

EPI Plus Committee Meeting: Allocation Options

Meeting Purpose:

In August of 2020, the Commission awarded grants to Kern, Lake, San Francisco, Santa Barbara, and Sonoma county to expand early psychosis intervention programs using the Coordinated Specialty Care (CSC) model. While it was anticipated that the Commission would provide eight awards, only five applications were received. As a result, the Commission asked that the EPI Plus Advisory Committee reconvene to consider options for allocating the remaining funds and to provide the Commission with a recommendation at a future Commission meeting. The Committee met on October 5th, 2020 and had preliminary discussions regarding the priorities for the \$5,565,000 of remaining funds. The Committee asked Commission staff to schedule an additional meeting to support further discussion and to outline options for their consideration.

Background:

AB 1315 expands the provision of high-quality, evidence-based early psychosis and mood disorder detection and intervention services and requires a competitive selection process to distribute funds to counties or counties acting jointly. Funds may be provided to other entities for research, evaluation, technical assistance, and related purposes.

At its October 2020 meeting, the EPI Plus Advisory Committee heard public comment about the mental health disparities that exist in diverse racial and ethnic communities. One of the core objectives of AB 1315 is to improve the client experience in accessing services and in working toward recovery and wellness. The voice of diverse communities should inform all approaches to improving access and expanding early psychosis services.

Past discussions of the EPI Plus Advisory Committee have highlighted funding priorities which would support the expansion of early psychosis programs across the state. This effort is consistent with the Commission's mission to ensure that everyone who needs care receives services in a manner that is culturally appropriate. These priorities include the expansion of new or existing programs, increasing workforce training and education, and clinical research to inform efforts by both public and private insurers to build out early psychosis programs.

In response to direction from the Committee and to support discussion, Commission staff have identified three areas of potential investment:

Priority 1 – Expand Access to Care.

During its October 2020 meeting, the Committee discussed three options for expanding access to care. The Committee may wish to consider allocating some or all of the available funding to improve access to care through one or more of those strategies:

- A. Provide funding that can be used to support existing early psychosis programs and/or that can be used to develop new programs in counties that do not already offer those services.
- B. Provide funding to allow counties with no or limited early psychosis services to purchase services from a neighboring county with an existing early psychosis program.
- C. Provide funding to support one or more multi-county hub and spoke models which could provide a range of Coordinated Specialty Care (CSC) services to a range of counties through telehealth and related strategies.

Staff recommendation: \$4,000,000

Priority 2 - Workforce Training/Public Education and Awareness

During its October 2020 discussion, the Committee highlighted the need to support the workforce of peers and other professionals to work in early psychosis programs.

Commission staff also received feedback that the value of early psychosis programs often are poorly understood, which can hinder timely referrals, the integration of these programs into the larger health care and mental health system and reduce stigma associated with psychosis.

The Committee may wish to consider allocating some of the available funding to support workforce training and public education and awareness through one or more of these strategies

- A. Release a funding proposal to provide training and education to a wide range of professionals who interact with transition age youth and young adults in primary care, education, and employment settings to increase knowledge about when and how to refer for early intervention services. Stigma reduction could be incorporated in outreach efforts.**
- B. Release a funding proposal to disseminate information to a broad, statewide audience on the signs and symptoms of early psychosis and available treatments and to reduce stigma.**

Staff recommendation: \$1,000,000

Priority 3 – Research and/or clinical research

The authorizing legislation for these funds allows the Commission to support research, including clinical research. The legislation limits clinical research to no more than 10 percent of the available funding.

Research could include:

- Assessing the need for early psychosis services
- Identifying the gap between the need for early psychosis services and available care
- Exploring opportunities to expand funding to support these services, including commercial insurance coverage
- Determining the cost-effectiveness of early psychosis services
- Developing strategies to incorporate telehealth and digital mental health support into early psychosis services
- Other research priorities

Staff recommendation: \$565,000

Priority 4 – Other opportunities

The Committee can consider other opportunities for investment.