Early Psychosis Services: Philadelphia PEACE Program

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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
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

Bertelsen M, Arch Gen Psychiatry 2008
At 5 years:
- More intervention subjects living independently
- Fewer intervention subjects using supported housing

At 10 years, all intervention gains had been lost
Percent Improvement on Symptom and Functional Measures after 24 Months of Intervention

- GAF Occupational
- GAF Social
- PANSS Total
Rates of engagement in school or work at baseline and 24 months of intervention

Baseline School/Employment Rate

24 Month School/Employment Rate

Dixon L, et al.; Psychiatric Services 2015
From: Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program

American Journal of Psychiatry

A. QLS total score

B. PANSS total score

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Month in square root</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAVIGATE</td>
<td>0  6  12  18  24</td>
</tr>
<tr>
<td>Community Care</td>
<td>0  6  12  18  24</td>
</tr>
</tbody>
</table>

c Treatment by square root of time interaction, p=0.016.
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
Cost-effectiveness of preventing first-episode psychosis in ultra-high-risk subjects

- NW: less effective and more expensive (0.5%)
- NE: more effective and more expensive (34.9%)
- SW: less effective and less expensive (0.9%)
- SE: more effective and less expensive (63.7%)

Ising et al., Psychological Medicine, 2014
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 an average 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>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>N</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>Mean age</td>
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<td></td>
</tr>
<tr>
<td>Median age</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>34</td>
<td>71</td>
</tr>
<tr>
<td>African American</td>
<td>39</td>
<td>81</td>
</tr>
<tr>
<td>White</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Southeast Asian</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

As of 5/5/17
## Diagnostic Characteristics

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>%</th>
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<tbody>
<tr>
<td>Schizophrenia</td>
<td>40</td>
</tr>
<tr>
<td>Schizoaffective D/O</td>
<td>29</td>
</tr>
<tr>
<td>Psychosis NOS</td>
<td>13</td>
</tr>
<tr>
<td>PTSD</td>
<td>4</td>
</tr>
<tr>
<td>Substance Induced</td>
<td>2</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>4</td>
</tr>
</tbody>
</table>

As of 5/5/17
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

- Baseline Substance Abuse: 57%
- Current Substance Abuse: 20%

Substance Abuse Among Participants
History of Significant Trauma

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

As of 3/1/17

N=30

1 year prior to PEACE: 1032

After 1 year of PEACE: 299
Engagement in Outpatient Treatment Prior to PEACE and at PEACE

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

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
  – Ashley Park, LSW - REP
  – Jessica Elam – Peer Specialist
  – Marty Dooley, B.N. - Nurse
  – Monica Williams – Administrative Assistant

• CBH
• Horizon House, Inc.
• University of Pennsylvania
• OMHSAS