

WELCOME

USING EVIDENCE-BASED TOOLS TO IMPROVE CLINICAL CARE OF EARLY PSYCHOSIS CLIENTS

9:30-11:00am PT /11:30-1:00pm CT /12:30-2:00pm ET



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



National Institute
of Mental Health



EPINET

Early Psychosis Intervention Network



PEPPNET

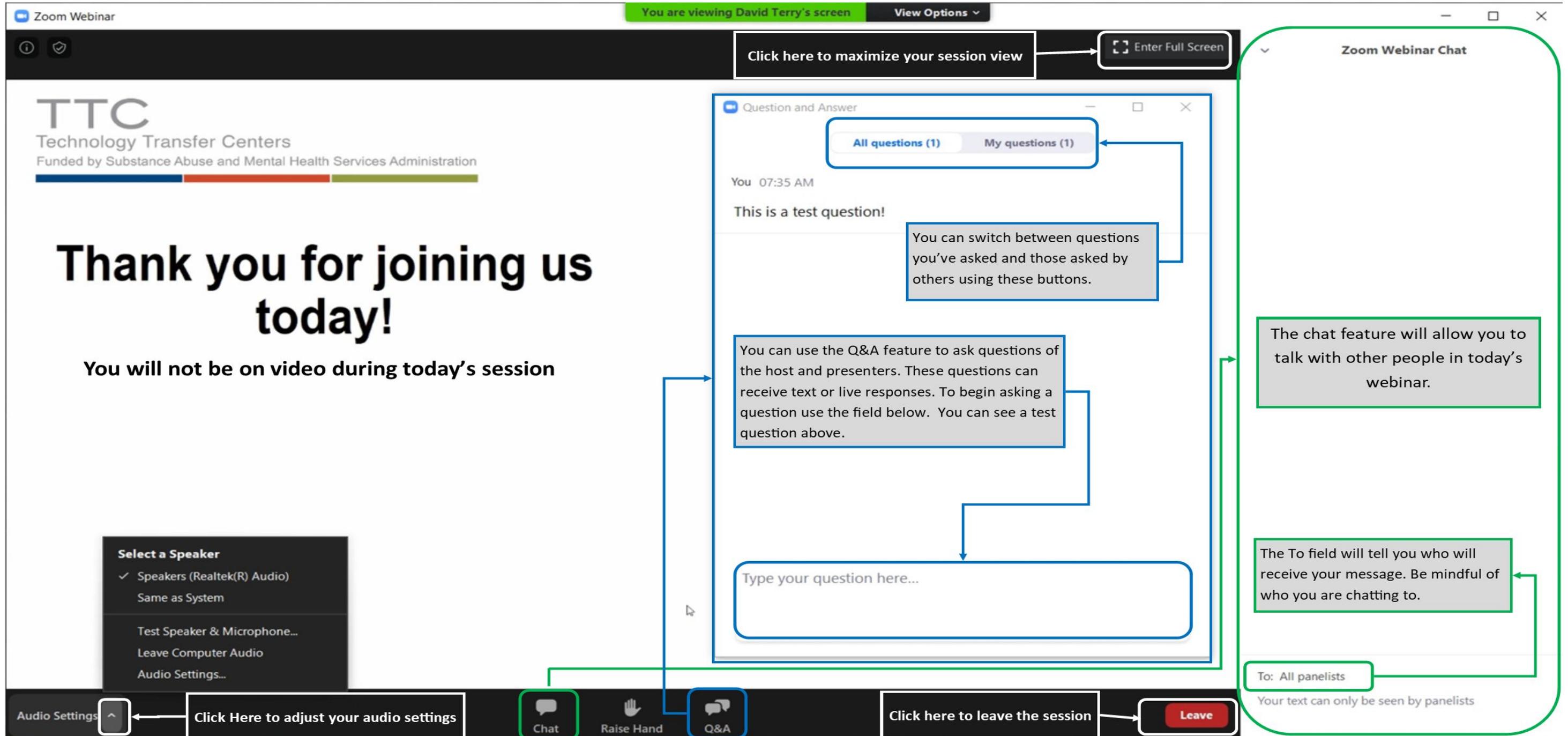
SAMHSA

Substance Abuse and Mental Health
Services Administration

Please Note

- All attendees are muted
- Today's session will be recorded

Get to know the Zoom Webinar interface



The screenshot shows a Zoom Webinar interface with several key components and annotations:

- Top Bar:** Includes "Zoom Webinar", "You are viewing David Terry's screen", and "View Options".
- Header:** "TTC Technology Transfer Centers" logo and "Funded by Substance Abuse and Mental Health Services Administration".
- Main Content:** "Thank you for joining us today!" and "You will not be on video during today's session".
- Q&A Panel:** A "Question and Answer" window with tabs for "All questions (1)" and "My questions (1)". It contains a test question: "This is a test question!". A text input field at the bottom says "Type your question here...".
- Chat Panel:** A "Zoom Webinar Chat" window on the right with a "To: All panelists" field and the text "Your text can only be seen by panelists".
- Bottom Bar:** Includes "Audio Settings", "Chat", "Raise Hand", "Q&A", and "Leave" buttons.

Annotations:

- "Click here to maximize your session view" points to the "Enter Full Screen" button.
- "Click here to adjust your audio settings" points to the "Audio Settings" button.
- "Click here to leave the session" points to the "Leave" button.
- Blue callouts explain the Q&A feature: "You can use the Q&A feature to ask questions of the host and presenters. These questions can receive text or live responses. To begin asking a question use the field below. You can see a test question above." and "You can switch between questions you've asked and those asked by others using these buttons.".
- Green callouts explain the chat feature: "The chat feature will allow you to talk with other people in today's webinar." and "The To field will tell you who will receive your message. Be mindful of who you are chatting to."

Housekeeping Items

- We have made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information.
- Have a question for the speakers? Use the Q & A button
- Have a comment or link for all attendees? Use the chat and select to "all attendees"
- At the end of today's webinar, please complete a **brief** survey.
- You will receive an email on how to access a certificate of attendance; must attend at least an hour.

- This event is closed captioned!



- Follow us on social media:

○ @MHTTCNetwork



Please Note:

This session is recorded and all materials will be posted to our website within 2 weeks.

Disclaimer

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At the time of this presentation, Dr. Miriam E. Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services (DHHS) and the Administrator of SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of DHHS or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.



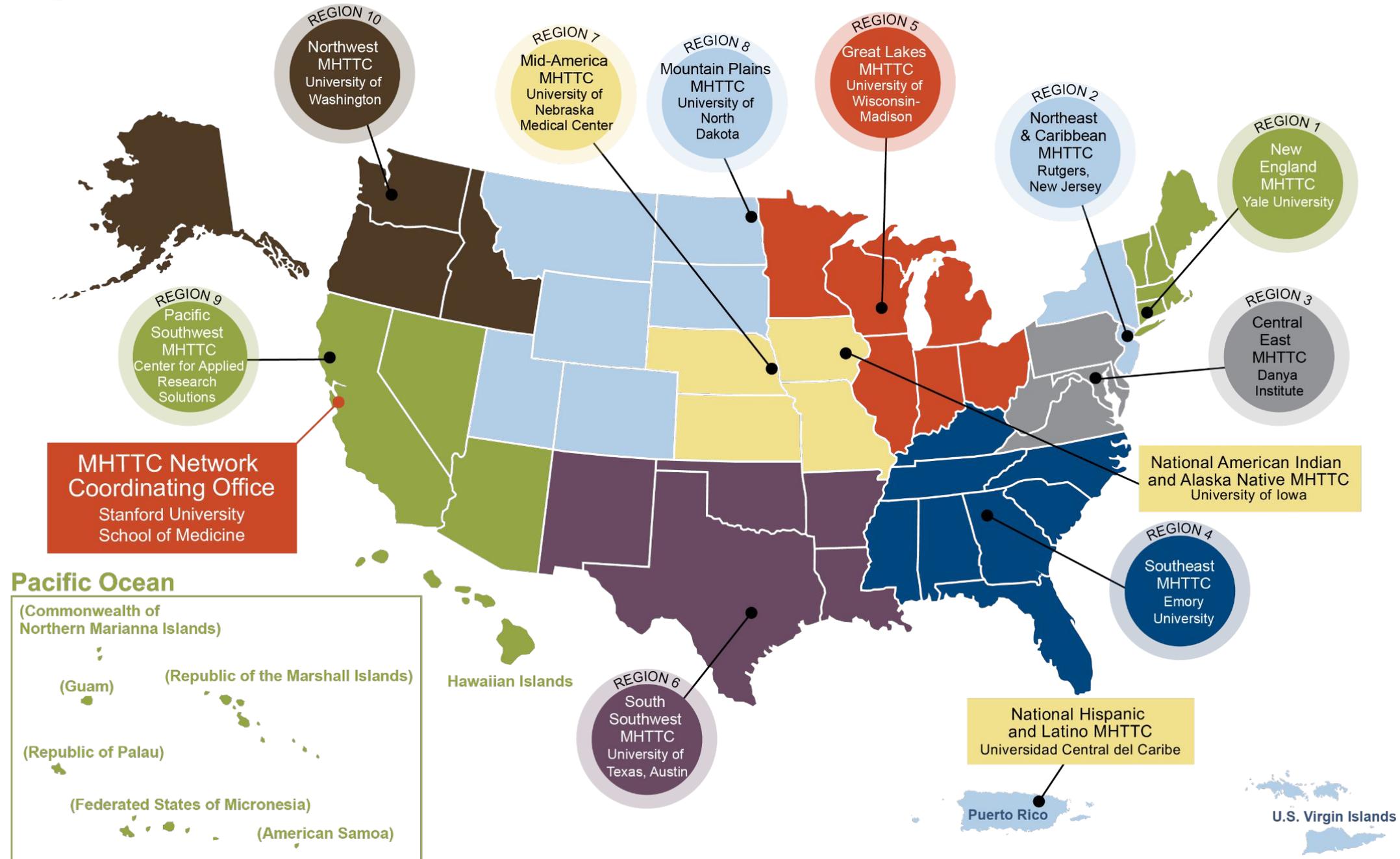
Connect with Your MHTTC at www.mhttcnetwork.org



MHTTC

Mental Health Technology Transfer Center Network
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MHTTC Network



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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H₂O



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SAMHSA

Substance Abuse and Mental Health
Services Administration

SPEAKERS



Howard H. Goldman
MD, PhD



Tison Thomas
MSW, LMSW



Susan T. Azrin
PhD



Abram Rosenblatt
PhD



Molly Lopez
PhD



April D. Macakanja
MS, LPC-S



Maryam Flory
MA, LPC, LPHA



Samantha Reznik
PhD



Tison Thomas
MSW, LMSW

SAMHSA

Substance Abuse and Mental Health
Services Administration

Tison Thomas is currently the Director of the Division of State and Community Systems Development within the Center for Mental Health Services at SAMHSA. In this role, he manages staff who oversee and monitor the Mental Health Block Grants, the Protection and Advocacy for Individuals with Mental Illness grants, the Projects for Assistance in Transition from Homelessness (PATH) grant program, the Minority Fellowship Program grants and several contracts and grants. Prior to joining the Division, Mr. Thomas served as SAMHSA's PATH Program Director. He has more than twenty-five years of diverse experience in the healthcare field at the local, state, and federal levels.

He holds a Master's Degree in Social Work and has managed a variety of grant programs, contracts and initiatives. Mr. Thomas came to SAMHSA after serving in a leadership role at the state level where he directed statewide initiatives to implement evidence-based practices and programs in the public mental health and substance abuse system, Mental Health Block Grant, certain Medicaid Programs and initiatives. He has also served as a clinical care manager with the managed care organizations and worked as a clinician in outpatient, inpatient, and crisis settings.

Evidence-Based Tools to Improve Clinical Care of Early Psychosis Clients

Tison Thomas, MSW, LMSW

Director

Division of State and Community Systems Development

Center for Mental Health Services



SAMHSA
Substance Abuse and Mental Health
Services Administration

Mental Health Block Grant's Role

- Mental Health Block Grant (MHBG) – Federal Formula Grant to states and territories
- System Transformation Efforts, including Evidence Based Practices
- Duration of Untreated Psychosis
 - Poor Prognosis
 - “despite the existence of effective treatments, there are often long delays – years and sometimes decades – between the first onset of symptoms and when people receive help.”
- Science to Implementation – Several Years
 - No Specific Funding

MHBG ESMI/FEP Set-Aside

- The set aside funding is dedicated to treat those “with ***early serious mental illness, including those with First Episode of Psychosis***” and not for primary prevention or preventive intervention.
- States can implement models which have demonstrated efficacy, including the range of services and principles identified by NIMH. SAMHSA encouraged states to focus on individuals with a First Episode Psychosis (FEP) and use one of the CSC models.
- States can leverage funds through inclusion of services reimbursed by Medicaid or private insurance
- ***SAMHSA Focus:*** Every state should be able to begin to move their system toward early intervention or enhance the early intervention services already being implemented.

Dates and ESMI/FEP Milestones

Jul. 2009	NIMH clinical trials for FEP commence
Dec. 2013	NIMH implementation study completed
Jan. 2014	P.L. 113-76: \$22.8M set-aside for FEP
Apr. 2014	NIMH/SAMHSA FEP guidance to states
May 2014	SAMHSA technical support to states begins
Dec. 2014	P.L. 113-483: \$22.8M set-aside for FEP
Oct. 2015	NIMH clinical trials for FEP completed
Oct. 2015	CMS coverage of FEP intervention services
Dec. 2015	P.L. 114-113: \$50.5M set-aside for FEP
Dec. 2016	P.L. 114-255: 21 st Century Cures Act
May 2017	P.L. 115-31: \$53.3M set-aside for FEP
Mar. 2018	P.L. 115-141: \$68.5M set aside for FEP
Dec. 2019	P.L. 116-94: \$68.5M set aside for FEP
Mar. 2020	P.L. 115-245: \$68.5M set aside for FEP
Dec. 2020	P.L. 116-260 : \$68.5M set aside for FEP
Dec. 2020	P.L. 116-260 (CRRSA) : \$82.5M set aside for FEP
Mar. 2021	Public Law 117-2 (ARP): 142.5M set aside for FEP
Mar. 2022	P.L 117-103: \$81.3M set aside for FEP
Total	\$661.2M (to-date)

Mental Health Block Grant Plans: <https://bgas.samhsa.gov/>

Early Serious Mental Illness Prevalence and Treatment

- In 2017, the NIMH funded Mental Health Research Network estimated that there are approximately 114,000 new cases of psychosis each year in the US (Simon et al., *Psychiatric Services*, 2017; 68:456–461).
- In 2020, 50 state CSC programs reported service use data. State Mental Health Authorities reported that 18,027 persons with early SMI received CSC services in SAMHSA-supported programs.
- In 2021, states reported 343 FEP programs

Federal Efforts

- State's role in improving public mental health system
- Partnership between SAMHSA and NIMH
 - Including others (ASPE, NASMHPD; working with CMS)
- Technology Transfer Centers (TTCs)
- Improving outcomes



Susan T. Azrin
PhD



Susan T. Azrin is Unit Chief of the Early Psychosis Prediction and Prevention research unit at the National Institute of Mental Health, Division of Services and Intervention Research, where she also leads the Early Psychosis Intervention Network (EPINET) initiative. She served as Government Project Officer for the Recovery After an Initial Schizophrenia Episode-Early Treatment Program (RAISE-ETP) clinical trial, a pioneering study demonstrating the effectiveness of team-based Coordinated Specialty Care for people with early psychosis.

Dr. Azrin also leads the NIMH research program on improving health and reducing premature mortality in people with serious mental illness and serves as the Science Officer for the Mental Health Research Network, a learning mental health system.

Using Evidence-Based Tools to Improve Clinical Care of Early Psychosis Clients

Susan T. Azrin, PhD
National Institute of Mental Health



May 6, 2022



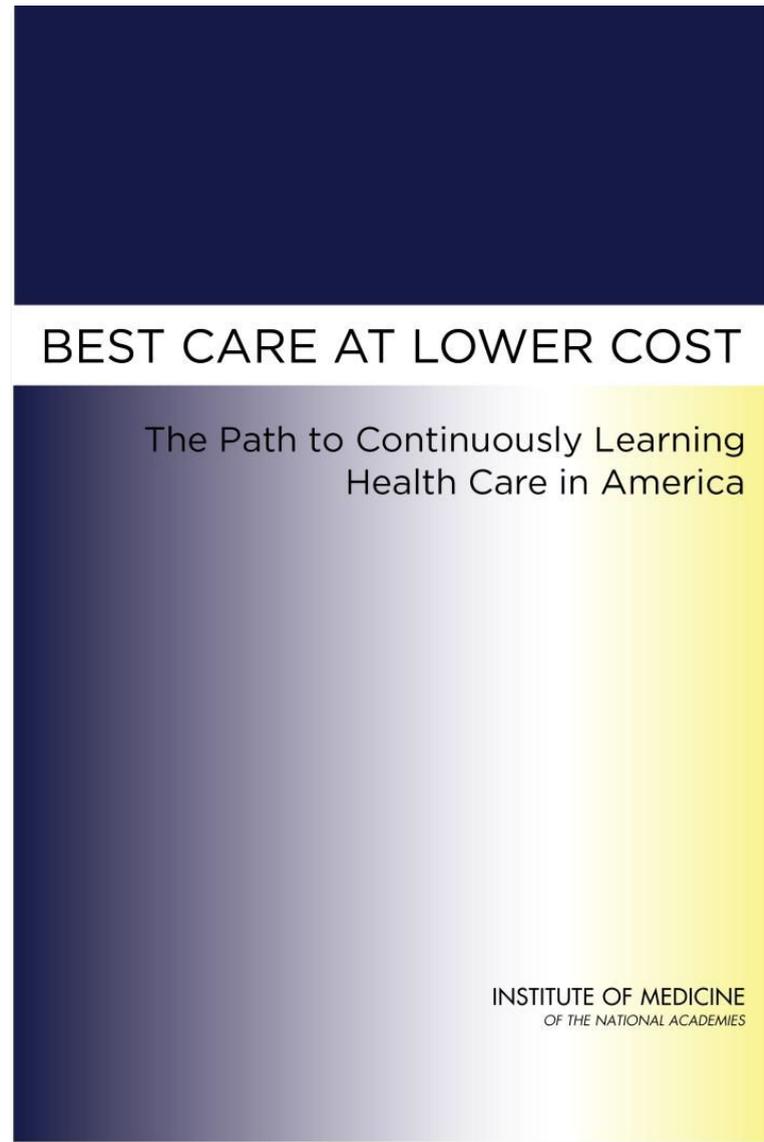
Disclosures

- 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.

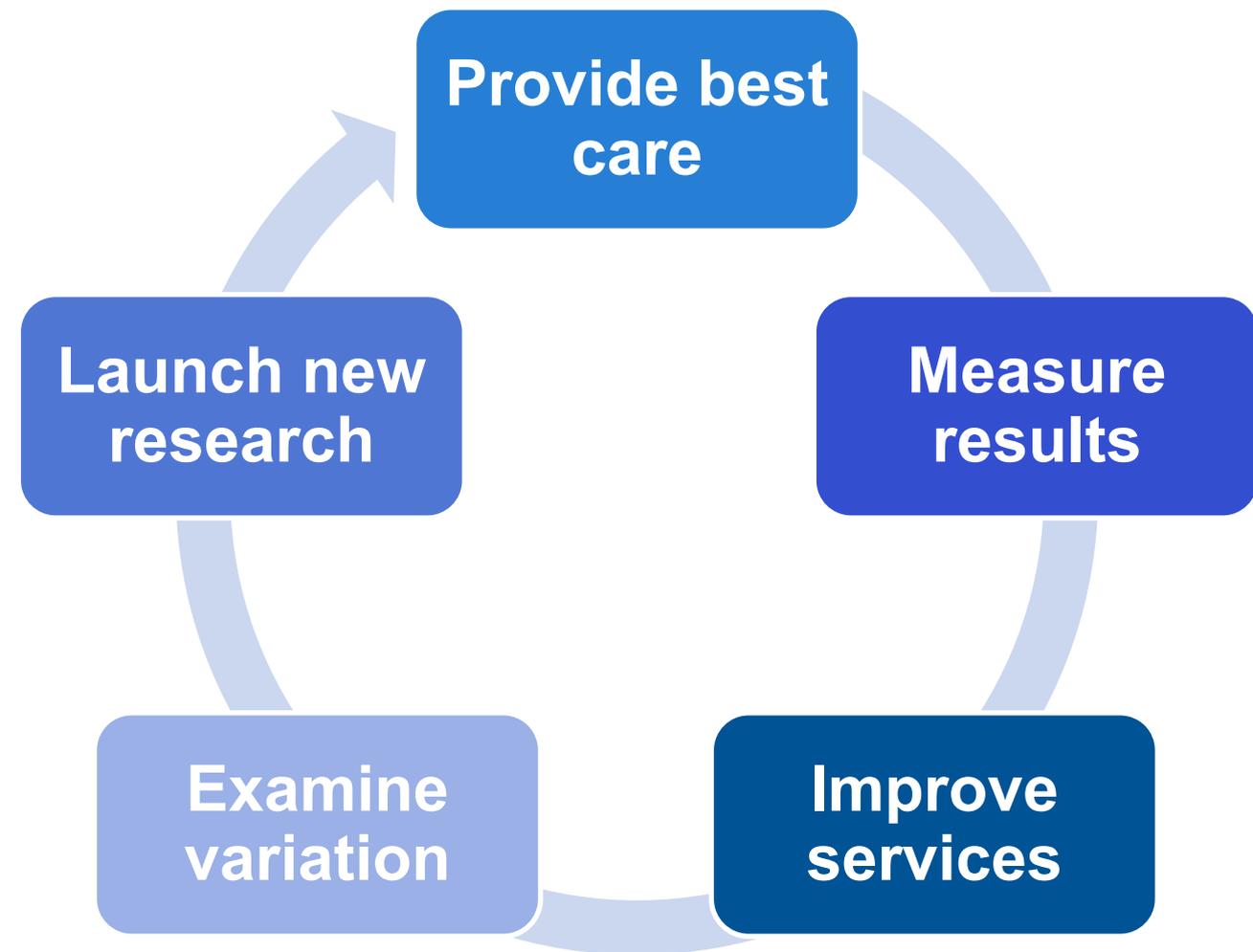
Accelerating Advances In Early Psychosis Care, Recovery Outcomes, and Scientific Discovery Through A National Early Psychosis Learning Health Care Partnership



Learning Health Care



[Institute of Medicine, 2013](#)



EPINET 2022



- 1 National Data Coordinating Center
- 8 Regional practice-based networks
- 17 State mental health authorities
- 101 Coordinated Specialty Care programs
- 5-8K Young people with early psychosis

NAMHC Concept Clearance, February 2015

EPINET and the Early Psychosis Care Community

Communication between stakeholder groups and EPINET

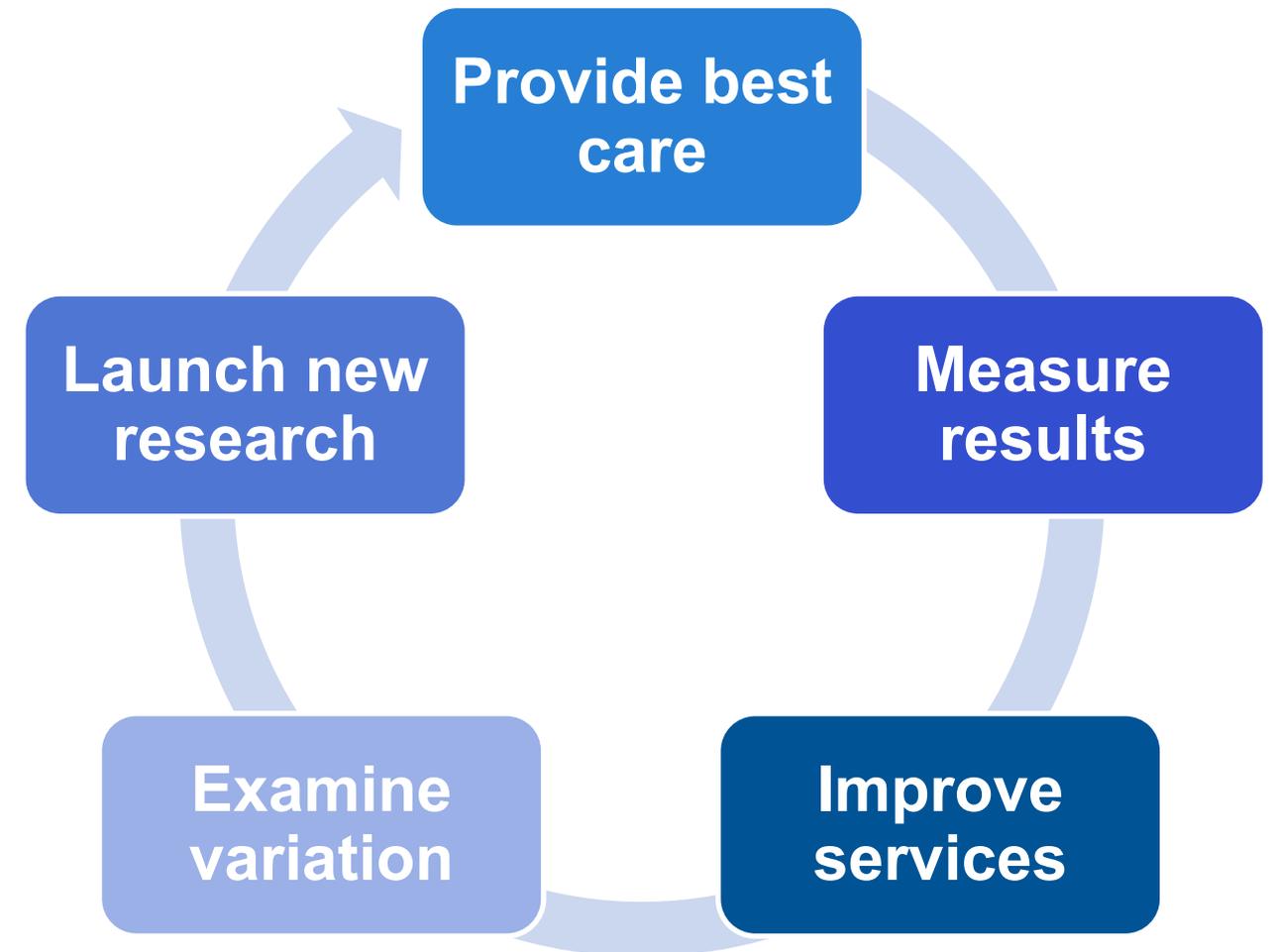


Broad dissemination of EPINET tools, data, learning, and best practices

EPINET Tools: Core Assessment Battery and WebCAB

Standardized measures assess key domains of early psychosis psychopathology, recovery, treatment and contextual factors.

- Facilitates measurement-based care
- Supports continuously learning health system goals



Expanding the reach of
measurement-based care

Supporting continuously learning
early psychosis care



EPINET
WebCAB

Web-Based Core Assessment Battery



Thank you!





Abram Rosenblatt
PhD



Abram Rosenblatt is Vice President at Westat, where he is sector lead for Child Welfare, Justice and Behavioral Health within the Behavioral Health and Health Policy Practice. Dr. Rosenblatt is currently the Principal Investigator of the NIMH funded Early Psychosis Intervention Network Data Coordinating Center.

Previously, Dr. Rosenblatt was a Professor in the Department of Psychiatry at the University of California, San Francisco. He is the author or coauthor of numerous peer-reviewed publications focusing predominantly on the costs and outcomes of multi-faceted, systemic, and programmatic interventions for children, youth and young adults with behavioral health needs.

Tools to Improve Clinical Care of Early Psychosis Clients

MAY 6, 2022

12:30 - 2:00 PM ET

Federal Investments in Early Psychosis

2008

NIMH Recovery After an Initial Schizophrenia Episode (RAISE) project

2014

Psychosis-Risk and Early Psychosis Program Network (PEPPNET)

2015

National Advisory Mental Health Council Concept Clearance

2016

PhenX Early Psychosis Common Data Elements Toolkits

2016

SAMHSA-NIMH-Westat Fidelity Evaluation of Mental Health Block Grant Coordinated Specialty Care Programs

2017

NIMH Stakeholder Meeting on Harmonizing Clinical Data Collection in Community-Based FEP Treatment Programs

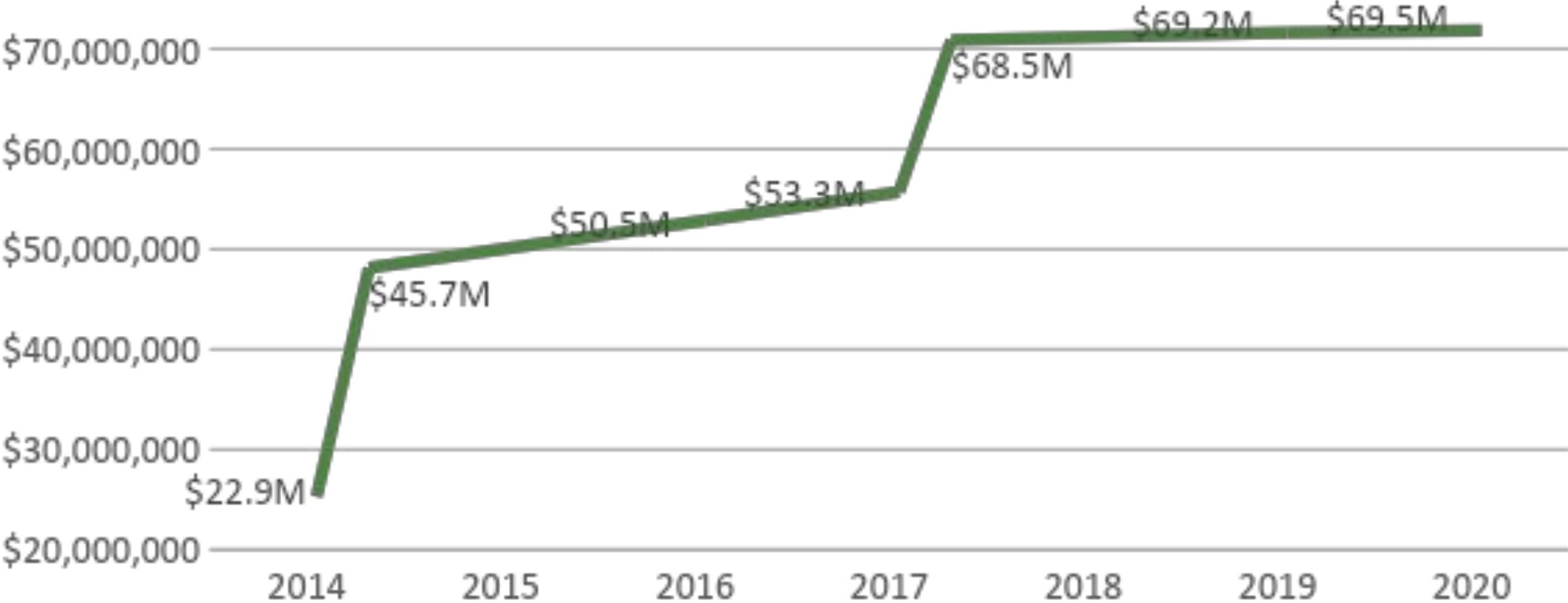
2018

NIMH EPINET Funding Opportunity Announcements
- Practice-Based Research to Improve Treatment Outcomes

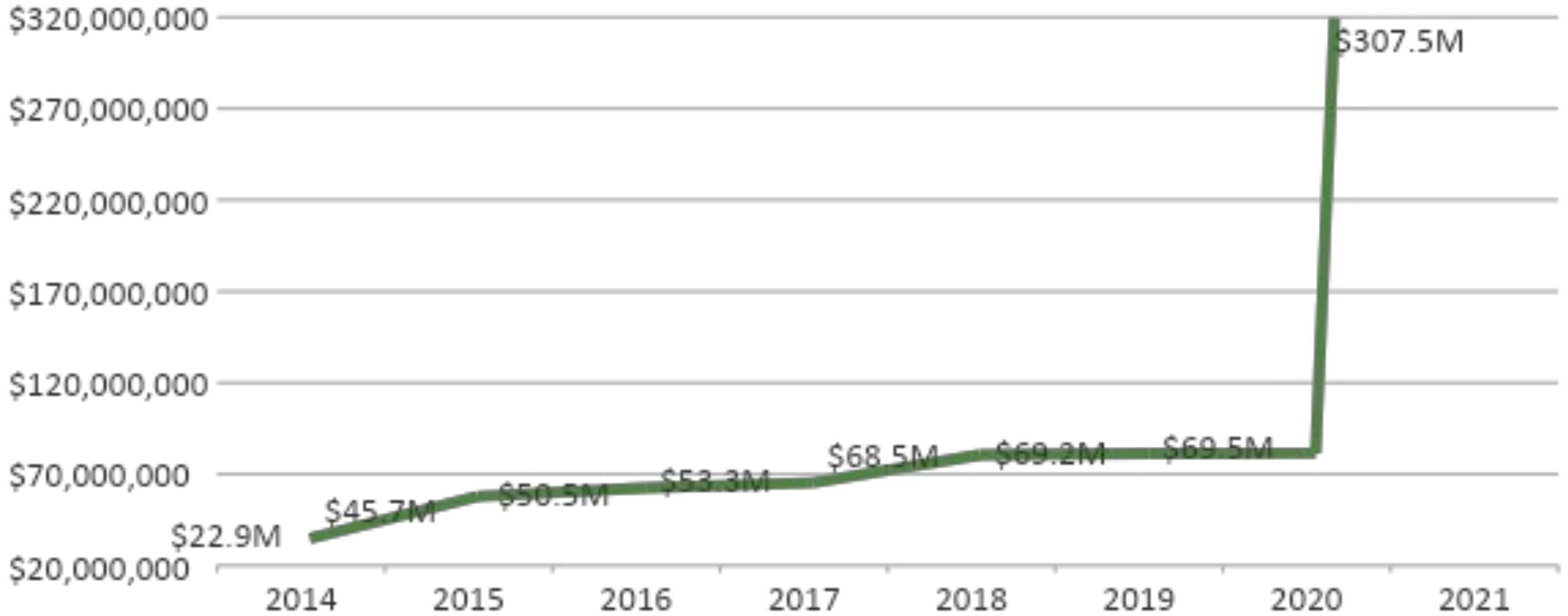
2019

EPINET Launch

Federal Investments in Early Psychosis Programming 2014 - 2020



Federal Investment in Early Psychosis Programs 2021



**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

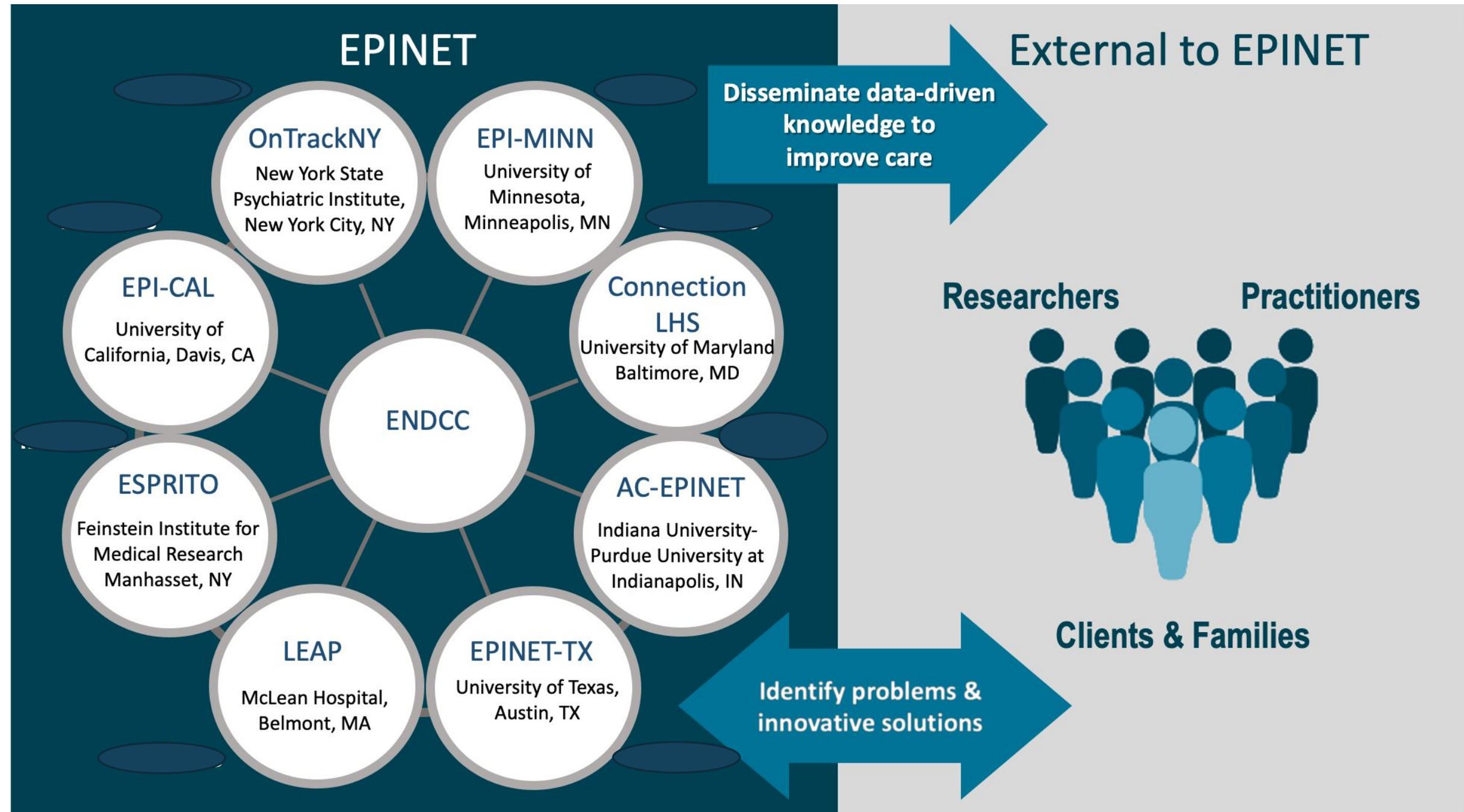
OnTrackNY
New York State
Psychiatric Institute,
New York City, NY

**Connection
LHS**
University
of Maryland,
Baltimore, MD

<https://nationalepinet.org/>



EPINET is a Learning Health Care System



EPINET Tools That Support Federal Investments in CSC



Designed to serve as a basis for **common individual-level data collection across all 100+ EPINET clinics.**



Web-based platform designed to **foster data collection efforts in CSC clinics outside of EPINET.**



Survey that collects **program-level data that will help us understand diversity among programs and how program components may impact client outcomes.**



EPINET
CAB

Core Assessment Battery



Early Psychosis Intervention Network Core Assessment Battery

Baseline Assessment

Updated: July 29, 2020



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

Compiled by:
Westat
An Employee-Owned Research Corporation®
1800 Research Boulevard
Rockville, Maryland 20850-3129
(301) 251-1500



The CAB serves as the basis for common individual-level data collection across all EPINET programs

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

CAB data can be aggregated in a database with statistical power

The CAB was developed through a 12-month consensus process by the EPINET Steering Committee

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

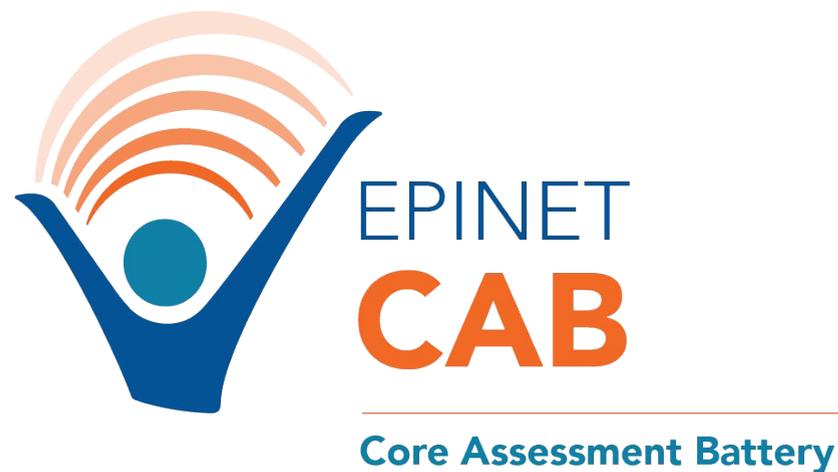
	CAB Domain
12	Legal Involvement
13	Medication Side Effects & Treatment Adherence
14	Medications
15	Recovery
16	Service Use
17	Shared Decision Making
18	Stress, Trauma & Adverse Childhood Events
19	Substance Use
20	Suicidality
21	Symptoms

Any Early Psychosis Program Can Adopt CAB Measures or Items

Programs can pick and choose

National EPINET Website

<https://NationalEPINET.org>



The screenshot shows the EPINET website header with the logo and tagline: "Accelerating advances in early psychosis care, recovery outcomes, and scientific discovery through a national early psychosis learning health care partnership." Navigation links include "ABOUT", "CORE ASSESSMENT BATTERY (CAB)", "RESOURCES", and "CONTACT US".

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 academic hubs and the EPINET National Data Coordinating Center (NDCC).

Publication date: July 30, 2020

- 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 (11DP) SAC App (1DP) FERN CNS (1DP)
Demographics and Background	Demographics and Background Items - Baseline (1DP) Demographics and Background Items - Follow-Up (1DP)
Diagnosis	Diagnosis Items (1DP)
Discharge Planning and Disposition	Discharge Planning and Disposition Items (1DP)
Duration of Unreated Psychosis (DUP) and Pathway to Care	DUP and Pathway to Care Items - baseline (1DP) DUP and Pathway to Care Items - follow-up (1DP)



In addition to English, all client self report measures are available in 7 additional languages and available for download on the EPINET website

[Core Assessment Battery \(CAB\) Translations – EPINET Early Psychosis Intervention Network \(nationalepinet.org\)](http://nationalepinet.org)

Arabic

Traditional Chinese

Haitian Creole

Portuguese

Simplified Chinese

Somali

Spanish

EPINET
Early Psychosis Intervention Network

Accelerating advances in early psychosis care, recovery outcomes, and scientific discovery through a national early psychosis learning health care partnership

ABOUT ▾ CORE ASSESSMENT BATTERY (CAB) ▾ RESOURCES ▾ CONTACT US COMMUNITY PORTAL

Core Assessment Battery (CAB)

Core Assessment Battery (CAB) Translations

- Arabic
- Cantonese
- Haitian Creole
- Simplified Chinese
- Spanish

Core Assessment Battery 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



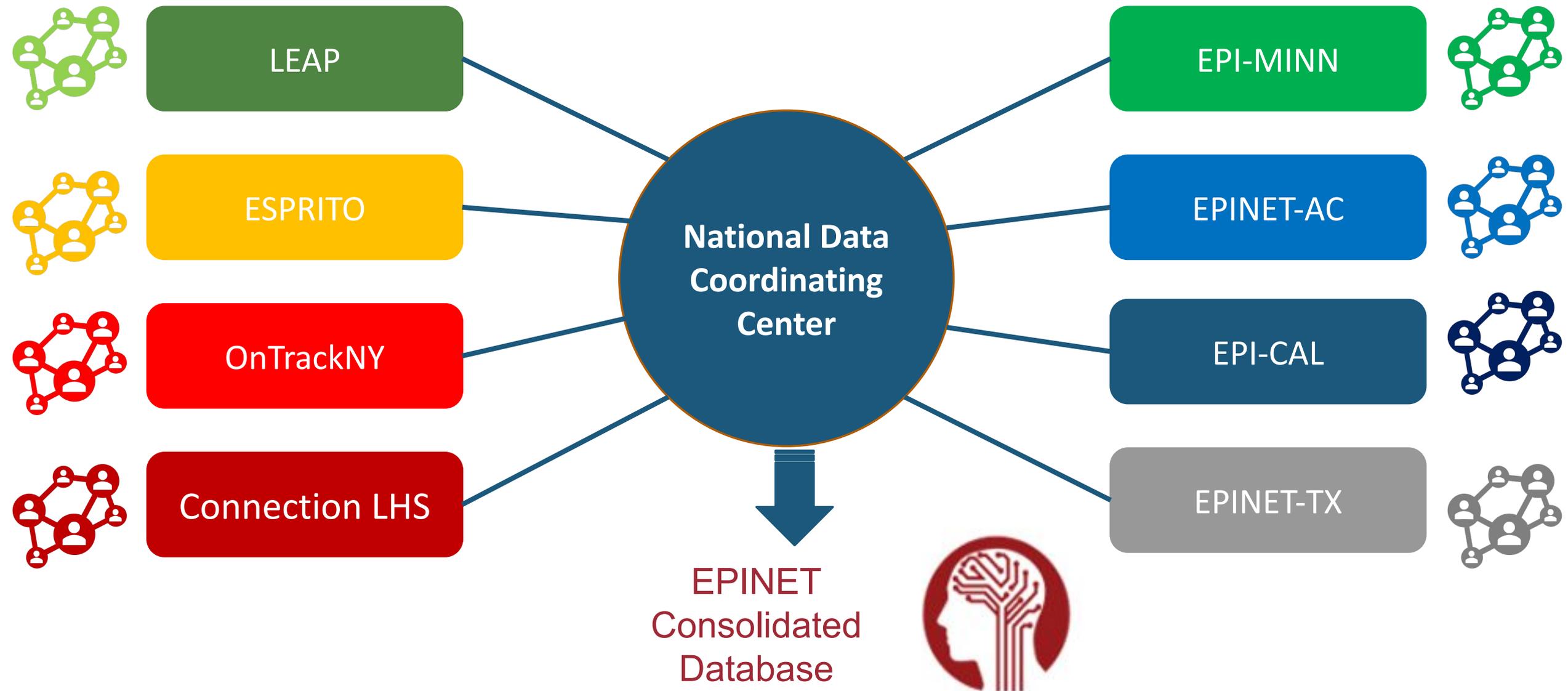
EPINET

WebCAB

Web-Based Core Assessment Battery

CAB: Data Sharing to Maximize and Accelerate Learning

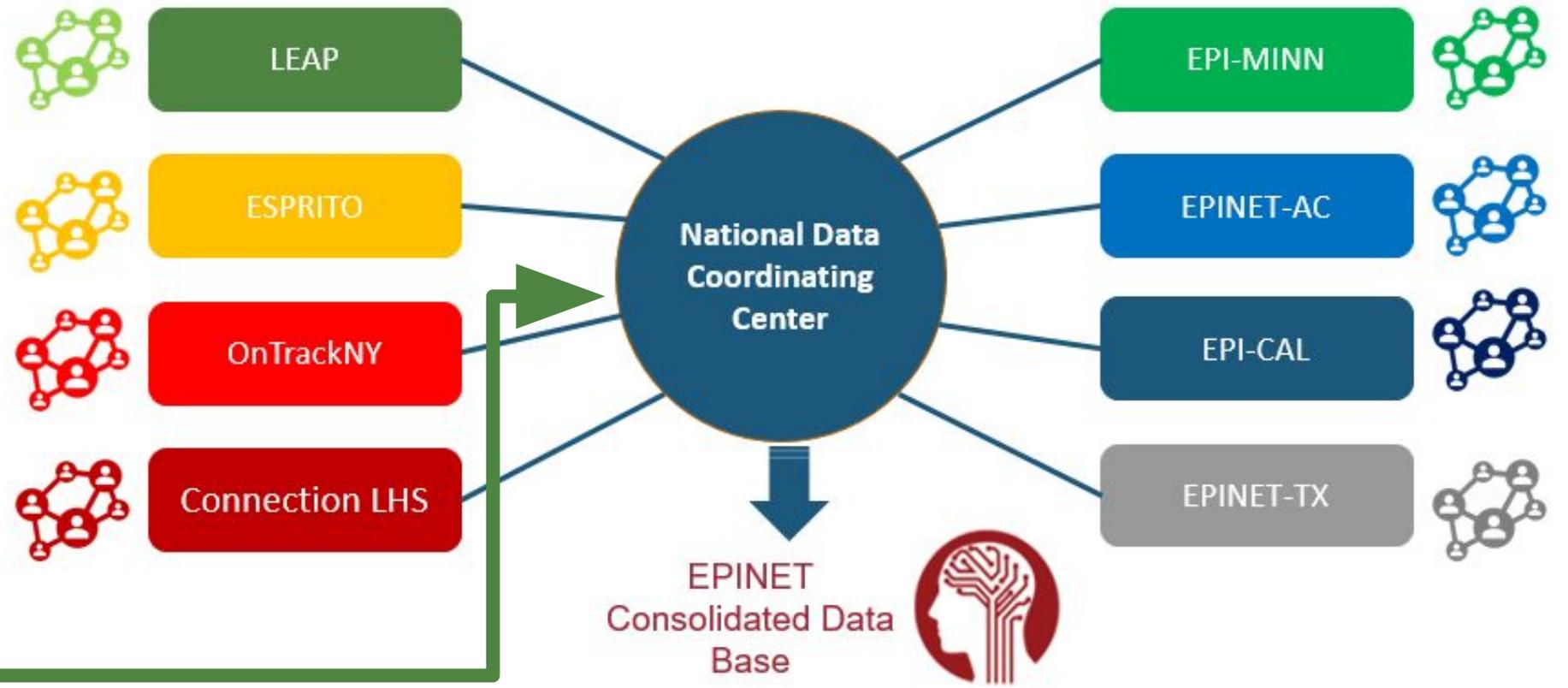
5,000 – 8,000 Participants





EPINET WebCAB

Web-Based Core Assessment Battery



LEAP

ESPRITO

OnTrackNY

Connection LHS

EPI-MINN

EPINET-AC

EPI-CAL

EPINET-TX

EPINET
Consolidated Data
Base





Web-based platform designed to **foster data collection efforts in CSC programs outside of EPINET**. Simple design and user-friendly interface to allow programs to input data, track clients, view change over time, and compare their program's data with data from the EPINET consolidated database. These data will also be part of the consolidated database.

- Programs may include new or existing clients in their database.
- Measures may be administered in several ways but clients cannot enter data directly into the WebCAB system
 - Client completes paper-and-pencil version and then the data are entered into the database by program 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 WebCAB system must be used.

**If programs treat clinical high risk patients, then they must have clients complete an additional 3-item scale so that we can tell the CHR clients from the usual FEP clients.

Eligibility:

1. Programs must meet criteria for providing coordinated specialty care
2. Participate in an orientation meeting with the EPINET National Data Coordinating Center to discuss process and eligibility.
3. Complete the program information sheet (PL-CAB)
4. **At a minimum**, programs must agree to:
 - Complete the following measures for each client in the database (** see note above)
 - Demographic and background items
 - Duration of untreated psychosis and pathway to care items
 - At least two additional measures

WebCAB

Immediate Benefits

Using the WebCAB allows CSC programs to:

- Track which assessments have been completed by which clients over time
- Interpret client score and use these data in a meaningful way for clinical intervention or quality improvement.
- View and understand client improvement and change
- Download data immediately for use locally, for research or clinical purposes.
- Be a part of a national database of 100+ programs that are changing our understanding of FEP and how to effectively treat it.



WebCAB

Longer Term Benefits

Using the WebCAB will allow CSC programs to:

- Participate in national trainings on how to use and interpret CAB measures to improve clinical care
- Be among the first to hear about research findings and lessons learned using EPINET data.
- Compare your program's client demographics and outcomes to other programs across the US, or within a region.
- Work with infographic tools to view and compare program data to others programs.



States are Interested in the CAB and WebCAB

12 State Mental Health Authorities, working with CSC clinics funded by MHBG Set Aside, are interested in adopting WebCAB to monitor program and client outcomes

5 State Behavioral Health Directors have reached out to Westat directly for a WebCAB demo



Interested in Using the WebCAB?

Contact us at ENDCC@westat.com to learn more

Clinic01 NonHub01 Logout
Site:1001 NonHub - Test Clinic 01

Client List Data Entry

Client List

Please create a unique ID for each client.

- Clinics must keep track and store de-identified client IDs in a secure location.
- The same client ID will need to be used for subsequent follow-up assessments.
- The assessment date (YYYY/MM) indicates when the measure was completed, not the date the data were entered into this system.
- Clinics will be responsible for ensuring that client follow-up assessments are completed on the clinic's schedule.



Client List Download

Client ID	Last Measures Completed	Assessment Date	Status	▼	
test	Life Events Checklist for DSM-5 (LEC-5) (for ages 18 and older)	2020/02	Active	Client Summary	Discharge
DBR4	Demographics and Background	2020/02	Discharge	Client Summary	Discharge
DBR	Life Events Checklist for DSM-5 (LEC-5) (for ages 18 and older)	2021/12	Active	Client Summary	Discharge



Molly Lopez
PhD



Molly Lopez is the Director of the Texas Institute for Excellence in Mental Health, a licensed clinical psychologist, and a research associate professor at the University of Texas at Austin, Steve Hicks School of Social Work. Her research interests include child and adolescent service systems, implementation of evidence-based practices, and mental health systems development and policy. She has led a number of initiatives focused on enhancing the effectiveness of systems that interact with children, youth, and adults with significant mental health challenges and their families.

Dr. Lopez currently serves as a director of the South Southwest Mental Health Technology Transfer Center (MHTTC) and principal investigator on the Early Psychosis Intervention Network in Texas (EPINET-TX).



April D. Macakanja
MS, LPC-S



April D. Macakanja has been the Practice Manager for the Early Onset First Episode Psychosis Program within The Harris Center for MH and IDD for the last six years, has worked with The Harris Center for over 13 years, and has over 18 years of experience working in mental health. She is a Certified Psychosis Risk Assessor, as well as a Texas Board Certified Supervisor and provides clinical supervision to LPC Interns. She received a Bachelor of Arts in Psychology from the University of Alaska- Anchorage in 2003 and received her Master of Science in Counseling from the University of Houston- Clear Lake in 2008. She thoroughly enjoys the work involved with CSC teams and the focus of First Episode Psychosis treatment, has spoken on numerous panel presentations including those hosted by the Texas Behavioral Health Institute and the Texas Council of Community Centers, and has participated in the planning for the first annual Southwest First Episode Psychosis Conference held in August 2020 virtually. She believes firmly in the work that is done by coordinated specialty care programs and the focus on recovery with first episode psychosis treatment.



Maryam Flory
MA, LPC, LPHA



Maryam Flory is a Licensed Professional Counselor currently serving as the Team Lead for the First Episode Psychosis program at Denton County MHMR. Maryam also operates a small private practice as well as serves as the vice president of the board at The Art Room in Denton, which is a local nonprofit providing art for individuals with mental health issues. Maryam is grateful for the opportunities she has had to work with diverse populations and settings, including experiences with substance use residential treatment, mobile crisis outreach team, and private practice.

Creativity, respect for autonomy and individuality, strengths first, and a holistic approach are central to Maryam's leadership, training, and counseling style. Maryam is passionate about promotion and implementation of preventive and early intervention practices of mental health treatment and accessibility of evidence-based treatment options for all community members.

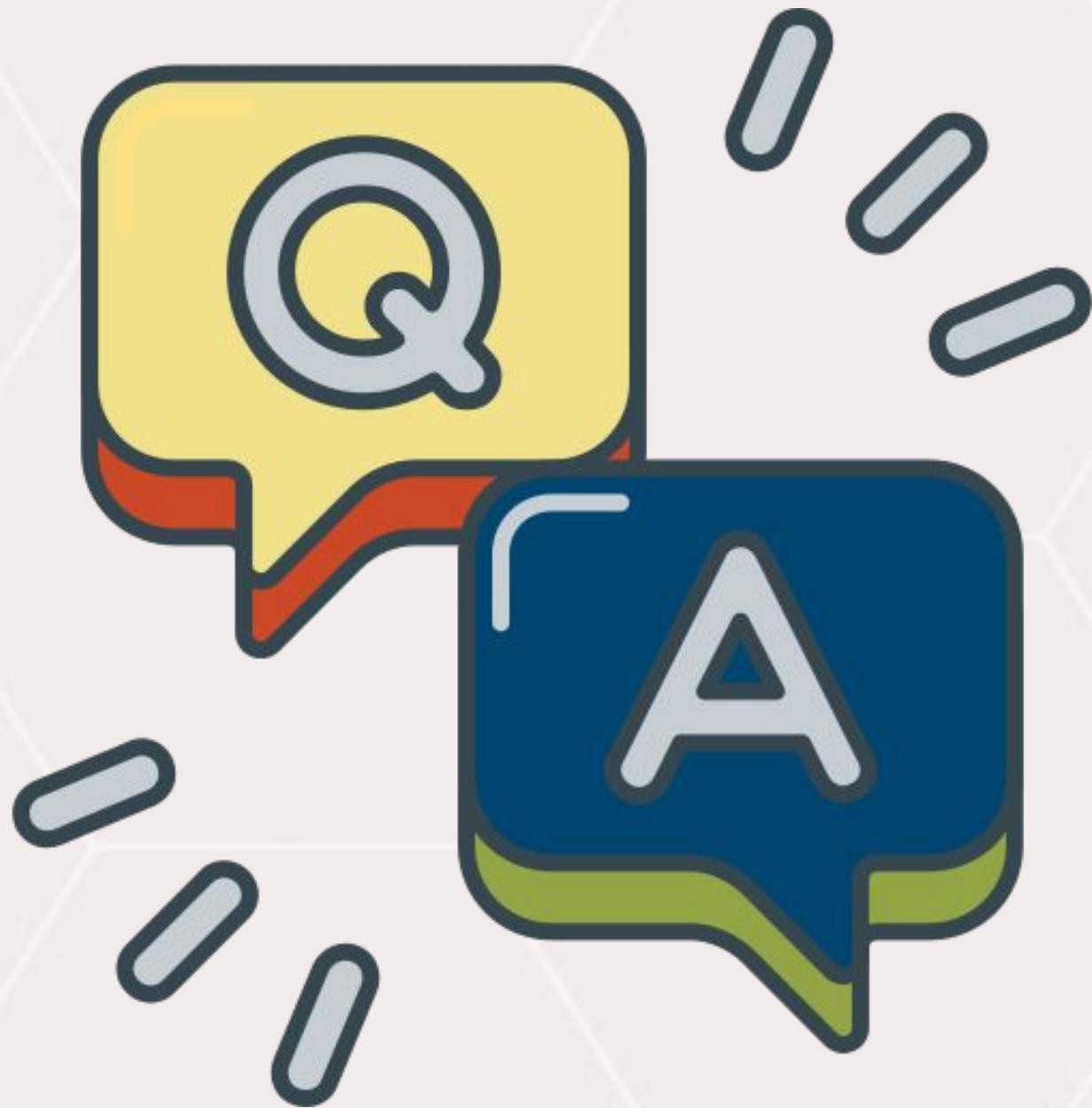


Samantha Reznik
PhD



Samantha Reznik is the current research postdoctoral fellow with the Advancing the Early Psychosis Intervention Network in Texas (EPINET-TX) project at the Texas Institute for Excellence in Mental Health (TIEMH), University of Texas at Austin. She completed her PhD in Clinical Psychology at the University of Arizona with a focus on psychophysiology and intervention science. She has specialized in providing recovery-oriented services to individuals diagnosed with serious mental illness (SMI) and other underserved populations. She completed a Health Resources and Services Administration (HRSA)-funded clinical internship at University of Kansas Medical Center and an advanced clinical fellowship in rehabilitation and recovery for SMI at VA San Diego Healthcare System/University of California San Diego (VASDHS/UCSD). She also previously worked at the Early Psychosis Intervention Center (EPICenter) in Tucson, AZ for two years.

She is passionate about early intervention for psychosis as well as intervention science, community-academic partnership, and dissemination-implementation research that improves access and quality of mental health services for individuals with SMI and other underserved populations.



Next Steps

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

Please take a moment to complete a **brief** survey about today's training.

Survey:

<https://ttc-gpra.org/P?s=104186>



**COMING SOON
JULY 28**

9:30-11:00AM PT /11:30-1:00PM CT /12:30-2:00PM ET

**WEBCAB:
A NEW ONLINE OUTCOMES MONITORING TOOL
FOR STATES AND AGENCY ADMINISTRATORS
WORKING WITH EARLY PSYCHOSIS CLINICS**



Register Here:

https://bit.ly/WebCAB_Webinar_July28



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EPINET

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PEPPNET

SAMHSA

Substance Abuse and Mental Health
Services Administration