

The Bree Collaborative
Draft First Episode Psychosis Charter and Roster

Problem Statement

Psychosis involves “... some loss of contact with reality... [where] a person's thoughts and perceptions are disrupted...[and they] may have difficulty recognizing [what is] real and [unreal]”¹ that can be part of a variety of diagnoses including schizophrenia, bipolar disorder, and depression. Psychosis impacts ~3/100 people at some time in their life and 100,000 people over 21 years old annually nationwide.² However, only about 10-15% of people experiencing their first episode of psychosis receive an evidence-based coordinated specialty care model.³ The best practice is intervention within the first three months of symptom onset that decreases psychosis duration, probability of recurrence, lifetime cost, and improves quality of life. In Washington State, over 4,300 people with Medicaid received their first psychotic disorder diagnosis in 2021, with an estimated incidence of 235/100,000 Medicaid enrollees annually.⁴ Incongruent coverage between public and private payors creates barriers to access for people on private or employer-sponsored plans.

Aim

To improve access to and use of evidence-based coordinated specialty care across Washington State for people experiencing first episode psychosis.

Purpose

To propose evidence-informed guidelines to the full Bree Collaborative on practical methods for improvement of access to coordinated specialty care model, including:

- Barriers and facilitators to spreading the existing model into commercial coverage
- Identifying evidence-based care for first episode psychosis in Washington state
- Reimbursement models to support early detection and intervention for psychosis
- Standardization of screening and outreach process across a variety of settings
- Addressing barriers leading to population-level gaps in care or inequities in outcomes
- Other areas, as indicated

Out of Scope

- Chronic psychosis, persistent psychotic disorder
- Psychosis not caused by primary psychotic disorder
- People <13 years old
- Perinatal/Postpartum psychosis

Duties & Functions

The workgroup will:

- Research evidence- and expert-opinion informed guidelines and best practices (emerging and established).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.

- Recommend data-driven and practical implementation strategies including metrics or a process for measurement. *(can also be included in evaluation framework)*
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Meetings

The workgroup will hold meetings as necessary. Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Bree Collaborative staff will conduct meetings, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the Bree Collaborative director.

Name	Title	Organization
Darcy Jaffe, ARNP (chair)	Senior Vice President for Safety and Quality	WSHA
Rebecca (Becky) Daughtry	First Episode Psychosis Program and Policy Manager	HCA
Kim Moore, MD	VP Medical Operations	Virginia Mason Franciscan Health
Anne Marie Patterson, NP	Family Psychiatric Nurse Practitioner	Behavioral Health Resources, Thurston, Mason & Grays Harbor
Matt Goldman Rebekah Woods, BS, MS	Medical Director, Crisis Care Centers Initiative Children and Youth Crisis Services Program Manager	KC Behavioral Health and Recovery Division
Lauren Farmer	Director of Children, Youth, and Family Services	Behavioral Health Resources - Olympia
Libby Hein, LMHC	Director of Behavioral Health	Molina
Brian Allender	Chief Medical Officer	King County Behavioral Health and Recovery Division
Tobias Dang, MD	Medical Director, Mental Health and Wellness, Psychiatrist	Kaiser Permanente
Ryan Robertson, CHPQ	Director, Clinical Excellence	WSHA
Stephanie Giannandrea, MD	Psychiatrist	Confluence
Mary Ameh, ARNP Syed Hashmi, MD	Psychiatric Nurse Practitioner Internal Medicine, Psychiatry	Kadlec Regional Medical Center
Dixie Weber, MSN	Public Health Consultant	Department of Health
Caroline Brenner, MD Corey Thies, MS, LMHC, SUDP	Outpatient Behavioral Health Medical Director, Psychiatrist First Episode Psychosis Manager	Harborview Medical Center
Deepa Yerram, MD, MHA, FAAFP	Chief Medical Officer, Community & State Plan of Washington	UnitedHealthcare
Christina Warner, MD	Attending Psychiatrist Psychiatry and Behavioral Medicine	Seattle Children's Hospital

Tawnya Christiansen, MD	Behavioral Health Medical Director	Community Health Plan of Washington
Maria Monroe-Davita, PhD	Director Associate Professor	Washington State Center of Excellence in Early Psychosis University of Washington School of Medicine
Cammie Perretta, MSW, LICSW Sarah Kopelovich, PhD	New Journey's Program Director Trainer Assistant Professor	UW School of Medicine

¹ National Institute of Mental Health. (n.d.). *Understanding psychosis*. U.S. Department of Health and Human Services. Retrieved November 27, 2024, from <https://www.nimh.nih.gov/health/publications/understanding-psychosis>

² National Alliance on Mental Illness. (n.d.). *Psychosis*. Retrieved November 27, 2024, from <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Psychosis/>

³ National Alliance on Mental Illness. (2024). *Scaling coordinated specialty care for first episode psychosis: Insights from a national impact model*. Retrieved from <https://www.nami.org/wp-content/uploads/2024/11/Scaling-CSC-for-FEP-Insights-from-a-National-Impact-Model.pdf>

⁴ Washington State Department of Social and Health Services. (n.d.). *Behavioral health benefits of supported employment: Impacts of individual placement and support programs on Medicaid recipients with severe mental illness*. Retrieved from <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-3-54.pdf>