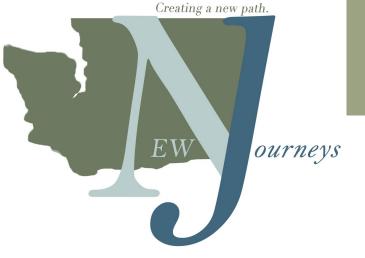
NEW JOURNEYS IN WASHINGTON STATE

& PATHWAYS TO CARE

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CSC MODEL

PLANNING

TREATMENT

-CENTERED

RSON

BHO/AGENCY

WEEKLY MEETINGS

Employment and Education COMPREHENSIV ASSESSME Medication Management ase Management _Family Education CLIENT & Zm ASSESSMENT BATTERY FAMILY Individual Resiliency Therapy

UW IMPLEMENTATION TEAM

WSU EVALUATION & MEASUREMENT TEAM

DATA-INFORMED CARE

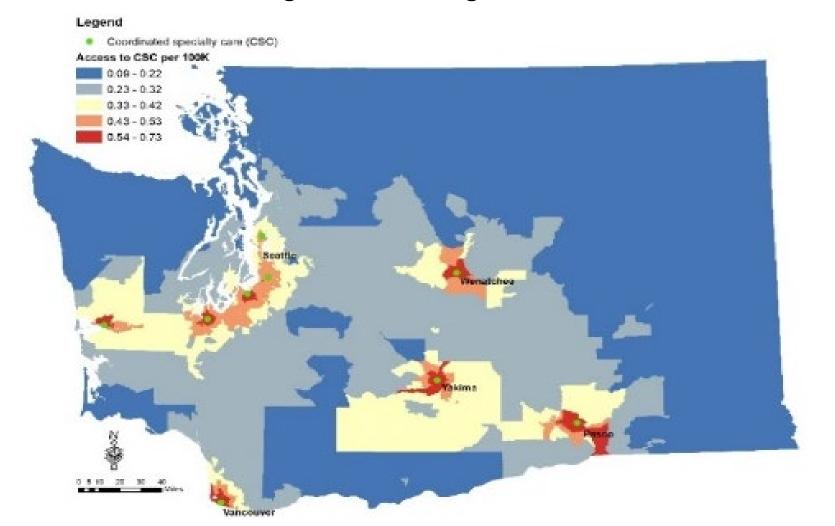
HEALTH CARE AUTHORITY



LOCATIONS = Year 1 Pilot Site = Year 2 Sites **UW** Medicine = Year 3 Sites HARBORVIEW MEDICAL CENTER = Year 4 Sites WHATCOM = Year 5 Sites VALLEY | CITIES PEND OREILI **North Sound RSA** FERRY OKANOGAN Behavioral Health Car STEVENS = Year 6 Site SKAGIT **North Central RSA** CLALLAM SNOHOMISH CHELAN Salish RSA **DOUGLAS King RSA JEFFERSON** LINCOLN **Thurston** KING SPOKANE Mason **RSA GRAYS HARBOR** KITTITAS GRANT PIERCE ADAMS WHITMAN **Pierce RSA** THURSTON LEWIS PACIFIC FRANKLIN GARFIELD **Great Rivers RSA** YAKIMA COLUMBIA **Greater Columbia RSA** WAHKIAKUM ASOTIN **SKAMANIA** COWLITZ BENTON WALLA WALLA **Southwest** Washington R\$A KLICKITAT CLARK Comprehensive HEALTHCARE Exceptional service. Every person. Every time.

ACCESS TO SERVICES

Distribution of CSC Programs in Washington State



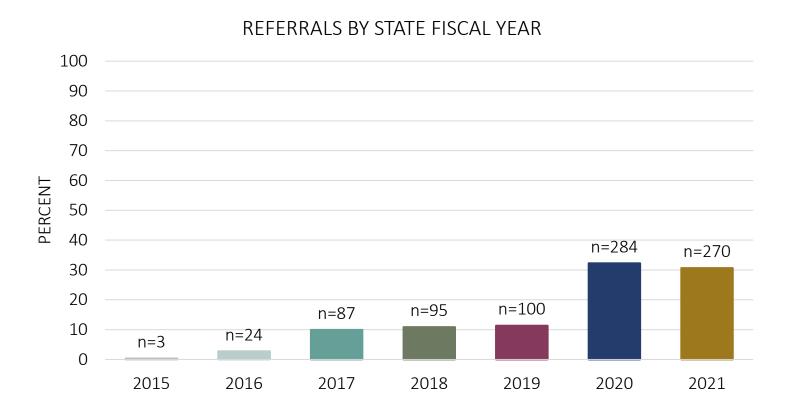
LIMITED ACCESS TO SERVICES FOR RURAL AREAS

LIMITED ACCESS TO SERVICES CONTRIBUTES TO DELAYS

SPATIAL LOCATION OF SERVICES
CONTRIBUTES TO REFERRAL
DECISIONS AND TREATMENT DELAYS



REFERRALS



MAJORITY OF REFERRALS ARE FROM INTENRAL MENTAL HEALTH PROVIDERS (50%)

FAMILY (~20%)

MEDICAL PROVIDER (11%)

INPATIENT (7%)

OTHER (12%) SCHOOL, ED, JUSTICE SYSTEM, ETC



INEQUITIES IN PATHWAYS TO CARE

BLACK AND LATINX INDIVIDUALS ARE SIGNIFICANTLY LESS LIKELY TO USE OUTPATIENT MENTAL HEALTH SERVICES COMPARED TO NON-HISPANIC WHITE INDIVIDUALS EXPERIENCING THEIR FIRST EPISODE OF PSYCHOSIS

BLACK/AFRICAN AMERICAN INDIVIDUALS TEND TO HAVE MORE CONTACT WITH EMERGENCY SERVICES IN THE YEAR PRIOR TO THE ONSET OF PSYCHOSIS

BLACK/AFRICAN AMERICAN INDIVIDUAL ARE UP TO 5 TIMES MORE LIKELY TO BE DIAGNOSED WITH A SCHIZIPHRENIA-SPECTRUM DISORDER — OVER DIAGNOSIS

EXPERIENCES OF RACISM/DISCRIMINATION — MISTRUST, DISENGAGEMENT/LACK OF TREATMENT, TREATMENT DELAYS



WHERE ARE THE GAPS?

HOW CAN WE ADDRESS INEQUITIES?

WHAT'S NEXT?

LEVELS OF INFLUENCE

PATEINT-CLINICAN RELATIONSHIP

HOUSEHOLD **ENVIRONMENT**

FAMILY/SCHOOL/WORK

DOWNSTREAM

FUNCTIONING

COMMUNITY NORMS/RESOURCES

AVAILABILITY OF SERVICES

INTERPERSONAL

INDIVIDUAL

INSURANCE COVERAGE

TREATMENT PREFERENCES

UPSTREAM

STRUCTURAL DISCRIMINATION

HEALTH CARE POLICIES



COMMUNITY

SOCIETAL

SUGGESTIONS/ AREAS FOR IMPROVEMENT

MULTILEVEL INTERVENTIONS THAT INCLUDE COMMUNITY

INCREASED FOCUS ON DISSEMINATION RESEARCH

– FUNDING FOR OUTREACH AND OTHER DISSEMINATION EFFORTS

IMPROVED NAVIGATION AND LINAKGE

CONSIDERATION FOR WHERE PROGRAMS ARE IMPLEMENTED (LOCATION)

IMPLEMENTING SCREENING IN OTHER PLACES (E.G., SCHOOLS)

BUT NOT JUST SCREENING



THANK YOU



Rebecca Daughtry, MSW, LICSW, CMHS FEP Program Director

Cammie Perretta, MSW, LSWAIC FEP Program Director









Maria Monroe-DeVita, PhD Associate Professor | Harborview Medical Center













