The Mental Health Block Grant Ten Percent Set Aside Study of First Episode Psychosis

Process Assessment Online Supplemental Material

Westat

Overview

The Mental Health Block Grant Ten Percent Set Aside Study of First Episode Psychosis (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). This study seeks to build on previous work and examine the implementation of Coordinated Specialty Care (CSC)programs that are utilizing MHBG 10% set aside funds. The study has four aims: 1) to identify and describe CSC program services being offered nationally; 2) to assess program fidelity to the NIMH-CSC model; 3) to explore local environmental and contextual factors related to CSC programs; and 4) to explore how CSC programs increase access to essential services and improve client outcomes such as symptom severity, employment, education, and quality of life.

Study Design

The study used quantitative and qualitative data to evaluate participant outcomes and the fidelity of selected CSC programs supported with MHBG 10% Set Aside Funding. The study includes 36 sites that implement services with varying levels of fidelity to the CSC model. Across all sites, we assessed fidelity along with social, clinical, and functional outcomes of individuals with first episode psychosis (FEP) who are receiving services. We also conducted site visits to interview key informants and participants from each program.

The 36 study sites were selected from among the 250 CSC programs across the U.S. that use MHBG 10% funding. To select study sites, Westat focused on programs that were currently implementing CSC, rather than sites in earlier phases of program implementation. This criterion ensured that study sites would be serving clients at the time of the study but would also represent a range of fidelity to the CSC model.

We selected sites in collaboration with SAMHSA, NIMH, and ASPE and were prioritized to ensure diversity in terms of:

- Geographic distribution across the 10 HHS regions of the U.S.
- Model type (OnTrack, EASA, NAVIGATE, etc.)
- CSC implementation status
- Variation in technical assistance received at startup of program
- Urban/rural status

The inclusion criteria for the study consisted of the following:

- As of January 1, 2017, the site received MHBG funding from their state;
- Site leadership indicated that they were implementing the six elements of CSC outlined by NIMH[1];
- The site was willing and able to participate in site visits, fidelity assessment, conduct client outcome data collection, and attend trainings; and
- The site would have begun enrolling clients by the time data collection started.

Characteristics of MHBG Site Catchment Areas

Catchment Area Scope. Approximately half of the sites (N=16) identified a single county as their catchment area; an additional ten sites incorporated multiple counties, and two sites included both a county and a city in their defined area. The remainder identified their catchment area as one or more city or in one case, did not define their catchment area.

Exhibit 1. Level of catchment area served by site

Level	N	%
State	3	8.3
County	16	44.4
Multi-County	10	27.8
City/Metropolitan area	2	5.6
Multi-City	1	2.8
County + City	3	8.3
Not defined	1	2.8

Urbanicity. Across the 36 MHBG study sites, 11 sites can be characterized as urban/suburban, 15 as rural, and 10 as mixed. These designations are based on the National Center for Education Statistics (NCES) locale classifications and criteria. For the purpose of the MHBG, if a catchment or service area was defined as 75 percent or greater rural, it is designated as rural. If a locale was defined as 75 percent greater combined city and suburban, it is designated as urban/suburban. A site that was less than 75 percent in either of these is defined as "mixed."

Exhibit 2. Urbanicity of catchment area

Description of urbanicity	N	%
Urban/Suburban	11	30.6
Rural	15	41.7
Mixed	10	27.8

[1] Heinssen, R. K., Goldstein, A. B., & Azrin, S. T. (2014). *Evidence-based treatments for first episode psychosis: Components of coordinated specialty care.* Bethesda, MD: National Institute of Mental Health: www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf.

Population Size. The corresponding population (based on U.S. Census data) ranges from just over 50,000 to above 3 million people. Exhibit 3 shows the population of the catchment area for sites.

Exhibit 3. Catchment area population size

Population size	N	%
Less than 175,000	5	13.9
176,000-299,000	6	16.7
300,000-499,000	4	11.1
500,000-1 million	9	25.0
Over 1 million	12	33.3

Note: Data from U.S. Census Bureau, 2015.

Economic Factors. In Exhibits 4 and 5, we illustrate the economic and social diversity across the CSC sites. With respect to median family income, two study sites were at the low end of median incomes with less than $40,000 and five were at the other extreme, with median family incomes at least double that level (see Exhibit 4). In 2018, the national median household income was $61,822; approximately two-thirds of the sites fall below this level. Another related and key descriptor is the percentage of families in poverty. As shown in Exhibit 5, 60 percent of the study sites were in communities with a poverty rate higher than the national average of 13.5 percent. Two of the communities were in communities with less than ten percent of the families in poverty.

Exhibit 4. Median family income of study site catchment area

Amount	N	%
Less than $40,000	2	5.6
$40,000-$49,9999	8	22.2
$50,000-$59,999	14	38.9
$60,000-$69,999	5	13.9
$70,000-$79,999	2	5.6
$80,000 or higher	5	13.9

Note: Data from U.S. Census Bureau, 2015.

Exhibit 5. Percent of families in poverty in study site catchment area

Category of poverty	N	%
Higher than 16%	12	33.3
13.5% to 16%	10	27.8
10% to 13.4%	12	33.3
Less than 10%	2	5.6

Note: Data from U.S. Census Bureau, 2015.

Site Characteristics

Length of Program History. Study Sites generally fall into three groups with respect to the number of years they have been operating. Exhibit 6 identifies these categories and the programs in each.

Exhibit 6. Length of time of program operation

Description of length of time	N	%
Trailblazers (More than 10 years)	5	13.9
First wave incorporating evidence-based models (5-10 years)	14	38.9
Newly implemented (Less than 5 years)	17	47.2

Primary Coordinated Specialty Care Model in Use. Study sites often receive technical assistance from many sources, but generally reported following one primary CSC model, in most cases (see Exhibit 7). The most common single model in use was OnTrack, followed by NAVIGATE. Two programs use a different model (EDAPT and PREP) and five programs described using a model that was a hybrid of two (or more) others, drawing components they felt worked best from each.

Exhibit 7. Primary Coordinated Specialty Care model in use

Model name	N	%
OnTrack	10	27.8
NAVIGATE	7	19.4
EASA	4	11.1
FIRST	4	11.1
PIER	2	5.6
Other (including hybrid)	7	19.4
None	2	5.6

Physical Location of Program Sites. Exhibit 8 provides an overview of the physical location of CSC program sites at the second site visit. Most of the study sites' CSC programs were located within a larger building. In many cases, this larger building had a connection to mental health, for example, housing community mental health services for the community. Programs are also housed in hospitals, public health departments, and in one case, the same building as a bank. For three of these sites, the program occupied a separate space that had its own entrance and area, but most programs were either located in an identified space within the building, such as a separate floor or wing of a floor, or they were entirely integrated into the space of their larger agency. These programs did not necessarily have any space that was specifically dedicated to the CSC team activities; for example, when they came to the clinic, clients checked in at a front desk and then were seen by staff members in their individual office space. Seven of the study site CSC programs had their own, free-standing building. Two of these programs were in homes that looked like the rest of the houses on the block; the other three were in commercial areas.

Exhibit 8. Physical location of CSC programs

Type of location	N	%
Free standing building or structure	5	13.9
Clearly designated area with separate entrance	4	11.1
Located in separate space within a building	16	44.4
No boundary or designated space	11	30.6

Program Size. At the time of the first site visit, the program size of the study sites ranged from 6 to 87 (M=33), and at the second site visit, ranged in size from 5 to 93 (M=36) (see Exhibit 9).

Exhibit 9. Number of active clients

Number	Time 1		Time 2	
	N	%	N	%
10 or fewer	5	13.9	4	11.1
11 to 25	10	27.8	11	30.6
26 to 40	8	22.2	8	22.2
41 to 55	9	25.0	8	22.2
56 or more	4	11.1	5	13.9

Process Assessment Methods

The evaluation includes four research components: a site survey, fidelity assessment, client outcome data, and a process assessment. Below we provide additional information about the last of these components, the process assessment.

The process assessment comprises qualitative interviews designed to collect information on local context and the local adaptation of the components of the CSC model. Questions focus on the challenges experienced by the programs and lessons learned, funding for different components of the service package, staff member and participant experiences, and barriers/facilitators to successful implementation of CSC services. The Process Assessment included data collected through six sources: state mental health authority interviews, administrator interviews, CSC team interviews, client interviews, agency/site tours, and agency forms. The following describe the four respondent groups and content areas covered by each:

- **Site directors:** Describe their MHBG experiences, and offer informed perspectives on the primary objective of the FEP program, participant recruitment, and staff training.
- **Program staff**: Provision of individual components of CSC, service delivery challenges and solutions, and participant outcomes.
- **Program participants**: Experiences at the site with different CSC components, perceived changes since starting services, and recommendations for program changes.
- **State mental health authorities:** States' role in making programmatic decisions for CSC sites, such as which CSC program model is implemented, what type of technical assistance sites receive, and how set aside funds that are allocated are used for service delivery.

Westat collected data through a 1-day site visit to each of the 36 study sites. The first set of visits took place between January 10 and June 7, 2018, and the second took place between January 8 and May 2, 2019. A two-person team conducted each visit. Across the sites, a total of 338 staff members and administrators, and 121 clients participated as part of these visits across the two time points.

To obtain a sample of clients to participate in individual interviews, site staff identified at least one current or recent past participant of the CSC program whom they believed would be willing to be interviewed. In order to reduce the burden on the sites, study team staff imposed no criteria with respect to sex, age, or any other characteristic of the client. During the second site visit, we asked programs to arrange for the same participant who was interviewed during the first site visit, if possible, and between one and three additional clients who might be available. We interviewed 57 participants at Time 1 and 83 participants at Time 2. Nineteen clients participated in the interview at both time points, resulting in a total of 121 individuals (41% female, 59% male). These participants represent 35 of the 36 CSC sites; one program did not permit interviews with participants.

In addition, we interviewed the state Mental Health Authority for each of the 22 states represented by the study sites by phone during the first year of data collection, with follow-up questions asked during the final period of the evaluation. Exhibit 10 provides details on the data collection.

Exhibit 10. Process assessment data collection

Source	Length (minutes)	Method	Respondents	Topics
State Mental Health Authority interview	30-60	Phone	MHBG planner, behavioral health policy analyst, SAMHSA grant coordinator	• Site funding • State program control • Communication with sites • Monitoring and data reporting
Administrator interview	60	Site visit	Agency directors, chief operating officers, clinical directors, outpatient directors, program directors and managers, and division directors)	• Program/agency overview • Funding • Outreach and resources • Accommodations to context • Federal, state, and local policy • Staffing and staff training
CSC team interview	120	Site visit	Team lead, psychiatrist/ prescriber, nurse, clinician, supported employment/ education specialist, case manager, peer specialist)	• Program basic info • Enrollment and referrals • Accommodations to context • CSC components, challenges • Outcomes • Strengths and areas for growth
Client interview	15-60	Site visit	*Time 1: 57 clients* *Time 2: 83 clients* *19 at both time points* *Total unique: 121* • 71 men • 50 women	• Services received • Shared decision-making • Satisfaction • Changes since entering
Agency/site tour	15-30	Site visit	n/a	• Surrounding area • Program physical space • Waiting area • Degree of youth friendliness
Agency forms	n/a	Completed prior to visit	n/a	• CSC *staffing:* Name, position, degree, role, length at agency, % time on CSC, if exclusively on CSC. • *Agency funding:* Percentage of support from different sources. • CSC *team funding:* Approximate annual budget and % support from different sources. • *Peer Support:* Roles, FTEs, funding, supervision