

Aligning State Outcome Monitoring Measures for First Episode Psychosis Care With National Standards

JUNE 2, 2020



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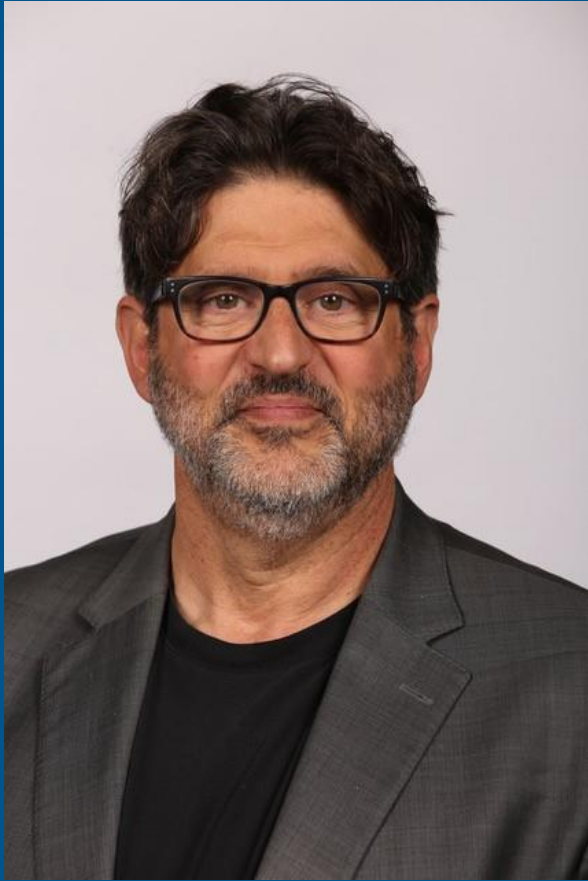


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Polling Question

Who is on the webinar today?

A. State Employee

B. County Employee

C. Academic/Research

C. Clinical Staff

D. Other

Cultivating a National Learning Health Care Network in Early Psychosis Intervention

ROBERT K. HEINSSEN, PHD

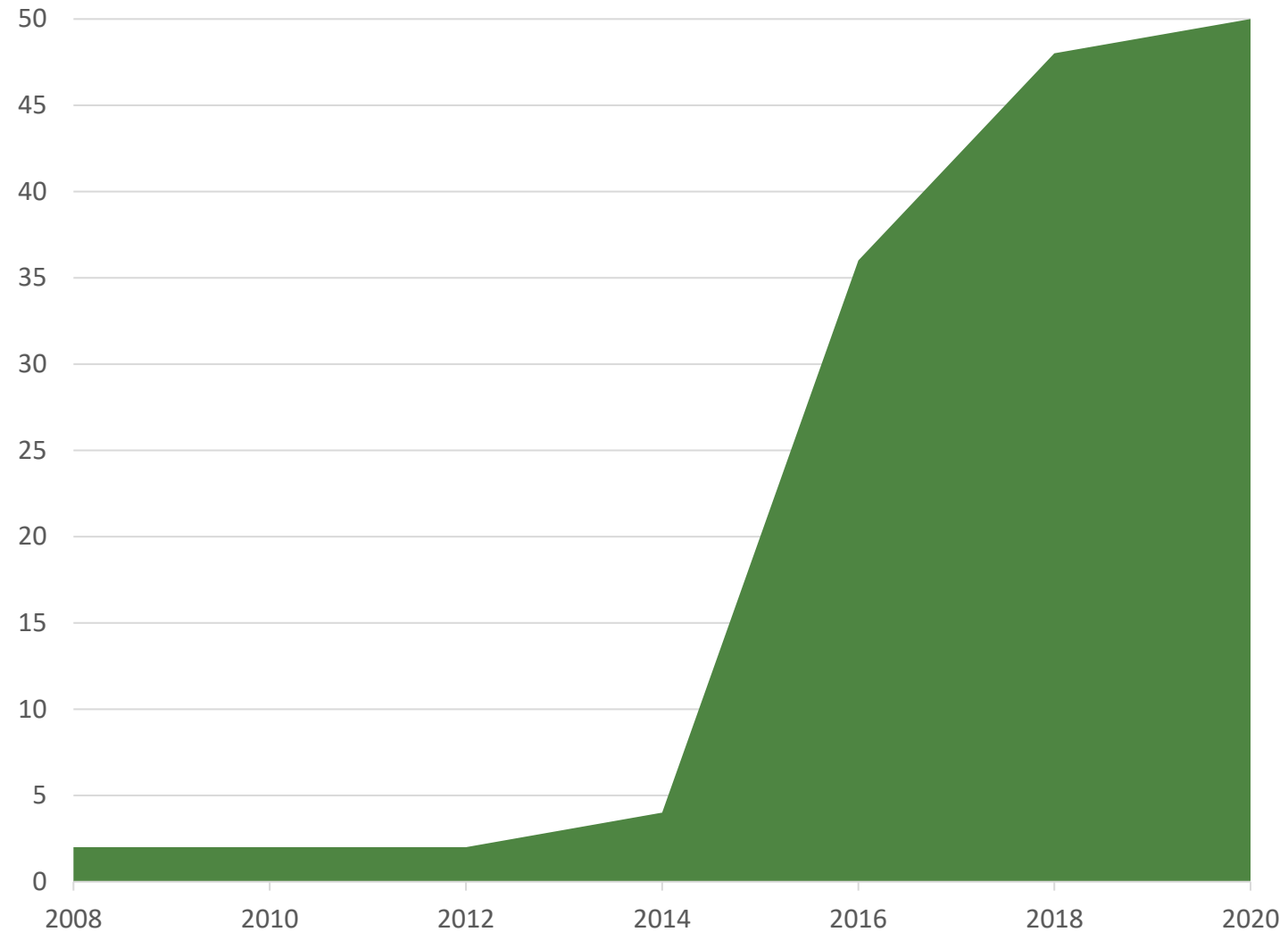
Disclosures

- 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.

500

22,000

Cumulative Number of States with Early Psychosis Intervention Plans



RA1SE

Recovery After an Initial
Schizophrenia Episode

A Research Project of the NIMH



Coordinated Specialty Care Model



RA1SE

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

RA1SE

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



PEPPNET

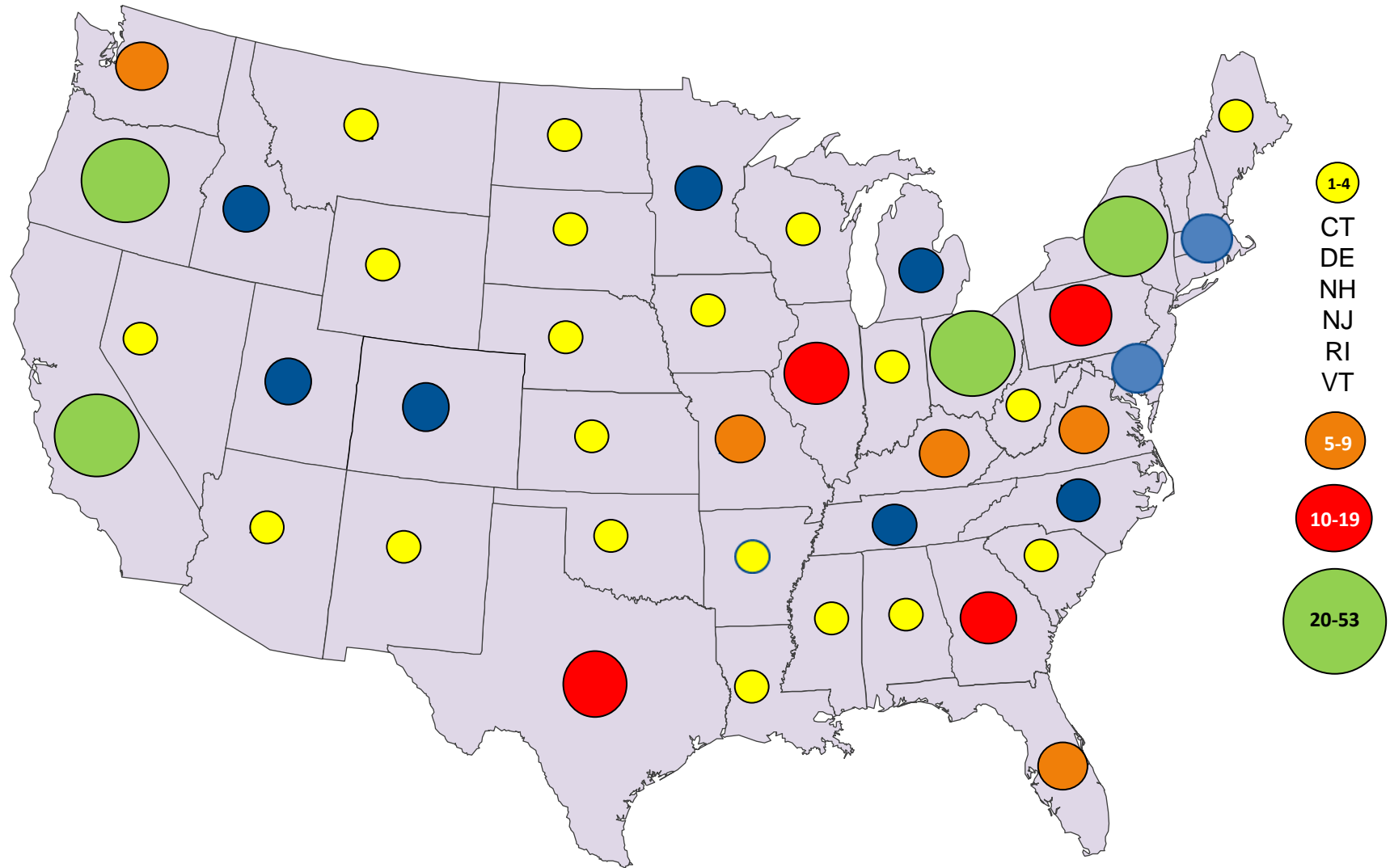
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH



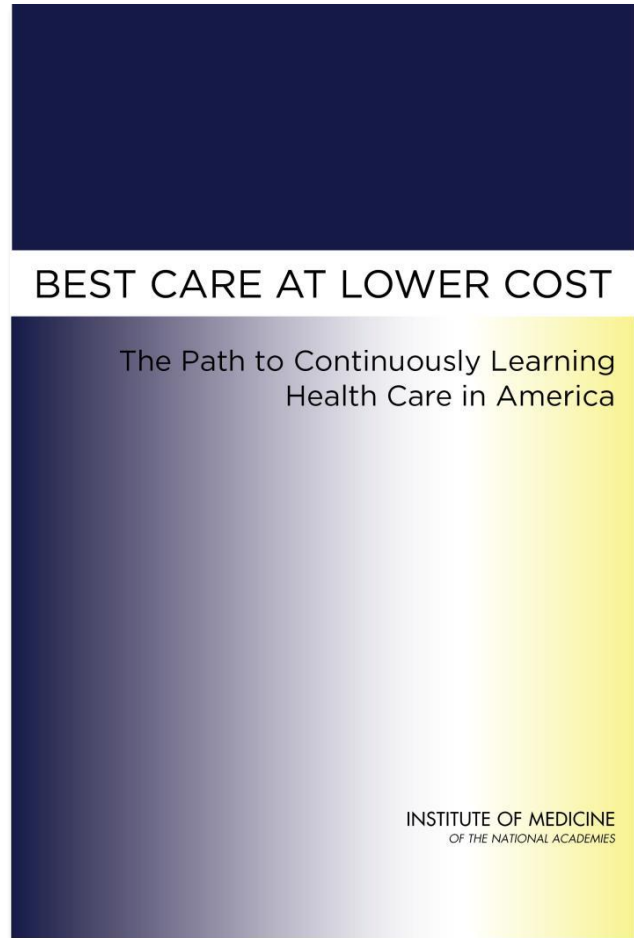
**ANNUAL NATIONAL CONFERENCE ON ADVANCING
EARLY PSYCHOSIS CARE IN THE UNITED STATES**

Early Psychosis Programs, 2020

340 Programs



Learning Health Care



Institute of Medicine, 2013





Advancing services, outcomes, and discovery through a national learning health care partnership

Polling Question

Before today, how well did you know EPINET?

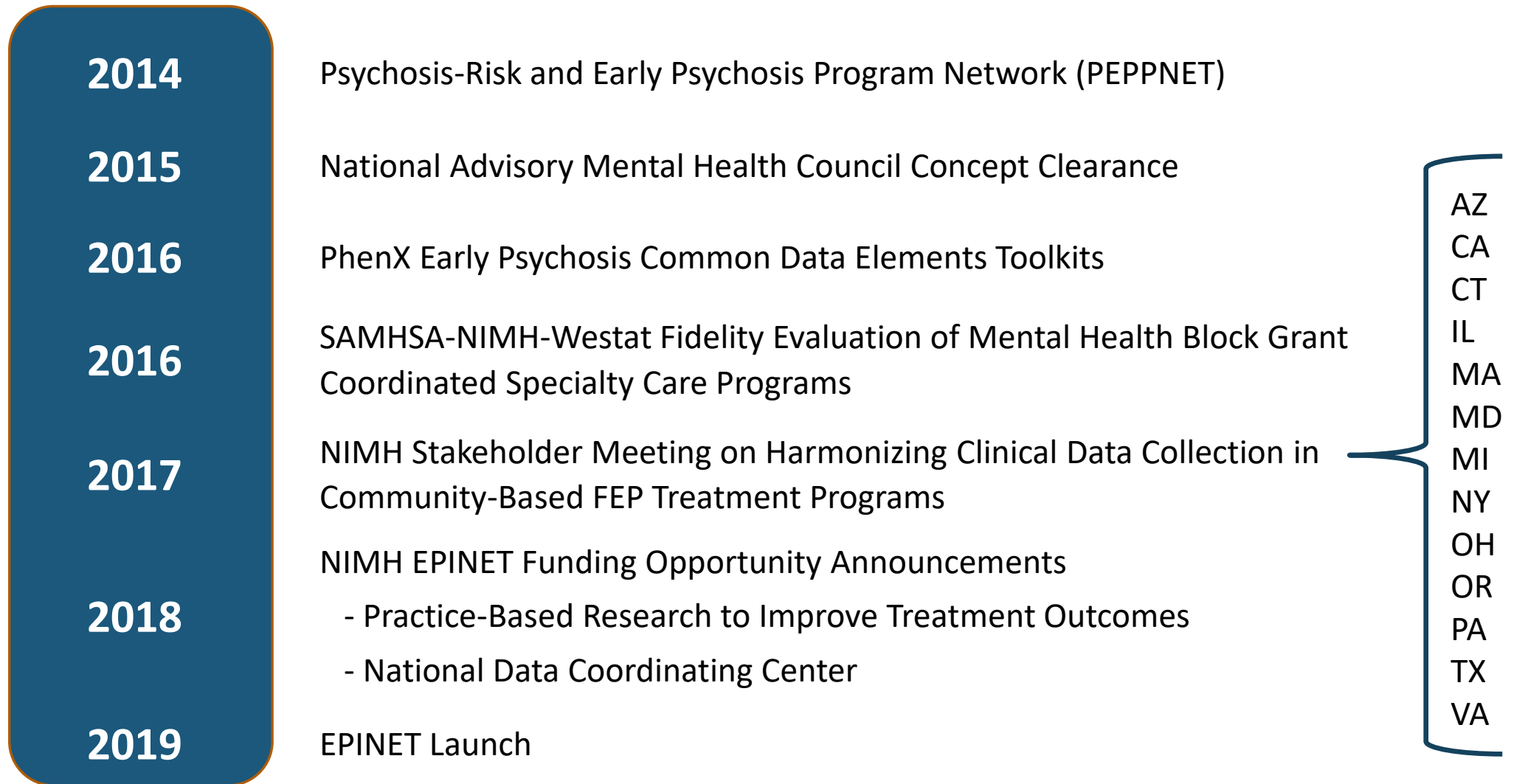
- a. Never heard of it until today
- b. I think I heard of it somewhere
- c. I've visited the website
- d. I am one with EPINET!

EPINET Culture and Methods

- Cultivate a culture of collaborative research participation in academic and community early psychosis clinics
- Standardize measures of clinical features, interventions, and early psychosis outcomes
- Optimize informatics approaches to study treatment quality, clinical impact, and value
- Share tools, data, learning, and best practices rapidly across CSC programs nationwide



Pathway to EPINET



EPINET 2021



- 1 National Data Coordinating Center
- 8 Regional Practice-Based Networks
- 17 State Mental Health Authorities
- 101 Coordinated Specialty Care Programs
- 5-8K Young Persons with Early Psychosis

**EPINET National Data
Coordinating Center**

Westat • Rockville, MD

EPI-MINN

University
of Minnesota,
Minneapolis, MN

EPI-CAL

University
of California,
Davis, CA

AC-EPINET

Indiana University –
Purdue University
at Indianapolis, IN

EPINET-TX

University of Texas,
Austin, TX

LEAP

McLean Hospital,
Belmont, MA

ESPRITO

Feinstein Institute
for Medical Research,
Manhasset, NY

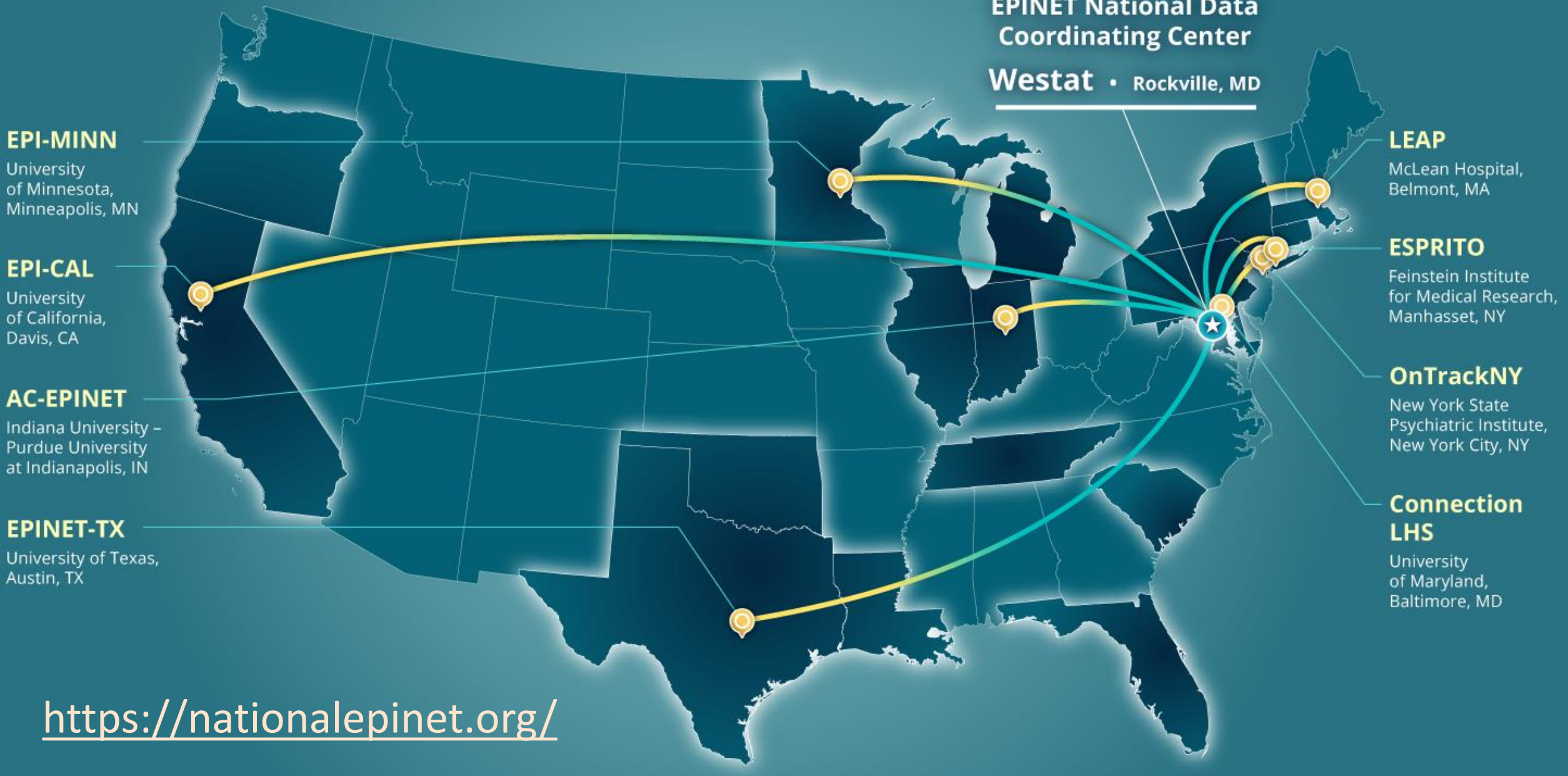
OnTrackNY

New York State
Psychiatric Institute,
New York City, NY

**Connection
LHS**

University
of Maryland,
Baltimore, MD

<https://nationalepinet.org/>



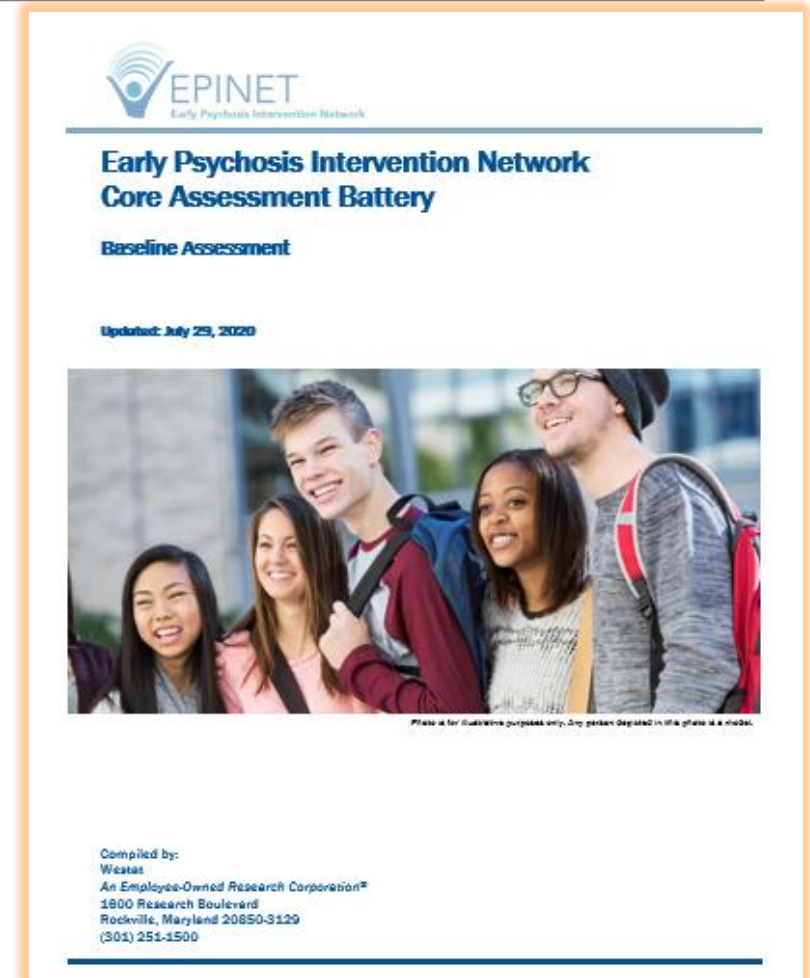
Core Assessment Battery (CAB)

The Core Assessment Battery (CAB) serves as the basis for common data collection across all EPINET clinics.

The CAB was designed as a resource that can reasonably be included in data collection efforts within CSC clinics.

CAB data can be aggregated in a database to examine questions with statistical power.

CAB measures will be refined over time based on scientific validity and clinical utility.



Images are for illustrative purposes only. Any person depicted in the photo is a model. Photos used under license with Getty Images by Westat.

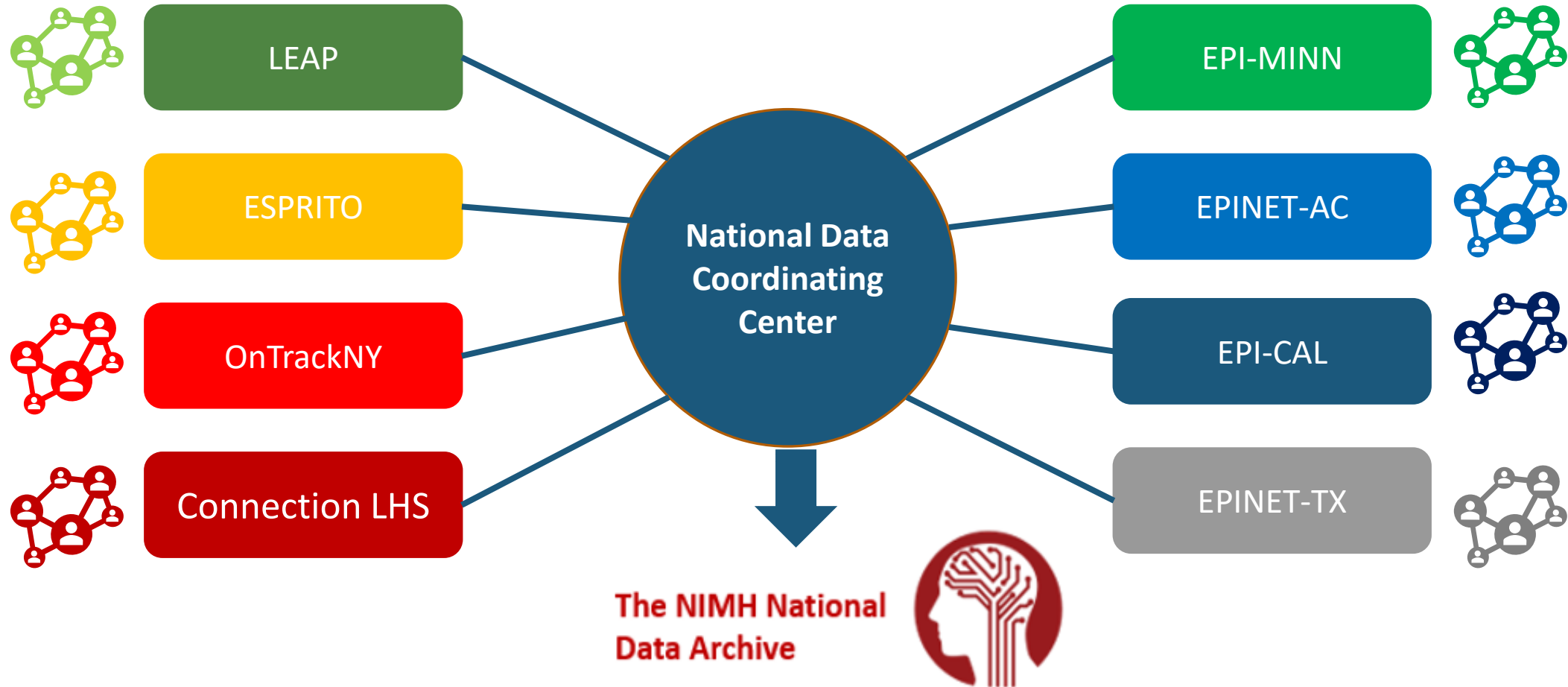
CAB Domains

CAB Domain	
1	Cognition
2	Demographics & Background
3	Diagnosis
4	Discharge Planning & Disposition
5	DUP & Pathway to Care
6	Education
7	Employment
8	Family Involvement
9	Functioning
10	Health
11	Hospitalizations

CAB Domain	
12	Legal Involvement
13	Medication Side Effects & Treatment Adherence
14	Medications
15	Recovery
16	Service Use
17	Shared Decision Making
18	Stress, Trauma & Adverse Childhood Events
19	Substance Use
20	Suicidality
21	Symptoms

Data Sharing Supports Learning Health Care and Research Goals

5,000 – 8,000 Participants

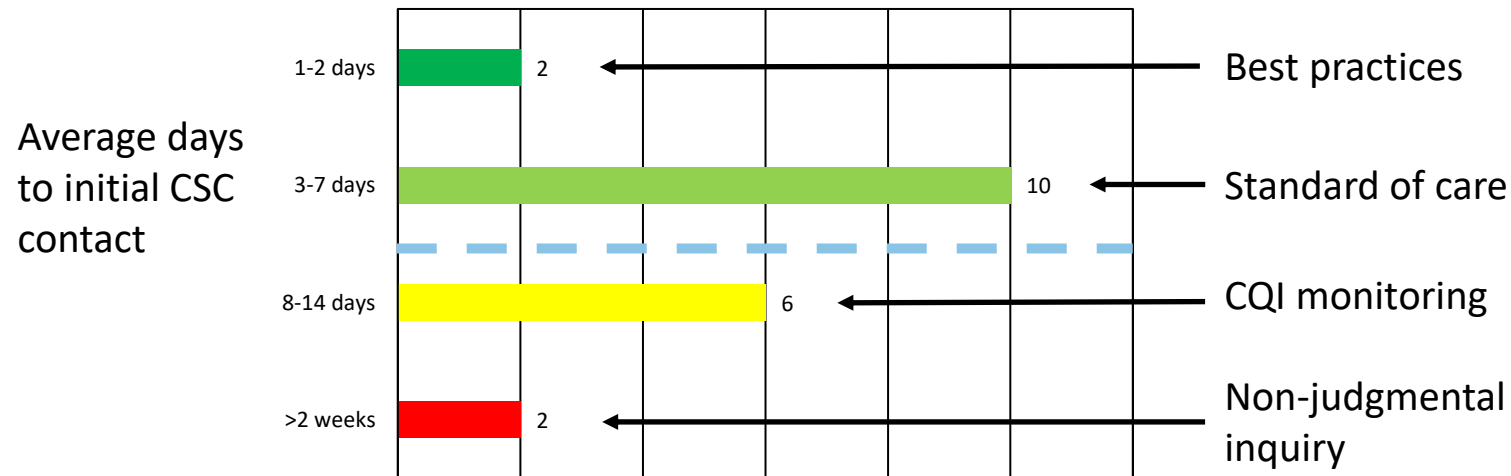


Common Measures Support Quality Care

Family Engagement and Support Quality Criterion*

- CSC programs will provide information, education, and practical support to families or key supporters within 1 week.

Performance Across 20 CSC Programs



**Bertolote and McGorry, 2005*

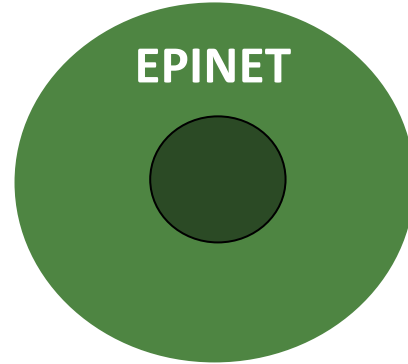
Common Measures Support Practice-Based Research



- Reduce delays in accessing care
- Increase treatment engagement
- Mitigate suicide risk factors
- Reduce substance/alcohol misuse
- Determine optimal “dose” of initial CSC
- Sustain and extend long-term recovery

Going forward...

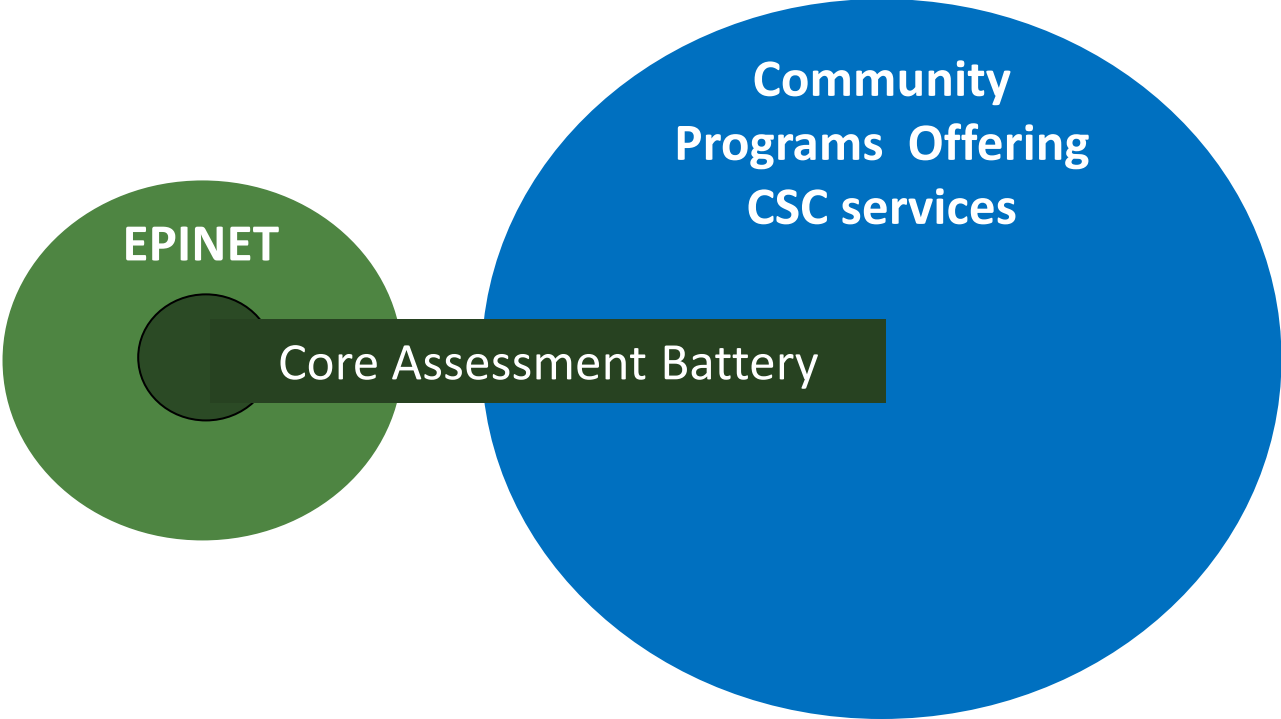
Extending EPINET's Learning Health Care Impact



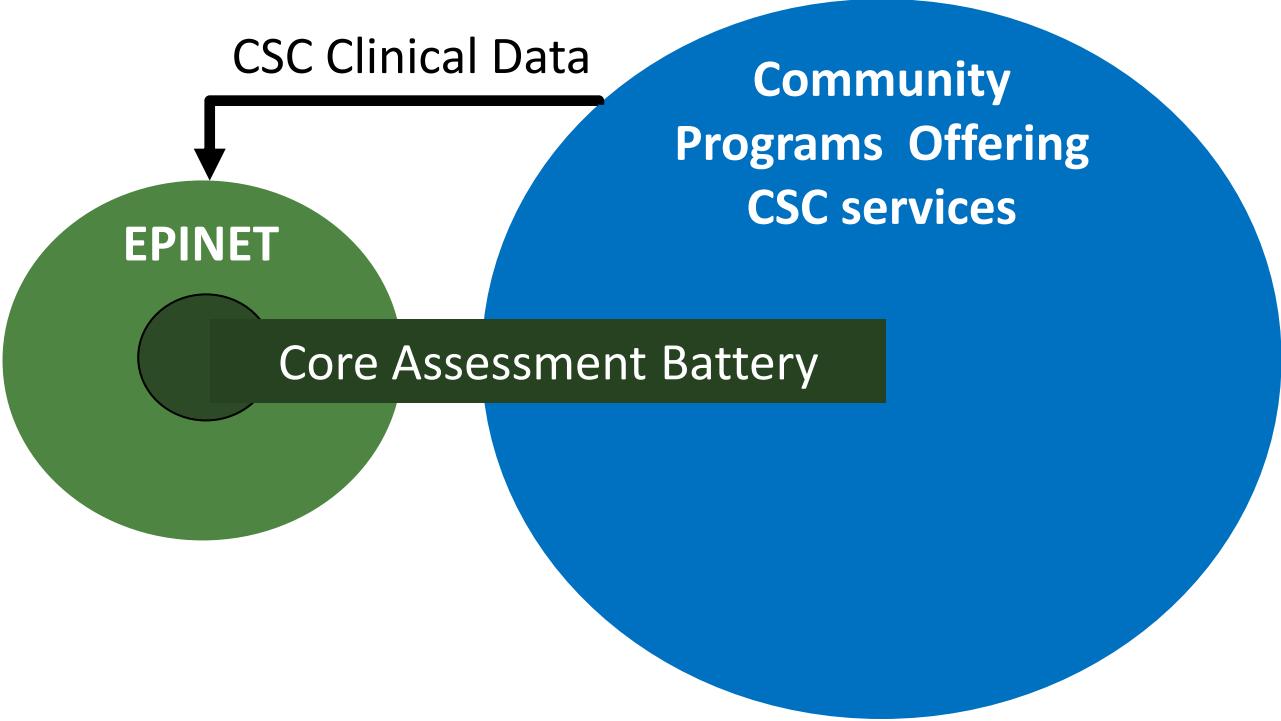
Extending EPINET's Learning Health Care Impact



Extending EPINET's Learning Health Care Impact

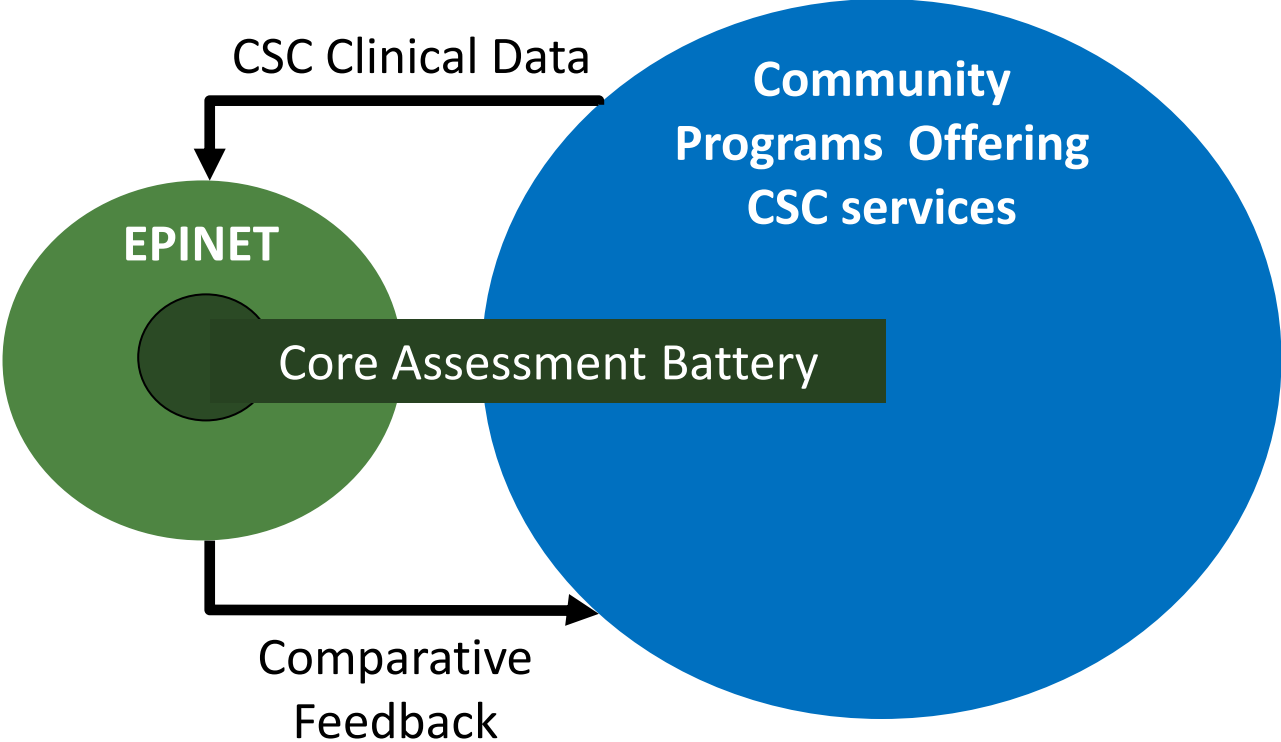


Extending EPINET's Learning Health Care Impact



Extending EPINET's Learning Health Care Impact

Coming in
2022!



CAB Data Serve Several Purposes

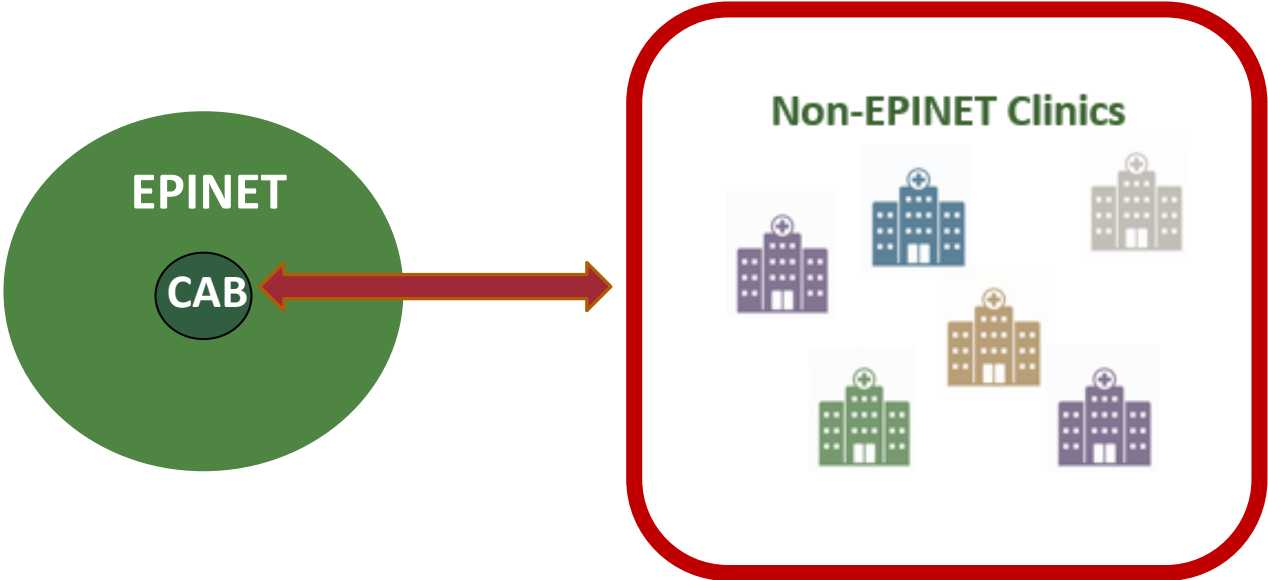
The screenshot shows the SPARS website interface. At the top left is the SPARS logo. To its right is a search bar with a 'Search' button. Further right is a link to 'SAMHSA.gov'. Below this is a navigation bar with tabs for 'Home', 'Data Entry & Reports', 'Training', 'Technical Assistance', and 'Help'. Underneath the navigation bar are three tabs for user types: '- for - CSAT Users', '- for - CMHS Users' (which is highlighted in blue), and '- for - CSAP Users'. The main content area for 'CMHS Users' includes the heading 'CMHS Users', a paragraph: 'Select and click on one of the buttons below to access data entry tools, or download your data, or run reports using your data.', a link: 'For more information visit the [Center for Mental Health Services](#) >', and three buttons: 'CMHS Data Entry', 'CMHS Data Download', and 'CMHS Reports'. To the right of these buttons is a red circular icon containing a white silhouette of a head with a checkmark inside. At the bottom right of the page is a search bar with a magnifying glass icon and the text 'Search Data Collection Tool Resources'.

- Programmatic readouts
- Client-level readouts
- Quality improvement data
- Practice-based research

Contributing to EPINET CAB Data Collection Efforts

ABRAM ROSENBLATT, PHD

Extending EPINET's Learning Health Care Impact




The CAB is available to everyone on the EPINET website.

<https://nationalepinet.org/>

The EPINET website includes all the client outcome measures collected as part of the CAB.

Core Assessment Battery (CAB)

The EPINET Core Assessment Battery (CAB) includes standardized measures and individual items that assess key domains of early psychosis psychopathology, recovery, contextual factors, and treatment. The CAB was developed through a consensus process by the EPINET Steering Committee, which is composed of principal investigators from each of the Regional Hubs and the EPINET National Data Coordinating Center (ENDCC).





Publication date: February 26, 2021

[EPINET Core Assessment Battery Baseline \(PDF\)](#)

[EPINET Core Assessment Battery Follow-Up \(PDF\)](#)

[User Guide: EPINET Core Assessment Battery \(PDF\)](#)

Domains Covered in the Core Assessment Battery



Domain name	Items or Measures Within Domain
Cognition 	Cognition items Brief Assessment of Cognition (BAC-APP v2.1.0) Pennsylvania Computerized Neurocognitive Battery (Penn CNB)
Covid-19 	Covid-19 Supplement baseline Covid-19 Supplement follow-up

SCREENSHOT OF THE EPINET CORE ASSESSMENT BATTERY PAGE ON NationalEPINET.org

If interested in specific measures or items, you can scroll down the page and look at the recommended measures and items by domain.

There are baseline and follow-up versions for some measures and items because they differ depending on assessment timelines.

If there are no differences between baseline and follow-up, then there is only one version listed and it doesn't say "baseline" or "follow-up."

Domain name	Items or Measures Within Domain
<p>Cognition</p> 	<p>Cognition items (English-PDF)</p> <p>Brief Assessment of Cognition (BAC-APP v2.1.0) (English-PDF)</p> <p>Pennsylvania Computerized Neurocognitive Battery (Penn CNB) (English-PDF)</p>
<p>Demographics and Background</p> 	<p>Demographics and Background items baseline (English-PDF)</p> <p>Demographics and Background items follow-up (English-PDF)</p> <p>Demographics and Background items baseline (Spanish-PDF)</p> <p>Demographics and Background items follow-up (Spanish-PDF)</p>

In addition to English, all client self report measures are available in:

Arabic

Cantonese

Haitian Creole

Simplified Chinese

Spanish

Portuguese (coming soon)

The screenshot shows the EPINET website interface. At the top left is the EPINET logo with the tagline "Early Psychosis Intervention Network". To the right of the logo is the mission statement: "Accelerating advances in early psychosis care, recovery outcomes, and scientific discovery through a national early psychosis learning health care partnership". Below the logo is a navigation bar with links for "ABOUT", "CORE ASSESSMENT BATTERY (CAB)", "RESOURCES", "CONTACT US", and "COMMUNITY PORTAL". The main content area is titled "Core Assessment Battery (CAB) Translations" and lists the following languages: Arabic, Cantonese, Haitian Creole, Simplified Chinese, and Spanish. A sub-section titled "Core Assessment Battery Translations" lists the following measures: Adverse Childhood Experiences (ACES), Adherence Estimator, Child and Adolescent Trauma Screen (CATS) – Youth Report (Age 7-17), CollaboRATE, and COVID-19 Supplement baseline.

Core Assessment Battery (CAB)

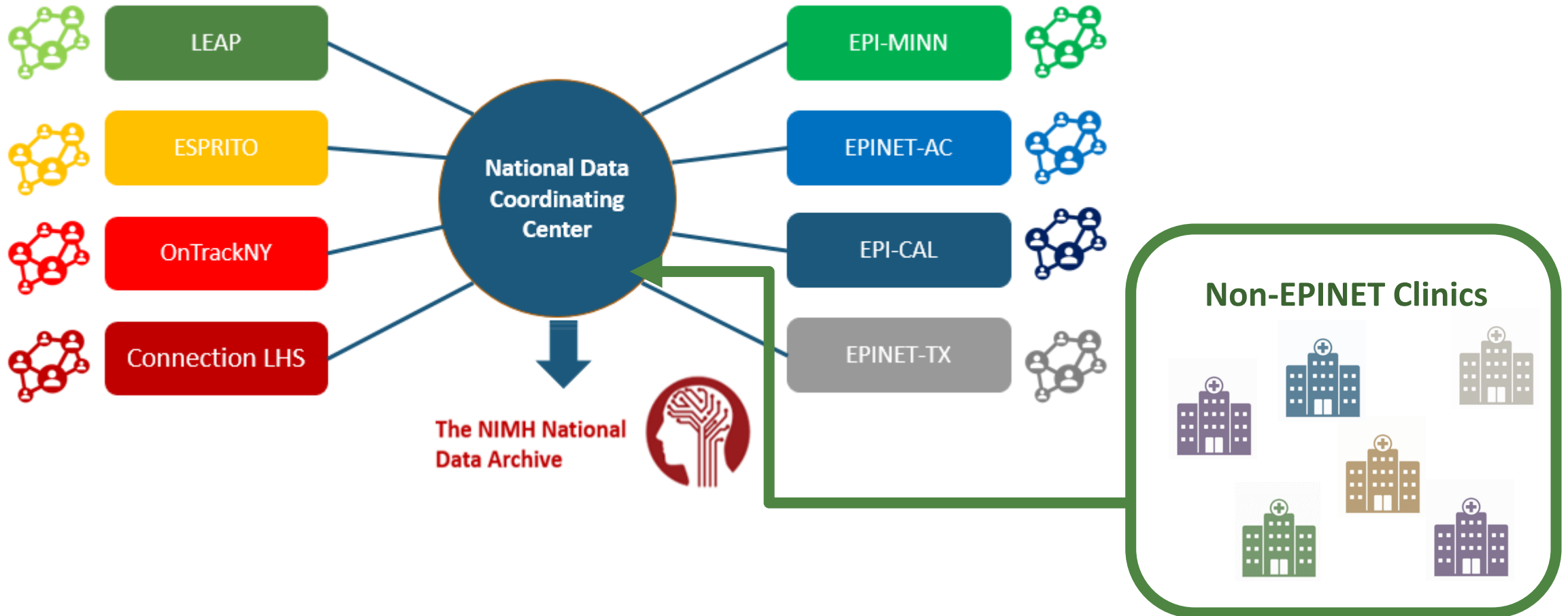
Core Assessment Battery (CAB) Translations

The CAB client self-report measures are available in the following languages:

Arabic

- Adverse Childhood Experiences (ACES)
- Adherence Estimator
- Child and Adolescent Trauma Screen (CATS) – Youth Report (Age 7-17)
- CollaboRATE
- COVID-19 Supplement baseline

The CAB Data Collection System will Allow Non-EPINET Clinics To Be a Part of the EPINET Consolidated Database



To Be Eligible:

- Clinics must meet criteria for providing coordinated specialty care (CSC)*
- Participate in an orientation meeting with the EPINET National Data Coordinating Center to discuss process and eligibility
- Data collection of CAB client outcome measures
 - Complete these two CAB measures for each client in the database:
 - Demographic and background items
 - Duration of untreated psychosis and pathway to care items
 - Additionally, choose at least two standardized measures for clients in the database (*see website or list on following two slides*).
- Determine how often assessments will be collected for each client over time (e.g., 3 month interval; 4 month interval; 6 month interval; 8 month interval).

18 Standard Measures to Choose From

Name of measures (listed in alpha order)	Domain	# of items	Administration Recommendation
1. Adherence Estimator	Medication Side Effects and Treatment Adherence	3 items	Self-administered (admin.)
2. Adverse Childhood Experiences	Stress, Trauma, and Adverse Childhood Experiences	10 items	Self-admin.
3. Brief Adherence Rating Scale (BARS)	Medication side effects and Treatment Adherence	4 items	Clinician-completed
4. Brief Assessment of Cognition (BAC-APP v2.1.0) (actual instrument not in CAB; subscale scores reported)	Cognition	Approx. 12 prompts	Self-admin. on electronic device
5. Brief Psychiatric Rating Scale (BPRS)	Symptoms	18	Clinician-completed
6. COMPASS-10	Symptoms	10	Clinician-completed
7. Child and Adolescent Trauma Screen (CATS) - Youth Report (for ages 17 and under)	Stress, Trauma, and Adverse Childhood Experiences	40 items	Self-admin.
8. CollaboRATE Questionnaire	Shared Decision Making	3 items	Self-admin.
9. Global Functioning: Role Scale (GF: Role)	Functioning	4 interview prompts	Clinician-completed

Name of measures (listed in alpha order)	Domain	# of items	Administration Recommendation
10. Global Functioning: Social Scale (GF: Social)	Functioning	7 interview prompts	Clinician-completed
11. Intent to Attend and Complete Treatment	Medication Side Effects and Treatment Adherence	2 items	Self-admin.
12. Life Events Checklist for DSM-5 (LEC-5) (for ages 18 and older)	Stress, Trauma, and Adverse Childhood Experiences	17 items	Self-admin.
13. Mental Illness Research, Education, and Clinical Center Global Assessment of Functioning (MIRECC-GAF)	Symptoms	Three subscales: occupational functioning, social functioning, and symptom severity	Clinician-completed
14. Modified Colorado Symptom Index (CSI)	Symptoms	14 items	Self-admin.
15. Pennsylvania Computerized Neurocognitive Battery (Penn CNB) (actual instrument not in CAB; sub-scores reported)	Cognition	4 of the 13 available tests with subcomponents	Self-admin. on web-enabled computer
16. Positive and Negative Symptoms of Schizophrenia Scale (PANSS-6)	Symptoms	6 items	Clinician-completed
17. Post Traumatic Stress Disorder Checklist for DSM-5 (PCL-5) (for ages 18 and older)	Stress, Trauma, and Adverse Childhood Experiences	20 items	Self-admin.
18. Staying Well/Questionnaire About the Process of Recovery (QPR)	Recovery	15 items	Self-admin.

How it works....

1. Clinics will be given a URL to view their clinic's data collection page. This same URL will be used each time by clinic staff to reach the data entry portal.
 - Only clinic staff have access, never clients.
2. No client PII is displayed on the data entry portal or downloads (EXCEL).
3. No PII is collected other than what is programmed into the measures.




Web-based EPINET CAB

A screenshot of a web-based login interface. It features two input fields: 'Username or Email Address' and 'Password'. Below the password field is a 'Remember Me' checkbox and a blue 'Log In' button. At the bottom, there is the EPINET logo, which consists of a stylized blue figure with radiating lines above the text 'EPINET' and 'Early Psychosis Intervention Network' below it.

Username or Email Address

Password

Remember Me

 **EPINET**
Early Psychosis Intervention Network

Community Benefits of Using the CAB

STEVEN ADELSHEIM, M.D.

CAB benefits for community programs

CAB tools selected by clinical and research leaders
in the field

CAB measures support the continuum from early
detection to assessment to intervention
effectiveness to recovery

CAB allows for client status assessment and
improvement over time

CAB supports potential outcomes from Social and
Role Functioning to Family Involvement to Health
Measures



CAB benefits for community programs

Training in how to use CAB components

CAB links to national repository using common data elements

Allow for quality improvement process through use of common measures

Creates ability to assess program status and outcomes in comparison to regional & national standards

Access to tools to generate infographics and reports on clinic data



The Psychosis-Risk and Early Psychosis Program Network (PEPPNET)

Mission & Objectives:

To support the national network of programs providing services to those at risk for or experiencing early psychosis by promoting communication, collaboration, and best practices...

- **Connecting:** Provide a national forum for sharing
- **Advancing:** Promote principles of evidence-based treatment, collaboration, and recovery-orientation
- **Collaborating:** Identify emergent needs and address gaps

- Funding from RWJF, APA SMI Adviser, through 2015 to develop infrastructure, coordinated by Stanford Dept. of Psychiatry
- Steering Committee includes SAMHSA, NIMH, NASMHPD, NAMI, Nat Con, MHA, people with lived experience, clinicians, service providers, and researchers



Psychosis Risk and Early Psychosis Program Network (PEPPNET)

- **Training Workgroup** - started with multiple trainers for state rollout, mostly from RAISE programs
- **Finance Workgroup** – for developing, identifying and disseminating effective payment models for Early Psychosis Care across the US
- **Lived Experience/Peer Support Workgroup** – individuals with lived experience, family members, & peer support advocates

Website: <http://med.stanford.edu/peppnet>

Join the PEPPNET Listserve or Learn More: <http://med.stanford.edu/peppnet/contact>



PEPPNET Connect:

An Early Psychosis Mentoring Network in the USA

5 Core Areas of PEPPNET CONNECT:

- Advocacy
- Clinical Intervention
- Peer Support and Lived Experience
- Research
- Service Development and Management



PEPPNET Connect Aims

To connect early career mentees with established mentors

Connection around focused areas and interests

Actively engage individuals from diverse backgrounds and underrepresented minorities

Support sustainable career development pathways

Developing the future leaders of the early psychosis field



National Clinical High Risk/First Episode Psychosis Collaborative

National network of federally funded programs linking FEP efforts

Coordinated by PEPPNET

Partners include:

- EPINET
- Mental Health Technology Transfer Centers (MHTTC)
- American Psychiatric Assn. SMI Adviser
- National Training and Technical Assistance Center (NTTAC)
- Early Assessment and Support Alliance (EASA)

4th Annual First Episode Psychosis Conference Planning for February 2022

Sponsored by PEPPNET, NIMH, SAMHSA, & APA SMI Adviser

Focus on supporting all members of Early Psychosis clinical teams, ranging from peer & family support specialists to supported education/employment to behavioral health team members

Current planning towards 2 day virtual conference in February 2022

Last year over 2100 attended the virtual conference on range of topics with DEI focus

Discussing small individual registration fee this year vs asking states to provide funding for all of their state program teams to attend –
Recommendations?



Polling Question

Given the national interest in and support for an annual early psychosis conference, would your state be open to providing registration funding for community mental health first episode psychosis team members to attend our next annual conference?"

- a. Yes
- b. No
- c. Not applicable
- d. Unsure

Documenting the Implementation of Evidence-Based First Episode Psychosis Programs: The Snapshots Series

IDENTIFYING ALL FEP AND CHR CARE ACROSS THE COUNTRY

MIHRAN KAZANDJIAN, MA

The Original Snapshot

- NRI developed the first Snapshot in 2015 tracking the FEP-CSC programs being supported by the new Mental Health Block Grant Set-Aside
- Followed by Snapshots in 2016, 2017, and 2018

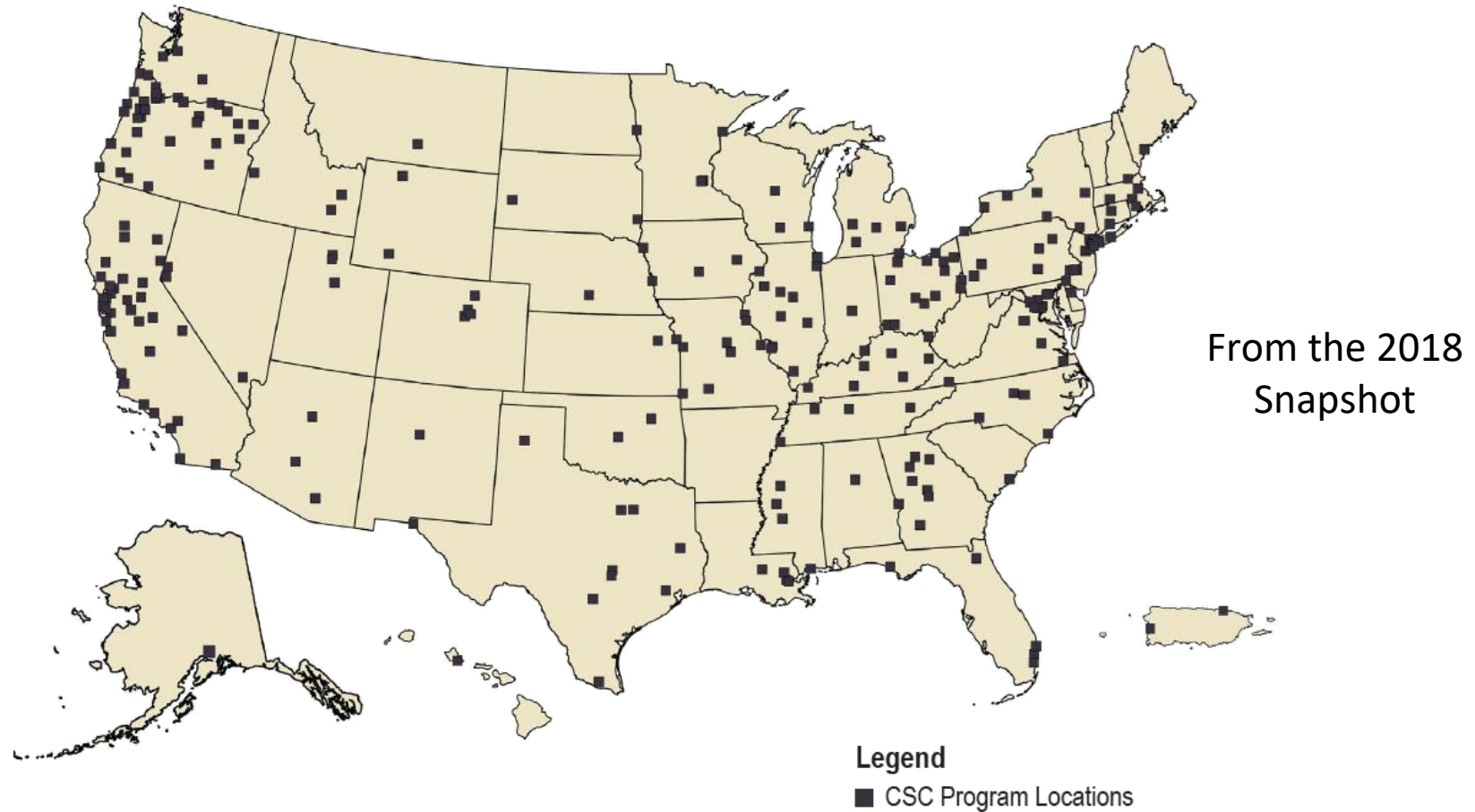


The Original Snapshot

- These Snapshots attempted to measure all programs funded by either state or block grant funds to address first episode psychosis and early serious mental illnesses
- The Snapshot series documented a large expansion in FEP programs in just a few years
- The final Snapshot served as one of the primary sources for SAMHSA's ESMI Treatment Locator

Results from the Snapshot

FIRST EPISODE PSYCHOSIS TREATMENT PROGRAMS



Results from the Snapshot

- As many states were in the process of initiating FEP services, the Snapshot measured increases in levels of implementation

Table 1: Number of states in each phase of implementation by year of the set-aside

NUMBER OF STATES IN EACH PHASE OF IMPLEMENTATION						
Implementation Phase	First Year of MHBG Set-Aside	Second Year of MHBG Set-Aside	Third Year of MHBG Set-Aside	Fourth Year of MHBG Set-Aside	Current Year of MHBG 10% Set-Aside	Difference Year 1 to Year 5
Exploration	6 states	4 states	5 states	7 states	0 states	- 6
Installation	20	11	7	3	1	- 19
Implementation	6	15	14	28	28	+ 22
Program Sustainability	11	13	25	21	23	+ 12

From the 2018 Snapshot

The New Snapshot

- This year, the Snapshot will be significantly different
- The 2021 Snapshot is sponsored by NIMH as part of the Westat-led EPINET project
- This Snapshot will look to collect information about every FEP and CHR program across the country, regardless of funding source or state involvement

The New Snapshot

- The 2021 Snapshot will capture:
 - The relationship between state behavioral health authorities and FEP and clinical high risk (CHR) programs
 - What data and specific measures states require FEP and CHR programs to collect using the EPINET Core Assessment Battery as an organizing tool
 - How states are using the new 10% set-aside funds provided through the COVID MHBG Supplement (\$82.5 million for FEP) and the American Rescue Plan Act MHBG funding (\$150 million for FEP)

The New Snapshot

- The Snapshot will consist of a state portion and a program-by-program portion
- The latter will include information for each individual program
 - We will ask states for contact information for each FEP and CHR program within their state
 - We will then reach out to programs directly

Completing the Snapshot

- The Snapshot will be collected using a web-survey interface
- As much data as possible will be prefilled for each state
 - We will ask all states to check the pre-filled data for accuracy
- Finally, skip logic within questions will ensure that states only answer questions relevant to them

Completing the Snapshot

FEP/CSC Survey

SMHA FEP/CSC Contact Information

Please enter your contact information:

First Name

Last Name

Title

State

Phone Number

Email Address

Back

Next

22%

Completing the Snapshot

FEP/CSC Survey

State FEP/CSC Financing Information

1. What is the total amount of the 10% MHBG Set Aside for your state in FY21 (or most recent year data are available; please indicate year)?

Set Aside Amount

Year

2. Beyond the 10% MHBG Set Aside, how much did the SMHA expend on FEP/CSC services in the most recent fiscal year?

SMHA Expenditures on FEP/CSC Beyond the 10% Set Aside

What are the funding sources for these additional expenditures?

3. Is your SMHA working with (or has your state worked with) Medicaid to develop a benefit specific to better reimburse CSC services?

Yes

No

4. Is your SMHA working with private insurance to help CSC providers better bill for services to clients with private insurance?

Yes

No

4. a) Please describe how your SMHA works, or has worked with private insurance to help CSC providers better bill for services.

We'll Be in Touch!

You will receive a link to complete the Snapshot within the next couple of weeks

- If you have any questions, please don't hesitate to contact us:
- Ted: Ted.Lutterman@nri-inc.org
- Kristin: Kristin.Neylon@nri-inc.org
- Robert: Robert.Shaw@nri-inc.org