

Development of Countywide Early Psychosis Services in Northern California through Academic-Community Partnerships

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Introduction

- Practice guidelines for early intervention (EI) in psychosis clearly indicate a need for specialist programs¹, and effective EI programs have been established in many countries².
- In the US, however, nearly all EI programs are located in University settings, so that the majority of Americans do not have access to early intervention services.
- The Mental Health Services Act (MHSA) was passed in California in 2005, providing funding specifically for mental health prevention services provided in community-based settings³.
- In 2008, researchers from the Department of Psychiatry at the University of California, San Francisco (UCSF) partnered with the Family Service Agency of San Francisco (FSA) to develop a new program for San Francisco County, the Prevention and Recovery in Early Psychosis (PREP) program.
- In 2009, PREP began accepting clients in San Francisco (PREP-SF), and in 2010, PREP began operation in neighboring Alameda County (PREP-AC). These two counties have a combined population base of approximately 2.4 million people.

Specific Aims

PREP's mission is to transform the treatment of psychosis by intervening early with evidence-based, culturally competent assessment and diagnosis, and by delivering the most effective multi-faceted treatment grounded in wellness, recovery and resilience.

In this study, we present preliminary descriptive data and outcomes for the first year of PREP's operation in San Francisco.

Methods

PREP-SF serves transition-age youth experiencing:

- Recent-onset psychosis: schizophrenia, schizophreniform or schizoaffective disorder with onset within the last five years.
- Clinical high risk (CHR) for psychosis.

Payor sources for services include SF Medi-Cal (CA State) and in the case of private insurance, clients pay on a low-fee sliding scale.

Various partners lead the main components of **Outreach, Assessment, Treatment and Evaluation**, although all clinical staff operate as one team across organizations.

- FSA is the lead agency, providing the bulk of services.
- UCSF provides training, clinical supervision and program evaluation.
- Mental Health Association of San Francisco leads the outreach, public education and anti-stigma effort.
- Sojourner Truth Foster Family Agency conducts outreach and provides services in the foster care community, and in primarily African-American neighborhoods in San Francisco.
- Larkin Street Youth Services conducts outreach with homeless youth and provides some housing services.

PREP Treatment Services:

- Strength-Based Care Management
- Multi-Family Group Therapy (MFG)
- Algorithm-Based Medication Management
- Cognitive Behavioral Therapy (CBT)
- Neuropsychological Testing
- Vocational/Educational Support*
- Co-Occurring Substance Abuse Services*

*Treatment components not fully implemented yet.

Methods (continued)

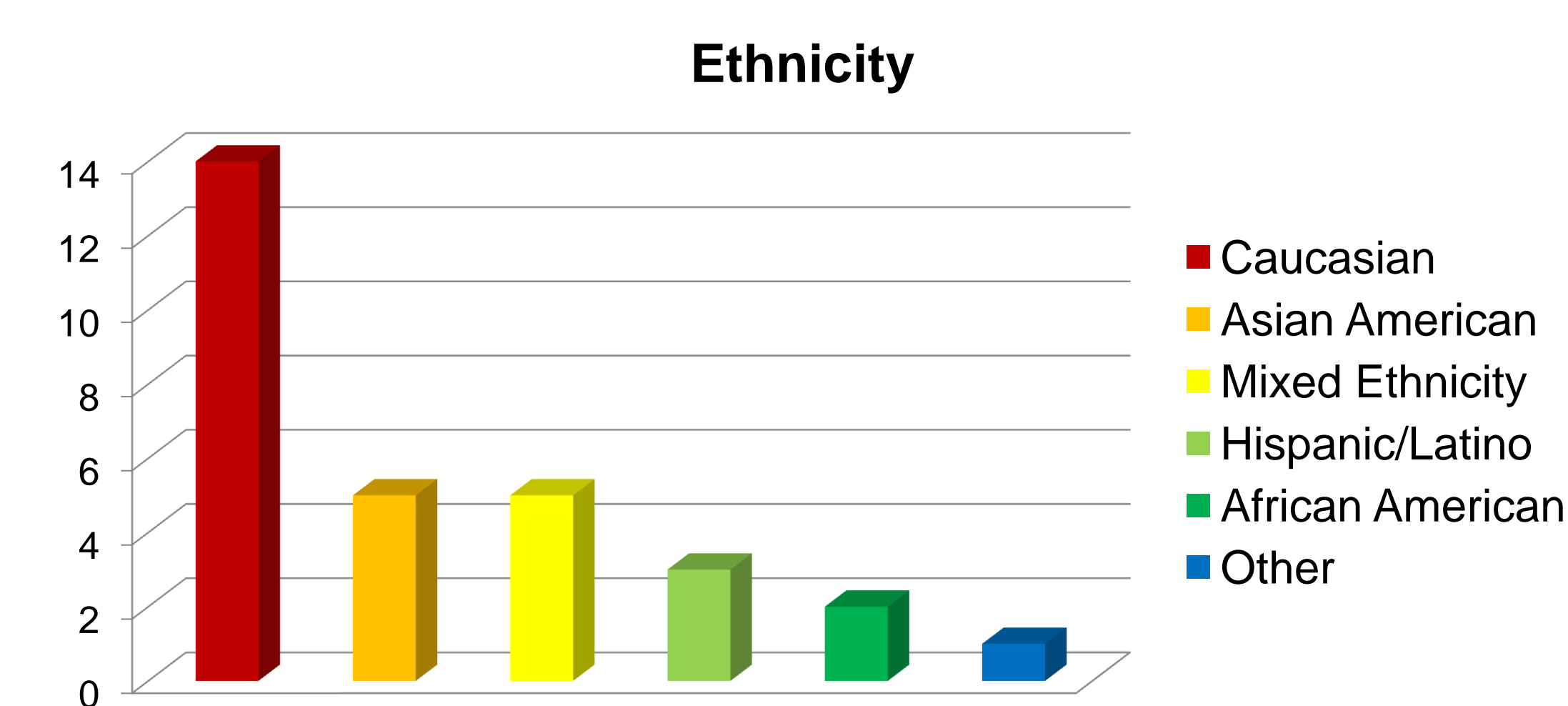
Additional program features:

- Clients receive services based on a treatment plan developed in collaboration with their care managers.
- Clients are welcome to receive outside services; in those cases, PREP staff work closely with any external providers.
- Services are provided in English and Spanish.
- Consumers/peers are employed in outreach and treatment.
- Clients receive services for up to 2 years from program entry and are then transitioned to other care in the community.

Results

Participants. 30 clients entered PREP-SF, 28 of them between June 2009 and October 2010.

- 21 were recent-onset (12 schizophrenia, 9 schizoaffective) and 9 were clinical high risk.
- Mean age 22.7 (Range 17-29)
- 25 male (83%)



- 24 (80%) had at least one family member involved in PREP
- 19 (63%) were San Francisco County residents.

Services. The following number of clients received each type of service in addition to ongoing care management:

- 21 (70%) medication management
- 28 (93%) Individual Cognitive Behavioral Therapy
- 8 (27%) Psychoeducational Multi-Family Group (A second group of 8 families is now forming)
- 14 (47%) received outside services (most often medication management or housing services)

Preliminary Outcomes.

- Average duration of time in PREP: 10 months (Range 2.5- 21 months; one pilot client at 26 months)
- 2 (6%) clients dropped out of treatment

At program entry:

- 13 (43%) clients had jobs or were in school, primarily part-time
- 15 (53%) clients had experienced prior hospitalizations; Average of 1.1 (Range 0-5)

At program exit or as of Nov 1, 2010:

- 4 (13%) additional clients began school/work, 1 (3%) stopped school/work
- Only 3 (10%) clients were hospitalized while in the program**
- 4 (45%) CHR clients developed a full psychotic disorder (1 Schizophrenia, 1 Schizoaffective, 2 Bipolar with psychotic features)
- 2 of the converted CHR clients were hospitalized, all 4 stayed in treatment

Results (continued)

Medication Management:

Of 9 recent-onset clients who have received most of their psychiatric care at PREP:

None are on more than one antipsychotic medication

None are on excessive dosing (as defined by the World Health Organization)

Average dose = ~10% less than W.H.O. defined daily dose⁴

Early Challenges:

- Difficulty managing a complex partnership with 5 organizations
- Extensive training is required to implement evidence-based practices in a community setting
- Hiring enough bilingual/bicultural staff to meet the needs of the diverse community
- Adapting the program to different county "cultures" regarding service provision, target population, other available services in the county.

Early Advantages:

- Partnership between established agencies with expertise in different areas (community-based programs, evidence-based practices, homeless youth, foster care, anti-stigma/advocacy) allows program to draw on multiple strengths.
- Independent contracting allows partners to shape the program

Conclusions & Future Directions

Academic-community partnerships can be leveraged to develop evidence-based early intervention programs in community settings that:

- Minimize hospitalization
 - Improve functioning
- By using:
- Collaborative engagement
 - Psychosocial interventions
 - Judicious use of medications

Challenges in implementing new programs include adapting the programs to the specific needs and culture of the County or area, as well as the intensive training needs to implement evidence-based practices in community settings. **Advantages** include being able to draw on the established strengths of multiple organizations and freedom in shaping the program as an independent contractor to the County.

Future Directions.

- Implement and analyze quarterly evaluations of clients' symptoms, functioning, satisfaction and service use
- Analyze and report on ongoing fidelity monitoring
- Compare clients, programs and outcomes between PREP-SF and PREP-AC
- Develop PREP programs in San Mateo & Contra Costa Counties

References & Acknowledgments

References

- Bertolote & McGorry, Br J Psych, 2005,187(suppl.48), s116-119.
- Catts, et al., Aust N Z J Psychiatry, 2010 Mar;44(3):195-219.
- http://www.dmh.ca.gov/prop_63/mhsa/default.asp
- http://www.whocc.no/atc_ddd_index/

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Prevention and Recovery in Early Psychosis (PREP)

