

Fact Sheet: First Episode Psychosis Program and Early Psychosis Initiative

Updated: October 2016

<p>Overview</p>	<p>In 2014, Congress appropriated funds to the Substance Abuse and Mental Health Services Administration (SAMHSA) to address the needs of individuals experiencing early serious mental illness. SAMHSA directed states to use a 5% set aside from their Mental Health Block Grant (MHBG) to serve Transition Age Youth (TAY), ages 15-25, experiencing a first episode of psychosis.</p> <p>In 2015, the set aside was increased to 10%. The increase in funding has provided the opportunity for the Washington State Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DBHR) to launch two additional pilot sites, for a total of 3. The program, New Journeys, is specifically designed to meet the needs of Transitional Age Youth.</p> <p>Another critical aspect of this program is the Early Psychosis Initiative (EPI) that will enhance recognition of early signs and symptoms of psychosis so that effective treatment can be started promptly.</p> <p>Early psychosis educational materials have been distributed to 12,000 mental health, juvenile justice, school based professionals; law enforcement; primary care providers, and community members. The Get Help Early EPI packet is intended for a wide audience whose lives may be affected by psychosis, and includes important information and resources. The information addresses the following major goals: increase awareness of schizophrenia and psychosis, reduce stigma, encourage people to get the facts about the illness, and increase early identification and referrals for young people experiencing a first episode of psychosis. These materials are available online at www.dshs.wa.gov/GetHelpEarly.</p> <p>Achieving early intervention requires increasing community understanding of early signs of psychosis and decreasing the stigma which can sometimes delay people from seeking help. It also requires improving skills and knowledge among educators, law enforcement, primary care providers, and school and health professionals positioned to detect and treat these disorders.</p>
<p>Eligibility Requirements</p>	<p>Through a competitive Request for Information (RFI) process DBHR selected King County and Thurston-Mason Behavioral Health Organizations to implement the New Journeys Coordinated Specialty Care model in their regions. In collaboration with University of Washington (UW) Department of Psychiatry and Behavioral Sciences, DBHR will be adapting the NAVIGATE model, which utilizes evidence-based Coordinated Specialty Care (CSC) principles and practices. This early intervention approach offers real hope for clinical and functional recovery.</p>

	<p>Core components of CSC model include:</p> <ul style="list-style-type: none"> • Utilizing a coordinated team approach to provide intensive services • Assertive community outreach and education • Low-dosage medications • Psychotherapy (such as Cognitive Behavioral Therapy for Psychosis, Motivational Interviewing, and Individual Resiliency Training). • Skills training • Co-occurring substance use disorder counseling • Supported employment, and education • Case management • Family psychoeducation • Primary Care Coordination • Peer support • 24 hour/day and 7 day/week crisis line <p>Overview of the New Journeys Network</p> <p><i>Implementation, Technical Assistance, and Consultation:</i></p> <p>The goal of the New Journeys Demonstration Project expansion is to support the startup of two CSC teams, and to continue funding for the current New Journeys Demonstration Project at Comprehensive Behavioral Health in Yakima, which began in March 2015. These three Demonstration Projects will form the beginning of the New Journeys Network in Washington State. All Demonstration Project sites receive training, technical assistance and consultation from a team of local and national experts led by Dr. Maria Monroe-DeVita from the University of Washington (UW) Department of Psychiatry and Behavioral Sciences. Dr. Monroe-DeVita, Primary Investigator, directs all aspects of implementation, including program start up, training, ongoing consultation, and coordination and planning between the Demonstration Projects and DBHR. She is joined by her training team at UW, along with national experts from the NAVIGATE program and EASA Center for Excellence at Portland State University.</p> <p>To be eligible for the New Journeys Pilot Program participants must:</p> <ul style="list-style-type: none"> • Live in Yakima County, King County and Thurston/Mason County • Have no more than 18 months of prior cumulative treatment with antipsychotic medications • Have any duration of untreated psychosis. Eligible diagnoses include: schizophrenia, schizoaffective disorder, schizophreniform disorder and psychotic disorder not otherwise specified • Be between 15-25 years of age • Have psychotic symptoms that are not known to be caused by the temporary effects of substance use • Have psychotic symptoms that are not known to be caused by a medical condition; <p>Be willing to be a part of New Journeys and consent to treatment modalities that include, but are not limited to, individual counseling, supported employment/education, family psychoeducation, case management and psychiatric care.</p>
<p>Authority</p>	<p>DBHR and SAMHSA.</p>

Budget	Washington State's allocation of SAMHSA's First Episode Psychosis 10% set aside for FFY 2017 is \$1,190,864
Rates	N/A
Costs and Numbers Served	<ul style="list-style-type: none"> • Pilot Site Funding: The New Journeys program will serve a minimum of 75 individuals in FFY 2017. • Early Psychosis Initiative: Development of outreach materials, including: Get Help Early packets and online trainings, tools, and resources. Outreach materials will reach over 10,000 individuals/organizations statewide. • More than 500 individuals will receive education, technical assistance, and training, including mental health providers, school professionals, juvenile court/institution professionals, and primary care providers.
Partners	DBHR collaborates with the University of Washington School of Medicine, Washington State University Behavioral Health Innovations, Portland State University/Early Assessment and Support Alliance, NAVIGATE Consultants, Central Washington Comprehensive Mental Health, Greater Columbia BHO, Valley Cities Mental Health, King County BHO, Behavioral Health Resources, Thurston-Mason BHO, and Washington Behavioral Health Council.
Oversight	Internal oversight: DBHR External oversight: Statewide Family and Youth System Partners and the Behavioral Health Advisory Council
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