



State Profile Highlights

New Information from the National Association of State Mental Health Program Directors Research Institute, Inc (NRI)

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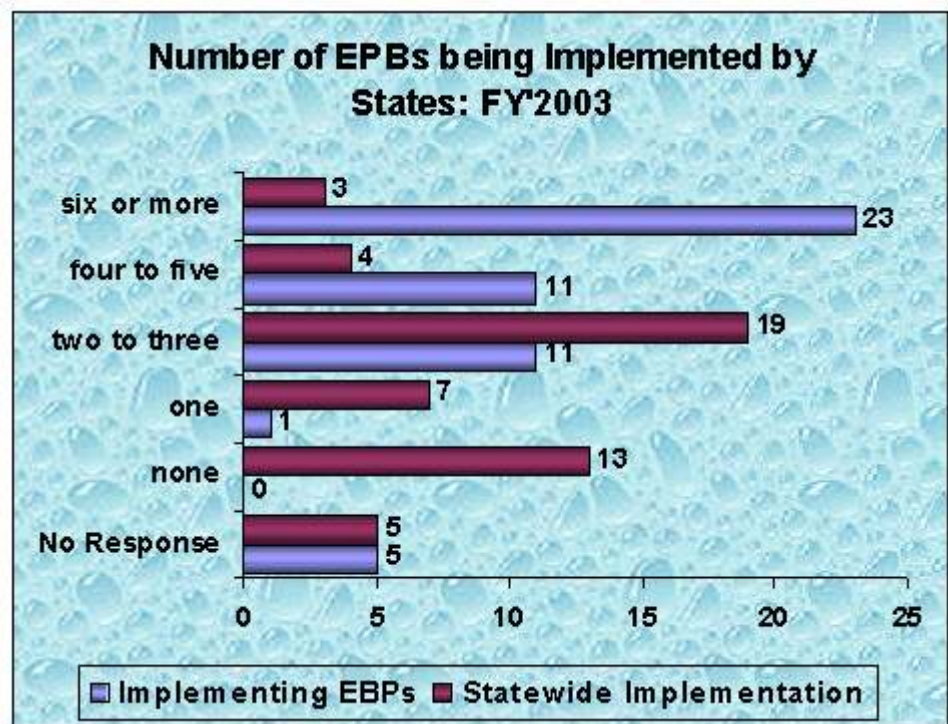
Implementation of Evidence-Based Services by State Mental Health Agencies: 2002-03

MAJOR FINDINGS

- ★ Every Reporting SMHA Is Implementing at Least One Evidence-Based Practice (EBP)
- ★ Most States Are Implementing Assertive Community Treatment (ACT), Supported Employment, and Integrated Mental Health and Substance Abuse Services

In 1999, the landmark Mental Health: A Report of The Surgeon General, urged mental health systems to utilize knowledge gained from research to improve service delivery. A number of mental health services have research that has demonstrated they are effective in addressing mental illnesses. These services have been called “evidence-based practices” (EBPs). The Substance Abuse and Mental Health Services Administration (SAMHSA) has commissioned a set of “toolkits” on six specific EBPs for which strong evidence exists. Additional services with strong research evidence bases are being considered as additional EBPs or as promising practices.

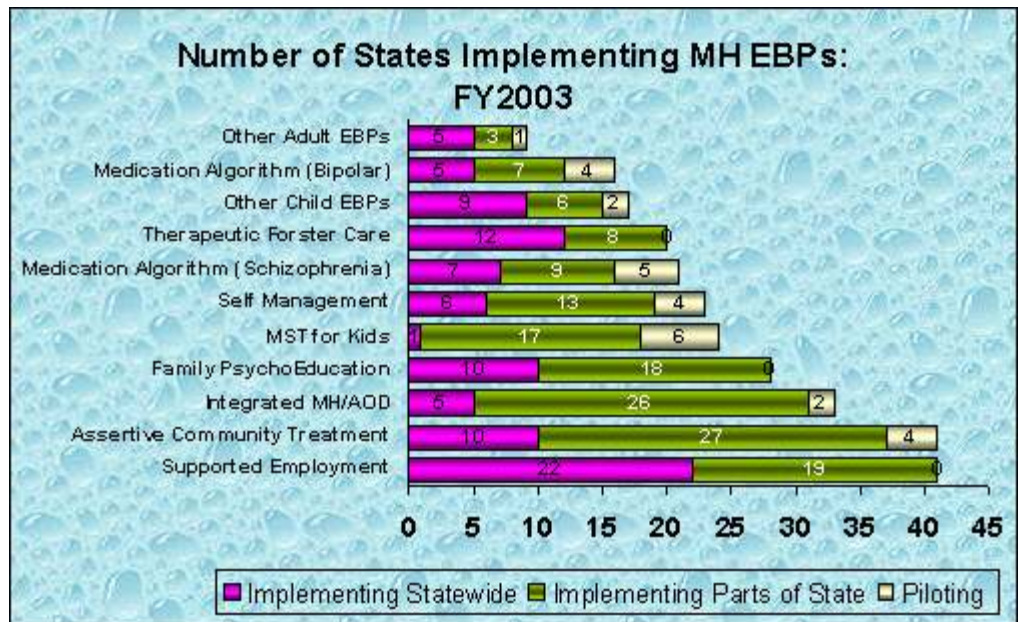
In 2003, the NASMHPD Research Institute’s State Mental Health Agency Profiles System updated its tracking of the implementation of these evidence-based practices by State Mental Health Agencies (SMHAs). Forty-eight (48) states responded to the services component of the State Profiles. The data shows that all states are actively working to provide EBPs to mental health consumers. Every single SMHA was implementing at least one EBP in 2002, and 23 states were offering at least six different EBPs. Many of the EBPs are being offered in parts of a state and fewer EBPs are being implemented statewide. This is likely due to the many challenges that accompany EBP implementation (e.g., financing, training, fidelity measurement, the need to adapt for special populations and rural area, etc).



The EBPs most widely implemented by SMHAs were Supported Employment programs with 42 SMHAs implementing them, and Assertive Community Treatment with 41 SMHAs implementing. The next most frequently offered EBPs were Integrated Treatment for mental health and substance abuse disorders and Family PsychoEducation. Medication

The SMHA Profiles System was developed by the NASMHPD Research Institute, Inc., under contract No. 280-99-0502 from the Substance Abuse and Mental Health Services Administration/Center for Mental Health Services (CMHS)/Division of State and Community Systems Development/Survey and Analysis Branch. Cited reproductions, comments and suggestions are encouraged.

Algorithms and Therapeutic Foster Care were the least widely implemented. In addition to the 9 EBPs the Profiles focused on, SMHAs reported they are implementing a large number of additional services they consider evidence based and future Profiles will compile additional information on these services. The Profiles system compiles information about the implementation status, the number of programs and persons served, fidelity measures used, and the major funding sources for each of the EBPs.

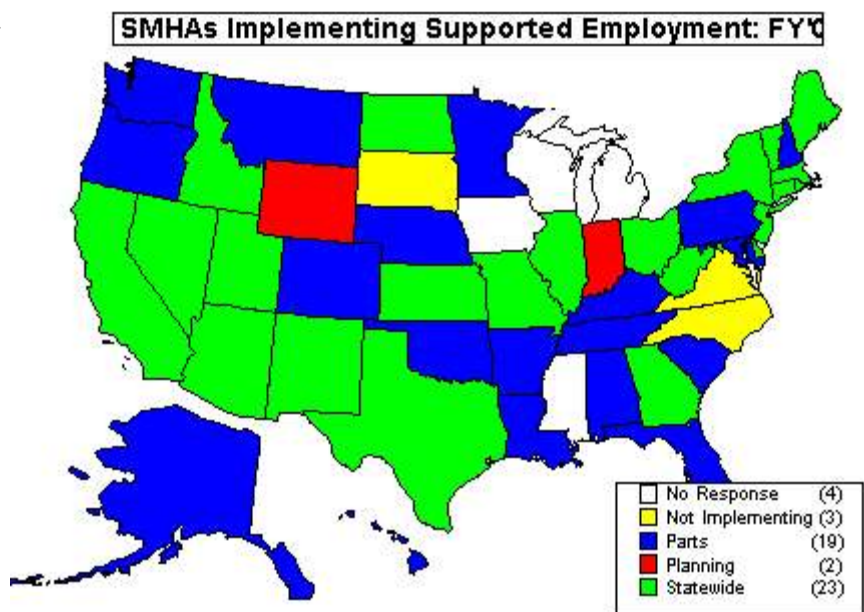


Supported Employment: The most commonly implemented EBP was supported employment, being implemented by 42 of the 48 responding states. Supported employment services are designed to assist and support consumers with mental illness in gaining and maintaining competitive employment. In 2003, 22 states reported they were implementing supported employment across their entire state system, 20 states were implementing supported employment in parts of their state, and 2 states are planning to implement supported employment programs. Thirteen states report they assess the fidelity of supported employment to assure services meet established standards for the program.

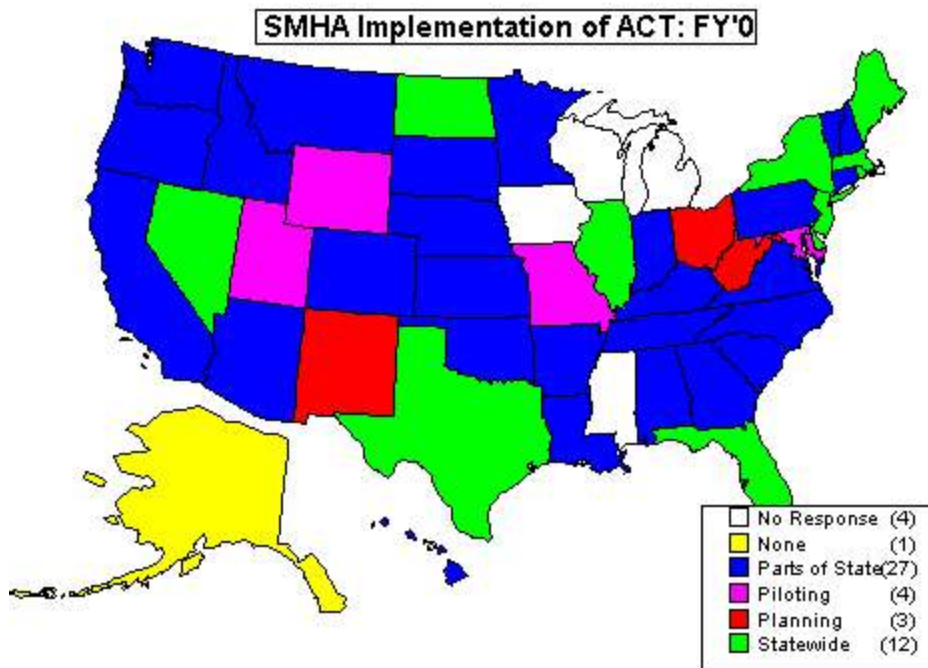
Twenty-six states reported that they had 525 supported employment programs operating in their systems, an average of 20 programs per state. The median state had 10 supported employment programs, and the number of supported employment programs per state ranged from one (HI and UT) to over 150 (NY).

Twenty states were able to report that 33,629 consumers received supported employment services in 2003. A median of 942 consumers received supported employment, with a range from 60 (DE) to 7,500 (NY).

Supported employment services are funded by several major sources with most states using a combination of sources: 29 states reported using State General Funds to pay for supported employment services, while 14 states also use Medicaid, 17 states use the Federal Community Mental Health Services Block Grant, and 10 states use local funds to pay for supported employment services.



Assertive Community Treatment Services (ACT): ACT is a multi-disciplinary clinical team approach to provide intensive community services that help persons with serious mental illness live in the community. Multiple studies have demonstrated that ACT services are effective in helping individuals with serious mental illnesses avoid hospitalization and lead more productive lives in their communities. In 2003, 41 states (out of 48 responding) reported that they were providing some form of intensive community-based services similar to ACT. Eleven states reported that ACT services are currently available or are being implemented throughout the state; 27 states reported ACT is being implemented in parts of the state; and 6 states are currently piloting or planning to implement ACT services. (See map).



Thirty states reported that they were providing ACT services that would meet published criteria for ACT.

States reported that ACT teams averaged a patient to staff ratio of 13 to 1 with a low of 7 to 1 (RI) and a high of 60 to 1. The median patient to staff ratio for ACT teams was 10 to 1.

Thirty-six states reported that they funded or operated 440 ACT programs in 2003. The number of ACT programs per state ranged from 72 (NY) to one (LA, OR, WA), with a median of a median of 7 ACT programs per state.

Thirty states reported that their ACT programs provided services to 24,415 individuals in 2003. The number of patients receiving ACT services ranged from 25 in UT to 3,168 in IL with a median of 436 persons.

ACT services are funded by several major sources: 34 states reported using State General Funds to pay for ACT services, while 36 states also use Medicaid, 16 states use the Federal Community Mental Health Services Block Grant, and 11 states use local funds to pay for ACT services. Four states report that they use a "Single Medicaid rate" for ACT (DE, ME, SC, and VT). The most common Medicaid options used to fund ACT was the Rehabilitation Option (29 states), followed by 1915(b) Waivers (5 states), the Clinic Option (3 states), and 1115 Waivers (4 states).

Use of Medication Algorithms: In Fiscal Year 2002, 30 states reported that they are using or planning to implement Medication Algorithms for Schizophrenia (AK, AZ, CA, CT, DC, DE, FL, HI, IL, KY, LA, MA, MN, NC, NH, NJ, NM, NV, NY, OH, OR, PA, RI, SC, SD, TX, UT, VA, WA, and WY) and 25 states indicated they are using or planning to implement Medication Algorithms for Bipolar depression in their service delivery system (AK, AZ, CA, CT, DC, DE, FL, HI, IL, LA, MA, MN, NC, NH, NJ, OH, OR, PA, RI, SC, SD, TX, UT, VA and WA).

Clinical Guidelines: SMHAs are using clinical guidelines to improve the consistency and quality of psychiatric treatments. Twenty-seven (27 SMHAs report that they were using standardized clinical guidelines and treatment recommendations in FY'03. Specific clinical treatment guidelines being used most frequently are the Texas Medication Algorithm Project (TMAP) in 16 states (AZ, CA, DC, HI, IL, KY, MN, NM, NV, OH, PA, SC, TX, UT, VA, and WY), the Schizophrenia PORT guidelines in seven states (CA, GA, OH, PA, RI, UT, and VT), and the American Psychiatric Association guidelines in nine states (AZ, GA, HI, NC, PA, RI, TN, VT, and WY). Six states report using a variety of other treatment recommendations (CT, DE, MA, MO, NH, and NY). Eleven states are using clinical guidelines in their

state psychiatric inpatient programs. Sixteen states are using clinical guidelines with the community mental health providers the SMHA funds and/or operates.

Clinical guidelines are being used by SMHAs in the treatment of persons with a variety of psychiatric disorders:

- 22 SMHAs are using clinical guidelines for the treatment of persons with schizophrenia
- 12 SMHAs are using clinical guidelines for treatment of mood disorders
- 10 SMHAs are using clinical guidelines for bipolar disorders
- 7 SMHAs are using clinical guidelines for treatment of dual disorders (mental & addictive)
- 5 SMHAs are using clinical guidelines for the treatment of alcohol and substance abuse

Ten states have adopted clinical guidelines as an official state policy for the treatment of persons with particular mental disorders (CA, DC, MO, NM, NY, PA, RI, TN, TX, and UT) and several additional states are currently considering adopting clinical guidelines.

Thirty-four states reported that they are engaged in activities to provide education or otherwise disseminate treatment guidelines. These activities range from mandatory training for all community mental health staff to providing training and technical assistance consultations.

Implementation of Other Evidence-Based Practices: The NRI's State Mental Health Agency Profiles System is tracking the implementation of six adult and two children related EBPs by states. Additional information about specific state implementation efforts will be available on the NRI's website. The table below shows the implementation status of each of the EBPs being tracked in the Profiles System.

Implementation Status	Supported Employment	Assertive Community Treatment	Integrated MH/AOD	Family Psycho-Education	Multi-Systemic Therapy (kids)	Illness Self Management	Medication Algorithm (Schizophrenia)	Therapeutic Foster Care (kids)	Medication Algorithm (Bipolar)	Other EBPs for Kids	Other EBPs for Adults
Implementing Statewide	22	10	5	10	1	6	7	12	5	9	5
Implementing Parts of State	19	27	26	18	17	13	9	8	7	6	3
Piloting	0	4	2	0	6	4	5	0	4	2	1
Planning To Implement	2	4	9	6	3	6	6	3	7	2	0
Not Implementing	4	2	5	5	20	18	20	24	24	29	38
States Responding	47	47	47	47	47	47	47	47	47	47	47

The SMHA Profile Highlights are based on information from 47 SMHAs. The SMHA Profiles data are available via the Internet at www.nri-inc.org. For further information on these data or the State Profiles System, please contact Ted Lutterman at (703) 739-9333 ext. 121 or via e-mail at ted.lutterman@nasmhpd.org. For Information on the NASMHPD Research Institute's Center for Mental Health Quality and Accountability, contact Dr. Vijay Ganju, Center Director at (703) 739-9333 ext. 132 or via e-mail at vijay.ganju@nasmhpd.org.