

State of California

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

Early Psychosis Intervention (EPI) Plus Grant
Data Collection Forum Summary
Zoom Videoconference
January 13, 2022

Staff Present:

Tom Orrock, LMFT, Chief of Stakeholder Engagement and Grants
Brian Sala, Ph.D., Chief Information Officer and Deputy Director of Research & Evaluation
Sarah Turner, Health Program Specialist, Stakeholder Engagement and Grants

Welcome and Introductions:

Sarah Turner, Health Program Specialist, Stakeholder Engagement and Grants, and Grant Manager for the Early Psychosis Intervention Plus (EPI Plus) Program, called the EPI Plus Grant Data Collection Forum of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at approximately 10:30 a.m. and welcomed everyone. The focus of today's forum is to discuss the plan for coordinating statewide data collection for the EPI Plus Grants to help tell the statewide story and demonstrate impacts with standard outcome measures.

Ms. Turner introduced Commission staff and EPI Plus Training and Technical Assistance (TTA) partners in attendance and provided an overview of their roles with the EPI Plus Grantees. She asked the representatives of the seven EPI Plus Grantees in attendance to introduce themselves.

EPI Plus Data Collection Plan Overview:

Tom Orrock, LMFT, Chief of Stakeholder Engagement and Grants, stated the EPI Plus Grantees will hear a presentation on the utilization of the tools to collect information, data submission process, and schedule. He asked the University of California (UC) Davis team to present this agenda item.

Tara Niendam, Ph.D., Executive Director, UC Davis Early Psychosis Programs and EPI-CAL Project, provided an overview, with a slide presentation, of the development of the EPI-CAL Battery and Beehive Application, data domains prioritization, and the EPI-CAL Learning Health Care Network (LHCN) core assessment batteries to demonstrate EPI Plus program impact. She defined terms used in this program:

- Beehive is the data collection and visualization software platform that the LHCN Early Psychosis programs will use to incorporate information about a client's recovery and wellness into their mental health care.

- The Battery includes sets of survey questions that are asked of clients, families, and providers that were put together based on stakeholder feedback. These three components of the battery were included in today's forum invitation.

Kathleen Nye, Data Manager, UC Davis EPI-CAL Project, continued the slide presentation and discussed the EPI-CAL battery domains and survey symptom index examples, such as the Modified Colorado Symptom Index (MCSI). She demonstrated the components of the online Beehive tool.

Discussion

Brian Sala, Ph.D., Chief Information Officer and Deputy Director of Research & Evaluation, asked about the rate of client-participant consent for sharing with the State and about the representativeness of the consenting set.

Dr. Niendam stated the goal was a 70 percent consent rate for data-sharing, but it is currently at 85 percent. The team has not yet looked at the representativeness of the sample. One of the important pieces to acknowledge is that the End-User License Agreement (EULA) consent, battery, and the video showing how data will be used will be disseminated in 13 threshold languages to meet the needs of the diverse communities represented in the LHCN.

Catherine Aspiras, LMFT, Program Manager, Santa Clara County Behavioral Health Services, asked if this can be built into Electronic Health Records (EHR) or if counties will be required to do double data entry.

Dr. Niendam stated this project is not currently integrating with EHRs. Although counties will do double data entry, the data entry being done by staff is minimal.

Dr. Sala asked about using API or other tools for communicating.

Dr. Niendam stated compatibility can be built back in. The first part of this project is meant to better understand what is most useful for clinicians to have in the EHR and then where to build APIs in the future. Including all information would be overwhelming.

Next Steps for Implementation:

Ms. Nye provided an overview of the next steps for rolling out the EPI Plus data collection plan. She continued the slide presentation and discussed the data submission process and schedule for LHCN and non-LHCN sites. She noted that the schedule will vary by site.

Discussion

Ms. Aspiras asked about the agreements and consents that are needed, and if existing contracts need to be amended to include the data collection and the data-sharing between the county and UC Davis.

Dr. Niendam stated contracts are developed with sites that join the LHCN which include a data-sharing agreement.

Ms. Aspiras asked if existing agreements with the State need to be modified.

Mr. Orrock stated it depends on the contract.

Marcella Rose, Staff Services Analyst, Mono County, asked how to sign up for the LHCN.

Dr. Niendam stated signups will be coordinated by Jessica Windhaus, Project Manager, EPI-CAL TTA Center. The cost is already included in the California Mental Health Services Authority's (CalMHSA) budget for Mono County.

Data Collection Roundtable Q&A:

Mr. Orrock stated a collaborative session will be facilitated with the EPI Plus Grantees to discuss any foreseen challenges, questions, or concerns regarding implementation of the EPI Plus data collection plan.

The EPI Plus Grantees asked the following questions:

Q: Are tablets included as part of the contract?

A: Yes. The idea is to provide three tablets per team, depending on county needs.

Q: Is consent offered to youth or their guardians about data collection participation?

A: This project is being implemented in-care and only has access to a limited dataset. There is no research consent. Choices about de-identified data are made as part of the EULA.

This is explained in the EULA video, which can be found at the following URL:

<https://www.youtube.com/watch?v=3E8hiEklvSQ>.

Q: What is the client impression about the measures and length of time for completion of the self-report?

A: This is currently being assessed from feedback bring gathered from clients, family members, peers, and clinicians. One recommendation is to be clear about how this program will be integrated into the workflow and current processes.

Q: Will information be collected from individuals who opt out of Beehive to adjust the message and the EULA video?

A: The team will add this question as part of their next round of interviews.

Wrap-Up and Adjourn:

There being no further business, the meeting was adjourned at approximately 12:00 p.m.