New Journeys: Coordinated Specialty Care for First Episode Psychosis

Early Identification and Intervention for Psychosis Statewide Implementation Plan: initial status report

Second Substitute Senate Bill 5903; Section 6; Chapter 360; Laws of 2019; Chapter 74.09 RCW

March 1, 2020
Introduction

In 2019, the Washington State Legislature passed Second Substitute Senate Bill (2SSB) 5903, which requires the Health Care Authority (HCA) to submit a statewide plan, outlining the strategic implementation of Coordinated Specialty Care (CSC) programs first episode psychosis (FEP). The CSC for FEP program developed in Washington is called New Journeys. New Journeys provides outreach and intervention for transition-aged youth and young adults when first diagnosed with psychosis.

The work outlined in 2SSB 5903 is strategic and complex. It includes development of a case rate for CSC, including both Medicaid and non-Medicaid funding. National consultants will inform this work, and development of least one CSC team in each regional service area by October 1, 2020, is underway.

The statewide plan vision is to have an adequate number of CSC teams, based on incidence and population, across Washington by December 31, 2023. This is so screening and early identification of psychosis among adolescents and young adults will become a universal health care practice, and evidence-based recovery interventions will be available to those who need them.

This report serves as a placeholder until data is available for a complete report, which HCA plans to submit by August 20, 2020. This brief report will inform the Legislature of progress to date toward the objectives outlined in 2SSB 5903. Included is a description of HCA’s work to meet the legislation’s requirements.

Requirements of 2SSB 5903

Statewide plan

HCA is collaborating with the following partners to gather data and develop the statewide plan:

- **Washington Council for Behavioral Health (WCBH)**
  - WCBH submitted a brief initial status report outlining the work done thus far to select a national consultant to collaborate with and inform the statewide plan.
  - A national consultant will provide expertise in developing a CSC benefit package that covers the full scope of services and determines ongoing costs of the program, including start-up and sustainability.

- **Department of Social and Health Services Research and Data Analysis (RDA) Division**
  - RDA completed an informative report, estimating annual incidence for FEP in Washington State counties.
  - Washington State had 4,988 Medicaid enrollees who received their first psychotic diagnosis in State Fiscal Year 2018. Of these individuals, up to 33 percent are between the ages of 15-25.
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These estimates will help determine the number of CSC teams needed in each region.

- **University of Washington (UW) Department of Psychiatry & Behavioral Sciences**
  - UW provides subject matter expertise and technical assistance to CSC teams to launch new programs and monitor quality.
  - UW and Washington State University are collaborating to establish a Center of Excellence to support New Journeys teams and provide statewide access to best practices for FEP.
  - UW provided a report on the current work done on the [implementation and training for New Journeys](#).

- **Mercer Health & Benefits, LLC**
  - This is the actuarial firm retained through procurement to partner on developing a distinct definition of the full scope of services included in CSC. In addition, this firm will also determine the cost of delivering these services, which are called a case rate.
  - The case rate is a predetermined amount paid to providers to cover the full cost of all the services required in CSC. This payment structure is needed for sustainability.

- **Washington State University (WSU) Behavioral Health Innovations from the Elson S. Floyd College of Medicine**
  - WSU is conducting [ongoing research and evaluation](#) of New Journeys CSC teams to establish an evidence-base for Washington’s adapted model of treatment for FEP.
  - WSU submitted a yearly report providing comprehensive data from New Journeys participants. This report provides valuable data, including the needs of those served in Washington.

**One CSC team in every regional service area**

Below is an update on HCA’s progress toward having one CSC team in every regional service area by October 1, 2020:

**2019: nine New Journeys CSC teams in seven regional service areas:**

- Greater Columbia-Yakima
- Greater Columbia-Pasco (launched in 2019)
- Thurston/Mason-Olympia
- King County-Renton
- King County-Seattle (launched in 2019)
- Great Rivers-Hoquiam
- Southwest-Vancouver
- Pierce-Tacoma (launched in 2019)
- North Central-Wenatchee (launched in 2019)
Upcoming 2020: three more teams implemented by July 1, 2020:

- Spokane
- Salish
- North Sound

Future teams will be added based on incidence and population.

Below is a map of first established New Journeys sites across the state, including sites that launched in 2019.

**Image 1: New Journeys sites**

**New Journeys**

HCA continues to work with partners in the development of Washington’s CSC treatment program for FEP called **New Journeys**. New Journeys provides outreach and intervention for transition-aged youth and young adults and their families when first diagnosed with psychosis. Members of the New Journeys treatment team will travel to the home, school, or elsewhere in the community to provide assessment, screening, and therapy for people affected by first episode psychosis.

New Journeys is strength-based, meaning that treatment does not focus on the severity or persistence of psychiatric symptoms, but rather on how to help a person to get back on track with their life. This may look like help to return to school, start college, or seek employment. It may also mean helping a person achieve independent living or whatever goal they identify to experience a rewarding and meaningful life.

Below is an illustration of the services offered within New Journeys to help people accomplish these goals.

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New Journeys staff work closely with individuals and their families to determine eligibility, including if that person would benefit from participating in New Journeys. Eligibility criteria is aligned with Medicaid and Substance Abuse and Mental Health Services Administration guidelines. If someone is not eligible, New Journeys staff work to identify and connect them to other services, so they can receive the help and support best suited to their needs. For more information about eligibility criteria and list of program sites, visit the New Journeys’ website.

**Statements from New Journeys participants:**

HCA has already seen positive results and the deep impact this program can have. Below are some statements from people who are benefiting from New Journeys.

"My experience with New Journeys was life changing. My schizophrenia was really bad before I came to New Journeys, it was so bad that I tried to commit suicide. But, now that I’ve been going to New Journeys I’m not suicidal anymore. I won an award for best mentally improved, thanks to New Journeys, and I’m better than before I went to New Journeys."

"New Journeys means an extra opportunity at something important."

"My goal is to work with animals in the medical field. If I hadn’t gotten diagnosed, medicated, or hadn’t had the support of New Journeys, I would likely not be able to pursue my goal to the place I want to be. Their support is invaluable to me."

“New Journeys is ‘to live independently without the trials of mental illness. To be strong in the face of adversity.’”

"New Journeys has helped me put my life and my mind in perspective and got me ready for the work force in a crucial time of need for myself."

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Conclusion

This brief report is intended to keep the Legislature informed of the work done thus far to fulfill 2SSB 5903. HCA continues to collaborate with partners to implement CSC for FEP in each region of the state. HCA is also working on future expansion, based on incidence and population, and working to determine a case rate to support programs into the future.

HCA plans to submit the complete statewide implementation plan by August 20, 2020.