
Bree Collaborative | First Episode Psychosis

March 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
Delika Steele, Washington OIC
Ryan Robertson, CHPQ, WSHA

Sarah Kopelovich, PhD, UW
Oladunni Oluwoye, PhD, WS

Stephanie Giannandrea, MD, Confluence
Tawnya Christiansen, MD, CHPW
Cammie Peretta, MSW, LICSW, UW
Greg Jones, DNP PMHNP-BC, CPC, Lucid Living
Chivonne Mraz, LCSW, Regence
Anne Marie Patterson, ARNP
Rebekah Woods, LMFT CMHS, KC-BHRD
Dixie Weber, MSN, DOH
Chris DeCou, PhD, Amazon
Deepa Yerram, MD, MHA, FAAFP, United 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
Cora Espina, ARNP, Foundation for Health Care Quality (Intern)
Grace Hong, PhD, DSHS
Caitlin Carelli-O'Brien, MPH, MPA, DSHS

WELCOME

Beth Bojkov, Bree Collaborative, welcomed everyone to the March Bree First Episode Psychosis Workgroup. Beth invited the guests to introduce themselves.

PRESENT & DISCUSS: UPDATE ON ESTIMATES FOR FEP USING STATE ADMINISTRATIVE DATA

Beth inviting Dr. Hong and her colleague Caitlin Carelli-O'Brien to review the updated estimate report for first episode psychosis in Washington state using administrative claims data for patients on Medicaid. Key takeaways include:

- In state FY 2023, 4,106 Medicaid enrollees in Washington state <65 received their first psychotic disorder diagnosis, 8/10 service regions had more than 200 individuals with FEP
- Overall incidence rates 248 per 100,000 Medicaid enrollees, and coastal region has slightly higher incidence regions than the rest of the state
- For those meeting New Journey's eligibility criteria:
 - 2,541 were potentially eligible for New Journey's services (qualifying diagnoses and within age range)
 - Mostly concentrate in population centers
 - Incidence rate of 347 per 100,000 Medicaid enrollees at the state level, coastal region again has higher incidence levels

- Peak years for individuals experiencing FEP, between age 15-40. We see higher levels of FEP in younger age range
- AIAN individuals have highest incidence rates of any race/ethnicity category
- Live incidence of psychosis dashboard, will be updated with 2023 data soon
- Limitations:
 - Admin data only captures those with information when there is an encounter
 - Underestimation of some at-risk populations (limited access to mental health services, feel perceived stigma related to mental illness, biases on behalf of clinicians)

Discussion:

- Given the high raw numbers of folks with first episode psychosis, how many folks who are eligible for NJ do not need to be connected to the full NJ specialty care program, are there other routes where people can get what they need?
- Diagnostic stability is uncertain; many referrals for psychosis are incorrect -> need more education to promote early identification of symptoms at the community level, and access to care in rural and frontier regions of the state.
- Comparable incidence and prevalence in non-Medicaid population when looking at other states.
- People are encouraged to go on Medicaid to get access to this model of care, which is in direct conflict with supported employment portion of the model.

PRESENT & DISCUSS: EARLY DETECTION & RAPID ACCESS

Beth invited Dr. Kopelovich to share some remarks about early detection & rapid access for FEP. She reviewed the balanced care pathway model:

- Nationally we are not all that different, 60% of psychotic disorders are first diagnosed in a crisis setting after being psychotic for 12-18 months. The critical window is between when symptoms first emerge and when symptoms are treated
- Recent focus groups and interviews with families who have found their way to NJs – hear that they have to reach out multiple times
- Not sure how many people are not making it to NJ who are eligible, and some are not going to meet admission criteria and are just considered clinical high risk
- Challenges: variable system and service navigability, insufficiency/unstable workforce to conduct outreach screening and assessment, not trained to do gold standard psychologic assessments, geographic locations, race/ethnicity disparities
- CAPS team shifts some of the most time and cost intensive services to a special team for outreach, screening and referrals. Centralized screening systems, and establish estimates of clinical high risk for psychosis population. Also create a referral database to route people to the “right fit” care as soon as possible.
- Statewide psychosis awareness campaign to catch people early, create signposts to where services exist and reduce navigation challenges, targeted at age 15-40 and secondarily at parents and caregivers.
- Planning on developing digital toolkits for NJ teams to do digital outreach in their communities, and an allied professionals toolkit to get HCPs and other providers to see what they are missing
- Currently project is not funded.
- Would patients be able to stay with a current psychiatrist and access other parts of the model elsewhere? – not the most ideal setup, and not how the model was tested
- Scarce data on FEP from the commercial side Not lots of data on this from the commercial side

- Concern expressed that teams are set to care for 30 people at a time, and if private insurance covered the NJ model they would not be able to meet all the new demand without also expanding teams. If teams serve more patients than what they are funded for, it undercuts fidelity to the model as part of the model is spending time doing outreach and building relationships.
- 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
- Remaining Gaps to Address:
 - Commercial Coverage Parity
 - Best services for people who do not fit the NJ model
 - Community based outreach

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 a brief presentation from Megan Frye at Seattle Children's on gaps in the school system for early identification and detection, and then we'll dive into our discussion around models of care for people that do not fit NJ eligibility criteria. The workgroup's next meeting will be on Wednesday, April 2nd from 3-4:30PM.