Early Psychosis Services: Philadelphia PEACE Program

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John
Consequences of prolonged DUP

Early Detection

- Treatment and Intervention in Psychosis (TIPS) - 10 year outcomes
- Reduced DUP from 16 wks to 5 wks
- Currently DUP in the US averages between 1-3 years.
- WHO guidelines recommend DUP < 3 months


Early Intervention Around the Globe

1992 TIPS Norway
1996 EPPIC Australia
1998 OPUS Netherlands/IEPA
2001 UK National Health Priority
2004 WHO Guidelines

3
Patrick McGorry, Australian of the Year 2010

Countries with Early Episode Programs
The U.S. Joins the Party!

2001 PIER/EASA
2004 CA Prop 63
2007 EDIPPP
2012 NIMH RAISE
2013 On Track NY
2014 5% Set-Aside
2016 Federal Budget doubles set-aside to 10%

CSC Programs in 2008

Before RAISE: 12 community clinics
CSC Programs in 2014

After RAISE: 41 community clinics

CSC Programs in 2016

$50M in FY14 – FY15: 114 community clinics
CSC Programs in 2018

$100M in FY16 – FY17: 187 community clinics

Do Early Intervention Programs Work?
Clinical Benefits

- Symptoms improve in active intensive treatment, but effects appear to dissipate after intensive treatment discontinuation.

![OPUS 5 Year Follow-up Data](image)

Bertelsen M, Arch Gen Psychiatry 2008

Functional Benefits

![OPUS Trial](image)

At 5 years:
- More intervention subjects living independently
- Fewer intervention subjects using supported housing

At 10 years, all intervention gains had been lost
RAISE Connection Study

Percent Improvement on Symptom and Functional Measures after 24 Months of Intervention

- GAF Occupational
- GAF Social
- PANSS Total

RAISE Connection Study

Rates of engagement in school or work at baseline and 24 months of intervention

Cost-Effectiveness Data

- EPPIC Per Annum– EIP patients cost $3588 vs. $9896 for control patients

Mihalopoulos C. et al. Schiz Bull 2009
Cost-Effectiveness Data

- Hong Kong EASY Trial:
  - 32% less inpatient service
  - $14,538 vs. $19,681

Wong K K et al. Aust N Z J Psychiatry 2011;45:673-680

Cost-Effectiveness Data

OPUS Trial
Total cost differences = $170,683 for OPUS;
$205,138 for TAU (NS)

Hastrup L H et al. BJP 2013;202:35-41

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Take Home Messages

- Early Intervention Programs
  - Reduce symptoms and improve functioning and quality of life during active intervention, and for ≈ 2-3 years post-intervention
  - Are probably cost-effective, and certainly cost-neutral
  - Have not yet proven to be disease-modifying
PEACE Mission

Keep people with early signs of psychosis on their normal life paths by

- Building community awareness
- Offering easily accessible, effective treatment and support with a focus of resiliency and recovery
PEACE Elements

- Community Outreach and Engagement
- Screening and Assessment
- CBT/Case Management
- Family Therapy/Multi-Family Group Psychoeducation
- Supported Employment/Education
- Occupational Therapy
- Certified Peer Specialist
- Evidence-Based Psychopharmacology
- Coordination with inpatient services and substance abuse treatment programs

PEACE
Diagnostic Eligibility

- Experiencing, or at risk for, *early* psychosis (psychosis lasting one year or less from when the threshold symptoms began)
- DSM 5 psychotic spectrum disorders AND those in the prodromal (at-risk) stage.
- age 15 and older (there is no maximum age cap)
- who have Medicaid or are MA eligible
PEACE
Exclusion Criteria

PEACE will not serve:
• individuals whose psychotic symptoms are best explained by a diagnosis of dementia or delirium
• Individuals with intellectual disabilities (as defined by having an IQ of 70 or less) or severe autism spectrum

PEACE
length of service + transition to future care

• PEACE will serve individuals for a period of 24 months, at which time they will be transitioned to an appropriate level of care with a community provider
PEACE Outcome Data May 2017

Demographic Data

<table>
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<tr>
<th></th>
<th>Number</th>
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As of 5/5/17

16
**Diagnostic Characteristics**

<table>
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<tr>
<th>Diagnosis</th>
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<td>Psychosis NOS</td>
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<td>PTSD</td>
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<tr>
<td>Substance Induced</td>
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<tr>
<td>Bipolar Disorder</td>
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</tbody>
</table>

As of 5/5/17

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**Family Psychosocial Stressors**

- Single parent: 87%
- Relative with: 72%
- Uncertain: 33%
- Substance: 32%
- DHS: 46%

As of 5/5/17
Baseline and Current Substance Abuse

As of 5/5/17

History of Significant Trauma

As of 5/5/17
Number of Hospital Days Before and After PEACE

- 1 year prior to PEACE: 1032 days
- After 1 year of PEACE: 299 days

N=30

Engagement in Outpatient Treatment Prior to PEACE and at PEACE

- Engaged Prior to PEACE: 38%
- Engaged at PEACE: 93%

As of 3/1/17

As of 5/5/17
Growth in Functional Activities

As of 5/5/17

CSC FEP Programs in PA
FEP Program Evaluation

• Battery of assessments to capture clinical and economic outcomes
• Comprehensive evaluation of fidelity to CSC model
• A required component of obtaining PA block grant funding

FEP Program Evaluation

• Data collection started in January 2017
• So far 66 participants over 8 sites have data collected
• Missing and incomplete data remains a challenge
• Current tasks include:
  – creating a new fidelity monitoring tool
  – Monitoring and problem solving issue of missing data
  – Consider revising or simplifying program evaluation tasks
CSC Program Training

• 5 day in-person training
• Strong focus on CT-R training
• 2-3 monthly supervision calls for 24 months
• Some form of training required for each FEP site funded through block grant
• Having unified training allows for similar program structure across state, aids in comparing programs in program evaluation

John
PEACE

Who can make a referral?

ANYONE!

How?
CALL (215) 38 PEACE
(215-387-3223)
www.phillypeace.org

Thank You

- PEACE Team:
  - Irene Hurford, MD – Clinical Director and Psychiatrist
  - Marie Wenzel, LSW – Program Director
  - Robert Tynan, LSW – REP
  - Sharmin Ahkter, LCSW – REP
  - Brie Scott, LSW – REP
  - Eudora Burton – Supported Employment Specialist
  - Jessica Elam – Peer Specialist
  - Marty Dooley, B.N. - Nurse
  - Monica Williams – Administrative Assistant

- CBH
- Horizon House, Inc.
- University of Pennsylvania
- OMHSAS
- NAMI PA