

Table 25: Funding Sources for ACT

Funding Source	Number of States
State General Funds	36
Medicaid	36
Federal Mental Health Block Grant	23
Local Funds	14
Other Funds	6

the following methods: Supported Employment Fidelity Scale; EBSE Supported Employment Scale; Medicaid Provider Manual; DACTS; Quality Supported Employment Implementation Scale; PORT/IPS; and Toolkit Model (SAMHSA). State general funds were used to provide supported employment services in 36 states, Medicaid in 17, the Federal Mental Health Block Grant in 24, local sources in 12, and various others in 15.

7.5.7 Medication Algorithms

A medication algorithm translates the latest available knowledge about medications into practical pharmacotherapy suggestions and promotes the optimal recovery in the consumer population. A central objective of the algorithm is to optimize pharmacotherapy for consumers and clinicians via a consensus of consumer experience, research evidence, expert advice, practitioner knowledge, and supportive technology (i.e., computer-based).

In the 15 states implementing medication algorithms for schizophrenia, there were 115 programs serving 54,541 individuals. The assessment and monitoring of the fidelity of the programs was conducted by three states using the following: CAL MAP Fidelity Scale, the Inpatient Residential Kit Fidelity Measure, and monitoring by Department of Mental Health and Developmental Disabilities (DMHDD) staff.

State general funds were used to provide medication algorithms (schizophrenia) services in 17 states, Medicaid in 9, the Federal Mental Health Block Grant in 2, local sources in 2, and various others in 7.

In the 9 states implementing medication algorithms for bipolar disorders, there were 40 programs serving 34,491 individuals. The assessment and monitoring of the fidelity of the programs were conducted by one state.

State general funds were used to provide medication algorithm (bipolar disorders) services in seven states, Medicaid in three, the Federal Mental Health Block Grant in one, local sources in two, and various others in three.

7.5.8 Family Psychoeducation

Family psychoeducation programs are offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through the active involvement of family members in treatment and management and to alleviate the suffering of family members by supporting them in their efforts to aid the recovery of their loved ones. The programs may be either multifamily or single-family focused. Core characteristics of family psychoeducation programs include the provision of emotional support, education, and resources during periods of crisis, and problem-solving skills.

In the 25 states implementing family psychoeducation, there were 222 programs serving 8,556 individuals. The assessment and monitoring of the fidelity of the programs was conducted by seven states using the following: agency self-report, SAMHSA Fidelity Scale, and Dartmouth Fidelity Scale.