PREP
A PEI Funded Psychosis Early Intervention Treatment Program

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Division Director
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Big thanks to our partners:

- SF Health Network
- San Francisco Department of Public Health
- County of San Mateo, California
- UCSF
- Alameda County Behavioral Health Care Services
- East Bay Community Recovery Project
- Mental Health Association of Alameda County
- Sojourner Truth Foster Family Service Agency
- NAMI San Francisco
- San Francisco
Overview

• Briefly describe the PREP programs

• Briefly discuss two principles of Early Intervention in Psychosis
The Burden of Schizophrenia

• Schizophrenia begins in youth, lasts a lifetime, and results in ongoing cognitive decline, repeated psychiatric crises, and frequent hospitalization.

• Individuals with schizophrenia die, on average, 24 years prematurely.

• Schizophrenia is the 7th most expensive disease in the U.S. healthcare system. Over 70% of this cost is from hospitalization.

• 100,000 adolescents and young adults in the US experience a first episode of psychosis every year (NIH, 2013).
Development of PREP Programs

- 2007 - PREP began as a community-academic partnership developed between
  - Family Service Agency of San Francisco (FSASF)
  - 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 San Joaquin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year Service</td>
<td>2009</td>
<td>2010</td>
<td>2012</td>
<td>2013</td>
</tr>
<tr>
<td>Commenced</td>
<td></td>
<td></td>
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- Behavioral Health Agencies of the counties where PREP Programs are located are our core partners
What is PREP?

• PREP provides evidence-based specialty First Episode Psychosis treatment to over 250 individuals annually.

• PREP is a model of how effective treatment can be migrated out of university research settings and taken to scale in the community.

• Now operating in four California counties: all MHSA funded.
PREP Services

• Rigorous early diagnosis using the SIPS and SCID
• Individual Cognitive Behavioral Therapy for Psychosis (CBTp)
• Psychoeducational Multi-Family Groups (MFG)
• Algorithm-guided Medication Management
• Vocational and Educational Support (Dartmouth’s Individualized Placement and Support - IPS Model)
• Peer Support (Care Advocates) / Family Support (Family Partners)
• Support and Skills Groups
• Computer-based Cognitive Rehabilitation
What makes a treatment evidence-based?

• A clear intervention model
• Comprehensive training
• Fidelity monitoring to competence
• Outcome accountability
• Documentation standards
<table>
<thead>
<tr>
<th>Site</th>
<th>Age</th>
<th>Diagnosis</th>
<th>Clinical High Risk (CHR)</th>
<th>Onset of Symptoms</th>
<th>Insurance</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREP San Francisco</td>
<td>12-35</td>
<td>Schizophrenia, Schizophreniform, Schizoaffective Disorder, Unspecified Psychotic Dis</td>
<td>Yes</td>
<td>Within 5 years</td>
<td>All Insurance and Uninsured</td>
<td>SF County residents and others on case-by-case basis</td>
</tr>
<tr>
<td>PREP Alameda</td>
<td>16-24</td>
<td>Schizophrenia, Schizophreniform, Schizoaffective Disorder, Unspecified Psychotic Dis</td>
<td>No</td>
<td>Within 2 years</td>
<td>Medi-Cal only and Uninsured</td>
<td>Alameda County residents only</td>
</tr>
<tr>
<td>PREP San Mateo</td>
<td>12-35</td>
<td>Schizophrenia, Schizophreniform, Schizoaffective Disorder, Unspecified Psychotic Dis</td>
<td>Yes</td>
<td>Within 2 years</td>
<td>All Insurance and Uninsured</td>
<td>San Mateo County residents only</td>
</tr>
<tr>
<td>PREP Monterey</td>
<td>14-35</td>
<td>Schizophrenia, Schizophreniform, Schizoaffective Disorder, Unspecified Psychotic Dis</td>
<td>Yes</td>
<td>Within 5 years</td>
<td>Medi-Cal only and Uninsured</td>
<td>Monterey County residents only</td>
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</table>
# PREP Demographics

## Age and Gender

<table>
<thead>
<tr>
<th>Age Group</th>
<th># Engaged in Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;16 yrs old</td>
<td>25 (5%)</td>
</tr>
<tr>
<td>TAY</td>
<td>424 (88%)</td>
</tr>
<tr>
<td>&gt;25 yrs old</td>
<td>33 (7%)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th># Engaged in Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>348 (72%)</td>
</tr>
<tr>
<td>Female</td>
<td>133 (28%)</td>
</tr>
<tr>
<td>Other</td>
<td>1 (0%)</td>
</tr>
</tbody>
</table>

\[ n = 482 \]
PREP Outcomes:
Less Time Spent in Hospitals in FY 2014/15

**PES and Inpatient Hospitalization Episodes (N=136)**

- **ER VISITS**
  - 1 yr before PREP: 1.08
  - 1 yr in PREP: 0.55

- **ACUTE HOSPITALIZATIONS**
  - 1 yr before PREP: 0.80
  - 1 yr in PREP: 0.39

**Days in Acute Inpatient Setting (N=136)**

- 1 yr before PREP: 8.75
- 1 yr in PREP: 3.72
PREP Outcomes (Cont’): More Time in School and/or At-Work

**Full and Part-Time Employment (N=265)**

- **Baseline**
  - Not Employed: 231
  - Employed: 34

- **While in PREP**
  - Not Employed: 196
  - Employed: 69

**Full and Part-Time School (N=266)**

- **Baseline**
  - Not in School: 156
  - In School: 110

- **While in PREP**
  - Not in School: 150
  - In School: 116
Early Intervention in Psychosis based on two principles:

1. The Critical Period

2. Duration of Untreated Psychosis (DUP)
The Critical Period (Birchwood, 2000)

» First three years following onset of psychosis

i. Clinical and social functioning deteriorate during this period

ii. Biological, psychological and cognitive changes occur during this period

iii. Plateau occurs three years after onset of psychosis
The Duration of Untreated Psychosis (DUP)

- DUP affects long-term illness severity, social and occupational functioning over and above subsequent treatment, illness severity, substance use or other factors.
- DUP of longer than one year resulted in a threefold increase in relapse rates over the following two years (Johnstone et al. 1986)
The Duration of Untreated Psychosis (DUP)

NIH (2013)

• Timing of treatment is critical
• Better short-term and long-term outcomes when individuals start specialty first-episode psychosis treatment closer to onset of symptoms
• 2013 – Treatment delay was 1-3 years

WHO – Advocates for 3 months or less

RA1SE Initiative – 2015: 74 Weeks
Some Lessons Learned from Early Psychosis Regarding DUP

It makes sense. And it requires clarity...

Is it the period between onset of psychotic symptoms and when the person first received any mental health treatment?

Is it the period between onset of symptoms and when the person first received treatment for specific diagnosis?

Is it the period between onset of symptoms and when the person first received specialty treatment for specific diagnosis?
Some Lessons Learned from Early Psychosis Regarding DUP

… And resources

• You must have reliable means to determine onset of symptoms

Structured Diagnostic Interviews
Diagnostic Consensus
Inter Rater Reliability

… With no time to waste
Food for Thought

It is extremely important to implement solutions that eliminate gaps and delays in access to care.

The Early Intervention clock is ticking!
Contact

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