Expanding, Improving, and Sustaining Early Psychosis Services in the United States

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Disclosures

- I have no personal financial relationships with commercial interests relevant to this presentation.
- The views expressed are my own, and do not necessarily represent those of the NIH, NIMH, or the Federal Government.

Science-to-Practice Advances in Early Psychosis

- Research findings support coordinated multimodal treatment approaches for first episode psychosis (FEP)
- Practice guidelines recommend Coordinated Specialty Care (CSC) programs for persons experiencing a first episode of psychosis
- Several federal agencies endorse CSC as an evidence-based treatment for FEP (i.e., SAMHSA, CMS, VHA, and DOL)
- Since 2008, the number of community-based CSC programs nationwide has increased 30-fold (i.e., 360+)
- A sizable U.S. early psychosis learning community has emerged

Heinssen and Azrin, Psychiatric Services, in press

Ongoing Challenges to Effective Early Intervention

- Speeding access to early psychosis services
- Sustaining high quality services over time
- Organizing services to support long-term recovery
- Strengthening the CSC business model

Policy Opportunities for Improving Early Psychosis Services

White House Strategy to Address the National Mental Health Crisis

- Strengthen system capacity
- Connect Americans to care
- Create a continuum of support

White House Fact Sheet, 3/1/2022

Speeding Access to Early Psychosis Services

Earlier Pathways to Care	Policy Opportunities
• Screening and referral from Primary Care practices	• Behavioral health-primary care integration
• Screening and referral from schools, colleges, and universities	• Expand access to school-based mental health professionals
• Admission from crisis response services; diversion from jail	• 988 Implementation Act; Crisis Intervention Team (CIT) Programs
• Identification and referral from social and human service agencies	• Gatekeeper training programs

Sustaining High Quality Services Over Time

Program Evaluation	Policy Opportunities
• Assess fidelity to recommended evidence-based interventions for first episode psychosis	• Review of States' implementation of Mental Health Block Grant 10% set-aside for first episode psychosis
• Apply clinical quality measures to assess Coordinated Specialty Care (CSC) services and outcomes	• Develop, validate, and implement CSC quality measures endorsed by relevant regulatory bodies
• Utilize national CSC performance metrics to inform local quality assurance efforts	• Early Psychosis Intervention Network (EPINET) national CSC data set

Organizing Services to Support Long-Term Recovery

Continuity of Services	Policy Opportunities
• Extend CSC services beyond 2-years, based on individual need	
• Broaden supported education and employment to include career maps and advancement strategies	• Department of Labor Workforce Innovation and Opportunity Act youth and adult programs
• Provide tailored follow-up care to consolidate initial CSC gains and foster long-term recovery	• Certified Community Behavioral Health Clinics (CCBHC) expansion initiative

Strengthening the CSC Business Model

Financing, Programmatic, and Workforce Innovations	Policy Opportunities
• Private insurance coverage of CSC treatment, rehabilitation, and program support services	• Expand and strengthen the 2008 Mental Health Parity and Addiction Equity Act
• Create efficiencies across CSC and community programs for youth at Clinical High Risk for Psychosis	• Identify, study, and compare early intervention programs that span Clinical High Risk and FEP cohorts
• Expand the supply, diversity, and cultural competence of the CSC workforce	• Training, scholarships, loan repayment • National peer specialist certification • Increase opportunities for a diverse group of paraprofessional workers

New Opportunities for Mental Health Services Research

White House Strategy to Address the National Mental Health Crisis

- Strengthen system capacity
  - Research on new practice models
- Connect Americans to care
- Create a continuum of support

White House Fact Sheet, 3/1/2022

EPINET

Early Psychosis Intervention Network

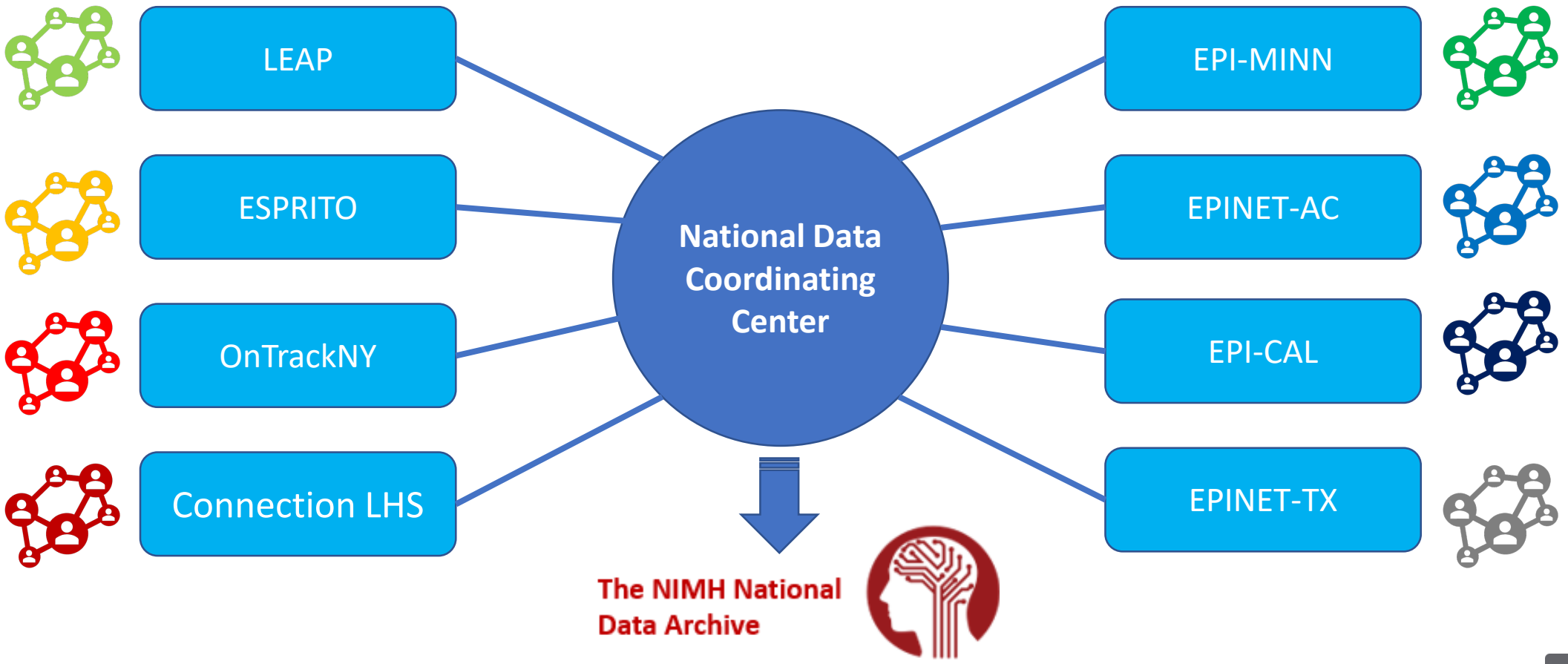
Advancing services, outcomes, and discovery through a national learning health care partnership

NAMHC Concept Clearance, February 2015

NIH National Institute of Mental Health

Data Sharing Supports Learning Health Care and Research Goals

5,000 – 8,000 Participants



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EPINET Core Assessment Battery

- The Core Assessment Battery (CAB) serves as the basis for common data collection across all EPINET clinics.
- The CAB was designed as a resource that can reasonably be included in data collection efforts within CSC clinics.
- CAB data can be aggregated in a database to examine questions with statistical power.
- CAB measures will be refined over time based on scientific validity and clinical utility.

EPINET
Early Psychosis Intervention Network

Early Psychosis Intervention Network Core Assessment Battery

Baseline Assessment

Updated: March 15, 2022

Photo is for illustrative purposes only. Any person depicted in this photo is a model.

Compiled by:
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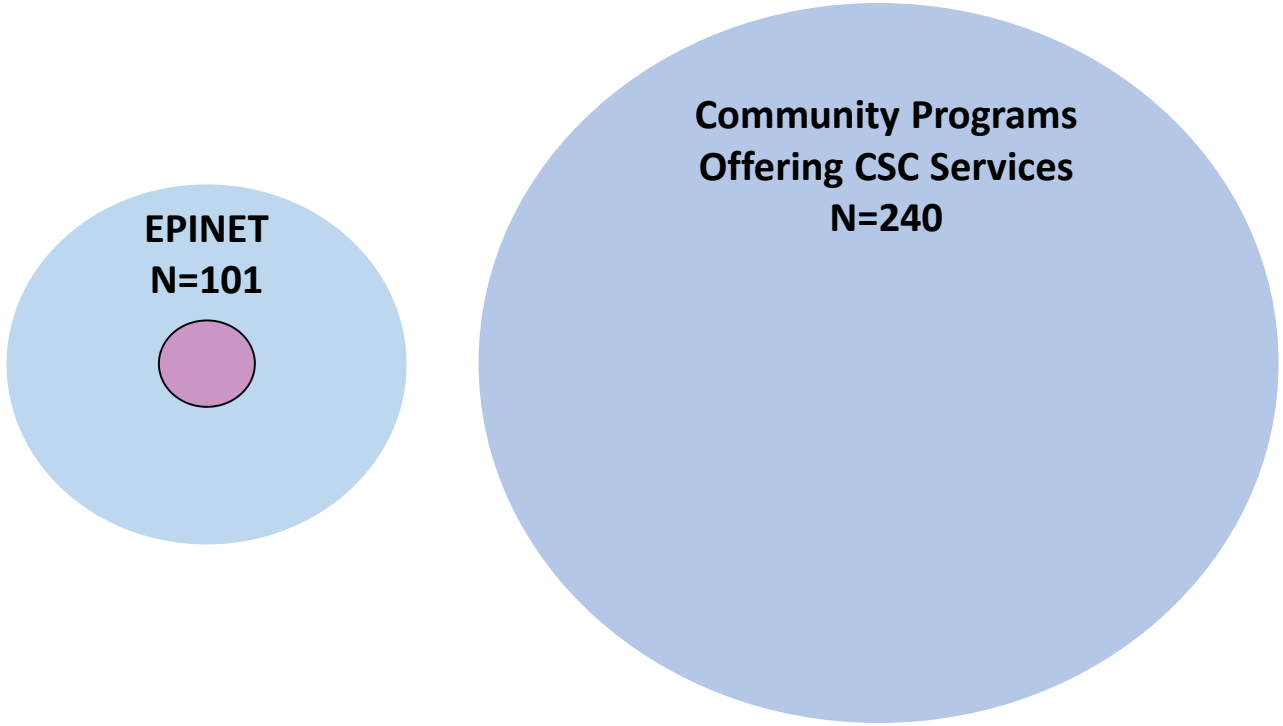
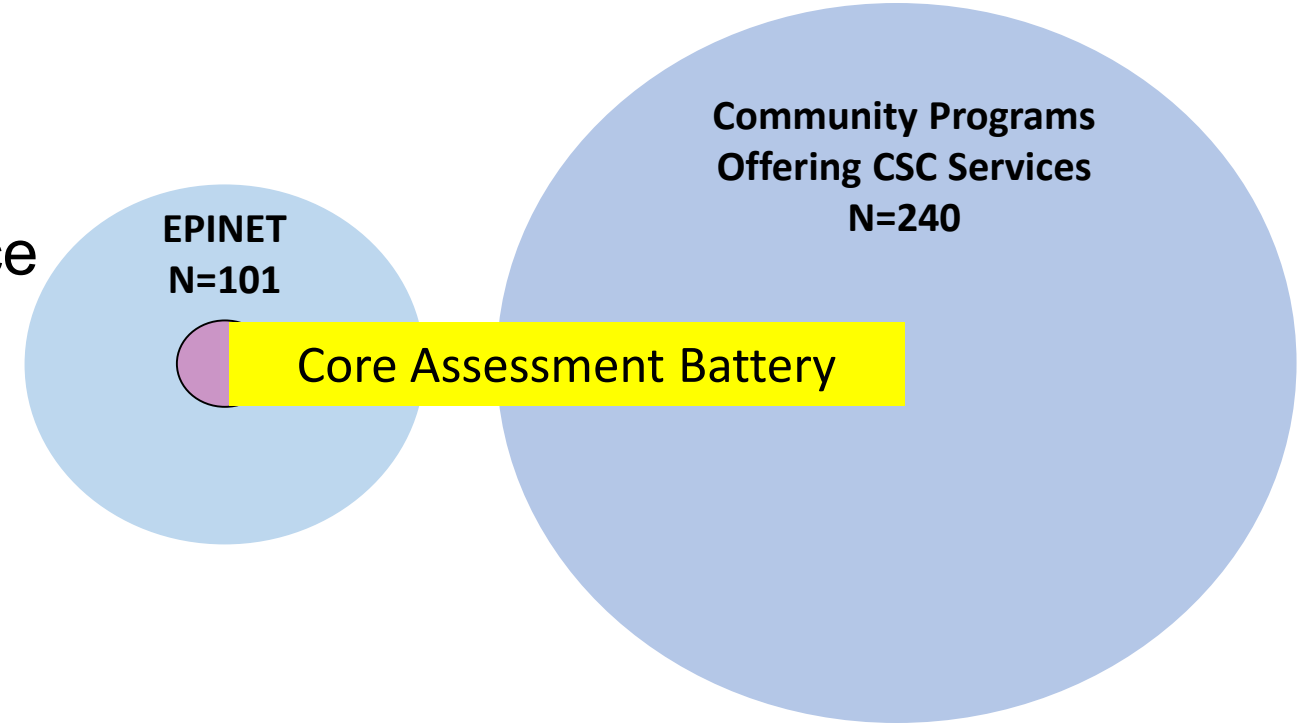
Extending EPINET's Learning Health Care Impact



Bridging Early Adopter and Early Majority Communities

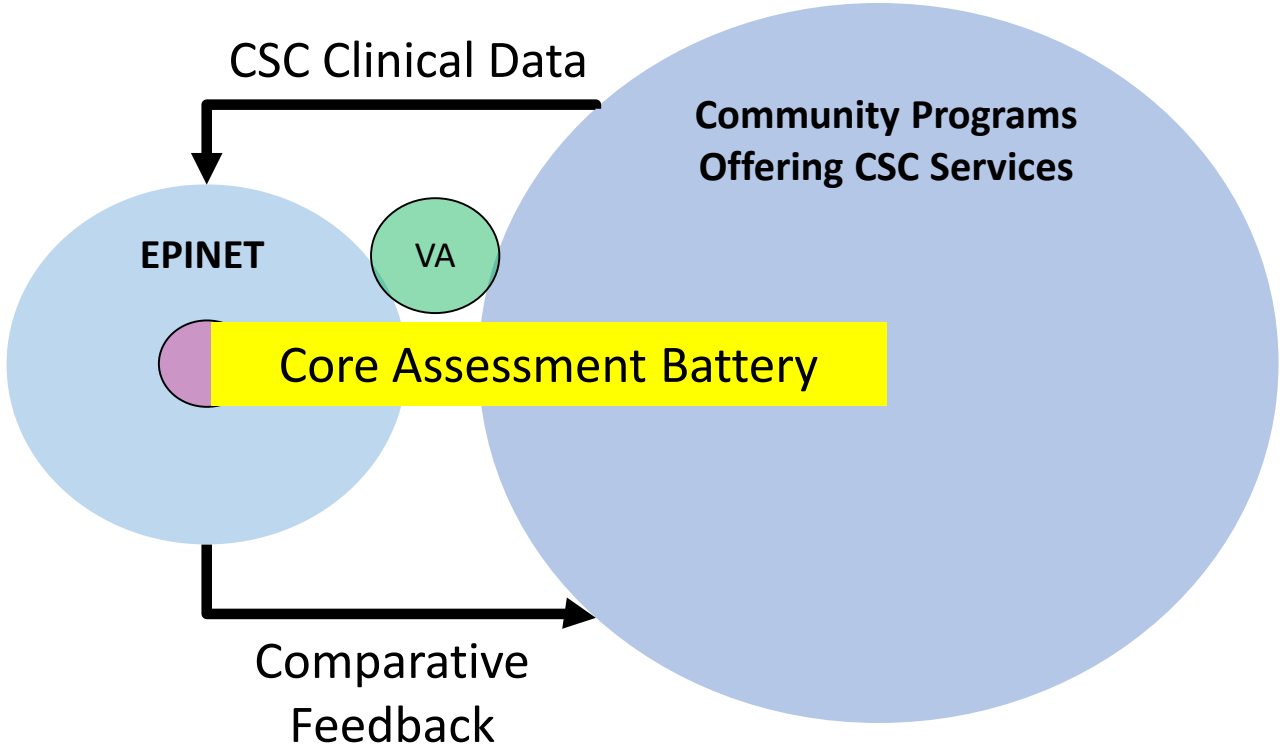
- CAB is available at no cost
- Clinical measures balance rigor and practicality
- Self-report measures are available in 6 languages
- Clinics may choose 4-18 standard CAB measures



CAB Data Serve Multiple Purposes

Tools for Clinic, State, and Federal Partners

- Participant-level readouts
- Programmatic readouts
- Quality improvement targets
- Practice-oriented research
- Empirical policy analysis



Expanding EPINET's FEP Focus to Clinical High Risk (CHR)

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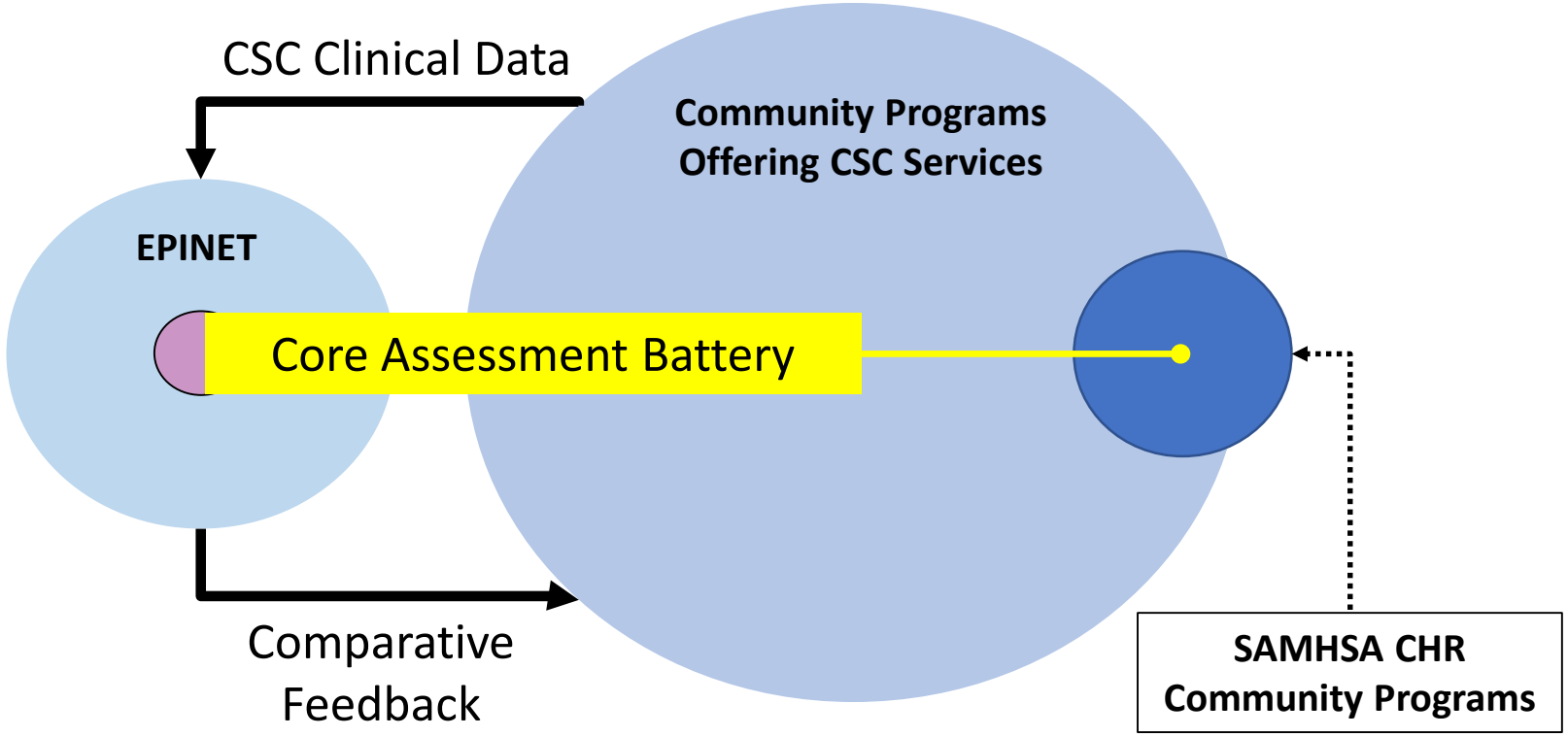

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Advancing services, outcomes, and discovery through a national learning health care partnership

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Thank you!

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