

NEW JOURNEYS IN WASHINGTON STATE

& PATHWAYS TO CARE

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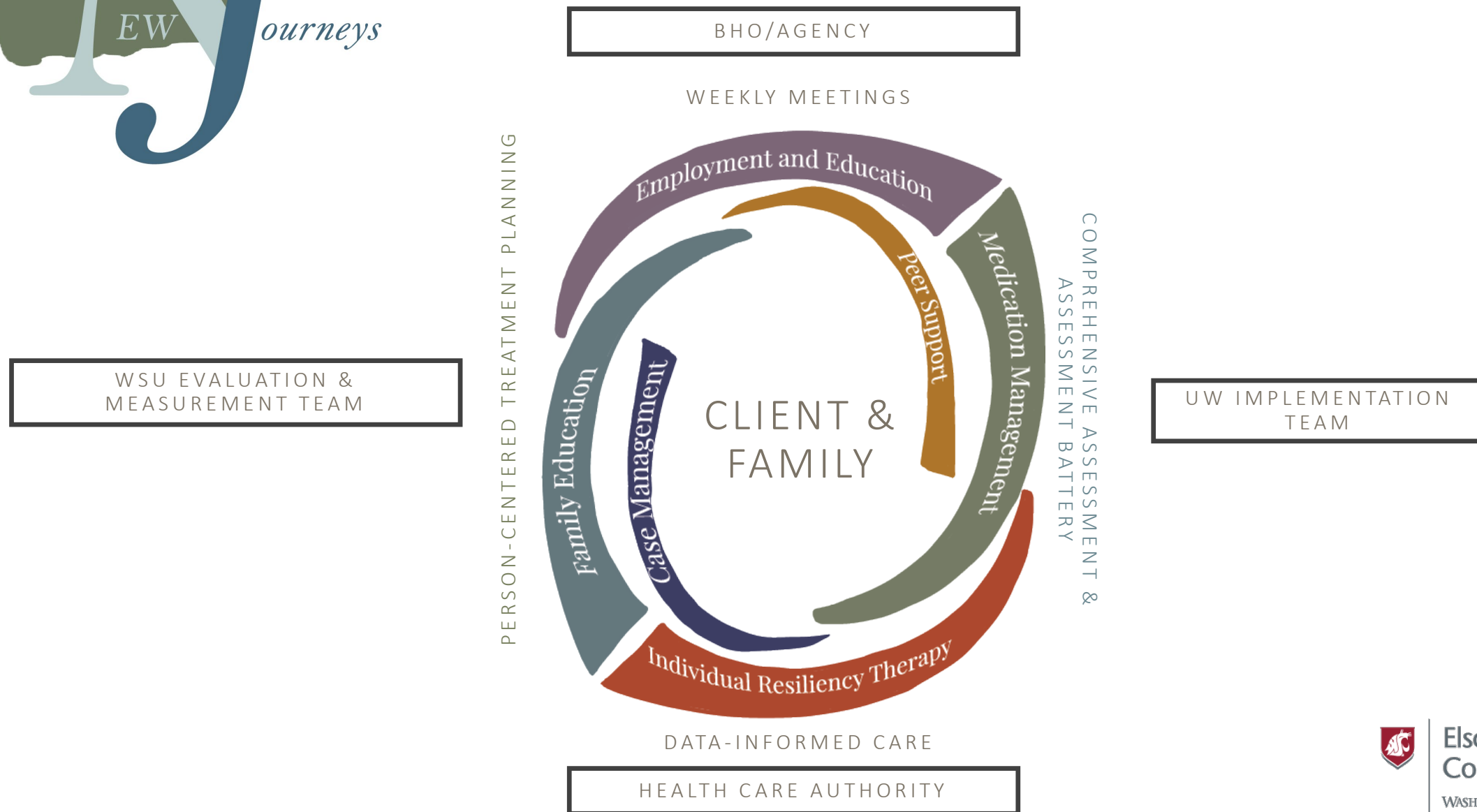
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CSC MODEL



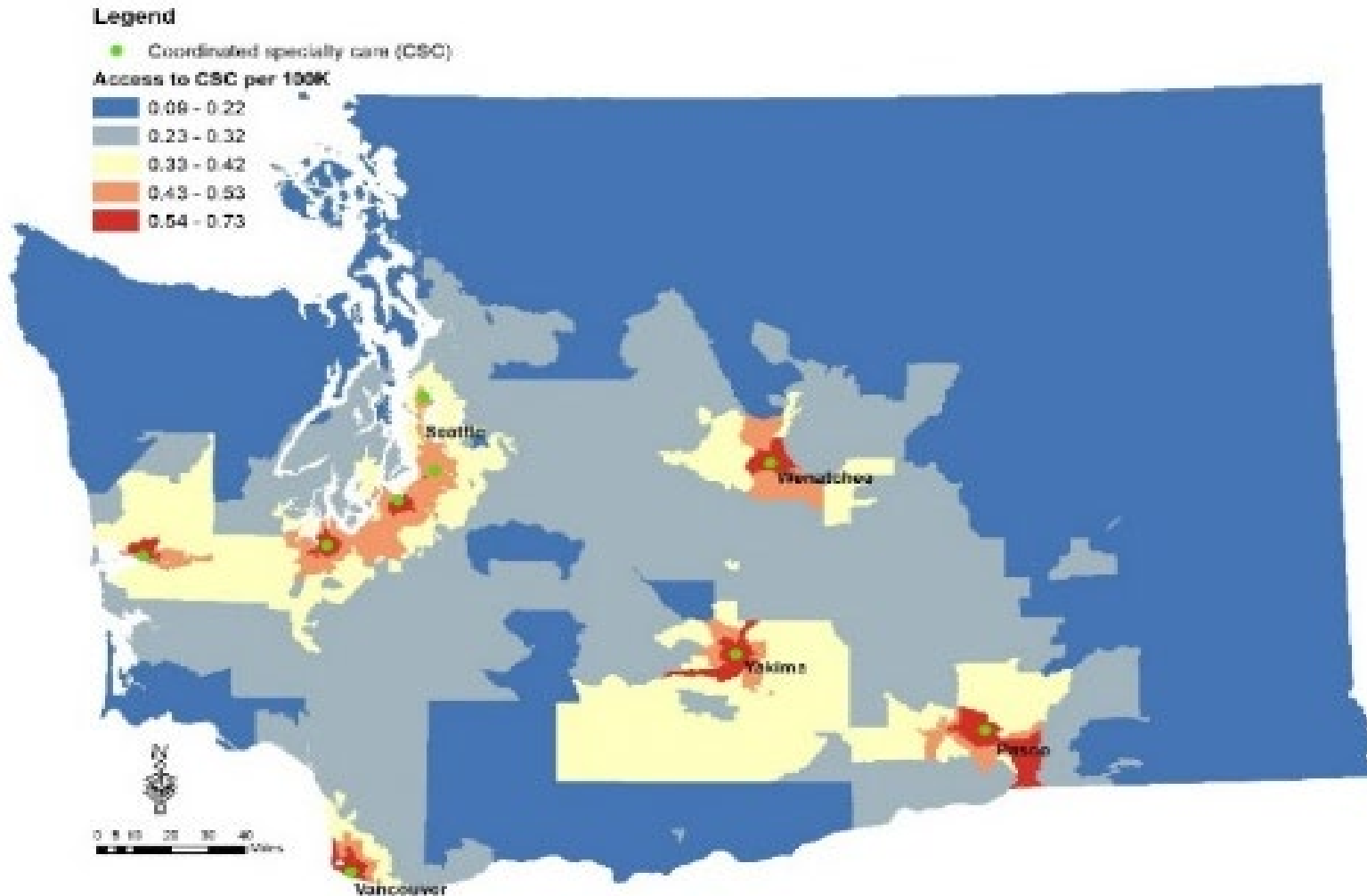
LOCATIONS

-  = Year 1 Pilot Site
-  = Year 2 Sites
-  = Year 3 Sites
-  = Year 4 Sites
-  = Year 5 Sites
-  = Year 6 Site



ACCESS TO SERVICES

Distribution of CSC Programs in Washington State



LIMITED ACCESS TO SERVICES FOR
RURAL AREAS

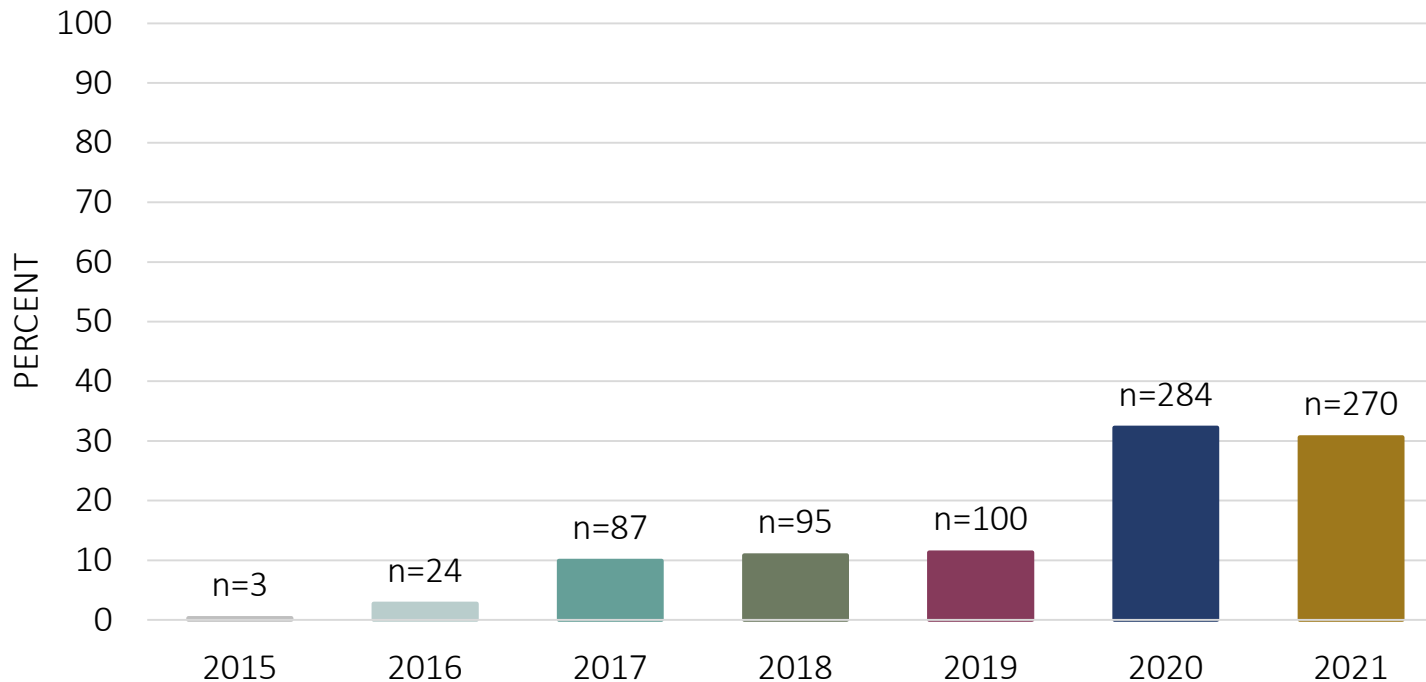
LIMITED ACCESS TO SERVICES
CONTRIBUTES TO DELAYS

SPATIAL LOCATION OF SERVICES
CONTRIBUTES TO REFERRAL
DECISIONS AND TREATMENT DELAYS



REFERRALS

REFERRALS BY STATE FISCAL YEAR



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 SCHIZOPHRENIA-SPECTRUM DISORDER – OVER DIAGNOSIS

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

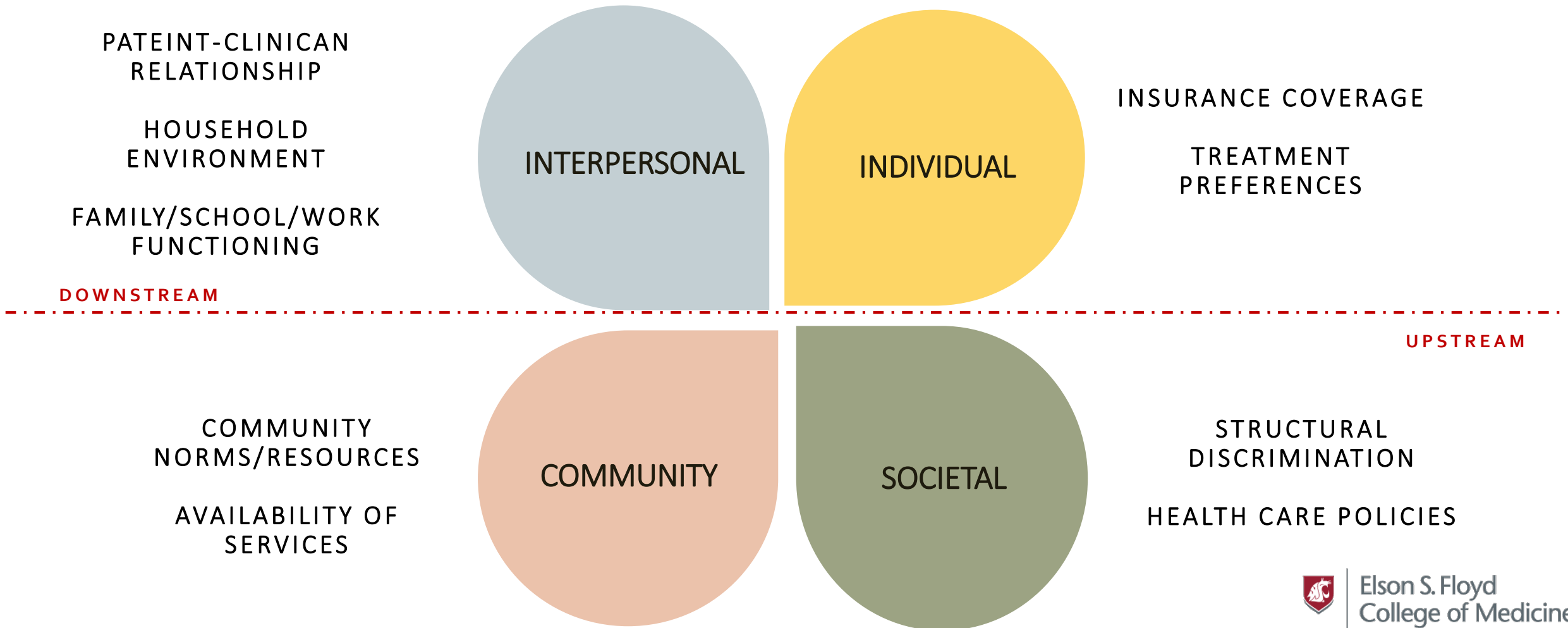


WHERE ARE THE GAPS?

HOW CAN WE ADDRESS INEQUITIES?

WHAT'S NEXT?

LEVELS OF INFLUENCE



SUGGESTIONS/ AREAS FOR IMPROVEMENT

MULTILEVEL INTERVENTIONS THAT INCLUDE COMMUNITY

INCREASED FOCUS ON DISSEMINATION RESEARCH
– FUNDING FOR OUTREACH AND OTHER DISSEMINATION EFFORTS

IMPROVED NAVIGATION AND LINKAGE

CONSIDERATION FOR WHERE PROGRAMS ARE IMPLEMENTED (LOCATION)

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

BUT NOT JUST SCREENING



THANK YOU



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