care for 5 months and filled out satisfaction surveys at study-end regarding usability of the platform. Rate of survey completion in the absence of financial incentives was examined to determine real-world implementation of the platform.

Results: For study 1, 76 clients enrolled and remained in the study for an average of 183 days (SD=88). Survey completion rates remained high over the course of the study (weekly surveys: 77%; daily surveys: 69%) and were not significantly impacted by baseline symptom severity or length of time in the study. Weekly survey positive and depression/anxiety symptoms were significantly associated with BPRS positive (p<0.001) and BPRS depression/anxiety symptoms (p< 0.001) respectively. EP clients reported high satisfaction with the platform and endorsed continue use of the app if it was made available as part of their treatment. For Study 2, 61 EP clients and 20 clinicians enrolled; 41 EP clients and 20 clinicians participated for 5 months. The majority of EP clients (66%) and clinicians (85%) who completed satisfaction surveys reported a desire to continue to use the platform as part of care. Six (15%) clients and 3 providers (23%) stated that technological glitches impeded their use of the platform.

Discussion: These data support the validity and acceptability of implementing smartphone-based assessment of symptoms in community-based EP care. Specifically, results indicate that assessing positive and depression/anxiety symptoms using weekly self-report surveys via smartphone is comparable to gold-standard clinician-led assessments. This approach may be a valid method of monitoring fluctuations in positive and depression/anxiety symptoms in EP populations to anticipate symptom exacerbations. However, solutions to logistical barriers such as technical challenges and clinician engagement with technology are necessary for widespread adoption across EP care.

4.2 A TECHNOLOGY-ENHANCED INTERVENTION TO REDUCE THE DURATION OF UNTREATED PSYCHOSIS THROUGH RAPID IDENTIFICATION & ENGAGEMENT

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Background: Reducing the duration of untreated psychosis (DUP) is essential to improve long-term outcome in young people with first episode of psychosis (FEP). The US "standard of FEP care" focuses on targeted provider education regarding FEP signs and symptoms to motivate referrals to FEP coordinated specialty care (CSC) services. However, a recent US multisite CSC trial showed a median DUP of 74.5 weeks, suggesting the current approach to engage referral sources is not sufficient to reduce DUP to proposed international standards of 12 weeks. This cluster-randomized controlled trial assesses whether standard targeted provider education plus novel technology-enhanced screening using the Prodromal Questionnaire-Brief version (PQ-B) identifies more individuals with FEP, earlier in their illness, compared to standard targeted provider education alone.

Methods: Twenty-two sites were randomized within 3 strata [community mental health, CMH (N=10), middle/high schools, SCH (N=8), primary care, PC (N=4)] to 1 of 2 intervention arms [Education alone (TAU) vs Education + Electronic Screening (Active)]. Active sites screened eligible individuals ages 12–30 at initial presentation for mental health concerns and referred those who passed a liberal PQ-B cut off score for phone evaluation by the CSC clinic. TAU sites referred individuals for phone evaluation based on clinician judgment. Phone evaluations assessed eligibility for FEP services and DUP. Preliminary analyses examined the number of FEP referrals and length of DUP in each arm.

Results: Active sites effectively implemented electronic screening within their settings. Of the 822 individuals electronically screened at Active sites between June 2015 and July 2017, 43.2% scored above the PQ-B cut-off (mean±SD PQ-B score=21.25 ± 20.75; median=15; range = 0–95; IQR = 3–35). One in 8 individuals who completed the tablet were identified as experiencing threshold psychosis. Across both Active and TAU sites, 511 individuals were identified, 422 individuals agreed to be referred, and 319 completed a phone interview to determine eligibility: 33.23% reported attenuated and 36.68% fully psychotic symptoms. Active sites identified significantly more individuals with threshold psychosis (p<.001) than TAU. No difference in median days of DUP was observed across arms.

Discussion: Preliminary results show the feasibility of electronic screening across various community settings and showed a 3.5 times higher identification rate for electronic screening of self-reported psychosis spectrum symptoms than clinician-based identification alone. Reasons for the lack of difference in DUP will be discussed. While the screening method may shorten the time from entry into mental health care and referral to specialty care treatment, significant DUP reduction may require interventions to reduce time to the first mental health contact. The next phase of the project will examine impact of clinic-based versus community-based treatment engagement to reduce barriers to initiating CSC care.

4.3 ENHANCING SOCIAL FUNCTIONING AND LONG-TERM RECOVERY IN YOUNG PEOPLE WITH FIRST EPISODE PSYCHOSIS (FEP) AND YOUNG PEOPLE AT ULTRA HIGH RISK (UHR) FOR PSYCHOSIS: A NOVEL ONLINE SOCIAL THERAPY APPROACH

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Background: Specialized early intervention services have demonstrated improved outcomes in first episode psychosis (FEP); however, functional recovery lags behind symptomatic remission, and many FEP patients remain socially isolated with poor functional outcomes. Similarly, psychological and pharmacological treatments have been demonstrated to reduce rates of transition to psychosis in Ultra High Risk (UHR) patients. However, recent research shows that UHR patients have a poor functional outcome regardless of transition to psychosis. These findings have resulted in widespread calls for new treatments aimed at improving functioning in both FEP and UHR patients.

The aim of these studies was to determine the safety, acceptability, feasibility and treatment effects of an advanced online social media based intervention specifically designed to enhance social functioning in FEP and UHR patients.

Methods: Our multi-disciplinary team of 35 researchers, software engineers, professional writers, clinical psychologists, comic developers, experts in human-computer interaction and young people has developed novel online social media platforms for young people with FEP (Horyzons), and UHR patients (Momentum). Our interventions integrate: i) peer-to-peer social networking, ii) tailored therapeutic interventions, iii) expert and peer-moderation, and iv) new models of psychological therapy (strengths-based models, self-compassion and mindfulness). The acceptability and safety of these platforms have been evaluated through 2 pilot studies in FEP (N=20; 1 month intervention), and UHR (N=15; 2 months intervention). In addition, the effectiveness of Horyzons is currently being evaluated in a large 5 year RCT in FEP (N=170; 18 months intervention).