FY26 EPI-NC FEP Annual Update

Table of Contents

A. Develop and maintain reporting from the Division's Quality Improvement (QI) Database for NC FEP CSC clinics. 2

Data Security 2

Key Clinical Outcomes Reports 3

B. Provide training, technical assistance and clinical consultation to NC-CSC clinics. 3

Training and Consultation 3

Medical Management Monthly Training 3

Individual Therapy 4

Family Therapy 4

Clinic Director 4

Peer Support Specialist 4

Project Extension for Community Healthcare Outcomes (ECHO) 5

2026 NC FEP Symposium 5

Sustainability 5

Additional Support for FEP Programs 6

C. Implement Family Outreach and Support Programs 7

Understanding Caregiver Needs in NC-CSC Programs 7

Family Peer Support 8

Caring for the Caregiver 8

Bolster mHealth Support Mobile App 9

Community Clinician Outreach 10

Resident Education 10

D. Provide health and wellness coaching through the implementation of NC Healthy Active Living (NC HeAL) 11

FY26 Monthly SOW Updates 12

A. Develop and maintain reporting from the Division's Quality Improvement (QI) Database for NC FEP CSC clinics.

Data Security

EPI-NC has worked to enhance data security for the program, completing the process of bringing all data practices into compliance with the division's data security policies. This included transitioning all data analysis to a secure remote workspace to ensure the security of private health information and migrating all sensitive data not stored on the REDCap QI database to the secure remote workspace. We have also worked with UNC Research Computing, UNC School of Medicine ITS, and the division to identify a secure file transfer process that will allow our clinical data coordinator to securely share and receive files containing sensitive information without compromising data security. We have identified a High Assurance subscription to Globus as a viable solution, and UNC Research Data Management Core has executed a customer agreement with Globus and a HIPAA BAA with the University of Chicago, the provider of Globus. EPI-NC is continuing to collaborate with the division to ensure that Globus is the best option for secure file transfers. In addition to the efforts to bring all EPI-NC data practices into compliance with the division's data security policies, we designed a new REDCap database specifically to securely store service data. This will not only improve the security of the service data but also provide an additional level of protection to ensure the service lists are not inadvertently damaged or deleted. EPI-NC will roll out use of this service delivery database at the beginning of the 2026-2027 fiscal year.

Throughout the year, EPI-NC has modified the new REDCap QI database to improve question clarity and reduce the burden of data collection on CSC programs. With the development of the updated fidelity guidelines, EPI-NC outlined a fidelity scoring manual to map out how each fidelity standard will be assessed. We used the scoring outline to finalize the new REDCap QI database forms, ensuring that all possible areas of the fidelity guidelines are addressed by data collected on the REDCap QI database. Following this final revision of the new QI database, we began developing a data migration plan to accurately map all existing variables in the dataset to the corresponding variables on the new QI database. Some of the fidelity standards cannot be assessed using data collected on the REDCap QI database, as they're focused on areas like the roles of CSC team members and CSC program policies. To assess those fidelity standards, discipline-specific staff surveys were developed in conjunction with EPI-NC discipline leads. These

discipline surveys were distributed to all appropriate CSC program staff and will be used to generate the fidelity report card for the 2025-2026 fiscal year.

Key Clinical Outcomes Reports

EPI-NC compiled quarterly fidelity reports for each CSC program, as well as semi-annual and annual key clinical outcomes and fidelity reports that were reviewed in meetings with each CSC program. During the fidelity reviews, any areas to focus on for quality improvement were identified, then EPI-NC and CSC teams collaborated to plan initiatives to address fidelity areas and client outcomes, to improve and continue to monitor progress throughout the year.

B. Provide training, technical assistance, and clinical consultation to NC-CSC clinics.

Training and Consultation

EPI-NC has provided continuous consultations and trainings to team members of NC-CSC clinics throughout the fiscal year. The team has provided one-on-one onboarding and consultation for new team members, case consultations for established team members, and discipline specific training for each of our core discipline groups. A detailed list of consultations and trainings offered in FY 26 can be found here: FY 26 Meeting Tracker

EPI-NC has offered monthly trainings for our core disciplines and for the entire multi-disciplinary team. Continuing education credits were offered for Medical Management meetings, Individual Therapy meetings, Family Therapy meetings, Project ECHOs, and the 2026 NC FEP Symposium. Details of these trainings are outlined here:

Medical Management Monthly Training

During this fiscal year, we were successful in continuing the monthly educational webinar meetings for the psychiatric care providers. A total of 10 sessions were held (two cancelled due to the holiday season). Some examples of topics covered include nicotine cessation management, medication empowerment, reviewing and updating current recommendations for the medical work-up of first episode psychosis, and holding space to discuss challenging cases. We will continue our work to create uniform guidance for North Carolina psychiatric care providers around medical work-up and initial treatment algorithms for FEP that align best with the current evidence base.

Individual Therapy

We delivered monthly training sessions focused on evidence-based assessment and intervention strategies for individuals experiencing early psychosis. Participants reported improvements in multidisciplinary collaboration and identified specific practice changes, including greater use of Cognitive Behavioral Therapy for psychosis (CBTp), family intervention strategies, cannabis assessment and psychoeducation, strengths-based approaches, and Dialectical Behavioral Therapy (DBT) skills. Feedback was highly positive, with no reports of commercial bias. As part of this series, EPI-NC provided consultation and education on supporting healthy lifestyle goals within Individual Resiliency Training (IRT), including motivational enhancement strategies and harm reduction approaches aimed at reducing substance use and promoting overall wellness for clients with FEP.

Family Therapy

We offered monthly trainings for the family therapists, which were well received by the attendees. Trainings focused on skill-building and case consultations. We offered two series led by experts in their areas, Michelle Friedman-Yakoobian, PhD, and Sylvia Saade, PhD. Dr. Friedman-Yakoobian's workshop focused on Enhancing Family Engagement in FEP Care.

Dr. Sylvia Saade presented a two-part workshop highlighting the Somatic Regulation Approach for the family therapists. These techniques enhance evidence-based family therapy models already in place. Four consultation sessions followed the initial workshops.

Clinic Director

Under the supervision of Christine Still, LCSW, the NC-CSC Clinic Directors began to meet on a monthly basis. These meetings offered training and consultation around key issues that Clinic Directors deal with, such as supervising a multi-disciplinary team, discharging long-term clients, and clinical assessment of referrals. These meetings have a nearly 100% attendance rate and have been a vital part of the dissemination of information that is crucial for the NC-CSC teams.

Peer Support Specialist

During Fiscal Year 2025–2026, the EPI-NC Peer Support Program provided training, consultation, and technical assistance to Peer Support Specialists across Coordinated Specialty Care programs in North Carolina. EPI-NC facilitated regular

Peer Support Learning Groups and Peer Support Supervision meetings to provide education, case consultation, and opportunities for collaboration among PSS working in First Episode Psychosis programs.

Project Extension for Community Healthcare Outcomes (ECHO)

EPI-NC offered monthly Project ECHOs, a format that promotes and "all teach, all learn" method that connects well with our multi-disciplinary model. Each clinic has had the opportunity to share difficult cases with experts and other NC-CSC team members to gain clinical guidance. Some examples of session topics include, comorbid autism and psychosis, cannabis use and psychosis, and financial barriers to FEP care.

2026 NC FEP Symposium

The 2026 NC FEP Symposium was hosted in Charlotte, North Carolina and was attended by team members from all NC-CSC teams, DMHDDSUS stakeholders, LME/MCO stakeholders, residents, and members of new FEP clinics from Daymark and HelpingUHeal. The event focused on individualizing care for clients with comorbid disorders, such as cannabis substance use disorder and autism spectrum disorder.

Sustainability

This fiscal year, EPI-NC was charged with increasing the sustainability of NC-CSC clinics to ensure the longevity of the programs. At the beginning of the fiscal year, only 2 NC-CSC clinics were billing for any clinical service. Currently all NC-CSC clinics are billing for therapy and medication management services.

EPI-NC has also been exploring other pathways to sustainability such as billing for PSS/SEEs, ILOs, and bundled billing codes through private insurers. Each of these pathways are promising but also have their own challenges. For PSS/SEEs billing, there is the benefit in the short-term that Medicaid will cover these services. However, many private insurers will not cover these services and due to federal regulations, providers cannot bill some patients and not others. One solution we found with the University of North Carolina at Chapel Hill Regulatory Team is to bill all insurances for PSS/SEEs and when insurance providers deny the claim, the teams can then bill the charge to the Mental Health Block Grant (MHBG). Some roadblocks for this are that teams need approval to bill the MHBG based on the stipulations inside of the grant (i.e. financial difficulties) and would require additional administrative work to be feasible. This would also create more administrative difficulties for the NC-CSC teams to achieve sustainability.

We have also explored the possibility of an In Lieu Of service definition through Medicaid Providers. A complication we ran into with this path was the lack of a well-defined service definition for the NC-CSC programs. This was the catalyst for Dr. Perkins to draft revised FEP Fidelity Guidelines that, once approved, will be used to create this service definition. This avenue seems very promising, so long as the North Carolina Medicaid team has the bandwidth and interest to support an ILO of this nature.

EPI-NC was also contacted by BlueCross and BlueShield (BCBS) early in 2026 to discuss the possibility of creating a bundled billing code for CSC services in North Carolina. The BCBS team are interested in providing better service for their clients, and they see this avenue as a way to achieve that. EPI-NC has been providing consultation on CSC services and providing information on other bundled billing rates across the country. Currently, the BCBS team is moving forward with this pathway, and they are working to get the bundled billing code through their internal review. The next steps for this process will be to connect the BCBS team members with NC-CSC providers to create agreements around using the bundled billing code for BCBS members.

In FY27, EPI-NC plans to continue pursuing the ILO and bundled billing code pathways towards sustainability. We will coordinate and collaborate with the DMHDDSUS to ensure they remain updated on all efforts towards sustainability.

Additional Support for FEP Programs

In the FY26 fiscal year, EPI-NC was able to utilize available staff to accomplish goals beyond the established SOW:

- **Support Implementation of New FEP Programs:** EPI-NC supported the implementation of VAYA's FEP ACTT team and Daymark's FEP team. In the first half of the fiscal year, EPI-NC met with VAYA and the new FEP-ACTT team to provide guidance on implementation of the service and has offered ongoing consultation to the FEP ACTT team members. EPI-NC also played an instrumental role in connecting the Daymark team to implementation resources through DMHDDSUS. Through the persistence of Arthur Kelley, MD, we have been successful in establishing a dedicated team in Forsyth County and Daymark who are committed to better serving their FEP population. This team received RHTP grant funding to expand their partial FEP team into a full CSC team, and EPI-NC has been offering ongoing consultation to assist in the implementation process.
- **Medication Empowerment Implementation:** Clients in CSC clinics often struggle to express their concerns surrounding their medication to their medical provider. EPI-NC noticed this concern and has begun implementation of Medication

Empowerment, a program that seeks to strengthen clients' ability to accurately share their experience with medication to their providers. All PSS have been trained in implementing Medication Empowerment, and one clinic began offering it in a group setting.

- **Updating CSC Clinician Resources**
    - PSS developed new wellness and relapse prevention planning materials and conducted a survey on engagement strategies used in FEP programs.
    - Family Therapists worked towards improving and modernizing therapy materials from a variety of different sources including Family Focused Therapy, Navigate, and OnTrack. The materials include core modules focused on psychoeducation and behavioral modification and enhanced modules that are comprised of communication skills and structured problem solving.
    - The EPI-NC Onboarding Manual was updated by all discipline leads, but specific attention was paid to the Team Lead onboarding section. This manual now offers more specific information and assistance for new Team Leads to understand the FEP landscape and how to lead a multi-disciplinary team.

C. Implement Family Outreach and Support Programs

Understanding Caregiver Needs in NC-CSC Programs

EPI-NC conducted a caregiver needs assessment with 40 family members across NC CSC programs. Participants identified as mothers (n=25), fathers (n=9), aunts (n=2), partners/spouses (n=2), and siblings (n=2). Notably, more than half of respondents reported that they had not shared their concerns about their loved one's mental health with family members, friends, healthcare professionals, or other supports (22 "no" compared to 18 "yes"), which may reflect confusion early in the course of illness or concerns discussing mental health challenges with supportive others.

Caregivers expressed the most interest in education about psychosis and treatment (n=28 reporting they were "very" or "extremely" interested), followed by mental health and wellbeing (n=25), relationships and family dynamics (n=20), and identity-related topics (n=19). Respondents were most interested in learning from individuals with lived experience of psychosis (n=23), mental health treatment experts (n=23), and other caregivers supporting a loved one with psychosis (n=21). Watching videos (n=26) and engaging in discussions (n=24) were the preferred learning modalities. When asked to rank

support resources, individual therapy or counseling was most frequently selected as the preferred option (n=14), whereas social or community events (n=8), online community forums (n=7), and mobile applications (n=6) were most often ranked among the least preferred options. Future family education and support initiatives will emphasize practical information about psychosis and recovery, individualized support for caregivers, and opportunities for learning from experts, peers, and individuals with lived experience.

Family Peer Support

The Family Peer Support (FPS) program was implemented at OASIS and SHORE during the 2025–2026 fiscal year. EPI-NC staff David Penn provided supervision to Family Peer Workers (FPWs), Kristin Gibson and Katie Hayes at OASIS and SHORE, respectively. To address the first SOW goal of connecting caregivers with trained family peer support, FPWs attended monthly multifamily group meetings, accepted referrals from program directors, held weekly office hours, and provided individualized support to families through in-person meetings, phone calls, texts, and email. One FPW also created personalized welcome packets for new families. Currently, the FPW at OASIS maintains an active caseload of approximately nine caregivers, while the SHORE FPW has had contact with eleven caregivers outside of multi-family groups. FPWs offered emotional support, validation and normalization, psychoeducation about family recovery and caregiver stress, and encouraged healthy coping using the PEARLS framework (Peer relationship, Encourage growth, Acceptance, Respect, Links to support, and Suspend bias and blame) to guide their work.

To address our second SOW goal of facilitating connections among caregivers outside of the healthcare setting, FPWs organized a variety of community-based social activities, including nature hikes, volunteer events, picnics, arts and crafts groups, museum visits, sporting events, and game nights. These activities helped caregivers build relationships and connect with others who share similar experiences. In addition, one FPW has recently launched a virtual "Caregivers Corner" newsletter to allow for resource sharing and communication among families. Looking ahead to 2026-2027, EPI-NC plans to expand FPS services to additional NC CSC programs, partner with the UNC Family Support Network to provide training and certification for FPWs and supervisors, conduct a caregiver feedback survey to inform program improvement, and develop a train-the-trainer model to support long-term sustainability and statewide supervision of FPS.

Caring for the Caregiver

EPI-NC oversaw the Caring for the Caregiver (CFC) program, an individualized therapy intervention designed to support the mental health and wellbeing of caregivers of young

people with FEP. From September 2025 to June 2026, we provided clinical supervision, consultation, and fidelity monitoring for study therapists at OASIS and Encompass involved in providing direct services to FEP caregivers. Four therapists — Kelsey Ludwig, David Penn, Rachel Taylor, and Mac Schauman — delivered a total of 226 CFC sessions to 26 caregivers. Therapists created a supportive space for caregivers to process the rewarding and challenging aspects of supporting a young person in the early stages of psychotic illness. Caregivers learned and practiced foundational CBT skills, including using the CBT triangle to understand the interrelatedness of thoughts, feelings, and behaviors, and cognitive restructuring techniques to increase cognitive flexibility and reduce distress. Many caregivers have chosen to focus on strengthening communication skills and relationships, including practicing reflective listening, using open-ended questions, and sharing affirmations to improve interactions with their loved ones. Preliminary findings indicate high levels of caregiver engagement and satisfaction, supporting the feasibility and acceptability of providing individualized mental health services for caregivers at NC CSC programs.

Bolster mHealth Support Mobile App

During the 2026-2027 fiscal year, EPI-NC launched the Bolster mHealth pilot program, an initiative aiming to deliver and evaluate the implementation of Bolster, a mobile app intervention designed to provide psychoeducation, self-guided support, and resources to family caregivers of young people experiencing early psychosis throughout North Carolina. During the year, we integrated and harmonized North Carolina-specific Bolster content with the centralized EPI-NC website and embedded information about the intervention into EPI-NC outreach materials to increase awareness and facilitate referrals. Following launch in January 2026, the Bolster mobile application was made available to family caregivers of young people receiving services through North Carolina's Coordinated Specialty Care (CSC) programs. Although the implementation timeline for FY26 was shortened because of administrative requirements preceding launch, as of June 2026, 19 family caregivers have enrolled in and received Bolster.

Following launch, EPI-NC focused on expanding awareness of the pilot and strengthening referral pathways across the state. Team members visited each North Carolina CSC program through multidisciplinary team meetings or multifamily group sessions to introduce the intervention, answer questions, and provide implementation support. We also established communication with inpatient psychiatric programs, including UNC Hospitals and the Youth Behavioral Health Hospital in Butner, to increase awareness of Bolster among families during hospitalization and facilitate connections to ongoing caregiver support following discharge. To improve equitable access to the intervention, we

also completed the scope of work, requirements gathering, and implementation planning for an offline mode that will allow future versions of Bolster to better serve caregivers with limited or inconsistent broadband internet access.

Community Clinician Outreach

In the 2026 fiscal year, EPI-NC focused outreach efforts on our major referral partners to bolster the existing relationship and to help promote appropriate referrals. We gave in-person presentations on FEP topics to Central Regional Hospital, Triangle Springs, Raleigh Oaks, Holly Hill, and Pasadena Villa. In addition to these presentations, we developed a list of statewide referral partners and sent a newsletter to these organizations. This newsletter contained information on referring to NC-CSC programs, Bolster mHealth mobile app, and other resources available to those experiencing FEP.

EPI-NC also focused on updating our website to provide a more user-friendly way of accessing resources for community clinicians, caregivers, and those experiencing FEP. We developed an interactive resource map for those experiencing FEP that includes CSC clinics, IOP, emergency rooms, and other treatment options.

We also offered training to a variety of FEP stakeholders throughout the state. For example, we gave an introduction to FEP for the Alliance case management team, offering insights into the methodology behind CSC and referral information for the teams. EPI-NC delivered several intensive workforce development initiatives focused on evidence-based psychosocial interventions for early psychosis. These included a multi-day CBTp training for outpatient clinicians and community Assertive Community Treatment (ACT) teams in January 2026.

Resident Education

EPI-NC has begun to roll out statewide learner initiatives targeting physician training in First Episode Psychosis (FEP) patient care, including education on the coordinated specialty care (CSC) model.

The training initiative has primarily focused on general psychiatry residents and child and adolescent psychiatry (CAP) fellows. A statewide needs assessment was conducted of the current psychiatry residencies and CAP fellowships which demonstrated that most training programs have neither FEP specific formalized didactic training nor clinical experience. In meeting with training leaders, every residency program was interested in having EPI-NC supply formalized didactic training to their learners. Two residency programs opted to start didactics in the 2025-2026 academic year; the rest opted to start in the 2027-2028 year.

Additionally, this past academic year, EPI-NC has launched a weekly “office hours” drop in for trainees interested in discussing an FEP case. As part of an optional listserv, we are sending out monthly FEP specific readings for trainees to review. Additionally, we are developing a resource document for attendings who engage with learners in the FEP space.

D. Provide health and wellness coaching through the implementation of NC Healthy Active Living (NC HeAL)

During this reporting period (July 1, 2025 – June 30, 2026), NC Healthy Active Living (NC HeAL) received 114 referrals from NC-CSC clinic teams, of which 43 clients were engaged in health coaching and 13 engaged in Medical Nutrition Therapy. Most referrals and engagements occurred from November 2025 onward, as there was no NC HeAL health coach from the start of the fiscal year until November. Notably, this is the first year that family members have engaged in NC HeAL services.

Since its inception in 2023, the total number of referrals is now 184, with 119 representing total unique referrals over time. A total of 69 (58% of referred) engaged in at least one health coaching session; 59 (50% of referred) engaged in at least three health coaching sessions and 38 (32% of referred) have continued with six or more health coaching sessions.

The NC HeAL health coach also facilitated group seminars and events, including a walking group and collaboration with the OASIS peer support specialist on wellness planning and sleep hygiene. The NC HeAL health coach attended clinical team meetings as requested by each site, attended Project ECHO seminars, participated in continuing education on culinary coaching, and attended the FEP annual conference. The NC HeAL health coach provided one presentation to NC-CSC medical directors, one presentation to Project ECHO, and three presentations to family groups on evidence-based lifestyle approaches to reducing cardiovascular, respiratory, and metabolic risk. Finally, the NC HeAL coach maintained ongoing communication and collaboration with peer support specialists and supported education and employment specialists.

Feedback on the program components was collected via survey, with patients (n=24 respondents) reporting an average score of 4.88/5 on the statement “My coach is supportive in helping me achieve my goals” and 4.63/5 on the statement “Have you been satisfied with your participation in the NC HeAL program?” Qualitative results include positive comments on the helpfulness of accountability, goal setting, support, and confidence. The results informed ongoing quality improvement efforts. In addition, data

from the first year of NC HeAL shows a significant increase in physical activity that occurs within the first 3 months of engagement in the service. This indicates promise of potential future benefits in physical health measures for NC FEP clients.

Clients and caregivers were also provided with downloadable educational resources and wellness support materials, including materials on physical activity, diet, screen time, sleep, stress management, and nicotine and alcohol reduction. Items to improve health – such as blood pressure cuffs for home use, FitBits, ankle and wrist weights, and Mediterranean South Lifestyle Cookbooks – were also offered and dispensed to interested participants. Overall, NC HeAL continued to advance health and wellness goals across the NC-CSC network during this period.

FY26 Monthly SOW Updates

- July
- August
- September
- October
- November
- December
- January
- February
- March
- April
- May
- June