

MIDD Briefing Paper

BP 46 Early Intervention for Young Adults

Existing MIDD Program/Strategy Review MIDD I Strategy Number _____ (Attach MIDD I pages)
New Concept (Attach New Concept Form)

Type of category: New Concept

SUMMARY: Approximately 100,000 adolescents and young adults in the United States experience first episode psychosis each year.¹ With a peak onset occurring between 15-25 years of age, psychotic disorders such as schizophrenia can derail a young person's social, academic, and vocational development and initiate a trajectory of accumulating disability². A comprehensive early intervention program for young adults who have experienced a first psychotic break or hospitalization, with integrated services that meet the range of needs in this population, will increase overall recovery for clients; improve the client's ability to successfully manage their mental illness and re-engage with their education and career plans; and help clients and their families to transition between health care systems for children and for adults.

The proposed new concept will include:

- engagement and intensive outpatient services for young adults experiencing their first psychotic break
- engagement and intensive outpatient services for young adults with co-occurring disorders coming from incarceration (who may or may not have received past treatment for co-occurring disorders (COD) in the child system)
- primary medical care for young adults with mental illness, a substance use disorder, or a co-occurring disorder
- education/training navigation support for young adults with, or who are at elevated risk of, mental illness, a substance use disorder or COD

Services will be provided to young adults ages 18-26 who have experienced a psychotic break, have been hospitalized for a mental illness, have been placed on a Least Restrictive Order before leaving hospitalization, have been incarcerated because of COD issues, or have co-occurring mental health and substance abuse disorders, or young adults who are at higher risk of mental health and substance use crises because of other challenges including homelessness, and time spent in the foster care system or the juvenile justice system.

Collaborators:

Name

Department

Deborah Stake

MHCADSD

¹ Computed from Kirkbride JB, Errazuriz A, Croudace TJ, Morgan C Jackson D, et al. (2012) Incidence of Schizophrenia and Other Psychoses in England, 1950-2009: A Systematic Review and Meta-Analyses. PLoS ONE 7(3):e31660. Doi:00.1371/journal.pone.0031660

² Evidence-Based Treatments for First Episode Psychosis

http://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf

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Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	Role	Organization
Danie Eagleton	Clinical Supervisor	Navos
Miriam Miyake	Administrative Director	Navos
Darren Paschke	Supported Employment Supervisor	Navos
Haley Lowe	BH Program Administrator Children and Youth BH Unit	Navos
Timothy Primeaux	Clinical Supervisor	Navos

The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

- 1. Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

Approximately 100,000 adolescents and young adults in the United States experience first episode psychosis each year.³ With a peak onset occurring between 15-25 years of age, psychotic disorders such as schizophrenia can derail a young person's social, academic, and vocational development and initiate a trajectory of accumulating disability⁴. A comprehensive early intervention program for young adults who have experienced a first psychotic break or hospitalization, with integrated services that meet the range of needs in this population, will increase overall recovery for clients; improve the client's ability to successfully manage their mental illness and re-engage with their education and career plans; and help clients and their families to transition between health care systems for children and for adults.

The proposed new concept will include:

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- primary medical care for young adults with mental illness, a substance use disorder, or a co-occurring disorder

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- education/training navigation support for young adults with, or who are at elevated risk of, mental illness, a substance use disorder or COD

Services will be provided to young adults ages 18-26 who have experienced a psychotic break, have been hospitalized for a mental illness, have been placed on a Least Restrictive Order before leaving hospitalization, have been incarcerated because of COD issues, or have co-occurring mental health and substance abuse disorders, or young adults who are at higher risk of mental health and substance use crises because of other challenges including homelessness, and time spent in the foster care system or the juvenile justice system.

2. Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area (Select all that apply):

- | | |
|------------------------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Crisis Diversion | <input checked="" type="checkbox"/> Prevention and Early Intervention |
| <input type="checkbox"/> Recovery and Re-entry | <input type="checkbox"/> System Improvements |

Please describe the basis for the determination(s).

The proposed program is intended to provide early intervention services for teens and young adults who have experienced a first psychotic break and/or who have other significant mental health and co-occurring substance use disorders. With early intervention and coordinated services, young adults can recover and learn to manage their mental health, which will help to prevent future hospitalizations, incarcerations, or mental health crises.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.

Young adulthood is a time of transitions and new challenges: moving away from home and family, post-secondary education or training, first apartment, jobs, and relationships. Young adults are also expected to navigate the health care system on their own for the first time. Young adults with mental health and/or substance use issues have additional challenges. They may find it difficult to transition from systems serving children to adult services. Adult and youth services may not be suited for young adults, or may not offer integrated and coordinated services, and this can make treatment difficult.

Suicide is the second-leading cause of death among young people ages 15-24 in King County (King County Community Health Needs Assessment 2015-2016). In King County for the past year, the total number of 18- to 26-year-olds served per year is approximately 7732. This breaks down to 5228 in mental health treatment, and 1863 in substance use disorder treatment (many are served in both systems), and a total of 641 have received inpatient mental health services.

The Children's Long-Term Inpatient Program (CLIP) provides intensive treatment for youth ages 13-18 with serious psychiatric and behavioral disorders such as schizophrenia, who have exhausted less-restrictive treatment options. In the CLIP program, youth receive psychiatric treatment, individual and

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family therapy, and 24-hour on-site nursing care; with an on-site school, youth continue their education while in treatment. At 18, youth age out of CLIP and have to be discharged or transferred to an adult program.

Some of the proposed services in this concept are currently available to young adults in King County, but there are no early intervention programs specifically serving teens and young adults experiencing a first psychotic break or hospitalization in the County, and no programs providing this population with easy access to coordinated and integrated health and wellness services. Without comprehensive services, young adults with serious mental health and substance use disorders will experience difficulty accessing early intervention services and coordinated treatment, and transitioning between health care systems designed for children and those designed for the general adult population.

According to the Center for Medicaid and Children's Health Insurance Program (CHIP) Services, "Compared to traditional treatment approaches, specialty care programs that provide coordinated targeted treatment in the early stages of illness and integrate medical, psychological, and rehabilitation interventions are an effective means for treating first episode psychosis. Without such interventions during a first episode, the typical course of psychotic disorder involves multiple episodes of acute mental illness, with accumulating disability between periods of active psychosis and increased long-term health care costs."⁵

Treatment programs for early intervention for psychosis have been implemented in some states including Maine, Michigan, New Mexico, New Jersey, New York, parts of California, and Oregon. In Oregon, the Early Assessment and Support Alliance (EASA) was created to prevent early trauma and disability caused by schizophrenia-related conditions. Washington's Division of Behavioral Health and Recovery (DBHR) is working with EASA and Central Washington Comprehensive Mental Health to implement New Journeys, a pilot program addressing first psychotic episodes, in Yakima County.

2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.

A comprehensive program of services including treatment, integrated health care, education and skills development will provide young adults with mental illness and/or substance abuse issues with a firm foundation for their recovery journey and future adult lives. Proposed services tailored specifically to young adults include:

- Early intervention for psychosis: An early intervention for psychosis program will include outreach to people such as teachers and primary care providers who interact with youth and young adults on a regular basis. They will be educated on the symptoms of psychosis, and where to refer young people for a psychiatric assessment. Following the assessment, individuals experiencing psychosis will be referred for clinical treatment. Families will also be involved in treatment so that they can support their child in their recovery. Treatment may include individual and group therapy, case management, psychoeducational, and psychiatric medication services.

⁵ Coverage of Early Intervention Services for First Episode Psychosis
<https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-10-16-2015.pdf>

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- **Intensive outpatient program:** An intensive outpatient program will provide initial, intensive engagement for young adults following a first psychotic break, a first hospitalization, incarceration that involves COD issues, or past COD issues that were treated in the child system. The focus will be on engagement, client and family education, orientation to mental health and substance use disorder systems, promotion of recovery principles, and increased opportunity for stabilization. The program could operate similarly to partial hospitalization, either inpatient services or outpatient services approximately three times a week (for example three two-hour groups a week). Groups could include Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT), Assertive Community Treatment (ACT), and traditional Intensive Outpatient (IOP) for substance use disorder (SUD), as well as evidence-based practices such as Seeking Safety, Moral Reconciliation Therapy (MRT), Imagery Rehearsal Therapy (IRT), and ENCOMPASS.
- **ENCOMPASS:** Developed by researchers at the University of Colorado, ENCOMPASS is an evidence-based, integrated treatment program for youth and young adults with mental health issues and substance abuse disorders. It can be implemented in university and community-based mental health or substance treatment settings. It is compatible with other treatment programs, but works best as a front-end treatment. Program components include a comprehensive diagnostic evaluation for both psychiatric and substance abuse disorders, individual Cognitive Behavioral Therapy, motivational incentives, engagement in pro-social community-based activities, and weekly treatment review and clinical supervision. This program has been implemented at Therapeutic Health Services, but is not yet widely available in King County.
- **Primary care:** Primary care providers will be co-located with behavioral health providers to ensure that young adults with multiple health issues have easy access to integrated and coordinated care, including mental health treatment, primary medical care, and substance abuse treatment. Care will be provided in a collaborative manner with frequent interaction among a team of health care providers. Integrated primary and behavioral health care will help to support intensive outpatient services, which take place several times a week.
- **Education/training navigator:** Compared to the general adult population, young adults are more likely to need access to education and training in preparation for employment. Supported Employment programs focus on rapid employment, and do not provide for this type of assistance. An education/training navigator will assist clients in exploring education and training opportunities that match their interests. The navigator will develop relationships with community colleges and training programs, and will link young adults with programs in order to increase their knowledge and skills. The navigator will help with admission procedures, initial advising, financial aid processes and procedures, scholarship opportunities, and academic planning. These services are not currently reimbursed by either the State of Washington Division of Vocational Rehabilitation or King County Supported Employment. MIDD II funding for education/training navigator services could extend the work of Supported Employment programs. The navigator will help young adults on their pathway to employment, higher wages, and stable housing.

With coordinated services and multiple avenues for entry, treatment will be tailored to the needs of each young adult, stepped down when appropriate, and include some or all of the proposed programs.

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Early intervention programs are designed to bridge existing services for these groups and eliminate gaps between child, adolescent, and adult mental health programs.⁶

The Peer Bridger program currently operates, through a contract with King County, at Harborview and at Navos Inpatient Services, which provides inpatient psychiatric treatment for adults. Peer Bridgers are successfully managing their own mental illness and have received training and certification to work as employees with others who are in treatment. Peer Bridgers provide intensive follow-up and support after patients who were hospitalized for a psychiatric crisis are discharged. They help people to remain stable and access outpatient care in order to prevent re-hospitalization. The Peer Bridger program could be expanded to serve young adults coming from hospitalization through the CLIP program.

When clients complete an early intervention for psychosis program and transition to adult services, they can be most successful if they have access to support such as a Wellness Recovery Action Plan (WRAP) group focused on the unique needs and issues of this population, and a process and skills group. Combined with the individual work that they do with their primary case manager/therapist, group support can help them to build a foundation for recovery.

People may come to an intensive outpatient program for co-occurring disorders after discharge from a hospital or jail, being put on a least restrictive order, or from the Early Intervention for Psychosis program if they are in need of more skills. The goal of the Co-Occurring IOP is to provide stability and security within a program setting that acts as a conduit to an adult outpatient services program. Individual work and treatment planning that includes transitional goals will help clients to be successful.

Individuals will be linked by their case manager/therapist with primary care and education/training navigation services, and care will be coordinated and integrated. Treatment planning is essential for all of these programs. Goals may need to be reviewed and adjusted more frequently than current outpatient requirements in order to provide the best opportunity for positive clinical outcomes.

With adequate funding, these interventions could be piloted at one or two agencies, and integrated with existing services for young adults, including supportive housing, outreach, COD treatment, and support groups that help young adults to maintain their recovery and work toward their life goals. These programs can also capitalize on existing outreach and education efforts that are working to eliminate the stigma about mental illness and increase awareness of the mental health resources that are available in King County.

3. What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.

According to Substance Abuse and Mental Health Services Administration (SAMHSA), “Coordinated, specialized services offered during or shortly after the first episode of psychosis are effective for improving clinical and functional outcomes. In addition, the Institute of Medicine and National Research

⁶ Evidence-Based Treatments for First Episode Psychosis
http://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf

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Council's Preventing Mental, Emotional, and Behavioral Disorders Among Young People report – 2009 notes that cost-benefit ratios for early treatment and prevention programs for addictions and mental illness programs range from 1:2 to 1:10. This means a \$1 investment yields \$2 to \$10 savings in health costs, criminal and juvenile justice costs, educational costs, and lost productivity.”⁷

An analysis of the Peer Bridger pilot project, comparing individuals who had received Peer Bridger services to a comparison group, showed: 1) a significant reduction in hospitalizations and hospital days among those who had received Peer Bridger support, and 2) participants enrolled in Medicaid and mental health outpatient services at higher rates than the comparison group⁸.

A number of programs focus services and resources on the young adult population. For example, Minnesota's Youth ACT is an intensive rehabilitative mental health program for youth ages 16 through 20 with severe mental illness and/or co-occurring disorders. Youth ACT services are coordinated and provided by a treatment team, and include mental health, school/employment, housing, family, and physical health services⁹.

4. Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Evidence-Based Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.

The proposed program of services includes promising and evidence-based practices. ENCOMPASS is an evidence-based practice. Education/training navigation is similar to Supported Education, which has been designated a promising and evidence-based practice by SAMHSA.

5. What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?

Outcomes for participants will include:

- Increased use of appropriate patient-centered treatment services
- Reduction in hospitalizations
- Reduction in incarcerations
- Reduced barriers to services
- Decreased use of drugs and alcohol
- Increased use of primary care services
- Improved education and employment outcomes

Measures could include:

- Number of individuals and families accessing treatment
- Number of young adults provided with behavioral health information and referral
- Number of young adults admitted to hospitals or residential treatment programs

⁷ Prevention of Substance Abuse and Mental Illness
<http://www.samhsa.gov/prevention>

⁸ Lineweaver, Meg and Srebnik, Debra King County MHCADSD, Informal Communication, 8/12/2015.

⁹ Youth and Transition Services

http://dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_167209

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- Number of young adults incarcerated
- Number of young adults using drugs and alcohol
- Progress toward individual treatment goals for mental health issues and substance use
- Progress toward individual goals for education, training and employment

C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD

Strategy/Program: (Select all that apply):

- | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> All children/youth 18 or under | <input checked="" type="checkbox"/> Racial-Ethnic minority (any) |
| <input type="checkbox"/> Children 0-5 | <input checked="" type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Children 6-12 | <input checked="" type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Teens 13-18 | <input checked="" type="checkbox"/> Asian/Pacific Islander |
| <input checked="" type="checkbox"/> Transition age youth 18-25 | <input checked="" type="checkbox"/> First Nations/American Indian/Native American |
| <input type="checkbox"/> Adults | <input checked="" type="checkbox"/> Immigrant/Refugee |
| <input type="checkbox"/> Older Adults | <input checked="" type="checkbox"/> Veteran/US Military |
| <input checked="" type="checkbox"/> Families | <input checked="" type="checkbox"/> Homeless |
| <input type="checkbox"/> Anyone | <input checked="" type="checkbox"/> GLBT |
| <input checked="" type="checkbox"/> Offenders/Ex-offenders/Justice-involved | <input checked="" type="checkbox"/> Women |
| <input type="checkbox"/> Other – Please Specify: | |

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

This population would be transition age youth who may still be going to school (high school or college), working on getting their GED and is involved in the criminal justice system, foster care, and/or training programs. This program would be available to any transition age youth who is experiencing their first psychotic episode, and would not be limited to any demographic or behavioral health diagnosis.

2. Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection: County-wide

The proposed program could be implemented at agencies throughout King County. For this program to be successful, it would be better to pilot this at certain geographical areas and then create a widespread approach.

3. What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.

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This concept will involve inpatient and outpatient mental health providers and substance abuse treatment providers, primary care providers, the criminal justice system, the education system including high schools, colleges and universities, the foster care system, and training programs.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?

With successful implementation, those experiencing a first psychotic episode with or without concurrent substance use will be able to improve their health and be able to access services more successfully. One of the barriers that have prevented individuals from accessing treatment has been funding, especially when it comes to navigating insurance. As it has become easier for teens and young adults to access health care because of health care reform, it increases their ability to receive services but they frequently require assistance around how to access these resources.

2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?

Potential barriers to implementing or sustaining this program could include systems change issues related to how this population has been served in the past, and difficulty in engaging this population in treatment. King County, agencies, and other stakeholders who support this client population could help in overcoming these barriers. It may be beneficial to add peers and parent partners to the staff of these programs to assist with engagement and with education of extended supports. Services could be co-located within organizations or partnerships that already have experience serving this population. An additional barrier might be recruiting sufficient staff with appropriate expertise.

3. What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?

No potential unintended consequences are seen to exist if this new concept is implemented.

4. What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?

The number of young adults who are not receiving all the services they need to help them recover will continue to increase. The risk of developing persistent psychotic symptoms increases with each subsequent relapse.¹⁰ Early intervention aims to curtail these relapses which lead to less stress on the behavioral health system. For most, the first treatment experience is an inpatient setting, which may involve police contact,¹¹ and this experience may discourage future help-seeking and treatment

¹⁰ First Episode Psychosis and early Intervention: Lessons Learned in Washington

¹¹ How Early Psychosis Intervention is Different and Why it Matters

<http://www.easacommunity.org/shop/wpimages/easa-webinar-9.4.14.pdf>

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engagement.¹² Without an early intervention in place to help engage those experiencing a first psychotic episode, their opportunity to access recovery is reduced.

- 5. What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

There is no alternative approach. The King County Mental Health/SUD system does not currently offer all of these services in a comprehensive continuum. The Young Men Christian Association (YMCA) of Greater Seattle offers college preparation, career and community activities needed for success in adult life. Career readiness and education programs like General Educational Development (GED), high school credit retrieval, high school re-entry support, and career planning are also available but these programs do not include the other services being proposed for young adults in transition, such as intensive interventions for mental health and chemical dependency issues.

E. Countywide Policies and Priorities

- 1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

This proposal will provide integrated behavioral health care, primary care, and chemical dependency treatment. With outreach, early intervention and coordinated services, the program will fit King County's focus on providing a continuum of care. The proposal's focus on early intervention and coordinated services aligns with the Youth Action Plan's recommendations to stabilize families and young adults in order to prevent downstream conditions such as homelessness, incarceration and substance abuse; and to facilitate collaboration between systems. This also fits with Best Start for Kids Early Detection and Intervention for the Prevention of Psychosis Program.

- 2. How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

Providing young adults with a range of treatment and support services will help them to manage their mental illness and substance use issues, and work toward recovery. With early intervention, the expectation is that this will work with individuals who have experienced a first psychotic episode, to engage and motivate them to pursue treatment, while also focusing on what is important for the individual. Providing an early intervention does not disrupt the individual's life if their symptoms are treated early. It will allow them and their families to gain a better understanding of what is happening and the services that are available.

- 3. How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

¹² How Early Psychosis Intervention is Different and Why it Matters
<http://www.easacommunity.org/shop/wpimages/easa-webinar-9.4.14.pdf>

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Mental illness can affect anyone, regardless of income level or ethnic background. But some young adults who have experienced a psychotic break may have less access to treatment services, particularly young adults who are low-income, who do not speak English well, or who come from cultures where mental illness is not addressed. King County is home to large populations of people of color, people living with low incomes, and people with poor health. Integrated, early intervention services will further King County's equity and social justice work by providing all young adults with the same opportunities to recover from mental illness and substance use disorders.

F. Implementation Factors

- 1. What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program (staff, physical space, training, UA kits, etc.)?**

The estimate resources provided are what FTEs would be needed to serve an estimated 300 clients

- 1 Clinical Supervisor
- 1 Outreach Coordinator
- 6 Peer Navigators
- 2 Care Managers

- 2. Estimated ANNUAL COST. \$100,001-500,000 Provide unit or other specific costs if known.**
- 3. Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.**

No, at this time there is no funding available to execute what this strategy from any other source.

- 4. TIME to implementation: 6 months to a year from award**
 - a. What are the factors in the time to implementation assessment?**

Time of implementation would be dependent on the selection of the contractor, and the total amount of funding which would drive the number of employees that would need to be reassigned or hired.

- b. What are the steps needed for implementation?**

Develop an RFP and identify the award recipient. Following that the identified contractor will need hire staff, train staff on EBP's and implement the program.

- c. Does this need an RFP?**

Yes. The initial services should be piloted with one or two contractors and a procurement process would all for the selection of a contractor who can handle the identified population in a culturally appropriate way.

- G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?**

It is recommended that all services be piloted at one or two agencies who work together closely. This program could also be successful if a hospital and an outpatient treatment agency worked together.

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New Concept Submission Form

#46

Working Title of Concept: Early Intervention for Young Adults

Name of Person Submitting Concept: Danie Eagleton, LMHC

Organization(s), if any: Navos

Phone: 206-257-6963

Email: danie.eagleton@navos.org

Mailing Address: 2600 SW Holden Street, Seattle WA 98126

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

New Concept Submission Form:

1. Describe the concept.

Please be specific, and describe new or expanded mental health abuse-related services specifically.

Integrated, community-based health care would provide early intervention and a clinical health care home for young adults ages 18-26 with mental illness, chemical dependency, or co-occurring disorders.

This concept includes:

- engagement and intensive outpatient services for young adults experiencing their first psychotic break
- engagement and intensive outpatient services for young adults with co-occurring disorders coming from incarceration (who may or may not have received past treatment for COD in the child system)
- primary medical care for young adults with mental illness, chemical dependency, or co-occurring disorders
- education/training navigation support for young adults with, or who are at elevated risk of, mental illness or COD

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

Young adulthood is a time of transitions and new challenges: moves away from home and family, post-secondary education or training, first apartment, jobs, relationships. Young adults are also expected to navigate the health care system on their own for the first time.

Schizophrenia affects 1 percent of Americans, and is most likely to begin between the ages of 16 and 30, critical years for an individual's education and career (NIMH). People with schizophrenia are more likely than people in the general population to attempt suicide, and to have a substance or alcohol abuse problem (NIMH). Suicide is the second-leading cause of death among young people ages 15-24 in King County (King County Community Health Needs Assessment 2015-2016). Early intervention after a first psychotic break or hospitalization can significantly improve an individual's ability to successfully manage their mental illness, and re-engage with their education and career plans. But early intervention programs are not common in the United States.

Individuals with serious mental illness die up to 25 years earlier than people without mental illness (Druss et al., 2011). Side effects from psychiatric medications, smoking and substance abuse, and inadequate primary care contribute to this disparity. Young adults with psychiatric and substance use disorders may be reluctant to seek mental health treatment, primary medical care, or chemical dependency treatment for a variety of reasons: a belief that they are invincible and do not need

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treatment, distrust of the health care system, a lack of positive natural supports, and an inability to recognize the consequences of the lack of regular health care and treatment. They may not feel comfortable in treatment programs designed for the general adult population and not tailored to the challenges young adults are facing. Young adults aging out of the foster care system and/or who were involved in the juvenile justice system are at increased risk of mental health problems, substance use, homelessness, and poor educational outcomes (United Way of King County/ DSHS).

3. How would your concept address the need?

Please be specific.

Early intervention and intensive services tailored specifically to young adults would meet the needs of young adults with mental illness and/or substance abuse issues:

-Intensive outpatient program: An intensive outpatient program would be developed to provide initial, intensive engagement for young adults following a first psychotic break, a first hospitalization, incarceration that involves COD issues, or past COD issues that were treated in the child system. The focus would be on engagement, client and family education, orientation to mental health and chemical dependency systems, promotion of recovery principles, and increased opportunity for stabilization. The program could operate similarly to partial hospitalization, either inpatient or outpatient. The intensive outpatient program could be developed with MIDD II funding, and clients could then be tiered at an agency in King County's mental health system. It could work in partnership with an Early Intervention for Psychosis program.

-ENCOMPASS: Developed by researchers at the University of Colorado, ENCOMPASS is an evidence-based, integrated treatment program for youth and young adults with mental health issues and substance abuse disorders. It can be implemented in university and community-based mental health or substance treatment settings. It is compatible with other treatment programs but is best as a front-end treatment. Program components include a comprehensive diagnostic evaluation for both psychiatric and substance abuse disorders, individual Cognitive Behavioral Therapy, motivational incentives, engagement in pro-social community-based activities, and weekly treatment review and clinical supervision. MIDD II funding could support the purchase and use of the ENCOMPASS program.

-Primary care: Primary care providers would be co-located with behavioral health providers to ensure that young adults with multiple health issues have easy access to integrated and coordinated care including mental health treatment, primary medical care, and substance abuse treatment. Care would be provided in a collaborative manner with frequent interaction among a team of health care providers.

-Education/training navigator: Similar to Supported Education, an evidence-based practice, an education/training navigator would develop relationships with community colleges and training programs. The navigator would link young adults with programs in order to increase their knowledge and skills, and help them on their pathway to employment and stable housing. The navigator would help with admission procedures, initial advising, financial aid processes and procedures, scholarship opportunities, and academic planning. These services are not currently reimbursed by either the State of Washington Division of Vocational Rehabilitation or King County Supported Employment. MIDD II funding for education/training navigator services could extend the work of Supported Employment programs.

With adequate funding, any of these interventions could be piloted at Navos which already provides a

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range of services for young adults including supportive housing, outreach and COD treatment, and the Innovation & Change support group which helps young adults to maintain their recovery and work toward their life goals.

4. Who would benefit? Please describe potential program participants.

Potential program participants include young adults ages 18-26 who have experienced a psychotic break, have been hospitalized for a mental illness, have been incarcerated because of COD issues, or have co-occurring mental health and substance abuse disorders, or young adults who are at higher risk of mental health and substance use issues because of other challenges including homelessness, and time spent in the foster care system or the juvenile justice system.

5. What would be the results of successful implementation of program?

Include outcome that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Outcomes that could be measured include:

- Increased use of appropriate patient-centered treatment services
- Reduction in hospitalizations
- Reduction in incarcerations
- Reduced barriers to services
- Decreased use of drugs and alcohol
- Increased use of primary care services
- Improved education and employment outcomes

Measures could include:

- Number of individuals and families accessing treatment
- Number of young adults provided with behavioral health information and referral
- Number of young adults admitted to hospital or residential treatment program
- Number of young adults incarcerated
- Number of young adults using drugs and alcohol
- Progress toward individual treatment goals for mental health issues and substance use
- Progress toward individual goals for education, training and employment

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (You may identify more than one)

- Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
- Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

Early intervention and intensive treatment would help to keep young adults with mental health and substance use disorders from being admitted to hospitals or residential treatment programs, and help to keep them out of jail. Primary care, integrated with behavioral health treatment, would help young

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adults to improve their overall health. Individualized navigator support would help young adults to set academic and career goals, and work toward those goals.

8. What types of organizations and/or partnerships are necessary for this concept to be successful?

Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

This concept would involve inpatient and outpatient mental health providers and substance abuse treatment providers, primary care providers, courts, jails, colleges and universities, and training programs.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation:	\$N/A per year, serving N/A people per year
Partial Implementation:	\$ per year, serving people per year
Full Implementation:	\$ per year, serving people per year