Bree Collaborative | First Episode Psychosis
February 5th, 2025| 3-4:30PM
Hybrid

MEMBERS PRESENT VIRTUALLY

Darcy Jaffe, ARNP (chair) WSHA
Brian Allender, MD, KC-BHRD
Maria Monroe-Davita, PhD, UW
Carolyn Brenner, MD, Harborview Medical Center
Becky Daughtry, LICSW, CMHS, Washington HCA
Tobias Dang, MD, KP
Christina Warner, MD, Seattle Children's
Kim Moore, MD, VM Franciscan Health
Lauren Farmer, LMFT, CMHS, Behavioral Health Resources
Sarah Kopelovich, PhD, UW
Oladunni Oluwoye, PhD, WS
Delika Steele, Washington OIC
Ryan Robertson, CHPQ, WSHA
Stephanie Giannandrea, MD, Confluence
Tawnya Christiansen, MD, CHPW
Cammie Peretta, MSW, LICSW, UW
Greg Jones, PhD, Lucid Living
Chivonne Mraz, LCSW, Regence
Anne Marie Patterson, ARNP
Rebekah Woods, BS, MS, KC-BHRD

STAFF AND MEMBERS OF THE PUBLIC

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

WELCOME

Beth Bojkov, Bree Collaborative, welcomed everyone to the February Bree First Episode Psychosis Workgroup. Beth invited new workgroup members to introduce themselves.

DISCUSS: BREE BACKGROUND AND WORKGROUP PROCESS

Beth transitioned the meeting to a short presentation on the New Journeys program given by Becky Daughtry, LICSW, CMHS, from the Washington Health Care Authority. The presentation covered an overview of psychosis and background of coordinated specialty care, Washington's first episode psychosis initiative and legislation, a brief review of the New Journeys model & how to make referrals, evaluation and fidelity monitoring processes, financing and future expansion of the model. Becky then took questions:

- Affluent neighborhoods have the most access, but since this is a Medicaid program, how is that decision made?
    - Agencies had to express interest to become trained for this program
    - Targeted recruitment in rural areas
- Where does the data come from for incidence of first episode psychosis?
    - Report from RDA in DSHS, using administrative claims information, first time a person pops up in Medicaid claims, and compared between those that meet eligibility criteria for New Journeys and everyone
- Do we have any information about access to services for those with private insurance?
    - Patients with private insurance do receive services at New Journeys but that is not tracked by the commercial plans

    - The BHAs have slots for underfunded or uninsured patients in their caseload, since commercial insurance doesn't pay for coordinated specialty care
    - CMS has created several national codes for coordinated specialty care to recognize it as a service separate from just a FFS model
- What position is the most difficult to staff?
    - Masters level clinician have been harder to hire just due to the staffing shortage which would result in individual resiliency trainer
    - Scenarios where family education/program director will fill that role
- Where did the age cut off come from for the eligibility criteria?
    - Admission criteria come form the RAISE study focusing on these particular age ranges, but acknowledge that some folks can be a bit older
    - Also expanding to include affective psychosis, bipolar disorder, major depression with psychotic features
    - Seeing that the younger ages are really where there's more clinically high risk people that
    - Lots of work to be done to get the duration of untreated psychosis down to average 12 weeks recommended by WHO, and we need services for clinically high risk population, prevent conversion to psychotic episode
- Might be worth reviewing size of the teams because turnover impacts access and quality of care, and might want to be something that we want to track
    - In the UK they have a duration of untreated psychosis standard in their NICE guideline, time t treatment standard is 2 weeks
    - Maybe a patient could be seen earlier by psychiatry to get antipsychotic initiation before getting into the rest of the program, if they are eligible or some mix of services that way
    - Also important to think about raising awareness in the community, if they are presenting to any doctor that they can get in by 2 weeks
- Training on how to recognize and refer people to the CSC programs would be useful in the ER

PRESENT & DISCUSS: EVALUATION SUBCOMMITTEE

Beth transitioned the group to allow Karie Nicholas, MA, GDip, the Bree Collaborative's Evaluation and Measurement Manager, present information on the evaluation subcommittee. The subcommittes purpose is to identify relevant metrics/measures and develop a framework for evaluation for external oragnizations to implement the guidance provided through this report. Recruitment for this subcommittee is open. Please contact Knicholas@qualityhealth.org if you'd like to pariticpate.

PRESENT & DISCUSS: WORKPLAN AND FOCUS AREAS

Beth then transitioned to reviewing the workplan and focus areas. The following changes were made to the focus area statements:

- Comment: add sustainability of the model under evidence-based treatment
- Should include workforce cutting across these sectors
    - Bree does not traditionally specifically tackle workforce challenges outside of recommending services that should be available and that practices have adequate teams to meet those needs

- Need to take a step back from New Journeys and looking at more broadly coordinated specialty care model, what are some potential recommendations for how it might be used in different populations or commercial insurers
- Need to consider what are the best practices and services that are available for people who are not eligible for new journeys strictly
- Cultural and geographic adaptations to treatment under the focus areas
- Desire to discuss services for people that are above age cut off for New Journeys, although it is a heterogenous population
- Can indicate in the report that coordinated specialty care is not just indicated for FEP, it's the preferred model to treat psychotic disorders, but we have the best evidence for those who are eligible, can add some caveats to the report that way

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 hear from RDA about an update to the incidence report for FEP for Washington state, then we will begin reviewing evidence and drafting guidelines for our first focus area, early detection & rapid access. The workgroup's next meeting will be on Wednesday, February 5th from 3-4:30PM.