

Serious Mental Illness

Goal Leaders: Anita Everett, Chief Medical Officer, SAMHSA
Robert Heinssen, Director, Division of Services and Intervention Research,
NIMH

Themes: Administration of Justice / Education, Training, Employment and
Social Services / Health / Income Security / Medicare / Social Security /
Veterans Benefits and Services

Overview

Goal Statement

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

Challenge

- Individuals experiencing psychosis often wait two years or more before accessing treatment for FEP.
- During this time without treatment, symptoms and functional impairments worsen, and individuals experience high risks of school dropout/unemployment, isolation, criminal Justice involvement, and involuntary hospitalization, including ED use.
- Most communities lack the infrastructure and programming to address this critical period.

Opportunity

- CSC, an evidence-based practice that uses an interdisciplinary team approach to provide care and support to individuals with a first episode psychosis, addresses the challenges listed above.
- NIMH-supported research shows that 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 provides a platform for states to build these programs.

Leadership

Core Team:

Goal Leads:

Anita Everett, Chief Medical Officer, SAMHSA

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

ACL

Jennifer Klocinski,
Edwin Walker

ASPE

Joel Dubenitz

IHS

Miranda Carman,
Diane Leach

NIH

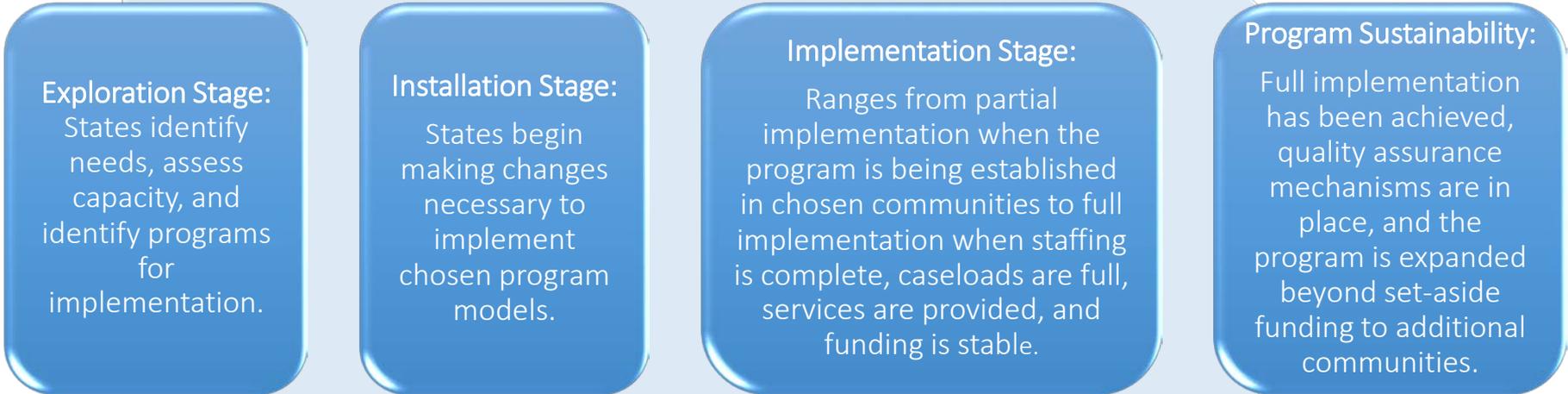
Rosanna Ng

SAMHSA

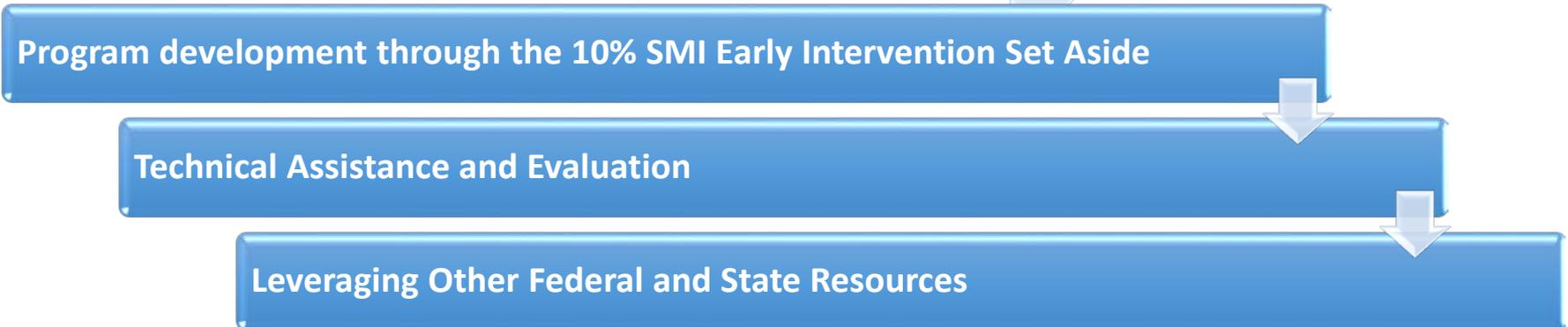
Paolo Delvecchio,
Cynthia Kemp,
Darren Fulmore

Goal Structure & Strategies

This goal seeks to improve services for people with SMI by increasing the availability of evidence-based CSC models. This 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.



To move states along the program development continuum, federal partners use several strategies, including the block grant set aside, technical assistance and evaluation, and leveraging other state and federal resources. Implementation of the set aside, technical assistance, and evaluation happen through a partnership between SAMHSA, NIMH, and ASPE. Other HHS partners are needed to help leverage other federal and state resources to bring these programs to scale.



Summary of Progress – FY18 Q1

The number of First Episode Psychosis programs categorized as “installation”, “implementation” and “Program Sustainability” has increased to 256, an increase of 42 programs from FY17. SAMHSA/CMHS continues to provide states with technical assistance in the form of webinars, direct technical assistance and on-going support by the SAMHSA/CMHS State Project Officers. In addition, SAMHSA/CMHS has undertaken an evaluation of 36 first episode programs, funding wholly or in part by the Mental Health Block Grant, that is analyzing the relationship between the use of an evidence based program and its related fidelity to the model used, and the clinical outcomes of individuals served. This evaluation is in its second of three years and will provide essential information on program clinical effectiveness and how well programs are adhering to model fidelity. The use of a fidelity based model is a requirement of the Mental Health Block Grant.

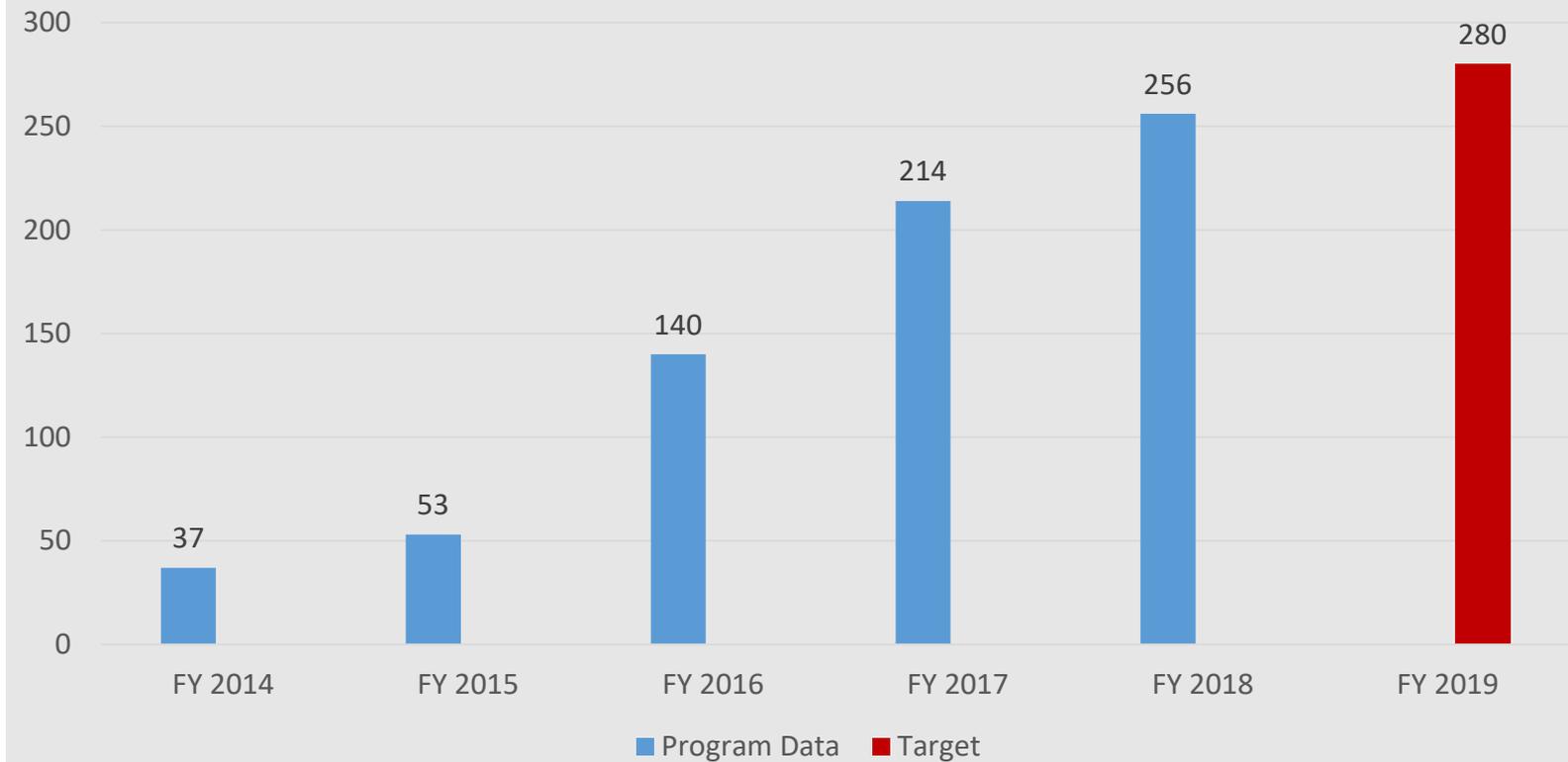
Key Milestones

- HHS partners are working to increase the number of evidence-based CSC programs being implemented across the country.
- SAMHSA, NIMH, and ASPE have been working for the past three years to develop these critical programs by building on the SMI early intervention set-aside in the Community Mental Health Services Block Grant. In the past year, these partners launched an evaluation to examine programs supported by the SMI early intervention set-aside.

Milestone Summary		
Key Milestone	Milestone Due Date	Milestone Status
FY 2017 data collected, analyzed, and reported	Q1, FY 2019	On-Track
Evaluation Completed	Q4, FY 2019	On-Track
FY 2018 data collected, analyzed, and reported	Q1, FY 2020	On-Track

Key Indicators

Number of Evidence-Based CSC Programs that Have Been Implemented Nationally



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 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 a first episode of psychosis (FEP). It will examine outcomes, process, and fidelity to established models at these sites.
- 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.