



## 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)

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# Overview

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## 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 114,000 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

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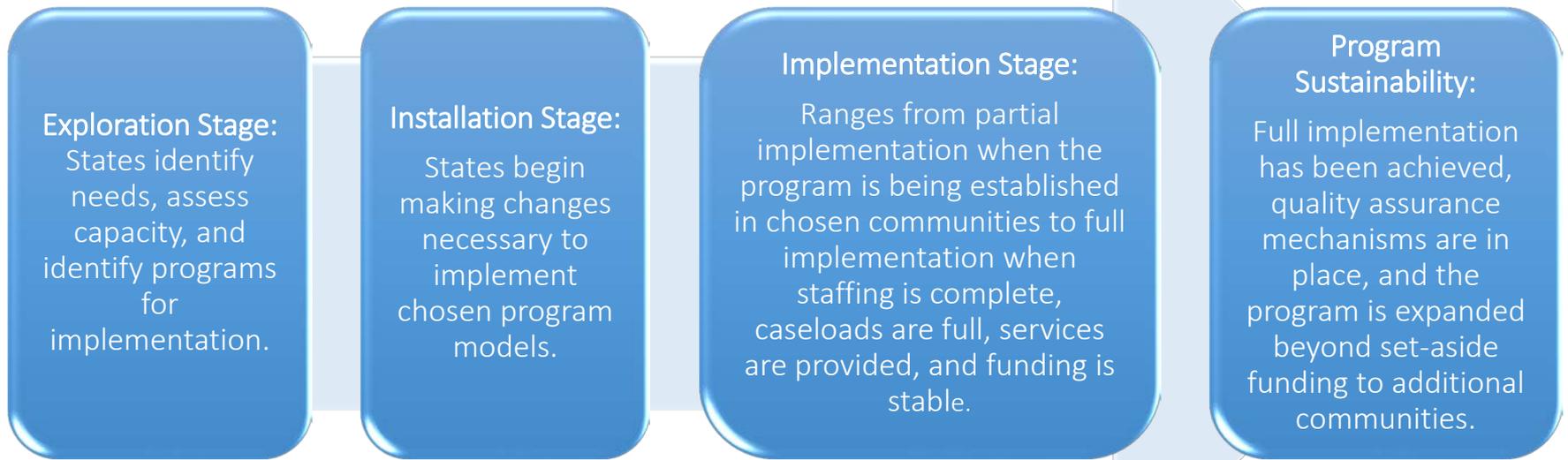
Rosanna Ng

**SAMHSA**

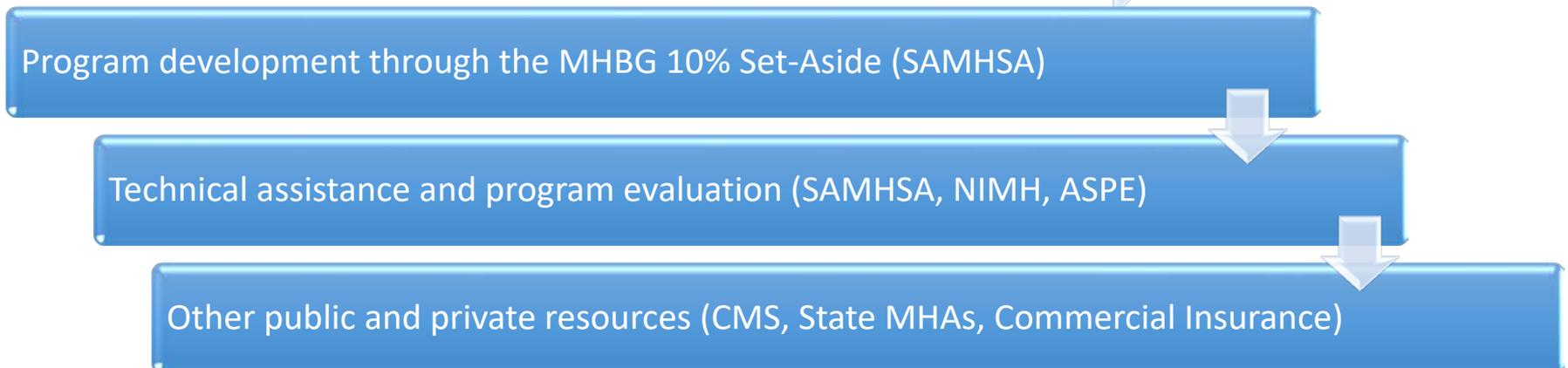
Tison Thomas,  
Steven Dettwyler

# 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.

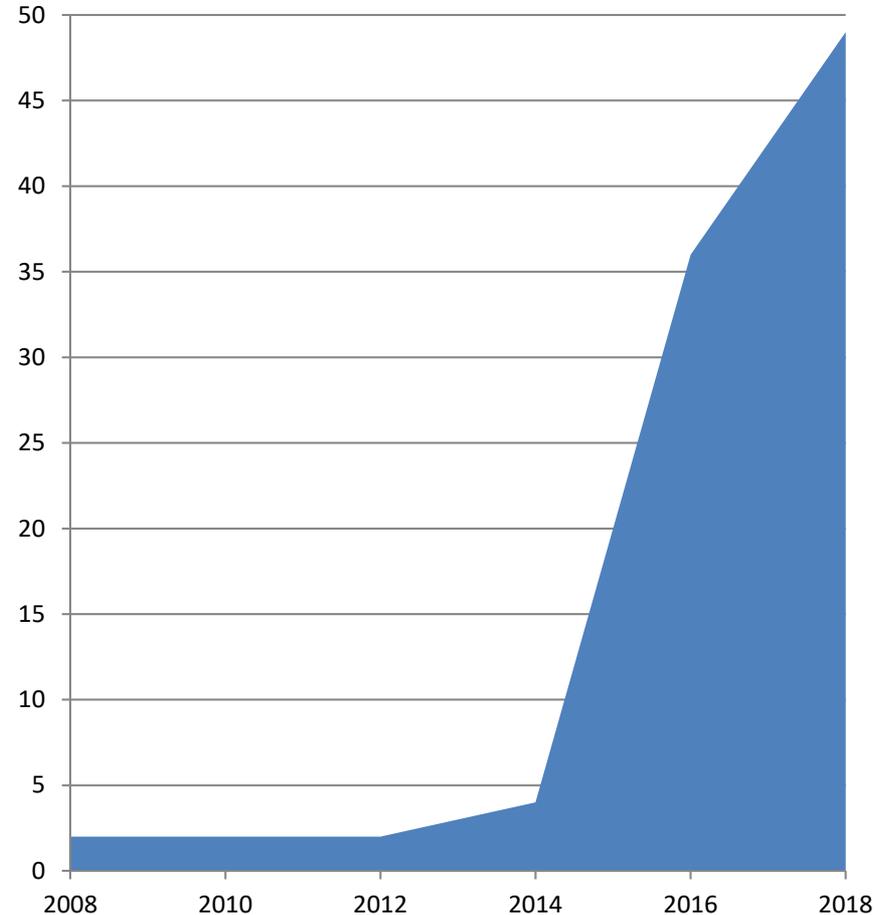


# States' Adoption of Early Psychosis Intervention Plans

## 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 <sup>st</sup> 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
Mar. 2019	P.L. 115-245: \$68.5M set aside for FEP

## Cumulative Number of States with Early Psychosis Intervention Plans



# Summary of Progress – Q4 FY 2019

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## 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 2019, NIMH funded 5 research grant applications that establish five regional networks among CSC programs that feature standardized methods for clinical assessment, fidelity monitoring, and continuous quality improvement.
- In Q4 FY 2019, NIMH funded an additional research grant application that establishes a national data coordinating center to support and extend the work of the regional networks via advanced medical informatics and data visualization tools.

**APG Close-Out Statement:** In FY 2018, HHS met the goal of  $\geq 280$  evidence-based CSC programs for FEP. FY 2019 final data on the number CSC programs operating will be available in March 2020. HHS anticipates continuing to exceed its target for this APG and will provide updated information on Performance.gov.

# 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, all 50 states submitted data related to their FY 2018 MHBG set-aside funds.

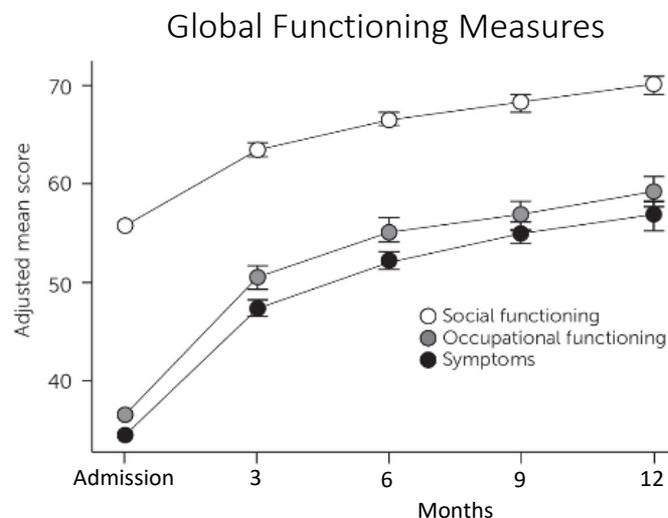
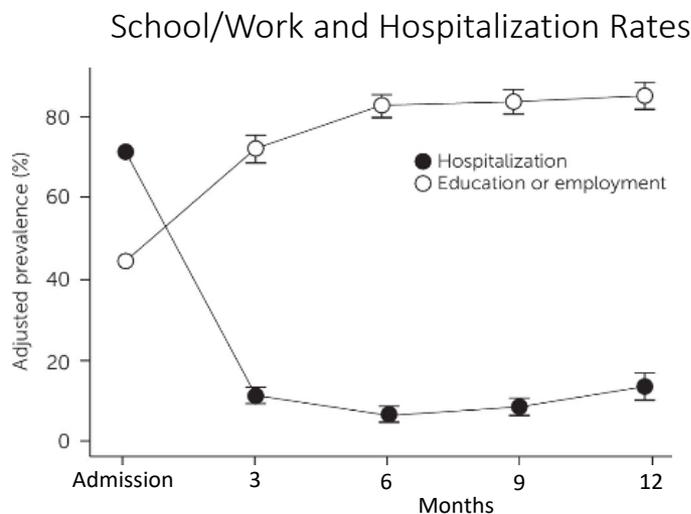
### MHBG 10% Set-Aside Fidelity and Outcome Evaluation Study

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	Q1, FY 2019	Completed
FY 2019	Complete fidelity/outcome evaluations; analyze and report CSC fidelity, outcome, and service delivery data	Q4, FY 2019	Completed

# 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.



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>.

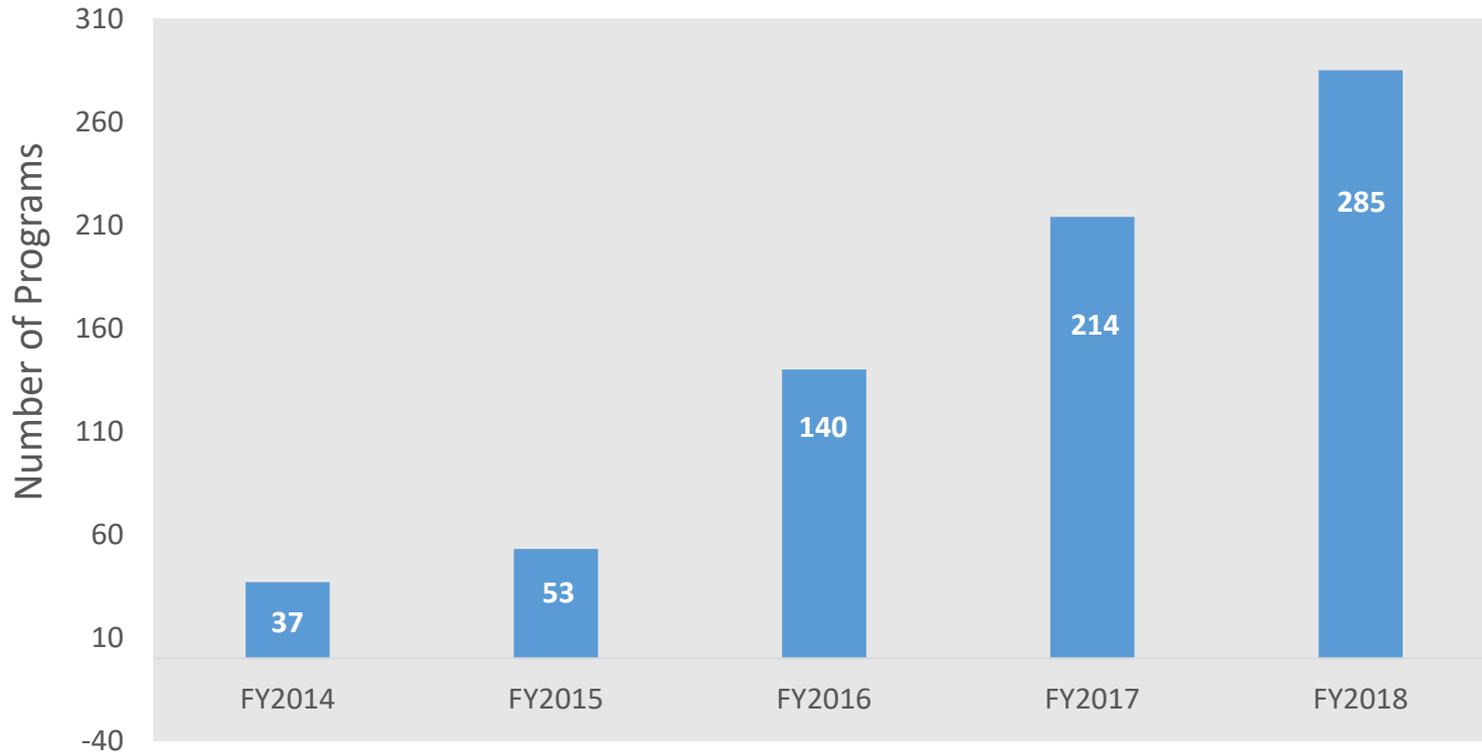
# Early Serious Mental Illness Prevalence and Treatment

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- 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 2018, 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 (46.2 percent) receive no treatment.
- In 2018, 41 of 49 states with CSC programs reported service use data. State Mental Health Authorities reported that 17,232 persons with early SMI received CSC services in SAMHSA-supported programs.
- 100 percent of the people who receive CSC treatment following a first episode of psychosis have a SMI.

# Key Indicators

Number of Evidence-Based CSC Programs Implemented Nationally with MHBG Set-Aside Funds



HHS met the goal of  $\geq 280$  evidence-based CSC programs for first episode psychosis in FY 2018. Data on the number CSC programs operating in FY 2019 will be available in March 2020.

# Additional Information

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## 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 also conducted 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.