Methods (continued)

Additional program features:
- Clients receive services based on a treatment plan developed in collaboration with their care managers.
- Clients are welcome to receive outside services; in those cases, PREP staff work closely with any external providers.
- Services are provided in English and Spanish.
- Consumers/peers are employed in outreach and treatment.
- Clients receive services for up to 2 years from program entry and are then transitioned to other care in the community.

Results

Participants. 30 clients entered PREP-SF, 28 of them between June 2009 and October 2010.
- 21 were recent-onset (12 schizophrenia, 9 schizoaffective) and 9 were clinical high risk.
- Mean age 22.7 (Range 17-29).
- 25 male (83%).
- 24 (80%) had at least one family member involved in PREP.
- 19 (63%) were San Francisco County residents.

Services. The following number of clients received each type of service in addition to ongoing care management:
- 21 (70%) medication management
- 28 (93%) Individual Cognitive Behavioral Therapy
- 8 (27%) Psychoeducational Multi-Family Group (A second group of 8 families is now forming)
- 14 (47%) received outside services (most often medication management or housing services)

Preliminary Outcomes.
- Average duration of time in PREP: 10 months (Range 2.5-21 months; one pilot client at 26 months).
- 2 (6%) clients dropped out of treatment.

At program entry:
- 13 (43%) clients had jobs or were in school, primarily part-time
- 15 (53%) had experienced prior hospitalizations; Average of 1.1 (Range 0-5)

At program exit or as of Nov 1, 2010:
- 4 (13%) additional clients began school/work, 1 (3%) stopped school/work
- Only 3 (10%) clients were hospitalized while in the program
- 4 (45%) CHR clients developed a full psychotic disorder (1 Schizophrenia, 1 Schizoaffective, 2 Bipolar with psychotic features)
- 2 of the converted CHR clients were hospitalized, all 4 stayed in treatment

References & Acknowledgments

5. 219.

Conclusions & Future Directions

Academic-community partnerships can be leveraged to develop evidence-based early intervention programs in community settings that:
- Minimize hospitalization
- Improve functioning

By using:
- Collaborative engagement
- Psychosocial interventions
- Judicial use of medications

Challenges in implementing new programs include adapting the programs to the specific needs and culture of the County or area, as well as the intensive training needs to implement evidence-based practices in community settings. Advantages include being able to draw on the established strengths of multiple organizations and freedom in shaping the program as an independent contractor to the County.

Future Directions.
- Implement and analyze quarterly evaluations of clients’ symptoms, functioning, satisfaction and service use
- Analyze and report on ongoing fidelity monitoring
- Compare clients, programs and outcomes between PREP-SF and PREP-AC

- Develop PREP programs in San Mateo & Contra Costa Counties

Prevention and Recovery in Early Psychosis (PREP)
- Strength-Based Care Management
- Multi-Family Group Therapy (MFG)
- Algorithm-Based Medication Management
- Cognitive Behavioral Therapy (CBT)
- Neuropsychological Testing
- Vocational/Educational Support
- Co-Occurring Substance Abuse Services
- *Treatment components not fully implemented yet.

References

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