Collaborative Statewide Early Psychosis (EP) Learning Health Care Network Innovation Project

January 1, 2019 through December 31, 2023
Up to $256,154 annually
Maximum total of $1,127,215

Purpose
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 both clinical and cost effectiveness of EP programs across the state and allow counties to adjust their programs based on lessons learned through interdisciplinary methods.

How
This project, led by UC Davis, Behavioral Health Center of Excellence 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 US

Why
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, here is significant variation in the EP programs delivered across counties and many programs feel isolated and struggle to get the training and technical assistance needed to keep their EP program flourishing. While there is evidence EP programs are effective (Kane et al., 2015), it is not clear which components of the EP service model are key to improving particular outcomes. As a result, it is currently unclear to what degree this variation is impacting outcomes and overall program effectiveness. In addition, the impact of these programs on individual participants and communities remains unknown.

Where
The current provider, Pathways Community Services-Kickstart program will continue to serve clients County-wide and will be augmented to incorporate this additional collaborative learning component.

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

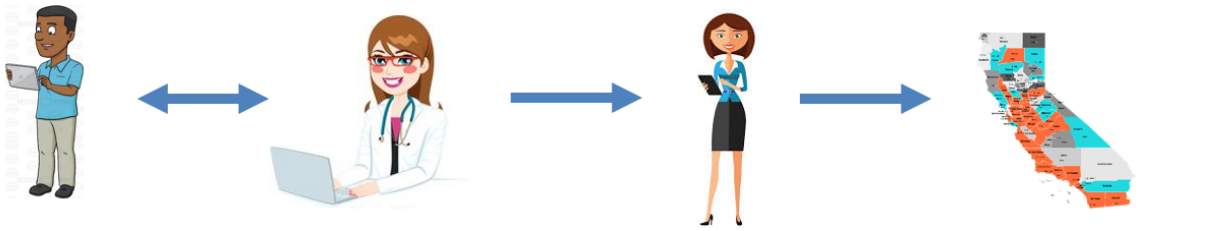
- Individuals at increased risk or in the early stages of a psychotic disorder
- Family Members or other support persons
- EP program providers
- County and EP program leadership
- State authorities and policy makers

Innovative Components
Introduce a mental health practice or approach that is new to the overall mental health system by examining data at the County and Program (Statewide) level by:

1) developing an EP learning health care network (LHCN) software application to support ongoing data-driven learning and program development across the state
2) utilize a collaborative statewide evaluation to
    a. Examine the impact of the LHCN on the EP care network
    b. Evaluate the effect of EP programs on the client and program-level outcomes

County and State Level Data Components

- 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 (Statewide) Level "Learning Health Care Network" – Collect detailed outcome (symptoms, functioning, satisfaction, etc.) from all clients receiving EP service care.



CLIENT LEVEL	PROVIDER LEVEL	CLINIC LEVEL	STATE LEVEL
Client and/or family enters data on relevant questionnaires or survey tools into app-based platform at baseline and then regular follow up	Clinician and/or MD can visualize responses on web-based portal: - By individual client over time - In relation to clinic's population	Program management can visualize summary of responses on portal for: - All clients in clinic - In relation to other programs in CA	Administrator level allows access to de-identified data across all clinics on the app for analysis

Learning/Study Questions
Some questions that may be answered through the development of the learning health care 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 LHCN across EP services?
7. What are the client, family and provider experiences of submitting and utilizing data obtained through the LHCN during routine clinical care?
8. Does a technology-based LHCN increase use of client-level data in care planning relative to historical control?
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 LHCN for EP programs?