

This Month's Highlights

♦ Update on Housing and Transformation

This month's lead article summarizes issues and policy options in regard to housing for people with mental illness that were presented in a background paper to the President's New Freedom Commission by one of its subcommittees. Ann O'Hara, author of the article and a consultant to the Subcommittee on Housing and Homelessness, discusses recommendations to end chronic homelessness among people with mental illness, expand access to affordable housing, and promote evidence-based practices. She notes that progress has been uneven in this area since publication of the recommendations four years ago. The permanent supportive housing model has proven effective, but efforts to expand the housing supply have been hampered by reductions in federal funding. Any apparent reductions in chronic homelessness will be short-lived, Ms. O'Hara concludes, unless affordable housing policies and mental health services are re-oriented to prevent and end homelessness for people with mental illness. The article is the fifth in a series addressing system transformation, which is supported by a contract with the Substance Abuse and Mental Health Services Administration (page 907).

♦ Implementing Evidence-Based Practices

System transformation will depend on the extent to which effective interventions can be widely disseminated. To better understand the role that state mental health authorities play in ensuring that evidence-based practices are available, members of the MacArthur Foundation's Network on Mental Health Policy Research conducted interviews with staff of state agencies and with consumers and families in eight

states. Five evidence-based practices were the focus: assertive community treatment, family psychoeducation, illness management and recovery, integrated dual diagnosis treatment, and supported employment. Stakeholders found that focusing on implementing a single practice worked best. As Kimberley R. Isett, Ph.D., M.P.A., and colleagues report, each of the five practices has different contingencies that must be addressed to achieve implementation, and each requires that state authorities have unique assets. An understanding of the contingencies and assets can help inform a state's decision about which practice is particularly suited to its current environment (page 914). A research report by Deborah Becker, M.Ed., and colleagues takes a closer look at one of these practices—supported employment. Researchers interviewed participants up to 12 years after they enrolled in a supported employment program to determine long-term influences on their work-related behavior (page 922). In a brief report Hong Kong researchers describe the success of family psychoeducation with 84 family members of Chinese patients with schizophrenia (page 1003).

♦ Integrated Treatment for Co-occurring Disorders

This month's issue has a special focus on co-occurring disorders. The State Mental Health Policy column discusses lessons learned by seven states participating in COSIG (Co-occurring State Incentive Grant), a federally funded initiative to help state mental health and substance abuse authorities better integrate services for people with co-occurring disorders (page 903). Two articles report findings from analyses of Medicaid data from several states that attempted to better understand how beneficiaries with co-

occurring disorders use services. Robin E. Clark, Ph.D., and colleagues found heavy inpatient and emergency department use and reduced use of community-based services in this population (page 942), and Mark P. McGovern, Ph.D., and colleagues found support in the data for the utility of the quadrant model, which groups persons with co-occurring disorders according to the disorder severity (page 949). Karen A. Urbanoski, M.Sc., and colleagues analyzed data from nearly 37,000 respondents to a Canadian survey. They found that persons with co-occurring disorders had high unmet need for care; they were the least satisfied with care and preferred self-management to the care they received (page 962). In Taking Issue Andrew E. Slaby, M.D., Ph.D., discusses the troubling nature of these findings and the sensitivity needed by practitioners to provide effective treatment to this population (page 897).

Briefly Noted . . .

- ♦ Critical time intervention, a case management model that addresses homelessness by focusing on transitions from institutions to the community, was implemented and evaluated at eight Veterans Affairs medical centers (page 929).
- ♦ Two reports examine treatment seeking by persons with obsessive-compulsive disorder (Great Britain) and quality of life of first-degree relatives of persons with this disorder (Italy) (page 977 and page 970).
- ♦ Data from a national survey of residential facilities for children with mental illness indicate that states vary widely in the types of facilities they regulate and in their regulatory methods (page 991).