Disseminating Early Intervention Services for Schizophrenia Spectrum Disorders in CT

Adult Mental Health Planning Council Sep 8, 2022

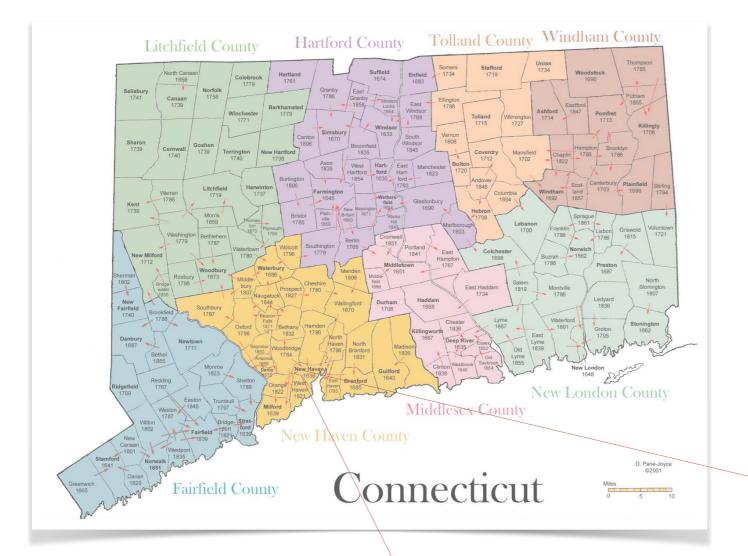
Vinod H. Srihari, M.D. Director, STEP Program www.step.yale.edu











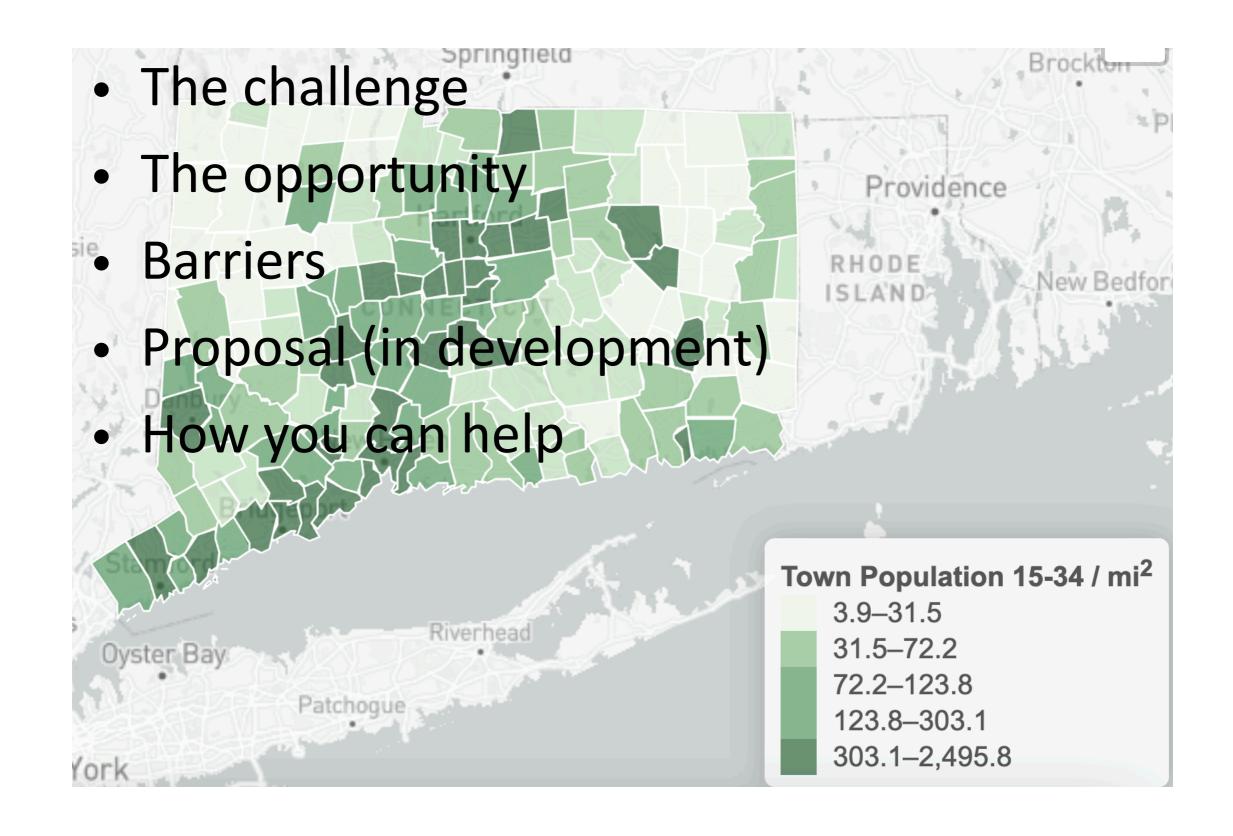
The Program for Specialized Treatment Early in Psychosis (STEP) est. 2006 www.step.yale.edu

•STEP @ CMHC

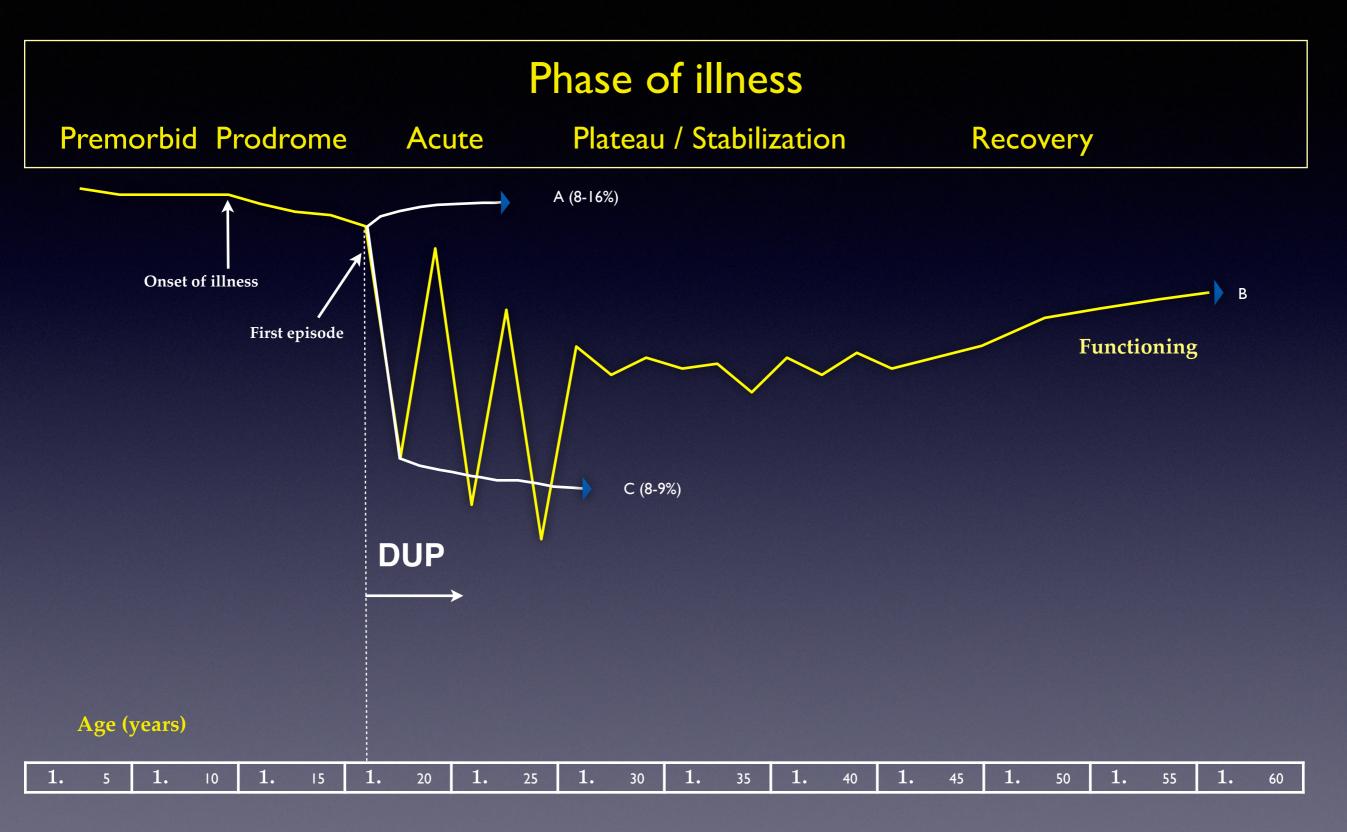
- (2007-2013) First US controlled trial of specialty team based care
- (2014-2019) First US trial of Early Detection
- 2014 present: Population Health based care pathway for catchment of ~ 400,000 residents



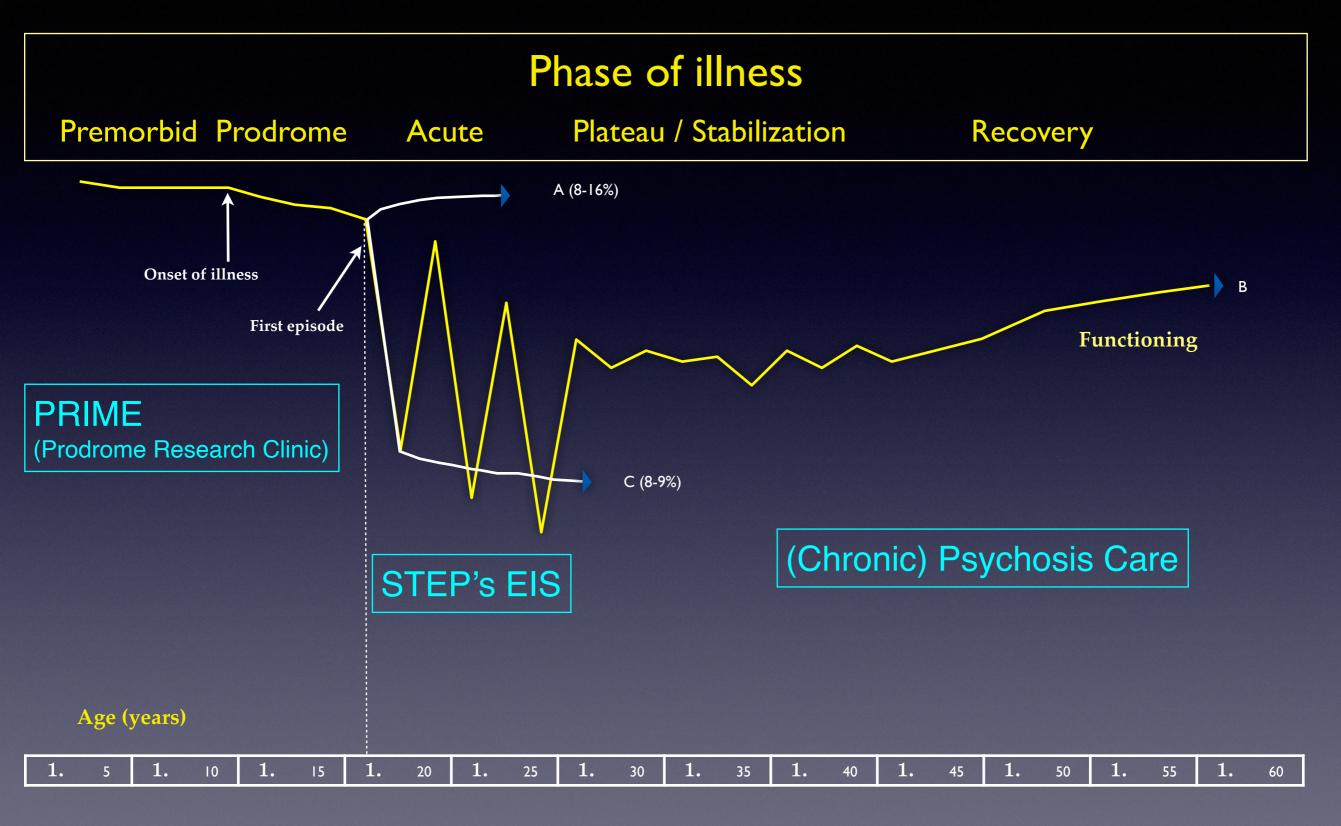
Implementing EIS across CT



Course of Schizophrenia(s) in Usual Care



Early Intervention (EI): current best practices in CT



The Evidence for EIS

A. **ED:** Intervening <u>earlier</u> (even without enriching care) appears to have durable effects on outcome (Hegelstad et al, 2012)

B. **FES:** Intervening <u>intensively</u> after the onset of psychosis improves outcomes over usual care (OPUS, Lambeth, STEP and RAISE studies) at 2+ years (Correll et al., 2018)

Early Intervention Service Care Pathway

www.step.yale.edu

Early Detection (Module A)

Community education

3 months

3 months

2-3 years

- · Academic detailing of referral sources
- Rapid eligibility determination and assertive enrollment into care

Deliverable

Equitable, non-coercive and rapid (low DUP) access to care across target region.

Evaluation & Initiation of Treatment (Module B)

- Comprehensive case formulation including working diagnosis and treatment plan
- Initiation of initial phase of treatment, including family education
- · Risk mitigation for suicide, violence, and criminal justice liaison

Deliverable

Case formulation and preliminary treatment

Continuing Treatment in Coordinated Specialty Care (Module C)

- Ongoing longitudinal diagnostic evaluation
- Individual psychotherapy
- · Pharmacological treatment
- · Family education: individual and group based
- Rehabilitation: support for education, employment, vocational counseling
- · Primary care coordination
- · Case Management: e.g. housing, transportation, entitlements

Deliverable

Value: i.e. Population health outcomes benchmarked to international standards/low cost of care

Care Transition (Module D)

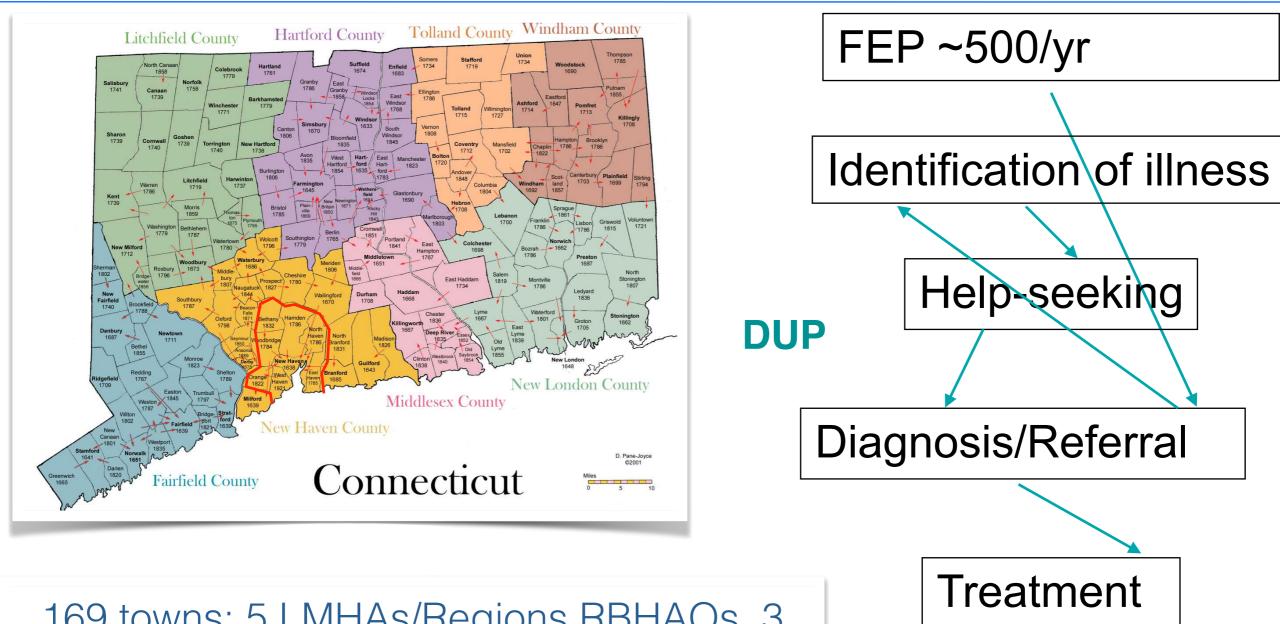
 Individualized selection and referral to local outpatient provider (e.g. primary care, behavioral health, LMHA)

- Ongoing liaison and maintenance of good bidirectional referral and consultative network
 - Regular audit of post-transfer engagement rates with continuous performance improvement

Deliverable

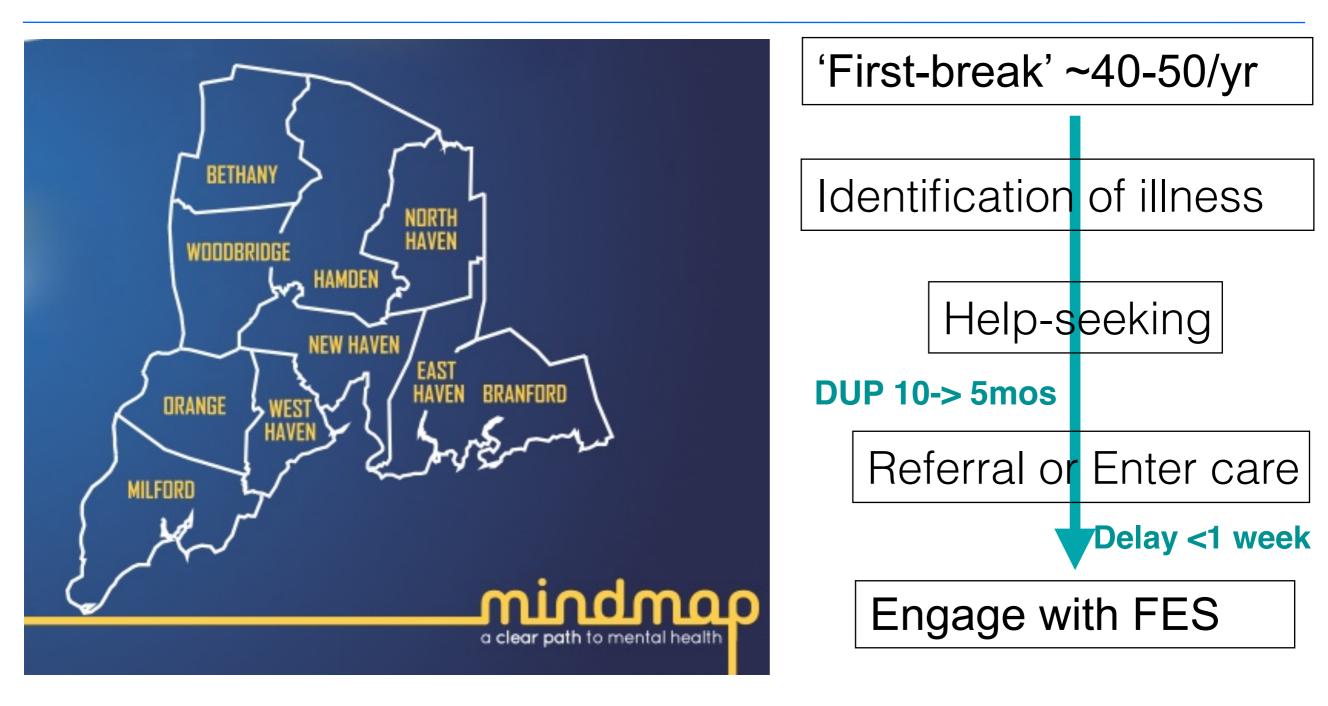
High engagement rates in mainstream services; Tele-consultation to build clinical capacity and regular audit of population health outcomes to drive performance improvement across local network of care.

"What happens to individuals with psychosis in CT?" Disorganized *Networks* deliver suboptimal *Pathways*



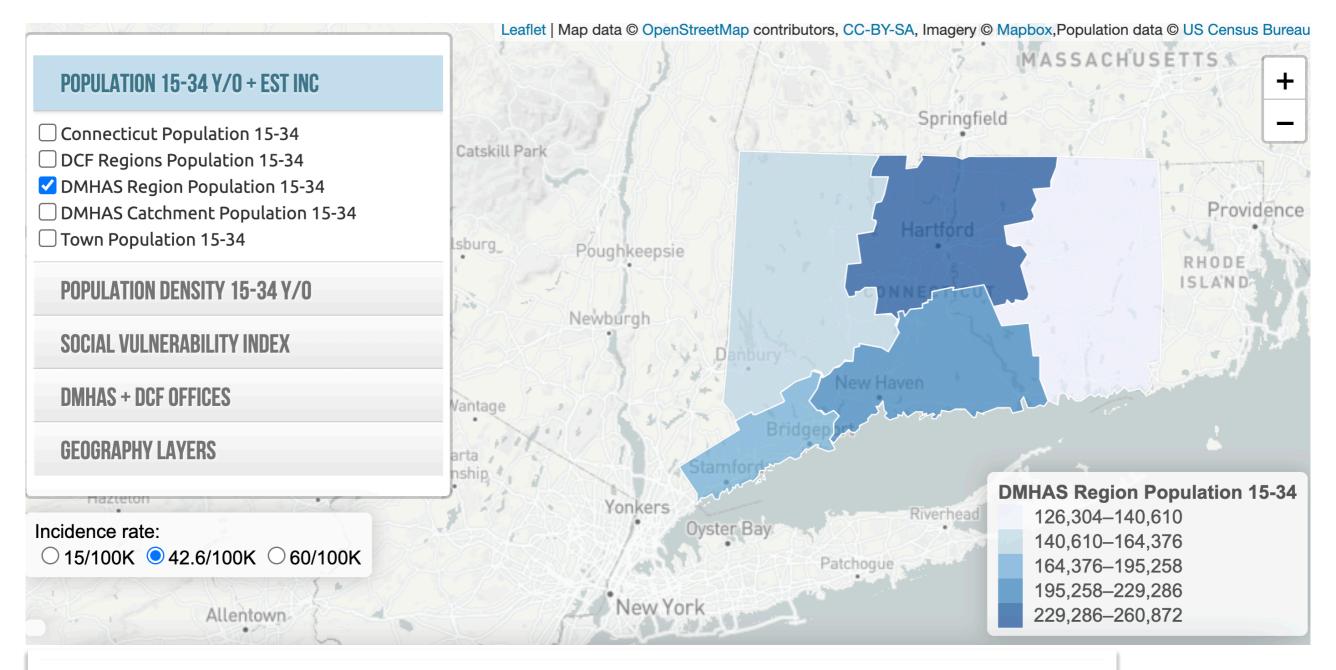
169 towns; 5 LMHAs/Regions,RBHAOs, 3 private regional healthcare networks, multiple private providers...

STEP: Modeling a Population Health approach to Early Intervention for Psychosis



STEP FES as *integrator* of a *system of care* for psychotic disorders i.e. engaging local network to transform pathways.

Srihari et al., BMC Psychiatry 2014



A Center to disseminate EIS across all 5 Regions

- Needs assessment (LMHAs)
- Building a Learning Health Network
 - Technical assistance
 - Policy initiatives
 - Research to Practice

Implementing EIS across CT

How you can help, Q&A

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