



The Mental Health Block Grant Ten Percent Set Aside Study

BRIEF REPORT | Change in Client Outcomes Over Time

OVERVIEW

The intention of Coordinated Specialty Care (CSC) programs is for a team of specialists to work together with the client and family, where possible, to achieve meaningful reductions in symptoms and improved quality of life, and increasing involvement in work or school. There are many ways to measure these areas. In the MHBG Ten Percent Set Aside Study, four standardized scales were used: the Modified Colorado Symptoms Index (CSI), Lehman Quality of Life Scale (Global Scale), and Global Functioning: Social and Role Scales.

Symptoms, Quality of Life, and Social Functioning

Clients with valid data at both the initial measurement time (“Baseline”) and one other time point (“Most recent”) showed significant improvements in severity of symptoms (CSI) and had more positive feelings about their life (Lehman). Clients were also functioning at a higher level socially and in occupational/educational roles (Social and Role Scales).

Exhibit 1. Changes in Standardized Outcomes

Measure	Baseline (Mean, Std. dev.)	Most recent interview (Mean, Std. dev.)	Pr > t
Colorado Symptom Index (CSI)	22.5 (13.1)	14.0 (11.6)	<.0001***
Lehman's Quality of Life Score	4.1 (1.5)	5.0 (1.3)	<.0001***
Social Scale	5.0 (1.8)	6.1 (1.7)	<.0001***
Role Scale	4.5 (2.3)	6.0 (2.2)	<.0001***

Sample sizes range from 385 to 467.

Client Characteristics (N=780)^a

Sex: 30% female, 68% male, 2% Transgender or “other”

Age: 12-36 years (M=20.6). 75% of clients are between the ages of 18 and 27.

Race: 39% White, 35% Black or African American, 15% Hispanic

Primary diagnosis:

30% Schizophrenia
14% Schizoaffective disorder
9% Affective disorder with psychotic features
6% Schizophreniform disorder
5% Affective disorder w/o psychotic features

Insurance:

48% Medicaid
32% Private insurance,
4% Medicare and/or other type;
19% uninsured

^aSample size varies by outcome area

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). The study includes 36 CSC programs that were selected from among the 250 CSC programs across the U.S. that use MHBG 10% set-aside funding. Data presented in this brief report were provided by sites through an online portal between January 2018-July 2019. All ratings of events were based on the previous six months. Sites also provided information on variables collected from administrative records to form a Minimum Dataset across all 36 sites.

Exhibit 2. Percent of Clients Experiencing Changes in Work and School

Involvement in School and Work.

Supported Employment and Education is one of the core components of CSC. At Baseline, 58 percent of participants were not working or in school. By the most recent interview (6, 12 or 18 months later), this was true for only 35% of participants, a **reduction of 40 percent** (see Exhibit 2)

		Most Recent Interview		
		Not working or in school (%)	Working and/or in school (%)	Total (%)
Baseline	Not working or in school	28.5	29.4	57.9
	Working and/or in school	6.3	35.8	42.1
	Total	34.8	65.2	100

Substance Use. Data on clients' use of alcohol, tobacco, marijuana, and other drugs were collected at baseline and most recent interview. Participants **reduced their marijuana use by 21 percent** between their first and most recent time of measurement, from 34.7 percent to 27.4 percent. Changes in use of other substances were not statistically significant.

Adverse Life Events. Individuals with First Episode Psychosis often experience a range of difficult circumstances, including homelessness, hospitalizations, and legal issues. Over the course of their time in the CSC program, participants demonstrated reductions in each of these areas, as well as decreased suicide attempts. All reductions were statistically significant with the exception of homelessness, which is a more challenging circumstance to alleviate in many situations, since it also depends on external factors such as availability of housing options.

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

