

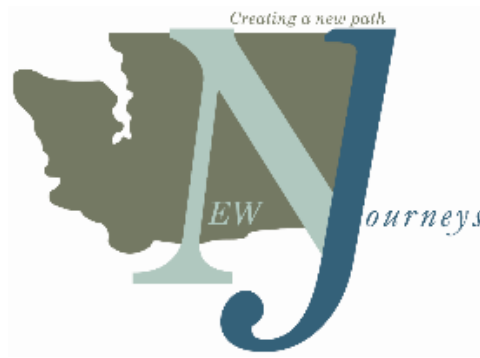


2024

New Journeys: Coordinated Specialty Care Model for Early Psychosis in Washington State

Evaluation Report

Data extracted from the New Journeys Network Data Platform and by the Research Data Analysis Division at the Washington State Health Care Authority.



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OVERVIEW

A central component of the New Journeys model is the delivery and completion of reliable and validated measures, described in the New Journeys measurement battery, to monitor the clinical and functional outcomes of individuals as they matriculate through the program and to inform treatment planning (e.g., measurement-based care). Individuals are given measures at intake to establish a baseline and then monthly or quarterly, depending on the measure. Measures include the assessment of psychotic features, psychotic symptom severity, depression, anxiety, suicidal thinking, and substance use (see **Appendix D**).

Providers track individuals' participation and engagement in services monthly.

The benefits of the measures are twofold:

1. The delivery and completion of measures provide an opportunity for providers and individuals to have a scheduled discussion about symptoms and outcomes, develop goals for care, or identify gaps where services could be improved for the person; and
2. The measures delivered across the network are aggregated and used in the evaluation to better assess where the New Journeys model is meeting the needs of the community being served and where there are opportunities for improvement or additional program development.

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HIGHLIGHTS

Referrals and Eligibility

Since 2015, the New Journeys network has received 1,882 referrals, 1,124 individuals have met network eligibility, and 869 individuals enrolled and received services from New Journeys. Across the network, it took approximately 12 days (SD=30.75) from the date a referral was received to when referred individuals were contacted by New Journeys. On average, the time between when an individual is referred to the New Journeys network and intake session is 30 days (SD=44.35 days), where eligibility has already been determined prior to intake or at intake.

As of June 30th, 2024, 18.3% (n=159) of individuals were actively receiving services, 28.1% (n=244) had disengaged from services, and 31.9% (n=277) of individuals had graduated from New Journeys in approximately 21 months.

Snapshot of Fiscal Year 2024

In 2024 alone, the New Journeys network had received 345 new referrals, an increase in the number of referrals received in 2023 (n=298). Of those referrals, 146 individuals enrolled and received services from one of 19 programs within the network. In addition, 37 individuals graduated from New Journeys in 2024.

Individual Characteristics at Intake

Among individuals who received services (n=869), the majority identified as male (67.5%; n=484) and the average age at intake was 20 years (SD=3.87). Approximately 56% of individuals identified as non-White, 28.8% (n=254) identified as Hispanic/Latinx, and 15.8% (n=140) identified as LGBTQ+. Most individuals were enrolled in public insurance (70.3%). At intake, 99 individuals (21.6%) indicated they were attending school and 118 (25.8%) indicated they were working at least part-time.

The mean duration of untreated psychosis (DUP) was approximately 156 days. Approximately, 54.1% of the individuals who received services from New Journeys had moderate to severe symptoms of depression, 44.5% reported moderated to severe anxiety, and 33.3% indicated having thoughts of suicide or self-harm in the past 2 weeks prior to intake. Approximately 60% of individuals reported some form of substance use in the month prior to intake. The most reported substances were alcohol (63.2%) and cannabis (62.5%), followed by vaping (31.8%), and tobacco (21.6%).

Psychiatric and Functional Outcomes During New Journeys

Over the course of 24 months, individuals reported significantly lower symptoms of depression and suicidal ideation (assessed using the PHQ-9), anxiety (assessed using the GAD-7), and psychotic experiences (assessed using the CAPE-P15 and CRDPSS). There was a significant increase in school enrollment from 21.6% at intake to 45.4% post-intake. Moreover, attendance of at least part-time work significantly increased from 25.8% at intake to 53.6% post-intake. There was no significant change in reported substance use across time.

Service Utilization

Since 2015, 61,474 appointments have been scheduled with individuals and their family/support persons. Of the number of scheduled services, individuals attended 74.6% of appointments, and support persons attended 77.5% of scheduled appointments. Efforts to contact individuals and their loved ones by teams remained high with 32,056 outreach attempts to individuals (n=22,523) and their support persons (n=9,533), of which 72.6% (n=16,356) of attempts resulted in contact with the individual and 85.2% (n=8,124) of attempts were successful with the family/support person.

History

The New Journeys network is the coordinated specialty care model in Washington State which serves individuals experiencing their first episode of psychosis. As of 2024, 19 organizations have implemented the New Journeys model in community behavioral health programs (n=18) and hospital clinics (n=1).

Year	County	Agency
2015	Yakima	Comprehensive Healthcare
2016	King	Valley Cities
	Thurston & Mason	Behavioral Health Resources
2017	Grays Harbor	Behavioral Health Resources
2018	Clark	SeaMar (formerly Community Services Northwest)
2019	Chelan	Catholic Charities Serving Central Washington
	Franklin	Comprehensive Healthcare
	King	Ryther
2020	Spokane	Frontier Behavioral Health
2021	Kitsap	Kitsap Mental Health
2022	King	STEP/Harborview
2023	Clallam	Peninsula Behavioral Health
	Cowlitz & Lewis	Cascade Community Healthcare
	Spokane	Frontier Behavioral Health
2024	Pierce	Clarvida
	Grant	Clarvida
	Snohomish	SeaMar
	Whatcom	Lifeline Connections
	Pierce	Lucid Living

*Note: *Comprehensive Life Resources in Pierce County left the network in 2022*

New Journeys Teams



Figure 1. Location of New Journeys Teams

Note: This figure illustrates the locations of the New Journeys teams throughout Washington state and their current status within the network.

New Journeys Inclusion & Retention

Referrals

Since 2015, **1,882 referrals** have been made to the New Journeys network, representing **1,856 individuals** (43 individuals referred 2 or more times).

Referral Sources

The majority (n=1,011; 53.7%) of referrals received were from external sources, 22.4% (n=422) were internal referrals (i.e., received from larger agency), and for 29.1% (n=548) the referral source was unknown. **Table 1** displays the source of external referrals.

Table 1. External Referral Source

Referral Source [#]	(n)	%
Mental Health Provider	452	45.0
Family	211	21.0
Medical Provider	108	10.8
Other*	233	23.2

[#]20 individuals did not have information provided about the external referral source.

* Combination of justice system, school, crisis centers, social services, emergency department, self-referrals, insurance referrals, and referrals from website.

Referrals by State Fiscal Year

Figure 2 illustrates the number of referrals received each state fiscal year (SFY; July 1st through June 30th) from 2015 to 2024.

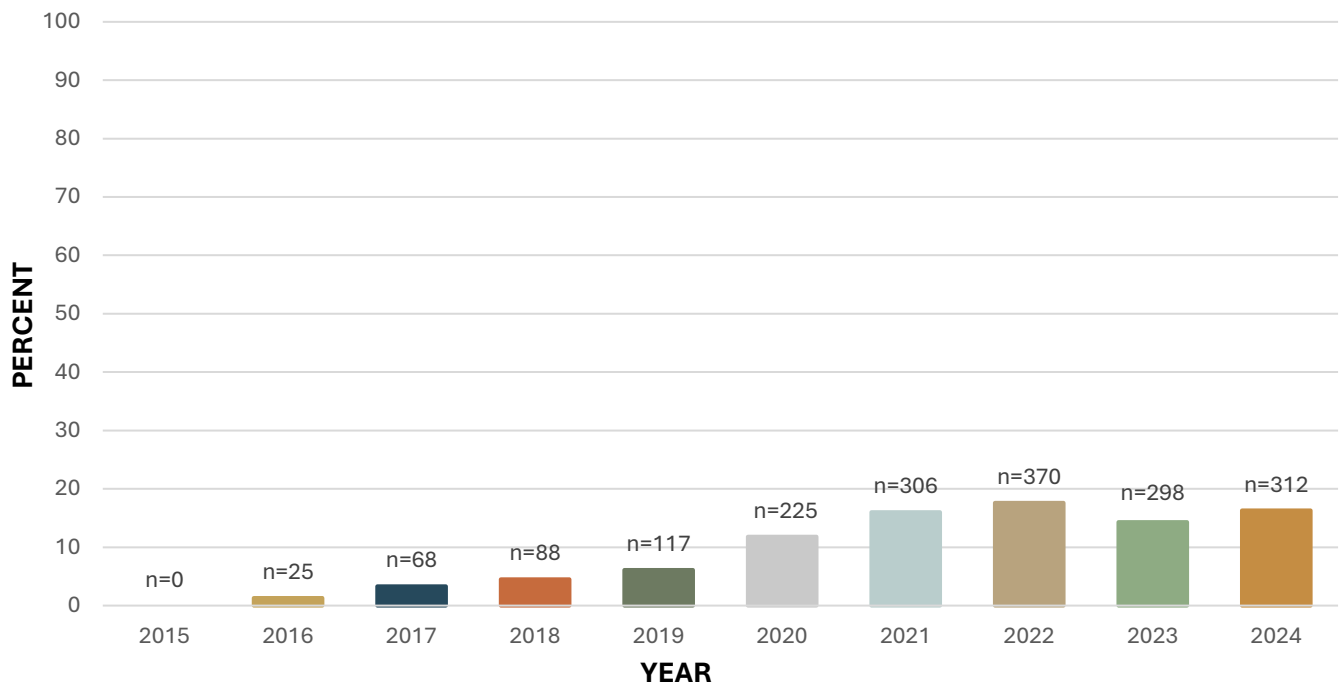


Figure 2. New Journeys Referrals by State Fiscal Year

Note: 22 individuals were missing the referral date.

Eligibility

Table 2 outlines the New Journeys network eligibility criteria. For individuals who do not meet eligibility New Journeys providers assist individuals and their family members with identifying more appropriate services. As of July 2024, the New Journeys eligibility criteria expanded and now includes additional primary diagnoses, indicated in red text below.

Table 2. Eligibility Criteria

Primary Diagnosis	Age	Psychotic symptoms	Psychosis Not Caused By
Schizophrenia	15 ≥ 40	≥ 1 week and ≤ 2 years	Substance intoxication and/or withdrawal
Schizoaffective Disorder			Medical Condition
Schizophreniform Disorder			Documented IQ of ≥ 70
Brief Psychotic Disorder			
Delusional Disorder			
Other Specified Psychotic Disorder / Psychosis NOS			

Program Matriculation

Approximately 60% of individuals referred to New Journeys met primary eligibility criteria (n=1,124; 60.5%) and of those approximately 77% (n=869; 77.3%) went on and received services. Across the network, individuals were contacted approximately 19 days (SD=29.88) after a referral to New Journeys had been received. On average, the time between referral date and intake session date was approximately 31.68 days (SD=40.46). As of June 2024, 277 individuals have graduated from New Journeys. **Figure 3** illustrates the program matriculation.

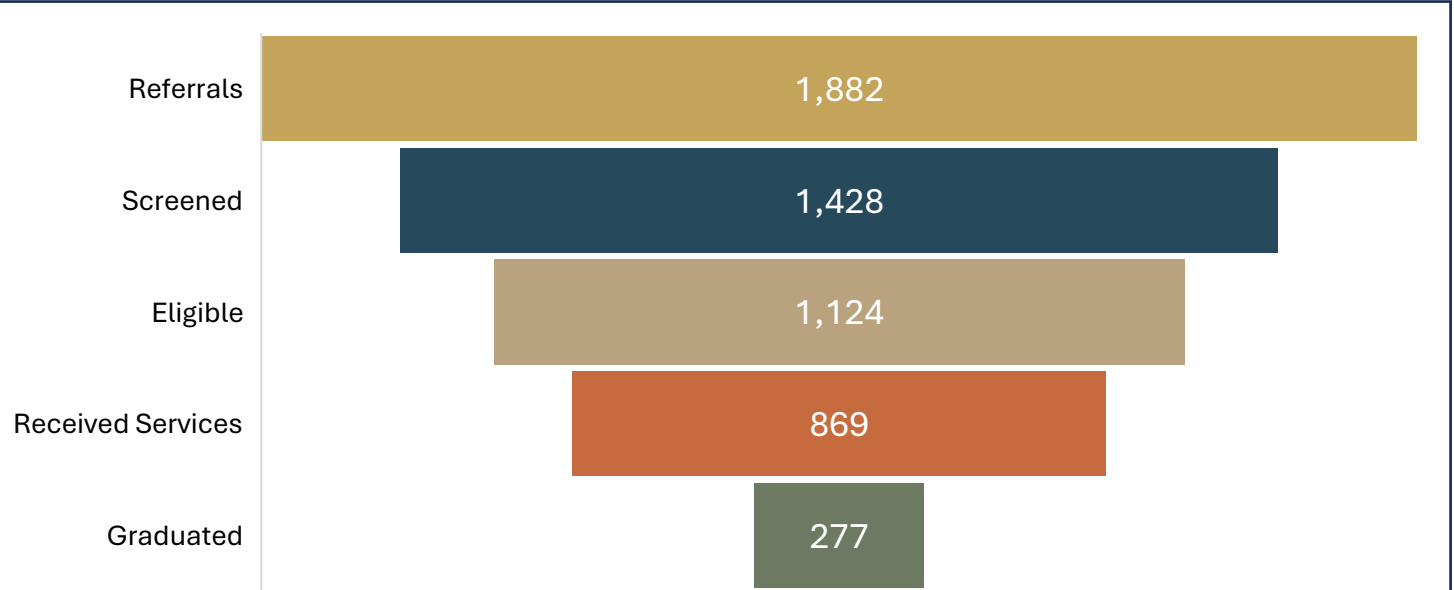


Figure3. Program Matriculation

Note: This figure illustrates the number of referrals received by New Journeys since the program’s initiation and how referrals move through the New Journeys model.

Screened includes all referrals except individuals who could not be reached/contacted. *Eligible* excludes ineligible, consult only, and unable to contact statuses. *Received services* includes active, paused, no-show, disengaged, referred to another service, maintenance, graduated, and provisional admission statuses of individuals. A comprehensive list of the statuses used within the New Journeys network is outlined in [Appendix A](#).

As shown in **Figure 4**, **282 individuals received services from the New Journeys network and of those 146 individuals were first time enrollees in services.** **Figure 4** illustrates the total number of individuals who were served per SFY. In 2024, of the total number of individuals served, **Figure 5** illustrates the number of new individuals served per SFY.

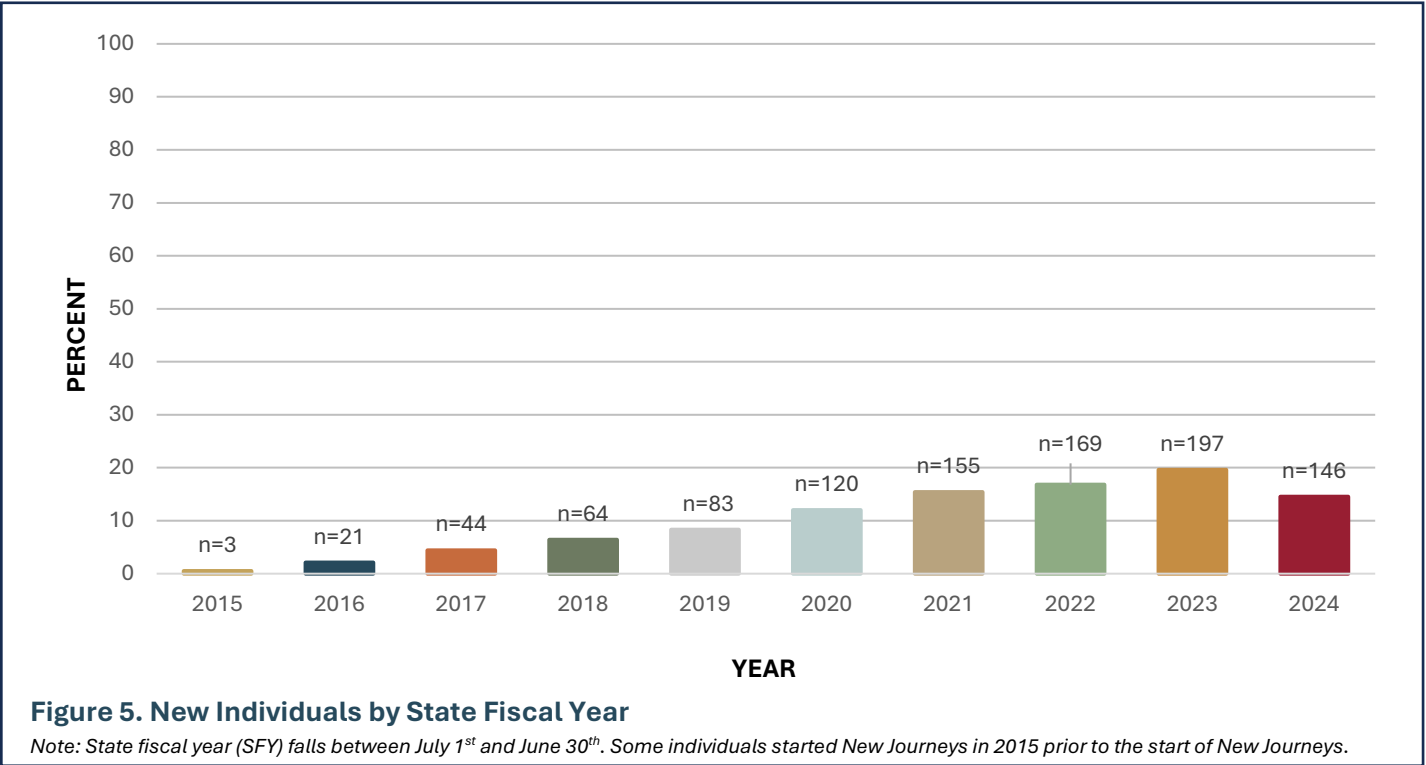
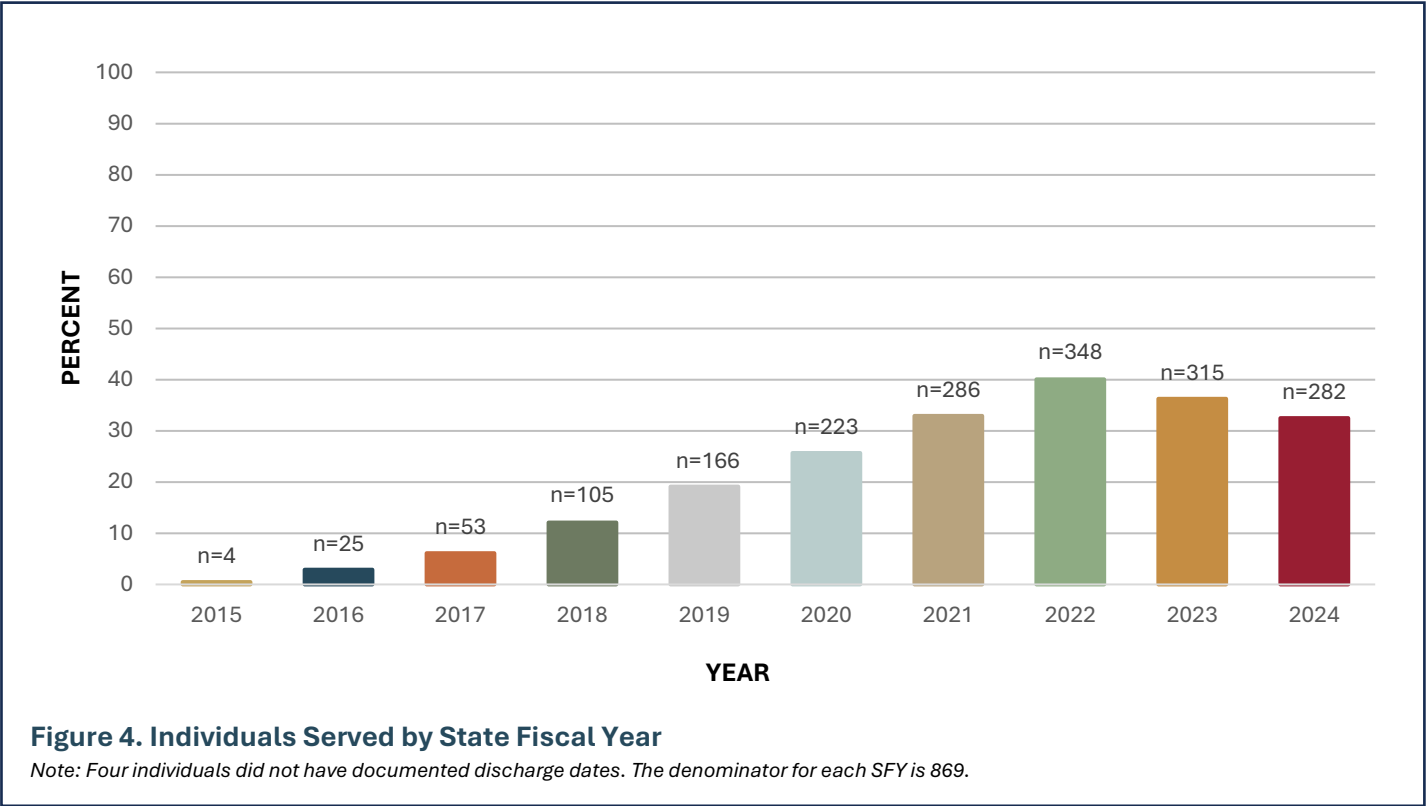


Figure 6 illustrates individual retention across 24-months within the New Journeys network. Individuals enrolled in New Journeys have various start dates and disengage or graduate from the program at various rates (**Table 3**).

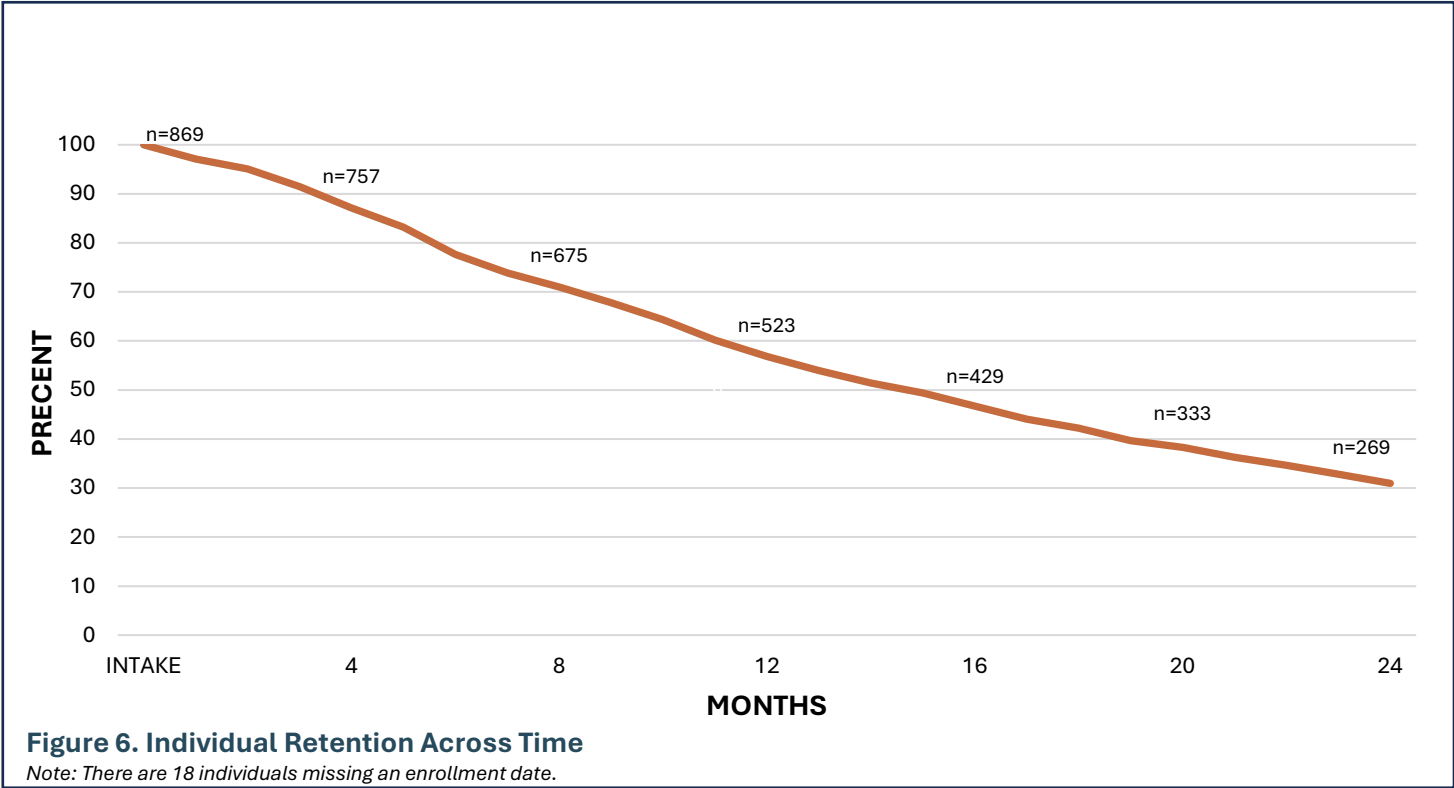


Table 3 displays the average duration of participation for individuals who were referred to New Journeys and received services. As of June 30, 2024, 151 (18.3%) individuals are actively receiving services from New Journeys. Since 2015, 277 (26.1%) individuals have graduated from the program, **37 (13.4%) of which graduated in state fiscal year 2024**. On average individuals graduate from New Journeys in approximately 23 months (SD=11.07).

Table 3. Program Matriculation

Status	(n)	Mean (M)	Standard Deviation (SD)
Active	151	14.40	12.25
Graduated	277	22.93	11.07
Disengaged	236	10.10	9.25
Referred to Another Service	145	11.45	8.92

Demographic Characteristics of New Journeys

The following section describes the demographic characteristics of individuals who were eligible and received services from New Journeys (n=869). The average age of individuals who had received services was 20 years (SD=5.18), most individuals identified as male (n=538; 60.9%), and 56.4% (n=393) identified as an ethnoracial minority, slightly higher than last year (48%) (**Table 4**).

Table 4. Characteristics of Individuals Enrolled in New Journeys (n=869)

Sociodemographic Characteristic	%	(n)	M	SD
Age (years)		848	20.3	3.93
Gender				
Male	60.9	538		
Female	26.7	236		
Non-Binary	2.0	18		
Transgender	1.1	10		
Other	0.9	8		
Race				
White/Caucasian (non-Hispanic)	43.6	385		
Other [#]	19.9	176		
Black/African American	9.2	81		
Multi-Racial	6.7	59		
Alaska Native/American Indian	4.1	36		
Pacific Islander	1.8	16		
Asian	2.8	25		
Ethnicity				
Hispanic	28.8	254		
Individual Preferred Language				
English	90.7	801		
Spanish	3.1	27		
Other [^]	1.0	9		
Sexual Orientation				
Heterosexual	66.7	589		
LGBTQ+	15.8	140		
Type of Insurance				
Public	70.3	621		
Private	16.1	142		
Uninsured	3.9	34		
Living Situation				
With Family	77.9	688		
With Friends	4.1	36		
Alone	3.9	34		
Housing Stability				
Stable	78.5	693		
Temporary	5.1	45		
Institution	4.2	37		
Unstable	2.4	21		
Homeless	1.1	10		

[#]Other race includes Hispanic, Middle Eastern, North African,

[^]Combination of Vietnamese, Swahili, and Chuukese

21 individuals did not fill out all information.

Mental Health History

Of the 869 individuals who had received services from New Journeys, 57% (n=436) had reported some form of contact with mental health services prior to enrolling in New Journeys. The average age of first contact with a mental health clinician was approximately 17 years old; approximately 5 years prior to engaging in services with New Journeys, based on the average age at intake. The duration of untreated psychosis (DUP), defined as the time between the onset of psychotic symptoms and the initiation of treatment to address the symptoms, was approximately 156 days.

Table 5. Prior Contact with Mental Health Services

Mental Health History	(n)	M	SD
DUP (days)	616	156.55	191.13
Age at First Contact with Mental Health System	725	17.31	5.24
Time Between Age at First Contact with Mental Health System and Age at New Journeys Intake (years)	792	3.66	4.55
Number of Previous Psychiatric Hospitalizations	769	1.26	1.19

Primary Diagnoses

As seen in **Table 6**, 97.2% of individuals eligible for New Journeys had a non-affective psychosis primary diagnosis, relatively consistent with New Journeys eligibility criteria outlined on page 9. Individuals in the ‘other’ diagnosis were a combination of anxiety disorders, major depression, PTSD/ASD, and Bipolar I and II who were admitted during the pilot phase of New Journeys.

Table 6. Primary Diagnoses

Clinical Diagnosis	(n)	%
Psychosis NOS / Other Specified Psychotic disorder	332	37.6
Schizophrenia	203	23.0
Schizoaffective	124	14.0
Schizophreniform	88	10.0
Brief Psychotic Disorder	30	3.4
Other*	25	2.8
Delusional Disorder	7	0.8

*A combination of anxiety disorders, major depression, PTSD/ASD, and Bipolar 1 & 2 admitted during 2015.

Clinical Characteristics at Intake

At intake the average score on the CAPE-P15 (a self-report measure of psychotic experiences) was 0.76, below the clinical threshold for symptoms of psychosis (>1.46). The mean score on the Clinician-rated dimensions of psychotic symptom severity (CRDPSS) was 5.14 (SD=4.13). Providers rated negative symptoms highest at intake (M=2.04; SD=1.19) and abnormal psychomotor skills as lowest (M=0.92; SD=1.13). Approximately, 54.1% of individuals reported moderate to severe depression as measured by the PHQ-9, and 44.5% reported moderate to severe anxiety as measured by the GAD-7. Nearly 33.3% of individuals reported thoughts of suicide or self-harm for at least several days in the two weeks prior to intake. Approximately 65% of individuals reported having used any substance in the last 30 days. Alcohol and cannabis use were the most frequently reported substance used. Approximately 32% reported other drug use which included the following: heroin, cocaine, stimulants, inhalants, sedatives, opiates, club drugs, amphetamine, barbiturates, hallucinogens, methadone, and methamphetamine.

Table 7. Clinical Characteristics at Intake

Items	(n)	%	M	SD
Psychotic Experiences Score (CAPE-P15)	536		0.76	0.65
Clinician-Rated Symptoms of Psychosis (CRDPSS)	219		5.14	4.13
Hallucinations			1.87	1.29
Delusions			2.01	1.30
Disorganized Speech			1.18	1.21
Abnormal Psychomotor Skills			0.92	1.13
Negative Symptoms			2.04	1.19
Symptoms of Depression Severity (PHQ-9)				
(1) Minimal	102	21.3		
(2) Mild	118	24.6		
(3) Moderate	116	24.2		
(4) Moderate-Severe	76	15.9		
(5) Severe	67	14.0		
Total	479			
Symptoms of Anxiety Severity (GAD-7)				
(1) Minimal	142	29.8		
(2) Mild	123	25.8		
(3) Moderate	90	18.9		
(4) Severe	122	25.6		
Total	477			
Suicidal Thinking (Last 2 Weeks)				
(1) Not at all	314	66.7		
(2) Several days	84	17.8		
(3) More than half the days	49	10.4		
(4) Nearly every day	24	5.1		
Total	471			
Alcohol, Drug & Tobacco Use (in Lifetime at Intake)				
Used Alcohol*	301	63.2		
Used Tobacco*	103	21.6		
Vaped / e-cigarettes**	132	31.8		
Used Cannabis***	300	62.5		
Other Drug Use****	186	31.7		
Any Substance Use****	380	64.7		

*out of 476;; **out of 415; ***out of 480, ****out of 587

Community Assessment of Psychic Experiences – Positive Scale 15 (CAPE-P15) – Symptoms of Psychosis

As displayed in **Figure 7**, there was a statistically significant change in positive psychosis-like experiences over 24 months ($\beta = -0.22$; CI: -0.03, -0.02; $p < 0.001$). The mean score for psychosis-like experiences at intake for 559 individuals was 0.76 (SD=0.65), while the mean post-intake was 0.34 (SD=0.48).

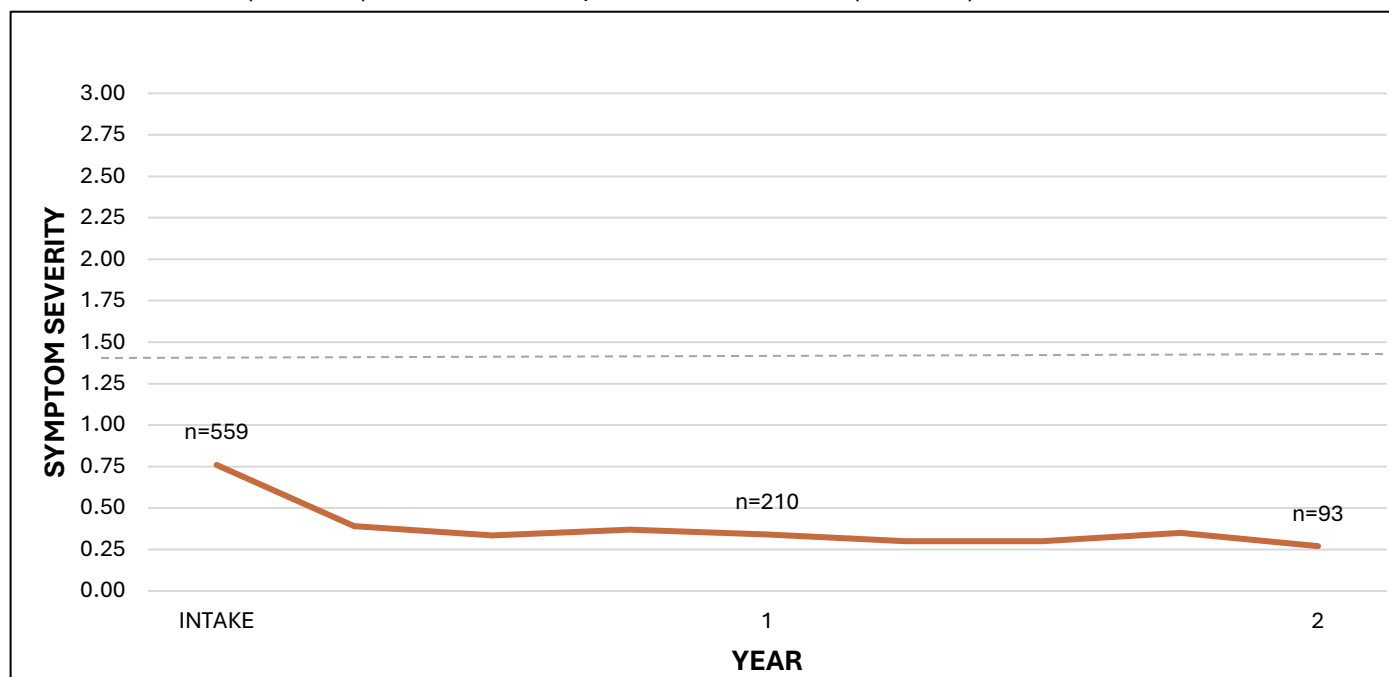
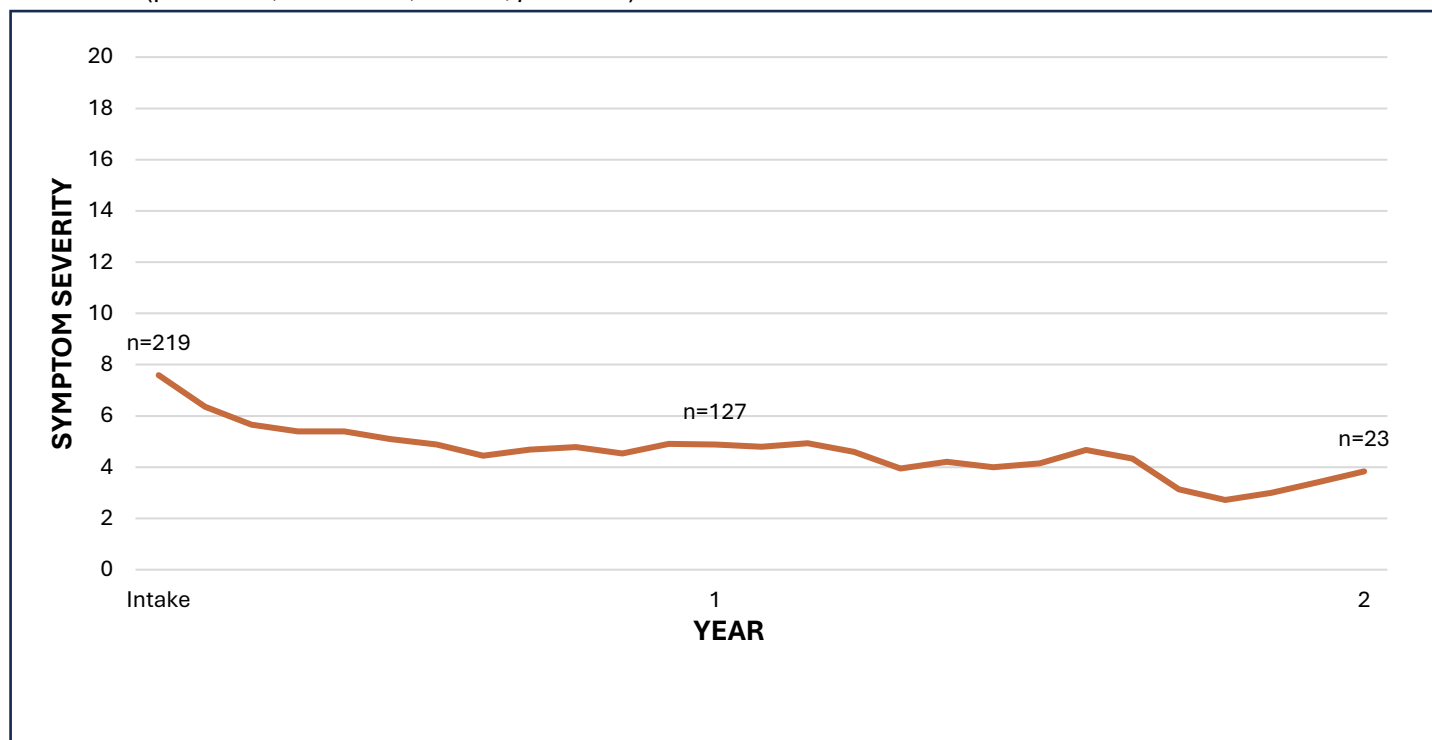


Figure 7. CAPE-15 Positive Psychotic-Like Experiences

Note: The dashed line indicates where the recommended clinical cut-off score is for detecting psychotic-like experiences in an individual. Sites were controlled for and there was no detected variance.

Clinician Rated Dimensions of Psychosis Symptom Severity (CRDPSS) – Symptoms of Psychosis

The mean score at intake for 219 individuals was 7.99 (SD=4.01), while the mean post-intake was 5.14 (SD=4.13; see Figure 8). Across 24 months, there was a statistically significant change in psychosis symptoms total score on the CRPDSS ($\beta = -0.144$; CI: -0.174, -0.115; $p < 0.001$).



CRDPSS Subscales

The CRDPSS has five subscales: hallucinations, delusions, disorganized speech, abnormal psychomotor behavior, and negative symptoms. As seen in **Figure 9**, each subscale had a statistically significant reduction in symptom severity from baseline to 24 months at ($p<0.001$).

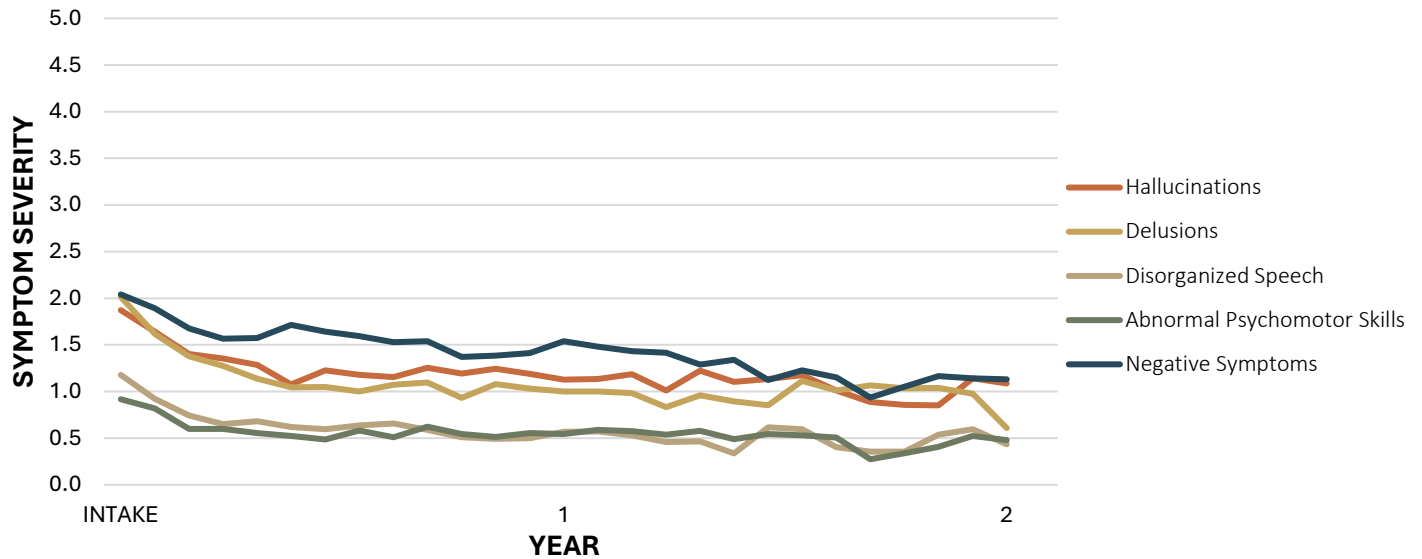


Figure 9. CRDPSS Subscales

The quantity of responses ranges from 219 at intake, 127 at year 1, and 23 at year 2.

Patient Health Questionnaire 9 (PHQ-9) – Symptoms of Depression

There was a statistically significant change in symptoms of depression over 24 months ($\beta = -0.235$; CI: -0.268, -0.202; $p < 0.001$). The mean score for depression at intake was 10.81 ($n=479$; $SD=7.05$), post-intake the average score for symptoms of depression was 5.83 ($SD=5.71$).

At intake 259 individuals reported moderate to severe (10-27) symptoms of depression, over time there was a statistically significant reduction in symptom severity from baseline to 24 months ($\beta = -0.10$; CI: -0.13, -0.06; $p < 0.001$), see **Figure 10**. At intake, 33.3% of individuals endorsed some level of suicidal ideation as measured by the PHQ-9, which was a statistically significant reduction in symptom severity from baseline to 24 months ($\beta = -0.38$; CI: -0.45, -0.32; $p < 0.001$).

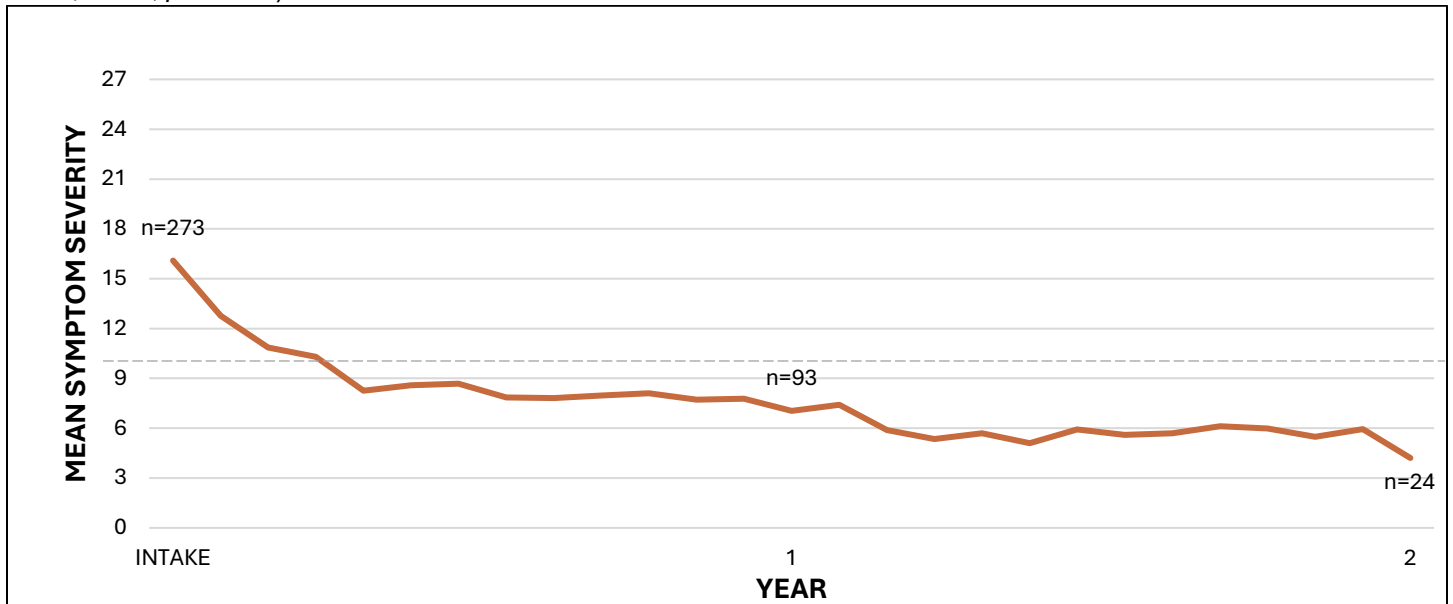


Figure 10. PHQ-9 | Individuals with Moderate to Severe at Intake

Note: The dashed line indicates where the recommended clinical cut-off score is for detecting major depression in an individual.

Generalized Anxiety Disorder 7 Item (GAD-7) – Symptoms of Anxiety

There was a statistically significant change in symptoms of anxiety over 24 months ($\beta = -0.17$; CI: $-0.20, -0.14$; $p < 0.001$). The mean score for anxiety at intake for 477 individuals was 9.06 (SD=6.35), slightly below what would be considered clinically significant, while post-intake the mean was 5.01 (SD=5.32).

At intake 212 individuals reported moderate to severe (total score=10-21) symptoms of anxiety. Across 24 months, there was a statistically significant decrease in their symptoms of anxiety, as is seen in **Figure 11** ($\beta = -0.37$; CI: $-0.42, -0.32$; $p < 0.001$).

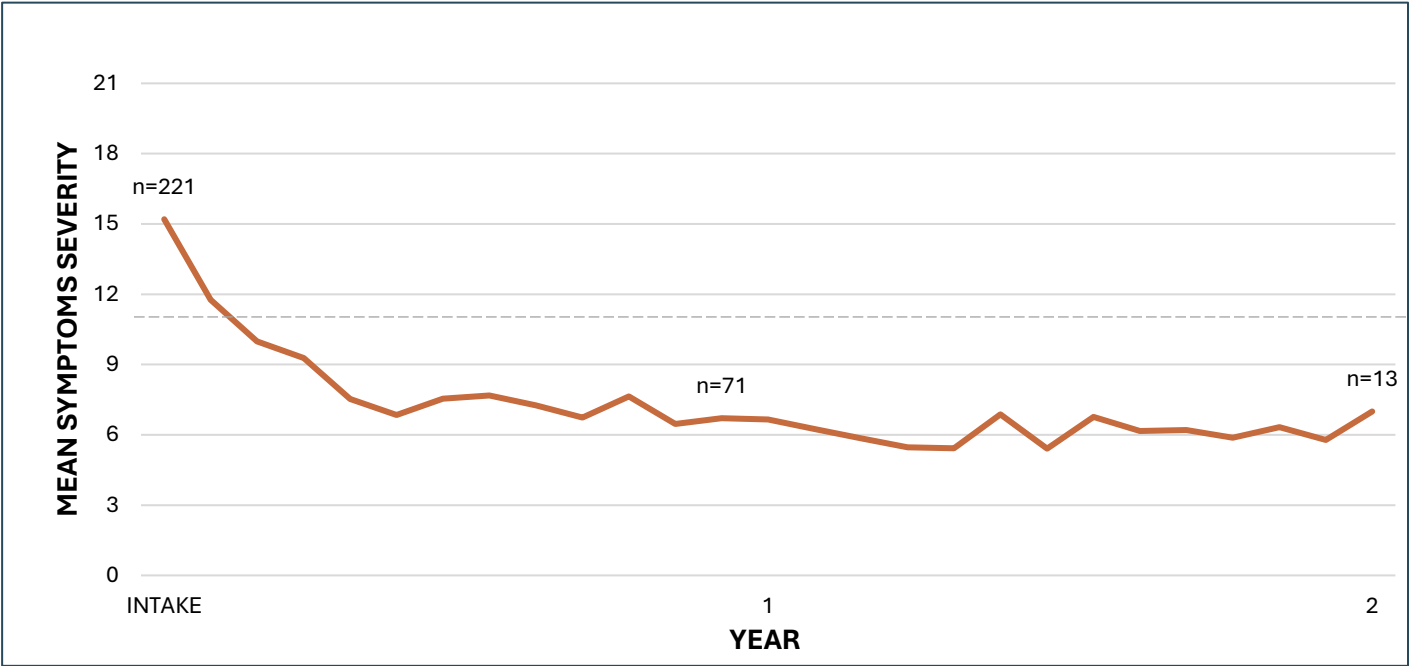


Figure 11. GAD-7 | Individuals with Moderate to Severe at Intake

Note: The dashed line indicates where the recommended clinical cut-off score is for detecting generalized anxiety in an individual. Site was controlled for and there was not statistically significant.

Substance Use

Any Substance Use

There was no statistically significant decrease in any substance use across 24 months. **Figure 12** illustrates the percentage of respondents who reported using any substance at intake and across two years.

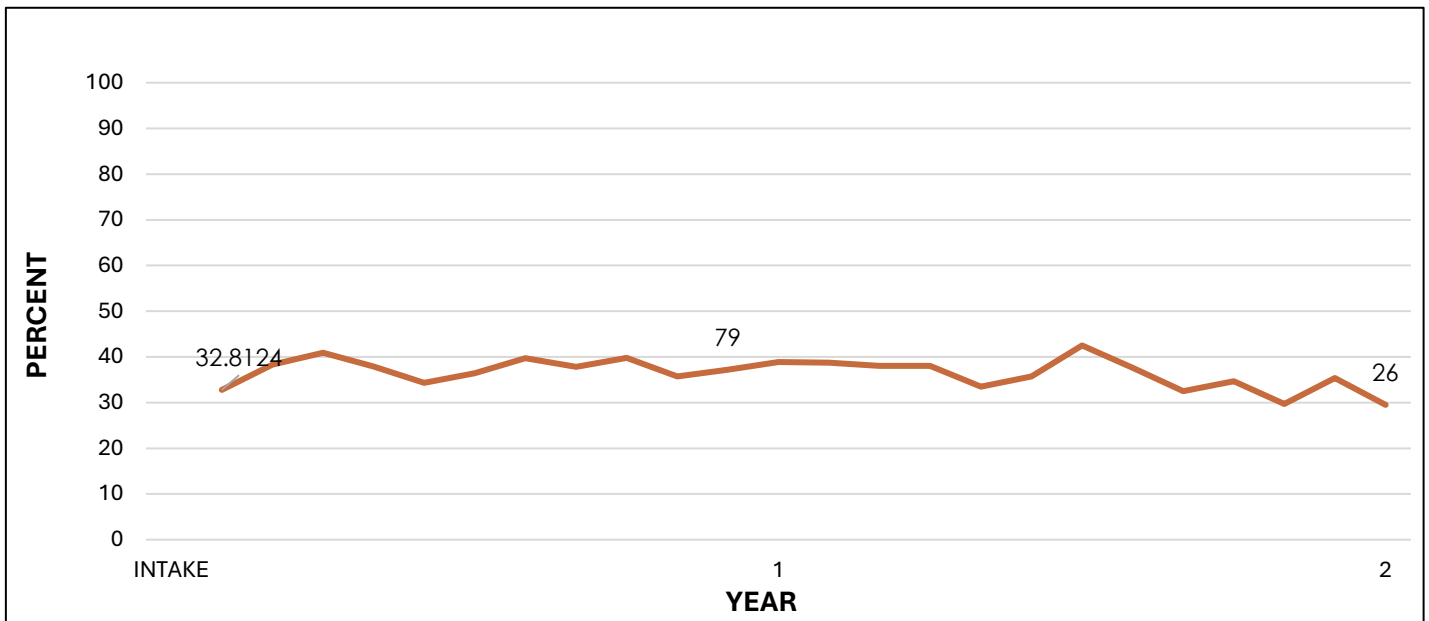


Figure 12. Any Substance Use

Note: There was no variance between sites. Respondents at month 1 N=378, year 1 N=203, year 2 N=88.

Alcohol Use

Based on monthly reporting on alcohol use, **Figure 13** highlights alcohol use at intake and over time. There was no significant decrease in alcohol use over time.

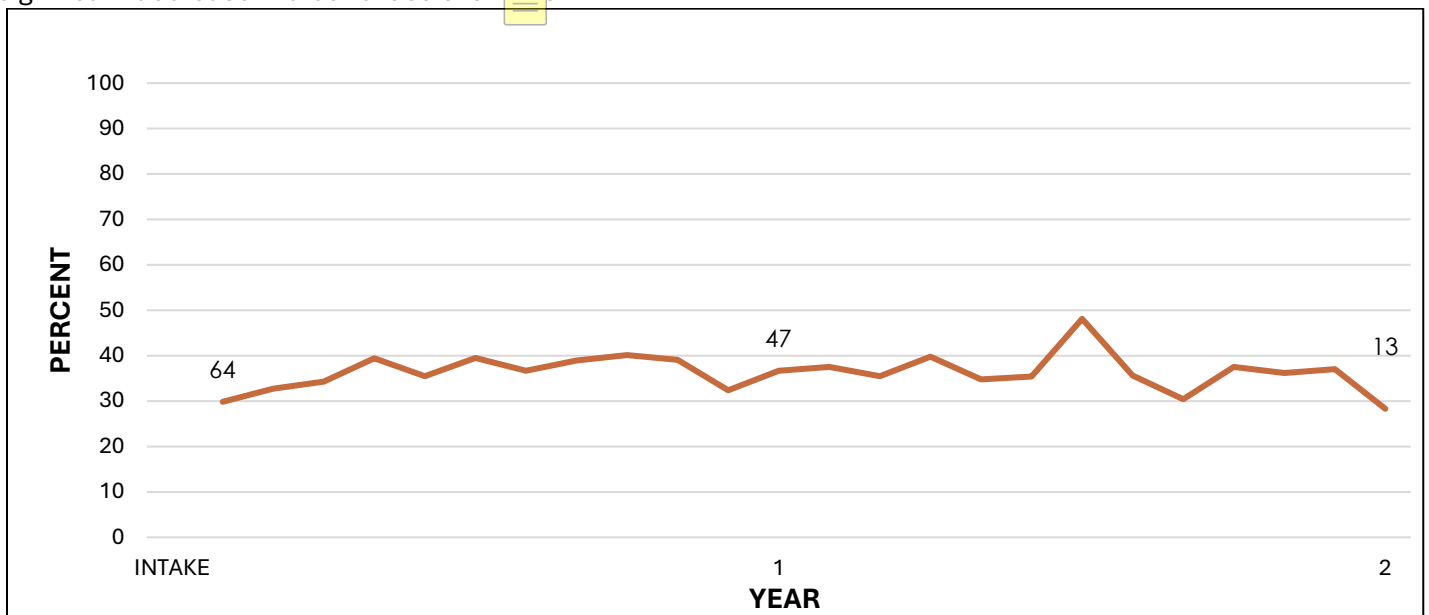


Figure 13. Alcohol Consumption

Note: Sites and alcohol use at intake were controlled for and there was no significant difference between sites Respondents at month 1 N=215, year 1 N=128, year 2 N=46.

Cannabis Use

Based on monthly reporting of cannabis use, **Figure 14** illustrates the percentage of individuals who reported cannabis use at intake and across 24 months. There was no significant decrease in cannabis use over time.

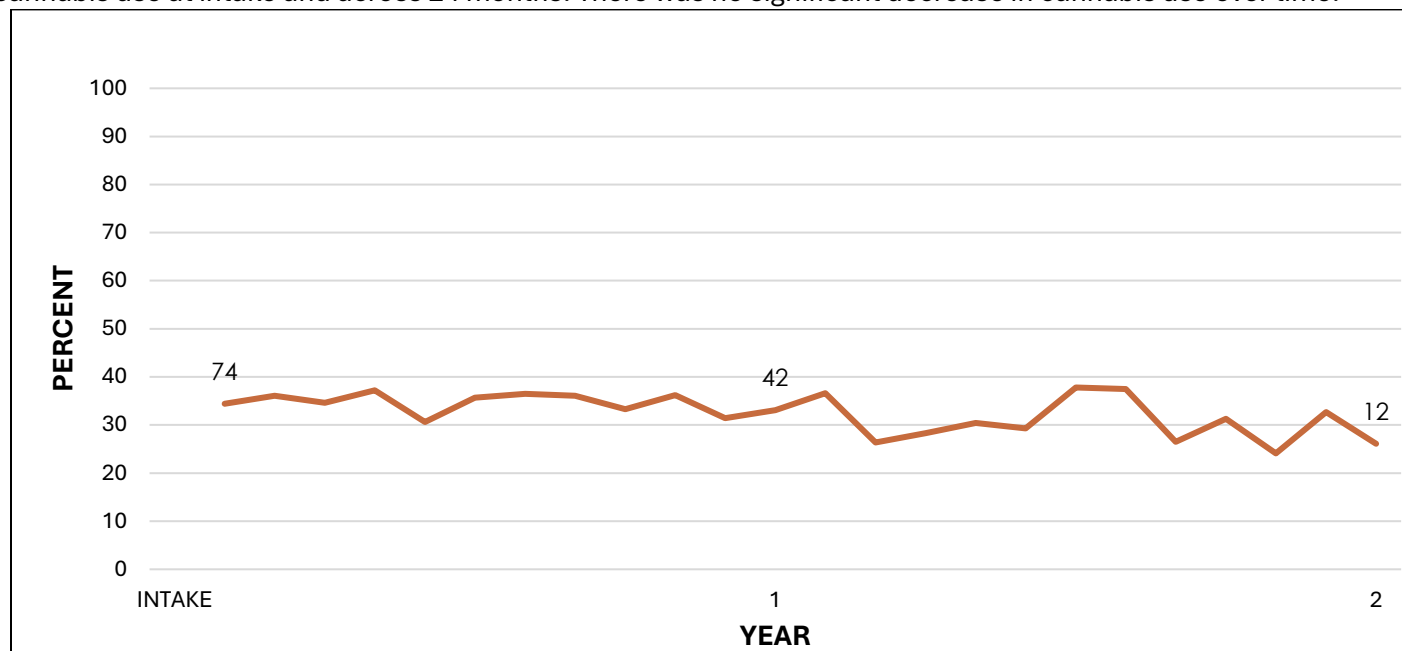


Figure 14. Cannabis Use

Note: Site and cannabis use at intake were controlled for and was not significant. Respondents at month 1 N=215 year 1 N=127, year 2 N=46.

Tobacco Use

Based on monthly reporting of tobacco use, **Figure 15** illustrates the percentage of individuals who used tobacco at intake and across 24 months. There was no significant decrease in tobacco use over time.

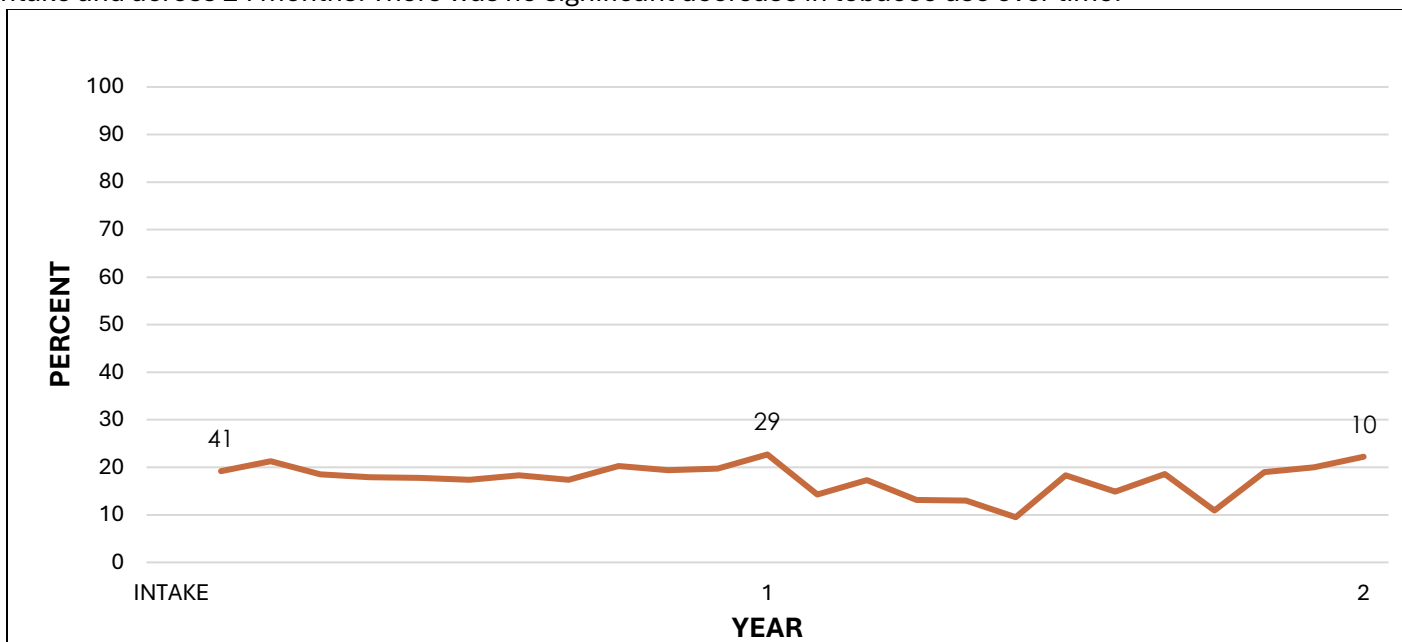


Figure 15. Tobacco Use

Note: Site and tobacco use at intake were controlled for and was not significant. Respondents at month 1 N=214, year 1 N=128, year 2 N=45.

Other Substance Use

Excluding alcohol, cannabis, and tobacco, the use of other substances (i.e., heroin, cocaine, stimulants, inhalants, methamphetamines, amphetamines, hallucinogens, club drugs, and vaping) was assessed monthly. **Figure 16** illustrates the percentage of individuals who reported substance use over a period of 24 months. There was no statistically significant decrease in other substance use across time.

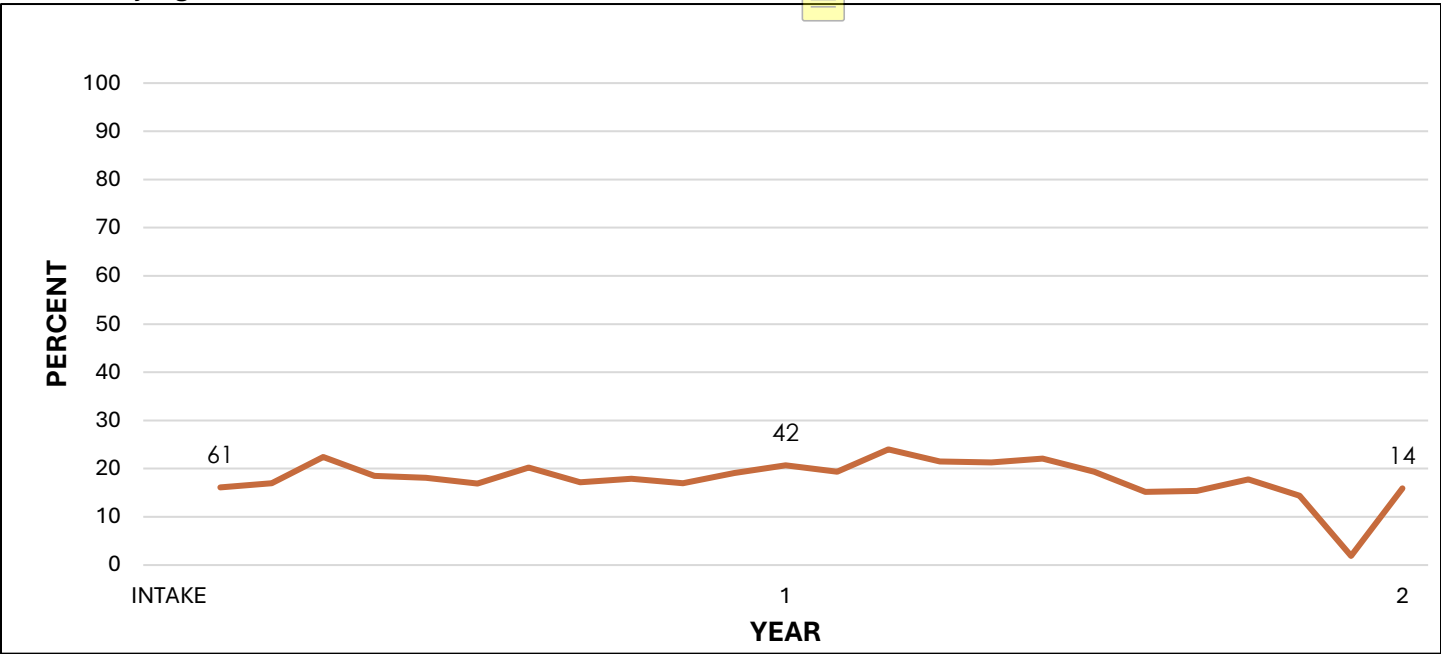


Figure 16. Other Substance Use

Note: Site and other substance use at intake were controlled for and there was no variance between other substance use at intake and other months. Respondents at month 1 N=378, year 1 N=203, year 2 N=88.

Education & Employment

Education

Figure 17 displays the level of education achieved at intake. Approximately 16% (n=92; 15.7%) of individuals indicated having an educational goal at intake and approximately 22% (n=193) of individuals indicated having an educational goal post-intake. As seen in **Figure 18**, 21.6% (n=99) of individuals reported attending school at intake and post-intake, 45.4% of individuals were enrolled in school. There was a statistically significant increase in school enrollment across 24 months (OR: 0.746; CI: 1.624, 2.736; $p < 0.001$).

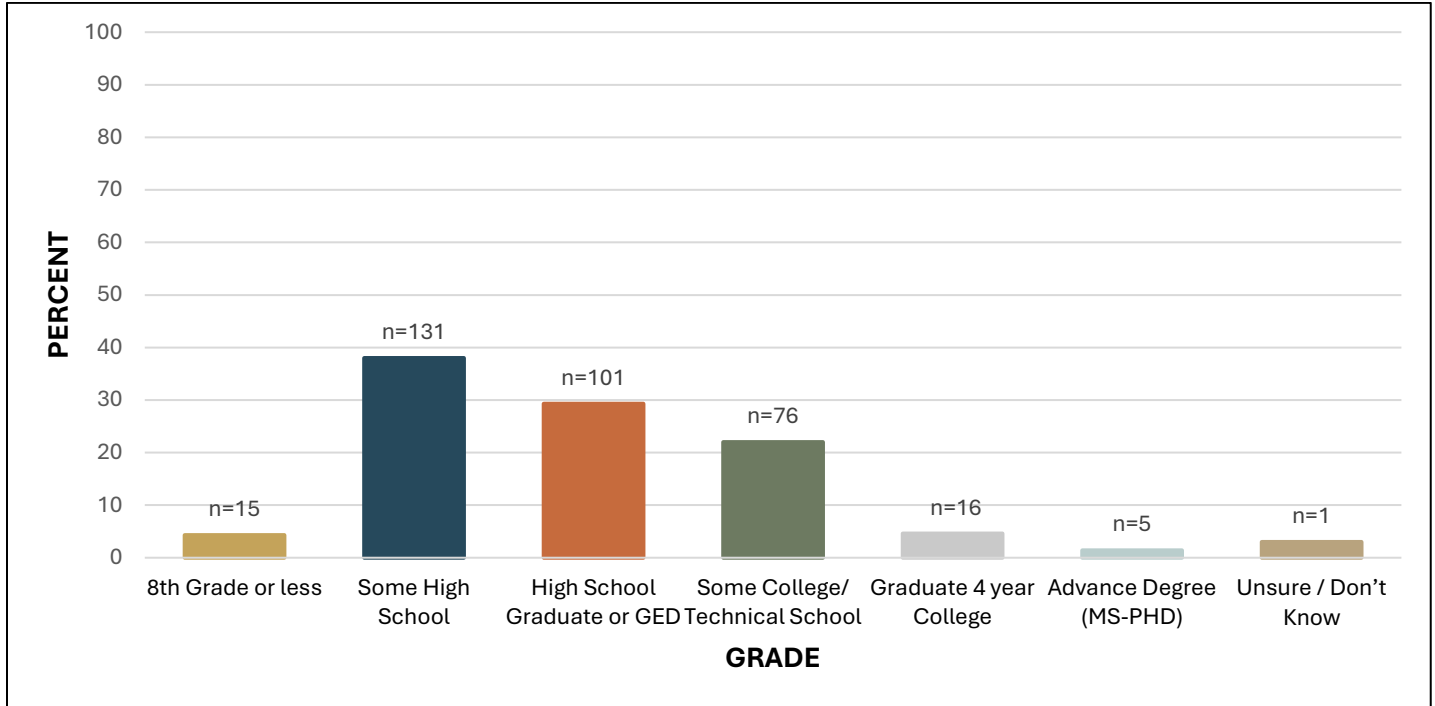


Figure 17. Educational Level at Intake

Note: The denominator is 458.

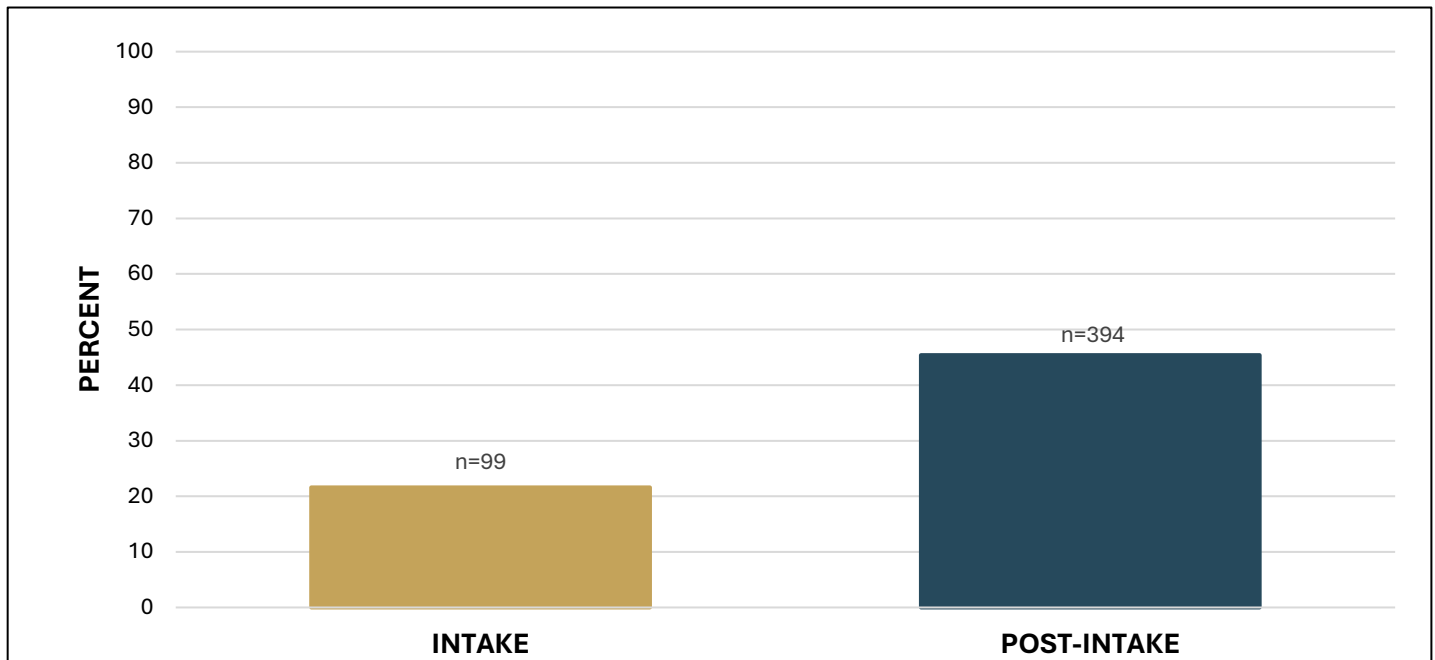


Figure 18. School Enrollment Pre- and Post-Intake

Note: Denominator at intake 458; Denominator post-intake 735. Site was controlled for and there was no variance.

Employment

At intake, 15.7% (n=92) of individuals indicated goals related to finding or sustaining employment and 27% (n=210) of individuals had a goal focused on employment post-intake. Approximately 26% (n=118; 25.6%) of individuals reported being employed at intake and approximately 53.6% of individuals reported being employed post-intake (**Figure 19**). Over time there was a statistically significant increase (OR: 1.439; CI:3.244, 5.477; $p < 0.001$) of individuals who reported at least one month of employment.

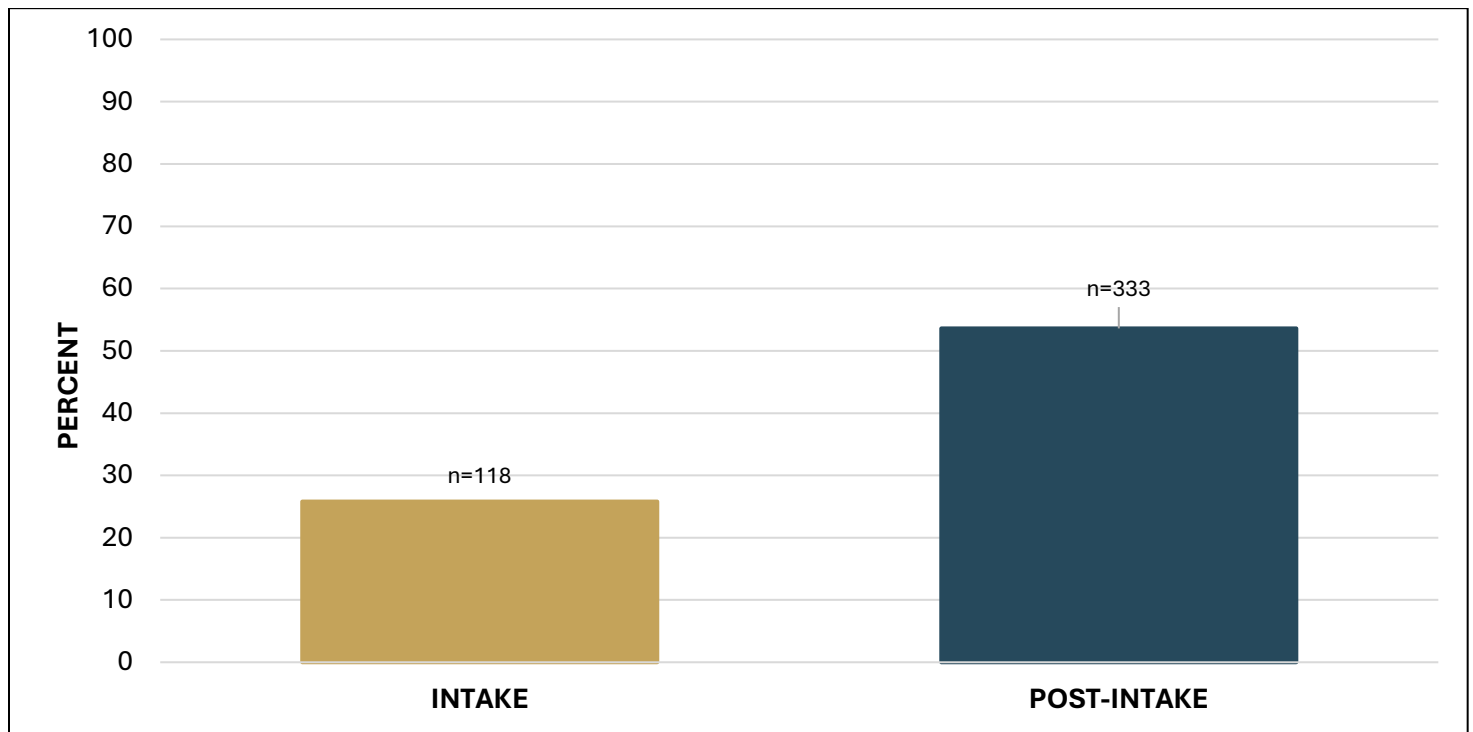


Figure 19. Employment Pre- and Post-Intake

Note: The denominator at intake was 458, and at post-intake the denominator was 734. Site was controlled for and there was no variance.

SERVICE UTILIZATION

Individual Engagement with Services

Since 2015, 869 individuals have received services from programs within the New Journeys network. Overall, 783 individuals were offered at least one service while enrolled in New Journeys and 772 (97.3%) attended at least one scheduled appointment. **Table 8** illustrates the number of scheduled and attended sessions across each service component. **Overall, individuals attended approximately 78.1% of scheduled appointments.**

Table 8: Service Utilization

Service	Individuals/Family Scheduled	Total Appt. Scheduled	Total Appt. Attended (Individual)	Total Appt. Attended (Family)
	(n)		%	%
Individual resilience therapy (IRT)	434	20,708	15,453	74.6
IRT Groups*	143	1,053	810	76.9
Individual Placement and Support (IPS)	284	11,063	8,569	77.5
Medication Management	335	8,409	6,538	77.8
Registered Nurse*	172	1,205	1,017	84.4
Case Management*	184	7,288	6,435	88.3
Peer Support*	128	4,892	3,852	78.7
Peer Group*	23	204	76	37.3
Family Psychoeducation (FPE)	258	6,469	3,180	49.2
FPE Group*	36	183		143
Total (for Individuals) **		54,618	42,674	78.1

*Not every site currently provides, or has provided, this service.

**This does not include family psychoeducation of family psychoeducation group as these components are optional for individuals to attend.

This table only reports the statistics for 783 of the individuals who were eligible for New Journeys services, the other 86 individuals were missing data.

In addition to the relatively high rates of appointment attendance, programs within the New Journey network engage in numerous outreach efforts, with 72% successful in making contact (**Table 9**).

Table 9. Individual and Family Outreach (24 Months)

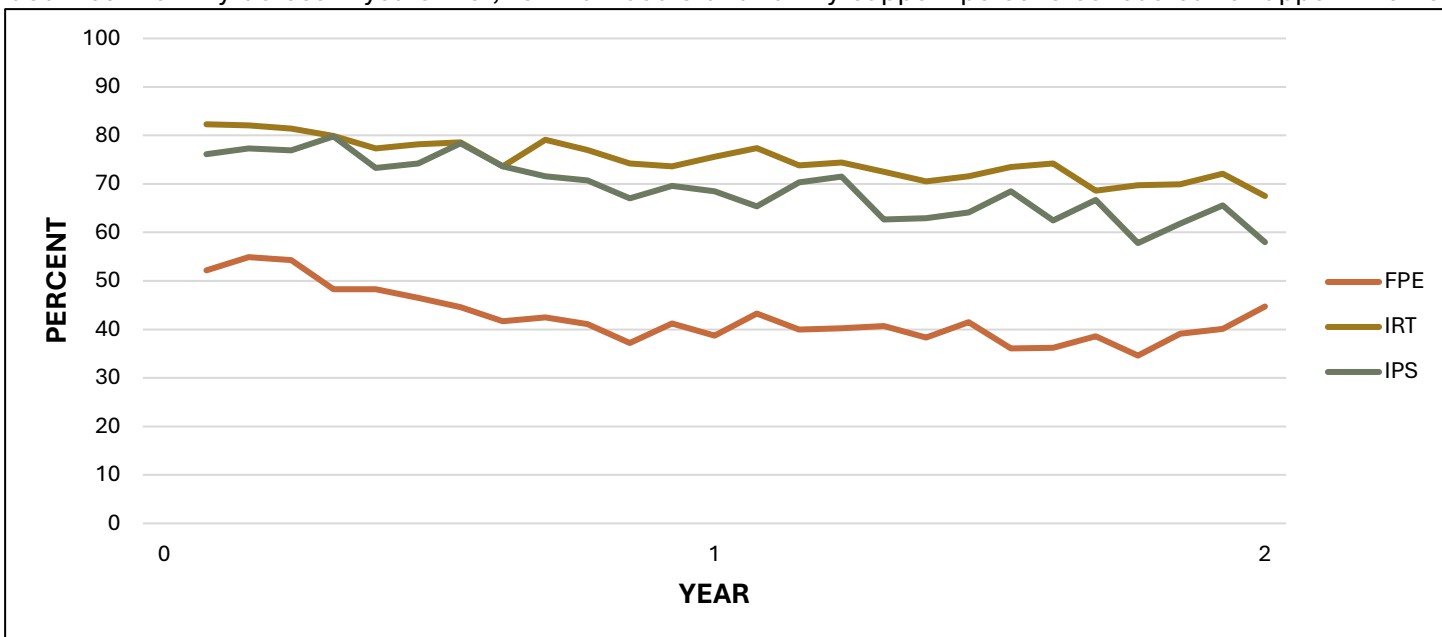
	Individuals / Family (n)	Total Contacts Attempted	Total Contacts Made	%
Individual outreach via Phone/Text	701	20,106	14,470	72.0
Individual Outreach In-Person	329	2,417	1,886	78.0
Family Outreach via Phone/Text	549	8,909	7,629	85.6
Family Outreach In-Person	179	624	495	79.3
Total Outreaches to Individuals		22,523	16,356	72.6
Total Outreaches to Family		9,533	8,124	85.2

Family Engagement

There have been 6,469 scheduled family psychoeducation appointments with 258 family members/support persons, with an attendance rate of 91.8% (**Table 8**). Families have also been receptive to outreach efforts by providers, answering 85.6% of phone calls or texts and being available for in-person contact 79.3% of the time (**Table 9**).

Attendance Over Time

Not every service user or family/support person is scheduled for a family psychoeducation (FPE), individual resiliency therapy (IRT), or individual placement support (IPS) session monthly (**Figure 20**). During the first month, 86.5% of individuals are scheduled for IRT, 58.1% scheduled for IPS, and 52% of family member/support persons are scheduled for FPE. The number of individuals and family/support persons who are scheduled for services declines monthly across 2-years. Yet, for individuals and family/support persons scheduled for appointments,



attendance remained above 80% across two years for IRT, IPS and FPE. (**Figure 21**).

Figure 20. Scheduled Appointments

Note: Number of sessions which were scheduled for IRT, IPS, and FEP as indicated by completed Service Utilization measures. Denominator month 1=502, Year 1 = 302, Year 2 = 159.

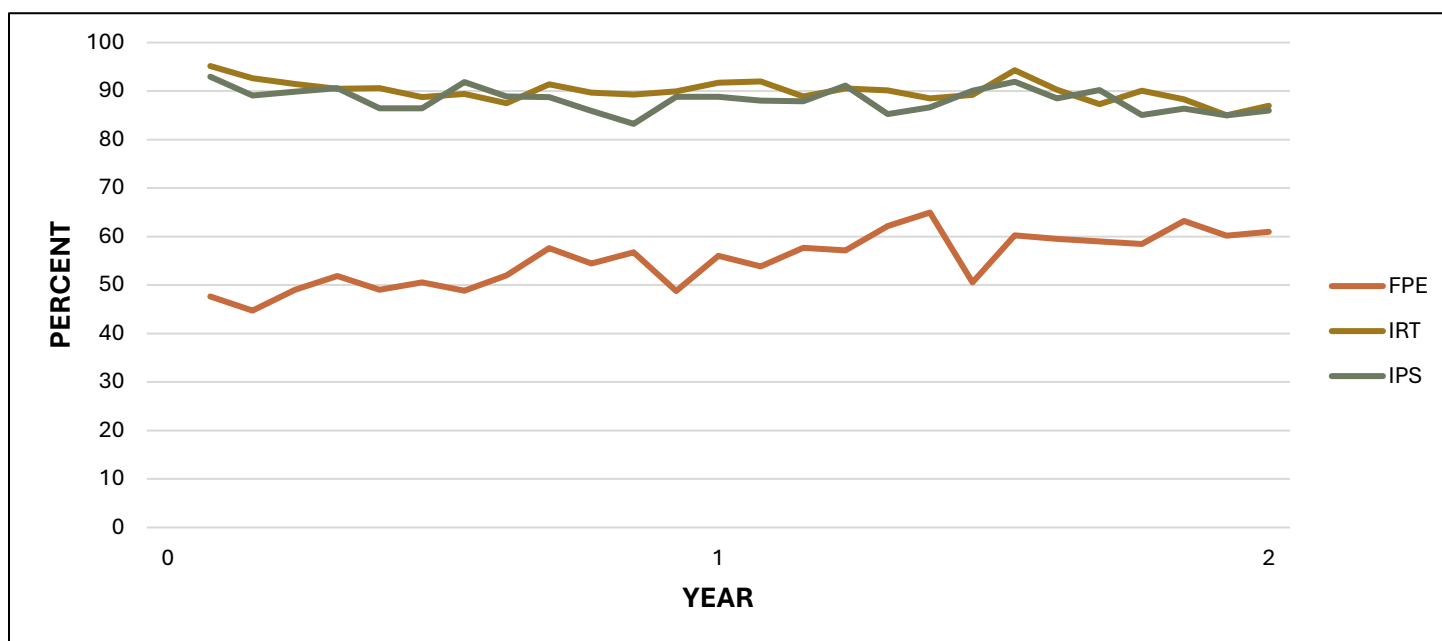


Figure 21. Percent of Attended Appointments per Scheduled Appointment

Note: Percentage of sessions scheduled for IRT, IPS and FPE against how many were scheduled for the month. Denominator for IRT as follows: month 1 = 413, Year 1 = 308, Year 2 = 160. Denominator for IPS: month 1 = 264, Year 1 = 138, Year 2 = 69. Denominator for FPE: month 1 = 230, Year 1 = 109, Year 2 = 67.

These results should be interpreted with caution as they are representative of the service utilization measures completed, and there was a high degree of missingness. At month 1, only 494 service utilizations were completed for the expected 869 individuals.

STATE ADMINISTRATIVE DATA

Administrative Data

New Journeys is partnered with the Research and Data Analysis (RDA) Division of the Washington State Department of Social and Health Services. The partnership is to better understand whether there is a change in state-funded service usage because of individuals engaging with New Journeys services. The services assessed in the following report include publicly funded inpatient hospitalizations, mental health services, emergency department visits, and substance use treatment, as well as Economic Service Administration (ESA) assistance, and involvement in the justice system or child welfare services. Furthermore, changes in mental health diagnoses, psychotropic medication, and housing situation prior to and after services with New Journeys are assessed. These various data outcomes are assessed from the 24 months prior to intake of the individual into New Journeys and up to 24 months after intake. The aims of this partnership are to better develop and classify characteristics and parameters which can be used to identify a comparison group of youth who have not received services from a New Journeys program. This will allow a more extensive analysis of the effectiveness of New Journeys program. *As individuals have different start times within New Journeys, there is missing data, particularly in the post-period, as well as a delay in updating the various databases in which the outcomes are accessed.*

RDA receives the individuals to review from WSU via a secure data transfer portal. New Journeys providers collect, or attempt to collect, the New Journeys Information Registry form and the HIPAA form from each service user. These forms include social security numbers, birth dates, and Medicaid numbers. This year the providers provided forms for 541 individuals. Seventy-seven individuals had little to no data provided by RDA (n=464).

Rule of Small Numbers

As any database where the number of respondents may be ≤ 10 to a singular response could be used to identify individuals, any administrative system where this was the case was excluded from analyses.

Baseline was taken out of the comparisons between Pre and Post New Journeys because we cannot know when they entered the program and what counts as pre and post in their baseline.

Diagnosis

Figure 22 depicts the diagnoses of individuals pre- and post-intake. Individuals were significantly less likely to be diagnosed with Disruptive Conduct Disorder (β : -0.635; CI: 0.387, 0.699; $p<0.001$), ADHD (β : -0.578; CI: 0.411, 0.766; $p<0.001$) and finally with Bipolar Disorder (β : -2.708; CI: 0.053, 0.085; $p<0.001$) and significantly more likely to be diagnosed with Psychotic Disorder (β : 2.621; CI: 11.793, 16.038; $p<0.001$).

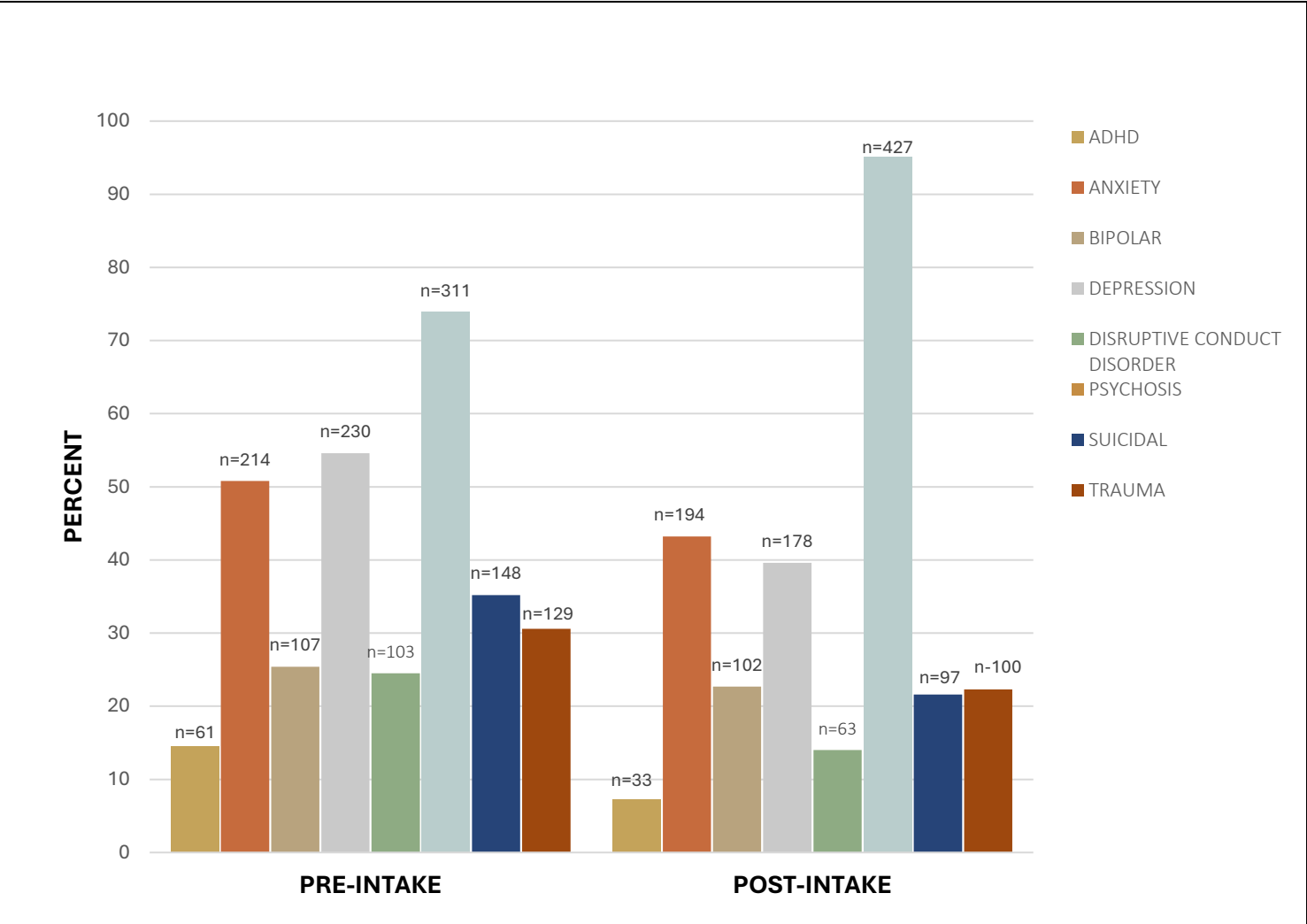


Figure 22. Diagnosis

Note: The denominator for pre-intake is 421 and for post-intake the denominator is 449.

Psychotropic Medication Prescribed

Figure 23 depicts the prescriptions for individuals pre- and post-intake. Individuals were significantly more likely to be prescribed anti-anxiety medication (β : 0.621; CI: 1.557, 2.225; $p < 0.001$), anti-depressant medication (β : 0.966; CI: 2.257, 3.061; $p < 0.001$), anti-mania medication (β : 1.327; CI: 2.188, 6.494; $p < 0.001$) and anti-psychotic medication (β : 2.066; CI: 6.858, 9.088; $p < 0.001$). There was no significant change to the prescription of ADHD medication.

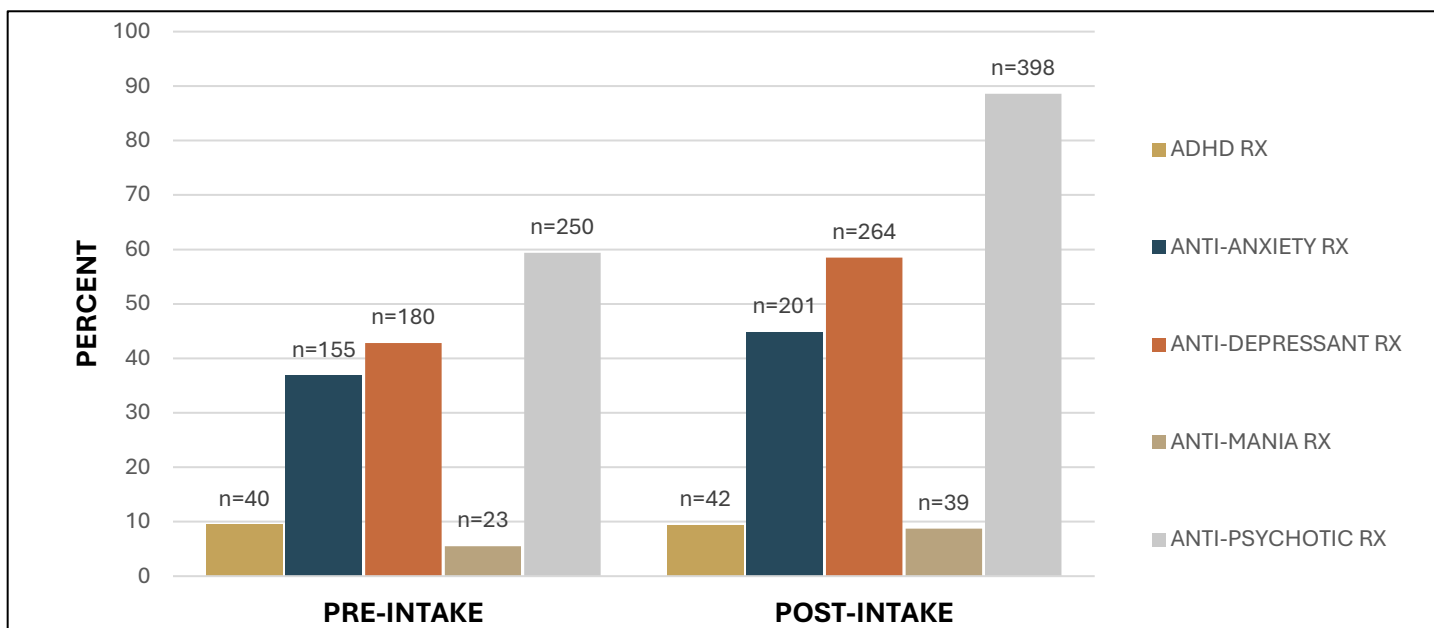


Figure 23. Psychotropic Medication Prescribed

Note: The denominator for pre-intake is 421 and for post-intake the denominator is 449.

Inpatient Hospitalizations for Medical Concerns

Figure 24 depicts the percentage of individuals pre- and post-intake who reported at least one inpatient hospitalization for a medical concern. There was a statistically significant decrease in inpatient hospitalizations for medical concerns (β : -0.408; CI: 0.550, 0.804; $p < 0.001$).

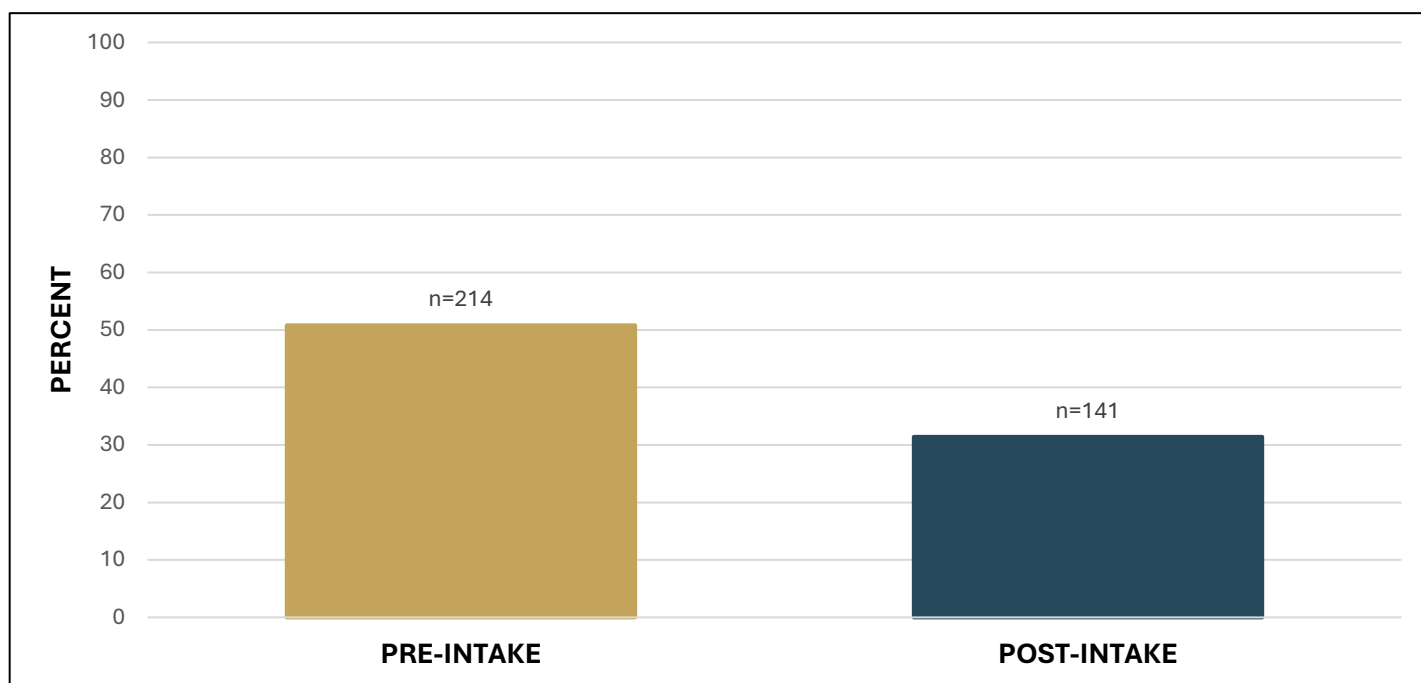


Figure 24. Hospitalizations – Medical Concern

Note: The denominator for pre-intake is 421 and for post-intake the denominator is 449.

Mental Health Outpatient Services

As seen in **Figure 25**, individuals had a statistically significant increase in the use of any mental health outpatient services pre-and post-New Journeys intake (β : 2.020; CI: 6.614, 8.592; $p < 0.001$).

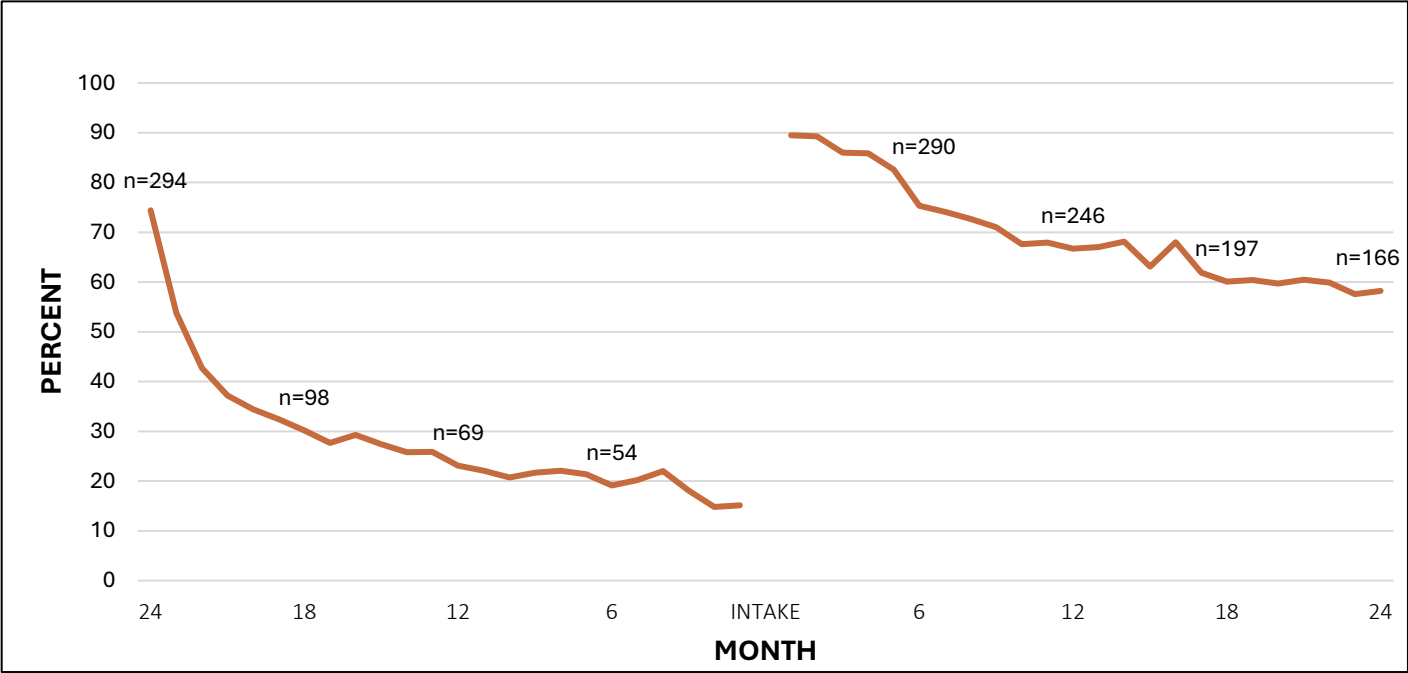


Figure 25. Publicly Funded Mental Health Outpatient Utilization

Note: The denominator varies due to individuals with data for each month and varying lengths within the program. From month 24 before intake the denominator is 395, for month 18 before intake the denominator is 324, for month 12 before intake the denominator is 299, for month 6 before intake the denominator is 283, month 6 after intake the denominator 385, month 12 the denominator is 369, month 18 the denominator is 328, and month 24 the denominator is 285.

Community Psychiatric Inpatient Services

The database for any community psychiatric inpatient services was current as of January 2024, but no data are available for November and December of 2019. Data from Medicaid ProviderOne system has been integrated to BHDS data to identify community hospital mental health community inpatient services. There was no statistically significant change in the utilization of community psychiatric inpatient services pre- and post-New Journeys intake ($p= 0.364$).

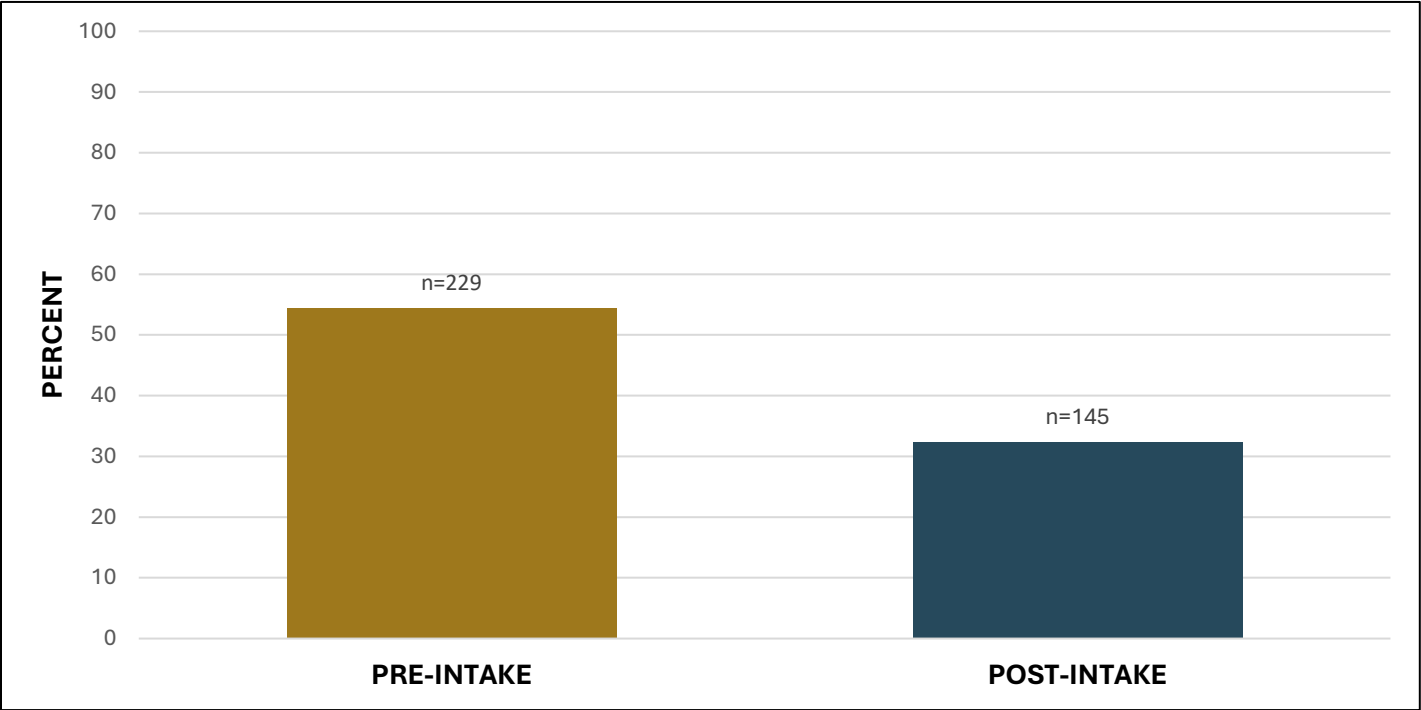


Figure 26. Community Psychiatric Services Utilization

Note: This figure illustrates the percentage of individuals who utilized community psychiatric inpatient services up to 24 months pre-intake and up to 24 months post intake. The denominator at pre-intake is 421 and the denominator at post-intake is 449. This data should not be compared to previous reports.

Emergency Department Visits

There was no statistically significant change in ED visits that resulted in a non-psychiatric diagnosis (See **Figure 27**) ($p= 0.178$).

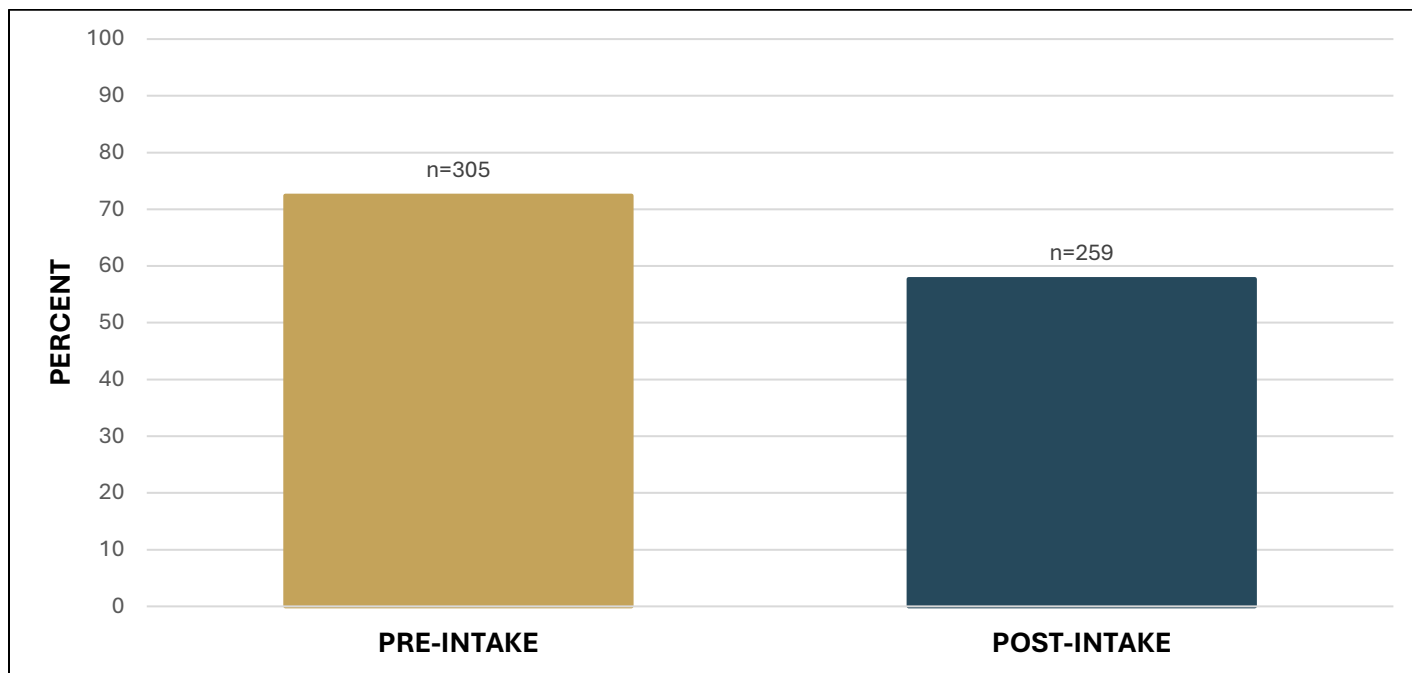


Figure 27. Emergency Department Visits – Non-Psychiatric Diagnosis

Note: This figure illustrates the percentage of individuals who went to the ER one or more times per month over a period of 48 months, 24 months prior to New Journeys intake, and up to 24 months after New Journeys intake, and were given a non-psychiatric diagnosis. The denominator for pre-intake is 421 and for post-intake the denominator is 449.

There was also no statistically significant change in ER visits that resulted in psychiatric diagnoses ($p= 1.000$) (**Figure 28**).

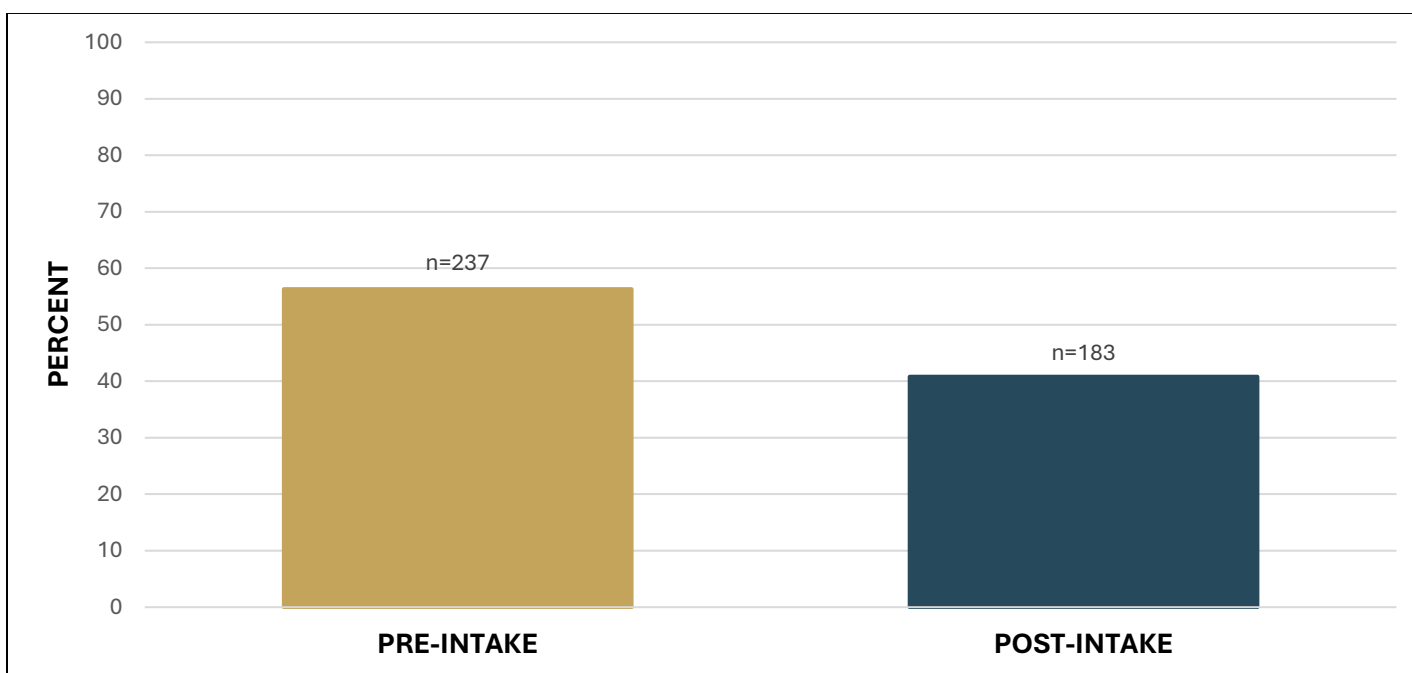


Figure 28. Emergency Department Visits – Psychiatric Diagnosis

Note: This figure illustrates the percentage of individuals who went to the ED one or more times per month over a period of 48 months, 24 months prior to New Journeys intake, and up to 24 months after New Journeys intake, and were given a psychiatric diagnosis. The denominator for pre-intake is 421 and for post-intake the denominator is 449.

Need for Substance Use Treatment

This data is comprised of those who were diagnosed with a substance use disorder, received substance use disorder treatment either inpatient or outpatient, or were involved with the justice system due to drug-related violations. Individuals who received services from New Journeys were significantly more likely to need substance use treatment after initiation of treatment (β : 0.848; CI: 1.962, 2.780; $p < 0.001$).

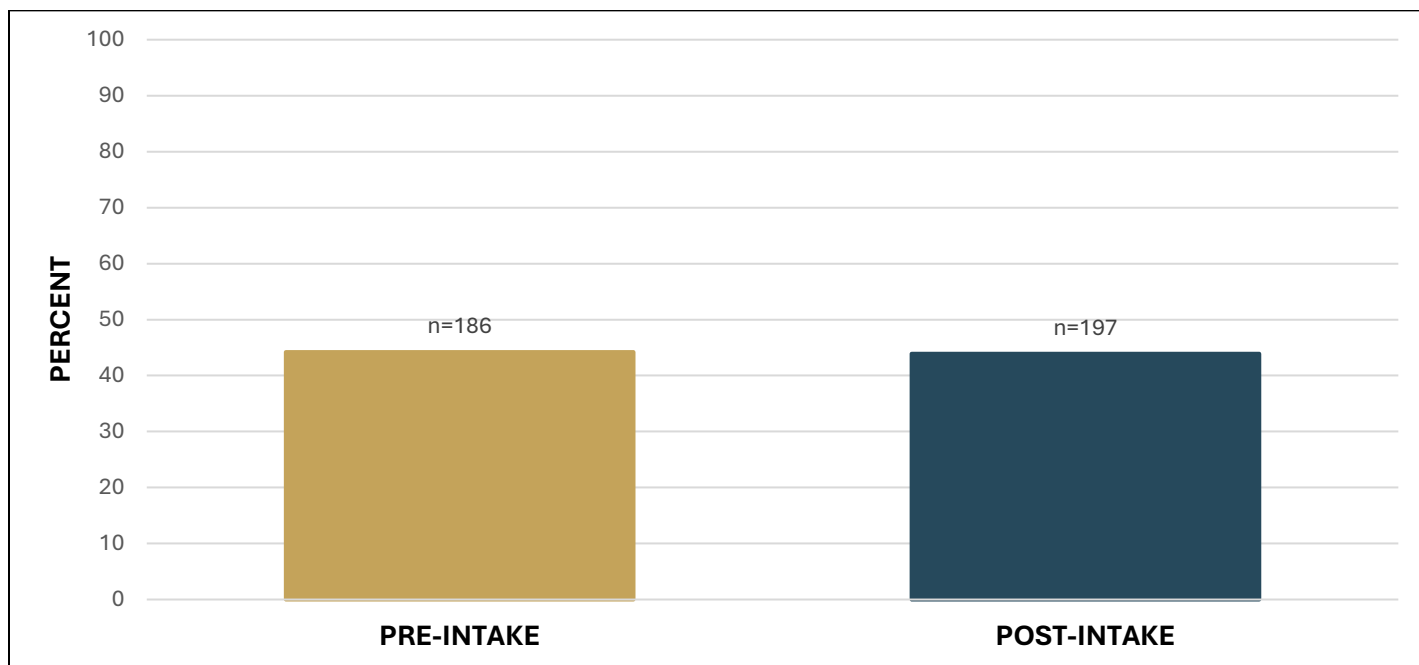


Figure 29. Substance Use Treatment Need

Note: The denominator for pre-intake is 421 and for post-intake the denominator is 449.

Housing Stability

There was a statistically significant increase in housing instability between pre- and post-intake, as seen in **Figure 30** (β : 0.377; CI: 1.245, 1.707; $p < 0.001$).

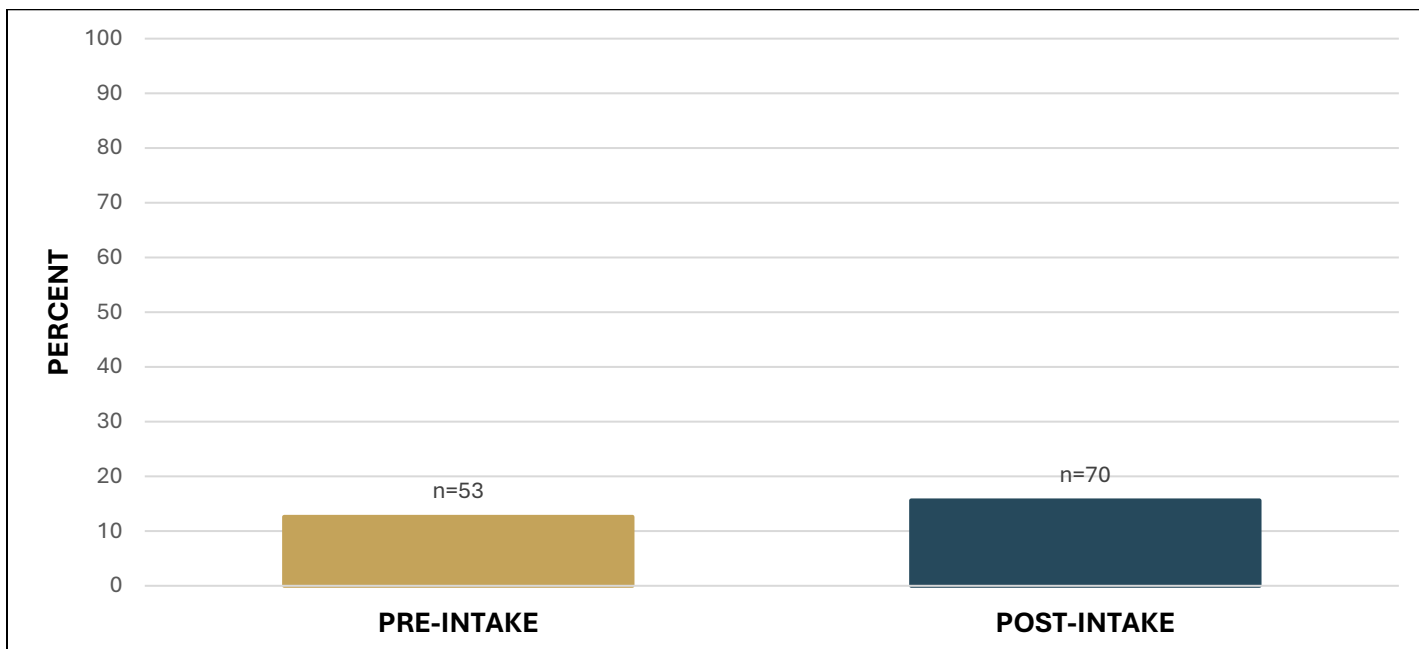


Figure 30. Homeless or Unstable Housing

Note: The denominator at pre-intake is 421 and post-intake 449.

Legal System Involvement

The legal system involvement indicator tracks any arrests, charges or convictions of Medicaid enrollees who participated in New Journeys. There was no statistically significant change with interactions with the legal system pre- and post- intake ($p = 0.840$).

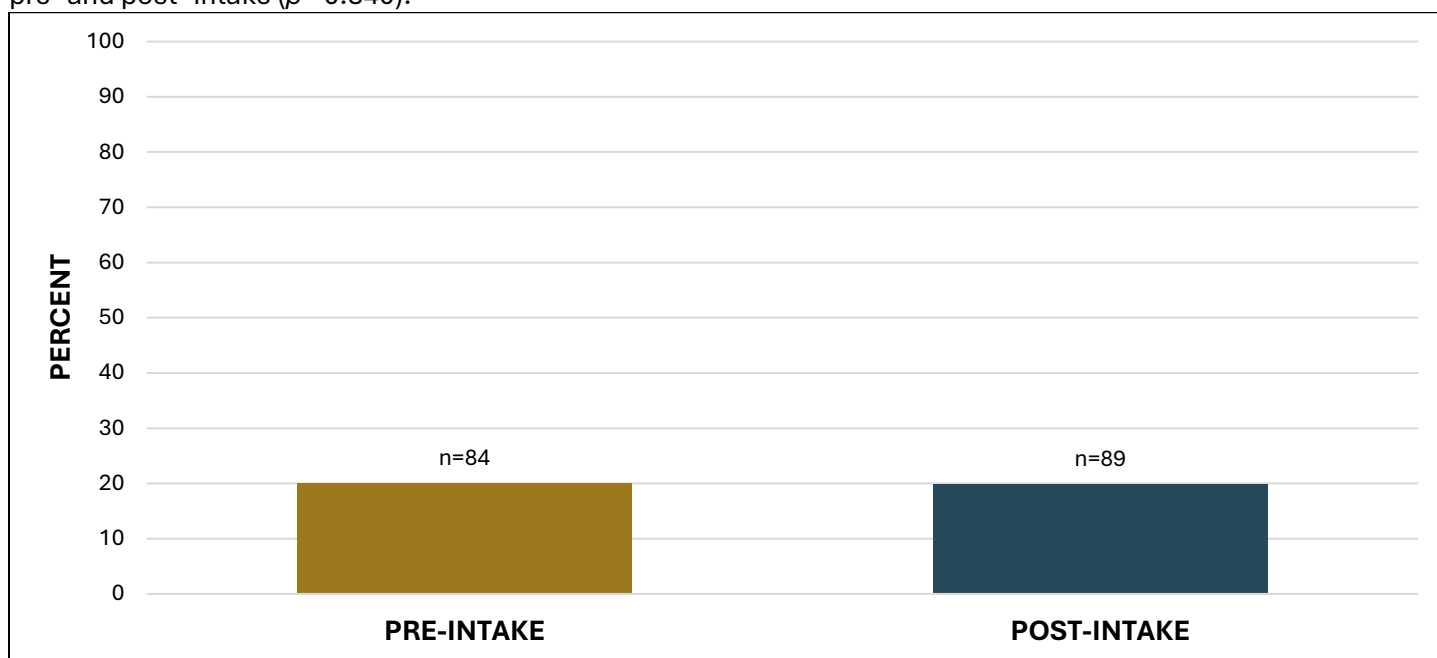


Figure 31. Legal System Involvement

Note: This figure illustrates the percentage of individuals who were arrested, charged, or convicted over a period of 48 months, 24 months prior to New Journeys intake and up to 24 months post New Journeys intake. The denominator at pre-intake is 421 and post-intake 449.

Economic Service Administrative Support

Economic Service Administrative (ESA) services assist individuals with food stamps, TANF, etc. There has been a statistically significant increase to the use of ESA services pre- and post-New Journeys intake ($\beta: 0.140$; CI: 1.060, 1.248; $p < 0.001$).

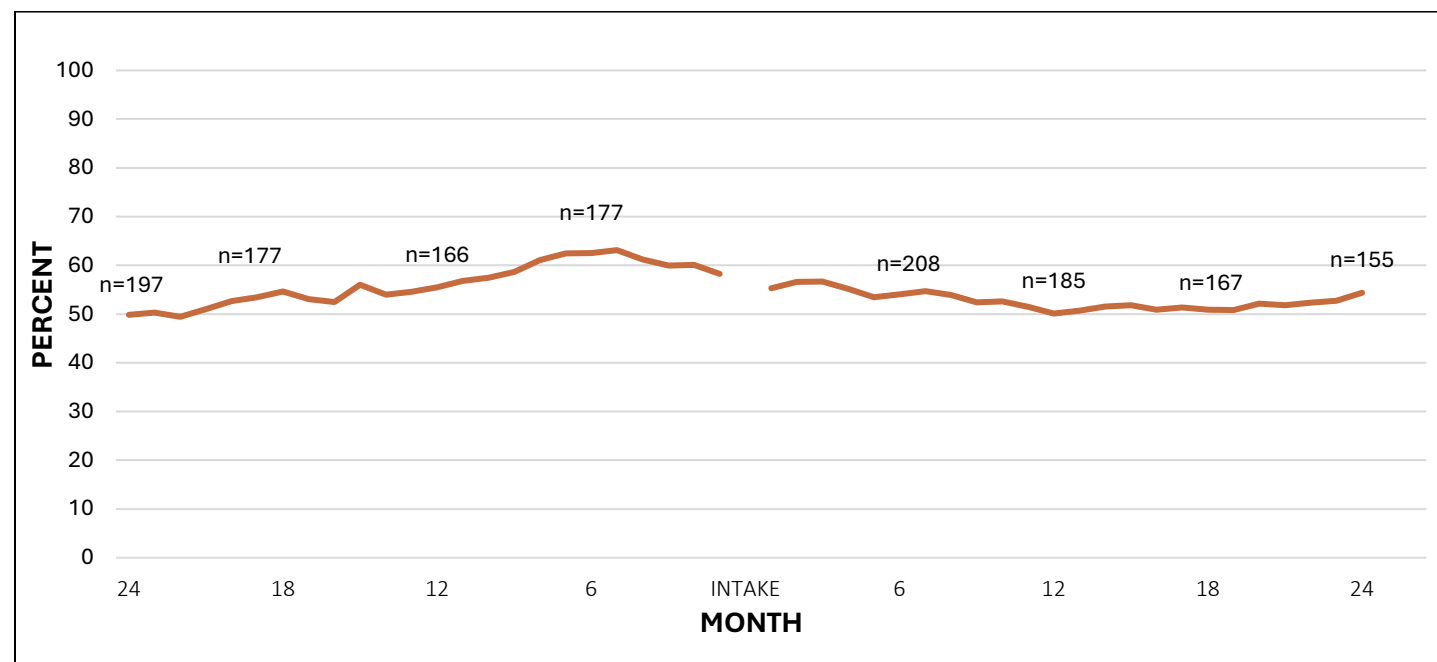


Figure 32. Economic Service Administrative Support

Note: The denominator varies due to individuals with data for each month and varying lengths within the program. The denominator is as follows for each timepoint: pre-24: 395; pre-18: 324; pre-12: 299; pre-6: 283; post-6: 385; post-12: 369; post-18: 328; post-24: 285.

Department of Children, Youth and Family Services

While there has been an increase in those who have engaged with the Children’s Administration or the Department of Children, Youth and Family Services, the change was not statistically significant ($p=0.679$).

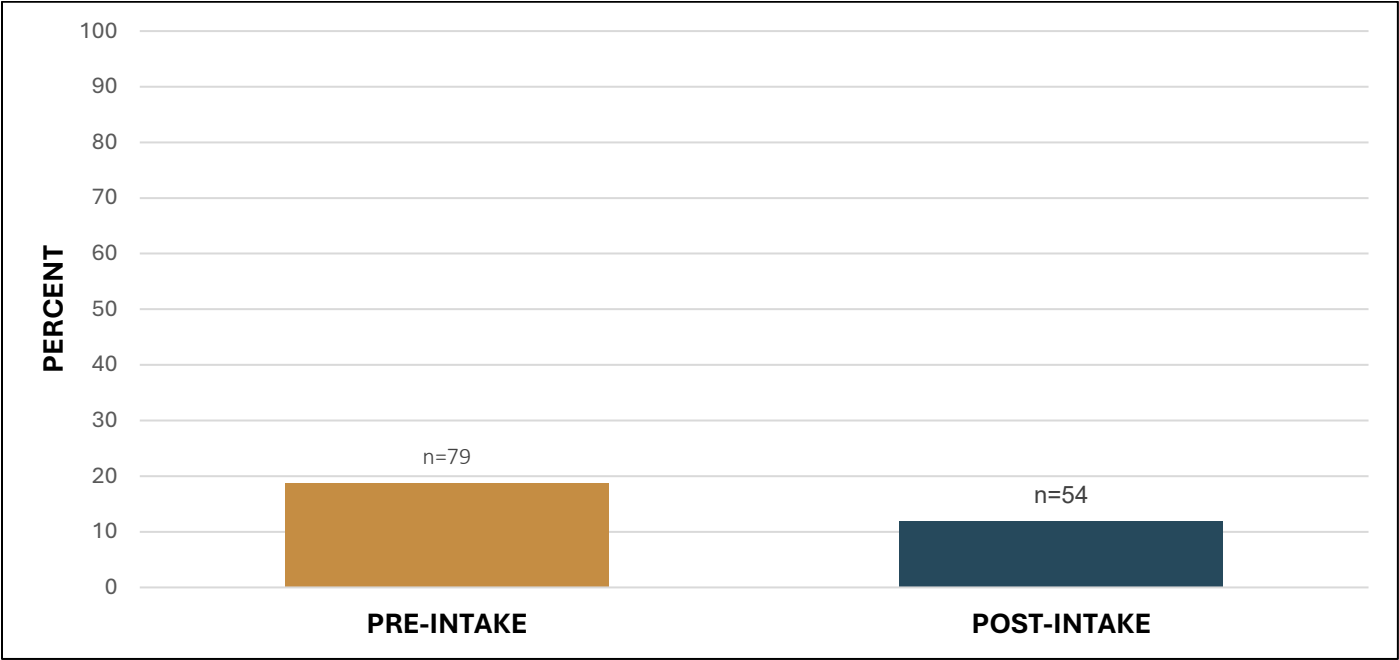


Figure 33. Department of Children, Youth and Family Services

Note: This figure illustrates the percentage of individuals who were involved with DCYF over a period of 48 months, 24 months prior to New Journeys intake, and up to 24 months after New Journeys intake. The denominator pre-intake is 421 and post-intake is 449.

ALTERATIONS

This year, we transitioned from Generalized Estimating Equations (GEEs) to Generalized Linear Mixed Models (GLMMs) to better account for the hierarchical structure of the data and to address real-world data complexities such as missingness and variability in measurement frequency. A key improvement this year is the addition of site-level nesting, with random intercepts included to account for both the clustering of individuals within program sites and repeated measures within individuals—an advancement that was not possible with GEEs, which are limited to a single level of clustering. Analyses were conducted using SPSS (v29). Robust estimation was employed to handle violations of model assumptions by using robust covariances instead of assuming the model assumptions were fully met. Binary logistic regression was used for most variables (e.g., any occurrence during pre- and post-periods), with continuous mental health scale data (PHQ-9, GAD-7, CAPE-P15, CRDPSS, and EAEA-5) modeled separately. An autoregressive error structure [AR(1)] was specified to account for the temporal spacing of repeated measures, ensuring that correlations between observations diminish over time. Missing data were addressed using maximum likelihood estimation (MLE), which enables robust parameter estimation under the assumption of data missing at random.

RECOMMENDATIONS

APPENDIX A: STATUS DEFINITIONS

STATUS	DESCRIPTION
Consult Only	A consult was given to another clinician or a family member discussing whether this program was appropriate, but no referral was made as it was determined that the person in question was not appropriate for services.
Unable to Contact	A referral was received, but the clinician has been unable to contact the person in question to conduct a screening and determine eligibility.
Not Eligible	The referral and screening indicated that the individual does not meet eligibility criteria for the New Journeys model
Opted Out	The individual was determined eligible for the New Journeys model, however, they chose to not participate BEFORE receiving any services
Pending	A referral has been received but the referral/screening has not taken place yet, OR the individual was deemed eligible for services, but they are not in a position to begin services yet. <i>No more than 1 month in this status</i>
Provisional Admission	This status will allow you to accurately track individuals presenting with complex diagnostic pictures for ongoing evaluation and assessment during the 6 months of treatment. At the end of 6 months, you will be prompted to update the status to either "Active" or "Referred to Another Service".
Active	The individual is currently enrolled in the New Journeys Model and engaging in services by attending sessions, participating in measurement based care, and actively engaging in sessions with providers.
Paused	The individual is currently in a situation where they are unable to receive the New Journeys model, for example hospitalization, incarcerated, etc. Their services are paused so as not to exceed the 24 months of allowed services they can receive from the program.
No show	This individual has given no communication to the New journeys team about why they are not participating in the program. There is no known reason why they are not able to engage. <i>No more than 3 months in this status.</i>
Referred to Another Service	While the individual was initially deemed eligible for the program, it was later determined that this model was not the most appropriate for their needs. Clinicians coordinated with other programs/agencies to get the individual the best care possible.
Referred to Another New Journeys Model	The individual has relocated in Washington State and been transferred to another New Journeys model.
Disengaged	Best attempts have been made to reengage the individual in the program, but they have not shown up to appointments OR they have requested to no longer receive services from the New Journeys model.
Maintenance	This individual's next goal is graduation. The New Journeys team has lessened services and providing follow-up care to monitor the individual's transition process. The individual has met the threshold for entering this phase. <i>This status last no longer than 3 months at which time the individual either moves back to active or graduated.</i>
Graduated	The individual has significant improvement from their baseline appointment as is indicated by their overall wellbeing and measurement based care. The individual has engaged in meaningful activities, such as school or employment, has increased socialization, has improved symptoms of psychosis, and improved coping skills.

APPENDIX B: PROGRAM MATRICULATION BY SITE

Table B: Status and Program Matriculation by Site

SITE	Unable to contact	Consult Only	Ineligible	Pending	Opted Out	Active	Paused	No-Show	Disengaged	Referred to another NJ	Referred out of NJ	Maintenance	Graduated	Provisional Admission	TOTAL
Comprehensive Healthcare Yakima	0	1	4	0	5	31	2	0	43	2	10	1	94	0	193
Behavioral Health Resources Olympia	24	20	129	6	24	17	1	1	70	1	29	0	33	0	355
Valley Cities Kent	38	19	133	13	41	11	0	0	30	1	14	2	44	0	346
Behavioral Health Resources Greys Harbor	2	3	17	1	9	3	0	1	16	0	1	0	3	0	56
SeaMar Vancouver	29	1	62	5	10	22	0	1	38	0	32	0	31	1	232
Comprehensive Life Resources Tacoma	10	0	29	0	17	0	0	0	15	0	24	0	8	0	103
Catholic Charities – Central WA Wenatchee	5	4	23	1	9	10	1	0	6	0	6	0	9	0	74
Comprehensive Healthcare Pasco	0	7	12	2	9	12	0	0	10	0	6	0	19	0	77
Ryther Seattle	35	19	52	0	25	16	0	0	5	2	26	0	14	0	194
Frontier Behavioral Health (1) Spokane	14	6	32	7	13	14	0	1	3	0	12	0	14	0	116
Kitsap Mental Health Services Bremerton	2	9	14	3	3	3	0	0	1	0	2	0	1	0	38
STEP at Harborview Seattle	0	1	0	1	2	11	2	0	6	1	1	1	7	0	33
Cascade Community Healthcare Centralia	2	0	5	0	3	2	0	0	1	0	0	0	0	0	13
Peninsula Behavioral Health Clallam	0	0	0	0	1	2	3	0	0	0	0	0	0	2	8
Frontier Behavioral Health (2) Spokane	0	2	3	2	3	2	1	0	0	1	0	0	0	0	14
SeaMar Snohomish	2	0	0	0	0	1	0	0	0	0	0	0	0	0	3
Total	163	92	515	42	174	159	10	4	244	8	160	4	277	3	1855

Notes: The statuses within the RED line indicate those individuals who were considered ineligible for the program (n=608). All statuses after the YELLOW line are those who were screened and considered eligible for the program (n=1,043). Those in the GREEN line are those who were eligible and received services (n=869)

APPENDIX C: DEMOGRAPHICS FOR NO SERVICES RECEIVED

Table C: *Demographics for No Services Received (n=987)*

	%	(n)	M	SD
Individuals				
Age (M / SD)*		987	18.16	4.97
Gender*				
Male	58.5	304		
Female	36.5	190		
Transgender	2.5	13		
Non-Binary	1.7	9		
Other	0.8	4		
Race**				
White/Caucasian	54.0	191		
Other	20.3	72		
Black/African American	9.9	35		
Alaska Native/American Indian	4.2	15		
Asian	3.4	12		
Pacific Islander	2.5	9		
Multi-Racial	5.6	20		
Ethnicity***				
Hispanic	20.3	75		
Individual Preferred Language#				
English	96.3	497		
Other	2.1	11		
Spanish	1.6	8		
Sexual Orientation^				
Heterosexual	67.7	147		
Other	14.3	31		
Bisexual	11.5	25		
Gay or Lesbian	4.6	10		
Questioning	1.4	3		
Type of Insurance^				
Public	80.2	404		
Private	15.1	76		
Uninsured	4.8	24		
Living Situation&				
With Family	83.0	186		
Alone	10.7	24		
With Friends	6.3	14		
Housing Stability%				
Stable	79.7	192		
Temporary	5.4	13		
Homeless	3.7	9		
Unstable	4.1	10		
Institution	7.1	17		

*out of 520; ** out of 354; ***out of 351; #out of 516; ^out of 217; &out of 224; %out of 241

APPENDIX D: DESCRIPTION OF CORE & OPTIONAL MEASURES

Depression

To assess symptoms of depression, the **Patient Health Questionnaire 9 (PHQ-9)** is completed monthly. The PHQ-9 is a measure which is used to assess for, but not diagnose, symptom severity of depression. Questions are formatted on a Likert scale from 0-3 with a maximum total score of 27. The recommended score for detecting major depression is 10 or higher. “None” indicates a score less than five, “Mild” is a score from five to nine, “Moderate” is a score of ten to fourteen, “Moderately Severe” is a score of fifteen to nineteen, and “Severe” is a score of twenty or greater. ***It is recommended that a score of 10 is used when detecting major depression; this would suggest further assessment by the clinical team for the consumer.***

Anxiety

To assess symptoms of anxiety, the **Generalized Anxiety Disorder 7 Item (GAD-7)** measure is completed monthly. The GAD-7 is a measure which is used to assess for, but not diagnosis, for anxiety symptom severity. Questions are formatted on a Likert scale from 0-3 with a total score possible of 21. The recommended score for detecting generalized anxiety disorder is a 10 or above. “None” indicates a score less than five, “Mild” is a score of five to nine, “Moderate” is ten to fifteen, and “Severe” is a score of fifteen or greater. ***It is recommended that a score of 10 is used when detecting an anxiety disorder; this would suggest further assessment by the clinical team for the individual in services.***

Functional Outcomes

To assess individual’s **goals related to their health, education and employment** is completed *quarterly*. This measure has specific relevance to the SEE position and is where New Journeys tracks the individual’s goals for education and employment and how many days the individual attended work and school. This measure also identifies hospitalizations, other admissions (e.g., detox facility, residential substance use treatment, crisis stabilization), and legal involvement. This allows providers to determine sources of stress to address and support the individual.

Medical and Physical Health

To assess physical health **Medical and Physical Health Indicators** are completed *quarterly*. This measure tracks any changes in the individual’s weight and BMI, medication prescription and adherence, and perceived side effects from medication which could influence care and quality of life. Individuals are also asked if they currently have a primary care physician and the last date which they saw their primary care physician.

Substance Use

To monitor substance use across time the **Lifetime Drug Use Survey** is completed at intake. The **Monthly Drug Use Survey** is then completed monthly. These measures are essentially the same, the primary difference being the change in language from “have you ever in your life” to “in the last month”. This measure was developed using the Fagerstrom to assess for tobacco use, and the Phenx toolkit on substance use to assess for alcohol, marijuana, and other substance use. Participants are asked if they have ever used a specific substance or used a specific substance in the last month, and if yes, for how many days did they use it. This information informs care with the treatment team. For example, if an individual has used a substance, such as cannabis and are experiencing an increase in symptoms, the IRT can integrate the module on substance use to explore the association between substance use and the increase in symptoms. The SEE can also apply this measure to address the effects of substance use through motivational interviewing and assessing the goals the individual may have regarding employment, particularly if the individual’s employment requires drug testing.

Service Utilization

The Service Utilization is completed monthly by the providers. In this measure providers are asked how many sessions were scheduled for each component of the New Journeys model and how many individuals attended. Additional positions, such as a Case Manager and Registered Nurse are also tracked in this form by the request of the CSC Locations to account for all services provided to providers per month. Contact, outside of scheduled appointments, with the family and individual are also tracked in this form.

OPTIONAL MEASURES

These measures are optional measures that can be utilized if desired by teams to personalize their measurement-based care decision-making. All measures can be found in New Journeys Measurement Battery.

Prodromal Questionnaire-Brief – (PQ-B)

To assess at-risk symptoms of psychosis, the Prodromal Questionnaire-Brief (**PQ-B**) measure is completed by the clinician at screening. The PQ-B is a measure used to assess at-risk symptoms and distress but not to diagnose psychosis. This measure has twenty-one items, and if participants select yes to the corresponding question a follow-up question will populate to have the individual rate their distress. The distress scale ranges from ‘Strongly disagree’ to ‘Totally agree.’

Family Satisfaction

Family satisfaction with the services they and their loved one are receiving is tracked using the **Youth Services Survey for Families (YSS-F)**. This survey tracks satisfaction across five domains: access, appropriateness, participation in treatment, and cultural sensitivity. This measure has 26 items all of which are rated on a 5-point Likert scale ranging from “strongly disagree” to “strongly agree”. Two additional open-ended questions are asked regarding what the family feels is the most helpful thing about services they and their loved one have received in the last 6 months and what could be done to improve services. This measure assists in further developing New Journeys as a program and identifying gaps in care and services.

Discrimination Questionnaire

The **Discrimination Questionnaire** is a measure that is completed once by the individual at intake. It assesses major discriminatory experiences in the individual’s lifetime as well as daily discrimination. This measure inquires whether the individual has unfairly faced discrimination in various circumstances (e.g., unfairly fired, stopped & searched by the police, discouraged from continuing your education, etc.), what they believe the main reason for such discrimination, and when it occurred. This measure assists providers in identifying stress the individual has and/or is currently experiencing, which can lead to worse mental and physical health and feelings such as depression and anxiety. This measure can also inform providers such as the SEE Specialist when supporting the individual in the goals for education and employment (e.g., if the individual believes they were previously discriminated for their sexual orientation at work, the SEE Specialist can assist the individual in finding employment at companies who have expressed their support for the LGBTQ+ community).

COMPASS-10

To assess feelings of **depression, anxiety, and suicidal ideation**, COMPASS-10 is also used to measure feelings of anger and suspicion. Compass-10 is also used to assess symptoms of psychosis. Specifically, hallucinations, disorganized speech, unusual thoughts, and negative symptoms. Ten yes or no questions are asked. For some questions where ‘Yes’ was selected, a question will populate to have the individual describe how these symptoms/emotions manifest and impact them using their own words, and if they have told anyone about what is going on. For some questions where ‘No’ was selected, a question will populate to better capture the individual’s emotional state and experiences. At the end of each question, there is a 6-point Likert Scale. With zero being ‘Not Present’ and six being ‘Very Severe.’

Process of Recovery

The **Process of Recovery measure** is completed quarterly measure and assesses positive qualities of a person’s wellbeing. It is comprised of 15 questions each on a 5-point Likert scale ranging from “disagree Strongly” to “agree Strongly”. It is advised that the measure is completed by the IRT as it can help inform strength-based recovery modules the individual may benefit from as well as where the participant currently is in developing resiliency.

Trauma Measures (CATS/LECL,PCL)

The Trauma Measure is completed at Intake if opted into. This measure assesses individuals’ feelings of trauma that has happened to them in their life. There are two different Measures that are based on the age of an individual. One for 17 and younger that is called **Child & Adolescent Trauma Screen (CATS)** or **Life Events Checklist (LECL)**. For

the LECL if someone says that it has happened to them or witnessed it then the **PTSD Checklist (PCL)** needs to be filled out too. For the CATS if any of the questions asked is a yes then clarifying information about how it affected the individual is asked. It is advised that this measure is completed with the IRT to help with trauma and coping techniques.