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## Enhanced Program for Early Psychosis (ePEP): A New Treatment Approach

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The Altshuler Center for Education & Research  
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Dallas, Texas

## LEARNING OBJECTIVES

- 1) Explain the benefits of enhanced early interventions for psychotic illness documented by recent research.
- 2) Describe the treatment components of the Enhanced Program for Early Psychosis (ePEP) being piloted at Metrocare Services in Dallas, TX.
- 3) Discuss the hurdles and successes that may be encountered in attempting to design and implement a new program for early intervention in psychotic illness.



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## THE TRAGEDY OF PSYCHOTIC ILLNESS

- Psychotic disorders (viz. schizophrenia) can devastate the lives of those afflicted with these serious brain disorders
- Typical age of onset (esp. 15-25) – usual time for young people to build their lives
  - ▶ derails academic/vocational trajectories & social development
  - ▶ results in lifetime of accumulating disability
- Annually, 100,000 young Americans stricken with new onset of psychotic illness

Recovery After an Initial Schizophrenia Episode (RAISE): A research project of the NIMH, National Institute of Mental Health, 2014.  
[www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml](http://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml)



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## THE GOOD NEWS

- Research has shown that early intervention for new-onset psychosis can reduce illness and restore adaptive functioning far more effectively than usual treatment – robust findings
- NIMH launched major research initiative in 2009 to investigate potential for enhanced care programs for first-episode psychosis (FEP) in real-world treatment settings

Bird et al. Early intervention services, cognitive-behavioural therapy and family intervention in early psychosis: systematic review. *BJP* 197:350-6, 2010.  
Penn et al. Psychosocial treatment for first-episode psychosis: a research update. *AJP* 162:2220-32, 2005



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## RA1SE INITIATIVE

- Recovery After an Initial Schizophrenia Episode (RA1SE)
  - Coordinated Specialty Care model: aggressive treatment early
  - Expected to fundamentally reverse downward trajectory & prognosis
- 2 major RA1SE projects awarded:
  - ▶ RA1SE Connection Program: Lisa Dixon, MD, Research Foundation for Mental Hygiene at Columbia University, NYC
    - Extended and adapted as *OnTrackNY* in 4 New York sites
  - ▶ RA1SE Early Treatment Program (ETP) NAVIGATE: John Kane, MD, Feinstein Institute for Medical Research, Manhasset, NY
    - Aimed to reduce financial impact on overburdened public systems, funded in 34 community MH centers and outpatient MH facilities in 21 states

Recovery After an Initial Schizophrenia Episode (RAISE): a research project of the NIMH, National Institute of Mental Health, 2014.  
[www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml](http://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml)

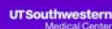


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## RA1SE RESULTS TO DATE

- RA1SE Connection Program (Dixon)
  - ▶ N=65 in program followed prospectively for outcomes
  - ▶ Occupational/social functioning improved significantly over 2 years
  - ▶ Service utilization greatest in first 3 months
- RA1SE Early Treatment Program (Kane)
  - ▶ N=404, RCT of NAVIGATE vs. usual community care
  - ▶ NAVIGATE patients remained in treatment longer, improved more in quality of life and psychopathology, and had greater involvement in work and school

Dixon et al. Implementing coordinated specialty care for early psychosis: the RAISE Connection Program. *Psy Serv* 2015; 66:691-8 (doi: 10.1176/appi.ps.201400281)  
Kane et al. Comprehensive versus usual community care for first-episode psychosis: 2-year outcomes from the NIMH RAISE Early Treatment Program. *AJP in Advance* (doi: 10.1176/appi.ajp.2015.15050632)



## THE CURRENT INITIATIVE

- January 17, 2014: President Obama signed legislation funding SAMHSA to develop FEP treatment programs across the US
- NIMH collaborated with SAMHSA to develop evidence-based FEP treatment models for implementation
- Texas DSHS was funded to develop & implement FEP evidence-based CSC-modeled pilot project in existing MH clinics, using *OnTrackUSA* program guide
  - ▶ initiated at Metrocare in collaboration with UT Southwestern (UTSW) Medical Center

NIMH. Coordinated Specialty Care for First Episode Psychosis. Manual II: Implementation. US Dept. of Health & Human Services, 2014.  
<http://practiceinnovations.org/Portals/0/RAISE/CSC-for-First-Episode-Psychosis-Manual-II-Implementation.pdf>



## THE ePEP PROGRAM AT METROCARE

- Enhanced Program for Early Psychosis (ePEP)
  - commenced January 1, 2015
- CSC model of enhanced services for early psychosis:
  - shared decision-making approach focused on strengths and resiliency, with patients and family members in collaboration
- 12-month intervention initially, now in 2<sup>nd</sup> year
- Research evaluation of the program
  - ▶ Joint function of Altshuler Center for Education & Research (ACER) at Metrocare and UTSW Medical Center
- Research design: patient outcomes of ePEP compared to outcomes of patients receiving treatment as usual



## INCLUSION CRITERIA

- 60-90 patients with psychotic disorder diagnosis:
  - ▶ Schizophrenia, schizoaffective disorder, schizophreniform disorder, mood disorder with psychotic features, brief psychotic disorder, psychosis not otherwise specified, or delusional disorder
  - ▶ Psychotic symptom(s) at some time during most recent episode
- Psychotic illness course: onset in last 2 years, duration >1 week
- Age: 15-30 years
- Indigent (ineligible for Medicaid/Medicare and <200% of federal poverty level)
- Lives close enough to attend appointments and receive home visits; anticipated availability for duration of project



## EXCLUSION CRITERIA

- 1) Inability to provide informed consent (if <18 y/o, lack of consent from family member or guardian)
- 2) Psychosis presumed to be primarily substance-induced or due to general medical condition
- 3) Presence of substantial intellectual disability disorder by medical record documentation
- 4) Partial exclusion: inability to speak and understand English (some components of ePEP intervention can be done only in English)



## ePEP INTERVENTION

- Treatment team members (30 patients per team)
  - ▶ Team Leader/Primary Clinician (masters level psychotherapist)
  - ▶ Case Manager/Health Coach (masters level SW or counselor)
  - ▶ Individualized Placement and Support (IPS) Specialist (employment/education counselor: masters level vocational rehabilitation specialist)
  - ▶ Family Peer Support Specialist/Recovery Coach
- Additional ePEP services *across teams*
  - ▶ Psychiatrist FEP expert care: UTSW faculty member
  - ▶ Cognitive remediation: UTSW specialist
  - ▶ Family psychoeducation: co-facilitators are masters level SW and masters or doctoral level psychologist/psychiatrist/psychotherapist



## ELEMENTS OF ePEP

### PSYCHOTHERAPY

- Team leader/primary clinician uses evidence-based methods for cognitive and behavioral therapy
- Emphasizes resilience training, illness and wellness management, and general coping skills
- Individual or group psychotherapy
  - Weekly or bi-weekly sessions
  - Duration and frequency personalized for each patient
- Because early psychosis disrupts sense of wellness and derails confidence and pursuit of life goals → aims to restore feelings of personal wellness and reinforce coping/resilience



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## ELEMENTS OF ePEP

### CASE MANAGEMENT / HEALTH COACHING

- Assistance in developing and applying daily functioning skills:
  - problem solving & developing solutions for life's daily problems
  - obtaining psychiatric, medical, and social services
  - managing finances
  - transportation
  - navigating the criminal justice system
  - obtaining/maintaining stable housing
- Frequent contact with patient and family members in clinic, community, and home settings
- Important for outreach & recruitment, minimizing attrition



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## ELEMENTS OF ePEP

### INDIVIDUALIZED PLACEMENT & SUPPORT (IPS)

- Educational/vocational rehabilitation services aid return to work or school to re-establish trajectory toward personal educational and vocational goals
- *Philosophy:* every person with serious mental illness can work competitively if good fit to job and work environment can be established
- Help find and maintain competitive work, capitalizing on personal strengths and motivation
- Coaching & support to rapidly & securely immerse the individual in educational and vocational environments, ensuring workplace success
- Integrates education & vocational services with MH services

Center for Mental Health Services. Supported Employment: Building Your Program. DHHS Pub. SMA-08-4364. Rockville, MD: SAMHSA, 2009. <http://store.samhsa.gov/shin/content/SMA08-4364/BuildingYourProgram-SE.pdf>

Killackey et al. Vocational intervention in first-episode psychosis: individual placement and support v. treatment as usual. *BJP* 2008.



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## ELEMENTS OF ePEP

### FAMILY PEER SUPPORT / RECOVERY COACHING

- Coach has personal experience in successfully helping own family member negotiate psychotic illness – draws on personal successes in dealing with difficult situations of own family member with illness
- Assisting patients/family members in working with illness in families by modeling self-advocacy skills and providing information
- Assisting in managing psychotic illness and pursuing recovery through:
  - keeping appointments
  - obtaining medications
  - monitoring medication adherence
  - social support and interaction
  - practical daily living activities (eg, paying rent on time, maintaining household supplies of food and personal commodities)



White. Recovery coaching: a lost function of addiction counseling? *Counselor* 5:20-2, 2004

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## ELEMENTS OF ePEP

### EARLY PSYCHOSIS PRESCRIBING EXPERTISE

- Close monitoring and care by psychiatric expert in early psychosis
  - ▶ Opportunity for psychiatry residents to train in early psychosis treatment
- Early course of psychosis requires different management strategies than for established psychotic illness
- Elements of evidence-based approaches for early psychosis:
  - using lower medication dosages
  - establishing medication adherence practices
  - monitoring for evolving or changing psychopathology
  - focusing on functioning
  - developing healthy lifestyle habits
  - ensuring optimal metabolic and cardiovascular health through regular primary care in coordination with psychiatric care



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## ELEMENTS OF ePEP

### COGNITIVE REMEDIATION

- Cognitive remediation specialist leads patients through computerized remediation programs, up to 3x per week
- Various learning strategies applied:
  - errorless learning
  - scaffolding
  - massed practice
  - positive reinforcement
  - information processing strategies
- Moderately improves cognitive performance; addition of psychiatric rehabilitation also improves functional outcomes

Wykes & Reeder (eds). *Cognitive Remediation Therapy for Schizophrenia. Theory and Practice.* London, UK: Routledge, 2005.

Barlati et al. Cognitive remediation in schizophrenia: current status and future perspectives. *Schizophr Res Treatment* 2013;156084, 2013.



Barlati et al. Cognitive remediation in schizophrenia: current status and future perspectives. *Schizophr Res Treatment* 2013;156084, 2013.

McGurk et al. A meta-analysis of cognitive remediation in schizophrenia. *AJP* 164:1791-802, 2007

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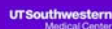
## ELEMENTS OF ePEP

### FAMILY PSYCHOEDUCATION

- Patients and relatives/caregivers learn in groups about psychotic illness and its treatment
- PsychoEducation Responsive to Families (PERF): formal, evidence-based psychoeducation program provided to ~12 families x 6-12 mos
- Structured family groups with 2 facilitators (combining psychiatry/psychology and family therapy/SW expertise) meeting 90 min 2x/mo
- Provides didactic learning about psychotic illness and treatment, help navigating life's problems presented by psychosis, sharing with other families, problem solving, and skills building in supportive group setting

Pollio et al. Family-responsive psychoeducation groups for families with an adult member with mental illness: pilot results. *Comm Ment Health J* 38:413-21, 2002.

Pollio et al. Psychoeducation responsive to families (PERF): two decades of development and translation of a multifamily group model. *Psychiatr Ann* 42:226-35, 2012.



## ePEP PROGRAM FIDELITY

- Program fidelity to be assessed within CSC curriculum standards
- Adequate team structure/functioning operationalized & documented:
  - adequate staffing
  - limited caseload size
  - weekly full-team meetings to review each patient's program plans
  - intake within 1 week of referral to program
  - service provision after hours and on weekends
  - community outreach service provision to >10% of patients
  - safety risk assessment screen at intake and as clinically indicated
  - advance discharge planning achieving 90% attendance at MH provider appointment within 30 days



NIMH. Coordinated Specialty Care for First Episode Psychosis. Manual II: Implementation. US Dept. of HHS, 2014. <http://practiceinnovations.org/Portals/0/RAISE/CSC-for-First-Episode-Psychosis-Manual-II-Implementation.pdf>



## FIDELITY OF PROGRAM PARTICIPATION

Documentation/operationalization of program elements used:

- Psychopharmacology intervention:
  - ▶ >60% of patients on antipsychotic medications at any one time
  - ▶ >75% of patients receive  $\geq 1$  four-week period of recommended doses
  - ▶ weight measurement (monthly), addressing gain >1 BMI
  - ▶ fasting glucose/HbA1c and lipids (intake, 2 months later, annually)
- Family peer support/recovery: weekly contact (service logs)
- Family psychoeducation: >50% of family members involved



## FIDELITY OF PROGRAM PARTICIPATION

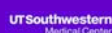
Documentation/operationalization of program elements used:

- Clinical record data:
  - ▶ timing of intake and discharge planning
  - ▶ participants' amount of use and time and location of each service type
  - ▶ completion of safety risk assessments
  - ▶ medications and dosages prescribed
  - ▶ laboratory values and clinical steps taken to address critical results
- Variables measured through electronic medical record data analysis
  - supplemented by targeted clinical review of medical records for information (eg, clinical steps taken to address critical laboratory results)



## METROCARE ePEP EVALUATION

- Comparison of 60-90 patients enrolled in ePEP and 60-90 patients receiving treatment as usual
- Assessment schedule: major assessment at baseline and Q12 mos, plus Q3 mos brief interval assessment
- Assessment of: demographics, diagnosis, symptoms (mood, anxiety, psychosis), social functioning, child trauma



## HYPOTHESES

- 1) Patients in ePEP will have superior outcomes compared with treatment-as-usual in terms of:
  - ▶ symptom morbidity
  - ▶ residential stability
  - ▶ educational/employment status
  - ▶ legal problems
  - ▶ other aspects of social/interpersonal functioning
- 2) Patients in ePEP will have greater utilization of routine, less-costly components of care (eg, case management and office visits) and will utilize fewer acute/costly components of care (eg, ER visits, hospitalizations), resulting in estimated comparative overall-system savings for ePEP



## RESEARCH MEASURES

- Psychiatric diagnosis:
  - ▶ Diagnostic Interview Schedule (DIS): schizophrenia, mania, depression
  - ▶ M.I.N.I. International Neuropsychiatric Interview: alcohol/drug use Dx
- Symptoms:
  - ▶ Positive and Negative Symptom Scale (PANSS): positive (productive) symptoms and negative (deficit) symptoms of psychotic disorders
  - ▶ Mood and Anxiety Symptoms Questionnaire-short form (MASQ-D30): anxiety/depression comorbidity, using dimensional aspects of Clark and Watson's tripartite model
- Social measures:
  - ▶ Sociodemographic history (housing, employment, legal, health, treatment)
  - ▶ Birchwood Social Functioning Scale (SFS): relevant to schizophrenia
  - ▶ Childhood Trauma Questionnaire (CTQ): 5 types of lifetime maltreatment
  - ▶ North-Sachar Family Life Questionnaire (NS-FLO): by family member



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## RESEARCH PROCEDURES

- Baseline assessment:
  - ▶ DIS, M.I.N.I., PANSS, MASQ-D30, Birchwood SFS, CTQ, NS-FLO
  - ▶ Adult Needs and Strengths Assessment (ANSA) for adults; Child and Adolescent Needs and Strengths (CANS) for children – routinely administered for treatment planning & quality improvement (chart review) - risk behaviors, MH needs, life domain functioning, family/caregiver strengths/needs, personal strengths, culture, psychiatric hospitalizations, crisis history
- Interval measures:
  - ▶ Every 3 months
  - ▶ PANSS, MASQ-D30
  - ▶ Chart review for services used, appts. missed, ED visits, psych hosp.
- Outcome measures:
  - ▶ At 12 and 24 mos
  - ▶ PANSS, MASQ-D30, Birchwood SFS



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## DATA ANALYSIS

- Summarize baseline sample characteristics and compare baseline characteristics between treatment groups (ePEP vs. treatment as usual)
- Examine # clinic visits for all levels and types of care, # appts missed, #ED visits, # hospitalizations to estimate costs of service use/treatment by applying unit cost to # units of service used of each type, for both ePEP and treatment-as-usual
- Compare interval and outcome variables between treatment groups and over time, and compare costs of treatment between groups



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## Hurdles and Successes Encountered in ePEP

Katy McDonald, LPC

The Altshuler Center for Education & Research  
Metrocare Services  
Dallas, Texas

## INITIAL HURDLES

- Establishment of funding and contractual agreements
- Designing the clinical program
- Designing the research component and obtaining human subjects (IRB) approvals
- Hiring, training, and retaining qualified caregiver team members and research staff
- Recruiting, engaging, and retaining patients
- Producing sufficient services for program reimbursement
- Specific rules for the program set by the State and the Agency



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## CONTRACTS

- Original start date October 1, 2014
- FY 1 contract received February, 2015 – project period dates were inconsistent (Oct 1? Jan 1? Feb 1?)
  - ▶ Late contract prevented reimbursement for services
  - ▶ Year 1 annual report suddenly due with only days' notice
- Change in reimbursement schedule
  - ▶ Initially, every patient required to have 7 hours of service/month to receive full contractual reimbursement to the program (3 hours for partial reimbursement)
  - ▶ Changed to 7 hours of service/month *averaged across all patients*
  - ▶ To be changed to average of 5 hours of service/month
- Contracts with UT Southwestern for personnel



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## CLINICAL PROGRAM DESIGN

- No available template – Dr. North developed a unique clinical protocol based on clinical experience and research literature
- Several months later, Dr. Lisa Dixon's extensive programmatic materials were provided
  - ▶ Would not have needed to create a new program
- Confusion over peer support professional's qualifications
  - ▶ ?Staff person with personal history of mental illness
  - ▶ ?Staff person who is a family member/caregiver of a relative with mental illness
  - ▶ Unclear if mental illness had to be psychosis (apparently not)



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## PEER PROVIDER ISSUE

(35) Peer provider: a staff member who:

- (A) has received a high school diploma or a high school equivalency certificate; and
- (B) has at least one cumulative year of receiving mental health services for a disorder that is treated in the target population for Texas

Texas Administrative Code – title 25 – part 1 – chapter 416 – Subchapter A – Rule §416.3



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## RESEARCH DESIGN

### STANDARD, STRAIGHTFORWARD

- Patient sample: Pathways Clinic
- Recruitment procedures
  - ▶ Search medical records for qualifying patients
  - ▶ Referrals from clinics
- Data collection: demographics, diagnosis, and outcomes (symptoms, functioning, service use, satisfaction)
- Control group: patients receiving treatment as usual at other Metrocare clinics



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## STAFFING

- Clinical staffing
  - ▶ All new hires – agency requirements/procedures
  - ▶ Extensive training in agency procedures and in Coordinated Specialty Care methods (weeks)
  - ▶ Retention – turnover limited program's ability to serve (burden of performance requirements despite high numbers of non-reimbursable hours)
- Research staffing
  - ▶ All new staff, new training
  - ▶ Research salaries dependent on clinical income



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## PATIENT PARTICIPATION

- Identifying qualifying patients (~18 months to N=60)
  - ▶ Medical records not searchable; errors in records
  - ▶ Insufficient permissions to sources of qualifying information (eg, CMBHS)
    - inconsistencies among information sources
  - ▶ Difficulties contacting qualifying patients
  - ▶ Strenuous qualifications yield few patients actually qualifying (~5%) → high-risk sample
  - ▶ High attrition (many disqualified after getting insurance, often because of ePEP), low participation
  - ▶ Desperation for ePEP participants (reimbursement) delayed start of research recruitment



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## FUNDING FOR SERVICES

- What qualifies for reimbursement?
  - ▶ 7 hours of service for every patient?
  - ▶ Average of 7 hours per patient?
  - ▶ Average of 5 hours of service per patient?
- Need signed contact in place
- Engagement for services not a billable service
- Cannot bill for individual family education



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## WORKING WITH AGENCY GUIDELINES

### Revenue-producing positions

- Benchmarks
- Productivity
- Late charting
- Computer and/or server issues
- Service hours
- Training
- Recruiting: patients unique to each location



## SUCCESSSES

- Workable contract developed
- Clinical program design
  - ▶ 2 teams each with caseload of 30 patients
  - ▶ Team members: therapist (team lead), case manager, employment and education specialist, peer support
  - ▶ Utilizing CSC curriculum including motivational interviewing and illness management/recovery
  - ▶ Recruitment: building a patient base
  - ▶ Required service hours set at 20 hours/week



## SUCCESSSES

- Continued Training
  - ▶ SAMA, CPR, Supported Education & Employment
- Weekly reports
  - ▶ Monthly, weekly: new recruits, clinical reviews
  - ▶ Financials, assessments, and recovery plans
- Weekly clinical meetings
  - ▶ Tuesday review of clinical needs and updates
  - ▶ Every-other-Thursday clinical peer review of documentation and fidelity of program
  - ▶ Friday team lead meeting



## SUCCESSSES

- Research design
  - ▶ Created assessments
  - ▶ Created database
- Staffing
  - ▶ Dedicated teams
  - ▶ Knowledgeable in procedures and resources
  - ▶ Person-centered



## SUCCESSSES

- Funding
  - ▶ Successfully recruited 110 patients
  - ▶ Folders developed for recruitment
  - ▶ Received signed contract allowing for billing
- Building for the future
  - ▶ Medicaid to be added to qualifications 10/1/16
  - ▶ Service commitment of 5 hours/patient



## SUCCESS STORIES

- An ePEP employment specialist assisted a patient in creating a resume. The patient initially resisted, saying he didn't "have enough job experience to put on it." The employment specialist convinced him otherwise, and now he has two jobs!
- A patient with multiple sclerosis and severe depression participated in ongoing counseling with ePEP. He was asked to reframe his life & process of thinking patterns. He has begun to accept his life. His new motto is: "If you can't get a miracle, become one" (by Nick Vujicic). He is trying to become more involved in his community. He reported that he used to cut himself almost every week, but "I've only done it twice this whole year."



## SUCCESS STORIES

- One ePEP patient has made major gains since having difficulty over the Christmas holidays. She's working again and has plans to go back to school. She is now taking care of her appearance and shows pride in her accomplishments.
- An ePEP patient was near catatonic on entry to the program. He was living in what appeared to be an abusive environment in a group home. He is now active in his recovery, is medication adherent, and his affect is much improved. He has been removed from his group home and is living in a more stable environment.



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## SUCCESS STORIES

- One patient's life was about to change, as he was on the verge of being sent to prison. His association with ePEP tipped the scales and allowed him to receive probation rather than being incarcerated again. Both the judge and his lawyer mentioned that his association with ePEP at Metrocare "made the difference" in the deal they struck.
- One ePEP patient is now gainfully employed, has increased his communication with his immediate family, and improved his social engagement. He now takes his sister to dinner and arranges times to attend movies with his mother.



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## SUCCESS STORIES

- A patient receiving ePEP services is now a Dallas Animal Services volunteer. He strives to work with cats because "I don't know much about them and I want to; they interest me." For him to vocalize what makes him happy is a very positive step.
- A patient receiving ePEP services received 5 years' probation for a conviction. If not for him receiving ePEP services, he would have been sent to jail. Mandatory participation in ePEP is part of his plea deal.



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## ePEP OUTCOMES

- 35% currently employed
- 2 working as volunteers in community
- 30% in school or pursuing GED
- 97% in stable housing
- Many working on rebuilding relationships
- Most medication compliant
- 1 recently married
- 2 participating in outpatient rehab
- 0 hospitalized while in program



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## SUCCESSSES

Do what you can,  
with what you have,  
where you are.

Theodore Roosevelt



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## QUESTIONS

QUESTIONS & ANSWERS

QUESTIONS & ANSWERS

ANSWERS