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 (Bertolote & 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 (inclusion of those at-risk of developing psychosis in San Francisco County)
  - Accepts all insurance types including public insurance 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 individual sites

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 analysed in the context of insurance type across all sites
- Focused upon CBTp and Case Management as services with associated specific training needs and as the most established interventions offered within the program

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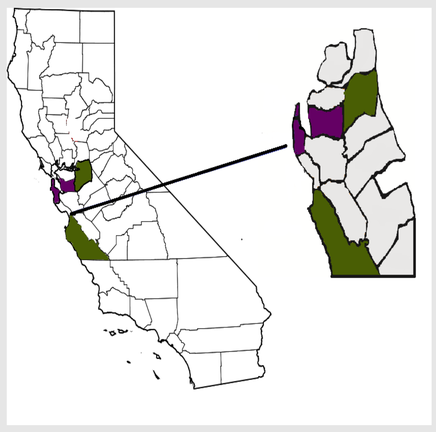
FIGURE 1: CALIFORNIA PREP SITES AND CLIENTS SERVED



County	Year established	Population	Served[1] (n=582)	Enrolled[2] (n=389)
San Francisco	2009	837,442	174	164
Alameda	2010	1.5 mil	148	95
San Mateo	2012	747,373	125	58
Monterey	2013	428,826	73	34
San Joaquin	2013	704,379	62	38

[1] Served: Received any service from PREP.
[2] Enrolled: Received a first individual therapy session.

- Funded by Mental Health Services Act Prevention and Early Intervention Plan
- Funded by Centers for Medicare and Medicaid Services

TABLE 1: DEMOGRAPHICS FOR ENROLLED PREP CLIENTS (N=389)

		Gender (%)			Age (%)			Ethnicity (%)					Diagnosis (%)	
County	N	Male	Female	Other	13-18	19-25	26-36	White	Black	Latino	Asian	Other	RO[1]	UHR[2]
SF	164	66	33	1	20	51	29	40	11	22	26	1	80	20
Alameda	95	75	25	0	9	84	7	13	43	22	8	14	100	0
San Mateo	58	71	29	0	27	61	12	43	4	27	23	2	100	0
Monterey	34	76	24	0	32	56	12	23	12	62	3	0	100	0
San Joaquin	38	71	29	0	32	58	10	21	32	21	26	0	100	0

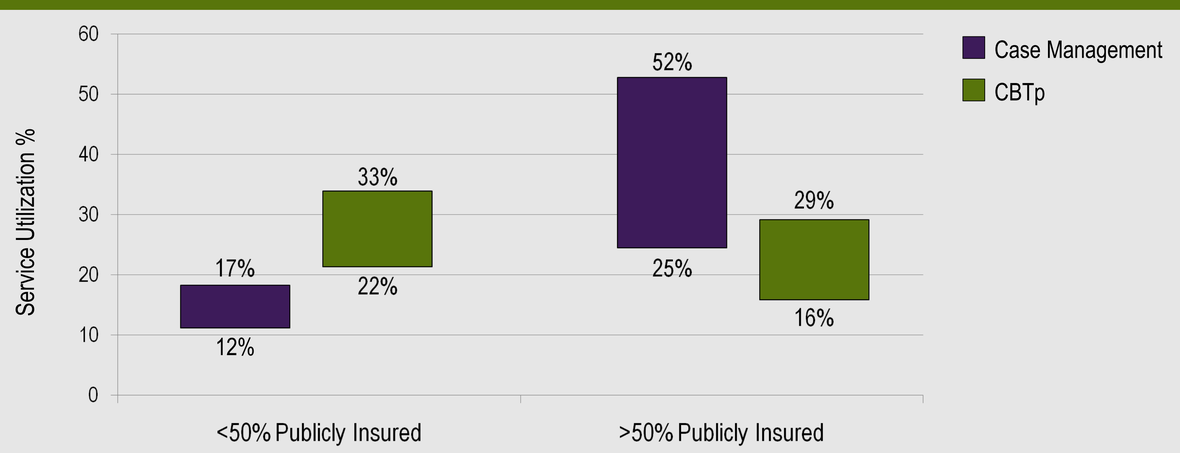
[1] Recent Onset (RO) are individuals, who have one of the following diagnoses of psychosis: schizophrenia, schizophreniform disorder, schizoaffective disorder, and psychosis NOS.
[2] Ultra High Risk (UHR) are individuals, who do not have a diagnosis of psychosis, but are at risk of developing it.

TABLE 2: SERVICE UTILIZATION AND INSURANCE[1]

		Insurance (%)			Service Utilization (%)			
County	N[2]	Public	Private	Other[3]	Case Management	CBT	Other[4]	PREP Codes Missing[5]
SF	80	34	57	9	12	33	38	17
Alameda	79	89	0	11	37	18	39	6
San Mateo	59	14	46	40	17	22	53	8
Monterey	29	59	21	20	52	16	5	27
San Joaquin	37	54	24	22	25	29	31	15

[1] Time period: 1/1/2014-6/30/2014
[2] N reflects the number of enrolled clients who received services between 1/1/2014-6/30/2014.
[3] Other insurance category includes clients with no insurance or unknown insurance information.
[4] Other PREP services include intake and follow-up assessments, eligibility and follow-up feedback, cognitive remediation, family support and psychoeducation, IPS, individual and family medication management, multi-family groups, outreach, peer and family-led activities, training, and various supporting activities.
[5] PREP service codes are missing due to inconsistent data entry..

FIGURE 2: SERVICE UTILIZATION AND INSURANCE



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 management 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

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