



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

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OVERVIEW

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.



National Council for Behavioral Health

2014

Inspiring Hope:
Science to Service
Award



2015

Inspiring Hope:
Peer Specialist of the Year
Award

TIMELINE

2007 - Community-academic partnership developed between:
 Felton Institute | Family Service Agency of San Francisco
 University of California San Francisco (UCSF)



County	PREP San Francisco	PREP Alameda	PREP San Mateo	PREP Monterey	PREP San Joaquin
YEAR	2007	2010	2012	2013	2013 (until 2015)
Area	Urban	Urban	Urban/Rural	Predominantly Rural	Predominantly Rural

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

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



Some Ways of Implementing FEP in Rural Settings:

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

Comprehensive
training and
continuous
quality
improvement

•2

Adapt

- ✓ Workforce
Development
- ✓ Implementation
Challenges

Fidelity
Monitoring
(compliance with
model and EBPs)

•3

Implement

- ✓ Integration with
System of Care
- ✓ Integration with
Other PREP Sites

Documentatio
n and
evaluation
standards

•4

Reinforce

- ✓ Strong
Evaluation
System
- ✓ EHR

Outcome
accountability
**Show me
the data!**

•5

Sustain

- ✓ Outcome
accountability
- Show me the
data!**



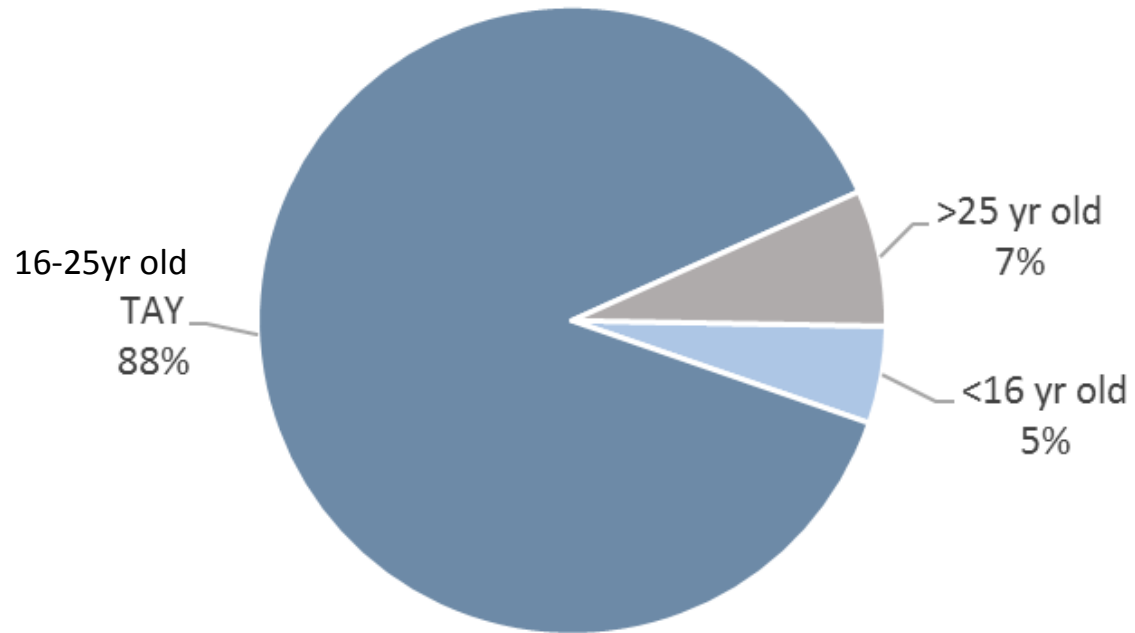
OUTCOMES AND ACCOUNTABILITY

Show me the data!

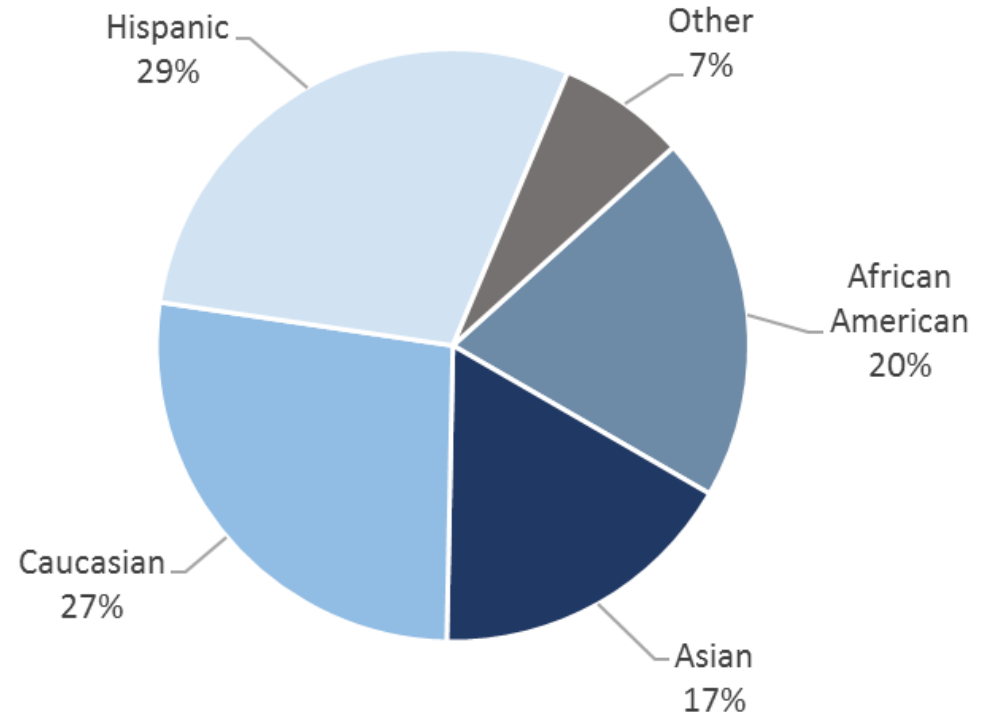
Using Outcomes to Tell Stories of Recovery





Age



Ethnicity








Symptom Reduction

Symptoms	Improvement 1 Year Mark	Additional Improvement 2 Year Mark
 <ul style="list-style-type: none"> Hallucinations Unusual / Bizarre Beliefs 	64%	59%
 <ul style="list-style-type: none"> Lack of Motivation Social withdrawal Diminished speech Impaired attention 	75%	95%

Evaluation Tools: QUICK Scale for the Assessment of Positive Symptoms - QSAPS
 QUICK Scale for the Assessment of Negative Symptoms - QSANS

Functional Improvements

Domains	Improvement 1 Year Mark	Additional Improvement 2 Year Mark
 Trauma-Related Coping	51%	52%
 Community Connectedness	39%	38%
 Residential Stability	65%	50%
 Living Skills	43%	51%
 Sustained Employment	52%	57%

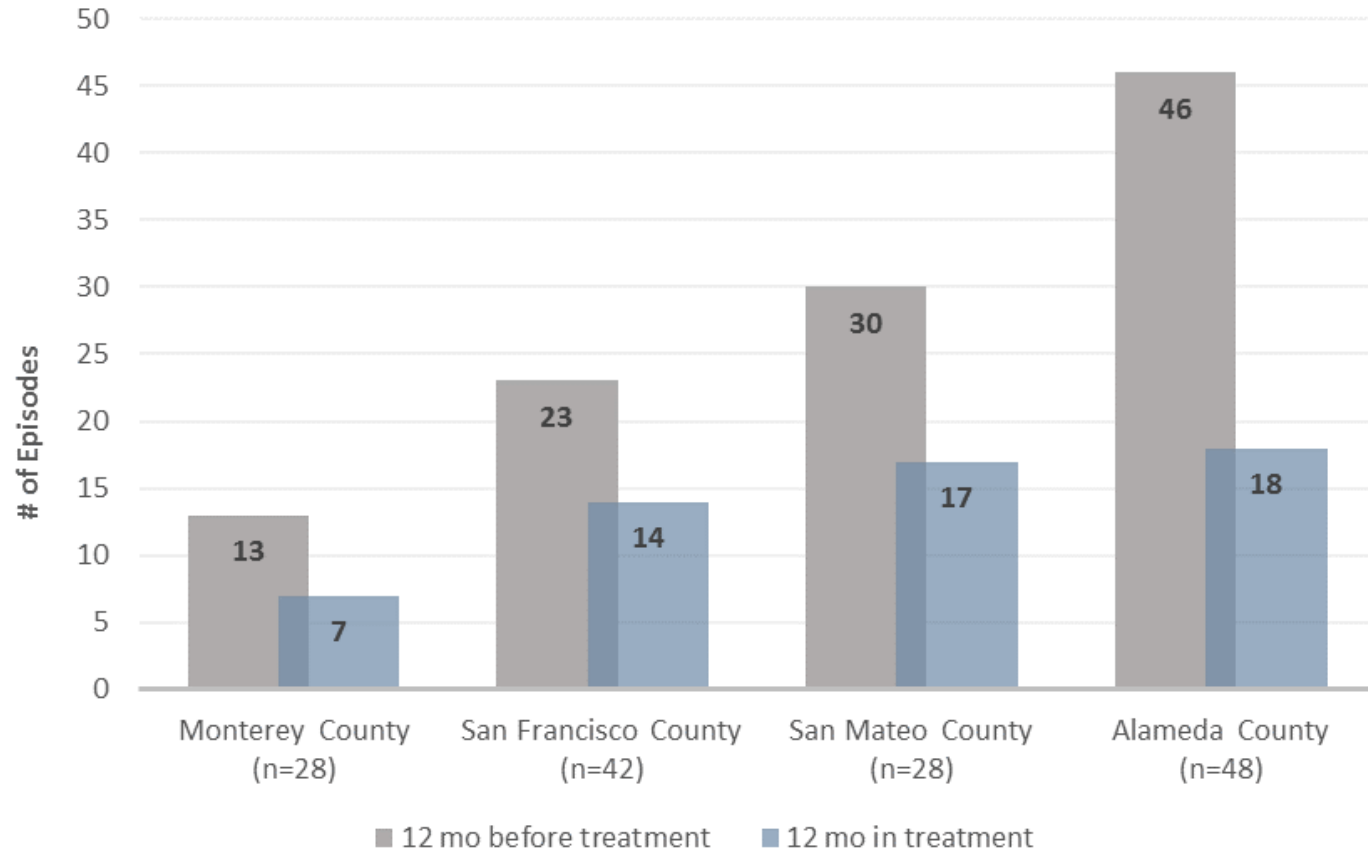
Evaluation Tools: Child and Adolescent Needs and Strengths Assessment - CANS
Adult Needs and Strengths Assessment - ANSA

Reduction in Psychiatric Hospitalizations | FY 2015-16



47% ↓

**Hospitalization
EPISODES**



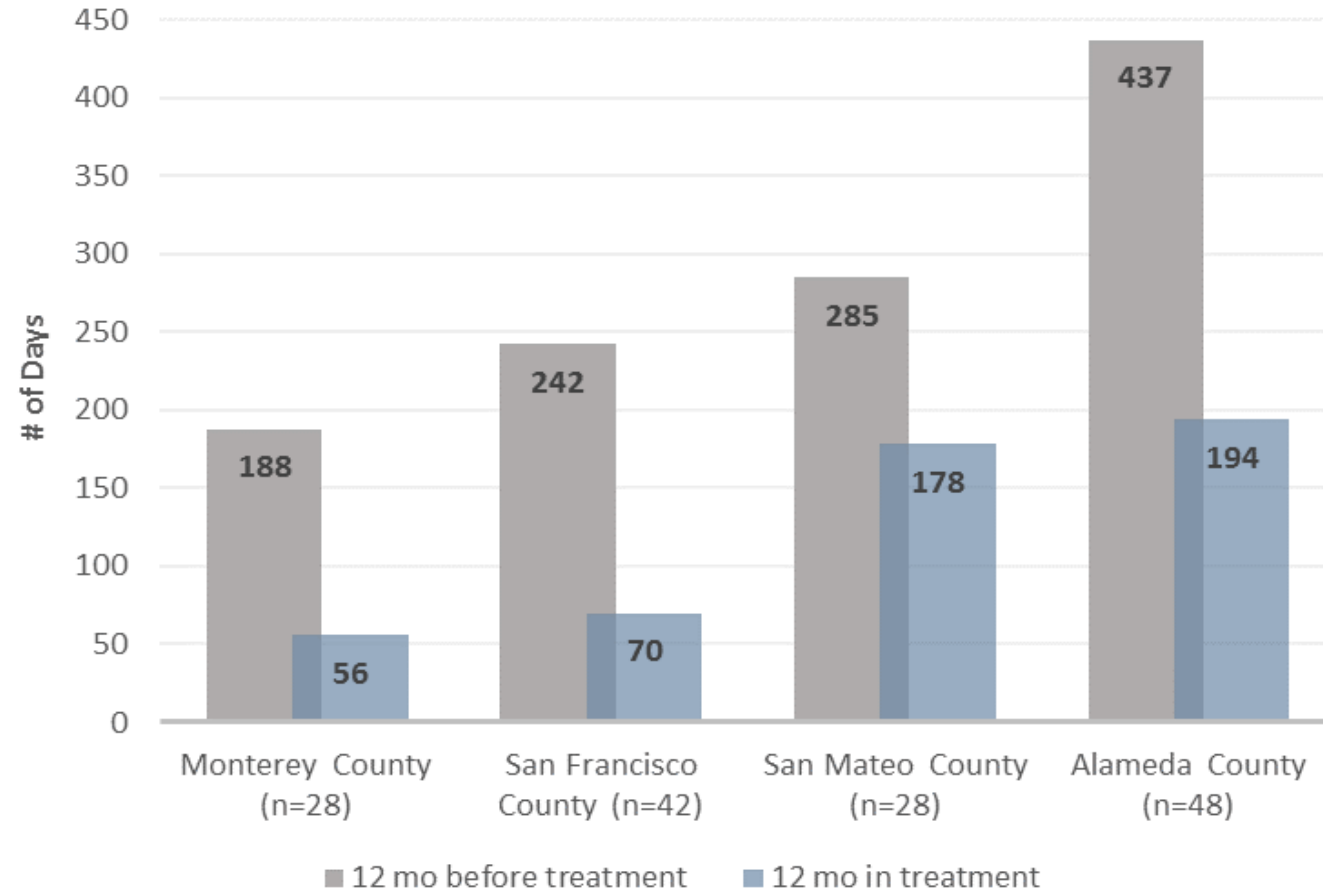
Reduction in Psychiatric Hospitalizations | FY 2015-16



59%



**Hospitalization
DAYS**





STRATEGIES FOR SUSTAINABILITY

Next Steps | Long Term Outcomes | Stigma Busters



•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!



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prepwellness.org

felton.org





THANK YOU!!

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