



Science Improves Care for Early Serious Mental Illness: Advances and Opportunities

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2019 NAMI National Convention
Seattle, Washington; 22 June 2019



National Institute
of Mental Health

Disclosures

- I have no personal financial relationships with commercial interests relevant to this presentation
- The views expressed are my own, and do not necessarily represent those of the NIH, NIMH, or the Federal Government



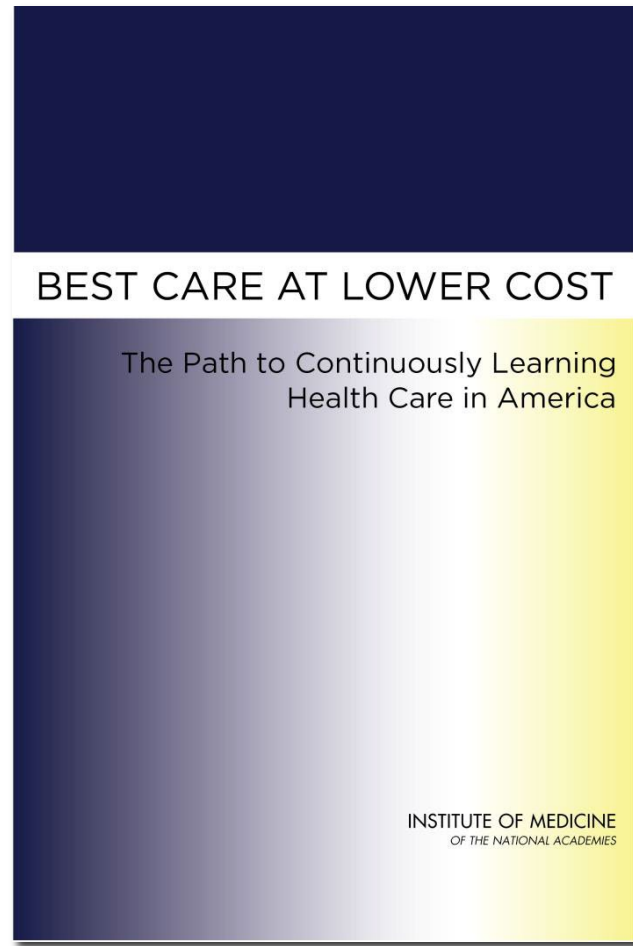
Systems Change



- NAMI accelerates innovation in health care, education and justice systems
- Successful systems provide improved access and better health outcomes



Learning Health Care



- Provide best care
- Measure results
- Improve services
- Examine variation
- Launch new research



Schizophrenia

- Altered perceptions, thinking, behavior
- Typical onset between ages 16-30
- ~1-2 million Americans are affected
- Unemployment, homelessness, and incarceration are common
- People with schizophrenia die nearly 30 years earlier than other people



Limitations of Typical Care



Treatment is often delayed 1-3 years



Initial medications do not always conform to treatment guidelines



Health risks are rarely addressed



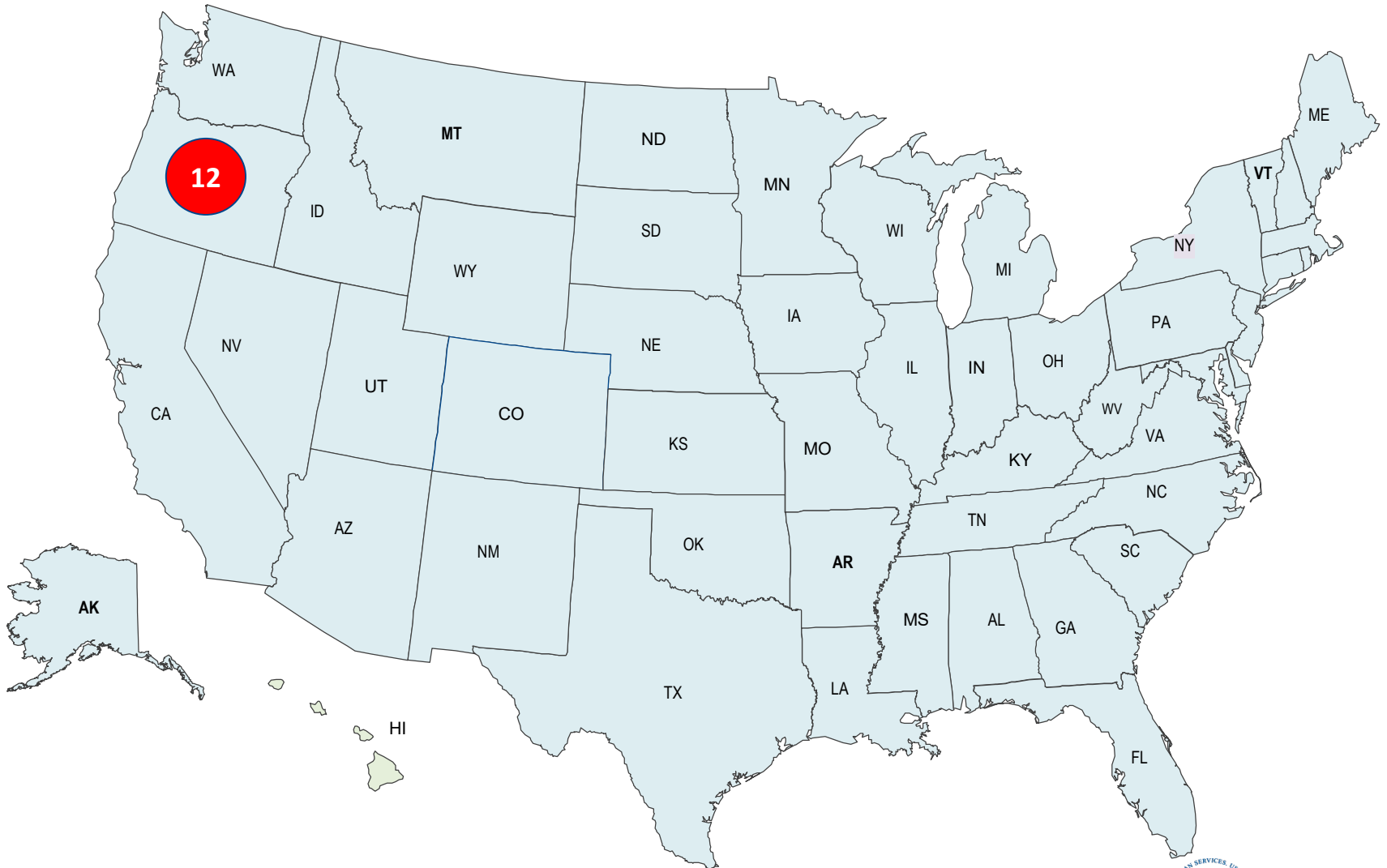
Many persons with psychosis die within one year of initial diagnosis

Early Intervention Matters

- Rapid remission of positive symptoms
- Fewer relapses
- Less hospitalization
- Better functioning
- Increased quality of life



Early Intervention Programs, 2008

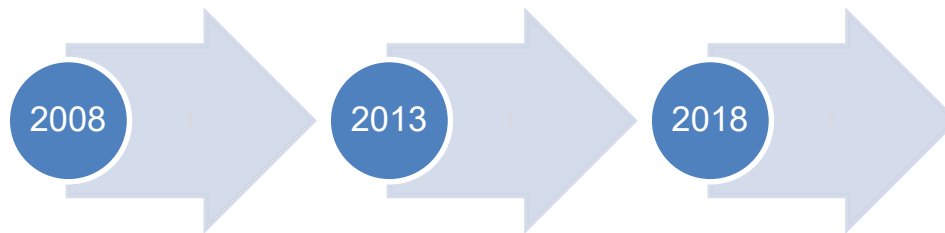


Mental Health Block Grant Plans: <https://bgas.samhsa.gov/>



RA1SE

Recovery After an Initial
Schizophrenia Episode
A Research Project of the NIMH



RAISE Research Questions

- Is early intervention feasible?
- Is early intervention effective?
- Are evidence-based services scalable?



RAISE Studies

■ RAISE Early Treatment Program

- John Kane
- Nina Schooler
- Delbert Robinson

*The Feinstein Institute
for Medical Research*
North Shore-Long Island Jewish Health System



■ RAISE Connection Program

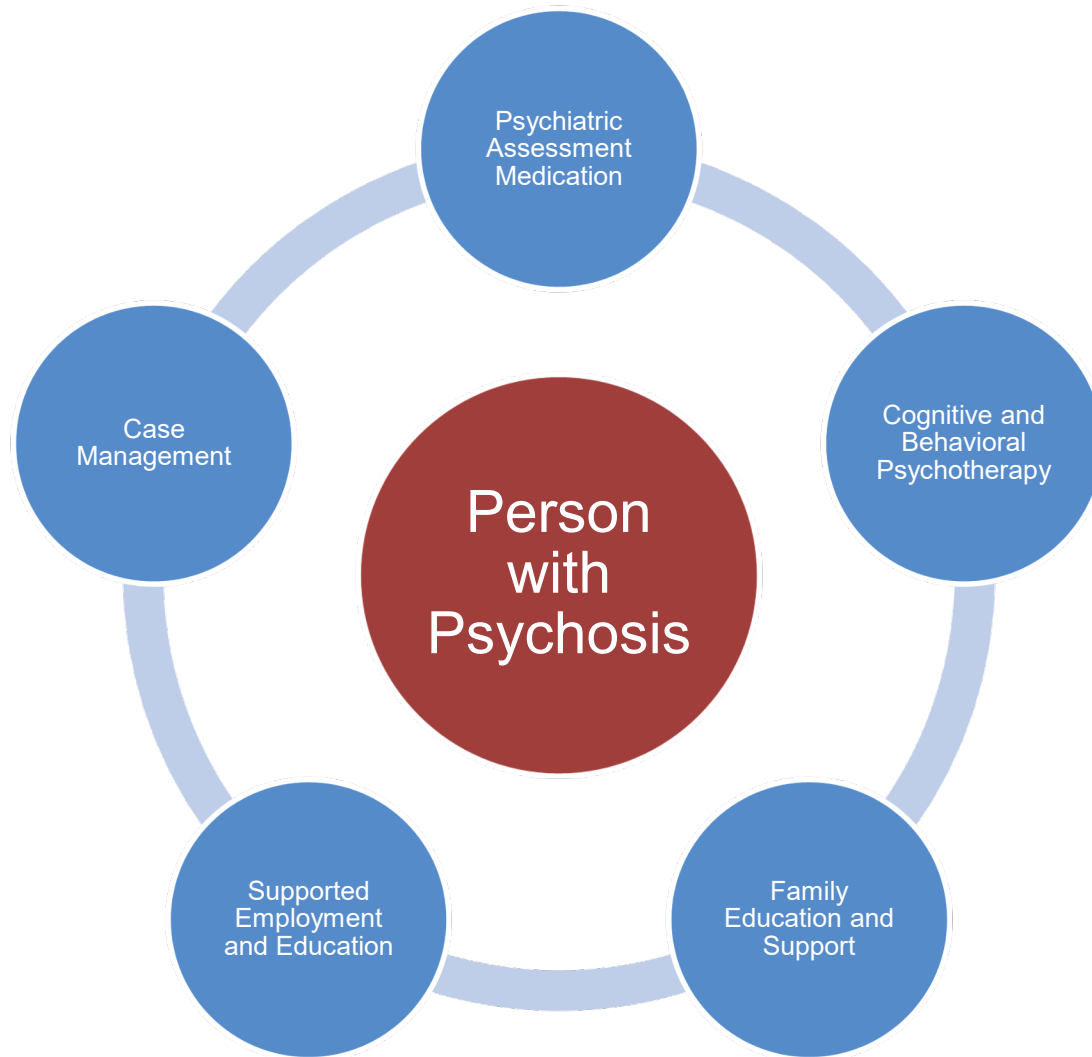
- Lisa Dixon
- Jeffrey Lieberman
- Susan Essock
- Howard Goldman



Principles of Early Intervention

- Assertive outreach and engagement
- Youth-oriented, team-based treatment
- Multi-modal evidenced-based interventions
- Personalized, collaborative care plans

Coordinated Specialty Care



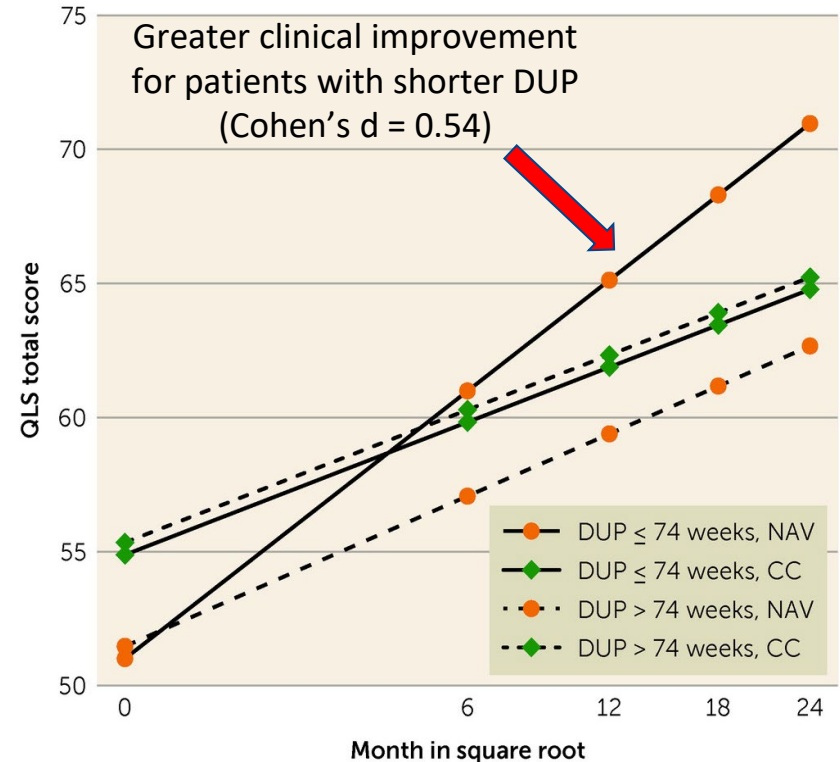
RAISE Early Treatment Program

After 2 years, Coordinated Specialty Care was superior to usual community care on:

- Engagement in treatment
- Symptomatic improvement
- Involvement in work and school
- Quality of life
- Cost-effectiveness

Timing is Important

Clinical improvement is greatest when CSC is delivered closer to the onset of psychosis.



Additional RAISE Findings



Optimized medication administration contributes to better FEP outcomes and fewer side effects

Robinson et al., 2018, *American Journal of Psychiatry*



FEP specialty care improves symptoms and functioning for persons from racial and ethnic minority groups

Oluwoye et al., 2018, *Psychiatric Services*



In the RAISE clinical trial, Coordinated Specialty Care did not reduce alcohol or substance misuse

Cather et al., 2018, *Psychiatry Research*



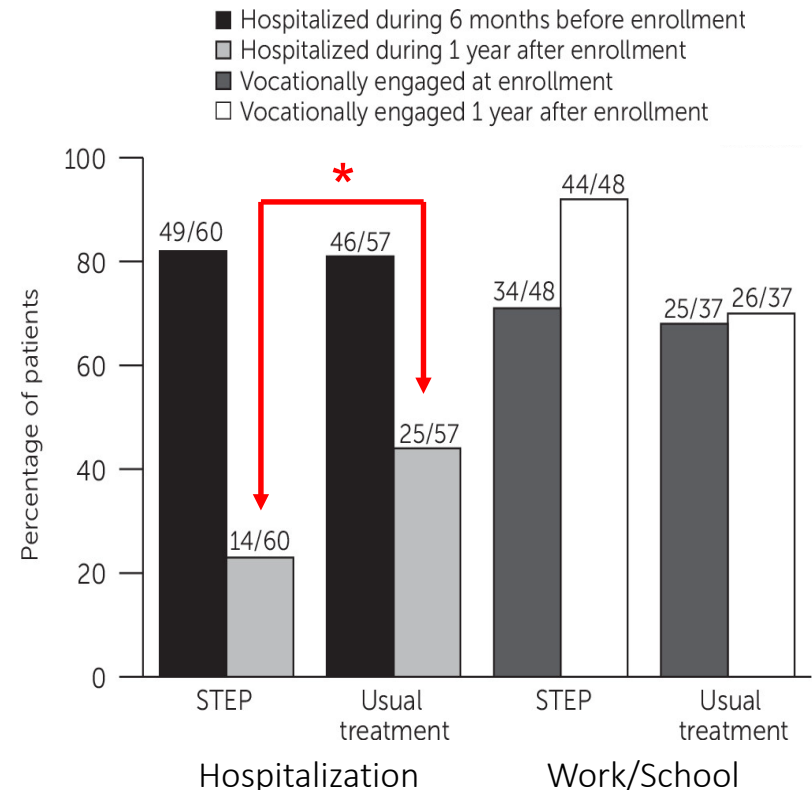
Good science requires
independent replication.

Specialized Treatment Early in Psychosis Program

After 1 year, Specialized Treatment Early in Psychosis was superior to usual care on:

- Symptomatic improvement
- **Likelihood of hospitalization**
- **Number, length of inpatient episodes**
- Vocational and academic engagement
- Cost-effectiveness

The STEP public-sector model supports the feasibility and effectiveness of CSC.



Srihari et al., *Psychiatric Services*, 2015

Murphy et al., *Journal of Mental Health Policy Economics*, 2018

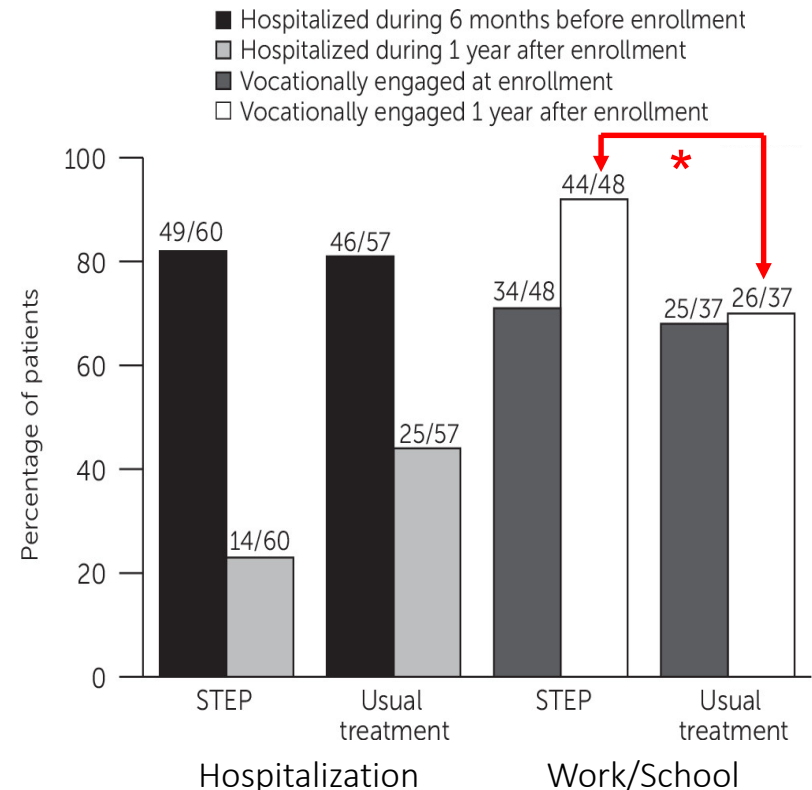


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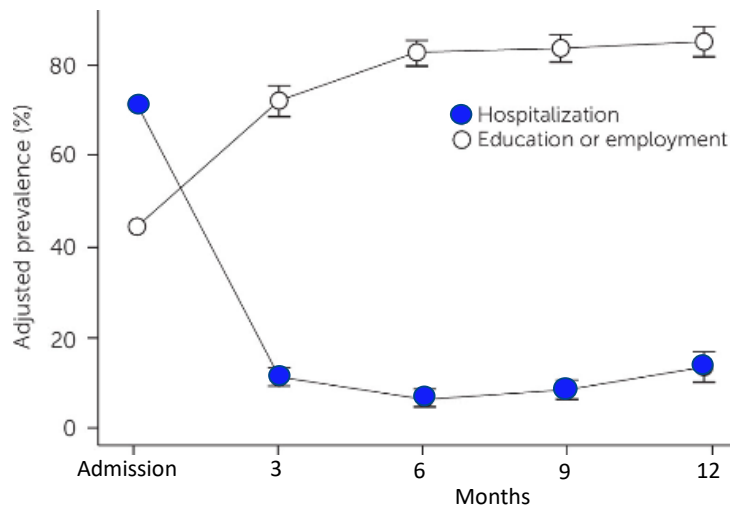
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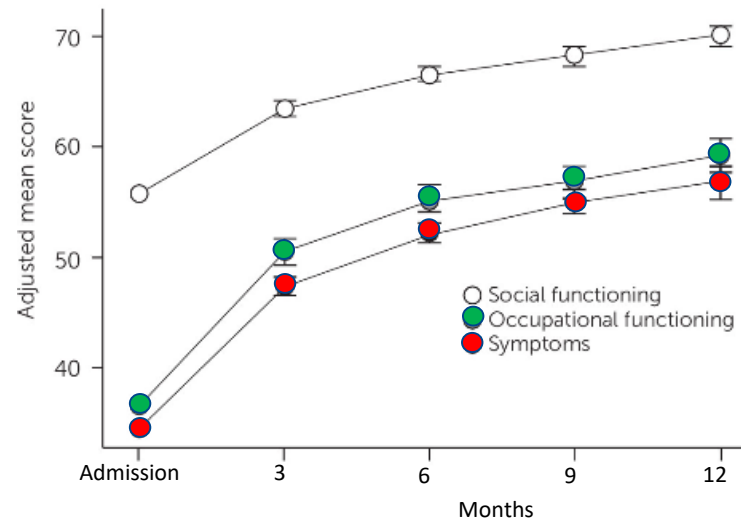
OnTrackNY Program

- A statewide CSC program for recent onset psychosis
- 325 individuals ages 16–30 were followed for 1 year
- Assertive outreach, evidence-based interventions, and continuous feedback to CSC teams

School/Work and Hospitalization Rates



Global Functioning Measures



RAISE Research Questions

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Federal Funding 2014-2017

New Funding for First Episode Psychosis Treatment Programs

- H.R. 3547 – \$25M in 2014
- H.R. 88 – \$25M in 2015
- H.R. 2029 – \$50M in 2016
- H.R. 34 – 21st Century Cures Act, 2017-2027




Medicaid Policy Guidance



<http://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html>

Federal Policy Guidance

Date	Type	Title	Topic(s)
10/16/2015	CIB	Coverage of Early Intervention Services for First Episode Psychosis 	Benefits, Program Administration, Quality of Care

“RAISE-ETP, RAISE-IES, and STEP demonstrate convincingly (1) the feasibility of first episode psychosis specialty care programs in U.S. community mental health settings; (2) that young people with psychosis and their family members accept these services; and (3) that CSC results in better clinical and functional outcomes than typical treatment.”

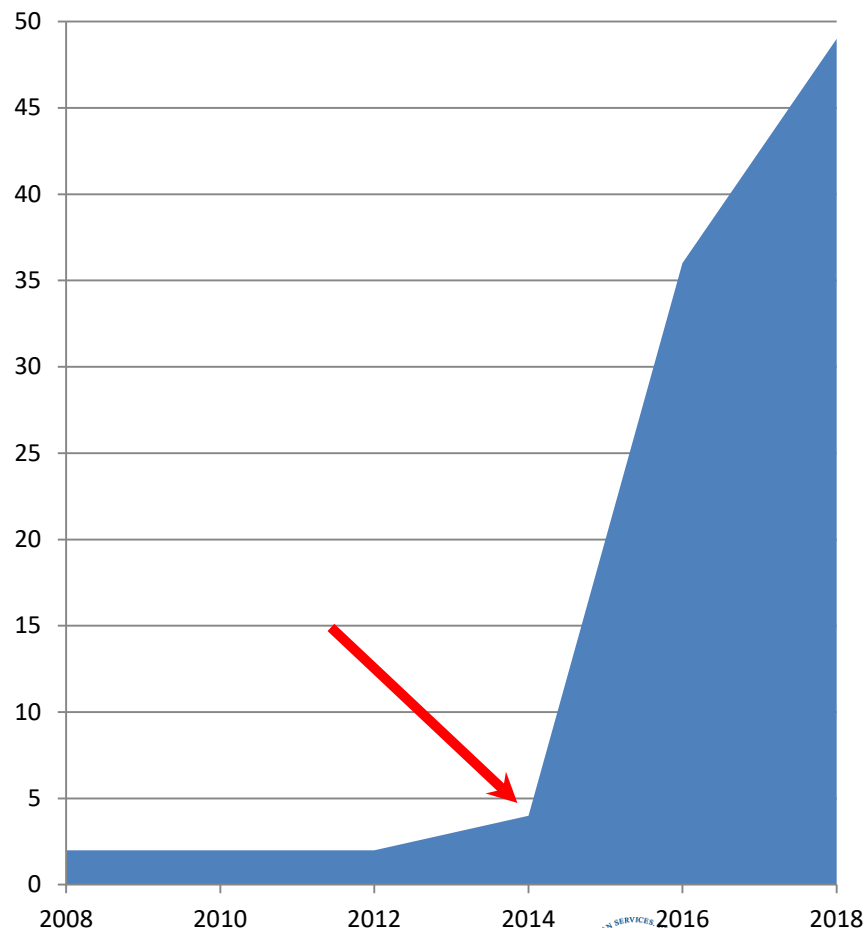


Bringing CSC to Scale

Dates and First Episode Psychosis (FEP) Milestones

Jul. 2009	NIMH clinical trials for FEP commence
Dec. 2013	NIMH implementation study completed
Jan. 2014	P.L. 113-76: \$22.8M set-aside for FEP
Apr. 2014	NIMH/SAMHSA FEP guidance to states
May 2014	SAMHSA technical support to states begins
Dec. 2014	P.L. 113-483: \$22.8M set-aside for FEP
Oct. 2015	NIMH clinical trials for FEP completed
Oct. 2015	CMS coverage of FEP intervention services
Dec. 2015	P.L. 114-113: \$50.5M set-aside for FEP
Dec. 2016	P.L. 114-255: 21 st Century Cures Act
May 2017	P.L. 115-31: \$53.3M set-aside for FEP
Mar. 2018	P.L. 115-141: \$68.5M set aside for FEP
Mar. 2019	P.L. 115-245: \$68.5M set aside for FEP

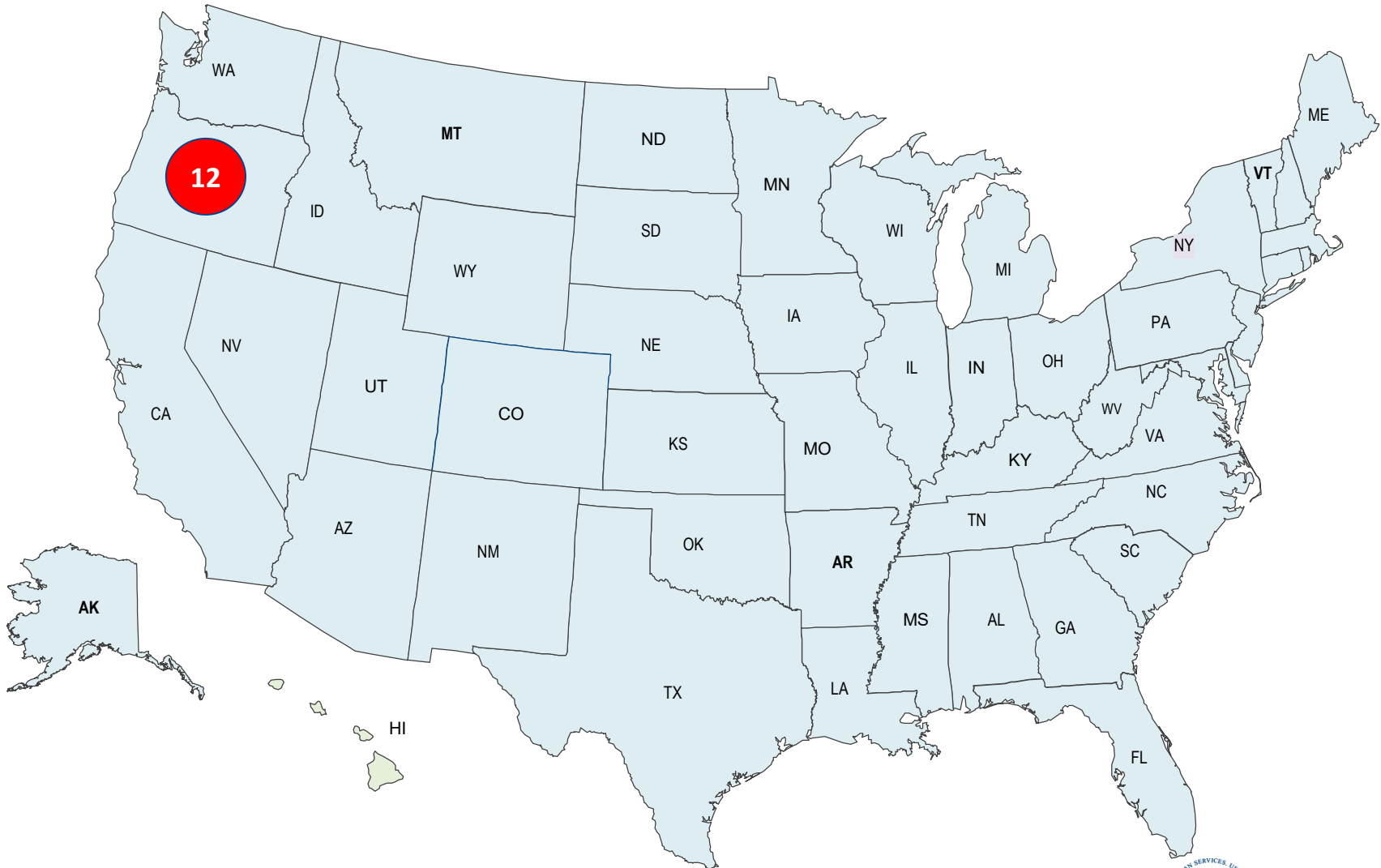
Cumulative Number of States with Early Psychosis Intervention Plans



Mental Health Block Grant Plans: <https://bgas.samhsa.gov/>



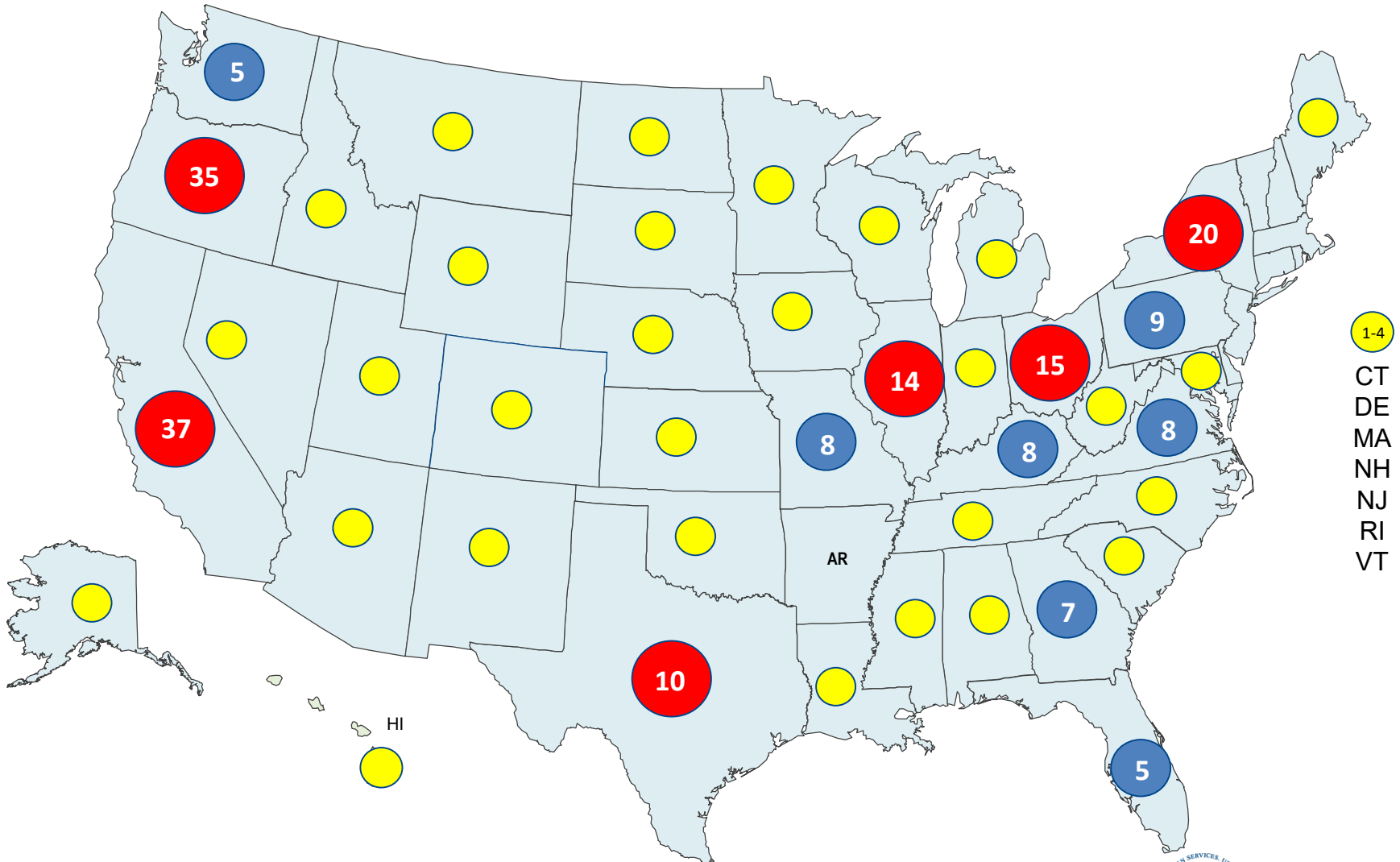
Early Intervention Programs, 2008



August 2008 – 12 programs



Early Intervention Programs, 2018



August 2018 – 265 programs

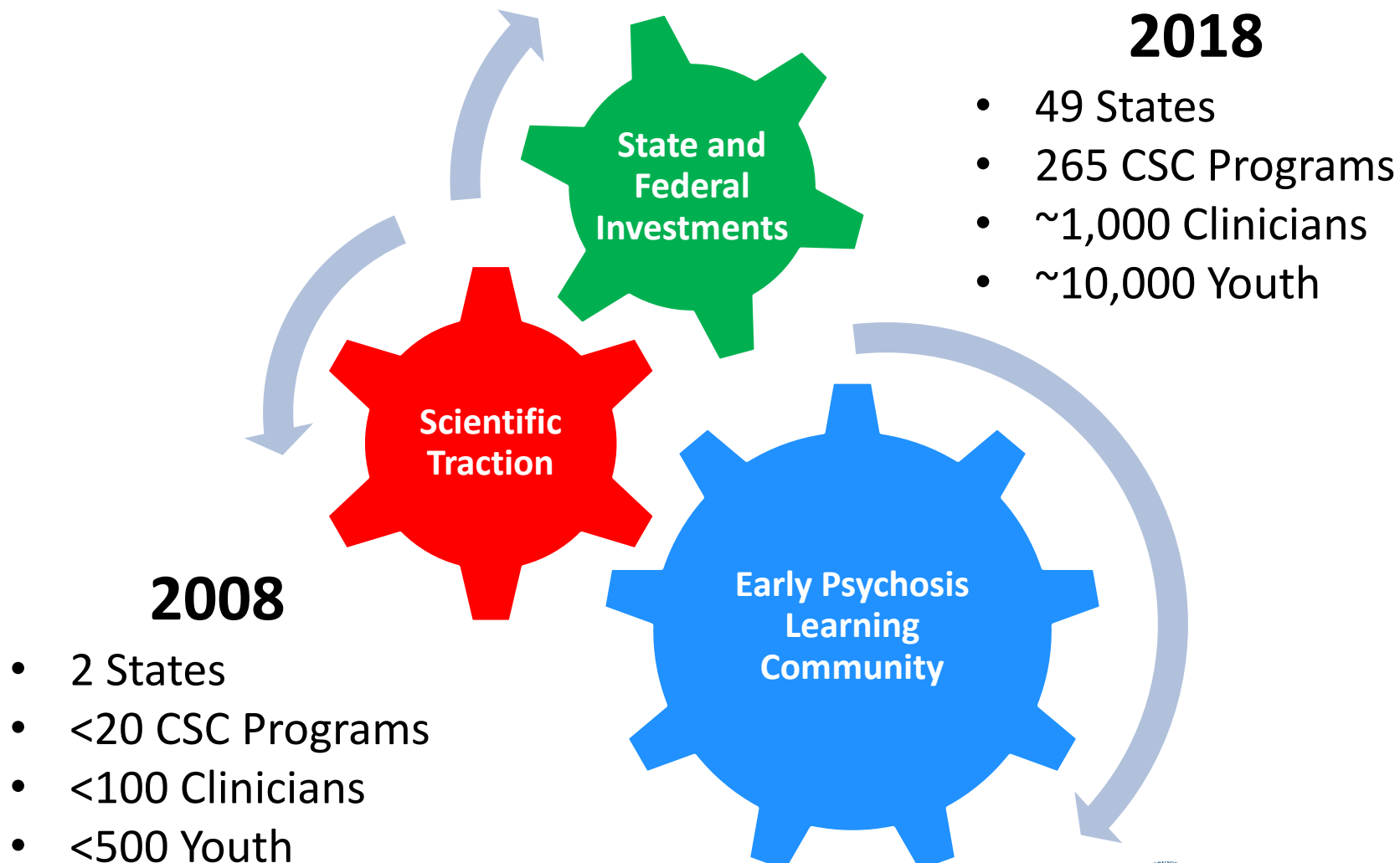


RAISE Research Questions

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A Decade of Progress

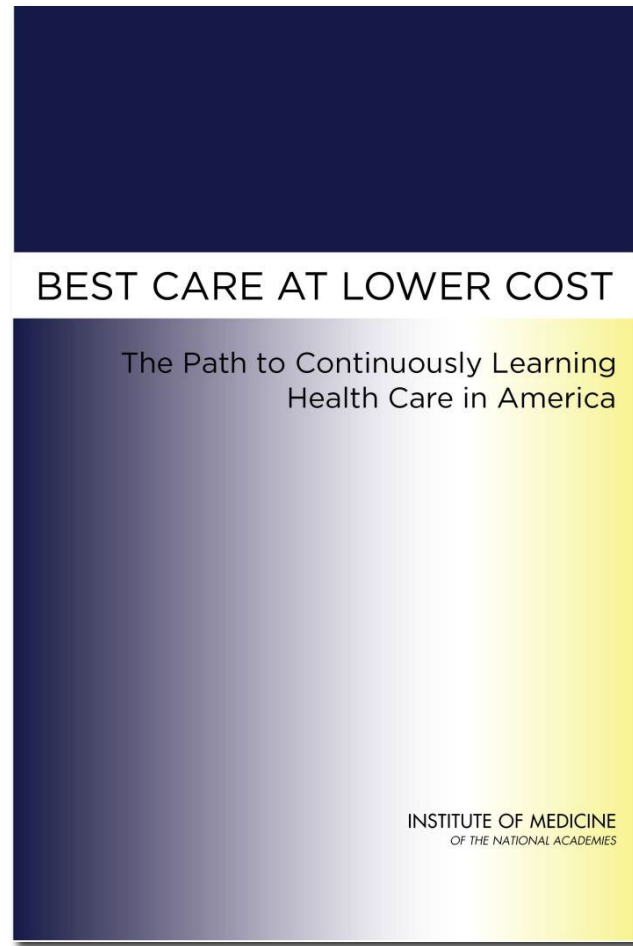


Looking Ahead

Connecting the U.S. early psychosis community



Learning Health Care



- Provide CSC services
- Measure results
- Improve services
- Examine variation
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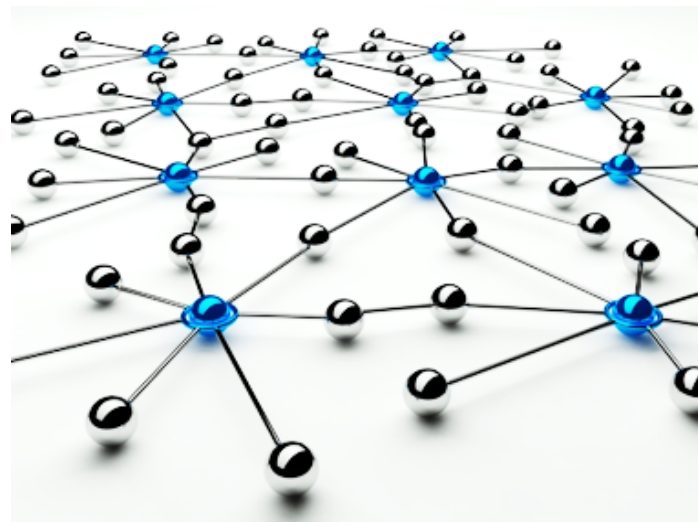


Early Psychosis Intervention Network (EPINET)



EPINET Goals

- Establish a national learning healthcare network among early psychosis clinics
- Standardize measures of clinical characteristics, interventions, and early psychosis outcomes
- Adopt a unified informatics approach to study variations in treatment quality, clinical impact, and value
- Cultivate a culture of collaborative research participation in academic and community early psychosis clinics

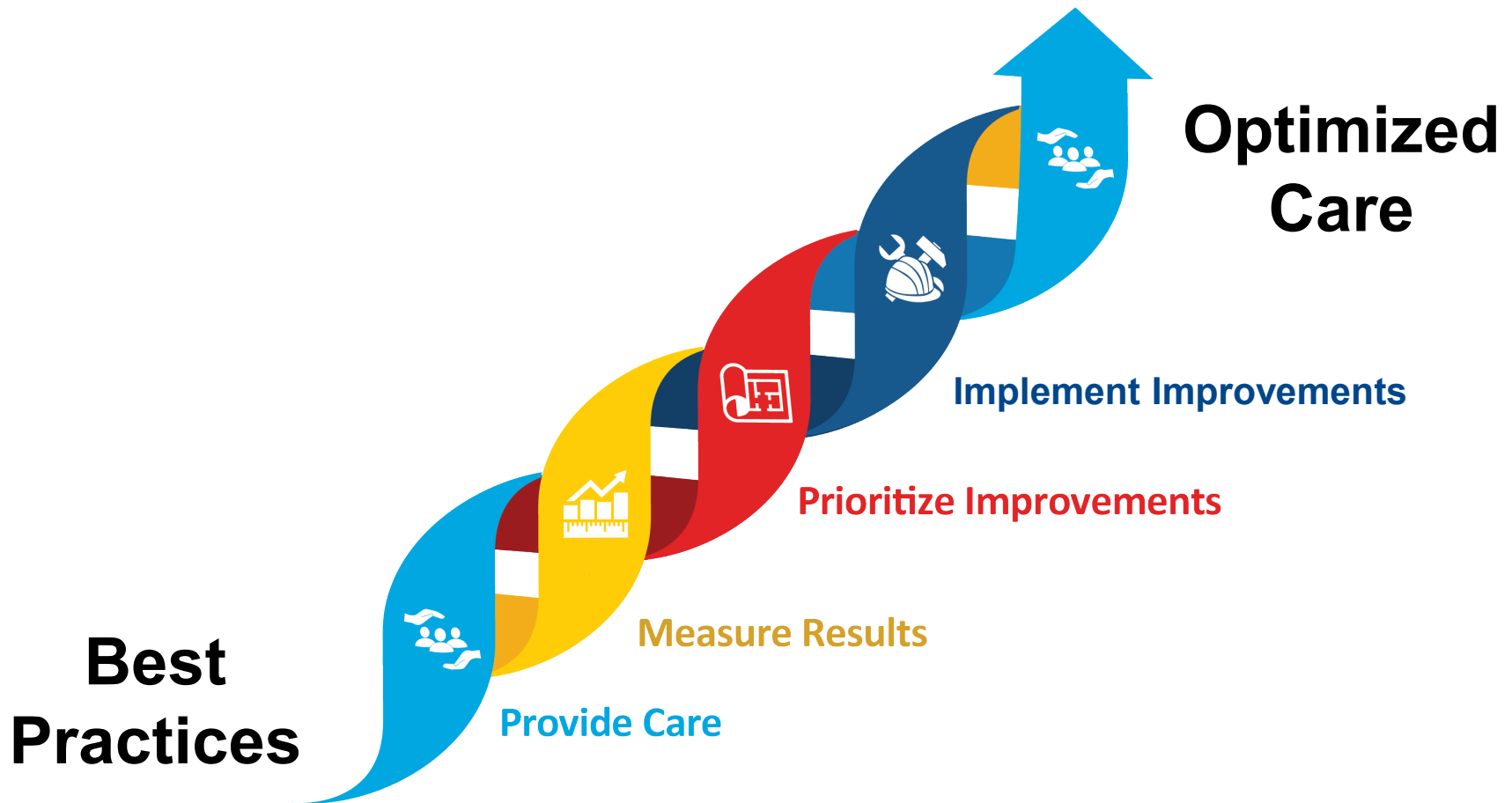


Anticipated Scope of EPINET



- 5 Regional CSC Networks
- ~55 CSC programs in 8 states
- ~75% community clinics
- ~2,300 currently enrolled
- ~5,000 target enrollment
- ~20,000 assessments/year

EPINET Practice Opportunities



EPINET Research Opportunities

- Reducing duration of untreated psychosis
- Mitigating suicide risk in early psychosis
- Determining optimal dose of initial CSC
- Evaluating new pharmacologic approaches
 - First Episode Psychosis
 - Clinical High Risk for Psychosis





<https://www.nami.org/Learn-More/Research/Advancing-Discovery-Summit-Series>

Advancing Discovery Summit Series

2019 Summit

On April 8–9, 2019 NAMI, the **Stanley Center for Psychiatric Research at Broad Institute**, The National Institute of Mental Health (NIMH), and The Foundation for the National Institutes of Health (FNIH) convened a meeting of public and potential private partners to discuss the development of the **Accelerating Medicines Partnership (AMP)** program for Schizophrenia (SCZ). This potential partnership, although still in the early stages of consideration, represents immense opportunity for investment and coordinated research on the root causes, progression, and treatment of schizophrenia.





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Transforming the understanding
and treatment of mental illnesses.



MENTAL HEALTH INFORMATION

OUTREACH

RESEARCH

FUNDING

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[Application Process](#)

[Managing Grants](#)

[Clinical Research](#)

[Home](#) > [Funding](#) > [Grant Writing & Approval Process](#) > [Concept Clearances](#)

Accelerating Treatment Development Research in Clinical High Risk for Psychosis

Goal:

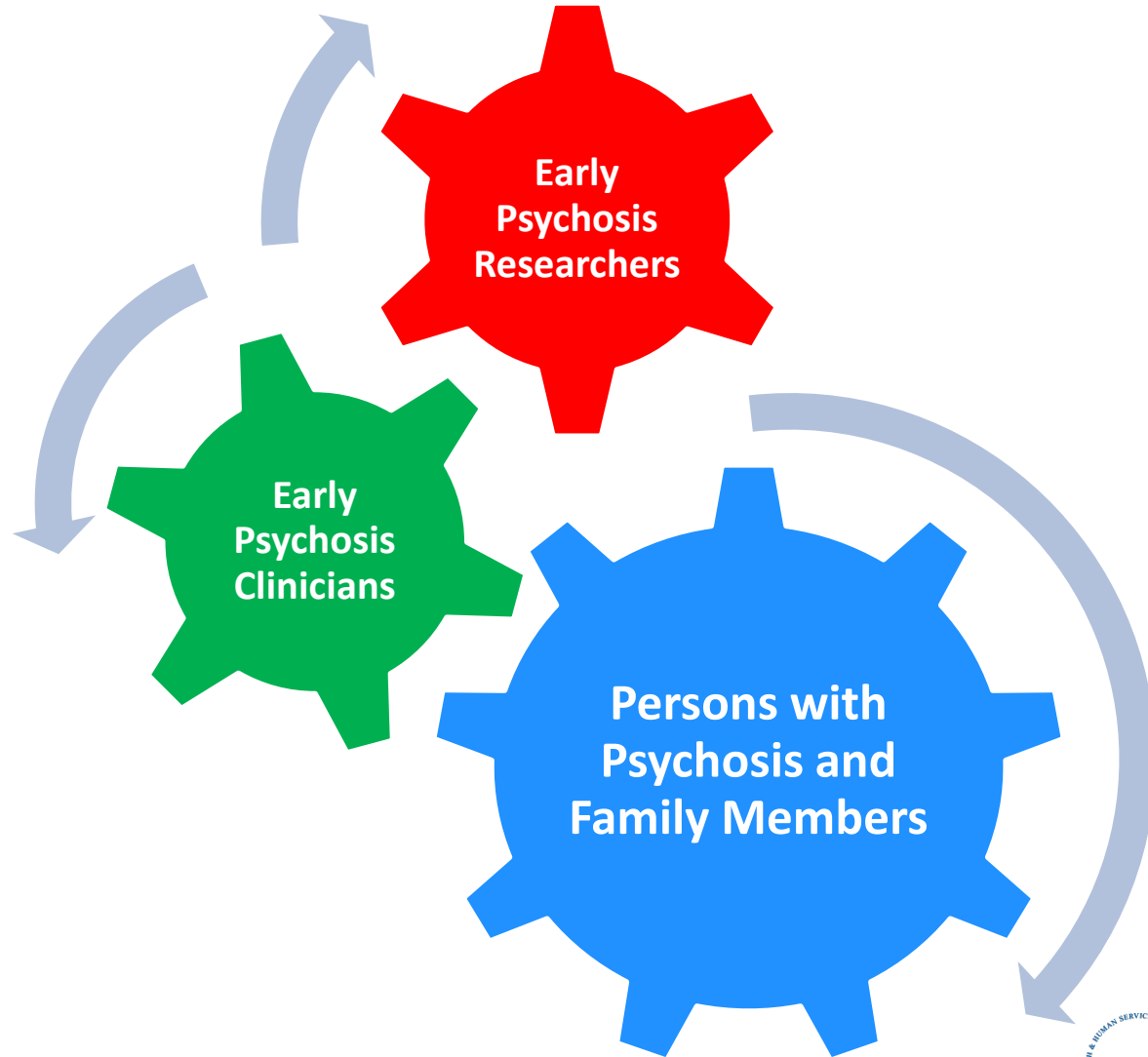
This concept proposes to establish a network of academic and community sites that can rapidly recruit well-characterized cohorts of help-seeking individuals who meet criteria for “clinical high risk” (CHR) for psychosis. The multi-site network will conduct collaborative studies to test and validate biological measures and prediction algorithms to support experimental medicine trials involving CHR participants.

[NAMHC Concept Clearance; May 29, 2019](#)



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EPINET Partners



Summary

1. Early intervention improves clinical outcomes among people with first episode psychosis (FEP).
2. Coordinated Specialty Care is a feasible and effective approach to early intervention in FEP.
3. The Early Psychosis Intervention Network will test learning health care principles of science-driven, continuously improving care in early psychosis.



Acknowledgements

■ NIMH RAISE Team

- Susan Azrin
- Amy Goldstein
- Joanne Severe
- Michaelle Scanlon

■ SAMHSA MHBG Team

- Paolo Delvecchio
- Cyntrice Bellamy
- Gary Blau
- Steven Dettwyler



Thank You!

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