



Mental Health Technology Transfer Center Network
Funded by 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 window. At the top, it says "Zoom Webinar" and "You are viewing David Terry's screen". Below that, there's a "View Options" dropdown and a button that says "Click here to maximize your session view" pointing to an "Enter Full Screen" button.

The main content area displays the TTC logo and text: "TTC Technology Transfer Centers", "Funded by Substance Abuse and Mental Health Services Administration", and a large message: "Thank you for joining us today! You will not be on video during today's session".

At the bottom left, there's a "Select a Speaker" menu with options: "Speakers (Realtek(R) Audio)", "Same as System", "Test Speaker & Microphone...", "Leave Computer Audio", and "Audio Settings...". A callout points to the "Audio Settings" button with the text "Click Here to adjust your audio settings".

At the bottom center, there's a "Chat" button, a "Raise Hand" button, and a "Q&A" button. A callout points to the "Q&A" button with the text "Click here to leave the session" (though the button itself says "Leave").

A "Question and Answer" window is open, showing a question: "This is a test question!". It has two tabs: "All questions (1)" and "My questions (1)". A callout points to these tabs with the text: "You can switch between questions you've asked and those asked by others using these buttons." Below the question is a text input field with the placeholder "Type your question here...". A callout points to this field with the text: "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."

On the right side, there's a "Zoom Webinar Chat" window. It shows a message: "The chat feature will allow you to talk with other people in today's webinar." A callout points to this message with the text: "The chat feature will allow you to talk with other people in today's webinar." Below that, there's a "To: All panelists" dropdown and a text input field. A callout points to the "To:" dropdown with the text: "The To field will tell you who will receive your message. Be mindful of who you are chatting to." Below the input field, it says "Your text can only be seen by panelists".

WELCOME



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

11:00-12:30PM PT / 1:00-2:30PM CT / 2:00-3:30PM ET

H₂O



MHTTC

Mental Health Technology Transfer Center Network



National Institute
of Mental Health



EPINET

Early Psychosis Intervention Network



PEPPNET

SAMHSA

Substance Abuse and Mental Health
Services Administration

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 1 week.

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.



MHTTC Network

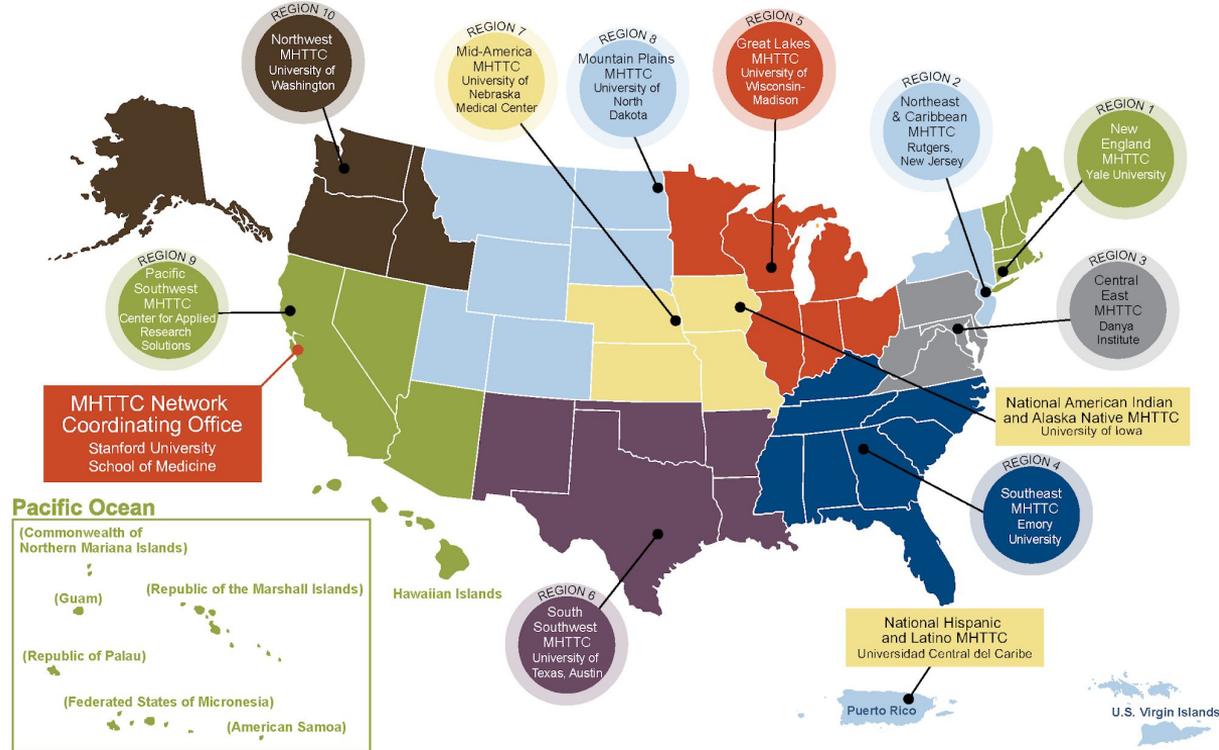
- Accelerates the adoption and implementation of mental health related evidence-based practices
- Provides regional or population-tailored services to states and treatment provider systems across mental health prevention, treatment, and recovery
- 10 Regional Centers, a National American Indian & Alaska Native Center, a National Hispanic & Latino Center, and a Network Coordinating Office
- Connect with your MHTTC: www.mhttcnetwork.org



MHTTC

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

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

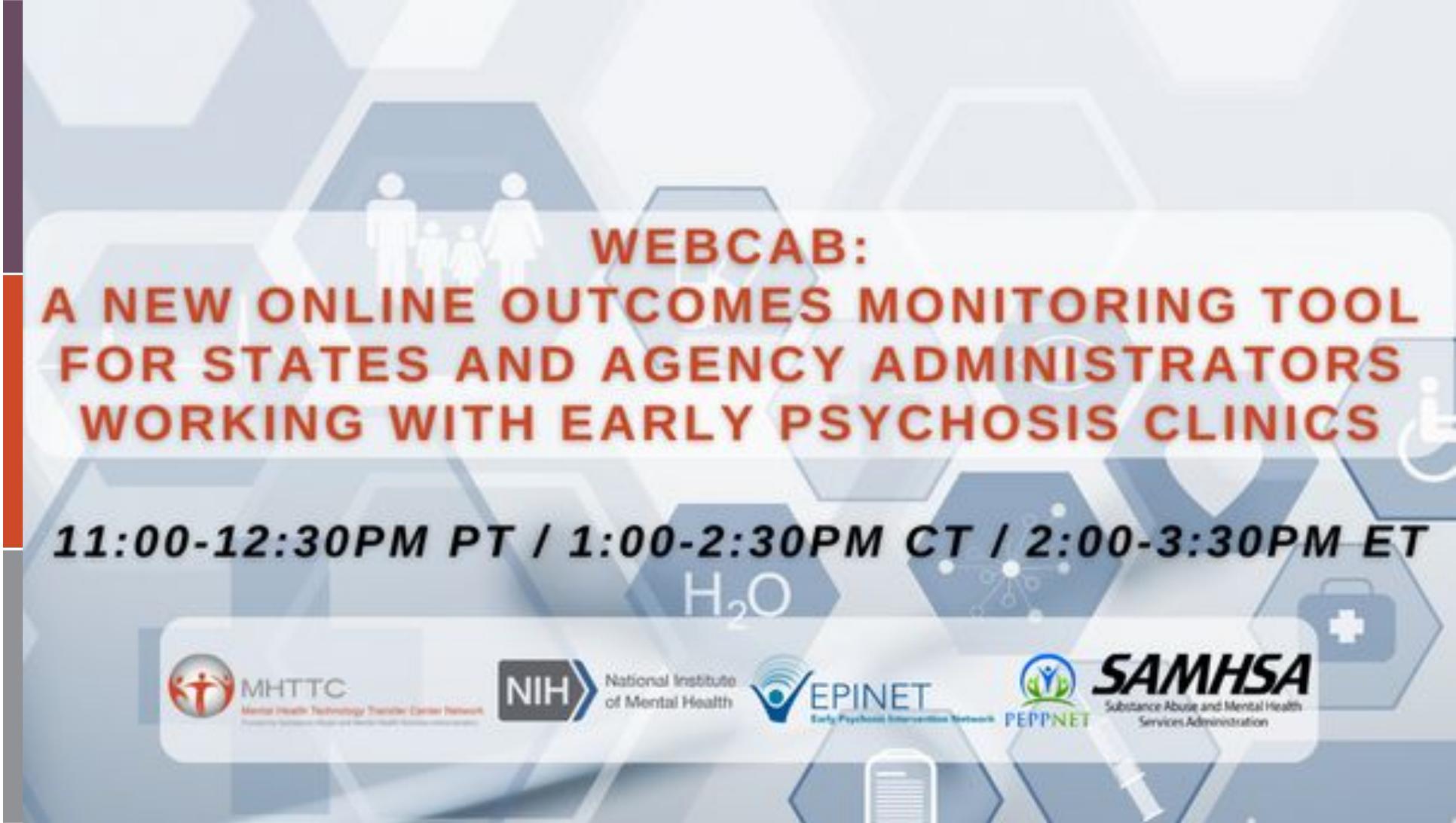
INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS



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

11:00-12:30PM PT / 1:00-2:30PM CT / 2:00-3:30PM ET





Tison Thomas
MSW, LMSW



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 provides leadership for the Early Psychosis Intervention Network (EPINET) initiative as the Government Science Officer. 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.

WebCAB: A New Online Outcomes Monitoring Tool for States and Agency Administrators Working with Early Psychosis Clinics

Susan T. Azrin, PhD
National Institute of Mental Health



September 23, 2022



National Institute
of Mental Health

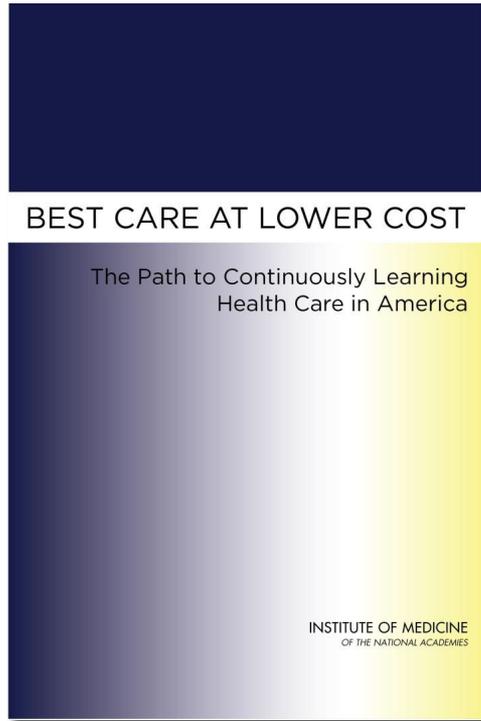
Disclosures

- 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

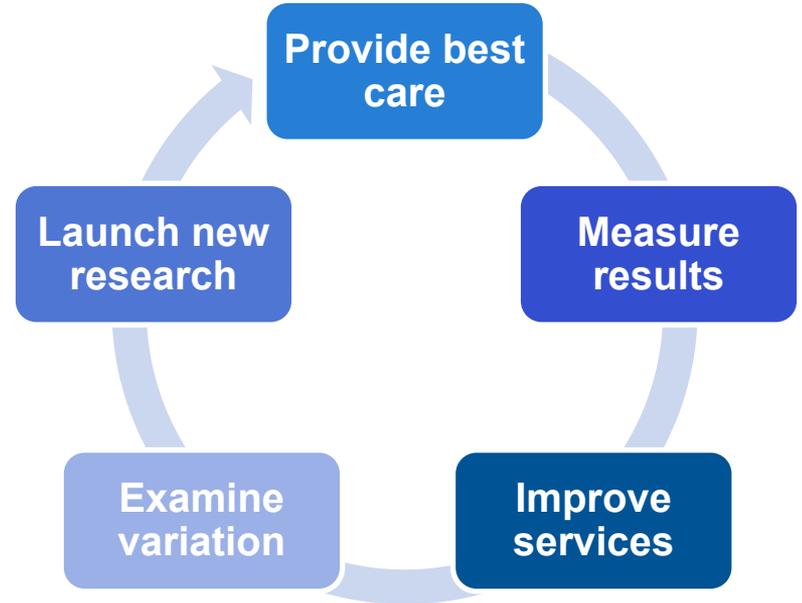


Broad dissemination of EPINET tools, data, learning, and best practices

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

SEPTEMBER 23, 2022
2:00 – 3:30 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

**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

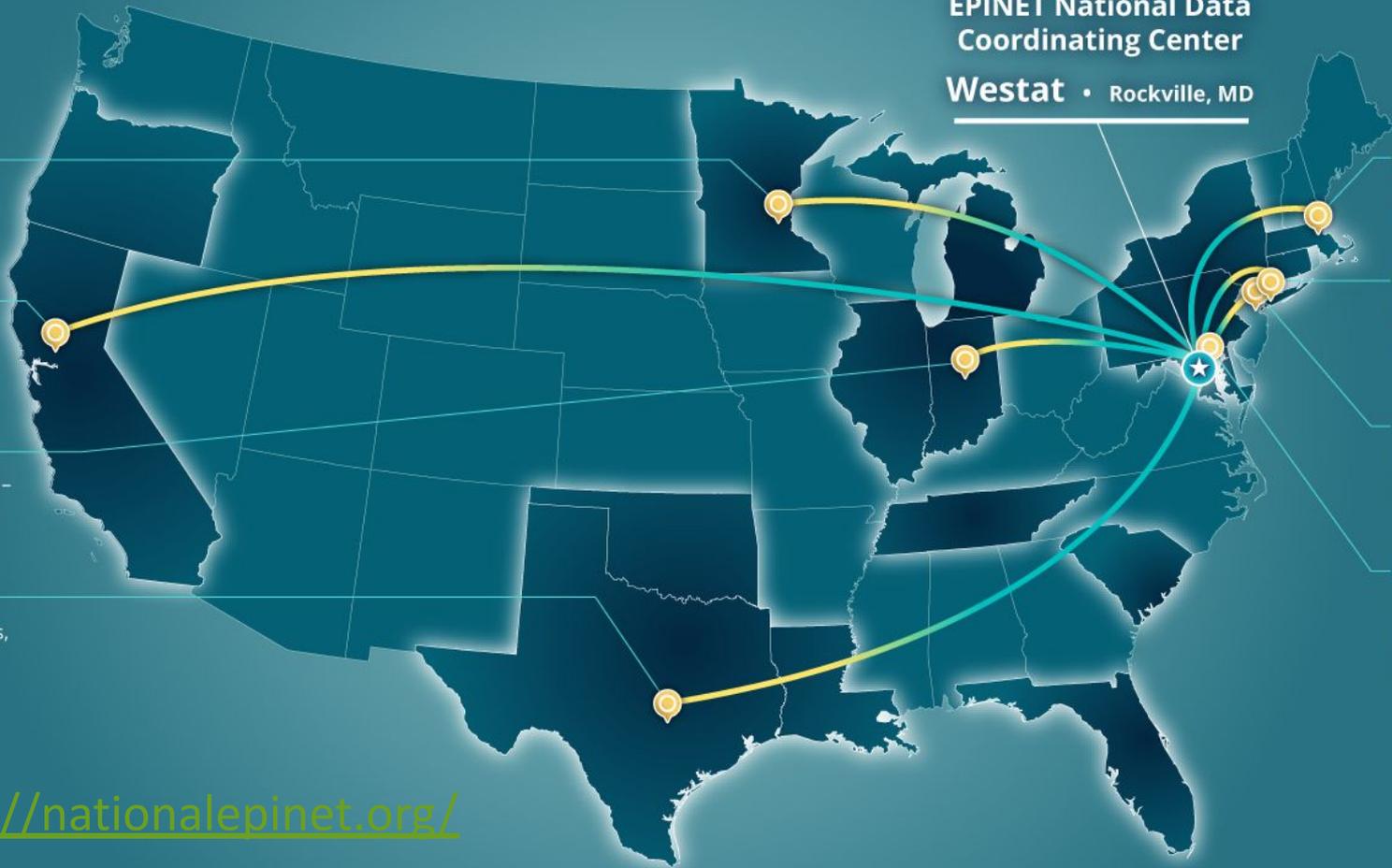
OnTrackNY

New York State
Psychiatric Institute,
New York City, NY

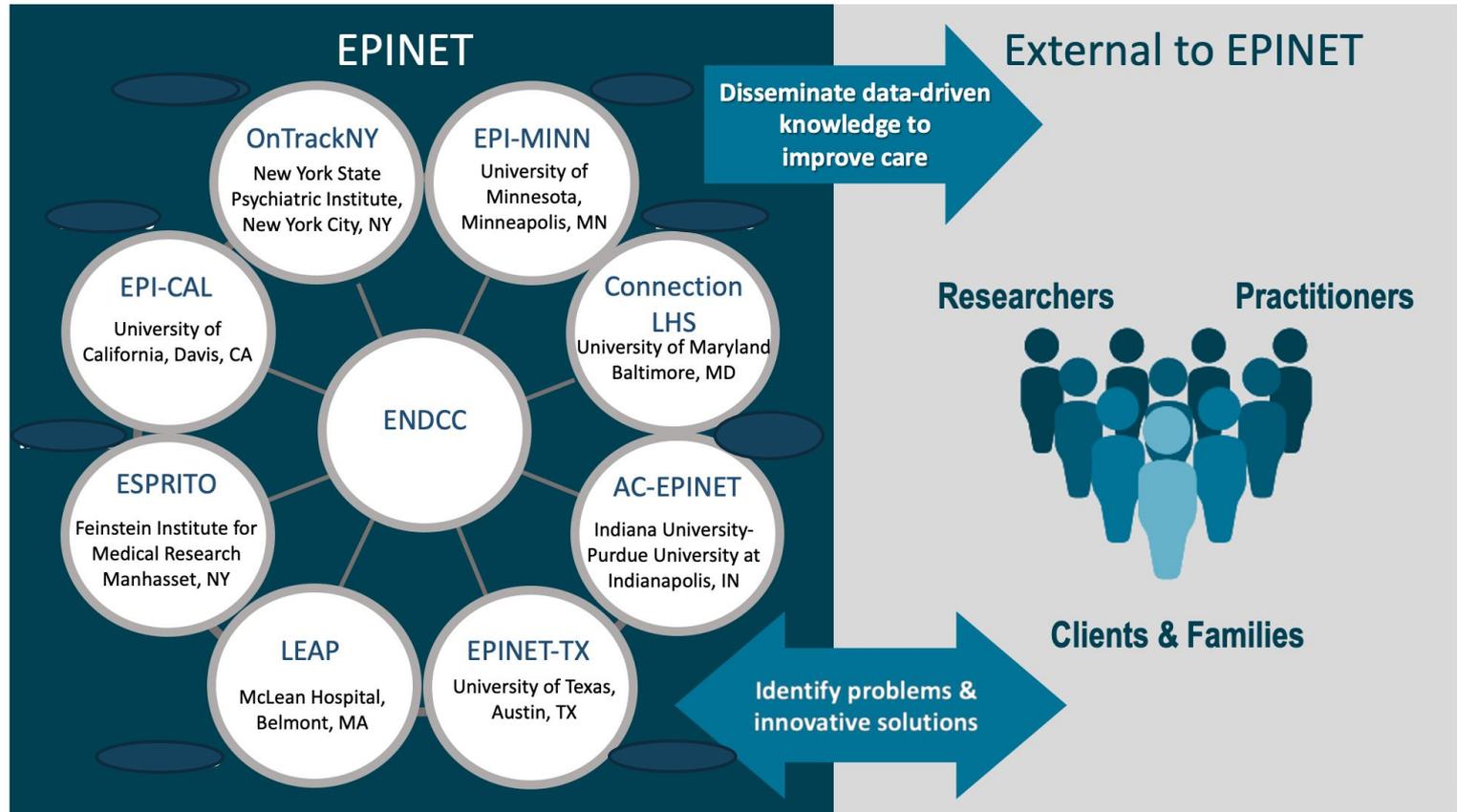
**Connection
LHS**

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



Photos are 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 National EPINET website's page for the Core Assessment Battery (CAB). At the top, the EPINET logo and tagline "Assessing evidence in early psychosis care: history, outcomes, and practice discovery through a national early psychosis mental health care partnership" are visible. Below the navigation bar, the title "Core Assessment Battery (CAB)" is centered. A brief description states: "The EPINET Core Assessment Battery (CAB) includes standardized measures and individual items that assess key domains of early psychosis psychopathology, recovery, functional status, 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 Case Coordinating Center (NCCC)." Below this, there are links for "EPINET CORE ASSESSMENT Battery Baseline (PDF)", "EPINET CORE ASSESSMENT Battery Follow-Up (PDF)", and "User Guide: EPINET Core Assessment Battery (PDF)". A section titled "Domains Covered in the Core Assessment Battery" contains a table with the following data:

Domain name	Items or Measures Within Domain
Cognition	Cognition Items (10P) BAC App (10P) FERN CAG (10P)
Demographics and Background	Demographics and Background Items - Baseline (10P) Demographics and Background Items - Follow-Up (10P)
Diagnosis	Diagnosis Items (10P)
Discharge Planning and Disposition	Discharge Planning and Disposition Items (10P)
Duration of Untreated Psychosis (DUP) and Pathway to Care	DUP and Pathway to Care Items - Baseline (10P) DUP and Pathway to Care Items - Follow-Up (10P)



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 \(nationalepinet.org\)](https://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



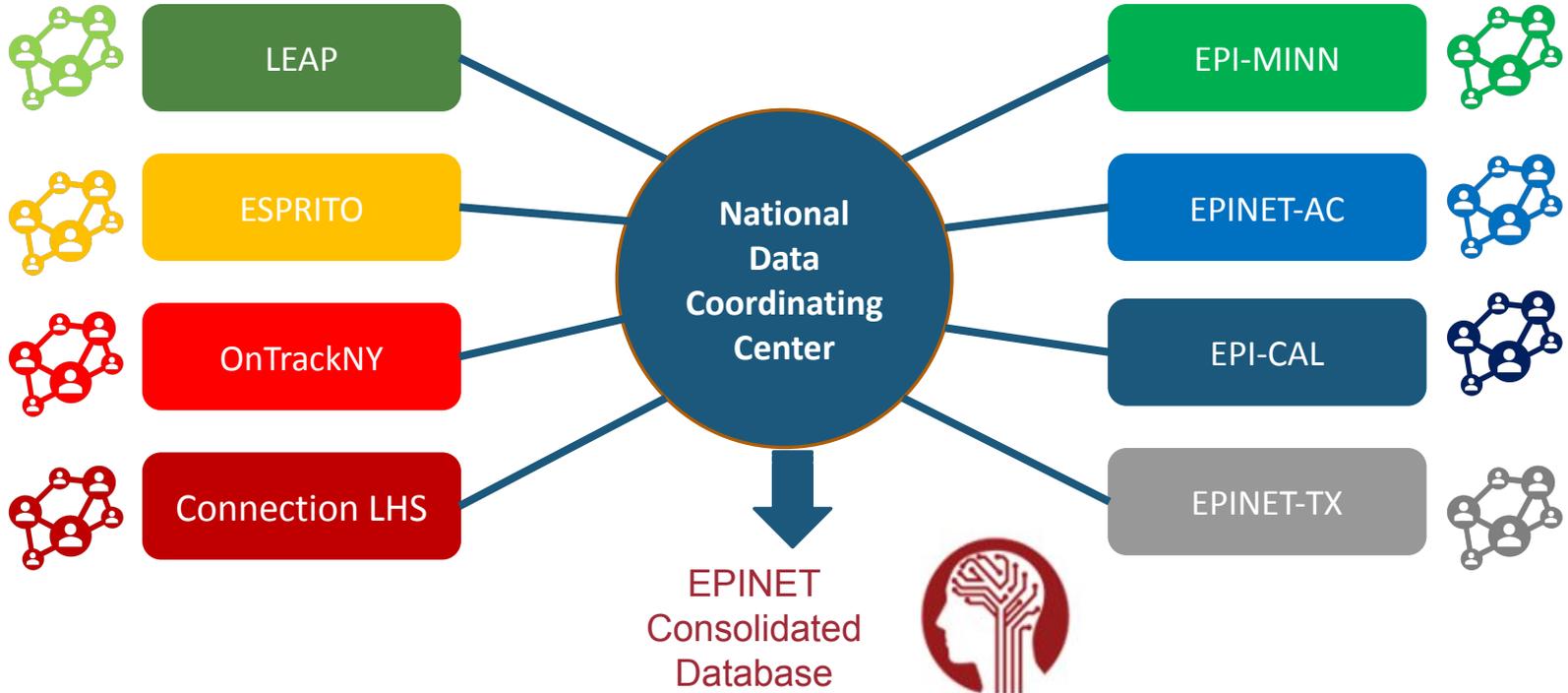
EPINET

WebCAB

Web-Based Core Assessment Battery

CAB: Data Sharing to Maximize and Accelerate Learning

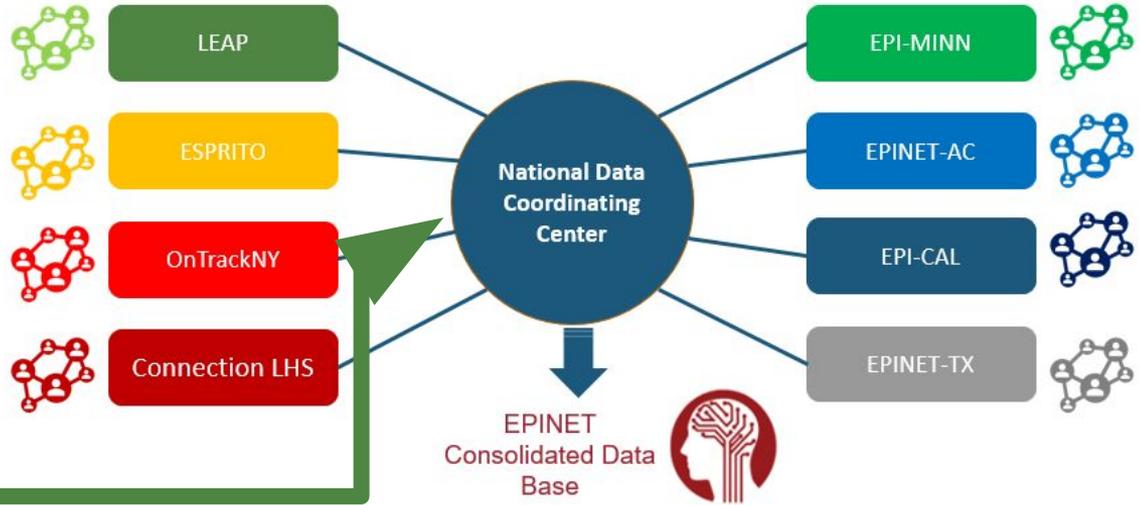
5,000 – 8,000 Participants





EPINET WebCAB

Web-Based Core Assessment Battery



States are Interested in the WebCAB

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



Why is WebCAB Relevant to State Mental
Health Authority Staff and Program
Administrators?

We asked State Mental Health Authorities the following questions and gave them a point for each time they said “yes” ...

	Criteria	Yes	No
1	Does the SMHA communicate with CSC clinics at least once per month?	15 (68%)	7 (32%)
2	Does the SMHA take an active role in the hiring and training of CSC staff?	7 (32%)	15 (68%)
3	Does the SMHA determine the model (e.g., NAVIGATE, EASA, OnTrackNY, etc.) used by CSC clinics?	13 (59%)	9 (41%)
4	Does the SMHA work with clinics to determine the age range of clients entering the CSC program?	16 (73%)	6 (27%)
5	Does the SMHA work with clinics to determine the duration of untreated psychosis as an eligibility criteria for clients?	12 (55%)	10 (45%)

Clients get better when SMHAs are knowledgeable and involved with the early psychosis programs in their State

	SMHA Level of Involvement			
	2	3	4	5
Colorado Symptom Index change score	-1.20	-0.76	-3.51	-3.65*
Quality of Life change score	0.55	0.36	0.31	0.49
Global Functioning – Social Scale change score	0.32	0.34	0.31	1.32***
Global Functioning – Role Scale change score	0.48	0.27	0.01	1.13*

Note: * p < 0.5; *** p < 0.001.

Most Relevant Measures

The WebCAB allows programs to select the measures they want to collect. During our conversations with State Mental Health Authorities and CSC programs we've noticed some differences of opinions.

State Mental Health Authorities

1. Housing
2. Legal
3. Employment
4. Hospitalization
5. Substance Use

Clinical Staff

1. Modified Colorado Symptom Index
2. Quality of Life
3. Global Functioning Role Scale
4. Global Functioning Social Scale



Mihran Kazandjian



Mihran Kazandjian has worked with state behavioral health administrations, SAMHSA, and NIMH on questions related to the expansion and financing of treatment for first-episode psychosis since 2015. Specifically, Mihran has developed technical assistance materials for FEP services related to the use of Medicaid, culturally competent service provision, and the intersection of FEP services and faith-based organizations. Since 2015, Mihran has measured the expansion of, and evolving diversity of early psychosis treatment across the United States.

He worked with SAMHSA and NIMH on the 10% MHBG Evaluation and currently assists with the NIMH-funded EPINET National Data Coordinating Center. Beyond his work on federal projects, he has provided technical assistance to state and local agencies to help determine gaps in resources and to promote systems change. Earlier in his career, Mihran worked for a substance use treatment agency in Ohio where he collected and analyzed data for a drug court and halfway houses.

Early Psychosis Programs in 2022

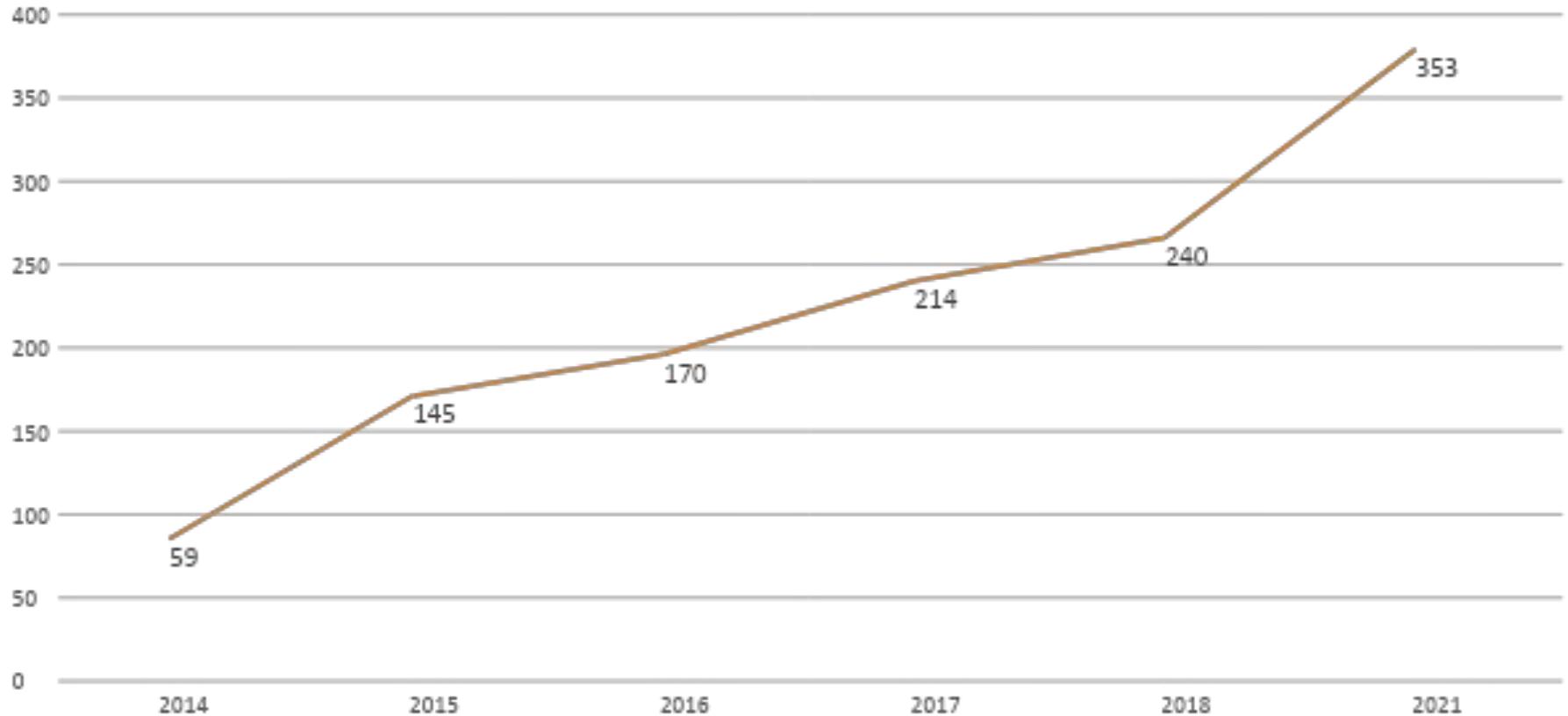
In 2022, NRI as part of Westat's NIMH-funded Early Psychosis Intervention Network (EPINET) National Data Coordinating Center (ENDCC), worked with state mental health agencies (SMHAs) to update a snapshot of all known Early Psychosis Programs.

- Surveyed all states followed by survey of CSC programs
 - Asked about program components, clients served, financing, fidelity, data measures, and other items
- Updated prior series of NRI developed Snapshots, last done in 2018

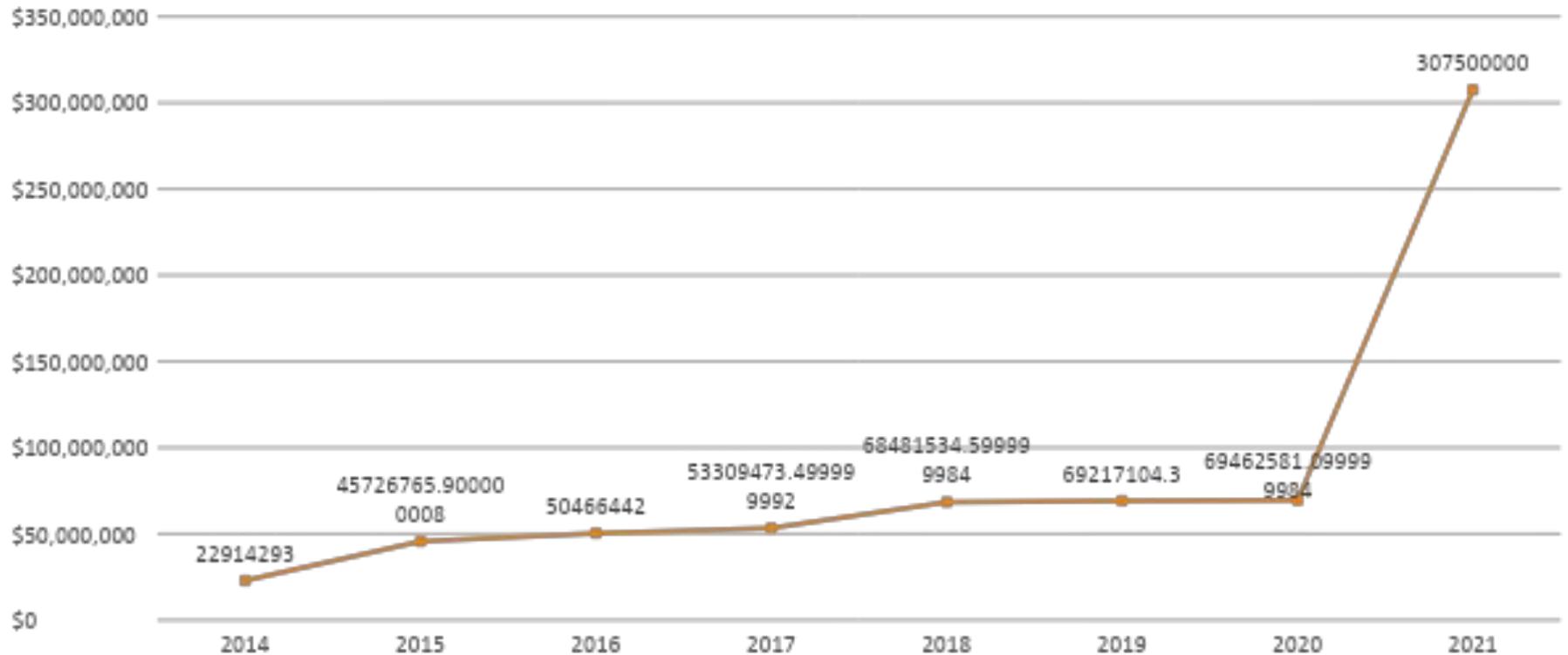
2021-2022: Inventory of CSC Programs Methodology

1. Survey of all state CSC contacts
 - Questions at state and program level
2. Reached out to CSC programs identified by states to allow them to confirm or correct data provided by state
3. Data collected September 2021 – March 2022
4. 46 states and 116 programs completed survey
5. 353 programs with data provided by state or program

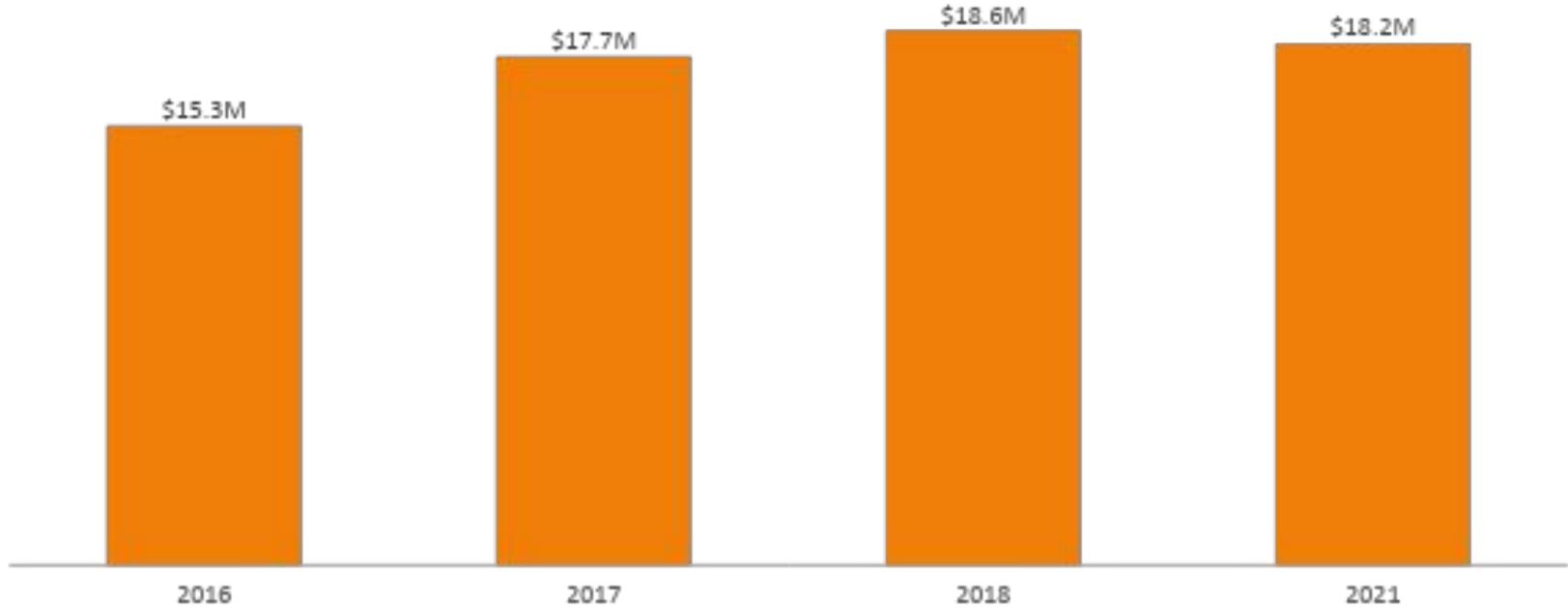
The Number of CSC Programs Has Gone Up



Federal Investment in Early Psychosis Programs Since 2014



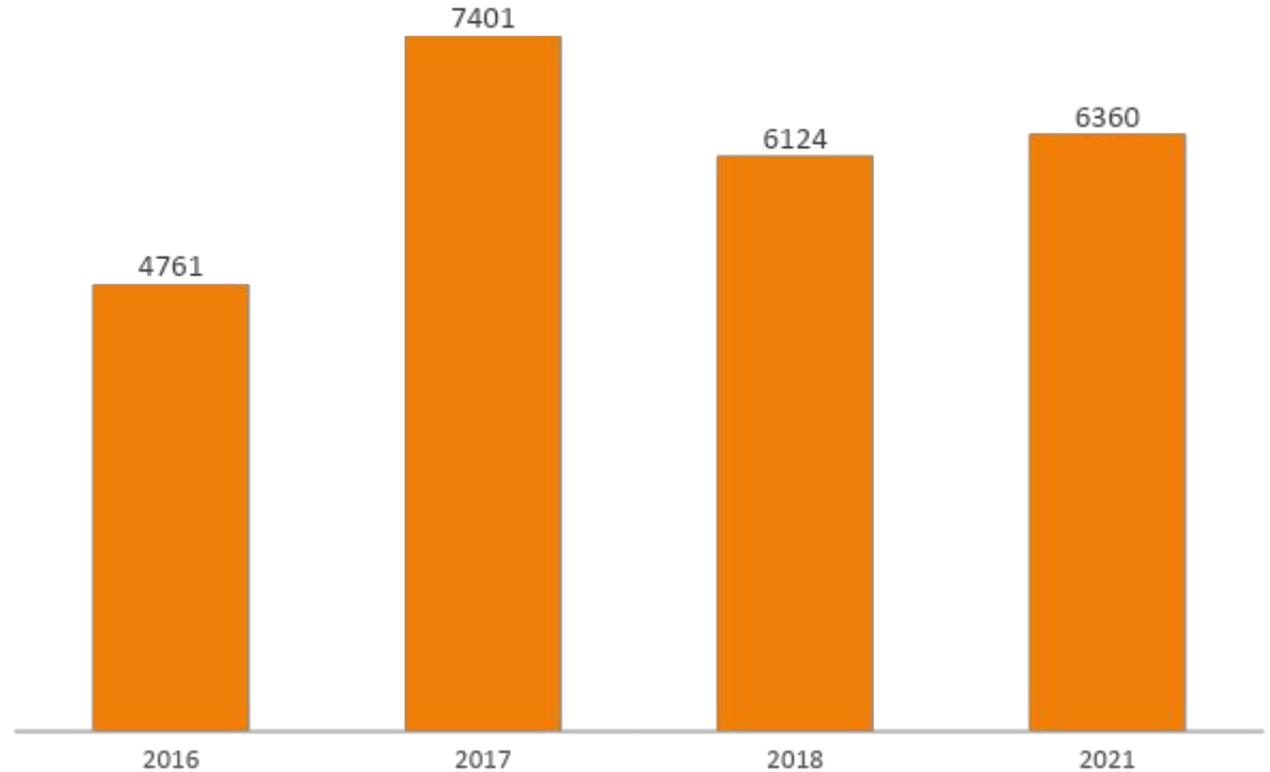
States Fund CSC Programs



CSC Serves Thousands of Clients

Number of Clients Served in CSC Programs

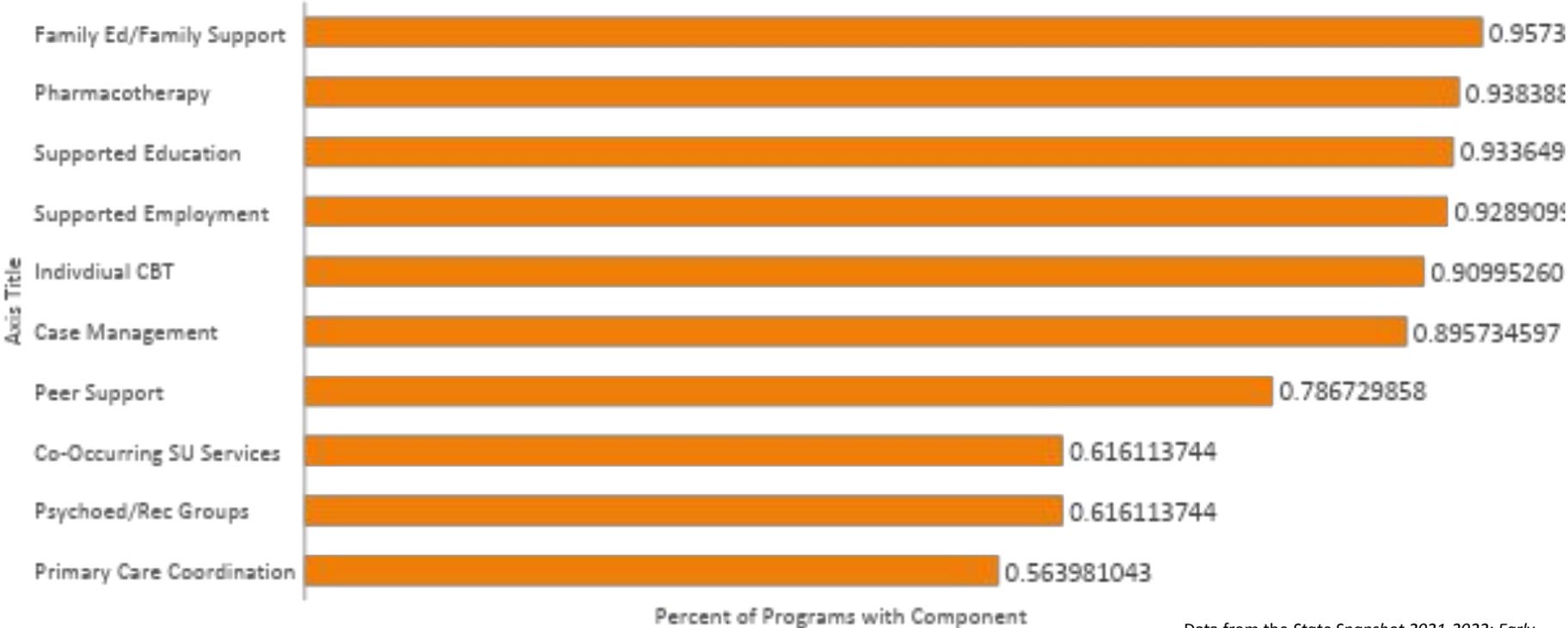
- Across the country, the average CSC program in 2021 had 18 clients
- Across states, average numbers of clients per program ranged from 4 to 89



Data from the *State Snapshot 2021-2022: Early Psychosis Programming across the United States*

CSC Program Structure Is Diverse

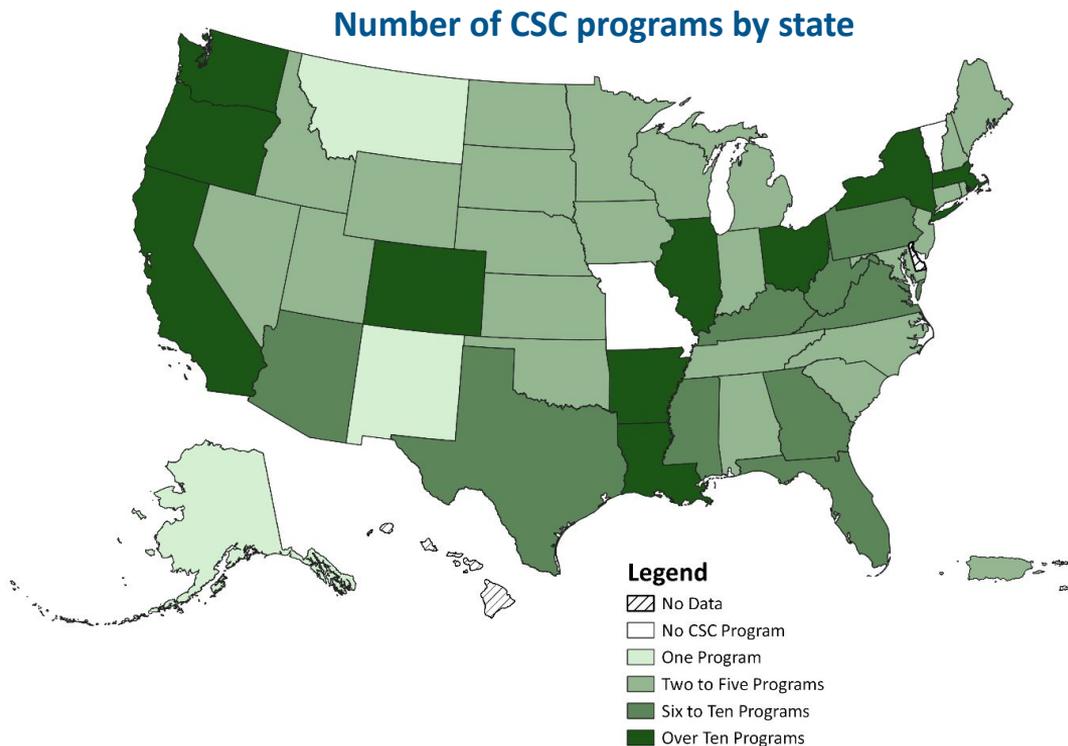
Top Ten CSC Program Components



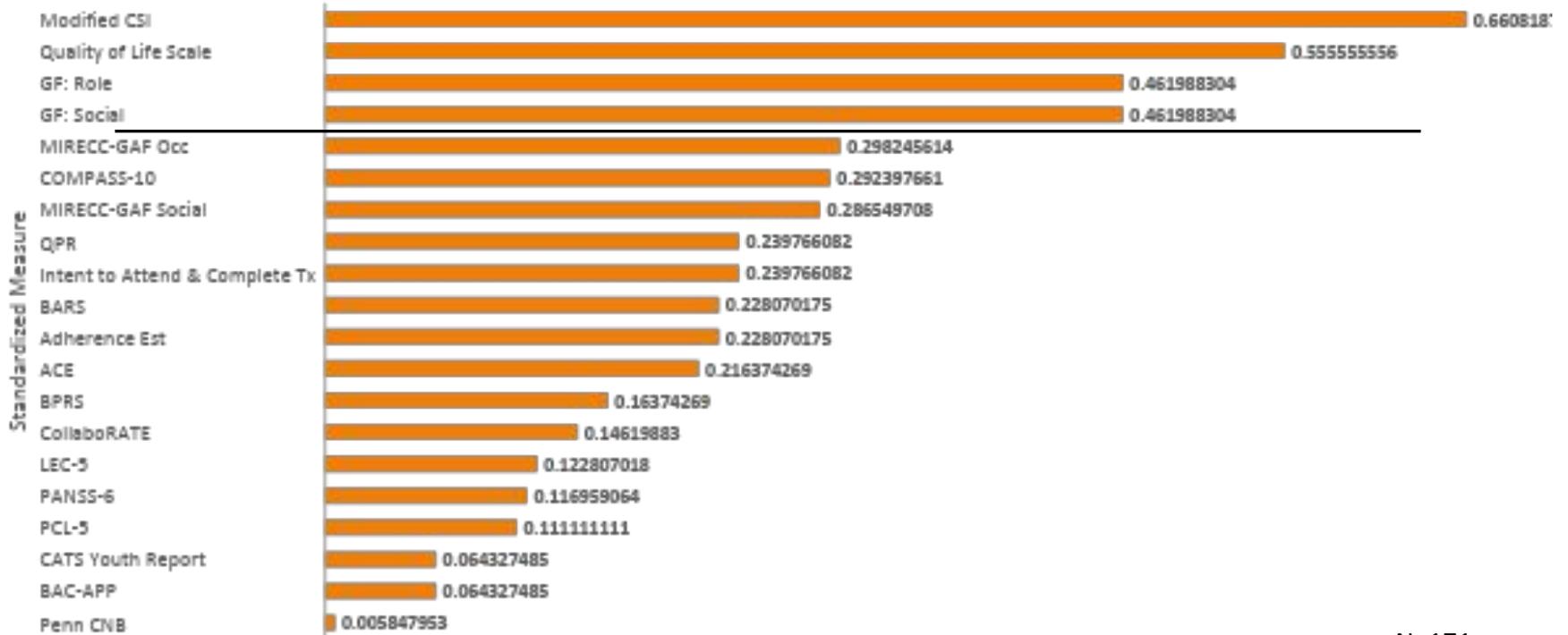
Data from the State Snapshot 2021-2022: Early Psychosis Programming across the United States

CSC Programs Are Nationwide

- Most states have at least one CSC program
- Some states strive to provide CSC across their state
- CSC programs exist in every setting (ie, urban, suburban, rural, frontier)

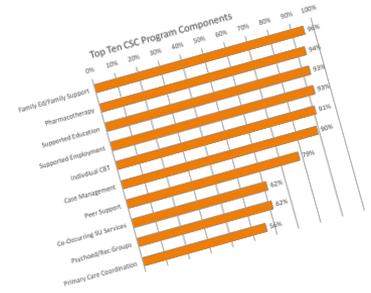
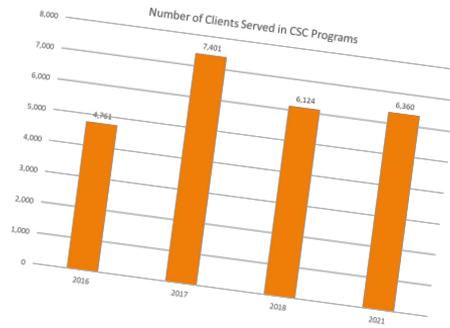
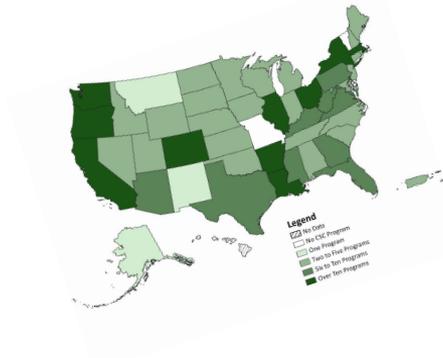


CSC Programs Use Standardized Measures



N=171

Source of Program Collection Measure



Across this diversity of geography, people served, and program structure: How do we know...

If CSC programs are performing well?

How CSC programs impact other priority areas for our state?



EPINET

WebCAB

Web-Based Core Assessment Battery



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 self-administer the measures.
- For data to be included in the EPINET database, the System must be used.

WebCAB is a Data Entry System with a Simple 2-tab Design


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


Shoma Ghose [Logout](#)
Site:1003 TestClinicVA

Client List
Data Entry

Welcome to the EPINET CAB Data Entry System

Here are some helpful tips for using the table below:

- Click the "Start Measure" button to start any measure.
- Click the "PDF" button for printable blank versions of each instrument, so that you or your clients can complete a hardcopy of the measure.
- Click column headers to sort the list.
- "Client Self-Report" refers to measures that are meant to be completed by the client. Clinical staff may also read the questions to the client and record their responses. All other measures can be completed by clinical staff.
- Once you complete and submit a measure, you'll return to this page.
- Complete as many measures as you would like during each session.



Measures			Baseline / Follow-Up	Number of Items	Client Self-Report
Start Measure	PDF	Demographics and Background - Baseline	Baseline	23	
Start Measure	PDF	Demographics and Background - Follow-up	Follow-up	11	
Start Measure	PDF	Duration of untreated psychosis (DUP) and pathway to care items - Baseline	Baseline	8	
Start Measure	PDF	Duration of untreated psychosis (DUP) and pathway to care items - Follow-up	Follow-up	3	

Completed Assessments

	Client ID	Assessment Date	Name of Measure
Completed Measure	test	02/2020	Life Events Checklist for DSM-5 (LEC-5) (for ages 18 and older)
Completed Measure	test	02/2020	Post Traumatic Stress Disorder Checklist for DSM-5 (PCL-5) (for ages 18 and older)
Completed Measure	test	02/2020	Brief Psychiatric Rating Scale (BPRS)
Completed Measure	test	02/2021	Adverse Childhood Experiences (ACES)

[Download Completed Assessments](#)

Client Summary



1. Includes a list of all the assessments completed by the client

2. Includes a Client Assessment Profile that summarizes the client scores for all measures completed



Client Assessment Profile

Standard Scale	Assessment Date	Total Score	Label	Notes
Adverse Childhood Experiences (ACES)	2021/02	11	Extreme high risk	Extremely high risk of childhood experiences causing challenges in adulthood, including risk of suicide and substance use problems
Brief Psychiatric Rating Scale (BPRS)	2020/02	34	Mild	Client experiencing mild symptoms
Life Events Checklist for DSM-5 (LEC-5) (for ages 18 and older)	2020/02	14	Number of events experienced	For items that are potentially indicative of child maltreatment, the interviewer can rate the severity on a scale from 1 = none to 4 = harsh/severe.

WebCAB

Clinical Benefits

Using the WebCAB allows CSC programs to:

- Interpret the client score on the website
- Use the data to inform clinical interventions and to adjust a treatment plan and clinical approach
- Track which assessments have been completed by which clients over time
- View and understand client improvement and change
- Download data for further analysis



WebCAB

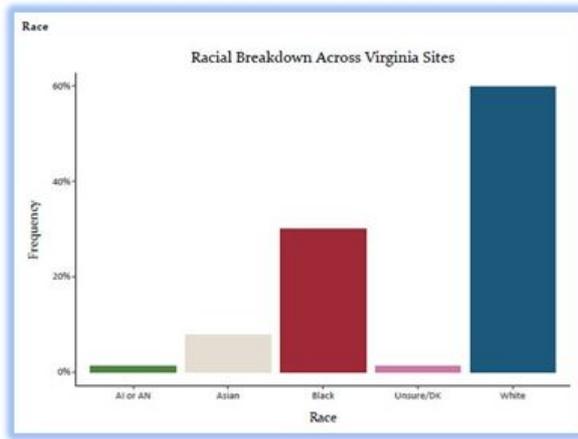
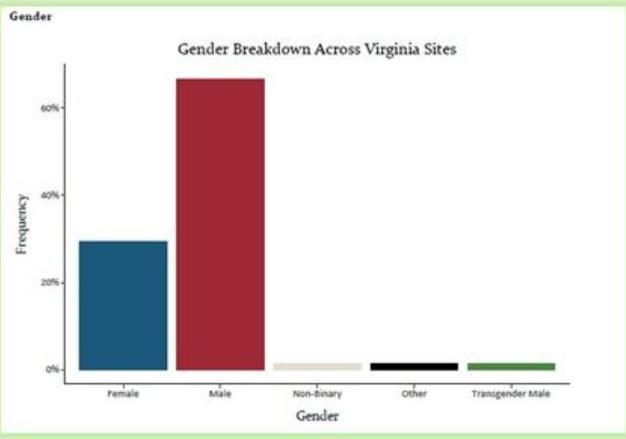
Benefits to States

- Among programs in your state, see how many clients are being served and their characteristics
- Review aggregate data across programs
- See clinical outcomes data that are aggregated, and for individual programs
- Use infographic reports to review program data at a glance

The greatest benefits accrue to states in which all programs submit data to WebCAB

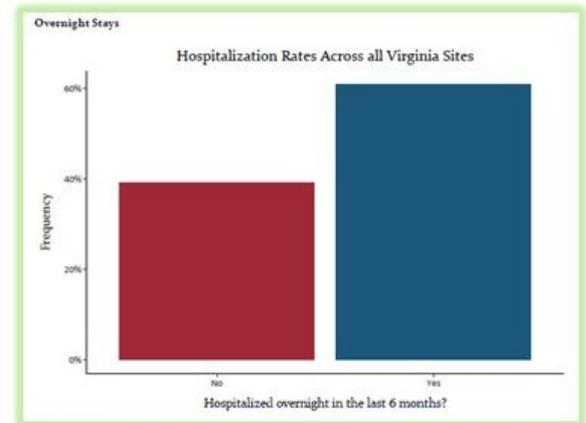
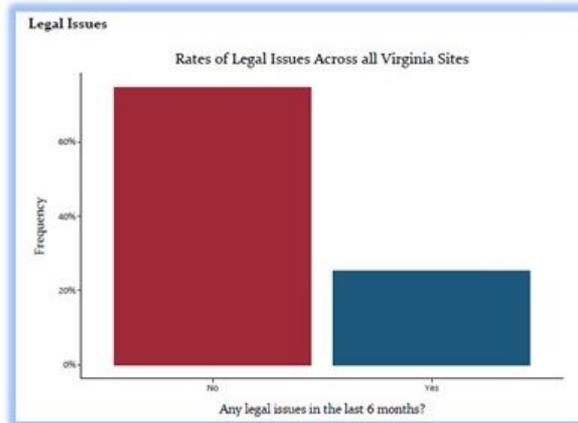


Aggregate View of Data



Recent report to the
State Mental Health
Authority in Virginia

WebCAB can aggregate
data from across State
programs, and provide
program specific views.



Measures Available on WebCAB

Required measures (every program collects):

- Client demographics
- Duration of untreated psychosis (DUP)

Additional measures (state/program choice):

- Over 35 measures to choose from
- Many measures have baseline and follow-up versions
- You can choose measures that inform clinical practice
- You can choose measures that inform policy priorities
 - Such as education, employment, criminal justice, housing, substance use, and more...

Where Can You Go from Here?

Interested in having your CSC programs submit data into WebCAB? Want to learn more?

- Contact: mkazandjian@nri-inc.org or endcc@westat.org

What happens next?

- Meeting with you to determine measures most appropriate for your goals
- Meeting with each CSC team in your state to onboard them into WebCAB
 - We will provide access to the WebCAB interface to each CSC team member the team identifies
- Westat will periodically provide you reports using WebCAB data from across your CSC programs
- Westat will be available to CSC team members to address any technical or data questions they may have

PANEL DISCUSSION



Howard H. Goldman
MD, PhD



Andrew Leonard
LCSW



Benjamin Marks
MA



Jeff VanArnam
BSW, QMHP-A



**Howard Goldman
MD, PhD**

Howard H Goldman MD PhD is Professor of Psychiatry at the University of Maryland School of Medicine. He is a mental health services and policy researcher and the Editor Emeritus of Psychiatric Services.

Currently he is a consultant to Westat where he serves as the Co-Chair of the Steering Committee of the EPINET Project.



Andrew Leonard
LCSW

Andrew Leonard is the Team Lead/Family Therapist for the Navigate First Episode Psychosis Program in Abingdon, VA and has held this position since August 2016. He graduated from Virginia Commonwealth University with a Masters Degree in Social Work in 1993 and has been a Licensed Clinical Social Worker since 1998.

Andrew has extensive experience in working with individuals and families in a variety of settings and treatment modalities, including Cognitive Behavioral Therapy and Structural Family Therapy.



Benjamin Marks
MA

Benjamin Marks is the Manager of Data Analytics and Evaluation at the Virginia Department of Behavioral Health and Developmental Services. In this role he and his team conduct the data collection, data analysis, and data reporting efforts for the state's community behavioral health programs. His main projects include supporting Block Grant and the System Transformation Excellence and Performance (STEP-VA) analytics and monitoring. He also often provides data measure development, program evaluation, and analytical support for a variety of other behavioral health programs across the state.

Previously, Benjamin was a Senior Research Officer with First Nations Development Institute. He conducted research and published reports on economic development, political and social issues impacting Native Americans and Native communities. He also led and performed the program evaluation efforts for a variety of First Nations' projects. Additionally, Benjamin worked at Headquarters U.S. Marine Corps as a data analyst for the Behavioral Health Branch, where he compiled, analyzed and reported on behavioral health indicators for Marines and their families. He also served as an AmeriCorps VISTA volunteer at Rural Dynamics, Inc. in Montana.

Benjamin received his M.A. in sociology from the University of California, Riverside in 2012, and graduated from the University of Mary Washington in 2008 with a B.A. in sociology.



Jeff VanArnam
BSW, QMHP-A

Jeff VanArnam currently serves as the Adult Mental Health Services Manager at the Virginia Department of Behavioral Health & Developmental Disabilities (DBHDS).

Born and raised in Virginia, Jeff (finally) graduated from Virginia Commonwealth University's School of Social Work in 1999 after taking a few years off after high school to 'figure things out' while working on a tree farm for three years. (Sometimes, these things take time). Jeff gained 16 years of direct service experience in community behavioral health across the Commonwealth prior to becoming Assertive Community Treatment (ACT) Coordinator at DBHDS in 2015.

Since that time he has continued to (try his best to) guide, monitor, and support Virginia's ACT programs and has had the privilege of assuming the same responsibilities for Coordinated Specialty Care services for the last five years.

Jeff is a strong advocate for high quality, high fidelity community-based services that respect the rights, dignity, abilities, and value of all individuals served within the behavioral healthcare system.



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 learning opportunity.

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

Survey:

<https://ttc-gpra.org/P?s=909014>





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