

First Episode Psychosis

"...identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system."

PROBLEM STATEMENT:

Psychosis is a "collection of symptoms that affect the mind [with] some loss of contact with reality... a person's thoughts and perceptions are disrupted...may have difficulty recognizing real and [unreal]" part of multiple diagnoses (e.g., schizophrenia, bipolar disorder, depression). Psychosis impacts ~3/100 people at some time in their life, about 100,000 people <21 annually. It is best practice to intervene within 3 months of symptom onset to decrease duration and probability of recurrence, reduce cost, and improve quality of life – recovery is possible!

DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):

 ☑ VARIATION IN CARE
 ☑ SAFETY CONCERNS

 ☑ HIGH COST AND POOR OUTCOMES
 ☑ EQUITY CONCERNS

PROPOSED SCOPE:

Multisector cooperation to increase access to early (w/in <2 yrs) provision of best practice treatment, rehabilitation, and support by multi-disciplinary, team-based, outpatient mental health professionals with home and community options (e.g., individual and/or group psychotherapy, supported employment and education, family psychoeducation and support, psychiatry (e.g., medication), and peer support) – see RAISE study.

Out of Scope: chronic care for psychiatric conditions, substance use treatment,

EVIDENCE-BASED IMPACT STRATEGY:

Clinicians/Care Teams, Delivery Systems: Standardize referral pathways into coordinated specialty BH care BH Specialty Care: Increased uptake of successful multidisciplinary, team-based model of care Plans and Purchasers: Review networks for adequacy in specialty BH care, case rates to support coordinated specialty BH care (e.g., centers of excellence contracting HCA's New Journey's model) to meet gaps identified in WCBH's plan

AVAILABLE DATA FOR MONITORING AND EVALUATION:

- Annual New Journeys Evaluation includes aggregated and individual data about treatment outcomes and service utilization. Statistically significant reduction in hospitalizations pre-to-post-intake, increase in publicly funded outpatient behavioral health service, and a decrease in non-psychiatric related emergency department visits
- Fidelity Monitoring: measured through annual site visits with DBHR during the startup and case building phase, and/or through the University of Washington (UW) Fidelity Review Process beginning in year 2 of implementation.
- At New Journey's sites, fidelity to the data-driven and measurement elements and use of the data delivery platform are continuously monitored by the Washington State University (WSU) Measurement and Evaluation team.
- Measurement based care: The use of standardized measures to guide treatment practice and treatment planning and provide treatment input in real time

POTENTIAL PARTNERS:

Health Care Authority's (and University of Washington and Washington State University) New Journeys and first episode psychosis; Washington Council for Behavioral Health 2SSB 5903 Implementation Plan Specialty behavioral health organizations, WSHA,

HOW COULD THE BREE UNIQUELY IMPACT THE HEALTH OF WASHINGTONIANS

The Bree Collaborative could spread this proven model into the private sector, increase awareness of intervention within the first two years of symptom onset, and determine strategies to extend the WCBH Implementation Plan.

¹ National Alliance on Mental Illness. (n.d.). Psychosis. National Alliance on Mental Illness. Retrieved August 29, 2024, from https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Psychosis/

ii National Institute of Mental Health. (n.d.). Understanding psychosis. National Institute of Mental Health. Retrieved August 29, 2024, from https://www.nimh.nih.gov/health/publications/understanding-psychosis