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

Adriana Furuzawa, MA, LMFT, CPRP
Felton Institute | Director | PREP Division
July 31st, 2017
The project described was supported by Cooperative Agreement Number 1C1CMS330991 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies. The research presented here was conducted by the awardee.
Felton PREP provides evidence-based coordinated specialty care services to approximately 250 individuals annually.
THE FELTON PREP MODEL

Demonstrates how evidence-based treatment can be migrated out of university research settings and taken to scale in the community.
THE FELTON PREP MODEL

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

Felton PREP
Prevention and Recovery in Early Psychosis
• 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.)
<table>
<thead>
<tr>
<th>OPPORTUNITIES AND CHALLENGES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Decide</strong></td>
</tr>
<tr>
<td>✓ Model</td>
</tr>
<tr>
<td>✓ Fidelity to EBPs</td>
</tr>
<tr>
<td><strong>2. Adapt</strong></td>
</tr>
<tr>
<td>✓ Workforce Development</td>
</tr>
<tr>
<td>✓ Fidelity to EBPs</td>
</tr>
<tr>
<td><strong>3. Implement</strong></td>
</tr>
<tr>
<td>✓ Integration with System of Care</td>
</tr>
<tr>
<td>✓ Integration with Other PREP Sites</td>
</tr>
<tr>
<td><strong>4. Reinforce</strong></td>
</tr>
<tr>
<td>✓ Strong Evaluation System</td>
</tr>
<tr>
<td>✓ EHR</td>
</tr>
<tr>
<td><strong>5. Sustain</strong></td>
</tr>
<tr>
<td>✓ Outcome accountability</td>
</tr>
</tbody>
</table>

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%
- Asian: 17%
- African American: 20%
- Hispanic: 29%
- Other: 7%
## Symptom Reduction

OUTCOMES AND ACCOUNTABILITY

<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>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evaluation Tools:**
- QUICK Scale for the Assessment of Positive Symptoms - QSAPS
- QUICK Scale for the Assessment of Negative Symptoms - QSANS
<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% Reduction in Psychiatric Hospitalizations

Hospitalization EPISODES

<table>
<thead>
<tr>
<th>County</th>
<th>12 mo before treatment</th>
<th>12 mo in treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monterey County (n=28)</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>San Francisco County (n=42)</td>
<td>23</td>
<td>14</td>
</tr>
<tr>
<td>San Mateo County (n=28)</td>
<td>30</td>
<td>17</td>
</tr>
<tr>
<td>Alameda County (n=48)</td>
<td>46</td>
<td>18</td>
</tr>
</tbody>
</table>
Reduction in Psychiatric Hospitalizations | FY 2015-16

Hospitalization DAYS

59%

Outcomes and Accountability
STRATEGIES FOR SUSTAINABILITY

Next Steps | Long Term Outcomes | Stigma Busters
Sustainability is a continuous exercise for clinics and program participants.

Increase coverage areas.

Invest on support network:
- Early psychosis prescribing practices.

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

Outcome accountability

Show me the data!
For more information:

afuruzawa@felton.org
prepwellness.org
felton.org
THANK YOU!!

Adriana Furuzawa  |  afuruzawa@felton.org  |  p: 415-474-7310 x314