

# Enhancing Evidence-Based Practice for Youth and Emerging Adults with Early Psychosis:

## *Implementation and Evaluation in Diverse Service Settings*

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# Early Psychosis Intervention (EPI) Services

## Life-Saving, but Lack of High Quality Care

- ❖ While **EPI services have grown** in recent years, **recovery rates remain low**, and associated disability has not improved under routine clinical care
- ❖ The inconsistent delivery of high-quality, evidence-based care in EPI programs has resulted in a **low proportion of patients receiving recovery-based services** (only 18% receiving comprehensive EPI services)

Anderson et al., AJP, 2018 and Global Burden of Disease Study 2013 Collaborators, 2015

Craig, Garety, Power, Rahaman, Colbert, Fornells-Ambrojo, & Dunn, 2004



- ❖ A consistent, comprehensive, **manualized treatment program** for youth with a first episode of psychosis (FEP)
- ❖ Deliverable in community mental health settings
- ❖ A multidisciplinary model of care that is in line with the Ontario **MOHLTC EPI standards**

**Individualized Medication Treatment**

**Individual Resiliency Training**

**Family Education Program**

**Supported Employment and Education**

# EPI-SET Objectives

1

Assess whether **implementation of NAVIGATE** leads to improvement in **fidelity to the EPI standard** and assess other factors that may impact implementation

2

Compare **system-level outcomes** (ICES), i.e. days in hospital, emergency department visits, suicide attempts, and system costs at Ontario EPI NAVIGATE sites, and non-NAVIGATE sites

3

Determine **longitudinal change in functioning and symptoms** in people receiving NAVIGATE

4

Evaluate **patient and family member engagement** according to the SPOR framework



# Methods

1

Assess whether **implementation of NAVIGATE** leads to improvement in **fidelity to the EPI standard** and assess other factors that may impact implementation

## Implementation

- ❖ Onboarding and ongoing trainings provided by our Provincial System Support Program (**PSSP**)
- ❖ Consolidated Framework for Implementation Research (**CFIR**) interviews with site staff

## Fidelity

- ❖ First Episode Psychosis Services – Fidelity Scale (**FEPS-FS**) routine assessments
- ❖ Readiness surveys at the time of site onboarding
- ❖ Routine chart reviews

## Sustainability

- ❖ Extension of Community Healthcare Outcomes (**ECHO**) community of practice coupled with biweekly satisfaction surveys

4

Evaluate **patient and family member engagement** according to the SPOR framework

## Perceptions of Engagement

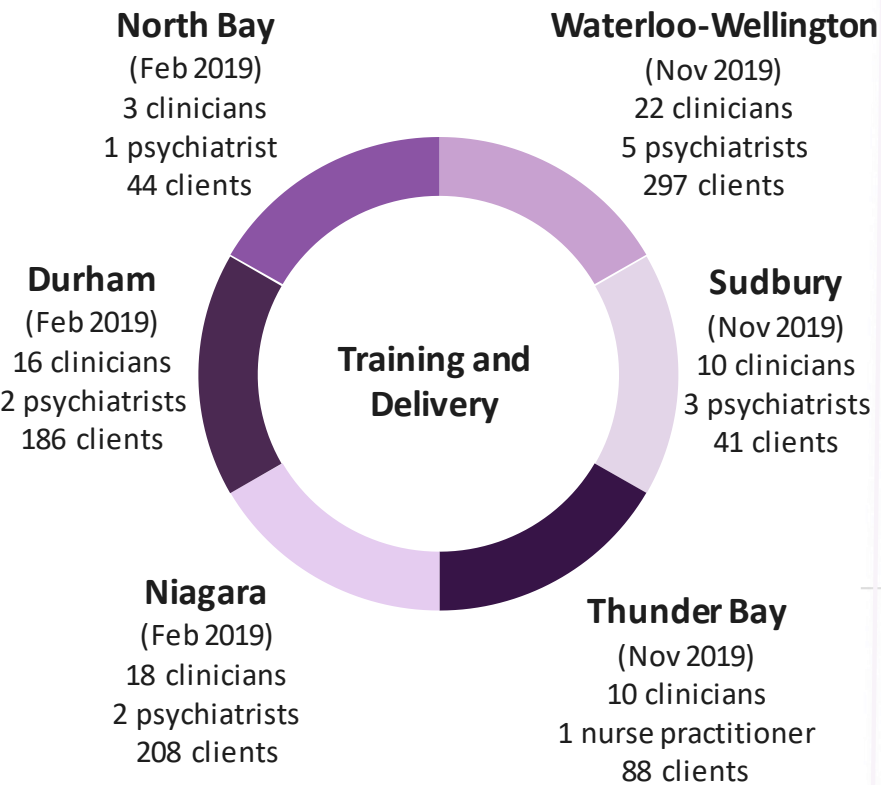
- ❖ Public Patient Engagement Evaluation Tool (**PPEET**) surveys completed monthly (FAC) / every 3-months (YAC)

## Perceptions of Study Influence

- ❖ PCORI Engagement Activity Inventory (**PECI**) surveys completed every 6 months

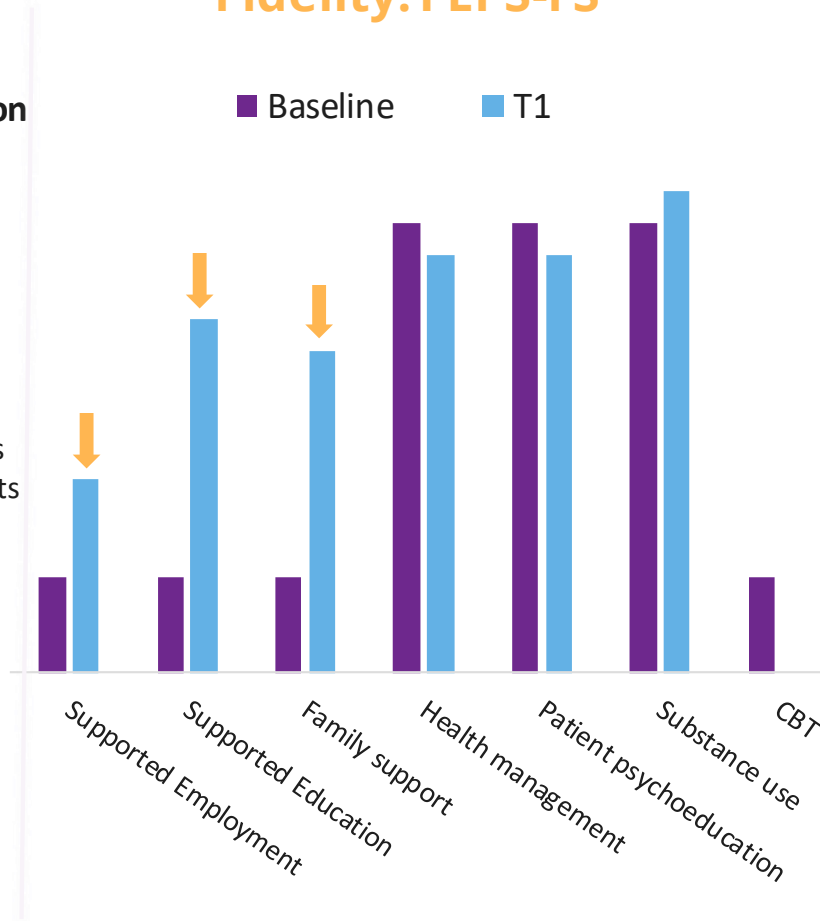
# Early Results: Objective 1

## Implementation



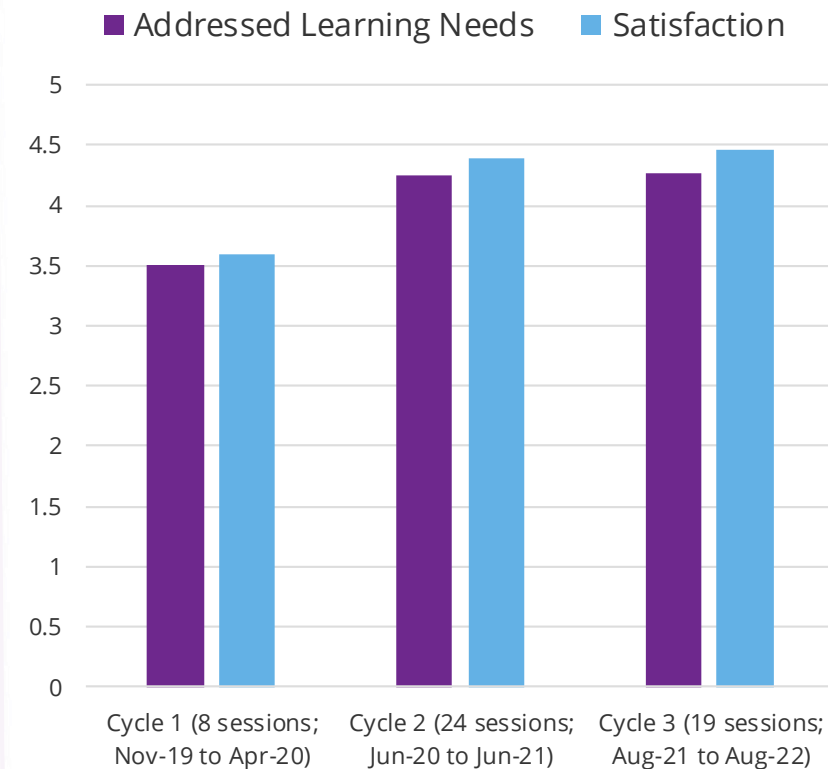
Over 90 clinicians and psychiatrists have been trained to deliver NAVIGATE to 800+ youth clients.

## Fidelity: FEPS-FS



Analyses and reporting of T2 fidelity results are underway.

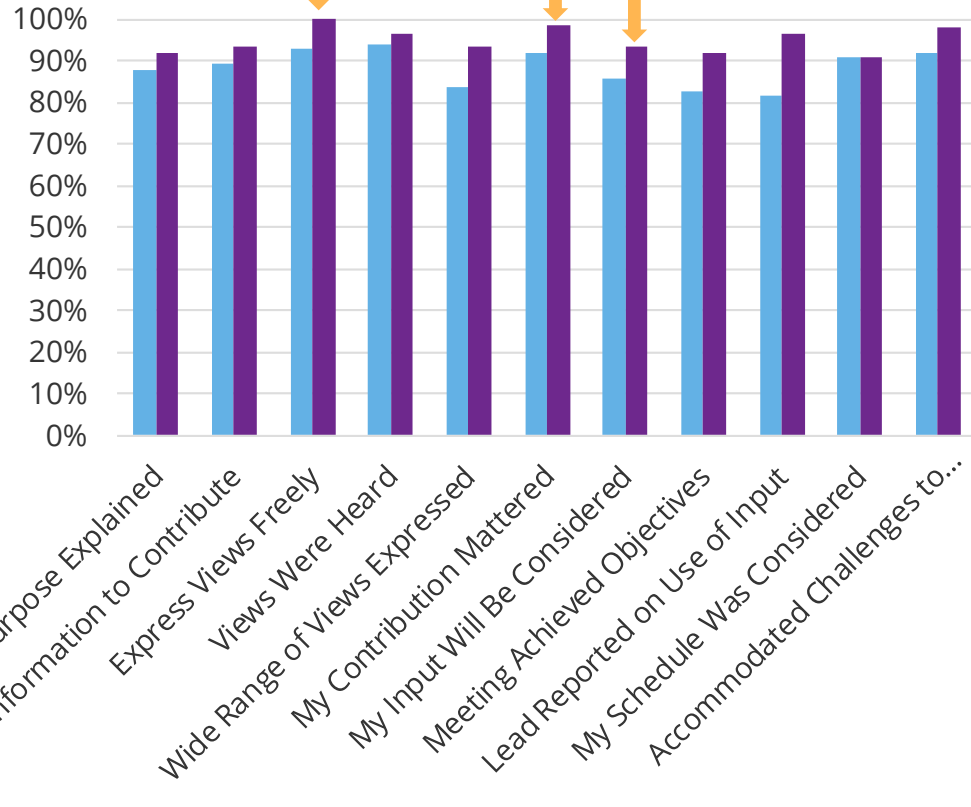
## Sustainability: ECHO



Cycle 4 of ECHO EPI-SET will run from September 2022 to August 2023.

# Early Results: Objective 4

## YAC PPEET Results (3-Month Survey)



■ March 2020 - April 2021, 17 responses

■ May 2021 - May 2022, 12 responses

**Similar results were found across FAC PPEET surveys.**

## Patient Engagement and Youth Contributions

**Care Manual and Data Interpretation** →

- ❖ Provided direct feedback and support for NAVIGATE e-resources and the digitization of client modules
- ❖ Reviewed early results for all study objectives

**Knowledge Translation** →

- ❖ Supported the translation of early results to clinicians and stakeholders

**Government Advocacy** →

- ❖ Wrote to Ontario's Ministry of Health to advocate for additional funding required to ensure standardized EPI care is accessible to youth

**Story-Telling** →

- ❖ Created individual videos to share their lived experiences with clinicians and clients after having completed an EPI program