Bree Collaborative | First Episode Psychosis
June 4th 2025| 3-4:30PM
Hybrid

MEMBERS PRESENT VIRTUALLY

Darcy Jaffe, ARNP (chair) WSHA
Brian Allender, MD, KC-BHRD
Maria Monroe-Davita, PhD, UW
Tobias Dang, MD, KP
Christina Warner, MD, Seattle Children's
Stephanie Giannandrea, MD, Confluence
Tawnya Christiansen, MD, CHPW
Cammie Peretta, MSW, LICSW, UW
Sarah Kopelovich, PhD, UW
Oladunni Oluwoye, PhD, WS
Greg Jones, DNP PMHNP-BC, CPC, Lucid Living
Chivonne Mraz, LCSW, Regence
Anne Marie Patterson, ARNP
Chris DeCou, PhD, Amazon
Rebekah Woods, LMFT CMHS

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Karie Nicholas, MA, GDip, Bree Collaborative
Laura Finke, Kennedy Forum
Mike Franz, MD, Regence

WELCOME

Beth Bojkov, Bree Collaborative, welcomed everyone to the May Bree First Episode Psychosis Workgroup. Beth invited comments and changes to the minutes – several attendance changes were made to the May minutes prior to approval. Beth invited the guests to introduce themselves.

Action: May Minutes Approval
Outcome: May Minutes Approved

PRESENT & DISCUSS: COVERAGE FOR CSC

Beth started the workgroup off by initiating a discussion on coverage of CSC in all spaces

Concerns from commercial payors

- Supported education and employment
- Codes that commercial plans use – generally we use CPT codes, don't use HCPCS codes
- WA passed mandates for commercial plans cover crisis services
- Provider licensure requirements – generally require rendering providers be fully licensed, incident 2 billing policies to allow people who complete terminal degree and render services under licensed provider
- Important to have some quality control – on track to licensure;
- Alternative payment model – case rates look simple but APM things are typically with one-off programs, but NJ is done with multiple providers across the state, executing many APM types of contracts is challenging
- They can't contract with FFS and APM for a single tax ID number, so some patients cant get NJ and other services like ACT or WISE
- HB 1432 – going to be a requirement for commercial plans to adopt medical necessity criteria and determining levels of care that are developed by nonprofit professional organizations

    - LOCUS and CALOCUS – have within that tool distinct level of care for Community based wrap around services (ACT, WISE, NJ)
    - Not aware that its specific to CSC or Psychosis programs
    - Seattle children PHP program – not a good level of care for all people necessarily
    - State regulators cited LOCUS and CALOCUS as a mandate in their regulations
        - All plan letter to plans – necessity of having LOCUS and CALOCUS in their policies
- Clinical episode payment models
    - HCPLAN has BPCI driver diagram
        - Primary drivers – strategic partnership
        - Efficient and appropriate staffing models
- If we focus on the CPT codes that are available from the FFS – could build an episode of care model based on those to begin with.
- Clinical episode payment modeling going to be name of the game
    - Shared savings and maybe even population specific payments
- APM on top of those building blocks that is sustainable – how much do the roles on these teams and these models address the needs of these patients
- Service intensity challenge: Required # of hours per month, providers often have a hard time meeting that – often due to turnover within programs
- Want to be mindful that the this team cannot be unbundled, don't want to be unbundled or miss that collaboration
    - Teams have a weekly touch base with everyone to provide
    - Case-based rate – turnover can impact that
    - Not for the lack of trying for these teams
- Engagement is the hardest piece. Cost-savings is not always really well-tracked, recognized cost-saving for ED utilization and hospitalization – potential for value-based program using those standards

PRESENT & DISCUSS: HEALTH PLAN GUIDELINES

Beth transitioned the workgroup to reviewing and editing the health plan draft guidelines. The group discussed the following:

- Making the business case is very important
    - Presentation by OPTUM about 1 year ago – involved in reimbursing CSC – see if we can track that down.
- Focus of a lot of plans right now is integration of BH into primary care – how do we sustain collaborative care and PCBH models
- Recommended quality metrics, what should they be?
    - Not just fidelity to the model, but specific metrics whether they're HEDIS/STARS etc. that can be used to look at quality of care.
- Because of fractured payor environment, payor may have only a fraction of the population – commercial payor, instead of chasing several different kinds of metrics that need to be reported,
    - Can a threshold of commercial providers get together to set threshold to reach a certain standard
- Value- based integrated care management – going to be adjusting criteria for who is involved – will start to scope in those who are identified as having a new onset psychosis – diagnosis code for schizophrenia/schizophreniform etc

- Would be helpful to hear from some programs that have billed FFS for NJ components and their experience

PUBLIC COMMENT AND GOOD OF THE ORDER

Beth invited final comments or public comments, then thanked all for attending. The workgroup's next meeting will be on Wednesday, July 9th from 3-4:30PM.