Challenges and Strategies for Implementing Early Intervention for Psychosis in Rural County Systems

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Felton PREP provides evidence-based coordinated specialty care services to approximately 250 individuals annually.

The Felton PREP Model

Opportunities and Challenges:
Bringing Felton PREP to Rural County Systems

Outcomes and Accountability

Strategies for Sustainability
THE FELTON PREP MODEL

Demonstrates how evidence-based treatment can be migrated out of university research settings and taken to scale in the community.
PREP Model Receives National Recognition

National Council for Behavioral Health

2014
Inspiring Hope: Science to Service Award

2015
Inspiring Hope: Peer Specialist of the Year Award
**2007** - Community-academic partnership developed between:
Felton Institute | Family Service Agency of San Francisco
University of California San Francisco (UCSF)

<table>
<thead>
<tr>
<th>County</th>
<th>PREP San Francisco</th>
<th>PREP Alameda</th>
<th>PREP San Mateo</th>
<th>PREP Monterey</th>
<th>PREP San Joaquin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area</td>
<td>Urban</td>
<td>Urban</td>
<td>Urban/Rural</td>
<td>Predominantly Rural</td>
<td>Predominantly Rural</td>
</tr>
</tbody>
</table>
THE FELTON PREP MODEL

1. A clear intervention model
2. Comprehensive training and continuous quality improvement
3. Fidelity Monitoring (compliance with model and EBPs)
4. Documentation and evaluation standards
5. Outcome accountability

Show me the data!
SERVICES

Rigorous Diagnostic Assessment – SCID / SIPS
Individual Therapy – CBTp
Psychoeducational Multifamily Groups – MFG
Supported Employment and Education – IPS
Algorithm-Guided Medication Management
Intensive Care Coordination
Family Support (based on lived experience)
Peer Support (based on lived experience)
Support Groups
Computer-Based Cognitive Remediation Training
THE FELTON PREP MODEL

SERVICES

• Target Population
  - Individuals aged 14-35 within the first two years of experiencing psychotic symptoms
  - Some counties may allow different age range or longer duration of symptoms after onset

• Duration
  - Up to Two Years

• Eligible Diagnoses
  - Schizophrenia
  - Schizoaffective Disorder
  - Schizophreniform Disorder
  - Unspecified Schizophrenia Spectrum Disorder and Other Psychotic Disorders
PREP MODEL EXPANSIONS

- Clinical High Risk (CHR)
  - Psychosis Risk Syndrome
  - Attenuated Psychosis

- Felton BEAM | Early Mood Disorders
  - Bipolar I Disorder
  - Bipolar II Disorder
  - Depressive Disorders with Psychotic Features
SITE TEAMS

Clinical Program Manager
Staff Therapists
Psychiatric Nurse Practitioners | Psychiatrist
Employment and Education Specialist
Peer Support Specialist
Family Support Specialist
Office Manager | Administrative Assistant
Research Assistant
and...
Felton Division Director
OPPORTUNITIES AND CHALLENGES
Bringing Felton PREP to Rural County Systems
FEP Implementation Through Training and Technical Assistance Resources:

- Adoption of model and its standards
- Training of existing (or new) agency workforce assigned to FEP team (part-time)
- Strong consulting and supervision support for staff implementing model

Felton PREP:

- “Boots on the ground” | Direct services
- Felton training, technical assistance, and resources (including EHR)
- New positions created for local workforce | highly specialized training
- Strong consulting and supervision support for staff implementing model
- Resources introduced to county systems are being incorporated into other services (i.e. CBTp, MFG, structured diagnostic assessment tools, etc.)
OPPORTUNITIES AND CHALLENGES

A clear intervention model

1. Decide
   - Model
   - Fidelity to EBPs

2. Adapt
   - Workforce Development
   - Implementation Challenges

3. Implement
   - Integration with System of Care
   - Integration with Other PREP Sites

4. Reinforce
   - Strong Evaluation System
   - EHR

5. Sustain
   - Outcome accountability

Show me the data!
OUTCOMES AND ACCOUNTABILITY

Show me the data!
Using Outcomes to Tell Stories of Recovery
OUTCOMES AND ACCOUNTABILITY

Population Served

**Age**
- 16-25yr old: 88%
- >25 yr old: 7%
- <16 yr old: 5%

**Ethnicity**
- Caucasian: 27%
- Hispanic: 29%
- African American: 20%
- Asian: 17%
- Other: 7%
### Symptom Reduction

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Improvement 1 Year Mark</th>
<th>Additional Improvement 2 Year Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hallucinations</td>
<td>64%</td>
<td>59%</td>
</tr>
<tr>
<td>Unusual / Bizarre Beliefs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of Motivation</td>
<td>75%</td>
<td>95%</td>
</tr>
<tr>
<td>Social withdrawal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diminished speech</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impaired attention</td>
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<td></td>
</tr>
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</table>

**Evaluation Tools:**

- QUICK Scale for the Assessment of Positive Symptoms - QSAPS
- QUICK Scale for the Assessment of Negative Symptoms - QSANS
### Functional Improvements

<table>
<thead>
<tr>
<th>Domains</th>
<th>Improvement 1 Year Mark</th>
<th>Additional Improvement 2 Year Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma-Related Coping</td>
<td>51%</td>
<td>52%</td>
</tr>
<tr>
<td>Community Connectedness</td>
<td>39%</td>
<td>38%</td>
</tr>
<tr>
<td>Residential Stability</td>
<td>65%</td>
<td>50%</td>
</tr>
<tr>
<td>Living Skills</td>
<td>43%</td>
<td>51%</td>
</tr>
<tr>
<td>Sustained Employment</td>
<td>52%</td>
<td>57%</td>
</tr>
</tbody>
</table>

**Evaluation Tools:**
- Child and Adolescent Needs and Strengths Assessment - CANS
- Adult Needs and Strengths Assessment - ANSA
Reduction in Psychiatric Hospitalizations | FY 2015-16

47% Hospitalization EPISODES

<table>
<thead>
<tr>
<th>County</th>
<th># of Episodes</th>
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</thead>
<tbody>
<tr>
<td>Monterey County</td>
<td>13</td>
</tr>
<tr>
<td>San Francisco County</td>
<td>23</td>
</tr>
<tr>
<td>San Mateo County</td>
<td>30</td>
</tr>
<tr>
<td>Alameda County</td>
<td>46</td>
</tr>
</tbody>
</table>

12 mo before treatment | 12 mo in treatment
Reduction in Psychiatric Hospitalizations | FY 2015-16

# of Days

<table>
<thead>
<tr>
<th>County</th>
<th>12 mo before treatment</th>
<th>12 mo in treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monterey</td>
<td>188</td>
<td>56</td>
</tr>
<tr>
<td>San Francisco</td>
<td>242</td>
<td>70</td>
</tr>
<tr>
<td>San Mateo</td>
<td>285</td>
<td>178</td>
</tr>
<tr>
<td>Alameda</td>
<td>437</td>
<td>194</td>
</tr>
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</table>

59% Hospitalization DAYS

OUTCOMES AND ACCOUNTABILITY
STRATEGIES FOR SUSTAINABILITY

Next Steps | Long Term Outcomes | Stigma Busters
STRATEGIES FOR SUSTAINABILITY

1. Sustainability is a continuous exercise for clinics and program participants

2. Increase coverage areas

3. Invest on support network:
   - Early psychosis prescribing practices

4. Disseminate resources for non-behavioral health support networks:
   - Colleges
   - Primary care providers
   - Faith-based communities

5. Outcome accountability
   - Show me the data!
For more information:

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