One of the things that gets me excited about coming to work after over 30 years is the continuing commitment of the staff at Comprehensive to excellence and improvement. These dedicated people are constantly putting forth new ideas to make services better and more complete. They never waiver when I bring up an idea and suggest “let’s try this.”

As a result of this energy, many cutting edge programs develop here in Central Washington. This issue of Pathways highlights some of the newer programs in our service area. Programs like WISe and New Journeys hold promise for helping youth and families break free from what historically would be chronic conditions and allow participants hope for a more normal trajectory of activities, relationships and achievement. The commitment of staff at Comprehensive to innovation has led to our selection as an early implementer of these programs and has allowed our community access to services that are not available in other areas of the state. We’re excited about these new programs and hope you will be too.

While we are talking new, I also invite you to our new website and social media presence. I hope you will visit, explore and share your feedback.
A first episode psychotic break usually happens during the teen years or early adulthood. Historically these individuals become chronic patients bound for a lifetime of services. New Journeys is a new way of dealing with first episode psychosis. It’s all about early intervention. Teaching people to recognize and deal with the early signs of psychosis – using a team approach to referral and recovery – and finally empowering individuals to live up to their goals for a meaningful life. The first goal of New Journeys, according to Washington State’s Division of Behavioral Health and Recovery (DBHR), is to “improve the long-term trajectory of psychosis – using a team approach to referral and recovery and finally empowering individuals to live up to their goals for a meaningful life.” In addition to reducing the disability through rapid effective treatment, New Journeys hopes to achieve the following additional goals:

- Develop and evaluate an intervention for first episode psychosis that can be delivered in a wide range of clinical settings and can be paid for primarily by existing funding mechanisms (Medicaid and other insurers).
- Build and sustain a system that provides appropriate levels of service delivery to stabilize and support individuals with Early Psychosis, and conduct community education and outreach to increase the number of Early Psychosis individuals receiving services.
- Increase awareness and reduce the stigma associated with schizophrenia and psychosis, and encourage people to get the facts about the illness, and increase early identification and referrals for Transition Age Youth (TAY) experiencing a first episode of psychosis.

In 2014, congress appropriated additional funds to the Substance and Mental Health Services Administration (SAMHSA) to address the needs of individuals experiencing early serious mental illness. States were directed by SAMHSA to use a 5% set aside from their Mental Health Block Grant to serve individuals experiencing first episode psychosis. Before selecting a pilot agency, DBHR thoroughly investigated current treatment models across the country to find the right model for Washington State. Their research led them to the Early Assessment and Support Alliance (EASA) based out of Portland State University’s Regional Institute for Human Development. The EASA model started as a five county program and has since been implemented nearly state wide.

Rick Weaver, Comprehensive CEO, sees a similar trajectory developing in Washington. “Yakima County is the initial pilot area for New Journeys. Our plan is to expand that throughout our service area. Ultimately, the goal is to assist in developing the framework work for a state wide model.” Haley Lowe, Program Administrator for DBHR, explains why Comprehensive was selected to administer the pilot project.

“Comprehensive offers a track record of successfully implementing Evidence Based Treatment models and expertise in providing care to adolescents and young adults who are experiencing a serious mental illness. Comprehensive was an excellent model of treatment is trending nationally. Traditionally someone with a diagnosis of psychosis would become a chronic patient orientation; access to inpatient hospital care; linkages with community resources and outreach capabilities; strong psychiatric supervision and clinical leadership and a willingness to work collaboratively to develop a model that would best serve their community, in addition to assisting in developing the frame work for a statewide model.”

Community Outreach and Education are lynchpins of the new initiative. Results show that reducing the lag time between a first psychotic episode and treatment increases the likelihood of a good recovery. To that end, Comprehensive will utilize community presentations, fact sheets, publications, a web site and other tools to raise public awareness and outreach to increase the number of people being identified and served.

Chris Moore, Director of Children's Community Outreach Services for Comprehensive, describes how the service will work. “We will talk to community organizations, churches, colleges, high schools, the juvenile justice system, virtually any organization that works with 15 – 25 year olds. We will teach them what symptoms look like for people with psychosis. And we will show them how to refer people with symptoms.”

The treatment component of New Journeys is evidence based and at the forefront of current models. Moore explains, “This model of treatment is trending nationally. Traditionally someone with a diagnosis of psychosis would become a chronic patient...”
and in services for life. This changes that. Individuals will average 24 months in this program. It starts with identifying early signs of psychosis and dealing with it as quickly as possible,” he says. “The whole initiative is recovery oriented. It is a team-based approach that involves the individual experiencing first episode psychosis, treatment team members and the families. Individuals are empowered to identify their own goals for their lives and they are taught that they can still achieve those goals.”

Treatment components include:

**Family Education Element** – teaches the family how to be supportive and communicates that there is hope

**Individual Treatment** – Cognitive Behavioral Therapy based. Teaches individuals about the interplay between thoughts, feelings and behaviors. Addresses how to challenge voices that are telling them they are not good, etc.

**Medication Component** – a medical doctor is assigned to each individual

**Supportive Education & Supportive Employment** – work is done with teachers and employers to overcome barriers to the individual’s schooling or job

**Nurse Coordinator** – medication regimen is reinforced and medical care is coordinated by this team member

**Shared Decision Making** – individuals are asked to identify what they want for themselves – what their goals are. The transition into adulthood is addressed. And hope is offered.

The benefits of New Journeys will be spread across the board. Individuals will benefit, families will benefit and communities benefit when patients are not re-hospitalized and not involved in the criminal justice system – with many becoming taxpaying, positive contributors to their community.

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**Benefits of Early Intervention…**

- Reduced secondary problems and work/school disruption
- Retention of social skill and support
- Decreased need for hospitalization
- More rapid recovery and better prognosis
- Reduced family disruption and distress
- Less treatment resistance and lower risk of relapse

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**Psychosis is treatable.**

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*Provided by the Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery*
Wraparound with Intensive Services – or WISe – is a collaborative, cross-system approach to creative problem solving.

WISe serves youth with mental health diagnoses that are experiencing severe disruptions of behavior affecting their functioning in family, school and/or social environments. To qualify for WISe, youth must be 20 years old or younger - Medicaid eligible – and meet WISe criteria as determined by the Child Assessment of Needs and Strengths.

If it all sounds pretty cut and dried, but the process itself is a little more complicated. To get one’s head around WISe, it takes an understanding of the current definition of “wraparound”. The National Wraparound Initiative website describes it as “an intensive, individualized care planning and management process. Not a treatment per se. The wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family.”

Wraparound plans go beyond traditional care plans by addressing the needs of caregivers and siblings, too. Young people and family members are helped with problem-solving skills and coping skills. Last, there is emphasis put on integrating the youth into the community and building the family’s social support network – or, informal supports.

Ron Gengler, Comprehensive Vice-President and Director of Children’s Services, explains further. “WISe is wraparound with intensive services and evidence based practices added,” he says. “The philosophy of this care begins with the principle of ‘voice and choice’ – where the perspective of the family, including the youth, are regarded with the highest importance in all phases of the process. So each plan is unique – one family, one plan.”

Gengler goes on to describe the process used at Comprehensive. “A WISe Care Coordinator and a Family/Youth Partner meet with the family wherever the family is most comfortable. A record of the family’s story is made with special attention paid to their strengths. Through discussions with the family, it is determined who will be part of the Child and Family Team (CFT). That team then meets on a regular basis to brainstorm creative strategies that utilize the strengths of the youth and meet the needs of the family. The WISe Care Coordinator brings together formal supports (medical providers, school counselors, therapists, etc.) and natural supports (caregivers, family, friends, coaches, etc.) monthly to review the cross-system care plan goals. The ultimate goal is to build up the natural supports and decrease the formal supports.”

WISe is not just traditional therapy. Behavior are monitored regularly. If something isn’t working, according to the youth and/or family, then different ideas are tried. It is a creative process with structure.

Because Comprehensive had been actively engaged in formal wraparound since 2007, it was an “early adopter” of WISe when it rolled out in Washington State in 2014. Today, Comprehensive collaborates with other WISe providers within the Greater Columbia Regional Services Network to ensure fidelity to the WISe model. Comprehensive now offers WISe throughout its service area. Ron Gengler says the benefits of WISe make it a no-brainer for wider acceptance. “Only 3 – 5 % of people who need help qualify for WISe,” he says. “But Medicaid statistics show that this same group uses 45 – 50% of available dollars. The WISe concept assumes that families and youth do well when they are able to. If they aren’t, then the system and the community should develop the right plan to address their needs. WISe wants the family to keep control but learn different skills to help them stay together and thrive. Kids want to be raised in their own home – not elsewhere.”

Gengler concludes, “Comprehensive will continue to grow WISe to meet the needs of the community. We’ve seen a lot of success. By 2018, every community in Washington State will have WISe.”

**Growing WISe**

**Team Planning Process Puts Families First**

**WISe Guiding Principles**

- Family and Youth Voice and Choice
- Strength-based
- Culturally relevant
- Unconditional
- Natural supports
- Individualized
- Home and community based
- Team-based
- Collaboration
- Outcome-based

**WISe Values**

- Families have the right to participate in all decisions that affect their lives
- Behavior is a manifestation of an underlying need
- Families know their own strengths and needs
- Friends and family members provide the most meaningful support when times get hard

- Families are responsible for their children
- Each child and family is unique and support should be tailored to reflect preferences
- We all make mistakes and everyone deserves a second chance
- Families are strong and richly connected to their community

Families know their own strengths and needs. Friends and family members provide the most meaningful support when times get hard.
Growing WISE

When Misty Magalei talks about WISE her eyes light up and the passion pours out. She can rattle off the clinical underpinnings of the WISE process like an old family recipe – but it seems she would much rather talk about the families who benefit from her program.

Misty is the WISE Program Manager at Comprehensive. She has been a Care Coordinator and an active participant in the evolution of the Wraparound planning process. Although she plays down the role of professionals in the WISE process, there is no doubt that this creative initiative only works with intensive, careful oversight and planning.

“During the Wraparound process, a team of people who are relevant to the youth collaboratively develop an individualized plan of care”, she explains. “Then, Child & Family Team (CFT) meetings are held regularly. These are brainstorming sessions designed to plan what each person will do in the next couple of weeks. It’s a proactive planning and creative problem solving process. The CFT focuses on what works for that family – strengths and successes are highlighted. And everybody on the team is accountable to every other team member. The Care Coordinator simply facilitates this process,” says Misty.

Everything gets documented. What does and doesn’t work. All the accomplishments and strategies that prove successful are recorded. It is a 9 to 12 month process.

“If we reach our goals we hold a graduation,” Misty explains. “Everyone who played a part on the team is invited. Our youth gets a special blanket (Misty’s idea) that graduating families use to wrap around themselves as a reminder of all the skills that have helped them.”

It is too early for a reliable body of research to measure results – but Misty has come to her own conclusions. “It is successful because the process allows each family member to discover for themselves what works,” she says. “There is nothing greater that getting a call from a family member – listening to them vent their frustrations about whatever – I hardly say anything at all – then they reach the end of the conversation with, ‘Ok, I think I’ve got this, thanks!’”

“When the family can do the Care Coordinator’s job for them, then we have success!”

Katie’s Story

About 2 years ago, Katie Hayden got into Wraparound with her son. She was no stranger to this because she had been through services earlier with a younger daughter.

Katie’s son was unable to adjust in school. He was always acting up and getting suspended. Then he would run away leaving Katie to wonder and worry endlessly.

“It got to where I was done – I was ready to give him up, I just couldn’t handle it anymore,” she says. “Then Child Protective Services referred us to Wraparound. We started learning skills and my son eventually got a therapist he connected with.”

Progress was slow but Katie and the family tried hard to make it work. “It wasn’t until I learned how to communicate with him – watching different parents with their kids helped me realize I wasn’t the only one with these challenges.”

A key to the process was Katie learning how to advocate for herself… and her son. With Katie having a voice in the process she learned how to see her own strengths and build on them. It was the same for her son. His “big behaviors” frequently got him in trouble and suspended. But at some point it was recognized that he was a person who wanted to be helpful. Things started to change when he was asked to be a teacher’s aide. It created an environment where he could succeed. And that helped change his perspective.

“She’s been his biggest cheerleader,” says Misty. “We are so proud of her.”

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“Both of us were always willing to change,” says Katie. “But most of our conversations deteriorated into shouting matches before we knew it. And then he would run away. We just didn’t have the skills to deal with our situation.”

But the Wraparound process and her willingness to change brought the family closer together. “I feel confident that now I have the skills that allow us to sit down as a family and address what is going on. And we are doing amazing,” reports Katie.

The family still has its trials. But now Katie and her son have the skills to deal with them. “I didn’t get a new kid, but I’m glad I didn’t. Because I really love the one I have.”

Katie is now working as a Family Partner for WISE at Comprehensive. “She helped families learn to advocate for themselves and their youth. She shows them different skills and helps them discover for themselves a path that will work for their family.”