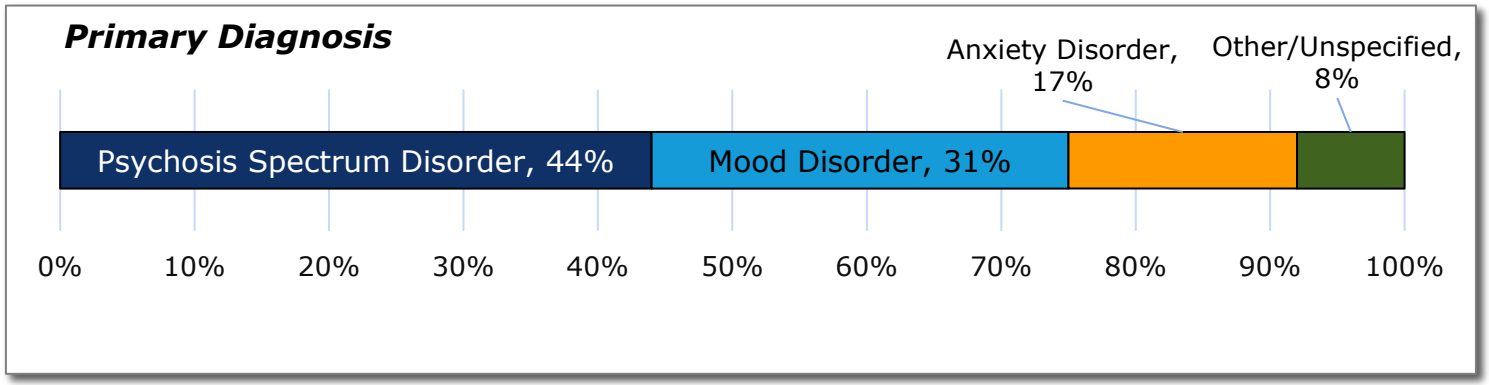
- Clients were enrolled in the program for an average of 11 months
  - Typically discharged between the 6- and 12-month NOMs assessments

Findings: Participant Characteristics









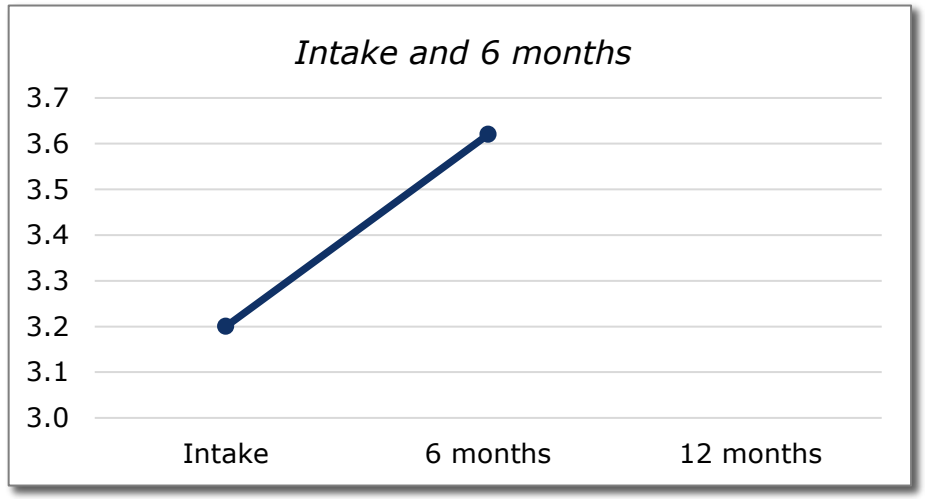
Most *Psychosis Spectrum Disorder* diagnoses were unspecified, which was typically used to indicate CHR-P in study participants.

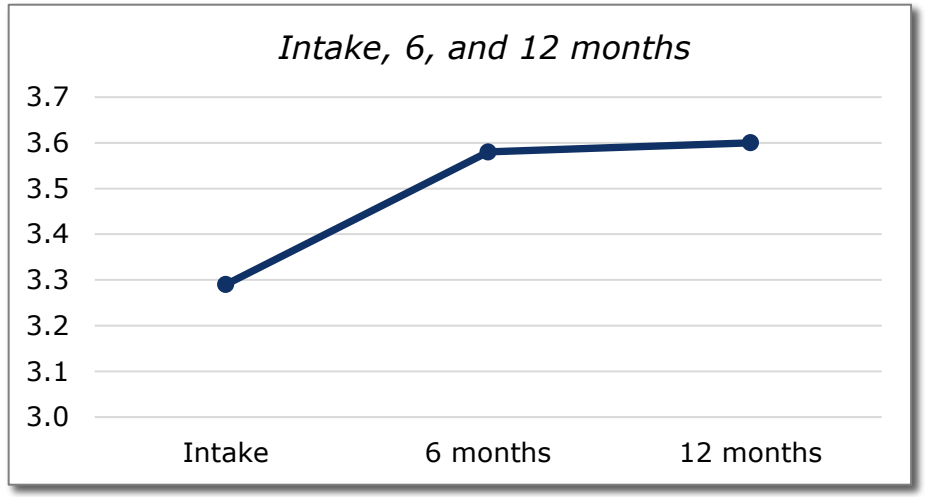
Findings: Life Functioning

NOMs items that assess:

- Handling daily life
- Getting along with family and friends
- School/work performance
- Coping with challenges/crises
- Satisfaction with housing situation
- Not being bothered by symptoms

Higher score = Greater functioning



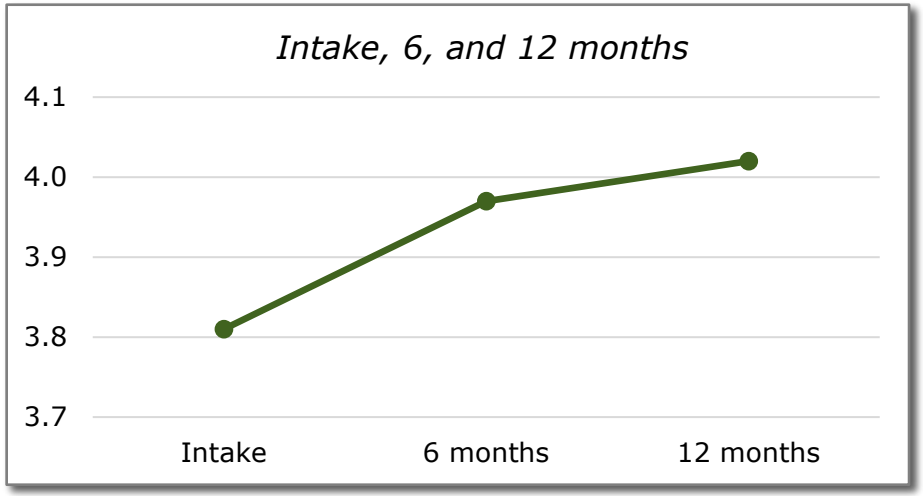


Findings: Social Connectedness

NOMs items adapted from Perceived Social Connectedness scale to assess:

- Being happy with friendships
- Feeling part of a community
- Having people in life who
  - Provide support in a crisis
  - Listen to and understand problems
  - Support recovery
  - Support goals and accomplishments

Higher score = Greater connectedness

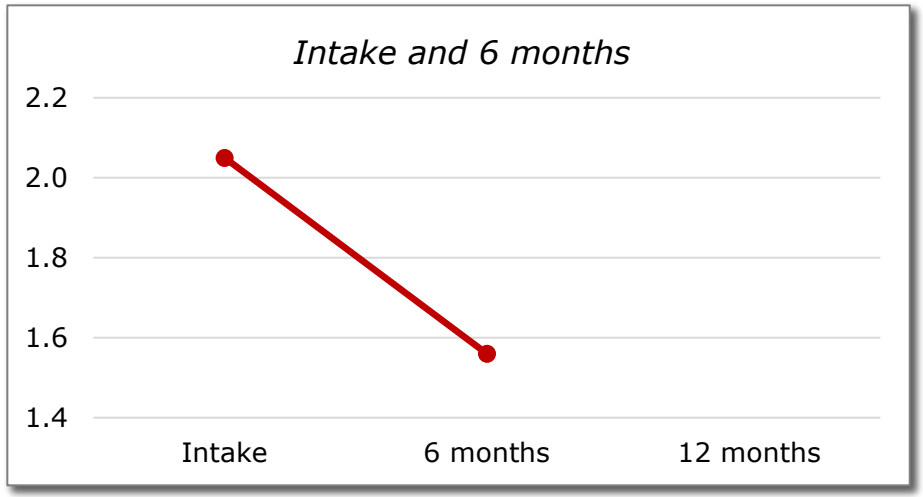


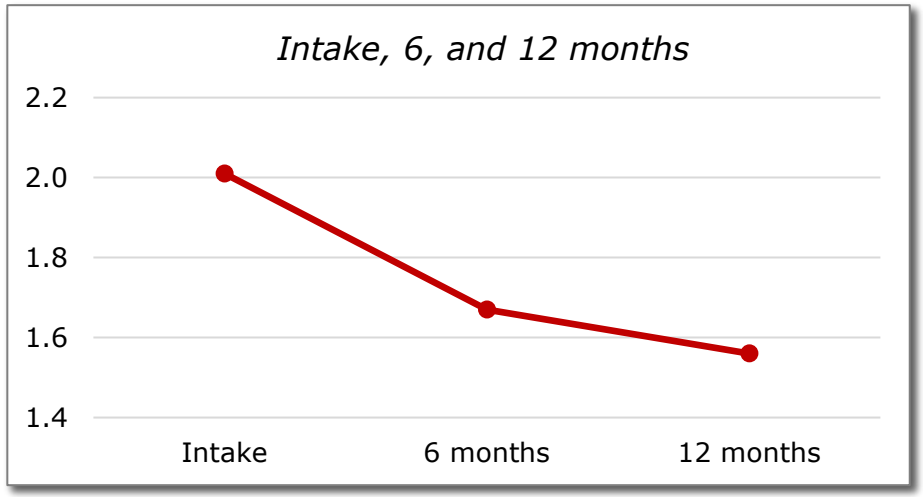
Findings: Distress

NOMs items adapted from Kessler Psychological Distress scale that assess feelings of:

- Nervousness
- Restlessness or fidgeting
- Depression
- Worthlessness
- Everything feeling like an effort

Higher score = More distress





Source: Kessler et al., 2002

Cross-Lagged Effects: Connectedness & Functioning

- Connectedness → Functioning
  - Higher connectedness at intake was linked to increased functioning at 6 months.
  - Higher connectedness at 6 months was linked to increased functioning at 12 months.
- Functioning → Connectedness
  - Functioning was *not* associated with subsequent connectedness.

Cross-Lagged Effects: Distress & Connectedness

- Distress → Connectedness
  - Higher distress at intake was linked to reduced connectedness at 6 months.
  - Higher distress at 6 months was *not* associated with connectedness at 12 months.
- Connectedness → Distress
  - Connectedness was *not* associated with subsequent distress.

Cross-Lagged Effects: Distress & Functioning

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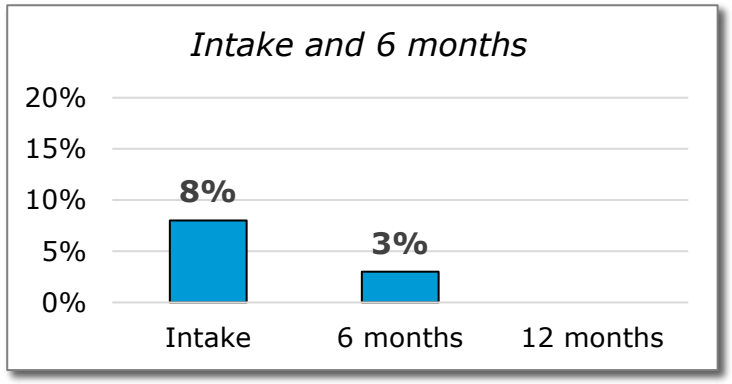
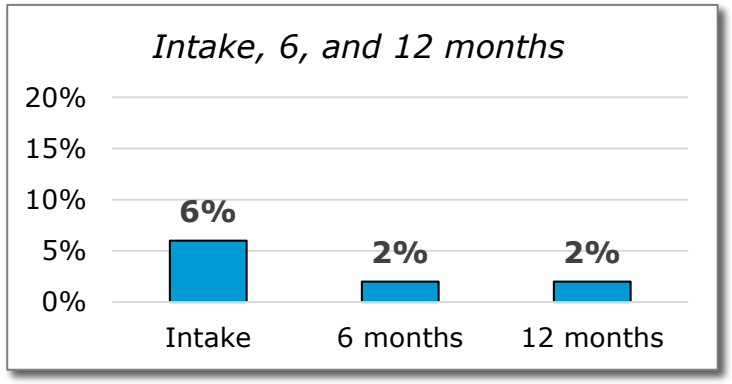
  - Higher distress at 6 months was *not* associated with functioning at 12 months.
- Functioning → Distress
  - Functioning was *not* associated with subsequent distress

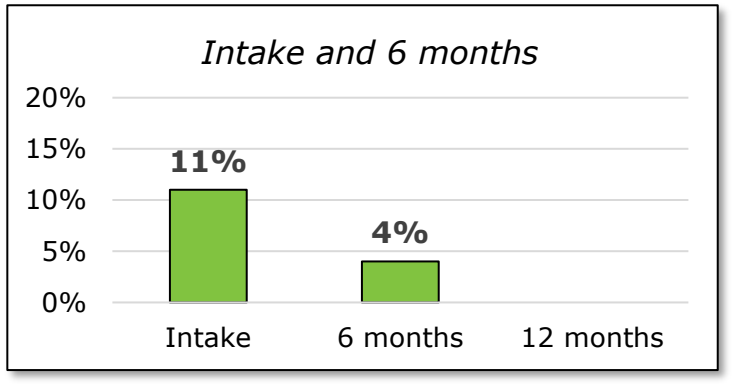
Findings: Hospitalizations and Emergency Department Visits

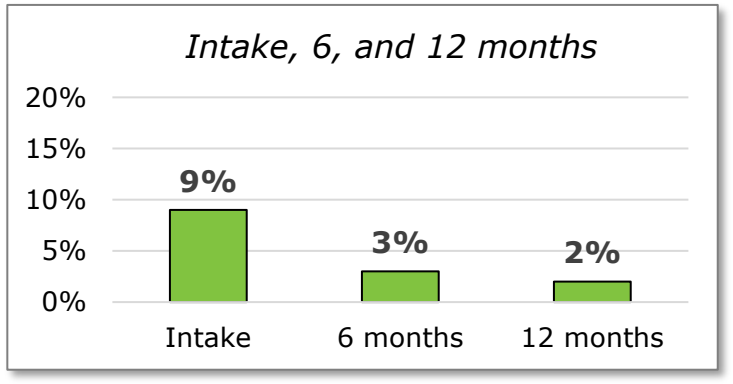
Psychiatric Hospitalization





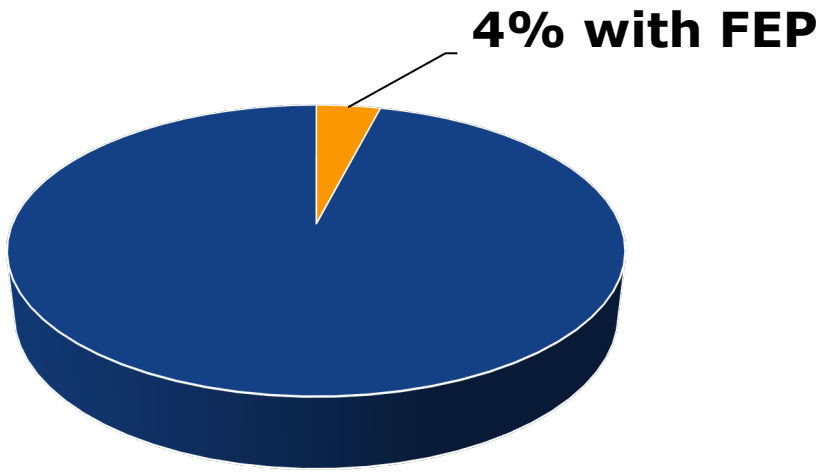
ED Visits





Findings: Onset of First-Episode Psychosis

- Low occurrence of FEP during CHR-P program enrollment
  - 4% of clients experienced FEP
  - FEP occurred 8 months after intake, on average
  - Fewer than 1 FEP occurrence per client per year
  - Lower rate of FEP than CHR-P population estimates (i.e., 15% within 1 year, 19% within 2 years).



Source: Salazar de Pablo et al., 2021

Summary of Results

Improved functioning, social connectedness, and psychological distress

- Social connectedness promoted better functioning over time

Reduced ED visits and few hospitalizations

- Less reliance on costly and restrictive treatment settings

Low rate of FEP onset

- Far less common than other individuals at CHR-P

Future Directions

Evaluating CHR-P program impact with control or comparison group

Examining changes in CHR-P symptoms

Assessing the role of each program component in client benefits

Disseminating CHR-P programs to more sites (second cohort)

Panel Discussion

Jason Schiffman, PhD

Professor & Director of Clinical Training

University of California, Irvine

Nicholas Breitborde, PhD, ABPP

Professor and Director, Early Psychosis Intervention Center (EPICENTER)

The Ohio State University

Panel Discussion: Social Connectedness

Findings suggest that social connectedness is an important protective factor for CHR-P clients

- In what ways have you seen peers and families support clients through their treatment journeys?
- What interventions have your programs offered that help to develop or draw on a client's social network to support their treatment?

Panel Discussion: Program Impact

More research is needed to assess the effects of specific CHR-P program interventions (and combinations of interventions) on client outcomes

- Can you speak to how you have seen clients uniquely benefit from each intervention that your program provides?
- Are there other interventions or components that you think would enhance the CHR-P program? If so, how would they benefit clients?

Webinar Feedback

tinyurl.com/esmi-CHR-P-findings

Your feedback on today's webinar is greatly appreciated!

Upcoming ESMI TTA Center Webinars

- **The Role of Peer Specialists in Early Serious Mental Illness Programs**

  Date and time: July 29, 2025, 12 p.m. ET

  Register Today!

- **Developmentally Informed Shared Decision-Making**

  Date and time: August 12, 2025, 12 p.m. ET

  Register Today!

- **Partnering with Crisis Services in Early Serious Mental Illness Programs**

  Date and time: September 3, 2025, 12 p.m. ET

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