

Lessons Learned & Evaluation/Outcomes

Webinar 6: Early Onset Community of Practice
October 15, 2015



Webinar Logistics

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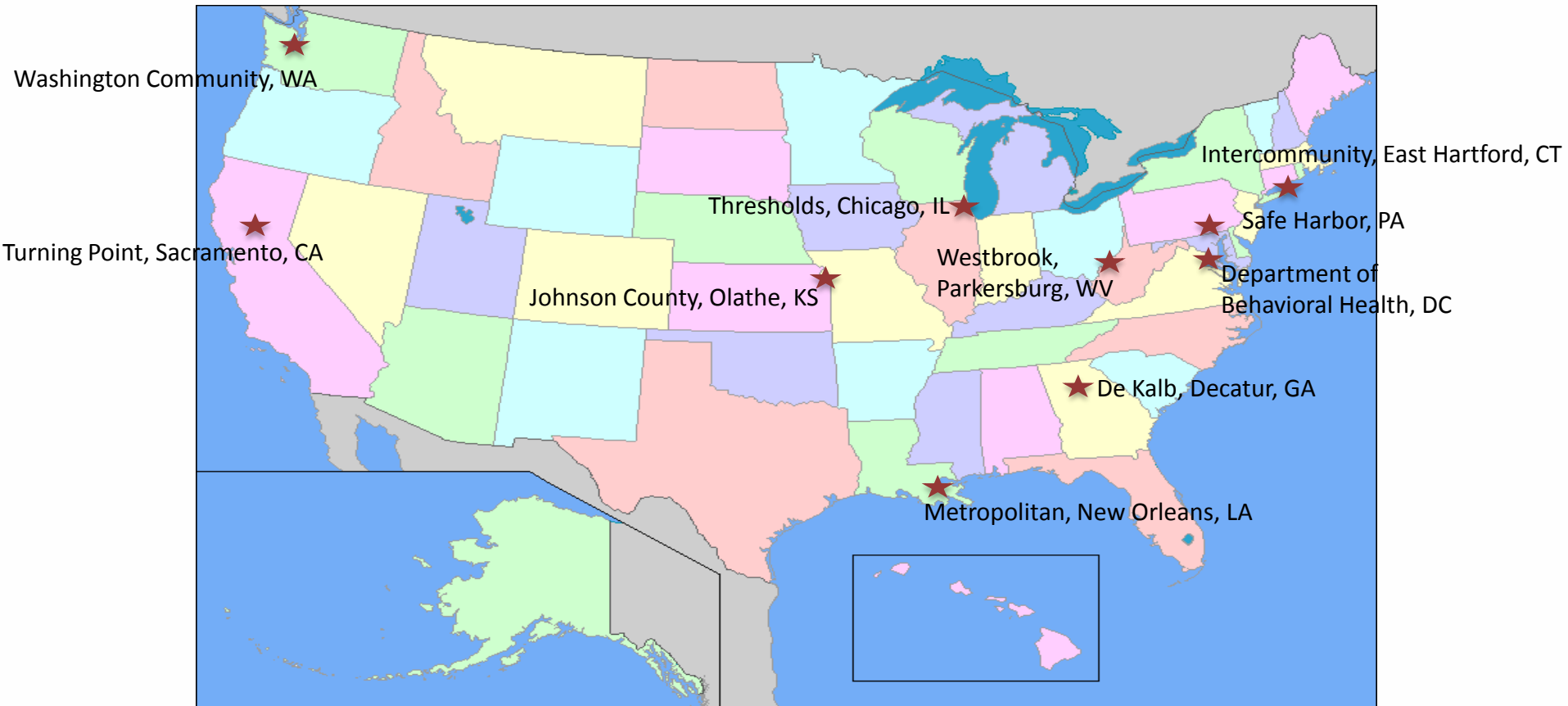
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Webinar Format

- Overview of Community of Practice
- SWOT updates
- Agency updates and next steps
- Dr. Robert Heinssen
- Dr. Rachel Loewy
- Questions and evaluation



Community of Practice Partners



Summary of the COP Phone Calls

Main themes that emerged	How the COP will address these
Passion and commitment	Maintain the momentum!
Funding and sustainability	Webinar to address funding issues Office hours with experts in this area
Difficulties choosing the 'right' model	Review of different models Exploration of 'best fit' for agency
Training staff in practice change	Webinars on training Connecting to current TA
How to identify the 'right' clients	Webinar on outreach Office hours with experts in this area
Isolation/limited support	Office Hours



CoP – Lessons Learned

- **March – April: SWOT**
- **May:** Early Onset – Background & Context
- **June:** Referral, Outreach and Early Detection
- **July:** Clinical Models and Core Components Part I
- **August:** Clinical Models and Core Components Part II
- **September:** Early Onset Programs in Greater System and State Context
- **October:** Evaluation and Outcomes



SWOT Review



CoP Updates!

- **Significant organizational modifications you've made since the start of the Early Onset CoP.**
- **Early intervention service plans/goals over the next 12 months.**
- **Future early intervention funding.**



Turning Point Community Programs Lessons Learned



Peer Supports

- Examining workable practices that endorse Peer Supports
- Discussions centered on scope of practice
- Methods related to addressing confidentiality
- Constructive use of disclosure when appropriate
- Identifying opportunities for the Peers to present co-facilitated groups
- Awareness of addressing countertransference issues
- Enhance member engagement and social involvement through Peer led social activity groups to explore mutual hobbies and interests of group members



Turning Point Community Programs Lessons Learned



Early Outreach and Advertising

- Careful and methodical way of bringing awareness to Early Psychosis
- Mindful about stigma and therefore, gentle with delivery
- Well constructive plan to identify the most visible locations to advertise
- Selection of screening tool
- Integrated Early Psychosis screening within TPCP agency



Turning Point Community Programs Lessons Learned



Multifamily Groups

- Psychoeducation for families can be just as effective as medication
- Training=3 days of hand on learning plus 2 years of supervision and support
- Agency administration needs to support MFG as an intervention
- 5-6 families per group, psychoeducation workshop, then group begins
- 2-3 facilitator per group
- Utilization of Peer co-facilitator in MFG can be powerful



UPMC Hamot

Safe Harbor Behavioral Health

National Council for Behavioral Health

Early Onset Community of Practice: Lessons Learned

Jon Evans, MA, President & CEO

Mandy Fauble, PhD, LCSW, Vice President of Clinical Operations

Lee Penman, RN, Clinic Coordinator

Victoria Merksi, LCSW, Director of Crisis Service

Lessons Learned: Clinical

- Tremendous value in CoP
 - Materials
 - Office Hours
 - Conference Track
 - Funding Streams
 - Increased Knowledge Base
- Developmental overlay to program development greatly enhanced knowledge & design of program
 - Valuable tools to consider in program development projects moving forward

Lessons Learned: Administrative

- Team structure continues to be advantageous to program development
- Tools for assessment, development, goal setting and office hours structure can all add value to future projects
- National Council projects continue to provide opportunities to be on the leading edge of program development and network building
- Implementation of EBP can be done in a variety of ways

Lessons Learned: Implementation

- A plan B is necessary
 - Track referrals and agreement to the program
- Non billable activities continue to be a challenge
- Blended and separated families might require specialized protocols for communication
- Processes for rapid entry into the program need to be built in specialized ways for the many referral streams
- Distinguishing from the population served by ACT or CTT seems important

Team Update: Thresholds

- **Family focus as a core element of services.**
 - We provide a grand array of services for individuals (adults) with serious mental health needs, and services for a wide array of young adults with long histories of separation from primary family. Though we have a while to go, we are starting the discussions and purposeful attention to the family unit, and who the client considers family.
- **Discussions around clinic-based services and increasing private payment protocols.**
 - Our culture is predicated on providing almost all of our services in natural and community settings. We expect to utilize this expertise here too, but recognize the benefits of combining this with a clinic-based approach. Similarly, the majority of Thresholds' population is hardest-to-serve Medicaid based insurance (or no insurance). We expect this program will increase our private/commercial insurance payments and we are thinking about ways to meet that need for this program.



Team Update: Thresholds

- **Internal Steering Committee**

- Our committee is close to finalizing the program elements for a First Episode program. The steering committee continues to meet internally to plan this out and itemize necessary external resources/consultation to move forward.

- **Business Planning**

- We are contributing to a business plan and hope to have that finalized within the next 2 months. We are garnering assistance from a high level local business school to assist. We have identified a general location for services, and look to open services within 6 months.



Team Update: Thresholds

- We have secured private seed \$ to start up the program and carry us forward for up to 4 years.
- Our state finally met with providers last week to discuss some ideas on how to use the 5% MHBG, but there is no state plan yet moving forward. The state is also concerned about these \$ not lasting very long, so they want to be careful with how they commit the dollars.
- There is some early and serious interest by legislators to think differently about funding these services and we are meeting with some insurance companies to discuss the program and financial benefits.



Team Update: DeKalb CSB

- Focusing on building family support groups
- Consideration for activity based groups ex-exercise group



Team Update: DeKalb CSB

- Expand family support services including family group
- Move towards a self-sustaining clinic, not dependent on 5% block grant



Team Update: DeKalb CSB

- Current- portion of the 5% set aside
- Ongoing- request continued support from 5% set aside until clinic is financially stable
- Move towards relying on ability to bill for most services and identify funding sources for the additional services such as supported education/employment



Team Update: Westbrook

- Westbrook is in the middle of working on a power point presentation for use in the community to introduce the Early Onset model.
- We are actively working on consolidating resources and increasing our partnerships.



Team Update: Westbrook

- The development of the power point in order to increase out-reach.
- To increase community awareness through out-reach.
- To increase referrals through out-reach.



Team Update: Westbrook

- Unfortunately we have not secured any new funding since March 2015.
- The plan is to investigate funding sources in our state for this project.



CoP Update: WA State

Washington State Significant System Accomplishments

1. As a team that includes the provider council and our state's mental health division, department of health, and Medicaid authority, we have developed a solid foundation for implementing Early Psychosis Intervention and Identification statewide.
2. We are creating a policy level statement to guide our efforts and ensure this important message is delivered to the right people at the right time.



CoP Update: WA State

Early Intervention Plans Over the Next 12 Months

1. Launching our newly developed early psychosis outreach initiative titled, “Get Help Early.”
www.dshs.wa.gov/gethelpearly
2. Identifying targeted steps that will educate and inform key state policy makers including, but not limited to, state agency leaders in the Health Care Authority, Department of Health, Office of the Superintendent of Public Instruction; legislators and legislative staff; and the Governor’s Office through outreach and presentations.



CoP Update: WA State

Early Intervention Funding

- We continue to operate on the Mental Health Block Grant 5% Set Aside allocation.
- This allocation supports one pilot site; a full-time statewide project director; an evaluation and research project; technical assistance from the Early Assessment and Support Alliance; and the continuation of the Community of Practice team into FFY 2016.
- CMS recently received Washington's application for an 1115 Medicaid Transformation waiver, which we hope to leverage for additional funding for early intervention.



EOS CoP – DC Team Update

Organizational modifications

1) Peer Involvement

- a. EOS module included in Family/Peer Specialist certification training
- b. Certified Family/Peer Specialists marketed to providers with interest in and capacity to treat

2) Community-based Partnerships

- a. Private hospital – inpt unit and outpt clinic
- b. Core Service Agency – CBI and TIP-ACT (TACT)
- c. Dept. of Behavioral Health – Public sector mental health authority



EOS CoP – DC Team Update

Plans/goals over the next 12 months

1. Obtain (left-over) MHBG funding for training on EOS modalities
 - a. ICTP's CBTp training for institutions
 - b. SIPS training workshop

2. Finalize MOU with providers' parent company to match funding



EOS CoP – DC Team Update

Funding

1. 5% MHBG Set-Aside for TIP-ACT (TACT)
1. Continued work with Mayor's office to include funding for EOS program as part of her platform against homelessness.





Treatment Fidelity and Outcome Evaluation in Early Psychosis Treatment Programs

Robert K. Heinssen, Ph.D., ABPP

*Early Onset Schizophrenia Community of Practice
National Council of Behavioral Health Webinar*

15 October 2015



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

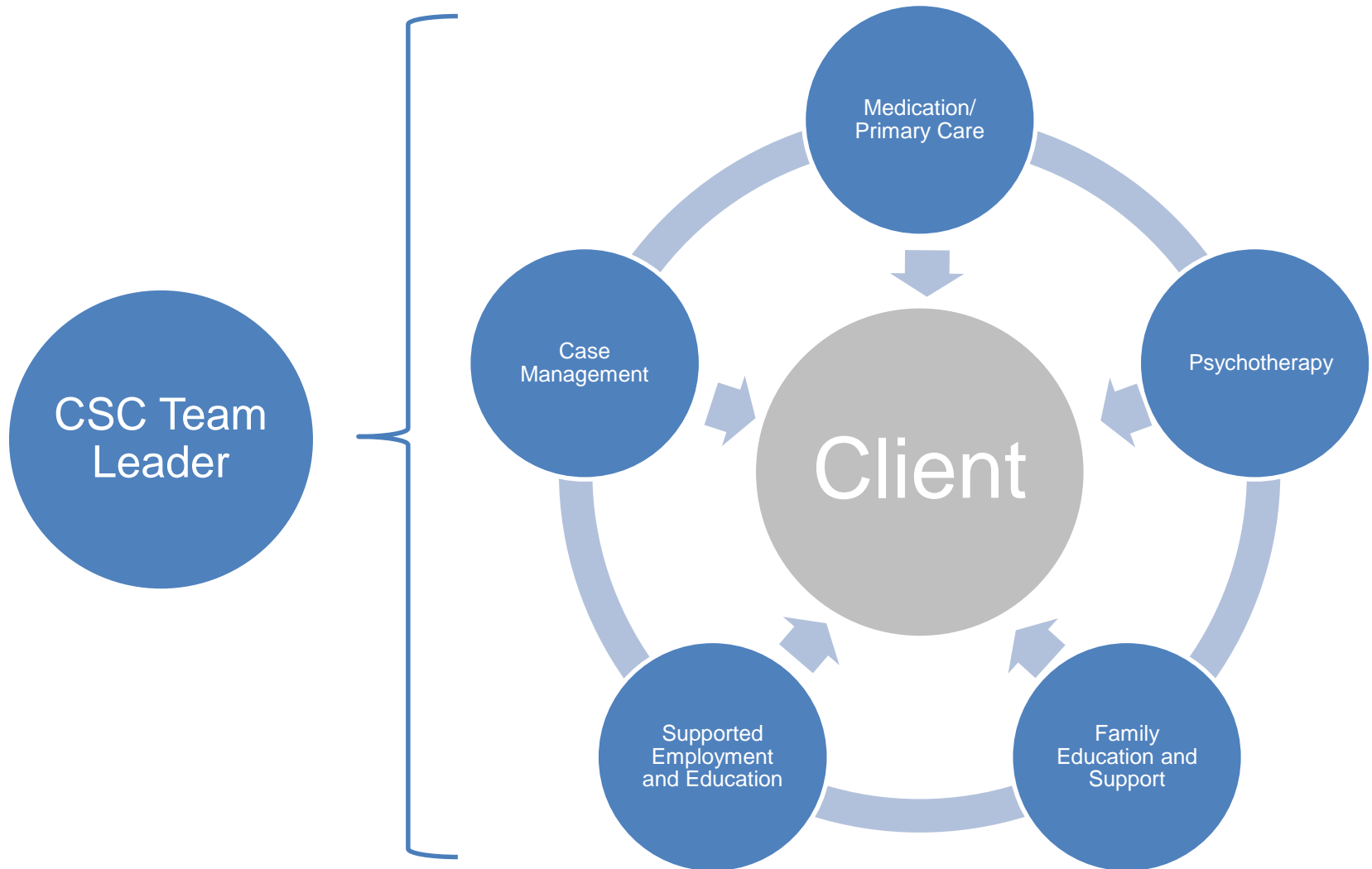
Treatment Fidelity

What is treatment fidelity?

- Adopting an evidence-based treatment means that you intend to implement the intervention as it was tested in research studies.
- This increases the likelihood that you will achieve outcomes like to those reported in the literature.
- Treatment fidelity refers to the degree to which an intervention delivered in clinical practice adheres to an evidence-based model.

Carroll et al. (2007). *Implementation Science*, 2007; 2(40)

Coordinated Specialty Care Model



Essential Evidence-Based Components of First-Episode Psychosis Services

Donald Emile Addington, M.B.B.S. Emily McKenzie, M.Sc. Ross Norman, Ph.D.
JianLi Wang, Ph.D. Gary R. Bond, Ph.D.

PSYCHIATRIC SERVICES ♦ ps.psychiatryonline.org ♦ May 2013 Vol. 64 No. 5

Practical Monitoring of Treatment Fidelity: Examples From a Team-Based Intervention for People With Early Psychosis

Susan M. Essock, Ph.D., Ilana R. Nossel, M.D., Karen McNamara, L.C.S.W.-C., Ph.D., Melanie E. Bennett, Ph.D., Robert W. Buchanan, M.D., Julie A. Kreyenbuhl, Pharm.D., Ph.D., Sapna J. Mendon, L.M.S.W., Howard H. Goldman, M.D., Ph.D., Lisa B. Dixon, M.D., M.P.H.

Mental health programs can address many components of fidelity with routinely available data. Information from client interviews can be used to corroborate these administrative data. This column describes a practical approach to measuring fidelity that used both data sources. The approach was used in the Recovery After an Initial Schizophrenia Episode (RAISE) Connection Program, a team-based intervention designed to implement evidence-based practices for people

experiencing early psychosis suggestive of schizophrenia. Data indicated that the intervention was implemented as intended, including program elements related to shared decision making and a range of evidence-based clinical interventions.

Psychiatric Services in Advance, January 2, 2015; doi: 10.1176/appi.ps.201400531

Coordinated Specialty Care for First Episode Psychosis



Manual II: Implementation



RAISE
Recovery After an Initial
Schizophrenia Episode
A Research Project of the NIMH

[Recovery After an Initial Schizophrenia Episode \(RAISE\)](#)

Fidelity Questions

Team Functioning

- Are all essential CSC roles covered (hiring, retention)?
- Are team members trained and certified in assigned roles?
- Do team members receive supervision in assigned roles?
- Does the full team meet at least weekly?
- Is the caseload small enough to allow intensive services?
- Is at least one team member available 24/7 for crisis intervention?

Access and Engagement

- Does intake occur within one week of referral?
- Are comprehensive clinical and needs assessments completed within one week of intake?
- Are individualized treatment plans completed within one week of clinical assessment?
- Are core services initiated within one week of clinical assessment?
- Are family members involved in clinical assessments and treatment planning?

Recovery Oriented Services

- Do all clients receive psychoeducation about FEP, CSC treatment, and recovery?
- Do family members receive psychoeducation... recovery?
- Is supported employment/education offered to every client?
- Are all clients assessed for substance misuse?
 - Is addiction treatment offered to at-risk individuals?
- Are all clients assessed for suicide risk?
 - Are safety plans implemented for at-risk clients?

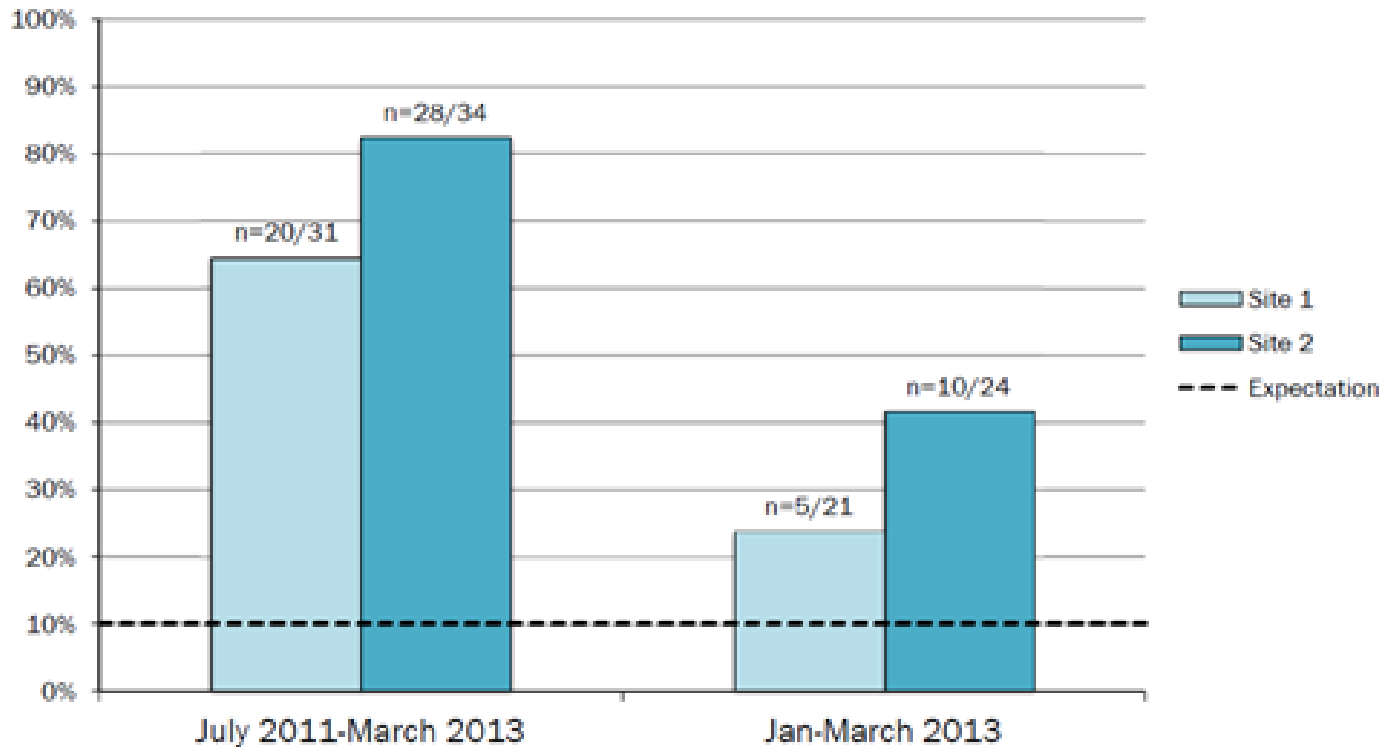
Pharmacotherapy

- For patients with psychosis, has antipsychotic medication been prescribed after taking into account patient preference?
- Is the antipsychotic medication regimen within approved guidelines (class, number, dose)?
- Are medication side effects reviewed regularly?
 - Monthly assessment of weight?
 - BL, 2-mos, and annual assessment of fasting glucose/HbA1c and lipids?
- Are evidence-based interventions offered to prevent weight gain, i.e., nutritional counseling, exercise, CBT?

Measuring Fidelity

Expectation: Teams see clients in the field as needed

Percentage of clients with at least 1 visit in the community with the team leader, psychiatrist, or recovery coach



Essock et al. *Psychiatric Services*, 2015; 66(7):674-676.

Clinical and Functional Outcomes

Treatment Moderators

- Duration of untreated psychosis (DUP)
- Substance misuse
- Engagement with CSC services (dropouts)
- Nonadherence to antipsychotic medication

Medical Comorbidity and Suicide

- Cigarette smoking
- Weight gain
- Blood pressure
- Lipids (cholesterol, triglycerides)
- Fasting glucose
- Columbia Suicide Severity Rating Scale

Symptoms and Relapse

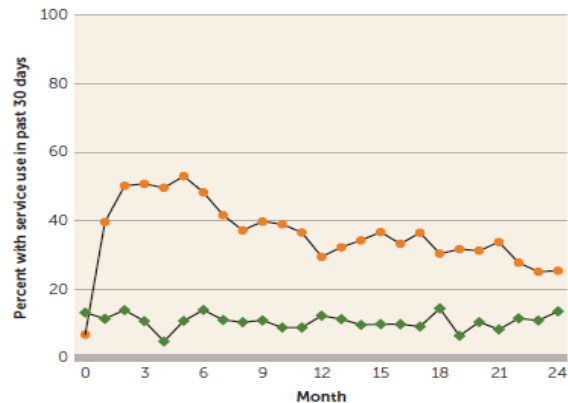
- Severity of psychotic symptoms
- Relapse episodes
- Inpatient hospitalizations (number, days)
- Emergency department, crisis intervention services
- Criminal justice system involvement

Functioning

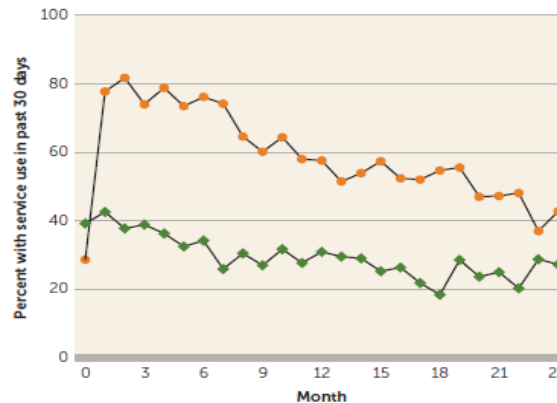
- Psychological well-being
- Family, interpersonal relationships
- Living situation
- Role functioning (school, work performance)
- Quality of life

FIGURE 1. Patient Self-Reported Use of NAVIGATE Model Targeted Services During Study Period at NAVIGATE and Community Care Sites^a

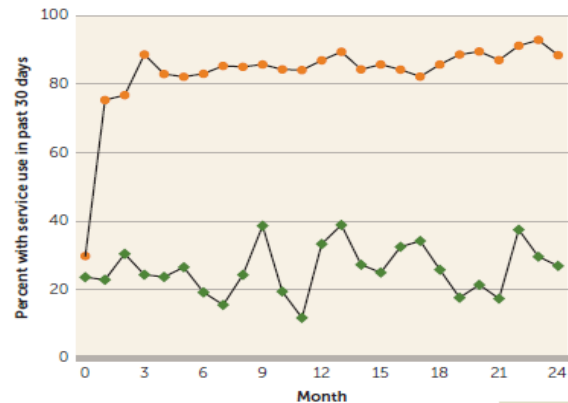
A. Supported Employment/Education: Have you met with a person who is helping you get a job in the community or furthering your education?



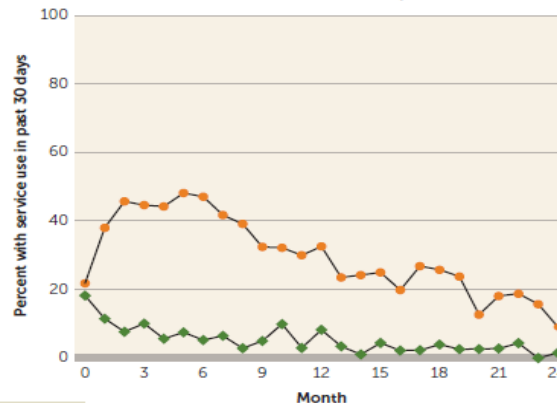
B. Individual Resiliency Training: Have you had individual sessions with a mental health care provider who helps you work on your goals and look positively toward the future?



C. COMPASS Decision Support: Were you asked to record your symptoms and side effects before you met with your psychiatrist or nurse practitioner?^b



D. Family Psychoeducation: Has your family met with a mental health care provider to help them understand and address your situation?



● NAVIGATE
◆ Community Care

^a The test statistics and p values are of the treatment effect from a mixed logistic model. Comparing NAVIGATE with community care, for supported employment $t=5.98$ and $p<0.0001$; for individual resiliency training $t=5.75$ and $p<0.0001$; for COMPASS decision support $t=5.15$ and $p<0.0001$; and for family psychoeducation $t=6.48$ and $p<0.0001$.

^b Limited to patients being prescribed medications.

For more information

rheinsse@mail.nih.gov

Thank you!

EVALUATION AND OUTCOMES IN EARLY INTERVENTION SETTINGS

Rachel Loewy, PhD
Associate Professor
UCSF Psychiatry
Co-Founder, Prevention and Recovery in Early Psychosis



Objectives

- Brief overview of evaluation process and resources
- First steps
- Example of EI Evaluation
- Lessons Learned



Evaluation

Hmm... that seems like a good idea?



Evaluation

<http://www.cdc.gov/eval/>

http://www.nrepp.samhsa.gov/Courses/ProgramEvaluation/NREPP_0401_0010.html



Evaluation Process Overview

1. Define the Purpose and Scope of the Evaluation
2. Specify the Evaluation Questions – What Do You Want to Know?
3. Specify the Evaluation Design
4. Create the Data Collection Action Plan
5. Collect Data
6. Analyze data
7. Document Findings
8. Disseminate Findings
9. Feedback to Program Improvement



Limited Resources

- Many questions can't be answered without significant resources and collaborations
- Are there critical questions you need answered to move to the next stage of development?
 - To obtain funding?
 - To determine staffing needs?
 - To compare preliminary outcomes?
- Who are the results for?



Limited Resources

- Who should help manage the evaluation process?
- Staff need time outside productivity requirements
- Collaborators: local universities, consumers, other stakeholders
- Small grants



First Steps: What is Already in Place?

- Your funding source, parent agency:
 - What information or outcomes are you required to report and when?
 - What measures are required?
 - Where is the information kept?



What Additional Information Do You Need?

- Simple measurements
- Integrated into the workflow
- Who will monitor?



Analyses

- How will you analyze data?
- Natural comparison?
 - To a standard (e.g. medication management)
 - To research data on “treatment as usual”
 - To other programs (e.g. EPINET)



Communicating Results

- To funders, supporters
- To staff and clients
- To management for quality improvement
- Disseminate broadly (conference presentations, workgroups, publications)



PREP Collaborative



Felton Institute

- Community-based treatment;
- Innovative funding options.
- Training structure and capacity to document client outcomes

UCSF

- Training in evidence-based practices
- Diagnosis
- Program evaluation and research.



MHA-SF

- Community advocacy, outreach and stigma reduction



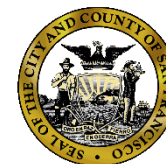
Sojourner Truth

- Community outreach in Bay View/Hunters Point
- Experience with foster care of transitional age youth.



CBHS DPH

- Providing emergency care to those in need
- Child crisis services



PREP Services

- Strength-based Care Management
- Individual CBTp
- Algorithm-guided Medication Management
- Psychoeducational Multi-Family Groups
- Vocational and Educational Support (IPS)
- Peer support - Care Advocates/Case Aides
- Support and Skills Groups
- Integrated substance abuse treatment

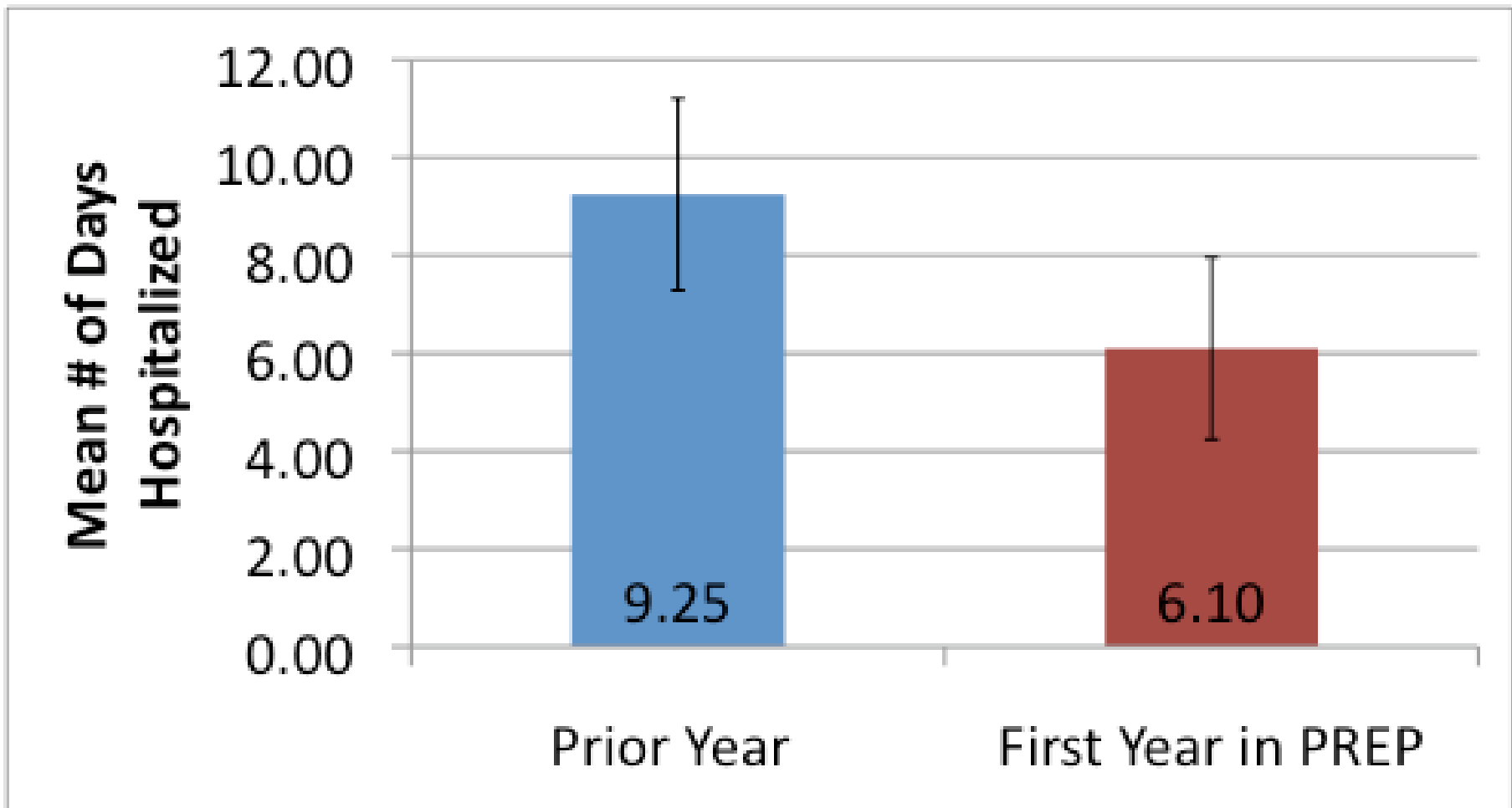


PREP Clients July- Dec 2014

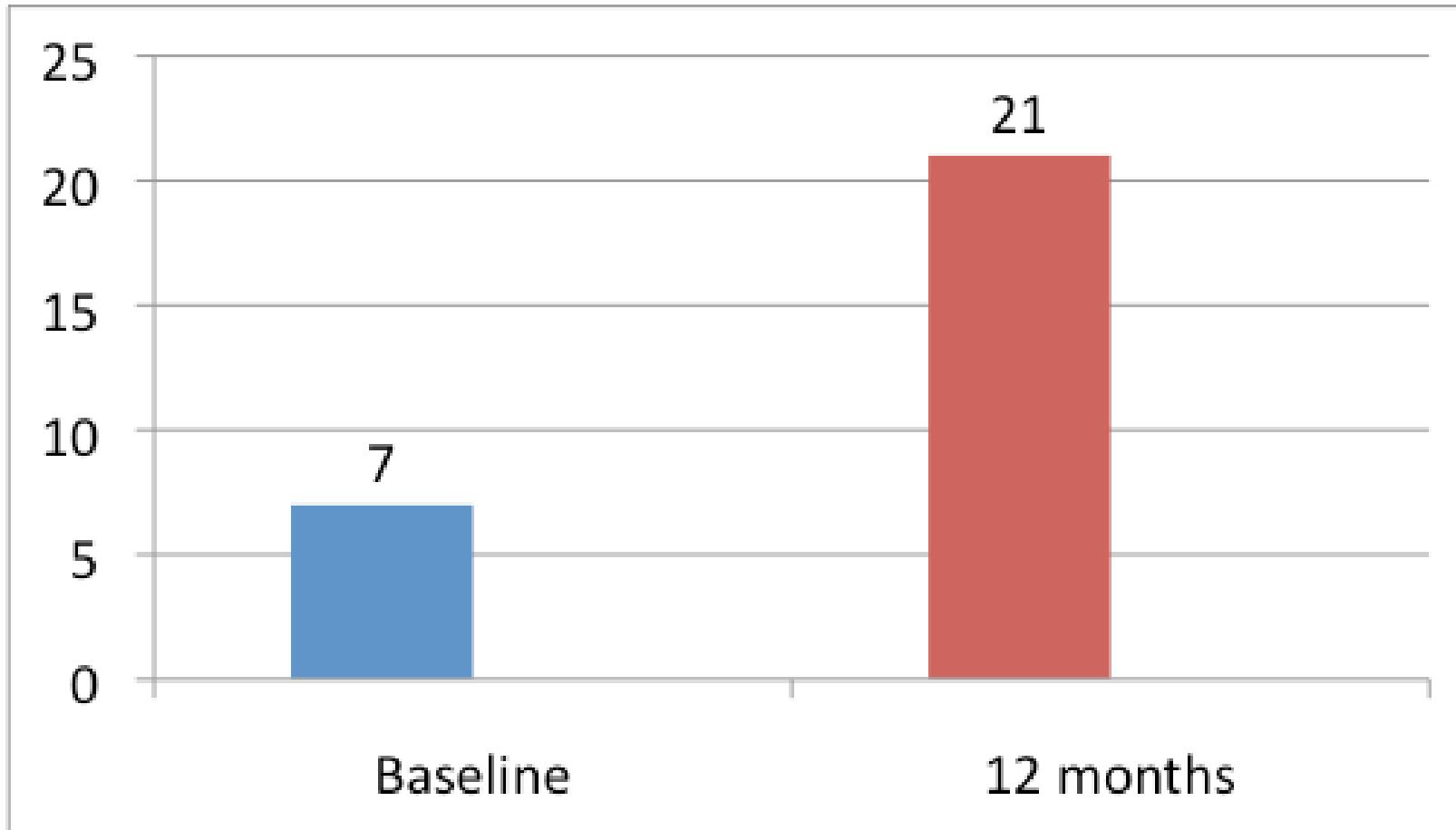
	July	Aug	Sep	Oct	Nov	Dec	Total
San Francisco	63	62	57	56	53	52	75
Alameda	55	56	59	59	60	50	72
San Mateo	45	38	37	42	47	50	73
Monterey	40	35	37	31	31	33	58
San Joaquin	41	43	43	37	44	42	49
Total	244	234	233	225	235	227	327



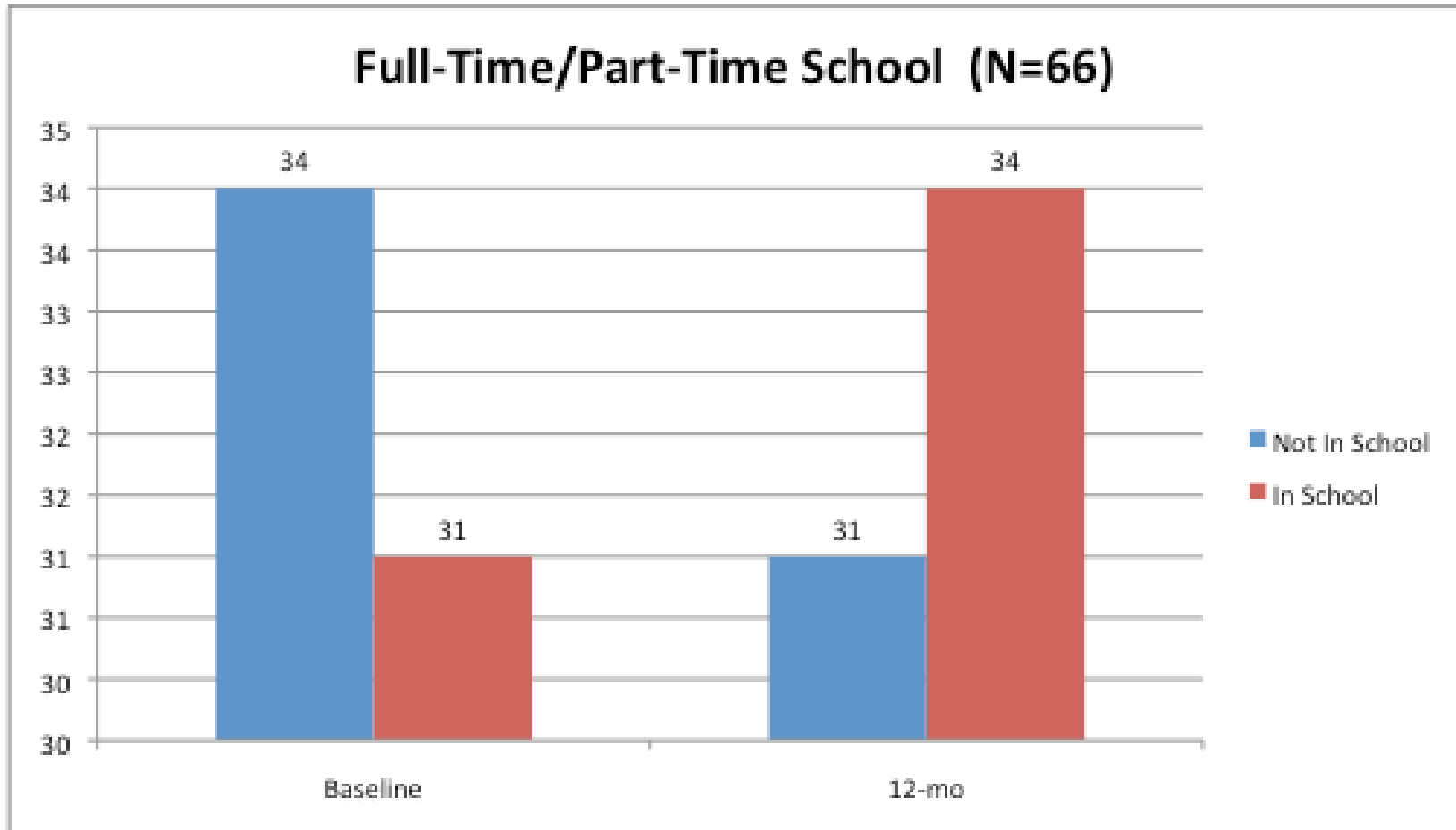
Inpatient Hospitalizations (N=94)



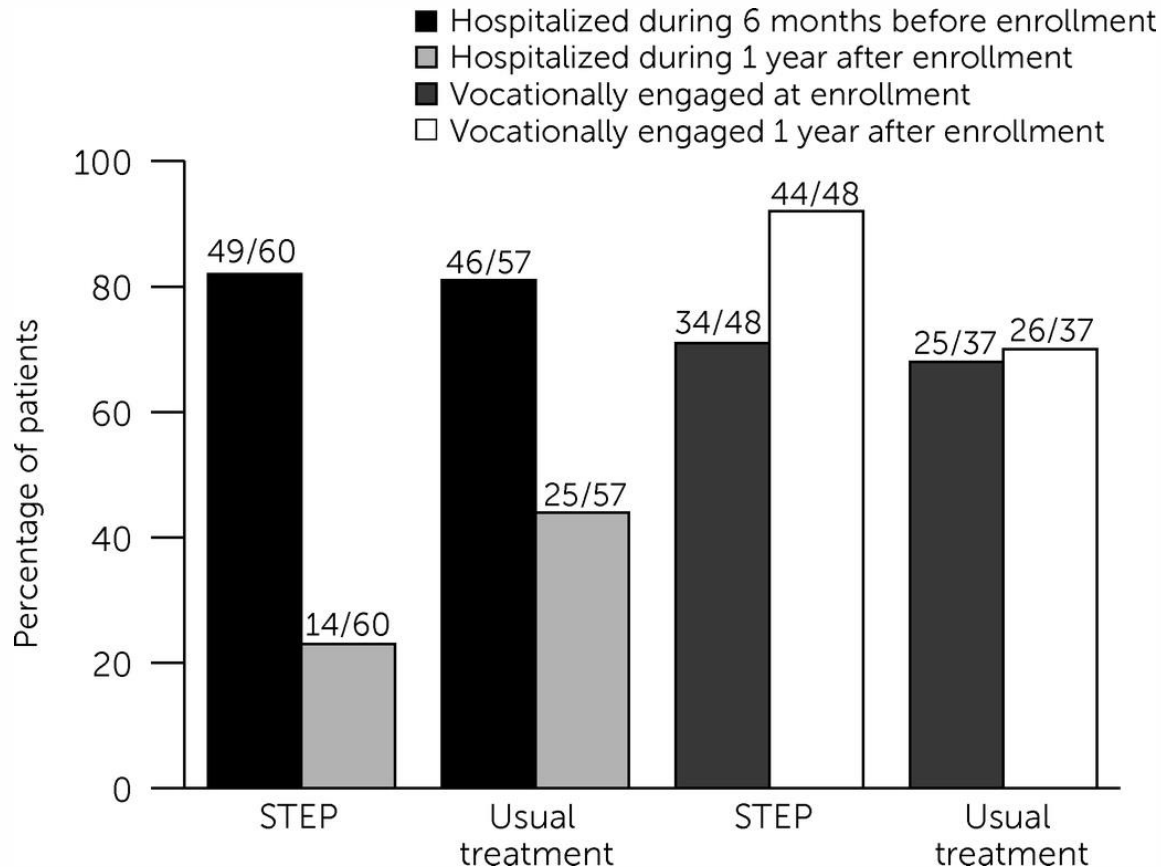
Full and Part-Time Employment (N=66)



Full and Part-Time School (N=66)



From: First-Episode Services for Psychotic Disorders in the U.S. Public Sector: A Pragmatic Randomized Controlled Trial



a STEP, Specialized Treatment Early in Psychosis. Between-groups comparisons: for hospitalization rates (adjusted for pretreatment hospitalization), omnibus $\chi^2=5.60$, $df=1$, $p=.018$; for vocational engagement (adjusted for pretreatment vocational engagement), omnibus $\chi^2= 9.56$, $df=1$, $p=.002$

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Lessons Learned: Hospitalization Data

- Data are located in different places – mobile population, public and private insurance
- Self-report, collateral report, clinician report, county records
- Cross-validate
- Make data collection simple and useful
 - Use medical record
 - Define how you need the data recorded, and when
 - Monitor and change procedures when necessary



Lessons Learned

- “Show that it works” vs “Assess whether it works”
- Simple, simple, simple
- Keep consumers and staff at all levels involved
- Define outcomes and standards ahead of time
- Be prepared to use data to make changes
- Culture change: outcomes-based performance



Communicating Results

- To funders, supporters
- To staff and clients
- To management for quality improvement
- Disseminate broadly (conference presentations, workgroups, publications)



Rachel.Loewy@ucsf.edu



CA MHSA, CMS, Episcopal Charities, Margoes Foundation, Metta Fund, FSA unrestricted funds



With abundant thanks to our partners, clients, PREP staff and funding sources.



Questions



Final Reminders & Next Steps

- Office hours
- Webinar survey
- Community of Practice evaluation

