
Bree Collaborative | First Episode Psychosis

January 8th, 2025 | 3-4:30PM

Hybrid

MEMBERS PRESENT VIRTUALLY

Darcy Jaffe, ARNP (chair) WSHA
Brian Allender, MD, KC-BHRD
Maria Monroe-Davita, PhD, UW
Sarah Kopelovich, PhD, UW
Carolyn Brenner, MD, Harborview Medical Center
Becky Daughtry, LICSW, CMHS, Washington HCA
Chris DeCou, PhD, Amazon
Anne Marie Patterson, ARNP, Behavioral Health Resources
Tobias Dang, MD, KP
Libby Hein, LMHC, Molina

Christina Warner, MD, Seattle Children's
Deepa Yerram, MD, MHA, FAAFP, UnitedHealthcare
Kim Moore, MD, VM Franciscan Health
Lauren Farmer, LMFT, CMHS, Behavioral Health Resources
Delika Steele, Washington OIC
Ryan Robertson, CHPQ, WSHA
Stephanie Giannandrea, MD, Confluence
Tawnya Christiansen, MD, CHPW
Cammie Peretta, MSW, LICSW, UW
Lucinda Sanchez, LICSW, Comprehensive Healthcare

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative
Karie Nicholas, MA, GDip, Bree Collaborative
Ginny Weir, MPH, CEO, Foundation for Health Care Quality
Cora Espina, ARNP, Foundation for Health Care Quality (Intern)

WELCOME

Beth Bojkov, Bree Collaborative, welcomed everyone to the first Bree First Episode Psychosis Workgroup. Beth invited Bree Collaborative staff and the workgroup chair to start with introductions.

DISCUSS: BREE BACKGROUND AND WORKGROUP PROCESS

Beth introduced the Bree and the workgroup process. The Bree Collaborative is a program of the Foundation for Health Care Quality. The Bree was established by the state legislature in 2011 in response to health care services with high variation and utilization that do not produce better outcomes. Each year, Bree members (drawn from public and private healthcare stakeholders) choose three to four topics to develop recommendations. First Episode Psychosis is one of three topics for 2025. The workgroup will meet monthly throughout 2025 to define the purpose and scope, identify focus areas, review existing guidelines and published evidence, and draft evidence-informed report and guidelines. The report will include recommendations for specific health care stakeholders and will be sent to the WA Health Care Authority. The workgroup must follow Open Public Meetings Act regulations. This includes workgroup member training and conflict of interest disclosure. Following the presentation, Beth opened the floor for comments, but there were no questions.

PRESENT& DISCUSS: WORKGROUP MEMBERS AND SCOPE

Beth invited the rest of the workgroup members to provide brief introductions and then opened the brainstorming conversation with a discussion on additional stakeholders to consider inviting to participate or speak:

- Some additional stakeholders to consider for participation or inviting to speak, including:
 - People with lived experience, patients/family members
 - Tribal participation
 - Schools
 - Primary care

PRESENT& DISCUSS: TOPIC OVERVIEW

Beth transitioned the meeting to provide an overview of the topic and potential scope.

- **Topic Overview:** Beth presented the topic of first episode psychosis as it was presented to the Bree Collaborative.
 - Psychosis impacts about 3 out of every 100 individuals in their lifetime, about 100,000 people under the age of 21 annually
 - People experiencing FEP often go untreated for a year or longer which increases risk of developing substance use, engaging in self-injury or losing housing and employment
 - Coordinated specialty care (CSC) services can improve quality of life and outcomes for people experiencing psychosis, with best practice to intervene within 3 months.
 - CSC can reduce healthcare costs through reducing hospitalization and ED utilization. Washington’s CSC model is called New Journeys – 15 organizations implemented in community BH programs
- **Potential Evidence-informed strategies:**
 - Clinicians/Care Teams: standardized referral pathways into coordinated specialty behavioral healthcare
 - BH Specialty Care: Increase uptake of coordinated specialty care – intensive and personalized team-based care for individuals experiencing FEP for a period of 2 years
 - Plans/Purchasers: Review network adequacy standards for specialty BH, case rates to support CSC model (e.g., centers of excellence contracting HCA’s New Journey’s model) to meet gaps in implementation
- **Potential Impact of this report and guidelines:**
 - Spread a proven model into the private sector
 - Increase awareness of intervention within first two years of symptom onset
 - Determine strategies to extend WCBH implementation plan
- **WCBH Action Steps**
 - Adopt a Medicaid case rate for CSC
 - Continue to expand New Journeys Teams to meet Population Health Needs Statewide
 - Implement a Commercial Parity Requirement to Cover Coordinated Specialty Care
 - Include Clinical High-Risk Population as Eligible for Treatment
 - Maintain Continuity of Care Through Step-Down Services

Beth transitioned the group into discussing further the outcomes the group wishes to see from this work:

- Under-utilization of long-acting injectable medications
- Co-occurring substance use disorder treatment
- Racial and ethnic disparities in early access to treatment, and clinical high-risk groups
- Community outreach and education (schools, colleges, big employers, pediatricians, primary care)
- Commercial payor parity
- Geographic distribution of CSC providers, Medicaid and commercial

- Transitions out of CSC
- Needed workforce
- Linkages between CSC program and primary care

PRESENT & DISCUSS: CHARTER & ROSTER

Beth then transitioned to reviewing the charter and roster. The following changes were made to the charter's purpose (changes/additions are in red)

- Barriers and facilitators to **spreading/improving coverage (public and private) of existing evidence-based models/practices**
- Identifying evidence-based care models **and practices** for first episode psychosis in Washington state
- **Best practices for people transitioning from the coordinated specialty care model**
- Standardization of screening and outreach process across a variety of settings for **rapid access to coordinated specialty care**
- **Special considerations (concurrent substance use, neurodiverse)**
- **Where able, improving capacity to provide coordinated specialty care**
- **Other areas, as indicated**

Out of Scope

- ~~Psychosis related to medications~~
- ~~People <13 years old~~
- ~~Perinatal/Postpartum psychosis~~

PUBLIC COMMENT AND GOOD OF THE ORDER

Beth invited final comments or public comments, then thanked all for attending. At the next workgroup meeting, the team will review comments made from the Bree member meeting on January 22nd and continue the brainstorming discussion around potential focus areas for the report. The workgroup's next meeting will be on Wednesday, February 5th from 3-4:30PM.