



Early Psychosis Intervention Plus

Summary of Advisory Committee Action

Assembly Bill 1315 (Mullin) established the Early Psychosis Intervention Plus (EPI Plus) Program and the EPI Plus Advisory Committee to advise the Commission regarding the allocation of funds for a competitive selection process to expand the provision of high-quality, evidence-based early psychosis and mood disorder detection and intervention services in the state. This endeavor has been launched in order to move the state of California from a stage 4 crisis response system to a stage 1 early intervention system of care.

Since the passage of AB 1315, the Commission was provided funding through the Budget Act of 2019 to allocate through and competitive bid process to counties who desire to support the expansion of coordinated specialty care clinics in their communities.

The Chair of the Commission, Khatera Tamplen, appointed members of the Advisory Committee in March of 2019 after reviewing the applications submitted by prospective members. The Advisory Committee is made up of individuals with comprehensive knowledge in subject matter related to mental health care including consumers, Commissioners, Behavioral Health Directors, clinicians, researchers, a private health plan representative, and an expert in medical technologies as established in AB 1315. The Advisory Committee gathered for three full-day meetings in June, August, and November of 2019. Each meeting began with a presentation from a consumer or family member with lived experience.

The June 14, 2019 meeting provided an overview of AB 1315, a description of the current landscape of early intervention and what will be required to increase access for people experiencing a first episode of psychosis. The potential framework for a system of care was presented as well as the current efforts of the Early Psychosis Learning Health Care Network.

In August of 2019 the Committee discussed the opportunities to expand the learning collaborative, early intervention programs, and the need to engage the private sector in future efforts. A statewide vision was presented by Dr. Tom Insel which outlined the opportunities to bring current programs to full fidelity and to grow a trained workforce. The August meeting also included discussions regarding the allocation of funding, match requirements, and essential program components.

In November of 2019 Committee members participated in a symposium, *Statewide Implementation of Early Psychosis Care in California: Increasing Access to High Quality Care for all Californians* organized by the UC Davis Behavioral Health Center of Excellence and supported by the Commission, Los Angeles, San Diego, and Solano counties. The event included a presentation from On Track New York as well as an overview of the national landscape of early intervention of psychosis programs from the National Institutes of Mental Health Director of the Division of Services and Intervention Research, Robert Heinssen.

These three meetings along with several consultations with other experts and interested parties have helped to narrow the focus of funding priorities for the expansion of high-quality early intervention programs. The efforts of the Advisory Committee have highlighted areas of need which should be addressed to create a statewide strategy for early intervention of psychosis and mood disorders.

Discussions Highlights

Considerations for the allocation of funds to create or expand early psychosis and mood disorder programs:

- Incentivize program sustainability
- Set aside for rural counties, multi-county collaborations or underserved regions of the state.
- Identify target age range
- Ensure use of common data elements and program structure
- Ensure use of core evidence-based components including supported employment
- User friendly approaches where shared decision making is central and family/friend networks are involved
- Inclusion of peers and peer specialists
- Encourage the use of “add-on” components such as SUD treatment and trauma focused therapies to tailor programs to local needs
- Include questions about careful use of medications
- Allow applicants to determine their Clinically High Risk (CHR) populations and target services to that population. JJ, Foster, schools, college
- Two options for funding:
 - Extend EPI-Cal
 - Open opportunity to create programs with add on components

Significant issues to be addressed in order to build a system framework which enables a shift in emphasis from crisis response to early intervention:

- Move far upstream by involving education in the process
 - 0-5 (LA, Yolo)
 - First 5
 - Allcove

- Headspace
 - Learning opportunities from the UK.
- Develop the workforce
 - Capacity building
 - Training of pediatricians and school personnel
 - Training in use of data to enhance the work
 - Building the necessary skill sets
 - Collaboration with Universities regarding training programs (King's College, Felton)
- Grow the current field of payors
 - Address Medi-Cal billing procedures
 - Shape the waiver process
 - Engage private insurance coverage to expand payment systems. (Meadows Foundation)
- Build communication strategies to ensure that people know the programs exist such as program directories, TV spots, documentaries
- Standardized outcomes measures
 - Identify the common data elements to track outcomes
 - Measurement based care with client and family input
 - Data sharing
 - Technical assistance, and training strategy (LHCN, EPINET)
- Ensure uniformity in how programs are implemented
- Screening and intervention in areas where we know of early predictors of psychosis
 - Justice involved youth
 - Foster youth
 - SED (Schools)
 - Trauma informed.
- Defragmentation of the current MH/SUD system to address the intersection of substance use and psychosis
- Incorporate of psychosocial models which assist individuals in developing supportive communities and lead to positive outcomes
- Grow Respite Housing Model
- Build access to the right kind of services which are culturally and linguistically appropriate. Availability to uninsured immigrant and refugee populations.
- Use of dashboards to compare results and produce reports

Strategies to ensure a unified statewide approach:

- Technical assistance to program participants through and learning collaborative
- Training:
 - Training for schools. We must train teachers and school personnel about symptoms and signs of early psychosis and mood disorder.
 - Determine standard methods for identifying at risk children and youth kids at risk. Clinical High-Risk populations such as foster youth, justice involved youth.
 - Training for medical staff/ primary care providers

- Build out the Early Psychosis Training and Technical Assistance Centers, Central Coordinating Center
- Evaluation (Measure Duration of Untreated Psychosis, graduation rates, engagement post service, # of new clinics, # served, progress toward client stated outcomes)
- Build program's capacity to use data in continuous improvement efforts

Potential Allocation Priorities

Analysis of the work and discussions of the Advisory Committee suggest that there may be four main funding targets which could be considered for the allocation of funds to support the expansion of early psychosis intervention programs and leverage current efforts.

1) Support the Creation of a Statewide Training and Technical Assistance Center

- Ensure fidelity for participating programs within the collaborative
- Train workforce through in-person and on-line modules
- Create billing and reimbursement strategies and disseminate
- Coordinate common data elements for program evaluation
- Disseminate a strategy for engagement of private insurers

2) Build the Capacity of Existing EPI Programs

- Substance Use Disorder treatment
- Trauma screening of children and youth
- Treatment of trauma related conditions
- New outreach efforts to high risk populations i.e. foster, JJ, SED, TAY
- Communication strategies to ensure the general public is aware of signs/symptoms and treatment options
- Peer training
- Treatment of youth in clinical high-risk categories
- Program linkage to create a continuum of care

3) Fund New EPI Programs

- Consider strategic locations where programs are needed but do not exist
- Incentivize multi-county collaborative efforts
- Participate in the learning collaborative
- Implement core components of Coordinated Specialty Care Clinics
- Collect common data elements and participate in program evaluation

4) Explore Public/Private Partnership Opportunities

- Shape the waiver process to allow for greater flexibility for reimbursement
- Encourage private insurance coverage to support and sustain EPI programs
- Partner with private sector health organizations on data collection/evaluation