



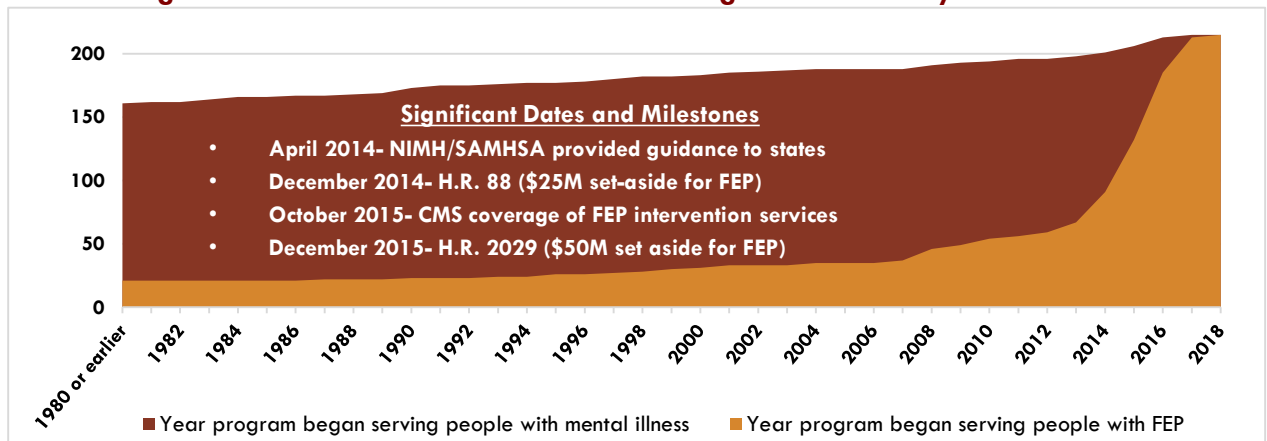
The Mental Health Block Grant Ten Percent Set Aside Study

BRIEF REPORT | National Overview of CSC Programs

OVERVIEW

To understand the national landscape of Coordinated Specialty Care (CSC) programs in the U.S., all CSC sites receiving Mental Health Block Grant (MHBG) 10 Percent Set-Aside funds in 2018 were invited to participate in a web-based survey. As shown in Exhibit 1, three-quarters of currently operating programs ($n=161$) began serving people with mental illness in 1980 or earlier. More than two-thirds of the CSC programs ($n=148$) began serving people with first-episode psychosis in 2014 or later, coinciding with the availability of set-aside funds.

Exhibit 1. Significant Dates and Milestones of CSC Programs Nationally

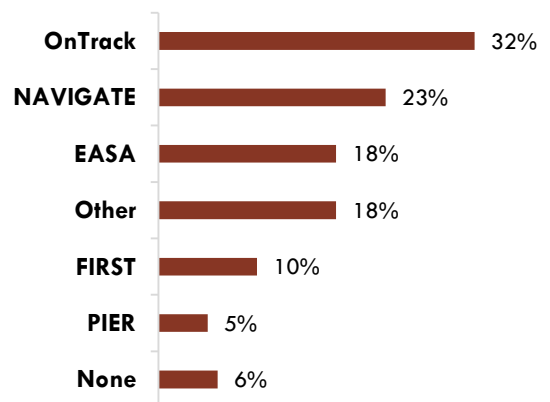


Models of Technical Assistance and/or Training

Most sites indicated that their program had received technical assistance or training from one or more of the models, most commonly, from OnTrack, NAVIGATE, and EASA (see Exhibit 2).

Almost half of reporting CSCs (48 percent) had 20 or fewer active clients in their FEP programs. Approximately 19 percent had 41 or more clients.

Exhibit 2. Program Model



MHBG 10% Set-Aside Study Methods

The MHBG 10% Study is a collaboration among the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute of Mental Health (NIMH), and the Office of the Assistant Secretary for Planning and Evaluation (ASPE). Data in this brief are drawn from the online Site Survey, one component of the Study. The survey was sent to all 250 CSC programs across the U.S. that were receiving MHBG set-aside funds in 2018. The final response rate for the Site Survey was 88 percent, which includes all 36 of the MHBG Study Sites in the broader MHBG 10% Study.

Referral Sources. Nearly all CSCs reported referrals from psychiatric inpatient facilities (95 percent) and outpatient mental health clinics (94 percent). Family referrals (84 percent) and self-referrals (80 percent) were other common sources for programs to see new clients.

Program Length. Just over half (52 percent) of the programs reported that the average time to complete the FEP program was 1 to 2 years. Another 39 percent reported that clients completed the program in 2 to 3 years on average. Very few sites reported less than one or more than three years.

66%

of sites were first funded using MHBG funds

37%

of sites currently receive support from non-MHBG sources, e.g., insurance, Medicaid, and fee-for-service

Staffing. Fifty-five percent of sites have 3.1 or more full-time equivalent (FTE) staff positions as part of their FEP programs. As would be expected, the more FTE the FEP program has the larger the number of clients in the program.

Services and Supports. As shown below, over 90 percent of sites reported providing the following CSC program components to their clients: case management, family education/support, pharmacotherapy, cognitive behavior-oriented psychotherapy (individual or group), and supported employment services.

