



Agency Priority Goal Action Plan

Serious Mental Illness

Goal Leaders:

Anita Everett, Chief Medical Officer, Substance Abuse and Mental Health Services Administration (SAMHSA)

Robert Heinssen, Director, Division of Services and Intervention Research, National Institute of Mental Health (NIMH)

Overview

Goal Statement

- Improve treatment access for individuals with early Serious Mental Illness. By September 30, 2019, HHS wants at least 280 evidence-based Coordinated Specialty Care (CSC) programs providing services to individuals with first episode psychosis (FEP), representing a 7-fold increase in the number of such programs compared to 2014.*

Challenge

- Approximately 100,000 youth and young adults experience a first episode of psychosis every year, with life-altering disruptions in school, work, and social adjustment. Typically, treatment for FEP is delayed two years or more after symptoms appear, and is often fragmented and ineffective.
- Without timely and effective care, symptoms and functional impairments worsen, and individuals are at high risk for suicide, substance misuse, school dropout/unemployment, criminal Justice involvement, and involuntary hospitalization, including Emergency Department use.
- Most communities lack the infrastructure and programming to address this critical period.

Opportunity

- Coordinated Specialty Care, an evidence-based practice that uses an interdisciplinary team approach to provide personalized care to individuals with FEP, addresses these challenges.
- NIMH-supported research shows that team-based CSC programs for FEP increase engagement with treatment, improve symptoms, functioning, and quality of life, drive greater involvement in work and school, and reduce medication-related side effects. CSC programs are cost effective, particularly when treatment is offered soon after the onset of FEP.
- A required 10% early intervention set-aside within the SAMHSA Mental Health Block Grant (MHBG) provides a platform for states to build CSC programs.

*This target assumes stable funding at the federal and state level and may need to be adjusted if there are major unanticipated changes in either.

Leadership

Core Team:

Goal Leads:

Anita Everett, Chief Medical Officer, SAMHSA

Robert Heinsen, Director, Division of Services and Intervention Research, NIMH

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Jennifer Klocinski,
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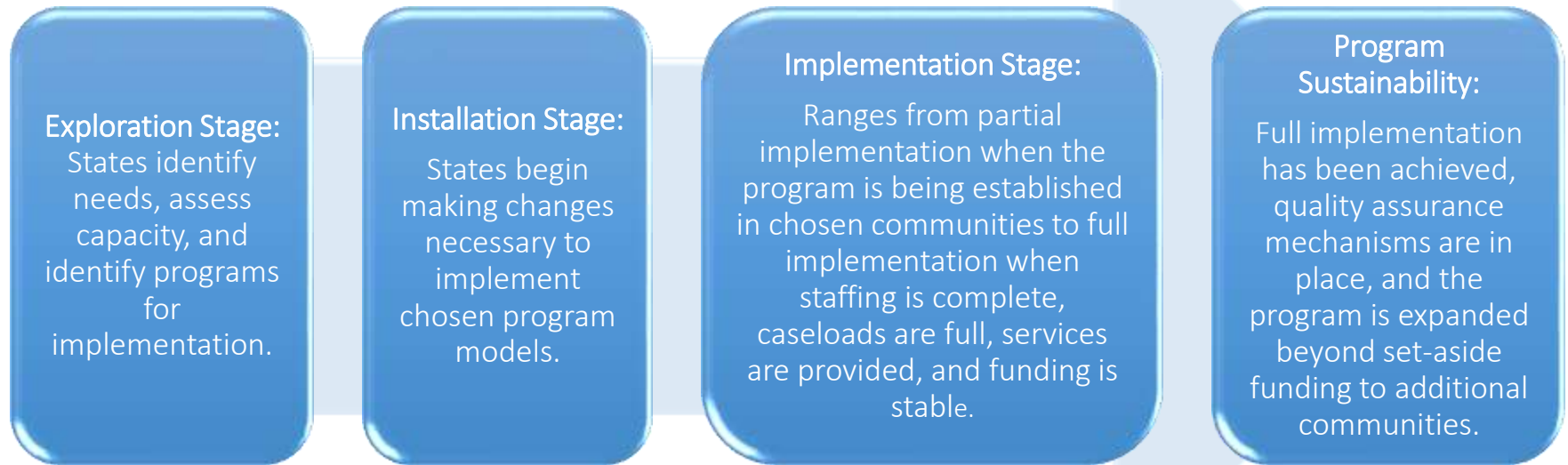
Rosanna Ng

SAMHSA

Paolo del Vecchio,
Cynthia Kemp,
Steven Dettwyler

Goal Structure & Strategies

Improving access to evidence-based CSC programs for FEP will be accomplished by supporting states through 4 stages of program development, increasing the number of states with programs and the total number of programs nationally.



HHS partners are leveraging federal, state, and private resources to bring these programs to scale.

Program development through the MHBG 10% Set-Aside (SAMHSA)

Technical assistance and program evaluation (SAMHSA, NIMH, ASPE)

Other public and private resources (CMS, State MHAs, Commercial Insurance)

Summary of Progress – FY18 Q4

Improving Access:

The number of CSC programs categorized as “Installation”, “Implementation” and “Program Sustainability” grew to 265 in FY18, an increase of 51 programs from FY17.

Providing Evidence-Based Care:

OnTrackNY, a statewide CSC program for treatment of FEP in New York, provides evidence-based care to youth and young adults with early psychosis. In FY18, OnTrackNY reported outcomes from 10 community-based programs funded wholly or in part by the Mental Health Block Grant¹. Over 300 individuals ages 16–30 with recent-onset psychosis were followed for up to one year.

Education and employment rates increased from 40% to 80% by six months, hospitalization rates decreased from 70% to 10% by three months, and improvement in global functioning scores continued for 12 months.

These real-world outcomes replicate those of randomized controlled trials reported in the scientific literature.

¹ Nossel I, Wall MW, Scodes J et al. [Results of a Coordinated Specialty Care Program for Early Psychosis and Predictors of Outcomes](#). *Psychiatric Services*, 2018; 69: 863-870.

Key Milestones

Background

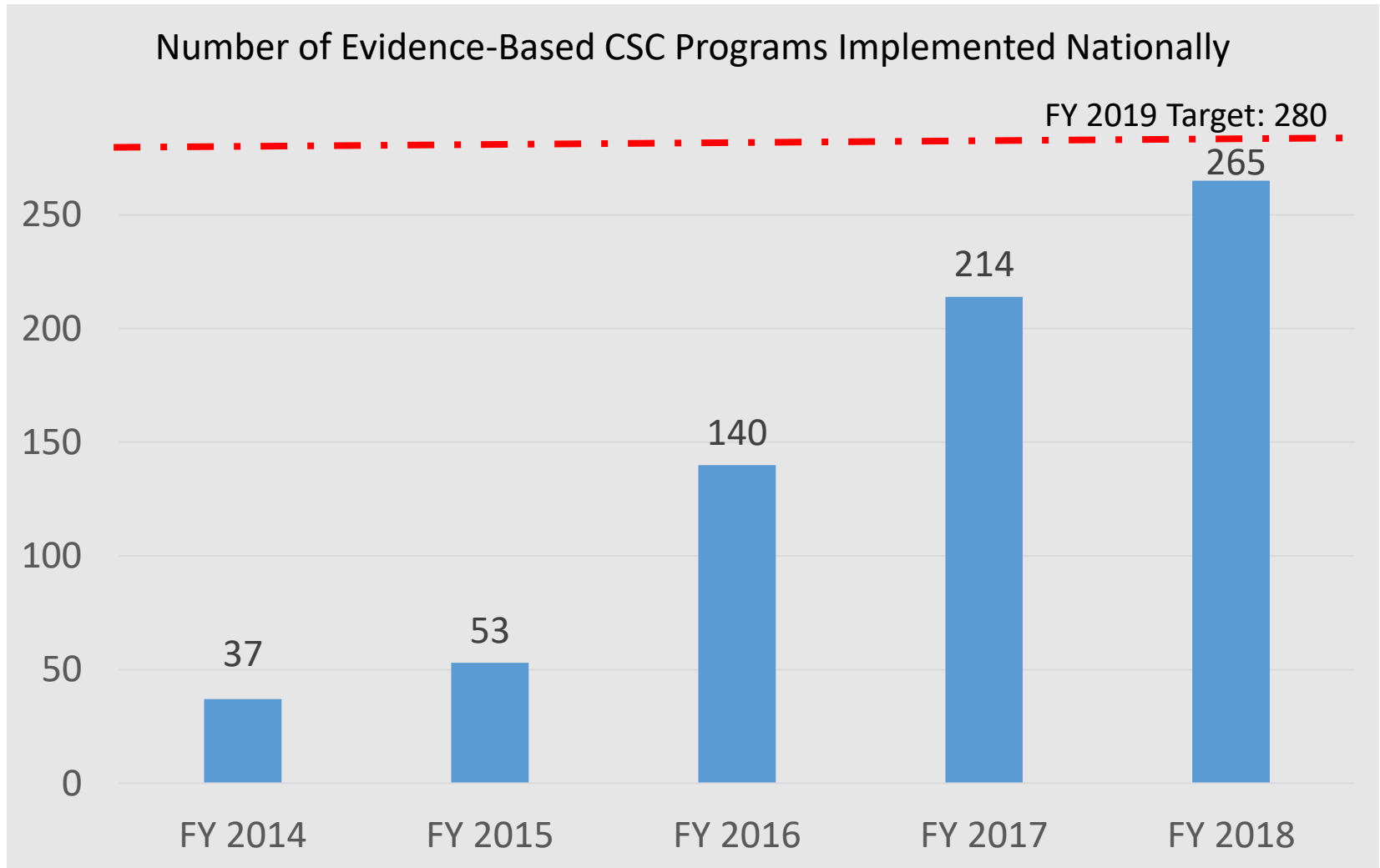
- Prior to the launch of this Agency Priority Goal, HHS partners were already working to increase the number of evidence-based CSC programs being implemented across the country.
 - Since 2014, SAMHSA has sponsored 38 educational webinars, 36 web-based trainings, and 11 on-site technical support events to assist states in developing and implementing CSC programs.
 - Since 2015, CMS has provided guidance to states regarding Medicaid funding mechanisms to cover the full range of CSC services, including fee-for-service models and waivers that allow states to provide supported employment, case management, and community outreach to youth with FEP.
 - In 2016 and 2017, NIMH convened 4 expert panels and stakeholder meetings to foster standardized methods for clinical assessment, fidelity monitoring, and quality improvement in CSC programs.

FY 2016 Evaluation of CSC Programs

- In 2016, SAMHSA, NIMH, and ASPE launched a rigorous evaluation of CSC programs supported by the MHBG set-aside for first episode psychosis. The evaluation measures fidelity to evidence-based practice, quality of care, and key clinical outcomes.

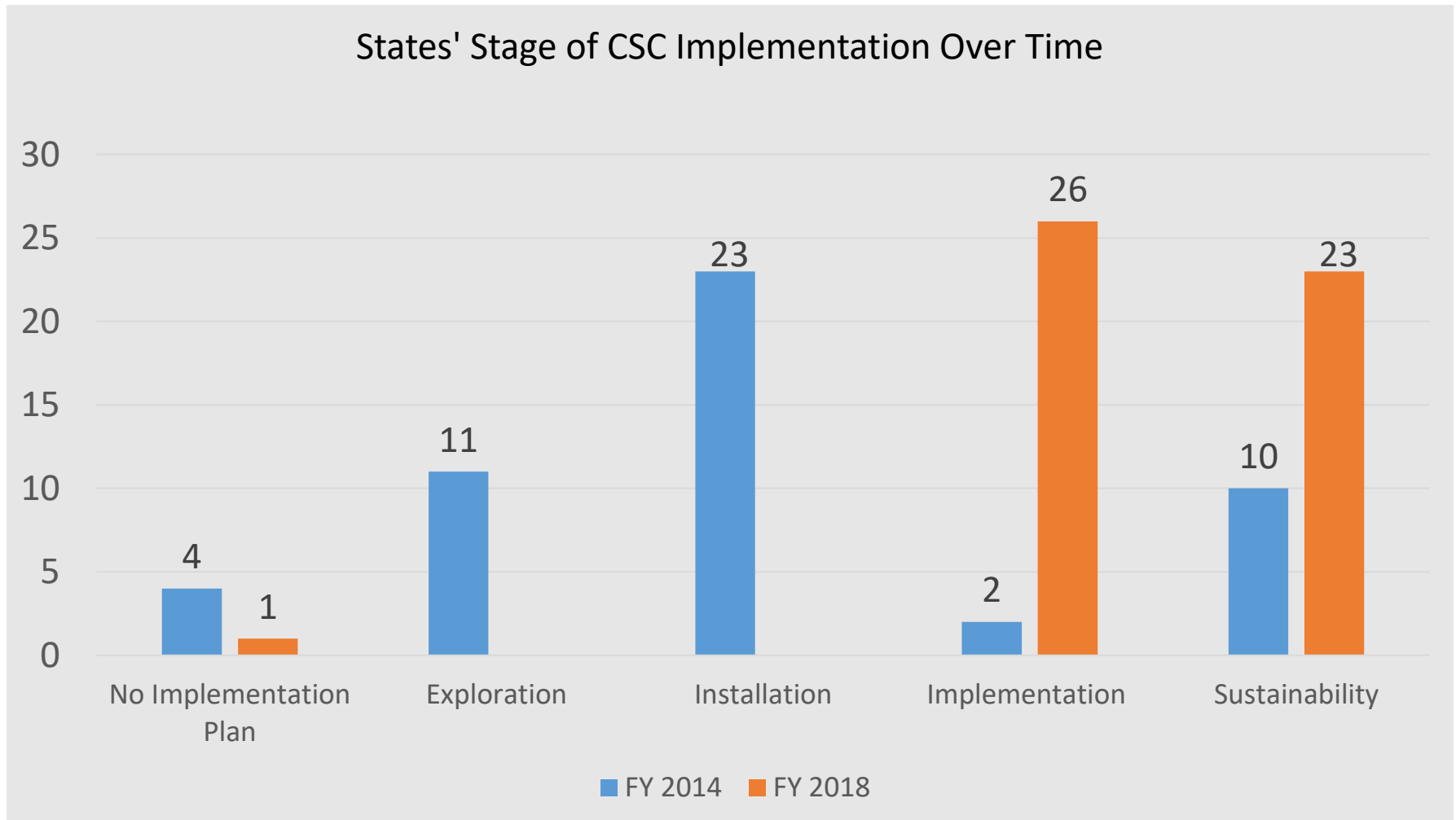
MHBG 10% Set-Aside Fidelity and Outcome Evaluation Study			
Key Milestones		Due Date	Status
FY 2017	Refine fidelity instrument, choose clinical outcome measures, select 36 representative CSC programs for evaluation	Q1, FY 2018	Completed
FY 2018	Initiate fidelity/outcome assessments at study sites; survey 215 programs nationwide on CSC service delivery	Q4, FY 2018	Completed
FY 2019	Complete fidelity/outcome evaluations; analyze and report CSC fidelity, outcome, and service delivery data	Q4, FY 2019	On-Track

Key Indicators



Data Accuracy and Reliability Statement: Information on implementation of CSC programs is collected annually by the National Association of State Mental Health Programs Directors Research Institute (NRI). NRI uses a standard interview protocol to collect this information in an unbiased and consistent manner across states.

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Data Accuracy and Reliability

Information related to the implementation of CSC programs is collected from states on an annual basis by the National Association of State Mental Health Programs Directors Research Institute (NRI). NRI uses a standard interview protocol to collect this information to ensure consistency in data collection.

Additional Information

Contributing Programs

Organizations:

- SAMHSA, ASPE, and NIMH - See below
- Other HHS partners – Other HHS partners are needed to continue to develop evidence-based CSC programs beyond the Community Mental Health Services Block Grant Set-Aside.

Program Activities:

- SAMHSA Community Mental Health Services Block Grant – Includes a 10 percent set-aside to support early intervention for serious mental illness. These funds are used by states to support the development of evidence-based CSC programs.
- SAMHSA and NIMH Technical Assistance – Guides states in their development of evidence-based CSC programs.
- SAMHSA, NIMH, and ASPE Set Aside Evaluation – From FY 2017 through FY 2019 The evaluation is focusing on 36 Coordinated Specialty Care sites across the U.S. that use the MHBG funds to provide services to individuals experiencing an FEP. It will examine outcomes, process, and fidelity to established models at these sites. The Set Aside Evaluation is also conducting a nationwide survey of all Block Grant supported CSC programs to gain a better understanding of these programs and the services they offer.
- HHS will work across operating divisions to ensure that these activities are coordinated with other related efforts through the Behavioral Health Coordinating Council and the Interdepartmental Serious Mental Illness Coordinating Committee.

Stakeholder / Congressional Consultations

This work has happened as a result of congressional direction and a partnership across SAMHSA, NIMH, and ASPE. Coordination with Congress has been continual over the course of the program to ensure that we are meeting their intent.