New Journeys Evaluation: Year 1

Michael McDonell, PhD
Emily Leickly
Behavioral Health Innovations
Elson S. Floyd College of Medicine
Washington State University Spokane

EXECUTIVE SUMMARY

New Journeys is an early intervention program for youth and young adults experiencing their first episode of psychosis. Central Washington Comprehensive Health in Yakima, Washington has been implementing the program for about one year. New Journeys staff conducted an average of three hours per month of community outreach activities across the last year. Twenty-five participants were enrolled in New Journeys. Fifty-two percent of participants are still in the program, 36% have discontinued participation, and 12% have been referred to other treatments. Seventy four percent of New Journeys referrals came from mental health providers and 24 of the 25 participants were enrolled in Medicaid.

Participants in the program were mostly male (84%), Hispanic or Latino (64%), and there average age was 19 years old. Participants had a mean duration of untreated psychosis of about one year, which is lower than that of other programs nationally. At the start of the program 52% of participants were enrolled in school at the start of the program, and 16% were working. Twenty percent reported being in a temporary, unstable housing situation.

At the time of intake, 29% of participants reported using alcohol, 24% reported using marijuana, and 48% reported smoking cigarettes in last 30 days. Thirty-nine percent of participants scored at least moderate levels of depression, and 81% of participants reported at least moderate levels of anxiety. At intake, 33% of participants endorsed suicidal ideation or self-harm in the last two weeks.

After five months in the New Journeys program, reductions in anxiety and depression symptoms were observed. Psychotic symptoms varied throughout the first five months, with no overall reduction. As participants are intended to be in the program for two years and eventually complete, we will continue to evaluate clinical outcomes over time.

Identified strengths of the program include small caseloads for clinicians, educational aspect of the program, the focus on school enrollment and, if appropriate, employment.

There are several areas that can be improved. Participants were predominately male. Because females are more likely to experience their first psychotic symptoms after around the age of thirty, New Journeys might consider allowing those who are younger than 35 to enroll in the program. Maintaining attendance and retention after entry into the program is challenging. We found a particular drop in attendance after participants' first five months in the program. Strategies should be identified and resources allocated to ensure participants remain in the program for the full two years, if appropriate. This attrition may impact our ability to measure improvement in psychiatric symptoms over time.

Summary of Evaluation activities

1. The evaluation was approved by the DSHS Washington State IRB.
2. New Journeys provided services to 25 youth at Comprehensive Healthcare in Yakima.
3. The Toolkit was created by the evaluation team and EBP Technologies. The Toolkit includes demographic and clinical measures as well as outreach, engagement, and retention variables based on forms already in use at Comprehensive.
4. The Toolkit was implemented at Comprehensive and refined based on input from clinicians and stakeholders.
5. The evaluation team provided ongoing oversight and support for the Toolkit, and technical support for the Toolkit, to ensure that data were entered accurately and in a timely manner.
6. The implementation team gathered qualitative data via interviews with participants, family members, referring providers, New Journeys providers, and administrators.
7. Initial analyses of qualitative and quantitative data were conducted and are summarized in this report.

Outreach and EBP Toolkit Data

We conducted initial quantitative data analyses describing the New Journeys outreach activities, participant demographics, engagement and retention in New Journeys, outreach activities conducted, and clinical measures at the time of program intake. The majority of this information was gathered from the EBP Toolkit. Clinicians entered data into the EBP Toolkit at intake and then completed brief measures assessing symptoms and service utilization weekly, as well as more comprehensive surveys monthly.

1. Outreach activities.

New Journeys clinicians conducted an average of 3 hours per month of community outreach activities related to the New Journeys program. Types of outreach activities included face-to-face meetings, presentations to groups, and phone calls. Clinicians visited a variety of locations in the community, including:

- Universities
- Technical schools
- Community colleges
- High schools
- Juvenile courts
- Mental health centers
- Social services offices
- Retail stores (pet store, hardware store, craft store)
- Chamber of commerce
- Hospital psychiatric units
- Restaurant/food service establishments
- Employment recruiters
- Fruit warehouses
- Hotels
- Grocery stores

Despite these extensive outreach activities in various community settings, 72% of participants were referred from a mental health provider.

2. Engagement and Retention in New Journeys.

About 50% of youth who started New Journeys are still enrolled in the program. Around one third of participants stopped participating in New Journeys during the evaluation period. Due to the small number of youth in the program thus far, we were not able to identify predictors of drop out from the program. However, 44% of Hispanic participants dropped out of the program compared to 22% of non-Hispanic participants.

	Non-Hispanic		Hispanic		Total	
	n	%	n	%	n	%
Still in New Journeys	5	56%	8	50%	13	52%
Discontinued	2	22%	7	44%	9	36%
Referred to another program	2	22%	1	6%	3	12%
Total	9		16		25	

For participants who discontinued New Journeys, the average duration of participation in the program was 3.33 months (SD=1.94).

3. Participant demographics

Twenty-five participants were enrolled in New Journeys. They were mostly Males and identified as Hispanic. Nine were younger than 18 years old at intake, 28% reported speaking Spanish at home, 16% percent were sexual minorities, 20% were in unstable housing, 52% were enrolled in school and 16% were working.

	n=25	%	Mean	SD
Age			18.88	2.74
Gender				
Male	21	84%		
Female	3	12%		
Genderqueer	1	4%		
Hispanic Ethnicity	16	64%		
Race				
White	23	92%		
Alaska Native	2	8%		
Preferred language				
English	23	92%		
Spanish	2	8%		
Language spoken at home				
English	17	68%		
Spanish	7	28%		
Not completed	*1*	*4%*		
Sexual orientation				
Straight	16	64%		
Bisexual	3	12%		
Gay or lesbian	1	4%		
Not completed	*5*	*20%*		
Who do you live with?				
With family	23	92%		
Alone	1	4%		
Not completed	*1*	*4%*		
Housing situation				
Stable	19	76%		
Temporary	5	20%		
Not completed	*1*	*4%*		
In school				
Yes	13	52%		
No	10	40%		
Not completed	*2*	*8%*		
Working				
Yes	4	16%		
No	19	76%		
Not completed	*2*	*8%*		

4. Mental Health History, Diagnosis, Referral Source, Insurance

I. Participants averaged two to three previous psychiatric hospitalizations before enrolling in New Journeys and first interacted with the mental health system at an average age of 15. While most youth were involved in the mental health system before New Journeys, they had a relatively brief average duration of untreated psychosis of 11 months.

Mental health history	n	Mean	SD
Duration untreated psychosis (months)	22	11.09	7.61
Age at first contact with mental health system	25	14.60	5.39
Previous psychiatric hospitalizations	24	2.58	2.62

II. Forty percent of participants were diagnosed with Psychosis NOS at intake to New Journeys. Twenty percent had a primary diagnosis of a mood disorder.

Primary Diagnosis	n=25	%
Psychosis NOS	10	40%
Schizophrenia	6	24%
Schizoaffective	3	12%
Bipolar 1	4	16%
Major Depression	1	4%
Delusional Disorder	1	4%

III. Nearly three quarters of participants were referred from a mental health provider.

Referral Source	n	%
Mental health provider	18	72%
Family	2	8%
Medical provider	2	8%
Juvenile rehabilitation	1	4%
Parole officer	1	4%
Emergency department	1	4%

IV. Almost all participants were enrolled in Medicaid and only one participant had private insurance.

Primary Insurance	n	%
Medicaid	24	96%
Private	1	4%

5. Clinical characteristics at the time of entry to New Journeys.

Clinical measure scores from each participant's first assessment were descriptively analyzed.

I. **Psychotic experiences** in the last 30 days are measured by the Community Assessment of Psychiatric Experiences – Positive Scale (**CAPE-P15)**. The measure introduces a statement, for example, "In the past 30 days, have you felt as if there is a conspiracy against you?" and the participant answers from 0 to 3 ("never" to "nearly always"). A higher score indicates more frequent psychotic experiences. Possible scores range from 0 to 28.

II. **Psychotic symptom severity** is rated by clinician in the Clinician Rated Dimensions of Psychosis Symptom Severity (**CDPSS)**. The measure lists symptoms, for example hallucinations and disorganized speech, and the clinician answers from 0 to 4 ("not present" to "present and severe"). A higher score indicates more severe psychotic symptoms. Possible scores range from 0 to 35.

III. The **Healthy Days Core Module** gives a general sense of the participant's perception of their physical and mental health. When asked "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?", four participants (16%) endorsed one or more days.

IV. **Depression severity is assessed with the PHQ-9**, which examines the participant's recent depression symptoms.

V. **Suicidality/self-harm:** Thirty three percent (7 out of 21) of participants endorsed having "thoughts that you would be better off dead or hurting yourself in some way" for at least several days in the past two weeks.

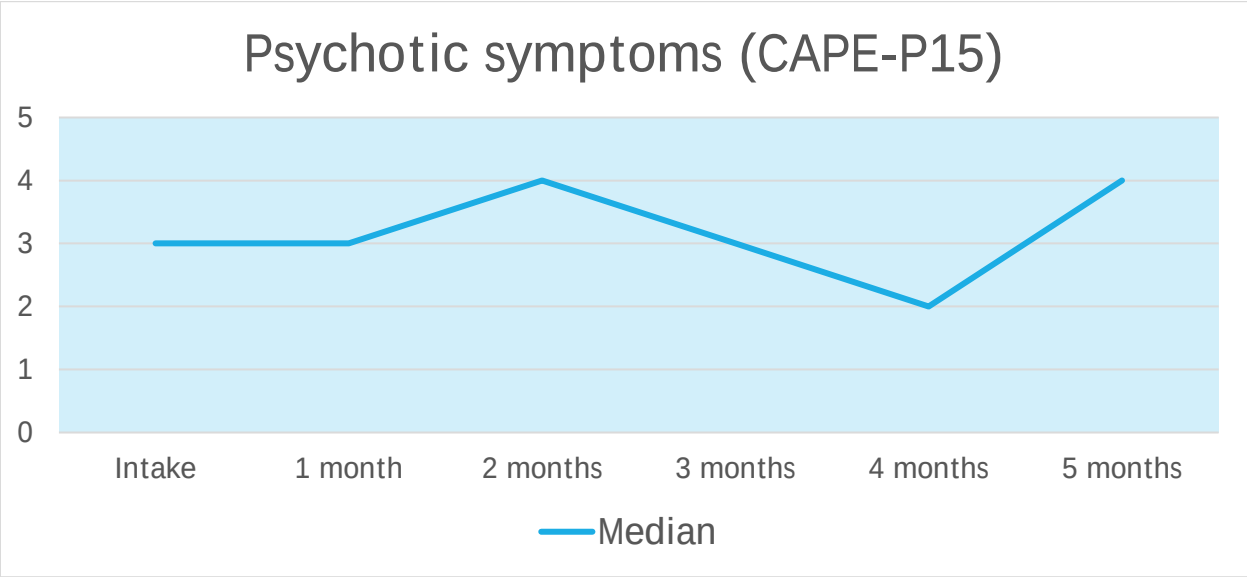
VI. **Generalized anxiety in the participant was assessed by the GAD-7**. Forty three percent of participants assessed endorsed a severe level of anxiety.

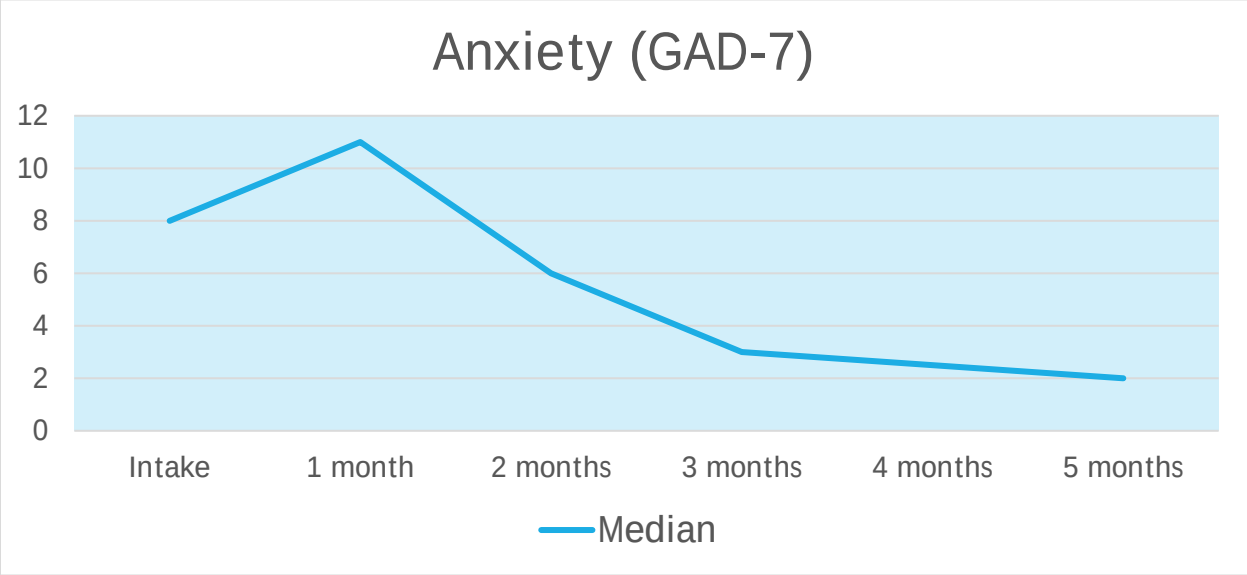
VII. **Alcohol, drug, and tobacco product use** in the last 30 days was assessed using the CRAFFT. In this time period, approximately **29% of participants used alcohol, 24% used marijuana, 48% smoked cigarettes, and 19% vaped.**

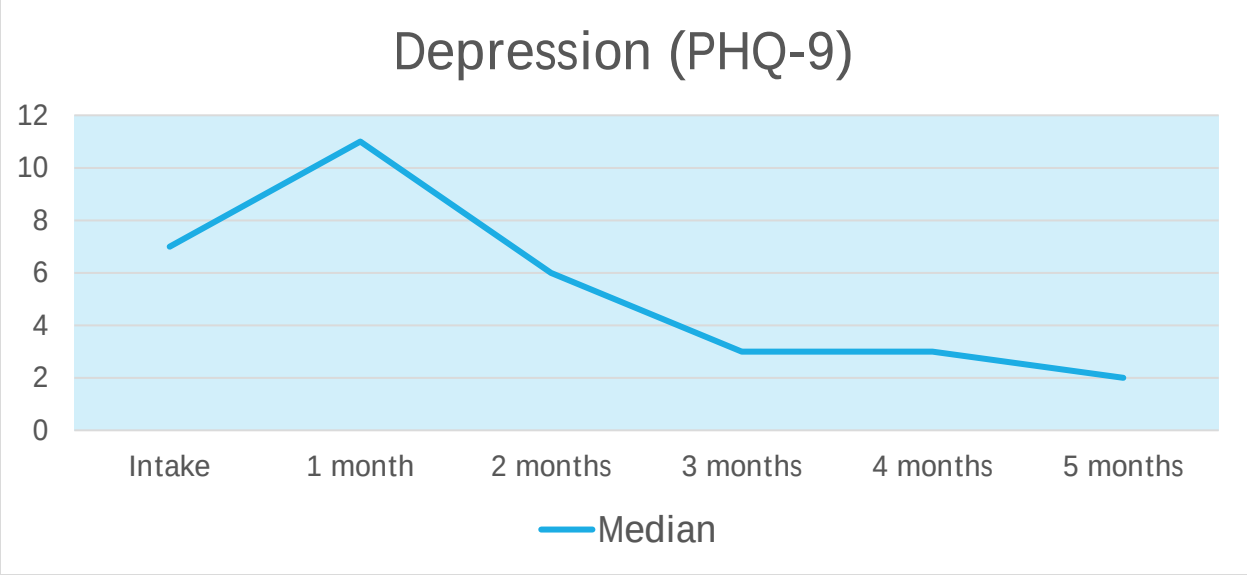
Clinical Characteristics at the time of entry to New Journeys				
	n	%	Mean	SD
Psychotic experiences score	20		8.15	9.04
Psychotic symptom severity score	21		10.67	4.69
Depression Severity				
(1) None	4	19%		
(2) Mild	9	43%		
(3) Moderate	5	24%		
(4) Moderate-Severe	1	5%		
(5) Severe	2	10%		
Total	21		2.43	1.16
Anxiety Severity				
(1) Mild	4	19%		
(2) Moderate	8	38%		
(3) Severe	9	43%		
Total	21		2.24	.77
Alcohol, drug, & tobacco use last 30 days				
Used alcohol	6	29%		
Used marijuana	5	24%		
Used other drugs	1	5%		
Smoked cigarettes	10	48%		
Vaped	4	19%		
Used other tobacco	1	5%		
Total	21			

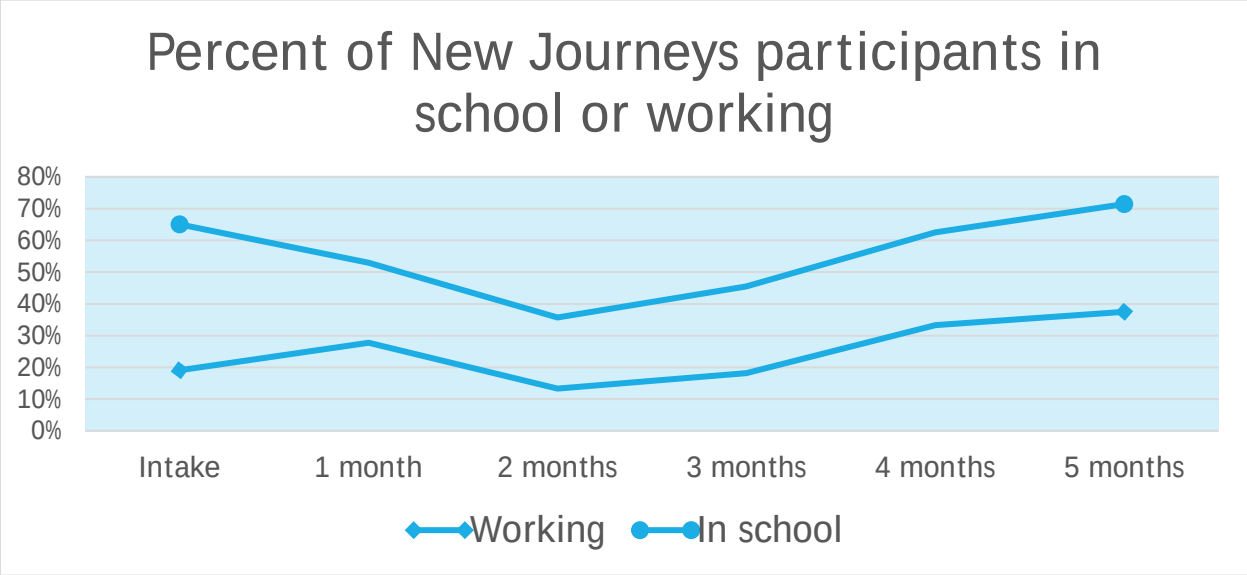
5. *Clinical outcomes over the first five months of New Journeys participation.*

Below are median outcome scores for all the monthly symptom outcome measures. We chose to report medians rather than means due to the small sample size and because outliers (youth with very high scores) resulted in artificially high mean scores. We also only report symptoms across the first five months of New Journeys participation because attrition was high after the first five months, resulting in a great deal of missing data after five months.






Depression (PHQ-9)
12
10
8
6
4
2
0
Intake
1 month
2 months
3 months
4 months
5 months
Median


Percent of New Journeys participants in school or working
80%
70%
60%
50%
40%
30%
20%
10%
0%
Intake
1 month
2 months
3 months
4 months
5 months
Working
In school

6. Service utilization

Overall, attendance to New Journeys program components was high. Twenty-two participants attended at least one Individual Resiliency Training (IRT) session; 12 attended at least one Individual Placement and Support (IPS) session; and 16 attended at least one medication management session. While only one participant was scheduled for or attended any dedicated case management sessions, approximately 10% of IPS sessions involved case management. IRT was the most frequently scheduled service, with 78% of appointments attended. Although it was not required, 14% of participants attended family psychoeducation sessions. Outreach to participants and an increased number of case management sessions are potential areas for improvement.

	Total scheduled	Total attended (participant)	Total attended (family)
Family psychoeducation	74	10 (14%)	60 (81%)
Individual Resiliency Training	328	256 (78%)	
Individual Placement and Support/Supported Employment	85	77 (91%)	
Medication management	91	73 (80%)	
Case management	6	6 (100%)	
	Total attempted	**Total successful**	
Participant outreach via phone/text	74	41 (55%)	
Participant outreach via in person	28	20 (71%)	
Family outreach via phone/text	40		34 (85%)
Family outreach via in person	4		4 (100%)

Qualitative Data Analysis

Seven core categories emerged across all data sources representing the experiences of participants, family members, clinicians, administrators and referrers during the pilot year of the New Journeys program in Yakima, WA.

1. Participants and family members consistently described the **New Journeys clinicians and knowledgeable**, and said the **program increased their understanding of psychosis**.

> Participant: *I like how with New Journeys I have learned new vocabulary like resilience, I like what I have learned about resiliency and teaching me how to not have an episode. I have actually really already used what I have learned and it is really helping me a lot and I am looking forward to what else there is to learn…*
>
> Family member: *Yes I can trust them. The biggest help has been learning the correct information about the illness and being able to understand what is happening.*

2. Clinicians found **engagement to be a difficult aspect of new admissions**, and some **participants felt that the New Journeys curriculum was not engaging**.

> Participant: *It seems very, like everything is just a form, just a bunch of forms and its very methodical and kind of bureaucratic for therapy…we fill out a bunch of modules instead of actually talking and having a connection.*
>
> Clinician: *Being able to make initial contact with the client, when they do connect they often no-show their first appointment.*

3. Baseline and ongoing **functioning of participants is varied**, making it difficult to assess the feasibility of specific aspects of the program. The below quotes illustrate the diversity of goals among New Journeys participants.

> Participant: *It's been a huge change, it was hard to be able to do eight hours at school, then work on art, clean my room and function pretty well. I never thought that would be possible again.*
>
> Participant: *It's been a huge change, it was hard to be able to do eight hours at school, then work on art, clean my room and function pretty well. I never thought that would be possible again.*

Participant: *I got my SSI back. And I am still looking for a job so there's that. And I feel better, I don't feel like hurting people anymore because of the medicine.*

Clinician: *A lot of people are getting better by appearance, communication, almost a year later some people have full-time jobs and relationships.*

4. **Importance of supported employment & education services** for all clients with a focus on both timeliness and appropriate reimbursement.

Participant: *It has helped me to go to school…before that I had no idea that I could even go back to college. WE were so afraid of me going back to [school] because the stress will cause me to hallucinate of have other weird problems but because of the New Journeys program, I was able to manage that stress.*

Administrator: *We need more funding because Medicaid won't cover supported employment services…*

5. **Positive regard for the New Journeys psychiatrist** but **issues with availability** when it comes to symptom issues.

Participant: *He is a lot better than my last doctor and he teaches me things instead of just handing me pills.*

Participant: *I don't necessarily like how I can't schedule very well with my psychiatrist, it has to be a certain time of day and I usually have to take time off work in order to accommodate.*

6. **Need for more formal family support**.

Family member: *The help I would like is counseling for the whole family. The whole family is impacted and many of the stages hurt such as acceptance, understanding and knowing how to love the person that is sick. There are many episodes, and each one needs to be understood and we need to know what to do for each one. It's very hard.*

Administrator: *For many participants, involving family in family education is difficult, either because of family work conflicts with appointments/logistical issues, or the participant has some conflict with family or doesn't want them there. It is easier to start with IRT and ease into family education but most, especially at the beginning would seem to prefer IRT.*

7. Administrators described **recruitment/hiring barriers** to attracting qualified applicants for the New Journeys team.

> Administrator: *[A] big barrier is staffing, so we can take on a full caseload. We didn't anticipate, prior to NJ pilot, how [increases] in Medicaid funding, along with the lack of clinicians would create the "perfect storm" for staffing.*