Early psychosis clinics in the United States: strengthening services through training partnerships

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INTRODUCTION

- PREP (Prevention and Recovery from Early Psychosis) is a community-academic partnership providing evidence-based interventions for individuals with a recent-onset of psychosis (Hardy, et al. 2011).
- OPERATES across five community sites in the San Francisco Greater Bay Area in California, USA.
- Funded by Federal (a Center for Medicaid Services grant), State (Mental Health Services Act Prevention and Early Intervention funds, and Medi-Cal funds) and County funding sources.

PREP MODEL

- There is international consensus on the inclusion of evidence-based interventions in early intervention services (Bortolone & McGorry, 2005).
- PREP provides a range of evidence-based interventions within all five community-based sites:
  - Formal diagnostic assessment
  - Algorithm Based Medication Management
  - Cognitive Behavioral Therapy for psychosis (CBTp)
  - Individual Placement and Support
  - Strength-based case management
  - Psychoeducational Multi-family groups
- Inclusion criteria
  - 14-35 years old (16-24 in one site)
  - Onset of psychosis within the last two years (incidence of those at-risk of developing psychosis in San Francisco County)
- Accepts all insurance types including public assistance and uninsured.

OBJECTIVES

- To determine the proportion of clients receiving public (Medi-Cal) vs. private insurance within each site.
- To identify the use of CBTp and Strength-Based Case management across sites.
- To explore service utilization in the context of insurance type to assist in determining training needs for existing and prospective individuals.

METHOD

- In December 2013 staff were trained to capture clinical activity in the form of "service utilization codes" to better determine frequency of the use of the individual services offered.
- These codes were developed to reflect the main components of the PREP model.
- Staff were instructed to use the code that best described the majority of the time they spent in session with the client.
- Utilization of CBTp and Case Management was analyzed in the context of insurance type across all sites.
- Focus upon CBTp and Case Management as services with associated specific training needs and as the most established interventions offered within the program.

CONCLUSIONS

- In sites where the proportion of publicly insured clients was over 50% there is a trend for an increased use of case management compared with traditional CBTp interventions.
- This trend indicates a higher need for case management interventions to address the social, financial, and housing issues of clients in sites where there is a greater proportion of publicly insured individuals.
- Staff working in these sites should be trained, and supported, in case management interventions. Staff should be hired with this specific skill set.
- CBTp interventions should still be offered and clinicians trained in this approach (NICE, 2014).
- High yield CBTp interventions should be delivered to augment case management interventions for clients (Turkington et al, 2014).
- Clinicians should be trained in High Yield CBTp interventions to expand their clinical toolkit for use in situations where they are unable to deliver traditional CBTp interventions.

LIMITATIONS

- Results should be interpreted with caution due to missing data related to service utilization coding (Table 2: range 6-27%). This was due to changes in manager and research staff resulting in a lack of reinforcement to clinicians of the importance of entering services codes.
- Service utilization was explored between a specific time period (1/1/2014-6/30/2014) in part due to the lower amounts of missing data in this period.
- Cross site training occurred when service codes were implemented. Individual training provided for staff joining after December 2013. Currently no quality control process in place to ensure consistency of the application of the service codes across sites.

FUTURE DIRECTIONS

- Further training for staff on coding service utilization & quality control checks to ensure consistency across sites in use of these codes.
- Further data analysis following above training.
- Training for staff in High Yield CBTp interventions for use with case management.
- Identification of percentage of publicly insured potential clients in the population of prospective PREP sites to determine staffing and training needs for new sites and clinicians.

REFERENCES


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