



Connection Learning Health System

Summary of Data on Coordinated Specialty Care Program Characteristics from the Program Level Core Assessment Battery

March 22, 2023

To Connection Learning Health System:

In 2019, the National Institute of Mental Health (NIMH) created the Early Psychosis Intervention Network (EPINET), a national network of regional hubs that link over 100 CSC programs across the United States through use of standard clinical measures. EPINET includes a regional hub across Maryland and Pennsylvania - called Connection Learning Health System - that represents a network of five academic institutions and 23 Coordinated Specialty Care programs serving hundreds of young adults experiencing a mental illness with psychosis and their families.

To characterize characteristics of the CSC programs in the network, the national EPINET developed a Program Level Core Assessment Battery (PL-CAB). PL-CAB data describe the diversity of Coordinated Specialty Care programs across the nation that are represented in EPINET and elucidate key aspects of programs' implementation activities. Connection Learning Health System collected the PL-CAB in the Fall of 2022; the survey will be re-administered annually. Data from the Core Assessment Battery, existing program directories, and PA Fidelity Evaluation were used to provide answers to some questions.

The following report provides a summary of the responses to the questions that were administered in the Fall 2022 PL-CAB. A list of CSC programs included in the survey is provided in Appendix 1.

Sincerely,

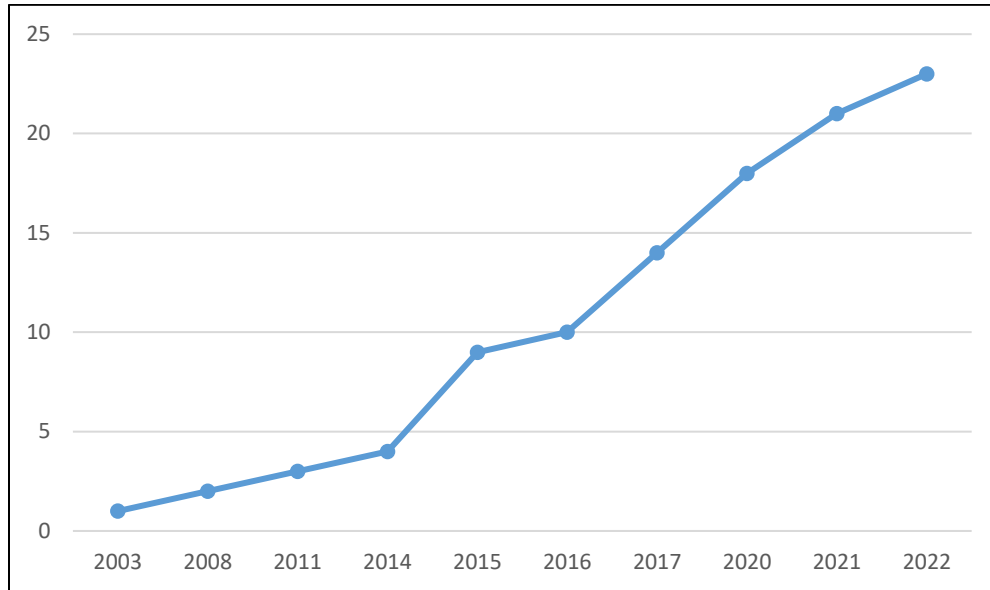
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Table of Contents

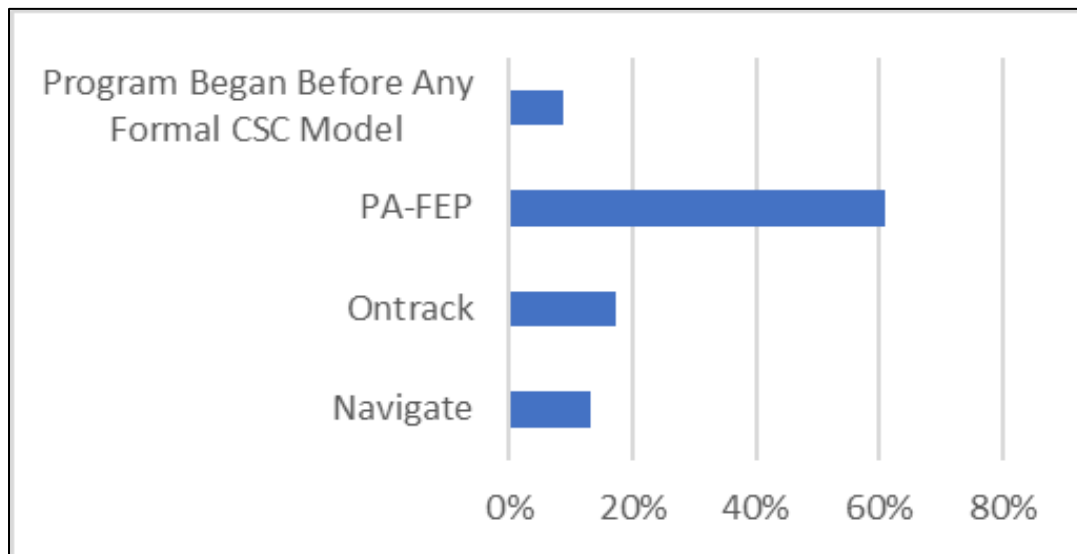
Program Characteristics.....	3
Program Capacity.....	6
Services Offered.....	7
Eligibility Criteria.....	9
Staffing.....	10
Referral After Program Completion.....	11
Appendix 1.....	12

Program Characteristics

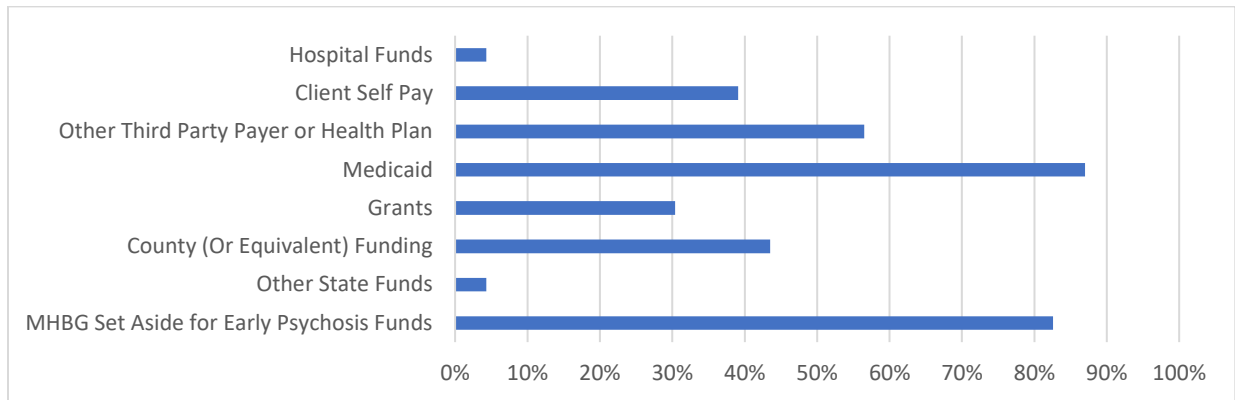
Start year. Programs were asked the year they started serving young people with first episode psychosis. There were few programs before 2015. Between 2015 and 2022 there was substantial expansion in CSC program availability in the region.



CSC model. Programs were asked what if any CSC model they were trained in and used in providing services. Most identified Pennsylvania-First Episode Psychosis (PA-FEP), which emphasizes training and adherence to essential CSC components of previously established models including OnTrack and Navigate. Others reported formal training in the OnTrack model or the Navigate model of CSC.

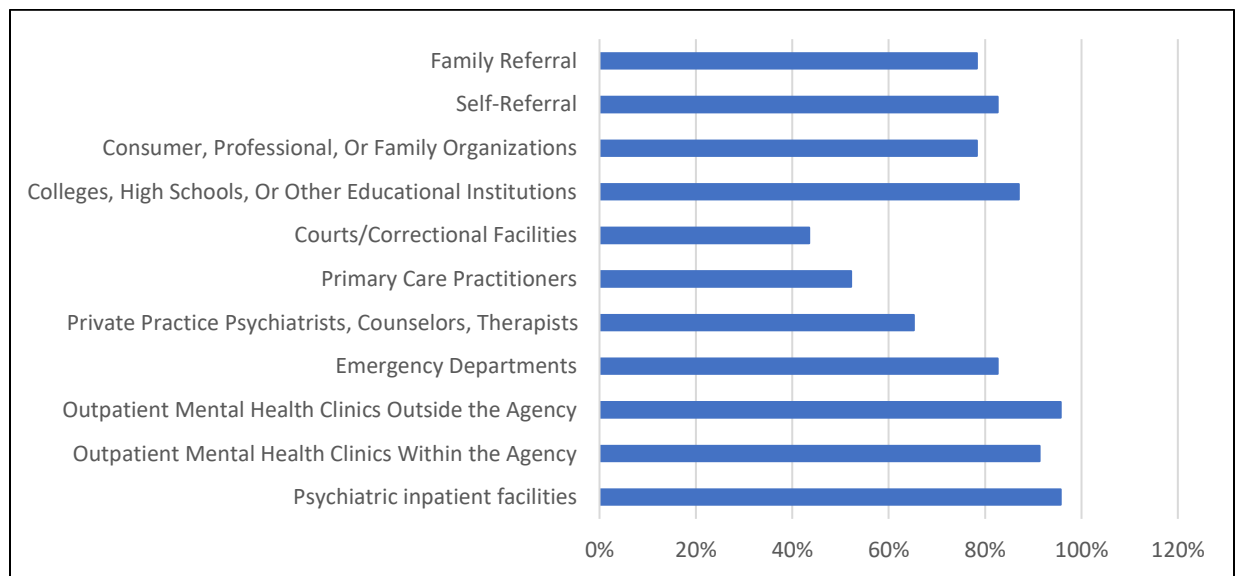


Sources of funding. Each program was asked to report whether they received funding from different funding sources. The list of sources is in the graph; each program was asked to check all sources that applied to them. Medicaid and the Mental Health Block Grant funds were the most frequently reported sources of funding.

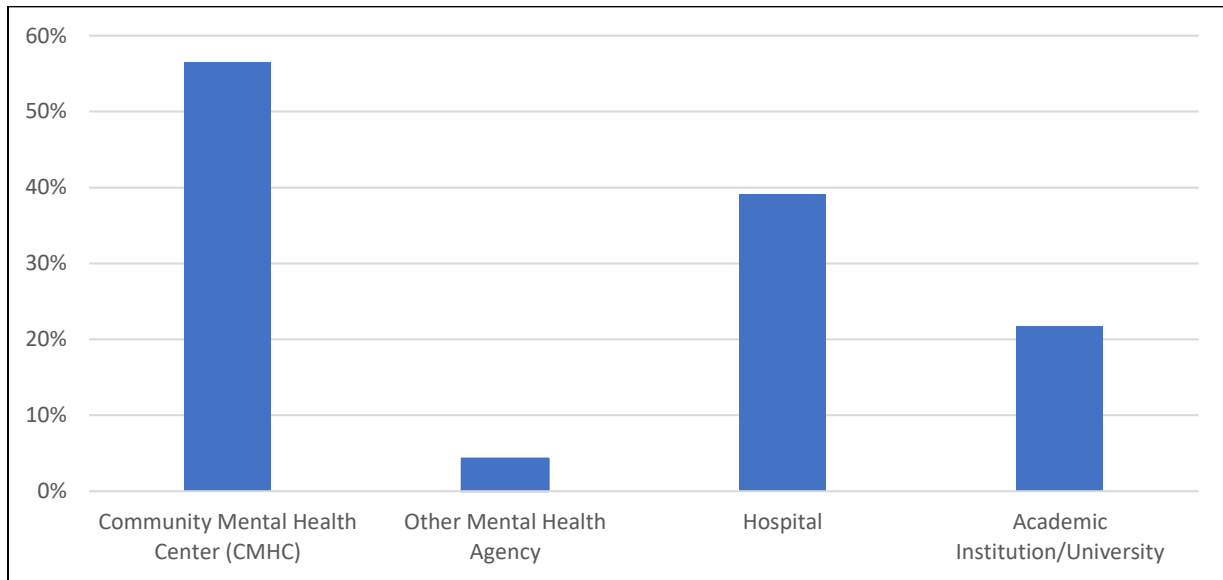


Additional CSC programs nearby. Programs were asked to report whether there were additional CSC programs in their catchment area. Overall, 44% of programs reported yes.

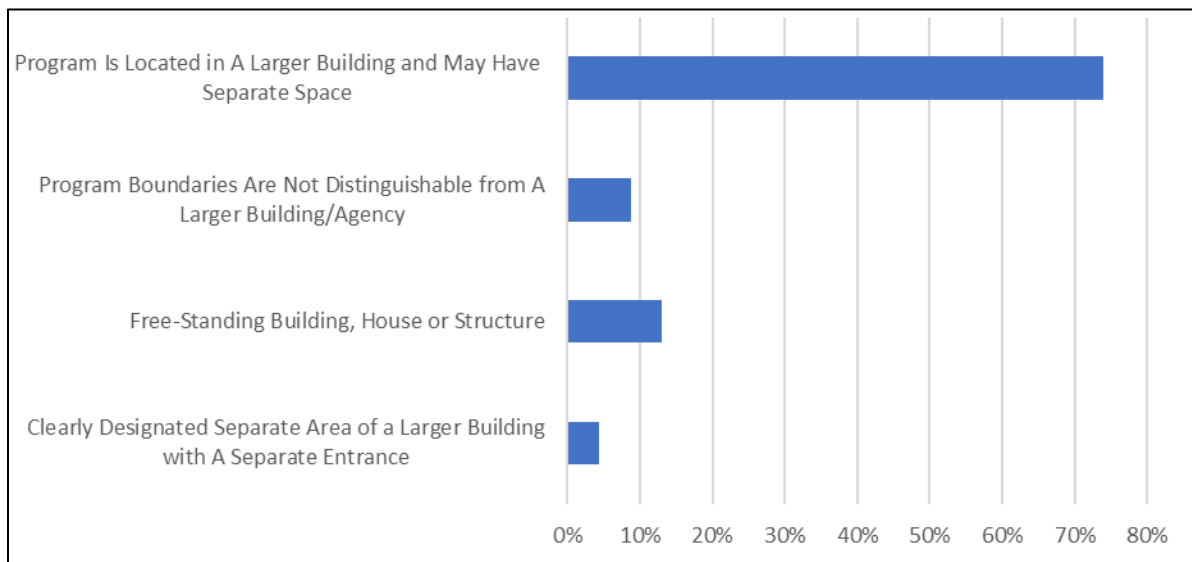
Referral sources. The study team reviewed referral tracking data to identify the types of places programs received referrals, with follow up with the programs as needed. The list of sources is in the graph; each program was asked to check all sources that applied to them. Most programs have received referrals from a variety of sources. Fewer programs have reported a referral from Courts, Primary Care, and Private Practice.



Types of agencies or organization overseeing CSC programs. Programs reported that they were most often overseen by or embedded within a community mental health center, a hospital, or an academic institution or university.



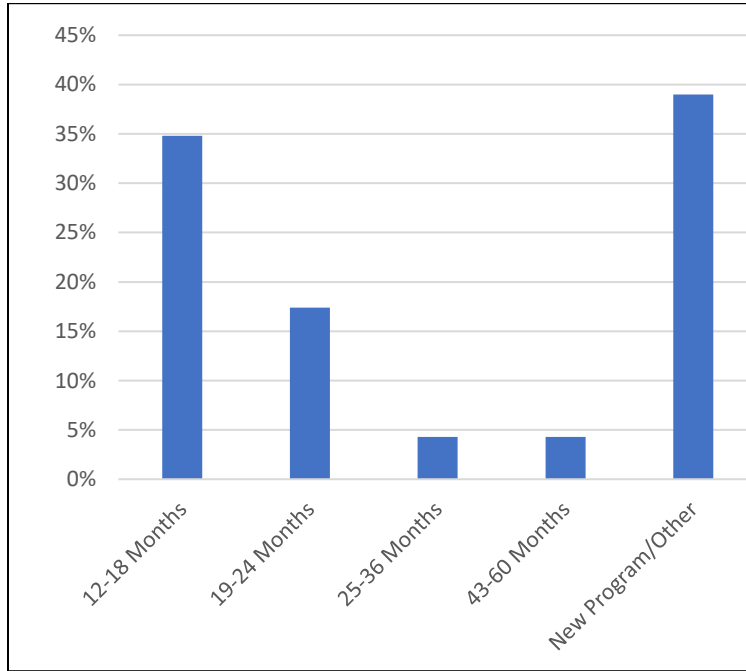
Physical locations of CSC programs. Most programs have their own space within a larger building that is separate from other mental health treatment programs.



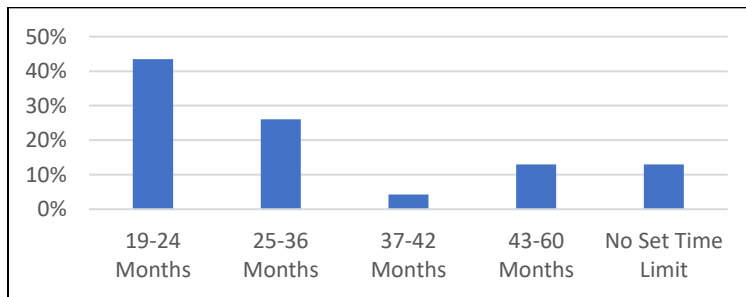
Program Capacity

Maximum enrollment. Programs reported their maximum enrollment. On average, programs had maximum enrollment of 38 young people (standard deviation = 31.3), with a median of 30 young people.

Typical length of enrollment. Most programs have a typical length of enrollment of 12 to 18 months. This item had a new program category – these are programs that because of their recent start dates, could not provide a typical length of enrollment.

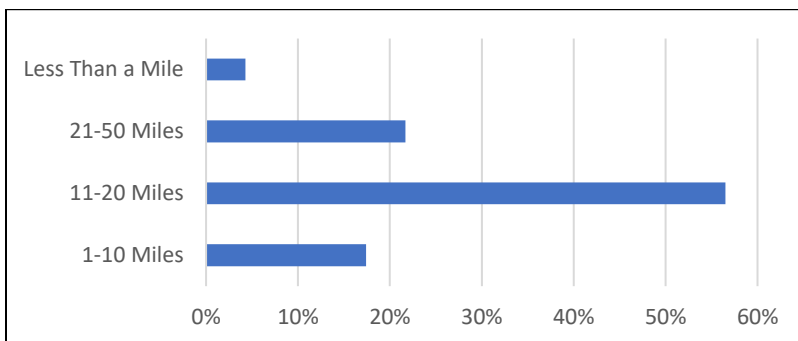


Maximum length of enrollment. Most programs report a maximum length of enrollment of 19 to 24 months. Some report no set time limit.



Services Offered

Typical distance travelled to the program. This item reflects distance between young people and the programs that serve them. In some cases, young people must travel the distance to reach the program. In other cases, where staff provide services in the community, it is the staff member who is doing most of the traveling, not the young person or the family. Overall, most programs are located at a distance of 11 to 20 miles from where young people live. About a quarter of programs report that the young people they serve, or staff providing services within the community, must travel over 20 miles.

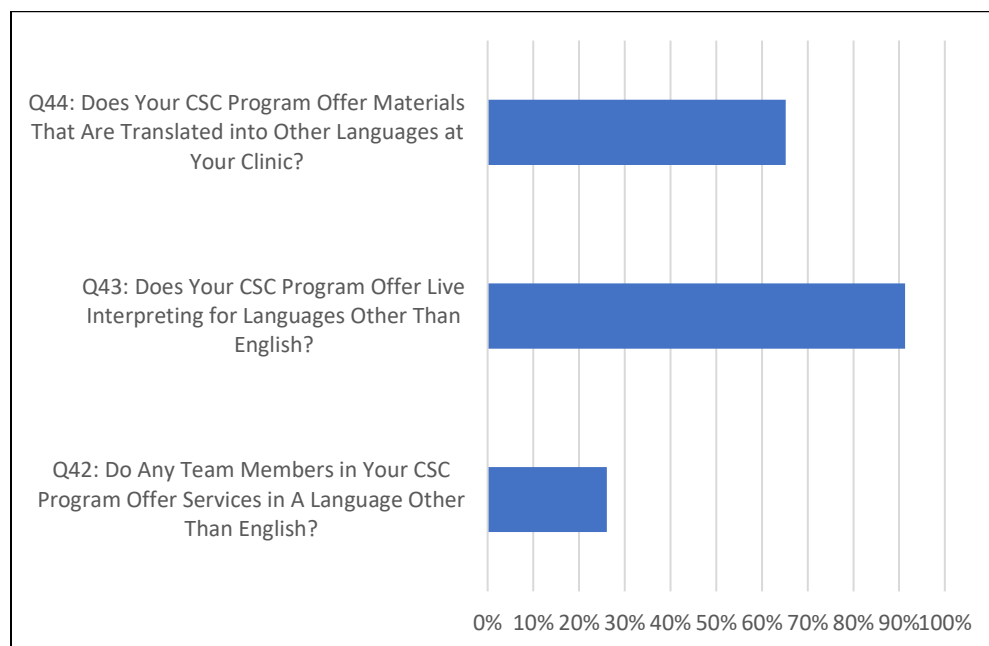


Services and supports offered by CSC program. This table lists the numbers of programs that offer particular services and how that service is delivered (i.e., in person at the program, via telehealth, and/or in person in the community). All programs provide the standard components of CSC such as crisis intervention services, pharmacotherapy, psychoeducation, family support, employment and education services, and individual therapy. Many programs provide related services such as health and wellness services and housing services. Several programs offer novel services such as alumni program and family peer support services.

	Provided in person at the program	Provided via telehealth	Provided in person in the community
Alumni program	1	0	0
Case management	23	23	19
Cognitive Adaption Training	0	0	0
Cognitive remediation	0	0	0
Community outreach	23	23	21
Crisis intervention services	23	23	21
Family education or family support	22	21	12
Family peer support services	3	3	3

Health and wellness services	16	16	5
Housing support and services	16	16	13
Individual Cognitive Behavioral Therapy	17	17	8
Individual Resiliency Training	2	2	1
Neuropsychological assessment	0	0	0
Occupational therapy	1	1	1
Peer support services	21	21	21
Pharmacotherapy	23	23	8
Primary care coordination	23	12	1
Psychoeducation	23	23	20
Recreational groups	17	13	14
Smoking cessation services	3	1	1
Supported education services	23	23	21
Supported employment services	23	23	21
Substance use services	8	6	6
Weight loss support and services	8	5	2

Language services. Many programs offer materials translated into languages other than English and can provide interpreter services if needed.



Eligibility Criteria

All programs use age and duration of untreated psychosis as a criterion for program eligibility. In this table, we summarize other findings related to eligibility criteria.

		Number of Programs who have this age range	Percent
Minimum Age	Maximum Age		
13	30	1	4%
14	18	1	4%
14	24	1	4%
14	30	1	4%
14	40	1	4%
15	25	3	13%
15	30	9	39%
15	35	3	13%
16	30	3	13%
Maximum length of DUP in months Mean = average Median = most frequent		Mean = 22.4 months (SD = 8.9)	Median = 24 months
Number of programs that:			
Accept youth who are clinical high risk for psychosis		1	4.3%
Have a maximum number of months a person can use an antipsychotic prior to enrollment		5 18-month max=1 program 24-month max=4 programs	22%
Exclude youth with IQ of 70 or below		16	70%
Serve youth with substance-induced psychosis		0	0%
Exclude youth with psychosis due to a medical condition		19	83%
Exclude youth with affective psychosis		4	17%

Additional exclusion criteria reported by some programs:

- Developmental disorders including autism spectrum disorders
- Psychosis due to dementia/delirium

Staffing

This table summarizes **characteristics of program staffing patterns**. Most programs employ a full-time Team Leader.

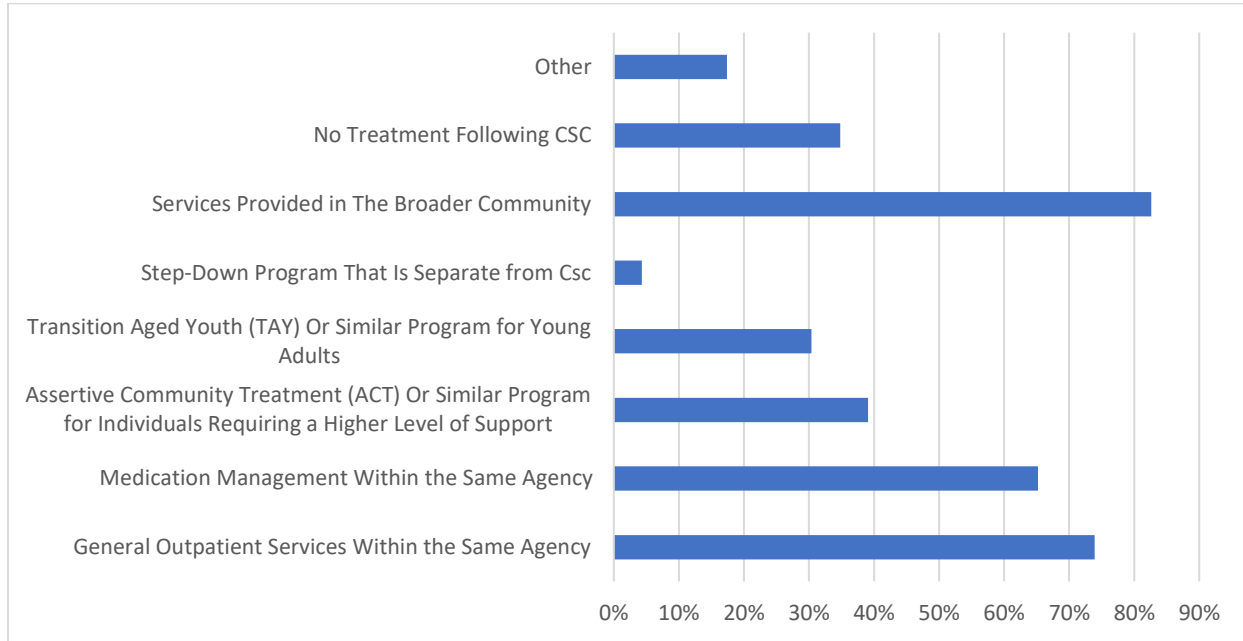
	Mean ± SD	Median
Total number of CSC program staff	8.5 ± 4.9	6
Total number of full-time equivalent staff	5.7 ± 4.8	4.3
Number of staff who have left in the last year	2.0 ± 1.4	2
Number of staff who have joined in the past year	3.5 ± 2.8	3

Full-time equivalent of the Team Lead (note: 22 programs responded to this item)

FTE	Number	Percentage
1.0	14	64%
.75	1	4%
.50	3	14%
.25	4	18%

Referral After Program Completion

Settings where young people are referred after completing CSC. Each program was asked to report whether they referred youth to range of settings after completing CSC. The list of settings is in the graph; each program was asked to check all settings that applied to them. The largest percentage of programs refers to general outpatient services within the same agency or to other community mental health services.



Appendix 1: CSC Programs Included in the Survey

Programs in Maryland

- Johns Hopkins Early Psychosis Intervention Clinic (EPIC)
- Johns Hopkins Early Psychosis Intervention Clinic – Recovery After Initial Schizophrenia Episode (EPIC-RAISE)
- University of Maryland RAISE Connection Program (RAISE CP)
- Maryland Psychiatric Research Center, First Episode Clinic (FEC)
- OnTrack Maryland Sheppard Pratt (OnTrack MD) - Montgomery County
- OnTrack Maryland Sheppard Pratt (OnTrack MD) - Prince George's County

Programs in Pennsylvania

- CAPSTONE - Pennsylvania Psychiatric Institute (Harrisburg)
- Children's Hospital of Philadelphia First Episode Psychosis Program (CHOP FEP; Philadelphia)
- Connect2Empower (C2E) - CMSU Behavioral Health Services (Danville)
- Early Onset Recovery Program (EORP) - UPMC Western Behavioral Health at Safe Harbor (Erie)
- ENGAGE - Wesley Family Services (Locations in New Kensington and Wilkesburg)
- Helping to Overcome Psychosis Early (HOPE) - Children's Service Center (Locations in Stroudsburg, Honesdale, and Wilkes-Barre)
- InSight - Oasis Lifecare (State College)
- Psychosis Education, Assessment, Care and Empowerment (PEACE) - Horizon House (Philadelphia)
- Psychosis Evaluation & Recovery Center (PERC) - University of Pennsylvania (Philadelphia)
- Services for the Treatment of Early Psychosis (STEP) - UPMC Western Psychiatric Hospital (Pittsburgh)
- On My Way - Child and Family Focus, Inc. (Locations in Allentown, Broomall, Phoenixville, and Southampton)