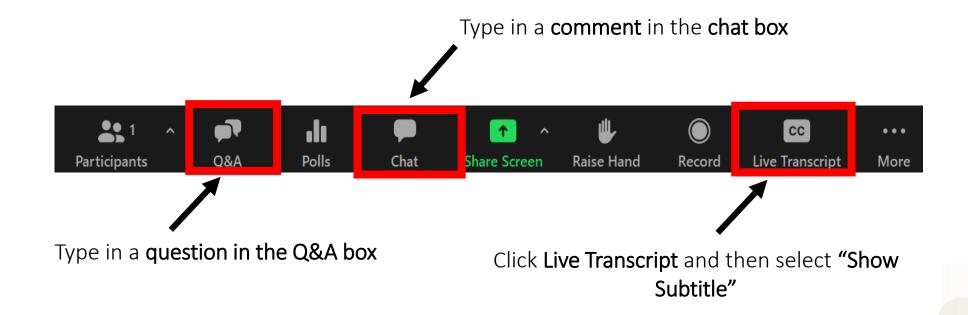


Data-driven Opportunities to Improve Early Psychosis Intervention

November 22, 2021 3:00pm – 4:00pm ET

Questions, Comments & Closed Captioning





Poll #1: What best describes your role?

- A. Clinician
- B. Administrator
- C. Policy Maker
- D. Payer
- E. Service Users
- F. Other (specify in chat box)



Poll #2: What best describes your organization?

- A. Mental Health Provider
- B. Substance Use Treatment Provider
- C. Primary Care Provider
- D. Research Institution
- E. Government Agency (local, state, federal)
- F. Other (please specify in chat)





Poll #3: Does your organization currently provide coordinated specialty care?

A. Yes

B. No



Introductions



Robert K. Heinssen, Ph.D., ABPP

Division of Services and
Intervention Research

National Institute of Mental Health



Adriana Furuzawa, LMFT, CPRP
Division Director
Felton Institute



Learning Objectives

After this webinar today, you will be able to:

- Describe the key aspects of learning health care and how EPINET employs these principles to advance early psychosis intervention.
- Gather insights and considerations for leveraging data to improve early psychosis care.
- Learn more about engaging with the national learning health care system.



EPINET: A National Learning Health Care System for Early Psychosis

Robert K. Heinssen, Ph.D., ABPP

Division of Services and Intervention Research National Institute of Mental Health

National Council for Mental Wellbeing November 22, 2021



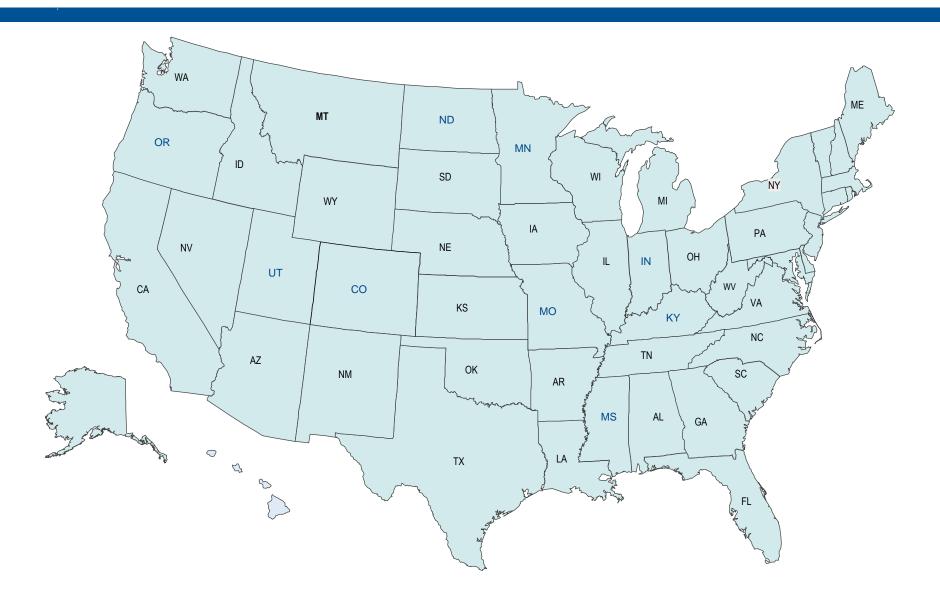
Disclosures

- 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.





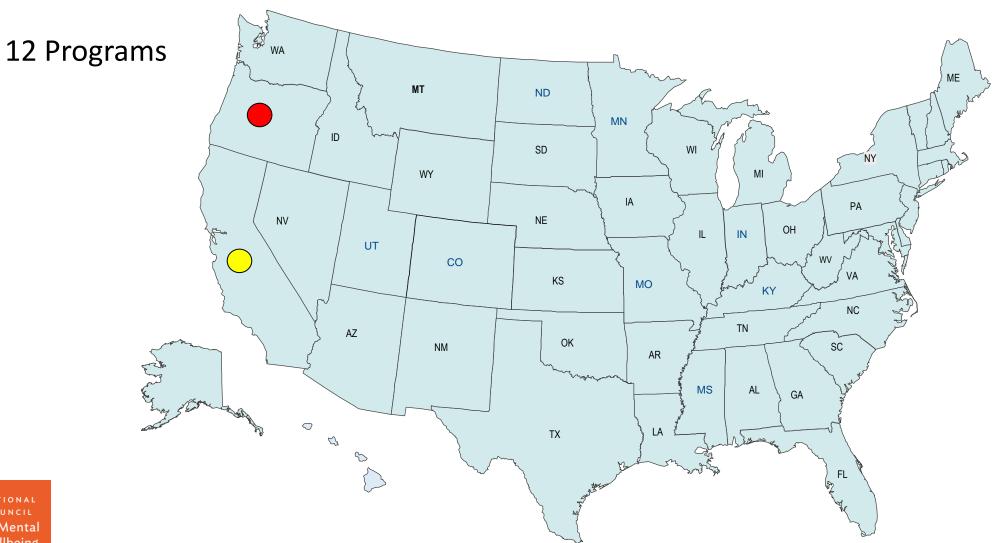
Something remarkable has occurred...







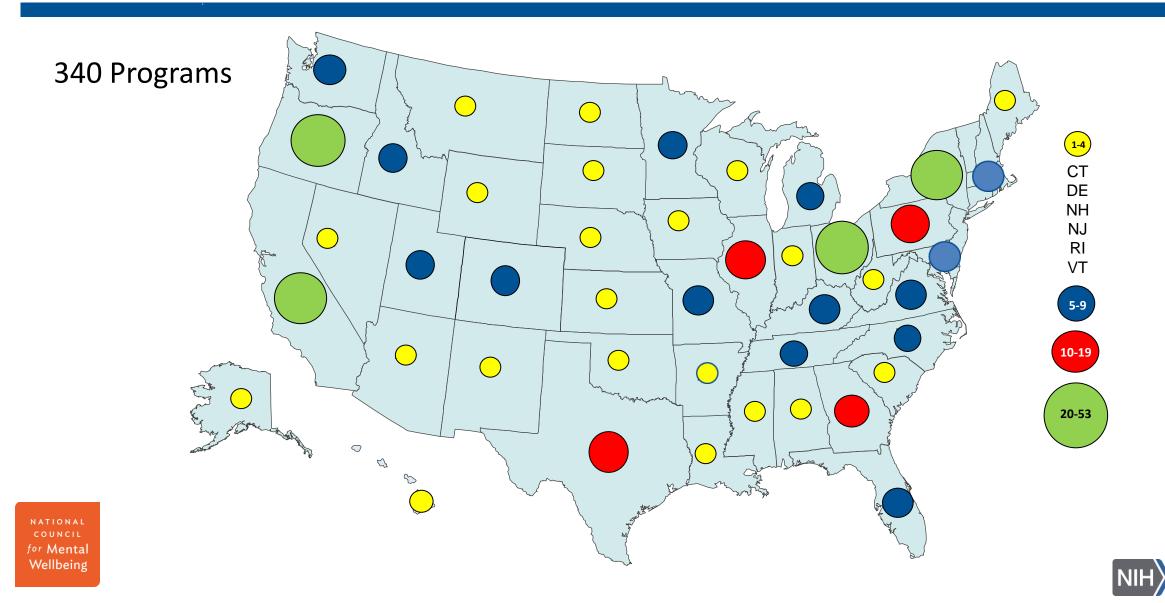
Early Psychosis Programs, 2008



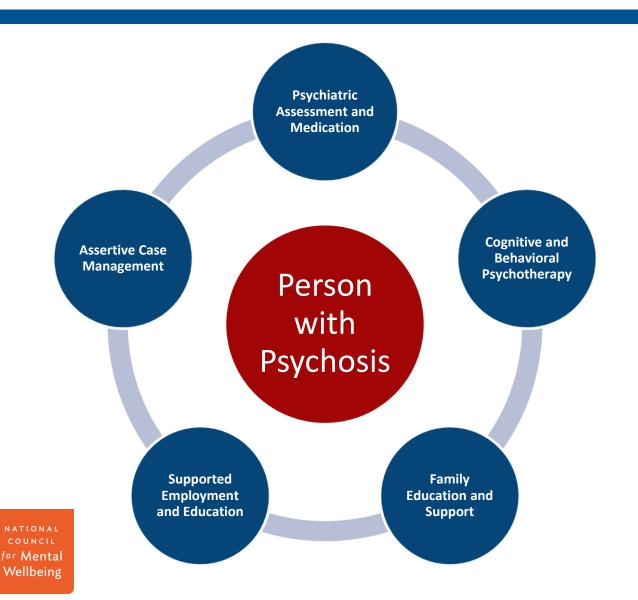




Early Psychosis Programs, 2020

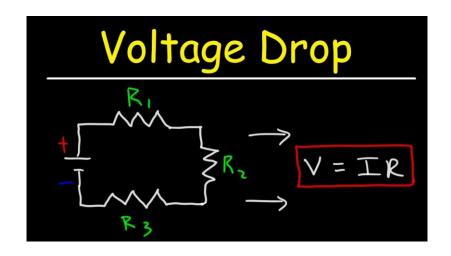


Coordinated Specialty Care Model



- Evidence-based interventions delivered by dedicated teams
- Person-centered treatment
- Recovery-oriented and youthfocused framework
- Shared decision-making



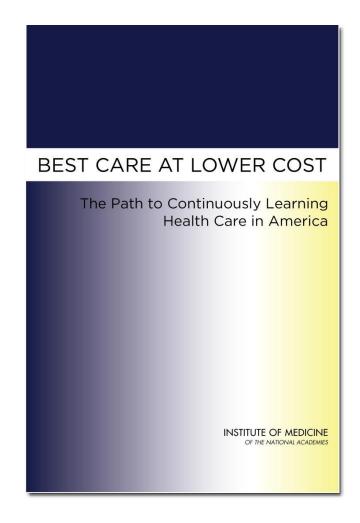


Once evidence-based practices are implemented, is it possible to maintain intervention fidelity and improve effectiveness over time?





Learning Health Care: Continuous Improvement in Services











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





EPINET Culture and Methods

- Cultivate a culture of collaboration among community early psychosis clinics and academic CSC programs
- Standardize measures of clinical features, interventions, and early psychosis outcomes
- Optimize informatics approaches to study treatment quality, clinical impact, and value
- Share tools, data, learning, and best practices rapidly across CSC programs nationwide







Accelerating advances in early psychosis care, recovery outcomes, and scientific discovery through a national early psychosis learning health care partnership

ABOUT ~

CORE ASSESSMENT BATTERY (CAB)

RESOURCES ~

CONTACT US

∂ COMMUNITY PORTAL

Welcome

The EPINET includes 8 Regional Hubs, 101 early psychosis clinics across 17 states, and the EPINET National Data Coordinating Center (ENDCC).

LEARN MORE



EPINET NATIONAL DATA COORDINATING CENTER

Learn about the role of the EPINET National Data Coordinating Center (ENDCC).

REGIONAL HUBS

Learn about the Regional Hubs working with Coordinated Specialty Care clinics across the country.

EPINET CLINICS

Learn about the clinics that offer Coordinated Specialty Care and participate in EPINET

for Mental Wellbeing

101 CSC clinics

3,000-5,000

FEP patients

National Data

Coordinating

Center

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.



Early Psychosis Intervention Network Core Assessment Battery

Baseline Assessment

Updated: July 29, 2020



grant in to, thinking the brillioner outh you becam gelicing to the lighter in a wege

Compiled by: Wester An Employee-Owned Research Corporation® 1800 Research Boulevard Rockville, Maryland 20850-3129 (301) 251-1500

Core Assessment Battery Domains and Data Elements

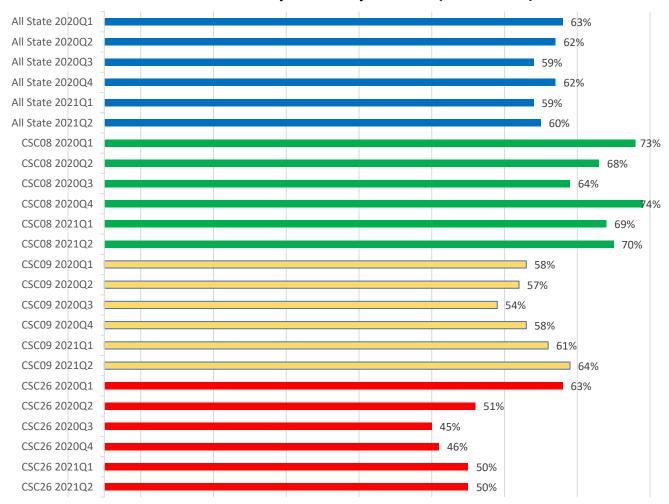
Demographics and Background	Treatment Elements
Age, gender, sexual orientation	Shared decision making
Race, ethnicity, language	Family involvement
Marital status, children	Medications, side effects, and adherence
Parental education and occupation	CSC service use
Housing, health insurance, SSI/SSDI	Discharge planning and disposition
	9 1
Potential Moderators of Response	Key Outcomes
Potential Moderators of Response Duration of Untreated Psychosis (DUP)	
·	Key Outcomes
Duration of Untreated Psychosis (DUP)	Key Outcomes Quality of life, recovery
Duration of Untreated Psychosis (DUP) Stress, trauma, ACEs	Key Outcomes Quality of life, recovery Social and role functioning







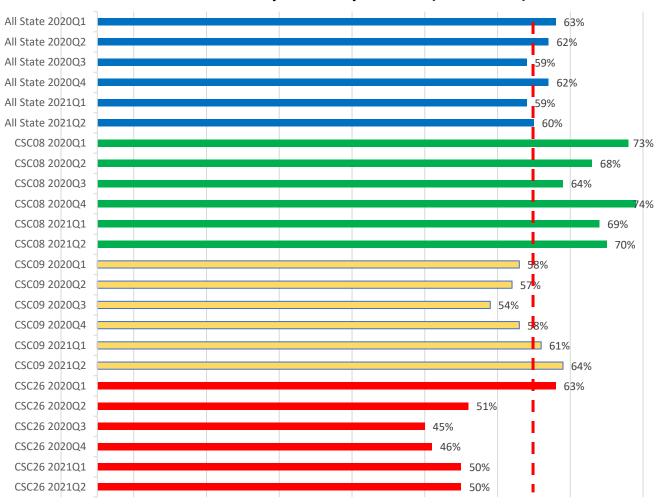
% OnTrackNY participants (N~900) enrolled in school or employed







% OnTrackNY participants (N~900) enrolled in school or employed

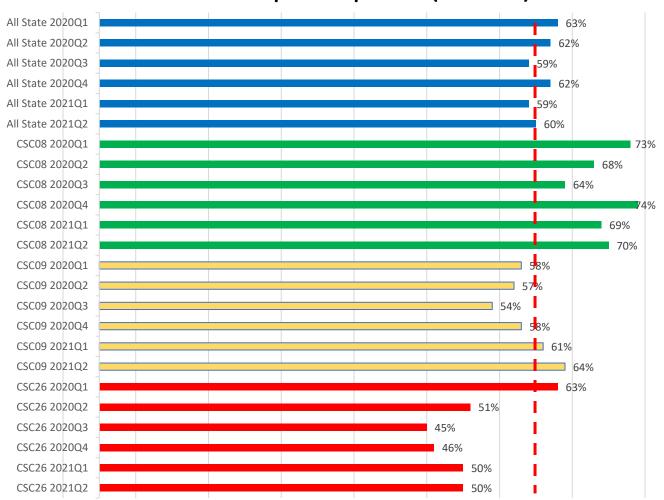


OnTrack Central sets state-wide benchmarks for high-quality care





% OnTrackNY participants (N~900) enrolled in school or employed



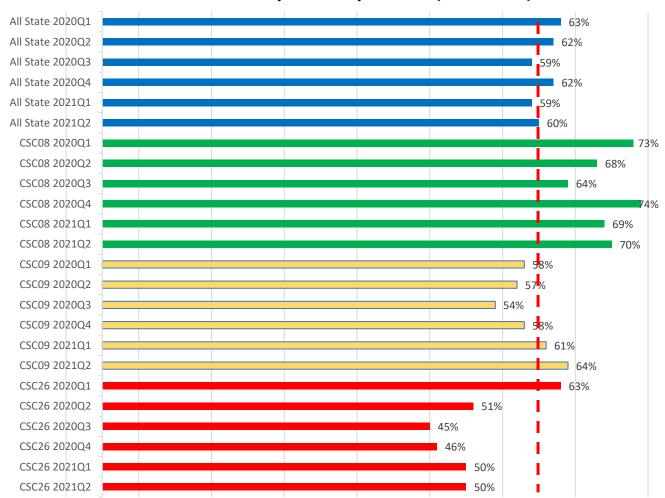
OnTrack Central sets state-wide benchmarks for high-quality care

Learning health care identifies and disseminates CSC best practices





% OnTrackNY participants (N~900) enrolled in school or employed



OnTrack Central sets state-wide benchmarks for high-quality care

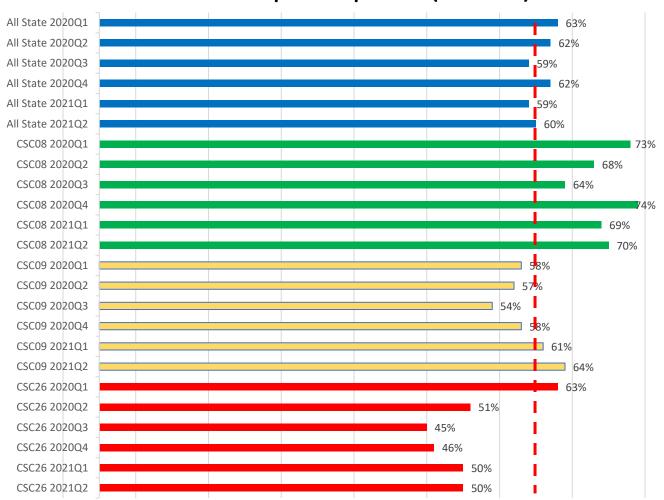
Learning health care identifies and disseminates CSC best practices

Continuous monitoring + real-time feedback improves CSC performance





% OnTrackNY participants (N~900) enrolled in school or employed



OnTrack Central sets state-wide benchmarks for high-quality care

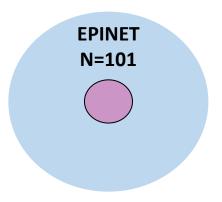
Learning health care identifies and disseminates CSC best practices

Continuous monitoring + real-time feedback improves CSC performance

Non-judgmental inquiry reveals key social determinants of health

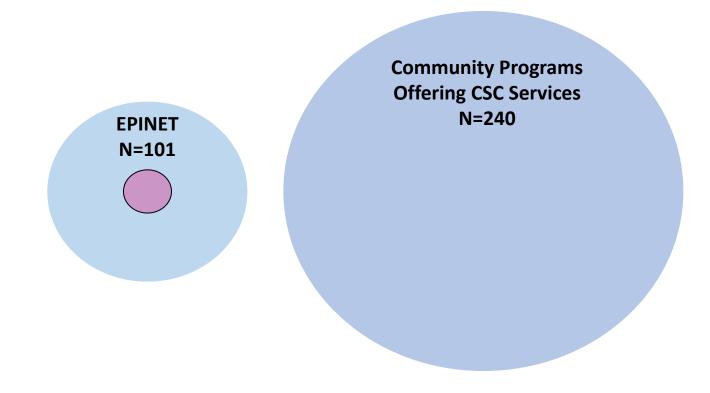






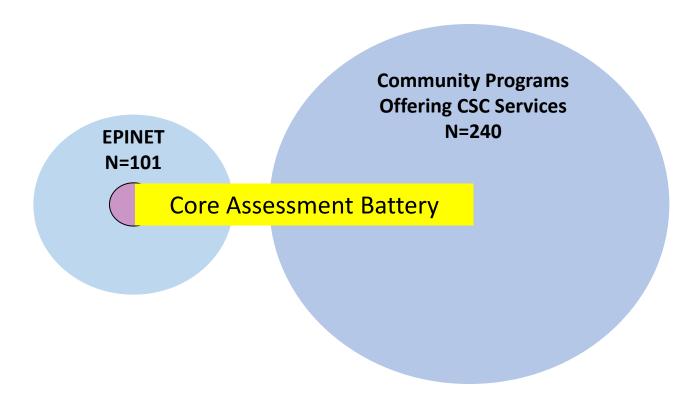








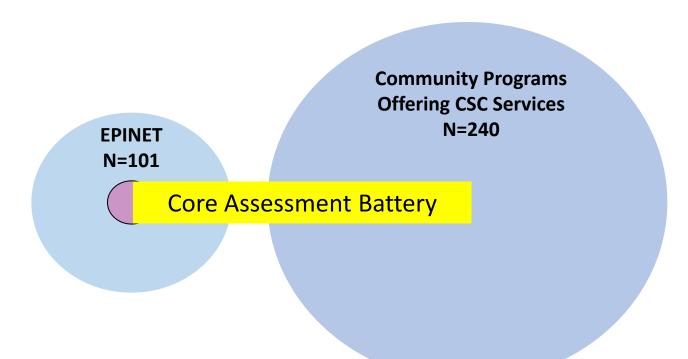








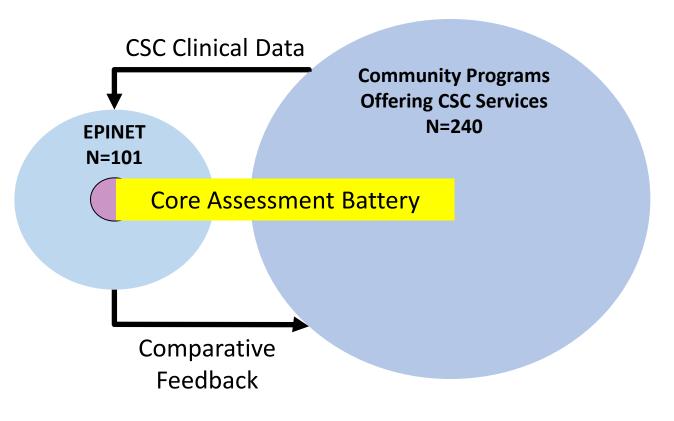
- CAB is available at no cost
- Clinical measures balance rigor and practicality
- Self-report measures are available in 6 languages
- Clinics may choose 4-18 standard CAB measures







Clinical input and feedback pipelines are coming in 2022!



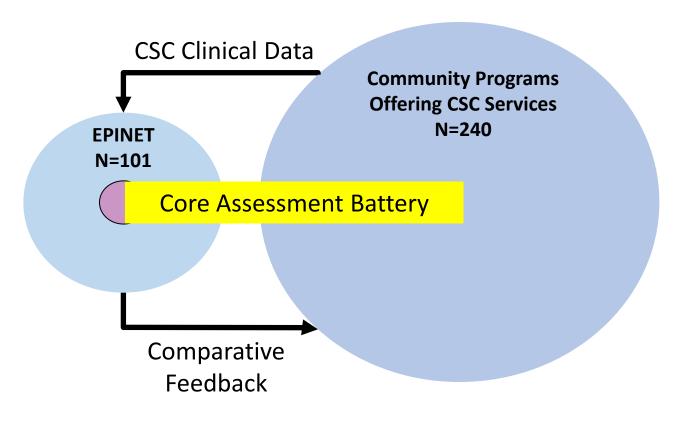




CAB Data Serve Multiple Purposes

Tools for Clinic, State, and Federal Partners

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







Have I piqued you interest?



We'd love to hear from you.

ENDCC@westat.com



Contact us if you would like to collaborate with us or have any questions or suggestions.





Acknowledgements



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

National Data Coordinating Center

Abram Rosenblatt, Howard Goldman

EPINET Regional Networks

Melanie Bennett, Monica Calkins, Alan Breier, Lisa Dixon, Iruma Bello, Molly Lopez, Tara Niendam, Dost Öngür, John Hsu, Delbert Robinson, John Kane, Sophia Vinogradov, Piper Meyer-Kalos

NIMH Science and Program Officers

Susan Azrin, Joel Sherrill, Matthew Rudorfer





Thank you!

Robert K. Heinssen, Ph.D., ABPP

Director, Division of Services and Intervention Research National Institute of Mental Health

E-mail: rheinsse@mail.nih.gov

Phone: 301-435-0371







(re)MIND® Early Psychosis Network

From Science to Service and Beyond: Expanding Data Driven Care in Early Psychosis

Adriana Furuzawa, MA, LMFT, CPRP

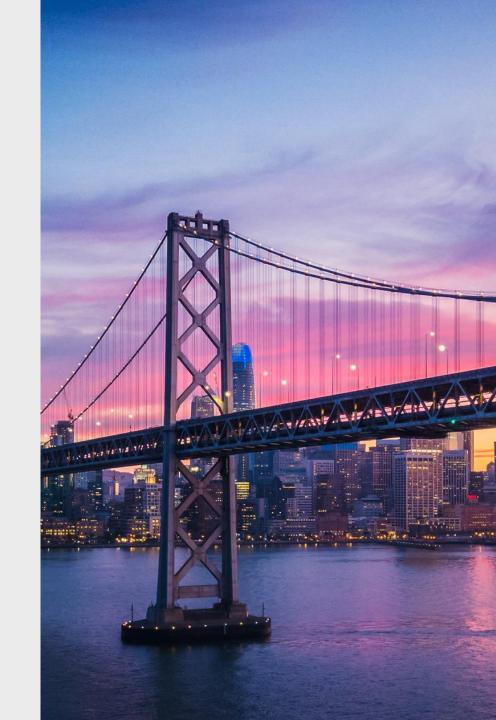
Early Psychosis Division Director
Felton Institute



Overview

- Felton Institute
- II. The (re)MIND® Ealy Psychosis Network
- III. Data Driven Care in Early Psychosis
- IV. The Learning Healthcare System Approach
- V. Questions and Answers







OUR Mission

Rooted in equity, Felton Institute transforms quality of life and promotes social justice to accelerate community led change.

OUR Vision

Drive positive and sustainable community led change where all have equitable access to innovative, high-quality, evidence-informed services.

California



FELTON'S CORE SERVICE AREAS



(re)MIND® Early Psychosis Network



San Francisco Bay Area | California Central Coast

- ☐ (re)MIND®
- ☐ Felton BEAM UP®
- **□** BEAM
- ☐ (re)MIND® Alumni



The geographic area covered by (re)MIND® clinic sites in five CA counties is approximately the same size as the state of New Jersey!





(re)MIND® Early Psychosis Network

- Launched in 2007 in San Francisco
- Began as a community-academic partnership between Felton Institute and University of California San Francisco (UCSF)
- □ "Science-to-Service Bridge": Evidence-based treatment brought out of academic research and taken to scale in the community in record time
- National recognition as a successful Coordinated Specialty Care for Early Psychosis model
- Funding sources CA MHSA, CA EPI-Plus, Medicaid, SAMHSA MHBG 10% Early Psychosis Set Aside, SAMHSA CHR-P Grant





Felton (re) MIND®

Coordinated Specialty Care Model

- (re)MIND®
- ☐ Felton BEAM UP®
- BEAM
- ☐ (re)MIND® Alumni

Rigorous Diagnostic Assessments - SCID, SIPS

Individual Psychotherapy – CBT for Psychosis

Psychoeducational Multifamily Groups – PMFG

Supported Employment and Education – IPS

Psychiatric Evaluation and Algorithm-Guided Medication Management

Intensive Care Coordination

Family Support

Peer Support

Support Groups

Community Education and Outreach



FELTON EARLY PSYCHOSIS COVID-19 RESPONSE: ONE YEAR LATER

March 16, 2020-March 15, 2021



455 CLIENTS SERVED DURING MARCH 16, 2020-MARCH 15, 2021





164 **NEW ENROLLMENTS**

1,373 **FACE-TO-FACE VISITS**





14,256 SERVICE HOURS RENDERED

8,533 TELEHEALTH AND PHONE SESSIONS





110 CARE TRANSITIONS

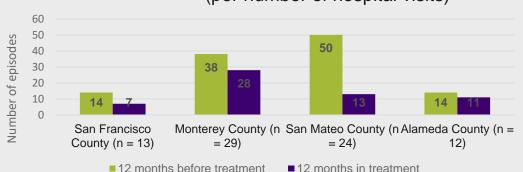
9.9% HOSPITALIZATIONS RATE

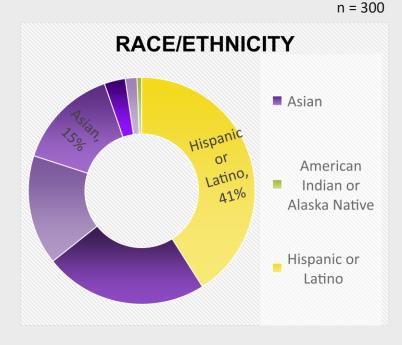


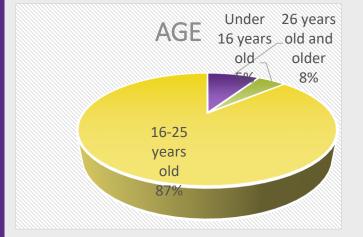
Data Driven Care

July 1, 2019 - June 30, 2020

Decrease in Psychiatric Hospitalizations (per number of hospital visits)

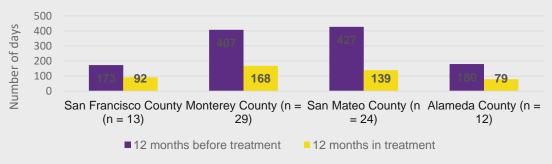






Decrease in Psychiatric Hospitalizations

(per number of days in hospital)









Felton Institute San Mateo



https://felton.org/early-psychosis/san-mateo/

EPI-CAL

California Collaborative Network to Promote Data Driven Care and Improve Outcomes in Early Psychosis (EPI-CAL)

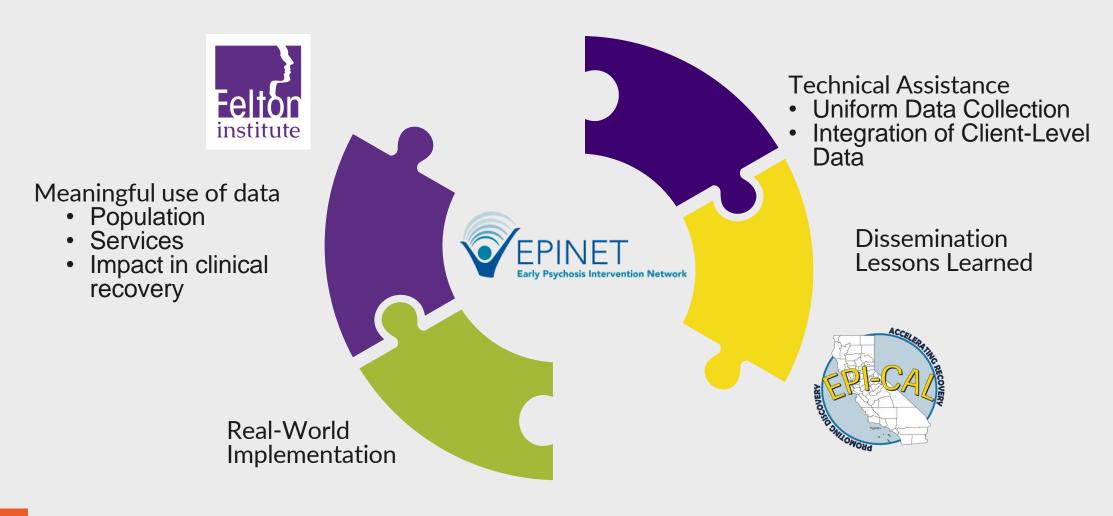
Principal Investigator: Tara A. Niendam, PhD

https://nationalepinet.org/regional-networks/epi-cal/

- ✓ Network of 12 California EP programs to standardize practice and knowledge-sharing
- ✓ Support measure-based care
- ✓ Harmonize core outcomes
- ✓ Empower consumers to use their own data in care decisions



The Learning Healthcare System Approach

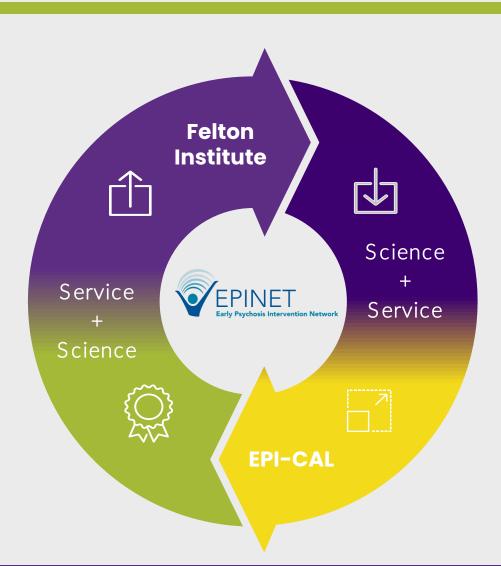


The Learning Healthcare System Approach



Felton Institute

Quick Access to Research Client-Level Outcomes Program Design Funding Innovation





Uniform Data Collection Training Large Scale Practice-Based Research

Questions and Answers











reltor (re)MIND®

Visit felton.org/early-psychosis

Adriana Furuzawa, MA, LMFT, CPRP afuruzawa@felton.org (415) 474-7310 x 314 linkedin.com/in/adriana-furuzawa



Poll #4: Are any of you interested in providing coordinated specialty care?

A. Yes

B. No



Tools & Resources

- EPINET
- Felton Institute
- <u>EPI-CAL (California Collaborative Network to Promote Data Driven Care and Improve Outcomes in Early Psychosis)</u>
- Best Care at Lower Cost: The Path to Continuously Learning Health Care in America
- OnTrackNY website



Questions?





Thank you!

Questions? Contact SarahN@thenationalcouncil.org.

