

Statewide Early Psychosis Learning Health Care Network Innovation Project

BACKGROUND: The Prevention and Early Intervention (PEI) component of the Mental Health Services Act (MHSA), coupled with a legislative focus on early psychosis (AB 1315, SB 1004), has served as a catalyst for the delivery of early psychosis (EP) services across California. These programs target individuals early in the course of severe mental illness, with a goal of preventing mental disorders from becoming severe and disabling. Of the 58 California counties, 15 counties reported using MHSA funding to establish early psychosis (EP) programs, and an additional 8 counties reported using other funds (e.g. federal, donor) to support EP programs (23 programs total). However, these programs were started county by county, with little collaboration in training or implementation. As a result, many programs feel isolated and struggle to get the training and technical assistance needed to keep their EP program flourishing. Additionally, the impact of these programs on the individuals and communities they serve remains unknown.

The proposed Innovation program seeks to 1) develop an EP learning health care network to support ongoing learning and development across the state and 2) assess the effectiveness and cost-effectiveness of EP programs across the state and allow counties to adjust their programs based on lessons learned through interdisciplinary methods. This project, led by University of California, Davis in partnership with other universities and multiple California counties, will give clinicians the opportunity to share and discuss outcome measure results with clients immediately after they are completed; allow programs to learn from each other through a training and technical assistance collaborative; and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the United States.

PRIMARY PURPOSE: Increase the quality of mental health services, including measurable outcomes

INNOVATION: Introduce a mental health practice or approach that is new to the overall mental health system

INNOVATION PROJECT OVERVIEW:

Target Population

The target population or intended beneficiaries/users of this learning health care network are:

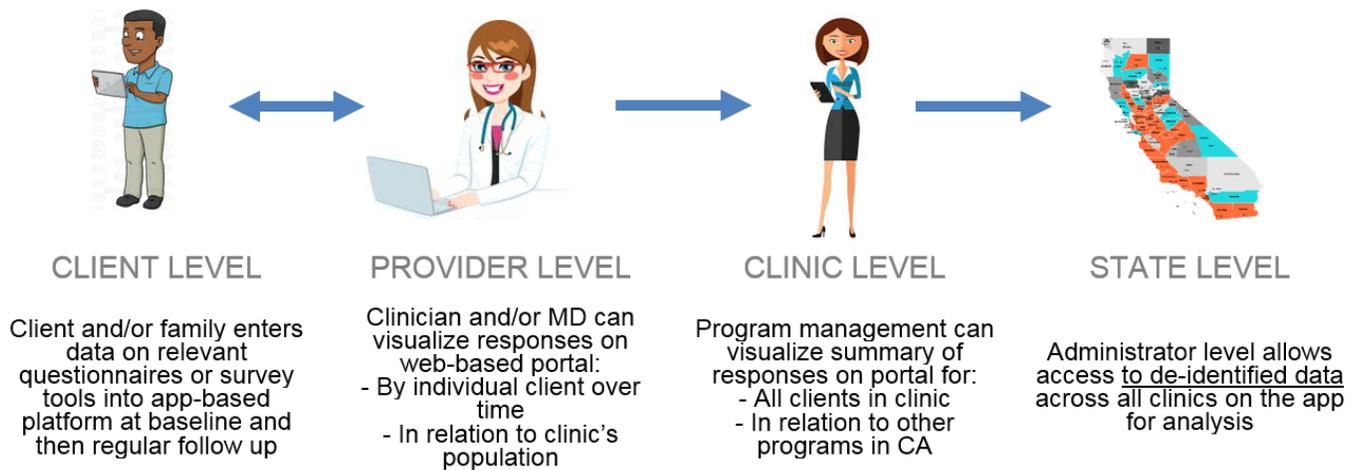
- Individuals at increased risk or in the early stages of a psychotic disorder
- Family Members or other support persons
- EP program providers
- County and EP program leadership
- State authorities and policy makers
- National networks (EPINET)

County Level Data

Compare program utilization, ED and hospital utilization and associated costs across EP and comparator programs serving EP clients using de-identified county-level data.

Program Level Data “Learning Health Care Network”

Collect detailed outcome (symptoms, functioning, satisfaction, etc.) from all clients receiving EP service care.



Qualitative Data

Conduct focus groups, stakeholder meetings & qualitative interviews with consumers, families & providers from EP programs to inform outcome selection, inform implementation, present findings, and assess satisfaction.

Overarching Learning Questions

Some questions that may be answered through the development of the learning health network and the associated evaluation may include:

1. Are there differences in utilization and costs between EP programs and standard care?
2. How do utilization and cost relate to client level outcomes within EP programs?
3. What are the EP program components associated with client-level outcomes in particular domains?
4. Within EP programs, what program components lead to more or less utilization (e.g. hospitalization)?
5. To what extent do California EP programs deliver high fidelity to evidence-based care, and is fidelity related to client-level outcomes?
6. What are the barriers and facilitators to implementing a learning health care network across EP services?
7. What are the client, family and provider experiences of submitting and utilizing data obtained through the learning health care network during routine clinical care?
8. Does a technology-based learning health care network increase use of client-level data in care planning?
9. Does use of client-level data increase insight into treatment needs, alliance with the treatment team, or improve satisfaction with care?
10. What will be a viable strategy to implement a statewide learning health care network for EP programs?

ESTIMATED PROJECT LENGTH: 3-5 years

ESTIMATED PROJECT BUDGET: Up to \$2.5 million