Client, Provider and Community Engagement: Engaging Youth in Rural Areas

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Early Psychosis Division

Advancing Early Psychosis Care in the United States: Innovations from the Field
Boston, MA | October 7, 2018
Felton Early Psychosis Model Receives National Recognition

National Council for Behavioral Health

2014
Inspiring Hope: Science to Service Award
Felton Early Psychosis programs provide evidence-based coordinated specialty care services to approximately 300 individuals annually.
The Felton Early Psychosis Model:
Blueprint | Impact
**THE FELTON EARLY PSYCHOSIS MODEL**

**TIMELINE**

**2007** - Community-academic partnership developed between:
Felton Institute | Family Service Agency of San Francisco
University of California San Francisco (UCSF)

<table>
<thead>
<tr>
<th>County</th>
<th>San Francisco</th>
<th>Alameda</th>
<th>San Mateo</th>
<th>Monterey</th>
<th>San Joaquin</th>
<th>Kern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area</td>
<td>Urban</td>
<td>Urban</td>
<td>Urban/Rural</td>
<td>Predominantly Rural</td>
<td>Predominantly Rural</td>
<td>Predominantly Rural</td>
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THE FELTON EARLY PSYCHOSIS MODEL

• 1 A clear intervention model

• 2 Comprehensive training and continuous quality improvement

• 3 Fidelity Monitoring (compliance with model and evidence-based practices)

• 4 Documentation and evaluation standards

• 5 Outcome accountability
# The Felton Early Psychosis Model

## Service Model

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Duration</th>
<th>Eligible Diagnoses</th>
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<tbody>
<tr>
<td>Individuals aged 14-35 within the first two years of experiencing psychotic symptoms</td>
<td>Up to Two years</td>
<td>Schizophrenia</td>
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<tr>
<td></td>
<td></td>
<td>Schizoaffective Disorder</td>
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<tr>
<td></td>
<td></td>
<td>Schizophreniform Disorder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unspecified Schizophrenia Spectrum Disorder and Other Psychotic Disorders</td>
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Some counties may allow different age range or longer duration of symptoms after onset.
MODEL COMPONENTS

- Rigorous Diagnostic Assessment – SCID / SIPS
- Individual Psychotherapy – CBT for Psychosis
- Psychoeducational Multifamily Groups – MFG
- Supported Employment and Education – IPS
- Algorithm-Guided Medication Management
- Intensive Care Coordination
- Family Support
- Peer Support
- Support Groups
- Access to Computer-Based Cognitive Rehabilitation Training (through research partners)
MODEL EXPANSIONS

- Felton BEAM UP | Clinical High Risk (CHR)
  - Psychosis Risk Syndrome
  - Attenuated Psychosis

- Felton BEAM | Early Mood Disorders
  - Bipolar I Disorder
  - Bipolar II Disorder
  - Depressive Disorders with Psychotic Features
THE FELTON EARLY PSYCHOSIS MODEL

POPULATION SERVED | FY 2017-18

AGE

N = 319

- Adult (> 24 yrs) 75%
- TAY (16-24 yrs) 20%
- Youth (< 16 yrs) 5%
THE FELTON EARLY PSYCHOSIS MODEL

POPOPULATION SERVED | FY 2017-18

IDENTIFIED GENDER

N = 319

Male: 66%  
Female: 32%  
Transgender: 1%  
Gender Non-Binary: 1%
RACE/ETHNICITY

- Hispanic: 31%
- White: 24%
- African American: 17%
- Asian: 14%
- Other: 13%

N = 319
POPULATION SERVED | FY 2017-18

RACE/ETHNICITY
Monterey County

- Hispanic: 54%
- White: 23%
- African American: 9%
- Asian: 5%
- Other: 9%

N = 57
REDUCTION IN PSYCHIATRIC HOSPITALIZATIONS* (IN EPISODES)

*Analysis includes individuals enrolled in the program for at least 12 months by the end of FY 2017-18
THE FELTON EARLY PSYCHOSIS MODEL

REDUCTION IN PSYCHIATRIC HOSPITALIZATIONS* (IN DAYS)

56% Hospitalization DAYS

FY 2017-18

*Analysis includes individuals enrolled in the program for at least 12 months by the end of FY 2017-18
ENGAGING YOUTH IN RURAL AREAS
Notes from the field
ENGAGING YOUTH IN RURAL AREAS

SIMILARITIES WITH URBAN SITES

Promote family engagement – including rapid outreach when young person shows early signs of disengagement

Knowledge of public transportation resources (from reduced fee bus cards and transit services to ride sharing)

Text reminders for appointments

Services provided in community locations – café and library are hot spots!

Support for young person’s choice around treatment components MEANWHILE continuing to work with caregivers/personal supports even when they disengage

Culturally responsive services
ENGAGING YOUTH IN RURAL AREAS

ENHANCEMENTS IN RURAL SITES

1. Coalition with Family – All team members | highly responsive
2. Coalition with the Young Person – Understanding their environment and role expectations (may be different from urban youth)
3. Coalition with other providers – It takes a village!
4. Creative use of resources
5. Strong coordination with crisis mobile response team and/or law enforcement (everyone knows our team!)
   AND
   Strong coordination and education of families regarding use of these resources

Fierce staff and young people taking the “whatever it takes” concept to a whole new level!
THANK YOU

For more information:
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