In its Fiscal Year 2014 appropriation, SAMHSA has been directed to require that states set aside 5 percent of their Mental Health Block Grant (MHBG) allocation to support “evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders.” The Congressional language “notes that the majority of individuals with severe mental illness experience their first symptoms during adolescence or early adulthood.” The language also notes that “[d]espite the existence of effective treatments, there are often long delays – years and sometimes decades – between the first onset of symptoms and when people receive help.” While the Congressional language is broad enough to allow the use of the 5 percent set aside for any evidence-based program addressing any type of serious mental illness, a specific “promising model” is mentioned, i.e., First Episode Psychosis (FEP). Congress specifically provided an increase to the MHBG over the FY 2013 level to help states meet this new requirement without losing funds for existing services.

Please note that this set aside funding is dedicated to treatment for those “with early serious mental illness” and not for primary prevention or preventive intervention for those at high risk of serious mental illness. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for services for individuals with early serious mental illness. If states have other investments for young people at high risk of serious mental illness, they are encouraged to coordinate those programs with programs supported by the MHBG 5 percent set aside. This coordination will help ensure high risk individuals are swiftly identified and engaged in evidence-based services should their prodromal symptoms develop into diagnosable serious mental illnesses.

In developing this guidance, SAMHSA has worked collaboratively with the National Institute of Mental Health (NIMH) to review evidence showing efficacy of specific practices in ameliorating impacts of first episode psychotic illnesses and promoting improved functioning for those individuals. NIMH has recently released information on Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care (CSC), which is included along with this Guidance. Initial results from the NIMH funded Recovery After an Initial Schizophrenia Episode (http://www.nimh.nih.gov/raise) research initiative suggest that mental health providers across multiple disciplines can learn the principles of CSC for FEP, and apply these skills to engage and treat persons in the early stages of psychotic illness. At its core, CSC is a team-based, collaborative, recovery-oriented approach involving individuals experiencing first episode psychosis, treatment team members, and when appropriate, family members as active participants. CSC components emphasize outreach, low-dosage medications, cognitive and behavioral skills training, supported employment and supported education, case management, and family psychoeducation. CSC also emphasizes shared decision-making as a means to address individuals’ with FEP unique needs, preferences, and recovery goals. Collaborative treatment planning in CSC is a respectful and effective means for establishing a positive therapeutic alliance and maintaining engagement with such individuals and their family
members over time. Peer supports can also be an enhancement in this model. Many also braid funding from several sources to expand service capacity.

States can implement models which have demonstrated efficacy, including the range of services and principles identified by NIMH. Utilizing these principles, regardless of the amount of investment, and by leveraging funds through inclusion of services reimbursed by Medicaid or private insurance, every state should be able to begin to move their system toward earlier intervention, or enhance the early intervention services already being implemented. SAMHSA will also consider regional approaches submitted by more than one state if this approach meets the expectations of the set aside.

To prepare states for the implementation of the set-aside, SAMHSA and NIMH will hold a national webinar to inform states of the evidence-based components of coordinated specialty care (CSC) for FEP and disseminate the paper. In addition, SAMHSA will ensure that technical assistance and technical resources are available to states as they develop and implement their plan. If a state wishes to utilize its 5 percent set aside to meet the needs of individuals with early serious mental illnesses other than psychotic disorders (e.g., major depression), SAMHSA will provide technical assistance and resources about available evidence-based treatment and programs for the state-identified serious mental illness(es) to be addressed.

SAMHSA proposes to implement this 5 percent set-aside through a “request for revision of the 2014-15 MHBG plan.” States will be required to revise their two-year plan to propose what early serious mental illness(es) they propose to address and how they will utilize the 5 percent set-aside funding to support appropriate evidence-based programs. States are encouraged to fund programs to meet the needs of persons with early psychotic disorders, specifically first episode psychosis, but are not required or limited to addressing such disorders. States may address these needs either through enhancing existing program activities or development of new activities.

It is expected that the states’ capacity to implement this programming will vary based on the actual funding from the 5% allocation. It is also recognized that with the timing of the allocation distribution, states may need to dedicate the first year to planning, training, and/or infrastructure development while targeting program implementation to the second year of the plan. Additionally, many states have begun implementing such models or similar approaches and can build on these existing efforts through their proposed MHBG plan revision.

The state proposed revisions must include information on assessed need for such services within the proposed target population and provide an explanation for why this population was chosen, planned activities, and budget. Upon submission, SAMHSA will review the revision proposals and consult with NIMH to make sure they are complete and responsive. If a state chooses to submit a plan to utilize the set-aside for evidence-based services other than CSC FEP, SAMHSA will review the plan with the state to assure that the approach proposed meets the understanding of an evidence-based approach. With consultation with NIMH as needed, the proposals will be either accepted, or requests for modifications to the plan will be discussed and negotiated with the state. Once the revision proposal is approved by SAMHSA, the allotment for the 5 percent set aside will be awarded to the state.
This initiative will also include an initiative for data collection related to demonstrating program effectiveness. Additional technical assistance and guidance on the expectations for data collection and reporting will follow. Congressional language indicating that the consequences of delayed treatment can include “loss of family and social supports, disruption of employment, substance abuse, increased hospitalizations, and reduced prospects for long-term recovery” will help to guide evaluation efforts. Similarly, Congressional language describing the FEP model as helping to “reduce symptoms, reduce relapse rates, and prevent deterioration of cognitive functioning in individuals with psychotic illness” will guide efforts to evaluate this set aside funding’s impact.

States must submit their plan revision request proposal into the FY 2014-2015 MHBG Behavioral Health Assessment and Plan in Section IV: Narrative Plan, N.2. Evidence-Based Prevention and Treatment Approaches for the MHBG (5 percent). This section initially requested that states report how they planned to utilize at least five percent of their MHBG funds to award competitive grants to implement the most effective evidence-based prevention and treatment approaches focusing on promotion, prevention and early intervention. A new narrative box will be made available for the revised proposal submission based on the Congressional language indicated in this document.

States should also complete line 9. Mental Health Evidenced-based Prevention and Treatment (5% of total award) in Table 2 State Agency Planned Expenditures [MH] under Section III: Use of Block Grant Dollars for Block Grant Activities.