

2017

WASHINGTON STATE UNIVERSITY  HEALTH SCIENCES  
SPOKANE

# NEW JOURNEYS EVALUATION: YEAR 2

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## **EXECUTIVE SUMMARY**

New Journeys is an early intervention program for young people experiencing their first episode of psychosis. The program has been in place for two years at Central Washington Comprehensive Health in Yakima, WA, and approximately one year at Behavioral Health Resources in Thurston-Mason Counties, WA and Valley Cities Counseling in King County, WA.

There were 106 referrals to New Journeys in the last two years and **62% (n = 66) of those individuals met program eligibility**. Sixty-five percent of eligible referrals came from mental health providers. To date, 64% of the 66 enrolled participants are still in the program, 9% have completed the program, 15% have discontinued participation, and 12% were referred to other treatments. On average, participants are completing the program in about nine months.

The majority of participants are male (79%) and the average age is 19 years old. In terms of race and ethnicity, **most participants are non-white, non-Hispanic**. Twelve percent identify themselves as GBLTQ. Though the majority of participants were Medicaid enrollees, the number of youth with commercial insurance increased from none last year to 12 (22%) this year. Participants have a mean duration of untreated psychosis of about seven months. Forty-five percent of participants are enrolled in school and four percent are employed when entering the program.

Upon entering the program, **almost half of participants report moderate or higher levels of depression (43%) and anxiety (41%)**. **Twenty-seven percent report thinking about suicide** in the two weeks before beginning New Journeys. As for substance use at intake, 34% report smoking cigarettes, 27% report using cannabis, and 18% report drinking in the last 30 days.

Over their first six months in the New Journeys program (the period when adequate data is available for analysis), participants report significantly **lower levels of anxiety, depression, and psychotic symptoms** relative to when they entered the program. Participants also report **improved quality of life and are more likely to be employed** during New Journeys, compared to before enrolling in the program. The program is not associated with reductions in substance use. Overall, attendance by participants and families is high.

In **conclusion**, participants are diverse in terms of race, ethnicity and sexual orientation. They are predominately male. Consistent with program objectives, both public and privately insured youth are enrolled in the program. New Journeys participants experience improvements in psychiatric symptoms, quality of life, and vocational functioning, indicating that New Journeys has a **positive impact on the lives of youth with first-episode psychosis**.

## EBP TOOLKIT DATA – OVERALL

### *Program Retention*

Around one-fourth of participants stopped participating in New Journeys during the evaluation period. Table 1 shows the average duration of participation for participants who dropped out, were referred to other treatment options, or who completed the New Journeys program. About 64% of youth who started New Journeys are still enrolled in the program and so are not included in this table. The average duration of time that participants were in the program was around six months. Participants who dropped out of the program (status “inactive”) participated in the program for an average of six months. Those who were referred out of the program because they were not a good fit for New Journeys (e.g., primarily for drug or alcohol problems) typically had a shorter duration of participation (approximately five months), and those who completed the program did so in around nine months. Results suggest that the first six months of the program is an essential period for assessing the appropriateness of the program for youth, as well as implementing strategies to improve retention.

**Table 1. Average Duration of Participation in New Journeys**

	Days		Months	
	M	SD	M	SD
<b>Dropped Out (<i>n</i> = 10)</b>	181.0	138.5	6.0	4.6
<b>Referred (<i>n</i> = 8)</b>	139.7	108.5	4.7	3.6
<b>Completed (<i>n</i> = 6)</b>	287.0	155.8	9.6	5.2
<b><i>Total</i></b>	199.26		6.6	

## Demographic Characteristics of New Journeys Participants

The average age of New Journeys participants is 19 years old and the vast majority (77%) of participants are male. The disproportionate numbers of men enrolled in the program may be related to the average age, with men being more likely to experience first-episode psychosis in their teens and early twenties and women being more likely to have an onset of these symptoms in their mid- to late twenties.

Overall the race and ethnicity of participants reflect the diversity of their communities, with the majority of individuals describing themselves as a race and ethnicity other than white, non-Hispanic. Twelve percent describe themselves as lesbian, gay, bisexual, or questioning. Forty-three percent of the youth enrolled in the program are Hispanic or Latino, reflecting the large Latino populations of Yakima and south King County. Although, all three sites have Latino participants. Overall, results of the evaluation suggest that New Journeys participants are very diverse and integration of best practices for working with diverse (cultural competence, addressing issues unique to GBLTQ) participants is important, especially if this is not already being addressed.

Though the majority of participants were Medicaid enrollees, there was an increase in youth with commercial insurance from none last year to 12 (22%) this year. Participants with commercial insurance came from all three sites. This suggests that New Journeys is serving youth with FEP regardless of their insurance status, a goal of the program.

Most participants were stably housed at the start of the program. Nearly all participants were unemployed, though 41% were enrolled in school at the beginning of the program. The low numbers of employed youth may reflect the relatively young age of New Journey's participants. At the same time, the very low rates of employment and relatively low rates of school enrollment demonstrate the need for the supported employment and education interventions that are offered in New Journeys.

**Table 2. Participant Demographics for New Journeys**

\*Percentages exclude missing responses, which are 11 or fewer in each category.

	%	(n)	M	SD
<b>Participants</b>		66		
<b>Age</b>			18.9	2.5
<b>Status</b>				
Active	64%	42		
Dropped Out	15%	10		
Referred	12%	8		
Completed	9%	6		
<b>Gender</b>				
Male	79%	51		
Female	20%	13		
Other	1%	1		
<b>Race</b>				
White	48%	28		
Black	12%	7		
Asian	4%	2		
Alaskan	8%	5		
Multiracial	4%	2		
Other	24%	14		

	%	(n)	M	SD
<b>Ethnicity</b>				
Hispanic	43%	25		
Non-Hispanic	57%	33		
<b>Sexual Orientation</b>				
Heterosexual	88%	52		
Gay or Lesbian	5%	3		
Bisexual	5%	3		
Questioning	2%	1		
<b>Preferred Language</b>				
English	92%	60		
Spanish	6%	4		
Other	2%	1		
<b>Insurance Type</b>				
Provider One/Medicaid	67%	36		
Private Insurance	22%	12		
Other Public Insurance	7%	4		
Uninsured	4%	2		
<b>Living Situation</b>				
Stable	81%	52		
Temporary	12%	8		
Homeless	2%	1		
Other (institutionalized/unstable)	5%	3		
<b>Employment</b>				
Employed	4%	7		
Unemployed	96%	57		
<b>Education</b>				
Attending	45%	26		
Not Attending	55%	38		

### ***Mental Health History***

While most participants were involved in the mental health system before New Journeys, they had a relatively brief average duration of untreated psychosis of 7.2 months. Despite the relatively short duration of untreated psychosis, participants first interacted with the mental health system at an average age of 16 and averaged one to two previous psychiatric hospitalizations before enrolling in New Journeys. One strength of the program is that there was a short (7.3 days) average time between a participant's referral and their contact with New Journeys.

**Table 3. Mental Health History**

<b>Mental Health History</b>	<b>M</b>	<b>SD</b>
<b>Duration of Untreated Psychosis (days)</b>	216.8	195.6
<b>Time between referral and contact with participant (days)</b>	7.3	11.8
<b>Age at First Contact with Mental Health System</b>	15.8	6.6
<b>Number of Previous Psychiatric Hospitalizations</b>	1.7	1.9

### **Referral Source**

The majority (66%) of participants were referred from a mental health provider. Outside of mental health providers, there is a greater diversity in referral sources compared to last year.

**Table 4. Referral Source**

<b>Referral Source</b>	<b>%</b>	<b>(n)</b>
<b>Mental Health Provider</b>	66%	43
<b>Medical Provider</b>	15%	10
<b>Family</b>	9%	6
<b>Legal System</b>	3%	2
<b>School</b>	3%	2
<b>Social Services</b>	2%	1
<b>Emergency Department</b>	2%	1

### **Diagnoses**

Consistent with program inclusion criteria, 85% ( $n = 53$ ) of youth were diagnosed with a psychotic disorder at intake, with schizophrenia and psychotic disorder not otherwise specified being the most common diagnoses. Twenty-nine percent of the participants were diagnosed with psychotic disorders, not otherwise specified at intake to New Journeys. Seven percent had a primary diagnosis of a mood disorder and were enrolled in the first year of the program at Central Washington Comprehensive, prior to changes in inclusion criteria.

**Table 5. Primary Diagnosis**

<b>Primary Diagnosis</b>	<b>%</b>	<b>(n)</b>
<b>Schizophrenia</b>	30%	19
<b>Psychosis Not Otherwise Specified</b>	29%	18
<b>Schizoaffective Disorder</b>	13%	8
<b>Schizophreniform Disorder</b>	13%	8
<b>Bipolar Disorder</b>	5%	3
<b>Delusional Disorder</b>	2%	1
<b>Major Depression</b>	2%	1
<b>Other</b>	6%	4

## Clinical Characteristics at Intake

As part of the New Journeys evaluation, we administered a variety of clinical measures at program intake and then weekly or monthly during the program. These include measures assessing psychotic experiences, psychotic symptom severity, depression, anxiety, suicidal thinking, and also drug and alcohol use (See Appendix B).

In terms of psychotic symptoms at intake, the average score on the Psychotic Experiences scale (a comprehensive self-report measure of hallucinations and delusions ranging from 0 to 28) was 8.8. On a brief measure of clinician-rated psychotic symptoms (ranging from 0 to 35), participants had a mean score of 10.6. The prevalence of current clinically significant depression and anxiety symptoms was high, with 41% reporting at least moderate anxiety and 43% reporting at least moderate depression. Twenty-seven percent of participants also endorsed thinking about suicide in the two weeks before entering the program. These results emphasize the importance of treating comorbid anxiety and depression, as well as the importance of assessing and treating suicidality in this very high-risk population.

In terms of substance use in the 30 days prior to program entry, tobacco use was the most frequent (34%), followed by cannabis (27%) and alcohol use (18%). Other drug use was infrequent, with 5% of youth using other drugs. Rates of alcohol use, in particular, are lower in New Journeys than in other national samples of youth receiving FEP interventions. It is also important to note that opioid use, a public health epidemic does not appear to be affecting New Journeys participants at this time.

**Table 6. Clinical Characteristics of Participants by Measure**

	%	(n)	Mean	SD
<b>Psychotic experiences score (CAPE-P15)</b>		58	8.8	8.6
<b>Psychotic symptom severity score (CRDPSS)</b>		62	10.6	4.7
<b>Depression Severity (PHQ-9)</b>				
(1) None	28%	17		
(2) Mild	29%	18		
(3) Moderate	21%	13		
(4) Moderate-Severe	11%	7		
(5) Severe	11%	7		
<i>Total</i>		62	9.4	6.9
<b>Anxiety Severity (GAD-7)</b>				
(1) None	31%	19		
(2) Mild	28%	17		
(3) Moderate	21%	13		
(4) Severe	20%	12		
<i>Total</i>		61	8.1	5.8
<b>Suicidal Thinking (Last Two Weeks)</b>				
(1) Not At All	73%	44		
(2) Several Days	11%	7		
(3) More Than Half the Days	13%	8		
(4) Nearly Every Day	3%	2		
<b>Alcohol, drug, &amp; tobacco use (Last 30 Days)</b>				
Used Alcohol	18%	11		
Used Tobacco	34%	23		
Used Cannabis	27%	17		
Vapor Cigarettes	16%	10		
Used Other Drugs	5%	3		
<i>Total</i>		69		



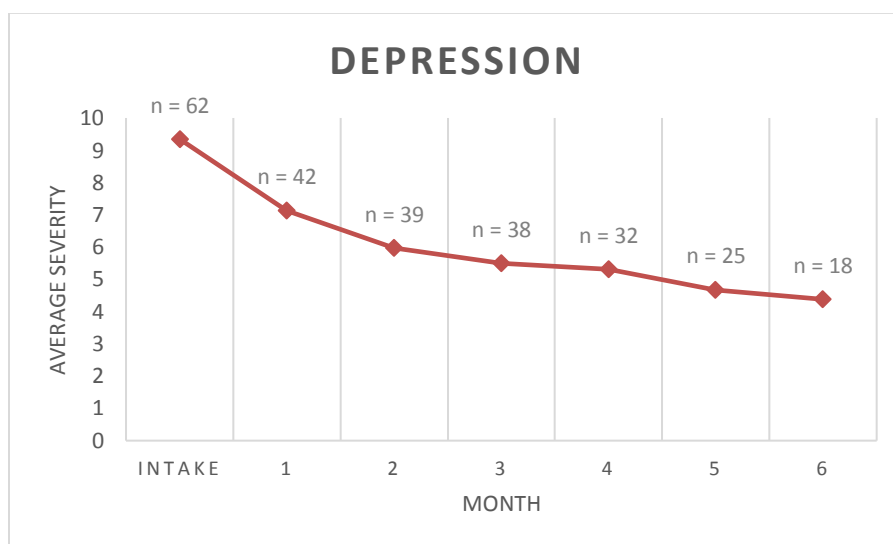
## CLINICAL OUTCOMES

To assess the effectiveness of the New Journeys program, we investigated changes in symptoms from program intake across the first six months of New Journeys participation. We selected the first six months because attrition was relatively high after that time, resulting in a great deal of missing data in later months. We display the mean scores across time for each measure in Figures 1-12 below. We have also included the number of individuals who provided data (completed each measure at each time point).

We used generalized estimating equations, an inferential statistical analysis to assess whether or not changes in symptoms were statistically significant. For these analyses, we compared participants' scores on each measure before and after program intake.

### *Depression Symptoms*

To assess **depression**, participants completed the PHQ-9. As the figure below describes, there was a significant ( $\beta = 3.64$ ;  $CI: 1.81 - 5.48$ ;  $p < 0.05$ ) decrease in depression (assessed by the PHQ-9) over time among participants enrolled in New Journeys. Overall, the mean depression score at intake was 9.35 compared to 5.71 over six months of treatment.



*Figure 1. Average PHQ-9 total score over time*

### *Anxiety Symptoms*

To assess **anxiety**, participants completed the GAD-7. There was a significant ( $\beta = 4.02$ ;  $CI: 2.69 - 5.35$ ;  $p < 0.05$ ) decrease in anxiety (assessed by the GAD-7) over time, as described in the figure below. Overall, the mean depression score at intake was 8.08 compared to 4.06 over six months of treatment.

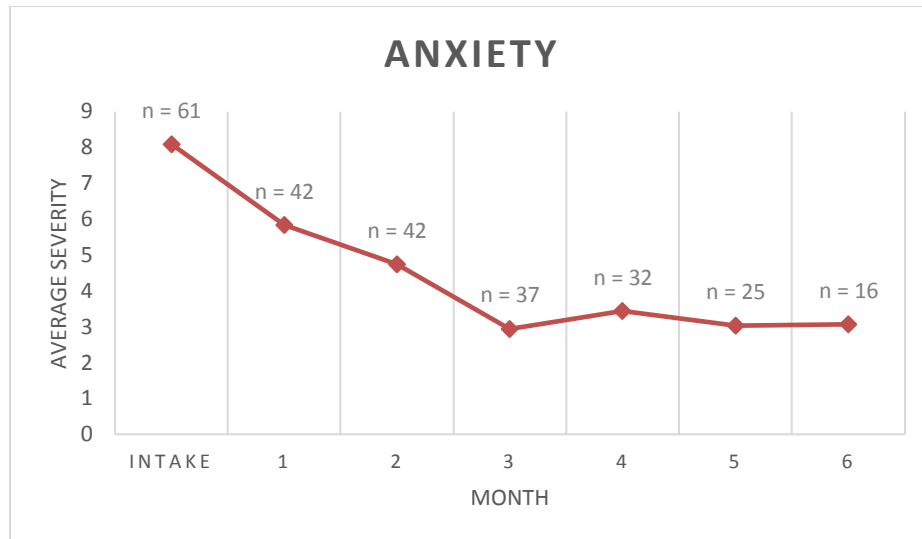


Figure 2. Average GAD-7 total score over time

### Psychotic Experiences

Participants completed the CAPE-P15 to comprehensively assess the impact of New Journeys on **psychotic experiences**. There was a significant ( $\beta = 5.19$ ;  $CI: 3.21 - 7.18$ ;  $p < 0.05$ ) decrease in psychotic symptoms (assessed by the CAPE-P15) over time among participants enrolled in New Journeys. There was a large reduction in CAPE-P15 scores, with the mean psychotic experience score decreasing from 8.76 at baseline to an average of 3.56 over six months of treatment.

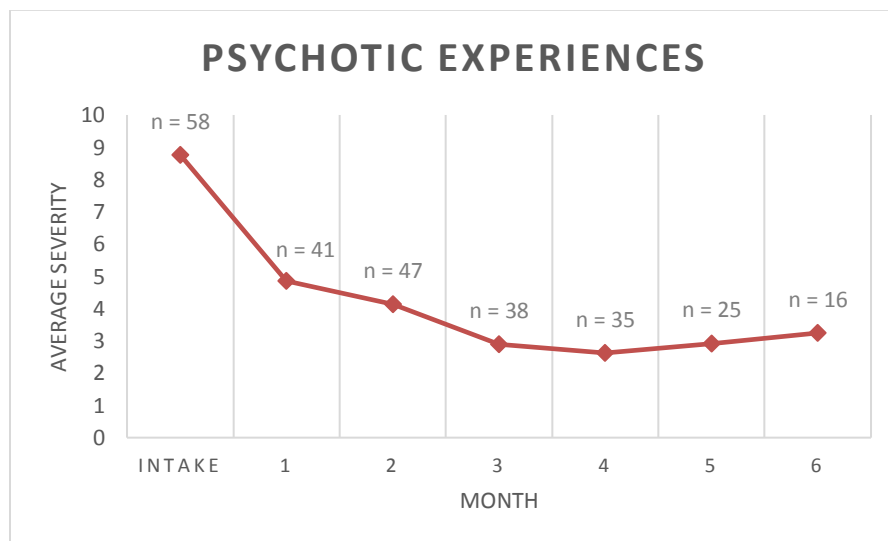


Figure 3. Average CAPE-P15 total score over time

## Psychotic and Related Symptoms

We chose the CRDPSS as a simple, brief clinician rating of overall **psychotic and related symptoms** that could be administered weekly to assess participant outcomes. As Figure 4 indicates, there was a significant ( $\beta = 2.24$ ;  $CI: 1.34 - 3.13$ ;  $p < 0.05$ ) decrease in psychotic symptoms (assessed by the CRDPSS summary score) over time among participants enrolled in New Journeys. Importantly, this effect is maintained across the post-treatment period as described in the figure. Overall, the mean psychotic symptom score at intake was 10.62 compared to 8.38 over six months of treatment.

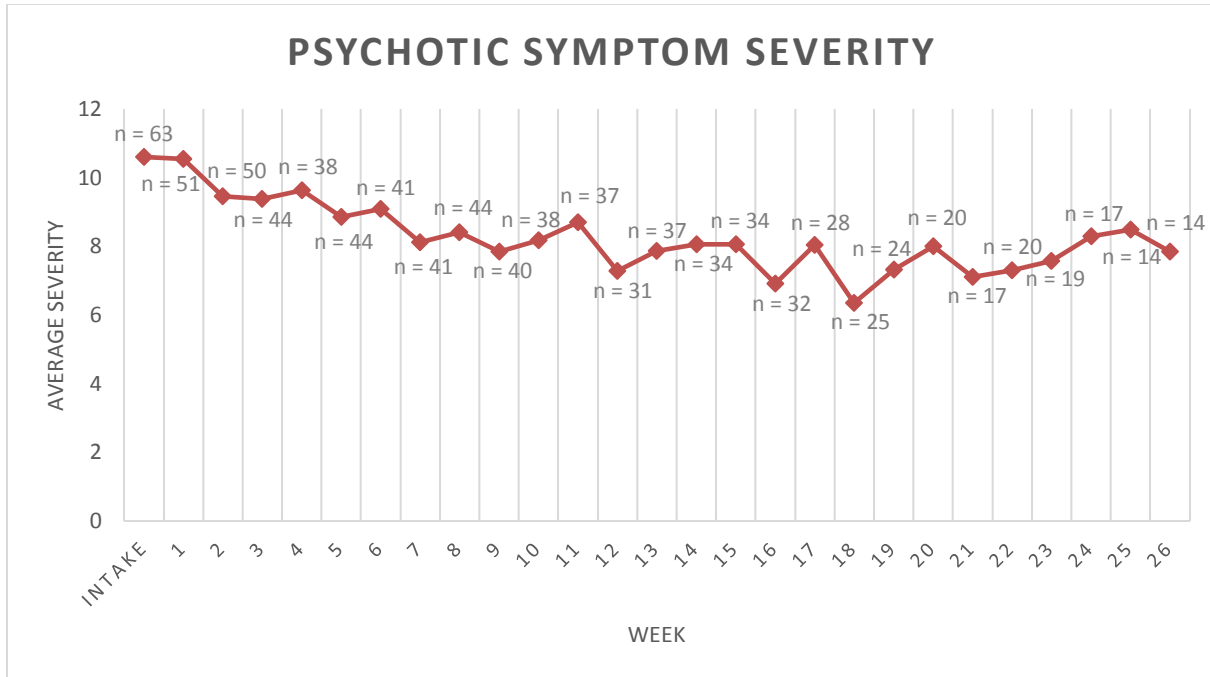


Figure 4. Average CRDPSS summary score over time

## Health-Related Quality of Life

To assess participants' perception of their own **physical and mental health-related quality of life**, the Healthy Days Core Module was administered every 30 days. Specifically, participants were 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?" There was a significant ( $\beta = 4.13$ ;  $CI: 0.83 - 7.43$ ;  $p < 0.05$ ) decrease in unhealthy days (assessed by the Healthy Days Core Module) over time among participants enrolled in New Journeys. Overall, the mean number of unhealthy days at intake was 7.47 compared to 3.34 over six months of treatment. This indicates an overall increase in the functioning and quality of life of New Journeys participants after receiving treatment.

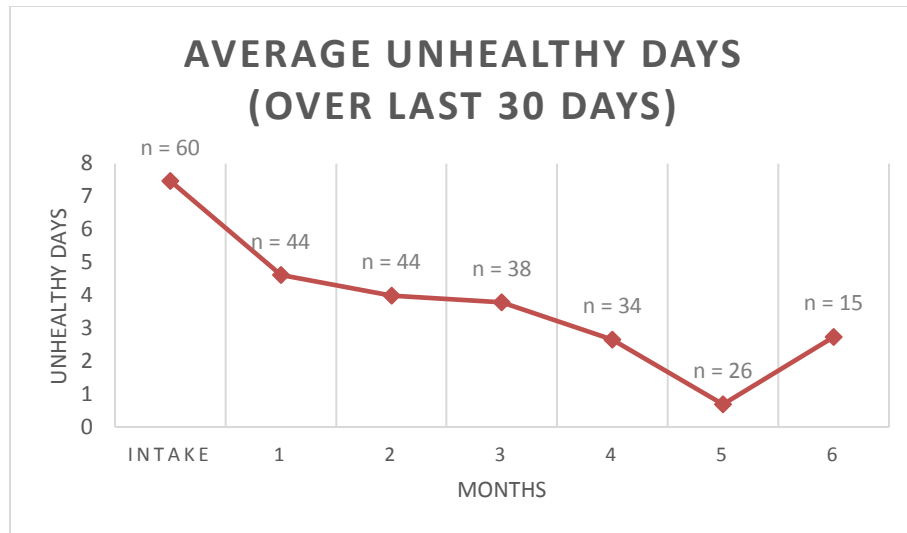


Figure 5. Average Unhealthy Days over last 30 days

### Alcohol Use

To assess **alcohol use**, participants were asked if they drank any alcohol (more than a few sips) in the last 30 days. There was no significant change in the percentage of alcohol use over time ( $OR = 0.78$ ;  $CI: 0.38 - 1.60$ ;  $p = 0.490$ ).

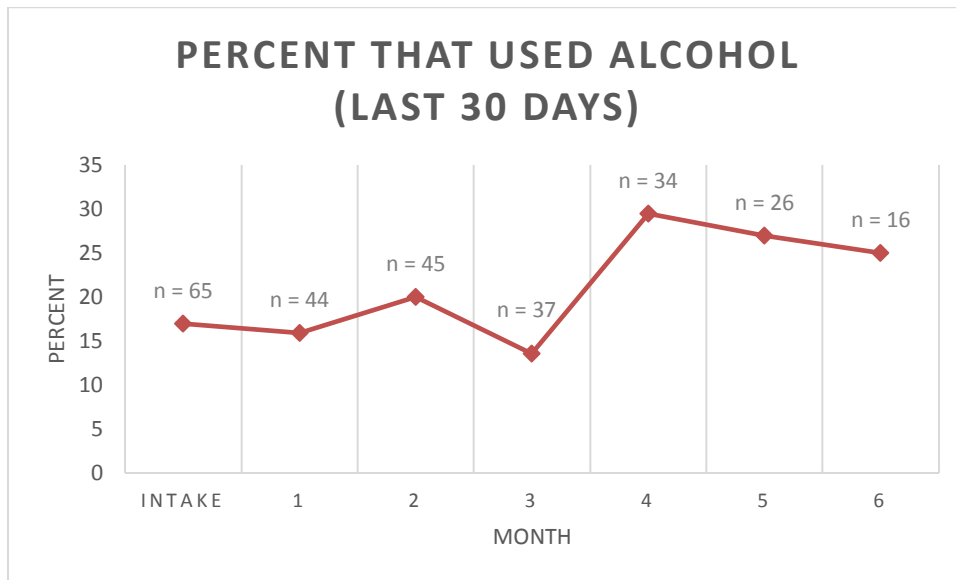


Figure 6. Percent that used alcohol over last 30 days

### Tobacco Use

To assess **tobacco use**, participants were asked if they “smoked cigarettes, cigars, or other tobacco” in the last 30 days. There was no significant change in the percentage of tobacco users over time ( $OR = 1.12$ ;  $CI: 0.72 - 1.75$ ;  $p = 0.615$ ).

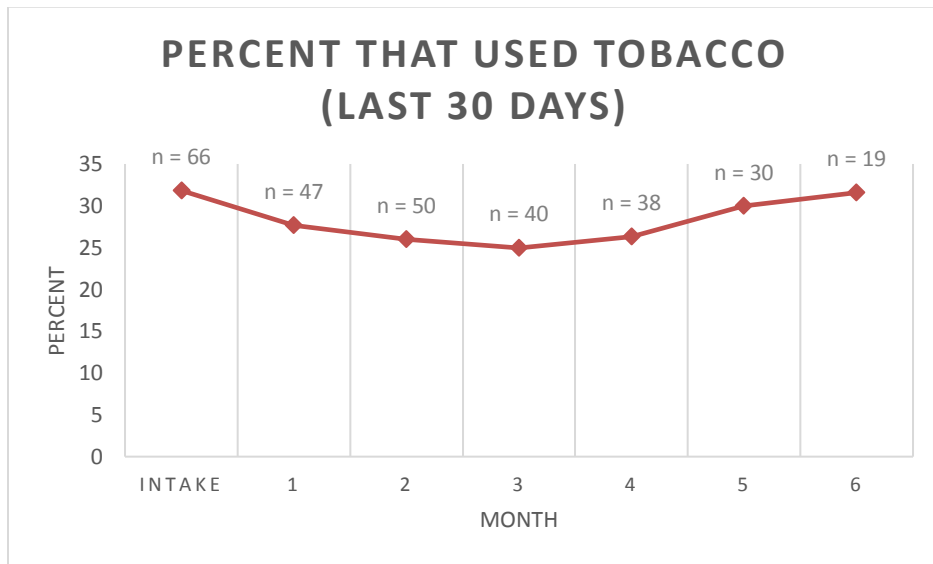


Figure 7. Percent that used tobacco over last 30 days

### Cannabis Use

To assess **cannabis use**, participants were asked if they've "smoked any marijuana or hashish" in the last 30 days. There was no significant change in the percentage of cannabis user over time (*OR* = 1.01; *CI*: 0.59 – 1.72; *p* = 0.981).

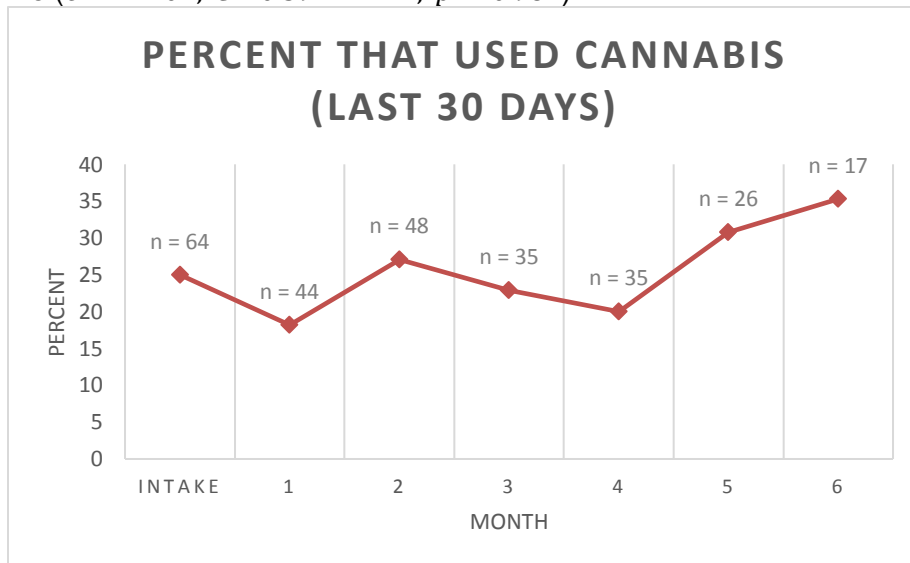


Figure 8. Percent that used cannabis over last 30 days

Overall, results of the substance abuse surveys suggest that New Journeys is having no positive impact on those who are using alcohol, cannabis or smoking tobacco.

## Education and Employment

To assess **education and employment**, participants were asked, “Are you currently enrolled in school?” and “Have you attended work or volunteered twenty or more hours per week in the last month?”

### Education

Participation in New Journeys did not have a significant effect on participants’ educational status ( $OR = 1.10$ ;  $CI: 0.76 - 1.60$ ;  $p = 0.622$ ), while the average percentage of participants attending school decreased slightly from 45% at intake to 43% over six months in the program.

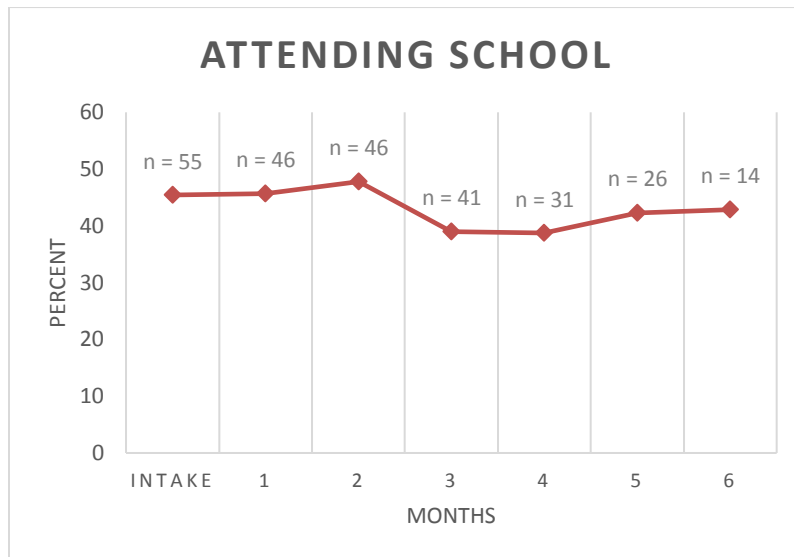


Figure 9. Percent of participants attending school over time

Furthermore, there was no significant change in the percentage of participants attending school during their six months of participation in the New Journeys program relative to intake ( $Z = -1.000$ ,  $p > 0.05$ )(see Figure 10).

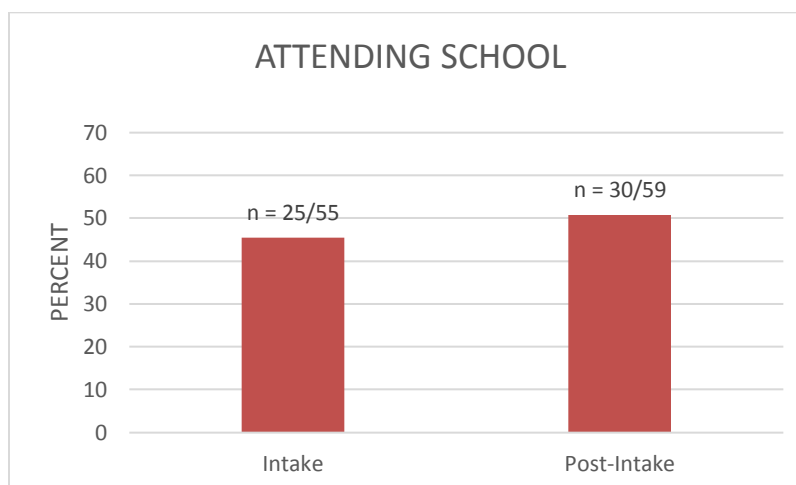


Figure 10. Percent of participants attending school at intake vs. post-intake

## Employment

Participation in New Journeys did not have a significant effect on participants' employment status (  $OR = 0.39$ ;  $CI: 0.10 - 1.46$ ;  $p = 0.161$  ). However, the average percentage of employed participants did increase from 4% at intake to 9% over six months.



Figure 11. Percent of participants employed or volunteering >20 hours per week over time

Though there was no significant change in the percentage of participants employed over time, there was a significant increase in the proportion of participants employed or volunteering at some point over the six months of their participation in the program relative to intake ( $Z = -3.317$ ,  $p < 0.05$ )(See Figure 12).

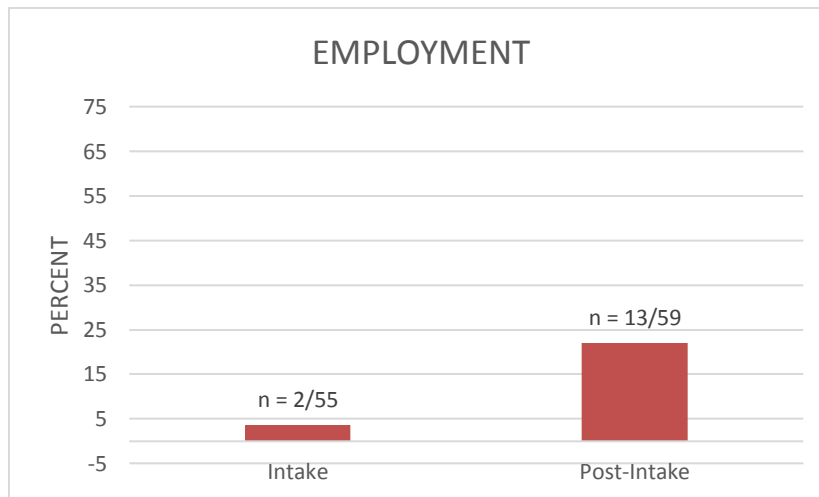


Figure 12. Percent of participants employed or volunteering >20 hours per week at intake vs. post-intake

## SERVICE UTILIZATION

### *Participants Engagement in Services*

Overall, attendance of New Journeys program components was high. Sixty-two (94%) participants attended at least one Individual Resiliency Training (IRT) session, 52 (79%) attended at least one Individual Placement and Support (IPS) session, and 53 (80%) attended at least one Medication Management session. Only 23 (35%) participants attended one or more case management sessions. Forty-four percent ( $n = 198$ ) of scheduled Family Psychoeducation sessions were attended by the participant. Participants were responsive to outreach via both phone/text (70% successful) and in-person (73% successful).

### *Family Engagement*

Forty-six (70%) participants' families attended at least one Family Psychoeducation session. Families were also highly responsive to outreach via both phone/text (92% successful) and in-person (99% successful).

**Table 7. Services Scheduled and Attended throughout Treatment (First 6-months)**

	Total Scheduled	Total Attended (participant)	Total Attended (family)	Scheduled in Week 1
<b>Family Psychoeducation (<math>n = 46</math>)</b>	446	198	44%*	32
<b>IRT (<math>n = 62</math>)</b>	1131	874	77%*	50
<b>IPS (<math>n = 52</math>)</b>	669	542	81%*	18
<b>Medication Management (<math>n = 53</math>)</b>	396	300	76%*	14
<b>Case Management (<math>n = 23</math>)</b>	129	117	91%*	3

\*Percent of total scheduled

\*\*Percent of total number of participants with documented service utilization ( $n = 66$ )

**Table 8. Participant and Family Outreach**

	Total Attempted	Total Successful
<b>Participant Outreach via Phone/Text</b>	435	304
<b>Participant Outreach via In-Person</b>	163	119
<b>Family Outreach via Phone/Text</b>	596	550
<b>Family Outreach via In-Person</b>	67	66

\*Percent of total attempted



## **APPENDIX A: SITE-SPECIFIC DATA**

Demographics, clinical outcomes, and service utilization data gathered from each site are reported below. Demographics are broken down by participant status as of Sep. 20, 2017. These categories include “Active” participants, those who “Dropped Out” (labeled “inactive” in the toolkit) of the program, those “Referred” to other programs for more appropriate treatment, and participants who have “Completed” the New Journeys program.

We also report descriptive analyses of outcomes across time by site as well as a breakdown of service utilization by site. The results of these analyses should be interpreted with caution as many are derived from small numbers of participants and thus could be misleading.

## SITE 1: COMPREHENSIVE HEALTHCARE

**Address:** 402 S. 4<sup>th</sup> Avenue, Yakima, WA 98907; **Website:** [www.comphc.org](http://www.comphc.org)

**Director:** Christopher Moore; **Clinical Manager:** Todd Blair

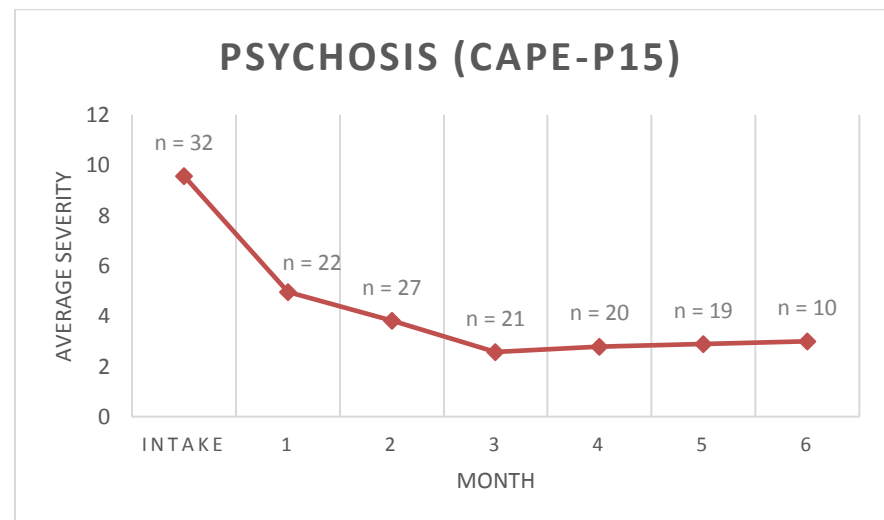
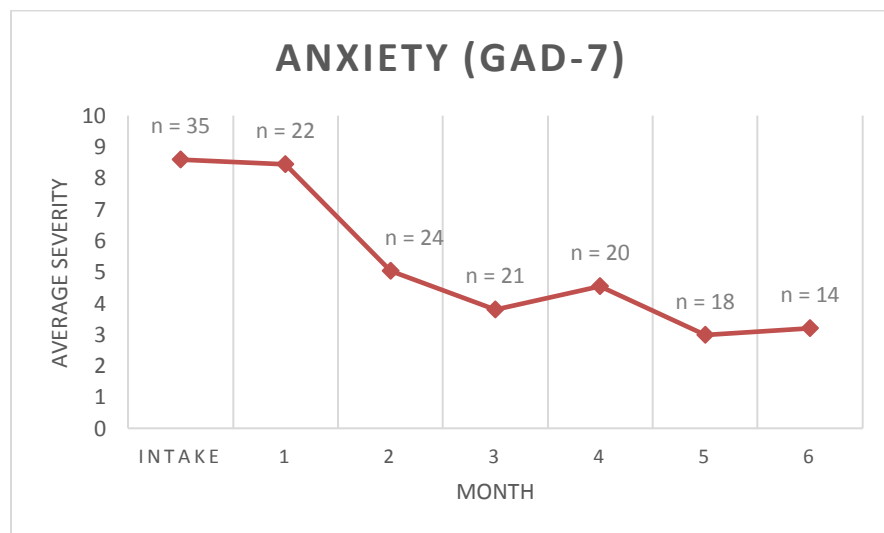
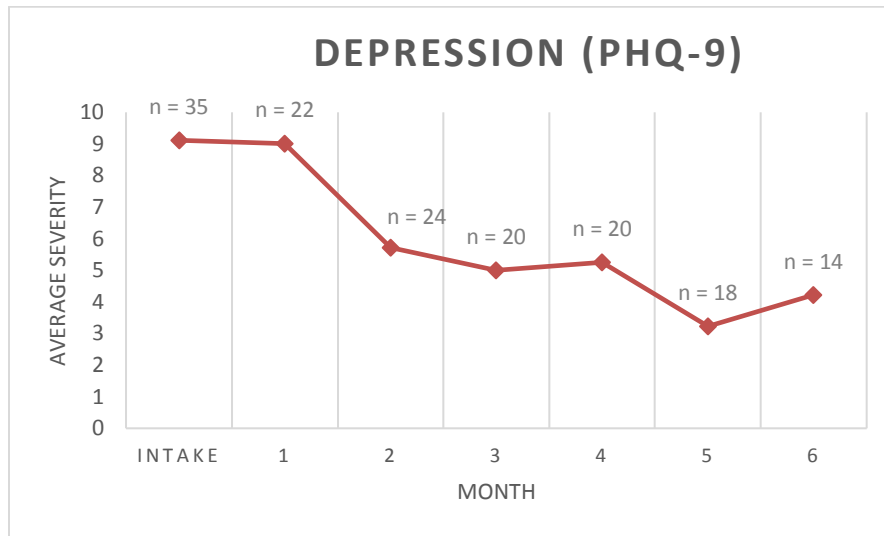
### Site Demographics

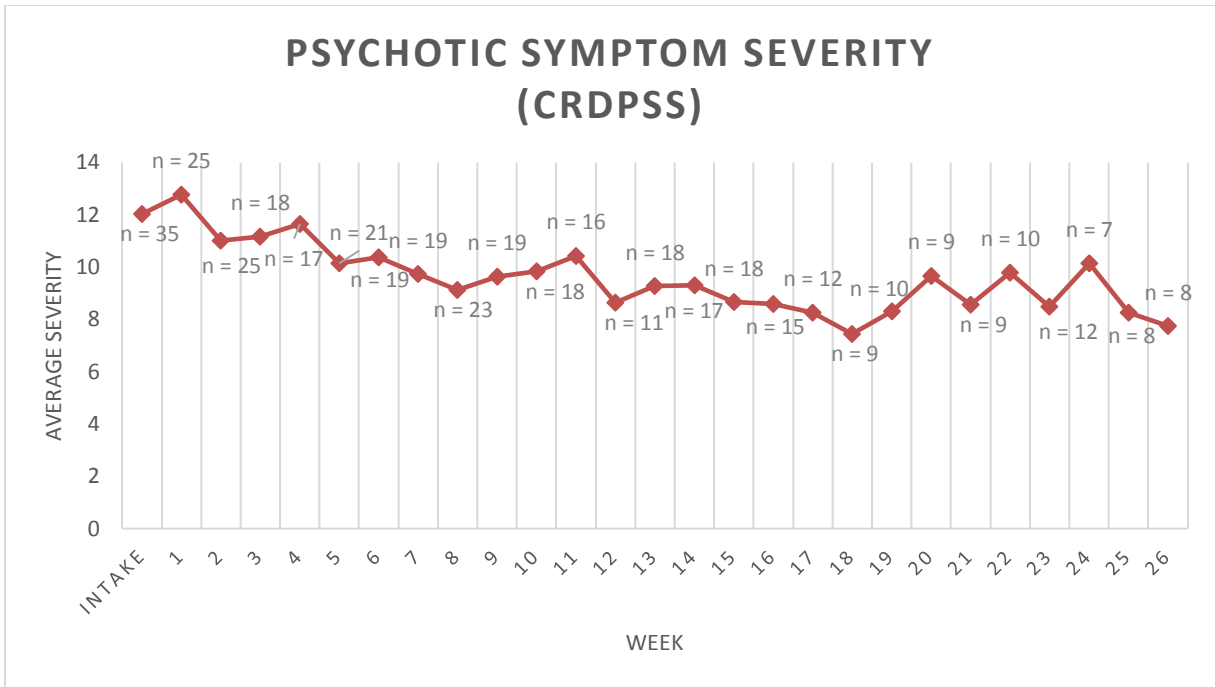
Up to eight participants did not provide data on any given question, largely due to being ineligible. Percentages exclude missing responses.

Item	Overall				Dropped Out				Active				Referred				Completed			
	M	SD	%	(n)	M	SD	%	(n)	M	SD	%	(n)	M	SD	%	(n)	M	SD	%	(n)
<b>Participants</b>				38				12				16				6				4
<b>Age</b>	18.8	2.5			18.9	2.7			18.3	1.6			17.8	2.5			21.5	3.3		
<b>Gender</b>																				
Male			81%	31			84%	10			75%	12			83%	5			100%	4
Female			16%	6			8%	1			25%	4			17%	1			0%	0
Other			3%	1			8%	1			0%	0			0%	0			0%	0
<b>Sexual Orientation</b>																				
Heterosexual			88%	29			86%	6			94%	15			67%	4			100%	4
Gay or Lesbian			3%	1			0%	0			6%	1			0%	0			0%	0
Bisexual			9%	3			14%	1			0%	0			33%	2			0%	0
<b>Primary Diagnosis</b>																				
Major Depression			3%	1			8%	1			0%	0			0%	0			0%	0
Schizoaffective			14%	5			0%	0			23%	3			17%	1			25%	1
Schizophrenia			26%	9			17%	2			31%	4			33%	2			25%	1
Psychosis NOS			40%	14			59%	7			38%	5			33%	2			0%	0
Bipolar			8%	3			8%	1			0%	0			17%	1			25%	1
Delusional Disorder			3%	1			0%	0			8%	1			0%	0			0%	0
Other			6%	2			8%	1			0%	0			0%	0			25%	1
<b>Race</b>																				
White			42%	13			17%	2			64%	7			60%	3			33%	1
Black/African American			0%	0			0%	0			0%	0			0%	0			0%	0
Alaskan			16%	5			25%	3			18%	2			0%	0			0%	0
Multiracial			3%	1			0%	0			9%	1			0%	0			0%	0
Other			39%	12			58%	7			9%	1			40%	2			67%	2
<b>Ethnicity</b>																				
Hispanic			64%	20			89%	8			43%	6			75%	3			75%	3
Not Hispanic			36%	11			11%	1			57%	8			25%	1			25%	1

Item	Overall				Dropped Out				Active				Referred				Completed			
	M	SD	%	(n)	M	SD	%	(n)	M	SD	%	(n)	M	SD	%	(n)	M	SD	%	(n)
<b>Preferred Language</b>																				
English			95%	36			83%	10			100%	16			100%	6			100%	4
Spanish			5%	2			17%	2			0%	0			0%	0			0%	0
<b>Referral Source</b>																				
Mental Health Provider			81%	30			67%	8			93%	14			83%	5			75%	3
Family			5%	2			8%	1			7%	1			0%	0			0%	0
Medical Provider			5%	2			8%	1			0%	0			0%	0			25%	1
Social Services			0%	0			0%	0			0%	0			0%	0			0%	0
School			0%	0			0%	0			0%	0			0%	0			0%	0
Other			9%	3			17%	2			0%	0			17%	1			0%	0
<b>Insurance</b>																				
Medicaid			63%	19			75%	9			38%	3			67%	4			75%	3
Private Insurance			33%	10			25%	3			50%	4			33%	2			25%	1
Uninsured			4%	1			0%	0			12%	1			0%	0			0%	0
<b>DUP (days)</b>	250	240			366	298			160	174			339	230			123	171		
<b>Time between referral and contact with patient (days)</b>	4.4	10.8			2.3	16.0			4.3	9.2			1.0	2.4			0.0	0.0		
<b>Age at First Contact with Mental Health System</b>	15.2	7.5			16.8	7.7			14.4	8.1			11.2	5.0			20.0	3.2		
<b>Number of Previous Psychiatric Hospitalizations</b>	2.2	2.2			1.5	1.1			1.9	1.4			4.2	4.6			2.0	1.4		
<b>Living Situation</b>																				
Stable			84%	31			91%	10			88%	14			67%	4			75%	3
Temporary			13%	5			0%	0			12%	2			33%	2			25%	1
Unstable			3%	1			9%	1			0.0	0			0%	0			0%	0
<b>Employment</b>																				
Employed			11%	4			30%	3			6%	1			0%	0			0%	0
Unemployed			89%	32			70%	7			94%	15			100%	6			100%	4
<b>Education</b>																				
Attending School			44%	16			40%	4			44%	7			83%	5			0%	0
Not Attending School			56%	20			60%	6			56%	9			17%	1			100%	4
<b>Unemployed and Not Attending School</b>			45%	17			25%	3			56%	9			17%	1			100%	4

## Clinical Outcomes for Comprehensive





### Service Utilization

	Total Scheduled	Total Attended (participant)		Total Attended (family)		Scheduled in Week 1	
<b>Family Psychoeducation</b>	(269)	(117)	44%	(219)	81%	(16)	43%
<b>Individual Resiliency Training</b>	(771)	(566)	73%			(30)	81%
<b>Individual Placement and Support/Supported Employment</b>	(400)	(311)	78%			(11)	30%
<b>Medication Management</b>	(295)	(220)	75%			(9)	24%
<b>Case Management</b>	(88)	(84)	96%			(1)	3%

## SITE 2: BEHAVIORAL HEALTH RESOURCES

**Address:** 6128 Capitol Blvd., Tumwater, WA; **Website:** [www.bhr.org](http://www.bhr.org)

**Director:** Greg Endler

**Clinical Manager:** Becky Daughtry

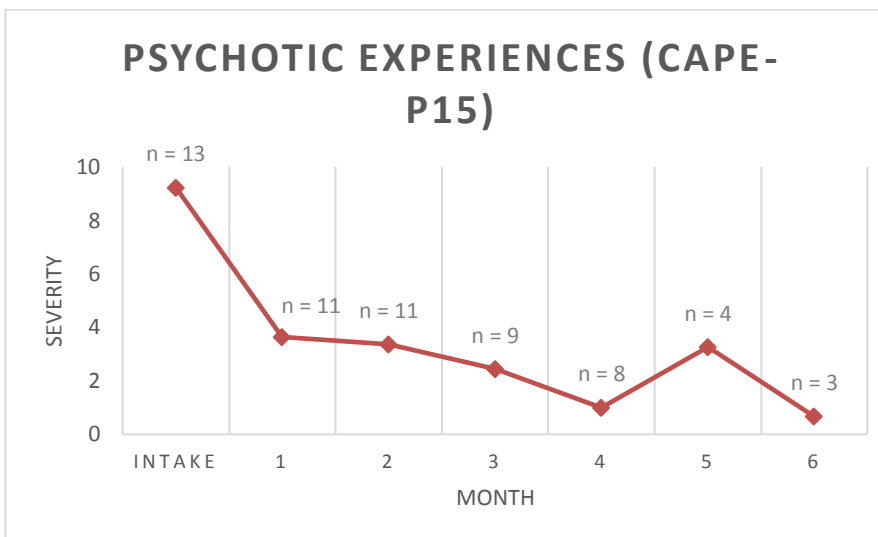
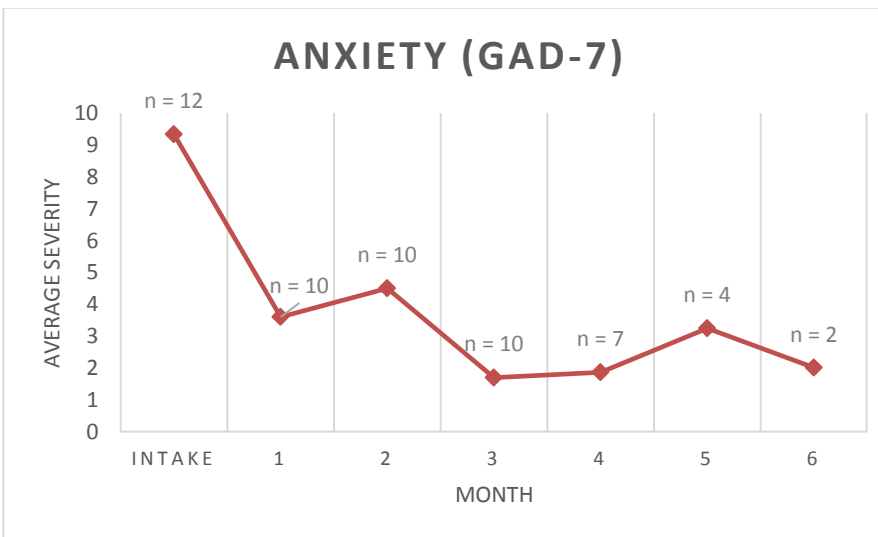
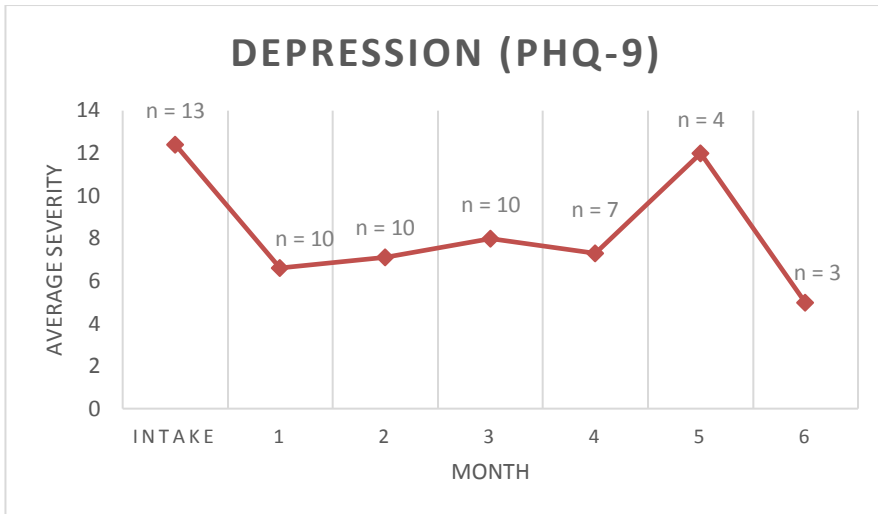
### Site Demographics

Up to 23 participants did not provide data on any given question, largely due to being ineligible. Percentages exclude missing responses.

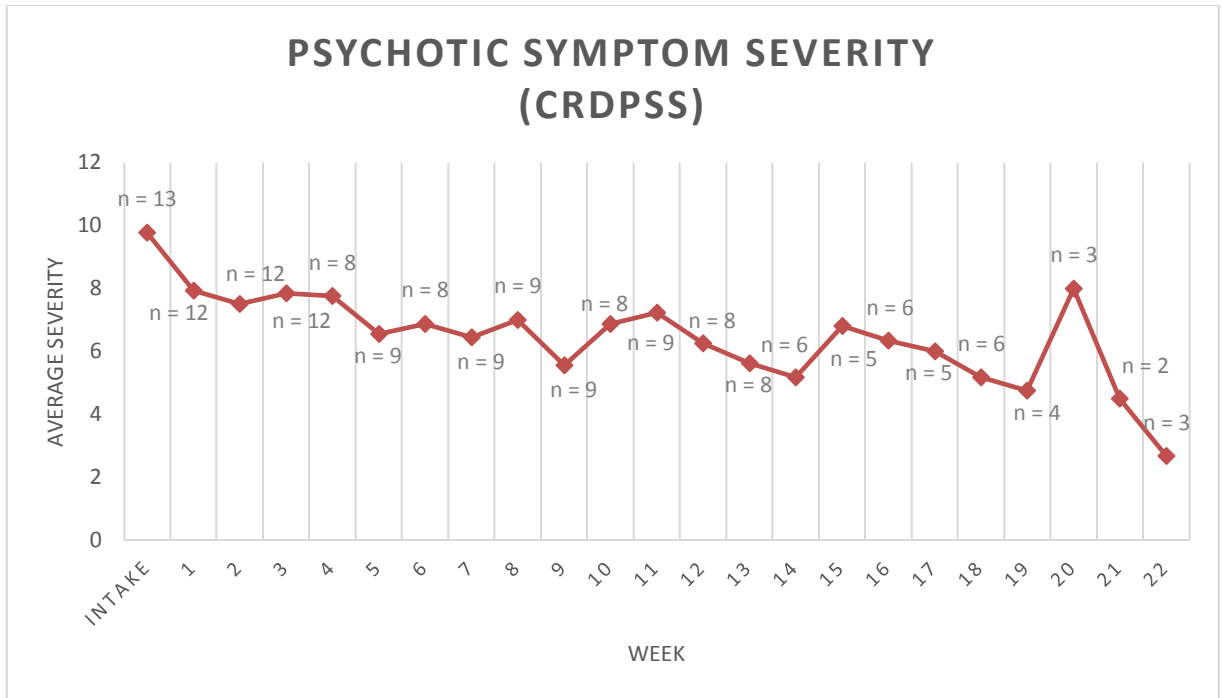
Item	Overall			Dropped Out			Active			Completed		
	M	SD	% (n)	M	SD	% (n)	M	SD	% (n)	M	SD	% (n)
<b>Participants</b>			40			25			13			2
<b>Age</b>	18.7	3.3		18.5	4.1		18.5	2.0		21.0	2.8	
<b>Gender</b>												
Male			62% 21			58% 11			69% 9			50% 1
Female			35% 12			37% 7			31% 4			50% 1
Other			3% 1			5% 1			0% 0			0% 0
<b>Sexual Orientation</b>												
Heterosexual			78% 14			20% 5			70% 9			0% 0
Gay or Lesbian			11% 2			0% 0			15% 2			0% 0
Other			11% 2			0% 0			15% 2			0% 0
<b>Primary Diagnosis</b>												
Major Depression			18% 7			29% 7			0% 0			0% 0
Schizoaffective			5% 2			0% 0			8% 1			50% 1
Schizophrenia			21% 8			13% 3			41% 5			0% 0
Schizophreniform			11% 4			8% 2			17% 2			0% 0
Psychosis NOS			18% 7			17% 4			17% 2			50% 1
Bipolar			3% 1			4% 1			0% 0			0% 0
Delusional Disorder			3% 1			4% 1			0% 0			0% 0
Other			21% 8			25% 4			17% 2			0% 0
<b>Race</b>												
White			70% 14			60% 3			69% 9			100% 2
Black			15% 3			40% 2			8% 1			0% 0
Multiracial			5% 1			0% 0			8% 1			0% 0
Other			10% 2			0% 0			15% 2			0% 0
<b>Ethnicity</b>												
Hispanic			10% 2			0% 0			15% 2			0% 0
Not Hispanic			90% 17			100% 4			85% 11			100% 2

Item	Overall				Dropped Out				Active				Completed			
	M	SD	%	(n)	M	SD	%	(n)	M	SD	%	(n)	M	SD	%	(n)
<b>Preferred Language</b>																
English			95%	19			100%	5			92%	12			100%	2
Spanish			5%	1			0%	0			8%	1			0%	0
<b>Referral Source</b>																
Mental health Provider			68%	23			69%	13			61%	8			100%	2
Family			6%	2			5%	1			8%	1			0%	0
Medical Provider			20%	7			21%	4			23%	3			0%	0
School			3%	1			0%	0			8%	1			0%	0
Other			3%	1			5%	1			0%	0			0%	0
<b>Insurance</b>																
Provider One/Medicaid			59%	10			50%	1			54%	7			100%	2
Private Insurance			35%	6			0%	0			46%	6			0%	0
Uninsured			6%	1			50%	1			0%	0			0%	0
<b>DUP (days)</b>	204	174			323	357			185	118			90	--		
<b>Time between referral and contact with patient (days)</b>	8.9	9.5			8.8	4.8			9.9	11.5			3.5	4.9		
<b>Age at First Contact with Mental Health System</b>	16.4	2.3			15.7	3.2			16.6	2.3			16.0	--		
<b># of Previous Psychiatric Hospitalizations</b>	0.9	0.8			0.8	1.9			1.0	0.9			1.0	--		
<b>Living Situation</b>																
Stable			75%	15			80%	4			85%	11			0%	0
Temporary			20%	4			20%	1			15%	2			50%	1
Institution			5%	1			0%	0			0%	0			50%	1
<b>Employment</b>																
Employed			15%	3			0%	0			23%	3			0%	0
Unemployed			85%	17			100%	5			77%	10			100%	2
<b>Education</b>																
Attending School			30%	6			40%	2			31%	4			0%	0
Not Attending School			70%	14			60%	3			69%	9			100%	2
<b>Unemployed and Not Attending School</b>			33%	13			12%	3			62%	8			100%	2

## Clinical Outcomes for BHR







### Service Utilization for BHR

	Total Scheduled	Total Attended (participant)		Total Attended (family)		Scheduled in Week 1	
<b>Family Psychoeducation</b>	(112)	(31)	28%	(101)	90%	(8)	62%
<b>Individual Resiliency Training</b>	(230)	(199)	87%			(13)	100%
<b>Individual Placement and Support/Supported Employment</b>	(118)	(106)	90%			(4)	31%
<b>Medication Management</b>	(42)	(34)	81%			(3)	23%
<b>Case Management</b>	(0)	(0)	0%			(0)	0%

## SITE 3: VALLEY CITIES

**Address:** 221 Wells Ave. South, Renton, WA 98057

**Website:** [www.valleycities.org](http://www.valleycities.org)

**Director:** Sarah Boye

**Clinical Manager:** Bradley Cotter

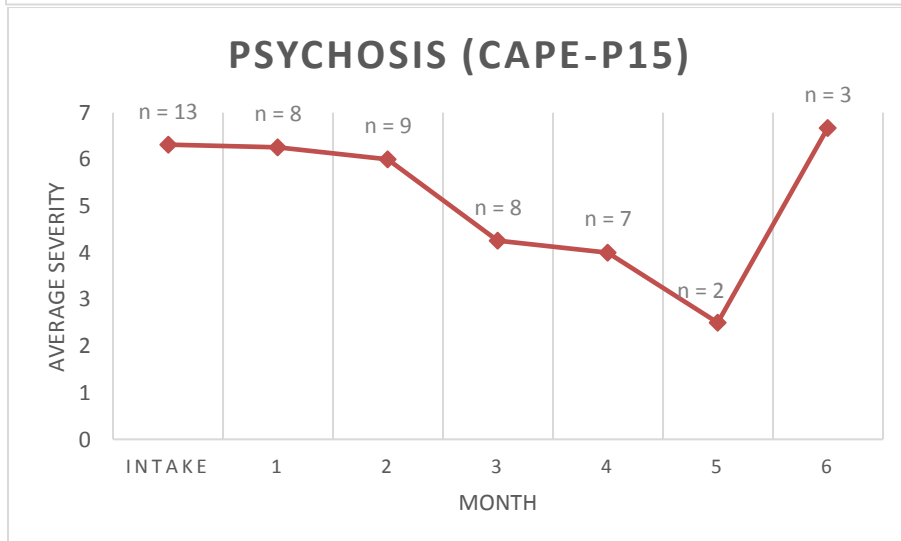
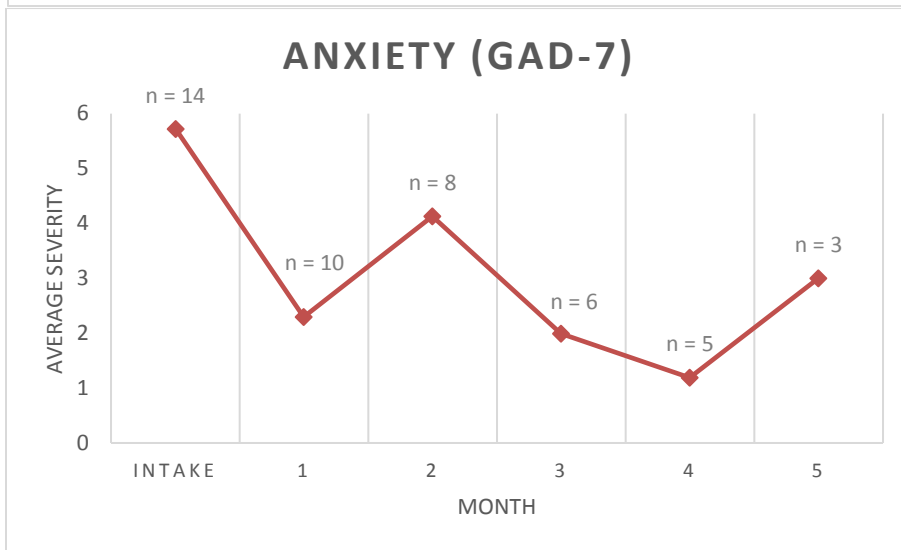
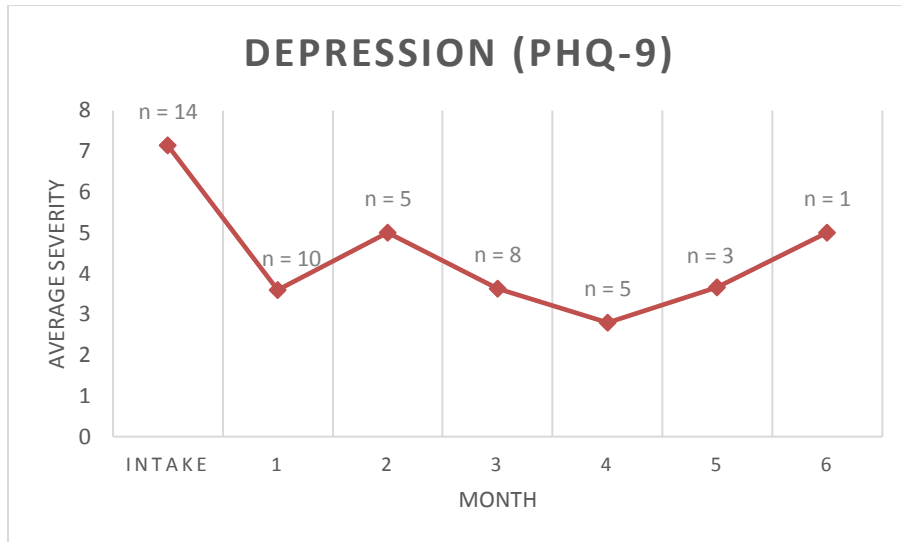
### Site Demographics

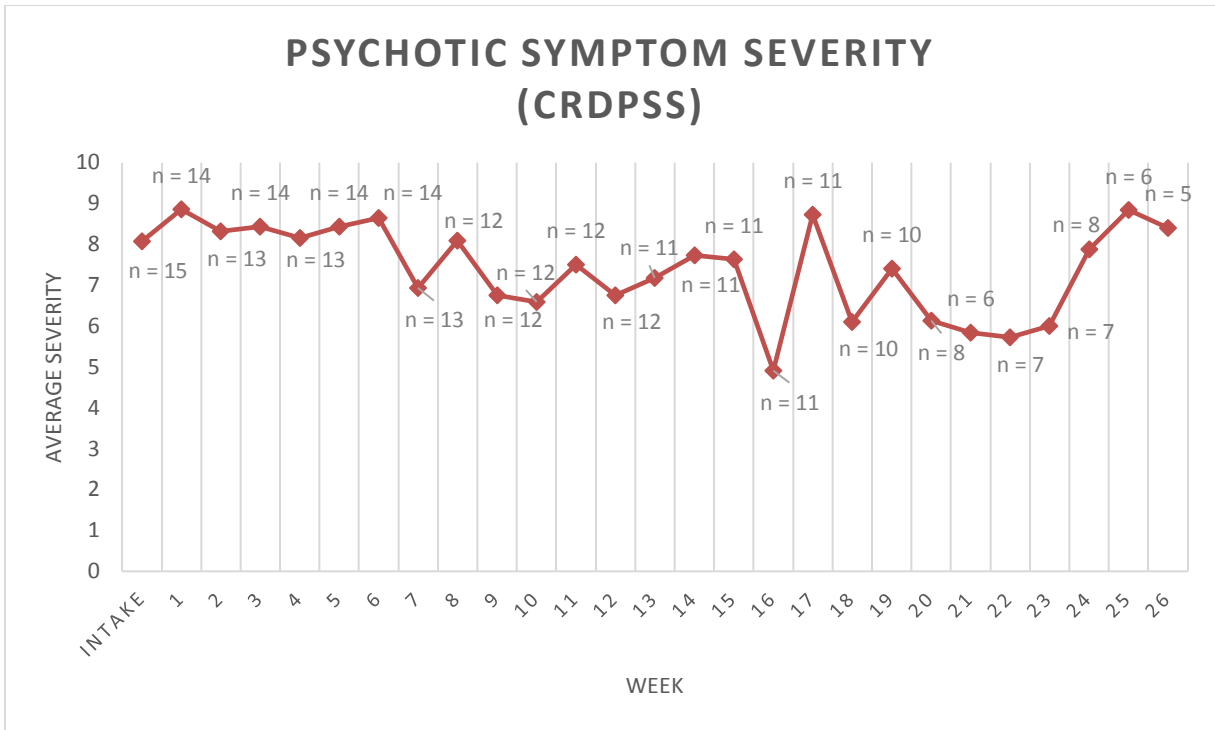
Up to 10 participants did not provide data on any given question, largely due to being ineligible. Percentages exclude missing responses.

Item	Overall				Active				Referred				Completed			
	M	SD	%	(n)	M	SD	%	(n)	M	SD	%	(n)	M	SD	%	(n)
<b>Participants</b>				28				14				12				2
<b>Age</b>	21.2	4.4			20.0	3.2			21.8	5.4			26.5	3.5		
<b>Gender</b>																
Male			76%	19			77%	10			80%	8			50%	1
Female			24%	6			23%	3			20%	2			50%	1
<b>Sexual Orientation</b>																
Heterosexual			96%	21			100%	14			83%	5			100%	2
Gay or Lesbian			0%	0			0%	0			0%	0			0%	0
Questioning			4%	1			0%	0			17%	1			0%	0
<b>Primary Diagnosis</b>																
Major Depression			4%	1			0%	0			10%	1			0%	0
Schizoaffective			4%	1			7%	1			0%	0			0%	0
Schizophrenia			27%	7			43%	6			0%	0			50%	1
Schizophreniform			27%	7			36%	5			10%	1			50%	1
Psychosis NOS			23%	6			14%	2			40%	4			0%	0
Bipolar			4%	1			0%	0			10%	1			0%	0
Other			12%	3			0%	0			30%	3			0%	0
<b>Race</b>																
White			38%	8			39%	5			50%	3			0%	0
Black			43%	9			39%	5			33%	2			100%	2
Asian			9%	2			15%	2			0%	0			0%	0
Alaskan			5%	1			0%	0			17%	1			0%	0
Other			5%	1			7%	1			0%	0			0%	0
<b>Ethnicity</b>																
Hispanic			18%	4			29%	4			0%	0			0%	0
Not Hispanic			82%	18			71%	10			100%	6			100%	2

Item	Overall				Active				Referred				Completed			
	M	SD	%	(n)	M	SD	%	(n)	M	SD	%	(n)	M	SD	%	(n)
<b>Preferred Language</b>																
English			90%	20			86%	12			100%	6			100%	2
Spanish			5%	1			7%	1			0%	0			0%	0
Other			5%	1			7%	1			0%	0			0%	0
<b>Referral Source</b>																
Mental Health Provider			40%	11			36%	5			36%	4			100%	2
Family			15%	4			21%	3			9%	1			0%	0
Medical Provider			33%	9			36%	5			36%	4			0%	0
Social Services			4%	1			0%	0			9%	1			0%	0
School			4%	1			7%	1			0%	0			0%	0
Other			4%	1			0%	0			9%	1			0%	0
<b>Insurance</b>																
Medicaid			56%	10			67%	8			33%	2			0%	0
Private Insurance			22%	4			8%	1			50%	3			0%	0
Other Public Insurance			17%	3			17%	2			17%	1			0%	0
Uninsured			5%	1			8%	1			0%	0			0%	0
<b>Duration of Untreated Psychosis (days)</b>	214	202			190	130			276	340			--	--		
<b>Time between referral and contact with patient (days)</b>	10.0	12.3			13.4	13.0			1.2	1.3			--	--		
<b>Age at First Contact with Mental Health System</b>	16.4	5.4			17.8	5.2			12.8	4.1			--	--		
<b>Number of Previous Psychiatric Hospitalizations</b>	1.2	1.0			1.3	1.0			0.8	0.8			--	--		
<b>Living Situation</b>																
Stable			85%	19			79%	11			100%	6			100%	2
Temporary			5%	1			7%	1			0%	0			0%	0
Unstable			5%	1			7%	1			0%	0			0%	0
Homeless			5%	1			7%	1			0%	0			0%	0
<b>Employment</b>																
Employed			14%	3			14%	2			17%	1			0%	0
Unemployed			86%	19			86%	12			83%	5			100%	2
<b>Education</b>																
Attending School			36%	8			43%	6			33%	2			0%	0
Not Attending School			64%	14			57%	8			67%	4			100%	2
<b>Unemployed and Not Attending School</b>			43%	12.0			50%	7.0			25%	3.0			100%	2

## Clinical Outcomes for Valley Cities





### Service Utilization

	Total Scheduled	Total Attended (participant)		Total Attended (family)		Scheduled in Week 1	
<b>Family Psychoeducation</b>	(64)	(49)	77%	(56)	88%	(8)	50%
<b>Individual Resiliency Training</b>	(125)	(106)	85%			(7)	44%
<b>Individual Placement and Support/Supported Employment</b>	(150)	(124)	83%			(3)	19%
<b>Medication Management</b>	(55)	(45)	82%			(2)	13%
<b>Case Management</b>	(32)	(26)	81%			(1)	6%

## **APPENDIX B**

### *Description of Clinical Measures Used in the EBP Toolkit*

**Depression severity is assessed with the PHQ-9**, which examines the participant's recent depression symptoms. "None" indicates a score less than five, "Mild" is a score five to nine, "Moderate" severity is 10 to 14, "Moderately Severe" is a score 15 to 19, and "Severe" is a score 20 or greater.

**Generalized anxiety in the participant was assessed by the GAD-7**, which examines the level of a participant's recent anxiety symptoms. "None" indicates a score less than five, "Mild" is a score five to nine, "Moderate" severity is 10 to 15, and "Severe" is 15 or greater.

**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.

**Overall psychiatric symptom severity** is rated by the clinician in the Clinician-Rated Dimensions of Psychosis Symptom Severity (**CRDPSS**). 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.

The **Healthy Days Core Module (HDCM)** gives a general sense of the participant's perception of their physical and mental health. It asks participants "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?"

To assess **Suicidality/Self-Harm** the participant is asked if they have had "thoughts that you would be better off dead or hurting yourself in some way" for at least several days in the past two weeks. This is an item from the PHQ-9.

**Alcohol, drug, and tobacco product use** in the last 30 days was assessed using a modified version of the CRAFFT.