




# Bridging Research and Outcomes

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DATA DRIVEN  
PSYCHOSIS  
RECOVERY



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## Highlights from the Report

From its inception in 2022 to 2024, Pand Health treated 41 unique patients (ages 13 - 40) in its California OnTrack programs. Our augmented Coordinated Specialty Care programs yielded remarkable improvements in patients' positive symptoms (hallucinations, delusions, and disorganized thinking/speech), negative symptoms (alogia, anhedonia, flattened affect, avolition, and asociality), medication compliance, community reintegration, and cognitive performance. Highlights include:

- Employment or academic involvement **increased from 6% to 40% after three months; 85% after six months.**
- Average inpatient hospitalization stays **decreased from 40 days (six-months pre-admission) to 7 days (six-months post-enrollment).**
- Our six-month rehospitalization rate of **6% is a marked improvement compared to the published rehospitalization rates of other established CSC programs, which stand at 10%.**
- Average patient rating on the Brief Psychiatric Rating Scale (BPRS) **was reduced by approximately 25% over nine months after enrollment.**
- **Total PANSS scores improved by 19 points over the course of nine months of treatment, where a 15- to 23-point decrease is considered clinically significant.**
- Patients experienced a clinically remarkable reduction in negative symptoms, as revealed by **a 40% reduction in their SANS scores.**
- Patients composite cognitive performance in a 12 month period following enrollment **improved from the 33<sup>th</sup> percentile to the 50<sup>th</sup> percentile.**



## Industry-Leading Care Model

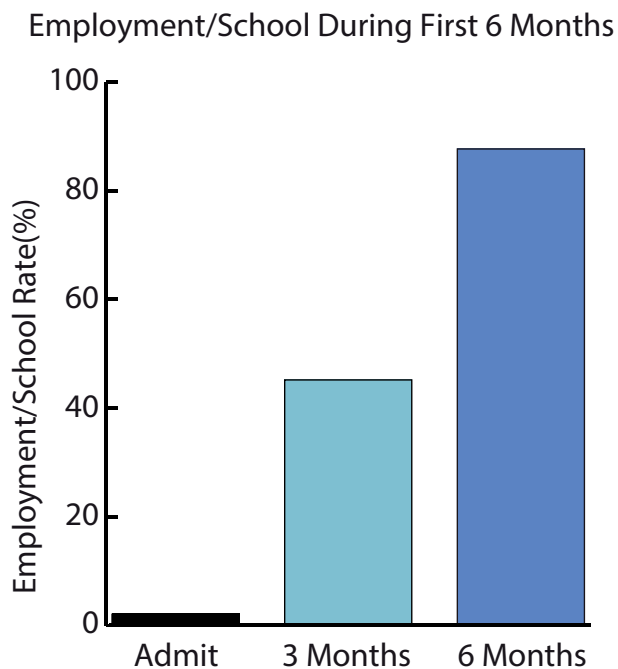
Pand Health's California OnTrack programs treat people with First Episode Psychosis (FEP), schizophrenia spectrum disorders, and those at clinically high-risk for psychosis. The California OnTrack programs expand upon the coordinated specialty care (CSC) model, the accepted standard for psychosis treatment and recommended by the American Psychiatric Association (APA) in its published guidelines for treating FEP. Our approach delivers effective psychosis intervention during the critical window of 18 months following FEP. Pand Health clinicians are expertly trained in evidence-based interventions, including:

- Social Cognitive and Interaction Training
- Metacognitive Training
- Cognitive Behavioral Therapy for Psychosis
- Social Skills Training
- Compensatory Cognitive Training
- Computer-Assisted Cognitive Remediation
- Social Skills Training
- Supported Employment and Education
- Expert Psychiatric Medication Management
- Dialectical Behavioral Therapy for Psychosis
- Life Skills/Independent Living
- Family-Based Therapy
- Behavioral Multi-Family Group Therapy
- Physical Fitness & Health Coaching
- Individual Psychotherapy and Case Management



## Returning to Work & School

Pand Health supports psychosis recovery with an augmented Coordinated Specialty Care model that emphasizes the value of employment and education to recovery. Our mental health treatment team provides case management and individual support as part of our Supported Education and Employment (SEE) curriculum. We help each individual achieve their personal life goals by integrating educational or career counseling, motivational interviewing, resume building, social skills training, and workplace or school advocacy. SEE not only supports patients in obtaining employment or going back to school, but also guides them on how to maintain successes and navigate roadblocks to prevent slips or premature abandonment of school and work.



### RESULTS:

- At the time of enrollment, **6% of individuals were employed or attending some school.**
- At the end the of their first 3 months in a California OnTrack program, **nearly 40% of all patients were either attending school or employed.**
- **Rates of employment and education increased to 85%** among individuals who successfully completed 6 months of a California OnTrack program.

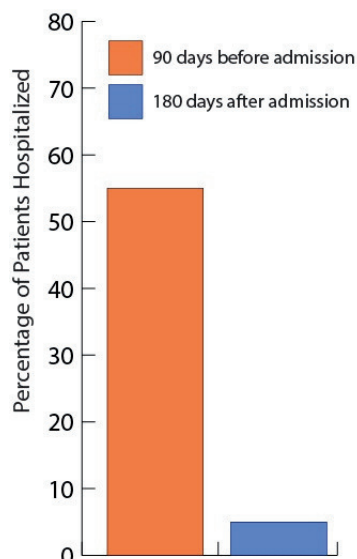
Most California OnTrack patients have the opportunity to remain in the program and receive SEE indefinitely, scaling back as they further reintegrate into their communities. Our treatment team continues to conduct structured follow-up monthly interviews and assessments after patients discharge, which enables us to track long-term recovery. Results from these monthly assessments reflect that patients continued to effectively apply the skills and strategies learned in the California OnTrack programs for continued advancement toward achieving life goals.



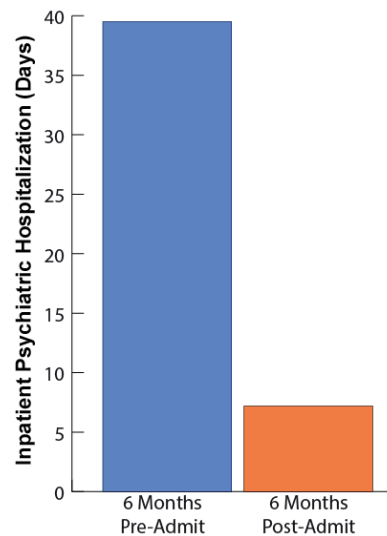
## Rate of Rehospitalization

First episode psychosis and schizophrenia spectrum disorders patients have high hospitalization and rehospitalization rates due to the severity of their symptoms and severe functional impairments. During the six months prior to enrolling in California OnTrack programs, over 50% of our patients were admitted for inpatient psychiatric hospitalization, with an average length of stay of 40 days at an inpatient hospital.

**Inpatient Psychiatric Hospitalization Rate:  
Before vs. After Admission**



**Average Length of Stay:  
Before vs. After Admission**



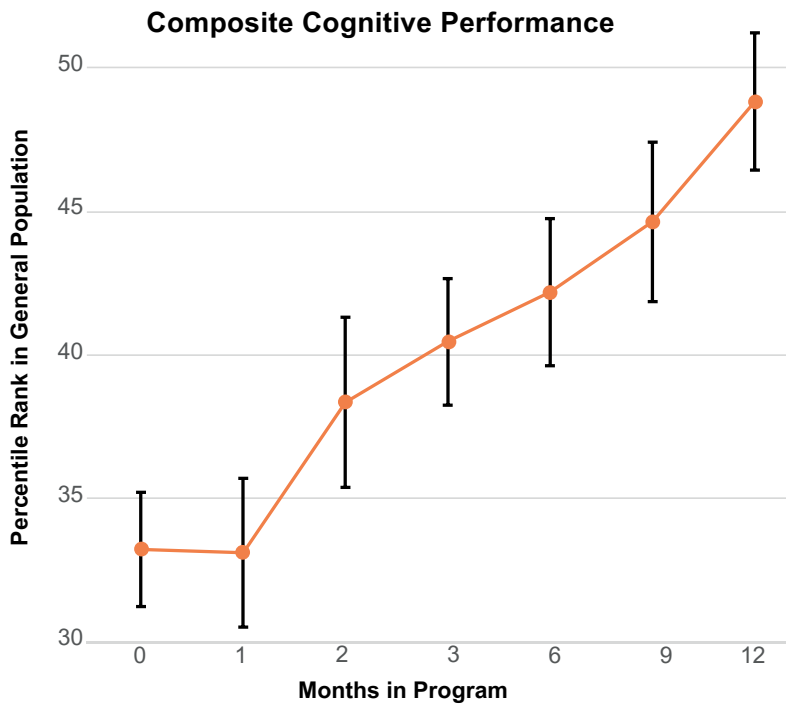
### RESULTS:

Despite the high acuity of our patients, treatment in a California OnTrack program significantly decreased rates of hospitalization/rehospitalization, down from over 50% to only 6%. Importantly, for the rare individual hospitalized after enrollment, their length of inpatient admission was dramatically reduced from an average of 40 days to an average of 7 days. Reducing hospital stays improves self-esteem and our patient's sense of agency, empowering patients to maintain gains in their personal, academic, and professional lives.



## Composite Cognitive Performance

Our patients engage in computer-assisted brain training each programming day to consistently address the neurocognitive deficits caused by FEP and schizophrenia spectrum disorders. In collaboration with brain training software and services, we have developed an optimized assessment battery to measure main areas of cognition – memory, attention, facial recognition, navigation, and processing speed. This allows us to establish a baseline and compare it to the general population, while also tracking progress. Our cognitive remediation program is implemented in concert with high-intensity fitness training, which has been shown to accelerate cognitive remediation.



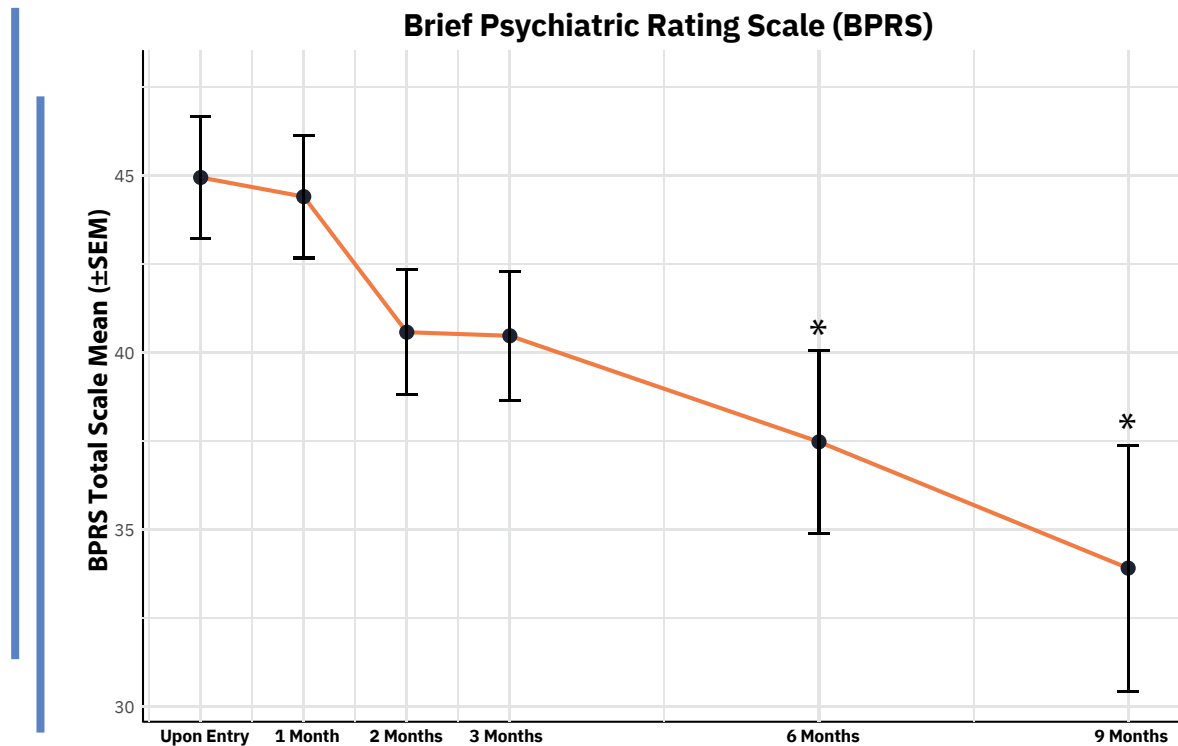
### RESULTS:

Upon entering a California OnTrack program, our patients, on average, ranked below the 35<sup>th</sup> percentile, on an age-adjusted scale. Cognitive performance increased, ranking our patients just above the 40<sup>th</sup> percentile after three months and just below the 50<sup>th</sup> percentile after 12 months. These results illustrate that one year in the California OnTrack programs is typically important for maintaining employment, going back to school and staying in school.



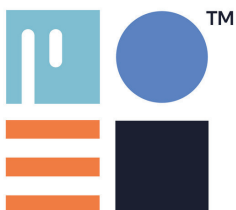
## Brief Psychiatric Rating Scale (BPRS)

The Brief Psychiatric Rating Scale (BPRS) is an 18-item clinician-administered questionnaire used to assess the severity of a wide-range of psychiatric symptoms. The BPRS is administered through a semi-structured interview, relying on both clinician observation, collateral reports, and patient assessment. Its brevity lends itself to more frequent administration among patients with diminished cognitive stamina, where higher scores reflect greater symptom severity.



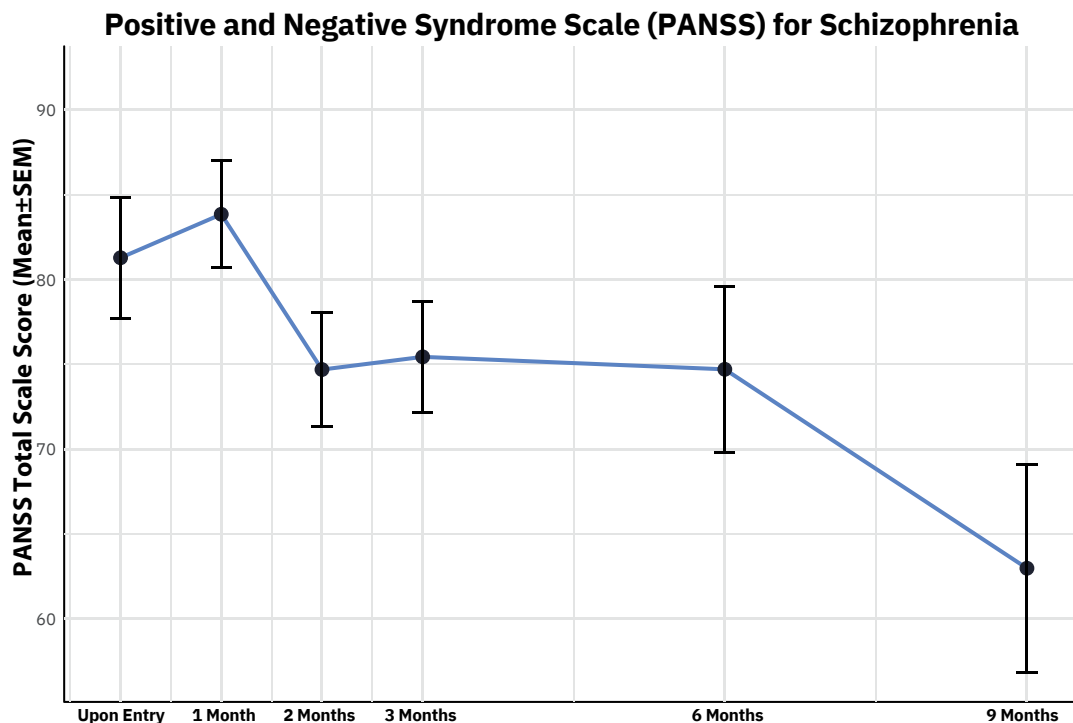
### RESULTS:

Our clinical team administered the BPRS to patients every two weeks. We observed an approximately 25% improvement based on patient interviews over nine months. This dramatic improvement in BPRS score reflects a clinically significant decrease in overall psychopathology. This reduced symptoms severity parallels observed improvements in cognitive performance, social functioning, and executive functioning.



## Positive and Negative Syndrome Scale (PANSS)

The Positive and Negative Syndrome Scale (PANSS) is a 30-item clinician-administered rating scale that is considered the “gold standard” for rating schizophrenia symptom severity. It quantifies positive symptoms (e.g., hallucinations and delusions), negative symptoms (a diminution or loss of normal function), and symptoms of general psychopathology, which include non-specific, but prominent symptoms of psychosis. Our patients had an average composite PANSS score just above 80 points, which indicates moderately severe to severe psychotic symptoms.



### RESULTS:

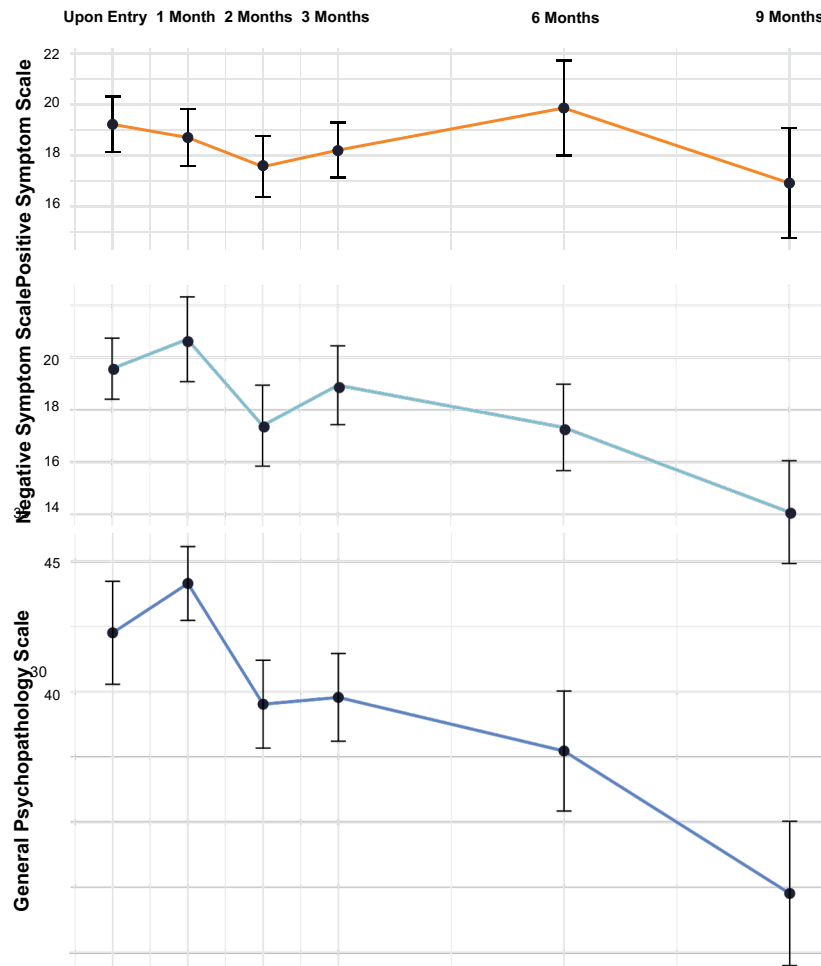
Our patients showed a 19-point reduction following nine months engagement in our California OnTrack programs. To put this into perspective, an 18-23 point reduction is typically observed among untreated patients newly started on an antipsychotic medication. In order to determine whether improvements were solely due to medication, subscales were analyzed.



## PANSS Subscales

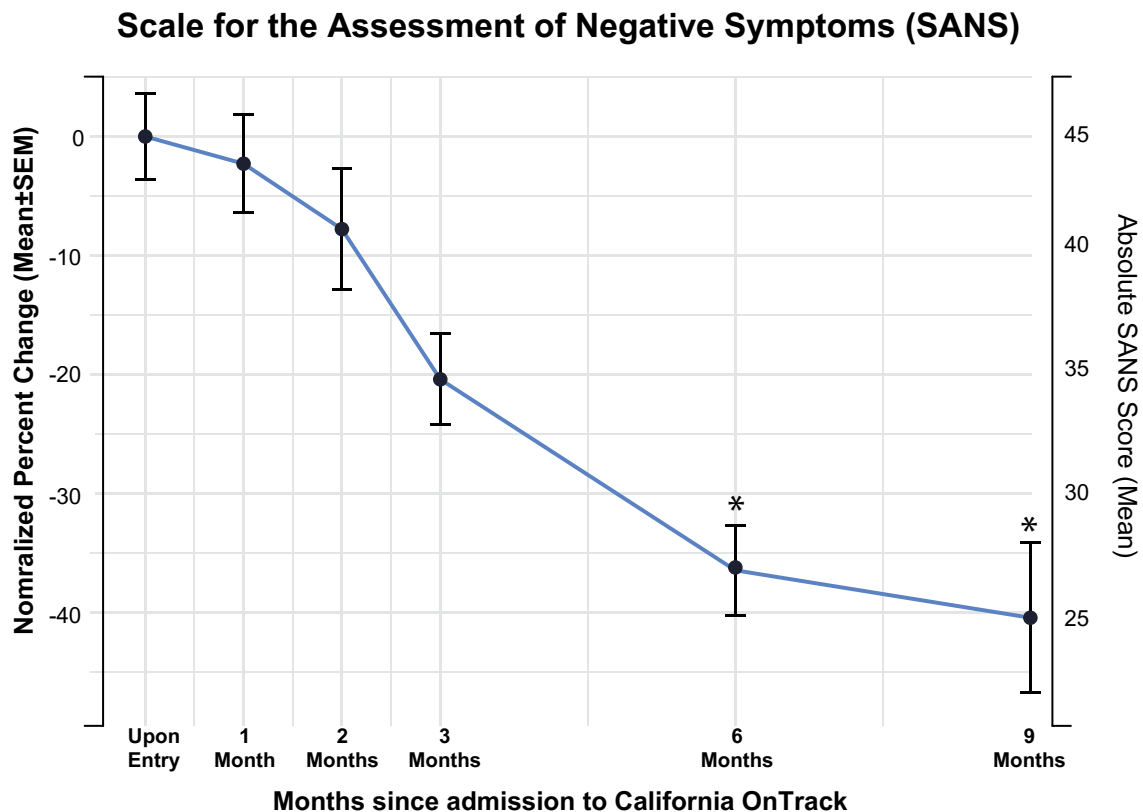
### RESULTS (cont'd):

We examined the PANSS subscales to better understand which facets of psychosis were benefiting from CSC treatment in a California OnTrack program. We observed significant improvement in general pathology symptoms and negative symptoms, but virtually no reduction in positive symptoms (e.g. hallucinations & delusions). Antipsychotic medications are known to improve primarily positive symptoms. If improvements were the result of medications, then we would have expected to see reduced positive symptoms—but this was not the case. Therefore, we conclude that psychosocial interventions in our therapeutic programs were the primary driver of symptom improvement.



## Scale for Assessment of Negative Symptoms

The Scales for the Assessment of Negative Symptoms (SANS) is a 25-item clinician-administered tool that specifically measures negative symptoms of schizophrenia across 5 domains: affective blunting, alogia, avolition-apathy, anhedonia-asociality, and inattention. Information is pooled from the patient interview, as well as collateral observations from family or staff. The SANS is frequently used in both clinical practice and research settings to aid in diagnosis, monitoring treatment response, and understanding the longitudinal course of negative symptoms in individuals with schizophrenia. Higher scores reflect greater or more prominent negative symptoms.



### RESULTS:

We observed that California OnTrack patients experienced a remarkable reduction in negative symptoms, as revealed by a 40% reduction in their SANS scores after 9 months. These results underscore the value of California OnTrack’s treatment model that specifically targets negative symptoms, which often poorly respond to medication alone.





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Pand Health has set a new standard for early psychosis intervention and is a leader in recovery-oriented care for individuals experiencing First Episode Psychosis, established schizophrenia spectrum disorders, and people at clinically high-risk for the same. We are devoted to clinical innovation and clinician training. Our California OnTrack programs in Los Angeles offer luxury, in-person care for teens and adults. Additionally, our learning management system and implementation toolkits enable clinical teams to integrate evidence-based psychosis treatments so patients can achieve long-term recovery.

## We treat schizophrenia spectrum disorders

CALIFORNIA  
**OnTrack**<sup>™</sup>  
FOR ADULTS  
FOR TEENS  
FOR FAMILIES  
WORK-STUDY PROGRAM  
EARLY ASSESSMENT

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