



Agency Priority Goal Action Plan

Serious Mental Illness

Goal Leaders:

Anita Everett, Director, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA)

Robert Heinessen, 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 seven-fold increase in the number of such programs compared to 2014.*

Challenge

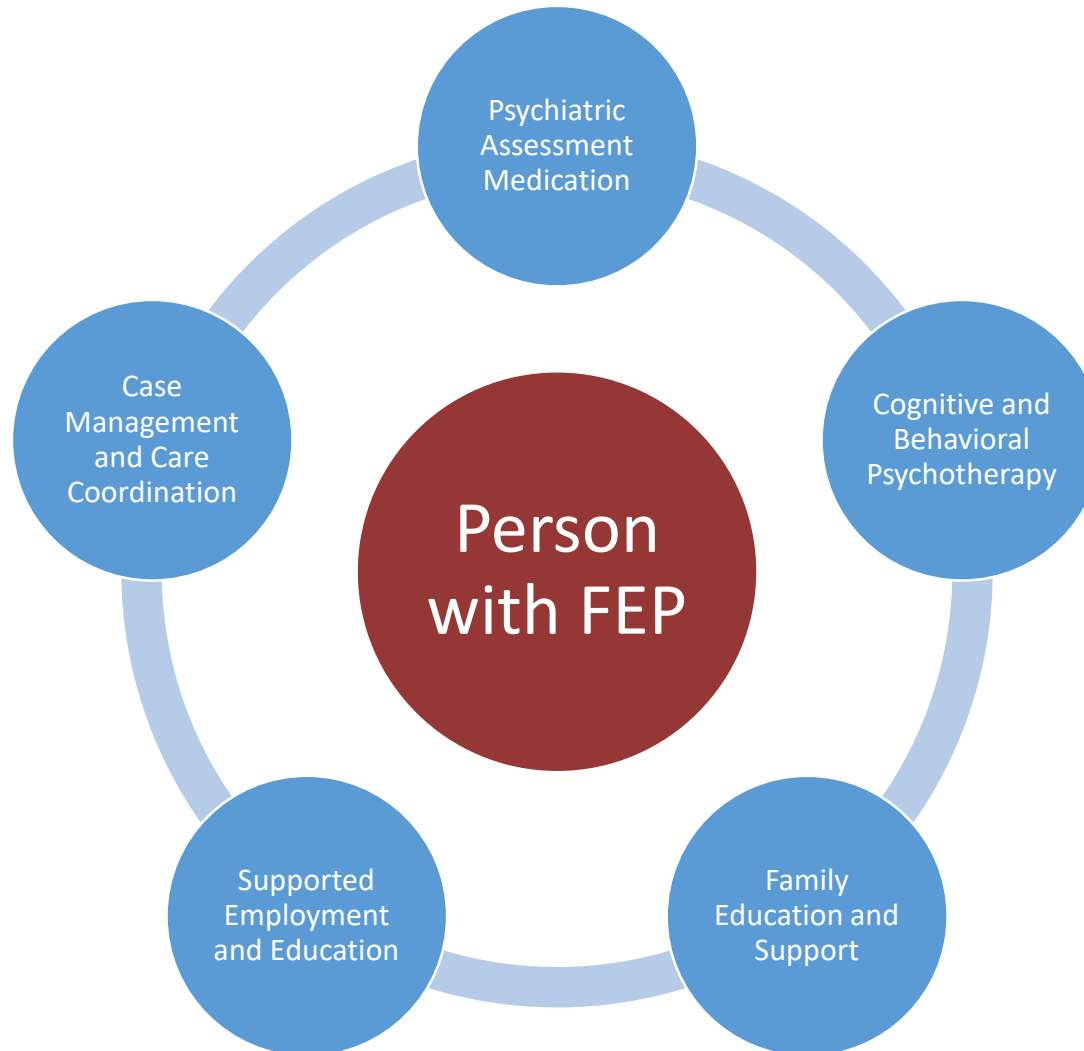
- Approximately 100,000 youth and young adults experience a first episode of psychosis every year, with life-altering disruptions in school, work, and social adjustment. Typically, treatment for FEP is delayed two years or more after symptoms appear, and is often fragmented and ineffective.
- Without 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 percent 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.

Components of Coordinated Specialty Care



Leadership

Core Team:

Goal Leads:

Anita Everett, Director, Center for Mental Health Services, SAMHSA

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

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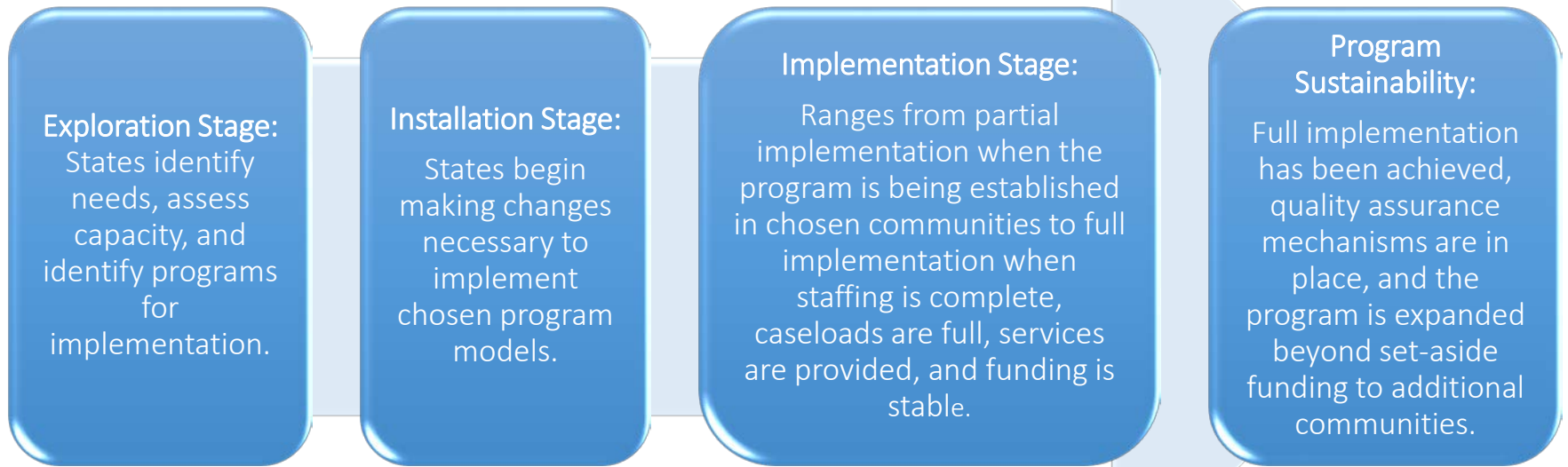
Rosanna Ng

SAMHSA

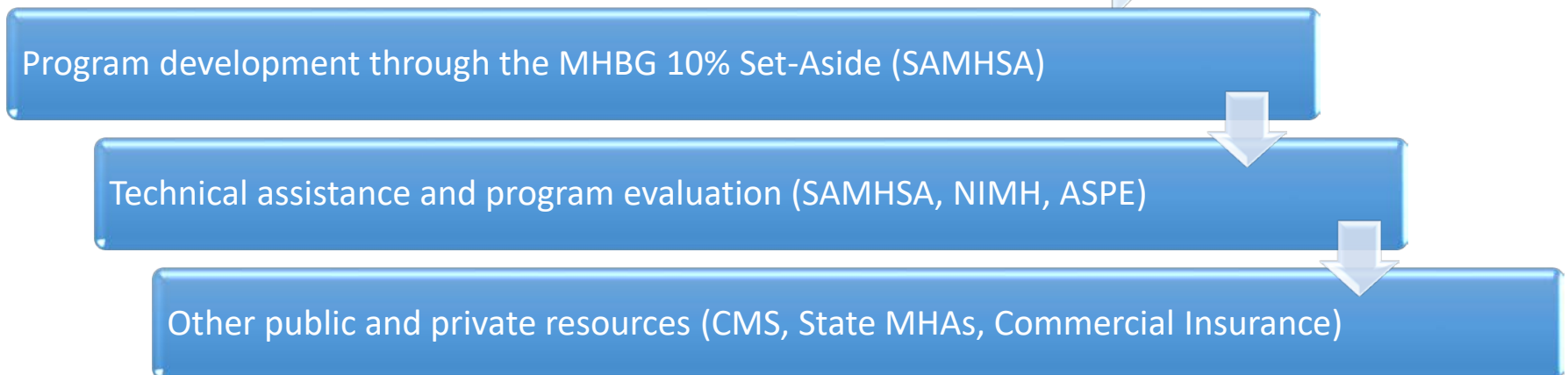
Cynthia Kemp,
Steven Dettwyler

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.

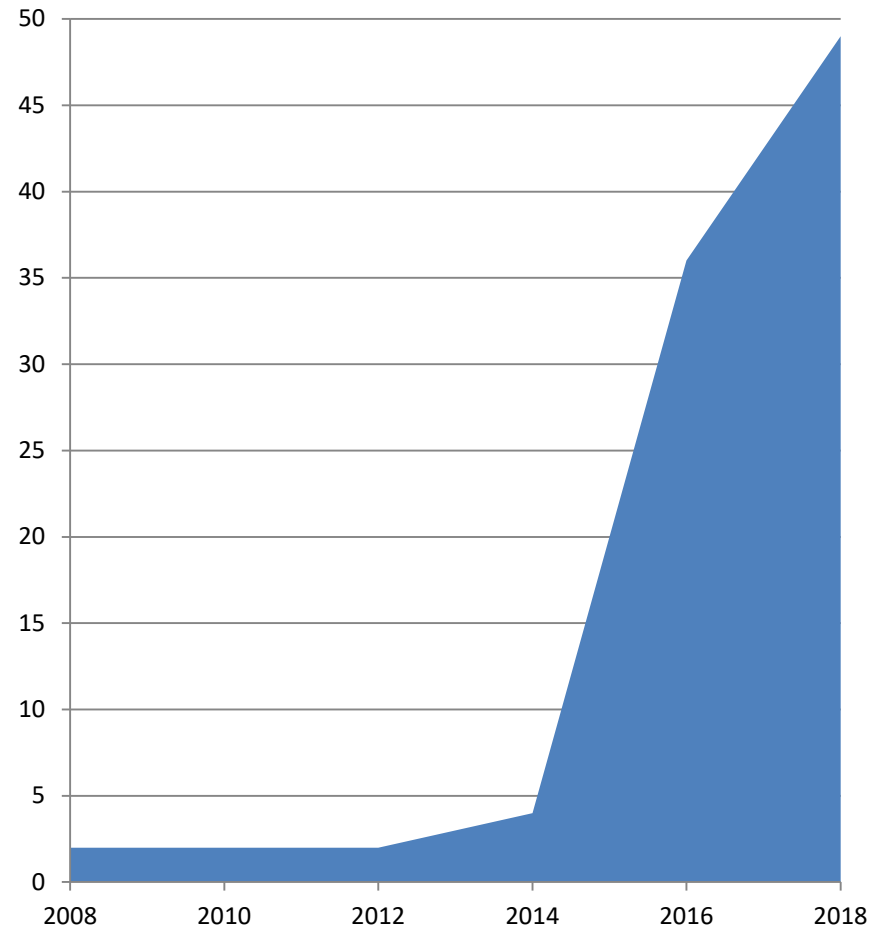


States' Adoption of Early Psychosis Intervention Plans

Dates and First Episode Psychosis (FEP) Milestones

Jul. 2009	NIMH clinical trials for FEP commence
Dec. 2013	NIMH implementation study completed
Jan. 2014	P.L. 113-76: \$22.8M set-aside for FEP
Apr. 2014	NIMH/SAMHSA FEP guidance to states
May 2014	SAMHSA technical support to states begins
Dec. 2014	P.L. 113-483: \$22.8M set-aside for FEP
Oct. 2015	NIMH clinical trials for FEP completed
Oct. 2015	CMS coverage of FEP intervention services
Dec. 2015	P.L. 114-113: \$50.5M set-aside for FEP
Dec. 2016	P.L. 114-255: 21 st Century Cures Act
May 2017	P.L. 115-31: \$53.3M set-aside for FEP
Mar. 2018	P.L. 115-141: \$68.5M set aside for FEP

Cumulative Number of States with Early Psychosis Intervention Plans



Summary of Progress – Q1/Q2 FY 2019

Improving Access:

- 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.

Improving Evidence-Based Care:

- In Q4 FY 2018, NIMH published two funding announcements to establish five regional networks among CSC programs that feature standardized methods for clinical assessment, fidelity monitoring, and continuous quality improvement.
- In Q2 FY 2019, a NIMH Special Emphasis Panel of non-government experts reviewed 17 CSC research grant applications for scientific and technical merit.

Key Milestones

HHS Evaluation of CSC Programs

- In FY 2017, SAMHSA, NIMH, and ASPE launched a rigorous evaluation of CSC programs supported by the Mental Health Block Grant (MHBG) set-aside for first episode psychosis. The evaluation measures fidelity to evidence-based practice, quality of care, and key clinical outcomes.
- In FY 2018, 36 representative CSC sites were selected for participation in the evaluation. Collection of treatment fidelity and outcome data continues on schedule.
- In FY 2019, SAMHSA continued support for an annual survey of all CSC programs that receive MHBG set aside funds. Survey data will enumerate the number of MHBG-supported CSC programs operating nationwide and each program's stage of implementation. Survey results will be available August 2019.

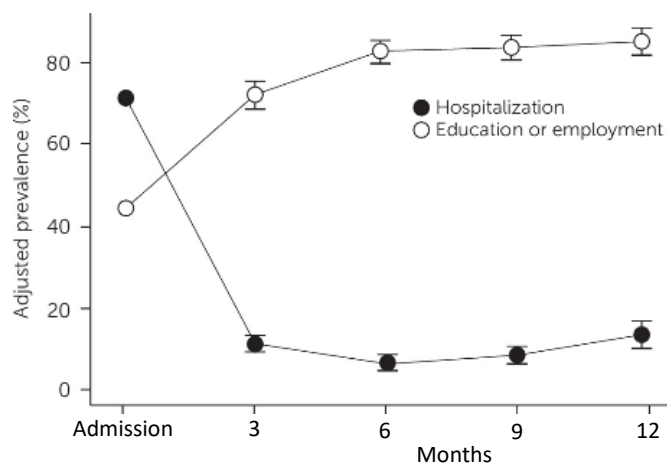
MHBG 10% Set-Aside Fidelity and Outcome Evaluation Study			
Key Milestones		Due Date	Status
FY 2017	Refine fidelity instrument, choose clinical outcome measures, select 36 representative CSC programs for evaluation	Q1, FY 2018	Completed
FY 2018	Initiate fidelity/outcome assessments at study sites; survey 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 Milestones

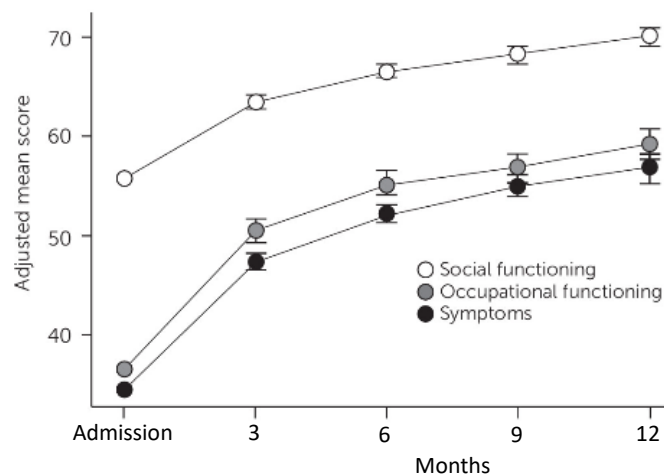
Independent Evaluation of CSC Programs

- OnTrackNY, a statewide CSC program for treatment of FEP in New York, evaluated ten community-based programs funded wholly or in part by the Mental Health Block Grant. Over 300 individuals ages 16–30 with recent-onset psychosis were followed for up to one year.
- Education and employment rates increased from 40 percent to 80 percent by 6 months, hospitalization rates decreased from 70 percent to 10 percent by three months, and measures of global functioning improved continuously over 12 months.
- These real-world outcomes replicate those of NIMH-funded randomized controlled trials and other FEP studies reported in the scientific literature.

School/Work and Hospitalization Rates



Global Functioning Measures

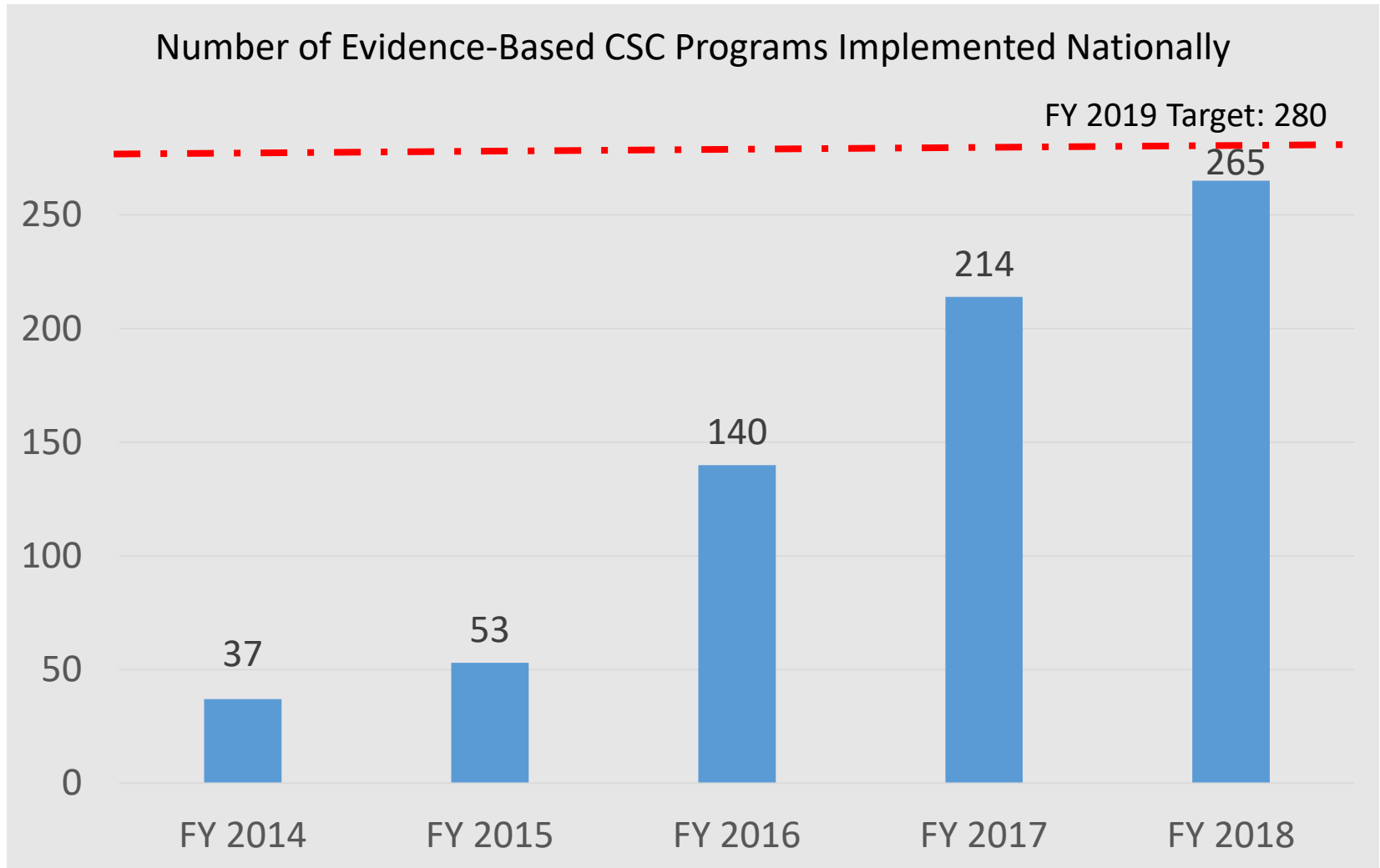


Findings and graphs are from Nossel et al., May 2018, Results of a Coordinated Specialty Care Program for Early Psychosis and Predictors of Outcome, *Psychiatric Services*, <https://doi.org/10.1176/appi.ps.201700436>.

Early Serious Mental Illness Prevalence and Treatment

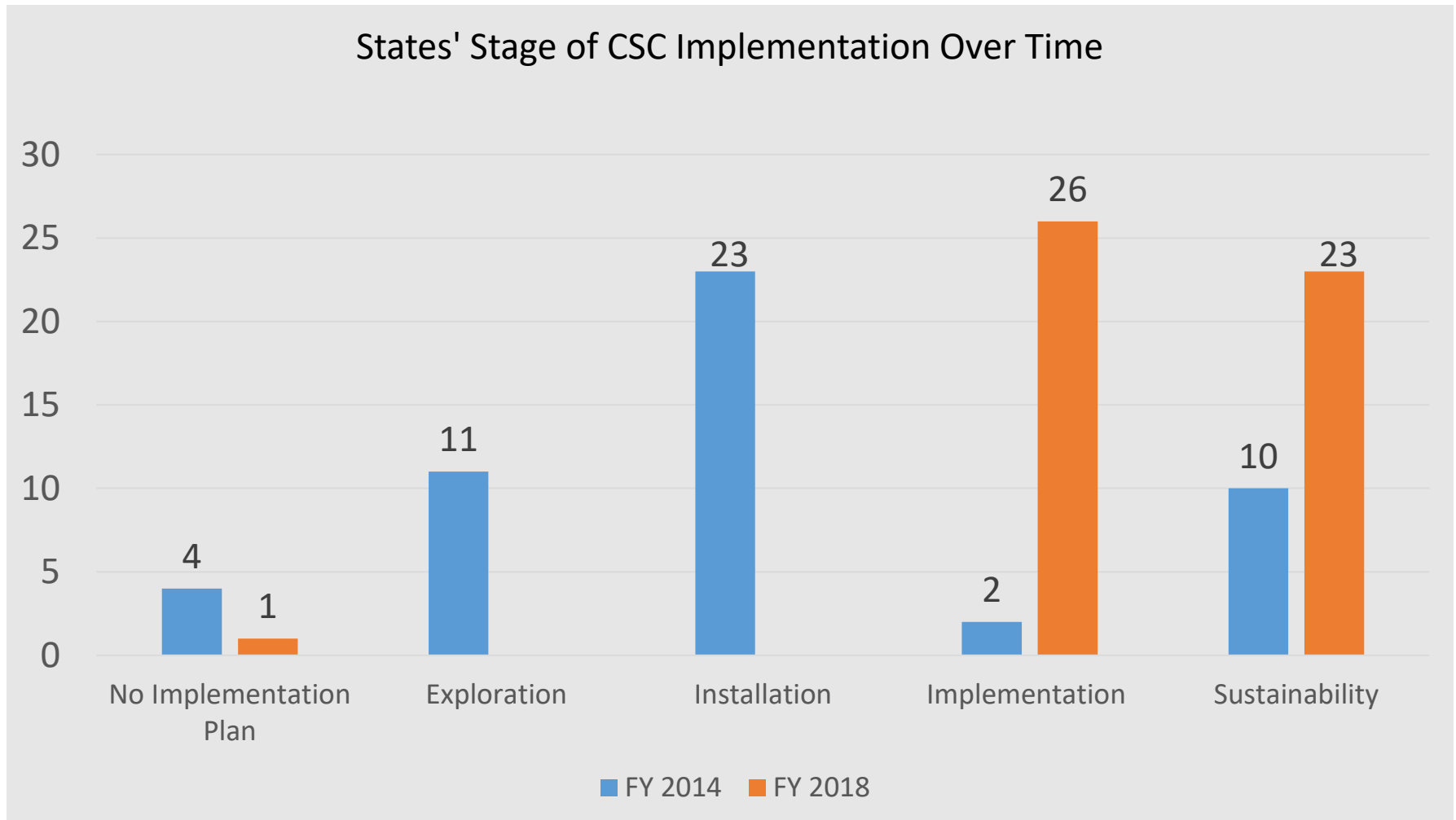
- In 2017, SAMHSA's National Survey on Drug Use and Health estimated that approximately 2.6 million persons ages 18-25 experience SMI; nearly half of young adults with SMI (42.6 percent) receive no treatment.
- In 2017, the NIMH funded Mental Health Research Network estimated that there are approximately 114,000 new cases of psychosis each year in the US (Simon et al., *Psychiatric Services*, 2017; 68:456–461).
- In 2017, 6,480 people with early SMI were enrolled in SAMHSA-tracked CSC programs nationwide. In 2018, 50 State Mental Health Authorities reported that 8,035 persons were receiving CSC services, a 24 percent increase over the previous year.
- 100 percent of the people who receive CSC treatment following a first episode of psychosis have a SMI.

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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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.