

## Clinical Pathway for Adults with Schizoaffective

Transforming Lives. Building Community Well-Being.

Patient presents with symptoms of psychosis and mood, has Psychosis and Schizophrenia test been conducted <a href="https://screening.mhanational.org/screening-tools/psychosis/?form=MG0AV3">https://screening.mhanational.org/screening-tools/psychosis/?form=MG0AV3</a>. CCA or diagnostic eval. Is neuroimage indicated? Has other BH/PH dx been considered? Does pt meet criteria for schizoaffective?

Pt meets criteria per DSM5-TR. Assess for safety.

Doesn't meet DSM criteria, consider other psychotic disorder, MH, PH, treat accordingly.

Patient is not safety risk, is member eligible for First Episode Psychosis program.

- -DM screening (HEDIS)
- -Pt with DM-LDL-c, HgA1c (HEDIS)

Med Management

Psychoeducation for pt and family.

Patient a safety risk, consider BHUC Mobile Crisis, FBC, ED, and/or inpatient (BH). Is patient seen within 7 days after D/C from ED or hospital (HEDIS).

## Continue F/U

-member adherence to Rx 80% of the measurement period (HEDIS)

Med management-monitor for side effects, TD, akathisia, AIMS test

If adherence is impaired, consider LAI

CBT for psychosis, psychoeducation, supported employment services. If enhanced services (ie ACT) or other type of service-refer to CCP

 $\underline{https://abhfl.org/wp-content/uploads/2024/06/CPG-Schizophrenia-Clinical-Practice-Guidelines.pdf? form=MG0AV3}$ 

