JUNE 22, 2023

A CULTURE OF INNOVATION

Moving beyond measuring to learning

PRESENTATION FOR TEXAS COUNCIL 2023

René Scherer, PhD, LMFT, Samantha Reznik, PhD, Deborah Cohen, PhD, Molly Lopez, PhD

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Meet the Panel

René Scherer, PHD, LMFT
Community Healthcore

Samantha Reznik, PhD
The University of Texas
at Austin

Deborah Cohen, PhD
Dell Medical School

Molly Lopez, PhD
The University of Texas
at Austin

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A simulation of hearing voices

- NOTE: This video will share audio simulating the experience of hearing voices. If you would prefer not to hear the video, you may leave the presentation for approximately the next five minutes. We will pause before beginning the video.

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A simulation of hearing voices

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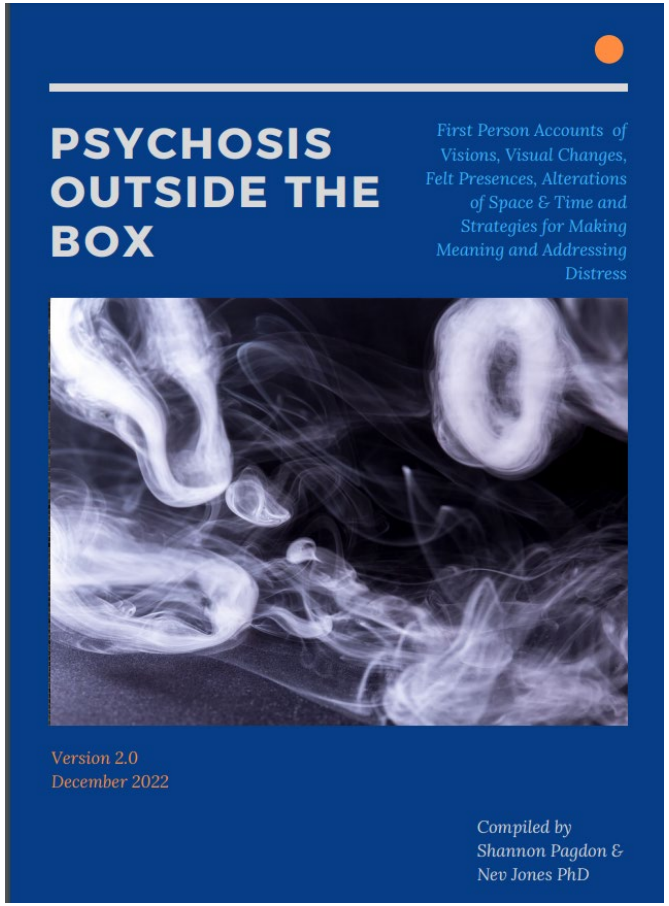
There are many experiences of psychosis



- Psychosis includes a range of changes in thoughts and perceptions[1]
- Psychotic disorders can disrupt functioning[2,3]
- 100,000 young people diagnosed with psychotic disorders each year in US[4]
- In this first year, 24x the mortality rate of peers ages 16-30[5]

[1]Pagdon & Jones, 2022
[2]Chen et. al, 2021
[3]Velthorst et. al, 2017
[4]NIH, 2023
[5]Schoenbaum et. al, 2017

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The **longer** a young person experiences psychosis without treatment, the **worse** experiences of symptoms and functioning.[1,2]

EARLY INTERVENTION WORKS.

3

[1]Howes et. al, 2021
[2]Bottlender et. al, 2003
[3]Kane et. al, 2016

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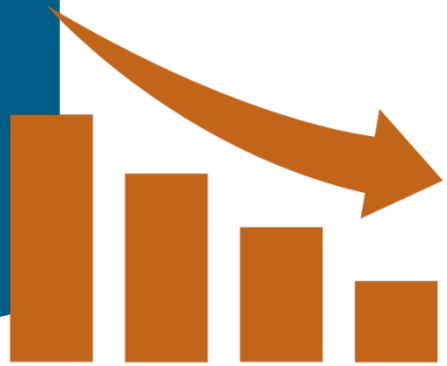
Decrease in severity and frequency of symptoms



Created by parkjisun from Noun Project

Improved quality of life

Created by Rakesh from Noun Project

Decrease or prevent hospitalizations

Created by Tina Abi Hachem from Noun Project

Created by Delwar Hossain from Noun Project

Increased school or work participation

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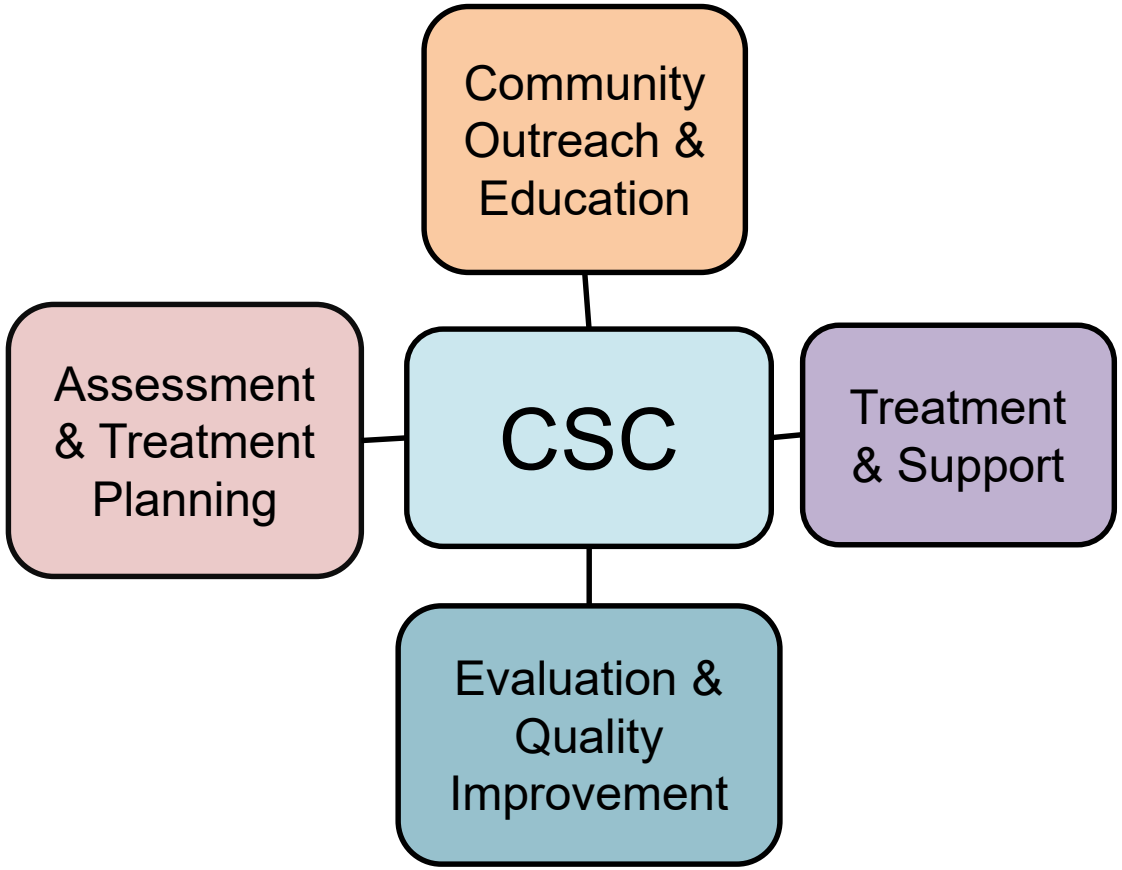
Coordinated Specialty Care



- Multidisciplinary, recovery-oriented team approach
- Family education and support
- Supported employment and education (SEES)
- Therapy
- Medication management
- Case management
- Peer support
- Family support

Eligibility: Age range & diagnoses vary by state
Texas: Ages 15-30; primary psychotic disorder

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EPIC EVENTS

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EPIC EVENTS

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EPIC EVENTS

What they are saying…

"I am grateful for you guys because you took us somewhere fun just so we can get out of the house."

"I learned I can step out of my comfort zone and enjoy life, it was an amazing experience. I am eternally grateful. It helped me not feel so alone."

"It was fun meeting new people."

"I learned large crowds are ok."

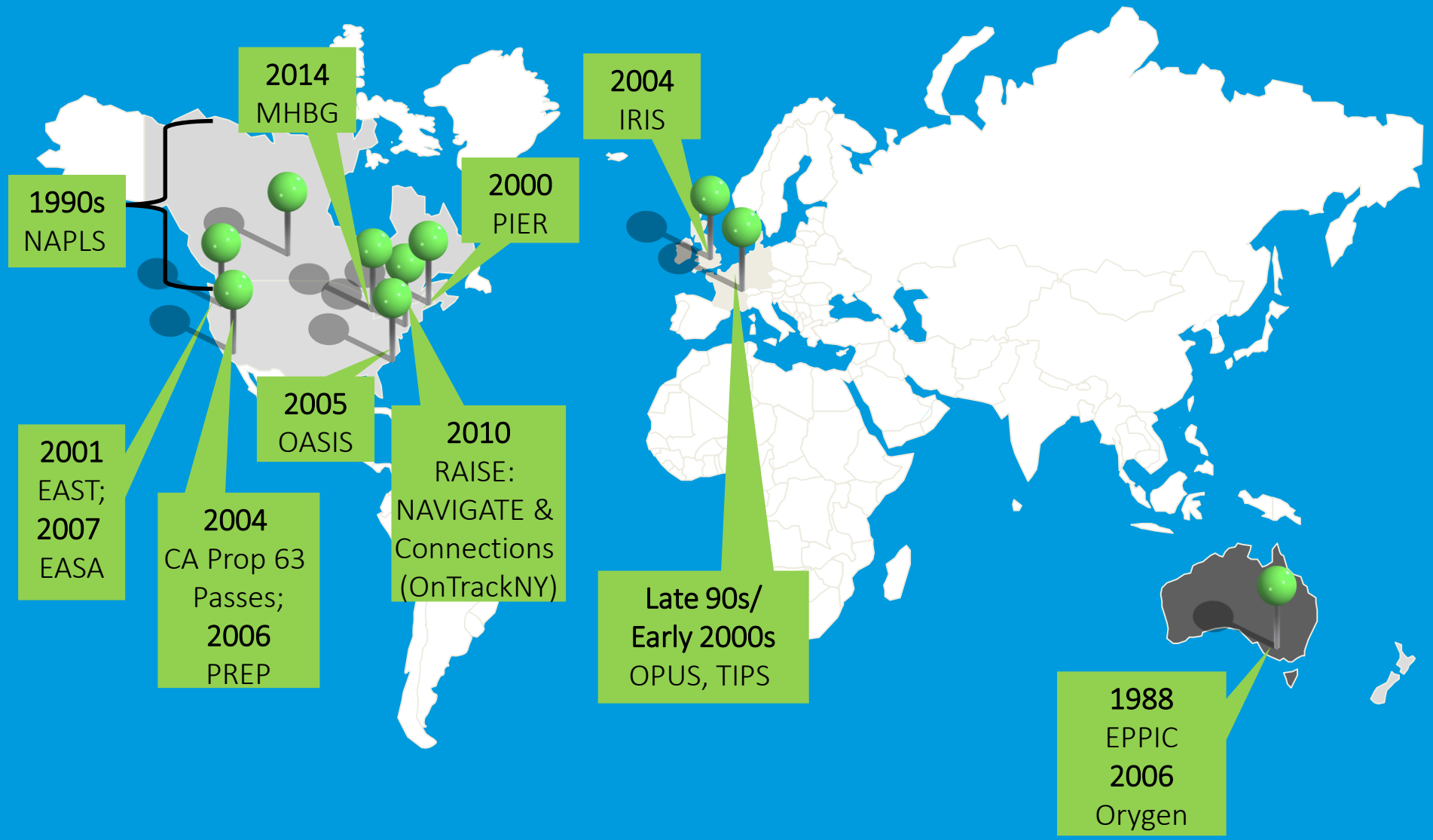
"My favorite trip was the zoo trip. Probably b/c of the conversations I had."

"It was therapeutically helpful in a way that gets me to clear my mind of negativity."

"I learned I can do anything I put my mind to and that I'm willing to get out of my comfort zone."

"Some of us share somewhat similar experiences. We aren't totally alone, despite how our minds might trick us into feeling that way."

Early Intervention across the World



Timeline of Federal and State Early Psychosis Partnership

- **2009** NIMH funded RA1SE Connection (Maryland and NY) and RA1SE ETP (34 community sites)
- **2014** Congress passed H.R.3547
- **2015** Mental Health Block Grant set-aside 5% for FEP
- **2015** First Texas sites (Dallas and Houston)
- **2016** Mental Health Block Grant increased to 10% set-aside
- **2017** First Texas expansion (targeted big Texas population centers)
- **2019** Second Texas expansion (targeted rural sites)
- **2019** Round of five EPINET sites funded by NIMH
- **2020** Round of three EPINET sites funded by NIMH

Usual research to practice timeline = 17 years

RA1SE timeline = 6 years

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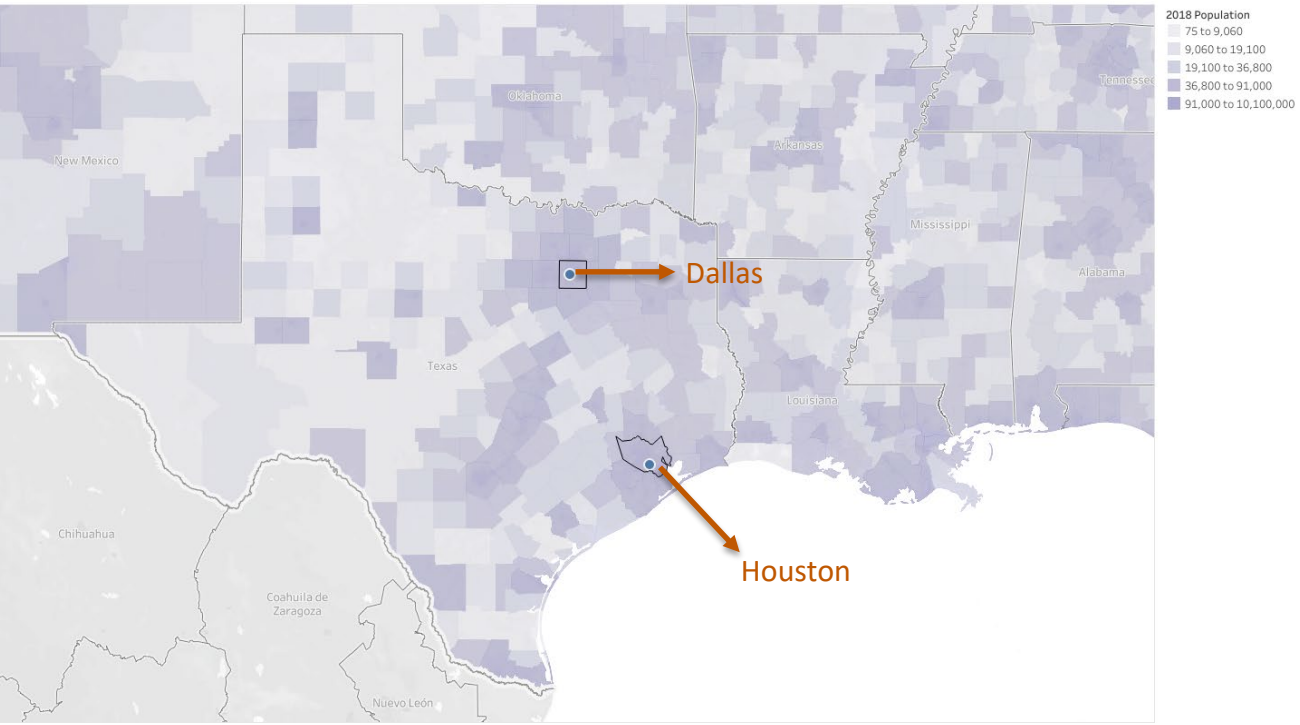
Expansion of CSC in Texas



First two sites in Dallas & Houston (2 counties)

2015

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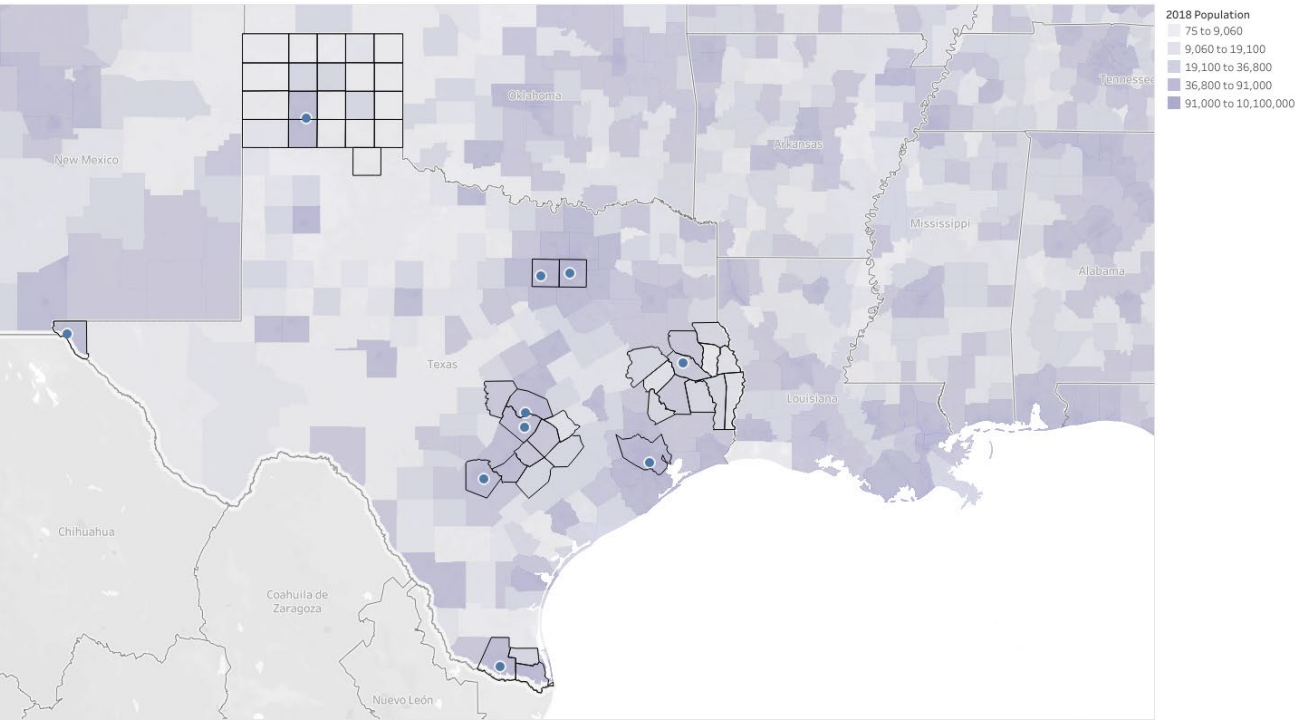
[1]Maps by Grace Cruse, 2022

Expansion of CSC in Texas



First two sites in Dallas & Houston (2 counties)

2017

2015

Eight additional sites, including Austin, El Paso, rural sites in Tyler county, Texas panhandle, etc. (48 counties)

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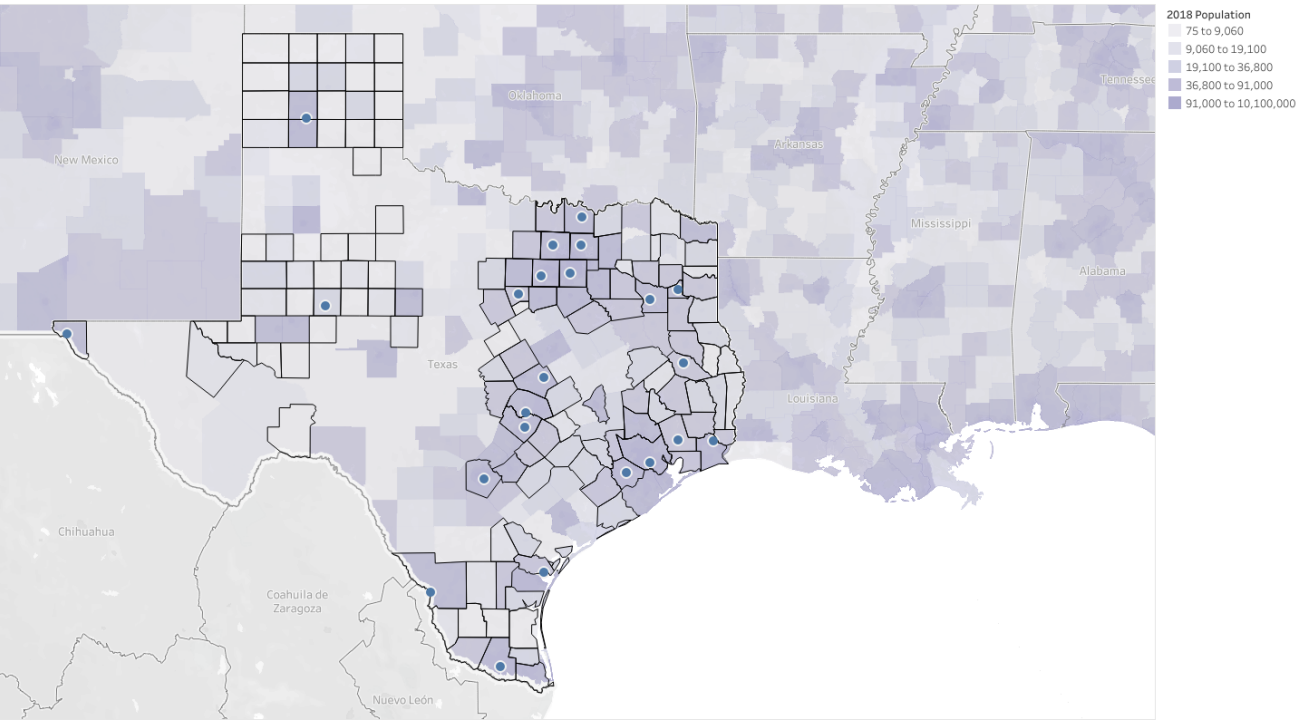
[1]Maps by Grace Cruse, 2022

Expansion of CSC in Texas



First two sites in Dallas & Houston (2 counties)

Thirteen additional sites, including West Texas Centers, Andrews (79 counties)

2017

2015

2019

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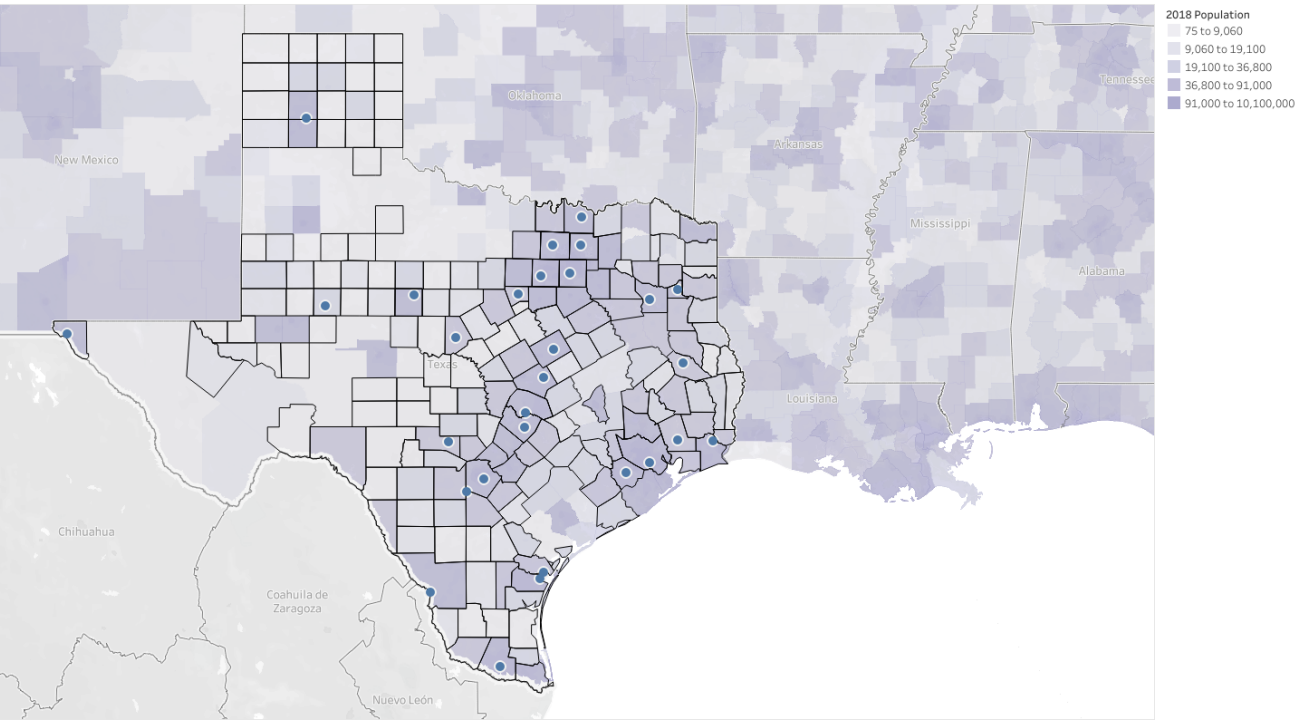
[1]Maps by Grace Cruse, 2022

Expansion of CSC in Texas



First two sites in Dallas & Houston (2 counties)

Thirteen additional sites, including West Texas Centers, Andrews (79 counties)

2015

2017

2019

2022-2023

Eight additional sites, including Austin, El Paso, rural sites in Tyler county, Texas panhandle, etc. (48 counties)

Six additional sites, including Hill Country (47 additional counties)

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[1]Maps by Grace Cruse, 2022

Advancing the Early Psychosis Intervention Network in Texas (EPINET-TX)

- EPINET is an NIMH research initiative of eight coordinating hubs
  - 17 states and >100 CSC clinics
  - Shared data collection
  - Practice-based research and quality improvement
- EPINET-TX is one of the coordinating hubs
- Aspiring to be a learning healthcare system

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[1]EPINET National Website

EPINET-TX is part of EPINET

2019 EPINET Sites

- EPI-CAL (12 clinics in California)
- ESPIRITO (11 clinics in 4 states)
- LEAP (6 clinics in Massachusetts)
- OnTrackNY (21 clinics in New York)
- Targeting Cognition & Motivation (6 teams in Minnesota)

2020 EPINET Sites

- EPINET-TX (15 clinics in Texas)
- University of Maryland (20 clinics in Maryland and Pennsylvania)
- Indiana University (6 clinics in 6 states)
- National Data Coordinating Center

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Community Partners

- Andrews Center
- Bluebonnet Trails
- Border Region Behavioral Health
- Burke
- Central Counties
- Center for Health Care Services
- Coastal Plains Community Ctr
- Community Healthcore
- Denton County MHMR Center
- The Harris Center for MH and IDD
- Integral Care
- Metrocare Services
- Pecan Valley Center
- Spindletop Center
- West Texas Centers

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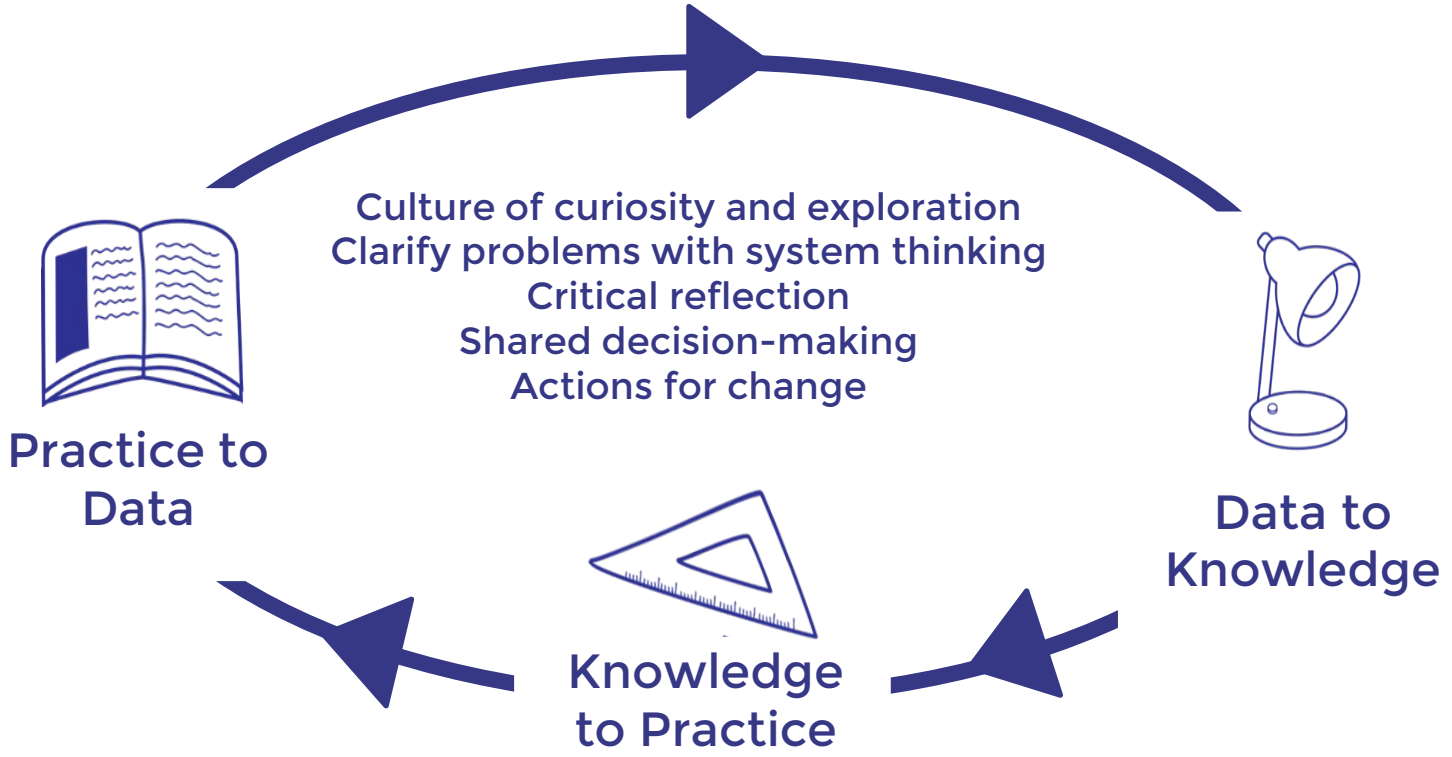
A Learning Health System (LHS)



Menear, Blanchette, Demers-Payette, Roy, 2019

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Learning within our LHS

- Continuous quality improvement and innovation
- Using data to improve care
  - Participant-level data for measurement-based care
  - Program-level data for outcomes monitoring
  - Benchmarking of program-level data with the state and national EPINET sites
- Using practice-based knowledge to drive scientific discovery
  - Workgroups and consortium to establish best practices
  - Drive questions to ask

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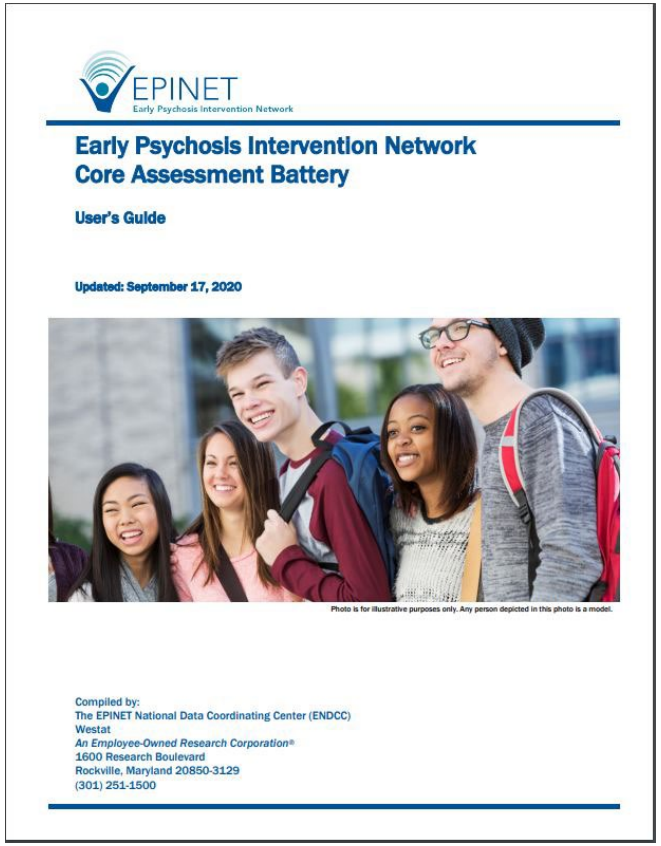
Harmonized Data Collection

- Demographics and Background
- DUP and Pathway to Care
- Diagnosis
- Education
- Employment & Related Activities
- Health
- Hospitalizations
- Family Involvement
- Legal Involvement & Related
- Discharge Planning & Disposition
- Cognition
- Functioning
- Suicidality
- Substance Use
- Symptoms
- Recovery
- Medications
- Medication Side Effects and Adherence
- Service Use


EPINET
Early Psychosis Intervention Network

Early Psychosis Intervention Network
Core Assessment Battery

User's Guide

Updated: September 17, 2020

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

Compiled by:
The EPINET National Data Coordinating Center (ENDCC)
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An Employee-Owned Research Corporation®
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(301) 251-1500

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Real-time Data Visualizations

- Data infrastructure for data collection, warehousing, and visualizations (EPIDash)
- Bringing data into the hands of persons in care and families
- Facilitating discussions and shared decision-making on recovery goals and strategies

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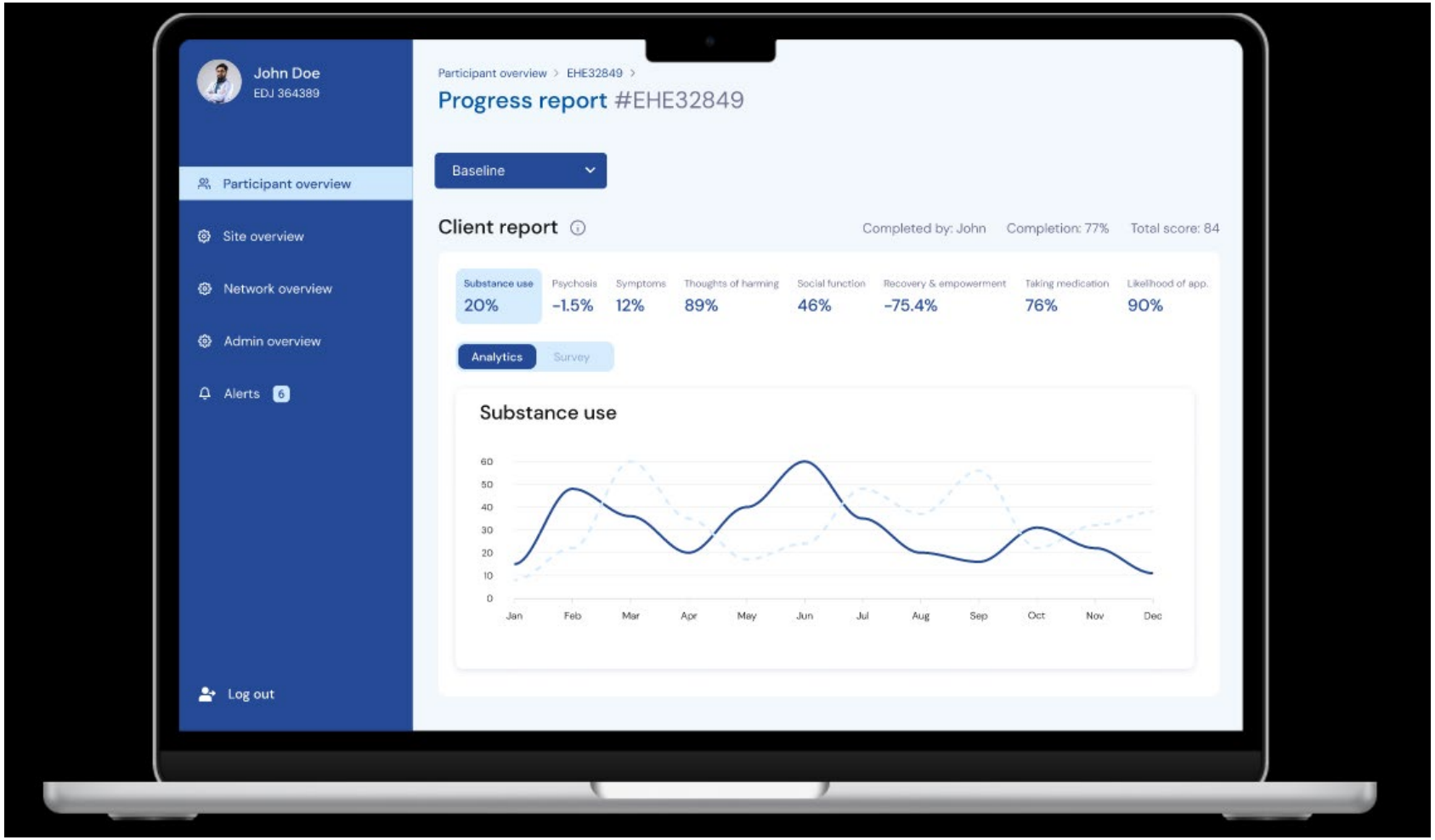
EPIDash Mock Up of Individual Level



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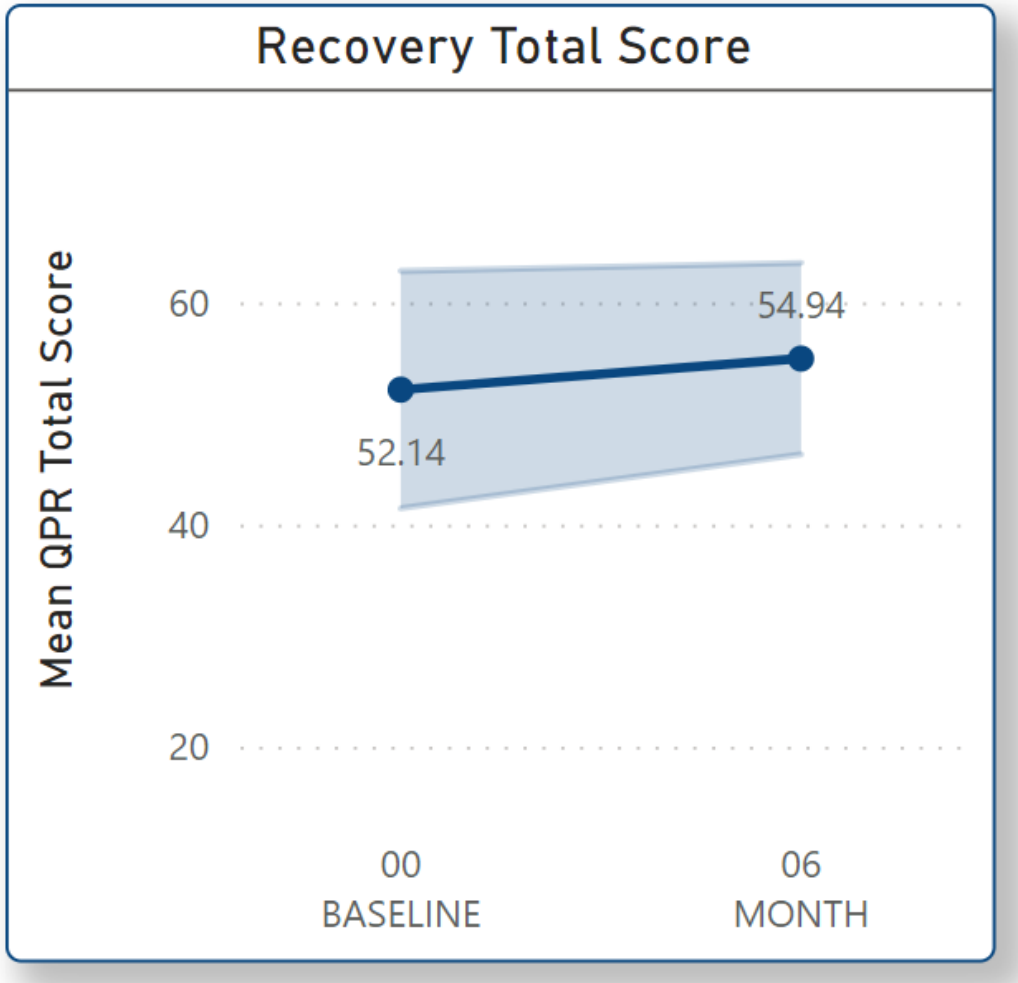
Site Level Reports

This measure reflects the participants' ratings of different statements that represent aspects of recovery, such as positive self-perception, social connection, assertiveness and empowerment, acceptance, and engagement in enjoyable pursuits.

Scores range between 15 and 75, with higher scores reflecting more positive ratings.



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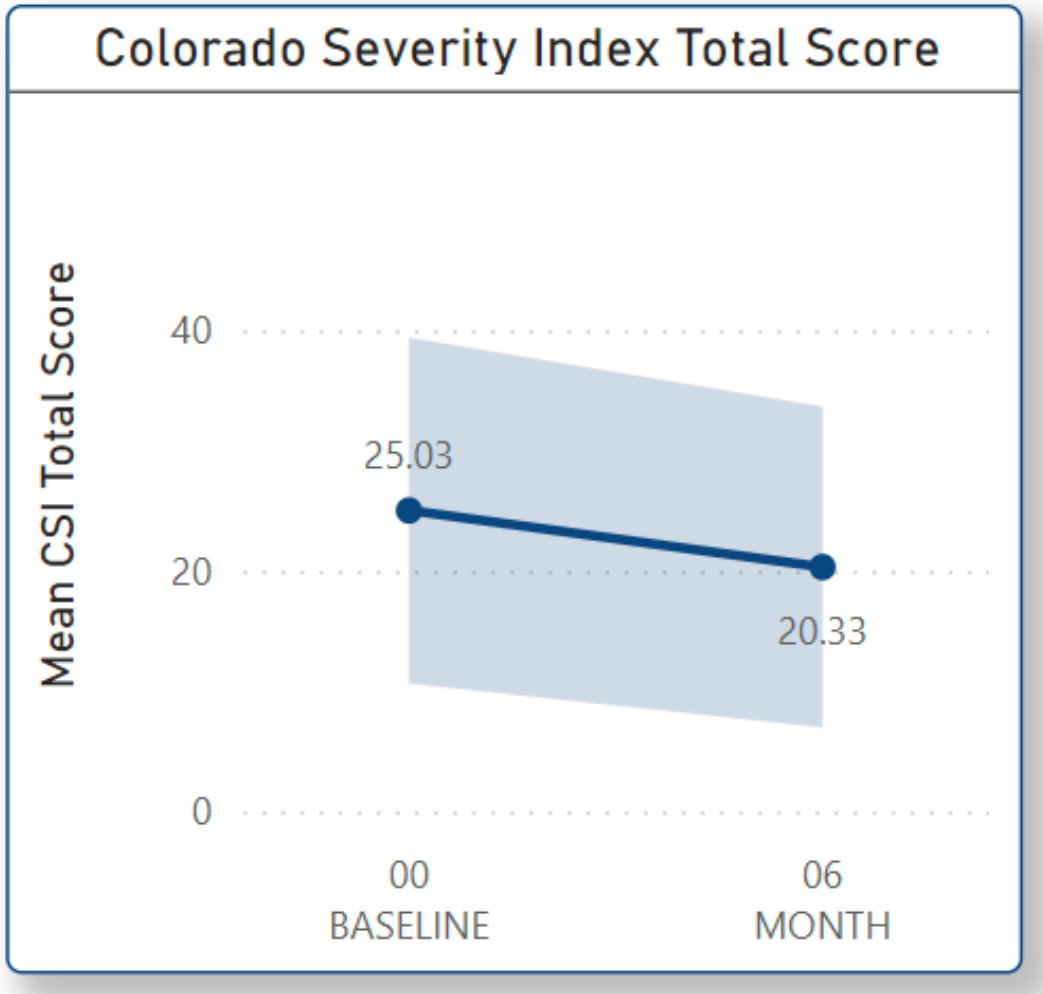
Site Level Reports



This measure reflects the participants' ratings of the frequency of different mental health concerns, including negative mood states, cognitive challenges, positive symptoms of psychosis, and thoughts of harm to self or others.

Scores range from 0 to 56, with scores of 16 or greater best predicting who should be evaluated for a mental health concern.

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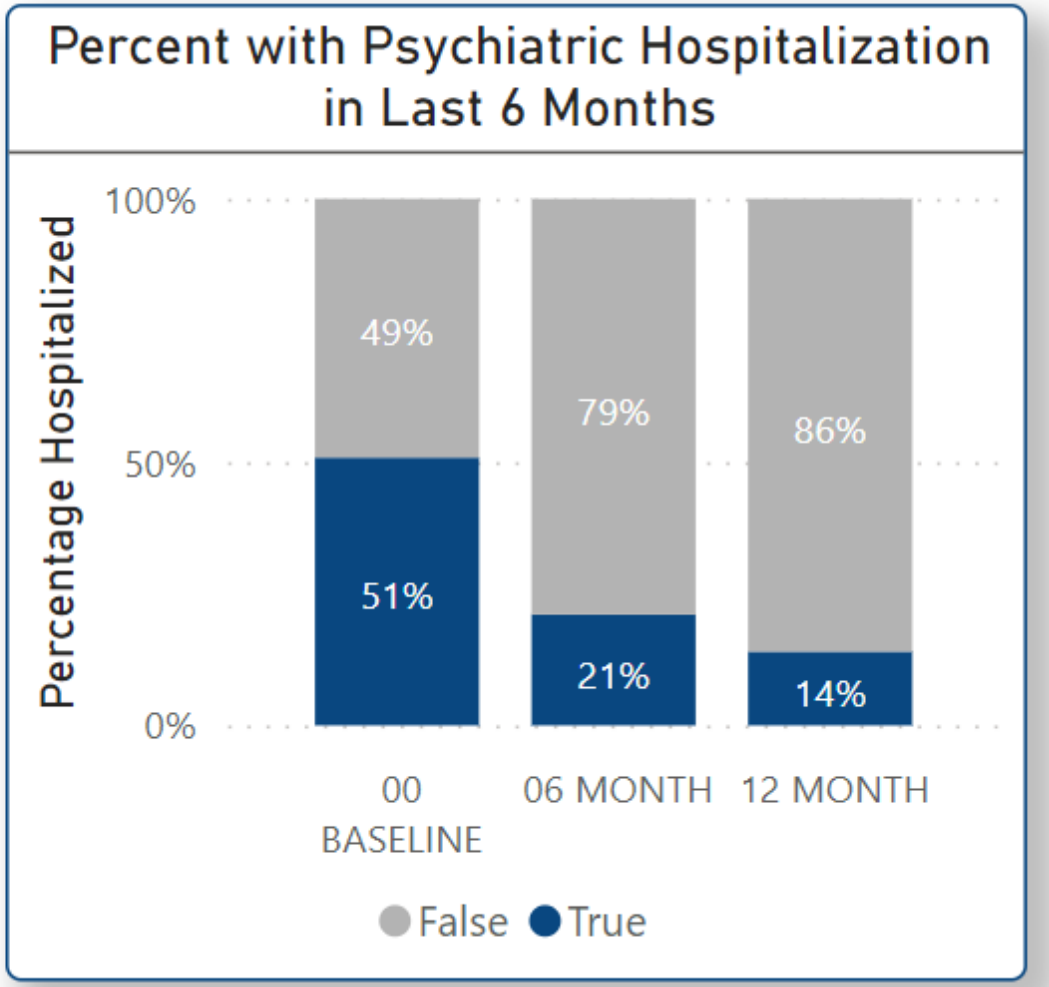
Site Level Reports

This measure reflects whether a young person has had one or more psychiatric hospitalizations in the previous 6 months (prior to the assessment).



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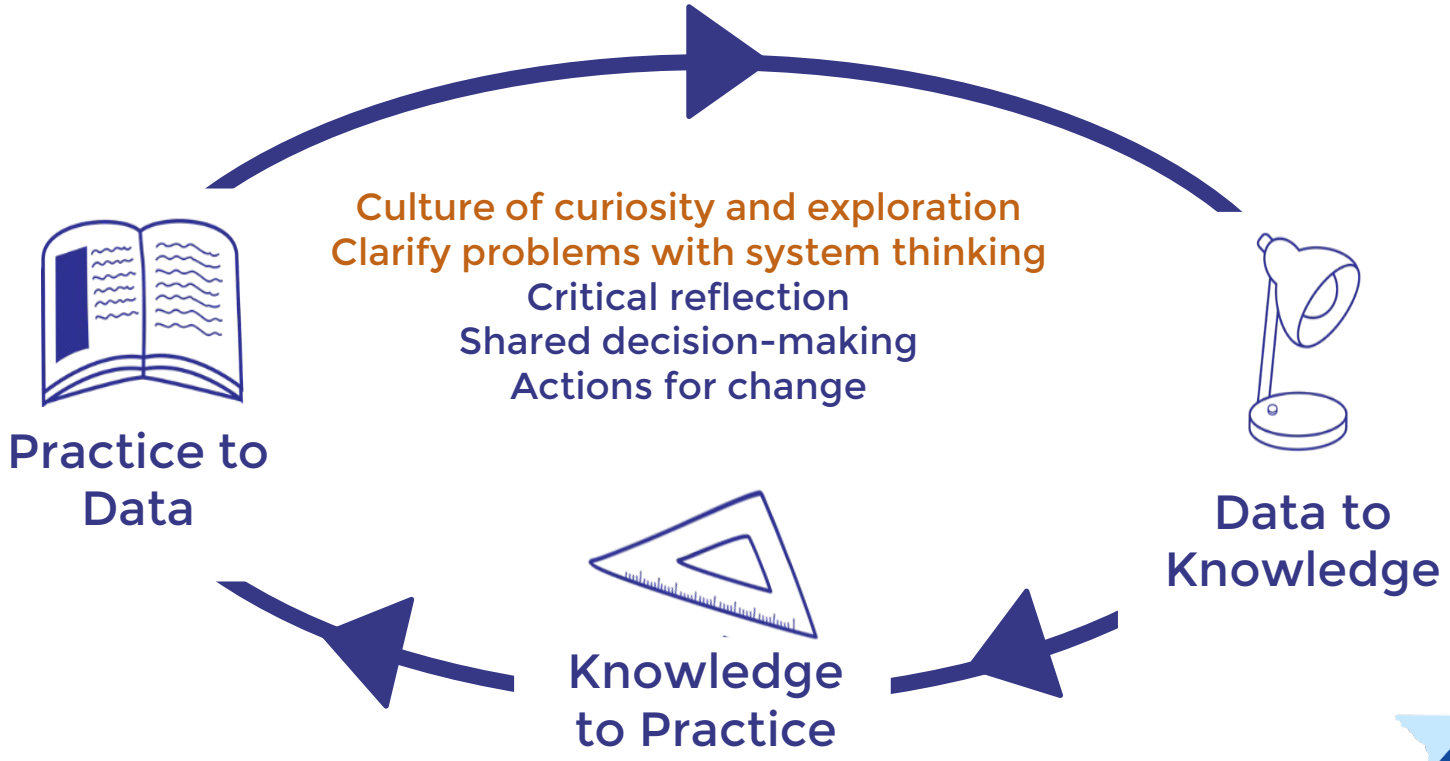
What Could this LHS Look Like?

Early Stories of the Cycle of Learning in EPINET-TX



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Clarifying the problem

- Identified possible problems with CSC implementation from consortium meetings, beginning Feb, 2021
- June 2022: Had 7 possible topics at in-person meeting
- Sept 2022: Selected the 3 workgroups with the most attendance; pitched and voted on top two
- Nov 2022: Launched rural and outreach workgroup

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Clarifying the problem (Pipkin, 2021)

- CSC programs were developed in urban areas
- Less research on CSC in rural areas
- Systematic literature review studied 53 papers about rural programs
  - Found two major types of rural CSC programs: “Hub and spoke” or “Standalone”
  - Positive outcomes of both include reduced hospital admissions, distressing symptoms, and improved quality of life
  - Fidelity was low due to funding and practical barriers to implementation

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Rural workgroup: Fostering culture of curiosity and exploration

- Providers across all roles in EPINET-TX
- Focus on CSC in rural areas for quality improvement
- Discuss, explore, ask questions and use data to learn
- Identify 1-2 specific areas for learning and action
- Meet virtually for 1-hour monthly
- Use participatory methods

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Rural workgroup identifies challenges

- Resources in rural areas differ

Learning each community
- Multiple areas
- Resources
- Culture
- Engagement

Resources
- Acute care
- Transportation
- Housing
- School accommodations

Workforce shortage & staffing
- Transient workers
- Needing to share roles
- Time spent in transportation

Stigma
- People known in small towns

Enrollment criteria
- Expand criteria
- Moving and catchment areas
- Private insurance

Funding
- Travel
- Telehealth

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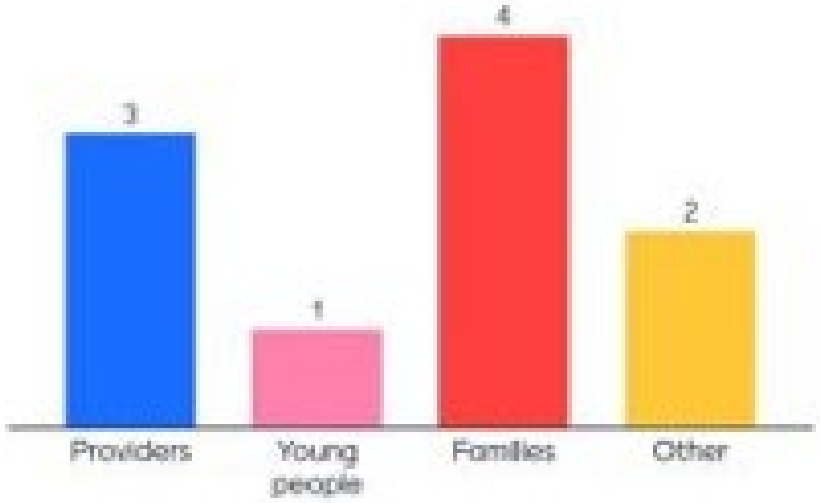
Rural workgroup designs data collection

- Voted on interviews being the best way to collect data
- Voted on interviewing populations of CSC providers and potential community partners
- Drafted interview questions

Who holds this knowledge?



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Practice to data: Qualitative interviews

Defining community partnerships	Exploring helpfulness of community partnerships	Understanding how to form community partnerships
How would you describe a community partnership?	How are your existing community partnerships helpful?	How do you identify potential community partnerships?
What does community partnership look like?	How could you imagine additional partnerships being helpful?	What makes it hard to form community partnerships?
What activities are involved?	What do you hope for in forming community partnerships?	What makes it easy to form community partnerships?
Who are existing community partners?	How could community partnerships be challenging?	If you had unlimited time and resources to develop community partnerships, how would you develop them? Why?

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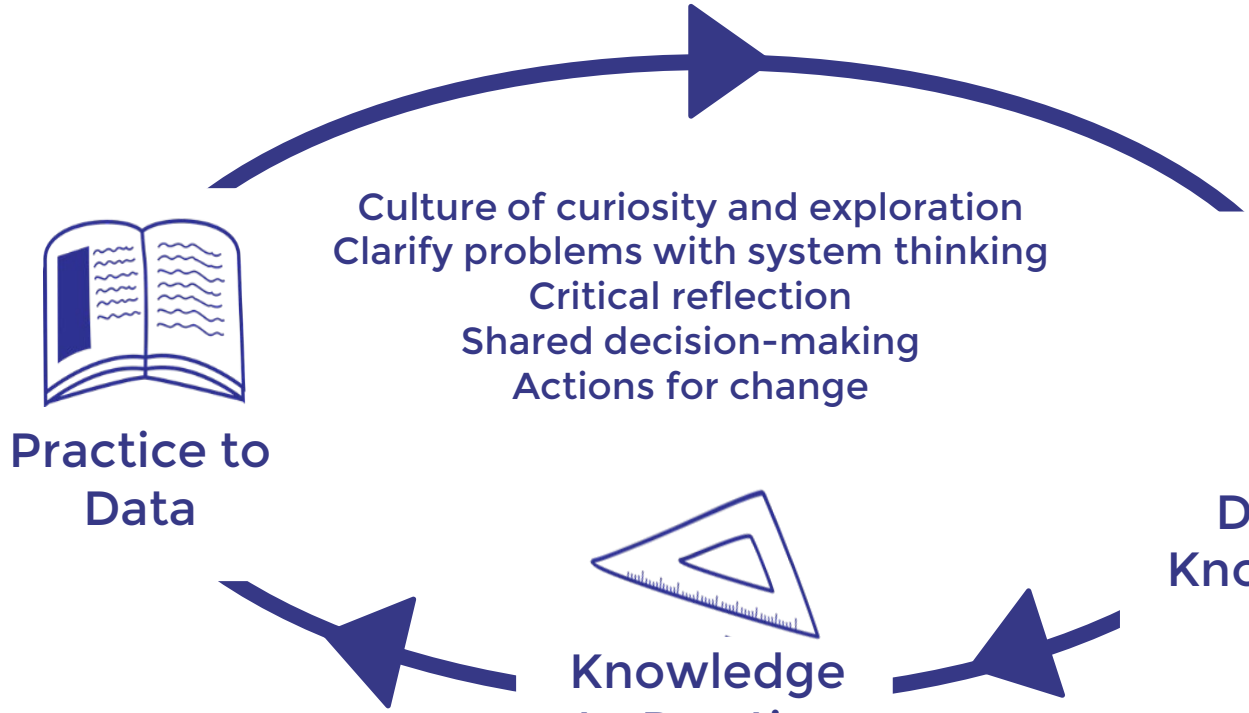
A Learning Health System (LHS)



Qualitative Interviews with CSC providers and potential community partners

Code interviews for best practices around community partnership

Create best practice guide and share with CSC providers

Menear, Blanchette, Demers-Payette, Roy, 2019

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Improving Care for Substance Use

- 40% of the young people in CSC use substances
  - 24% marijuana, 26% alcohol, 2% others
- Most young people are in the engagement or early persuasion phase at program entry
- Research tells us that young people who use marijuana have poorer outcomes in CSC care
- Teams have varying comfort with providing interventions for co-occurring substance use

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Interviews with Young Persons in CSC Care

- Young people report that they use substances to reduce psychological symptoms (94%), respond to social pressures (94%), and reduce or cope with psychological challenges (89%), among other reasons
- All young people reported motivations to reduce or stop using substances, including the encouragement of friends or families (67%), harmful impacts on life (61%), and negative psychological impacts (61%)
- Young people wanted support in creating enjoyable space for community (75%), a reduced focus on mental health labels (50%), education about substances and harm reduction (50%), and distraction from urges to use (42%).

(Myers, et al, under review)

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Substance Use Training

- Team-based training in harm reduction approaches
- Designed for all team members
- Opportunity to support all providers having a core knowledge on the relationship between substance use and psychosis, strategies for non-judgmental discussion, and opportunities to support harm reduction strategies

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Peer Approach to Substances in Early Psychosis Programs (PAS-EPP)

- Targeted training for Peer Specialists to engage with participants around substances
- Development led by Peer Specialists and informed by interviews of young people and peers
- Pilot study to determine feasibility, acceptability, and early signs of impact

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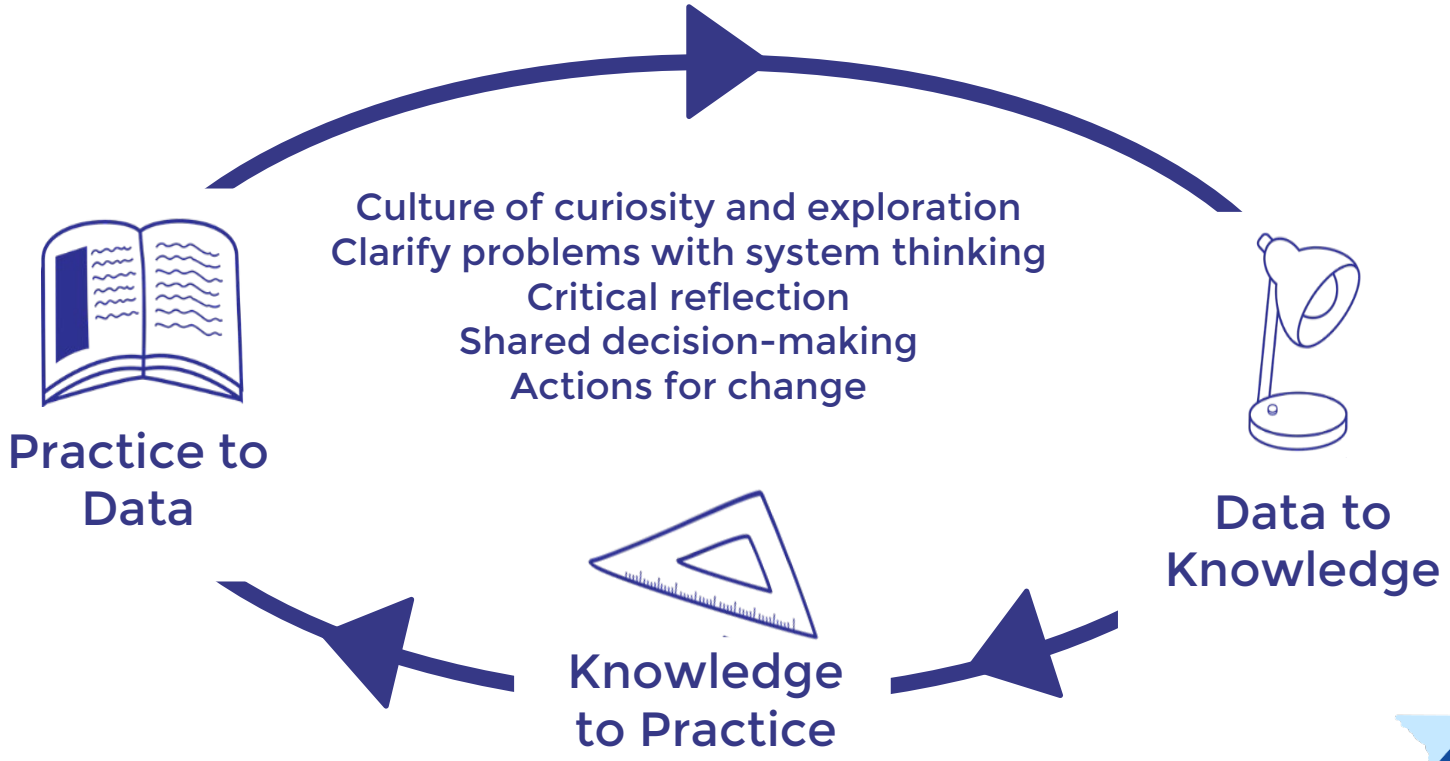
What Could LHS Look Like in Your Setting?

An Opportunity for Discussion



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Small Group Breakouts

- Introduce yourself and your role in your organization.
- What are ways that my program or organization continues to learn? What have been recent opportunities that have led the program/organization to improve?
- What does or could support a culture of learning within the organization?
- How can we support learning across LMHAs so that we are improving as a system, as well?

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Thank you to our EPINET-TX partners who make this possible! Thank you to all team members, participants, and national EPINET.

The University of Texas at Austin
Texas Institute for Excellence in Mental Health
Steve Hicks School of Social Work

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