2023 EVALUATION REPORT

Aggregated New Journeys Network

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HIGHLIGHTS

Referrals and Eligibility

Since 2015, 1,537 referrals have been made to New Journeys, 902 referrals met program eligibility, and 760 individuals went on to receive services from New Journeys. In 2023, the New Journeys network received 298 referrals, a decrease from the 370 referrals received in 2022. As of August 31st, 2023, 23% (n=176) individuals actively receive services, 28% (n=214) have disengaged from services, and 29% (n=219) individuals have graduated from the New Journeys. Individuals take on average 21 months to graduate from New Journeys. Across the network, it takes on average 12 days (SD=30.75) from received referral date to when referred individuals are contacted by New Journeys. On average, the time between when an individual is referred to the New Journeys network and intake session is 30 days (SD=44.35 days), where eligibility has already been determined prior to intake or at intake.

Individual Characteristics at Intake

Among individuals who received services (n=760), the majority identified as male (67.5%; n=484) and the average age at intake was 20 years old (SD=3.87). Approximately 56% of individuals identified as non-White, 32% identified as Hispanic/Latinx, and 20% identified as LGBTQ+. Most individuals were enrolled in public insurance (77%). At intake, 99 individuals (27%) indicated they were attending school and 82 (22%) indicated they were working at least part-time.

The mean duration of untreated psychosis (DUP) was 154 days, a decrease from last year's 162 days. Approximately, 54% of the individuals who received services from New Journeys had moderate to severe symptoms of depression, 46% reported moderated to severe anxiety, and 35% indicated having thoughts of suicide or self-harm in the past 2 weeks prior to intake. Approximately 64% of individuals reported some form of substance use in the month prior to intake. The most reported substances were alcohol (58%) and cannabis (57%), followed by other drugs (e.g., heroin, cocaine, hallucinogens; 32%), and tobacco (22%).

Psychiatric and Functional Outcomes

Over the course of 24 months, individuals reported significantly lower symptoms of depression and suicidal ideation (assessed using the PHQ-9), anxiety (assessed using the GAD-7), and psychotic experiences (assessed using the CAPE-P15 and CRDPSS). There was a significant increase in school enrollment from 27% at intake to 44% post-intake. Moreover, attendance of at least part-time work significantly increased from 22% at intake to 55% post-intake. There was no significant change in reported substance use across time.

Service Utilization

Since 2015, 55,610 services have been scheduled with individuals and their family/support persons. Of the number of scheduled services, individuals attended 80% of appointments, and support persons attended 92% of scheduled appointments. Efforts to contact individuals and their loved ones' by teams remained high with 29,161 outreach attempts to individuals (n=20,305) and their support persons (n=8,856), of which 72% (n=14,694) of attempts resulted in contact with the individual and 86% (n=7,610) of attempts were successful with the family/support person.

Administrative Data

In addition to the demographic, clinical and functional outcomes collected via our participant and provider surveys, we have a partnership with the Research and Data Analysis (RDA) department of Washington State Department of Social and Health Services to obtain administrative and various service utilization by individuals receiving services from New Journeys. This data assesses these services from 24 months prior to intake at New Journeys to up to 24 months after intake. This year, there were 388 eligible individuals whose data could be evaluated, however due to fluctuations in Medicaid or State Health Insurance Assistance Program (SHIP) eligibility, not all individuals were always evaluated. The utilization of publicly funded outpatient behavioral health services significantly increased as well as a diagnosis of a psychotic disorder pre- and post-intake to New Journeys. The prescriptions for anti-anxiety, antidepressants, and anti-psychotics also significantly increased pre- and post-New Journeys.

Quote from an Individual Enrolled in New Journeys:

> *"I want it to last longer… I would recommend New Journeys to other people. They are good people and do things right, they talk about your symptoms in a good way… and they are very kind, they always give you a smile every time they talk about your life."*

History

The New Journeys model is the coordinated specialty care model in Washington State which serves individuals experiencing their first episode of psychosis. As of 2023, 15 organizations have implemented the New Journeys model in community behavioral health programs (n=14) and hospital clinics (n=1).

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

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

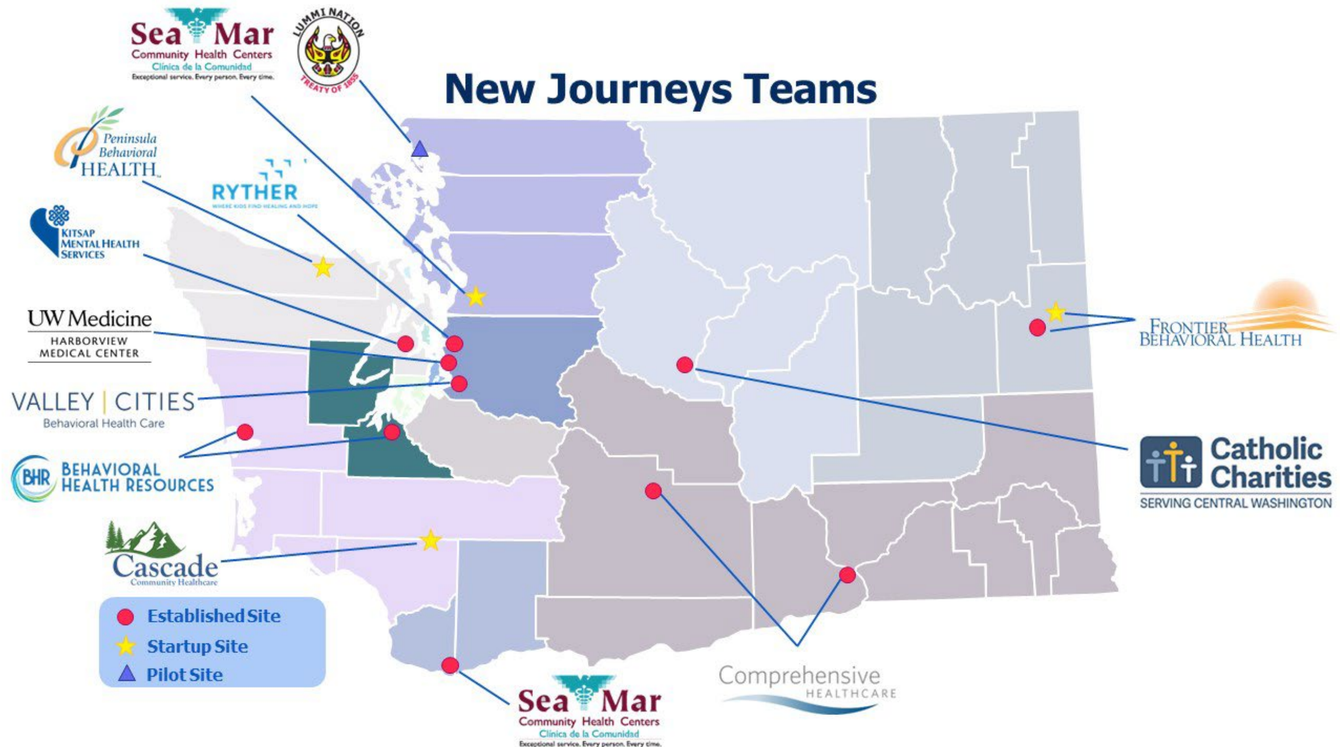

Figure 1. Location of New Journeys Teams

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

New Journeys Inclusion & Retention

Referrals

Since 2015, **1,537 referrals** have been made to the New Journeys network, representing **1,494 individuals** (43 individuals referred 2 or more times).

Referral Sources

The majority (n=863; 56.1%) of referrals received were from external sources and 27.5% (n=422) of referrals were received internally through the larger community-based outpatient agencies at New Journeys sites. The referral source for 252 (16.4%) were unknown. **Table 1** highlights the source of referrals that were received externally.

Table 1. *External Referral Source*

Referral Source[#]	(n)	%
Mental Health Provider	326	38.7
Family	176	20.9
Inpatient Hospitalization	146	17.3
Medical Provider	83	9.8
Other*	112	13.3

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

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

Referrals by State Fiscal Year

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

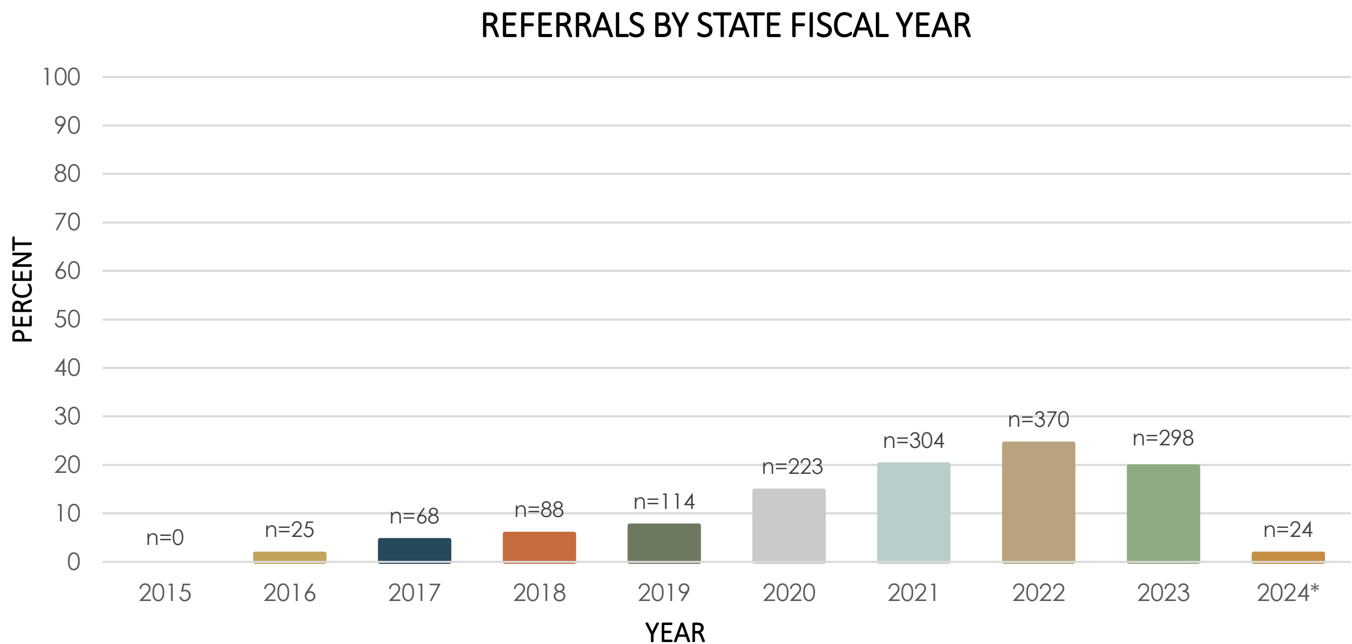

Figure 2. New Journeys Referrals by State Fiscal Year

NOTE: 22 individuals were missing the referral date.

**Includes referrals from July 1st to August 31st, 2023, only.*

Eligibility

The inclusion criteria for New Journeys are outlined in **Table 2**. Individuals who do not meet program eligibility are assisted by New Journeys' providers (e.g., referred to more appropriate services).

Table 2. *Eligibility Criteria*

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

Program Matriculation

Since 2015, New Journeys has received a total of 1,537 referrals. Approximately 60% of individuals referred were eligible for New Journeys (n=902; 58.6%), and of those eligible 760 (84.2%) went on and received services**.** Across the network, individuals are contacted approximately 12 days (SD=30.75) after a referral had been received. On average, the time between referral date and intake session date was approximately 30 days (SD=44.35 days).

Figure 3 illustrates the program matriculation. *Screened* includes all referrals except individuals who could not be reached/contacted. *Eligible* excludes ineligible, consult only, and unable to contact statuses. *Received services* includes active, paused, no-show, disengaged, referred to another service, maintenance, graduated, and provisional admission statuses of individuals. A comprehensive list of the statuses used within the New Journeys network is outlined in Appendix A.

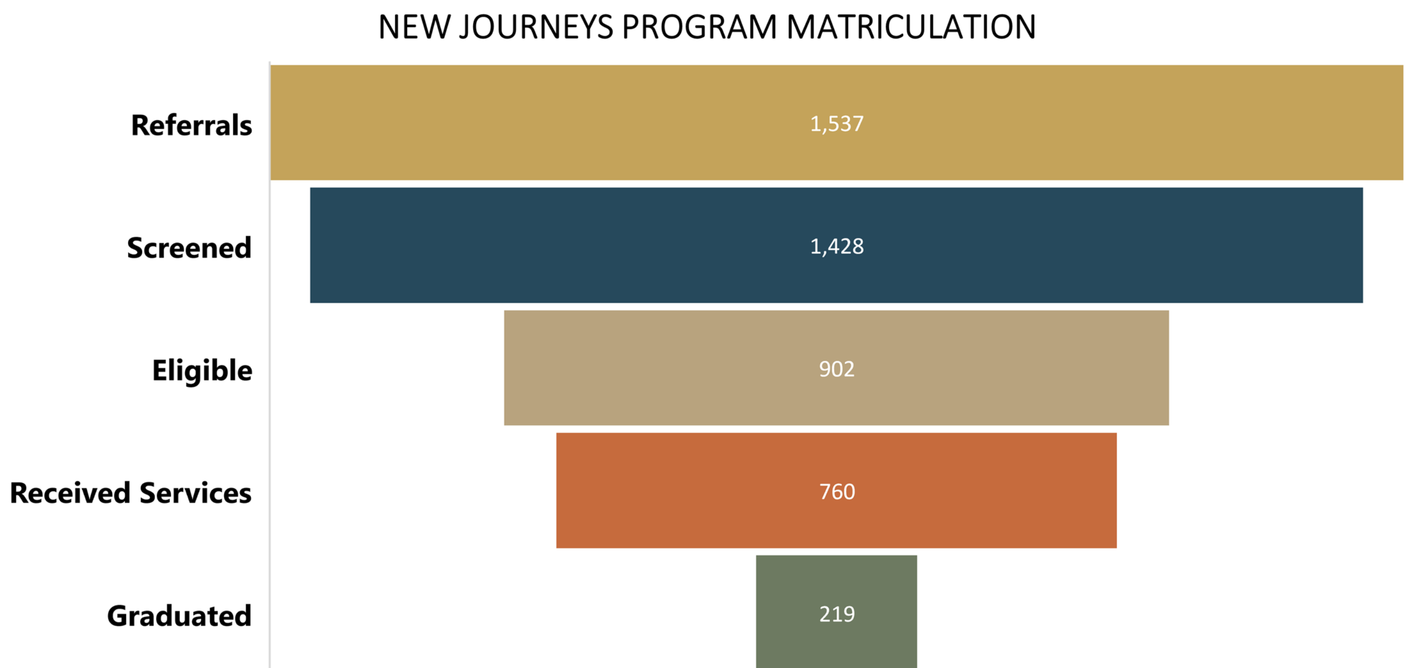

Figure 3. Program Matriculation

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

Figure 4 illustrates the total number of individuals who were served per SFY. *SFY 2024 includes only July 1st 2023 – August 31st 2023.* Of the total number of individuals severed, **Figure 5** illustrates the number of new individuals served per SFY. In SFY 2023, New Journeys served 126 new individuals.

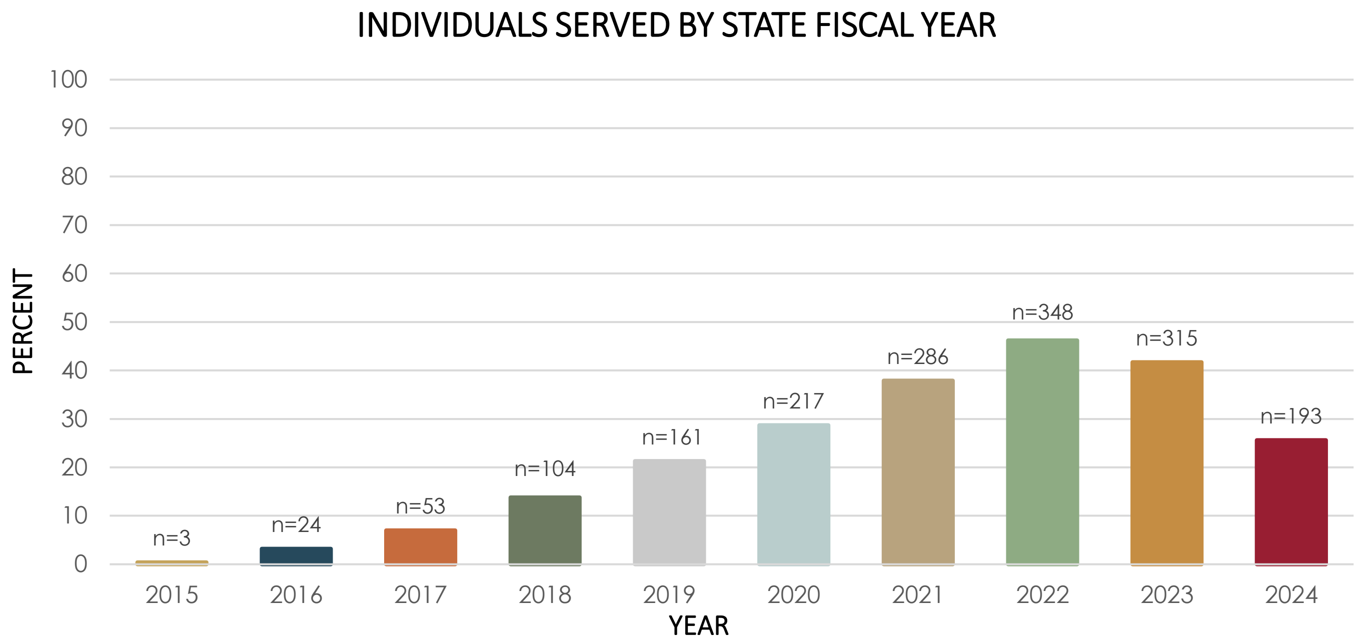

Figure 4. Individuals Served by State Fiscal Year

Four individuals did not have documented discharge dates. The denominator for each SFY is 755. SFY 2024 includes from July 1st – August 31st, 2023, only.

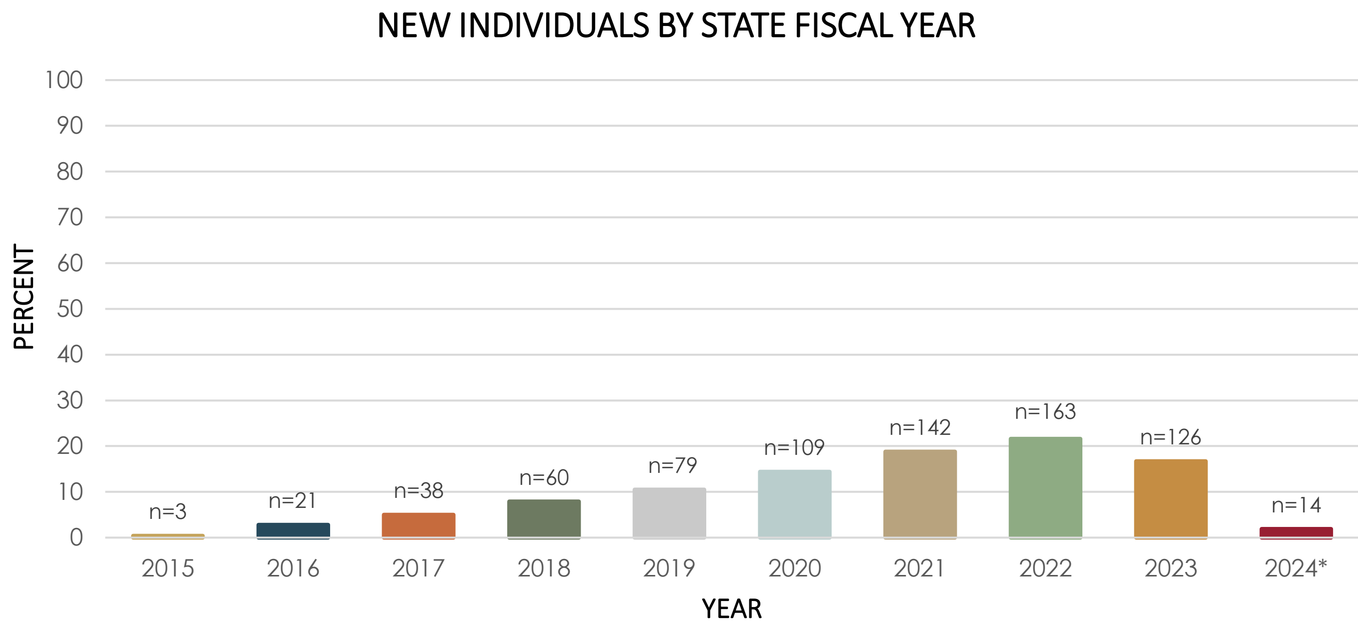

Figure 5. New Individuals by State Fiscal Year

State fiscal year (SFY) falls between July 1st and June 30th. Some individuals started New Journeys in 2015 prior to the official New Journeys start date.
**Includes from July 1st – August 31st of 2023 only.*

Figure 6 illustrates program retention across 24-months of potential New Journeys services. Individuals enrolled in New Journeys have various start dates and disengage or graduate from the program at various rates (**Table 3**) leading to variation in the total number of measures completed per month.

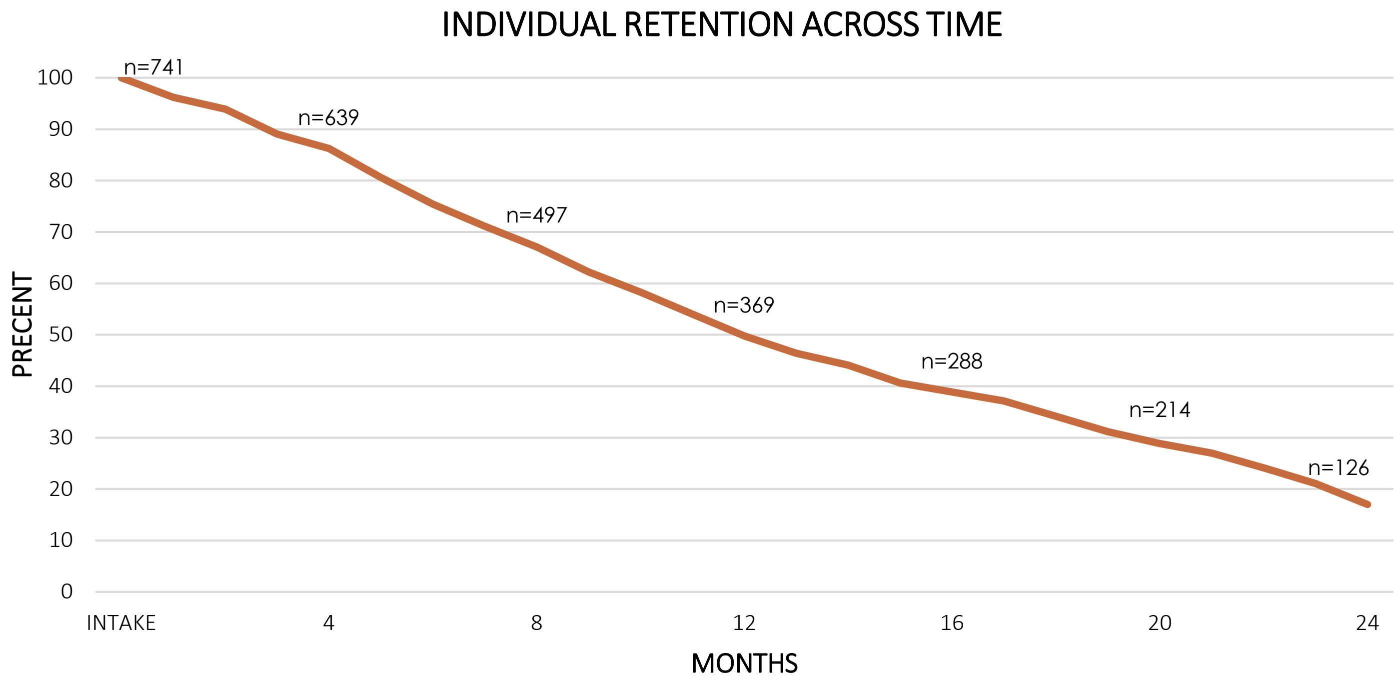

Figure 6. Individual Retention Across Time
There are 18 individuals missing an enrollment date.

As of August 31, 2023, 176 (23.2%) individuals are actively receiving services from New Journeys. Since 2015, **219 (28.9%) individuals have graduated from the program**, 67 (30.5%) of which graduated in the last state fiscal year. On average it takes 21 months (SD=10.65) for individuals to graduate from New Journeys. **Table 3** displays the average duration of participation for individuals who were referred to New Journeys and received services. There is no information for statusus: referred to another New Journeys or Paused. Appendix B includes a comprehensive breakdown of the referrals received by each New Journeys site and how the referrals matriculated through the services.

Table 3. *Program Matriculation*

Status	(n)	Mean (M)	Standard Deviation (SD)	Min	Max
Active	176	13.87	10.46	0	67.00
No Show	7	16.29	12.05	4.00	38.00
Maintenance	2	29.50	19.09	16.00	43.00
Disengaged	208	9.09	8.66	0	48.00
Graduated	219	21.34	10.65	2.00	62.00
Referred	126	10.60	8.17	0	50.00
Provisional Admission	2	1.50	0.1	1	2

Demographic Characteristics of New Journeys

The following section describes the demographic characteristics of individuals who screened eligible and received services from New Journeys (n=760). The average age of individuals who had received services as 20 years (SD=3.87), most individuals identified as male (n=484; 67.5%), and 56.1% (n=384) identified as an ethnoracial minority, slightly higher than last year (48%) (**Table 4**).

Table 4. *Characteristics of Individuals Enrolled in New Journeys (n=760)*

Sociodemographic Characteristic	%	(n)	M	SD
Age (M / SD)		733	20.35	3.87
Gender				
Male	67.5	484		
Female	27.6	198		
Non-Binary	2.5	18		
Transgender	1.4	10		
Other	1.0	7		
Race				
White/Caucasian (non-Hispanic)	43.9	300		
Other#	28.9	198		
Black/African American	10.4	71		
Multi-Racial	6.9	47		
Alaska Native/American Indian	4.8	33		
Pacific Islander	2.2	15		
Asian	2.9	20		
Ethnicity				
Hispanic	32.2	223		
Individual Preferred Language				
English	96.0	699		
Spanish	3.0	22		
Other^	1.0	7		
Sexual Orientation				
Heterosexual	79.8	520		
LGBTQ+	20.2	132		
Type of Insurance				
Public	76.8	527		
Private	18.5	127		
Uninsured	4.7	32		
Living Situation at time of Referral				
With Family	91.4	615		
With Friends	4.5	30		
Alone	4.2	28		
Housing Stability at time of Referral				
Stable	86.2	616		
Temporary	5.0	36		
Institution	4.9	35		
Unstable	2.5	18		
Homeless	1.4	10		

#Other race includes Hispanic, Middle Eastern, North African,
^Combination of Vietnamese, Swahili, and Chuukese

Mental Health History

Of the 760 individuals who had received at least some services from New Journeys, 436 (57%) had some form of contact with mental health services prior to New Journeys. The average age of first contact with a mental health clinician was approximately 17 years old; this is 3 years prior to engaging in services with New Journeys, based on the average age at intake. The duration of untreated psychosis (DUP), defined as the time between the onset of psychotic symptoms and the initiation of treatment to address the symptoms, was approximately 154 days, slightly lower than 2022's report of 162 days.

Table 5. *Prior Contact with Mental Health Services*

Mental Health History	(n)	M	SD
DUP (days)	599	154.18	175.63
Age at First Contact with Mental Health System	663	17.50	5.19
Time Between Age at First Contact with Mental Health System and Age at New Journeys Intake (years)	660	2.89	4.05
Number of Previous Psychiatric Hospitalizations	690	1.30	1.24

Primary Diagnoses

As seen in **Table 6**, 97.3% of individuals eligible for New Journeys had a primary diagnosis of a psychotic disorder. Other diagnoses were admitted during the pilot phase of New Journeys in 2015.

Table 6. *Primary Diagnoses*

Clinical Diagnosis	(n)	%
Psychosis NOS / Other Specified Psychotic disorder	269	37.6
Schizophrenia	183	25.6
Schizoaffective	126	17.6
Schizophreniform	86	12.0
Brief Psychotic Disorder	26	3.6
Other*	19	2.7
Delusional Disorder	7	1.0

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

CLINICAL OUTCOMES

A central component of the New Journeys model is the monitoring of clinical and functional outcomes of individuals through the scheduled delivery of measures. New Journeys is making the effort to incorporate measurement-based care into the program's evidence-based practice and individuals are given measures at their enrollment session to gauge baseline and then monthly or quarterly depending upon the measure for the duration of the individual's services in the program. The benefits of the measures are twofold: first, they provide an opportunity for providers and individuals to have a scheduled discussion about symptoms and outcomes, develop goals for care, or identify gaps where services could be improved for the person; secondly, the aggregated measures can be used in the evaluation to better assess where the New Journeys model is meeting the needs of the community being served and where there are opportunities for improvement or additional program development. Measures include the assessment of psychotic features, psychotic symptom severity, depression, anxiety, suicidal thinking, and substance use (see **Appendix D**).

Clinical Characteristics at Intake

At intake the average score on the CAPE-P15 (a self-report measure of psychotic experiences) was 0.75, below the clinical threshold for symptoms of psychosis (>1.46). The mean score on the Clinician-rated dimensions of psychotic symptom severity (CRDPSS) was 7.56 (SD=3.96). Clinicians rated negative symptoms highest at intake (M=2.01; SD=1.14) and abnormal psychomotor skills as lowest (M=.87; SD=1.12). Approximately, 54% of individuals reported moderate to severe depression as measured by the PHQ-9, and 46% reported moderate to severe anxiety as measured by the GAD-7. Nearly 35% of individuals reported thoughts of suicide or self-harm for at least several days in the month prior to intake. Approximately 64% of individuals reported having used any substance in the last 30 days. Alcohol and cannabis use were the most frequently reported substance used. Approximately 32% reported other drug use which included the following: heroin, cocaine, stimulants, inhalants, sedatives, opiates, club drugs, amphetamine, barbiturates, hallucinogens, methadone, and methamphetamine.

Table 7. *Clinical Characteristics at Intake*

Items	(n)	%	M	SD
Psychotic Experiences Score (CAPE-P15)	463		0.75	0.64
Clinician-Rated Symptoms of Psychosis (CRDPSS)	151		7.59	3.99
Hallucinations			1.75	1.27
Delusions			1.92	1.21
Disorganized Speech			1.03	1.17
Abnormal Psychomotor Skills			0.87	1.12
Negative Symptoms			2.01	1.14
Symptoms of Depression Severity				
(1) Minimal	87	20.9		
(2) Mild	104	25.0		
(3) Moderate	91	21.9		
(4) Moderate-Severe	71	17.1		
(5) Severe	63	15.1		
Total	416			
Symptoms of Anxiety Severity				
(1) Minimal	110	27.4		
(2) Mild	108	26.9		
(3) Moderate	78	19.5		
(4) Severe	105	26.2		
Total	401			
Suicidal Thinking (Last 2 Weeks)				
(1) Not at all	261	65.3		
(2) Several days	74	15.5		
(3) More than half the days	45	11.3		
(4) Nearly every day	20	5.0		
Total	400			
Alcohol, Drug & Tobacco Use (in Lifetime at Intake)				
Used Alcohol*	237	58.7		
Used Tobacco**	88	21.7		
Vaped / e-cigarettes*****	105	30.3		
Used Cannabis***	233	57.2		
Other Drugs****	160	31.9		
Any Drug#	309	63.8	2.14	2.37

*out of 404; **out of 405; ***out of 407; ****out of 502; *****out of 413; #out of 484

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

As displayed in **Figure 7**, there was a statistically significant change in positive psychosis-like experiences over 24 months (β= -.389; CI: -0.447, -0.331; p <0.001). The mean score for psychosis-like experiences at intake for 463 individuals was 0.76 (SD=0.64), while the mean post-intake was 0.34 (SD=0.48).

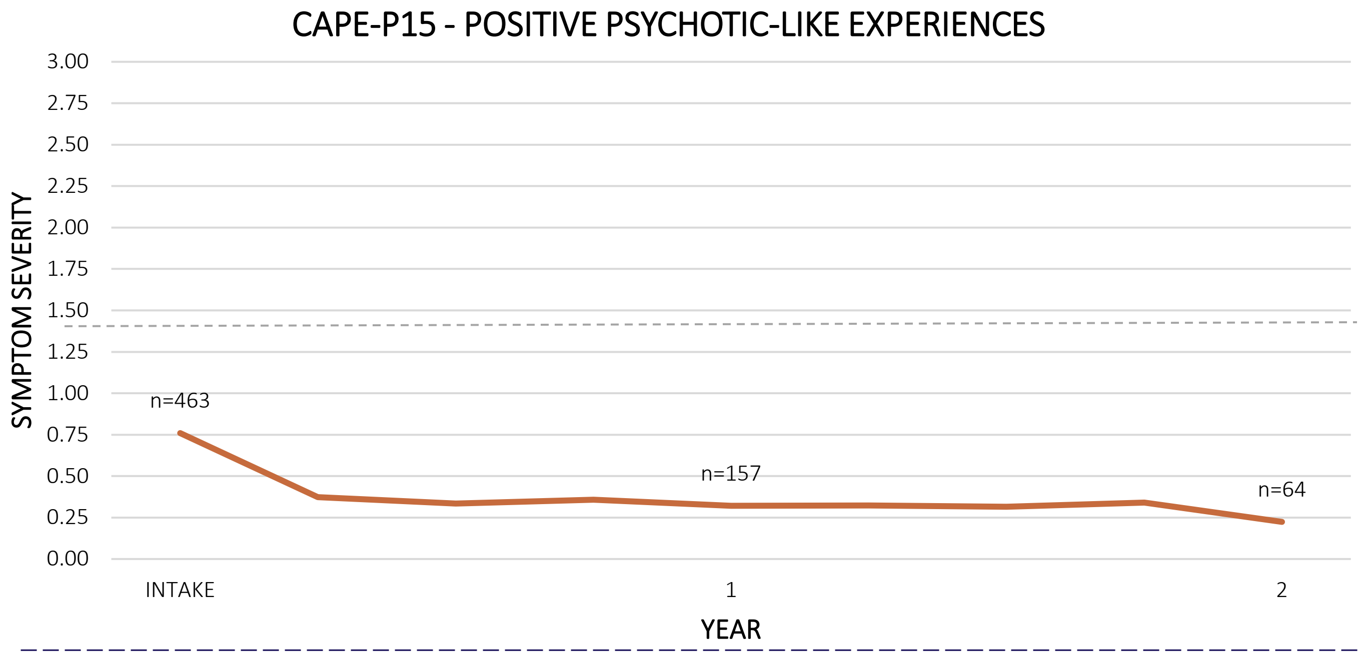

Figure 7. CAPE-15 Positive Psychotic-Like Experiences

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

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

As shown in **Figure 8,** there was a statistically significant change in the total score for symptoms of psychosis over 24 months (β= -1.854; CI: -2.439, -1.269; p <.001). The mean score at intake for 151 individuals was 7.59 (SD=3.99), while the mean post-intake was 4.84 (SD=3.96).

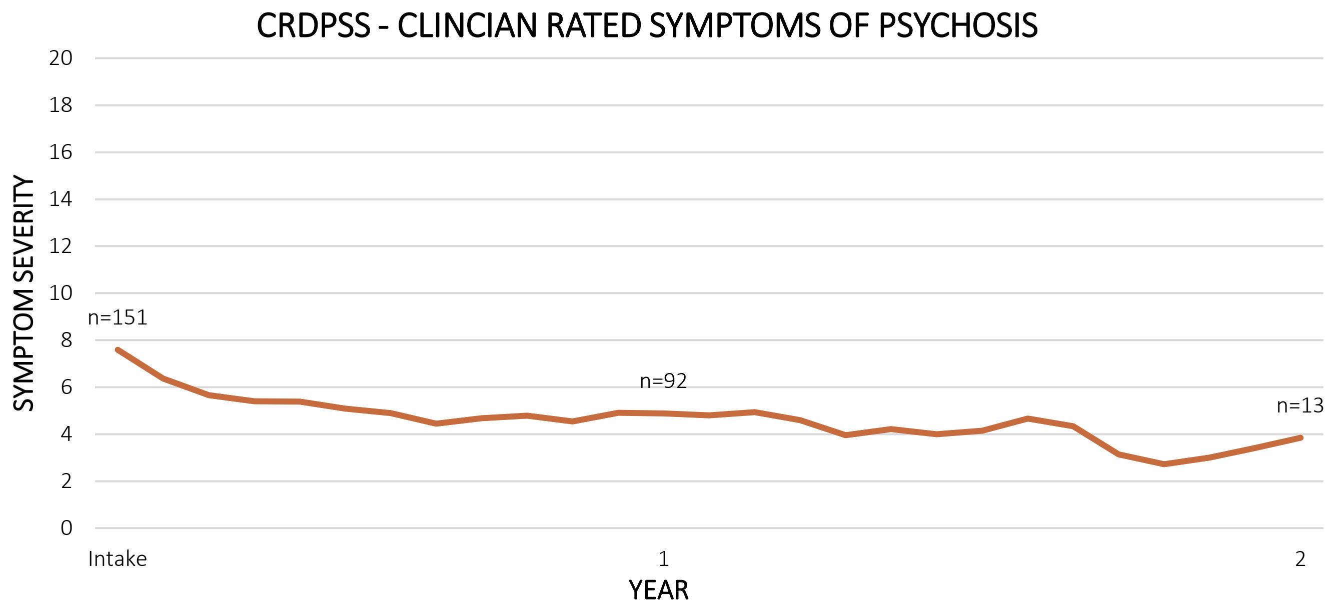

Figure 8. CRDPSS – Clinician Rated Symptoms of Psychosis

Sites were controlled for and there was no detected variance.

CRDPSS Subscales

Questions on the CRDPSS can be categorized into five subscales: hallucinations, delusions, disorganized speech, abnormal psychomotor behavior, and negative symptoms. As seen in **Figure 9**, each subscale had a statistically significant change across 24 months (*p* <.001).

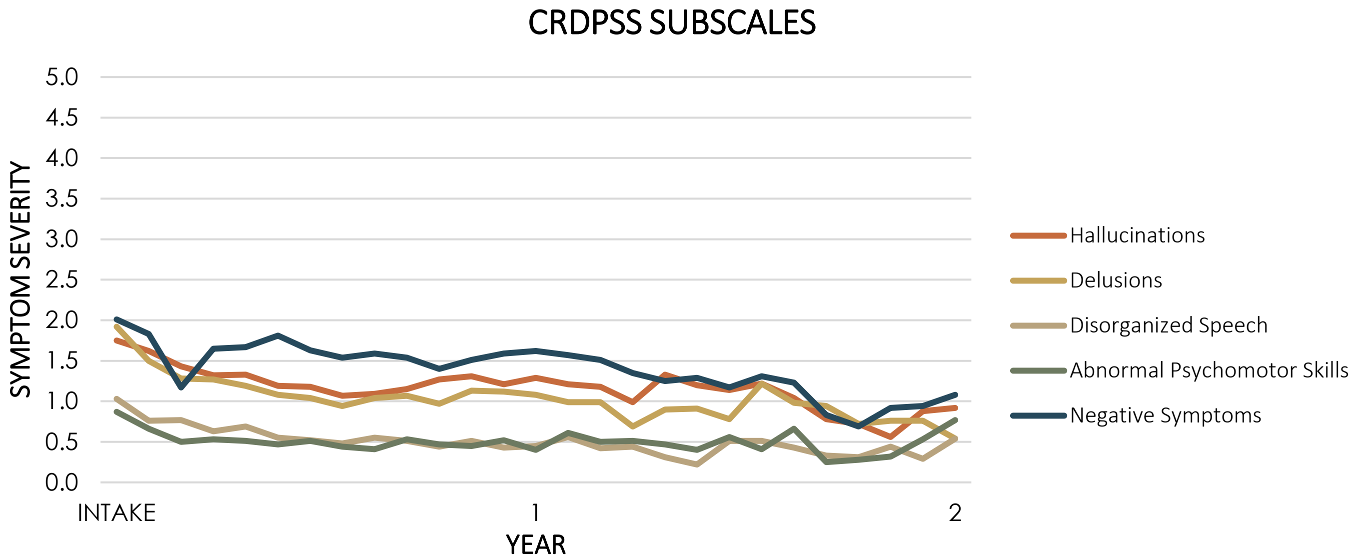

Figure 9. CRDPSS Subscales

The quantity of responses ranges from 151 at intake, 91 at year 1, and 13 at year 2. Sites were controlled for and there was variance across the sites for disorganized speech (p=.005) and abnormal psychomotor skills (p=.005).

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

There was a statistically significant change in symptoms of depression over 24 months (β= -3.78; CI: -4.367, -3.186; *p* <.001). The mean score for depression at intake was 10.99 (n=416; SD=7.16), post-intake the average score for symptoms of depression was 5.96 (SD=5.72). At intake 225 individuals scored from moderate to severe (10-27) on symptoms of depression, over time there was a significant decrease in severity of symptoms (β= -2.22; CI: -2.848, -1.587; *p* <.001), see **Figure 10**. At intake, 35% of individuals endorsed some level of suicidal ideation as measured by the PHQ-9, which significantly decreased post-intake (β= -1.12; CI: -1.245, -.991; *p* <.001).

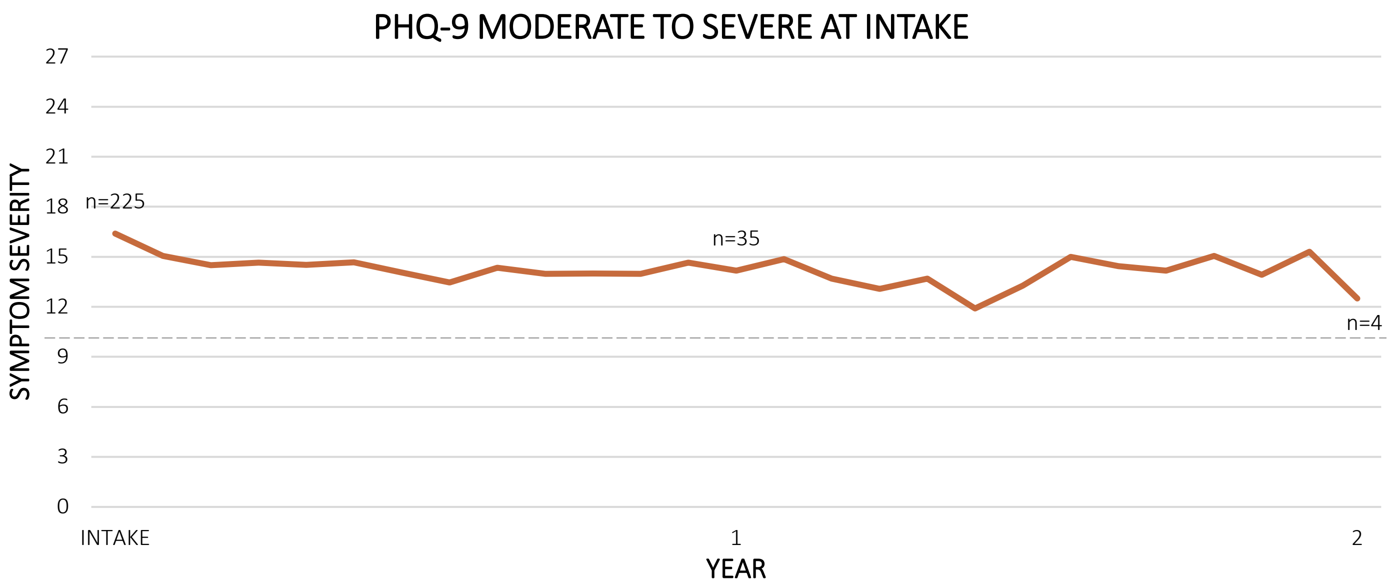

Figure 10. PHQ-9 | Moderate to Severe at Intake

The dashed line indicates where the recommended clinical cut-off score is for detecting major depression in an individual. Sites were controlled for and there was significant variance (p=.038).

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

There was a statistically significant change in symptoms of anxiety over 24 months (β= -3.224; CI: -3.741, -2.706; p <.001). The mean score for anxiety at intake for 401 individuals was 9.28 (SD=6.29), slightly below what would be considered clinically significant, while post-intake the mean was 5.07 (SD=5.30). At intake 183 individuals scored from moderate to severe (10-21) on symptoms of anxiety. Overtime there was a significant decrease in their symptoms of anxiety, as is seen in **Figure 11** (β= -1.260; CI: -1.756, -.755; p <.001).

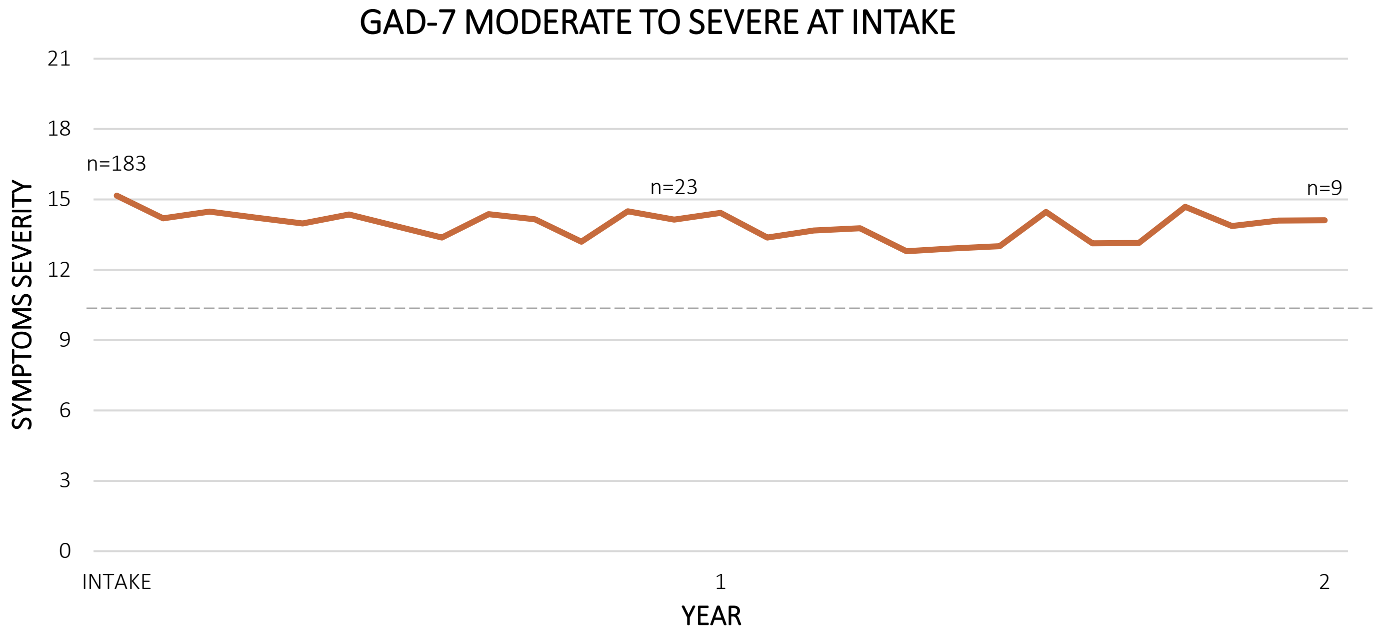

Figure 11. GAD-7 | Moderate to Severe at Intake

The dashed line indicates where the recommended clinical cut-off score is for detecting generalized anxiety in an individual. Site was controlled for and there was no variance.

<u>Any Substance Use</u>

The reporting of any substance use was captured monthly and tracked across time, there was no statistically significant decrease. **Figure 12** illustrates the percentage of respondents who reported using any substance at intake and across two years.

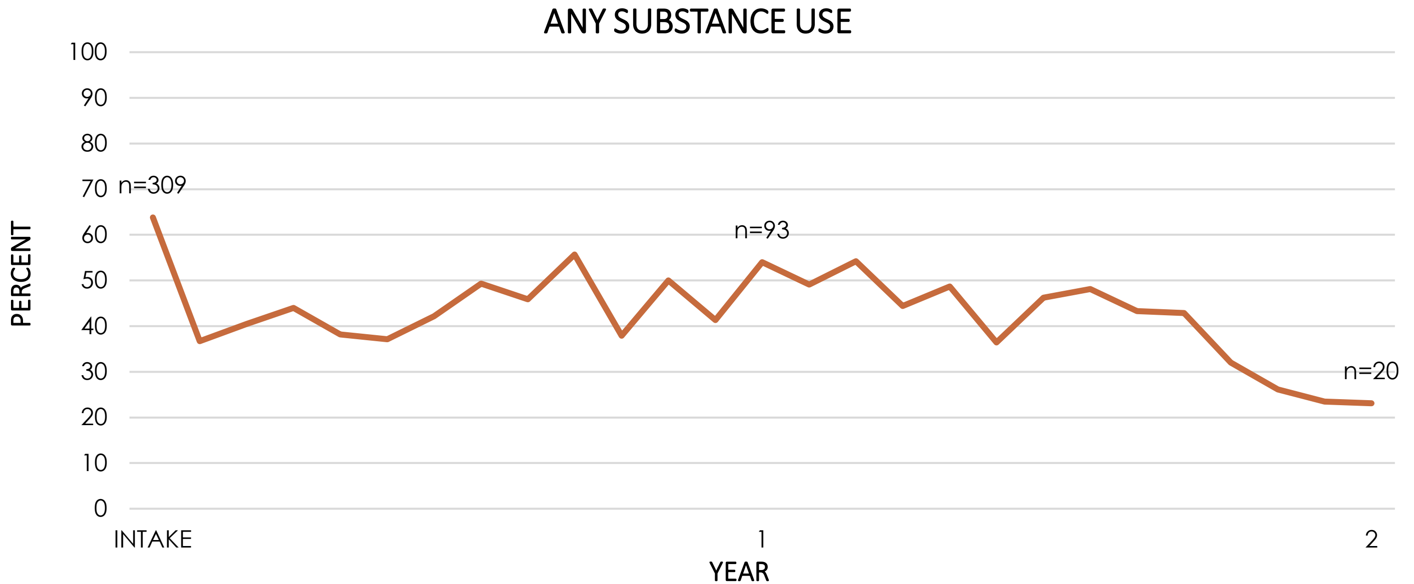

Figure 12. Any Substance Use

There was no variance between sites. There was variation between individuals who used substances in their lives prior to enrollment and those who did not (p <.001). Respondents at intake N=484, year 1 N=228, year 2 N=65.

<u>Alcohol Use</u>

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

Figure 13. Alcohol Consumption

Sites and alcohol use at intake were controlled for and there was no variance between sites. There was variation between individuals who used alcohol in their lives prior to enrollment and those who did not (p <.001). Respondents at intake N=404, year 1 N=153, year 2 N=40.

Cannabis Use

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

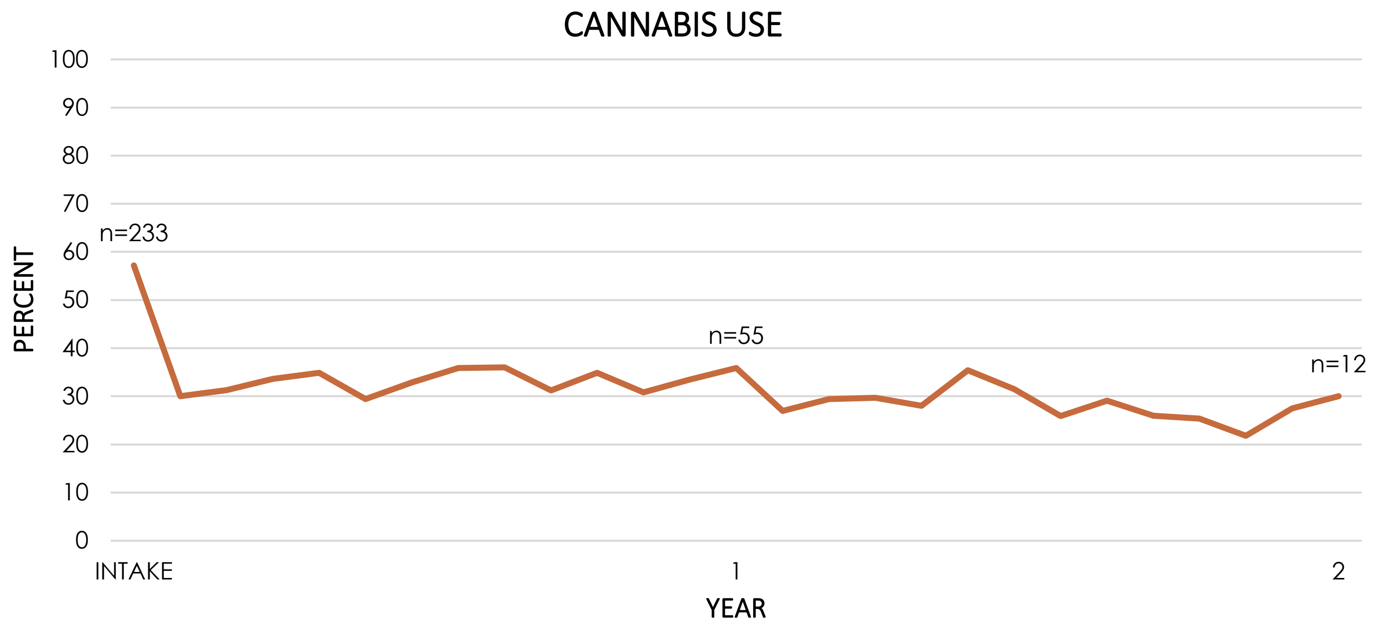

Figure 14. Cannabis Use

Site and cannabis use at intake were controlled for and there was no variance between sites. There was statistically significant variance between those who used cannabis at intake and those who did not ($p < .001$). Respondents at intake N=407, year 1 N=153, year 2 N=40.

Tobacco Use

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

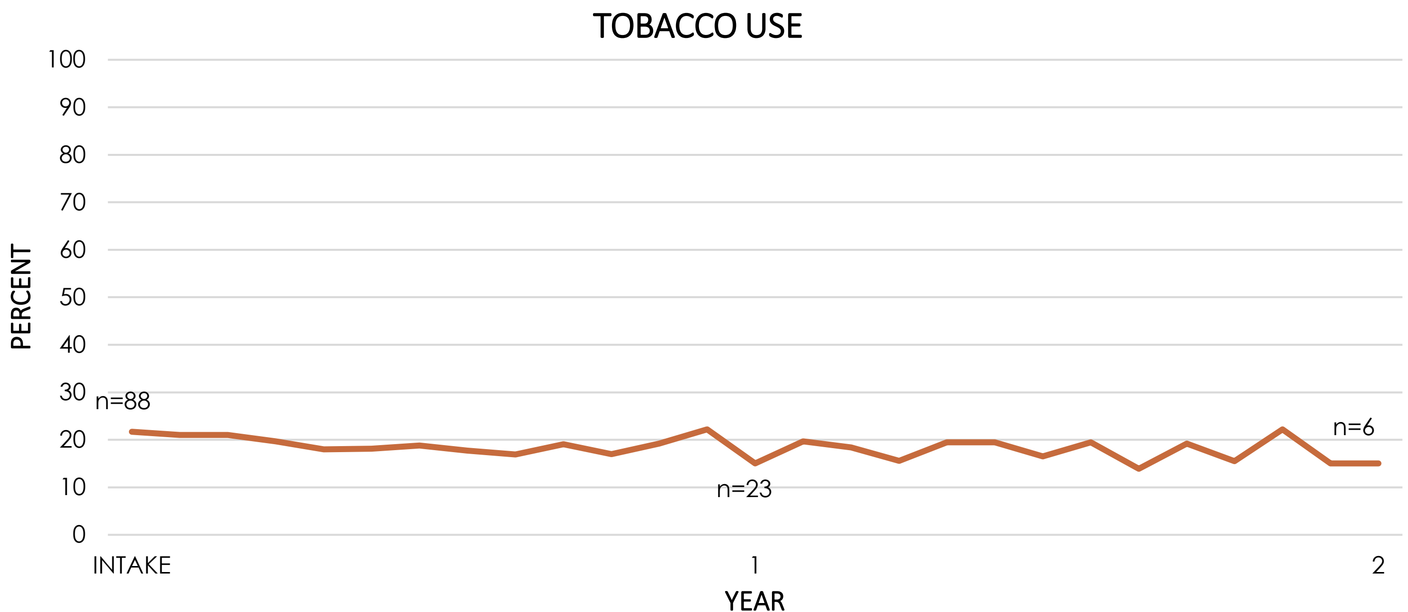

Figure 15. Tobacco Use

Site and tobacco use at intake were controlled for and there was no variance between sites. There was statistically significant variance between those who used tobacco at intake and those who did not ($p < .001$). Respondents at intake N=405, year 1 N=153, year 2 N=40.

Other Substance Use

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

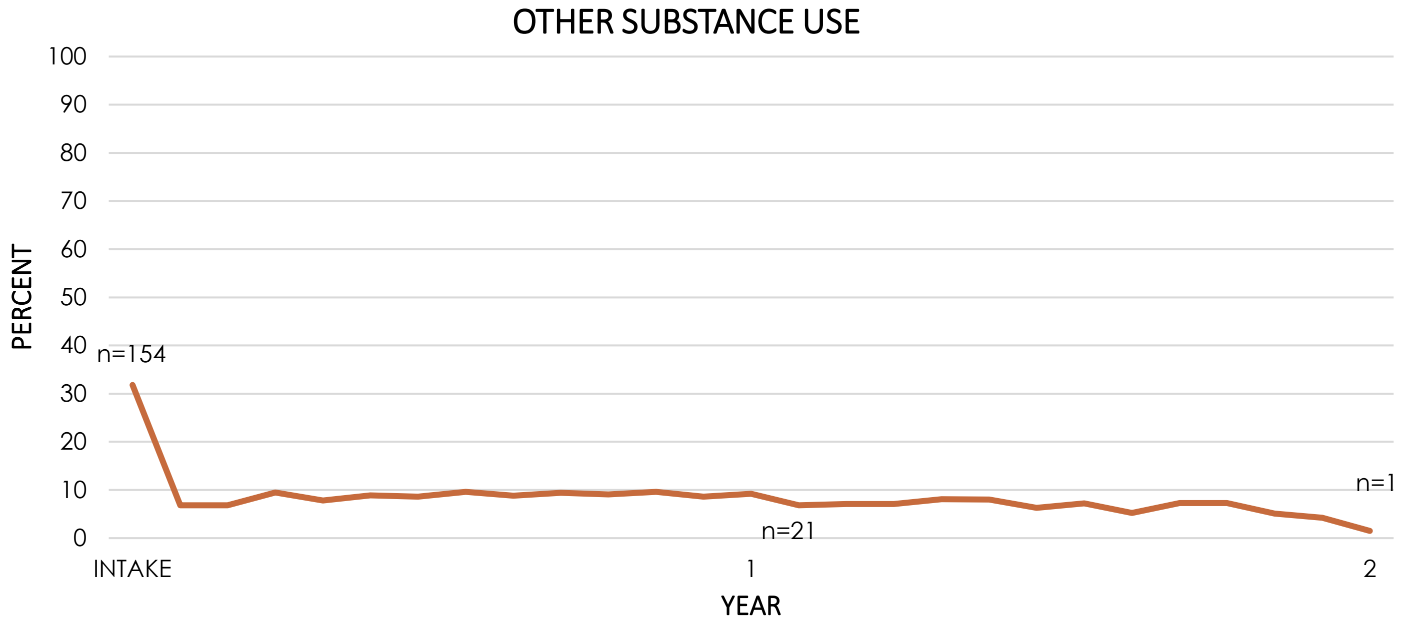

Figure 16. Other Substance Use

Site and other substance use at intake were controlled for and there was no variance between other substance use at intake and other months. There was variance between sites (p =.011).

Education

Figure 17 shows the breakdown of the highest level of education achieved at intake to the program. At intake, only 9% (n=40) of individuals indicated having an educational goal and post-intake, approximately 17% of individuals indicated having an educational goal. Prior to starting New Journeys, 27% (n=99) individuals were attending school, and post-intake there was a statistically significant increase in school enrollment (OR: 18.484; CI: 11.188, 30.536; p <.001) with up to 44% enrolled in school. **Figure 18** illustrates the percentage of individuals who indicated that they were currently enrolled in school at intake versus individuals who were enrolled in school at least once over 24 months post intake.

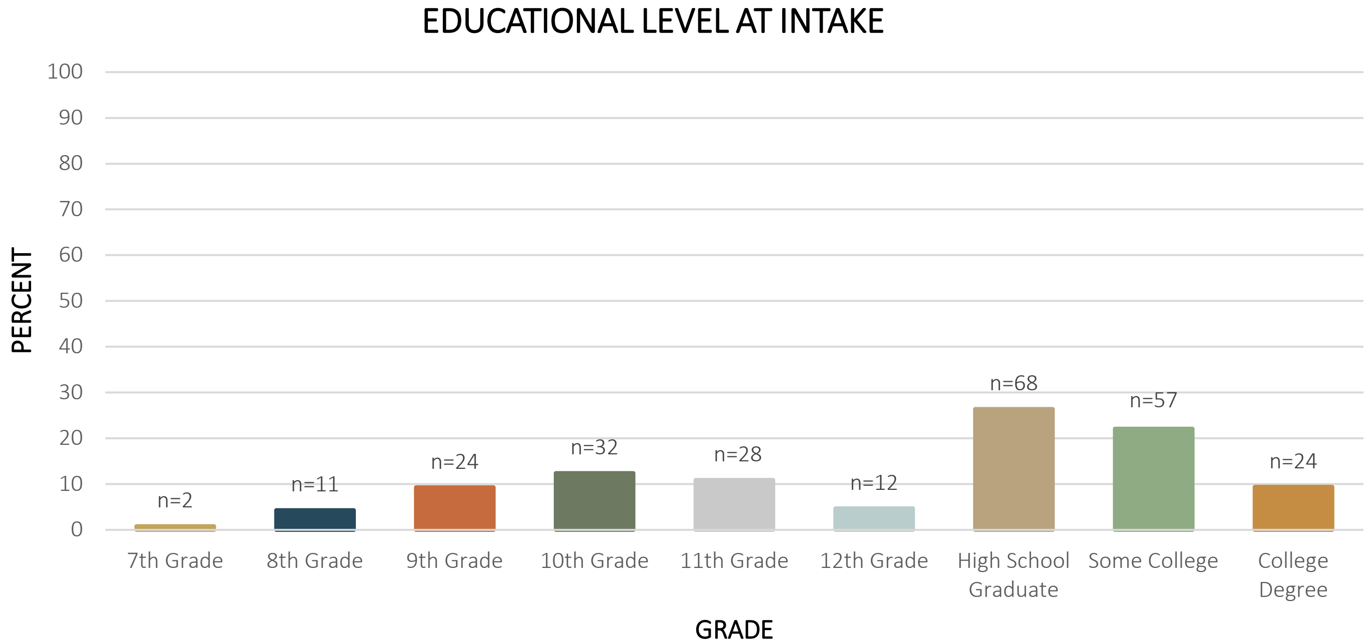

Figure 17. Educational Level at Intake
The denominator is 258.

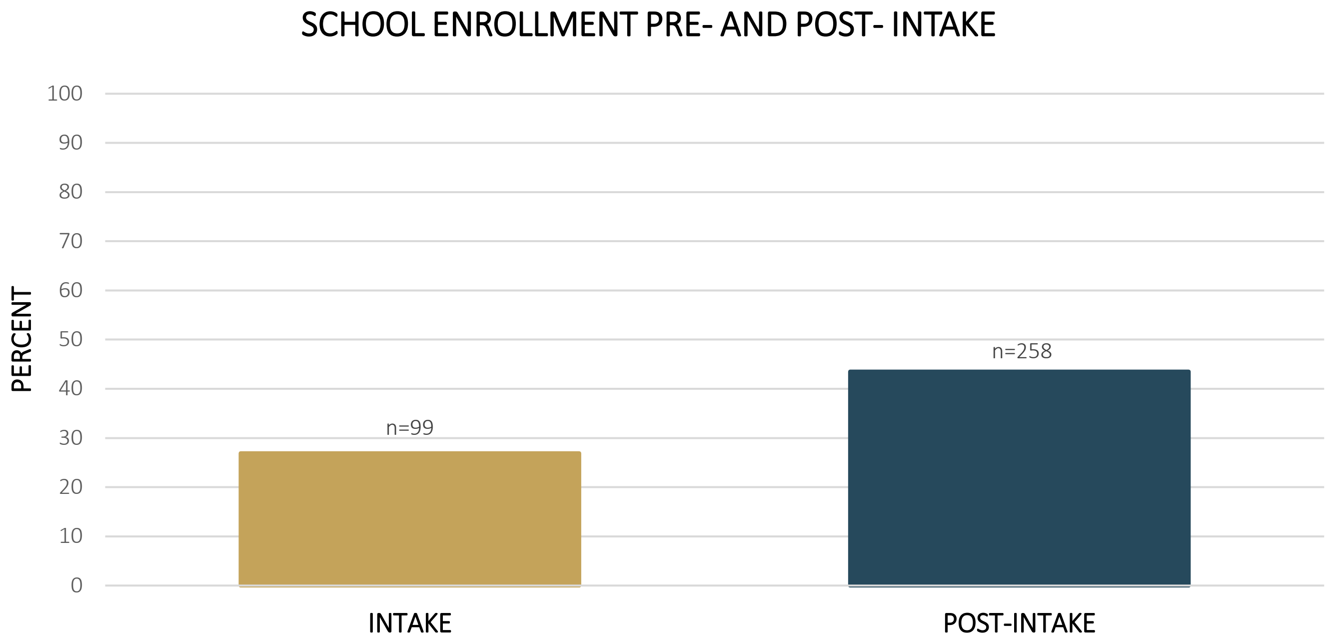

Figure 18. School Enrollment Pre- and Post-Intake
Denominator at intake 364; Denominator post-intake 593. Site was controlled for and there was no variance.

Employment

At intake, 8% (n=35) of individuals had goals related to finding or sustaining employment; post-intake, 17% (n=111) of individuals had a goal focused on employment. At intake, 22.3% (n=82) of individuals reported being employed. Over time there was a statistically significant increase (OR: 6.726; CI: 4.279, 10.573; p <.001) of individuals who reported at least one month of employment (**Figure 19**).

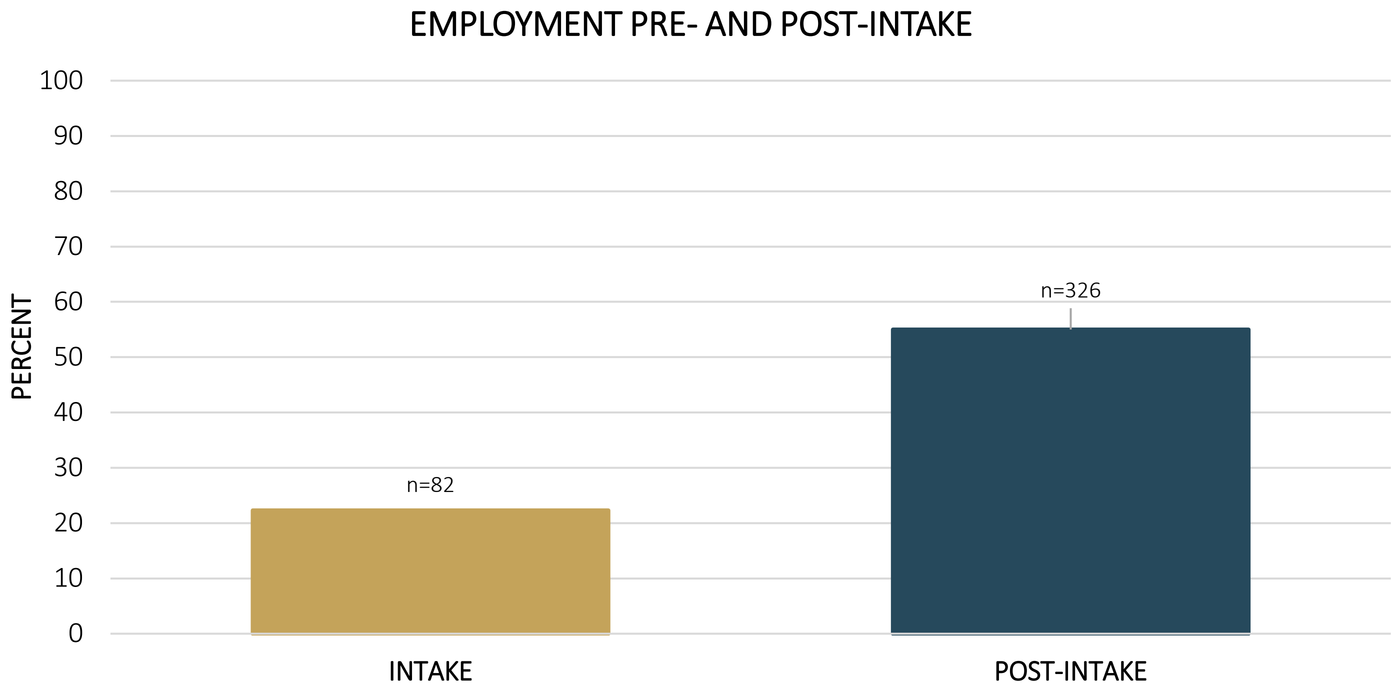

Figure 19. Employment Pre- and Post-Intake

The denominator at intake was 368 and at post-intake the denominator was 593. Site was controlled for and there was no variance.

Individual Engagement with Services

Since 2015, 760 individuals received services from New Journeys, however, there is only service utilization data for 673 individuals (*missing=86).* Providers track individuals' participation and engagement in services monthly. Overall, 671 individuals were offered at least one service while enrolled in New Journeys and 664 (98.7%) attended at least one scheduled appointment. **Table 8** illustrates the number of scheduled and attended sessions across each service component. Overall individuals attended approximately 79% of scheduled appointments.

Table 8: *Service Utilization*

Service	Individuals/Family Scheduled	Total Scheduled	Total Attended (Individual)		Total Attended (Family)	
	(n)			%		%
IRT	648	18,665	14,061	75.3		
IRT Groups*	131	997	766	76.8		
IPS	580	10,232	7,996	78.1		
Medication Management	624	7,689	6,030	78.4		
Registered Nurse*	156	972	826	85.0		
Case Management*	464	6,554	5,798	88.5		
Peer Support*	280	4,006	3,146	78.5		
Peer Group*	17	142	52	36.6		
Family Psychoeducation	520	6,170	3,087	50.0	5,727	92.8
Family Psychoeducation Group*	36	183			143	78.1
*Total (for Individuals) ** *		*48,377*	*38,675*	*79.9*	*5,870*	*92.4*

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

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

This table only reports the statistics for 673 of the individuals who were eligible for New Journeys services, the other 86 individuals were missing data.

Programs in the New Journeys network attain relatively high rates of appointment attendance due to outreach efforts. Since 2015 there have been 20,305 outreach attempts to individuals (i.e., texts, phone calls, in-person), with 72% successful in making contact (**Table 9**).

Table 9. *Individual and Family Outreach (24 Months)*

	Individuals / Family (n)	Total Attempted	Total Successful	%
Individual outreach via Phone/Text	621	18,166	12,991	71.5
Individual Outreach In-Person	307	2,139	1,703	79.6
Family Outreach via Phone/Text	498	8,252	7,124	86.3
Family Outreach In-Person	168	604	486	80.4
Total Outreaches to Individuals		*20,305*	*14,694*	*72.4*
Total Outreaches to Family		*8,856*	*7,610*	*85.9*

Family Engagement

There have been 6,170 scheduled family psychoeducation appointments with 520 family members/support persons, with an attendance rate of 92% (**Table 8**). Families have also been receptive to outreach efforts by providers, answering 86% of phone calls or texts and being available for in-person contact 80% of the time (**Table 9**).

Attendance Over Time

Not every service user or family/support person is scheduled for an FPE, IRT, or IPS session monthly (**Figure 20**). During the first month, 85% of individuals are scheduled for IRT, 60% scheduled for IPS, and 53% of family member/support persons are scheduled for FPE. The number of individuals and family/support persons who are scheduled for services declines monthly across 2-years. Yet, for individuals and family/support persons scheduled for appointments, attendance remained above 80% across two years for IRT, IPS and FPE. (**Figure 21**).

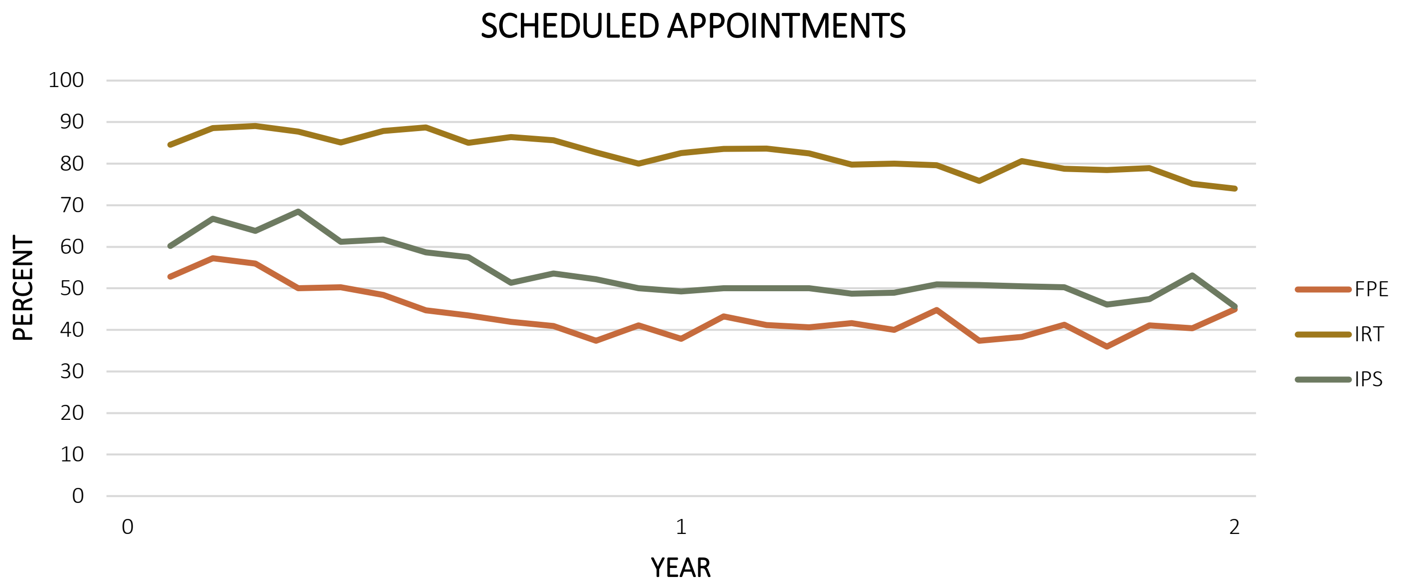

Figure 20. Scheduled Appointments

Number of sessions which were scheduled for IRT, IPS, and FEP as indicated by completed Service Utilization measures. Denominator month 1=434, Year 1 = 286, Year 2 = 150.

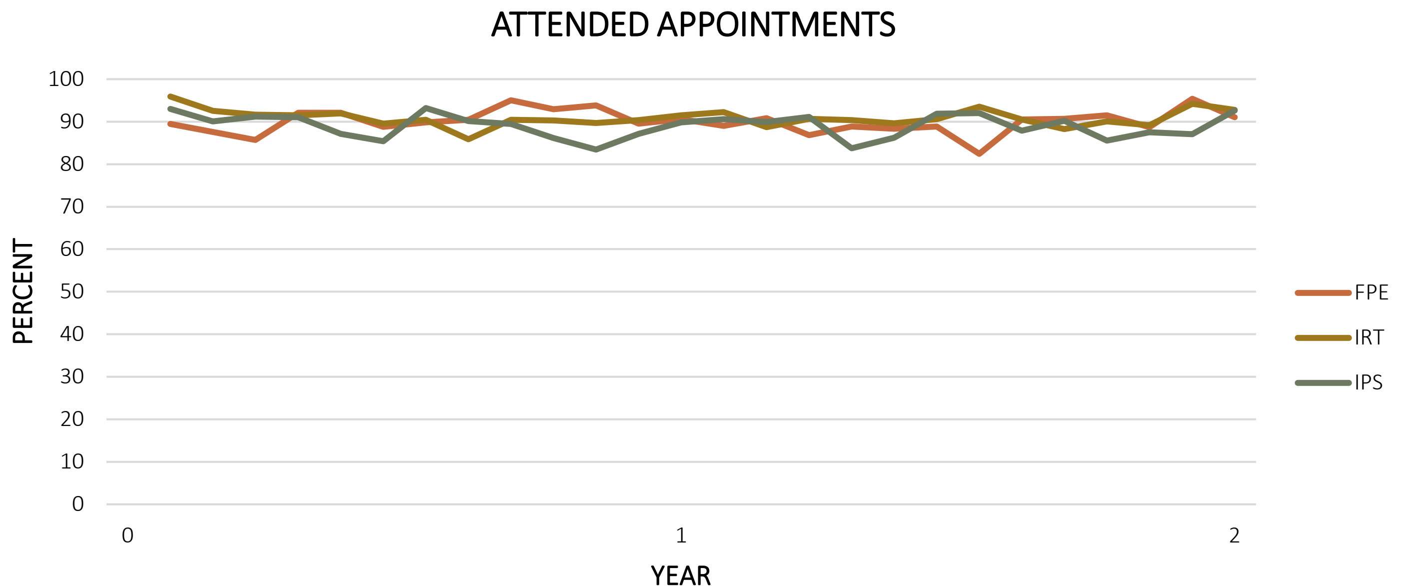

Figure 21. Percent of Attended Appointments per Scheduled Appointment

Percentage of sessions scheduled for IRT, IPS and FPE against how many were scheduled for the month. Denominator for IRT as follows: month 1 = 367, Year 1 = 236, Year 2 = 111. Denominator for IPS: month 1 = 257, Year 1 = 138, Year 2 = 68. Denominator for FPE: month 1 = 227, Year 1 = 106, Year 2 = 67.

These results should be interpreted with caution as they are representative of the service utilization measures completed, and there was a high degree of missingness. At month 1, only 434 service utilizations were completed for the expected 713 individuals.

STATE ADMINISTRATIVE DATA

Administrative Data

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

RDA receives the individuals to review from each site in the New Journeys network via a secure data transfer portal. New Journeys practitioners collect, or attempt to collect, the New Journeys Information Registry form and the HIPAA form from each service user. These forms include social security numbers, birth dates, and Medicaid numbers. This year the practitioners provided forms for 484 individuals. Sixty-five individuals had no data provided by RDA (n=419). Twenty-five of these individuals did not receive services from New Journeys leaving, and six individuals started the program after the latest administrative database was updated leaving **388 Medicaid-eligible individuals for the administrative data analysis.** Each of the databases which RDA accesses are updated at different time points, and the effective sample size for outcomes will be smaller based upon whether the individual was in the program at the time of last database update, as well as whether they were enrolled in Medicaid during that time point, **Table 10** illustrates these varying numbers.

Table 10: *Administrative Variables and Data Currency*

Date Last Updated	Variable(s)	N
October 2019	Child Long-Term Placement	174
December 2022	Criminal Justice Involvement Homelessness or Unstable Housing	380
January 2023	Inpatient Hospitalizations Outpatient Mental Health Services Community Hospital Psychiatric Services State Psychiatric Hospitalization Mental Health Diagnoses Outpatient ER Visits for Psychiatric Diagnoses Outpatient ER Visits for Non-psychiatric Diagnosis Psychotropic Medications Prescribed Substance Use Disorder Treatment	386
February 2023	Placement in Foster Care	388
March 2023	Economic Service Administration Services DCYF Services Developmental Disability Administration Services	388

Rule of Small Numbers

As any database where the number of respondents may be ≤10 to a singular response could be used to identify individuals, any administrative system where this was the case was excluded from analyses. At this time, no analyses were conducted for those who may have engaged in foster care services, the developmental disabilities administration, Child Long-Term Impatient, or the state psychiatric hospital pre- and post-New Journeys services.

Diagnosis

Figure 22 depicts the diagnoses of individuals pre- and post-intake. Individuals were significantly less likely to be diagnosed with ADHD (OR: .508; CI: .309, .835; *p*= .008), Adjustment Disorder (OR: .272; CI: .140, .529; *p* <.001), or Disruptive Conduct Disorder (OR: .054; CI: .423, 1.007; *p*= .054) and significantly more likely to be diagnosed with an anxiety disorder (OR: 1.301; CI: 1.050, 1.613; *p*= .016), a bipolar disorder (OR: 1.628; CI: 1.204, 2.201; *p*= .002), and a psychotic disorder (OR: 13.545; CI: 11.042, 16.615; *p* <.001). There was no significant change in the diagnoses of depressive disorders.

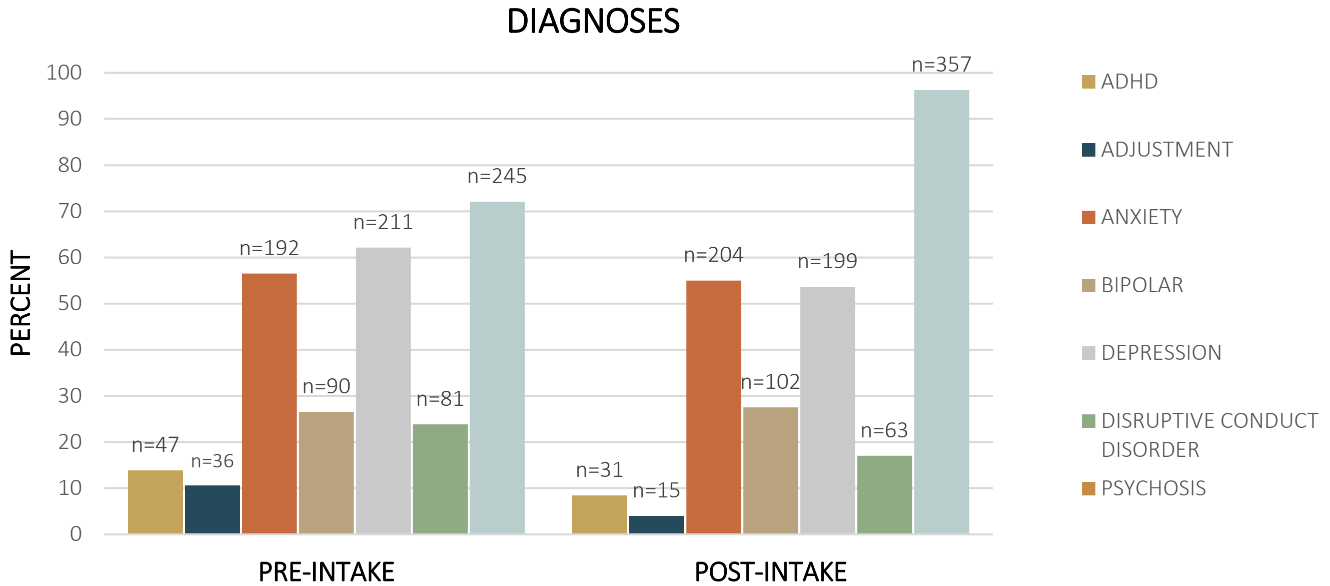

Figure 22. Diagnosis

The denominator for pre-intake is 340 and for post-intake the denominator is 371.

Psychotropic Medication Prescribed

Figure 23 depicts the prescriptions for individuals pre- and post-intake. Individuals were significantly more likely to be prescribed anti-anxiety medication (OR: 2.032; CI: 1.512, 2.731; *p* <.001), anti-depressant medication (OR: 2.631; CI: 2.117, 3.269; *p* <.001), anti-mania medication (OR: 3.846; CI: 2.353, 6.286; *p* <.001) and anti-psychotic medication (OR: 7.706; CI: 6.227, 9.535; *p* <.001). There was no significant change to the prescription of ADHD medication.

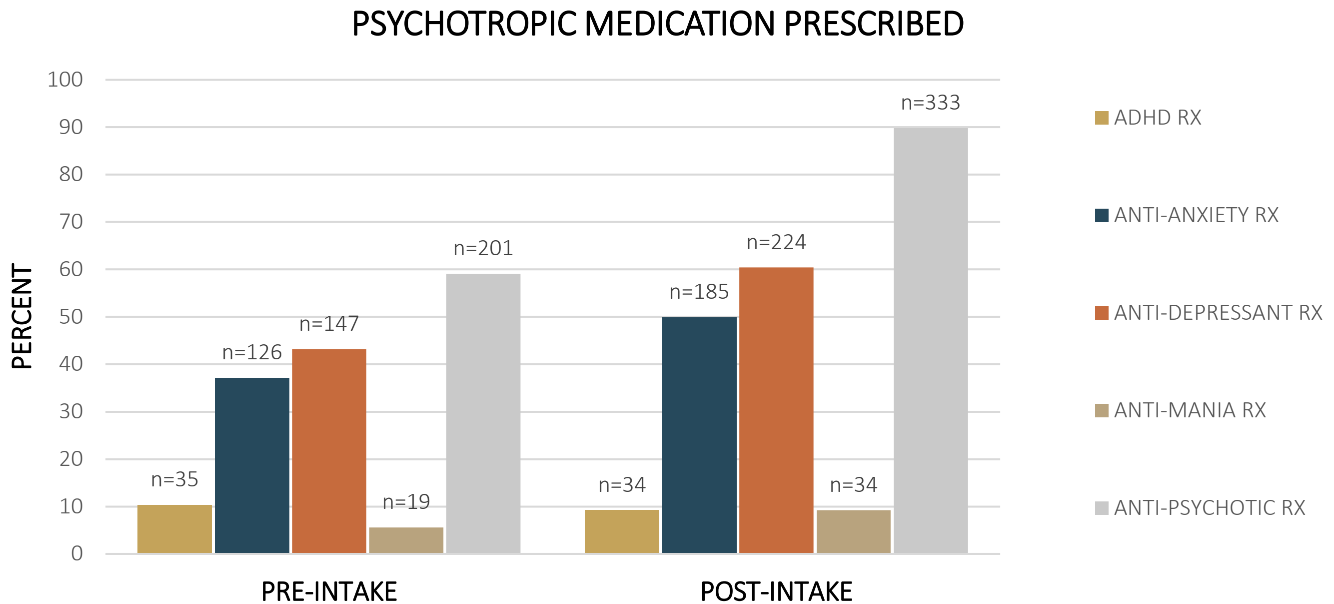

Figure 23. Psychotropic Medication Prescribed

The denominator for pre-intake is 340 and for post-intake the denominator is 371.

Inpatient Hospitalizations for Medical Concerns

Figure 24 depicts the percentage of individuals pre- and post-intake who reported at least one inpatient hospitalization for a medical concern. There was no statistically significant change in inpatient hospitalizations for medical concerns (*p*= .269).

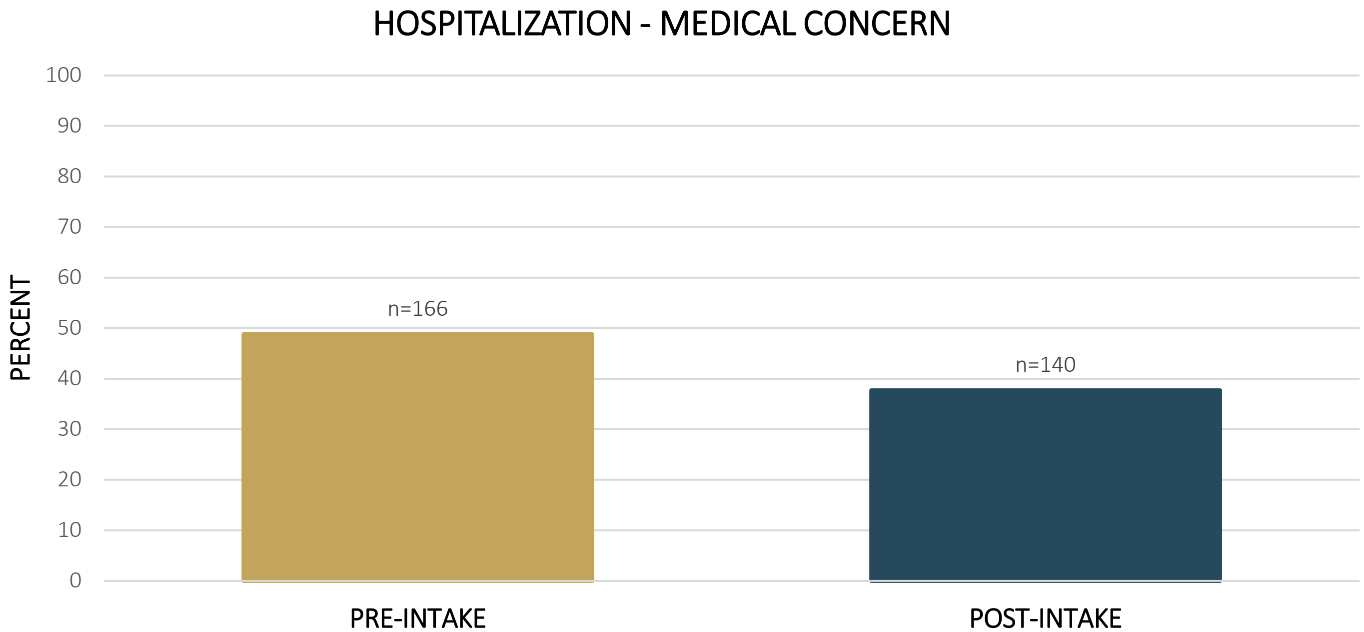

Figure 24. Hospitalizations – Medical Concern
The denominator for pre-intake is 340 and for post-intake the denominator is 371.

Publicly Funded Mental Health Outpatient Services

As seen in **Figure 25**, individuals had a statistically significant increase in the use of any publicly-funded mental health outpatient services pre-and post-New Journeys services (OR: 7.510; CI: 6.173, 9.138; *p* <.001).

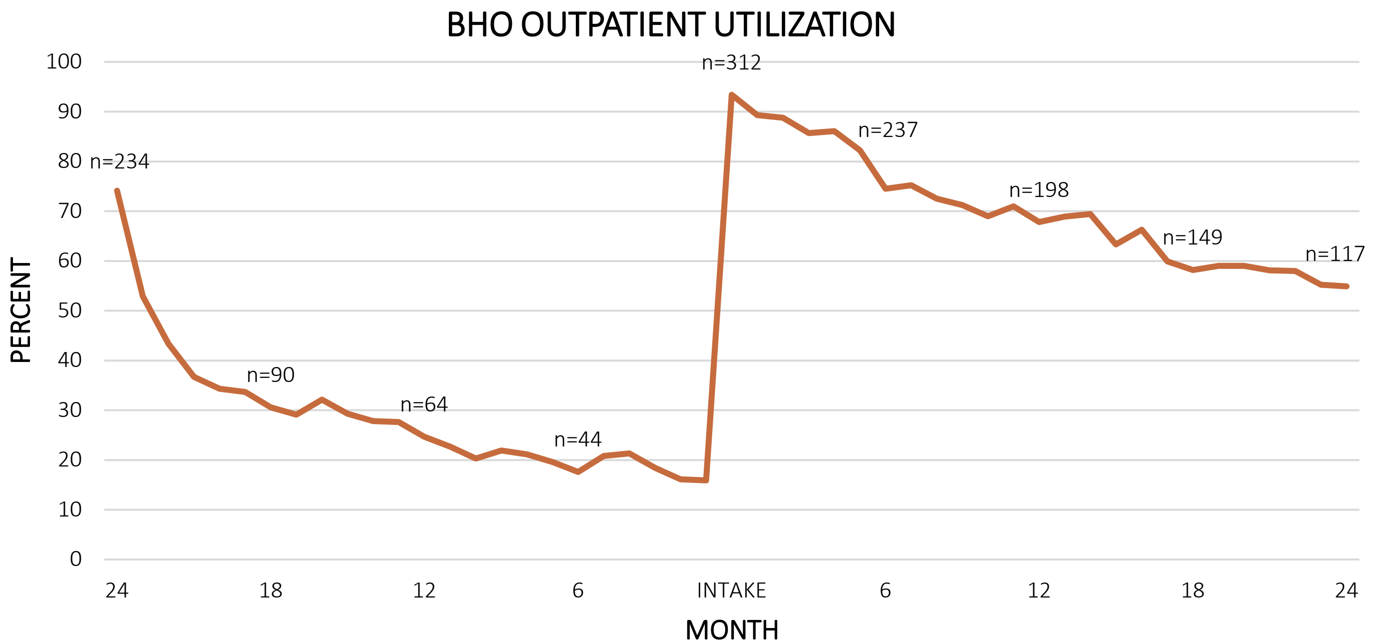

Figure 25. Publicly Funded Mental Health Outpatient Utilization
The denominator varies due to individuals with data for each month and varying lengths within the program. From month 24 before intake the denominator is 316, for month 18 before intake the denominator is 267, for month 12 before intake the denominator is 232, for month 6 before intake the denominator is 224, for intake the denominator is 334, month 6 after intake the denominator 318, month 12 the denominator is 292, month 18 the denominator is 256, and month 24 the denominator is 213.

Community Psychiatric Inpatient Services

The database for any community psychiatric services was as current as January 2023, but no data is available for November and December of 2019. Data from Medicaid ProviderOne system has been integrated to BHDS data to identify community hospital mental health community impatient services. This data should not be compared to previous reports. There was no statistically significant change in the utilization of community psychiatric inpatient services pre- and post-New Journeys (p =.396).

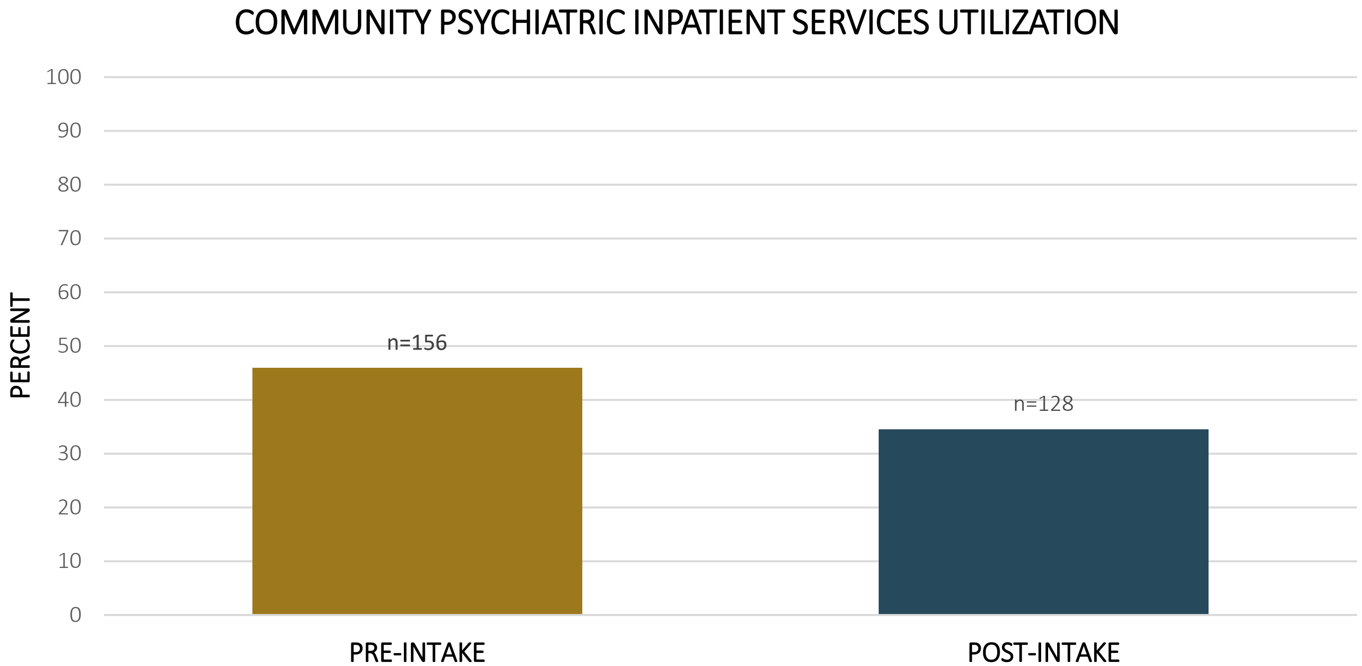

Figure 26. Community Psychiatric Services Utilization

This figure illustrates the percentage of individuals who utilized community psychiatric inpatient services up to 24 months pre-intake and up to 24 months post intake. The denominator at pre-intake is 340 and the denominator at post-intake is 371.

<u>Emergency Room Visits</u>

There was statistically significant change in ER visits that resulted in a non-psychiatric diagnosis (See **Figure 27**) (β= -.029; CI: -.049, -.010; p =.004).

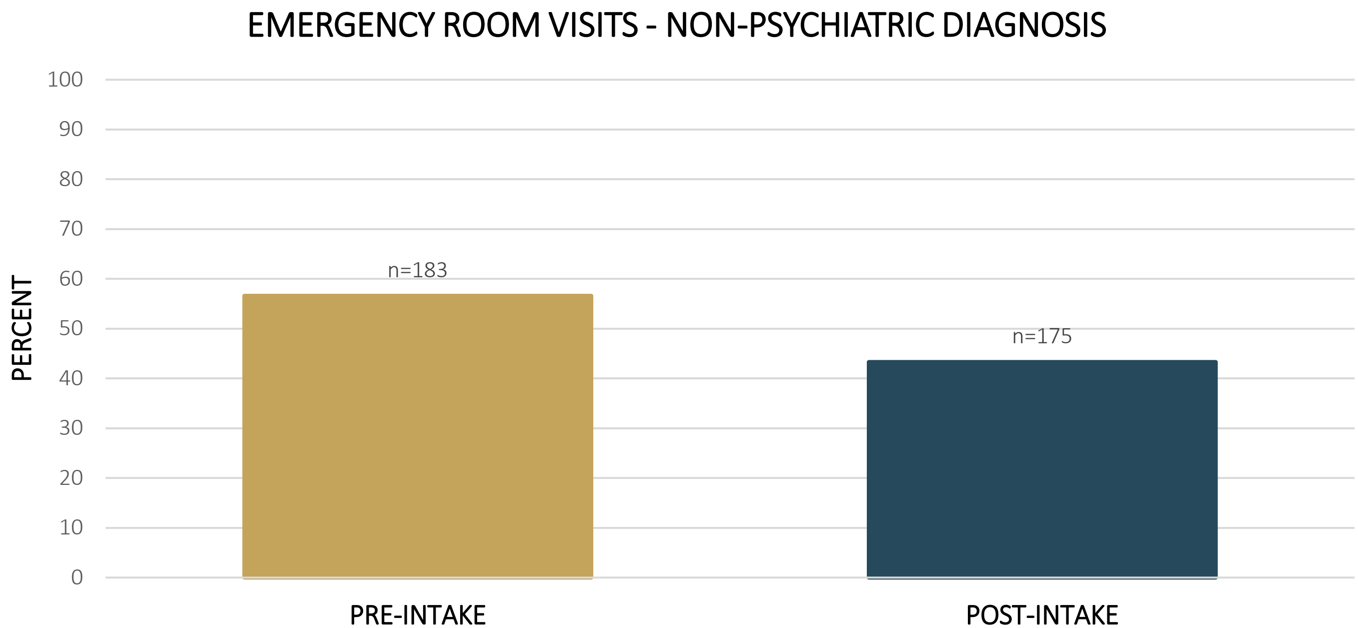

Figure 27. Emergency Room Visits – Non-Psychiatric Diagnosis

This figure illustrates the percentage of individuals who went to the ER one or more times per month over a period of 48 months, 24 months prior to New Journeys intake, and up to 24 months after New Journeys intake, and were given a non-psychiatric diagnosis. The denominator for pre-intake is 340 and for post-intake the denominator is 371.

While ER for psychiatric diagnoses decreased post-New Journeys, this change was not statistically significant (p= .391) (**Figure 28**).

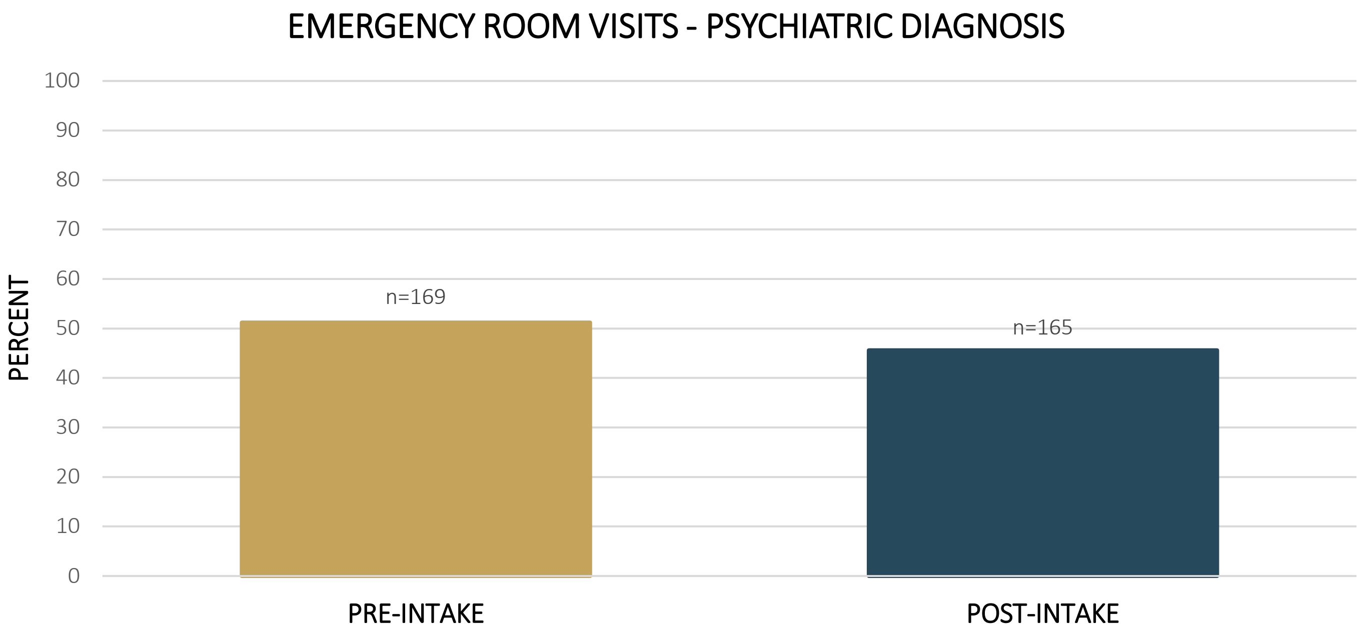

Figure 28. Emergency Room Visits – Psychiatric Diagnosis

This figure illustrates the percentage of individuals who went to the ER one or more times per month over a period of 48 months, 24 months prior to New Journeys intake, and up to 24 months after New Journeys intake, and were given a psychiatric diagnosis. The denominator for pre-intake is 340 and for post-intake the denominator is 371.

Need for Substance Use Treatment

This data is comprised of those who were diagnosed with a substance use disorder, entered into substance use rehabilitation program either inpatient or outpatient, or were involved with the justice system due to drug-related violations. Individuals who received services from New Journeys were significantly more likely to need substance use treatment after initiation of treatment (OR: 2.350; CI: 1.856, 2.975; p <.001).

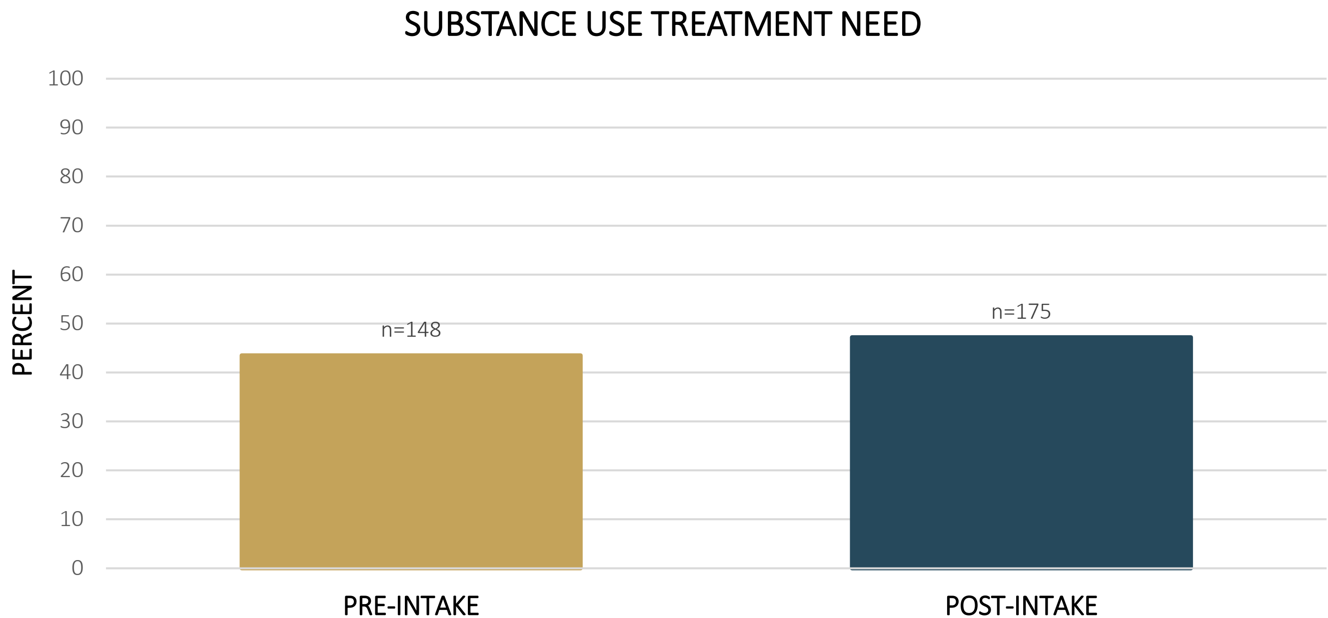

Figure 29. Substance Use Treatment Need

The denominator for pre-intake is 340 and for post-intake the denominator is 371.

Housing Stability

There was no statistically significant change in housing stability between pre- and post-intake, as seen in **Figure 30** (p =.523).

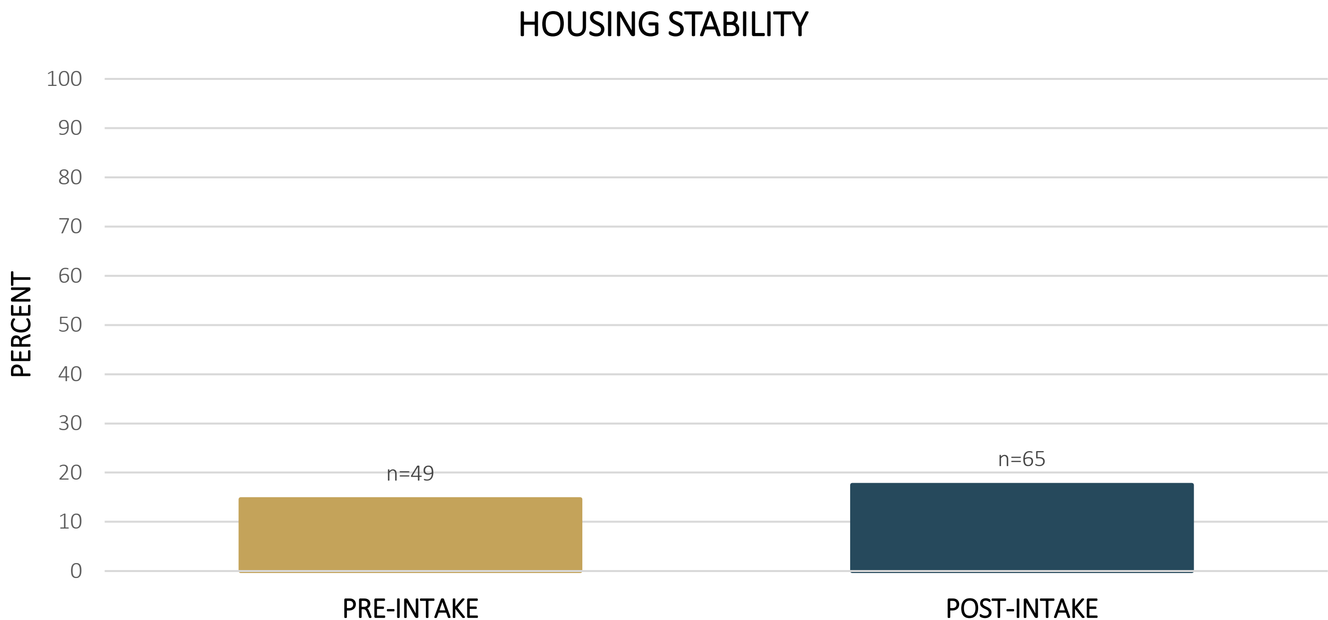

Figure 30. Homeless or Unstable Housing

The denominator at pre-intake is 336 and post-intake 371.

Legal System Involvement

The legal system involvement indicator tracks any arrests, charges or convictions of Medicaid enrollees who participated in New Journeys. There was no statistically significant change with interactions with the legal system pre- and post- intake (p= .851).

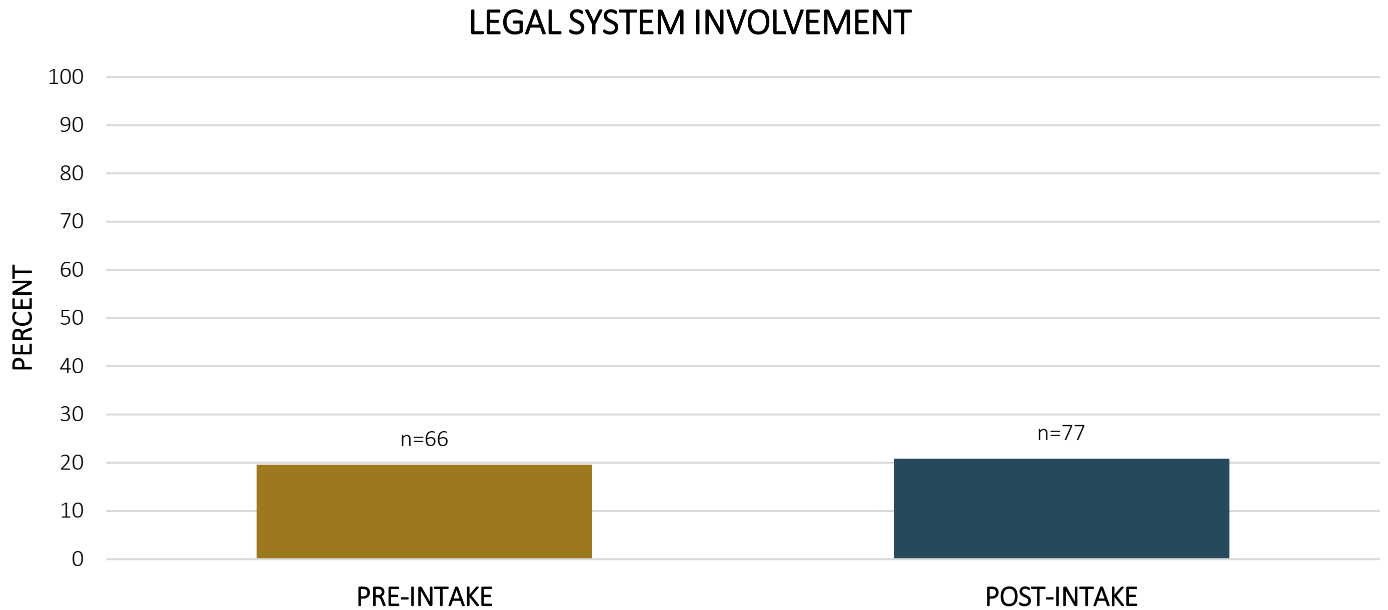

Figure 31. Legal System Involvement

This figure illustrates the percentage of individuals who were arrested, charged, or convicted over a period of 48 months, 24 months prior to New Journeys intake and up to 24 months post New Journeys intake. The denominator at pre-intake is 336 and post-intake 371.

Economic Service Administrative Support

Economic Service Administrative (ESA) services assist individuals with food stamps, TANF, etc. There has been no statistically significant change to the use of ESA services pre- and post-New Journeys services (p= .575).

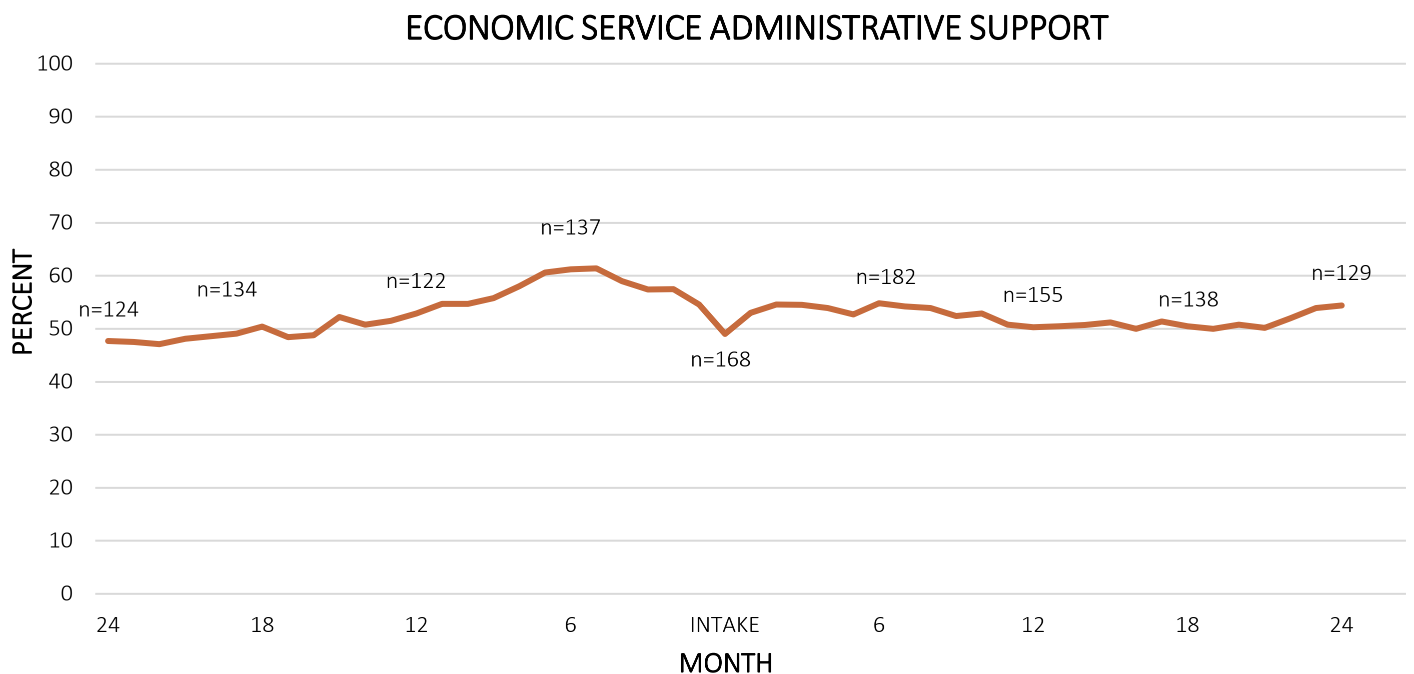

Figure 32. Economic Service Administrative Support

The denominator varies due to individuals with data for each month and varying lengths within the program. The denominator is as follows for each timepoint: pre-24: 323; pre-18: 273; pre-12: 237; pre-6: 226; Intake: 343; post-6: 332; post-12: 308; post-18: 273; post-24: 237.

Department of Children, Youth and Family Services

While there has been a decrease in those who have engaged with the Children's Administration or the Department of Children, Youth and Family Services, the change was not statistically significant (p= .678).

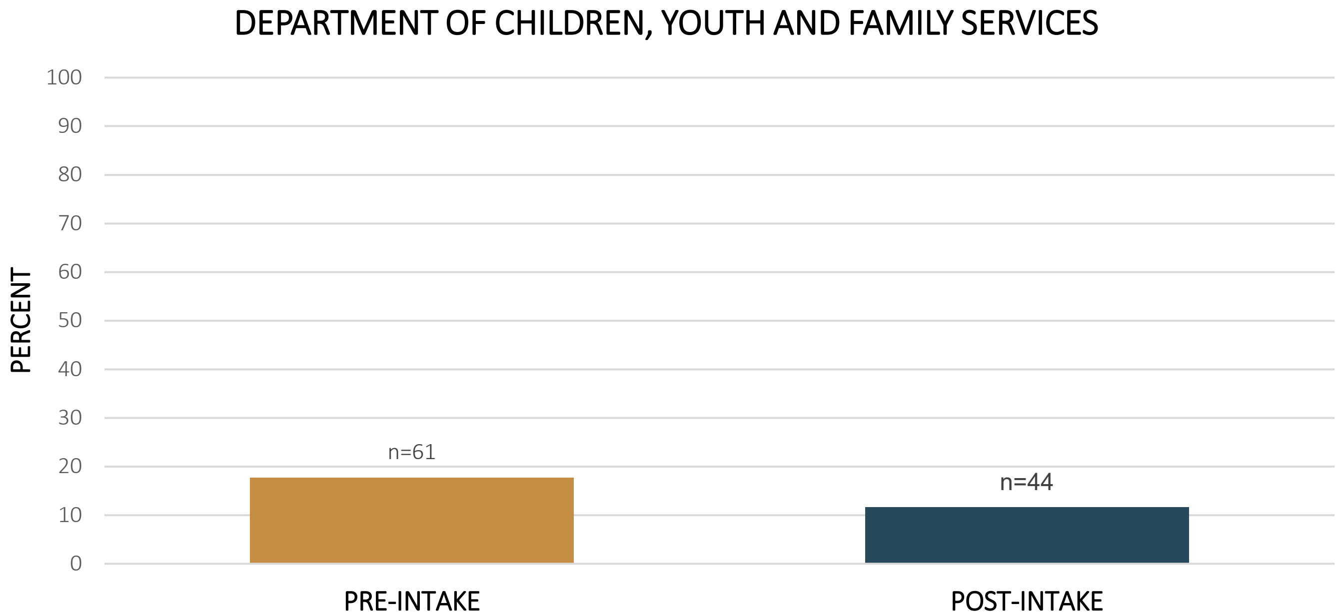

Figure 33. Department of Children, Youth and Family Services

This figure illustrates the percentage of individuals who were involved with DCYF over a period of 48 months, 24 months prior to New Journeys intake, and up to 24 months after New Journeys intake. The denominator pre-intake is 344 and post-intake is 380.

QUALITATIVE FEEDBACK

Thirty-nine qualitative interviews were conducted with individuals enrolled in services and their family members/support persons. Participants were asked several questions pertaining to their experiences while enrolled in New Journeys and their perspective on transitioning out of New Journeys.

Transitioning Out of New Journeys

Employment, Housing, and Educational Support

Participants described the need for additional support or having several accommodations implemented focused on employment, educational needs, and housing. For example, one individual enrolled in New Journeys said,

> *"…hav[ing] a place to stay and, like, a reasonable enough job so—I have something that takes up my time. Uh— and maybe have a good enough living environment*."

To facilitate the need to move towards independence, it was noted that check-ins or reminders would be beneficial to ensure progression on vocational goals, one family member/support person stated:

> "*probably seeing someone like once a month or like bi-monthly—or something, just as a check-in. Reminding him that, okay, these are things that you need to think about [and] work on*."

Continuation of Provider and Other Support

In addition, the majority of individuals shared the need and the perceived benefit for the continuation of mental health support through counseling and support with continuation or discontinuation medication. Individuals and family members suggested weekly or quarterly check-ins that would track the individuals' progress, provide the space for someone that they could talk to, and provide some consistency and stability after New Journeys. Several individuals and family members/support persons also expressed follow-up specific on vocational support, the from New Journeys teams. One individual said,

> *"I would definitely still want therapist and like a psychiatrist because yeah I just feel like I'm crying I'm like very weak mentally and like I can strengthen myself but just like in case like I would want that support still."*

Only a few mentioned wanting in-persons peer support group for individuals to recreationally get together, which could also serve as a place to build social relationships and provide additional support for individuals who may be struggling.

Readiness and Feelings about Discontinuation of Services

Individuals enrolled in New Journeys described their feelings (e.g., sadness, confidence, empowered) surrounding pending discontinuation of services due to nearing the 2-year mark on services received and/or nearing graduation. Individuals expressed wanting services from New Journeys to last longer, while sharing the progress they had made in New Journeys and their readiness to graduate. Overall, there were mixed emotions of being ready but also a little scared that they would not being receiving services anymore. One individual described the following:

> "*We have broken down a few kinds of short-term goals. I got through and they made me feel great because I was proud of myself and made me actually accomplish things.*"

While another individual shared, they felt,

> *"70% ready the other 30% doesn't want to leave and wants to stay with them I don't want to leave but the maximum time of 2 years has come, and I think I'm ready to get out and graduate and continue with my life and see where it takes me."*

Family members/support persons also shared similar sentiments of feeling confident and well-equipped to handle the next phase, after New Journeys.

> *"I think I'm really prepared — I'm just thankful. You guys have done so much for us. I feel confident. I'm so empowered by all this stuff that you've done for us. I feel like we can handle it."*

The feelings of sadness or being worried were primarily due to the bond that had been established, one individual described their New Journeys team as part of their family,

> "*what worries me is that I won't be able to see them anymore they were part of my family they helped me out a lot."*

RECOMMENDATIONS

- DECREASE IN REFERRALS FROM 2022

  -Possible reasons for this decrease in referrals may be due to 1) the decline of the COVID-19 pandemic, 2) increased awareness in community partners of the eligibility criteria for the model, and 3) physician shortages.

  -In SFY 2022, the 2-year limit to services was implemented. Many individuals who had been receiving services for longer than 2 years were referred to other appropriate resources or graduated from the program. Additionally, the clinician shortage has impacted many site's abilities to serve larger caseloads or take new individuals into the program. State-wide investment in pathway programs from graduate schools to CSC programs may alleviate clinician shortages seen over the past few years.

  -Decrease in community education and awareness potentially contributed to the decrease in referrals coming out of the COVID-19, as such additional efforts should focus on developing a statewide dissemination approach that reaches and established partnerships with other community-based organizations (e.g., schools districts).

- SERVING DIVERSE CLIENTS

  -As the individuals receiving services from New Journeys continue to diversify (i.e., 56.1% ethnoracially diverse, 32.5% gender minorities) careful consideration for how the model addresses important issues that construct one's identity are important. One recommendation is for WSU to reinstitute supporting provider training in the Cultural Formulation Interview. In addition, supplemental training can be provided or incorporated that capture individuals' experiences to inform treatment planning.

- PROGRAM MATRICULATION

  -Of the 760 individuals eligible for the program, 174 are currently receiving services (22.9%), 219 graduated from the program (37.4%), and 214 have disengaged from services (36.5%). Engagement within services should be a future focus of the network. This includes how services are being offered, attended, and meaningfully engaged with. WSU has made effort to identify potential reasons for disengagement through qualitative interviews with providers, family members, and service users and themes of substance use, traumatic experiences prior to services, family dynamics, and stigma around mental health services.

- NO IMPACT ON SUBSTANCE USE:

  -In the present report there were no changes in any substance use, although approximately 309 individuals reported substance use at intake. Over the years substance use has remained an area of concern. Several efforts have been made by individuals at UW and WSU to address substance use within the network that show promise. For instance, the family-based contingency management project preliminary demonstrated a significant decrease in alcohol and cannabis use, with approximately 62.5% of family members/support person also participating. Additional support is needed to expand these efforts across the network.

- HIGH RATES OF INDIVIDUALS AND FAMILIES NOT BEING SCHEDULED FOR SERVICES

  - Additional inisghts are needed, potentially through qualitative interviews with individuals and CSC teams, to explore reasons for why appoximately 40% of individuals are being scheduled for IPS. These efforts should also explore strategies needed to further support SEE specialists and teams.

  -Consistent with other years, more attention should be given to intial engagement of individuals and family/support persons. Potential strategies could include the expansion of the New Journeys model to include a family peer specialist role to address roughly 53% of family members not scheduled for appointments.

- TRANISITION OUT NEW JOURNEYS

  - To improve the transition out of services, teams should be providing a warm hand-off to outpatient mental health or other providers to help support individuals maintain beyond New Journeys and execute their developed wellness plans. The team-based rate allows for assertive case manager so that teams account for the time spent assisting individuals with connecting to services to successfully. The UW Implementation Team can further support programs with additional training and re-emphasizes the importance of step-down care.

APPENDIX A: STATUS DEFINITIONS

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

Table B: *Status and Program Matriculation by Site*

SITE	Unable to contact	Consult Only	Ineligible	Pending	Opted Out	Active	Paused	No-Show	Disengaged	Referred to another NJ	Referred out of NJ	Maintenance	Graduated	Provisional Admission	TOTAL
Comprehensive Healthcare *Yakima*	2	1	2	0	5	3	2	0	39	0	9	0	81	0	175
Behavioral Health Resources *Olympia*	23	11	120	3	20	13	0	1	59	0	28	0	31	0	309
Valley Cities *Kent*	30	6	124	8	39	10	0	0	25	2	9	0	42	0	295
Behavioral Health Resources *Greys Harbor*	2	0	16	0	8	2	0	1	16	0	1	0	3	0	49
SeaMar *Vancouver*	21	1	48	0	8	24	0	3	31	0	30	1	20	1	188
Comprehensive Life Resources *Tacoma*	10	0	29	0	17	0	0	0	15	1	23	0	8	0	103
Catholic Charities – Central WA *Wenatchee*	3	3	20	2	6	15	0	0	6	1	6	0	2	0	64
Comprehensive Healthcare *Pasco*	0	7	11	2	7	17	0	0	10	0	2	0	13	0	69
Ryther *Seattle*	5	0	29	0	23	8	0	0	4	0	16	0	10	0	95
Frontier Behavioral Health (1) *Spokane*	10	3	12	8	5	27	0	2	3	0	6	0	6	1	83
Kitsap Mental Health Services *Bremerton*	2	9	13	1	3	4	0	0	1	0	2	0	0	0	35
STEP at Harborview Seattle	0	1	0	1	0	18	3	0	5	1	0	1	3	0	33
Cascade Community Healthcare *Centralia*	1	0	3	1	1	1	1	0	0	0	0	0	0	0	7
Comprehensive Healthcare *Ellensburg*	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Frontier Behavioral Health (2) *Spokane*	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Total	109	42	428	26	142	174	5	7	214	5	132	2	219	2	1507

Notes: The statuses within the RED line indicate those individuals who were considered ineligible for the program (n=470). All statuses after the YELLOW line are those who were screened and considered eligible for the program (n=902). Those in the GREEN line are those who were eligible and received services (n=760)

APPENDIX C: DEMOGRAPHICS FOR NO SERVICES RECEIVED

Table C: *Demographics for No Services Received (n=721)*

	%	(n)	M	SD
Individuals				
Age (M / SD)*		570	20.88	6.34
Gender*				
Male	58.5	304		
Female	36.5	190		
Transgender	2.5	13		
Non-Binary	1.7	9		
Other	0.8	4		
Race**				
White/Caucasian	54.0	191		
Other	20.3	72		
Black/African American	9.9	35		
Alaska Native/American Indian	4.2	15		
Asian	3.4	12		
Pacific Islander	2.5	9		
Multi-Racial	5.6	20		
Ethnicity***				
Hispanic	20.3	75		
Individual Preferred Language#				
English	96.3	497		
Other	2.1	11		
Spanish	1.6	8		
Sexual Orientation^				
Heterosexual	67.7	147		
Other	14.3	31		
Bisexual	11.5	25		
Gay or Lesbian	4.6	10		
Questioning	1.4	3		
Type of Insurance^				
Public	80.2	404		
Private	15.1	76		
Uninsured	4.8	24		
Living Situation at time of Referral&				
With Family	83.0	186		
Alone	10.7	24		
With Friends	6.3	14		
Housing Stability at time of Referral%				
Stable	79.7	192		
Temporary	5.4	13		
Homeless	3.7	9		
Unstable	4.1	10		
Institution	7.1	17		

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

APPENDIX D: DESCRIPTION OF MEASURES

CORE MEASURES

Depression

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

Anxiety

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

Functional Outcomes

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

Medical and Physical Health

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

Substance Use

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

Service Utilization

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

OPTIONAL MEASURES

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

Prodromal Questionnaire-Brief – (PQ-B)

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

Family Satisfaction

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

Discrimination Questionnaire

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

COMPASS-10

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

Process of Recovery

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

Trauma Measures (CATS/LECL,PCL)

The Trauma Measure is completed at Intake if opted into. This measure assesses individuals' feelings of trauma that has happened to them in their life. There are two different Mausers that are based on the age of an individual. One for 17 and younger that is called **Child & Adolescent Trauma Screen (CATS)** or **Life Events Checklist (LECL).** For the LECL if someone says that it has happened to them or witnessed it then the **PTSD Checklist (PCL)** needs to be filled out too. For the CATS if any of the questions asked is a yes then clarifying information about how it affected the individual is asked. It is advised that his measure is completed with the IRT to help with trauma and coping techniques.