



## AB 1315 (Mullin) Early Psychosis Intervention Plus (EPI Plus) Program Summaries

On October 2, 2017, Governor Brown signed Assembly Bill 1315 (AB 1315), establishing the Early Psychosis Intervention Plus (EPI Plus) Program, creating the Early Psychosis and Mood Disorder Detection and Intervention Fund (Fund) within the State Treasury and directing the Mental Health Services Oversight and Accountability Commission to implement the program.

The EPI Plus Program establishes a framework and strategy to support collaborative efforts to shift emphasis in California's mental health system to early detection and intervention. Through programs that harness a coordinated specialty treatment approach, evidence-based therapies, family support, medication management, and recovery-oriented practices to address psychotic symptoms and promote resilience, the EPI Plus Program is intended to improve the lives of Californians with mental health needs before those needs escalate and become severe or disabling.

Funding for the EPI Plus Program derives from donations, federal, state and private grants and other sources of revenue. Monies for the program will be utilized to support community-level early psychosis and mood disorder detection and intervention programs for adolescents and young adults. Additionally, AB 1315 establishes an advisory committee to provide guidance in administering a competitive selection process to provide funding for these programs.

In August of 2020, the Commission awarded five (5) grants of \$2 million each to county behavioral health departments as part of a competitive bid process. In that procurement Lake, Kern, San Francisco, Santa Barbara, and Sonoma were awarded funds to expand their existing early psychosis intervention programs and bring them to full fidelity to the Coordinated Specialty Care model. Program summaries are included in this document.

In November of 2020, the Commission approved an RFA outline which supported a new or existing early psychosis program and a Hub and Spoke model program. At the April 2020 Commission meeting the two highest scoring applicants; Santa Clara (new or existing), and Nevada (Hub and Spoke) are recommended for award. The remaining \$1.5 million was set aside to support public awareness efforts, workforce development and retention targeting ethnically and linguistically diverse personnel, and research to identify barriers to treatment improve access to care for diverse populations, and to explore new reimbursement strategies. Program summaries for the recommended awardees are also included in this document.

# Spotlight on EPI Plus – Nevada (Hub and Spoke)

## County Name:

Nevada County

## Budget Allocation:

\$1,991,515 Million Dollars

## County Program Information & Summary:

This Multi-County Collaborative will be implementing the first phase of an innovative project that can ensure access to evidence-based early psychosis care in a format that is effective, and uniquely culturally congruent. UC Davis SacEDAPT will serve as the project's Hub for services. The participating counties (Nevada, Alpine, and Mono) will serve as the project's Spokes. CalMHSa will serve as the Administrative Coordinator. The project will be called REACH, which stands for Rural EPI Access through Cultural Humility. While this project includes three counties, the goal is to expand the Collaborative to include additional small/rural counties over time.

The population size for each county is presented as such, Nevada count has 98,000 persons, Mono has 15,000 persons, and Alpine has just over 1,000. All three counties are designated as underserved areas by the Federal Health Resources Administration. Workforce shortages are often addressed through multicounty collaborations such as the one proposed by Nevada County. The grant would be phase one of a larger project envisioned to address the unmet EPI needs of rural counties with an innovative telemedicine-based approach within to rural/frontier and remote areas of the state.

The Collaborative Members will establish a long-term solution in a first of its kind, innovative multicounty collaborative to deliver Early Psychosis care in rural communities through a contractual relationship with the world-renowned University of California, Davis (UC Davis) Early Diagnosis and Preventative Treatment (EDAPT) Clinic based in Sacramento. UC Davis EDAPT will serve as the project's Hub of services. The participating Counties (Nevada, Alpine, and Mono) will serve as the project's Spokes. CalMHSa will serve as the Administrative Coordinator.

Nevada County identified 15 diverse local community groups they plan to work with to implement the program in which they plan to prioritize the following populations: TAY, Native American Communities, Latinx, LGBTQI, homeless, or at-risk of homeless, rural and frontier communities.

## Spotlight on EPI Plus – Santa Clara (New)

### County Name:

Santa Clara County

### Grant Amount:

\$1,736,270 Million Dollars

### County Program Information & Summary:

Santa Clara County (County) Behavioral Health Services Department's (BHSD) outreach, screening, assessment, and early intervention program targets youth and young adults ages 10-25 throughout the entire County of Santa Clara. Through the Raising Early Awareness and Creating Hope (REACH) program, community-based organizations and BHSD work together to raise awareness of early warning signs of psychosis, and quickly triage at-risk youth and young adults to a continuum of coordinated, stepped-care services. The program recognizes the importance of engaging individuals as early as possible in the appropriate level of care to help prevent, delay, or lessen the severity of psychotic illness and improve lifelong health and recovery outcomes. Youth and young adults, ages 10-25, who are Medi-Cal beneficiaries or uninsured, in the County, are eligible for screening and assessment for risk of psychosis. AB 1315 funds will allow Santa Clara County to expand services to commercially insured youth and young adults. The program will serve 104 unduplicated youth and young adults over the four year grant period. Individuals assessed as clinical high risk for psychosis (CHR-P) are eligible for the County's Coordinated Specialty Care (CSC) program, while those with private insurance are referred to stepped care within their provider network—including first episode of psychosis (FEP) programs and Stanford's INSPIRE Clinic. BHSD has contracted with two community-based organizations, Starlight Community Services (Starlight) and Momentum Mental Health (Momentum), to provide REACH program services.

Under current services, the County is limited to providing Prevention and Early Intervention (PEI) services to youth and young adults ages 10-25 who are state Medi-Cal eligible or uninsured. The Inspire Clinic through Stanford provides treatment for young adults who are CHR or have had a first episode of psychosis. BHSD First Episode Psychosis program has a minimum age limit of 16.

# Spotlight on EPI Plus - Kern

## County Name:

Kern County

## Grant Amount:

\$1,999,924 Million Dollars

## County Program Information & Summary:

KernBHRS' EP program is fragmented. Through the use of this grant, KernBHRS would like to piece together existing EP programming into a Hub and Spoke model that will streamline EP through a central access point and provide a warm handoff into the appropriate system of care within KernBHRS. The goal is to move towards a more organized system that has a strong emphasis on Coordinate Specialty Care (CSC) for EP. This approach will also create a means to track individuals receiving care more easily for EP.

Furthermore, this grant will allow KernBHRS to expand efforts in multiple areas. One area of focus is incorporating other minority subgroups. Currently, KernBHRS has only penetrated the Spanish Speaking and LatinX community for services. KernBHRS would like to also be able to focus on increased outreach to Asian & Pacific Islanders, African Americans & Blacks, LGBTQ, School aged Youth, etc. Another area for enhancement would be regarding the educational formats and opportunities, as mentioned with MHFA and NAMI for family/ caregiver psychoeducation.

Additionally, a large emphasis in expansion efforts will aim to add an EP bilingual outreach and education worker with lived experience and an EP system navigator to the KernBHRS Outreach and Education team. These two positions will be filled by individuals that have experience with KernBHRS and understand the complexities of programming within the department. Some of the responsibilities would include assist, with the support and oversight from the Medical Director, in knitting together the current EP programming. These tasks will help to create a more collaborative and streamlined EP program with extensive outreach, education, fast tracking into care for psychosis, and a follow-along care-through approach of a collaborative team.

Lastly, KernBHRS would like to expand efforts that include programming comparable to NAVIGATE. Additionally, KernBHRS would like to increase resources for individuals with EP or their first episode of psychosis (FEP) along with their family members to improve psychological and functional well-being.

# Spotlight on EPI Plus - Lake

## County Name:

Lake County

## Budget Allocation:

\$4,712,690 Million Dollars

## County Program Information & Summary:

Presently, the program does not offer high-fidelity Supported Employment. Through Case Management, the program can provide some supports around vocational functioning. The program seeks to enhance the co-occurring integrated SUD Services; this represents an area of growth. A structured weight-management program is not available to help support participants with managing metabolic issues related to treatment. Also, the program capacity is limited due to low staffing. Lake is a small, rural County but has a high demand for services due to the overall population experiencing significant risk factors, such as poverty, trauma and toxic stress. The program also does not provide a structured curriculum for family education and support.

With this grant, the program would be able to significantly expand services and obtain training to make current services more robust. The program aims to obtain formal training on the use of the SIPS and also CBT and ME for treatment-resistant symptoms of psychosis. The program would also be able to implement a Supported Employment program which would require training and staffing. Additionally, this would allow for an increase in the psychoeducational groups offered to both participants and families. The program hopes to include integrated co-occurring treatment with the addition of a substance use treatment counselor or a mental health professional credentialed to provide substance use disorder counseling.

Lastly, this grant would expansion in providing trainings to the community on the identification of at-risk youth and youth already experiencing potential prodromal symptoms. Just this year, the program established a distinct team. The team expanded from a single clinician specializing in early psychosis to a team leader/waivered mental health clinician, a mental health rehab specialist, and a mental health case manager. The program is also working on integrating more with prevention staff through our MHSA programming to increase outreach and engagement to community partners who serve this population and who are in a position to potentially identify youth at-risk of or currently experiencing early onset of psychosis. The program is beginning to implement the Structured Interview for Prodromal Symptoms (SIPS) and will use this as an assessment tool to determine eligibility for these services.

# Spotlight on EPI Plus – Nevada

## County Name:

Nevada County

## Budget Allocation:

\$1,991,515 Million Dollars

## County Program Information & Summary:

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# Spotlight on EPI Plus – San Francisco

## County Name:

San Francisco County

## Budget Allocation:

\$6,341,655 Million Dollars

## County Program Information & Summary:

The San Francisco Early Psychosis Plus program will utilize the funding to enhance, expand, and fill gaps in the quality and capacity of its existing early psychosis system. The program has several significant gaps and unmet needs. Among the most significant of our region's current gaps are the following:

- There are many more young people experiencing or at risk for early psychosis who could benefit from our program's services.
- Because of the high level of ethnic and linguistic diversity in our region, the addition of new bilingual / bicultural staff would provide effective services to more youth and families whose primary language at home is not English.
- Our program could benefit from the expanded incorporation of substance use assessment and treatment at all levels of project services.
- While youth and family peers are already extensively involved in the development and implementation of early psychosis services at Felton, this involvement could be significantly increased, in turn supporting even greater engagement, participation, and retention in project services by both young people and their families.
- Expanded and enhanced community education and outreach would help more families and youth-serving agencies and adults identify young people exhibiting symptoms of early psychosis, while informing them of the resources available through Felton Institute and the SF TAY System of Care.
- The use of emerging telehealth and telepsychology approaches - including systems available through smart phone-based apps - has the potential to greatly expand both the participation and the long-term retention of young people and families in early psychosis intervention programs.

The overarching goal of the proposed Early Psychosis Intervention Plus program is to reduce the Duration of Untreated Psychosis (DUP) in youth, TAY, and young adults living in San Francisco, California. Among other outcomes, the proposed reduction will lead to a significant decrease in the severity of early psychosis symptoms, an overall reduction in client suffering, and an increase in the chance for clients to achieve full recovery and remission of symptoms, and to experience a meaningful and happy life.

# Spotlight on EPI Plus – Santa Barbara

## County Name:

Santa Barbara County

## Budget Allocation:

\$3,839,909 Million Dollars

## County Program Information & Summary:

Currently the program serves clients aged 18 to 21 who are often moved from Children's System of Care to Adult levels, which may not meet all of the clients' needs. The goal of the program is to serve FEP clients ages 16 to 25 within a TAY-specific program that can offer support beyond two years.

While many staff members are trained on CBT, a goal is to have all staff who may encounter FEP clients be trained on CBT and other evidence-based tools, including screening tools to appropriately identify clients for the program to ensure appropriate coverage as the program grows. Areas that need specific attention include access to clozapine and other anti-psychotic medications with proper medication management supports, implementation of a peer provider program, explicit admission requirements, standardized screening procedures and creating opportunities for client support systems to receive education about psychosis and actively engage in the treatment process with their person. In addition, it is important for staff to gain specific training on providing family education and facilitating support groups for FEP clients and their families/support system members.

Additionally, grant funding will allow the program to expand services by hiring additional staff and securing training resources needed to support the activities outlined in the component descriptions below. The program will identify and train most of the CSC staff, establish the Multi-Disciplinary Team, improve the timeliness of contact with referred clients and outreach when they have missed an appointment. The program will also review pharmacotherapy process, increase education and initial outreach efforts, ensure there is sustainable and appropriate client to staff ratios, begin to enhance provisions for clients to access a full range of services including increasing family engagement/groups and building social and community living skills.

The current FEP program lacks formalized structure (due to a lack of appropriate staffing levels and coordination) and services are generally provided in an ad hoc manner. Current and new clients will benefit greatly from the implementation of a formalized CSC program, creating a foundation for providing services in a coordinated, integrated method.



# Spotlight on EPI Plus - Sonoma

## County Name:

Sonoma County

## Budget Allocation:

\$4,203,263 Million Dollars

## County Program Information & Summary:

Prior to establishing the ASPIRe program, Sonoma County MHS Capacity Assessment, 2016-2019 reported a gap in community knowledge in how to access the mental health system of care, potentially creating delays for those in need. Some family members reported feeling "lost" at the initial stage of their loved one's mental illness. They were often leading the process and were unsure if they should seek services and did not know who to ask for support with such a major decision. Sometimes this resulted in waiting to seek help until their loved one experienced a crisis, which they felt could be prevented by having more education about mental illness and information on the resources available. For those that knew they wanted to access services, many reported not knowing where to go to learn about Sonoma County's behavioral health system generally, or specific services and providers. Some stakeholders reported taking a long time to figure out what steps to take to help their loved one and noted the adverse emotional impact of not being able to provide immediate support.

The service delays described above may have led to an increased use of crisis services in the county. There exists a high level of need among consumers in Sonoma compared to other California counties. Many residents used crisis services through the Crisis Stabilization Unit (CSU), inpatient hospitals, and emergency departments.

The ASPIRe program's operations plan is modeled after the highly successful Supportive Outreach and Access to Resources (SOAR) program in Solano County. This EPI Plus funding will primarily be used to expand FTE's, secure necessary and additional technical assistance through training and fidelity consulting, modify the staffing structure to ensure adequate and ongoing coverage for staff absences or turnover, modify the service model to include substance use/abuse disorder treatment (previously an elimination criteria for admittance to the program), and create systems so that the clinic can provide IM medications.