

First Episode Psychosis Guideline Checklist

Health Plan Level 1



The current state of the issue

Psychosis involves a collection of symptoms that affect the mind, where there has been some loss of contact with reality. During an episode of psychosis, a person's thoughts and perceptions are disrupted and they may have difficulty recognizing what is real and what is not.^[i] Psychosis affects approximately 3 in every 100 people at some point in their lives, with about 100,000 adults over the age of 21 experiencing it annually nationwide.^[ii] However, only 10–15% of individuals experiencing their first episode of psychosis (FEP) receive care through an evidence-based, coordinated specialty care model.^[iii] Early detection and intervention are critical for people living with the broad spectrum of psychotic disorders. The World Health Organization recommends intervention within 90 days of symptom onset. Coordinated Specialty Care (CSC) is the gold standard of early intervention for psychosis.^[iv] Best practice is to begin treatment within the first three months, which has been shown to reduce the duration of psychosis, lower the probability of recurrence, decrease lifetime costs, and improve overall quality of life.

Rapid Detection & Early Access

- ☐ Read Toward Statewide Coverage
- ☐ **Train member-facing staff in therapeutic communication approaches** (e.g., trauma-informed care, motivational interviewing) and non-stigmatizing, person-first language
- ☐ Outreach to member within 1 week after discharge for first hospitalization psychiatric concern to offer support in connecting to care. Encourage follow up appointments to be made before discharge.

Treatment

- ☐ **Provide coverage for evidence-based treatments for individuals that experience psychotic symptoms but do not qualify for CSC**, including but not limited to psychological interventions, such as cognitive behavioral therapy and pharmacological interventions, for co-occurring concerns (e.g., antidepressants, mood stabilizers, etc.)

Transitions of Care

- ☐ **Support individuals and their support system/family in identifying and scheduling with a primary care provider** before and during transition to post-FEP psychiatric care
- ☐ Support access to specialty consultations as needed after transition to lower acuity of care

Resources

- The Bree Report on First Episode Psychosis is meant to supplement these resources.
- Full Bree Report on First Episode Psychosis:
- [WA HCA New Journeys and First Episode Psychosis](#)
- [New Journeys Washington](#)
- [Center for Excellence in Early Psychosis](#)
- [Scaling Coordinated Specialty Care for First-Episode Psychosis: Insights From a National Impact Model](#)
- [NAMI Psychosis](#)
- [NAMI Coverage of Coordinated Specialty Care \(CSC\) for Early or First-Episode Psychosis](#)
- [University of Washington Psychiatry Line](#)
- [Washington Partnership Access Line](#)

Read the full Bree Report First Episode Psychosis online by scanning the QR code:



Connect with the Bree Collaborative at bree@qualityhealth.org

References: [i] National Institute of Mental Health. (2023). Understanding psychosis (NIH Publication No. 23-MH-8110). U.S. Department of Health and Human Services. <https://www.nimh.nih.gov/health/publications/understanding-psychosis> [ii] National Institute of Mental Health. (2023). Understanding psychosis (NIH Publication No. 23-MH-8110). U.S. Department of Health and Human Services. <https://www.nimh.nih.gov/health/publications/understanding-psychosis> [iii] National Institute of Mental Health. (2023). Understanding psychosis (NIH Publication No. 23-MH-8110). U.S. Department of Health and Human Services. <https://www.nimh.nih.gov/health/publications/understanding-psychosis/> [iv] NAMI, McKinsey Health Institute, NASMHPD, National Council on Mental Wellbeing. (2024) Scaling Coordinated Specialty Care for First-Episode Psychosis: Insights From a National Impact Model. <https://www.nami.org/wp-content/uploads/2024/11/Scaling-CSC-for-FEP-Insights-from-a-National-Impact-Model.pdf>