

# Community Outreach

Diana Perkins, MD MPH

March 18, 2024



**EPI-NC**

Early Psychosis Interventions  
of North Carolina

# Purposes of Community Outreach

- Establish and maintain a referral network for your program
- Engender community and professional interest and support for FEP CSC programs
- Help to build FEP-CSC workforce
- Promote general awareness about FEP
- Identify and develop community partners

# Establish Referral Networks: Preliminaries

- Referral procedures:
  - Determine referral mechanisms:
    - Phone line
    - Referral forms
    - Establish internal flow of referrals to CSC Team member responsible for responding
    - Establish basic information you need from referral source to determine if potentially eligible
  - Information for potential referral sources
    - Website/Brochures/Power Point presentations



**Specialized services are available in North Carolina for adolescents and young adults (ages 15-30) with a recent onset of psychosis (with the past 3 years).**

**These services improve outcomes & reduce hospitalizations. The majority of clients return to school and/or work!\***

#### **Evidenced-Based Specialty Care Services Include:**

- Medication management
- Individual therapy
- Family support
- Supported education and employment
- Peer support
- Digital interventions
- Health & wellness support

#### **Early Psychosis Clinic Locations**

Asheville, NC: AEGIS  
Burnsville, NC: WeCare2  
Charlotte, NC: Eagle  
Chapel Hill, NC: OASIS  
Raleigh, NC: Encompass  
Wilmington, NC: SHORE

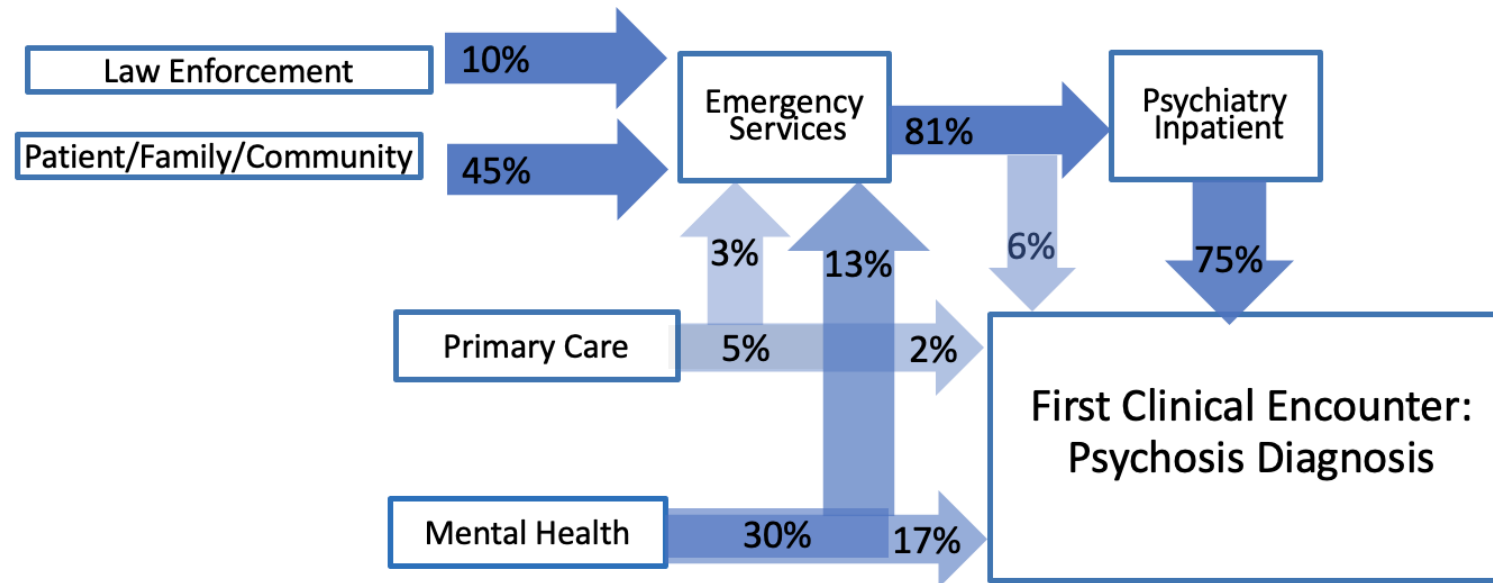


For more information or to make a referral:  
<https://go.unc.edu/NCFEPclinics>

\*<https://doi.org/10.1176/appi.ps.201700436>

# Referral Networks: Prioritize “Gatekeepers”

Initial diagnosis typically involved Psychiatry Inpatient treatment:

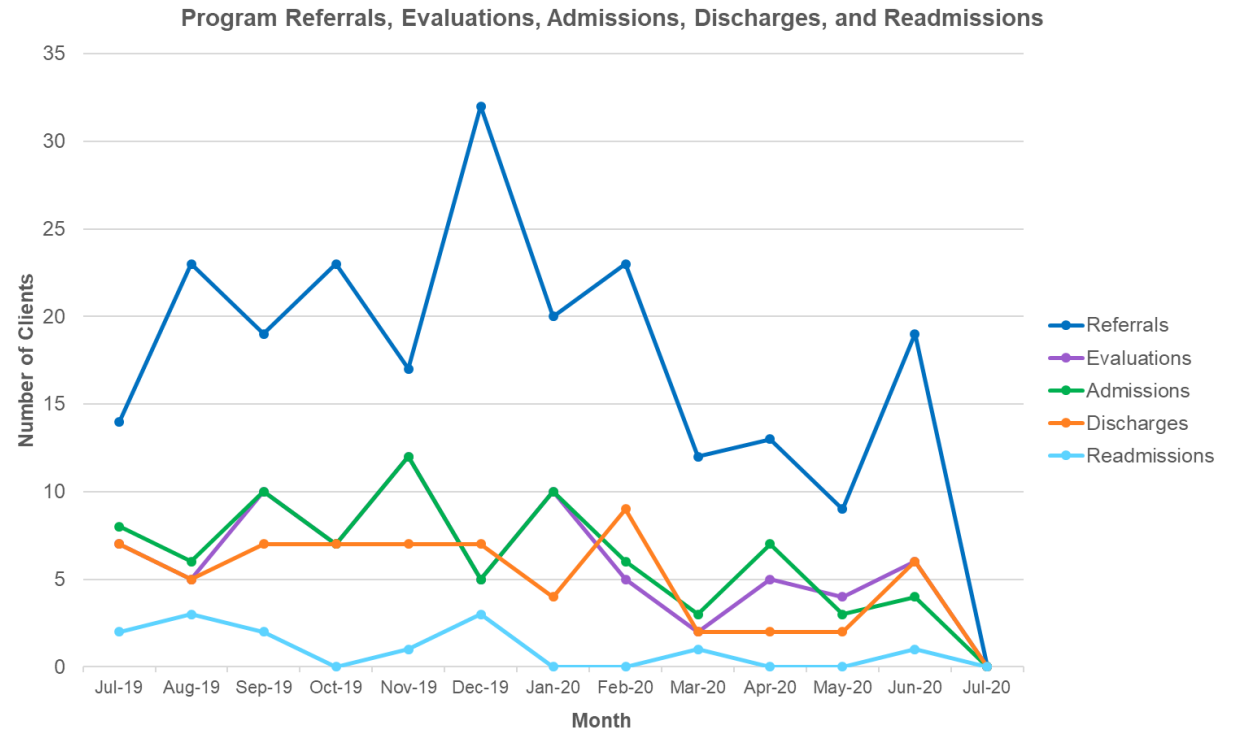
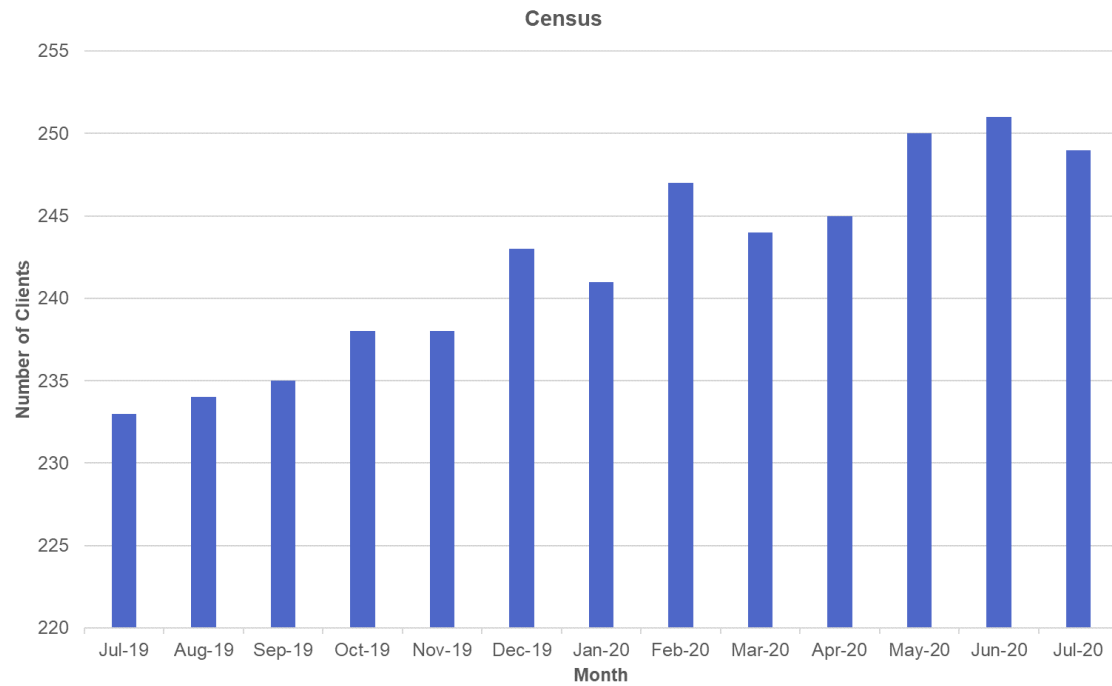


Ideal: Flow of referrals=Flow of discharge

# Reality:

- Potential demand far exceeds capacity of FEP-CSC programs:
  - ~3500 persons with new onset schizophrenia each year in North Carolina
  - >10,000 North Carolinians meet FEP-CSC program admission criteria
- New admissions:
  - As FEP-CSC programs become established, most teams can manage 2-4 new admissions each month
  - higher acuity, higher risk, need a higher intensity of services
- Discharges:
  - Clients that are discharged “too soon” (2-year limit) lose vocational and social gains made during program participation
  - NC experience suggests most FEP clients benefit from about 5-6 years to solidify gains
    - Intensity of services typically much reduced after 1-2 years
- Staffing turnover with small teams disrupts ability to deliver CSC model

# Balancing Supply and Demand: Monitor Programs' Census



# Balancing Supply and Demand

## Demand exceeds supply:

- Increase provider time/hire more staff
- Reserve new patient blocks in provider's templates
- Decrease no-shows
- Refer patients back to referring provider for co-management

## Supply exceeds demand:

- Strategic, limited outreach to referral sources
- Frequent communication with key referral agency(ies) about program status
- Maintain a "wait-list"
- Increase frequency of outreach to referral sources



# Demand Exceeds Supply: Co-management with Community Providers

- Difficult for community providers to maintain necessary expertise
- Creative hybrid solutions are needed
  - NC-CSC are central hubs coordinating care with community providers
    - e-PROMPT: mentoring NC community clinicians treating FEP
    - NC-CSC programs accept community referrals for specific elements:
      - Digital family psychoeducation and support: Altitudes
      - State-wide multi-family groups
      - Evidenced-based psychotherapies (e.g. Individual Resiliency Training, IRT)

# Purposes of Community Outreach

- Establish and maintain a referral network for your program
- Engender community and professional interest and support for FEP CSC programs
- Help to build FEP-CSC workforce
- Promote general awareness about FEP
- Identify and develop community partners