

# 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 programs<sup>1</sup>, and effective EI programs have been established in many countries<sup>2</sup>.
- 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 settings<sup>3</sup>.
- 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:

- 1) Recent-onset psychosis: schizophrenia, schizophreniform or schizoaffective disorder with onset within the last five years.
- 2) 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)

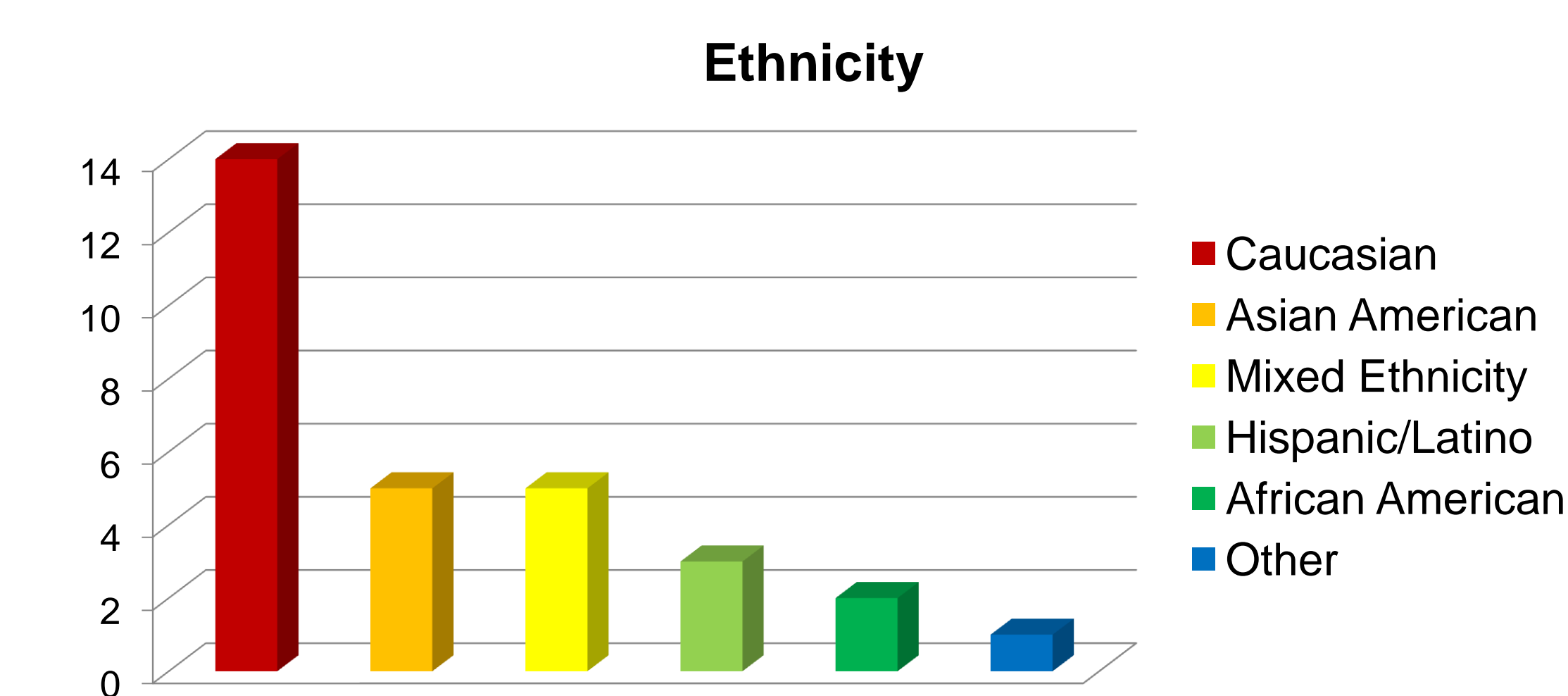
### Additional program features:

- 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 dose<sup>4</sup>**

### 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

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# Prevention and Recovery in Early Psychosis (PREP)

