Population	Treatment
Age 15-40 Primary diagnosis of a psychotic disorder IQ>70 Not related to substance use or secondary cause Cannot be on anti-psychotic medication for more than 12 months cumulatively *Individuals with confirmed diagnosis of ASD, BPD, or schizotypal personality disorder are typically not eligible	Coordinated Specialty Care (NJ in Washington) See below for details about CSC model
Late Onset Psychosis (40+) and Very-Late Onset Psychosis (45+)[1]	First step is elimination of possible causes of secondary psychotic symptoms • Medications • Neurological disorders • Delirium • Substance intoxication/withdrawals contributing to/exacerbating psychosis If psychotic symptoms are due to primary psychotic disorder, combination pharmacotherapy and psychosocial modalities are recommended. Caution in prescribing antipsychotics in elderly is advised.
Psychosis due to substance use	Treat underlying substance use
Psychosis due to general medical condition	Treat underlying medical condition
Depression with psychotic features[2]	Treatment with combination antidepressive and antipsychotic medications (sertraline with olanzapine, fluoxetine with olanzapine, venlafaxine with quetiapine)[3]

[1] Tampi RR, Young J, Hoq R, Resnick K, Tampi DJ. Psychotic disorders in late life: a narrative review. Ther Adv Psychopharmacol. 2019 Oct 16;9:2045125319882798. doi: 10.1177/2045125319882798. PMID: 31662846; PMCID: PMC6796200. Tampi RR, Young J, Hoq R, Resnick K, Tampi DJ. Psychotic disorders in late life: a narrative review. Ther Adv Psychopharmacol. 2019 Oct 16;9:2045125319882798. doi: 10.1177/2045125319882798. PMID: 31662846; PMCID: PMC6796200.

[2] https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd-1410197717630.pdf

[3] Rothschild AJ. Treatment for Major Depression With Psychotic Features (Psychotic Depression). Focus (Am Psychiatr Publ). 2016 Apr;14(2):207-209. doi: 10.1176/appi.focus.20150045. Epub 2016 Apr 7. PMID: 31975804; PMCID: PMC6519655.

Clinical High Risk for Psychosis[4]: Help-seeking individuals with prodromal stages of psychosis	• Recommended treatment includes psychological interventions (CBT) as first psychotherapeutic option • Pharmacological agents mixed advice – not recommended for treatment in CHR-P • Some guidelines suggest it can be prescribed in special cases[5]* • Other medications (antidepressants, mood stabilizer, benzodiazepines) considered for treatment of comorbid conditions

Tenets of Coordinated Specialty Care Model[6]

- **Individual and/or group psychotherapy:** evidence-based cognitive or behavioral therapy to reduce symptoms and improve functioning
- **Family education and support**: outreach and education to help families support members with FEP. Families are involved regardless of client age with consent of client.
- **Case management**: coordination with other medical and behavrioal health services to support access to needed medical, educational, social and other services
- **Medication management**: prescribing and monitoring medications to help manage symptoms and improve functioning
- **Supported employment and education services**: skill-building and supports to achieve and maintain educational and vocational functioning which may include services such as educational coaching and tutoring

NJ adds peer support services as a core service.

[4] https://www.sciencedirect.com/science/article/pii/S1876201824002351#ai-components-toc-id

[5] In case of accelerated deterioration, high risk of suicide, treatment with other anti-depressants has not been effective or if increasing aggression and hostility endanger other people; in case of ineffectiveness of psychological interventions, and in cases where CBT is insufficient and in which attenuated psychotic symptoms are occurring.

[6] https://library.samhsa.gov/sites/default/files/pep23-01-00-003.pdf

Draft Early Detection & Rapid Access Guidelines

Primary Care Settings

- Providers should know the signs and symptoms of first episode psychosis and how to ask about symptoms and experience in a nonjudgmental, nonstigmatizing manner
- Know where to refer patients to be evaluated if they are experiencing a first episode of psychosis (psychiatrist, CSC models). Keep a directory easily accessible of CSC programs in your area.

Behavioral Health Agencies

- Train staff to identify patients experiencing a first episode of psychosis, and how to ask about symptoms and experience in a nonjudgmental, nonstigmatizing manner
- Know where to refer patients to be evaluated if they are experiencing a first episode of psychosis (psychiatrist, CSC models). Keep a directory easily accessible of CSC programs in your area.
- Provide a warm handoff when possible involving patient and support system to specialty behavioral health when needed.

Health Plans

- Cover core coordinated specialty care services through a model that allows for and supports integrated team-based care
- Provide reimbursement levels that support time dedicated to education and outreach for families, patients and community members about first episode psychosis
- Provide coverage for evidence-based treatments for patients that experience psychotic symptoms but do not qualify for coordinated specialty care (e.g., clinical high risk for psychosis) including but not limited to psychological interventions such as CBT and pharmacological interventions for comorbid concerns (e.g., antidepressants, mood stabilizers, etc)
- Consider providing education to members and dependents on available behavioral health services, including specialty behavioral health on a regular basis.
- Evaluate internal claims data to identify and reduce duration of untreated psychosis, including reducing disparities in access to specialty behavioral health.