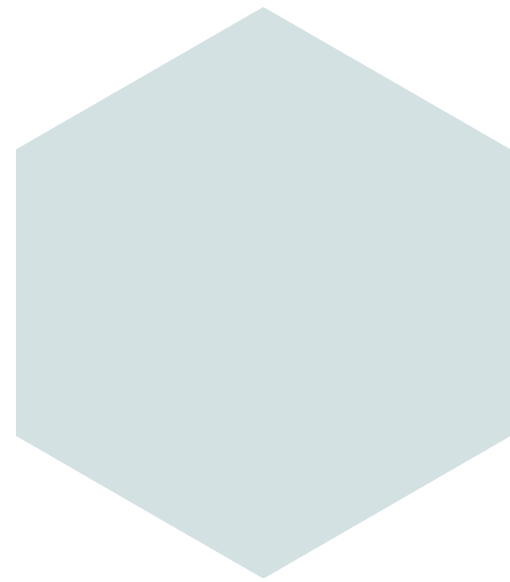




NEW JOURNEYS EVALUATION 2018

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EXECUTIVE SUMMARY

New Journeys is an early intervention program for young people experiencing their first episode of psychosis (FEP). The program has been operating at five sites across Washington State: *Central Washington Comprehensive Health* in Yakima, WA have been participating for three years; *Behavioral Health Resources* in Thurston-Mason Counties, WA and *Valley Cities Counseling* in King County, WA have been participating for two years; *Behavioral Health Resources* in Grays Harbor, WA have been participating for approximately a year; and *Community Services Northwest* in Vancouver, WA have been participating for less than a year.

In the course of the program there were 201 referrals (95 in the last year) and 56% (n = 112) met program eligibility. **Data from these 112 participants is the primary focus of this report.** 64% of these referrals came from a mental health provider. Of the eligible 112 participants, 80% are currently active, 8% have completed the program, 9% are inactive, and 3% were referred to another treatment. On average, participants completed the program in 10 months.

The majority of eligible participants (n = 112) were male 76% (n = 84) and the average age at screening was 20 years old. Fifty-four percent described themselves as non-white, 34% identified as Hispanic, and 15% identified as LGBTQ. Although most of our participants were still Medicaid enrollees, private insurance accounted for 20% (n = 19) of enrolled participants. The mean duration for untreated psychosis for participants was 97 days, and the average age for when they first encountered the mental health system was 18 years old. Upon entering the program 17% of clients (n = 19) had a job and 26% of clients (n = 29) were enrolled in school.

At program entry, 25% of participants had moderate or higher symptoms of depression, 33% reported moderate to severe symptoms of anxiety, and 21% reported having suicidal thoughts in the 2 weeks prior to intake. Substance use at intake was frequent. In the 30 days prior to screening, tobacco use was the most frequently reported at 38.2%, followed by cannabis and alcohol both at 30.3%, and electronic cigarette use at 14.7%.

Over the first 12 months of the New Journeys program (available data is inadequate for analysis after this period due to missing information) participants reported significantly lower symptoms of anxiety and psychotic experiences, as well as improved quality of life. Participants were more likely to go to school and employment increased from 17% at intake to 45% after participating in New Journeys. New Journeys was not associated with a significant reduction in substance use among participants. Overall, attendance by the participants and families was high; families attended 83% of the 919 scheduled appointments, and clients attended their various sessions 74% or more of the time. Over the course of 12 months New Journeys clinicians scheduled a total of 5,995 sessions and performed a total of 2,726 outreach attempts either in person or by phone to participants and their families.

In addition to clinical data gathered in EBP Toolkit, we collaborated with the Research and Data Analysis (RDA) department of the Washington State Department of Social and Health Services to obtain administrative and service utilization data on participants for two years before and after their enrollment in New Journeys. The RDA provided data on 116 of the 201 prospective participants screened for New Journeys. The discrepancy in the number of participants with administrative data (116 of 201) may be due to the inability to collect data on participants with private insurance, lag-periods of up to 6-months in the various state databases, and the exclusion of Community Services Northwest from the administrative data requested from RDA. Administrative data was provided on 116 participants, but only 91 met eligibility standards and 7 did not have intake dates recorded by New Journeys leaving a total of 84 participants included in the analyses. Prior to screening for the New Journeys program, 68% (n = 57) of participants were diagnosed with a psychotic disorder, yet only 42% (n = 35) had been prescribed an antipsychotic medication. 50% (n = 42) had visited an emergency room one or more times resulting in a psychiatric diagnosis, and 41% (n = 35) used the emergency room one or more times for non-psychiatric reasons. Seventeen percent (n = 14) had an in-patient hospitalization and 20% (n = 17) had an interaction the criminal justice system. Overall, use of state services by those referred to the New Journeys program was high.

There was a positive impact across many of the reported-on State funded services pre- and post-New Journeys. Statistically significant decreases were seen in community psychiatric hospitalizations, emergency room visits, substance use disorder treatment, and services provided by the Economic Service Administration such as food stamps or TANF. Diagnoses of depression, anxiety, and ADHD were all significantly decreased across time, however, a diagnosis of a psychotic disorder significantly increased. Likewise, anti-psychotics were prescribed more after enrollment in the New Journeys program. As a psychotic disorder diagnosis is a required qualifier for enrollment into the program, this was an expected outcome.

Prior to entry to the program, participants heavily used state funded resources, such as inpatient and outpatient services, and the criminal justice system. Most participants were diagnosed with a psychotic disorder prior to entry into the program but had not consistently prescribed medication. In conclusion, there was a significant reduction in state funded services by those who are or have been enrolled in New Journeys across time. New Journeys participants experience improvements in psychiatric symptoms, quality of life, and vocational functioning, indicating that New Journeys had a positive impact on the lives of youth with FEP.

Inclusion Criterion

As the New Journeys program has developed, so has the EBP Toolkit, the data collection tool used by each of the sites and analyzed by Washington State University. One of the larger changes this year was the inclusion of a new element “eligible” vs “ineligible”, and a clarifying of what the terms “active” “inactive” “referred” and “completed” meant for data collection purposes ([Appendix C](#)). The expectation was that each of the sites will go through their clients in the EBP Toolkit and enter them as eligible or ineligible. Currently, this transition is still in process. For the purposes of this report the following criterion were used to determine whether a participant’s data would be included: the participant was labeled as active or completed, or the participant had already been coded as eligible and inactive or eligible and referred. Using this method, of the 201 referrals received, **112 participants were considered “eligible” and it is these participant’s data which is referenced in the report going forward.**

Program Retention

Around one-fifth of the 112 participants stopped participating in New Journeys during the evaluation period. Table 1 shows the average duration of engagement for participants who are inactive, were referred to other treatment options, or who completed the New Journeys program. About 80% of youth who started New Journeys are still enrolled in the program and are not included in this table. From last year's report, the average duration in the program for these participants has increased from 6 months to 9 months. Participants who dropped out of the program (status "inactive") participated in the program for an average 8 months, an increase from 6 months indicated in last year's report. Those who were referred out of the program because they were no longer eligible (e.g. primarily for drug or alcohol abuse) had a shorter average than others at 5 months (the same length of time from last year's report). Nine participants have completed the program; the average duration for completion for these participants is 10 months.

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

Status	Mean (M)	Standard Deviation (SD)
Inactive (n = 10)	7.57	9.34
Referred (n = 3)	5.00	2.83
Completed (n = 9)	9.88	9.76
Total (n = 22)	8.65	8.96

Demographic Characteristics of New Journeys Participants

The average age of eligible for participants was 20 years old, which has increased by one year since last year's report, and the majority (76%) of the participants were male. The disproportionate numbers of males enrolled in the program may be related to average age, with males being more likely to experience FEP in their teens and early twenties and women being more likely to have an onset of these symptoms in their mid- to late twenties.

The distribution of race with the participants has been reflective of the diversity of their communities, with 54% of participants identifying as something other than non-Hispanic white. Currently 34% of participants enrolled have identified as being Hispanic. Fifteen percent of the enrolled participants describe themselves as something other than heterosexual. Overall, results of the evaluation show a diversity of New Journeys participants and suggests an incorporation of best practices (cultural competence, addressing issues unique to LGBTQ) for working with diverse participants is important, if not already being addressed.

The percentage of participants with public (77%) or private (20%) insurance remained consistent with last year's report. This suggests that New Journeys is serving youth with FEP regardless of their insurance status, a goal of the program.

The vast majority (85%) of New Journeys participants were stably housed upon enrollment. A quarter of participants (25.9%) were enrolled in school at screening, but only 17.3% were employed. For a more in depth look at the trend of education and employment of participants in New Journeys view the section [Education and Employment](#).

Table 2. Participant Demographics for New Journeys

	%	(n)	M	SD
Participants		112		
Age			20.27	3.56
Status				
Active	80.4	90		
Inactive	8.9	10		
Referred	2.7	3		
Completed	8.0	9		
Gender				
Male	75.7	84		
Female	22.5	25		
Other**	1.8	2		
Race				
White	46.4	52		
Black	9.8	11		
Asian	3.6	4		
Alaskan	3.6	4		
Multiracial	1.8	2		
Other	34.8	39		
Ethnicity				
Hispanic	33.9	38		
Sexual Orientation				
Heterosexual	85.2	92		
Gay or Lesbian	2.8	3		
Other^	12.0	13		
Insurance Type				
Public	77.3	75		
Private	19.6	19		
Uninsured	3.1	3		
Preferred Language				
English	97.3	109		
Spanish	1.8	2		
Other	0.9	1		
Living Situation				
Stable	85.5	94		
Temporary	10.0	11		
Homeless	1.8	2		
Other (institutionalized/unstable)	2.7	3		
Employment				
Employed	17.3	19		
Unemployed	82.7	91		
Education				
Attending	25.9	29		
Not Attending	74.1	81		

*Percentages exclude missing responses, which are 15 or fewer in each category

^Combination of “questioning,” “bisexual,” and “other”

**Combination of transgender and “other”

Mental Health History

While most participants were involved in the mental health system before New Journeys, the average duration of untreated psychosis was approximately 3 months. Despite this, participants' first interaction with the mental health system occurred at the average age of 18 years and participants averaged 1 psychiatric hospitalization prior to New Journeys intake. A strength of the program is the short time between the initial referral to New Journeys and participants first contact with New Journeys, which was roughly 5 days. This represents a decrease from last year's report of 7 days.

Table 3. Mental Health History

Mental Health History	(n)	M	SD
Duration of Untreated Psychosis (DUP) (days)	77	97.29	167.90
Time Between Referral and Contact with Participant (days)	100	5.12	11.88
Age at First Contact with Mental Health System	93	17.70	5.80
Number of Previous Psychiatric Hospitalizations	100	1.23	1.02

Referral Source

The majority of referrals came from mental health providers. In comparison to the percentages from last year's report, the referral pathway remained consistent.

Table 4. Referral Source

Referral Source	%	(n)
Mental Health Provider	70.3	71
Medical Provider	13.9	12
Family	9.9	10
Other^	5.4	6

^Combination of school, emergency department, and crisis center

Diagnoses

In line with the inclusion criteria for the New Journeys program, 95.4% of youth were diagnosed with a psychotic disorder at intake, with schizophrenia and psychosis not otherwise (NOS) specified being the two most prevalent diagnoses. The remaining 4.6% is accounted for by participants from Central Washington Comprehensive Health who were diagnosed with mood disorders and later referred to another program.

Table 5. Primary Diagnosis

Diagnosis	%	(n)
Schizophrenia	35.2	38
Psychosis NOS	23.1	25
Schizophreniform	17.6	19
Schizoaffective	13.0	14
Psychosis	6.5	7
Other DX	4.6	5

Body Mass Index (BMI)

Weight gain has shown to be an issue in those with FEP and can lead to cardiovascular risk and other health concerns. Currently 49.2% of enrolled New Journey's youth for whom we have weight and height measures for are either overweight (BMI > 25) or obese (BMI > 30). This statistic would suggest that there is a need to introduce interventions targeting physical health in this program.

Table 6. BMI

	%	(n)	M	SD
Weight (Lbs)		57	170.63	39.88
BMI Range				
Underweight	3.5	2		
Normal	47.4	27		
Overweight	28.1	16		
Obese	21.1	12		

CLINICAL OUTCOMES

Clinical Characteristics at Intake

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

Psychotic symptoms at intake are assessed using two measures, the CAPE-P15, a self-report measure of hallucinations and delusions ranging from 0-28, and the CRDPSS, a clinician-rated measure of psychotic symptoms ranging from 0-35. Over the course of 12 months, participants mean score on the CAPE-P15 was 8.9, and on the CRDPSS it was 10.5. One quarter of participants at intake reported moderate to severe symptoms of depression and one third reported moderate to severe symptoms of anxiety. In addition, 20.8% of participants reported thinking about suicide in the two weeks prior to New Journeys intake. These results emphasize the need to treat depression, anxiety, and suicidal thinking in this population.

There has been high substance use in New Journeys 30 days prior to intake. Tobacco use (38.2%) was the highest reported substance, followed by cannabis and alcohol (30.3%), and electronic cigarettes (14.7%). At intake, other drug use is minimal at 2.9%, which is important to note as this demonstrates that opioid use, a public health epidemic, does not appear to be currently affecting New Journeys participants.

Table 7. Clinical Characteristics of Participants by Measure

	%	(n)	M	SD
Psychotic experiences score (CAPE-P15)		82	8.88	8.67
Psychotic symptom severity score (CRDPSS)		90	10.54	4.91
Depression Severity (PHQ-9)				
(1) None	54.2	45		
(2) Mild	20.5	17		
(3) Moderate	9.6	8		
(4) Moderate-Severe	9.6	8		
(5) Severe	6.0	5		
<i>Total</i>		83	6.41	6.54
Anxiety Severity (GAD-7)				
(1) None	39.1	34		
(2) Mild	27.6	24		
(3) Moderate	12.6	11		
(4) Severe	20.7	18		
<i>Total</i>		87	7.36	5.88
Suicidal Thinking (Last Two Weeks)				
(1) Not at all	79.3	65		
(2) Several Days	11.0	9		
(3) More than half the days	3.7	3		
(4) Nearly Every Day	6.1	5		
Alcohol, drug, & Tobacco use (last 30 days)				
Used alcohol*	30.3	10		
Used tobacco**	38.2	13		
Used cannabis*	30.3	10		
Vapor cigarettes**	14.7	5		
Used other drugs**	2.9	1		

* percentage out of total of 33 responses

** percentage out of total of 34 responses

Clinical Outcomes

To assess the effectiveness of the New Journeys program, we investigated changes in symptoms from program intake across the first year of New Journey's participation. We selected the first year because attrition was relatively high after this time, resulting in missing data in later months. We display the mean scores across time for each measure in Figures 1-12 below, as well as including the number of participants who provided data (completed each measure at each time point).

We used Generalized Estimating Equations (GEE), an inferential statistical analysis, to assess whether changes in symptoms were statistically significant. The GEE is an appropriate analysis for these measures because it allows for missing data across time. For these analyses we compared participant's scores on each measure before and after intake.

Depression Symptoms

To assess **depression**, participants completed the PHQ-9. As the figure below describes there was not a statistically significant change in symptoms of depression over 12 months ($\beta = 0.184$; $CI: -1.32 - 1.69$; $p = 0.811$). The mean score for depression at intake was 6.41 with a standard deviation of 6.54, and the mean score after intake was 6.59 with a standard deviation of 6.36. This score differs from last year's report which demonstrated a significant decrease in depression across 6 months. This could be attributed to doubling of participant size (66 to 112) as well as increasing the duration in the analyses from 6 months to 12 months.

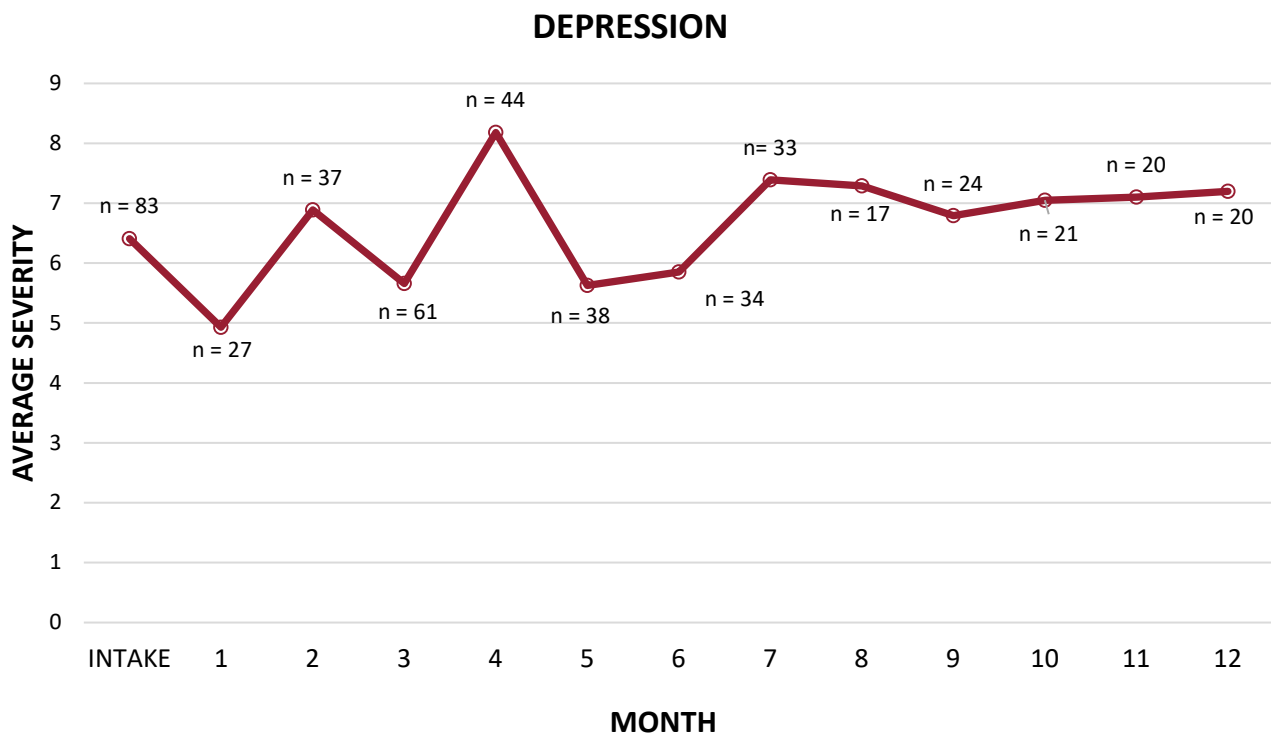


Figure 1. Average PHQ-9 score over time

Anxiety Symptoms

To assess **anxiety**, participants completed the GAD-7. There was a statistically significant change in symptoms over 12 months ($\beta = -2.48$; $CI: -3.74 - -1.22$; $p = 0.001$). The mean score for anxiety at intake was 7.36 with a standard deviation of 5.87, while the mean score after intake was 4.04 with a standard deviation of 4.92. Scores on the GAD-7 demonstrate a statistically significant decrease in scores of anxiety symptoms.

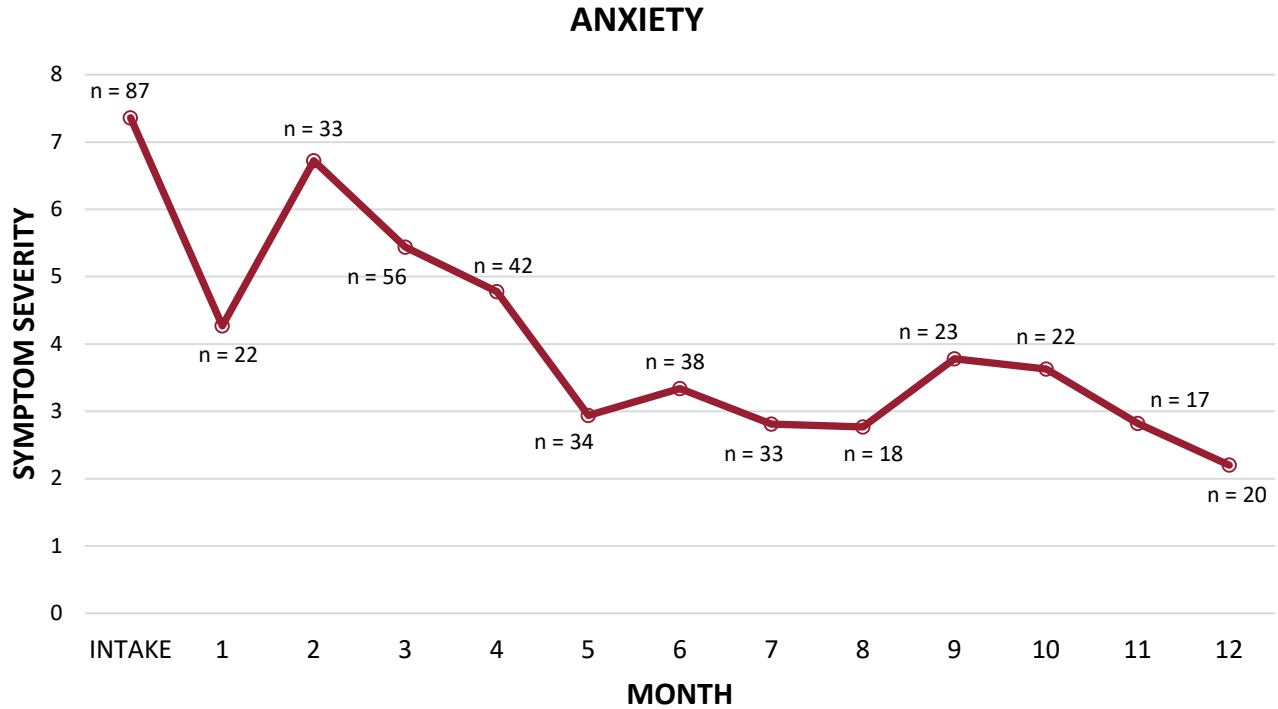


Figure 2. Average GAD-7 Total Score Over Time

Psychotic Experiences

Participants completed the CAPE-P15 to comprehensively assess the impact of New Journeys on **psychotic experiences**. There was a significant change in psychotic experiences across 12 months ($\beta = -3.37$; $CI: -4.89 - -1.84$; $p < 0.05$). The mean score for psychotic experiences at intake was 8.88 with a standard deviation of 8.67, and the mean score after intake was 4.23 with a standard deviation of 5.79.

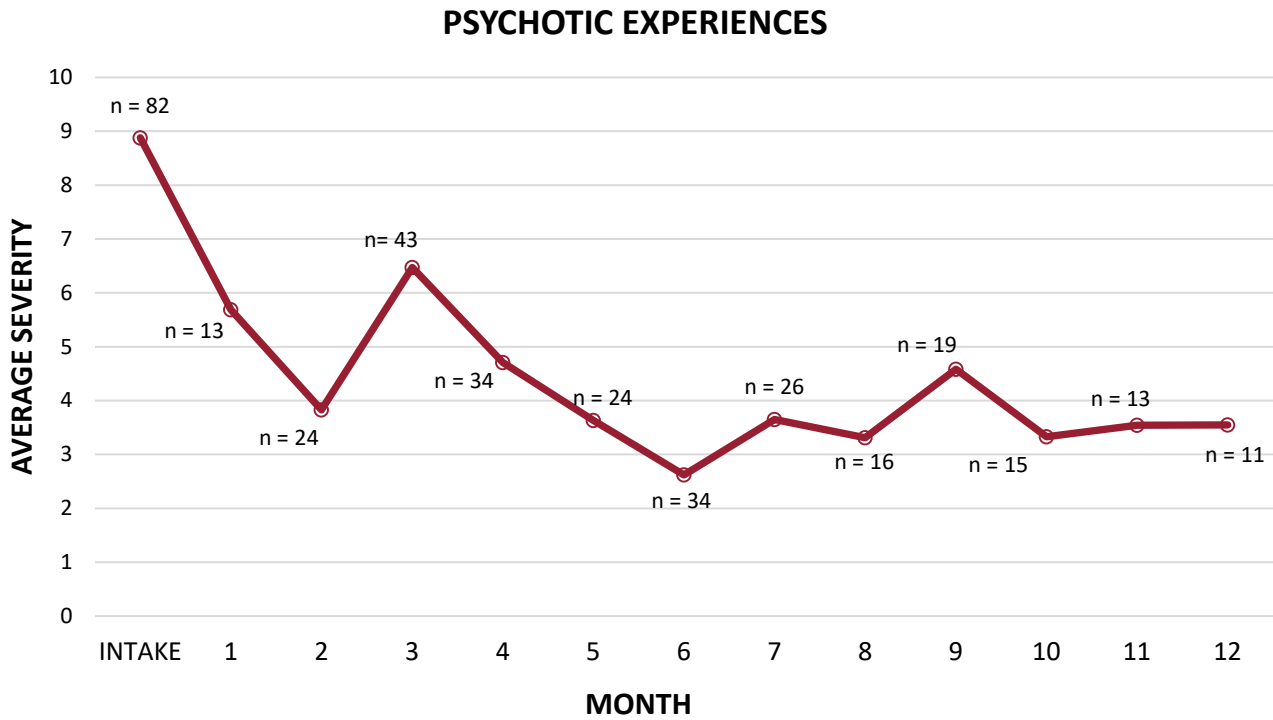


Figure 3. Average CAPE-P15 Score Over Time

Psychotic and Related Symptoms

We chose the CRDPSS as a simple, brief clinician rating of overall **psychotic and related symptoms** which could be administered weekly to assess participant outcomes. As figure 4 indicates there was a statistically significant change in psychosis symptoms across 12 months ($\beta = -1.47$; CI: $-2.47 - -0.46$; $p < 0.05$). The score for the CRDPSS at intake was 10.54 with a standard deviation of 4.91, and the mean score after intake was 7.88 with a standard deviation of 4.71.

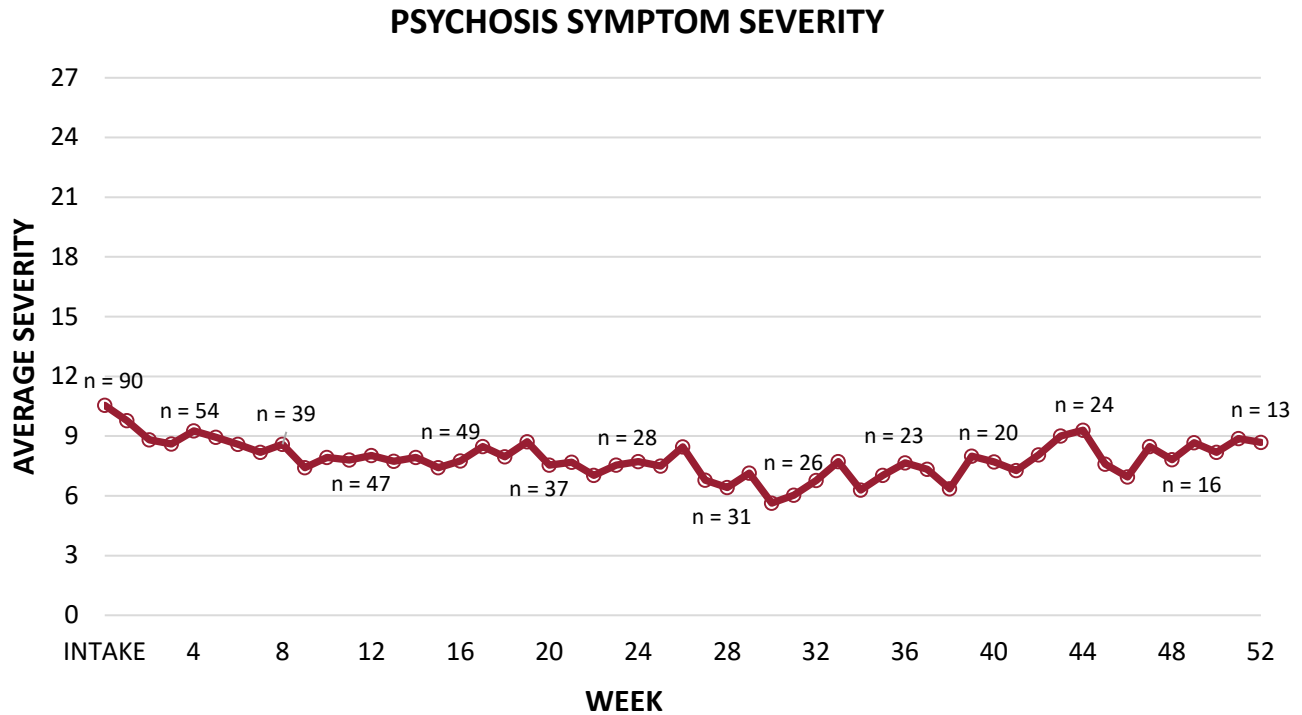


Figure 4. Average CRDPSS Score Over Time

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 statistically significant decrease in unhealthy days over 12 months ($\beta = -5.95$; CI: $-8.85 - -3.05$; $p = 0.001$). The mean at intake was 9.76 with a standard deviation of 12.91, and the mean score 1-12 months after intake was 3.82 with a standard deviation of 8.84.

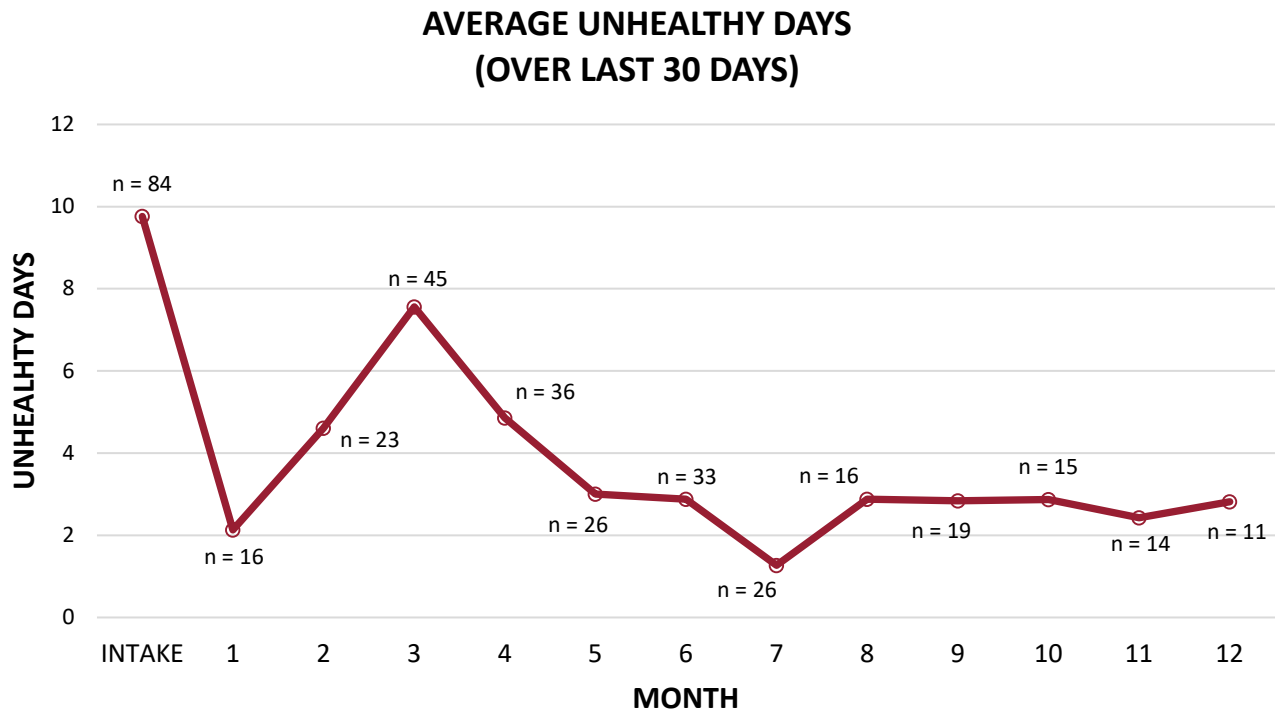


Figure 5. Average Healthy Days Over Time

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 statistically significant difference between intake and after intake drinking habits (OR = 1.97; CI: 0.88 - 4.40; $p = 0.098$).

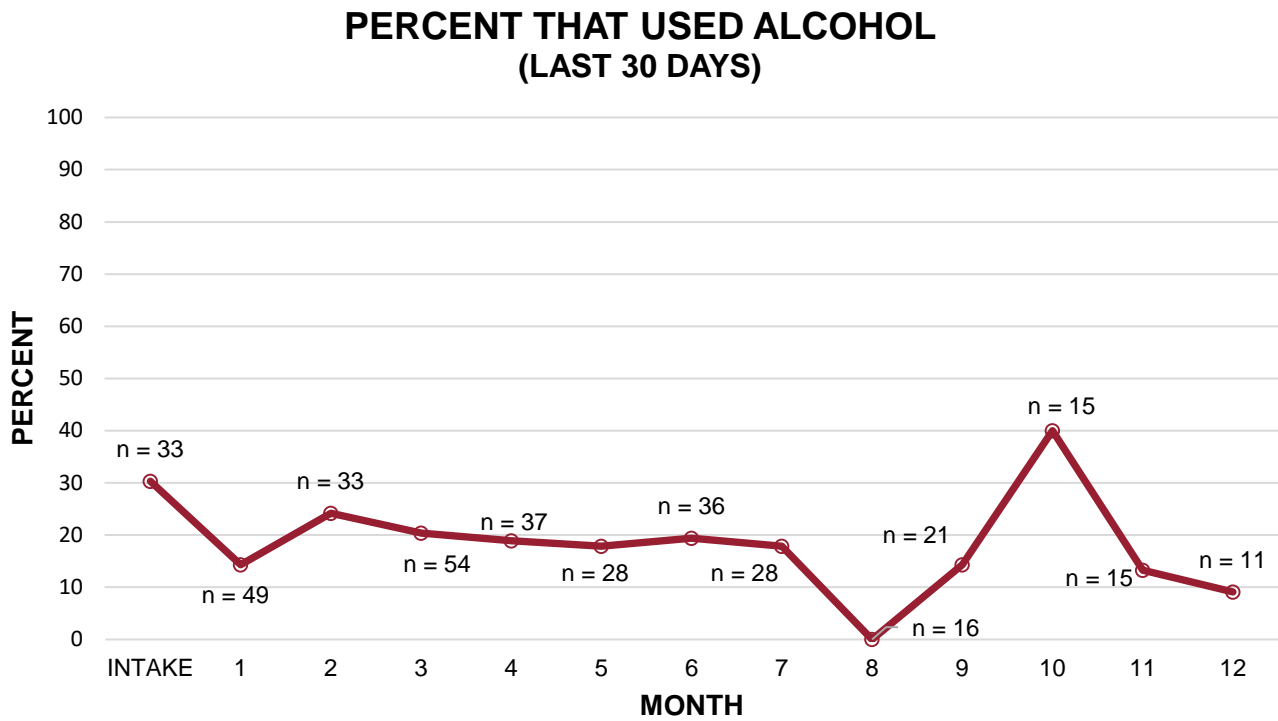


Figure 6. Percent that Used Alcohol Over Last 30 Days

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 statistically significant change in tobacco use over the last 12 months (OR = 1.05; CI: 0.54 - 2.032; $p = 0.90$).

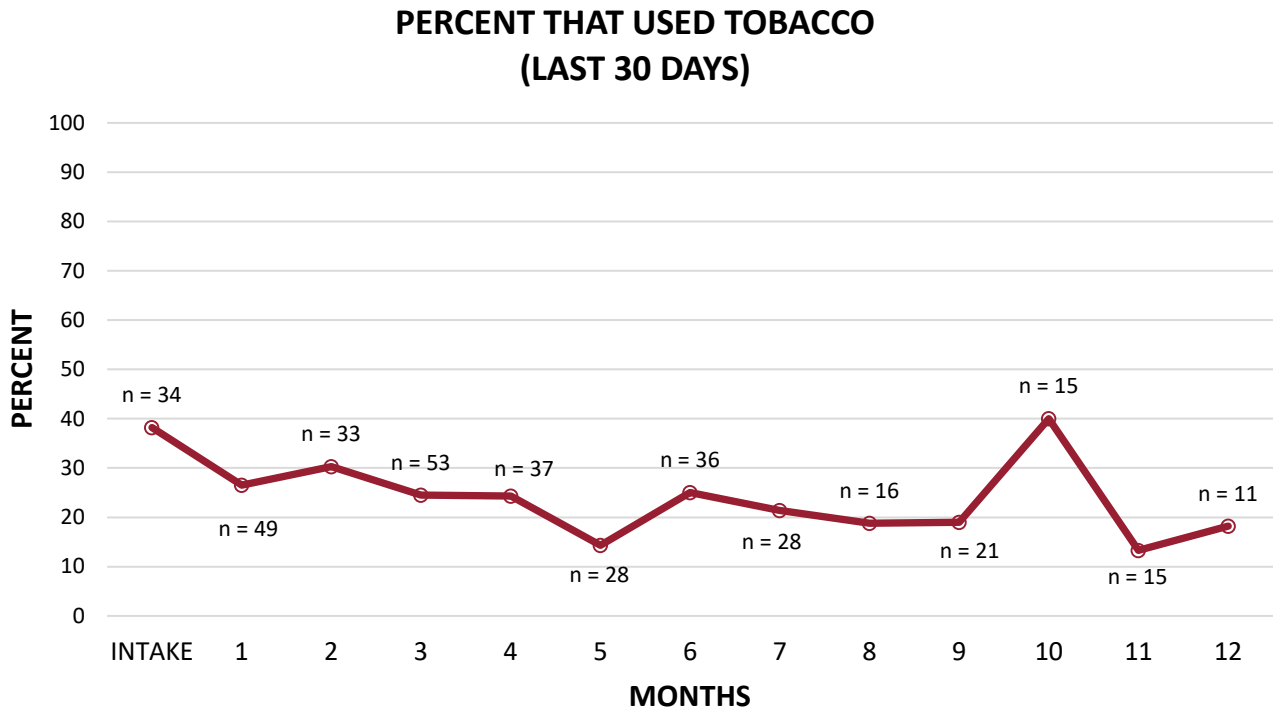


Figure 7. Percent that Used Tobacco Over Last 30 Days

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 cannabis use over time (OR = 1.439; CI: 0.68 - 3.03; $p = 0.339$).

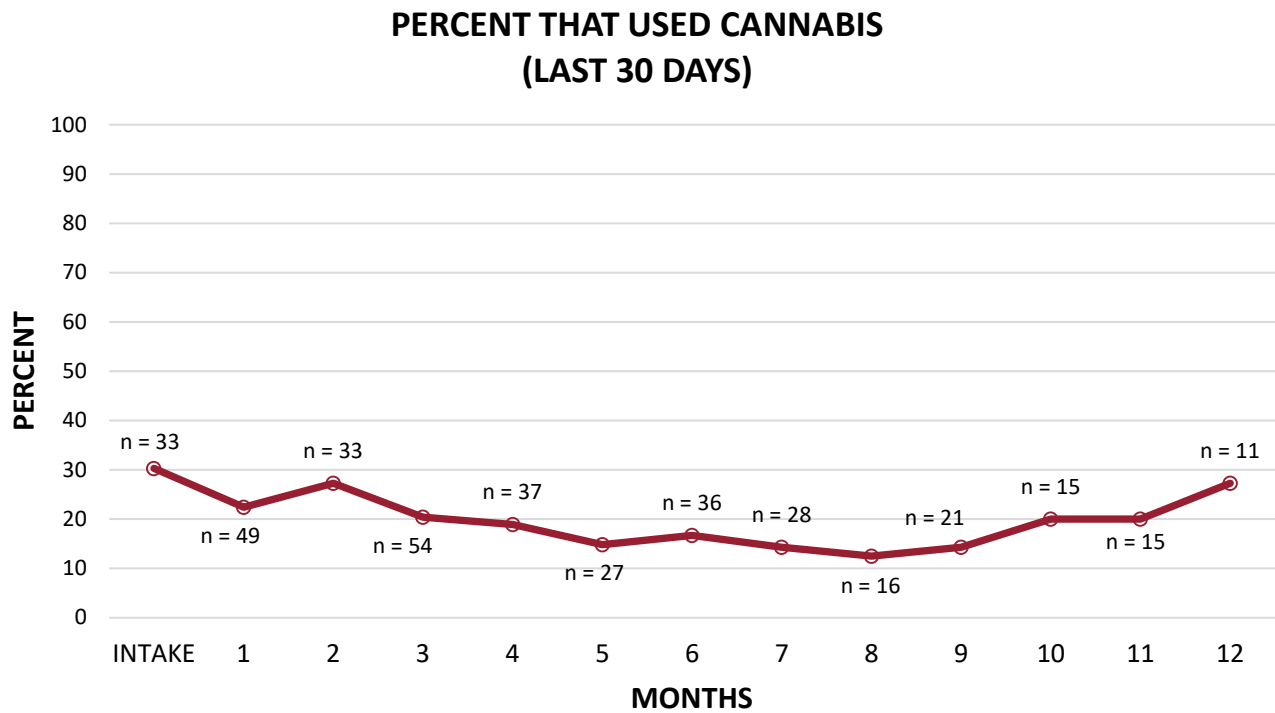


Figure 8. Percent that Used Cannabis Over Last 30 Days

Overall, New Journeys does not have a statistically significant impact on substance use at this time. This could be attributed in part to the decrease in survey responses to the CRAFFT questionnaire.

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 had a significant effect on participant’s educational status (OR = 1.415; CI: 1.02 - 1.96; $p < 0.05$). See Figure 9 below.

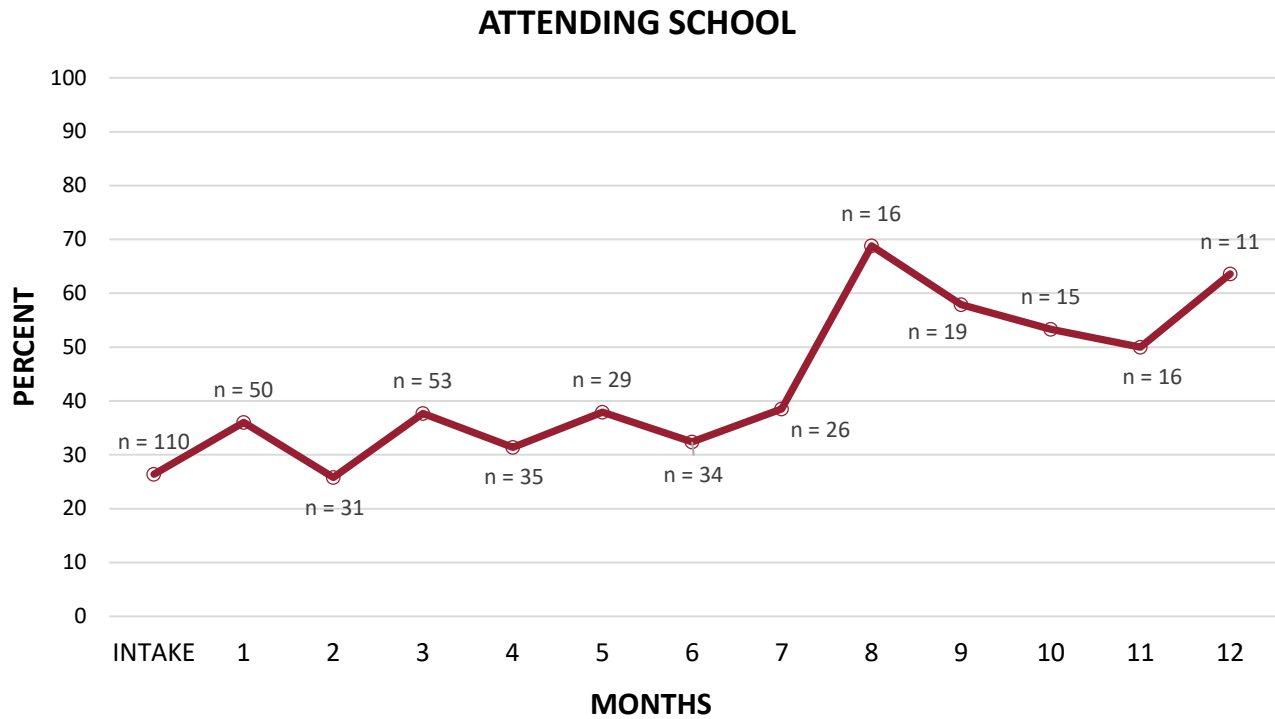


Figure 9. Percent of Participants Attending School Over Time

Furthermore, there was significant change in the percentage of participants attending school during their 12 months of participation in the New Journeys program relative to intake ($Z = -2.728$; $p < 0.001$; Figure 10).

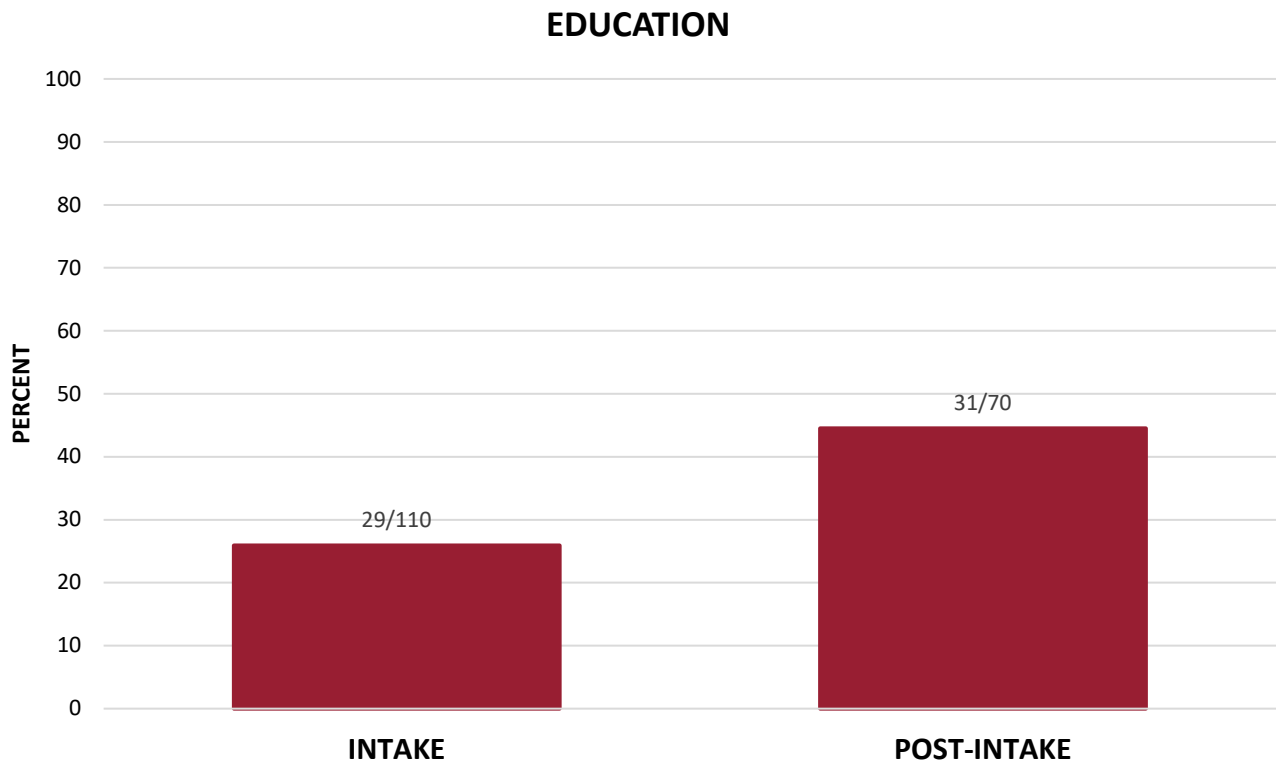


Figure 10. Percent of Participants Attending School at Intake vs. Post-intake

Employment

Participation in New Journeys did not have a significant effect on participant's employment status (OR = 1.186; CI: 0.76 - 1.85; $p = 0.453$).

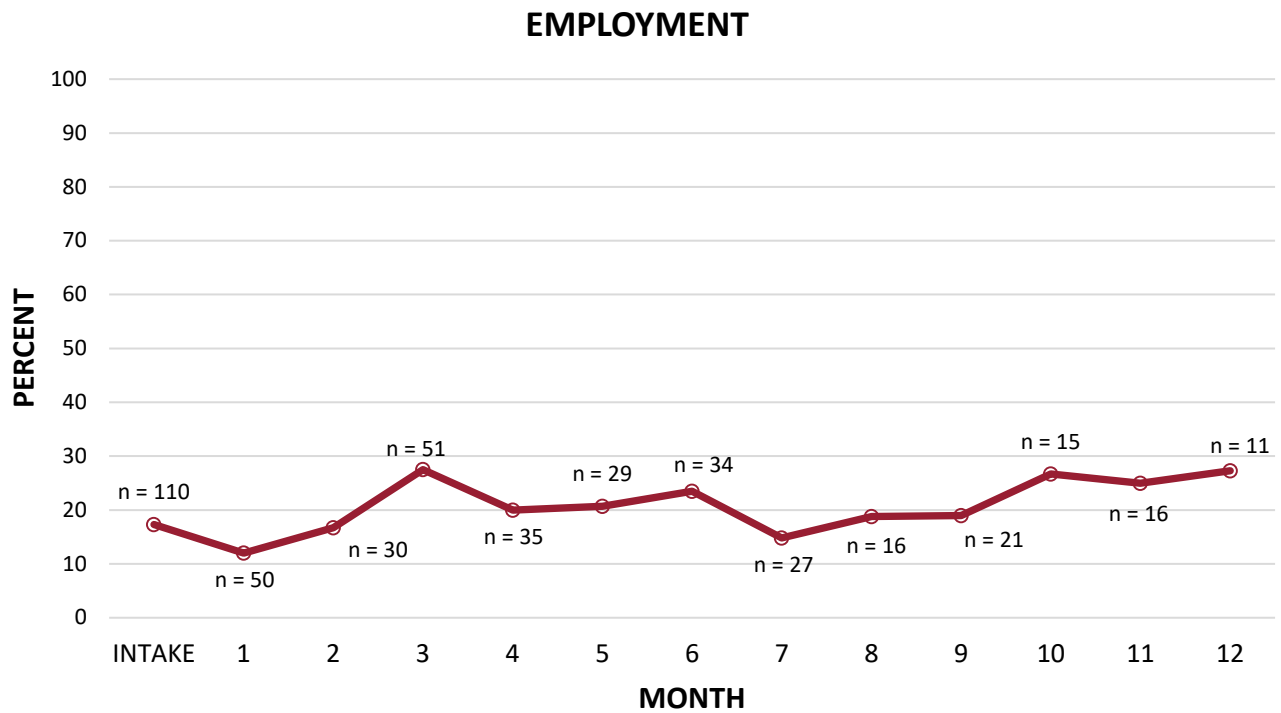


Figure 11. Percent of Participants Employed Over Time

Furthermore, there was no significant change in employment during their 12 months of participation in the New Journeys program relative to intake ($Z = -0.708$; $p = 0.479$; Figure 12).

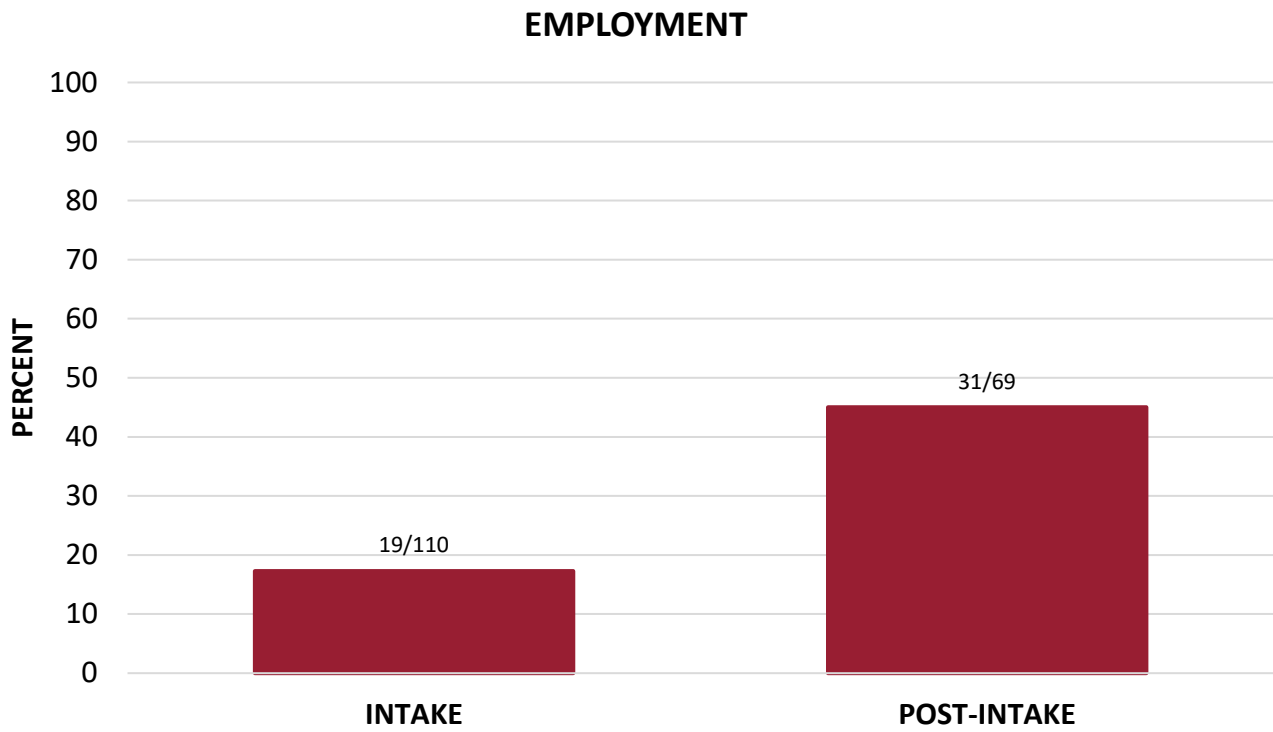


Figure 12. Percent of Participants Employed at Intake vs. Post-intake

SERVICE UTILIZATION

Participants Engagement in Services

Participant engagement with New Journeys services has remained high since last year's report. Overall, 82% (n = 92) of enrolled participants attended at least one Individual Resiliency Training (IRT) session. A total of 2,215 IRT sessions were scheduled and attendance rate among participants was approximately 77%. Sixty-nine percent (n = 77) of participants attended at least one Individual Placement and Support (IPS) session. A total of 1,566 IPS sessions were scheduled and participants attended roughly 77% of these sessions. 920 Medication Management sessions were scheduled, and participants attended 74% (n = 83). Attendance to Case Management sessions has remained the same since last year with only 36% (n = 40) of participants attending at least one session. Since last year, though, we have seen a large increase in participant attendance to Family Psychoeducation sessions with 65% (n = 73) of participants attending at least one session an increase from last year's 44%. Peer Support is a new component to the New Journeys program implemented at 2 clinical sites at this time, only 9% (n = 10) of all enrolled participants received this service. However, attendance to scheduled peer support visits was 92%.

Importantly, since the beginning of the program there have been over 1,000 outreach attempts by phone or text for both the participants, and the participant's family. In total, there have been 1,562 attempts by site staff to reach participants, and 1,164 attempts to reach family. Participants were responsive to 67% of phone calls or text messages, and 59% of in person outreach attempts.

Family Engagement

70% of family members have attended at least one Family Psychoeducation session. The same as participant outreach efforts, successful family outreach has seen a slight decrease since last year's report, 88% successful via phone call or text message, and 92% successful with in person contact.

Table 8. Service Utilization (First 12-months)

	Total Scheduled	Total Attended* (Participant)	Total Attended* (Family)
Family Psychoeducation	919	581	63.2%
IRT	2,215	1,697	76.6%
IPS	1,566	1,205	76.9%
Medication Management	920	678	73.6%
Case Management	309	278	89.9%
Peer Support	66	61	92.4%

* percent of total scheduled

Table 9. Participant and Family Outreach (First 12-months)

	Total Attempted	Total Successful*
Participant Outreach via Phone/Text	1,205	804
Participant Outreach via In-Person	357	210
Family Outreach via Phone/Text	1,032	904
Family Outreach via In-Person	132	122

* percent of total attempted

Administrative Data

The New Journeys program has partnered with the Research and Data Analysis (RDA) division of the Washington State Department of Social and Health services for the last 2 years. The purpose of this partnership has been to determine whether there has been a change in state funded service usage across time by New Journeys participants. These services include the following: inpatient hospitalizations, behavioral health organization mental health services, emergency room visits broken down by diagnosis, alcohol or drug treatment, Economic Service Administration (ESA) assistance, involvement with the Children's Administration or Criminal Justice system, as well as what mental health diagnoses and medications participants have been given, and their housing situation. This data set examines a time period 24 months prior to the intake date of the client, any time after the person has started the New Journeys program. The goal for this partnership has been to develop and classify characteristics and parameters which can be used to identify a comparison group of youth who have not received the New Journeys intervention. This allows for the further analysis of the effectiveness of the New Journeys program. Currently, there is missing data, particularly in the post-period, which can be partly attributed to the lag periods of the various databases from which this data set is being pulled from. The administrative data includes participants from all the clinical sites except for Community Services Northwest, Vancouver.

Pre-New Journeys Data

The RDA provided data on 116 of the 201 people who were screened for the New Journey's program. To maintain consistency with the rest of the report, analyses were only run on those people who were qualified as eligible for the program, of which there were only 91. A participant may have been described as ineligible for the program due to primary diagnosis, drug use, for the duration of their psychotic symptoms (no longer than 2 years), or how many episodes of psychosis they have had ([Appendix C](#)). The difference between 112 and 91 may be accounted for by 19 participants having private insurance, and thus not being in the systems and the exclusion of those participants from Community Services Northwest whose site was excluded from this dataset. Due to missing intake dates, a further 7 people were excluded from the analyses to provide consistency between the pre- and post- New Journeys data. As described in Table 10, of the 84, 50% (n = 42) have gone to the Emergency Room (ER) one or more times for psychiatric distress, and 42% (n = 35) went to the ER for non-psychiatric distress. In addition, 79% (n = 66) utilized outpatient services 24 months prior to screening. (ESA) assistance, such as food stamps or TANF, was provided to 62% (n = 52) of the participants in this data set, and 12% (n = 10) were involved in the Children's Administration. Twenty percent (n = 17) had some type of criminal justice involvement, such as arrests, charges or convictions. Fourteen percent (n = 12) were documented as homeless. Prior to intake for New Journeys, 68% (n = 57) of participants had already been diagnosed with a psychotic disorder, yet, only 42% (n = 35) had been prescribed an anti-psychotic. In summary, these participants received assistance across a large variety of State funded programs demonstrating the need for the New Journeys program.

Table 10. State Administrative Data Prior to New Journeys Screening for Eligible Participants

	%	(n)
Eligible Participants		84
Status After Screening		
Active	85.7	72
Inactive	4.8	4
Referred	2.4	2
Completed	7.1	6
Diagnosis		
Psychosis	67.9	57
Depression	54.8	46
Anxiety	52.4	44
Bipolar	14.3	12
Attention Deficit Hyperactivity Disorder	9.5	8
Disruptive Conduct	15.5	13
Adjustment	6.0	5
Behavioral Health Out-Patient Services		
Any Out-Patient Service Utilized	78.6	66
Psychiatric ER Visits		
One or More	50.0	42
Non-Psychiatric ER Visits		
One or More	41.7	35
Inpatient Hospitalization		
Hospitalized	8.3	7
Community Psychiatric	31.0	26
Residential Services		
Child Long Term Intensive Placement	2.4	2
State Psychiatric Hospital	6.0	5
Psychotropic Medication		
Antianxiety	22.6	19
Antidepressant	32.1	27
Antimania	2.4	2
Antipsychotic	41.7	35
ADHD	7.1	6
Substance Use Disorder Treatment		
	40.5	34
Criminal Justice Involvement		
	20.2	17
Homeless or Unstable Housing		
	14.3	12
ESA Assistance		
	61.9	52
Children's Administration Services		
	11.9	10
Placement in Foster Care		
	1.2	1
Developmental Disability Services		
	0	0

During New Journeys

The RDA provided pre- and post- data for 116 New Journeys participants, of whom only 91 were eligible for the program ([Appendix C](#)). 7 clients did not have recorded intake dates with New Journeys, and they were excluded from the analyses leaving 84 people whose service utilization could be analyzed. The outcomes from these 84 participants were compared 24-months prior to screening and any time after being enrolled with as much data as was current from each service's database. The breakdown of client duration in the New Journeys program was as follows: 11.9% (n = 10) were in the program up to 3 months, 14.4% (n = 12) were in the program between 4 and 6 months, 29.8% (n = 25) between 7 months and 12 months, 32.4% (n = 28) have been in the program between 13 and 24 months, and 10.8% (n = 9) have been in the program longer than 24 months. To account for the different data lags across the state databases, analyses were only run on those who had been in the program before the cutoff date provided by the RDA. The criminal justice system's data base was as current as January 2018; data on housing stability or homelessness was available up to June of 2018; data on substance use disorder treatment was available up to July 2018; Foster care placements were available until August 2018; participant data on in-patient and out-patient behavioral health organizations, the children's administration, residential services, and developmental disability services was available until September 2018; and data on diagnoses, medication prescribed, and emergency room visits was subject to a 6-month time lag, placing the participant cutoff at March 2018.

New Journeys had a positive impact across many of the reported-on State funded services. There was a statistically significant decrease in participant utilization of community psychiatric hospitalizations, emergency room visits, substance use disorder treatment, and services provided by the Economic Service Administration such as food stamps or TANF. While not statistically significant, there was an overall participant decrease in those who were involved with the criminal justice system and those who were homeless or in unstable housing. Diagnoses of depression, anxiety, and ADHD were all significantly decreased across time, however, a diagnosis of a psychotic disorder significantly increased. Likewise, anti-psychotics were prescribed more after enrollment in the New Journeys program. As a psychotic disorder diagnosis is a required qualifier for enrollment into the program, this was an expected outcome. The increase of anti-psychotic medication was also positive as it demonstrated the effectiveness of the medication management tier of the New Journeys program. At this time those who were enrolled in the New Journeys program did not receive any developmental disability services.

Behavioral Health Organization Out-Patient Services

The database for any out-patient behavioral health organization (BHO) mental health services was only as current as September 2018 and includes all state funded out-patient services. Those who did not have a New Journeys intake date provided were excluded from these analyses leaving 84 of the 91 eligible participants.

There has not been a statistically significant change in the use of outpatient BHO mental health services across time ($\beta = 1.030$; CI: 0.89 - 1.19; $p = 0.683$).

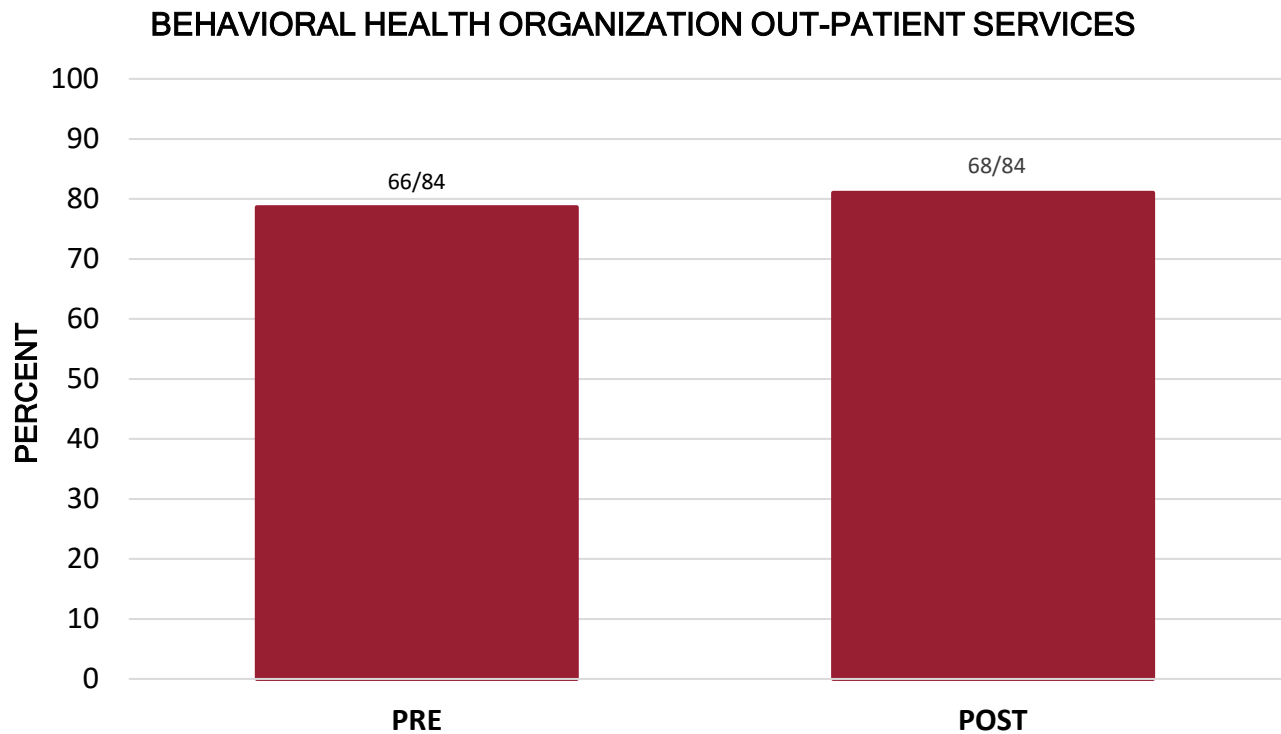


Figure 13. Percent of participants utilizing behavioral health out-patient services pre- and post-New Journeys

Community Psychiatric Hospitalizations

The database community psychiatric hospitalizations was only as current as September 2018. Those who did not have a New Journeys intake date provided were excluded from these analyses leaving 84 of the 91 eligible participants.

There was a statistically significant change of community psychiatric hospitalizations across the pre- and post-periods ($\beta = 0.308$; CI: 0.16 - 0.60; $p = 0.001$).

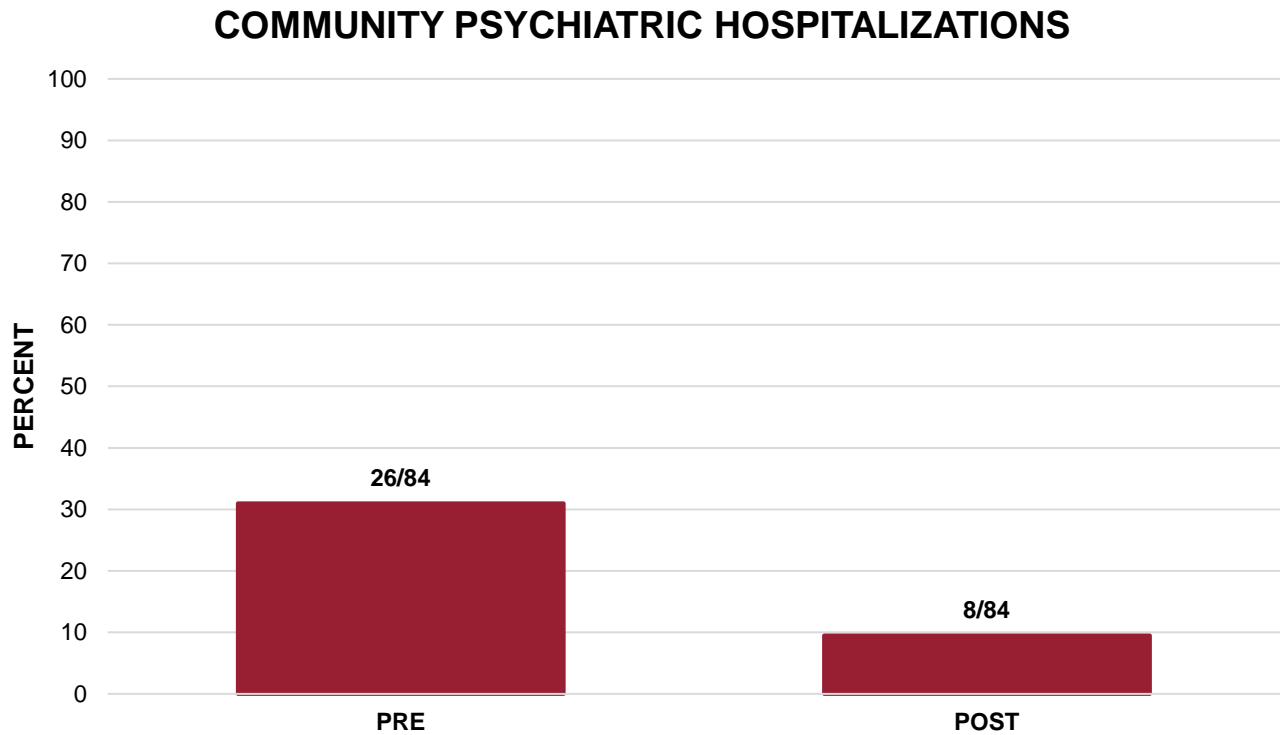


Figure 14. Percent of participants utilizing Community Psychiatric Hospitalizations pre- and post-New Journeys

State Hospital and CLIP

The data from state psychiatric hospitals and child long term care was as current as September 2018; only those people who had an unknown intake date in to the New Journeys program were excluded from the analyses, leaving the total number of participants at 84.

There was no statistically significant change in utilization of either child-long term care ($\beta = 0.500$; CI: 0.13 - 2.00; $p = 0.327$) or enrollment in state psychiatric hospitals ($\beta = 0.400$; CI: 0.14 - 1.17; $p = 0.094$) pre- and post- New Journeys.

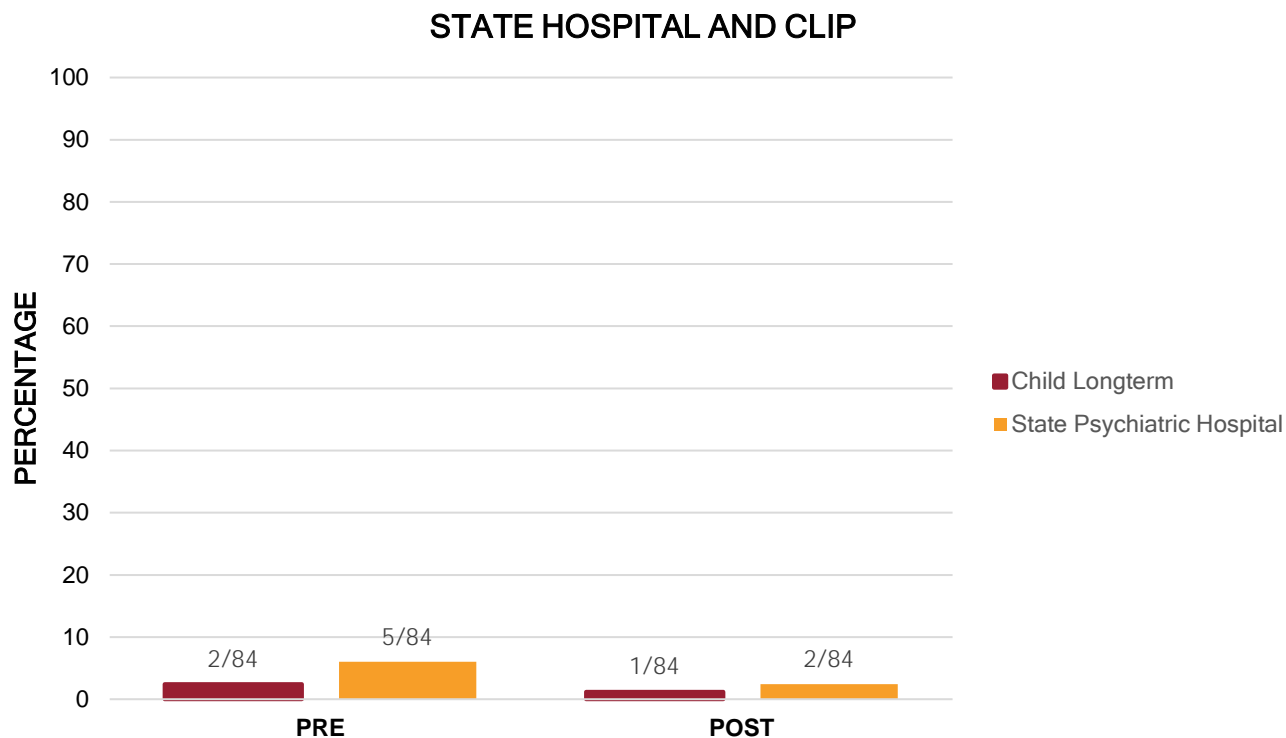


Figure 15. Percent of participants utilizing state hospitals and CLIP pre- and post-New Journeys

Diagnosis

Data for diagnoses are summarized from claims/encounters with an approximate 6-month lag due to adjudication, so people who entered the program after March 2018 were excluded from these analyses leaving a total of 67 clients.

As viewed in Figure 16 apart from psychosis, people were diagnosed with less disorders after participating in the New Journeys program. A diagnosis of psychosis is likely to increase after the New Journeys program as it is one of the required qualifiers for enrollment ([Appendix C](#)). Though there was a change in all diagnoses pre-versus post-New Journeys, only 4 were statistically significant: psychosis ($\beta = 1.222$; CI: 1.03 - 1.45; $p = 0.019$); depression ($\beta = 0.425$; CI: 0.29 - 0.62; $p < 0.001$); anxiety ($\beta = 0.306$; CI: 0.18 - 0.51; $p < 0.001$); and ADHD ($\beta = 0.375$; CI: 0.15 - 0.92; $p = 0.032$). One of the potential reasons for change in the diagnoses pre- and post-New Journeys could be attributed to the New Journeys clinicians administering a structured diagnostic interview and being trained in differential diagnosis.

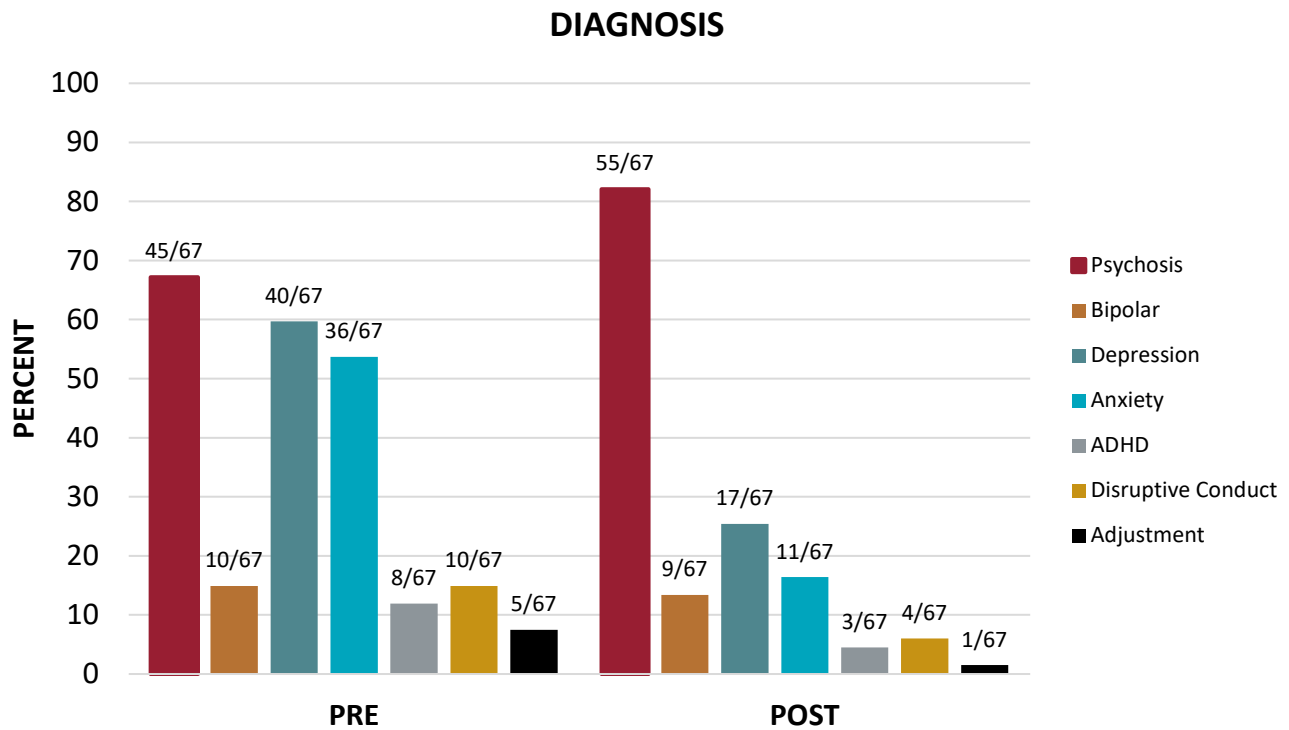


Figure 16. Diagnoses of participants pre- and post-New Journeys

Psychotropic Medication Prescribed

Data for diagnoses are summarized from claims/encounters with an approximate 6-month lag due to adjudication, people who entered the program after March 2018 were excluded from these analyses leaving a total of 67 clients.

Medication Management is one of the 4 different treatments offered in the New Journeys program. A diagnosis of psychosis is required to be eligible for the program ([Appendix C](#)), which could be an explanation for the statistically significant increase ($\beta = 1.53$; CI: 1.17 - 2.00; $p = 0.002$) in antipsychotic medication prescribed to people pre- and post- New Journeys program. Although change was seen in all medication prescribed, excepting antianxiety, across time the change in anti-depressants, anti-mania, and ADHD medication was not found to be statistically significant.

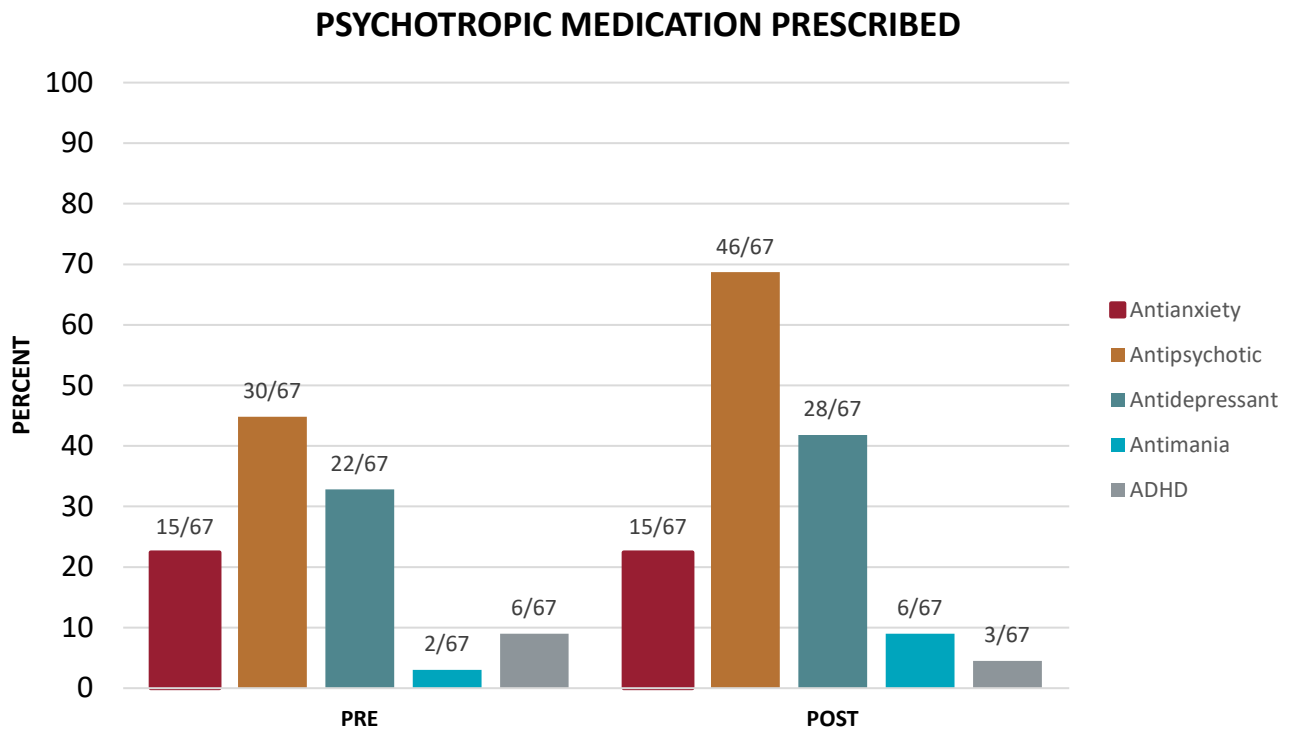


Figure 17. Psychotropic medication prescribed pre- and post-New Journeys

Emergency Room Visits Resulting in Psychiatric Diagnosis

Data for emergency room visits resulting in a psychiatric diagnosis are summarized from claims/encounters with an approximate 6-month lag due to adjudication, so people who entered the program after March 2018 were excluded from these analyses leaving a total of 67 clients.

Figure 18 represents the percentage of clients who had visited the ER and left with a psychiatric diagnosis 1 or more times. There was a statistically significant decrease in people who visit the ER for psychiatric reasons after participating in New Journeys ($\beta = 0.215$; CI: 0.08 - 0.56; $p = 0.002$).

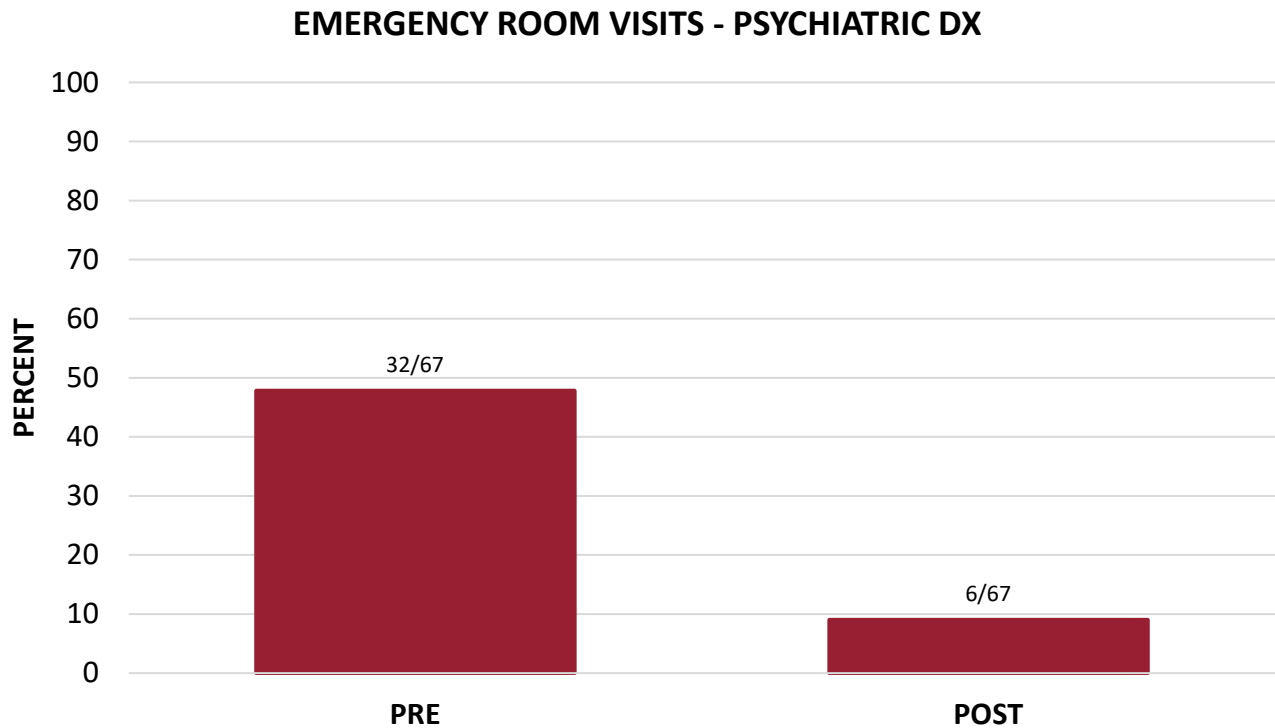


Figure 18. Percent of participants with psychiatric ER visits pre- and post-New Journeys

Emergency Room Visits Resulting in Non-Psychiatric Diagnosis

Data for emergency room visits resulting in a non-psychiatric diagnosis are summarized from claims/encounters with an approximate 6-month lag due to adjudication, so people who entered the program after March 2018 were excluded from these analyses leaving a total of 67 clients.

Figure 19 represents the percentage of people who visited the ER and left with a non-psychiatric diagnosis 1 or more times. There was a statistically significant decrease in the amount of times people are visiting the ER for non-psychiatric concerns after participating in the New Journeys program ($\beta = 0.183$; CI: 0.06 - 0.52; $p < 0.001$).

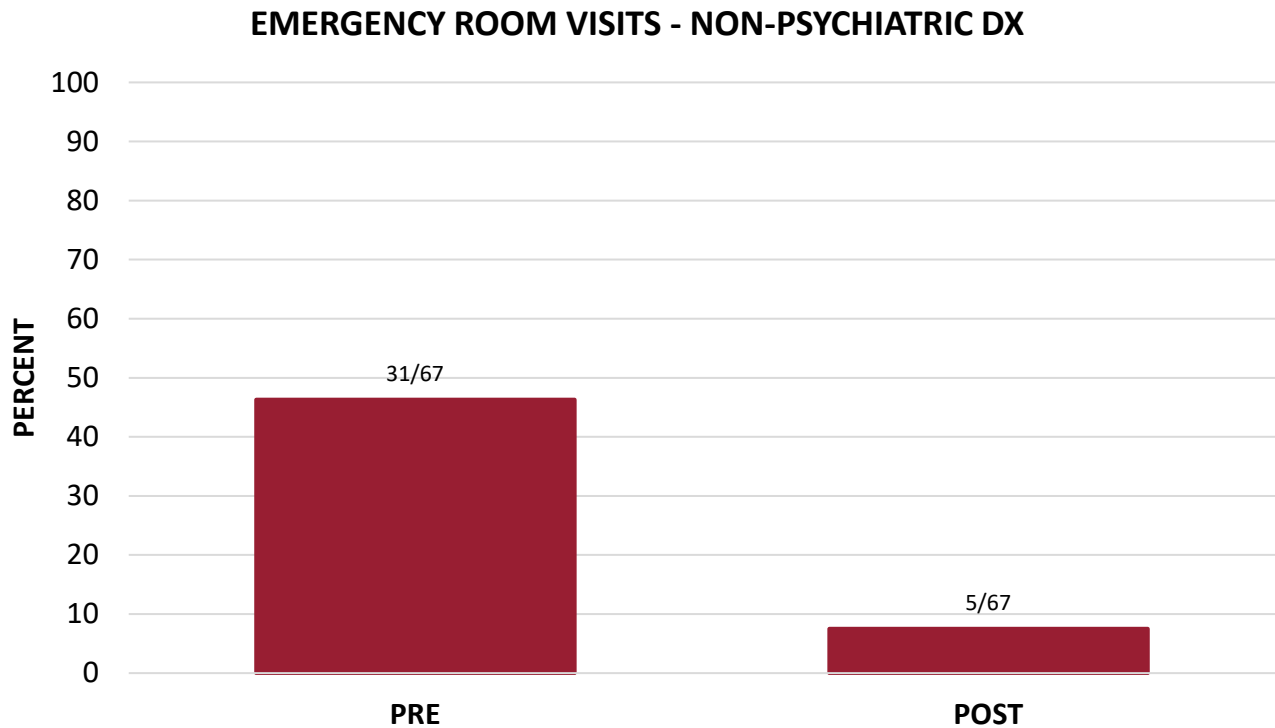


Figure 19. Percent of participants with non-psychiatric ER visits pre- and post-New Journeys

In-Patient Hospitalization

Data for in-patient hospitalizations for medical reasons are summarized from claims/encounters with an approximate 6-month lag due to adjudication, so people who entered the program after March 2018 were excluded from these analyses leaving a total of 67 clients.

The people who were referred and eligible for the New Journeys program were not typically using in-patient hospitalization services for medical reason, though over the course of time the overall number of people utilizing this service did increase by 1. There was no statistically significant change between pre- and post-New Journeys periods in in-patient hospitalizations for medical reasons ($\beta = 1.200$; CI: 0.41 - 3.51; $p = 0.739$).

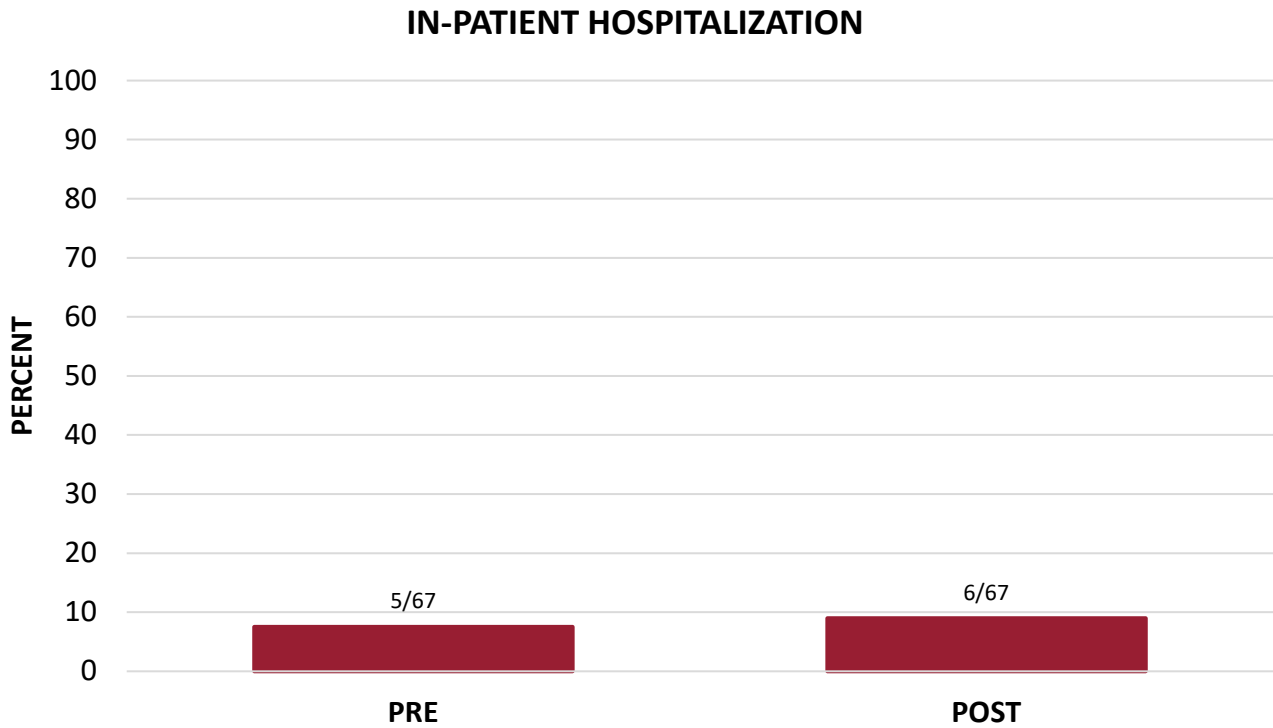


Figure 20. Percent of participants with in-patient hospitalizations pre- and post-New Journeys

Substance Use Disorders

The database for substance use disorders is as current as July 2018, persons who entered the program from August 2018 onwards were excluded from these analyses leaving a total of 81 participants. This data is comprised of those who were diagnosed with a substance use disorder, entered into a substance use rehabilitation program either in-patient or out-patient, or were involved with the criminal justice system for drug related violations.

Participants with a substance use disorder pre- versus post- New Journeys decreased over time from 32 to 18, a statistically significant change ($\beta = 0.563$; CI: 0.37 - 0.87; $p = 0.009$).

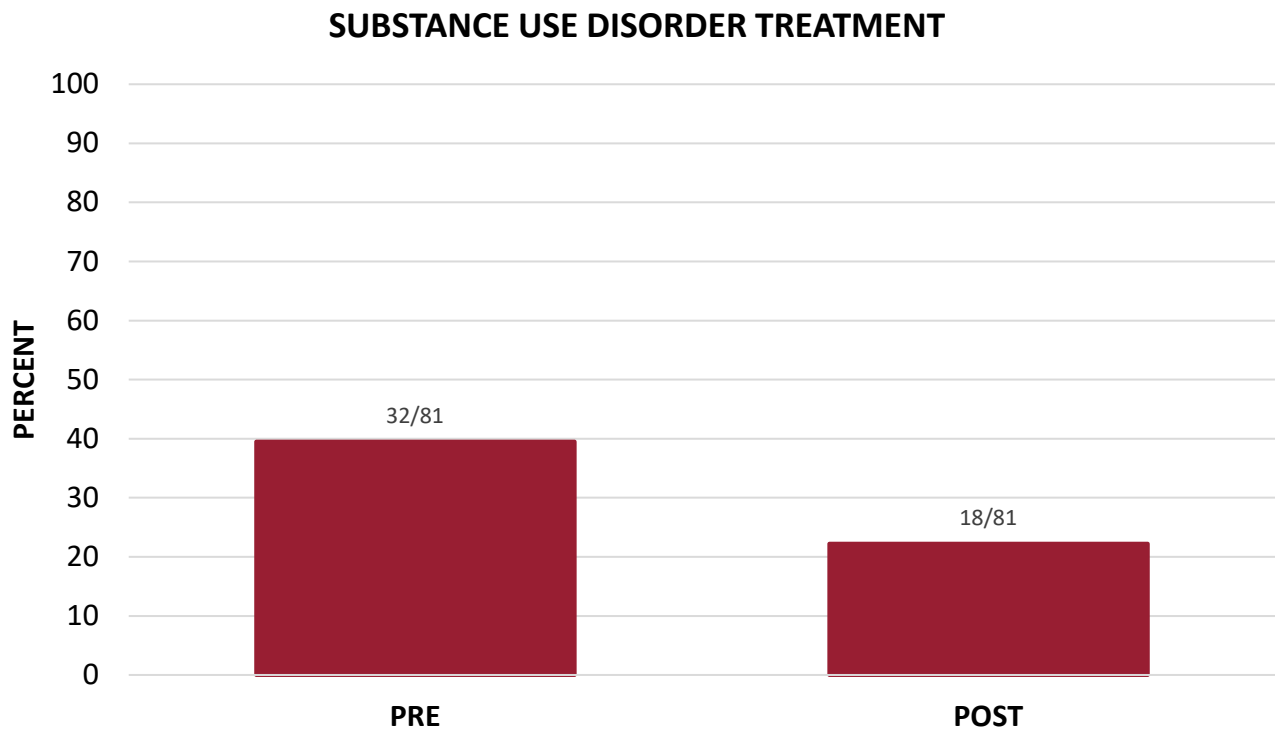


Figure 21. Percent of participants receiving substance use disorder treatment pre- and post-New Journeys

Homeless or Unstable Housing

Data for homelessness or unstable housing was as current as June 2018, persons who entered the program from July 2018 onwards were excluded from these analyses leaving a total of 78 clients.

After engaging in the New Journeys program there was an overall reduction in those people who were homeless or in unstable house, going from 12 people to 9. The change overtime, though positive, is statistically insignificant ($\beta = 0.750$; CI: 0.43 - 1.32; $p = 0.319$).

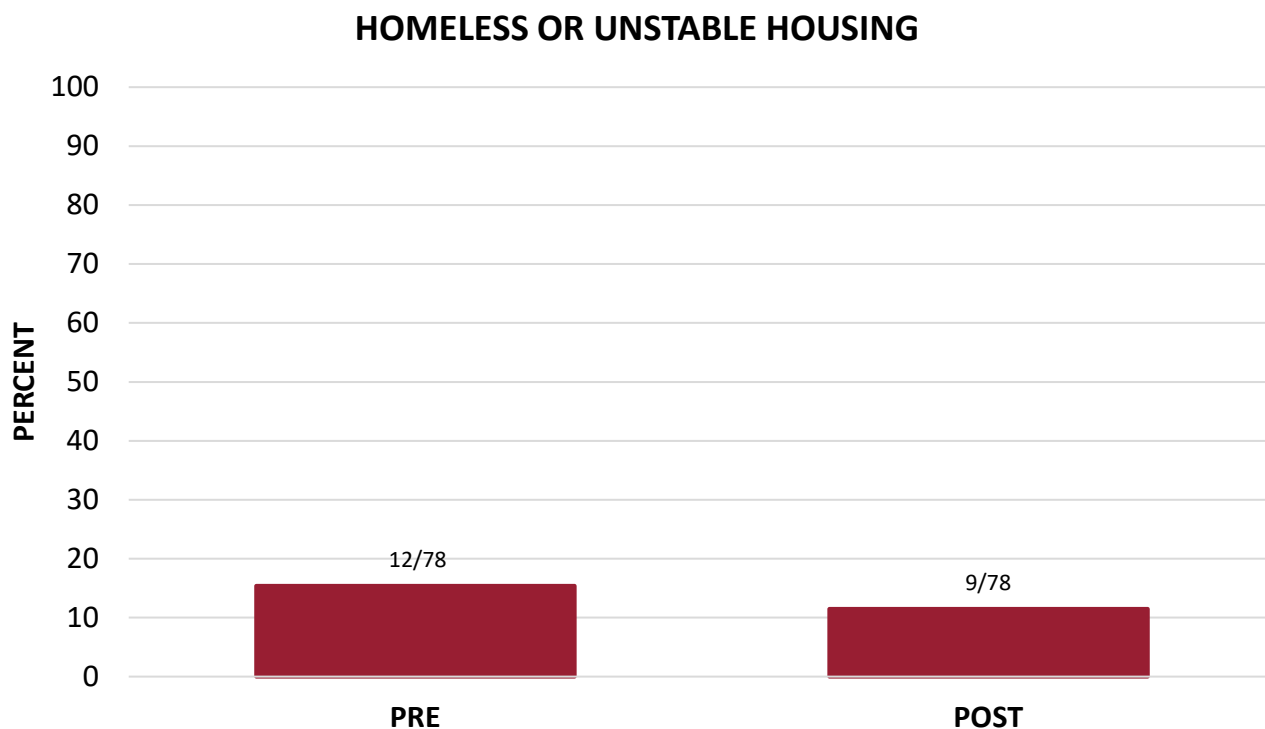


Figure 22. Percent of participants homeless or in unstable house pre- and post-New Journeys

Criminal Justice Involvement

Data for criminal justice involvement was as current as January 2018, participants enrolled from February 2018 onwards were excluded from the analyses leaving 59 people.

Criminal justice involvement is specific to any participant who was arrested, had charges pressed against them, or was convicted for a crime. New Journeys did not decrease criminal justice involvement in a statistically significant way, ($\beta = 0.750$; CI: 0.36 - 1.56; $p = 0.44$), though the overall percentage of those with involvement pre- versus post- new journeys decreased.

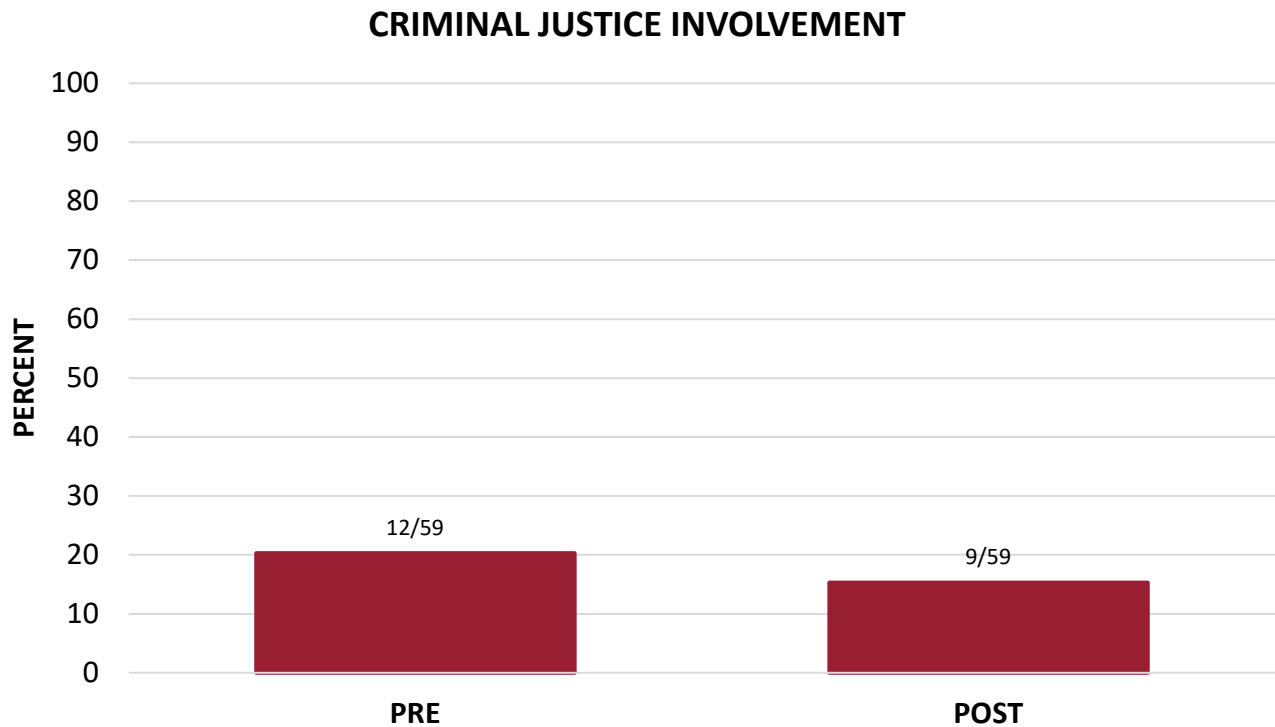


Figure 23. Percent of participants with criminal justice involvement pre- and post-New Journeys

Economic Service Administrative Assistance

The data from the Economic Service Administration (ESA) was as current as September 2018, only those people who had an unknown intake date in to the New Journeys program were excluded from the analyses, leaving the total number of participants at 84.

ESA Assistance refers to services such as food stamps or TANF utilized by a person. Over time there was a statistically significant decrease in ESA utilization by people who had participated in the New Journeys program ($\beta = 0.712$; CI: 0.57 - 0.88; $p = 0.002$).

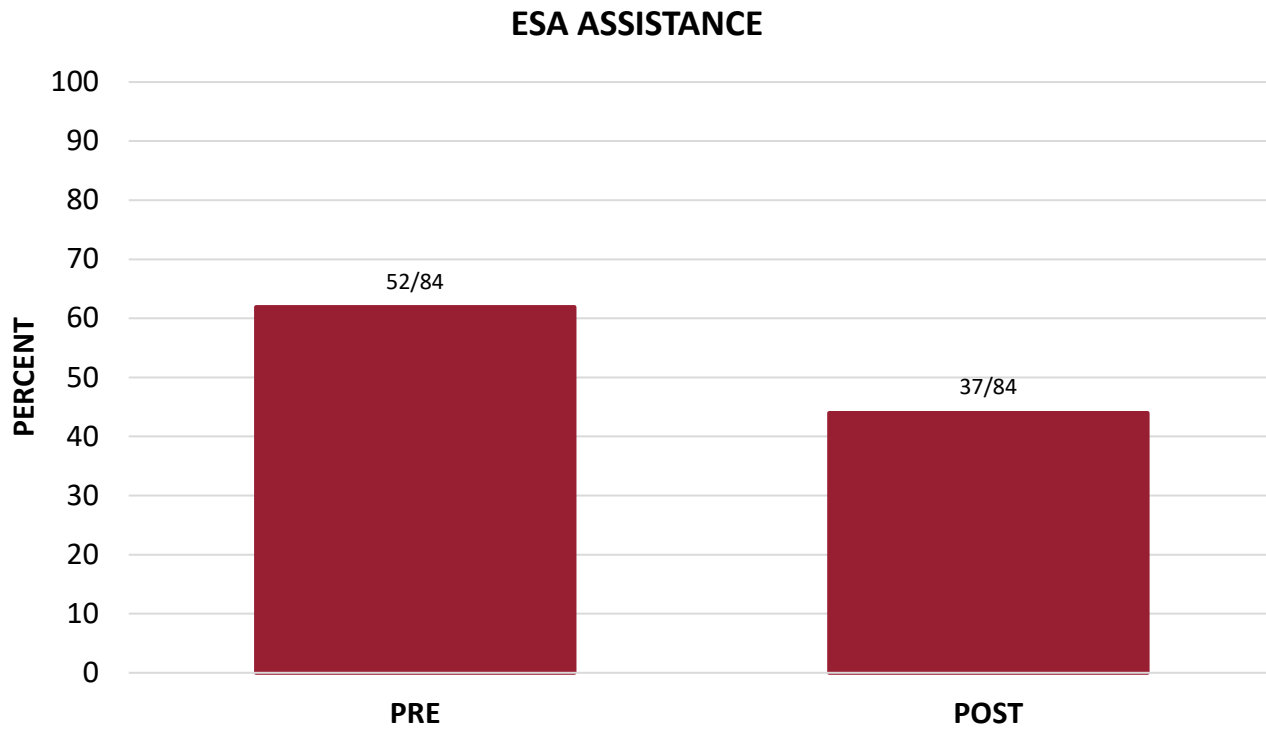


Figure 24. Percent of participants with ESA assistance pre- and post-New Journeys

Children's Administration

The data from the Children's Administration was as current as September 2018, only those people who had an unknown intake date in to the New Journeys program were excluded from the analyses, leaving the total number of participants at 84.

There was not a statistically significant change in participants involvement with the Children's Administration over time ($\beta = 0.600$; CI: 0.29 - 1.23; $p = 0.162$), though there was a decrease in the total number of participants from 10 to 6. The lack of significance could be attributed to the small sample size.

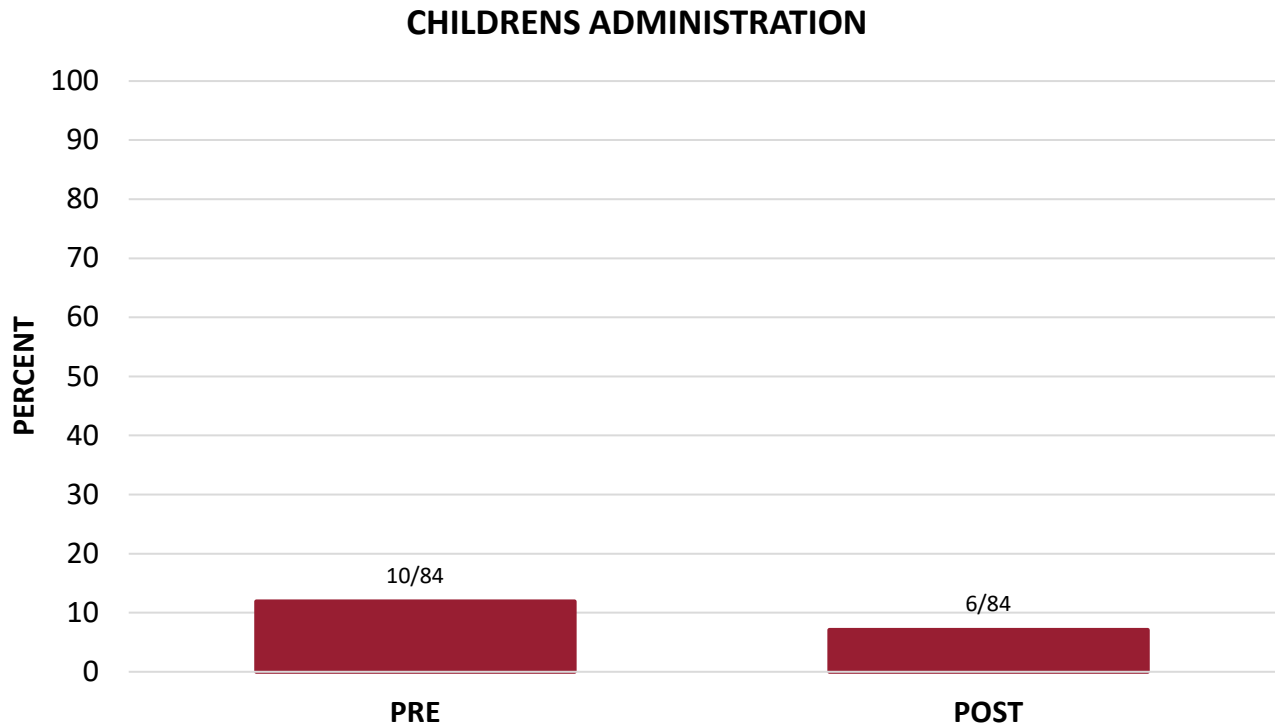


Figure 25. Percent of participants with Children's Administration involvement pre- and post-New Journeys

FUTURE PLANS

Going forward to reduce the quantity of missing data, as well as to ensure data integrity, the following steps will be considered. Monthly individual phone calls with each of the clinical site directors will begin as soon as possible. The purpose of these calls will be to increase rapport between the research coordinator(s) at WSU and the clinical site, to communicate on the status of missing data, and to answer questions about how to correctly input measures into the EBP Toolkit. To decrease the burden on clinicians, it is proposed that each site be provided with iPads which would allow the participants to enter in their own measures. Quarterly reports will be given in a timelier manner and will represent not only what the current statistics are for each site but will be an alert given to missing data. As new data fields, such as eligible vs. ineligible, are programmed into the EBP Toolkit all parties will be made aware of the change, as well as given an expected reasonable due date for having their current participants data updated.

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 October 1st, 2018. These categories include “Active” participants, “Inactive” which refers a client who was either screened and found to be ineligible for the program, or eligible for the program and dropped out, “Referred” to other programs for more appropriate treatment, and participants who have “Completed” the New Journeys program for a more detailed description of how participants are classified reference [Appendix C](#).

In addition, descriptive analyses of outcomes across time by site, as well as a breakdown of service utilization are provided. The results of these analyses should be interpreted with caution as many are derived from small numbers of participants.

SITE 1: COMPREHENSIVE HEALTHCARE

Location: Yakima, WA; BHO: Greater Columbia

Director: Victor Larios; Email: victor.larios@comphc.org

Website: <http://www.comphc.org/yakima-valley-mental-health-first-episode-psychosis.php>

Site Demographics

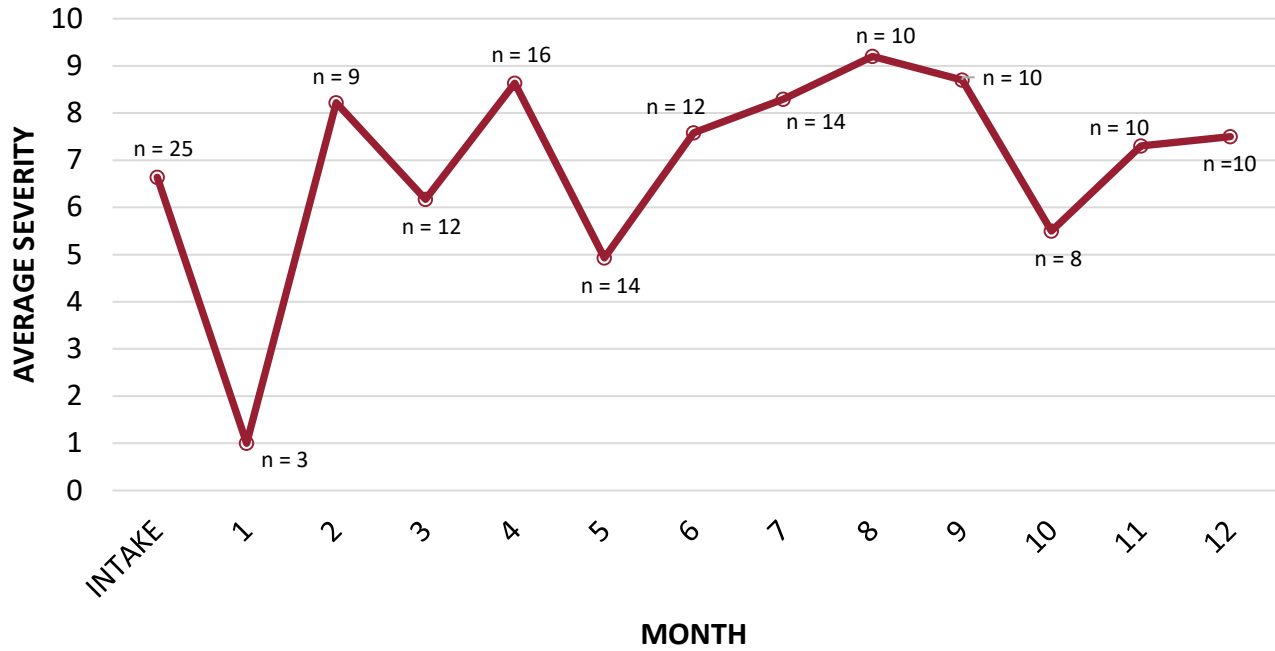
Percentages exclude missing responses.

Item	Overall				Active				Inactive				Referred				Completed				
	M	SD	%	(n)	M	SD	%	(n)	M	SD	%	(n)	M	SD	%	(n)	M	SD	%	(n)	
Participants				59			50.8	30			28.8	17			10.2	6			10.2	6	
Age	19.47	2.86			19.97	2.99			18.94	2.56			17.83	2.48			20.17	3.13			
Gender																					
Male			81.4	48			80.0	24			82.4	14			83.3	5			83.3	5	
Female			16.9	10			20.0	6			11.8	2			16.7	1			16.7	1	
Other			1.7	1			0	0			5.9	1			0	0			0	0	
Sexual Orientation																					
Heterosexual			88.9	48			90.0	27			91.7	11			66.7	4			100	6	
Homosexual			1.9	1			3.3	1			0	0			0	0			0	0	
Other			9.3	5			6.7	2			8.3	1			33.3	2			0	0	
Primary Diagnosis																					
Schizoaffective			12.3	7			7.1	2			11.8	2			16.7	1			16.7	1	
Schizophrenia			29.8	17			35.7	10			23.5	4			33.3	2			33.3	2	
Schizophreniform			0	0			0	0			0	0			0	0			0	0	
Psychosis NOS			45.6	26			53.6	15			47.1	8			33.3	2			33.3	2	
Other			12.3	7			3.6	1			17.6	3			16.7	1			16.7	1	
Race																					
White			20.3	12			20.0	6			17.6	3			16.7	1			33.3	2	
Black			3.4	2			3.3	1			5.9	1			0	0			0	0	
Asian			0	0			0	0			0	0			0	0			0	0	
Alaskan Native			5.1	3			3.3	1			5.9	1			0	0			16.7	1	
Multiracial			0	0			0	0			0	0			0	0			0	0	
Other			71.2	42			73.3	22			70.6	12			83.3	5			50.0	3	
Hispanic																					
Hispanic				67.8	40			73.3	22			58.8	10			83.3	5			50.0	3
Preferred Language																					
English			96.6	57			100	30			88.2	15			100	6			100	6	
Spanish			3.4	2			0	0			11.8	2			0	0			0	0	
Insurance																					
Public			76.7	33			73.7	14			73.3	11			83.3	5			100	3	
Private			20.9	9			21.1	4			26.7	4			16.7	1			0	0	
No Insurance			2.3	1			5.3	1			0	0			0	0			0	0	
DUP (Days)																					
DUP (Days)	123.96	187.19			60.43	110.80			170.07	224.41			280.83	264.37			98.80	157.58			

Age at First Contact with Mental Health System (years)														
	16.34	5.66		17.21	6.15		15.56	4.43		11.17	4.96	20.00	2.55	
Number of Previous Psychiatric Hospitalizations														
	1.96	2.02		1.61	1.20		1.67	1.35		4.17	4.58	2.17	1.84	
Living Situation														
Stable		87.9	51		90.0	27		93.8	15		66.7	4	83.3	5
Temporary		8.6	5		6.7	2		0	0		33.3	2	16.7	1
Institution		1.7	1		3.3	1		0	0		0	0	0	0
Homeless		0	0		0	0		0	0		0	0	0	0
Unstable		1.7	1		0	0		6.3	1		0	0	0	0
Employed														
Yes		15.8	9		10.0	3		33.3	5		0	0	16.7	1
No		84.2	48		90.0	27		66.7	10		100	6	83.3	5
Attending School														
Yes		33.3	19		20.0	6		46.7	7		83.3	5	83.3	5
No		66.7	38		80.0	24		53.3	8		16.7	1	16.7	1
Unemployed & Not Attending School														
		52.5	31		70.0	21		26.7	4		16.7	1	83.3	5

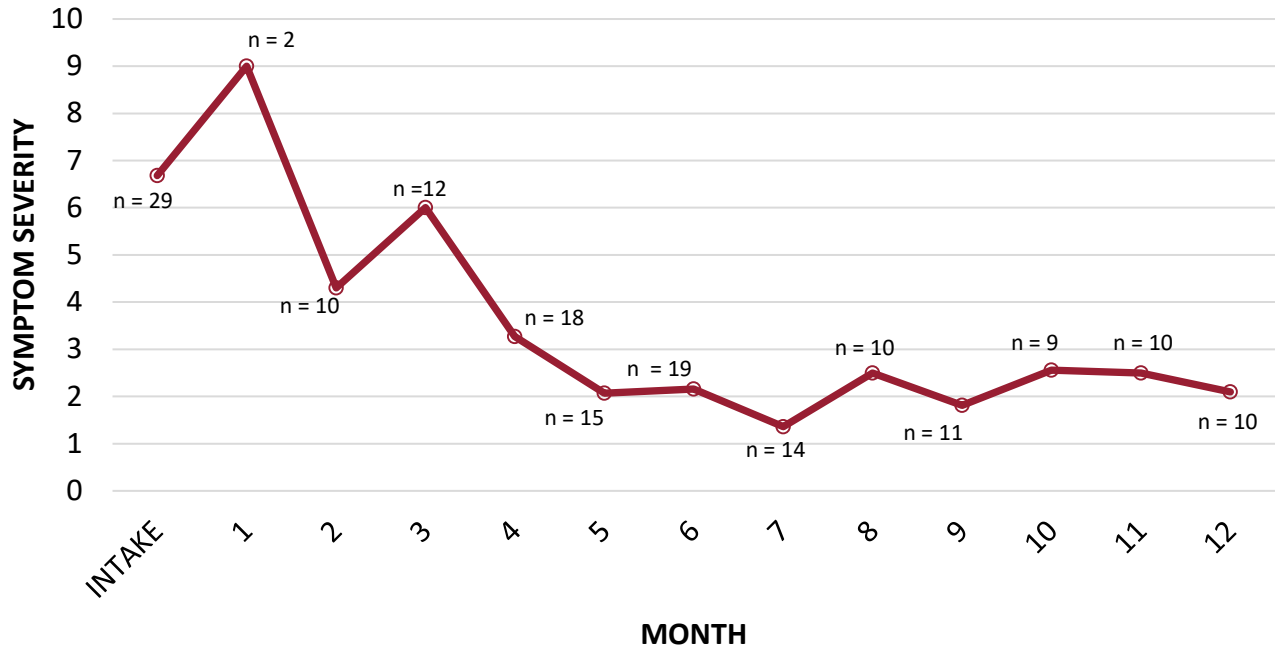
Clinical Outcomes for Comprehensive

DEPRESSION



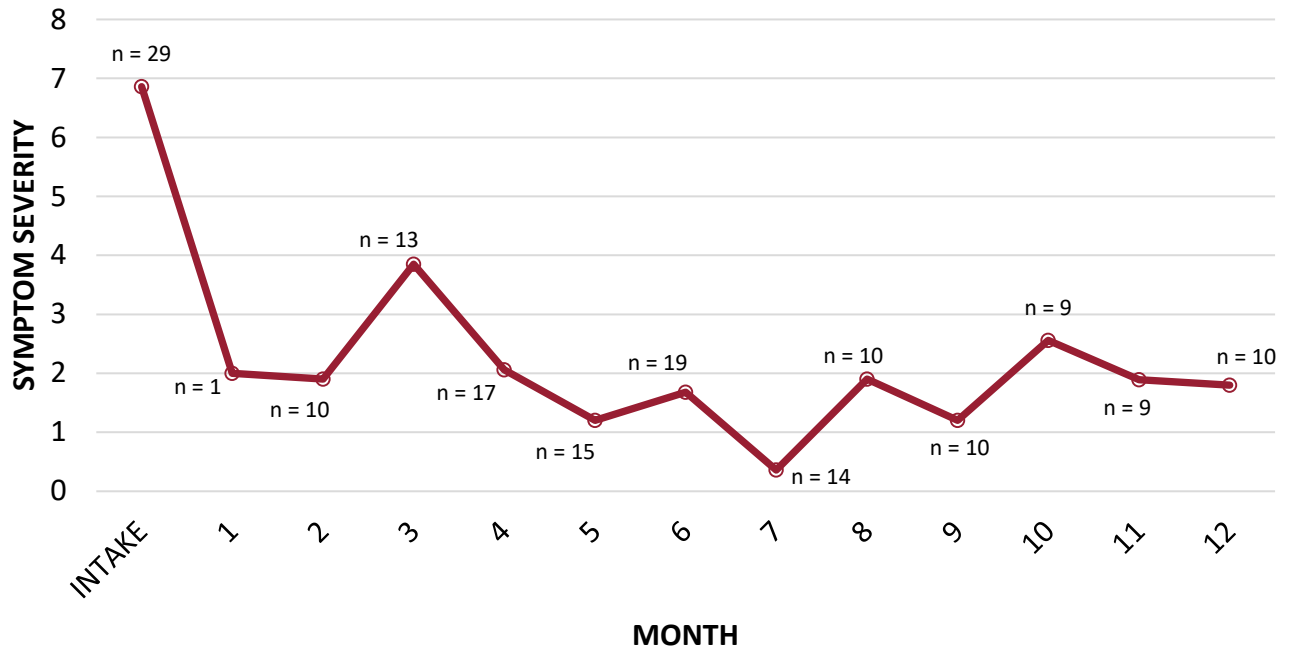
$\beta = 0.673$; CI: -2.14 - 3.48; $p = 0.639$

ANXIETY



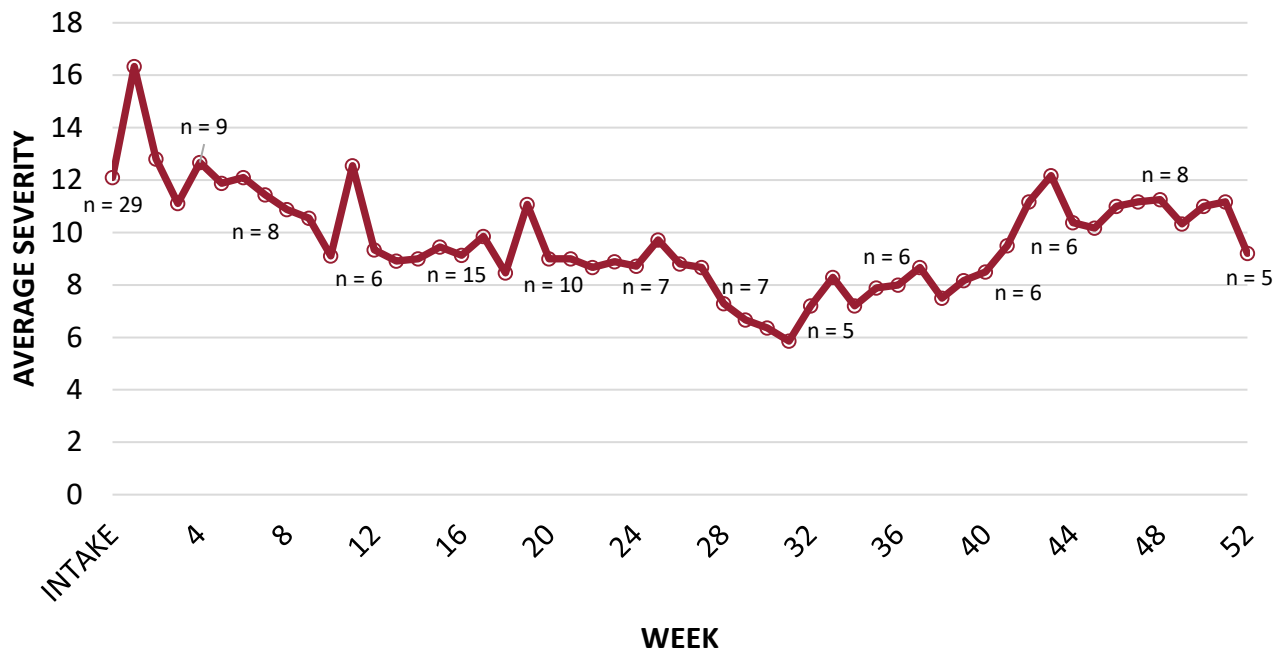
$\beta = -3.836$; CI: -5.32 - -2.347; $p < 0.001$

PSYCHOTIC EXPERIENCES



$\beta = -5.039$; CI: -8.04 - -2.04; $p < 0.001$

PSYCHOSIS SYMPTOM SEVERITY



$\beta = -0.565$; CI: -1.27 - 0.142; $p = 0.117$

Service Utilization (First 12-Months)

	Total Scheduled	Total Attended (Participant)*		Total Attended (Family)*	
Family Psychoeducation	327	196	59.9%	258	78.9%
IRT	943	649	68.8%		
IPS	607	428	70.5%		
Medication Management	445	290	65.1%		
Case Management	154	141	91.5%		
Peer Support	0	--	--		

**percent of total scheduled*

Participant and Family Outreach (First 12-Months)

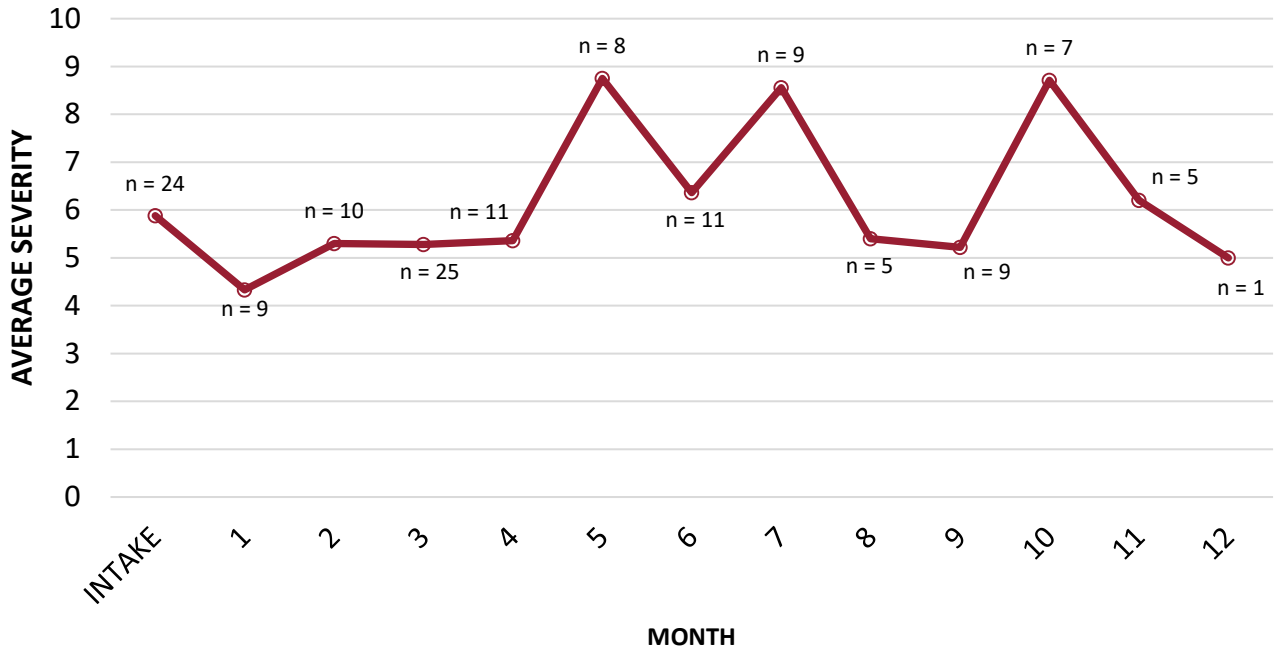
	Total Attempted		Total Successful*	
Participant Outreach via Phone/Text	150	87	58.0%	
Participant Outreach via In-Person	66	44	66.6%	
Family Outreach via Phone/Text	119	107	89.9%	
Family Outreach via In-Person	8	8	100%	

**percent of total attempted*

	135.71	203.97		164.46	202.04		198.00	348.99		54.00	59.61		3.00	--	
Age at First Contact with Mental Health System (years)															
	16.62	37		17.05	6.22		15.20	5.47		17.57	3.46		16.00	--	
Number of Previous Psychiatric Hospitalizations															
	0.83	.67		0.77	.053		0.90	0.74		0.86	1.07		1.00	--	
Living Situation															
Stable		69.2	36		90.9	20		57.1	12		57.1	4		0	0
Temporary		19.2	10		9.1	2		19.0	4		42.9	3		50	1
Institution		1.9	1		0	0		0	0		0	0		50	1
Homeless		7.7	4		0	0		19.0	4		0	0		0	0
Unstable		1.9	1		0	0		4.8	1		0	0		0	0
Employed															
Yes		16.7	8		27.3	6		5.9	1		14.3	1		0	0
No		83.3	40		72.7	16		94.1	16		85.7	6		100	2
Attending School															
Yes		22.4	11		31.8	7		11.1	2		28.6	2		0	0
No		77.6	38		68.2	15		88.9	16		71.4	5		100	2
Unemployed & Not Attending School															
		43.2	32		45.5	10		34.9	15		71.4	5		100	2

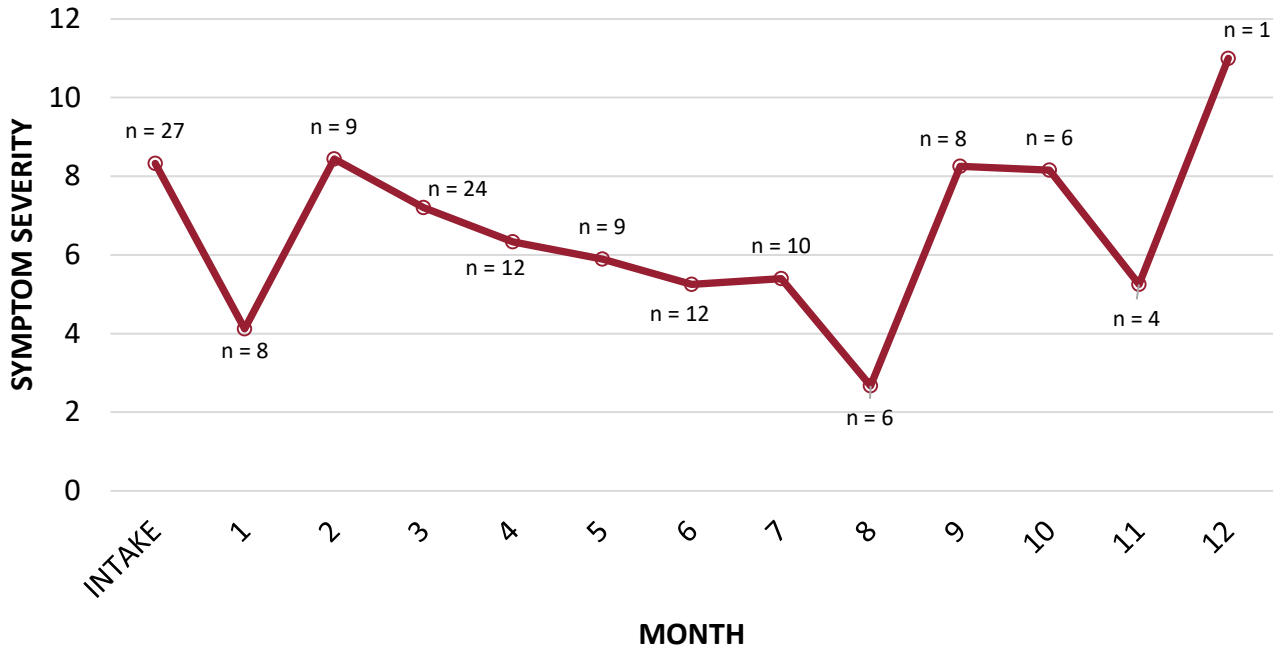
Clinical Outcomes for Behavioral Health Resources - Thurston & Mason Counties

DEPRESSION



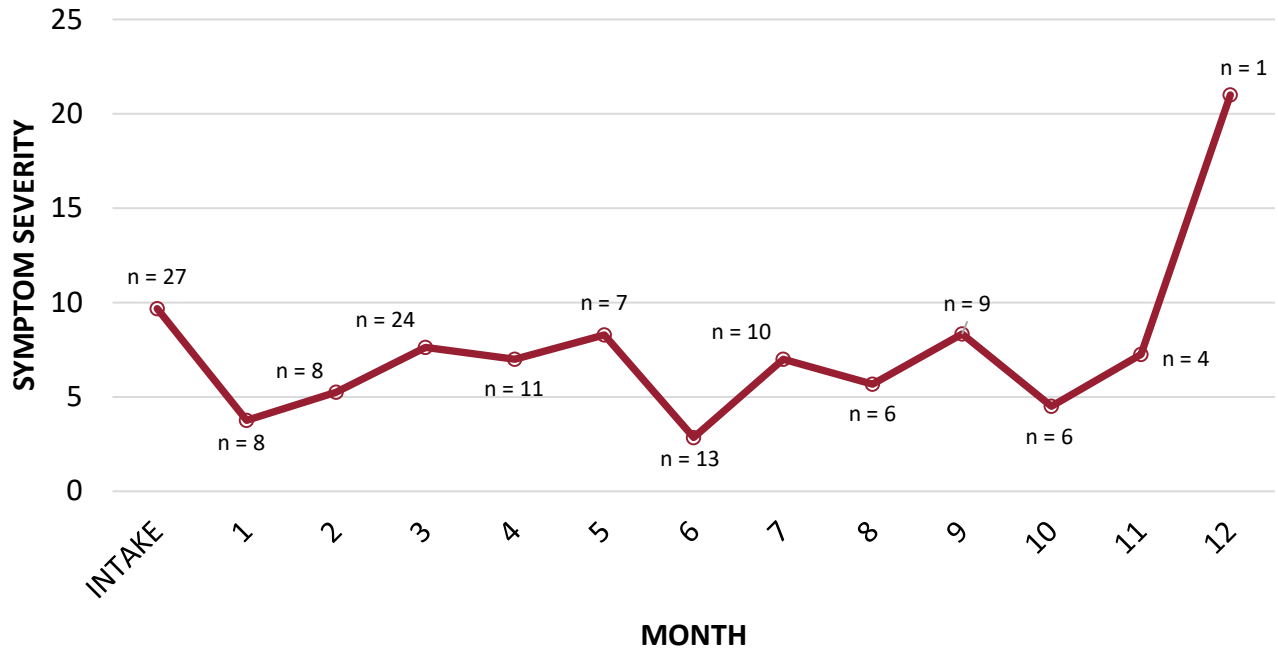
$\beta = 0.224$; CI: -2.28 - 2.73; $p = 0.861$

ANXIETY



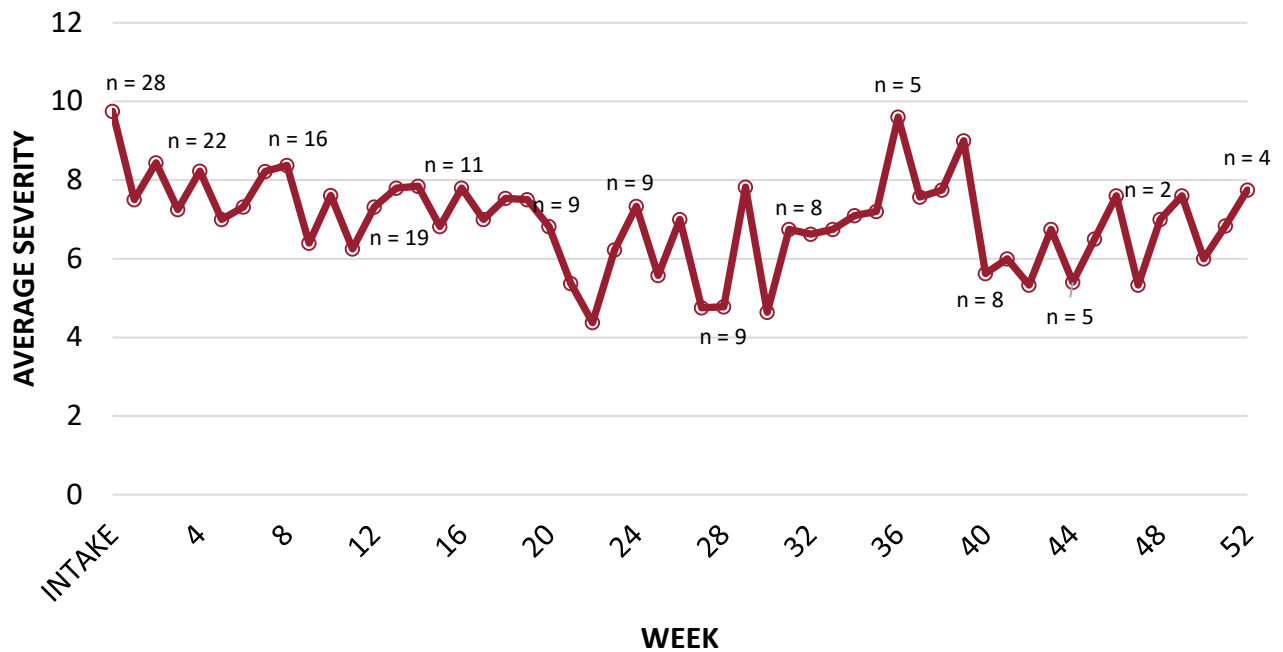
$\beta = -2.008$; CI: 0.99 - -3.96; $p = 0.044$

PSYCHOTIC EXPERIENCES



$\beta = -3.291$; CI: $-6.12 - -0.41$; $p = 0.025$

PSYCHOSIS SYMPTOM SEVERITY



$\beta = -2.072$; CI: $-3.22 - -0.924$; $p < 0.001$

Service Utilization (First 12-Months)

	Total Scheduled	Total Attended (Participant)*		Total Attended (Family)*	
Family Psychoeducation	408	185	45.3%	342	83.8%
IRT	922	757	82.1%		
IPS	573	472	82.3%		
Medication Management	264	232	87.8%		
Case Management	102	92	90.1%		
Peer Support	41	34	82.9%		

**percent of total scheduled*

Participant and Family Outreach (First 12-Months)

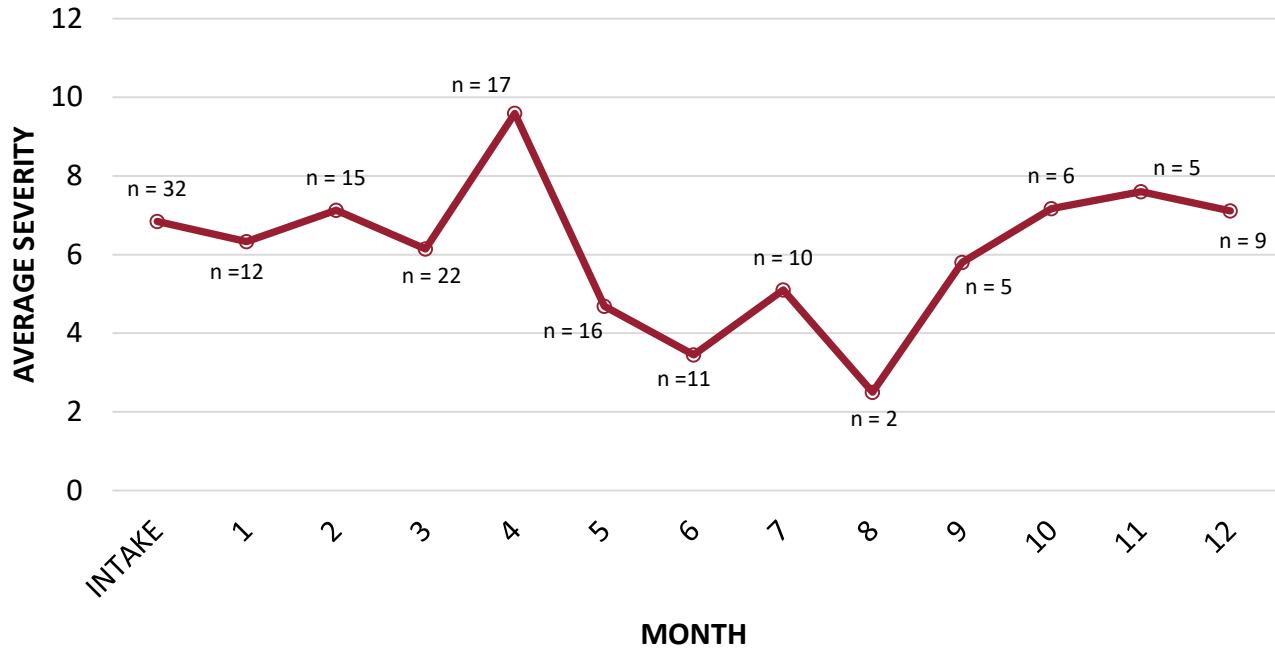
	Total Attempted	Total Successful*	
Participant Outreach via Phone/Text	398	251	63.1%
Participant Outreach via In-Person	69	42	60.8%
Family Outreach via Phone/Text	167	114	68.2%
Family Outreach via In-Person	8	6	75.0%

**percent of total attempted*

	73.08	137.33		85.96	155.96		91.33	132.15		27.29	43.17		4.00	--	
Age at First Contact with Mental Health System (years)															
	18.34	5.83		18.81	5.98		22.67	3.06		15.14	5.24		15.00	--	
Number of Previous Psychiatric Hospitalizations															
	1.16	0.89		1.15	0.91		1.00	0.00		1.29	1.11		1.00	--	
Housing Situation															
Stable		80.5	33		82.8	24		66.7	2		75.0	6		100	1
Temporary Institution		12.2	5		13.8	4		0	0		12.5	1		0	0
Homeless		0	0		0	0		0	0		0	0		0	0
Unstable		4.9	2		0	0		33.3	1		12.5	1		0	0
		2.4	1		3.4	1		0	0		0	0		0	0
Employed															
Yes		14.6	6		13.8	4		33.3	1		12.5	1		0	0
No		85.4	35		86.2	25		66.7	2		87.5	7		100	1
Attending School															
Yes		29.3	12		31.0	9		33.3	1		25.0	1		0	0
No		70.7	29		69.0	20		66.7	3		75.0	6		100	1
Unemployed & Not Attending School															
		50.0	24		55.2	16		50.0	2		62.5	5		100	1

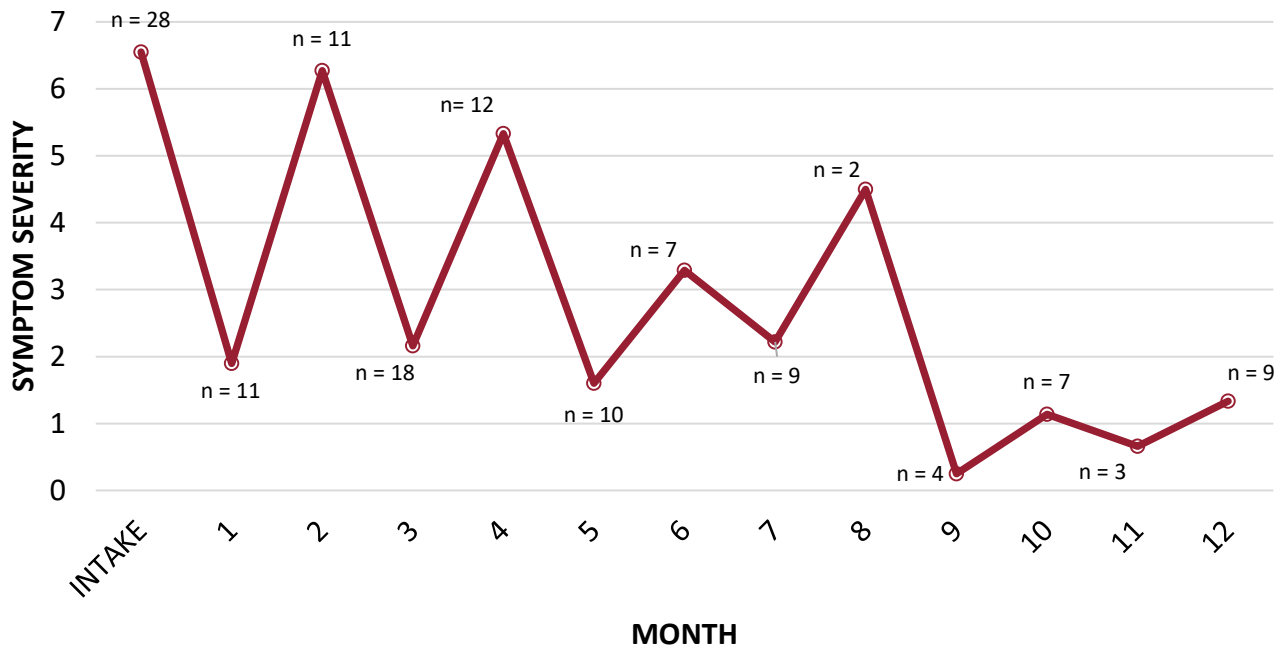
Clinical Outcomes for Valley Cities

DEPRESSION



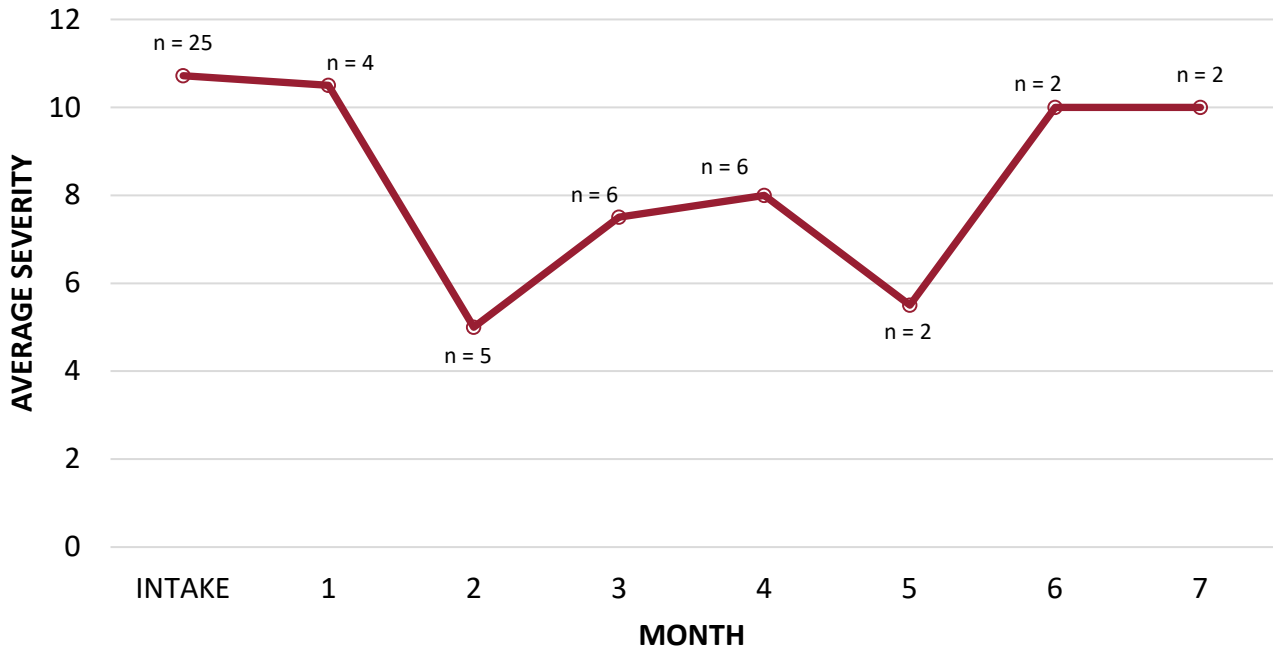
$\beta = -0.468$; CI: -3.09 - 2.16; $p = 0.727$

ANXIETY



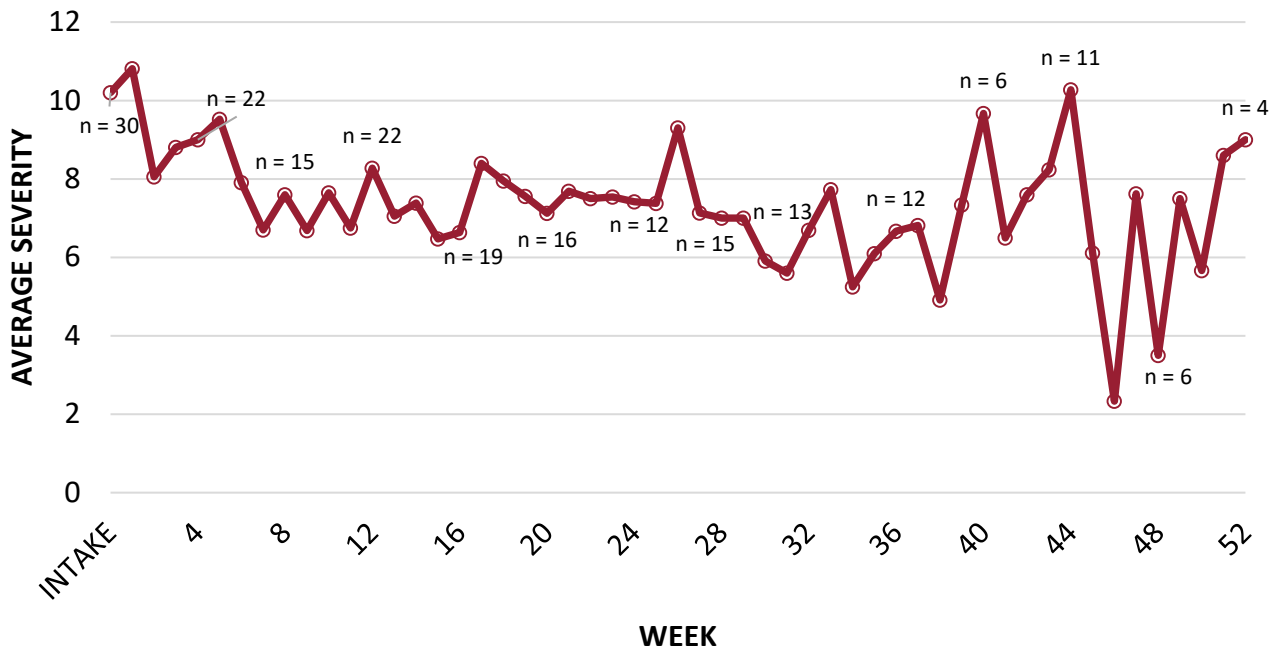
$\beta = -3.765$; CI: -5.49 - -2.03; $p < 0.001$

PSYCHOTIC EXPERIENCES



$\beta = -3.445$; CI: $-5.70 - -1.19$; $p = 0.003$

PSYCHOSIS SYMPTOM SEVERITY



$\beta = -1.188$; CI: $-3.35 - .972$; $p = 0.281$

Service Utilization (First 12-Months)

	Total Scheduled	Total Attended (Participant)*		Total Attended (Family)*
Family Psychoeducation	182			163 89.6%
IRT	342	283	82.7%	
IPS	376	295	78.4%	
Medication Management	206	152	73.8%	
Case Management	50	42	84.0%	
Peer Support	25	25	100%	

**percent of total scheduled*

Participant and Family Outreach (First 12-Months)

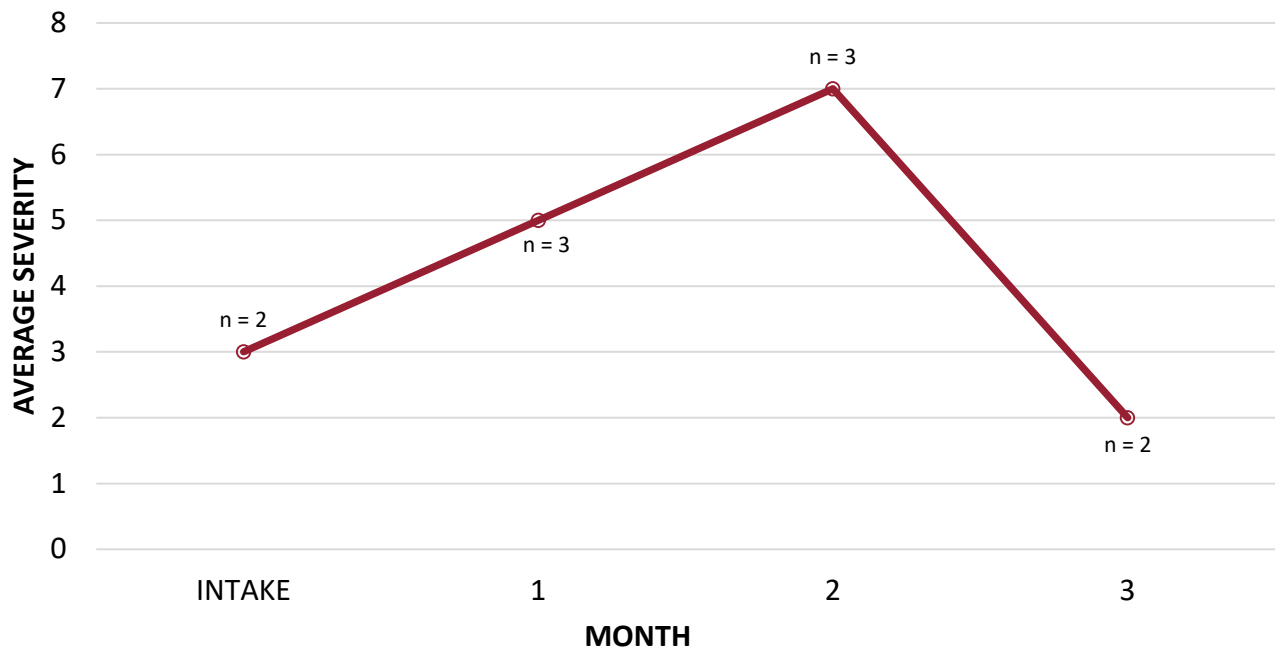
	Total Attempted	Total Successful*	
Participant Outreach via Phone/Text	651	460	70.6%
Participant Outreach via In-Person	219	132	60.2%
Family Outreach via Phone/Text	751	683	90.9%
Family Outreach via In-Person	132	122	92.4%

**percent of total attempted*

	1.00	--		1.00	--		--	--		--	--		--	--
Age at First Contact with Mental Health System (years)														
	13.00	8.49		13.00	8.49		--	--		--	--		--	--
Number of Previous Psychiatric Hospitalizations														
	1.00	1.00		1.00	1.00		--	--		--	--		--	--
Living Situation														
Stable		71.4	5		50.0	2		100	1		100	2	--	--
Temporary		0	0		0	0		0	0		0	0	--	--
Institution		0	0		0	0		0	0		0	0	--	--
Homeless		28.6	2		50.0	2		0	0		0	0	--	--
Unstable		0	0		0	0		0	0		0	0	--	--
Employed														
Yes		40.0	2		50.0	2		0	0		--	--	--	--
No		60.0	3		50.0	2		100	1		--	--	--	--
Attending School														
Yes		33.3	2		25.0	1		0	0		100	1	--	--
No		66.7	4		75.0	3		100	1		0	0	--	--
Unemployed & Not Attending School														
		18.2	2		25.0	1		100	1		83.3	5	--	--

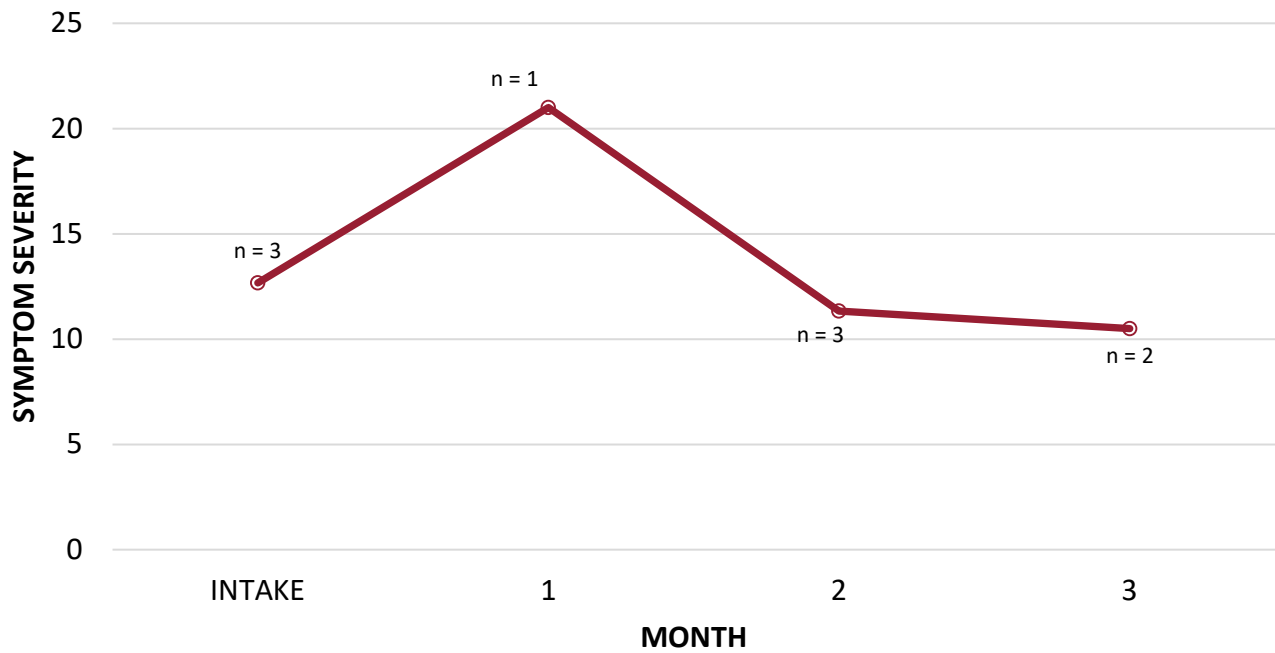
Clinical Outcomes for Behavioral Health Resources - Grays Harbor

DEPRESSION

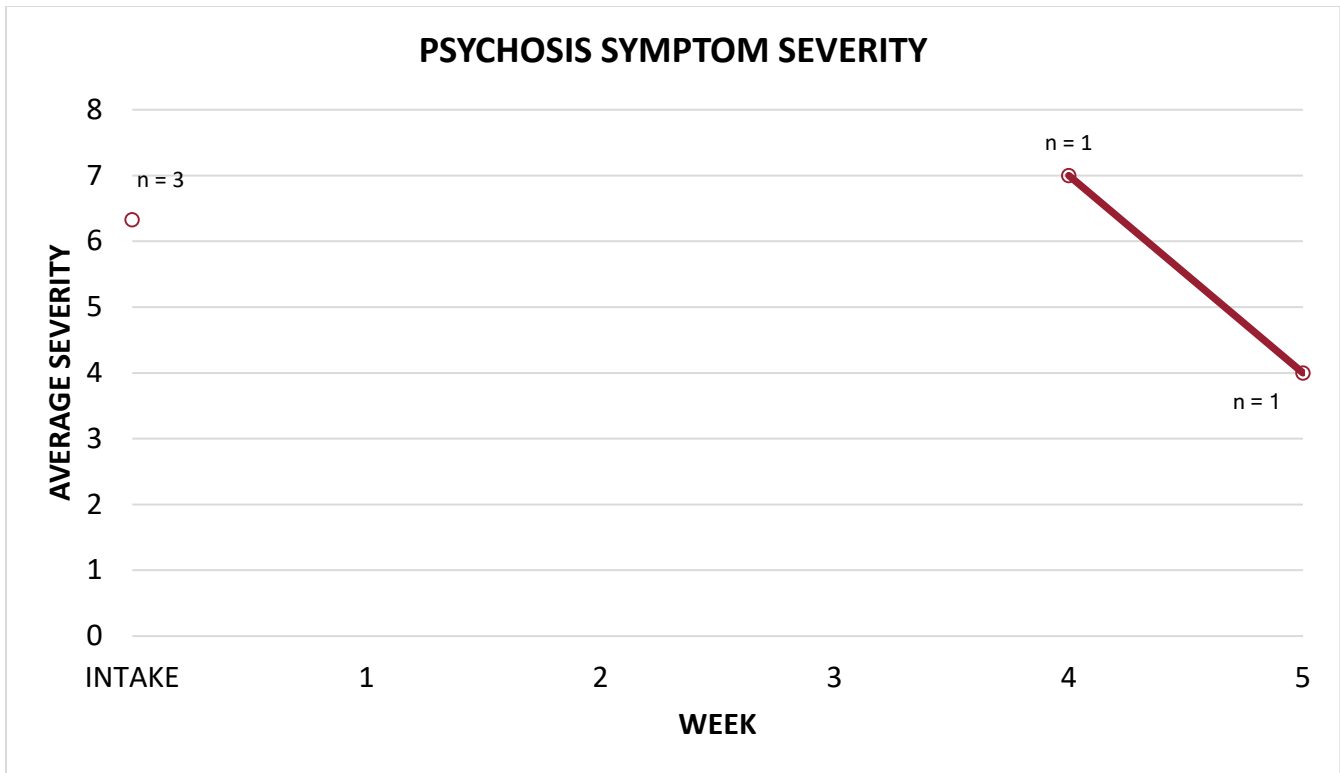


$\beta = 2.406$; CI: -0.83 - 5.64; $p = 0.145$

ANXIETY



$\beta = -0.455$; CI: -10.61 - 9.69; $p = 0.930$



$\beta = -0.894$; CI: 1.12 - -3.08; $p = 0.423$

Behavioral Health Resources - Grays Harbor did not have enough data on Psychotic Experiences (CAPE-P15) to run analyses.

Service Utilization (First 12-months)

	Total Scheduled	Total Attended* (Participant)		Total Attended (Family)*	
Family Psychoeducation	2	1	50.0%	2	100%
IRT	8	8	100%		
IPS	10	10	100%		
Medication Management	5	4	80.0%		
Case Management	3	3	100%		
Peer Support	0	--	--		

**percent of total scheduled*

Participant and Family Outreach (First 12-months)

	Total Attempted	Total Successful*	
Participant Outreach via Phone/Text	6	6	100%
Participant Outreach via In-Person	3	2	66.6%
Family Outreach via Phone/Text	0	0	
Family Outreach via In-Person	0	0	

**percent of total attempted*

	--	--		--	--		--	--		--	--		--	--	
Age at First Contact with Mental Health System (years)															
	17.00	--		17.00	--		--	--		--	--		--	--	
Number of Previous Psychiatric Hospitalizations															
	1.00	0.00		1.00	0.00		--	--		--	--		--	--	
Living Situation															
Stable		80.0	4		80.0	4		--	--		--	--		--	--
Temporary		20.0	1		20.0	1		--	--		--	--		--	--
Institution		0	0		0	0		--	--		--	--		--	--
Homeless		0	0		0	0		--	--		--	--		--	--
Unstable		0	0		0	0		--	--		--	--		--	--
Employed															
Yes		20.0	1		20.0	1		--	--		--	--		--	--
No		80.0	4		80.0	4		--	--		--	--		--	--
Attending School															
Yes		60.0	3		60.0	3		--	--		--	--		--	--
No		40.0	2		40.0	2		--	--		--	--		--	--
Unemployed & Not Attending School															
		50.0	2		50.0	2		--	--		--	--		--	--

Clinical Outcomes for Community Services North West

Community Services Northwest joined the New Journeys network June 2018 and there is no data to present here currently.

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 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.

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 of five to nine, "Moderate" is ten to fifteen, and "Severe" is a score of fifteen 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 zero to three ("never" to "nearly always"). A higher score indicates more frequent psychotic experiences. Possible scores range from zero to twenty-eight.

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 zero to four ("not present" to "present and severe"). A higher score indicates more severe psychotic symptoms. Possible scores range from zero to thirty-five.

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 last two weeks. This is an item from the PHQ-9.

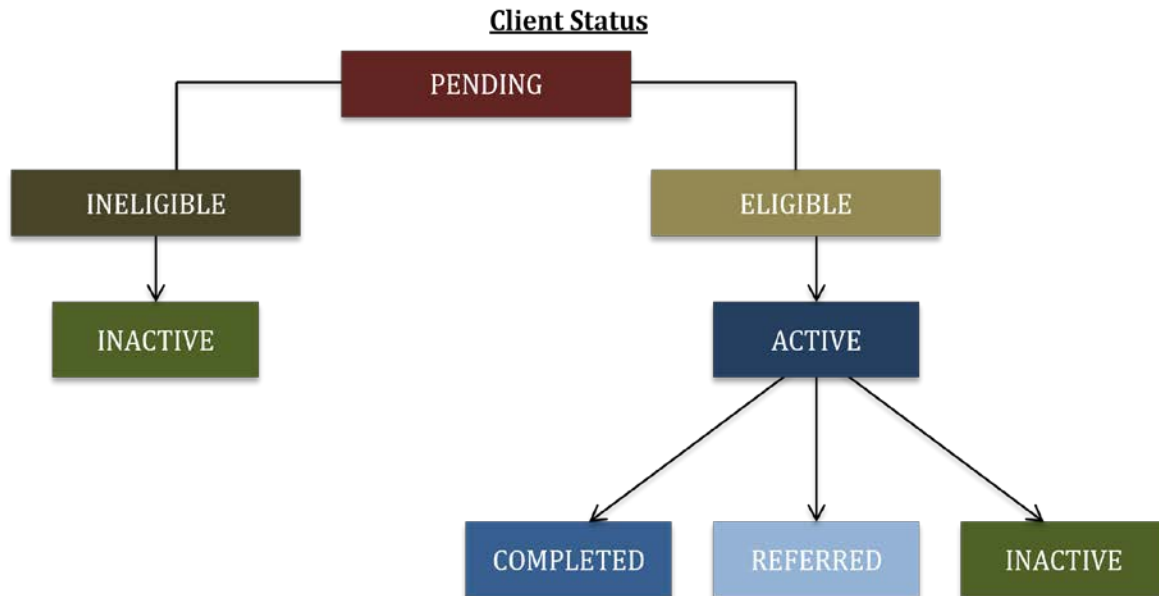
Alcohol, drug, and tobacco product use in the last 30 days was assessed using a modified version of the **CRAFFT** screening test.

APPENDIX C - SCREENING CHEAT SHEET

The following Screening and Demographics Cheat Sheet was given to each of the clinical sites to create continuity with how participants are screened and labeled.

NEW JOURNEYS EARLY INTERVENTION PROGRAM

EBP TOOLKIT SCREENING AND DEMOGRAPHICS CHEAT SHEET



- **Pending:**
 - used when entering a new client. After eligibility has been determined you will mark the client as either “Active” or “Inactive” based on eligibility criteria.
- **Active:**
 - for clients who are currently enrolled in New Journeys and receiving services
- **Completed:**
 - for clients who have successfully completed the New Journeys program
- **Inactive:**
 - for clients who were ineligible for New Journeys OR eligible clients who have dropped out of New Journeys
- **Referred:**
 - For clients who were eligible for New Journeys but were referred to other services during New Journeys and are no longer receiving New Journeys services.

Notes under certain questions in the screening and demographics for are to help guide the determination of eligibility into New Journeys. The full criteria list is below, and all criteria must be met to be eligible for New Journeys.

Even if it has been determined that someone is ineligible, complete the entire screening and demographics form.

Eligibility Requirements

Age Criteria	Primary Diagnosis	Symptom Timeline	Exclusion Criteria
<ul style="list-style-type: none"> • 15 ≤ 40 years of age 	<ul style="list-style-type: none"> • One of the following: <ul style="list-style-type: none"> ○ Schizophrenia ○ Schizoaffective Disorder ○ Schizophreniform Disorder ○ Brief Psychotic Disorder ○ Other Specified Psychotic Disorder ○ Delusional Disorder 	<ul style="list-style-type: none"> • Psychotic symptoms > 1 week AND < 2 years • No more than 1 episode of Psychosis 	<ul style="list-style-type: none"> • Participant’s Psychosis is NOT due to substance intoxication and/or withdrawal <input checked="" type="checkbox"/> < 12 months of lifetime treatment with antipsychotic medications <input checked="" type="checkbox"/> Psychotic symptoms not secondary to a pervasive developmental disorder or medical condition