



# Population Based Early Intervention for Psychosis: **The STEP Program**

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- I. The public health challenge
- II. Actionable Evidence for Early Intervention (EI) for Psychotic illnesses
- III. The Population Health framework
- IV. Implementing CSC: Embracing complexity
- V. STEP's goals

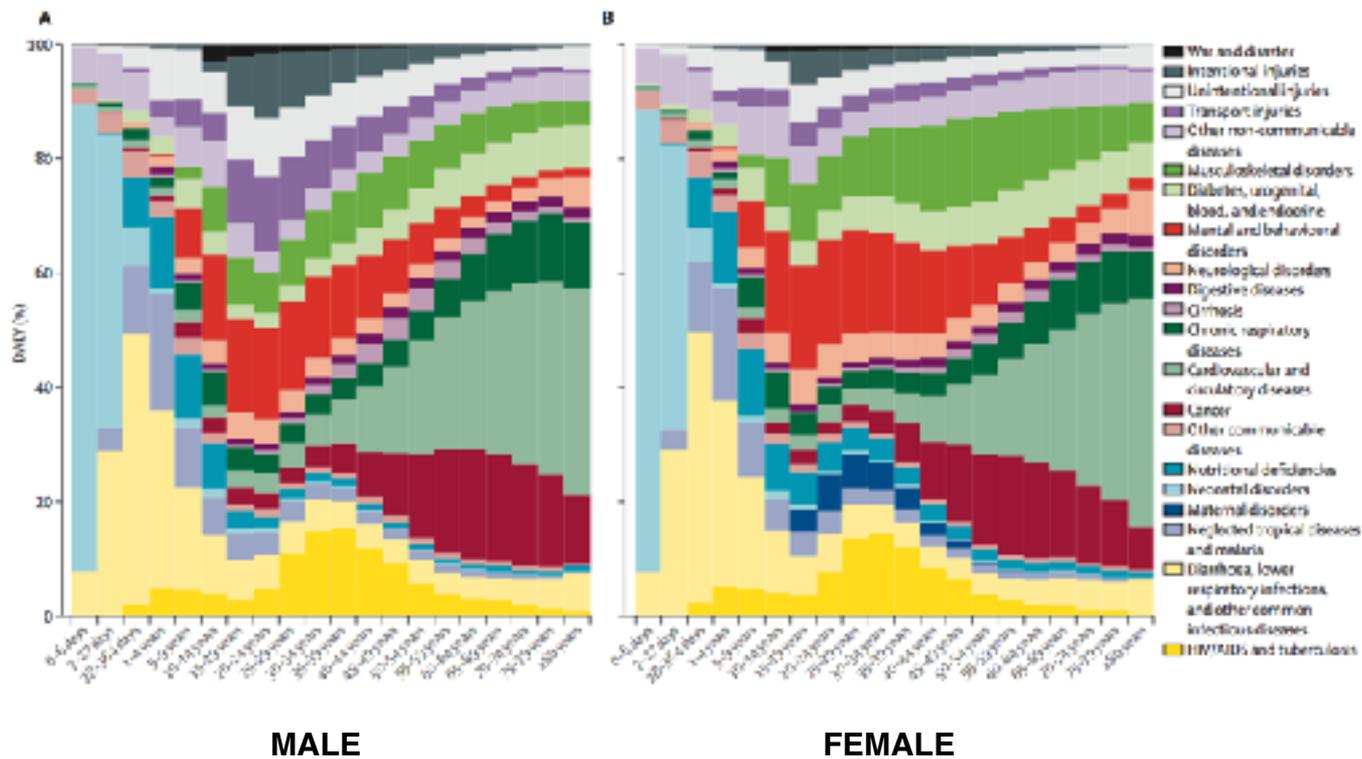
# I. Psychotic illnesses

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*The Public Health challenge*

# Burden of Neuropsychiatric Illness

## Percentage of global disability-adjusted life years by age, sex, and cause in 2010



# DALY

**Disability Adjusted Life Years** is a measure of overall disease burden, expressed as the cumulative number of years lost due to ill-health, disability or early death

$$= \text{YLD} + \text{YLL}$$

Years Lived with Disability + Years of Life Lost



Healthy life



Disease or Disability

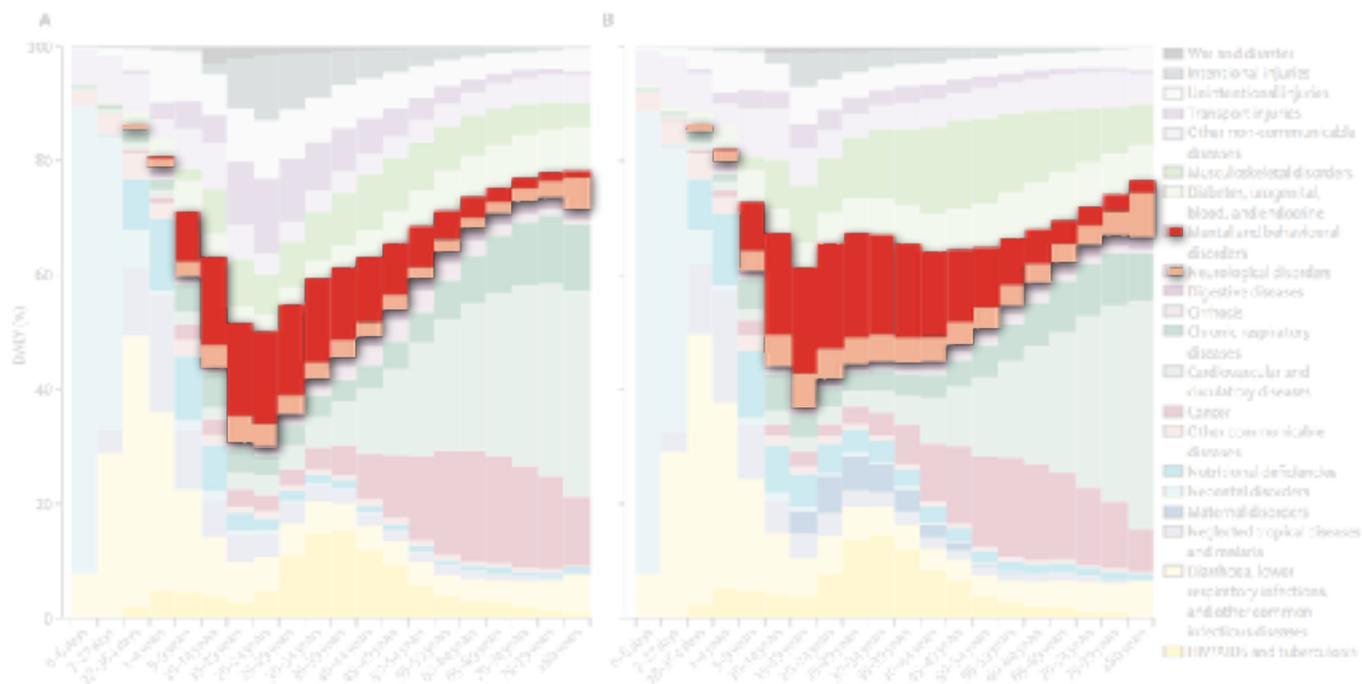


Early death

Expected  
life years

# Mental illnesses are “*chronic diseases of the young*”

## Percentage of global disability-adjusted life years by age, sex, and cause in 2010



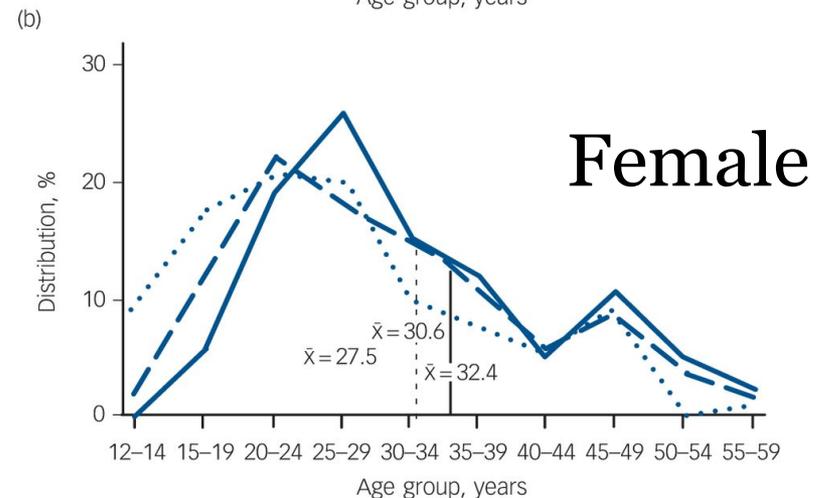
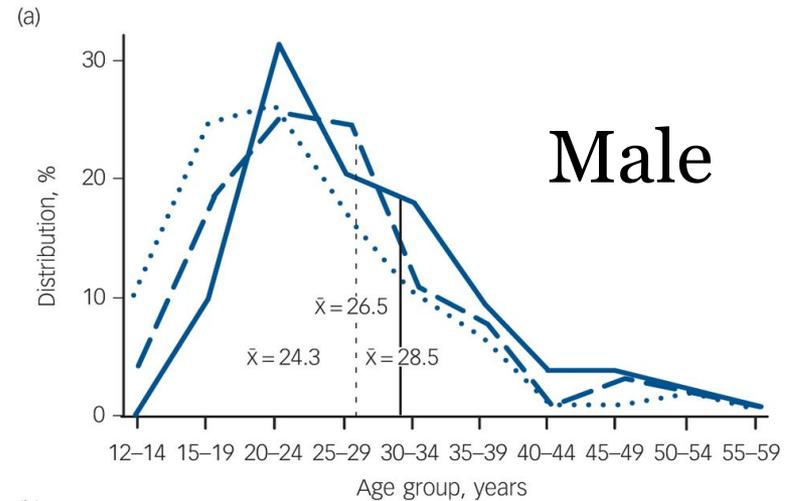
# Schizophrenia(s): chronic diseases of the young

- Less than 1/3 'recover' > 5 years (Menezes, Psychol Medicine '06)
- Costs: ~\$156 billion. Direct\* (24%); indirect (76%) \*\* (Cloutier, J Clin Psychiatry '16)

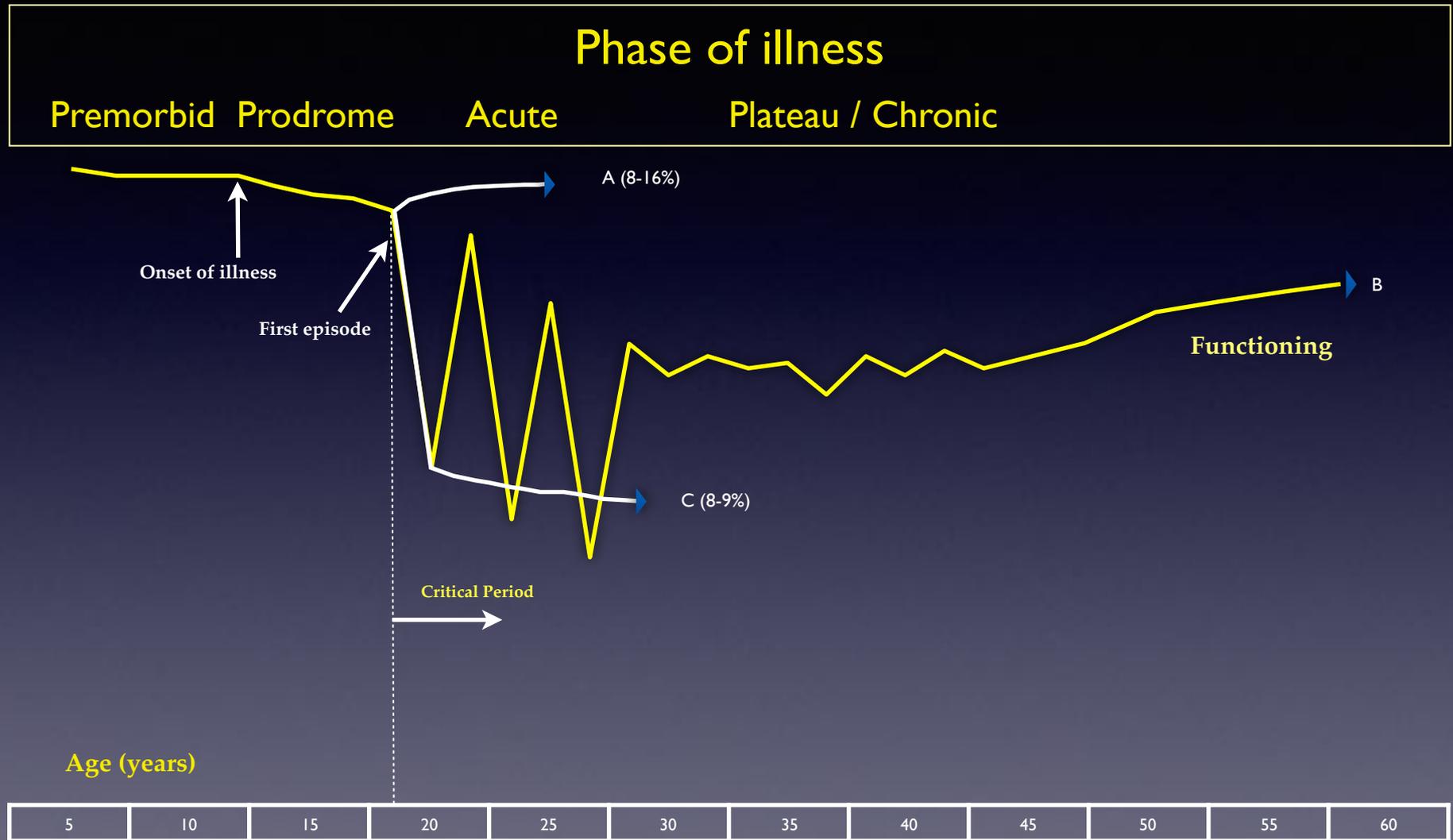
(Affective d/o: \$210.5 billion)

\*mostly unemployment, caregiving

\*\*mostly (re)hospitalizations



# Course of the Schizophrenia(s): Opportunities for Early Intervention



from Srihari et al. Psych Clin of N America, 2012

# I. Summary

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- Psychotic illnesses are distressing, disabling and costly
- These are chronic illnesses of the young
- Early intervention models for psychotic illnesses have global relevance for other neuropsychiatric illnesses

## II. Early Intervention for Psychosis

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*What is the Evidence?*

# 'Early Intervention' Services for Psychotic Disorders

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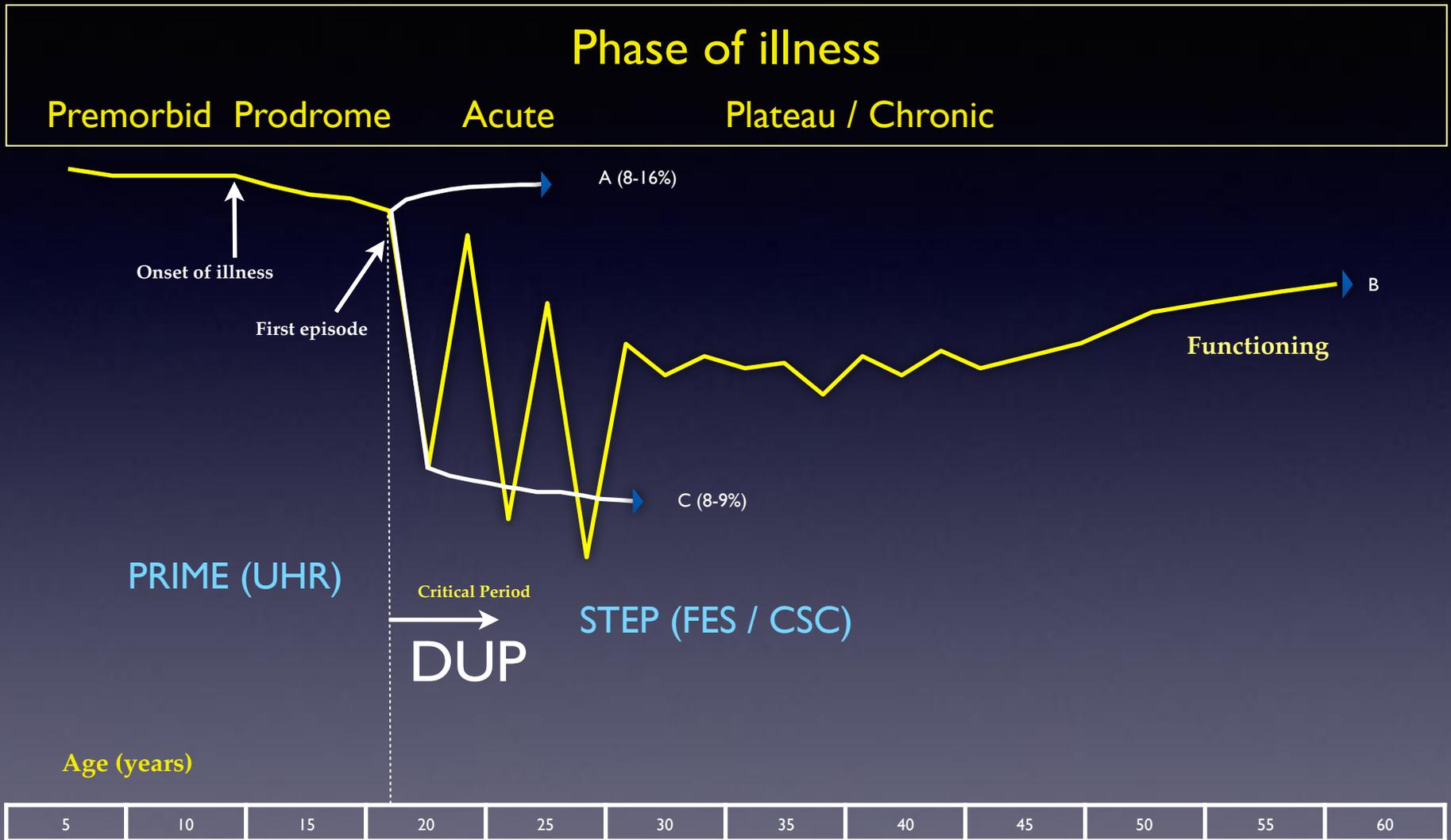
## A. Early Detection (**ED**)

- Shortening the Duration of Untreated Psychosis (DUP)

## B. Intensive Treatment in first 2-5 years (First-Episode Services **FES** or Coordinated Speciality Care, **CSC**)

- Focus on reducing relapse & maximizing functioning
- Interventions adapted from chronic SMI to younger patients
- Goal of 'phase-specific' intervention

# Early Intervention (EI): current approaches in CT



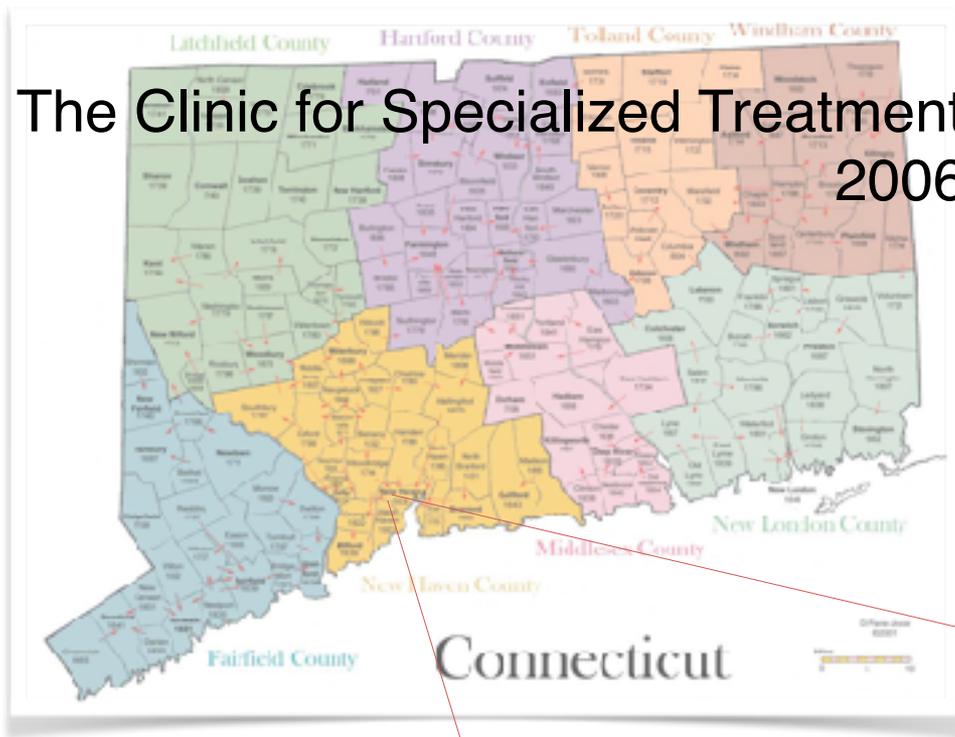
from Srihari et al. Psych Clin of N America, 2012

# The Evidence for EI

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- A. **ED:** Intervening earlier (even without enriching care) appears to have durable effects on outcome (Hegelstad et al, 2012)
  
- B. **FES:** Intervening intensively after the onset of psychosis improves outcomes over usual care (OPUS, Lambeth, STEP and RAISE studies) at 2+ years (reviewed in Srihari et al., 2012, Srihari et al., 2015, Kane et al., 2015)

# The Clinic for Specialized Treatment Early in Psychosis (STEP) est. 2006



- **Pragmatic RCT (2007-'13)**
  - Broad recruitment
  - Feasible interventions
  - Relevant outcomes

- **Based in public sector**  
CMHC: *DMHAS-Yale partnership*

- **Addressed barriers to access**
  - Insurance status
  - Catchment of residence
  - Adolescent-Adult agencies



# The STEP Trial

## 2007-'13

ClinicalTrials.gov NCT00309452  
NIH MH088971-01

Age: 16-45 yo

Duration of illness:  $\leq 12$  wks lifetime  
antipsychotic Rx AND  $< 5$  yrs illness

Exclusion: sub-induced psychotic d/o

Exclusion: DDS (DMR) eligibility

REFERENCE POPULATION  
Individuals in early stages of psychotic  
illnesses in CT  $\sim 400-500/\text{yr}$

SOURCE POPULATION

STUDY  
POPULATION

Referrals from ~  
-CMHC triage  
-Private Hospitals/ERs  
-Area Clinics/PRIME  
-Colleges



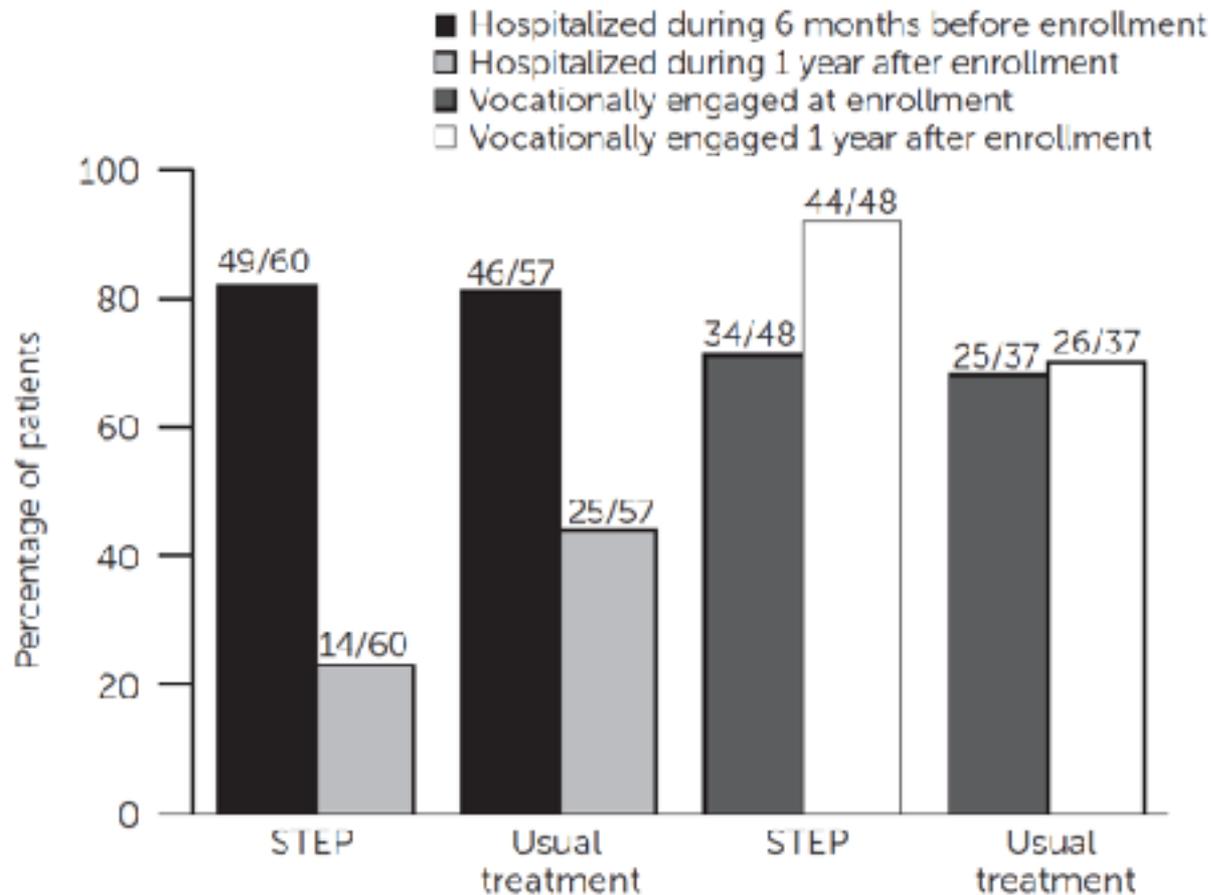
TAU

Referral to private or  
public-sector care

STEP Care

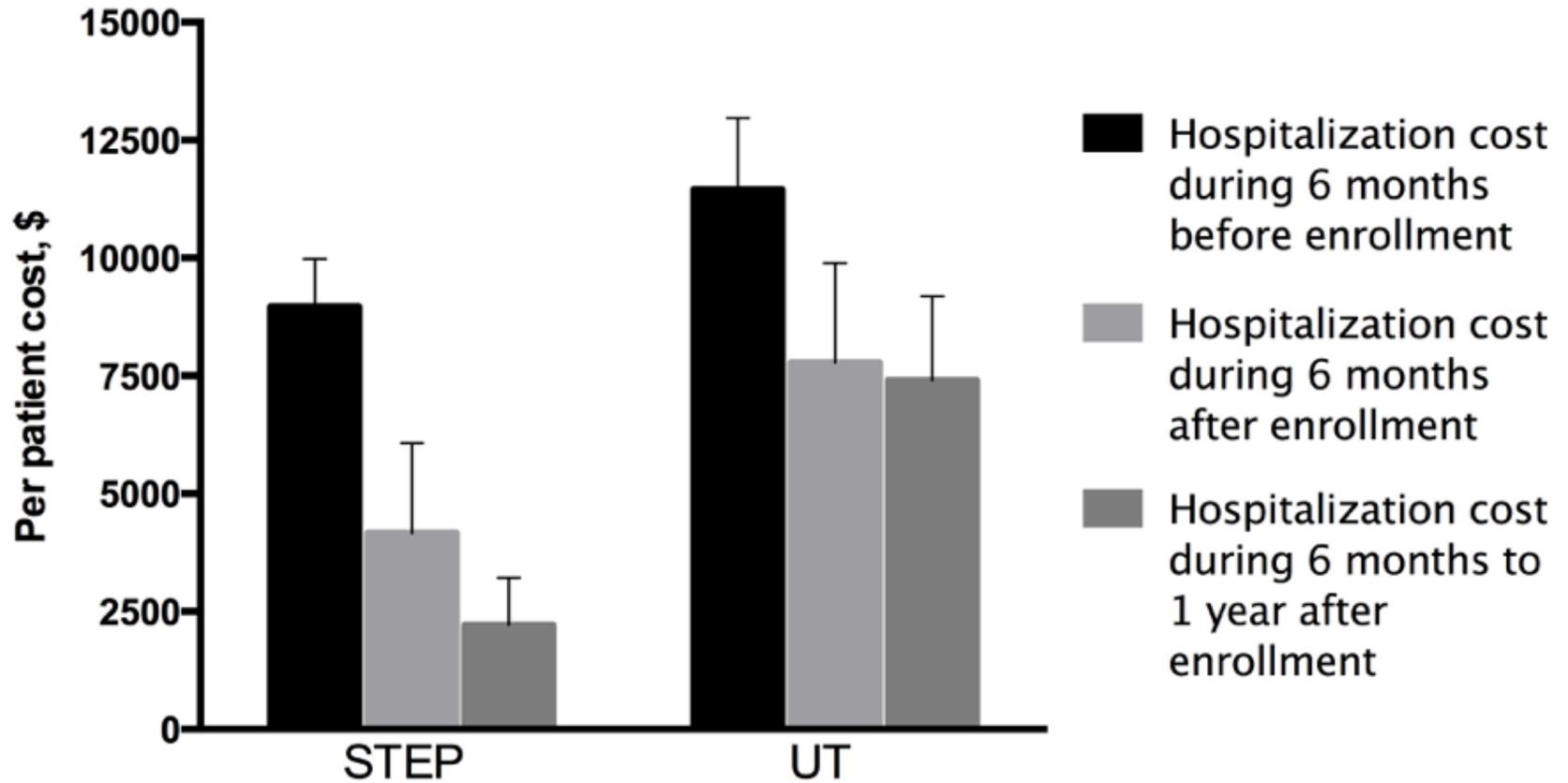
Based within CMHC  
ambulatory services

**FIGURE 1. One-year hospitalization and vocational engagement outcomes among STEP participants and those in usual treatment<sup>a</sup>**



1. NNT of 5 for Hospitalization over first year
2. Fewer in STEP had ‘dropped’ out of labor force 8% (vs. 33% in Usual Treatment)

# STEP progressively reduced frequency, duration of acute hospitalizations



# State of the evidence for FES or Coordinated Specialty Care (CSC) in early psychosis

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- Efficacy (can it work?) ✓ LEO (U.K.), OPUS (Denmark) (high intensity ACT level services)
- Effectiveness (does it work?) ✓ STEP, RAISE-Navigate
- Costs (is it worth it?) ✓ STEP, RAISE-Navigate
- Dissemination (is it portable?) ✓ (UK, Norway, Australia); ? U.S.

# II. Summary

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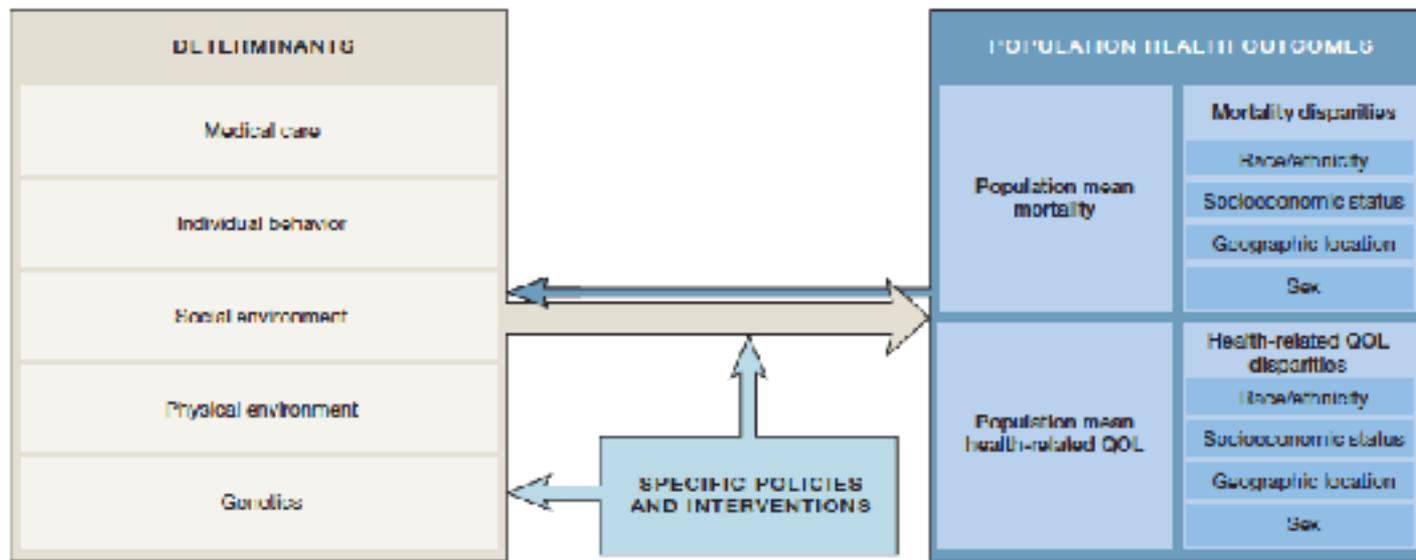
- Early Detection has demonstrated long-term impact in Norway; STEP is leading first US attempt to replicate this. ('Mindmap' campaign)
- FES (implemented as CSC in US) is a 'best bet' per 2 US RCTs (STEP and RAISE)
- Dissemination is the next U.S. frontier

# III. Population Health Systems

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# Population Health framework: thinking critically about medical care and outcomes

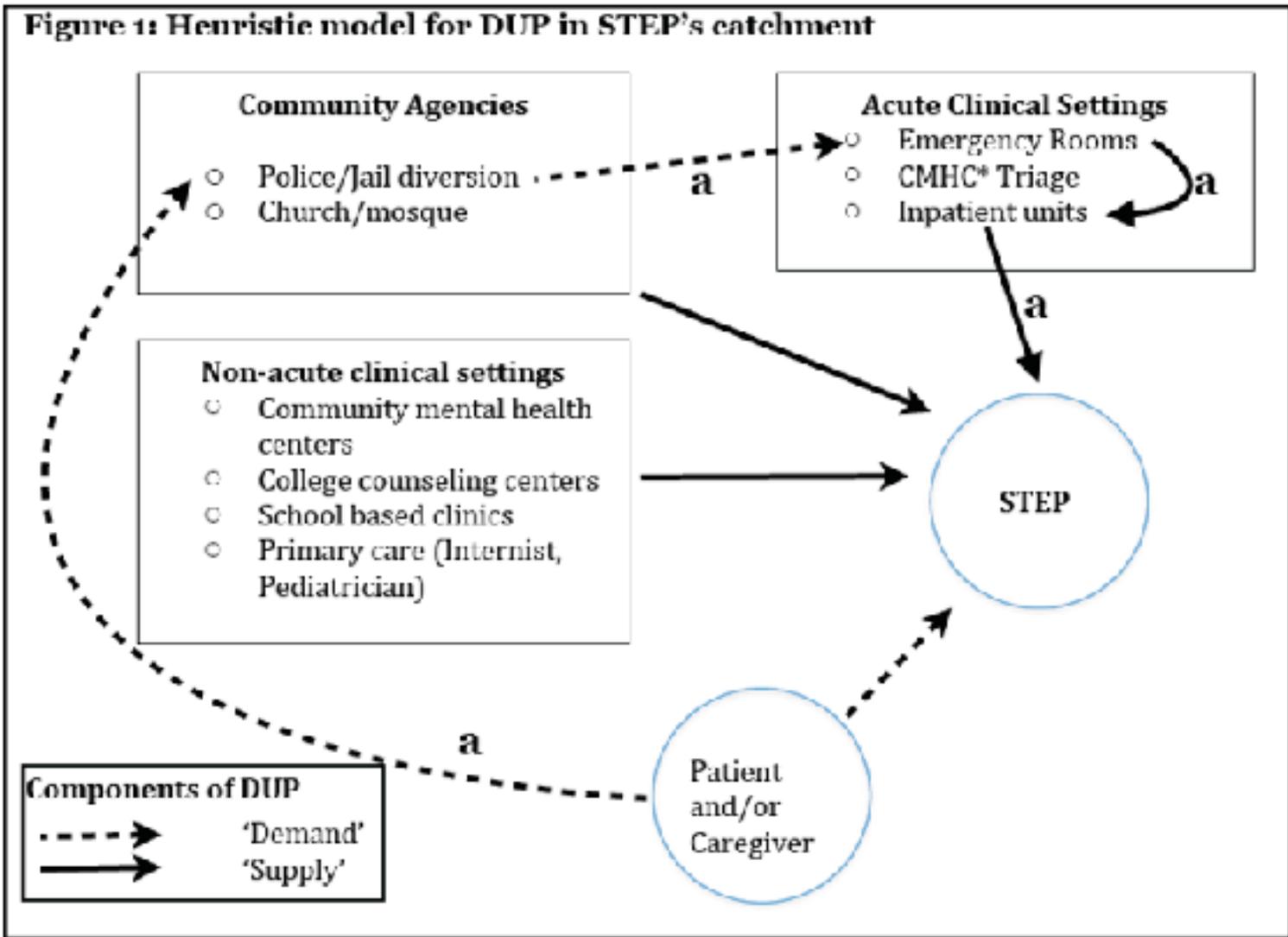
**Figure. A Schematic Framework for Population Health Planning**



The right side conceptualizes broad population health outcomes. The left side represents the determinants of population health outcomes. The quadrants in the outcomes component are arbitrarily sized equally, as are both the disparity domains within outcomes and the determinant categories. QOL indicates quality of life.

(David Kindig)

# Psychosis in the U.S.: tortuous **pathways to care**

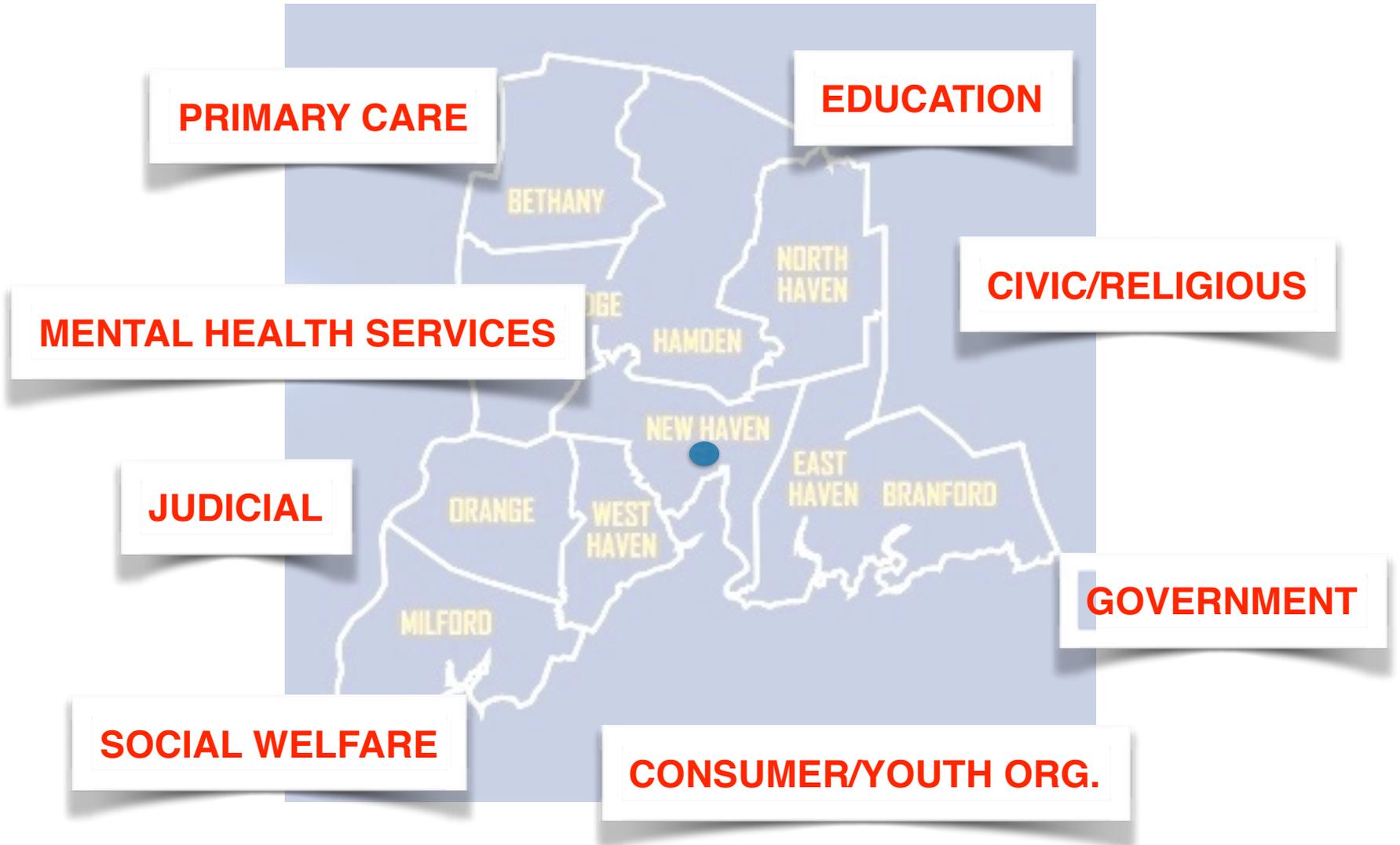


*Goldberg-Huxley model of the pathway to psychiatric care: Levels & Filters*

Huxley P. Nordic J of Psychiatry 1996;50(S37):47-53.

# Distributed **Networks** of care

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# Population-based systems of care

A system of care for complex health conditions is “A set of activities with a common set of objectives...”

e.g. 75% of FEP in southern CT will be *vocationally engaged at one year f/u*

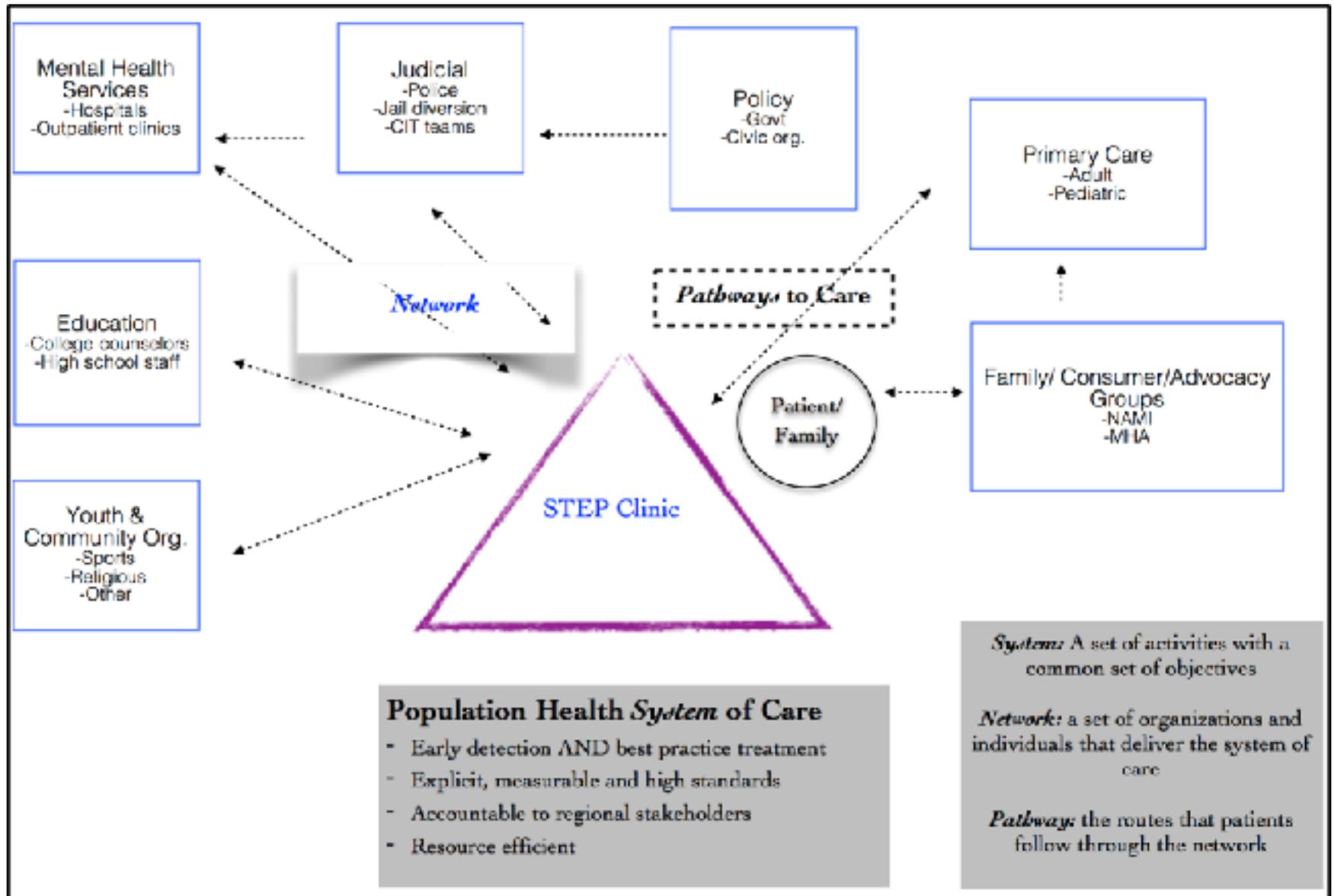
A network is a set of organizations and individuals that deliver the system of care

Pathways are the routes that patients follow through the network

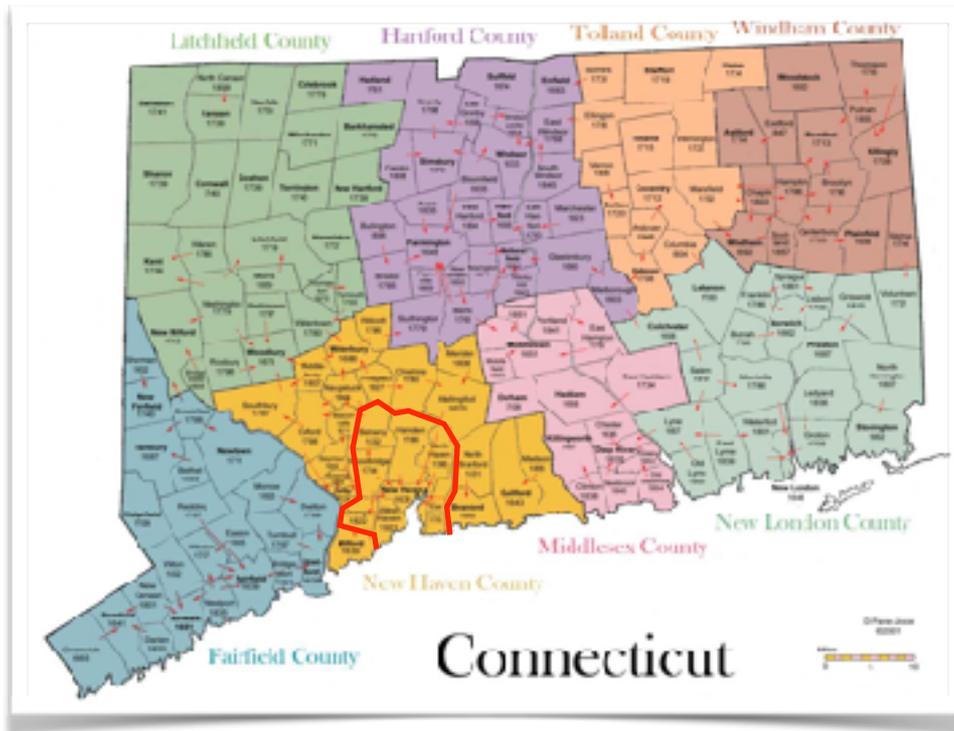
- Gray, *Better Value Healthcare*, 2013

*The STEP program seeks to build a **system** of care for psychotic disorders by engaging the local **network** and transforming **pathways**. Srihari et al., JAMA Psychiatry 2016*

# STEP's vision for a Population Health Based System of Care



# “What happens to individuals with psychosis in CT ?” Disorganized *Networks* deliver suboptimal *Pathways*



‘First-break’ ~500/yr

Identification of illness

Help-seeking

Diagnosis/Referral

Treatment

DUP

A ‘crazy quilt’ of services  
169 towns; 5 LMHAs, 5 RMHBs, 3-4  
regional healthcare networks, multiple  
private providers...

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



'First-break' ~80-100/yr

Identification of illness

Help-seeking

**DUP**

Referral or Enter care

Engage with FES

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

*Srihari et al., JAMA Psychiatry, 2016*



NE  
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Inno  
psyc

By Jocelyn Maminta Medical/Health Reporter  
 Published January 4, 2016 6:40 pm



THE SYMPTOMS OF PSYCHOSIS CAN BE SCARY  
 AT mindmap TREATMENT DOESN'T HAVE TO BE.



**ADAM** (ORIGINAL WITH PSYCHOSIS)  
 “They helped me understand the illness, medications and the path to recovery.”

**mindmap**  
 a clear path to mental health  
 LOCAL • EFFECTIVE • FREE  
 MINDMAP.ORG

CALL DIRECT  
 (203) 589-0388  
 MINDMAP.ORG

What does it mean to have psychosis? It's a scary word, and many people are afraid to use it. But it's not a curse or a sign of weakness.

Adam, 35, has lived with psychosis for over a decade. He's been hospitalized several times, and he's seen a lot of doctors. But he's never found the right treatment.

Adam says he's been to a lot of doctors, but he's never found the right treatment. He's been hospitalized several times, and he's seen a lot of doctors. But he's never found the right treatment.



WHAT OUR EXPERIMENT ON EXTREMISM MIGHT SAY ABOUT YOUR FUTURE.



Franklin  
 King The King

HOME CONTACT LOCATIONS ABOUT SPONSORS MENTAL HEALTH

**mindmap**  
a clear path to mental health



**PSYCHOSIS**  
AM I LOSING MY MIND?



IT'S EASIER TO WATCH WITH YOUR EYES  
**BE THE FIRST TO GET THEM HELP**



IF YOUR FRIEND WAS HURTING  
**YOU'D CALL A DOCTOR**



**PSYCHOSIS**  
DON'T LET THE SYMPTOMS SET IN

**WHERE**



**CHECK IN**

#mindcheck  
quit here

**SHARE**



**mindmap**  
a clear path to mental health

**PSYCHOSIS HAS MANY SYMPTOMS - MINIMAL BARRIERS  
ONE PATH TO CUSTOMIZED CARE - YOU CHOOSE YOUR STEPS**

**CONTACT MINDMAP**  
- Call us at 1-800-MINDMAP (623) 329-0309  
- Call Return of Privileges Specialists

**SET UP APPOINTMENT**  
- Complete Symptom and Risk Factor CTQ Program

**EMOTION WITH A PROFESSIONAL**  
- Get a Customized Treatment Plan to Get Your Own Goals

**PSYCHOTHERAPY**  
- Talk with Your Clinician  
- Learn to Manage Your Symptoms

**PHARMACOTHERAPY**  
- Work with Your Psychiatrist/Therapist/Case Manager

**WELLNESS COACHING**  
- Build a Plan/Support  
- Address Abuse/Coercion

**INDEPENDENT LIVING**  
- Develop confidence in  
- resources & knowledge

**EDUCATION**  
- Share Your Story  
- Help You Balance School  
- Career, and Life Goals

**EMPLOYMENT**  
- Find a Supportive  
- Supervisor/HR Help You  
- Find a Job

**FAMILY AND FRIENDS**  
- You Don't Have to Face it Your Own  
- Way of Family Support/Group Treatment

**SOCIAL SKILLS**  
- How to Build Relationships  
- Reduce Isolation

**SUCCESS WITHIN  
1 YEAR AT STEP**

**73%**  
Have Jobs or in School

**2x**  
More Social  
Connections

**77%**  
Are Hospitalized or Hospitalized

**10x**  
Better Rates of Employment  
at 1 Year Post-Discharge

**LOCAL - EFFECTIVE - FREE** CALL TODAY (877) 581-8056 [www.mindmapping.org](http://www.mindmapping.org)

I was only checking a little bit.

It's not a big deal, this happens all the time.

I'm just going to walk this one off.



**YOU WOULDN'T IGNORE OTHER PARTS OF THE BODY  
DON'T IGNORE YOUR BRAIN.**

EARLY DETECTION SAVES MINDS.

**mindmap**  
a clear path to mental health

#1

**PSYCHOSIS IS THE MOST COMMON  
BRAIN-BASED ILLNESS FOR AGES 10-24 WORLDWIDE**



**1-2 YEARS** FOR A YOUNG PERSON EXPERIENCING  
PSYCHOSIS TO GET TREATMENT

**\$300 BILLION** SPENT ON SERIOUS  
MENTAL ILLNESSES  
IN THE USA.

EARLY DETECTION SAVES MINDS.

**mindmap**  
a clear path to mental health

**PEOPLE WITH PSYCHOSIS  
ARE 14 X MORE LIKELY  
TO BE THE VICTIM OF VIOLENCE  
THAN TO COMMIT IT.**

**PSYCHOSIS IS NOT PSYCHO**

EARLY DETECTION SAVES MINDS.

**mindmap**  
a clear path to mental health

# III. Summary

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- A Population Health framework can put into proper perspective the role of health care (vis a vis other actors) in achieving the goal (health outcomes)
- The Systems - Network - Pathways model provides a way to operationalize Population Health for new onset psychosis
- EIS for Psychosis need to implement strategies to modify local pathways to care. STEP is conducting the first U.S. test of a comprehensive early detection approach.

# IV. Implementing an EIS

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*Embracing complexity*

# Building Early Intervention Services

## **LIKE A BRIDGE?**

- Complicated
- Linear, multi-step
  - 'Blueprint'
  - Standardized
  - 'Problem-solving'



# Building Early Intervention Services

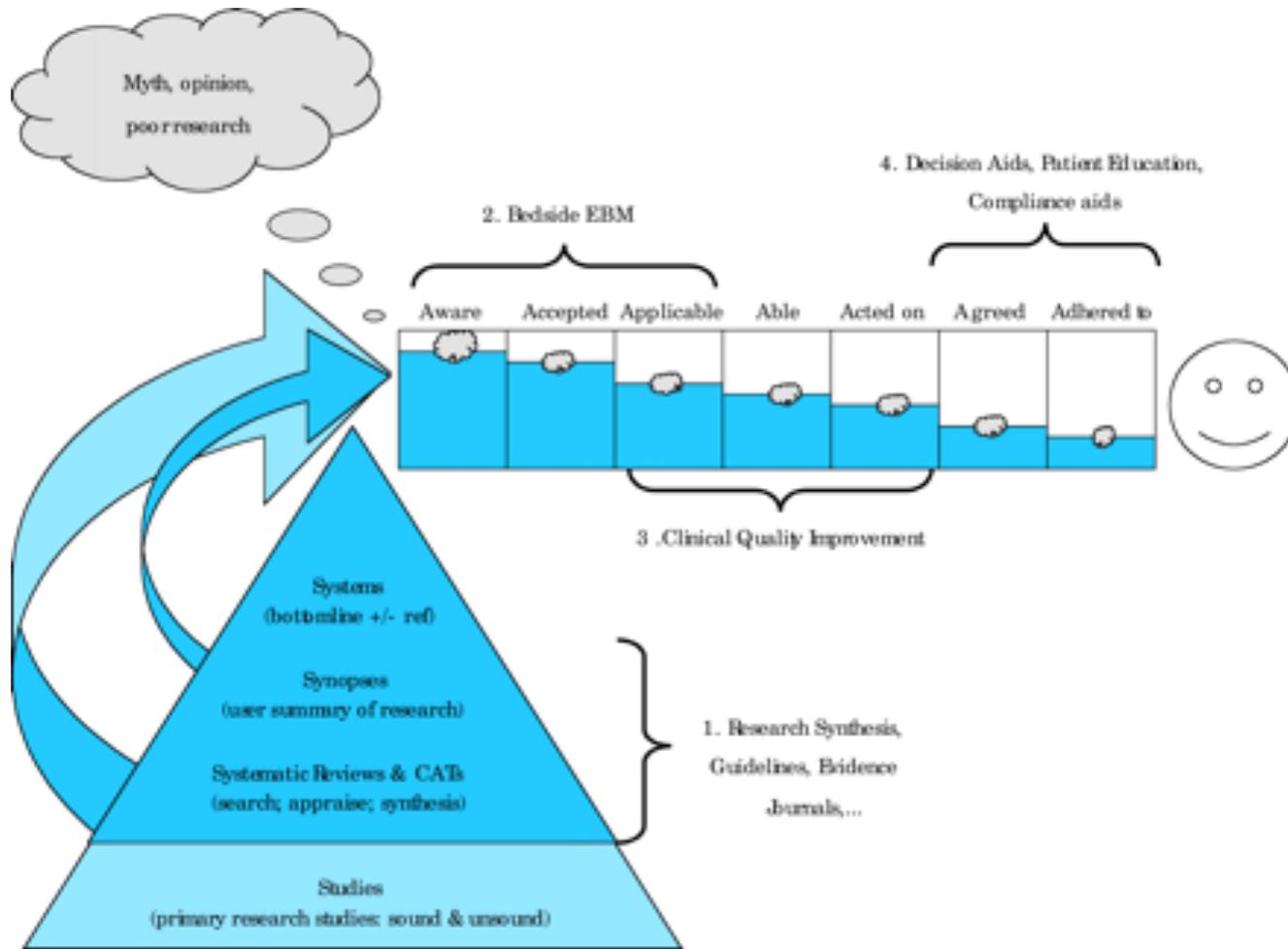
## LIKE RAISING A CHILD?

### Complex

- Iterative
- Dynamic
- Personalized
- ‘Problem framing’



# Disseminating EIS in the U.S.



The Knowledge 'Pipeline': A defunct model

# What is STEP care? *Components*

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- Evaluation: for rare secondary causes (e.g. epilepsy, fronto-temporal dementia) and more common taxonomic categories (acute intermittent psychoses, bipolar disorder, MDD with psychosis, borderline PD)
- Family Education / Support: individual and group
- Social cognition and skills: individual and group
- Individual Psychotherapy
- Pharmacologic Treatment
- Rehabilitation (Support for employment and/or education)

*Integration within a team that seeks to phase and prioritize goals based on explicit principles of care*

# What is STEP care? *Phase-specific*

## 1. ACUTE

Engage around 'interrupted' narratives: work, school, relationships

Safety: self-harm & impulsive aggression

Symptoms: remission of 'positive' symptoms, mood/anxiety

Cognitive losses, stigma, substance use

## 2. STABILIZATION

Maintain symptomatic remission

Prevent relapse

Support rehabilitation

Work/school, relationships

## 3. RECOVERY

Prevent relapse

Maintain functioning

Cardiovascular risk

# What is STEP care? *Principles*

(adapted from IOM Quality Chasm reports)

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1. **Safe:** Focus on suicide/aggression, side effects (short term);  
CV morbidity/mortality (longer term)
2. **Effective:**
  1. Favor empirically supported treatments
  2. Measure and Benchmark: e.g. 80% remission
3. **Patient Centered:**
  1. Provide **menu** of services
  2. Anticipate variable insight: Flexibly (re-) engage, work on treatment alliance
  3. Anticipate stigma: Active inclusion & education of family, primary supports & community resources including other healthcare providers, educators, law enforcement
4. **Timely:** quick, flexible access with community liaison
5. **Efficient:** task share with existing services (e.g. housing)
6. **Equitable:** e.g. jail diversion, tracking minority/immigrant participation

PSYCHOSIS HAS MANY SYMPTOMS – MINDMAP OFFERS ONE PATH TO CUSTOMIZED CARE – YOU CHOOSE YOUR STOPS



### CONTACT MINDMAP

- Call Anytime or Text "MINDMAP" to (203) 589-0388
- Calls Returned Within One Business Day

### SET UP APPOINTMENT

- Convenient Times Available in the STEP Program



### PARTNER WITH A PROFESSIONAL

- Create a Custom Treatment Plan to Suit Your Own Goals



### PSYCHOTHERAPY

- Talk with Your Clinician
- Learn to Manage Your Symptoms

### MEDICATIONS

- If Needed, Find The Right One At The Right Dose For You

### WELLNESS COUNSELING

- Health & Fitness Support
- Substance Abuse Counseling

### INDEPENDENT LIVING

- Counseling on Finances, Insurance & Housing



### EDUCATION

- Practical Assistance to Help You Balance School, Learning and Treatment



### EMPLOYMENT

- Our Employment Specialist Will Help You Find a Job



### FAMILY AND FRIENDS

- You Can Choose Who to Involve in Your Care
- 75% of Families Participate in Our Treatment

### SOCIAL SKILLS

- How to Build Strong and Healthy Relationships



SUCCESS WITHIN 1 YEAR AT STEP

**73%**

Have Job or in School

WITH EARLY DETECTION **2x**

As Many Recover and are Employed Full-Time

**77%**

No Hospitalization Required

**10x**

Better Reduction of Symptoms at STEP vs. Standard Treatment

# IV. Summary

Table Population Health System For Early Intervention With an One of Nine Outcomes of All Individuals With an ICD-10 Code of Psychotic Disorder Within Catchment Zone of 10 Surrounding Towns

Measure	Measure	Target
A. Access		
A.1. Equity	DUP 1 - 1 m <sup>2</sup>	Active (100), optional (110)
	DUP 1 - 1.5 m <sup>2</sup>	Active (100), optional (110)
A.2. Equity	Proportion of female patients, ethnic groups, term of residence, age	% of female patients - female (100), optional (110) Active (100) - % of female patients with mental health problems, optional: all 20 age groups will be represented in all cases. % of patients 18-24 y. Active (100), optional (110)
A.3. Coverage	No. of patients successfully referred to EIP completed annual activities	Active (100), optional (110)
A.4. Delivery to care	Proportion of patients referred to EIP after psychiatric hospitalization	Active (100), optional (110)
B. Engagement		
B.1. UPRAC	# of cases with UPRAC 1-3	Active (100), optional (110)
B.2. Engagement	% of patients with UPRAC 1-3 in 12 months	Active (100), optional (110)
B.3. Exposure to family intervention	family intervention at 12 months	Active (100), optional (110)
C. Outcomes		
C.1. Hospitalization	Psychiatric admission in 12 months after enrollment in EIP	Active (100), optional (110)
C.2. Retention	RAAS 1-3 (low score < 3) 8 mo RAAS 1-3 (low score < 3) 1 y	Active (100), optional (110) Active (100), optional (110)
C.3. Employment/engagement	RAAS 1-3 (low score < 3) 12 months (low score < 3)	Active (100), optional (110)
C.4. Ex-smokers quit	Ex-smokers 1 y	Active (100), optional (110)
	% of smokers 1 y	Active (100), optional (110)
Weighted average	RAAS 1-3 1 y	Active (100), optional (110)
C.5. Disposition	% of patients with no further assessment within 12 months	Active (100), optional (110)

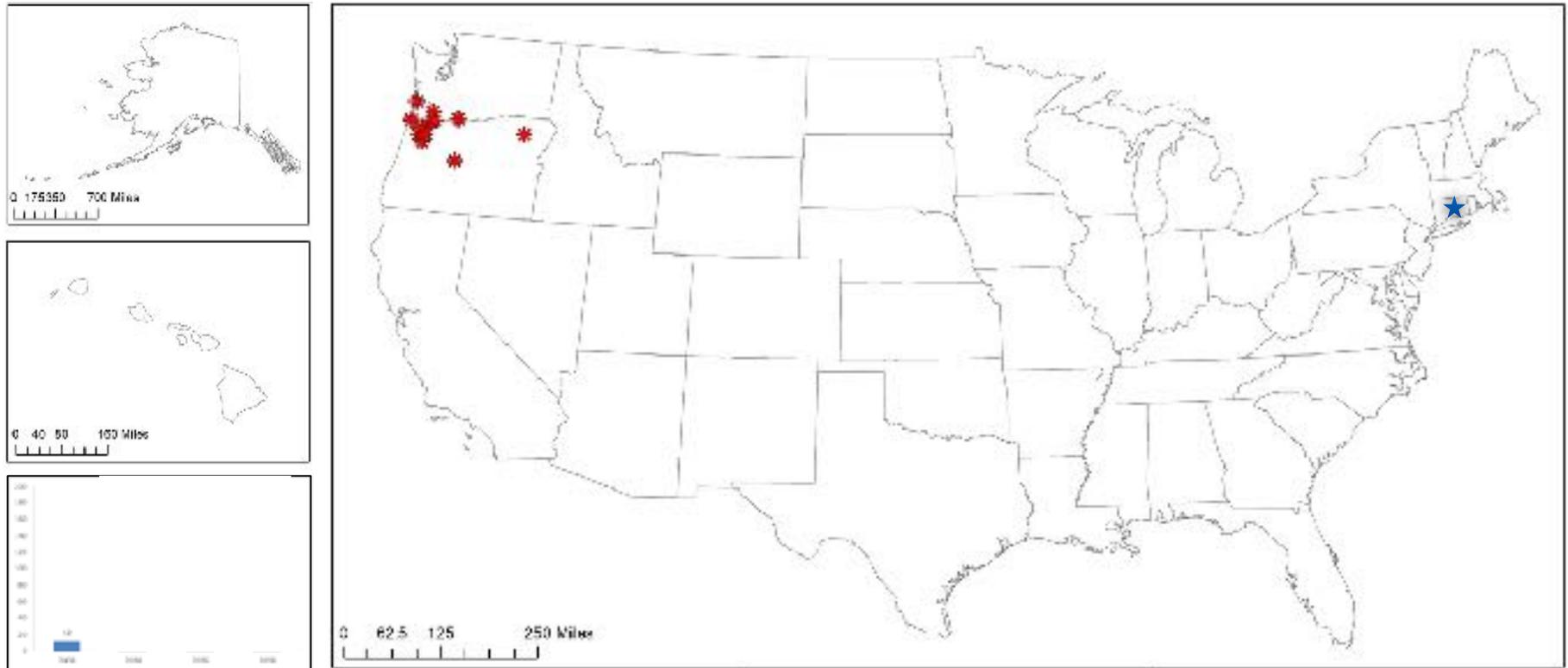
1. EIS can deliver individualized, dynamic packages of care
2. Treatment components can be selected based on emerging evidence, availability & feasibility
3. *Processes* can be refined and disciplined by Population *Outcomes*: building an optimal Culture of practice.

# V. STEP 3.0

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*Where to next?*

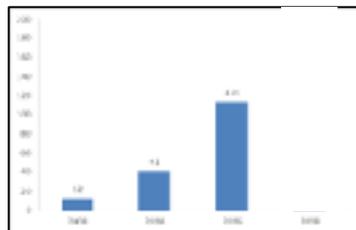
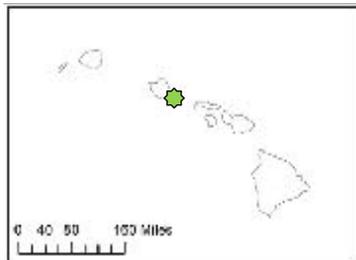
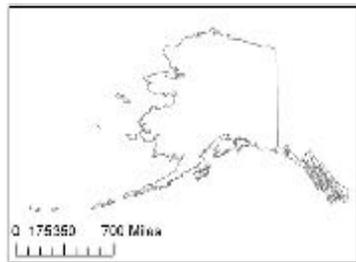
# Public FES clinics before 2008



★ 2008 ★ 2014 ★ 2016 ★ 2018

from Robert Heinssen, NIMH

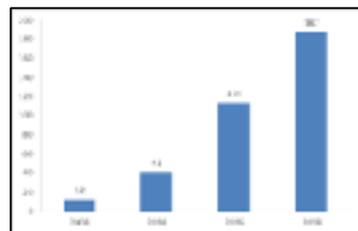
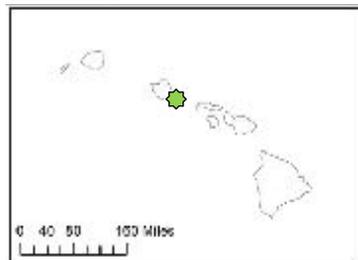
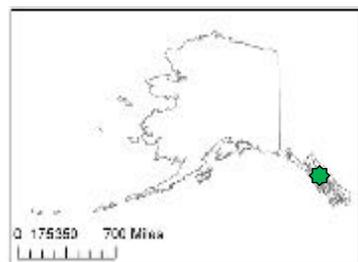
# FES after SAMHSA set-aside



● 2008 ● 2014 ● 2016 ● 2018

from Robert Heinssen, NIMH

# Looking ahead to 2018



● 2008 ● 2014 ● 2016 ● 2018

from Robert Heinssen, NIMH

# Harmonizing Clinical Data Collection in Community-Based Treatment Programs for First Episode Psychosis

National Institute of Mental Health

September 7-8, 2017

*HOW DO WE BUILD A NATIONWIDE EARLY PSYCHOSIS ECOSYSTEM THAT PROVIDES THE BEST AVAILABLE CARE TO AFFECTED INDIVIDUALS and their FAMILIES, WHILE ALSO DRIVING RELEVANT RESEARCH TO CONTINUOUSLY IMPROVE THE EFFECTIVENESS OF THIS CARE?*

# Learning Health Networks: A 'Design' for Early Intervention Service Dissemination?

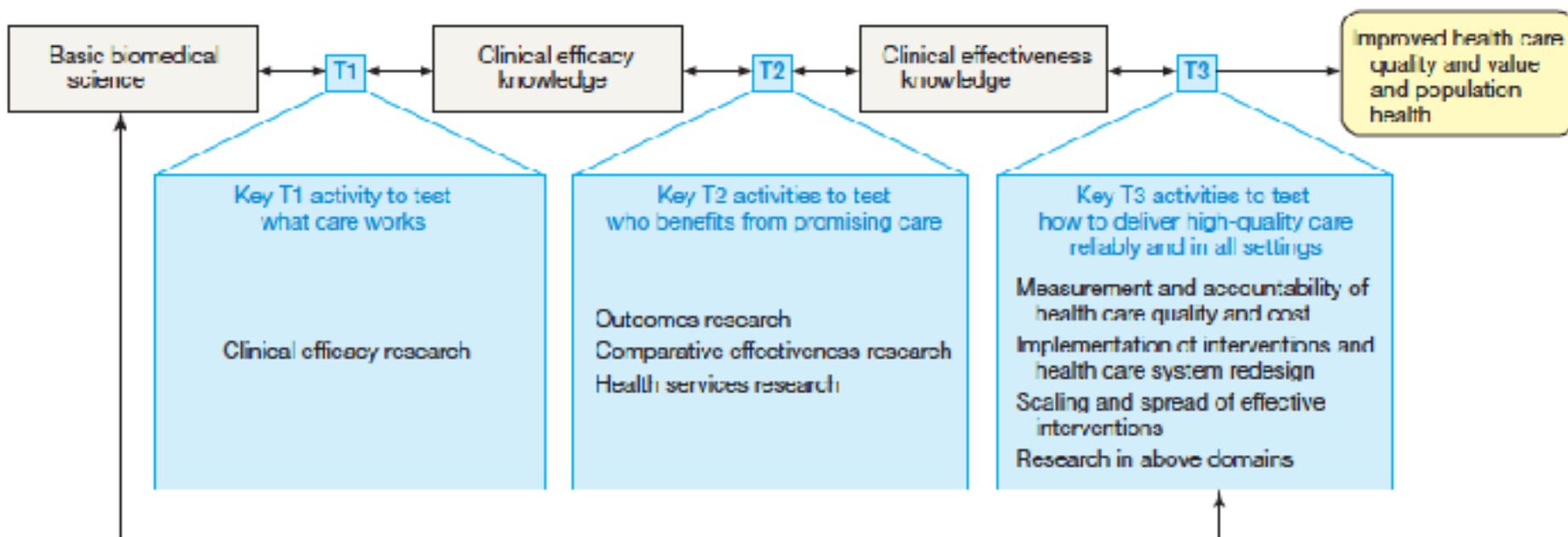
*A Learning Health Network occurs when “science, informatics, incentives, and culture are aligned for continuous improvement and innovation...and new knowledge is captured as an integral by-product of the care experience”*

Roundtable on Value and Science-Driven Health Care, Institute of Medicine. National Academies Press (US); 2013



# Knowledge Translation\*: The aspiration Doing 'what we know' while learning 'what to do'\*\*

**Figure.** The 3T's Road Map

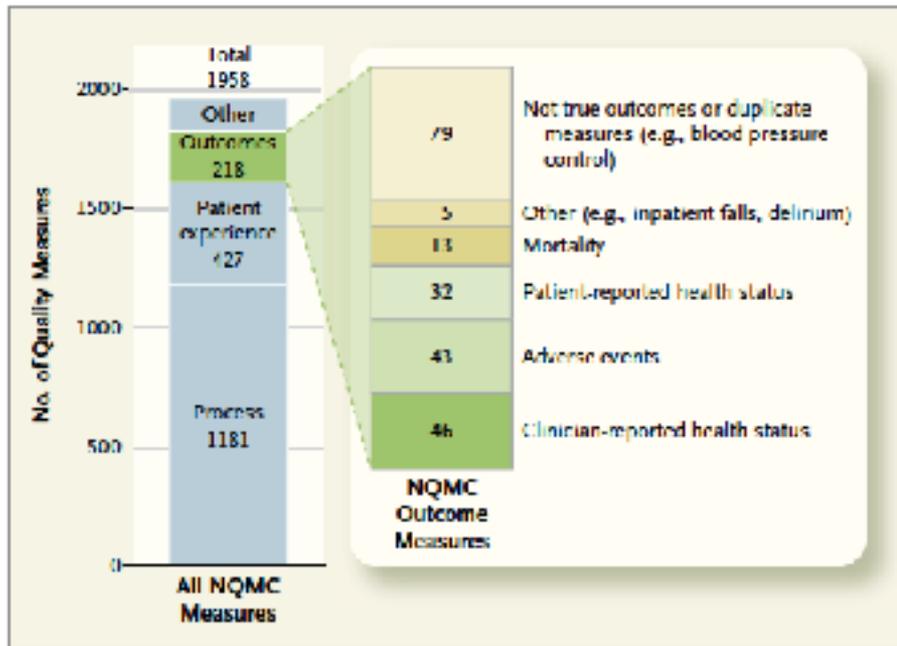


\*Dougherty et al., JAMA 2008

\*\* Glasziou P, et al. *Can evidence-based medicine and clinical quality improvement learn from each other?* *BMJ Qual Saf.* 2011

'Value' = patient outcomes achieved per dollar spent\*

**"< 2% are 'patient reported outcomes'"**



Categories of Quality Measures Listed in the National Quality Measures Clearinghouse (NQMC).

#### International Consortium for Health Outcomes Measurement

- Commit to measure a minimum sufficient set of outcomes
- Consider outcomes across a full 'care delivery value chain'
- Well-defined methods for collection & risk adjustment of measures of outcomes
- Standardization of sets nationally and globally.
- Maximizing 'Value' (= health outcomes achieved per dollar spent)

[www.ichom.org](http://www.ichom.org)

\*Quality of healthcare: Compliance with evidence-based practice guidelines or improvement in outcomes? Porter et al., NEJM 374;6; February 11, 2016

# STEP's System specification for EIS

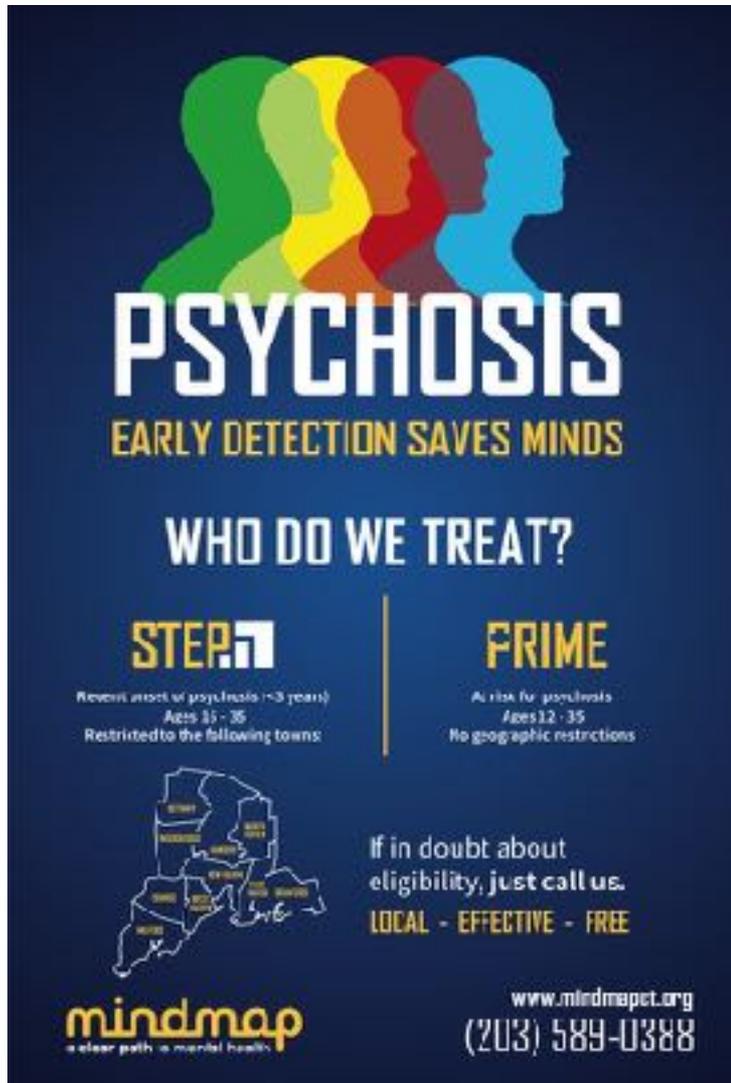
Table. Population Health System for Early Intervention, With an Overall Aim to "Transform Outcomes of All Individuals Within the First 3 Years of Psychosis Onset Within a Catchment Zone of 10 Surrounding Towns"<sup>a</sup>

Objective	Measure	Standard
<b>A. Access</b>		
A.1. Rapidity	DUP 1 < 3 mo <sup>b</sup>	Achievable (30%); aspirational (75%)
	DUP 2 < 12 mo <sup>c</sup>	Achievable (50%); aspirational (75%)
A.2. Equity	Proportion of female patients, ethnic groups, town of residence, age	% of Female patients: achievable (20%); aspirational (40%). Aspirational: % of minorities will meet Census minimal proportions; aspirational: all 10 target towns will be represented at enrollment. % of Patients 16 or 17 y: achievable (5%); aspirational (10%)
A.3. Coverage	No. of patients annually offered STEP care/expected annual incidence	Achievable (15%); aspirational (80%)
A.4. Pathway to care	Proportion of patients admitted to STEP after psychiatric hospitalization	Achievable (80%); aspirational (30%)
<b>B. Engagement</b>		
B.1. Overall	In contact with FES at 1 y	Achievable (70%); aspirational (90%)
B.2. Engagement	% of Patients with at least 2 visits in 1st month	Achievable (70%); aspirational (90%)
B.3. Exposure to family education	Family attendance at 1 education session in 1st month	Achievable (75%); aspirational (90%)
<b>C. Outcomes</b>		
C.1. Hospitalization	No psychiatric admission in 1st year after enrollment in FES	Achievable (<25%); aspirational (<10%)
C.2. Remission	FANSS 8-item score < 3 at 6 mo	Achievable (50%-70%); aspirational (85%)
	FANSS 8-item score < 3 at 1 y	Achievable (80%); aspirational (90%)
C.3. Vocational engagement	Not in labor market (NEET and not a full-time caregiver)	Achievable (<20%); aspirational (<10%)
<b>C.4. Cardiovascular risk</b>		
Smoking	New smokers at 1 y	Achievable (20%); aspirational (10%)
	% of Smokers at 1 y	Achievable (60%); aspirational (30%)
Overweight or obese	BMI < 25 at 1 y	Achievable (30%); aspirational (75%)
	Retain normal BMI at 1 y	Achievable (60%); aspirational (75%)
C.5. Disposition	% Successfully transitioned to routine community services after 2 y in FES	Achievable (80%); aspirational (90%)

# System Specification: Implications

- Individualized, phase-specific care
- Care *Processes* responsive to Population Outcomes across domains of access, disease-related morbidity and broader determinants of social & vocational functioning.
- Fidelity (like adherence) as a variably important mediator of patient oriented outcomes, not ends in themselves
- Ownership: Local implementation choices
- Creative resourcing of & disinvestment from services
- Accountability: e.g. annual report focused on outcomes of value to local stakeholders

# STEP 3.0 - Next steps



The poster features a dark blue background. At the top, there are five overlapping silhouettes of human heads in profile, colored green, yellow, orange, red, and blue from left to right. Below this, the word "PSYCHOSIS" is written in large, white, bold, sans-serif capital letters. Underneath "PSYCHOSIS" is the phrase "EARLY DETECTION SAVES MINDS" in smaller, yellow, sans-serif capital letters. The central question "WHO DO WE TREAT?" is written in white, sans-serif capital letters. Below this, the poster is divided into two columns. The left column is for "STEP" (ages 15-35) and the right column is for "FRIME" (ages 12-35). A map of Connecticut is shown in the bottom left, with several counties highlighted. The "mindmap" logo is at the bottom left, and the website and phone number are at the bottom right.

**PSYCHOSIS**  
EARLY DETECTION SAVES MINDS

WHO DO WE TREAT?

**STEP**  
Reversal point of psychosis (1-3 years)  
Ages 15 - 35  
Restricted to the following towns:

**FRIME**  
At risk for psychosis  
Ages 12 - 35  
No geographic restrictions

If in doubt about eligibility, just call us.  
**LOCAL - EFFECTIVE - FREE**

**mindmap**  
a clear path to mental health

www.mindmapct.org  
(203) 589-0388

1. “**STEP-In**” : Reducing DUP, improving experience To AND Through care [Mindmap](#)
2. “**STEP-Up**”: Refining treatment model: integration and cognitive remediation [PT/CET project](#)
3. “**STEP-Out**”: What after STEP? [Audit/Tele-consultation model](#)
4. Hub and Spoke for CT: [need an FES in Southwest CT](#)
5. Linking CT to National Learning Healthcare Network: building an open source digital platform [STEP-ONE in beta-testing](#)