North Carolina Results First Program Inventory

Adult Mental Health

The North Carolina Results First Initiative is a framework that relies on rigorous program evaluations and benefit-cost analysis. It is based on a model developed by The Pew Charitable Trusts and MacArthur Foundation and the Washington State Institute of Public Policy (WSIPP). The initiative helps North Carolina identify programs that generate positive outcomes and maximize the value of taxpayer dollars for North Carolina.

The program inventory starts as a comprehensive list of programs in a policy area, along with basic information on the programs' duration, frequency, delivery setting, and target population. OSBM and partner agencies use this information to match their programs to those in the Results First Clearinghouse Database, which is an online resource that provides information on the effectiveness of various interventions. Included programs have different levels of evidence based on the quality, quantity, and/or scientific rigor of the research.

This inventory was created in collaboration with the Adult Mental Health (AMH) team within the North Carolina Department of Health and Human Services' (DHHS) Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS). Staff within DHHS's Division of Budget and Analysis also assisted with the inventory. The inventory presents information about selected adult mental health programs, administered in different care settings, that may reduce the incidence or symptoms of mental health conditions in adults. The research includes outcomes verified by systematic reviews conducted by respected sources such as the California Evidence Based Clearinghouse for Child Welfare (CEBC), Washington State Institute of Public Policy (WSIPP), and the National Registry of Evidence-Based Programs and Practices (NREPP).[1, 2]

The DMH/DD/SAS AMH team provides program oversight and consultation to mental health/developmental disabilities/substance abuse services managed care organizations and to providers of services and stakeholders. They also review behavioral health programs and recommend changes, as necessary. The programs in this inventory represent a portion of the behavioral health services offered to adults in North Carolina. They range from community programs to inpatient services and are overseen by the Adult Mental Health team to ensure programs are implemented properly.

[1] The National Registry of Evidence-Based Programs and Practices was indefinitely suspended in 2017 but remains a resource on proven interventions to address behavioral health issues.

[2] Cognitive Behavioral Therapy (CBT) is the only program matched to the CEBC. While the clearinghouse addresses programs that impact child welfare outcomes, the target population for CBT is adults with mental health disorders.

Continuum of Care

Each definition below describes the level of care provided to individuals within the AMH programs included in this program inventory. These levels of care are based on the Level of Care Utilization System for Psychiatric and Addiction Services Adult Version and are used to ensure individuals are matched with programs that meet their identified needs.[3]

Continuum of Care Level	Description
Recovery Maintenance and Health Management	Treatment provided to clients who are living independently or with minimal support in the community and who have achieved significant recovery from past illness episodes.
Low-Intensity Community-Based	Treatment provided to clients who need ongoing treatment but who are living independently or with minimal support in the community. Treatment and service needs do not require intense supervision or very frequent contact.
High-Intensity Community-Based	Treatment provided to clients living independently or in supportive settings who need intensive support and treatment but may not need medication or health services. Unlike medically monitored non-residential care, interventions have traditionally included outpatient clinic-based programs.
Clinically Managed Low-Intensity Residential Services	Services provided to clients in a 24-hour structured living setting to maintain therapeutic gains and recovery skills. Clients in this category typically include family, group, and supervised living programs.
Medically Monitored Non-Residential	Services provided to clients capable of living in the community either in supportive or independent settings, but whose treatment needs require intensive management by a multi-disciplinary treatment team. Services included in this level of care have traditionally been described as partial hospital programs and as assertive community treatment programs.
Medically Monitored Residential	Residential treatment provided in a community setting. This level of care has traditionally been provided in non-hospital, freestanding residential facilities based in the community. In some cases, longer-term care for persons with chronic, non-recoverable disability, which has traditionally been provided in nursing homes or similar facilities, may be included.
Offered Throughout the Continuum	Treatment that is offered throughout the continuum and may be utilized as an outpatient service or as part of a medically monitored residential program.

[3] This information comes from the Level of Care Utilization System for Psychiatric and Addiction Services Adult Version developed by the American Association of Community Psychiatrists March 2009.

Tiered Levels of Evidence

Each of the definitions below outline the criteria needed to qualify a program for each level of evidence. The tiers of evidence are ordered based on the direction of impact, with positive impact at the top and negative impact at the bottom. These definitions for tiered levels of evidence were incorporated in the program inventory for AMH's programs. OSBM cross-walked the Results First Clearinghouse Database rating levels into the North Carolina definitions.

Rating Category	Definition
Proven Effective	A service or practice that is proven effective offers a high level of research on effectiveness for at least one outcome of interest. This is determined through multiple qualifying evaluations outside of North Carolina or one or more qualifying North Carolina-based evaluations. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.
Promising	A promising service or practice has some research demonstrating effectiveness for at least one outcome of interest. This may be a single qualifying evaluation that is not contradicted by other such studies but does not meet the full criteria for the proven effective designation. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.
Theory-based	A theory-based service or practice has no research on effectiveness or research designs that do not meet the standards for "promising" or "proven effective." These services and practices may have a well-constructed logic model or theory of change that has not been tested. This ranking is neutral. Services may move to another category after research reveals their causal impact on measured outcomes.
Mixed Effects	A mixed effects service or practice offers a high level of research on the effectiveness of multiple outcomes. However, the outcomes have contradictory effects, and there is not additional analysis to quantify the overall favorable or unfavorable impact of this service. This is determined through multiple qualifying studies outside of North Carolina or one or more qualifying North Carolina-based evaluations. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.
No Effect	A service or practice with no effects has no impact on the measured outcome. It does not include the service's potential effect on other outcomes. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.
Proven Harmful	A service or practice that is proven harmful offers a high level of research that shows participation adversely affects outcomes of interest. This is determined through multiple qualifying evaluations outside of North Carolina or one or more qualifying North Carolina-based evaluations. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.

Other Definitions	
Source of Evidence	Source of evidence for the programs with evidence rankings. These include the California Evidence Based Clearinghouse for Child Welfare (CEBC), the National Registry of Evidence-Based Programs and Practices (NREPP), and the Washington State Institute of Public Policy (WSIPP).
Other Evidence	Even though a program may not have a match in one of the clearinghouses or WSIPP's meta-analyses, additional evidence may exist. Where available, DHHS experts and Results First provided additional context or research.

Results First Adult Mental Health Program Inventory

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The inventory identifies four outcomes – employment, homelessness, hospitalization, and prevalence of psychiatric symptoms – based on available research but does not capture every program outcome. In this case, "hospitalization" reflects emergency department visits, psychiatric hospitalization, and psychiatric rehospitalization. Whether a program has an impact on an outcome is determined by the availability of evidence and the significance the program has on the outcome, measured by the p-value. *Note: First Episode Psychosis, Promoting Integration of Primary and Behavioral Health Care, Resource Intensive Comprehensive Case Management, and Peer Operated Respite are all currently time-limited pilot programs. Mental Health First Aid is not a program but a training tool to train non-behavioral health staff how to respond to behavioral health crisis.*

This research only includes outcomes from the California Evidence Based Clearinghouse for Child Welfare (CEBC), the National Registry of Evidence-Based Programs or Practices (NREPP), and the Washington State Institute for Public Policy (WSIPP).

Key Terms

MH: Mental Health, **SMI:** Severe Mental Illness, **SPMI**: Severe & Persistent Mental Illness, **SUD:** Substance Use Disorder, **IDD:** Intellectual or Developmental Disabilities

The program impact on the outcomes below is represented as follows**: Blue Fill:** positive impact, **Grey Fill**: neutral impact, **Asterisk:** no available evidence on the outcome

Program	Program Description	Continuum of Care	Evidence Rating	Employment	Homelessness	Hospitalization	Psychiatric Symptoms	Evidence Source	Other Evidence
Assertive Community Treatment	Treatment mode that provides coordinated, person-centered services to address the needs of an individual with SPMI. Teams offer varying levels of care and adjust service levels to reflect an individual's changing needs. Teams include psychiatrists, nurses, social workers, substance abuse specialists, vocational specialists, certified peer support specialists, and other specialists who help adult individuals with SPMI live in their homes instead of institutions. They provide an array of community-based services, from delivering daily medications to helping individuals find and maintain safe and affordable housing. ACT is available 24/7. Duration/Frequency: 3-4 times per week over a period of 20–36 months. Target Population: Adults with SMI and SPMI with functional impairments who have not responded well to traditional outpatient care.	Medically Monitored Non-Residential	Proven Effective	*	Decreased	Decreased	Neutral	Assertive Community Treatment (WSIPP)	

Program	Program Description	Continuum of Care	Evidence Rating	Employment	Homelessness	Hospitalization	Psychiatric Symptoms	Evidence Source	Other Evidence
Cognitive Behavioral Therapy	Treatment mode that addresses a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and SMI. Therapists work with clients to help them change their thinking, behavior, and emotional responses. Duration/Frequency: At least 15 minutes per week as needed. Target Population: Individuals of all ages with a MH or SUD diagnosis.	Offered Throughout the Continuum	Proven Effective	*	*	*	Decreased	Cognitive Therapy (CEBC)	
Critical Time Intervention	Treatment model that bridges the gap between critical transitions (such as long-term psychiatric hospitalizations, homelessness, institutionalization, and incarceration) and housing/community services by providing recovery-oriented, psychiatric rehabilitation, and community integration. Interventions may connect individuals to community supports such as peer support specialists, housing first/tenancy supports, and psychosocial rehabilitation. Duration/Frequency: Phase-dependent over the period of 9 months. Target Population: Adults with SMI/SPMI who are not connected to community care and are navigating a critical transition.	Low-Intensity Community-Based	Proven Effective	*	Decreased	Decreased	*	Critical Time Intervention (NREPP)	
Dialectical Behavioral Therapy	Therapeutic model that helps clients improve mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness to manage painful emotions and decrease conflict in relationships. Duration/Frequency: Minimum of twice per week for at least 6 months. Target Population: Individuals of all ages struggling with MH issues or SUD.	Offered Throughout the Continuum	Proven Effective	*	*	*	*	Dialectical Behavioral Therapy (NREPP)	
First Episode Psychosis (*Pilot)*	Integrated treatment approach using the Coordinated Specialty Care (CSC) model where a multi-disciplinary team works with young adults who have had or are having their first symptoms of psychosis. CSC is a recovery-oriented treatment program for people with First Episode Psychosis. Services provided by the team include psychiatry, individual/family therapy, supported employment/education, and peer support.	Low-Intensity Community-Based	Proven Effective	*	*	Neutral	Decreased	Integrated Treatment for First Episode Psychosis (WSIPP)	

Program	Program Description	Continuum of Care	Evidence Rating	Employment	Homelessness	Hospitalization	Psychiatric Symptoms	Evidence Source	Other Evidence
	Duration/Frequency: Weekly, with reduced frequency based on diagnostic severity over a period of 3 years. Target Population: Individuals ages 15-30 who first experienced psychosis within the past three years.								
Individual Placement and Support	Behavioral health service that aids individuals in choosing, acquiring, and maintaining competitive paid employment in the community. Duration/Frequency: As needed over the period of at least 12 months. Target Population: Individuals 16 years or older with primary diagnosis of SMI, SPMI or SUD.	Low-Intensity Community-Based	Proven Effective	Increased	*	Neutral	Neutral	Individual Placement and Support for Individuals with SMI (WSIPP)	
Mental Health First Aid	Training curriculum for non-mental health professionals that provides information about MH and SUD, and how the community can support individuals experiencing a MH crisis. Duration/Frequency: N/A Target Population: Individuals who do not work in the behavioral health field.	N/A	Proven Effective	*	*	*	*	Mental Health First Aid (NREPP)	
Peer Support Services	Program where a Certified Peer Support Specialist provides group or individual services that promote recovery, self-advocacy, engagement in self-care and wellness, and enhancement of community living skills. Duration/Frequency: As needed with reauthorizations every 90 days. Target Population: Adults with a MH or SUD diagnosis.	Low-Intensity Community-Based	Proven Effective	Increased	Neutral	Neutral	Neutral	Peer Support: Addition of a Peer Specialist to the Treatment Team (WSIPP)	
Promoting Integration of Primary and Behavioral Health Care (*Pilot)*	Service model where primary care services are integrated into behavioral health settings to improve physical and behavioral health. Duration/Frequency: As needed for length of the grant. Target Population: Adults with SMI and SUD (co-occurring disorder).	Offered Throughout the Continuum	Proven Effective	*	*	*	*	Primary Care in Behavior Health Settings (WSSIP)	

Program	Program Description	Continuum of Care	Evidence Rating	Employment	Homelessness	Hospitalization	Psychiatric Symptoms	Evidence Source	Other Evidence
Resource Intensive Comprehensive Case Management (*Pilot*)	Case management program that assists individuals not currently connected to services access a wide variety of community resources with the goal of decreasing emergency department (ED) utilization for non-emergent behavioral health crises. Duration/Frequency: At least 30 minutes weekly over the period of 6 months. Target Population: (1) Adults who have had at least 3 inpatient stays in the last 6 months, (2) adults who have had at least 6 ED encounters in the past 6 months, or (3) adults who have had a combination of inpatient stays and ED visits that totals 6 encounters in the past 6 months; or who are currently pregnant and have a positive substance use urine drug screen.	Low-Intensity Community-Based	Proven Effective	*	*	Decreased	*	Intensive Case Management for Frequent ED Users (WSIPP)	
Facility Based Crisis	Twenty-four-hour residential facility with a maximum of 16 beds that provides support and crisis services in a community setting. Serves as an alternative to hospitalization. Duration/Frequency: Up to 30 days total per 12-month period. Target Population: Adults experiencing a MH crisis or SUD.	Medically Monitored Residential	Promising	*	*	*	*	Short Term Acute Residential Treatment (NREPP)[4]	
Mobile Crisis Management	Crisis community outreach program that provides immediate telephonic response to assess crises and determine the risk, mental status, medical stability, and appropriate response for an individual. Once triaged, MCM can provide face-to-face access to acute mental health, developmental disabilities, or substance abuse services, treatment, and supports to effect symptom reduction, harm reduction, or to safely transition persons in acute crises to appropriate crisis stabilization and detoxification supports or services. Duration/Frequency: No more than 24 hours per crisis episode. Target Population: Adults experiencing a MH or SUD crisis.	Low-Intensity Community-Based	Promising	*	*	Decreased	*	Mobile Crisis Response (WSIPP)	
Behavioral Health Urgent Care	Urgent care unit designed to provide triage, crisis risk assessment, evaluation, and intervention to individuals whose crisis response needs are deemed to be urgent or emergent.	Medically Monitored	Theory Based	*	*	*	*		

[4] Program information for Short Term Acute Residential Treatment is unavailable. The National Registry of Evidence-Based Programs and Practices was indefinitely suspended in 2017 and some evaluation descriptions no longer exist.

Program	Program Description	Continuum of Care	Evidence Rating	Employment	Homelessness	Hospitalization	Psychiatric Symptoms	Evidence Source	Other Evidence
	Duration/Frequency: Less than 24 hours. Target Population: Adults experiencing a behavioral health crisis related to a SUD or MH diagnosis.	Non-Residential							
Community Support Team	Support team that provides community-based and structured rehabilitative interventions to increase and restore an individual's ability to live successfully in the community. Specific interventions may include psychosocial rehabilitation, cognitive behavioral therapy, case management, tenancy services, and crisis intervention services. Duration/Frequency: One to three times per week over the period of 6-9 months. Target Population: Adults with MH or SUD diagnosis, and significant impairment in two life domains, who can develop skills to manage their symptoms.	High Intensity Community-Based	Theory Based	*	*	*	*		
Diagnostic Assessment	Intensive evaluation which results in the issuance of a Diagnostic Assessment report recommending whether the beneficiary meets target population criteria and Enhanced Benefit services that provides the basis for the development of the Person-Centered Plan. Duration/Frequency: 24 hours per day. Target Population: Adults with MH issues, SUD, or IDD.	N/A	N/A	*	*	*	*		
Family Living-Low Intensity	Service that includes room and board and provides "family style" supervision and monitoring of daily activities. Individuals live with families who act as providers of supportive services with assistance from professional staff. Duration/Frequency: 24 hours per day. Target Population: Adults with MH issues or I/DD.	Clinically Managed Low Intensity Residential Services	Theory Based	*	*	*	*		
Family Living-Moderate Intensity	Service that includes room and board and provides professionally trained parent-substitutes who work intensively with individuals on their life and social skill needs.	Clinically Managed Low Intensity	Theory Based	*	*	*	*		

Program	Program Description	Continuum of Care	Evidence Rating	Employment	Homelessness	Hospitalization	Psychiatric Symptoms	Evidence Source	Other Evidence
	Duration/Frequency: 24 hours/day; frequency varies based on client need. Target Population: Adults with MH issues or I/DD.	Residential Services							
Group Living-Low Intensity	Service that includes room and board and provides a home-like environment to clients. At least one trained but non-professional adult provides supervision and therapeutic interventions such as home living skills and leisure time activities. Duration/Frequency: 24 hours/day; frequency varies based on client need. Target Population: Adults with MH issues or I/DD.	Clinically Managed Low Intensity Residential Services	Theory Based	*	*	*	*		
Group Living-Moderate Intensity	Service that includes room and board and provides a home-like environment to clients, while offering intensive individualized therapeutic or rehabilitative programming designed to supplement day treatment provided in a different setting. Duration/Frequency: 24 hours/day; frequency varies based on client need. Target Population: Adults with severe MH issues or I/DD.	Clinically Managed Low Intensity Residential Services	Theory Based	*	*	*	*		
Group Living-High Intensity	Service that includes room and board and provides intensive individualized therapeutic or rehabilitative programming as part of a residential placement. Duration/Frequency: 24 hours/day; frequency varies based on client need. Target Population: Adults with severe MH issues or I/DD.	Clinically Managed Low Intensity Residential Services	Theory Based	*	*	*	*		
Partial Hospitalization	Short-term service for SPMI adults, which is designed to prevent hospitalization or to support those leaving an inpatient facility. This service is designed to offer face-to-face therapeutic interventions to provide support and guidance in preventing, overcoming, or managing identified needs and to aid with improving the individual's level of functioning in all domains, increasing coping abilities or skills, or sustaining the achieved level of functioning.	Medically monitored Non-Residential	Theory Based	*	*	*	*		

Program	Program Description	Continuum of Care	Evidence Rating	Employment	Homelessness	Hospitalization	Psychiatric Symptoms	Evidence Source	Other Evidence
	Duration/Frequency: 4 hours per day, 5 days per week. Target Population: Adults with SPMI.								
Peer Operated Respite (*Pilot)*	Respite program that provides peer support services to individuals in a home-like environment for up to 7 days. Guests receive peer support services, Wellness Recovery Action Planning, and support in determining ways to address unmet needs and to de-escalate crisis situations. Duration/Frequency: Up to 7 days Target Population: Adults with primary behavioral health diagnosis that are at risk for seeking crisis services.	Recovery Maintenance and Health Management	Theory Based	*	*	*	*		Peer Respites Action and Evaluation
Psychosocial Rehabilitation	Office or community-based group interventions that assists adults to develop daily living skills, social skills, community integration, and pre-vocational skills. Duration/Frequency: As needed Target Population: Adults with SMI who need support developing social and vocational skills.	Recovery Maintenance and Health Management	Theory Based	*	*	*	*		
Supervised Living-Low	A non-restrictive service that provides a room for individuals who do not require 24-hour supervision. Services are not linked to the home, though individuals may attend outpatient treatments. Duration/Frequency: 24 hours/day; frequency varies based on client need. Target Population: Adults with severe MH issues or SUD.	Clinically Managed Low Intensity Residential Services	Theory Based	*	*	*	*		
Supervised Living-Moderate	Service that provides a room and periodic support care, including assistance with living skills and counseling, to individuals who do not require 24-hour supervision. Duration/Frequency: N/A Target Population: Adults with severe MH issues or SUD.	Clinically Managed Low Intensity Residential Services	Theory Based	*	*	*	*		

Program	Program Description	Continuum of Care	Evidence Rating	Employment	Homelessness	Hospitalization	Psychiatric Symptoms	Evidence Source	Other Evidence
Transition Management Services	Rehabilitative service that provides interventions intended to increase and restore an individual's ability to live successfully in the community by maintaining tenancy. Duration/Frequency: Variable based on client need; maximum of 15 hours per week. Target Population: Adults with a MH diagnosis who are participating to the Transition to Community Living Initiative.	Low-Intensity Community-Based	Theory Based	*	*	*	*		