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The Benefits and Opportunities for Clinics Outside of The Early Psychosis Intervention Network (EPINET) to Become Partners

March 25, 2021

CSS-SMI INITIATVE

The Clinical Support System for Serious Mental Illness (CSS-SMI) is a Substance Abuse and Mental Health Services Administration (SAMHSA) funded initiative implemented by the American Psychiatric Association (APA).

Funding Statement:

Funding for this initiative was made possible (in part) by grant no. 1H79SM080818-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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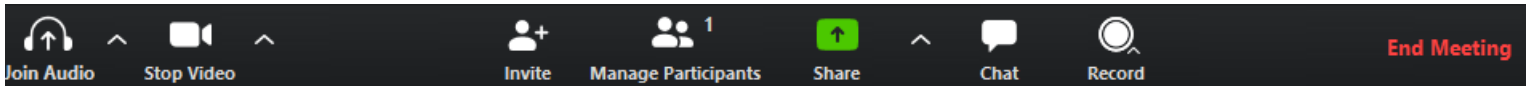
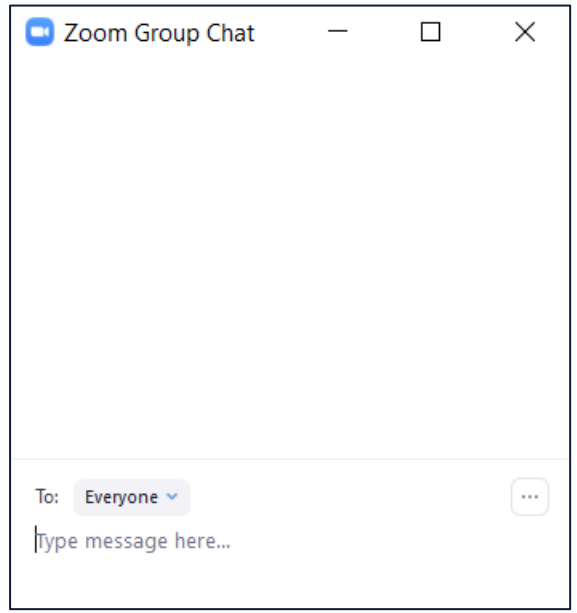
PRESENTATION Q&A

- To ask a question during the presentation, you may use the chat function on the control panel





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DISCLOSURE

There are no relationships or conflicts of interest related to the subject matter of this presentation.

LEARNING OBJECTIVES

- Describe the development and value of the EPINET Core Assessment Battery (CAB) for quality improvement and research for individuals with early psychosis.
- Demonstrate how the use of the CAB among EPINET Hubs, clinics, and the National Data Coordinating Center may be able to accelerate knowledge about early psychosis treatment and care.
- Describe how non-EPINET clinics can contribute CAB data to the EPINET database and benefit from being part of EPINET using the web-based CAB data collection tool.

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EARLY PSYCHOSIS

Psychosis is a condition where a person loses contact with reality and may experience paranoia, delusions or hallucinations. It often begins in late teens to mid-20s.

Each year about 100,000 adolescents and young adults experience early psychosis (a.k.a., first episode psychosis).

Early treatment increases the chance of successful recovery.

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COORDINATED SPECIALTY CARE (CSC)*

An effective team-based intervention for early psychosis that combines various well-established evidence-based services such as:

- assertive case management
- individual or group psychotherapy
- supported employment and education services
- family education and support
- pharmacotherapy

These services are closely coordinated with primary health care.

*Azrin, Goldstein, & Heinssen, 2015

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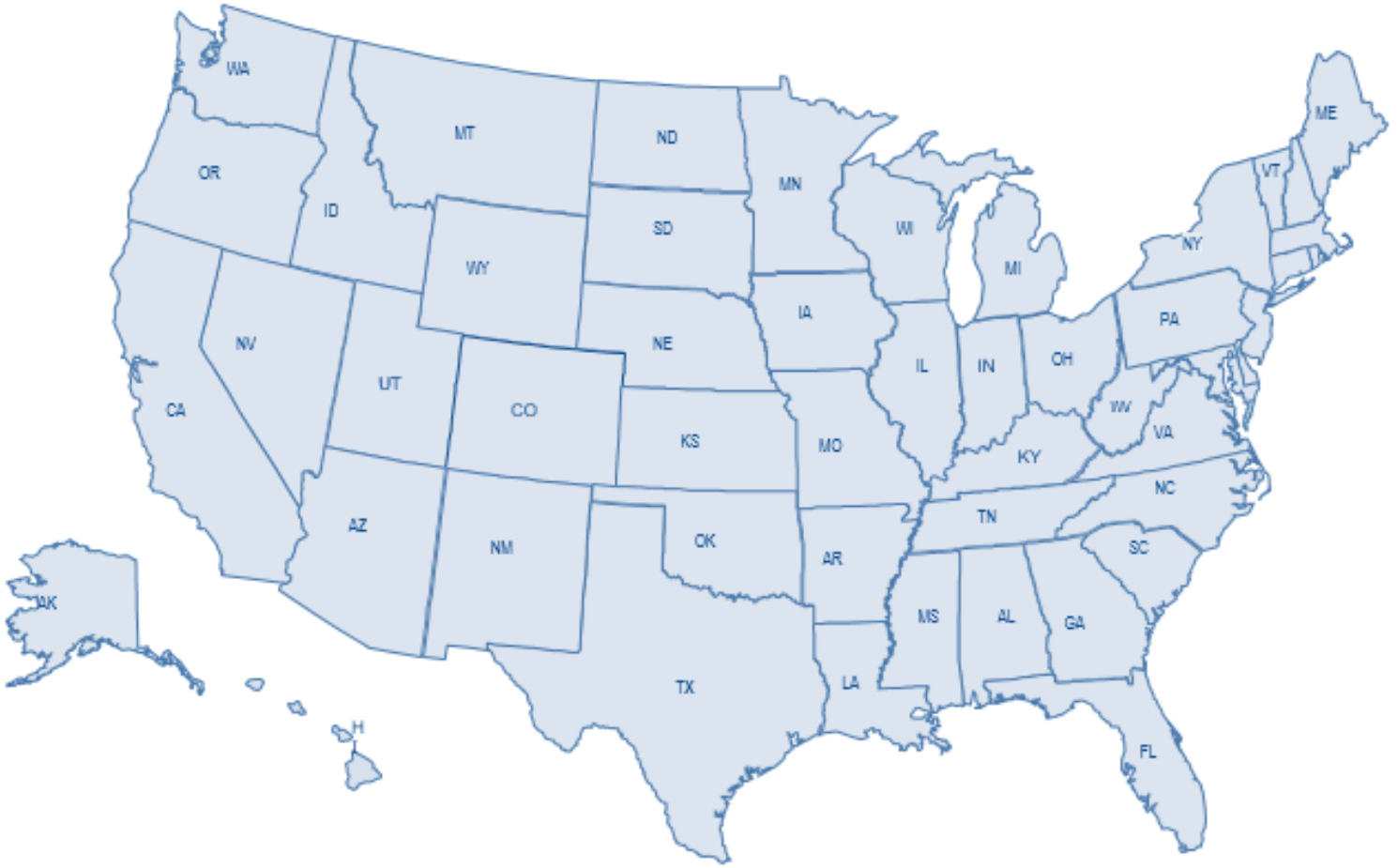
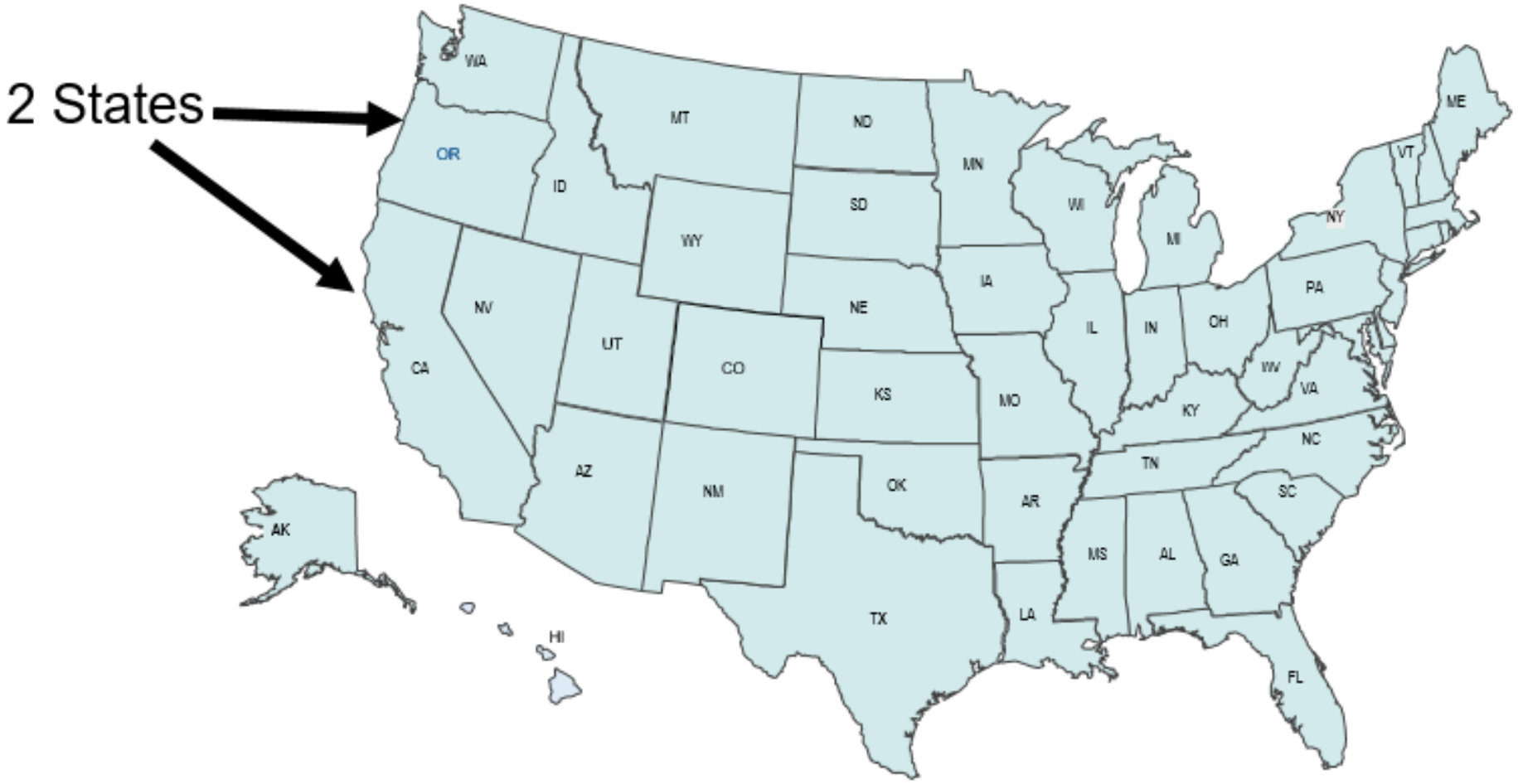
SOMETHING REMARKABLE HAS OCCURRED SINCE THE EARLY 2000…



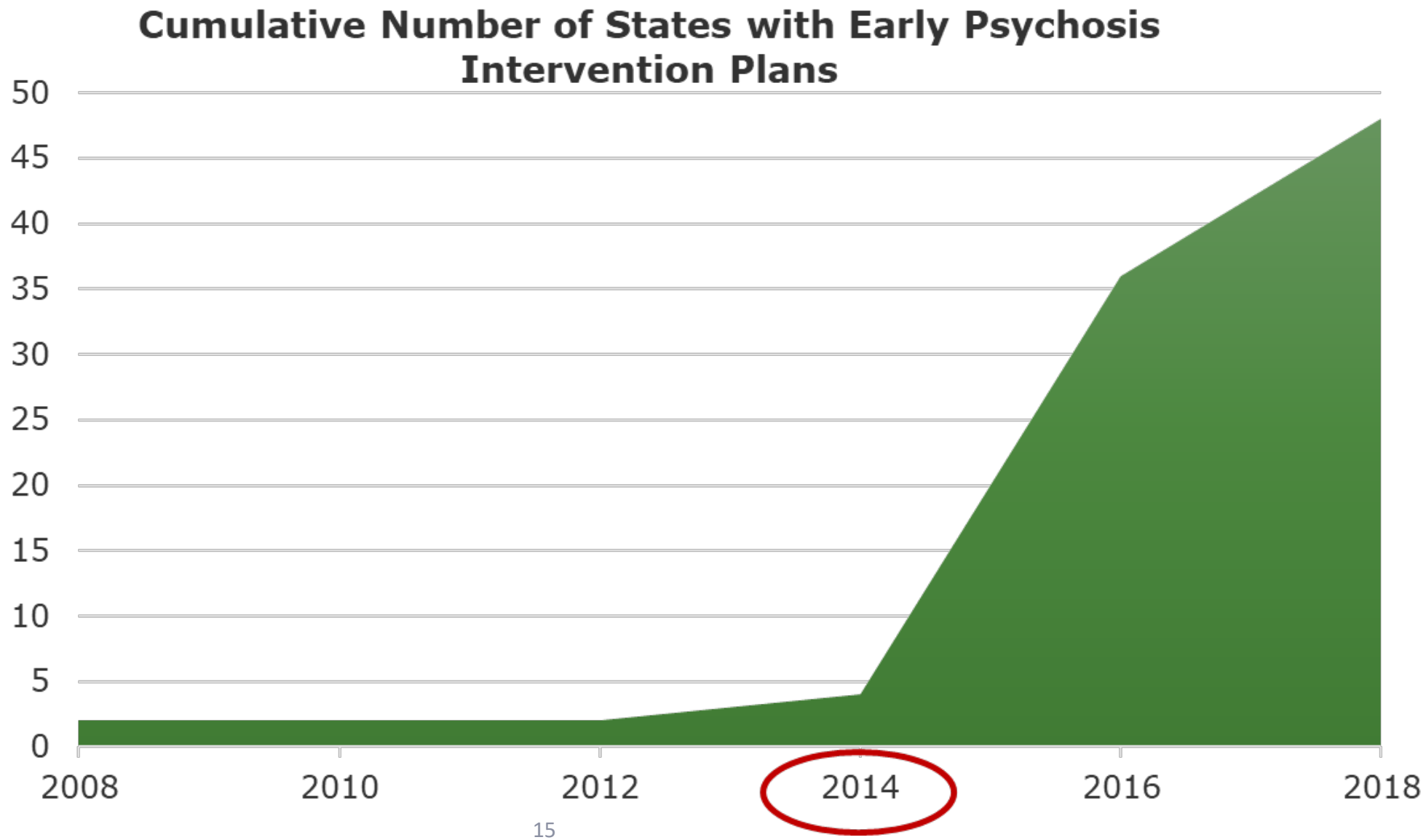
EARLY PSYCHOSIS PROGRAMS, 2008



THE GROWTH OF PROGRAMS IN THE US

2014

Mental Health Block Grant $25M set-aside for early psychosis treatment

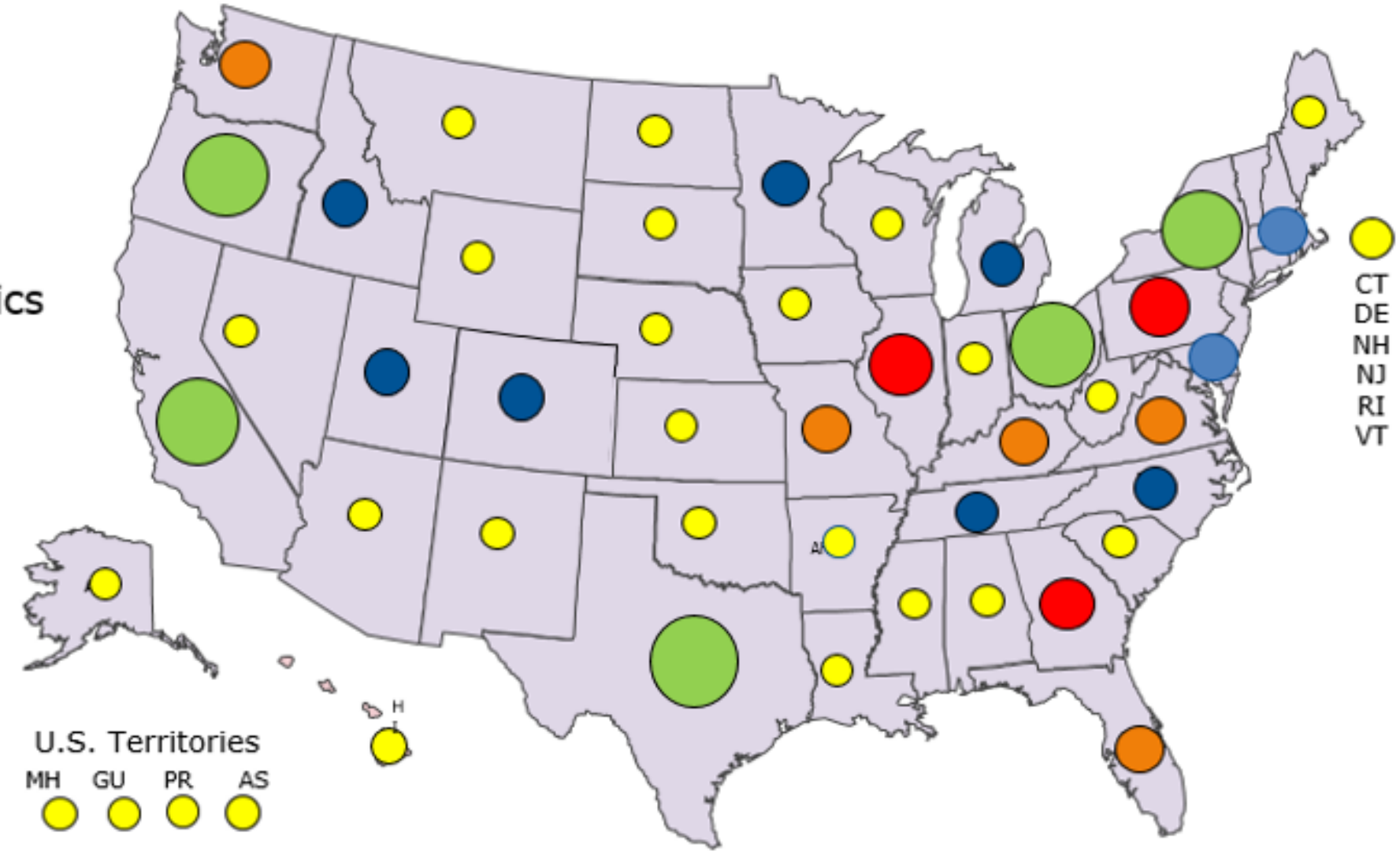


EARLY PSYCHOSIS PROGRAMS IN 2020

50 States

4 US Territories

300+ Clinics



Number of clinics

1-4

5-9

10-19

20-53

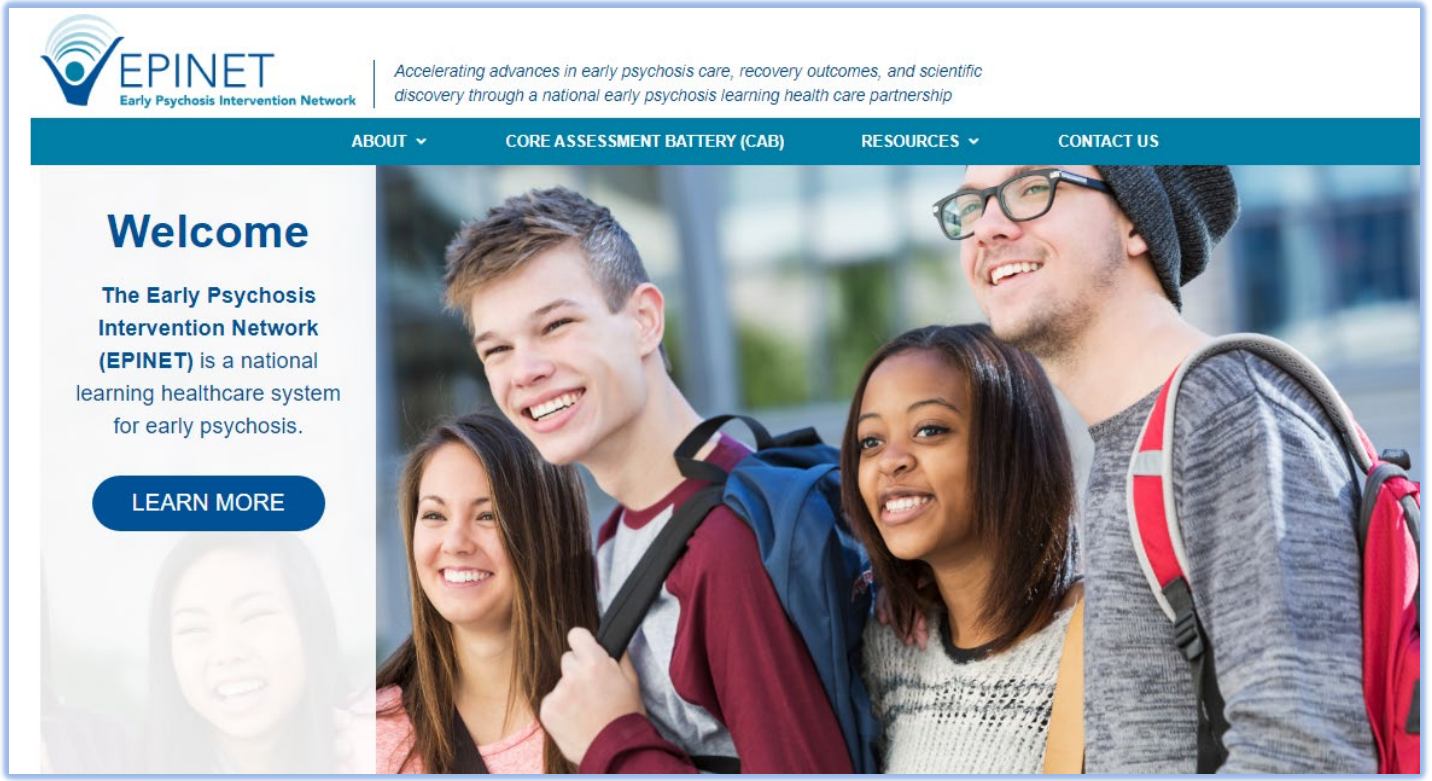
EASA National Early Psychosis Directory

EARLY PSYCHOSIS INTERVENTION NETWORK (EPINET)

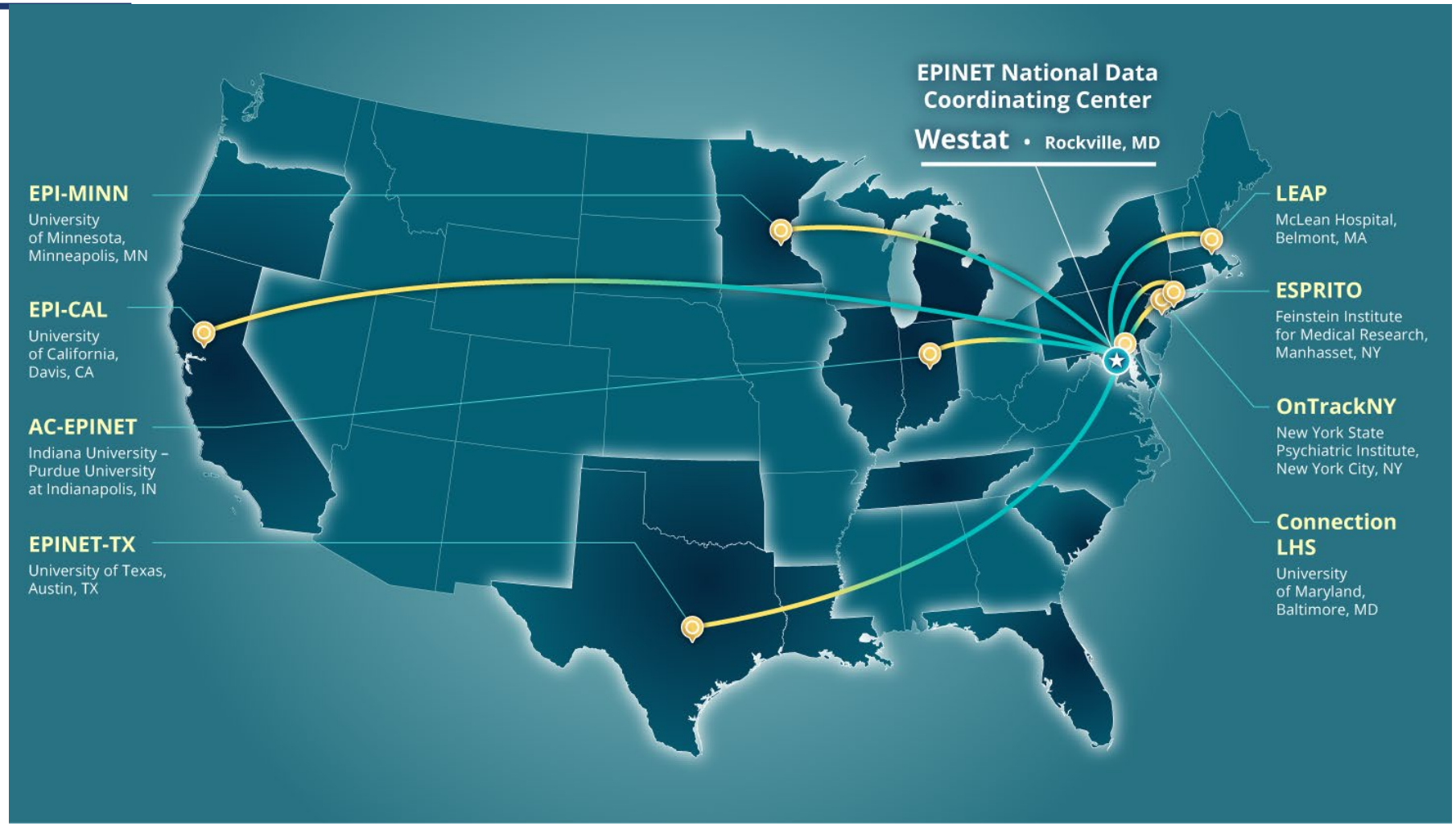
Established through the National Institute of Mental Health in 2019

EPINET links CSC clinics through standard measures and participant-level data collection.

https://NationalEPINET.org



EPINET INCLUDES A DATA COORDINATING CENTER, 8 HUBS, 101 CSC CLINICS ACROSS 17 STATES



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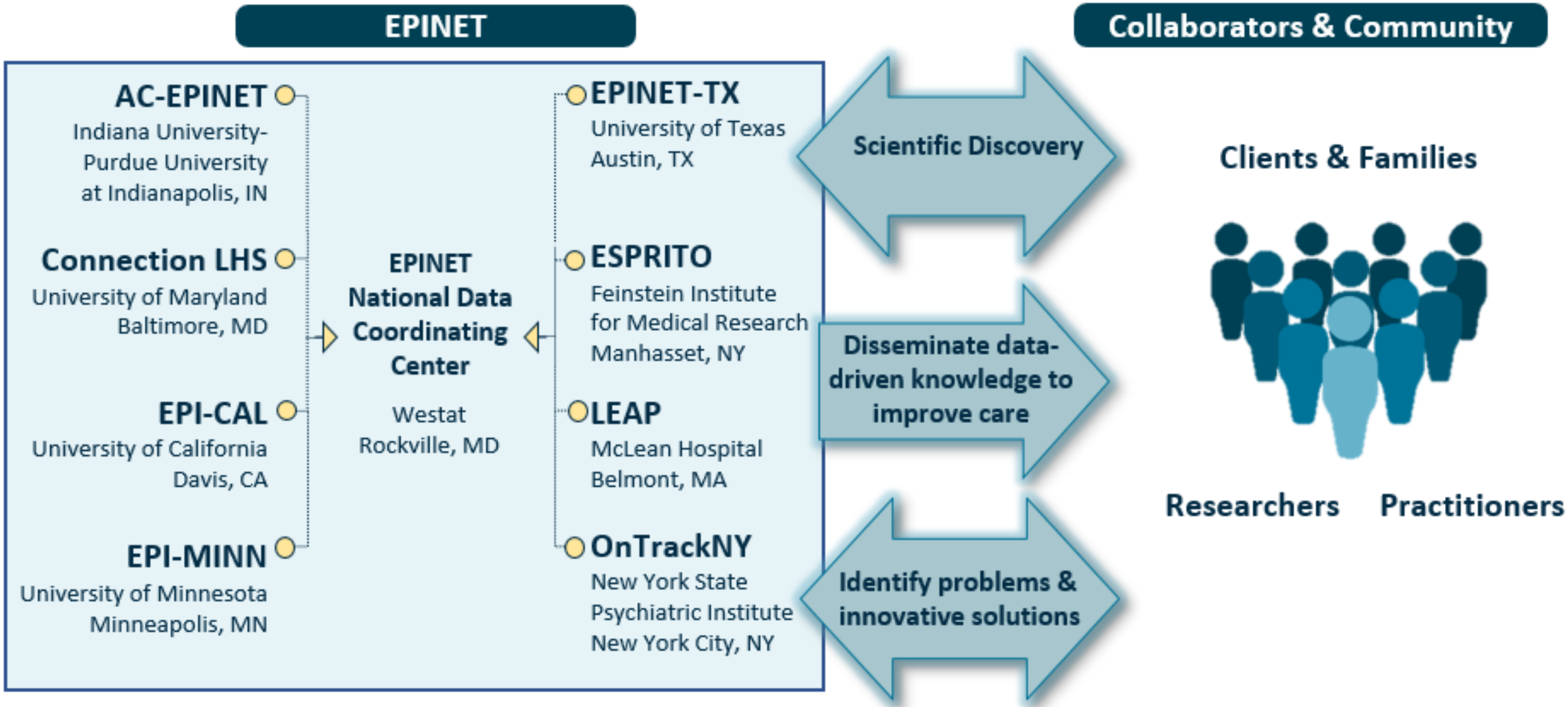


Based on Institute of Medicine (2013). *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*. Washington, DC: The National Academies Press.

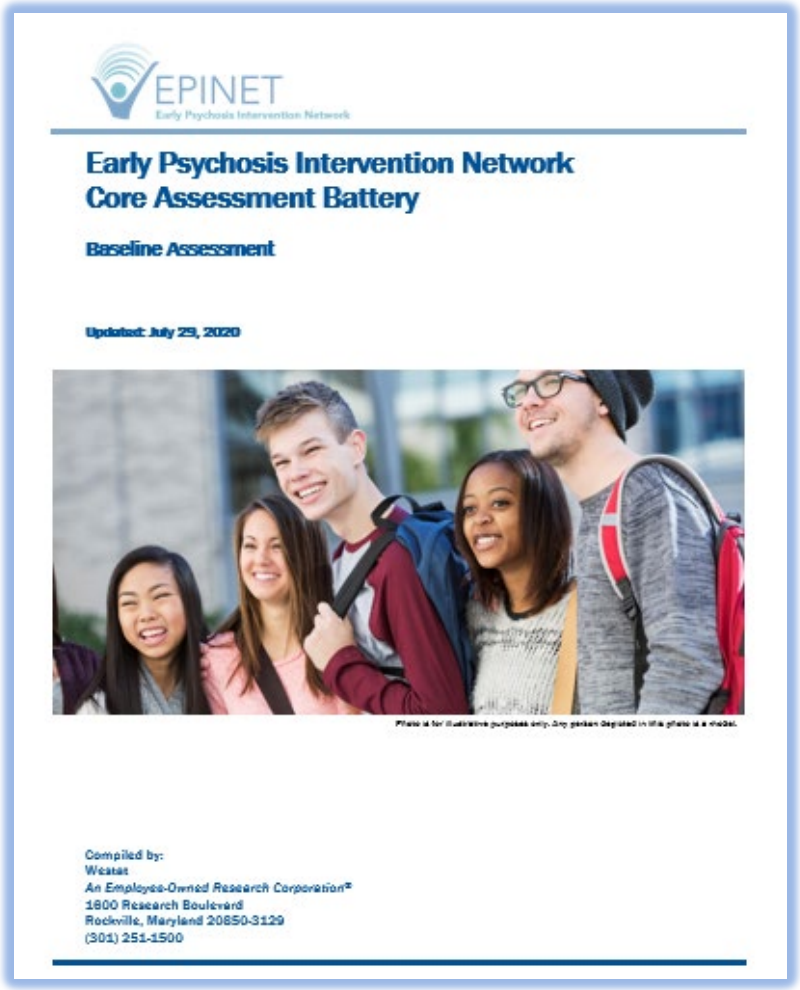
THROUGH COLLABORATION, EPINET WILL ESTABLISH:

- Standardized measures of clinical characteristics, interventions, and early psychosis outcomes
- Unified informatics approach to study variations in treatment quality, clinical impact, and value
- Mechanisms for rapid sharing of tools, data, learning, and best practices across early psychosis clinics
- Cultivate a culture of collaborative research participation in academic and community early psychosis clinics

THE CORE ASSESSMENT BATTERY (CAB)

Standardized measures of clinical characteristics, interventions, and early psychosis outcomes

Please download the EPINET flyer during the presentation, or request the flyer by emailing us at ENDCC@westat.com


EPINET
Early Psychosis Intervention Network

Early Psychosis Intervention Network
Core Assessment Battery

Baseline Assessment

Updated: July 29, 2020

Compiled by:
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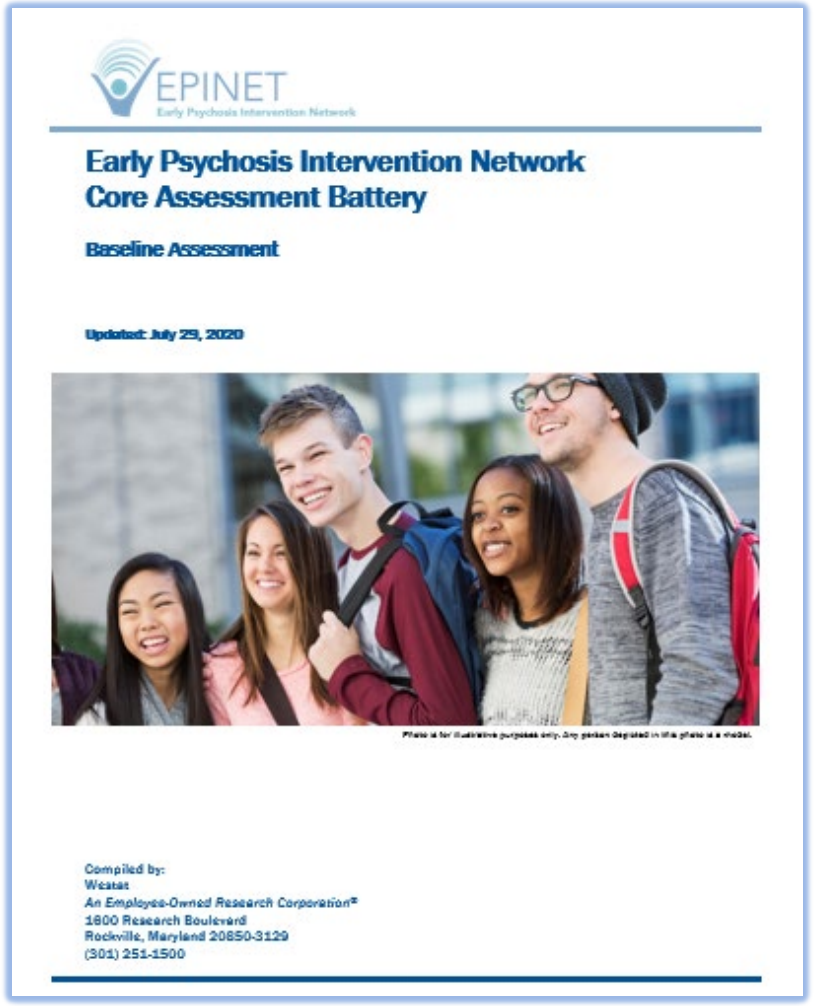
THE CAB SERVES AS THE BASIS FOR COMMON DATA COLLECTION ACROSS ALL EPINET CLINICS

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

CAB data will be consolidated in a central database with statistical power to answer important research questions.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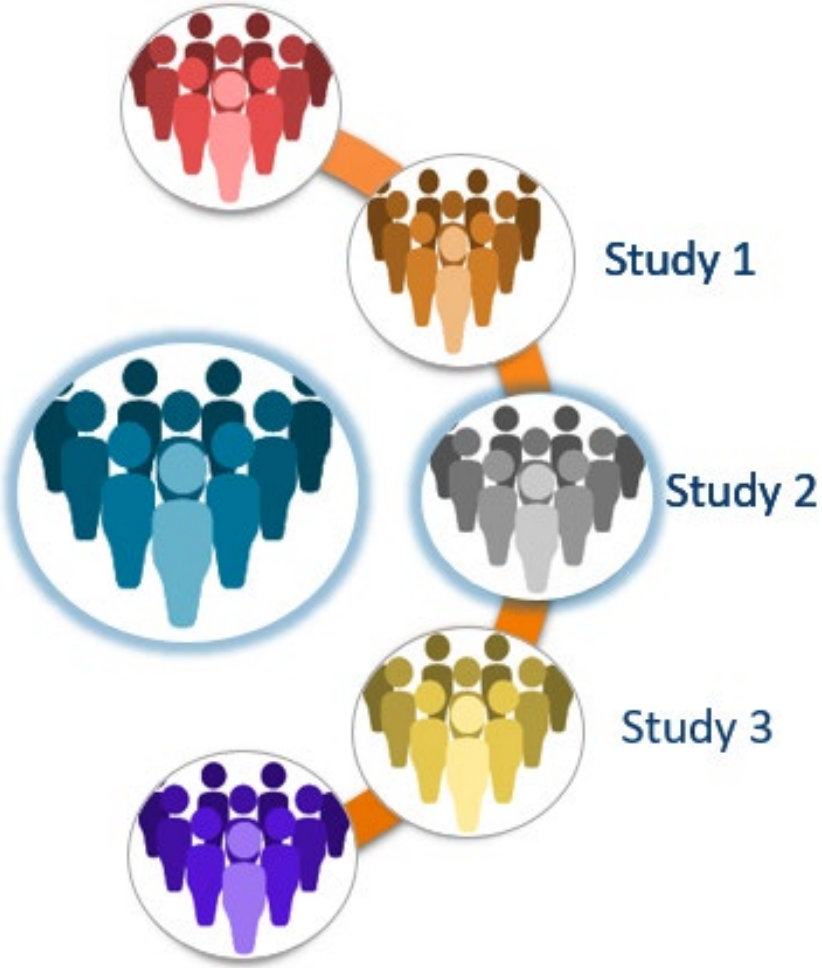
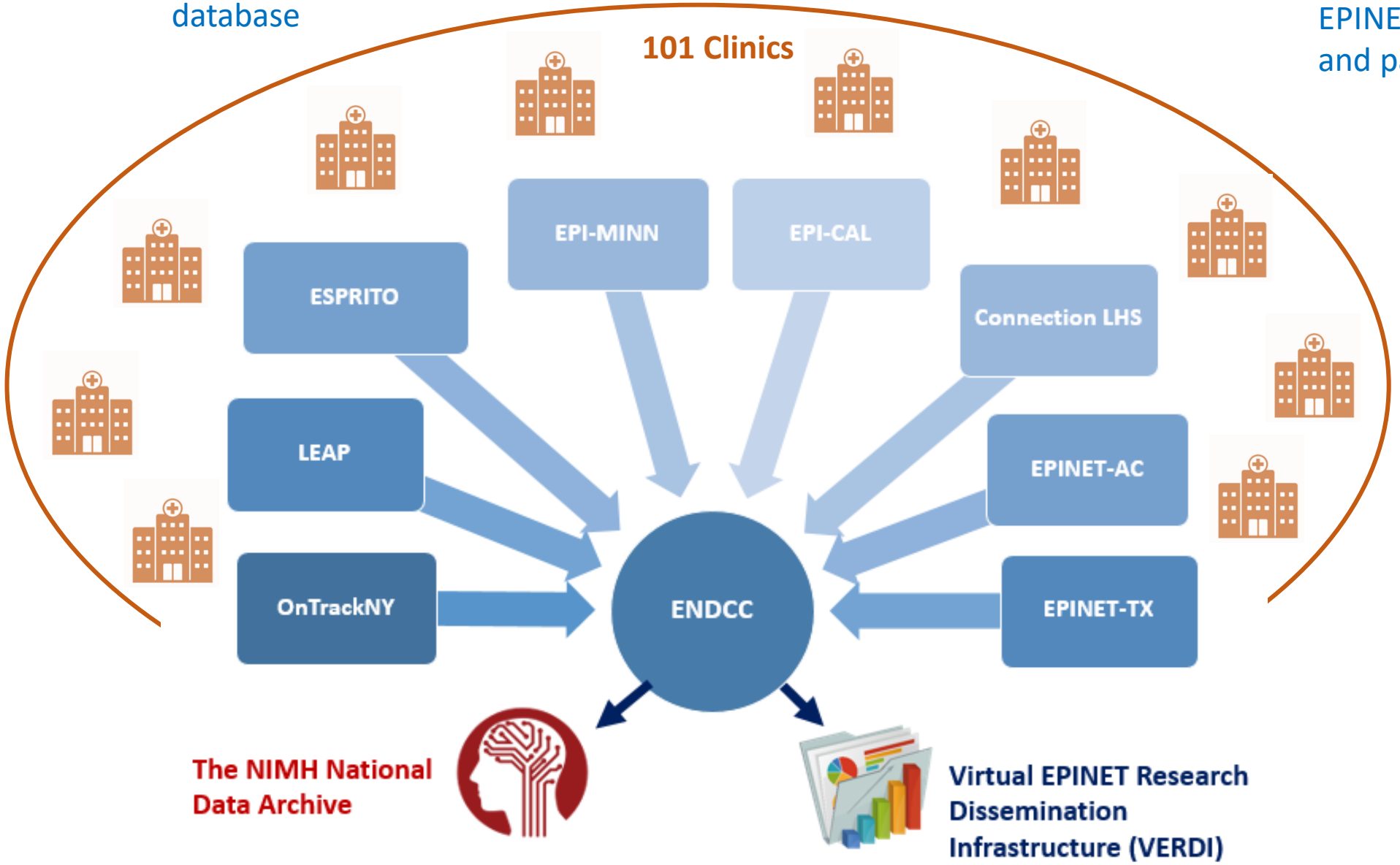
CAPITALIZING ON BIG DATA

- Personalized treatment
- Randomized quality-improvement projects
- Rapid piloting or fielding of new approaches
- Evaluating rare events with statistical power



Clinics send client-data to Hubs → Hubs consolidate data sent from clinics into a Hub database → Hubs send their consolidated data to the ENDCC → ENDCC consolidates data from the Eight Hubs → ENDCC hosts the national database that is accessible to EPINET researchers and partners



The NIMH National Data Archive also receives consolidated data from the ENDCC which will be released to the public one year after the EPINET ends (approx. 2025).

DEVELOPMENT OF THE CORE ASSESSMENT BATTERY (CAB)

In 2020, the EPINET Steering Committee established the CAB after a 12-month consensus process.

The Consensus-based PhenX Early Psychosis Clinical Services Toolkit of measures was consulted in coming up with the final list https://www.phenxtoolkit.org/sub-collections/view/6

Additionally, 5 workgroups comprised of more than twenty early psychosis researchers and clinical experts provided input on specific topics in the CAB.

Organization	Steering Committee Members (as of July 2020)
EPINET National Data Coordinating Center	Abram Rosenblatt Howard Goldman Preethy George
NIMH Scientific Collaborator	Susan Azrin
EPI-CAL Hub	Tara Niendam
EPI-MINN Hub	Piper Meyer-Kalos Sophia Vinogradov
ESPRITO Hub	John Kane Delbert Robinson
LEAP Hub	John Hsu Dost Ongur
OnTrackNY Hub	Lisa Dixon Jennifer Humensky

DOMAINS IN THE CORE ASSESSMENT BATTERY

	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

STANDARDIZED MEASURES IN THE CAB

Domain	Measures	
Cognition	• Brief Assessment of Cognition (BAC-APP v2.1.0)	• Penn Computerized Neurocognitive Battery (PennCNB)
Functioning	• Global Functioning Scale: Social rating (GF Social) • Global Functioning Scale: Role rating (GF Role)	• MIRECC-GAF Occupational rating • MIRECC-GAF Social rating
Medication Side Effects & Treatment Adherence	• Brief Adherence Rating Scale (BARS) • Adherence Estimator	• Intent to Attend and Complete
Recovery	• Questionnaire about the Process of Recovery (QPR)	
Shared Decision Making	• CollaboRATE	
Stress, Trauma & Adverse Childhood Events	• Adverse Childhood Experiences (ACES) • Child and Adolescent Trauma Screen (CATS) Life Events Checklist (LEC)	• Post Traumatic Stress Disorder Checklist for DSM-5
Symptoms	• Modified Colorado Symptom Index • Brief Psychiatric Rating Scale (BPRS)	• Positive and Negative Symptoms of Schizophrenia Scale (PANSS-6) • COMPASS 10-item version

BROAD AVAILABILITY OF THE CAB

National EPINET Website

https://nationalepinet.org/core-assessment-battery-cab/

Download the full CAB and User's Guide

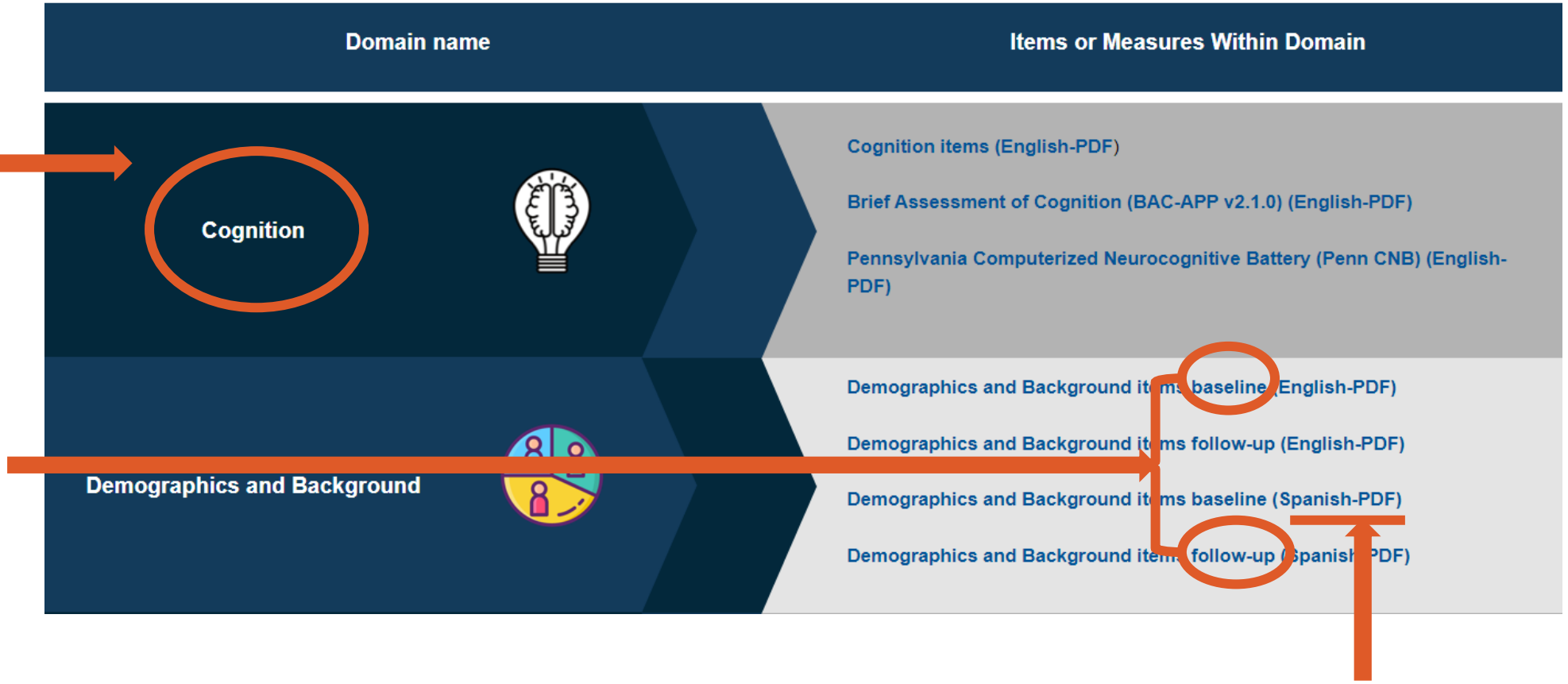
or

Download individual items and measures by domain

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.

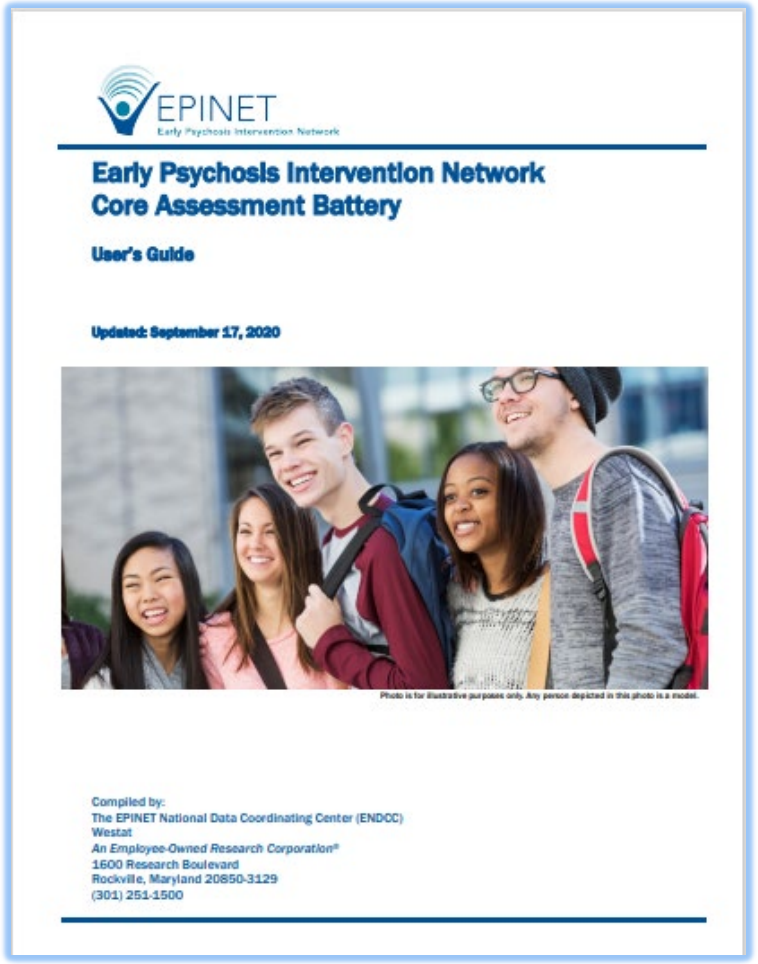
There are baseline and follow-up versions for some measures and items because they differ depending on assessment timelines.



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."

There are Spanish versions of the client-self-report measures and items.

USER'S GUIDE


EPINET
Early Psychosis Intervention Network

Early Psychosis Intervention Network Core Assessment Battery

User's Guide

Updated: September 17, 2020

Photo is for illustrative purposes only. Any person depicted in this photo is a model.

Compiled by:
The EPINET National Data Coordinating Center (ENDOC)
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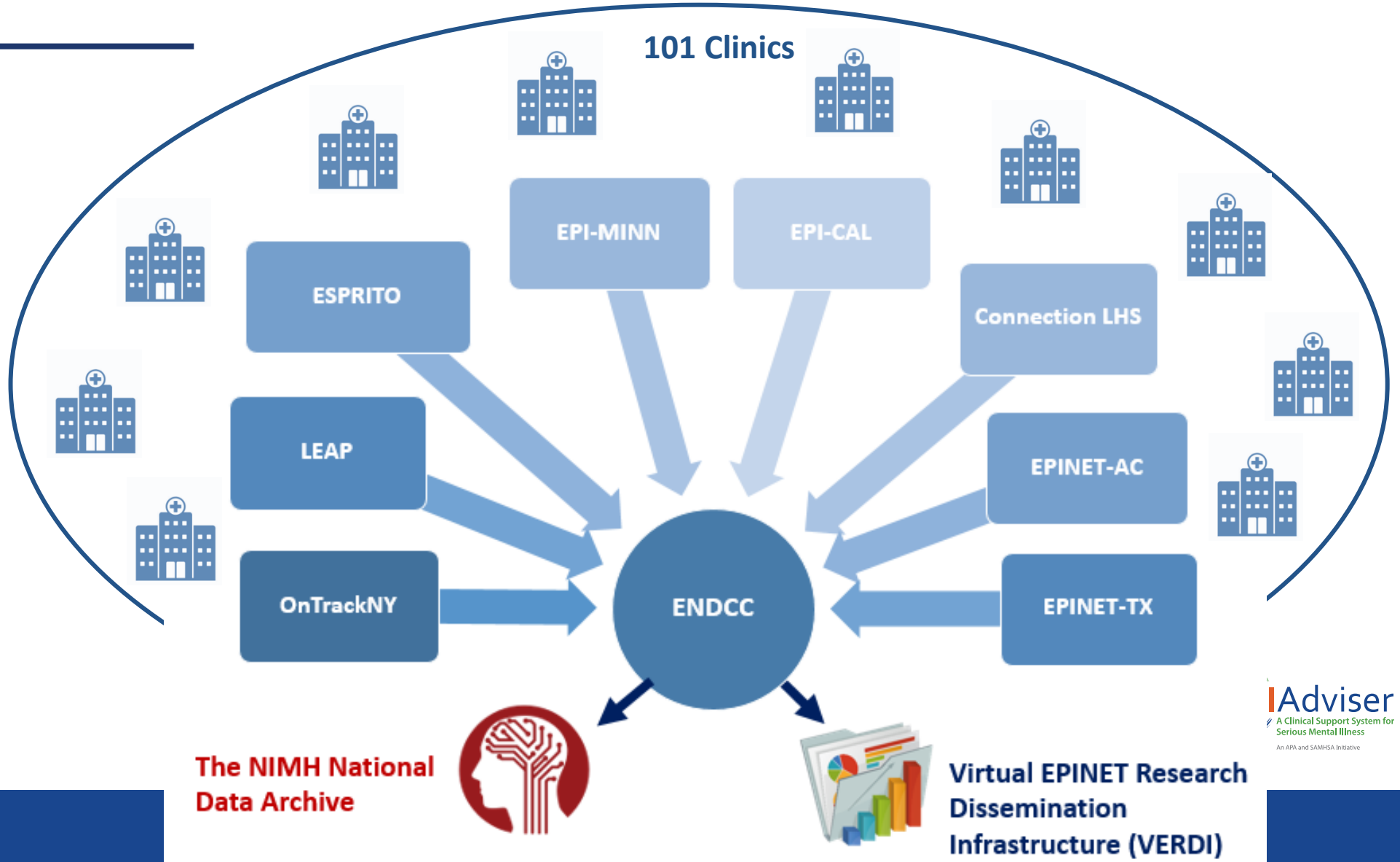
Rockville, Maryland 20850-3129
(301) 251-1500

Download the User's Guide from the website for administration and scoring information on each of the CAB measures and items.

https://nationalepinet.org/core-assessment-battery-cab/

CURRENTLY ONLY 101 EPINET CLINICS ASSOCIATED WITH A HUB ARE CONTRIBUTING DATA TO THE CONSOLIDATED DATABASE



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EPINET

AC-EPINET
Indiana University-Purdue University at Indianapolis, IN

Connection LHS
University of Maryland Baltimore, MD

EPI-CAL
University of California Davis, CA

EPI-MINN
University of Minnesota Minneapolis, MN

EPINET National Data Coordinating Center
Westat
Rockville, MD

EPINET-TX
University of Texas Austin, TX

ESPRITO
Feinstein Institute for Medical Research Manhasset, NY

LEAP
McLean Hospital Belmont, MA

OnTrackNY
New York State Psychiatric Institute New York City, NY

Scientific Discovery

Disseminate data-driven knowledge to improve care

Identify problems & innovative solutions

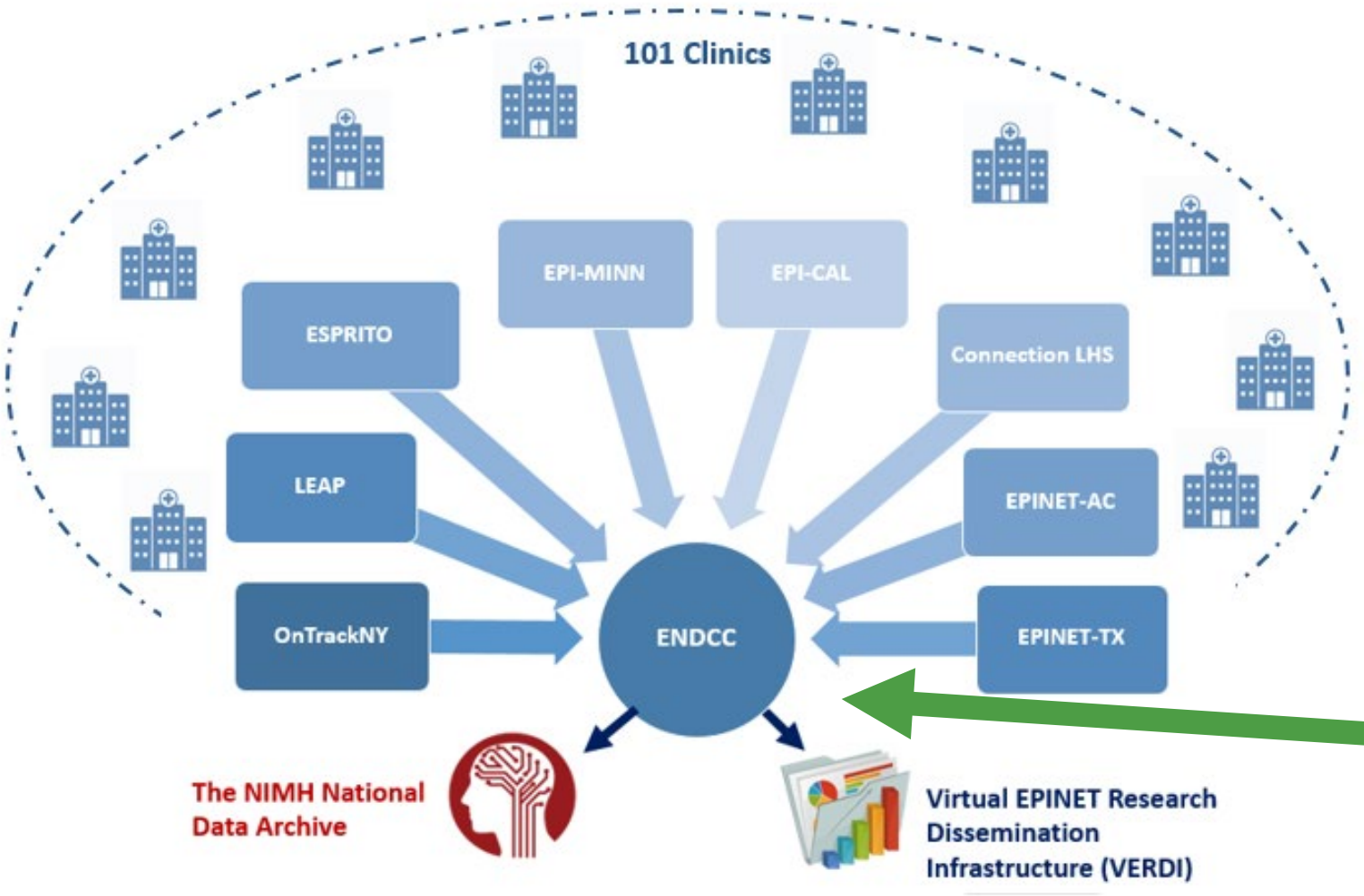
Collaborators & Community

Clients & Families

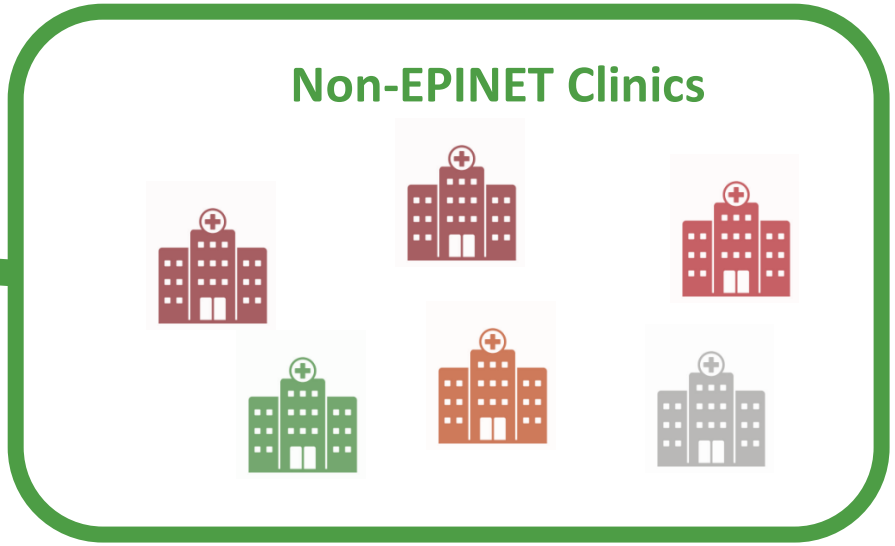
Researchers **Practitioners**

Based on Institute of Medicine (2013). *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*. Washington, DC: The National Academies Press.

Summer 2021



Non-EPINET clinics will be able to contribute client data to EPINET.



Web-Based CAB Data Collection – COMING IN SUMMER 2021

For use by coordinated specialty care (CSC)* clinics outside of the EPINET.

To Be Eligible:

- Participate in an ORIENTATION MEETING with the EPINET National Data Coordinating Center to discuss process and eligibility
- Complete the EPINET Agency and Program Background Information
- For each client, complete the items in the Demographic and Background domain
- Collect data on at least two standardized measures that are in the CAB

*Azrin, Goldstein, & Heinssen, 2015

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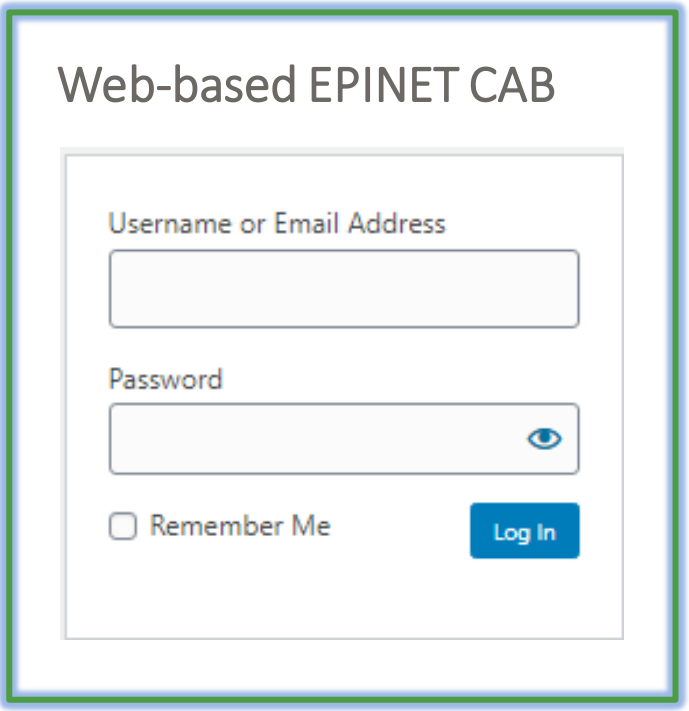

- Clinics may include new or existing clients in their database.
- Measures may be administered in several ways but clients cannot self-administer the measures.
  - Client completes paper-and-pencil version and then the data are entered into the database by clinic staff
  - Staff reads the questions to the client and completes the measures using the system
- For data to be included in the EPINET database, the System must be used.

BENEFITS OF CONTRIBUTING DATA THROUGH THE WEB-BASED CAB

- Data will be consolidated with the national EPINET database of 101 clinics
- Clinics contributing data will have access to:
  - ✓ Training regarding best practices for administering CAB measures
  - ✓ Training on how to use and interpret client scores on CAB measures
  - ✓ Secure portal to download their own clinic data which can be used for client monitoring and quality assurance

Over time as the EPINET database grows, clinics can:

  - ✓ Access a dashboard to compare their data to regional and national data being collected by EPINET clinics
  - ✓ Access tools to generate infographic and reports based on clinic data

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EXPERT PANEL DISCUSSION ABOUT ADOPTING CAB AS PART OF CLINICAL PRACTICE

Tara Niendam, PhD

Howard H. Goldman, MD, PhD

Monica Calkins, PhD

FOCUSED DISCUSSION WITH CLINICIANS

1. How is the CAB different from PhenX?
2. Why did the EPINET Hubs and Clinics decide to participate?
3. Why is it important to consolidate data across clinics to study this population?
4. Why might a non-EPINET clinic want to contribute CAB data?
5. What is the value of using common data collection measures across all early psychosis clinics?
6. Is it worthwhile to incorporate only a few CAB measures into a clinic workflow?
7. What are some ways that clinics can incorporate CAB measures into their routine workflow?

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QUESTIONS?