



# MAPNET ASSESSMENT TRAINING

AUGUST 6<sup>TH</sup> 2021



# MAPNET'S GOALS



Create a community supporting early intervention in psychosis throughout MA



Promote & support use of evidence-based practices



Facilitate early identification of psychotic disorders



Encourage cross-program consultation



Evaluate the effectiveness of FEP treatment in MA as well as our own effectiveness

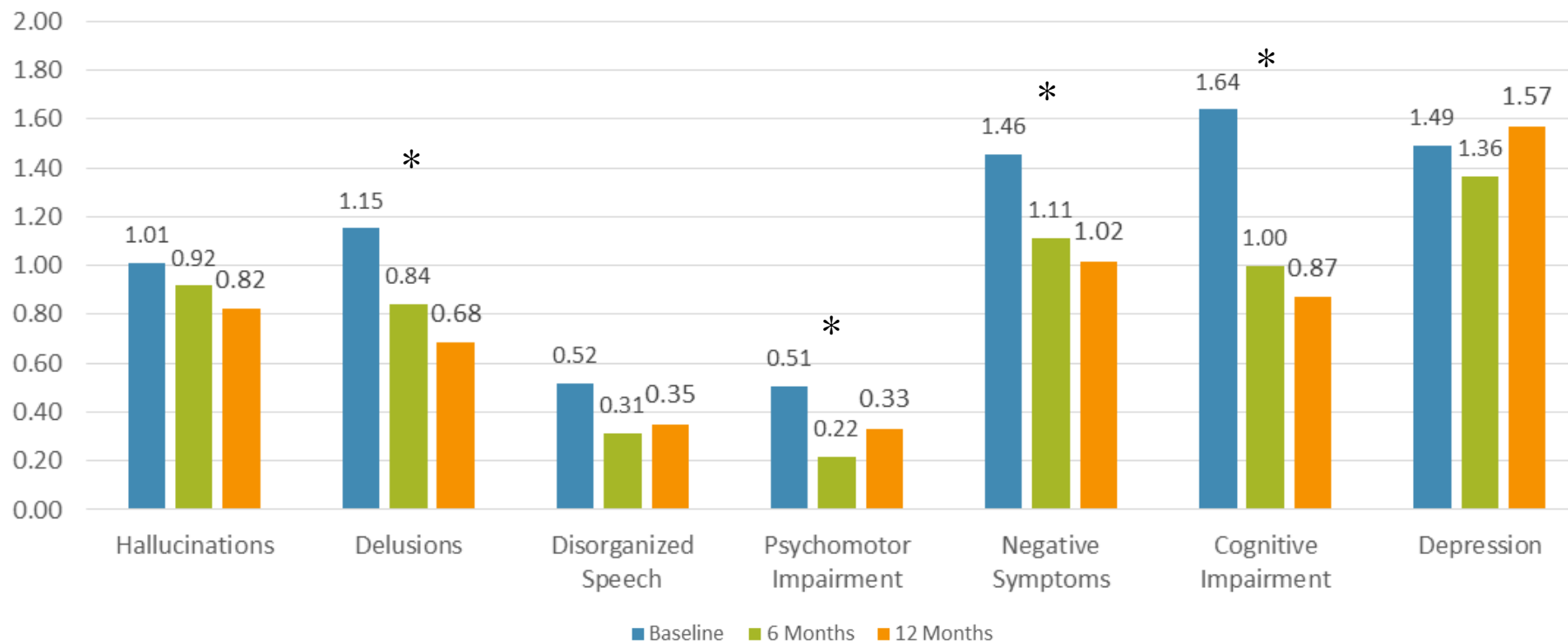
# WHY DO WE DO STANDARD ASSESSMENTS?

- 1<sup>st</sup> priority – Valuable part of standard clinical work
  - Psychiatry : Clinical Interview :: Cardiology : Heartrate & BP
  - Standard tools to measure if clients are getting better
  - Inform initial assessment, diagnosis & case conceptualization
  - Routine part of good clinical practice to support measurement-based care
  - NOT A RESEARCH STUDY
    - Methods can be flexible/adaptive to clinic/client's needs
- Important for evaluating outcomes at clinic level, for comparison to Best Practices Benchmarks and to offer feedback to improve clinical services
- Important for policy & advocacy



# “IS TREATMENT WORKING?”

Clinician-Rated Psychiatric Symptoms



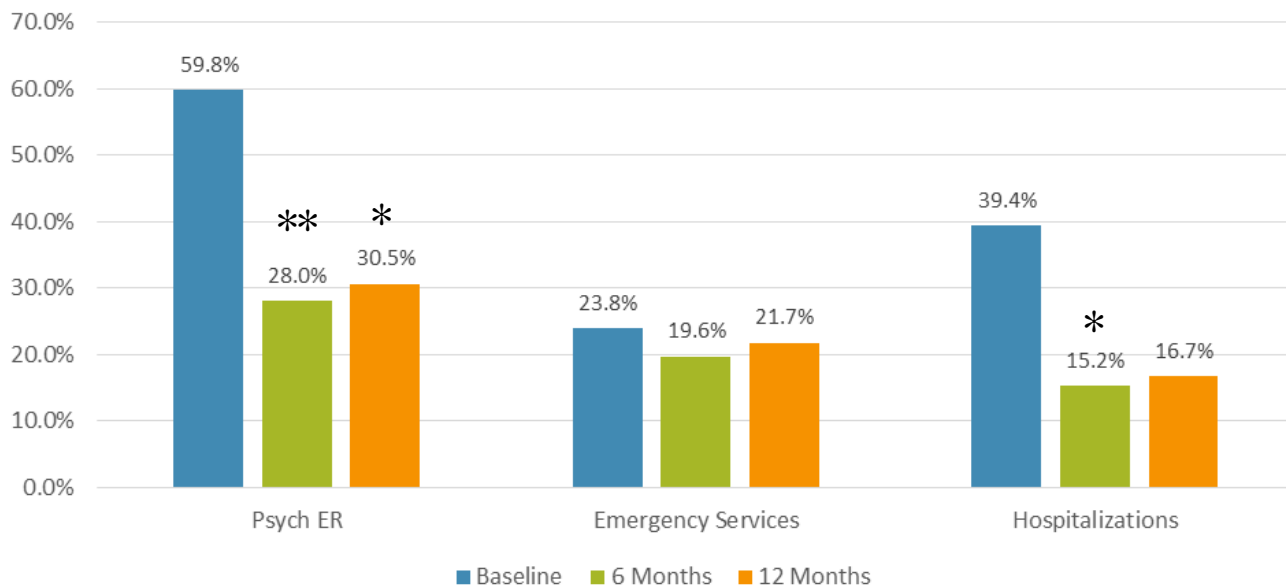
Following intake in MAPNET clinics:

**Significant decreases** in delusions, psychomotor impairment, negative symptoms, and cognitive impairment at 6 months

# “IS TREATMENT WORKING?”

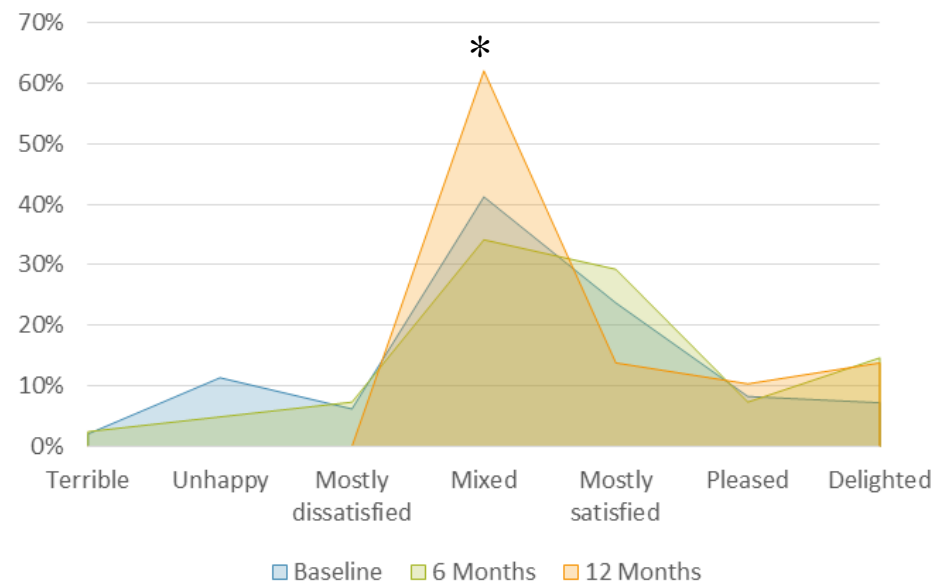
**61% decrease** in Hospitalizations &  
**43% decrease** in Emergency Room visits at 6 months

Service Use (Past 6 Months)



**Significant increase** in average Quality of Life at 12 months; nobody below “Mixed”

Lehman's Quality of Life Scale (Ratings)



# “IS TREATMENT WORKING?”

## LC1 PROGRAMS

**6 programs** sent data from  
**287 patients** collected in  
2017-2020

**102** completed a 6-month  
follow-up, and **59** completed  
a 12-month follow-up

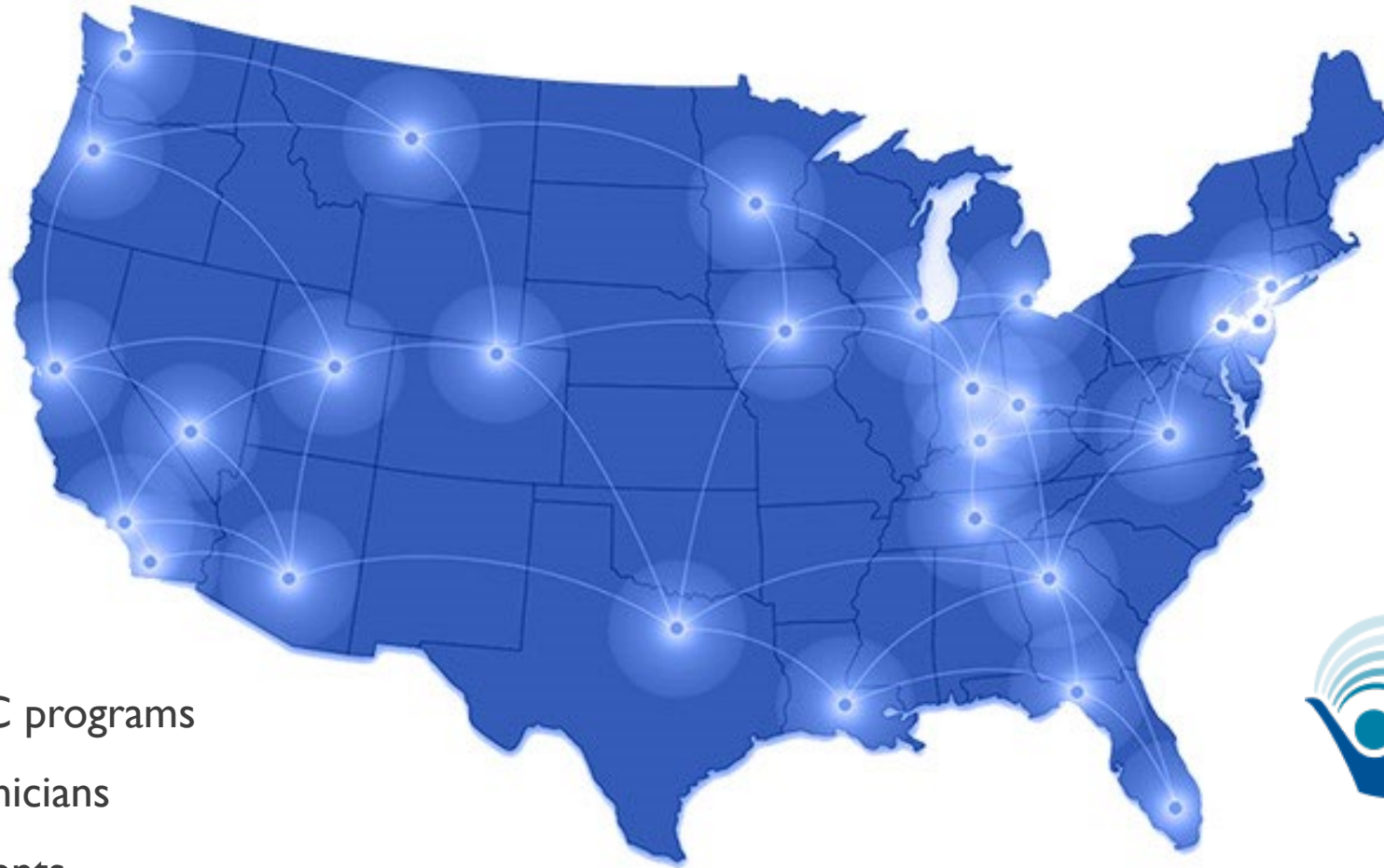
**Characteristics of “real-world” first-episode psychosis patients in Massachusetts: Lessons learned from a pilot implementation of harmonized data collection**

Submitted 7/13/2021, *Early Intervention in Psychiatry*

Massachusetts is ahead of the curve...

## 2008

- 2 States
- <20 CSC programs
- <100 clinicians
- <500 clients



## 2018

- 49 States
- 285 CSC programs
- ~1,000 clinicians
- ~10,000 clients

MAPNET assessments started in **2015**

EPINET started in **2019**



# CHANGES FROM EPINET

- For clinicians
  - New assessment battery starting **October 1<sup>st</sup>, 2021**
  - Discharge forms
  - New options for electronic assessments & data management
    - **LEAP-affiliated clinics** will be asked to submit data every 6 months
- From EPINET
  - Free, standardized assessment tools developed by national experts
  - Translated assessment tools (Spanish, Chinese, Haitian Creole, etc.)
  - Regular reports (every 6 months)
  - Compare MA against national averages/benchmarks



## Early Psychosis Intervention Network Core Assessment Battery

Baseline Assessment

Updated: February 26, 2021



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

Compiled by:  
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# OVERVIEW OF BATTERY

## ■ Clinician Ratings:

- Demographic & Background Information (*Baseline*)
- Brief Demographic Update (*Follow-Up*)
- Diagnosis
- Education & Employment
- Service Use
- [Social & Role Functioning Scales](#)
- [Symptom Severity Ratings \(COMPASS-10\)](#)
- Alcohol, Smoking, and Substance Involvement Form
- [Family Involvement](#)
- Questions for Prescribers (*Medication & Side Effects*)

## ■ Patient Self-Report:

- Colorado Symptom Index
- [Life Events Checklist \(LEC-5\)](#) (*Baseline*)
- Autonomy Support Scale
- Medication Adherence
- Quality of Life Rating Scale
- Process of Recovery Questionnaire
- Client Satisfaction Questionnaire (*Follow-Up*)

**NOTE:** Due to the change in measures, ALL PATIENTS should receive the Baseline Assessment at first regardless of how long they have been in treatment.

# ASSESSMENT SCHEDULE

## INTAKE

*Completed ASAP within 3 months of intake*

**Clinician:**

**Baseline Clinical  
Assessment & Forms**

**Client:**

**Baseline Self-Report Forms**

## TREATMENT

*At 6-month intervals following intake*

**Clinician:**

**Follow-Up Clinical  
Assessment & Forms**

**Client:**

**Follow-Up Self-Report  
Forms**

## DISCHARGE

*Completed during or after patient discharge*

**Clinician:**

**Discharge Form**

**Client (if available):**

**Discharge Self-Report  
Form**

# ELECTRONIC ASSESSMENT OPTIONS





# DISCHARGE FORM

OVERVIEW





# BASELINE ASSESSMENT

OVERVIEW



# CHANGES AT FOLLOW-UP

- Brief Demographic Update replaces Demographic & Background Information
- Removed - Life Events Checklist (trauma self-report)
- Added - Client Satisfaction Questionnaire (self-report)

**REMINDER:** *Due to the change in measures, ALL PATIENTS should receive the Baseline Assessment at first regardless of how long they have been in treatment.*

# RESOURCES

- Most updated assessment battery: <https://www.mapnet.online/measures>
- Training on COMPASS-10
  - For new raters: <https://attendee.gototraining.com/r/5884512978939132929>
  - For experienced raters: <https://attendee.gototraining.com/r/7001659673957611266>
- EPINET Website: <https://nationalepinet.org/>
- For help with/questions about assessments, REDCap/LAMP/Excel, or reporting:
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