



State Mental Health Agency Support for Coordinated Specialty Care (CSC) Programs and Use of the Mental Health Block Grant 10% Set-Aside

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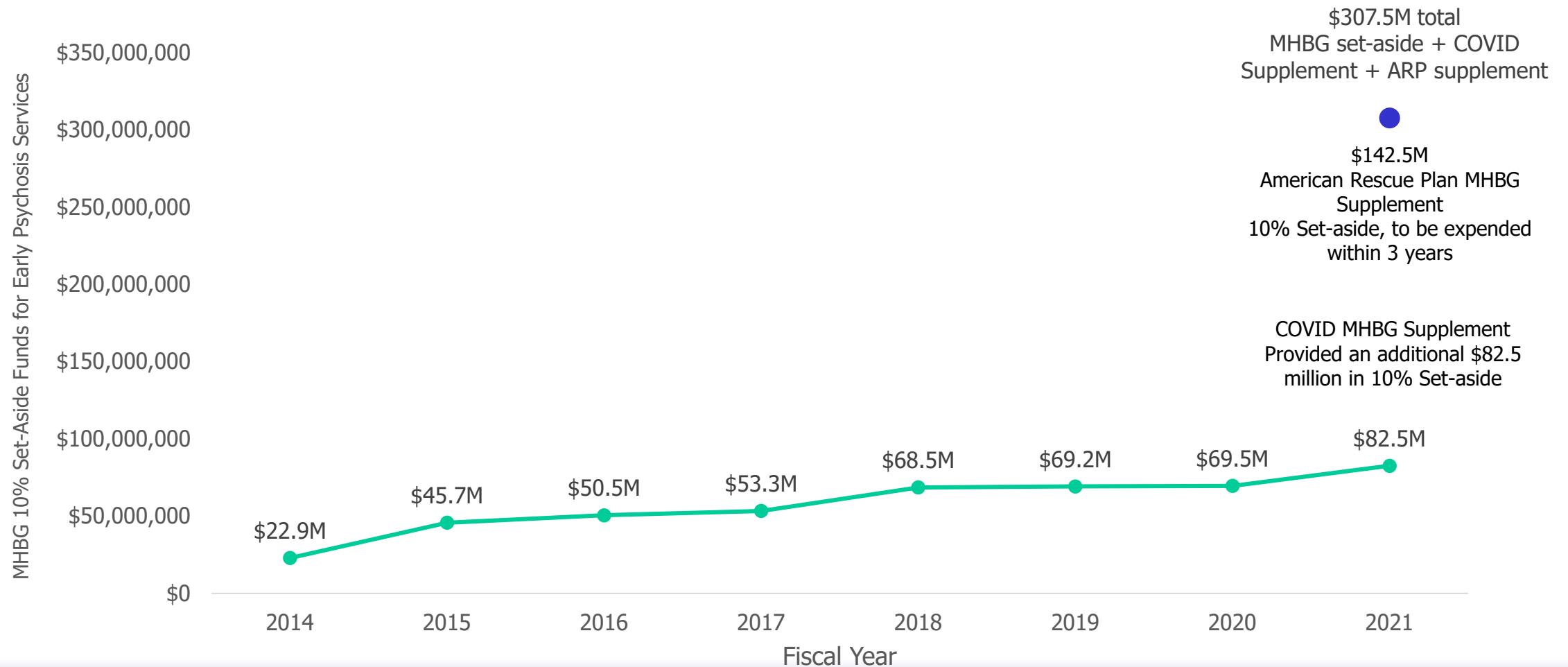
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Disclosures

- I have no personal financial relationships with commercial interests relevant to this presentation.
- The views, opinions, and content expressed in this presentation are my own, and do not necessarily represent those of the State Mental Health Agencies or Federal Funding Agencies.

Mental Health Block Grant (MHBG) Set-aside Funding Treatment for Early Psychosis

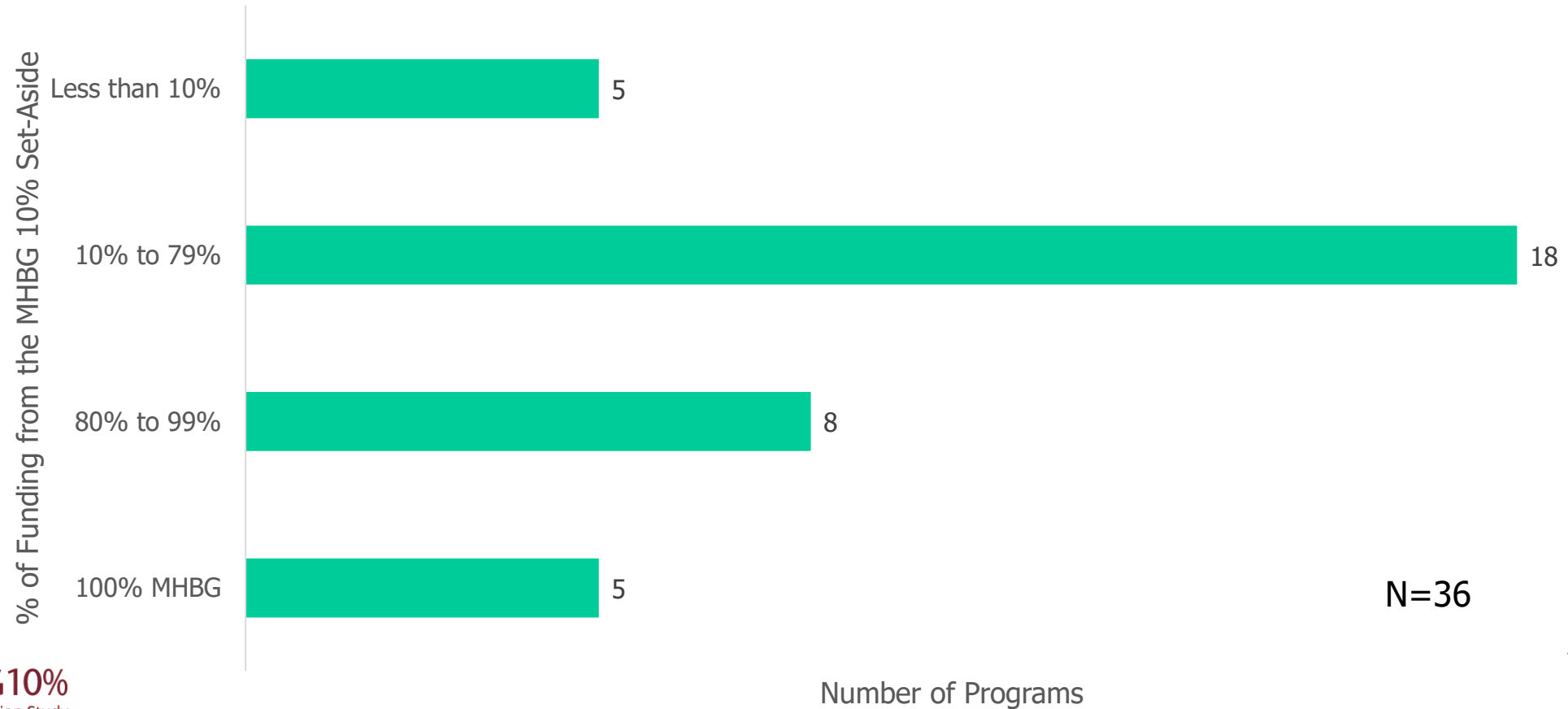


The MHBG 10% Set Aside Evaluation: Description

- Funded by SAMHSA, NIMH, and ASPE
- Study led by Westat
- Began with site survey of all coordinated specialty care programs
- 36 sites selected for assessment of fidelity and client outcomes as well as analysis of environmental and other contextual factors
- Completed in 2019

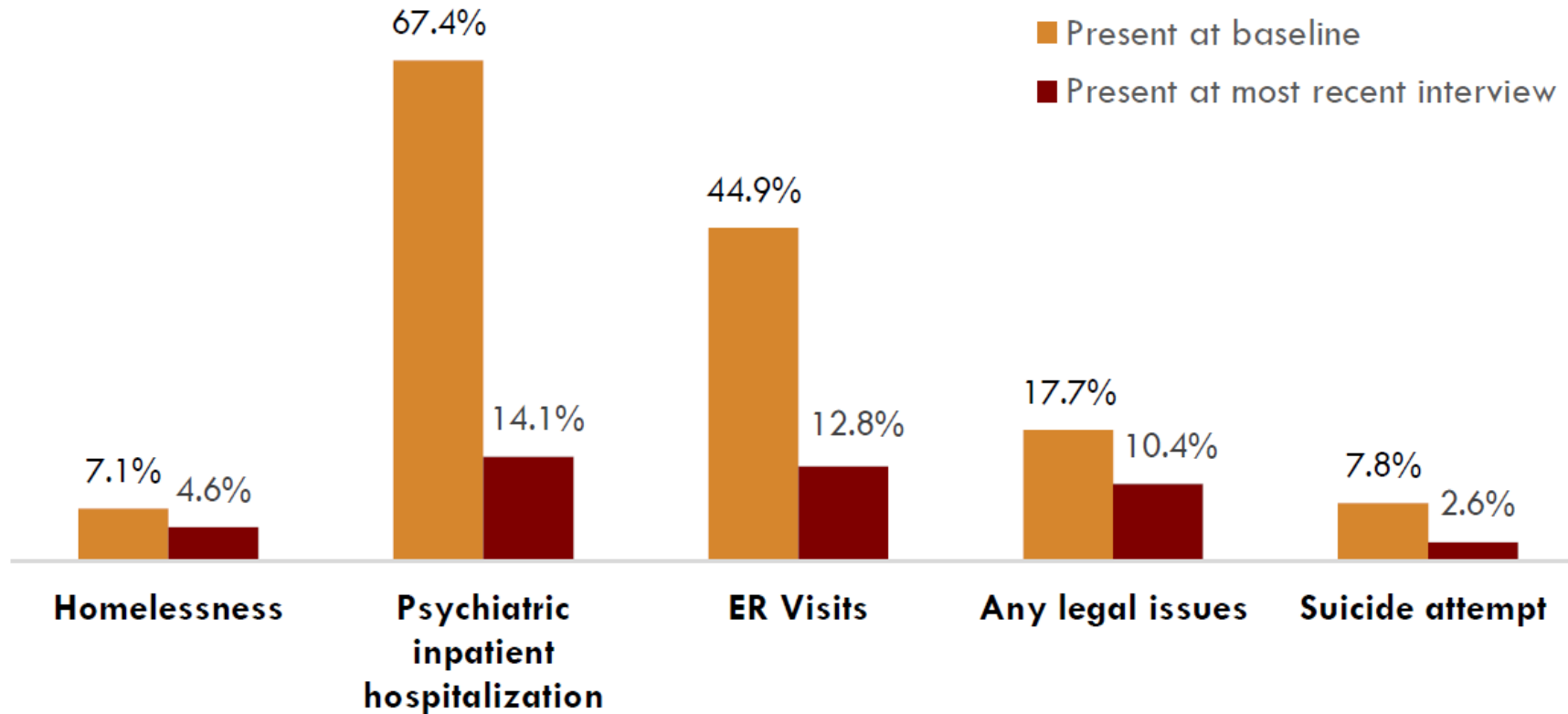


The MHBG 10% Set Aside Evaluation: % of CSC Funding from MHBG

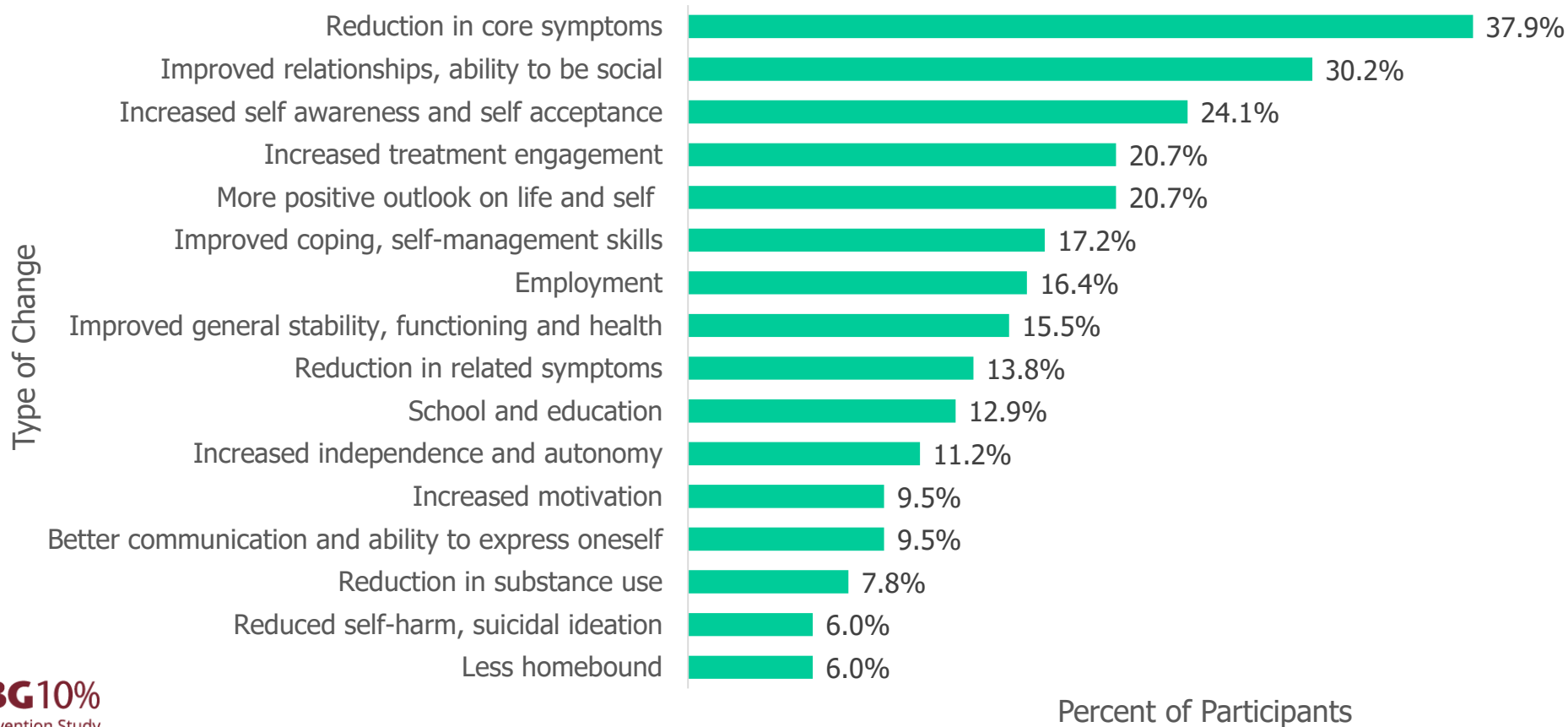


The MHBG 10% Set-Aside Outcomes

Exhibit 3. Percent of Clients Experiencing Changes in Adverse Life Events Between Baseline and Most Recent Interview



The MHBG 10% Set Aside Evaluation: Participant Self-Perception of Change



Note: N=116 participants. Five participants responded that they did not know or there were too many changes to identify. Categories above were developed inductively, and interrater reliability on 25% of the responses resulted in Cohen's Kappa of .85.

The following slides involve work done as part of Westat's NIMH-funded Early Psychosis Intervention Network (EPINET) National Data Coordinating Center (ENDCC)

**The ENDCC is supported by the National Institute of Mental Health under award
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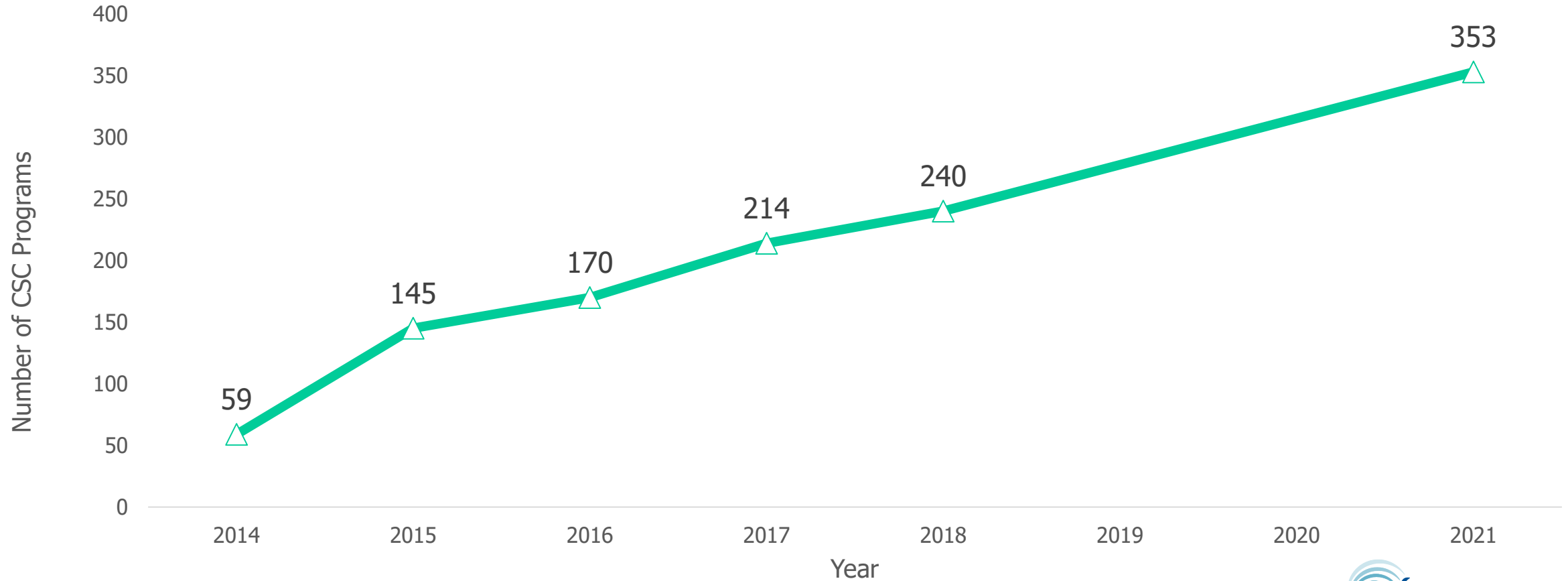
Early Psychosis Programs in 2022

- In 2022, NRI worked with state mental health agencies (SMHAs) to update a snapshot of all known Early Psychosis Programs.
 - Surveyed all states followed by survey of CSC programs
 - Asked about program components, clients served, financing, fidelity, data measures, and other items
 - Updated prior series of NRI developed Snapshots, last done in 2018

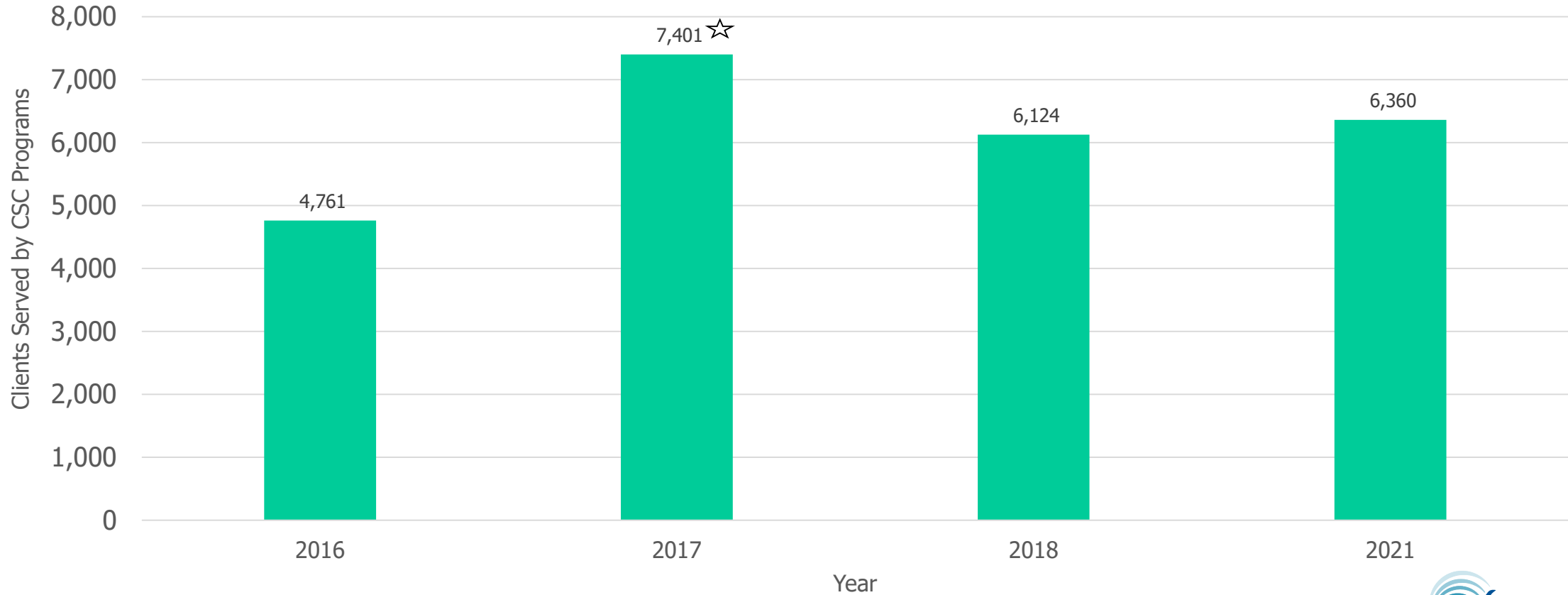
2021-2022: Inventory of CSC Programs Methodology

1. Survey of all state CSC contacts
 1. Questions at state and program level
2. Reached out to CSC programs identified by states to allow them to confirm or correct data provided by state
3. Data collected September 2021 – March 2022
4. 46 states and 116 programs completed survey
5. 353 programs with data provided by state or program

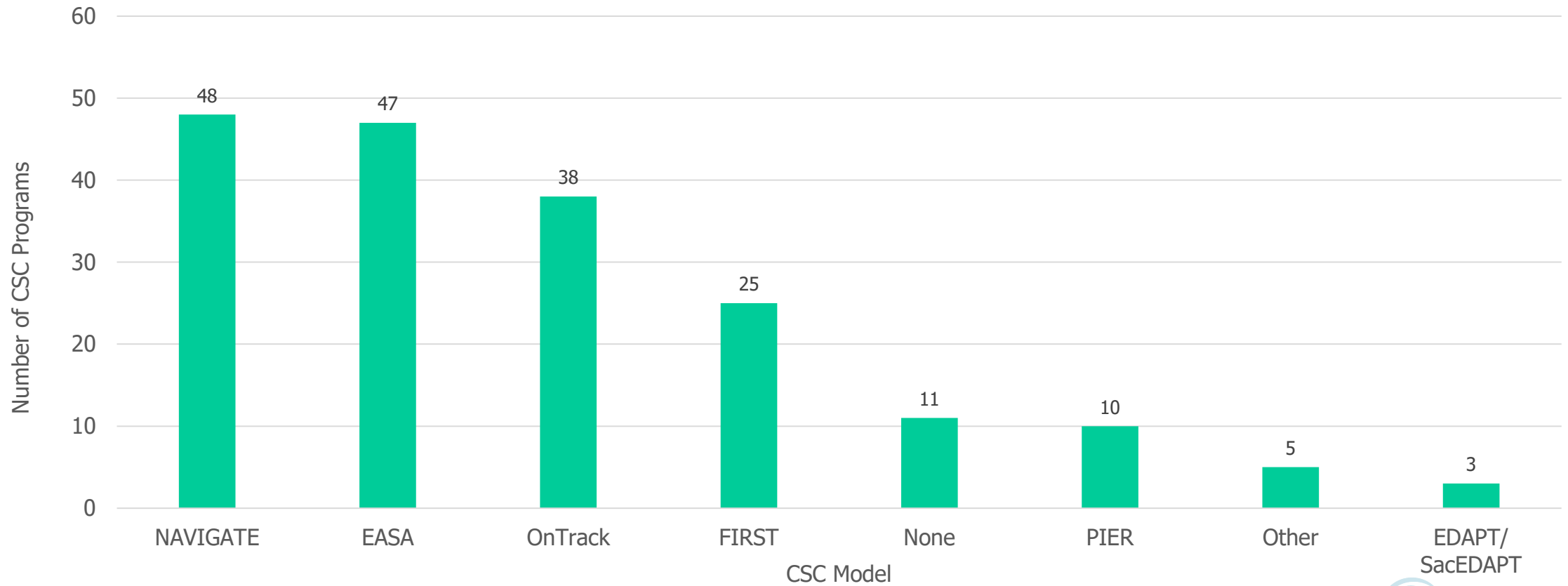
Number of CSC Programs, 2014 to 2021



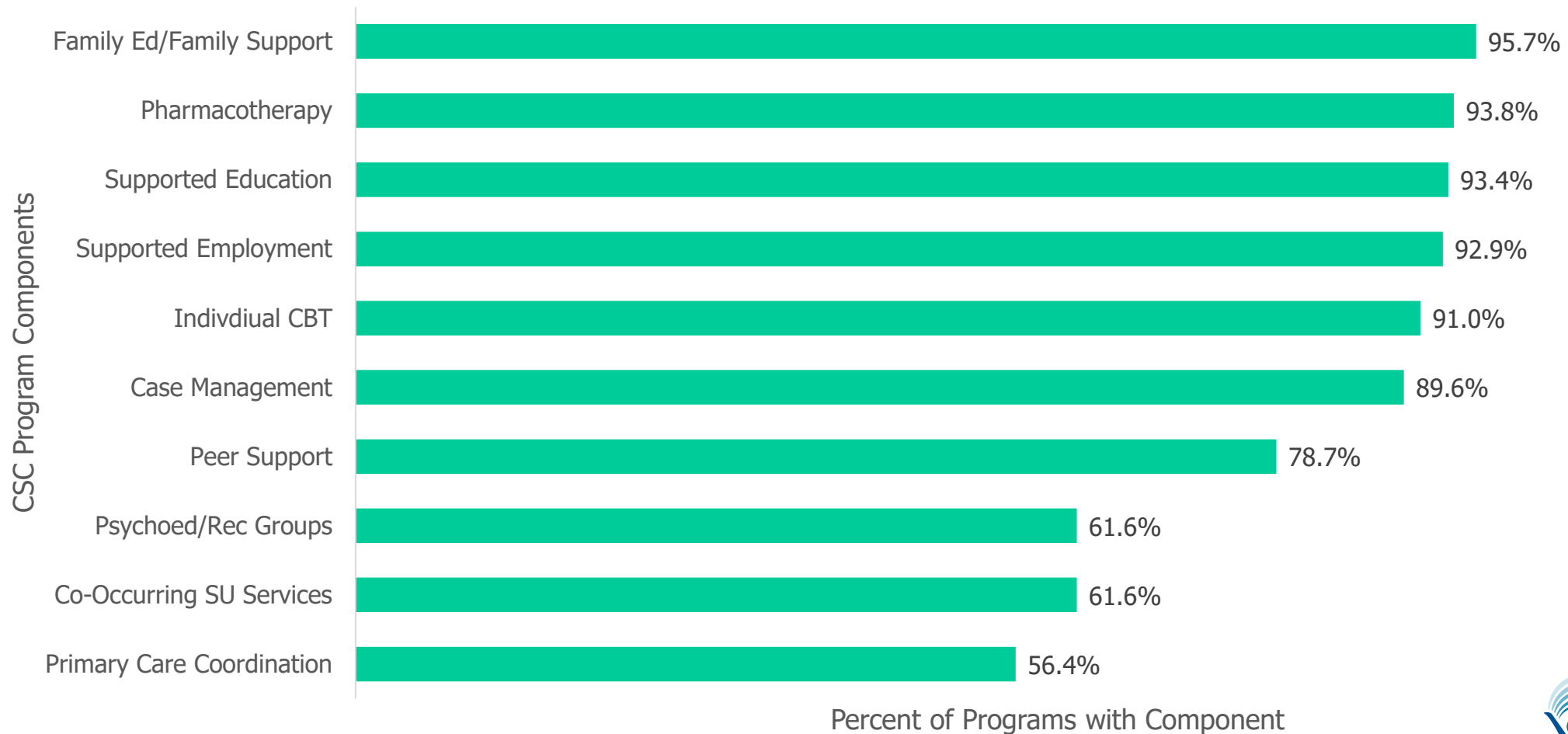
Number of Clients Served in CSC programs, 2016 to 2021



CSC Program Models, 2021

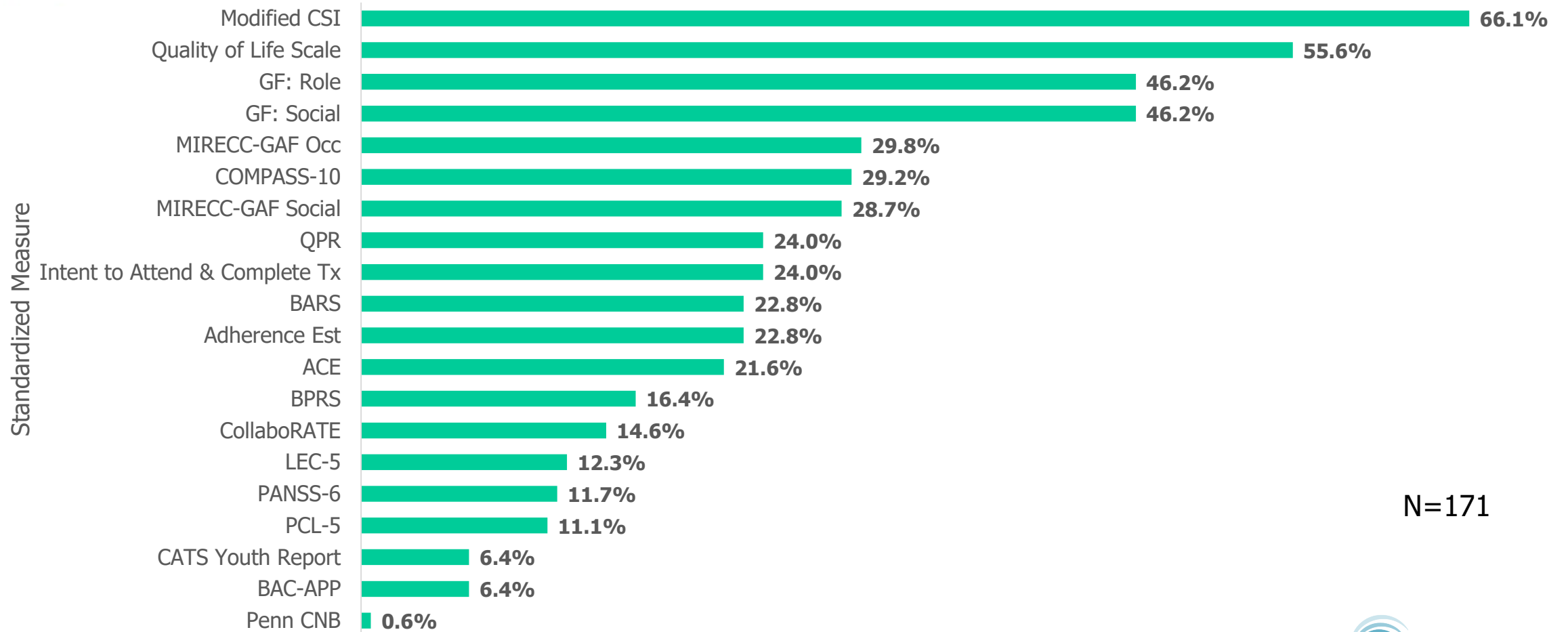


CSC Program Components, 2021



N=211

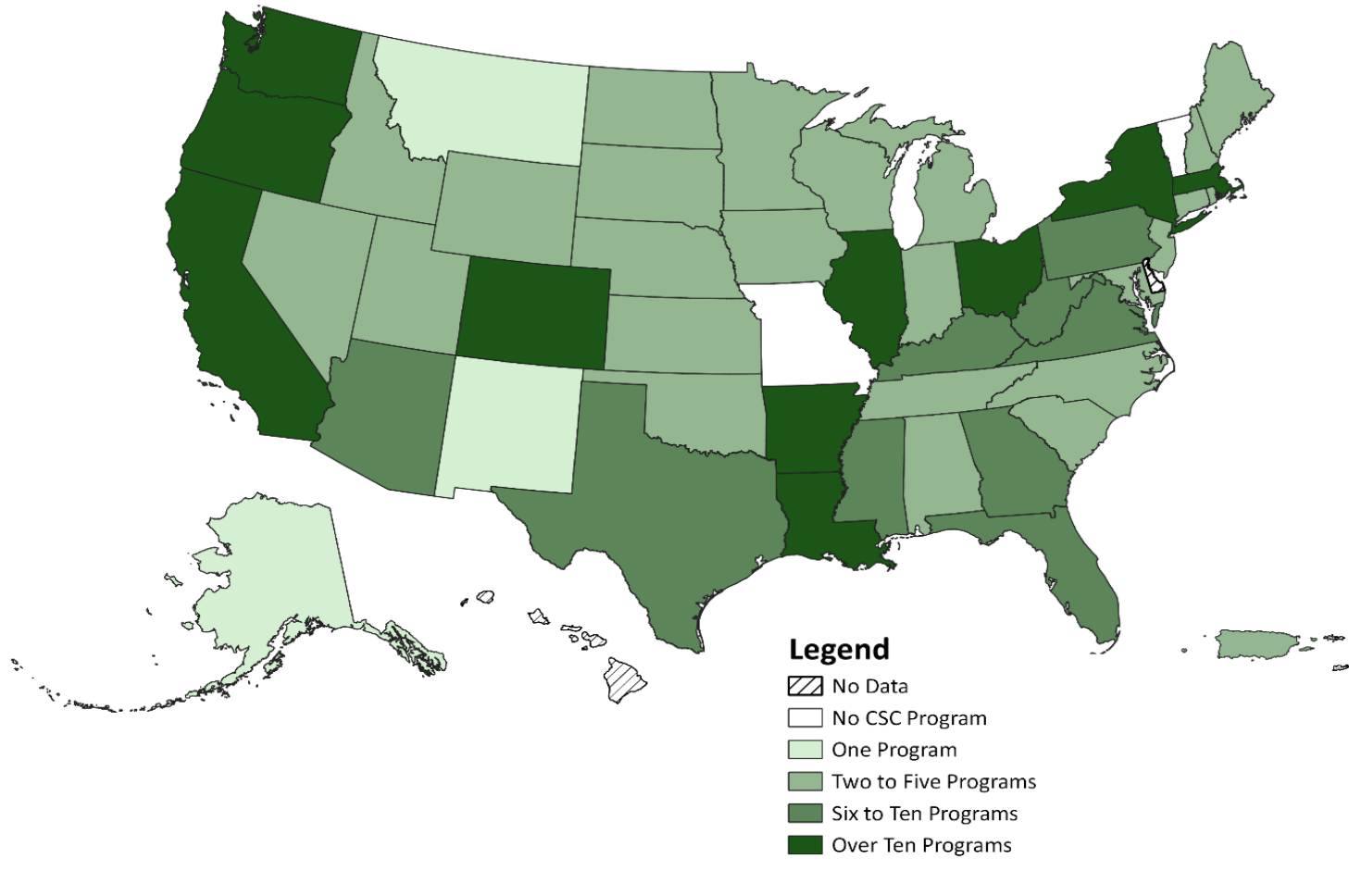
Use of Standardized Measures



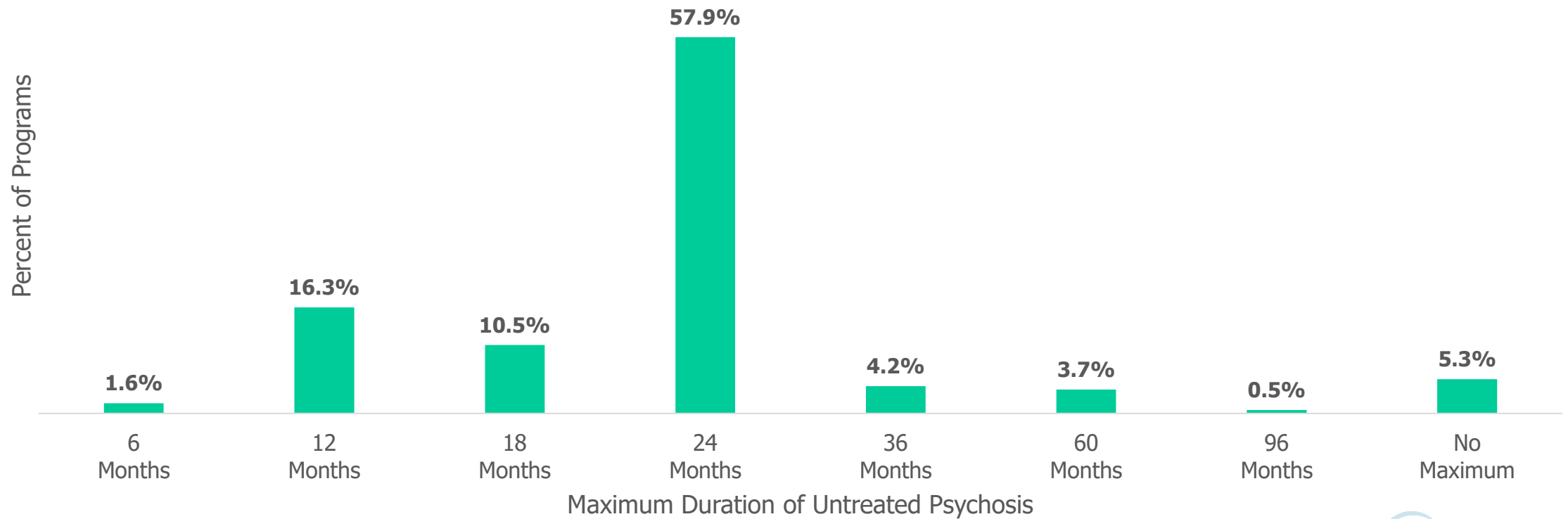
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Percent of Programs Collecting Measure

Number of Coordinated Specialty Care programs by State, 2022

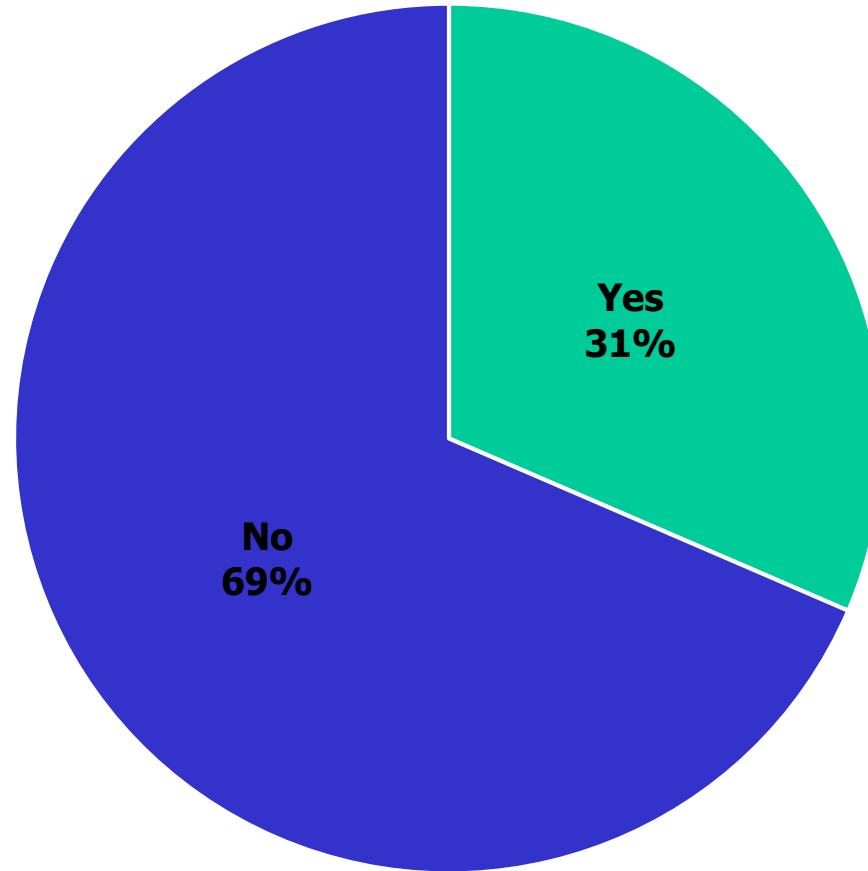


Maximum Duration of Untreated Psychosis (DUP)



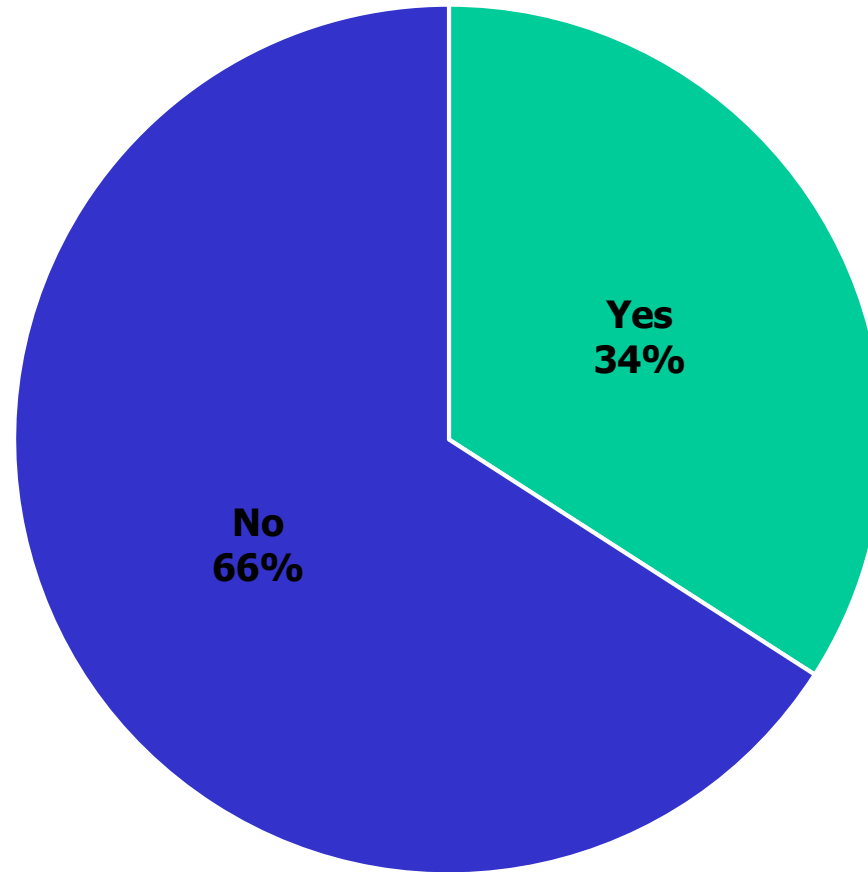
N=190

Snapshot: Does the CSC Program Accept Clients with a CHR of Psychosis?



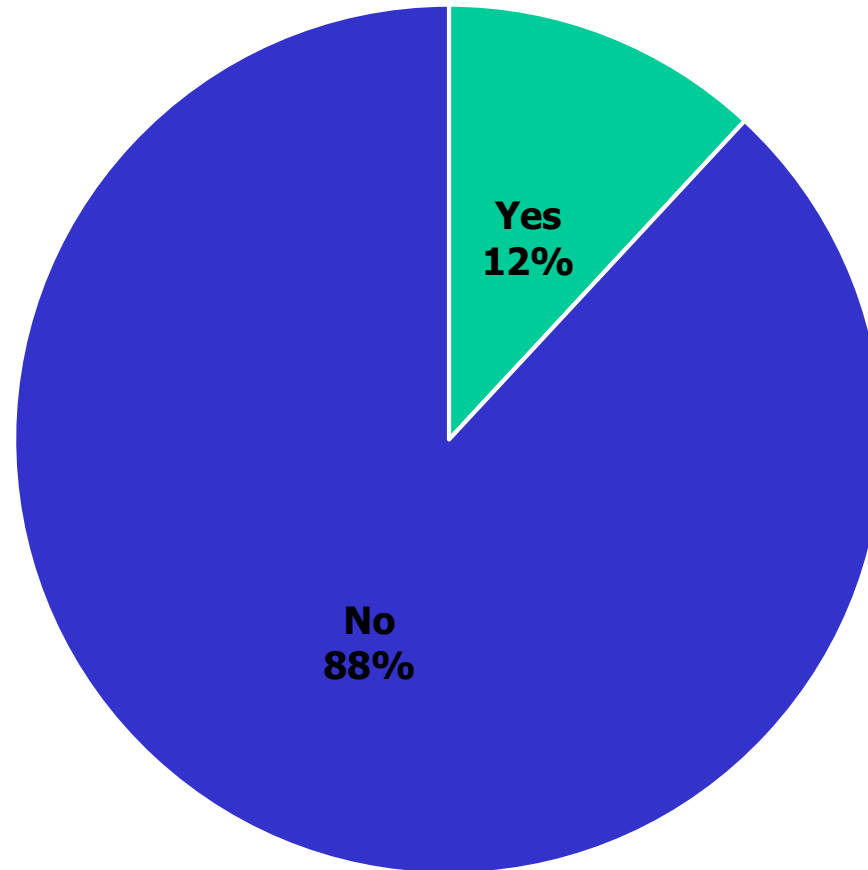
N=216

Snapshot: Is the State Working to Create a Team-Based Medicaid Rate for CSC?



N=44

Snapshot: Is the State Working with Private Insurers to Create a Case Rate for CSC?



N=42

State Funding for Early Psychosis Services, 2016 to 2021



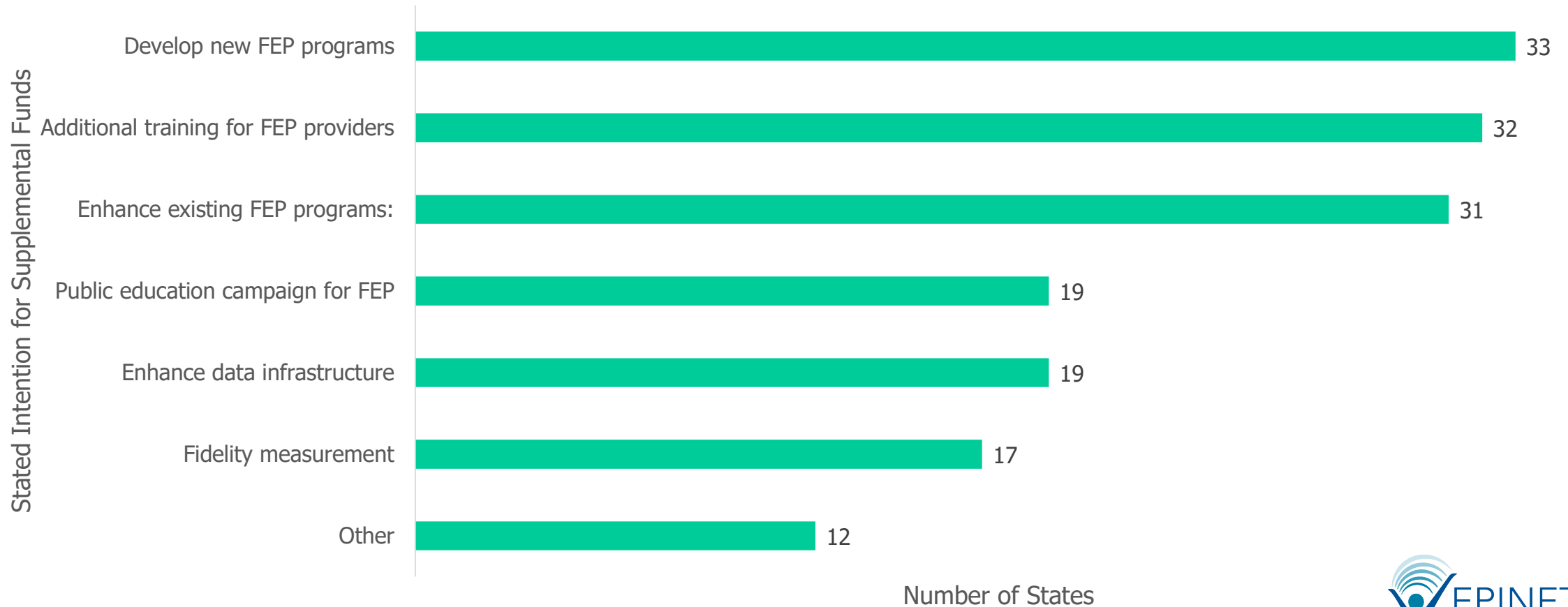
FY 2021 MHBG Supplements Increased Set-Aside Funds to States

In FY 2021, States received an unprecedented increase in MHBG set-aside funds for Early Psychosis.

- FY 2021 MHBG 10% Set-Aside = \$82.5 Million for Early Psychosis
- In December 2020, Congress passed a COVID Supplement that included new MHBG funding including the 10% set-aside—an additional \$82.5 Million for Early Psychosis.
- In March 2021, Congress passed the American Rescue Plan that doubled the MHBG and included the 10% set-aside—an additional \$142.5 Million

**Total of \$307.5 Million for Early Psychosis
(\$225 Million is one-time funds)**

Snapshot: Intentions of States for Supplemental MHBG Funds



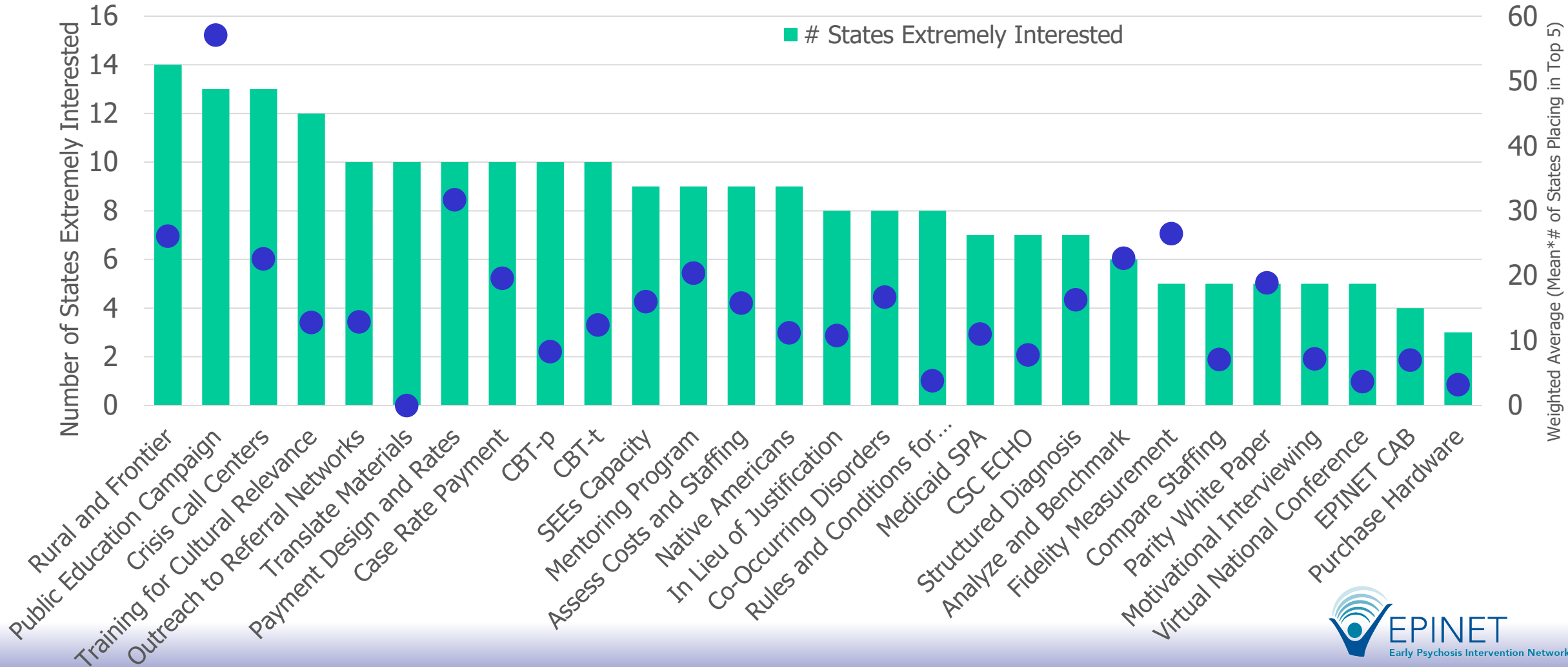
How States Are Using the additional MHBG Set-Aside Funds in 2022

SMHAs expressed concern about how to best use one-time funds. Concerned about using funds to open new CSC programs without sustainable funding.

NRI worked with state leaders and reached out to all state behavioral health authorities to identify areas where TA related to FEP programs could be useful.

- Asked States to express level of interest for a series 28 products on a five-point Likert scale, ranging from extremely interested to not-at-all interested. Categories of products include:
 - Outreach and Education
 - Financing
 - Data/Outcomes
 - Special Populations
 - Workforce

Number of states Expressing Interest in FEP Activities using MHBG Supplemental Funds, 2021, (n=22)



Top FEP Supports States Identified as Priorities, 2021

- Public Education Campaign with goal of shortening Duration of Untreated Psychosis (DUP) by increasing awareness of the general public and targeted audiences of existing programs.
- Multi-state consortium to implement and test novel strategies for serving people with FEP in rural/remote areas.
- Training state staff to implement and evaluate interventions to help assure cultural relevance of FEP programming.
- Analysis and consultation to support payment design and payment rates.
- Provide assistance in analyzing and benchmarking outcome data.



Tools to Improve Clinical Care of Early Psychosis Clients

**The ENDCC is supported by the National Institute of
Mental Health under award number 5U24MH120591.**



EPINET
CAB

Core Assessment Battery

CAB Domains

CAB Domain	
1	Cognition
2	Demographics & Background
3	Diagnosis
4	Discharge Planning & Disposition
5	DUP & Pathway to Care
6	Education
7	Employment
8	Family Involvement
9	Functioning
10	Health
11	Hospitalizations

CAB Domain	
12	Legal Involvement
13	Medication Side Effects & Treatment Adherence
14	Medications
15	Recovery
16	Service Use
17	Shared Decision Making
18	Stress, Trauma & Adverse Childhood Events
19	Substance Use
20	Suicidality
21	Symptoms