



FISCAL YEAR 2017

Snapshot of State Plans for Using the Community Mental Health Block Grant Ten Percent Set-Aside to Address First Episode Psychosis

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Technical Assistance Material Developed for SAMHSA/CMHS by NRI and NASMHPD under Contract Reference under Contract Reference: HHSS283201200002I/Task Order No. HHSS28342002T

August 2017



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ACKNOWLEDGEMENTS

We would like to acknowledge all of the states that reviewed and updated their Snapshot profiles. We would also like to acknowledge Tara Niendam for providing us information on FEP programs in California.

Introduction & Methodology

During the fiscal year 2014 congressional appropriations, Congress directed SAMHSA to require state mental health authorities (SMHAs) to set aside five percent of their Community Mental Health Services Block Grant (MHBG) “to support evidence-based programs that address the needs of individuals with serious mental illness (SMI), including psychotic disorders.”¹ This original directive indicated that Congress wished, but did not require, states to address their efforts to the treatment of first episode psychosis (FEP) and encouraged states to consider the coordinated specialty care (CSC) model as they planned their activities for the set-aside.² Congress appropriated additional funding to support the mandate in order to prevent any harm to existing programs by this mandatory set-aside. In December 2015, Congress directed SAMHSA to increase the required set-aside to ten percent of the MHBG and provided additional funds to cover the increase. In increasing this set-aside, Congress also specified (in the Committee notes) that funds should “...only [be] used for programs showing strong evidence of effectiveness and [that] targets [sic] the first episode psychosis.”³ Congress further emphasized that “SAMHSA shall not expand the use of the set-aside to programs outside of those that address first episode psychosis.”⁴ The 21st Century Cures Act subsequently made the 10% set aside for first episode psychosis permanent. When releasing the original mandate, SAMHSA “required [SMHAs to] revise their two year [plans] to propose... how they will utilize the additional funds.”⁵ Specifically, SAMHSA asked SMHAs to provide the following information:⁶

- Description of the assessed need for the target population to be served, including prevalence data on the projected number of youth/young adults suffering from SMI in the target service area.
- Explanation for why the target population was chosen.
- A brief budget, showing a breakdown of the set aside, and a narrative explaining how the state intends to use the funds.

This report prepared by NRI compiles the responses of all states and U.S. territories that participate in the MHBG. The following information is provided for each state and territory, when available or applicable:

- Total SMHA Expenditures for FY 2015.
- Dollar amount of the ten percent set aside in FY 2017.
- Additional state funds allocated for early intervention programs in FY 2017 (or the latest available year).

¹ SAMHSA. (2014). Guidance for the Revision of the FY 2014-2015 MHBG Behavioral Health Assessment and Plan. <http://www.samhsa.gov/sites/default/files/mhbg-5-percent-set-aside-guidance.pdf>

² Ibid.

³ SAMHSA. (2016). 10% Set-Aside Narrative Instructions for FY2016. WebBGAS System.

⁴ Ibid.

⁵ SAMHSA. (2014).

⁶ SAMHSA. (2015). WebBGAS System

- Contact information for the person responsible for submitting the state's MHBG application.
- A brief narrative of the state's use of the ten percent set-aside.
- The state's current level of program implementation (based on SAMHSA's National Registry of Effective and Promising Practices, or NREPP), which is defined here as the highest level any CSC program has reached in the state. NREPP's five levels of implementation are⁷:
 - The **Exploration** stage requires states to identify their communities' needs, assess organizational capacity, identify programs that meet community needs, and understand program fidelity and adaptation.
 - The **Installation** stage occurs once a program has been selected and the state begins making the changes necessary to implement the program. This includes training and community outreach and education activities.
 - **Initial Implementation** occurs when the program has first been implemented and practitioners begin to put into practice the techniques learned during the exploration and installation stages.
 - **Full Implementation** occurs once staffing is complete, caseloads are full, services are provided, and funding streams are in place.
 - **Program Sustainability** occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the program. For the purposes of this report, program sustainability also includes the expansion of existing services.
- A table of the outcome and performance measures the state requires FEP programs to report, as well as reporting frequency and level of aggregation (individual or provider).
- Whether the state requires programs to demonstrate fidelity to a specific CSC model and, if so, what model and what method they use to measure fidelity.
- An entry for all FEP programs the state is supporting including:
 - The name of the program.
 - The age range accepted and other eligibility requirements of the program.
 - The program's address.
 - The area served by the program
 - Contact information for the program (phone number, email address, and the program or provider website).

⁷ SAMHSA. A Road Map to Implementing Evidence-Based Programs.
http://legacy.nreppadmin.net/Courses/Implementations/NREPP_0101_0010.html

- The number of clients served by the program in the past twelve months and the number of the clients currently being served by the program.
- Whether the program follows a CSC model or is an EBP only.
- The level of implementation (according to the NREPP scale, see above)
- The amount of MHBG set-aside funds allocated to the program.
- The amount of other funds allocated to the program from the block grant, state general funds or another source.
- Finally, the components included in the program.

State responses were accessed using SAMHSA's WebBGAS system in June of 2017.

Additional information about the states' and territories' total budgets was collected through NRI's Revenues and Expenditures Data Collection System for FY 2015. In June and July of 2017, each state's MHBG contact received a copy of their state summary for review. Through August 30, 2017, 48 states, the District of Columbia, Puerto Rico, the Virgin Islands, and three Pacific Jurisdictions (American Samoa, Guam, and the Republic of the Marshall Islands) provided feedback on their summaries. For states that did not provide feedback on their summaries, information from WebBGAS and from their 2016 Snapshot profiles was used. In addition, information about FEP programs in California was provided by Tara Niendam.



List of Acronyms

- ACT:** Assertive Community Treatment
- CBT:** Cognitive Behavioral Therapy
- CBTP:** Cognitive Behavioral Therapy for Psychosis
- CMHC:** Community Mental Health Center
- CSC:** Coordinated Specialty Care
- EASA:** Early Assessment and Support Alliance
- EBP:** Evidence-Based Practice
- EIP:** Early Intervention Program
- EPI:** Early Psychosis Intervention
- FEP:** First Episode Psychosis
- FPE-MFG:** Family Psychoeducation – Multi-family Group Format
- FY:** Fiscal Year
- IHH:** Integrated Health Homes
- MHBG:** Community Mental Health Services Block Grant
- MHGAP:** Mental Health Gap Action Program
- NOS:** Not otherwise specified
- NREPP:** National Registry of Effective and Promising Practices
- OASIS:** Outreach and Support Intervention Services
- PARC:** Prevention and Recovery Center for Early Psychosis
- RAISE:** Recovery After an Initial Schizophrenia Episode
- RFP:** Request for Proposals
- SAMHSA:** Substance Abuse and Mental Health Services Administration
- SHORE:** Supporting Hope, Opportunities, Recovery and Empowerment
- TIP:** Transition to Independence

Summary of MHBG Set-Aside Implementation

Since 2014, when the set-aside was enacted, the number of states with fully installed and fully operating CSC treatment programs has steadily increased. There are currently 49 states and territories with programs operating at an implementation level of initial or full implementation or program sustainability. Table 1 shows the number of states in each level of implementation in the first four years of the set-aside.

Table 1: Number of States in Each Phase of Implementation by Year of the Set-aside

| Number of States in Each Phase of Implementation | | | | | |
|--|------------------------------|-------------------------------|------------------------------|----------------------------|-----------------------------------|
| Implementation Phase | First Year of MHBG Set-Aside | Second Year of MHBG Set-Aside | Third Year of MHBG Set-Aside | Current 10% MHBG Set-Aside | Difference Year 1 to Current Year |
| Exploration | 6 states | 4 states | 5 states | 7 states | + 1 state |
| Installation | 20 | 11 | 7 | 3 | - 17 |
| Implementation | 6 | 15 | 14 | 28 | + 22 |
| Program Sustainability | 11 | 13 | 25 | 21 | +10 |

States use a combination of MHBG set-aside funds, other MHBG funds, and other state funds to start and support CSC programs. Twenty five states and territories provide additional funding to FEP treatment programs in addition to the set-aside (not including state Medicaid matches). Table 2 indicates how many CSC programs throughout the country receive set-aside funds and the total number that are operated or planned by states. The difference between these two numbers indicates CSC programs that states support with funds other than the MHBG set-aside. States reported that the set-aside at least partially funds 251 CSC programs and states fund an additional 10 programs for a total of 261.

Table 2: Number of CSC Programs by Implementation Phase and Funding Source

| Number of CSC Programs by Implementation Phase and Funding Source | | |
|---|---------------------------|--------------------------|
| FEP Treatment Program Implementation Phase | Receiving Set Aside Funds | Total Number of Programs |
| Exploration | 4 programs | 4 programs |
| Installation | 33 | 33 |
| Implementation | 141 | 144 |
| Program Sustainability | 73 | 80 |
| Total | 251 | 261 |

Forty-seven (47) SMHAs reported the number of people served by their CSC programs (for six states the data are from 2016) in the previous year. In these states, 7,717 people received treatment in CSC programs. Forty-seven (47) SMHAs reported the number of people currently being served by treatment services (for four states the data are from 2016). In these states, 3,965 people are currently being served.

Fifty-one (51) SMHAs indicate that they require CSC programs to report performance and outcomes measures to the state. States were asked about their data requirements in ten domains: identification, intake, and enrollment; improved symptoms; improved functioning (including global functioning, employment, school participation, legal involvement, living situation, and social connectedness); physical health; program involvement; substance use; suicidality; psychiatric hospitalization; use of emergency rooms; prescription adherence and side effects. Table 3 shows the number of SMHAs collecting outcome and performance measures by domain.

Table 3: Number of SMHAs Collecting Outcome and Performance Measures for FEP by Domain

| Number of SMHAs Collecting Outcome and Performance Measures for FEP by Domain | |
|---|---|
| Domain | Number of SMHAs Collecting Data in Domain |
| Identification, Intake, and Enrollment | 45 SMHAs |
| Improved Symptoms | 38 |
| Global Functioning | 33 |
| Employment | 45 |
| School Participation | 45 |
| Legal Involvement | 40 |
| Living Situation | 39 |
| Social Connectedness | 34 |
| Physical Health | 28 |
| Program Involvement | 38 |
| Substance Use | 34 |
| Suicidality | 31 |
| Psychiatric Hospitalization | 44 |
| Use of Emergency Rooms | 34 |
| Prescription Adherence and Side Effects | 27 |

State Descriptions

The amount of funds each state and territory received as part of their ten percent set aside varied greatly, from \$5,000 in Palau to \$6,918,048 in California. Figure 1 provides a breakdown of funds received by each state. Note that all territories, with the exception of Puerto Rico (\$653,909), received less than \$100,000.

Figure 1: State Allocations of the MHBG 10% Set Aside

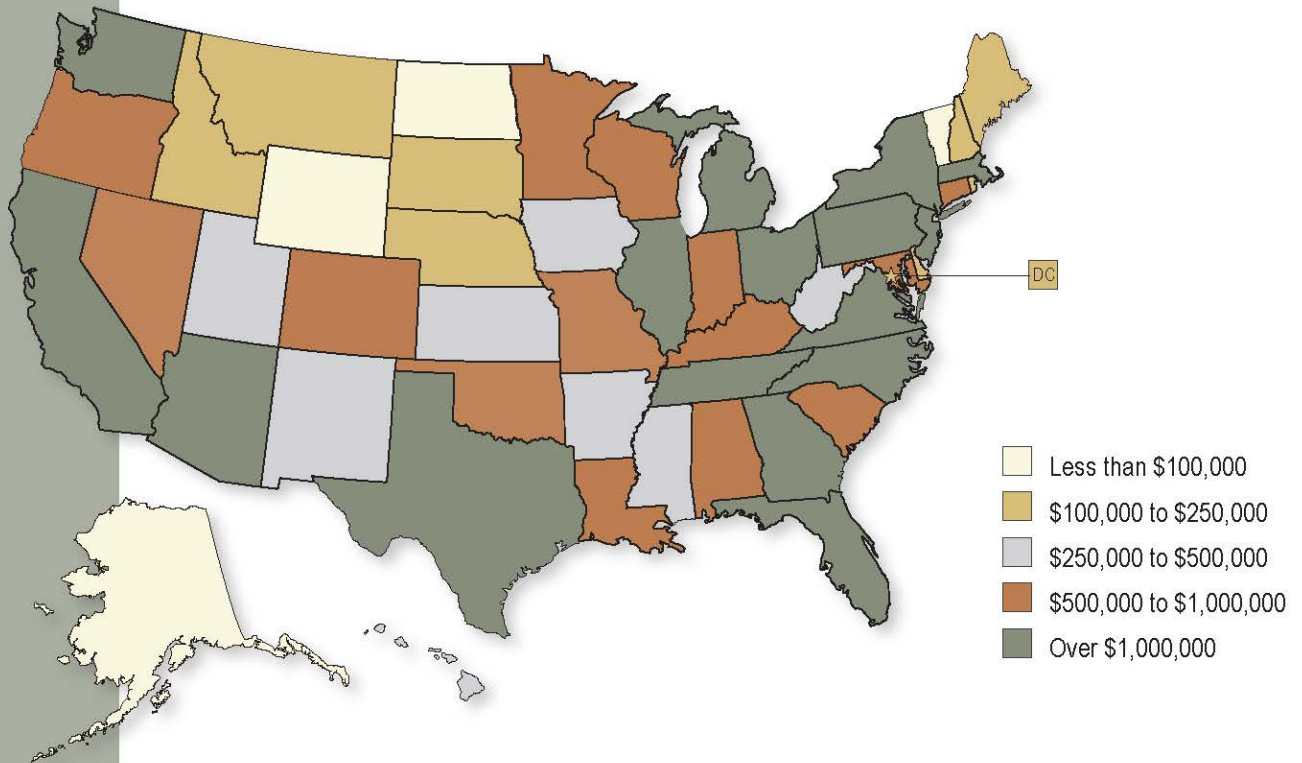


Table 4 details the number of CSC programs by stage of implementation in each state with a CSC program or that has indicated it plans to build a CSC program (these would be included under the Exploration stage of implementation). Table 5 identifies the individual evidence-based practices states are implementing with their set aside funds. Each table also lists the stage of implementation by state. A state may appear in multiple tables as a couple of states are implementing both CSC programs and EBPs using set-aside funds.

Table 4: States Implementing CSC Programs, by Type of Program

| State | Stages of Implementation | | | | Total |
|----------------------|--------------------------|----------------|--------------|-------------|-------|
| | Program Sustainability | Implementation | Installation | Exploration | |
| Alabama | -- | 1 | -- | -- | 1 |
| Alaska | -- | -- | -- | 1 | 1 |
| American Samoa | -- | 1 | -- | -- | 1 |
| Arizona | -- | 3 | 1 | -- | 4 |
| California | 6 | 21 | 12 | -- | 39 |
| Colorado | -- | 4 | -- | -- | 4 |
| Connecticut | 2 | -- | -- | -- | 2 |
| Delaware | 1 | -- | -- | -- | 1 |
| District of Columbia | -- | 1 | -- | -- | 1 |
| Florida | -- | 5 | -- | -- | 5 |
| Georgia | 2 | 3 | 1 | -- | 6 |
| Guam | -- | 1 | -- | -- | 1 |
| Hawaii | -- | 1 | -- | -- | 1 |
| Idaho | -- | 3 | -- | -- | 3 |
| Illinois | -- | 11 | -- | -- | 11 |
| Indiana | 1 | -- | -- | -- | 1 |
| Iowa | -- | 2 | -- | -- | 2 |
| Kansas (2016) | 1 | -- | 1 | -- | 2 |
| Kentucky | -- | 6 | 2 | -- | 8 |
| Louisiana | -- | 4 | -- | -- | 4 |
| Maine | -- | 1 | -- | -- | 1 |
| Marshall Islands | -- | -- | 1 | -- | 1 |
| Maryland | 4 | -- | -- | -- | 4 |
| Massachusetts (2016) | 2 | -- | -- | -- | 2 |
| Michigan | 3 | 1 | -- | -- | 4 |

(continued from page 8) Table 4: States Implementing CSC Programs, by Type of Program

| Stages of Implementation | | | | | |
|--------------------------|------------------------|----------------|--------------|-------------|------------|
| State | Program Sustainability | Implementation | Installation | Exploration | Total |
| Minnesota | -- | 3 | -- | -- | 3 |
| Mississippi | 2 | -- | -- | -- | 2 |
| Missouri | 2 | 5 | -- | -- | 7 |
| Montana | -- | -- | 1 | -- | 1 |
| Nebraska | -- | 2 | -- | -- | 2 |
| Nevada | -- | 2 | -- | -- | 2 |
| New Hampshire | -- | 1 | -- | -- | 1 |
| New Jersey | -- | 3 | -- | -- | 3 |
| New Mexico | 1 | -- | -- | -- | 1 |
| New York | 6 | 13 | -- | -- | 19 |
| North Carolina | 1 | 2 | -- | -- | 3 |
| North Dakota | -- | -- | 1 | -- | 1 |
| Ohio | 10 | 4 | 3 | -- | 17 |
| Oklahoma | 2 | 1 | -- | -- | 3 |
| Oregon | 20 | 11 | -- | -- | 31 |
| Palau (2016) | -- | -- | -- | 1 | 1 |
| Pennsylvania | 3 | 7 | -- | -- | 10 |
| Puerto Rico | -- | 2 | -- | -- | 2 |
| Rhode Island | 2 | -- | -- | -- | 2 |
| South Carolina | -- | 1 | -- | -- | 1 |
| South Dakota | -- | 2 | -- | -- | 2 |
| Tennessee | 1 | 3 | -- | -- | 4 |
| Texas | -- | 2 | 8 | -- | 10 |
| Utah | -- | 2 | -- | 1 | 3 |
| Virgin Islands | -- | -- | -- | 1 | 1 |
| Virginia | 8 | -- | -- | -- | 8 |
| Washington | -- | 3 | 2 | -- | 5 |
| West Virginia | -- | 1 | -- | -- | 1 |
| Wisconsin | -- | 3 | -- | -- | 3 |
| Wyoming | -- | 2 | -- | -- | 2 |
| Total | 80 | 144 | 33 | 4 | 261 |

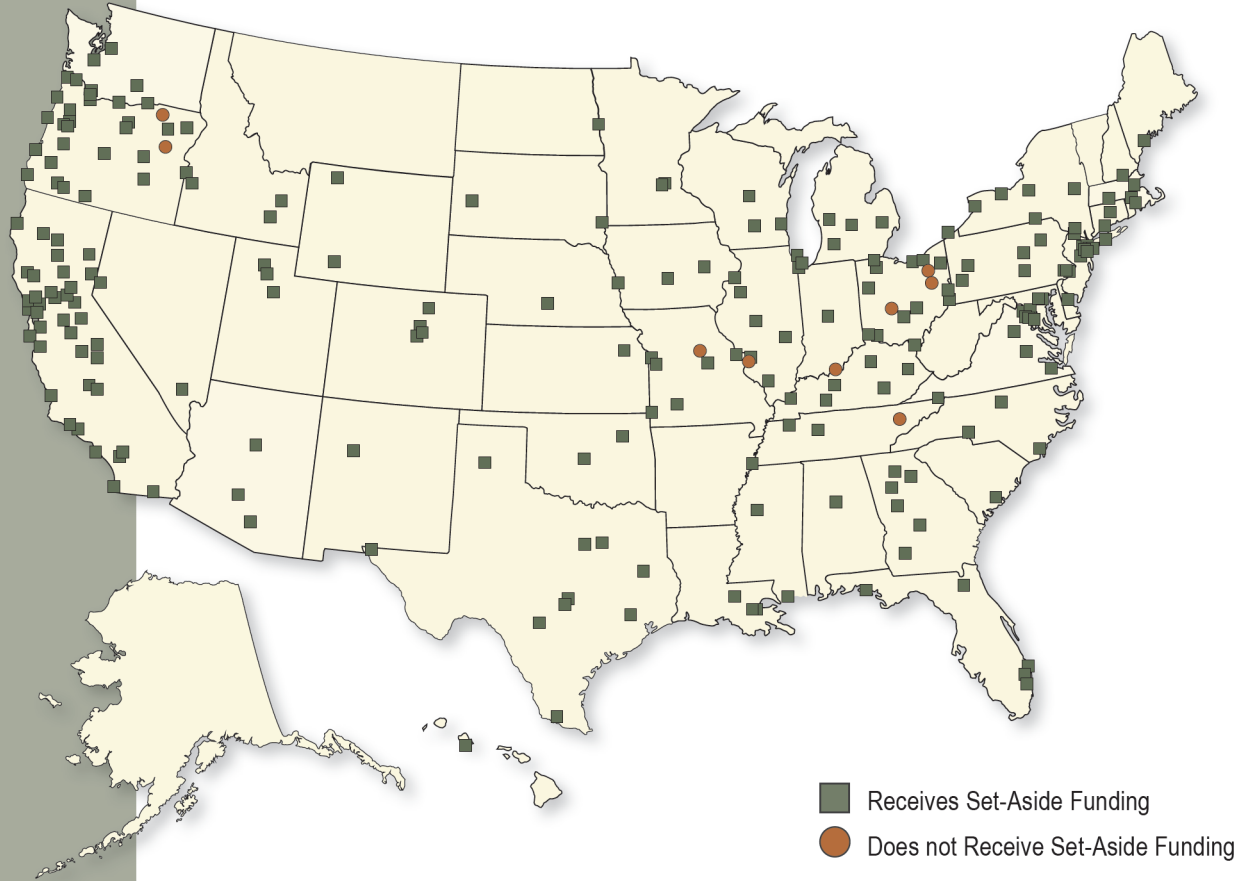
Table 5: States Implementing Individual EBPs and Stage of Implementation

| States Implementing Individual EBPs or Other Initiatives | | |
|--|---------------------------|-------------------------|
| State | Name of Program | Stage of Implementation |
| Arkansas | Unknown EBP | Varies by County |
| Commonwealth of Northern Mariana Islands | Family Psychoeducation | Initial Implementation |
| Oklahoma | Be the Change | Program Sustainability |
| South Carolina | CBT | Program Sustainability |
| South Carolina | Motivational Interviewing | Program Sustainability |
| Vermont | Open Dialogue | Implementation |

Location of CSC Programs

Figure 2: Location of CSC Programs Funded by Set-Aside and Other Sources

FIRST EPISODE PSYCHOSIS TREATMENT PROGRAMS



Note: This map only includes programs from states that have provided program addresses or locations. Some locations in California are mapped at the county level and do not show the exact location.

State by State Profiles



Alabama



STATE CONTACT:

Kim Hammack | 334-242-3209 | kim.hammack@alabama.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$364,500,000 | \$735,122 | \$0 | \$735,122 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Initial Implementation | Alabama began implementing a CSC program for FEP in Jefferson County in early 2017. The ultimate goal is to expand these FEP CSC programs statewide. The EASA Center for Excellence is providing training and consultation to start the program. Alabama hired the statewide FEP Coordinator in July 2017. Alabama has not started the data collection process and have been working with EASA to initiate this. Then, Alabama was chosen to participate with the Westat 10% set-aside evaluation study and will implement data collection and evaluation aligned with the study. The current data collected is information collected on all individuals served by the community mental health center. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | N/A | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? 1 time a month, with one month in arrears.
Due on the 15th of each month

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? EASA

How Is Fidelity measured? Process in Development

CHALLENGES FORESEEN BY THE STATE:

The state anticipates the following challenges:

- Implementing the data system: determining the data needed, best ways to report, etc. It seems that each state has to determine how to achieve this, and there is not an approved and/or required data process that spans the nation.
- Maintaining staff within the FEP team. We have experienced turnover in almost every position in the last year.
- Lack of insurance issue.
- Funding issues. Alabama has experienced major funding cuts since 2009 and have competing programs for funds, to include two current lawsuits.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|---|---|--|--|--------------------------------|
| PROGRAM NAME: | | Nova Birmingham | | |
| Age Range Accepted: 15-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Individuals must reside in a specific geographic area; Onset of psychotic symptoms within the last 12 months (DUP); Diagnosis of schizophrenia, schizoaffective disorder, bipolar I with psychotic features, psychosis NOS, schizophreniform disorder, or brief psychotic disorder. | | | Limited to residents of Birmingham City, Hoover, Vestavia, Mountain Brook, and Homewood, Alabama | |
| Address: | Phone: | Email: | Website: | |
| 2211 Magnolia Avenue South Birmingham, 35205 | 205-206-4870 | sweed@jbsmha.com | Not at this time. | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 8 | 7 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$735,122 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Behavior-oriented CBT | |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? (2016) | How many are currently receiving treatment? |
| #: 8 | #: 7 |

Alaska



STATE CONTACT:

Stacy Toner | 907-465-2817 | stacy.toner@direct.dhss.akhie.com

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$231,030,562 | \$107,019 | \$0 | \$107,019 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Exploration | The Division plans to use the entirety of the 10% Set Aside to begin the development of a CSC program for FEP or bipolar disorder. We have identified Mat-Su Health Services in Wasilla, Alaska to develop this program, in conjunction with the state, over the course of FY18. A number of benchmarks have been set for training staff, developing program guidelines, creating a stakeholder group, and then to begin serving 5 clients by the end of the year. As the available funding would not be sufficient to launch a full-time CSC team, our expectation is for the agency to utilize both full and part-time staff for a “mini team” focused on this initiative. Given this, our expectation will be close adherence but not full fidelity to the CSC model. With the support of SAMHSA and NASMHPD we have secured FEP technical assistance from the EASA Center for Excellence at Portland State University for this project. At this point we have not established specific outcome and performance measures but will utilize some or all of the measures below in FY19 likely through the DLA-20 tool. |

| DATA REPORTING: [NOTE: Will be determined this year.] | | | | | |
|---|--------------------------|----------------------|--------------------------|---|--------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Identification, Intake, Enrollment | <input type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Psychiatric Hospitalization | <input type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? EASA

How Is Fidelity measured? Division staff would monitor the project to promote close adherence to the CSC team model.

CHALLENGES FORESEEN BY THE STATE:

None identified

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | |
|---|---|--|--|
| PROGRAM NAME: | | TBD - through Mat-Su Health Services | |
| Age Range Accepted: 15-25 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Within first five years of their first episode of a psychotic disorder or bipolar disorder. | | Matanuska-Susitna Borough | |
| Address: | Phone: | Email: | Website: |
| N/A | N/A | N/A | N/A |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 0 | 0 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP |
| Level of Implementation | | | |
| Exploration | | | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$107,019 | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? (2016) | How many are currently receiving treatment? |
| #: 0 | #: 0 |

American Samoa



STATE CONTACT:

Jueta McCutchan | 684-633-0315 | jueta.mccutchan@gmail.com

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| No Response | \$9,815 | \$0 | \$9,815 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Initial Implementation | Develop a community resource that meets the need of the SMI community experiencing a first episode of psychosis through peer support services. This would be the first step in building the capacity to support a fully staffed CSC program. A Case Review Committee (CRC) has been established in support of a newly opened Behavioral Health Facility, which will dually serve as the CSC team. The CRC team will meet on a monthly basis to review cases for individuals who have been ordered to the facility or mandated to treatment through the criminal justice system, focusing particular attention on those ages 16 to 30. Much of the focus is on capacity building and establishing clear protocols and procedures. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Identification, Intake, Enrollment | <input type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| N/A | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Annually

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? N/A

How is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

Ensuring accountability through data collection at the service provider level, and ensuring constant communication between multiple entities may present as a concern. Additionally, ensuring there is consistency in data collected across the various entities. Also, follow-through on services that the CRC/CSC list as part of the treatment planning process.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | |
|--|---|---|--|
| PROGRAM NAME: | | American Samoa Department of Human and Social Services | |
| Age Range Accepted: 16 and above | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Suspected or diagnosed SMI | | Whole State | |
| Address: P.O. Box 997534 Utulei, 96799 | Phone: 684-633-0315 | Email: mtsolomona@dhss.as | Website: None |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 58 | 57 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$9,815 | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? (2016) | How many are currently receiving treatment? |
| #: N/A | #: N/A |

Arizona



STATE CONTACT:

Tom Betlach | 602-417-4000 | tom.betlach@azahcccs.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$1,842,800,000 | \$1,291,492 | \$0 | \$1,291,492 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Initial Implementation | <p>Arizona contracts the Mental Health Block Grant (MHBG) funds dedicated for First Episode Psychosis (FEP) to Regional Behavioral Health Authorities (RBHA). The three RBHAs are responsible for contracting services within their perspective geographical areas (i.e. Northern, Central, and Southern Arizona). Arizona has expanded the FEP services from Central and Southern Arizona to include Northern Arizona. Arizona has also expanded the number of programs funded from two to four. Maricopa County is funding two programs, Pima County one program, and Northern Arizona one program.</p> <p>Arizona's programs are in the initial implementation stages of their development. Set aside funds are used to hire and train staff, and to pay for the cost of education and vocational supports, medication management, supported housing services, peer support services, case management and nursing services.</p> <p>Lastly, the programs are funded by multiple funding sources (i.e. Medicaid, MHBG, Private Donations, Commercial Insurance, etc.).</p> |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? *FEP Providers are submitting data to the RBHAs quarterly and information is provided to the state annually or is readily available when requested.*

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? *Other*

How Is Fidelity measured? *Each program is unique when measuring fidelity. Providers use an EBP Annual Training and monitoring plan unique to their RBHA. Some examples are: monitoring appointment availability, frequency of individual services provided by various members of the team, frequency and consistency of treatment team meetings, review of videotaped sessions during weekly clinical supervision with a licensed psychiatrist, etc.*

CHALLENGES FORESEEN BY THE STATE:

Arizona Health Care Cost Containment System contracts the MHBG funding dedicated for FEP to RBHAs to provide services. Challenges within the initial implementation phase are:

1. Identifying, engagement of participants/families;
2. Expanding services to the rural areas of Arizona; and
3. Educating the community of this best practice and the importance of FEP services

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | |
|---|---|--|--|
| PROGRAM NAME: | | Fast Forward First Episode Intervention Program | |
| Age Range Accepted: 15-25 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Any ICD10 or DSMV Diagnosis Description containing "psychosis" or "schizophrenia". At least one episode of psychosis within the last 2 years. | | Coconino, Mohave and Yavapai Counties | |
| Address: | Phone: | Email: | Website: |
| 1300 S Yale Street Flagstaff, 86004 | 928-774-7128 | Jesse.sharber@iasishealthcare.com | Provider Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 0 (estimated start date 09/01/2017) | 0 (estimated start date 09/01/2017) | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$540,952 (Estimated) Includes both RBHA and Program budgets | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Nursing Services |

| | | | |
|--|---|--|--|
| PROGRAM NAME: | | Early Psychosis Intervention Center | |
| Age Range Accepted: 15-35 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis less than 5 years ago or experiencing Psychotic symptoms. Symptoms are not drug induced or due to TBI. Voluntary participation. Agreement to participate in weekly individual therapy. | | Pima County | |
| Address: | Phone: | Email: | Website: |
| 535 N. Wilmot Rd. Suite 201 Tucson, 85711 | 520-694-1234 | Monroe@bannerhealth.com | Program Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 40 | 30 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$425,531 (Estimated) Includes both RBHA and Program budgets | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | |
|---|---|--|--|
| PROGRAM NAME: | | EpiCenter | |
| Age Range Accepted: 15-35 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis of schizophrenia spectrum disorder or affective disorder with psychotic features. Onset of psychotic symptoms within the past five years (per symptoms onset in Schizophrenia Inventory). No evidence of intellectual disability or organic brain impairment as evidenced by pre-morbid IQ of 70 or more (Wide Range Achievement Test). | | EpiCenter serves families state wide; Contract with Mercy Maricopa is for Maricopa County | |
| Address: | Phone: | Email: | Website: |
| 1415 N 1st Street Phoenix, 85004 | 602-595-5447 | imoreno@imhrepicenter.org or llabreque@imhrepicenter.org | None |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 35 | 26 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$163,044 (Estimated) Includes both RBHA and Program budgets | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| | | | |
|---|---|--|--|
| PROGRAM NAME: | | MIHS First Episode Center | |
| Age Range Accepted: 15-25, up to 35 years old on a case by case basis | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Recently developed psychotic illness (within the past 18 months), including Schizophrenia, Schizoaffective disorder, Schizophreniform disorder, Delusional disorder, Psychotic disorder-not otherwise specified. Only mild substance use/abuse issues. Commitment to participation in treatment from natural supports of individual. IQ 70 or above, no history of autism or pervasive developmental disorder, no primary substance use/abuse issues. | | Statewide, Mercy Maricopa Contract is for Maricopa County | |
| Address: | Phone: | Email: | Website: |
| 10550 W Mariposa Street, Suite 3 Phoenix, 85037 | 623-344-3710 | Shasa.Jackson@mihs.org | Program Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 32 | 31 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$161,965 (Estimated) Includes both RBHA and Program budgets | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 107 | #: 87 |



Arkansas



STATE CONTACT:

Rachael Veregge | 501-320-643 | Rachael.veregge@dhs.arkansas.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$125,710,158 | \$448,397 | \$0 | \$448,397 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Exploration | Arkansas distributes the MHBG Set Aside Funds to each of its community mental health centers to provide early intervention services at their discretion. Arkansas's SMHA instructed the CMHCs to provide and report on the provision of programs to address first episodes of psychosis, in accordance with the MHBG instructions. The state is also using the funds to expand the age range of the target population from 15 to 34, and to provide increased technical assistance and training for providers. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|--------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| N/A | | N/A | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input type="checkbox"/> |
| No Response | | N/A | | N/A | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Monthly

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? N/A

How Is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

Challenges faced in moving the system toward the effective treatment for those experiencing FEP in Arkansas center around the CMHC’s capacity to perform effective outreach and engagement activities with young adults and their family members. Providers will participate in TA in August 2017 to identify strategies and develop a clearer focus for serving those persons living with a first episode of psychosis. Arkansas is in the midst of behavioral health transformation in the public funded system. The state will need to address adding additional functional outcomes to the monthly data reporting system as the transformation process rolls out.

FIRST EPISODE PSYCHOSIS PROGRAMS: [*Note: The amounts listed below with an * include set-aside funds, as well as other MHBG and/or other state funds.]

| | | | | | |
|--|--|--|--|--|-----------------|
| PROGRAM NAME: | | Counseling Associates | | | |
| Age Range Accepted: 15-34 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | No Response | | |
| Address: | | Phone: | Email: | | Website: |
| 350 Salem Road Conway, 72034 | | No Response | No Response | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input type="checkbox"/> CSC <input checked="" type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$216,751.51* | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|--|--|--|-----------------|
| PROGRAM NAME: | | Counseling Clinic | | | |
| Age Range Accepted: 15-34 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | No Response | | |
| Address: | | Phone: | Email: | | Website: |
| 307 East Sevier St Benton, 72015 | | No Response | No Response | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input type="checkbox"/> CSC <input checked="" type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$150,451.56* | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | | |
|--|--|--|--|--|---|
| PROGRAM NAME: | | Delta Counseling Associates | | | |
| Age Range Accepted: 15-34 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | No Response | | |
| Address: | | Phone: | Email: | | Website: |
| 790 Roberts Drive Monticello, 71655 | | No Response | No Response | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input type="checkbox"/> CSC <input checked="" type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$140,944.89* | | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: |

| | | | | | |
|--|--|--|--|--|---|
| PROGRAM NAME: | | Health Resources | | | |
| Age Range Accepted: 15-34 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | No Response | | |
| Address: | | Phone: | Email: | | Website: |
| 25 Gap Road Batesville, 72503 | | No Response | No Response | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input type="checkbox"/> CSC <input checked="" type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$355,446.02* | | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | |
|--|--|--|--|--------------------------------|
| PROGRAM NAME: | | Little Rock Community | | |
| Age Range Accepted: 15-34 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 4400 Shuffield Drive Little Rock, 72205 | No Response | No Response | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input type="checkbox"/> CSC | <input checked="" type="checkbox"/> EBP | No Response |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$219,136.80* | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|--|--|--|--------------------------------|
| PROGRAM NAME: | | Midsouth Health Systems | | |
| Age Range Accepted: 15-34 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 2707 Browns Lane Jonesboro, 72401 | No Response | No Response | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input type="checkbox"/> CSC | <input checked="" type="checkbox"/> EBP | No Response |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$328,823.45* | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | |
|--|--|--|---|
| PROGRAM NAME: | | Community Counseling | |
| Age Range Accepted: 15-34 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | No Response | |
| Address: | Phone: | Email: | Website: |
| 505 West Grand Avenue Hot Springs, 71901 | No Response | No Response | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| No Response | No Response | <input type="checkbox"/> CSC | <input checked="" type="checkbox"/> EBP |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$208,132.47* | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| | | | |
|--|--|--|---|
| PROGRAM NAME: | | Ozark Guidance | |
| Age Range Accepted: 15-34 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | No Response | |
| Address: | Phone: | Email: | Website: |
| 60 West Sunbridge Drive Fayetteville, 72793 | No Response | No Response | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| No Response | No Response | <input type="checkbox"/> CSC | <input checked="" type="checkbox"/> EBP |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$380,379.65* | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | |
|--|--|--|---|
| PROGRAM NAME: | | Professional Counseling | |
| Age Range Accepted: 15-34 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | No Response | |
| Address: | Phone: | Email: | Website: |
| PO Box 15968 Little Rock, 72231 | No Response | No Response | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| No Response | No Response | <input type="checkbox"/> CSC | <input checked="" type="checkbox"/> EBP |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$226,546.75* | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| | | | |
|--|--|--|---|
| PROGRAM NAME: | | South Arkansas Regional | |
| Age Range Accepted: 15-34 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | No Response | |
| Address: | Phone: | Email: | Website: |
| 715 N College Avenue El Dorado, 71730 | No Response | No Response | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| No Response | No Response | <input type="checkbox"/> CSC | <input checked="" type="checkbox"/> EBP |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$146,986.13* | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | | |
|--|--|--|--|--|---|
| PROGRAM NAME: | | Southeast Arkansas Behavioral Health | | | |
| Age Range Accepted: 15-34 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | No Response | | |
| Address: | | Phone: | Email: | | Website: |
| PO Box 1019 Pine Bluff, 71613 | | No Response | No Response | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input type="checkbox"/> CSC <input checked="" type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$144,077.98* | | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: |

| | | | | | |
|--|--|--|--|--|---|
| PROGRAM NAME: | | Southwest Arkansas Counseling | | | |
| Age Range Accepted: 15-34 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | No Response | | |
| Address: | | Phone: | Email: | | Website: |
| 2904 Arkansas Blvd Texarkana, 71854 | | No Response | No Response | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input type="checkbox"/> CSC <input checked="" type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$147,242.82* | | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | |
|--|--|--|---|
| PROGRAM NAME: | | Western Arkansas | |
| Age Range Accepted: 15-34 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | No Response | |
| Address: | Phone: | Email: | Website: |
| PO Box 11818 Fort Smith, 72917 | No Response | No Response | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| No Response | No Response | <input type="checkbox"/> CSC | <input checked="" type="checkbox"/> EBP |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$239,955.54* | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: N/A | #: N/A |

California*



STATE CONTACT:

Kimberly Wimberly | 916-440-7472 | Kimberly.wimberly@dhcs.ca.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity (State FY 2016) | Total State Budget for First Episode Psychosis Programs/ Activity (State FY 2016) |
| \$7,223,142,332 | \$6,918,048 | \$269,567,799 | \$275,485,847 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Varies by County – Up to Sustainability | California will continue to award MHBG Set Aside funding to participating counties as they further their efforts to maintain and strengthen their existing early intervention programs that are consistent with the CSC model to serve more people. California will also continue to allocate FEP set-aside funding to those counties that continue to leverage the clinical and administrative resources within a full-service partnership program to further the development of their CSC programs. |

* California's profile includes information from 2016 for MHBG set-side award amounts and for state data reporting requirements. Other information about FEP programs in California was supplied by Tara Niendam.

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| No Response | | N/A | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Annually

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No [No Response]**

If yes, to which model? N/A

How Is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

The 5% FEP Set Aside awarded in FY14 promoted early intervention efforts for individuals with early onset of SMI, particularly those that have experienced FEP. With the 10% Set Aside, the focus is early intervention for those who have had an FEP. This has created some difficulty for some of the counties to effectively use the FEP funding, as most – if not all – of their staffing, programming, and data resources are committed to providing early intervention services for the SMI/SED population. Developing a framework for collecting data and reporting on outcomes on FEP individuals may be administratively challenging for the counties. The data elements above are collected through the URS tables; however, the data are not specific to the FEP population. The strategy of creating an internal workgroup would allow for discussion of potential challenges while evaluating the feasibility of collecting and reporting data on individuals who have had an FEP for evaluation purposes.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | | |
|--|--|--|--|---|--|
| PROGRAM NAME: | | Prevention and Recovery in Early Psychosis (PREP) Alameda | | | |
| Age Range Accepted: 14-35 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Within the first two years of psychosis. Eligible diagnoses include schizophrenia, schizophreniform and schizoaffective disorders. | | | Alameda County | | |
| Address: | Phone: | Email: | Website: | | |
| 1814 Franklin Street, Suite 400 Oakland, 94612 | 888-535-7737 | prepalameda@felton.org | Program Website | | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation | |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds | |
| \$124,242 (2016) | No Response | No Response | | No Response | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | | <input type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|--|--|---|--|
| PROGRAM NAME: | | First Hope | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Contra Costa County | | |
| Address: | Phone: | Email: | Website: | | |
| City: Martinez | 925-681-4450 | Nancy Ebbert, MD nancy.ebbert@hdsd.cccounty.us Phyllis Mace, LMFT Phyllis.mace@hdsd.cccounty.us | No Response | | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation | |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Implementation | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds | |
| \$124,242 (2016) | \$0 | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | | <input type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (continued)

| | | | | | |
|--|--|---|--|--------------------------------|--|
| PROGRAM NAME: | | Transitional Age Youth Engagement, Wellness and Recovery Services: FEP | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | El Dorado County | | |
| Address: | Phone: | Email: | Website: | | |
| City: Placerville | 530-621-6133 | Lesly VanSloten, LMFT lesly.vansloten@edcgov.us Sabrina Owen Sabrina.owen@edcgov.us | No Response | | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation | |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Implementation | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | | |
| \$62,221 (2016) | \$0 | \$0 | \$0 | | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | | |

| | | | | | |
|--|--|---|--|--------------------------------|--|
| PROGRAM NAME: | | First Onset Team | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Fresno County | | |
| Address: | Phone: | Email: | Website: | | |
| City: Fresno | 559-600-4681 | Jeffrey Avery, LMFT javery@co.fresno.ca.us | No Response | | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation | |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Implementation | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | | |
| No Response | No Response | No Response | No Response | | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | |
|--|--|---|---|
| PROGRAM NAME: | | FEP Program – Imperial County | |
| Age Range Accepted: No Response | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | Imperial County | |
| Address: | Phone: | Email: | Website: |
| City: El Centro | No Response | Sarah Moore sarahmoore@co.imperial.ca.us | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP |
| Level of Implementation | | | |
| Implementation | | | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$62,221 (2016) | No Response | No Response | No Response |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| | | | |
|--|--|---|---|
| PROGRAM NAME: | | FEP Program – Inyo County | |
| Age Range Accepted: No Response | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | Inyo County | |
| Address: | Phone: | Email: | Website: |
| City: Auburn | 760-873-6533 | Gail Zwier, PhD gzwier@inyocounty.us | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP |
| Level of Implementation | | | |
| Installation | | | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$93,232 (2016) | No Response | No Response | No Response |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | |
|--|--|--|---|
| PROGRAM NAME: | | FEP Program - Lake County | |
| Age Range Accepted: No Response | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | Lake County | |
| Address: City: Lucerne | Phone: No Response | Email: Christina Drukala, LMFT Christina.Drukala@lakecountyca.gov | Website: No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | Implementation |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$31,212 (2016) | No Response | No Response | No Response |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| | | | |
|--|--|---|---|
| PROGRAM NAME: | | FEP Program – Lassen County | |
| Age Range Accepted: No Response | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | Lassen County | |
| Address: City: Susanville | Phone: 530-251-8108 | Email: Scott Nordstrom snordstrom@co.lassen.ca.us Pamela Grosso pgrosso@co.lassen.ca.us | Website: No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | Installation |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$32,212 (2016) | No Response | No Response | No Response |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | |
|--|--|---|---|--------------------------------|
| PROGRAM NAME: | | First Episode Outreach and Support Program (FEOSP) | | |
| Age Range Accepted: No Response | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | Los Angeles County | | |
| Address: | Phone: | Email: | Website: | |
| City: Los Angeles | No Response | No Response | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$124,242 (2016) | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|--|---|---|--------------------------------|
| PROGRAM NAME: | | Community Intervention Services (CIS) | | |
| Age Range Accepted: No Response | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | Madera County | | |
| Address: | Phone: | Email: | Website: | |
| City: Madera | No Response | Annette Presley Annette.presley@co.madera.ca.gov | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$62,221 (2016) | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | | |
|--|--|--|--|--|-----------------|
| PROGRAM NAME: | | FEP Program – Marin County | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Marin County | | |
| Address: | | Phone: | Email: | | Website: |
| City: San Rafael | | 415-420-5911 | Laura Sciacca lsciacca@marincounty.org Kristen Gardner kgardner@co.marin.ca.us | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Installation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$62,221 (2016) | | No Response | | No Response | |
| Other Funds | | Other Funds | | | |
| No Response | | No Response | | | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|---|---|--|-----------------|
| PROGRAM NAME: | | Mariposa County First Episode Psychosis Program (Mariposa FEP) | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Mariposa County | | |
| Address: | | Phone: | Email: | | Website: |
| City: Mariposa | | No Response | Todd Davidson tdavidson@mariposahsc.org Barbara Gatlin bgatlin@mariposahsc.org | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Installation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$31,213 (2016) | | No Response | | No Response | |
| Other Funds | | Other Funds | | | |
| No Response | | No Response | | | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | |
|--|--|---|---|
| PROGRAM NAME: | | FEP Program | |
| Age Range Accepted: No Response | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | Merced County | |
| Address: | Phone: | Email: | Website: |
| PO Box 2087 Merced, 95344 | 209-381-6800 ext. 3277 | Betty Hoskins, LCSW bhoskins@co.merced.ca.us | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| No Response | No Response | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$62,221 (2016) | No Response | No Response | No Response |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| | | | |
|--|--|--|---|
| PROGRAM NAME: | | Prevention and Recovery in Early Psychosis (PREP) Monterey | |
| Age Range Accepted: 14-35 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Within the first two years of psychosis. Eligible diagnoses include schizophrenia, schizophreniform and schizoaffective disorders. | | Monterey County | |
| Address: | Phone: | Email: | Website: |
| 909A Blanco Circle Salinas, 93901 | 831-424-5033 | prepmonterey@felton.org | Program Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| No Response | No Response | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$93,232 (2016) | No Response | No Response | No Response |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

FIRST EPISODE PSYCHOSIS PROGRAMS: (continued)

| | | | | | |
|--|--|---|--|--------------------------------|--|
| PROGRAM NAME: | | Supportive Outreach and Access to Resources (SOAR) | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Napa County | | |
| Address: | Phone: | Email: | Website: | | |
| City: Napa | 707-253-0123 Ext. 652 | Julianna Huijon jhuijon@aldeainc.org | No Response | | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation | |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Implementation | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | | |
| \$62,221 (2016) | No Response | No Response | No Response | | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | | |

| | | | | | |
|--|--|---|--|--------------------------------|--|
| PROGRAM NAME: | | Orange County Center for Resiliency Education and Wellness (OC CREW) | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Orange County | | |
| Address: | Phone: | Email: | Website: | | |
| No Response | 714-480-5115 | Skarlet Bui sbui@ochca.com | No Response | | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation | |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Implementation | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | | |
| No Response | No Response | No Response | No Response | | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | |
|--|--|---|--|--------------------------------|
| PROGRAM NAME: | | FEP Program | | |
| Age Range Accepted: No Response | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | | Riverside County | |
| Address: | Phone: | Email: | Website: | |
| 4095 Country Circle Drive Riverside, 92503 | No Response | John Schwarzlose Jtschwarzlose@rcmhd.org Paul Thompson Pthompson@rcmhd.org | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Installation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$124,242 (2016) | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|--|--|--|--------------------------------|
| PROGRAM NAME: | | UC Davis SacEDAPT | | |
| Age Range Accepted: 12-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychotic symptoms in past two years. | | | Sacramento County | |
| Address: | Phone: | Email: | Website: | |
| City: Davis | 916-734-7251 | Angela Sardo acsardo@ucdavis.edu | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$124,242 (2016) | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | | |
|--|--|--|--|---|-----------------|
| PROGRAM NAME: | | Cognitive Assessment & Risk Evaluation (CARE) Program | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | San Diego County | | |
| Address: | | Phone: | | Email: | Website: |
| City: San Diego | | 619-543-7745 | | Kristin Cadenhead, MD kcadenhead@ucsd.edu | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$124,242 (2016) | | No Response | | No Response | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|--|--|---|-----------------|
| PROGRAM NAME: | | Kickstart | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | San Diego County | | |
| Address: | | Phone: | | Email: | Website: |
| City: San Diego | | 619-481-3790 | | Hope Graven hgraven@provcorp.com | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| No Response | | No Response | | No Response | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | |
|--|--|--|---|--------------------------------|
| PROGRAM NAME: | | UCSF Path Program | | |
| Age Range Accepted: No Response | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | San Francisco County | | |
| Address: | Phone: | Email: | Website: | |
| City: San Francisco | 415-476-7843 | Demian Rose, MD PhD demianr@lppi.ucsf.edu Gabiella Moreno Gabiella.Moreno??? | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|--|--|---|--------------------------------|
| PROGRAM NAME: | | Prevention and Recovery in Early Psychosis (PREP) San Francisco | | |
| Age Range Accepted: 14-35 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| Within the first two years of psychosis. Eligible diagnoses include schizophrenia, schizophreniform and schizoaffective disorders. | | San Francisco County | | |
| Address: | Phone: | Email: | Website: | |
| 6221 Geary Blvd., 2nd Floor San Francisco, 94121 | 415-614-5970 | prepsf@felton.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$93,232 (2016) | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | | |
|--|--|--|--|--|-----------------|
| PROGRAM NAME: | | Telecare Early Intervention and Recovery (TEIR) Program | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | San Joaquin County | | |
| Address: | | Phone: | Email: | | Website: |
| City: Stockton | | 209-955-1139 | Melissa Planas mplanas@telecarecorp.com | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$93,232 (2016) | | No Response | | No Response | |
| Other Funds | | | | | |
| No Response | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|--|--|--|-----------------|
| PROGRAM NAME: | | Early Psychosis Program | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | San Luis Obispo County | | |
| Address: | | Phone: | Email: | | Website: |
| 2078 Johnson Avenue San Luis Obispo, 93401 | | 805-788-2055 | Frank Warren fwarren@co.slo.ca.us | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$62,221 (2016) | | No Response | | No Response | |
| Other Funds | | | | | |
| No Response | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (continued)

| | | | |
|--|--|--|---|
| PROGRAM NAME: | | Prevention and Recovery in Early Psychosis (PREP) San Mateo | |
| Age Range Accepted: 14-35 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Within the first two years of psychosis. Eligible diagnoses include schizophrenia, schizophreniform and schizoaffective disorders. | | San Mateo County | |
| Address: | Phone: | Email: | Website: |
| 1108 S. El Camino Real San Mateo, 94402 | 650-458-0026 | prepsanmateo@felton.org | Program Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP |
| Level of Implementation | | | |
| Program Sustainability | | | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$93,232 (2016) | No Response | No Response | No Response |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| | | | |
|--|--|--|---|
| PROGRAM NAME: | | FEP Program | |
| Age Range Accepted: No Response | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | Santa Barbara County | |
| Address: | Phone: | Email: | Website: |
| City: Santa Barbara | 805-681-5289 | Suzanne Grimesey suzkirk@co.santa-barbara.ca.us Refugio "Cuco" Rodriguez CucoRodriguez@co.santa-barbara.ca.us | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP |
| Level of Implementation | | | |
| Implementation | | | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$93,232 (2016) | No Response | No Response | No Response |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | | | |
|--|--|--|--|--|-----------------|---|
| PROGRAM NAME: | | Raising Awareness and Creating Early Hope (REACH) Program | | | | |
| Age Range Accepted: No Response | | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | | |
| No Response | | | Santa Clara County | | | |
| Address: | | Phone: | Email: | | Website: | |
| City: San Jose | | 408-207-0070 Ext. 5301 | Michelle Burlyga mburlyga@momentumMH.org Yea-Ching (Sunny) Wang ywang@momentumMH.org | | No Response | |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | | Level of Implementation |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | | Implementation |
| This Program Receives the Following Funds: | | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | | Other Funds |
| \$124,242 (2016) | | No Response | | No Response | | No Response |
| This Program Includes the Following Components: | | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: |

| | | | | | | |
|--|--|--|--|--|-----------------|---|
| PROGRAM NAME: | | INSPIRE Clinic | | | | |
| Age Range Accepted: No Response | | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | | |
| No Response | | | Santa Clara County | | | |
| Address: | | Phone: | Email: | | Website: | |
| City: Stanford | | 650-723-3305 | Jacob Ballon jballon@stanford.edu | | No Response | |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | | Level of Implementation |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | | Implementation |
| This Program Receives the Following Funds: | | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | | Other Funds |
| No Response | | No Response | | No Response | | No Response |
| This Program Includes the Following Components: | | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: |

FIRST EPISODE PSYCHOSIS PROGRAMS: (continued)

| | | | | | |
|--|--|--|---|--|-----------------|
| PROGRAM NAME: | | Early Intervention Program for Transition Age Youth and Adults | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Santa Cruz County | | |
| Address: | | Phone: | Email: | | Website: |
| 1400 Emeline Avenue Santa Cruz, 95060 | | No Response | Jasmine Najera Jasmine.Najera@santacruzcounty.us Steve Ruzicka Steve.Ruzicka@santacruzcounty.us | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Installation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$62,221 (2016) | | No Response | | No Response | |
| Other Funds | | | | | |
| No Response | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|--|--|--|-----------------|
| PROGRAM NAME: | | No Response | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Shasta County | | |
| Address: | | Phone: | Email: | | Website: |
| City: Redding | | 530-229-8423 | Doug Shelton Dshelton@co.shasta.ca.us | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$60,410 (2016) | | No Response | | No Response | |
| Other Funds | | | | | |
| No Response | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (continued)

| | | | | |
|--|--|---|--|--------------------------------|
| PROGRAM NAME: | | FEP Program | | |
| Age Range Accepted: No Response | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | | Sierra County | |
| Address: | Phone: | Email: | Website: | |
| City: Loyalton | 530-993-6746 | Kathryn Hill, LMFT khill@sierracounty.ca.gov Lea Salas lsalas@sierracounty.ca.gov | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Installation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$31,213 (2016) | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|--|---|--|--------------------------------|
| PROGRAM NAME: | | Support Outreach and Access to Resources (SOAR) | | |
| Age Range Accepted: No Response | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | | Solano County | |
| Address: | Phone: | Email: | Website: | |
| City: Fairfield | 707-425-9670 ext. 218 | Julie Falicki jfalicki@aldeainc.org | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$93,232 (2016) | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | | |
|--|--|---|---|--|-----------------|
| PROGRAM NAME: | | Crisis Assessment, Prevention, and Education (CAPE) Team | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Sonoma County | | |
| Address: | | Phone: | Email: | | Website: |
| City: Santa Rosa | | 707-565-5005 | Susan Castillo, MSW susan.castillo@sonoma-county.org | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Installation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$93,232 | | No Response | | No Response | |
| Other Funds | | | | | |
| No Response | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|--|--|--|-----------------|
| PROGRAM NAME: | | LIFE Path | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Stanislaus County | | |
| Address: | | Phone: | Email: | | Website: |
| 800 Scenic Drive Modesto, [No Zipcode] | | 209-312-9580 | drose@sierravistacares.org | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$93,232 (2016) | | No Response | | No Response | |
| Other Funds | | | | | |
| No Response | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (continued)

| | | | | | |
|--|--|--|---|--|-----------------|
| PROGRAM NAME: | | FEP Program – Tehama County | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Tehama County | | |
| Address: | | Phone: | Email: | | Website: |
| PO Box 400 Red Bluff, [No Zipcode] | | 530-527-8491 ext. 3026 | Elizabeth Gowan, LMFT betsy.gowan@tchsa.net | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Installation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$31,212 (2016) | | No Response | | No Response | |
| Other Funds | | | | | |
| No Response | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|--|---|--|-----------------|
| PROGRAM NAME: | | FEP Program – Trinity County | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Trinity County | | |
| Address: | | Phone: | Email: | | Website: |
| City: Weaverville | | 530-623-1362 | Julie Ashton-Boyd jashton-boyd@kingsview.org | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Installation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$31,213 (2016) | | No Response | | No Response | |
| Other Funds | | | | | |
| No Response | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | | |
|--|--|--|---|--|-----------------|
| PROGRAM NAME: | | FEP Program – Tuolumne County | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Tuolumne County | | |
| Address: | | Phone: | Email: | | Website: |
| City: Sonora | | No Response | Rita Austin laustin@co.tuolumne.ca.us | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Installation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| No Response | | No Response | | No Response | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|--|---|--|-----------------|
| PROGRAM NAME: | | Ventura Early Intervention Prevention Services (VIPS) | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Ventura County | | |
| Address: | | Phone: | Email: | | Website: |
| City: Ventura | | 805-642-7033 | Barry Boatman, Psy.D. bboatman@telecarecorp.com | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$93,232 (2016) | | No Response | | No Response | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | | |
|--|--|---|--|---|--|
| PROGRAM NAME: | | FEP Program – Turning Point Community Programs | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Yolo County | | |
| Address: | | Phone: | | Email: | |
| City: Woodland | | 530-666-8651 | | Diana White DianaWhite@tppc.org Karen Larsen Karen.larsen@yolocounty.org | |
| | | | | Website: | |
| | | | | No Response | |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Installation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$462,225 (2016) | | No Response | | No Response | |
| | | | | Other Funds | |
| | | | | No Response | |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| | | | | <input type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? (2016) | How many are currently receiving treatment? |
| #: 2,601 (2016) | #: No Response |

Colorado



STATE CONTACT:

State Contact: Todd Merendino | 303-866-7468 | todd.merendino@state.co.us

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|------------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$856,280,541 | \$848,285 | \$151,715 | \$1,000,000 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Full Implementation | State is funding four programs, three are in the Denver Metro area and one is in the northeastern, mainly rural part of the state. State also contracts with OnTrackUSA to provide training and technical assistance to the four programs. Also, the State has contracted with OnTrackUSA to provide technical assistance to the Office of Behavioral Health on developing a fidelity monitoring process, and to provide a 12-part webinar series on first episode psychosis and the OnTrack/Coordinated Specialty Care approach. The series ran from January to June 2017; total attendance for the webinars was over 260 behavioral health professionals throughout the state. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| <i>No Response</i> | | <i>No Response</i> | | <i>N/A</i> | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| <i>No Response</i> | | <i>No Response</i> | | <i>No Response</i> | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| <i>No Response</i> | | <i>No Response</i> | | <i>No Response</i> | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? OnTrack

How Is Fidelity measured? Annual Fidelity Reviews

CHALLENGES FORESEEN BY THE STATE:

Developing additional funding sources to expand CSC services in other areas of the state, and building support among stakeholders for possible program expansion. Implementing outcome measures, linking program with other State initiatives, and coordinating with other State agencies.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | | |
|--|--|---|--|--|--|
| PROGRAM NAME: | | EPIC, Jefferson Center for Mental Health | | | |
| Age Range Accepted: 15-29 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Jefferson, Clear Creek, and Gilpin Counties | | |
| Address: | | Phone: | Email: | | Website: |
| 3595 South Teller Street Lakewood, 80235 | | 303-432-5835 | EPIC@jcmh.org | | Program Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 22 | | 22 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Full Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$314,481 | | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: |

| | | | | | |
|--|--|--|--|--|--|
| PROGRAM NAME: | | PREP (Prevention and Recovery in Early Psychosis) Community Reach Center | | | |
| Age Range Accepted: 15-29 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Adams County | | |
| Address: | | Phone: | Email: | | Website: |
| 8989 Huron St. Thornton, 80260 | | 303-853-3831 | FEP-PREP@communityreachcenter.org | | Program Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 5 | | 5 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Initial Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$300,798 | | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

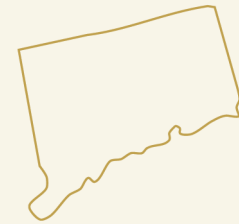
| | | | | | |
|--|--|--|--|--|-----------------|
| PROGRAM NAME: | | RAP (Wraparound Program), Aurora Mental Health Center | | | |
| Age Range Accepted: 15-29 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | City of Aurora | | |
| Address: | | Phone: | Email: | | Website: |
| 791 N. Chambers Road Aurora Aurora, 80011 | | (303) 923-2918 | RAPteam@aumhc.org | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 6 | | 14 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Initial Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$159,939 | | \$0 | | \$0 | |
| | | | | Other Funds | |
| | | | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|--|--|--|-----------------|
| PROGRAM NAME: | | TACT (Transitional Age Community Treatment) North Range Behavioral Health | | | |
| Age Range Accepted: 15-29 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | No Response | | |
| Address: | | Phone: | Email: | | Website: |
| 928 12th Street Greeley, 80631 | | 970-347-2401 (Office) | Kelly.slade@northrange.org | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 11 | | 11 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Initial Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$135,562 | | \$0 | | \$0 | |
| | | | | Other Funds | |
| | | | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 49 | #: 52 |



Connecticut



STATE CONTACT:

Susan Wolfe | 860-418-6993 | susan.wolfe@ct.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$793,500,000 | \$523,715 | \$551,122 | \$1,074,837 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program sustainability | Connecticut will continue funding vocational services for both the POTENTIAL and STEP programs and peer services for the STEP program. In addition, a program has been initiated to mine Medicaid claims to provide early identification of a first episode of psychosis for youth and young adults (16 to 26), rapid referral to evidence-based services, and effective engagement in care coordination, which are all essential to preventing the chronic functional deterioration common in psychotic disorders. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| <i>No Response</i> | | <i>No Response</i> | | <i>No Response</i> | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| <i>N/A</i> | | <i>No Response</i> | | <i>No Response</i> | |
| Identification, Intake, Enrollment | <input type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| <i>N/A</i> | | <i>N/A</i> | | <i>No Response</i> | |
| Psychiatric Hospitalization | <input type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? N/A

How Is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

Outreach to individuals at high risk for FEP: It is possible that the number of persons meeting eligibility criteria through the data mining will be small. It is also possible that not everyone who meets eligibility criteria will agree to participate in behavioral health services.

Potential Program at Hartford Hospital/Institute of Living (IOL): Experience over many years of working with this population suggests that the most daunting challenges will be in the area of capacity to deal with the number of individuals who need extensive services. The specialized care required means that services are delivered by a team and particularly at the start are very labor intensive. There is also a community capacity challenge as individuals improve and need to be transitioned to services in the community. Developing the appropriate community resources, coupled with the need for both consultation and home ongoing care with the specialized team will be a major future challenge for this project.

While there is interest in enhancing follow-up services via tele-consultation, current funding does not support such an effort.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | | |
|--|--|---|--|---|-----------------|
| PROGRAM NAME: | | POTENTIAL Program at the Institute of Living | | | |
| Age Range Accepted: 17-26 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Statewide (other than the 10 towns served by STEP) | | |
| Address: | | Phone: | Email: | | Website: |
| 200 Retreat Avenue Hartford, 06106 | | 860-545-7210 | Mallory.Fergione@hhchealth.org | | Program Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 67 | | 51 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$211,857.50 | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input checked="" type="checkbox"/> Other: monthly social networking events | |

| | | | | | |
|--|--|--|--|---|-----------------|
| PROGRAM NAME: | | Yale STEP Program at Yale University/Connecticut Mental Health Center | | | |
| Age Range Accepted: 16-35 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Within 3 years of psychosis onset & within 10 town area | | | New Haven, East Haven, West Haven, North Haven, Bethany, Orange, Woodbridge, Hamden, Branford, and Milford | | |
| Address: | | Phone: | Email: | | Website: |
| 34 Park Street New Haven, 06519 | | 203-589-0388 | jessica.pollard@yale.edu | | Program Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 65 | | 60 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$211,857.50 | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input checked="" type="checkbox"/> Other: social cognition intervention based groups | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 132 | #: 111 |



Delaware



STATE CONTACT:

Charles Webb | 302-633-2598 | Charles.webb@state.de.us

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$88,612,598 | \$141,740 | \$1,319,226 | \$1,460,966 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability | Delaware is using the MHBG Set-Aside funds to build a sustainable statewide program for identifying and engaging youth and young adults experiencing first episode psychosis. The program, entitled Community Outreach, Referral and Early Intervention (Delaware CORE) is based on the outreach and service model developed by the University of Maine Medical Center called the Portland Identification and Early Referral (PIER) program. PIER is similar to other CSC models with the exception that it places emphasis on linking families up through group education and networking. Most of Delaware’s program participants are enrolled in groups that practice collective problem solving. These groups demonstrate to families with lived experienced with FEP that they are often their own best resource for solving the day-to-day challenges they encounter. The MHBG set aside covers some of the cost of treating FEPs while funding from the Substance Abuse and Mental Health Services Administration covers the remainder including costs for treating youth and young adults considered to be at high risk for experiencing a first episode. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|---------------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| MIRECC GAF | | MIRECC GAF –Symptom Scale | | N/A | |
| Identification, Intake, Enrollment | <input type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| N/A | | N/A | | MIRECC-GAF – Occupational Scale | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? PIER

How Is Fidelity measured? Participant and clinician reports on services received

CHALLENGES FORESEEN BY THE STATE:

Delaware CORE’s principal challenge at the present is developing a strategy for sustaining the program’s financial viability in the light of those services (including outreach, peer-support, and supported education and vocation) that are not reimbursed by public or private insurance. In the short-term, the program is looking at a fee-for-service model while program administrators explore the option of negotiating a bundled service rate.

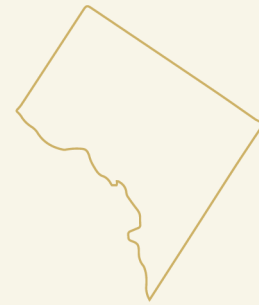
FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | |
|--|--|---|--|
| PROGRAM NAME: | | Delaware Community Outreach, Referral, and Early Intervention (Delaware CORE) | |
| Age Range Accepted: 12-25 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| State resident, 12-25 years old; first and only psychiatric episode within the past year | | Entire state | |
| Address: | Phone: | Email: | Website: |
| 630 West Division Street Dover, 19904 | 888-284-6030 | channa-ronald@psi-corp.net | Program Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 38 | 32 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$141,740 | \$1,319,226 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|--|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 38 | #: 32 |



District of Columbia



STATE CONTACT:

Juanita Reaves | 202-671-4080 | Juanita.reaves@dc.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$260,925,055 | \$122,338 | \$169,500 | \$291,838 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Initial Implementation | The D.C. First Episode Psychosis Transition Age Youth (FEP/TAY) Pilot Project is being implemented by Community Connections a Department of Behavioral Health (DBH) provider agency. There are two (2) components: 1) training in Cognitive Behavioral Therapy for Psychosis (CBTp), and 2) the FEP TAY Pilot Project. DBH will work with the Department of Health Care Finance (DHCF) to ensure all Medicaid-reimbursable services can be billed. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? NAVIGATE

How Is Fidelity measured? The D.C. FEP/TAY Pilot Project team model and services are based on the NAVIGATE model.

CHALLENGES FORESEEN BY THE STATE:

The program was not able to serve the 50 projected clients in 1-year. The lesson learned is that when beginning a new program with smaller caseloads it may be better and more manageable for staff particularly the Resiliency Specialist.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | |
|--|---|--|--|
| PROGRAM NAME: | | Community Connections | |
| Age Range Accepted: 12-26 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | District of Columbia | |
| Address: | Phone: | Email: | Website: |
| 801 Pennsylvania Ave. SE # 201 Washington, D.C., 20003 | 202-281-2934 | dfreeman@ccdc1.org | <u>Provider Website</u> |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 30 | 26 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$122,338 | \$0 | \$0 | \$169,500 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 30 | #: 26 |

Florida



STATE CONTACT:

Jeff Cece | 850-717-4405 | Jeffrey.cece@myffamilies.com

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$735,300,000 | \$3,501,180 | \$0 | \$3,501,180 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Full Implementation | Florida expanded FEP set-aside funded treatment five providers through five Managing Entities. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Annually and upon request

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? N/A

How Is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

No challenges foreseen at this time.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | | |
|---|--|---|--|--|--|
| PROGRAM NAME: | | NAVIGATE at Henderson Behavioral Health | | | |
| Age Range Accepted: 16-35 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Must be a Broward County resident, have an IQ above 70, symptoms not substance-induced, no treatment prior to the last 12 months. | | | Broward County | | |
| Address: | | Phone: | Email: | | Website: |
| 4700 N. State Road 7, Building A, Suite 206 Lauderdale Lakes, 33319 | | 957-634-8096 | No Response | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 93 | | 57 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Full Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$781,150 | | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: |

| | | | | | |
|--|--|---|--|--|---|
| PROGRAM NAME: | | Early Psychosis Intervention Care (EPIC), NAVIGATE at Life Management Center | | | |
| Age Range Accepted: 16-35 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| They must have less than 12 months of treatment for a diagnosed psychosis, which can't be due to substance use or another general medical condition. They must have an IQ >70 with no Autism Spectrum disorders. They must live in Bay County and can't be incompetent to proceed or not guilty by reason of insanity on felony charges. | | | Bay County | | |
| Address: | | Phone: | Email: | | Website: |
| 525 East 15th Street Panama City, 32405 | | 850-522-4485 | epicprogram@lmccares.org | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 74 | | 60 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Full Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$750,000 | | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | | <input checked="" type="checkbox"/> Other: Individual Resiliency Training |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | | |
|--|--|--|--|--|----------------------------------|
| PROGRAM NAME: | | NAVIGATE at South County Mental Health Center | | | |
| Age Range Accepted: 16-34 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Palm Beach County | | |
| Address: | | Phone: | Email: | | Website: |
| 16158 South Military Trail Delray Beach, 33484 | | 561-637-1038 | greenk@scmhinc.org | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 62 | | 61 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$750,000 | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|---|--|--|----------------------------------|
| PROGRAM NAME: | | NAVIGATE at Citrus Health Center | | | |
| Age Range Accepted: 15-35 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Miami-Dade County | | |
| Address: | | Phone: | Email: | | Website: |
| 4175 West 20th Avenue Hialeah, 33012 | | 305-216-0327 | navigate@citrushealth.com | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 10 | | 43 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$750,000 | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | |
|--|---|--|--|
| PROGRAM NAME: | | NAVIGATE at Clay Behavioral Health Center | |
| Age Range Accepted: 15-36 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| In treatment for less than a year for schizophrenia, schizoaffective, and schizophreniform disorder. | | Clay and Putnam counties | |
| Address: | Phone: | Email: | Website: |
| 3292 County Road 220 Middleburg, 32068 | 904-291-5561 | Winnie.holland@ccbhc.org | Provider Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 36 | 26 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$475,000 | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Wellness activities through an integrated health program. |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 275 | #: 247 |



Georgia



STATE CONTACT:

Dawne Morgan | 404-657-5681 | dawne.morgan@dbhdd.ga.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$615,626,379 | \$1,717,993 | \$19,537 | \$1,737,530 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability | Georgia has expanded the number of programs in the state from three to six, and has expanded the eligible ages of clients to 16 to 30 from 16 to 24. Eligibility criteria have also been expanded to include clients who experienced an onset of symptoms within 24 months, rather than within 18 months. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|-------------------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| ANSA/CANS | | Will begin using Modified CSI | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Monthly

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? Other

How Is Fidelity measured? Programs complete a monthly Fidelity and Outcomes Report that tracks information such as length of time between referral and enrollment, length of time between enrollment and appointment with prescriber, service utilization, after-hours contacts, team composition/vacancies, team meetings held, and community outreach and education activities.

CHALLENGES FORESEEN BY THE STATE:

DBHDD has recently transitioned to Fee-for-Service billing for adult services. Providers are grappling with this transition and while the long-term impact on their stability is unclear at this time, some providers may have difficulty implementing or continuing to provide CSC services. Specific to managed-care Medicaid billing, recovery-oriented supports such as case management, parent/youth peer support, and client/family skills training have been difficult to access through the managed-care vendors despite the availability of these services in Georgia’s Medicaid State Plan. Additionally, clients who are covered through commercial insurance plans are typically not covered for services other than psychotherapy and medication management. Finance-related issues such as these may pose challenges to the sustainability of the CSC programs in the absence or reduction of grant support.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | | |
|--|---|---|--|--------------------------------|--|
| PROGRAM NAME: | | Early Psychosis Intervention Collaborative (EPIC) at Advantage Behavioral Health Systems | | | |
| Age Range Accepted: 16-30 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Onset of psychotic symptoms within 24 months; diagnosis: schizophrenia-spectrum illness and affective disorders with psychosis | | | Athens and 10-county surrounding area | | |
| Address: | Phone: | Email: | Website: | | |
| 2085 South Milledge Ave. Athens, 30605 | 706-369-6363 | cedins@advantagebhs.org | Provider Website | | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation | |
| 37 | 31 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | | |
| \$251,850 | \$10,000 | \$0 | \$0 | | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Animal-assisted therapy (therapy dog) | | |

| | | | | | |
|--|---|--|--|--------------------------------|--|
| PROGRAM NAME: | | EVOLVE at Aspire | | | |
| Age Range Accepted: 16-30 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Onset of psychotic symptoms within 24 months; diagnosis: schizophrenia-spectrum illness and affective disorders with psychosis | | | Albany and 16-county surrounding area in Southwest GA | | |
| Address: | Phone: | Email: | Website: | | |
| 2500 Dawson Road Albany, 31707 | 229-430-5100 | lspears@albanycsb.org | Provider Website | | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation | |
| 19 | 17 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | | |
| \$257,190 | \$0 | \$0 | \$0 | | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | |
|---|---|--|--|
| PROGRAM NAME: | | InTUNE at River Edge Behavioral Health Center | |
| Age Range Accepted: 16-30 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Onset of symptoms within 24 months; diagnosis: schizophrenia-spectrum illness and affective disorders with psychosis. | | Macon and 9-county surrounding area in central GA | |
| Address: | Phone: | Email: | Website: |
| 281 Carl Vinson Parkway Warner Robins, 31088 | 478-803-7899 | mnunez@river-edge.org | Provider Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 13 | 12 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$259,850 | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| | | | |
|--|---|--|--|
| PROGRAM NAME: | | Project LIGHT at View Point Health – DeKalb/Fulton Team | |
| Age Range Accepted: 16-30 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Onset of symptoms within 24 months; diagnosis: schizophrenia-spectrum illness and affective disorders with psychosis | | DeKalb and Fulton Counties, Metro Atlanta | |
| Address: | Phone: | Email: | Website: |
| 2799 Lawrenceville Highway Decatur, 30033 | 678-209-2390 | light@vphealth.org | Program Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 8 | 8 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$247,006 | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Project LIGHT at View Point Health – Gwinnett Team | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of symptoms within 24 months; diagnosis: schizophrenia-spectrum illness and affective disorders with psychosis | | | Gwinnett, Newton, Rockdale Counties – North Metro Atlanta | |
| Address: | Phone: | Email: | Website: | |
| 2755 Sawnee Ave. Buford, 30518 | 678-209-2390 | light@VPHealth.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 28 | 19 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$331,164 | \$9,537 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | McIntosh Trail CSB | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of symptoms within 24 months; diagnosis: schizophrenia-spectrum illness and affective disorders with psychosis | | | Henry County and 7-county surrounding area, South Metro Atlanta | |
| Address: | Phone: | Email: | Website: | |
| 1435 North Expressway Griffin, 30224 | 770-358-5252 | mhubbard@mctrail.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| N/A – Program not operating yet | N/A – Program not operating yet | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Installation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$97,281 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 105 | #: 87 |

Guam



STATE CONTACT:

Reina Sanchez | 671-647-5303 | reina.sanchez@gbhwc.guam.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$17,710,298 | \$28,767 | \$252,050 | \$280,817 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Installation | Guam will implement the I Fine'na Program, following the OnTrackNY model. The Set Aside will cover staff training and consultation by OnTrackNY, as well as treatment materials and transportation costs. Staff costs will be covered by local funds. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| <i>No Response</i> | | <i>No Response</i> | | <i>N/A</i> | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| <i>No Response</i> | | <i>No Response</i> | | <i>N/A</i> | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input type="checkbox"/> |
| <i>No Response</i> | | <i>No Response</i> | | <i>N/A</i> | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly, based on review of individualized plan

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? N/A

How Is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

Human resources may be limited. Obtaining buy-in from other critical agencies, such as vocational rehabilitation services to support the program. And funding program activities may be a challenge.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | I Fine'na FEP Program, Guam Behavioral Health & Wellness Center | | |
| Age Range Accepted: 16-26 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | Island-wide | | |
| Address: | Phone: | Email: | Website: | |
| 790 Governor Carlos G. Camacho Rd Tamuning, 96913 | 671-647-5440 | reina.sanchez@gbhwc.guam.gov | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 10 | 10 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$28,767 | \$0 | \$0 | \$252,050 (SMHA) | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 10 | #: 10 |

Hawaii



STATE CONTACT:

Sandra Pak | 808-733-8383 | Sandra.pak@doh.hawaii.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$178,900,000 | \$303,253 | \$0 | \$303,253 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Partial Implementation | The OnTrack clinic has an active caseload of about 16 cases. The University of Hawaii Department of Psychiatry provides the psychiatric consultation and medication management services. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| Columbia Suicide Severity Rating Scale | | N/A | | N/A | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| Global Functioning Scale: Social and Role | | PANSS, CAFAS | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| PTSD Screening Questionnaire I & II Global Functioning: Role Scale and Social Scale PANSS | | N/A | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? *Currently, the state is working with the OnTrack program to develop a system for tracking the performance measures. Ultimately, the state would require aggregate data on a quarterly basis. It is anticipated that data on the individual level will be available in real time once the program’s electronic medical record system is operational and connected to the state’s EHR. Some of the measures, such as those in physical health, have yet to be identified and will need to be phased in over time.*

The FEP provider submits this information at the *individual level or* *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? *N/A*

How Is Fidelity measured? *N/A*

CHALLENGES FORESEEN BY THE STATE:

CSC for the FEP population is needed across the state, including the Neighbor Islands (islands other than Oahu). However, before this pilot program can be taken statewide, it is necessary to take the time to first develop a high quality model that is culturally appropriate for Hawaii’s multi-ethnic population. Making these services available at the community level on the Neighbor Islands would require time and additional resources. The program has just secured a clinic space off-campus at an easily accessible and popular location at the hub of major bus lines. For the comfort and convenience of the clients, we have traded the in-kind university space for commercial space, which adds to the cost of the program.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | |
|--|---|--|--|
| PROGRAM NAME: | | OnTrackHawaii | |
| Age Range Accepted: 15-24 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Youth and young adults ages 15-24 who have experienced a non-organic, non-affective psychotic episode within last three years. | | City & County of Honolulu (island of Oahu) | |
| Address: | Phone: | Email: | Website: |
| 2444 Dole Street, Krauss Hall, 101 Honolulu, 96822 | 808-956-6289 | TrackHi@hawaii.edu | Program Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 18 | 16 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$303,253 | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 18 | #: 16 |



Idaho



STATE CONTACT:

Anne Bloxham | 208-334-5527 | bloxhama@dhw.idaho.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$65,500,000 | \$237,867 | \$0 | \$237,867 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Full Implementation | Idaho is implementing the STAR (Strength Through Active Recovery) program in three regions providing state-delivered services to provide FEP treatment based on the On-Track CSC treatment model. FEP treatment services are available or being developed in Idaho's Behavioral Health Regions 3, 6 and 7, located in the southwestern and eastern parts of the state. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | N/A | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Annually

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? N/A

How Is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

Challenges being faced pertaining to implementing the regional FEP programs include how to improve outreach to increase referrals on clients that have a short duration of untreated psychosis prior to being hospitalized, rural access, and staffing issues. We serve numerous counties in rural areas which makes accessing services and travel difficult for clients and team members. One of our greatest challenges is around staffing as the Department does not have the authority to hire additional permanent positions outside of the current approved limit established by the Idaho Legislature. This makes building a team, maintaining and adding additional staff as needed a challenge. Additionally, limited availability of psychiatric providers impacts available prescriber time to dedicate to the FFEP programs. The Region 6 program has faced significant challenges due to turn over in staffing and a change in administration and is in the process of reconfiguring the FEP service team.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | |
|---|---|--|--|
| PROGRAM NAME: | | STAR Region 3 Behavioral Health Center | |
| Age Range Accepted: 15-30 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Schizophrenia, Schizoaffective, Schizophreniform, Bipolar I, Delusional Disorder, Psychosis NOS. Duration of psychotic symptoms > 1week< 2years | | Counties: Canyon, Gem, Payette, Owyhee, Washington, Adams | |
| Address: | Phone: | Email: | Website: |
| 3402 Franklin Road Caldwell, 83605 | 208-459-0092 | Jose.Valle@dhw.idaho.gov | In development |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | Level of Implementation |
| 12 | 1 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$81,856 | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| | | | |
|---|---|--|--|
| PROGRAM NAME: | | STAR Region 6 Behavioral Health Center | |
| Age Range Accepted: 15-30 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Schizophrenia, Schizoaffective, Schizophreniform, Bipolar I, Delusional Disorder, Psychosis NOS. Duration of psychotic symptoms > 1week< 2years | | Counties: Bannock. Power, Caribou, Bear, Lake, Franklin, Oneida | |
| Address: | Phone: | Email: | Website: |
| 421 Memorial Drive Pocatello, 83201 | 208-234-700 | No Response | In development |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | Level of Implementation |
| 5 | 1 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$49,755 | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| | | | |
|---|---|--|--|
| PROGRAM NAME: | | STAR Region 7 Behavioral Health Center | |
| Age Range Accepted: 15-30 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Schizophrenia, Schizoaffective, Schizophreniform, Bipolar I, Delusional Disorder, Psychosis NOS. Duration of psychotic symptoms > 1week< 2years | | Counties: Bingham, Bonneville, Jefferson, Madison and Teton | |
| Address: | Phone: | Email: | Website: |
| 150 Shoup Avenue, Suite 17 Idaho Falls, 83440 | 208 528-5700 | No Response | In development |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 25 | 14 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$106,256 | \$0 | \$96,063 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 42 | #: 16 |

Illinois



STATE CONTACT:

Lee Ann Reinert | 217-782-0059 | lee.reinert@illinois.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$807,885,737 | \$1,983,932 | \$0 | \$1,983,932 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Initial Implementation | Illinois has contracted with 11 community mental health providers to provide FEP treatment services. The funds are being used to cover non-billable time for the essential team members, including a team leader, administrator, two therapists, a case manager, and an employment specialist, to participate in training, consultation, and to provide outreach and engagement to the communities served. The funds are also covering materials necessary for outreach, engagement, and marketing, as well as training by the BeST Center and the EASA Center for Excellence. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| N/A | | No Response | | No Response | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| N/A | | No Response | | (Prescription adherence only) | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? *Some are quarterly, some are every 6 months*

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? *BeST*

How Is Fidelity measured? *BeST is in the process of developing a fidelity scale. Currently, our teams work with BeST on a monthly basis through teleconferences to review their treatment approaches for consistency with the model.*

CHALLENGES FORESEEN BY THE STATE:

The limitations related to diagnosis that are not allowing prodromal work - psychiatrists continue to be somewhat reluctant to give a diagnosis of Schizophrenia, which is a challenge in eligibility for involvement. 2) Lack of private insurance benefits for some CSC components is resulting in some individuals not being able to receive the full CSC model. Depending on the future of the ACA, this may have a larger impact down the road if additional individuals lose Medicaid coverage.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | | |
|---|---|---|--|----------------------------------|--------------------------------|
| PROGRAM NAME: | | Advocate Behavioral Health Services | | | |
| Age Range Accepted: 14-40 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Treated or untreated psychotic illness for no more than 18 month Schizophrenia, schizoaffective disorder, schizophreniform disorder or other/ unspecified Schizophrenia spectrum or other psychotic disorder. | | | City of Chicago | | |
| Address: | | Phone: | Email: | Website: | |
| 938 W. Nelson Ave Chicago, 60657 | | 773-892-8135 | Stacey.Brown@advocatehealth.com | Provider Website | |
| Total Served in Past 12 Months | | Total Currently Being Served | Program Type | | Level of Implementation |
| 12 | | 12 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | | Full Implementation |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$140,900 | | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | | |

| | | | | | |
|---|---|---|--|----------------------------------|--------------------------------|
| PROGRAM NAME: | | Bridgeway | | | |
| Age Range Accepted: 14-40 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Treated or untreated psychotic illness for no more than 18 month Schizophrenia, schizoaffective disorder, schizophreniform disorder or other/ unspecified Schizophrenia spectrum or other psychotic disorder. | | | Small city, Northwest IL | | |
| Address: | | Phone: | Email: | Website: | |
| 2323 Windish Dr. Galesburg, 61404 | | 309-344-4204 | StacyB@bway.org | Provider Website | |
| Total Served in Past 12 Months | | Total Currently Being Served | Program Type | | Level of Implementation |
| 2 | | 2 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | | Initial Implementation |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$140,900 | | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | | |
|--|--|---|--|--|---|
| PROGRAM NAME: | | Centerstone | | | |
| Age Range Accepted: 14-40 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Treated or untreated psychotic illness for no more than 18 month Schizophrenia, schizoaffective disorder, schizophreniform disorder or other/unspecified Schizophrenia spectrum or other psychotic disorder. | | | Small City (college town) Southern IL | | |
| Address: | | Phone: | Email: | | Website: |
| 200 North Emerald Ln Carbondale, 62901 | | 618-713-1394 | Barb.Gossman@centerstone.org | | Provider Website Facebook Twitter |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 10 | | 10 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Full Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$140,900 | | \$0 | | \$0 | |
| | | | | Other Funds | |
| | | | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|---|--|---|--|--|----------------------------------|
| PROGRAM NAME: | | Chestnut Health Systems | | | |
| Age Range Accepted: 14-40 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Treated or untreated psychotic illness for no more than 18 months Schizophrenia, schizoaffective disorder, schizophreniform disorder or other/unspecified Schizophrenia spectrum or other psychotic disorder. | | | Large suburban area outside St. Louis, MO | | |
| Address: | | Phone: | Email: | | Website: |
| 50 Northgate Industrial Drive Granite City, 62040 | | 618-314-5561 | jrobinson@chestnut.org | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 11 | | 11 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Full Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$140,900 | | \$0 | | \$0 | |
| | | | | Other Funds | |
| | | | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|----------------------------------|
| PROGRAM NAME: | | Grand Prairie Services | | |
| Age Range Accepted: 14-40 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Treated or untreated psychotic illness for no more than 18 months Schizophrenia, schizoaffective disorder, schizophreniform disorder or other/unspecified Schizophrenia spectrum or other psychotic disorder. | | | Chicago South Suburbs | |
| Address: | | Phone: | Email: | Website: |
| 19530 S. Kedzie Flossmoor, 60422 | | 630-333-5217 | gmoore@gpsbh.org | Provider Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 15 | 15 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$140,900 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|----------------------------------|
| PROGRAM NAME: | | Human Resource Development Institute | | |
| Age Range Accepted: 14-40 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Treated or untreated psychotic illness for no more than 18 months Schizophrenia, schizoaffective disorder, schizophreniform disorder or other/unspecified Schizophrenia spectrum or other psychotic disorder. | | | South Chicago | |
| Address: | | Phone: | Email: | Website: |
| 340 E. 51st St. Chicago, 60615 | | No Response | ahull@hrdi.org | Provider Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 6 | 6 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$140,900 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | |
|--|---|--|--|
| PROGRAM NAME: | | Lifelinks | |
| Age Range Accepted: 14-40 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Treated or untreated psychotic illness for no more than 18 months Schizophrenia, schizoaffective disorder, schizophreniform disorder or other/unspecified Schizophrenia spectrum or other psychotic disorder. | | Rural county in Central IL (includes college town) | |
| Address: | Phone: | Email: | Website: |
| 750 Broadway Ave East Mattoon, 61938 | 217-259-1237 | chughes@lifelinksinc.org | Provider Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | Level of Implementation |
| 4 | 4 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$140,900 | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| | | | |
|--|---|--|--|
| PROGRAM NAME: | | Memorial Behavioral Health | |
| Age Range Accepted: 14-40 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Treated or untreated psychotic illness for no more than 18 months Schizophrenia, schizoaffective disorder, schizophreniform disorder or other/unspecified Schizophrenia spectrum or other psychotic disorder. | | Springfield (small city) | |
| Address: | Phone: | Email: | Website: |
| 710 N. 8th St. Springfield, 62702 | 217-588-7928 | Mester.Cynthia@mhsil.com | Provider Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | Level of Implementation |
| 1 | 1 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$140,900 | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | | |
|--|--|--|--|--|--|
| PROGRAM NAME: | | Robert Young Center for Community Mental Health | | | |
| Age Range Accepted: 14-40 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Treated or untreated psychotic illness for no more than 18 months Schizophrenia, schizoaffective disorder, schizophreniform disorder or other/unspecified Schizophrenia spectrum or other psychotic disorder. | | | Moderate sized cities, Northwest IL | | |
| Address: | | Phone: | Email: | | Website: |
| 2200 3rd Ave Rock Island, 61201 | | 309-737-2489 | Paul.Phares@unitypoint.org | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 5 | | 5 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Full Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$140,900 | | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: |

| | | | | | |
|--|--|---|--|--|--|
| PROGRAM NAME: | | Trilogy Inc | | | |
| Age Range Accepted: 14-40 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Treated or untreated psychotic illness for no more than 18 months Schizophrenia, schizoaffective disorder, schizophreniform disorder or other/unspecified Schizophrenia spectrum or other psychotic disorder. | | | No Response | | |
| Address: | | Phone: | Email: | | Website: |
| 3737 W. Lawrence Ave. Chicago, 60625 | | 773-564-4725 | rflaherty@trilogyinc.org | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 15 | | 15 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Full Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$140,900 | | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| PROGRAM NAME: | | Thresholds | |
|--|---|--|--|
| Age Range Accepted: 14-40 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Treated or untreated psychotic illness for no more than 18 months Schizophrenia, schizoaffective disorder, schizophreniform disorder or other/unspecified Schizophrenia spectrum or other psychotic disorder. | | Chicago – North, west and central areas | |
| Address: | Phone: | Email: | Website: |
| 4101 N. Ravenswood Chicago, 60613 | 773-432-6555 | Jose.Viruet@thresholds.org | Program Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 20 | 20 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$140,900 | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |
| NUMBER OF CLIENTS SERVED: | | | |
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | | | |
| How many were served in the last year? | | How many are currently receiving treatment? | |
| #: 101 | | #: 101 | |

Indiana



STATE CONTACT:

Kevin Moore | 317-232-7860 | kevin.moore@fssa.in.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$488,231,000 | \$911,070 | \$0 | \$911,070 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability | Indiana is continuing to expand the FEP services at the Prevention and Recovery Center for Early Psychosis (PARC), and is also establishing a program based on the EASA model. The state is also using the funds to develop a data platform at DMH to capture FEP data, and hire a statewide FEP coordinator to develop plans for statewide implementation of FEP treatment. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? Other

How Is Fidelity measured? Annually, via fidelity scale created by program

CHALLENGES FORESEEN BY THE STATE:

Sustaining and maintaining the programmatic fidelity through the hub and spoke model adaptation. Establishing collaborative partnerships with spoke sites that allow them to work through logistical issues and workforce shortage issues. Developing creative ways to engage a population of young people that may experience limited insight or a reluctance to engage in the healthcare system.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | | |
|--|--|--|--|---|-----------------|
| PROGRAM NAME: | | Prevention and Recovery Center (PARC) for Early Psychosis at Eskenazi Health | | | |
| Age Range Accepted: 16-30 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Admission criteria includes onset of symptoms of psychosis within three years, Excluding affective, organic, and substance-induced psychosis, IQ greater than 70 | | | The State of Indiana | | |
| Address: | | Phone: | Email: | | Website: |
| 720 Eskenazi Ave Indianapolis, 46202 | | 317-880-8667 | No Response | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 161 | | 80 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| | | | | Level of Implementation | |
| | | | | Program Sustainability | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$911,070 | | \$0 | | \$0 | |
| | | | | Other Funds | |
| | | | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input checked="" type="checkbox"/> Other: Outreach, education, and referral to PCP when medically indicated. | |

| | |
|---|--|
| NUMBER OF CLIENTS SERVED: | |
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 161 | #: 80 |



Iowa



STATE CONTACT:

Mary Mohrhauser | 515-242-5881 | mmohrha@dhs.state.ia.us

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$532,400,000 | \$406,786 | \$0 | \$406,786 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability | Iowa is using the Set-Aside funds to expand CSC services beyond its one trained RAISE Provider. The 10% Set-Aside funds are being used to fund four NAVIGATE programs across the state. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|--------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input type="checkbox"/> |
| No Response | | N/A | | N/A | |
| Psychiatric Hospitalization | <input type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? NAVIGATE

How Is Fidelity measured? Regular session reviews regular TA calls with team members to implement model

CHALLENGES FORESEEN BY THE STATE:

Potential challenges to expand implementation of NAVIGATE are shortages of mental health providers and also fewer individuals who would meet criteria to be served by an FEP program in more rural parts of Iowa.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|---|--|--|---|--------------------------------|
| PROGRAM NAME: | | FERST NAVIGATE Program at the Abbe Center for Community Mental Health | | |
| Age Range Accepted: 15-65 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| Diagnostic categories of Non-affective psychoses – Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Brief Psychotic Disorder or Psychotic Disorder NOS | | Benton, Buchanan, Delaware, Fayette, Jones, Linn, Cedar, Iowa and Johnson counties | | |
| Address: | Phone: | Email: | Website: | |
| 520 11th Street, NW Cedar Rapids, 52405 | 319-398-3562 | kjohnson@abbehealth.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 16 | 16 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$125,000 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Community Support Services | |

| | | | | |
|---|--|---|---|--------------------------------|
| PROGRAM NAME: | | RESTORE NAVIGATE Program at Eyerly Ball Community Mental Health Center | | |
| Age Range Accepted: 15-65 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| Diagnostic categories of Non-affective psychoses – Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Brief Psychotic Disorder or Psychotic Disorder NOS | | Polk, Story, Boone, Dallas, Warren counties | | |
| Address: | Phone: | Email: | Website: | |
| 1301 Center Street Des Moines, 50309 | 515-235-8852 | cynthias@eyerlyball.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 21 | 20 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$125,000 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Community Support Services | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 37 | #: 36 |

Kansas*



STATE CONTACT:

Stacy Chamberlain | 785-296-0649 | stacy.chamberlain@kdads.ks.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|------------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$357,400,000 | \$377,195 | \$0 | \$377,195 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability | <p>The funding will provide for two awards in FY17. One award will be provided with this funding in FY17 for the implementation of a new program in the state. A portion of the 10% set-aside will be allocated through a competitive bid process; it will be open to individual a CMHC serving larger urban populations as well as open to the five Regional Recovery Centers to establish a Coordinated Specialty Care (CSC) program to provide early interventions and services for the targeted population experiencing FEP that are proposing to utilize the RAISE model of treatment.</p> <p>Funding from the 10% set aside will also be utilized to extend the current Grant awarded with the prior 5% funding to the existing grantee to maintain and expand current FEP services being implemented under the RAISE model. This Grantee will also serve as a consultant to the newly awarded grantee for FY17.</p> <p>The awarded program's design will incorporate the utilization of evidence-based programs of RAISE, including the inclusion of an aggressive outreach approach, peer support, case management service, Supportive Employment and/or other best practices identified as capable of producing the identified outcomes with this population.</p> |

* As of the end of August 2017, Kansas has not confirmed the content of this profile.

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | No Response | | N/A | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| N/A | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? NAVIGATE and RAISE

How Is Fidelity measured? No Response

CHALLENGES FORESEEN BY THE STATE:

As our plan includes adding new partners, it is foreseeable that those new providers may have unexpected delays in implementing their proposals. Our hope is with the support of Wyandot Center and other partners who have been involved with this initiative, these types of delays will be minimal.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | |
|---|---|--|--|
| PROGRAM NAME: | | Early Intervention Team | |
| Age Range Accepted: 15-25 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis of schizophrenia, schizoaffective disorder, unspecified schizophrenia spectrum disorder, other psychotic disorders, and bipolar disorder with psychotic features. | | No Response | |
| Address: | Phone: | Email: | Website: |
| 757 Armstrong Ave. Kansas City, 66101 | No Response | No Response | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP |
| | | Level of Implementation | |
| | | Program Sustainability | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$174,000 (2016) | No Response | No Response | No Response |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: No Response | #: No Response |

Kentucky



STATE CONTACT:

Michele Blevins | 502-564-4456 | michele.blevins@ky.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$225,100,000 | \$662,899 | \$178,000 | \$840,899 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Full Implementation | <p>Kentucky is using the set aside funds to implement a CSC model based on the Early Assessment and Support Alliance (EASA) from Oregon, which incorporates components of RAISE and OnTrackNY. Kentucky’s CSC programming is called iHOPE (Helping Others Pursue Excellence). All of the iHOPE Programs are operated through the community mental health centers (CMHCs). The state currently has six (6) iHOPE sites in the implementation phase. Two (2) additional sites are in the installation phase and will begin providing services in January 2018. Kentucky utilizes a Request for Application process to incorporate new iHOPE Programs into the implementation process. The state plans to use the Set Aside funds to expand CSC programs statewide by 2021. Statewide implementation also includes requiring all 14 Community Mental Health Centers (CMHCs) to designate key child and adult key contacts for “Early Interventions for First Episode Psychosis” programming. Specialized training opportunities are provided to all CMHCs and other key providers regarding various components of first episode psychosis best practices. Key trainings and technical assistance are provided on the Structured Interview for Psychosis-Risk Syndrome, Cognitive Behavioral Therapy for Psychosis, Motivational Interviewing, Differential Diagnosis, Multi-Family Group Training, and Feedback Informed Treatment. The SMHA is providing ongoing consultation and technical assistance through EASA to address ongoing implementation components.</p> |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| N/A | | N/A | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | N/A | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Yearly

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? EASA

How Is Fidelity measured? EASA will conduct fidelity reviews during the Fall of 2017 for the 2 programs that have provided services since January 2016.

CHALLENGES FORESEEN BY THE STATE:

Ongoing funding is needed to provide the necessary components of CSC that are not billable through insurance such as program management, outreach, Supported Employment/Educational.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | iHOPE Cumberland River | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| Symptoms within one year | | Counties Served: Rockcastle, Jackson, Laurel, Clay, Whitley, Knox, Harlan and Bell | | |
| Address: | Phone: | Email: | Website: | |
| 349 Riverbend Road London, 40744 | 606-878-7013 or 606-280-2466 | Samantha.reid@crccc.org | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 7 | 4 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$200,000 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | iHOPE - Four Rivers | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| Symptoms within one year | | Counties Served: Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Livingston, Marshall, and McCracken | | |
| Address: | Phone: | Email: | Website: | |
| 425 Broadway Paducah, 42001 | 270-442-7121 | bcraig@4rbh.org | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 10 | 5 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$100,000 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | iHOPE - Mountain | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Symptoms within one year | | | Counties Served: Johnson, Martin, Magoffin, Floyd, and Pike Counties | |
| Address: | | Phone: | Email: | Website: |
| 104 S Front Avenue Prestonsburg, 41653 | | 606-886-4318 | angela.parker@mtcomp.org | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 14 | 11 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$100,000 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | iHOPE – LifeSkills | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Symptoms within one year | | | Counties Served: Butler, Edmonson, Hart, Logan, Warren, Barren, Metcalfe, Simpson, Allen, and Monroe | |
| Address: | | Phone: | Email: | Website: |
| 3080 Suwanee Trail Street Bowling Green, 42101 | | 270-901-5000 ext. 1214 | lwolfin@lifeskills.com | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 16 | 11 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$100,000 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | iHOPE – Centerstone | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| Symptoms within one year | | Counties Served: Jefferson, Bullitt, Spencer, Shelby, Oldham, Henry, and Trimble | | |
| Address: | Phone: | Email: | Website: | |
| 708 Magazine St #100 Louisville, 40203 | 502-589-8926 ext. 4468 | Ann.Behymer@centerstone.org Mary.williams@centerstone.org | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 19 | 13 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$0 | \$0 | \$0 | \$60,000 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | iHOPE – Pathways | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| Symptoms within one year | | Counties Served: Montgomery, Bath, Rowan, Menifee, Morgan, Greenup, Carter, Boyd, Elliott, and Lawrence | | |
| Address: | Phone: | Email: | Website: | |
| 3701 Landsdowne Drive Ashland, 41102 | 606-324-3005 | heather.compton@pathways-ky.org deplion@pathways-ky.org | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 2 | 2 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$100,000 | \$0 | \$0 | \$60,000 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | iHOPE – Bluegrass | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Symptoms within one year | | | Counties Served: Fayette and Madison | |
| Address: | Phone: | Email: | Website: | |
| 1351 Newtown Pike Lexington, 40511-1282 | 1-800-928-8000 | ajlakes@bluegrass.org | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 0 | 0 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Installation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| SFY 2018: \$100,000 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | iHOPE – Communicare | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Symptoms within one year | | | Counties Served: Hardin, Nelson, Meade, Grayson, Larue, Breckinridge, Washington, Marion | |
| Address: | Phone: | Email: | Website: | |
| 100 Gray Street Elizabethtown, 42701 | 270-737-1360 x1253 | jyoung@communicare.org | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 0 | 0 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Installation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| SFY 2018: \$100,000 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 68 | #: 46 |

Louisiana



STATE CONTACT:

Karen Stubbs | 225-342-2540 | karen.stubbs@la.gov

Ann Darling | ann.darling@la.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|------------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$236,800,000 | \$618,316 | \$0 | \$618,316 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Initial Implementation | <p>Activities in SFY16 included another series of trainings intended to improve the capacity of the system to serve individuals experiencing FEP, building upon that which was provided in previous years. Additionally, activities included the identification of three (3) LGEs which made the commitment to implement a Coordinated Specialty Care (CSC) program. The trainings provided during the reporting period are outlined below.</p> <ul style="list-style-type: none"> • Psychiatric Rehabilitation Readiness Determination Profile (PRRDP) Training – The PRRDP is an instrument developed by Rutgers University that assists in understanding the factors impacting the change process. The training was held in 3 areas of the state and attended by a total of 68 individuals including PSS, LGE staff, and Assertive Community Treatment (ACT) providers. • NAVIGATE Team Overview – This webinar provided an overview to individuals throughout the state on the NAVIGATE model of treatment for individuals experiencing FEP; 105 individuals participated in this training including PSS, LGE and hospital clinicians as well as private providers. • FEP Prescriber Training – This face to face training provided an overview of best prescriptive practices for individuals experiencing FEP. The training was held in 5 areas of the state and attended by a total of 107 behavioral health clinicians from the LGE and hospital systems as well as various private providers. • 2 day NAVIGATE Training – This training, which occurred June 23 and 24, 2016, was targeted towards those staff members working within an LGE-sponsored NAVIGATE team. Through this process, specific sessions were provided to those individuals functioning as Team Leaders/Family Education Clinicians, Individual Resiliency Trainers, and Supported Employment and Education Specialists. LGE staff, administrators and PSS participated for a total attendance of 24 individuals. |

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| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Initial Implementation | <p>By the end of SFY16, a total of 468 individuals have been trained throughout the state. This includes training activities since the beginning of FEP programming in SFY15. Additionally, during SFY16, three (3) LGEs made the commitment to implement First Episode Psychosis (FEP) programs utilizing the NAVIGATE model (formerly RAISE) which is an evidence based model of coordinated treatment. These LGEs include Jefferson Parish Human Services Authority (JPHSA), Capital Area Human Services District (CAHSD), and Florida Parishes Human Services Authority (FPHSA). These LGEs participated in the 2-day NAVIGATE training which occurred in June, 2016.</p> <p>Activities in SFY17 included FEP service implementation within JPHSA, CAHSD, and FPHSA. During this period, the LGEs have finalized staffing and eligibility parameters of their programs. They have begun identifying and enrolling individuals within their programs and have participated in ongoing NAVIGATE consultation. This consultation is comprised of monthly calls with the NAVIGATE trainers for each of the program specialties. In particular, the calls are scheduled as follows:</p> <ul style="list-style-type: none"> • Director/Family Education Specialists – bi-monthly for the first 6 months switching to monthly the last 6 months. • RT Specialists – bi-monthly for the first 6 months, switching to monthly the last 6 months • SEE Specialists – bi-monthly for the first 6 months, switching to monthly the last 6 months • Prescriber – monthly for 12 months <p>The consultation calls began in September, 2016 with FEP programming beginning within each of the LGEs shortly thereafter. The report on numbers served within each of the programs is listed below.</p> <p>In addition to the implementation of FEP programming within 3 of the state’s 10 LGEs, OBH has also contracted with an FEP program in New Orleans called EPIC-NOLA. This program is operated through Sinfonia Family Services of Louisiana, a Medicaid-affiliated community behavioral health provider. The FEP program has been implemented in conjunction with Tulane University and is modeled off of the Yale STEP program. This program, which had established itself prior to OBH’s support, is fully staffed and operational with OBH support allowing for the provision of services to those who are without a payor source (no Medicaid or private insurance). This contract began in February, 2017.</p> <p>All other locations in the state have chosen to maintain a public health model for program implementation. Through this public health approach, LGEs will continue to provide peer support services (PSS) to individuals experiencing their first episode of psychosis. The goal of the Louisiana plan for FEP implementation in these areas of the state is to increase capacity of the system to effectively serve individuals experiencing first episode psychosis through trainings while supporting the identification of individuals experiencing FEP and moving them into traditional treatment, thereby shortening the individual’s duration of untreated psychosis.</p> |

(continued from page 120)

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Initial Implementation | <p>Ongoing activities related to Louisiana’s First Episode Psychosis initiative include the following:</p> <ul style="list-style-type: none"> • Peer Support – Continued support of PSS in each of the 10 LGEs for this initiative. • Outreach – Development and distribution of outreach materials for individuals experiencing FEP and their families. Materials will be in line with that which is available through On Track NY and other established evidence-based FEP programs. • CSC Program Implementation and Support – Continued support of the CSC programs implemented in JPHSA, CAHSD, and FPHSA. These programs began identifying and serving individuals experiencing FEP SFY17, subsequent to the 2-day NAVIGATE training held June 23 and 24, 2016. Also in SFY17, OBH began supporting the EPIC-NOLA CSC program which is operated through Sinfonia Family Services in Louisiana, in conjunction with Tulane University. • Ongoing Technical Assistance – Through contracts with consultants, provide on-going technical assistance to LGEs throughout the state, supporting them as they implement their selected FEP model: <ul style="list-style-type: none"> • NAVIGATE – ongoing conference calls with each of the LGEs implementing the NAVIGATE/ NAVIGATE model for 12 months post training. • Public Health – ongoing assistance to each of the LGEs implementing this model to better help them develop programming which will meet their individualized needs. <p>The goal of the Louisiana plan for FEP implementation is to increase capacity of the system to effectively serve and identify individuals experiencing First Episode Psychosis throughout the state while identifying and providing training to those locations capable of implementing Coordinated Specialty Care programs.</p> |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| N/A | | No Response | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? *This information is provided quarterly*

The FEP provider submits this information at the *individual level or* *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No* - *Fidelity measures regarding staffing and team meetings are tracked in quarterly reporting.*

If yes, to which model? *NAVIGATE*

How Is Fidelity measured? *Quarterly Reporting*

CHALLENGES FORESEEN BY THE STATE:

It is the hope that as LGEs learn more about FEP and treatment strategies, additional locations will modify structures to be able to implement programs of their own, expanding the number of EBP programs in state. As the programs evolve additional considerations in regard to the integration with managed care will need to be considered and addressed in implementation activities. This includes training Medicaid and Managed Care Organizations (MCOs) on the utilization of FEP as an evidence-based practice and any subsequent considerations regarding the authorization of services. Also, as NAVIGATE-trained programs experience turnover in staff, considerations will need to be made regarding ongoing training needed in order to maintain fidelity to the NAVIGATE model. Due to limitations in funding, costs may be such that it becomes problematic to continue to engage with national NAVIGATE trainers in order to maintain compliance with their standards in regards to training.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|--|---|--|--------------------------------|
| PROGRAM NAME: | | JPHSA | | |
| Age Range Accepted: 15 – 40 (+/- with approval of treatment team) | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| 1 year or less of treatment; 12 months or less of taking anti-psychotic medications and/or 2 years or less of psychotic symptoms | | | Jefferson Parish | |
| Address: | Phone: | Email: | Website: | |
| 3616 South I-10 Service Rd. West Metairie, 70001 | 504-838-5215 | Not Available | Not Available | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 8 | 7 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$21,000 | \$38,814 | Unknown | Unknown | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|--|---|--|--------------------------------|
| PROGRAM NAME: | | CAHSD | | |
| Age Range Accepted: 15 – 40 (+/- with approval of treatment team) | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| 1 year or less of treatment; 12 months or less of taking anti-psychotic medications and/or 2 years or less of psychotic symptoms | | | Ascension, Iberville, East Baton Rouge, West Baton Rouge, Pointe Coupee, East Feliciana, and West Feliciana parishes | |
| Address: | Phone: | Email: | Website: | |
| 4615 Government St., Building 2 Baton Rouge, 70806 | 225-922-2700 | Not Available | Not Available | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 10 | 10 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$21,000 | \$115,440 | Unknown | Unknown | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | |
|--|--|---|--|--------------------------------|
| PROGRAM NAME: | | FPHSA | | |
| Age Range Accepted: 15 – 40 (+/- with approval of treatment team) | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| 1 year or less of treatment; 12 months or less of taking anti-psychotic medications and/or 2 years or less of psychotic symptoms | | | Livingston, St. Helena, Tangipahoa, Washington, and St. Tammany parishes | |
| Address: | Phone: | Email: | Website: | |
| 835 Pride Drive, Ste. B Hammond, 70401 | 985-543-4333 | Not Available | Not Available | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 9 | 8 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$21,000 | \$0 | Unknown | Unknown | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | |
|---|---|---|--|--------------------------------|
| PROGRAM NAME: | | EPIC-NOLA (program through Sinfonia Family Services of Louisiana in conjunction with Tulane University) | | |
| Age Range Accepted: 12 - 35 (+/- with approval of treatment team) | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| Experiencing psychosis for less than 2 years, have received a diagnosis of schizophrenia or other psychotic disorder, have recently been hospitalized for psychosis, are willing to be evaluated and treated by healthcare professionals. | | Orleans, St. Bernard, Plaquemines Parishes; may serve other parishes upon request | | |
| Address: | Phone: | Email: | Website: | |
| 4000 Bienville St., Ste. G New Orleans, 70119 | (504) 434-2564 | epicnola@sfsloouisiana.com | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 64 | 43 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$134,917 | \$0 | \$0 | Medicaid | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |
| NUMBER OF CLIENTS SERVED: | | | | |
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | | | | |
| How many were served in the last year? | | How many are currently receiving treatment? | | |
| #: 91 | | #: 68 | | |

Maine



STATE CONTACT:

Cynthia McPherson | 207-592-2279 | Cynthia.McPherson@maine.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|------------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$545,023,816 | \$200,943 | \$282,204 | \$483,147 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Full Implementation | <p>The Department will achieve improvements in the identification of First Episode Psychosis symptoms with individuals ages 15-25, and will create an opportunity for identified individuals to get into treatment early and significantly enhance their long-term outcomes. Maine will look to expand the services and supports that Maine Medical Center is providing through their Portland Identification and Early Referral (PIER) program by incorporating Youth and Family Voice within their services and supports. This will be done by partnering with a Youth Advocacy Organization to incorporate youth voice at the table as part of their interdisciplinary team. This will support and enhance the work that PIER is presently providing with a focus on serving adults, young adults and persons of transition age who have experienced First Episode Psychosis. This youth-peer support will ensure that youth-guided care and youth voice are present in all aspects of treatment.</p> <p>Additionally, Maine Medical Center's PIER program staff will train and provide monthly supervision to two community mental health providers as they begin to serve youth/young adults experiencing First Episode Psychosis.</p> |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? PIER

How Is Fidelity measured? Per Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care, Heinssen RK, Goldstein AB, and Azrin ST.

CHALLENGES FORESEEN BY THE STATE:

1. Sustainable funding is available for only part of the costs of Coordinated Specialty Care for First Episode Psychosis. Funding through insurance reimbursement is available for some but not all treatment components required for Coordinated Specialty Care. No ongoing funding is available, from insurance or elsewhere, for the ongoing outreach and education necessary to identify and engage in treatment young people with first episodes of severe mental illness. No ongoing funding is available for training and maintaining treatment fidelity in the necessary evidence-based treatments. The Mental Health Block Grant Set-Aside currently supports these components.
2. Implementing services in a geographically large state with a dispersed population presents challenges including the paucity of trained providers in some locations, travel needed for training providers and maintaining treatment fidelity, provider time and costs for travel to more distant clients. Telemedicine availability is limited.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | Portland Identification and Early Recovery (PIER) | | |
| Age Range Accepted: 15-26 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| Psychosis onset within past year | | Ongoing treatment: Cumberland, York, and Androscoggin Counties. Consultation to all of Maine. | | |
| Address: | Phone: | Email: | Website: | |
| 66 Bramhall Street Portland, 04102 | 207-662-3162 | lynchs@mmc.org | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 44 | 44 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$483,147 | \$0 | \$0 | \$71,553 (Medicaid/insurance) | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 44 | #: 44 |

Marshall Islands



STATE CONTACT:

Marita Edwin | 692-456-1151 | maritaedwin54@gmail.com

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| Unknown | \$13,531 | \$0 | \$0 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Installation | <p>Early Psychosis Intervention (EPI) is still at an infant stage and trying to mature within existing mental health policy. They are recruiting NGO's and other government agencies partner to be involved in the intervention process.</p> <p>There are five committed staffs within the mental health clinic that are also the core team for the early intervention program. The early intervention program is integrated within the current mental health protocol. However this early intervention crisis team will shift focus only on people at age 16-30 years old with psychosis related to serious mental illness, such as schizophrenia and schizoaffective disorder.</p> <p>Outside the 16-30 age range, clients will be assessed on an individual basis and follow existing model for treatment. We also strongly support the use of education – families, of medical professionals, of the general public – to decrease the stigma surrounding psychotic illness and improve access to care for those who suffer. This is done through the radio program.</p> |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? Other

How Is Fidelity measured?

CHALLENGES FORESEEN BY THE STATE:

No psychiatrist and psychologist. Lack of staff. Availability of stakeholders and other community partners. Availability of training overseas.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | |
|--|---|--|--|
| PROGRAM NAME: | | Early Psychosis Intervention | |
| Age Range Accepted: 16-30 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | Whole State | |
| Address: | Phone: | Email: | Website: |
| Ministry of Health & Human Services Majuro, 96960 | 692-625-3355 Ext: 2442 | Maritaedwin123@gmail.com | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 49 | 49 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$13,531 | \$0 | \$0 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: N/A | #: N/A |

Maryland



STATE CONTACT:

Cynthia Petion | 410-402-8468 | cynthia.petion@maryland.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$1,241,200,000 | \$913,003 | \$1,600,043 | \$2,513,046 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability – Continue to support two CSC programs. | Maryland, through the Department of Health (MDH), Behavioral Health Administration (BHA) has used the 10% Set-Aside Federal Block Grant (FBG) funds to establish two teams utilizing the RA1SE-IES Coordinated Specialty Care (CSC) model at OnTrack Maryland at Family Services, Inc. (FSI) in Montgomery County and the John’s Hopkins Early Psychosis Intervention Clinic/Maryland EIP (EPIC/MEIP) in East Baltimore. Plans for the additional funding for the 10% set-aside initiative for first episode psychosis (FEP) include efforts to further promote recovery support services such as person-centered planning, peer involvement, as well as a combined model of evidence-based supported employment and supported education for individuals served by these two teams. These support services enable individuals to choose, obtain, maintain or advance within a community-integrated work and education environment consistent with their interests and preferences. These efforts would enhance enrollment in services, expansion of potential referral resources, provide education and awareness to reduce stigma associated with behavioral health diagnoses and treatment. Increased trainings and communications with middle and high school support teams on identifying the early signs of psychosis in students through implementation of screening and assessments for early psychosis will be conducted. Maryland continues to refine strategies to achieve a collaborative process that will transform behavioral health service delivery and fully support recovery and resilience. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| N/A | | No Response | | No Response | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | N/A | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? N/A

How Is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

Research suggest that one CSC team is needed per 500,000 individuals in the population; the challenge is to devise means to meet the needs despite the limited resources. Lastly, in efforts to ensure fidelity implementation of the First Episode Psychosis (FEP) Coordinated Specialty Care (CSC) program model, BHA has established an ongoing training and consultative relationship with Donald Addington, MD, Professor of Psychiatry, University of Calgary and co0developer of an internally-recognized fidelity assessment scale for First Episode Psychosis.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|---|--|---|--|--------------------------------|
| PROGRAM NAME: | | OnTrack Maryland | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Current episode of psychosis within two years of the first onset of psychiatric symptoms. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 610 East Diamond Avenue, Suite 100 Gaithersburg, 20877 | No Response | No Response | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 39 | 29 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$350,000 (Set-Aside and State General Revenue Funds) | \$0 | \$350,000 (Set-Aside and State General Revenue Funds) | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|---|--|--|--|--------------------------------|
| PROGRAM NAME: | | Johns Hopkins EPIC/Maryland Early Intervention Program | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Current episode of psychosis within two years of the first onset of psychiatric symptoms. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 4940 Eastern Avenue Baltimore, 21244 | No Response | No Response | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 32 | 22 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$350,000 (Set-Aside and State General Revenue Funds) | \$0 | \$350,000 (Set-Aside and State General Revenue Funds) | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (continued)

| | | | | |
|---|---|---|--|--------------------------------|
| PROGRAM NAME: | | RA1SE — Part of the UMMC Carruthers Clinic | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Current episode of psychosis within two years of the first onset of psychiatric symptoms. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 827 Linden Avenue Baltimore, 21201 | No Response | No Response | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 67 | 17 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$376,043 (Set-Aside and State General Revenue Funds) | \$0 | \$376,043 (Set-Aside and State General Revenue Funds) | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|---|--|--|--|--------------------------------|
| PROGRAM NAME: | | Center of Excellence Maryland Early Intervention Program | | |
| Age Range Accepted: 15-35 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Current episode of psychosis within two years of the first onset of psychiatric symptoms. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 55 Wade Avenue Catonsville, 21228 | No Response | No Response | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 35 | 18 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$1,224,000 (Set-Aside and State General Revenue Funds) | \$0 | \$1,224,000 (Set-Aside and State General Revenue Funds) | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 173 | #: 86 |

Massachusetts*



STATE CONTACT:

Terri Anderson | 617-626-8308 | Terri.Anderson@massmail.state.ma.us

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|------------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$794,700,000 | \$1,049,346 | \$0 | \$1,049,346 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability | <p>In SFY17, DMH expanded its Early Intervention capacity by issuing a Request for Response to achieve state-wide capacity among behavioral health providers to deliver evidence-supported treatment to young adults experiencing early stages of psychosis and to their families using the 10% set aside award. DMH is addressing this commitment in three ways:</p> <ol style="list-style-type: none"> 1. Support for the development of Multi-Component First Episode (FEP) treatment programs throughout the Commonwealth; 2. Establishment of a First Episode Psychosis (FEP) Technical Assistance Center to provide training and support in FEP best practices to the Massachusetts behavioral health workforce; and 3. Sponsorship of a FEP Learning Collaborative to support dissemination and implementation of FEP evidence-supported practices. <p>In so doing, DMH will increase its current capacity and competence of behavioral health providers to provide evidence-supported treatment of early psychosis in order to:</p> <ul style="list-style-type: none"> • Improve access to FEP services across the Commonwealth. • Decrease the duration of untreated psychosis. • Improve the treatment outcomes and quality of life for adolescents and young adults experiencing early psychosis and their families.: <p>DMH received proposals for additional First Episode Psychosis Programs and for a First Episode Psychosis Technical Assistance Center (FEP-TAC Grant). Vendor contracting is in the final stages with Beth Israel Deaconess Medical Center to serve as the FEP-TAC and with awards pending to 2 of the 8 vendor applicants.</p> |

*As of the end of August 2017, Massachusetts has updated only the description of their "Use of the 10% Set-Aside Funds."

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| N/A | | No Response | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? No Response

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.** **[No Response]**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? Other - PREP®

How Is Fidelity measured? No Response

CHALLENGES FORESEEN BY THE STATE:

No Response

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | | |
|--|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Metro Boston PREP® | | | |
| Age Range Accepted: 16-30 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | No Response | | |
| Address: | | Phone: | Email: | Website: | |
| 76 Amory Street Roxbury, 02119 | | No Response | No Response | No Response | |
| Total Served in Past 12 Months | | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | | No Response | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | | Program Sustainability |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$86,547 | | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Western Mass. PREP® | | | |
| Age Range Accepted: 16-30 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | No Response | | |
| Address: | | Phone: | Email: | Website: | |
| 1236 Main Street Holyoke, 01040 | | No Response | No Response | No Response | |
| Total Served in Past 12 Months | | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | | No Response | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | | Program Sustainability |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$106,980 | | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: No Response | #: No Response |



Michigan



STATE CONTACT:

Jennifer Stentoumis | 517-335-6258 | stentoumisj@michigan.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$1,346,900,000 | \$1,601,844 | \$198,116 | \$1,799,960 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability | <p>In Michigan, the Navigate model within RAISE is currently being implemented in four pilot sites. This particular model was selected because providers in Michigan had participated in the national study, so Michigan decided to build upon the existing expertise in the state. The additional funding has allowed for expansion of two of the three to serve more consumers. One additional team was added in FY17.</p> <p>The entire 10% was contracted out to Network180 in FY17 who then sub-contracts with the providers to support the pilot programs. The teams continue to focus on maximizing third-party payment (both Medicaid and private insurance) for services whenever possible.</p> |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Monthly and Quarterly

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? NAVIGATE

How Is Fidelity measured? Monitored by training team

CHALLENGES FORESEEN BY THE STATE:

It is becoming clear that the FEP project in Michigan is not currently sustainable with third party payers, including Medicaid. This project would not exist without MHBG money.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | RAISE Navigate – InterAct (2 project locations) | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| First Episode Psychosis | | | Kalamazoo County | |
| Address: | Phone: | Email: | Website: | |
| 610 South Burdick St. Kalamazoo, 49007 | 269-381-3700 | Unknown | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 40 | 40 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds – 3rd party payers | |
| \$208,821 | \$0 | \$0 | \$29,831 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | RAISE Navigate – InterAct | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| First Episode Psychosis | | | Kent County | |
| Address: | Phone: | Email: | Website: | |
| 1131 Ionia NW Grand Rapids, 49503 | 616-259-7900 | Unknown | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 0 | 14 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds – 3rd party payers | |
| \$271,444 | \$0 | \$0 | \$67,860 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (continued)

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | RAISE Navigate – ETCH | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| First Episode Psychosis | | | Ingham County | |
| Address: | Phone: | Email: | Website: | |
| 4572 S. Hagadorn Rd., Suite 1E East Lansing, 48823 | 517-481-4800 | Unknown | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 43 | 41 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds – 3rd party payers | |
| \$510,280 | \$0 | \$0 | \$75,126 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | RAISE Navigate – Easter Seals | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| First Episode Psychosis | | | Oakland County | |
| Address: | Phone: | Email: | Website: | |
| 2399 E. Walton Blvd. Auburn Hills, 48326 | 248-475-6400 | Unknown | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 29 | 29 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds – 3rd party payers | |
| \$215,450 | \$0 | \$0 | \$55,050 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 122 (FY16) | #: 124 |

Federated States of Micronesia *



STATE CONTACT:

Aileen Diopulos Marucio | adiopulos@fsmhealth.fm

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| No Response | \$19,032 | \$5,000 (FY 2016) | \$24,032 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Exploration | IFSM will hold a four-day training on FEP treatment for six people from the four mental health centers in the country. The four mental health centers are: 1) Chuuk State Behavioral Health and Wellness, 2) Pohnpei State Behavioral Health and Wellness, 3) Kosrae State Behavioral Health and Wellness, and 4) Yap State Behavioral Health and Wellness. FSM has decided to pursue the OnTrackNY treatment model. |

* As of the end of August 2017, Federated States of Micronesia have not confirmed nor updated the content of this profile.

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| N/A | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly and Annually

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No - [No Response]**

If yes, to which model? N/A

How Is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

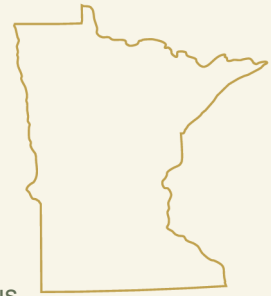
Distances between the islands and states make it difficult to provide services. High waves, storms, and transportation are also part of the challenges. The high cost for bringing the appropriate people together for training, meeting, and conference is limited. Lack of mental health professionals that can train and provide guidance to the mental health staff is also an obstacle.

FIRST EPISODE PSYCHOSIS PROGRAMS: [NO RESPONSE]

| | | | |
|--|--|--|---|
| PROGRAM NAME: | | No Response | |
| Age Range Accepted: No Response | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | No Response | |
| Address: | Phone: | Email: | Website: |
| No Response | No Response | No Response | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| No Response | No Response | <input type="checkbox"/> CSC | <input type="checkbox"/> EBP |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| No Response | No Response | No Response | No Response |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: No Response | #: No Response |

Minnesota



STATE CONTACT:

Monica Peterson | 651-431-2225 | monica.peterson@state.mn.us

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|--|--|--|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/Activity | Total State Budget for First Episode Psychosis Programs/Activity |
| \$1,171,124,759 (FY 2015) | \$808,097 (SFY 2017), \$749,107 (SFY 2018) | \$177,000 (SFY2017) + \$236,000 (SFY2018) = \$413,000 | \$985,097 (SFY 2017), \$985,107 (SFY 2018) |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Initial Implementation | In Spring 2016, an RFP was issued seeking technical support expertise and implementation of CSC pilot teams across the state. Two agencies were selected for implementation of FEP services where one of the two agencies will have two CSC teams; therefore, MN currently has three total CSC teams. One agency was selected to provide technical assistance. FEP services started being offered in February/March 2017 in the Twin Cities seven county metropolitan area using the Navigate model. Additional state funding was allocated for FEP expansion. An RFP will be issued seeking implementation of one more CSC pilot team in a rural area of MN. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? At intake and quarterly as well as at discharge.

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? NAVIGATE

How Is Fidelity measured? NAVIGATE has fidelity measures that will be completed by the Technical Assistance provider. Fidelity will start to be measured in year 2 (2018).

CHALLENGES FORESEEN BY THE STATE:

There may be challenges with expansion into rural areas of MN.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|---|---|---|--|--------------------------------|
| PROGRAM NAME: | | The HOPE Program – Healing and Opportunities for Psychotic Experiences | | |
| Age Range Accepted: 15-40 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| Diagnosis of Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, Brief Psychotic Disorder, Delusional Disorder, and/or Other Specified Schizophrenia Spectrum or Other Psychotic Disorder. Within the first 2 years of treatment. | | 7 county metro area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington. Exceptions as needed. | | |
| Address: | Phone: | Email: | Website: | |
| 701 Park Avenue Minneapolis, 55415 | 612-873-5692 | None | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 18 | 18 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$433, 710 (SFY 2017), \$433,720 (SFY 2018) | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|---|--|---|--|--------------------------------|
| PROGRAM NAME: | | First Episode Psychosis Program (FEP) (located at M Health) | | |
| Age Range Accepted: 15-40 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| Diagnosis of Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, Brief Psychotic Disorder, Delusional Disorder, and/or Other Specified Schizophrenia Spectrum or Other Psychotic Disorder. Within the first 2 years of treatment. | | 7 county metro area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington. Exceptions as needed. | | |
| Address: | Phone: | Email: | Website: | |
| 5775 Wayzata Blvd, Floor 2, Suite 255 St. Louis Park, 55416 | 952-525-4500 | None | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 15 + 17 (agency has 2 CSC teams) | 15 + 17 (agency has 2 CSC teams) | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$374,387 (SFY2017), \$315,387 (SFY2018) | \$0 | \$177,000 (SFY2017), \$236,000 (SFY2018) | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | |
|---|--|
| NUMBER OF CLIENTS SERVED: | |
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: None in 2016. FEP services started Feb/Mar 2017. | #: 15+17+18 (3 total CSC teams) = 50 as of 6-30-17 |

Mississippi



STATE CONTACT:

Sandra Parks | 601-359-6285 | sandra.parks@dmh.ms.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$312,530,000 | \$467,436 | \$0 | \$467,436 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability | With funding from the 10% set aside initiative, the Department of Mental Health will continue to subgrant funds to two (2) Community Mental Health Centers utilizing the evidence-based practice, NAVIGATE a Coordinated Specialty Care (CSC) model created under the RAISE initiative for First Episode Psychosis (FEP). |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? NAVIGATE

How Is Fidelity measured? T.A. provided by NAVIGATE Consultants

CHALLENGES FORESEEN BY THE STATE:

Challenges to implementation include a lack of referrals to the NAVIGATE program operated by Region 6/Life Help and turnover in staff.

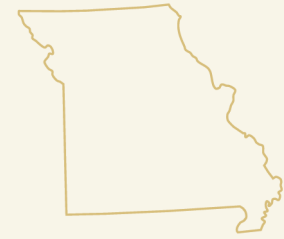
FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | | |
|--|--|---|---|--|--|
| PROGRAM NAME: | | Community Mental Health Center Region 6/Life Help | | | |
| Age Range Accepted: 15-30 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Leflore, Grenada, and Holmes Counties | | |
| Address: | | Phone: | Email: | | Website: |
| 101 Hwy 7 South Greenwood, 38935 | | 601-453-6211 | No Response | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 7 | | 6 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| | | | | Level of Implementation | |
| | | | | Program Sustainability | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$188,855 | | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: |

| | | | | | |
|--|--|--|---|--|--|
| PROGRAM NAME: | | Community Mental Health Center Region 13/Gulf Coast Mental Health Center | | | |
| Age Range Accepted: 15-30 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Harrison County | | |
| Address: | | Phone: | Email: | | Website: |
| 1600 Broad Avenue Gulfport, 39501 | | 228-863-1132 | No Response | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 4 | | 2 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| | | | | Level of Implementation | |
| | | | | Program Sustainability | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$240,000 | | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 11 | #: 8 |

Missouri



STATE CONTACT:

Connie Cahalan | 573-751-3035 | connie.cahalan@dmh.mo.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$666,412,350 | \$856,200 | \$505,645 | \$1,361,845 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Sustainability | The CSC program will provide a recovery-oriented approach that includes person-centered planning and shared decision-making. Program expectations are that CSC treatment will be time-limited (2-3 years) and linkages to community supports will be established to maintain recovery during and beyond treatment. Treatment may be extended in the CSC program, as clinically appropriate, using a step-down approach with eventual transition to traditional mental health services in the community. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| N/A | | N/A | | No Response | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| N/A | | No Response | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input type="checkbox"/> |
| No Response | | N/A | | N/A | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Intake, annual, discharge

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? Other - Assertive Community Treatment

How Is Fidelity measured? Tool for Measurement of Assertive Community Treatment (TMACT)

CHALLENGES FORESEEN BY THE STATE:

None reported.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Burrell Behavioral Health | | |
| Age Range Accepted: 16-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Individuals experiencing early symptoms of psychosis and/or SMI | | | Greene County | |
| Address: | Phone: | Email: | Website: | |
| 323 E. Grand Street Springfield, 65807 | 417-761-5740 | Susan.baker@burrellcenter.com | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 74 | 48 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$392,638 | \$51,473 | \$64,839 | \$1,694 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Burrell Behavioral Health | | |
| Age Range Accepted: 16-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Individuals experiencing early symptoms of psychosis and/or SMI | | | Boone County | |
| Address: | Phone: | Email: | Website: | |
| 3301 Berrywood Drive, Suite 201 Columbia, 65201 | 573-777-8420 | Marlene.howser@burrellcenter.com | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 62 | 47 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$0 | \$96,854 | \$146,850 | \$8,647 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Compass Health Pathways - Raymore | | |
| Age Range Accepted: 16-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Individuals experiencing early symptoms of psychosis and/or SMI | | | Cass County | |
| Address: | Phone: | Email: | Website: | |
| 1010 Remington Plaza Raymore, 64083 | 816-318-4430 | kkauffman@compasshn.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 65 | 57 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$434,886 | \$0 | \$71,167 | \$17,099 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Ozark Center | | |
| Age Range Accepted: 16-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Individuals experiencing early symptoms of psychosis and/or SMI | | | Jasper, Newton, McDonald and Barton Counties | |
| Address: | Phone: | Email: | Website: | |
| 1905 W. 32nd Street Joplin, 64803 | 417-347-7450 | jdhefner@freemanhealth.com | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 50 | 42 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$401,100 | \$18,807 | \$63,579 | \$1,672 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Compass Health Pathways – Jefferson City | | |
| Age Range Accepted: 16-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Individuals experiencing early symptoms of psychosis and/or SMI | | | Cole County | |
| Address: | Phone: | Email: | Website: | |
| 227 Metro Drive Jefferson City, 65109 | 573-556-3320 | nwalker@compasshn.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 18 | 18 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$405,100 | \$0 | \$4,465 | \$6,124 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Compass Health Crider Health Center | | |
| Age Range Accepted: 16-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Individuals experiencing early symptoms of psychosis and/or SMI | | | St. Charles County | |
| Address: | Phone: | Email: | Website: | |
| 102 Compass Point Drive St. Charles, 63301 | 636-332-8353 | lcreath@compasshn.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 7 | 7 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$403,100 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

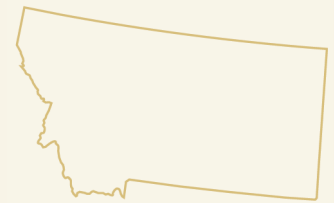
FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | Hopewell Center | | |
| Age Range Accepted: 16-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Individuals experiencing early symptoms of psychosis and/or SMI | | | St. Louis City County | |
| Address: | Phone: | Email: | Website: | |
| 2012 Dr. Martin Luther King Drive St. Louis, 63106 | 314-600-3579 | cbaker@hopewellcenter.com | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 40 | 38 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$0 | \$1,809 | \$154,744 | \$12,872 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 316 | #: 257 |



Montana



STATE CONTACT:

Jo Thompson | 406-444-9657 | jothompson@mt.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$248,510,196 | \$149,765 | \$113,235 | \$263,000 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Installation | The State of Montana has contracted with the Center for Children and Families for the following service: to initiate a multi-phase process that includes investigation, consultation, planning and ultimately the development and establishment of a system of identification, referral and screening, based on the RAISE Model, to address the needs of youth who may experience first episode psychosis and/or high risk youth eligible for psychiatric residential treatment facility or therapeutic group home services; and to provide transition age youth trauma informed screening/assessment and treatment including independent living skills development for youth and young adults. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|--------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Identification, Intake, Enrollment | <input type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? No Response

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.** **[No Response]**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? N/A

How Is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

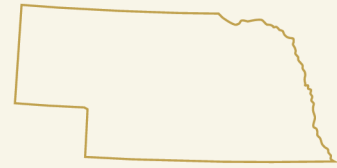
The population of frontier Montana is small and spread across a large land area.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | | |
|--|--|---|--|--|-----------------|
| PROGRAM NAME: | | Center for Children and Families | | | |
| Age Range Accepted: 16-25 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Greene County | | |
| Address: | | Phone: | Email: | | Website: |
| City: Billings | | 417-761-5740 | No Response | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| | | | | Funds | |
| \$263,000 (Set Aside and State General Revenue Funds) | | \$0 | | \$263,000 (Set Aside and State General Revenue Funds) | |
| | | | | Funds | |
| | | | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input type="checkbox"/> Psychotherapy | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input type="checkbox"/> Other: | |

| | |
|---|--|
| NUMBER OF CLIENTS SERVED: | |
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: N/A | #: N/A |

Nebraska



STATE CONTACT:

Karen Harker | 402-471-7796 | karen.harker@nebraska.gov

Linda Wittmuss | 402-471-7714 | linda.wittmuss@nebraska.gov

Tamara Gavin | 402-471-7732 | tamara.gavin@nebraska.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|------------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$148,457,596 | \$232,531 | \$17,107 | \$249,638 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Initial Implementation | The Nebraska First Episode Psychosis Coordinated Specialty Care (FEP CSC) Pilot Program is utilizing the evidence-based practice Coordinated Specialty Care model developed by OnTrackNY and supported by The Center for Practice Innovations at Columbia Psychiatry. The OnTrackNY program is modeled after the Coordinated Specialty Care Team model that was developed through the National Institute of Mental Health's research program Recovery After an Initial Schizophrenia Episode or RAISE which was designed to develop and test interventions to improve the trajectory and prognosis of schizophrenia. The goals of the FEP CSC Pilot Program are to develop and implement an individualized, person-centered plan that will help the consumer manage symptoms, identify any co-morbid conditions that should be treated, provide for on-going risk assessment, provide education so clients and families can learn to manage the illness and develop coping skills, and focus on consumer goals and recovery. The first year, dollars were spent on training and bringing programs up (\$43,749.86 MHBG; \$7,354.50 State). |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|--------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| <i>No Response</i> | | <i>N/A</i> | | <i>N/A</i> | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| <i>No Response</i> | | <i>No Response</i> | | <i>N/A</i> | |
| Identification, Intake, Enrollment | <input type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input type="checkbox"/> |
| <i>N/A</i> | | <i>N/A</i> | | <i>N/A</i> | |
| Psychiatric Hospitalization | <input type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly and Semi-Annually

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? OnTrack

How Is Fidelity measured? First Episode Psychosis Services Fidelity Scale FEP-FS) Developed by Donald Addington, et al.

CHALLENGES FORESEEN BY THE STATE:

Assessment of and scaling up first episode psychosis service delivery from pilot innovation to sustainable programs serving the targeted population has several foreseen challenges:

1. Due to the January 2106 start date, there could be a delay in establishing baseline measures for services.
2. The target population to be served is a very small subset of the overall behavioral health services population.
3. The lag in referrals to the FEP CSC pilot teams through the recruitment network and challenges related to the restrictive criteria that were originally identified.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | OnTrack of the Heartland | | |
| Age Range Accepted: 15-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | No Response | | |
| Address: | Phone: | Email: | Website: | |
| 3801 Harney Street Omaha, 68131 | No Response | No Response | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 4 (FY16) | 8 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$5,251 | \$0 | \$7,817 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | OnTrack Central Nebraska | | |
| Age Range Accepted: 15-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | No Response | | |
| Address: | Phone: | Email: | Website: | |
| P.O. Box 2555 Kearney, 68847 | No Response | No Response | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 2 (FY16) | 8 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$5,550 | \$0 | \$9,290 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 10 | #: 16 |

Nevada



STATE CONTACT:

Stephanie Woodard | SWoodard@health.nv.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$502,661,000 (FY 2015) | \$ 457,553 | \$500,000 | \$957,553 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Full Implementation | Nevada will implement an FEP program in northern Nevada using the RAISE TEAM approach. The state will incorporate telemedicine into the service delivery model to reach rural areas, and will support efforts to eventually expand RAISE into the southern part of the state. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? *When requested, data is reported.*

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? *N/A*

How Is Fidelity measured? *N/A*

CHALLENGES FORESEEN BY THE STATE:

Ensuring that funding will be provided and looking at sustainability of the program.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|---|---|--|--|--------------------------------|
| PROGRAM NAME: | | ENLIVEN (North) | | |
| Age Range Accepted: 15-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 18 months and no treatment for 3 months. | | | Reno, Sparks | |
| Address: | Phone: | Email: | Website: | |
| 480 Galletti Way, Building 2A Sparks, 89431 | 866-359-6713 | gmarquez@childrencabinet.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | 30 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$ 457,553 (across two sites) | \$0 | \$500,000 (across two sites) | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|---|---|--|--|--------------------------------|
| PROGRAM NAME: | | ENLIVEN – Southern Nevada | | |
| Age Range Accepted: 15-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 18 months and no treatment for 3 months. | | | Las Vegas | |
| Address: | Phone: | Email: | Website: | |
| 6161 W. Charleston Boulevard, Building 3A Las Vegas, 89146 | 866-359-6713 | dfaucett@childrencabinet.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | 10 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$ 457,553 (across two sites) | \$0 | \$500,000 (across two sites) | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 93 | #: 40 |

New Hampshire



STATE CONTACT:

Beth Anne Nichols | 603-271-5075 | beth.nichols@dhhs.state.nh.us

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|------------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$203,992,488 | \$180,828 | \$0 | \$180,828 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Initial Implementation | NH plans to use a NAVIGATE training team to train Community Mental Health Centers to establish CSC teams that will continue and expand beyond the training period, using a staged approach. Additionally, other populations to be included are veterans and refugees. NH has become home to over 7500 refugees in recent years and special care must be taken to provide for their behavioral health needs, including FEP. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? NAVIGATE

How Is Fidelity measured? Certification of team members

CHALLENGES FORESEEN BY THE STATE:

Challenges include finding Community Mental Health Centers that are motivated to do the sustained criteria for clinical certification, and then bringing teams to a level where its members can be certified as trainers. The lengthy time frame involved with contracting can result in expired funds.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | | |
|--|--|---|--|--|-----------------|
| PROGRAM NAME: | | Helping Overcome Psychosis Early (HOPE) | | | |
| Age Range Accepted: 15-35 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Community Mental Health Program Region 6 | | |
| Address: | | Phone: | Email: | | Website: |
| 100 West Pearl Street Nashua, 03060 | | 603-402-1547 | hope@gnmhc.org | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 8 | | 8 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$70,000 | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 8 | #: 8 |

New Jersey



STATE CONTACT:

Donna Migliorino | 609-777-0669 | Donna.Migliorino@dhs.state.nj.us

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$1,893,329,000 | \$1,433,147 | \$0 | \$1,433,147 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Installation | <p>On November 1, 2016 New Jersey implemented the National Institute of Mental Health's (NIMH) Recovery after an Initial Schizophrenia Episode (RAISE) model utilizing the ten percent set-aside funds of the Community Mental Health Services Block Grant. Services are provided for youth and adults ages 15 to 35 years who have experienced psychotic symptoms for less than 2 years with or without treatment. The estimated number of individuals who fulfill inclusion criteria in New Jersey is 268. The First Episode Psychosis (FEP) model will follow the RAISE model as detailed in Coordinated Specialty Care (CSC) for First Episode Psychosis Manuals I: Outreach and Recruitment, and II: Implementation. Coordinated Specialty Care service providers awarded to carry out services are: Oaks Integrated Care (Southern region); Rutgers UBHC (Central region); and CarePlus Inc NJ (Northern region). Client intake enrollment first started in November of 2016. The CSC program has treated 53 clients with 123 referrals for the CSC services as of June 30th, 2017.</p> <p>The New Jersey RAISE model for Coordinated Specialty Care (CSC) emphasizes a team approach for FEP with the following components: outreach, low-dosage medications, cognitive and behavioral skills training, Individualized Placement and Support (IPS) supported employment and supported education, case management, and family psychoeducation. The RAISE model also emphasizes the importance of addressing each individual's unique goals, needs, and preferences through shared decision making and collaborative treatment planning. This early intervention model provides a documented record of effectiveness for clinical and functional recovery through Evidence Based Practice which serves as a foundation to effectively treat CSC clients. The CSC team is comprised of six team members of mostly masters' level trained clinicians that all contribute to a high supportive level of care. The CSC staff for all three regional teams is currently comprised of: Team Leader; Recovery Coach; Supported Employment and Education Specialist; Pharmacotherapist; Outreach and Referral Specialist; and a Peer Support Specialist. All CSC staff are full-time with the exception of the Pharmacotherapist (0.2 FTE). Each CSC team is currently staffed with a total of 5.2 FTE's (Full Time Equivalent) units.</p> |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

All outcome and performance measures for the state will be addressed in two data measures: 1) Clinical client level demographic data spreadsheet; 2) The clinical client mental health inventory spreadsheet. Both spreadsheets are currently under review for approval.

How frequently is this data reported to the SMHA by FEP providers? Quarterly and Annual basis

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? Other - RAISE Model

How Is Fidelity measured? Not determined at this moment however fidelity measures are being discussed.

CHALLENGES FORESEEN BY THE STATE:

Through research, DMHAS has learned that intensive outreach is needed for sufficient client enrollment. Community Outreach has been effective for the referral process however some agencies have had issues with delivering services due to long distance travel to some of the counties. Added transportation provisions would be a helpful addition to provide better outreach and services to clients who may be at a disadvantage due to distance issues. All teams’ staff currently have a masters level clinician who lead outreach and recruitment activities and evaluate potential clients. The agencies have expressed that increased Psychiatrist time would improve the efficiency of CSC services in the intake process. Technical Assistance in monitoring fidelity would be beneficial as DMHAS would like to develop appropriate fidelity measures for Coordinated Specialty Care. Lastly, DMHAS is in the process of reviewing the client level data collection tools. Once this is done, the tools will be implemented and data will be available at the individual levels.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | | |
|--|--|---|--|--|-----------------|
| PROGRAM NAME: | | Rutgers UBHC | | | |
| Age Range Accepted: 15-35 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Diagnosis of schizophrenia, schizoaffective and schizophreniform disorders, delusional disorder, or psychosis not otherwise specified (NOS). Duration of psychotic symptoms > 1 week and < 2 years. Ability to speak and understand English. Anticipated availability to attend the clinic for 1 year. | | | Mercer, Middlesex and Monmouth counties | | |
| Address: | | Phone: | Email: | | Website: |
| 100 Metroplex drive, Suite 200 Edison, 08817 | | 732-235-2868 | haguead@ubhc.rutgers.edu Coordinatedspecialtycare@ubhc.rutgers.edu | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 36 | | 20 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Full Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$414,210 | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(continued)*

| | | | | | |
|--|--|---|---|--|-----------------|
| PROGRAM NAME: | | Oaks Integrated Care | | | |
| Age Range Accepted: 15-35 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Diagnosis of schizophrenia, schizoaffective and schizophreniform disorders, delusional disorder, or psychosis not otherwise specified (NOS). Duration of psychotic symptoms > 1 week and < 2 years. Ability to speak and understand English. Anticipated availability to attend the clinic for 1 year. | | | Atlantic , Burlington, Camden, Cape may, Cumberland, Gloucester, Ocean and Salem counties | | |
| Address: | | Phone: | Email: | | Website: |
| 19 East Ormond Avenue, Cherry Hill, 08002 | | 856-428-1300 | David.Sauder@oaksintcare.org | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 52 | | 23 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$414,245 | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|---|--|--|----------------------------------|
| PROGRAM NAME: | | CarePlus NJ Inc | | | |
| Age Range Accepted: 15-35 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Diagnosis of schizophrenia, schizoaffective and schizophreniform disorders, delusional disorder, or psychosis not otherwise specified (NOS). Duration of psychotic symptoms > 1 week and < 2 years. Ability to speak and understand English. Anticipated availability to attend the clinic for 1 year. | | | Bergen, Essex, Hudson, Hunterdon, Morris, Passaic, Somerset, Sussex, Union and Warren counties | | |
| Address: | | Phone: | Email: | | Website: |
| 610 Valley Health Plaza Paramus, 07652 | | 201-265-8200 | melissas@careplusnj.org | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 35 | | 14 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$414,245 | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 123 | #: 53 |

New Mexico



STATE CONTACT:

Karen Meador | 505-476-9252 | karen.meador@state.nm.us

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$313,897,823 | \$299,565 | \$0 | \$299,565 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Sustainability | New Mexico continues to expand access to the NAVIGATE model for specialty coordinated care for individuals with first episode psychosis through the University of New Mexico EARLY program. This county includes the metro Albuquerque area which includes the largest population concentration in New Mexico. The EARLY clinic builds upon previous work in the early identification, screening, referral and treatment of adolescents and young adults with first episode symptoms of psychosis. If psychotic disorders are recognized earlier, and individuals are referred to and utilize available treatments sooner, then functional disabilities that arise from psychotic disorders can be greatly reduced. Unfortunately, obstacles to treatment are substantial, and disparities exist in terms of access, utilization, and receipt of quality care. As a study site in the NIMH funded RAISE study, the UNM team is trained in models and evidence based practices for early intervention for psychosis. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| N/A | | No Response | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | N/A | | No Response | |
| Psychiatric Hospitalization | <input type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the *individual level* or *aggregated at the provider level*.

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? N/A

How Is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

Identifying access to behavioral health services. As they expand screening and early identification initiatives, they also increase their detection of individuals who are experiencing mental health conditions apart from first episode psychosis. It continues to be a challenge to facilitate their access into services other than the specialized First Episode Co-ordinated Specialty Care. It also is a challenge to deliver the full array of Coordinated Specialty Care services in rural communities across the state.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | | |
|---|--|---|--|--|--|
| PROGRAM NAME: | | Early First Episode Clinic | | | |
| Age Range Accepted: 15-30 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Patient must have experienced their first episode of psychosis within the past 12 months. | | | Clinical services mostly within Bernalillo, Sandoval, and Valencia Counties, but we serve the whole state through consultation and outreach and education/training | | |
| Address: | | Phone: | Email: | | Website: |
| 2600 Marble Avenue, NE Albuquerque, 87131 | | 1-888-NM-EARLY (1-888-663-2759) | No Response | | Program Website |
| Total Served in Past 12 Months | | Total Currently Being Served | Program Type | | Level of Implementation |
| 34 | | 70 | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | | Program Sustainability |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$299,565 | | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | | <input type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #:34 new patients were served. Total of 188 referrals have been received to date | #: 70 |

New York



STATE CONTACT:

Leesa Rademacher | 518-474-4403 | Leesa.Rademacher@omh.ny.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$5,319,300,000 | \$3,242,519 | \$3,640,930 | \$6,883,449 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability | Continue to implement OnTrackNY. Two new program sites will be added in 2017 with a goal of having twenty-two sites by the end of 2017. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| No Response | | No Response | | N/A | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| N/A | | N/A | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? OnTrack

How Is Fidelity measured? Through self-report data collection, during technical assistance calls and sites visits.

CHALLENGES FORESEEN BY THE STATE:

Although this program has proven to be quite successful and we have been able to add new sites in the state at a brisk rate, these sites are dependent on these funds and state funds to maintain their services. As Medicaid reimbursement is re-configured, we are hopeful that they will be able to be self-sustaining after a period of time. We are concerned that the help we are providing individuals with first episode psychosis will not be available to future sufferers if these programs cannot be sustained.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | OnTrackNY @ Montefiore | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 111 East 210th Street Bronx, 10467 | 718-920-504521 | AOZDOBA@montefiore.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 21 | 21 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | OnTrackNY @ The Institute for Family Health | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 1894 Walton Avenue Bronx, 10453 | 718-583-2508 Ext. 2111 | OnTrackNY@institute.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 15 | 15 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Early Treatment Program at Lenox Hill | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 210 East 64th Street New York, 10065 | 212-434-3966 | etplenox@northwell.edu | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 30 | 25 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | OnTrackNY @ The Jewish Board | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 135 West 50th Street, 6th Floor New York, 10020 | 212-632-4721 | agaudet@jbcfs.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 32 | 27 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | OnTrackNY @ Bellevue | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 462 First Avenue, C/D Bldg, 2nd Floor New York, 10016 | 212-562-3502 | John.Crosby@bellevue.nychhc.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 34 | 24 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | OnTrackNY Connections Program | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 1051 Riverside Drive, Suite 1701, Unit 113 New York, 10032 | 646-774-8416 | liunann@nyspi.columbia.edu | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 65 | 48 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | OnTrackNY @ Elmhurst | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 79-01 Broadway H3-51 Elmhurst, 11373 | 718-334-5917 | OnTrackNYElmhurst@nychhc.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 39 | 35 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | Early Treatment Program at Zucker Hillside Hospital | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 75-59 263rd Street Glen Oaks, 11004 | 718-470-8888 | No Response | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 62 | 47 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Kings OnTrackNY | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 1451 Clarkson Avenue Brooklyn, 11203 | 718-245-5242 | Crystal.Marsonia@nychhc.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 44 | 32 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | OnTrackNY @ Staten Island University Hospital | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 392 Seguire Avenue Staten Island, 10309 | 718-226-3943 | OTNY@northwell.edu | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 7 | 6 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | OnTrackNY Suffolk | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | | Suffolk County | |
| Address: | Phone: | Email: | Website: | |
| 15 Horseblock Place Farmingville, 11738 | 631-854-2400 | Lisa.Gatti@suffolkcountyny.gov | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 30 | 25 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | Mercy Medical Center OnTrackNY Program | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 506 Stewart Avenue Garden City, 11530 | 516-705-3400 ext. 3230 | No Response | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 10 | 10 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | | |
|--|--|---|--|--|----------------------------------|
| PROGRAM NAME: | | OnTrackNY @ MHA | | | |
| Age Range Accepted: 16-30 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Psychosis began within last 2 years. | | | No Response | | |
| Address: | | Phone: | Email: | | Website: |
| 20 South Broadway, Suite 1111 Yonkers, 10701 | | 914-345-5900 ext. 7727 | SmithS@MHAWestchester.org | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 58 | | 36 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Program Sustainability | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| No Response | | No Response | | No Response | |
| Other Funds | | | | | |
| No Response | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input checked="" type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|---|--|--|----------------------------------|
| PROGRAM NAME: | | OnTrackNY @ Access: Supports for Living | | | |
| Age Range Accepted: 16-30 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Psychosis began within last 2 years. | | | No Response | | |
| Address: | | Phone: | Email: | | Website: |
| 16-24 Union Street Middletown, 10940 | | 845-421-6407 | OnTrackNY@asfl.org | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 13 | | 13 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Initial Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| No Response | | No Response | | No Response | |
| Other Funds | | | | | |
| No Response | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input checked="" type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | OnTrackNY @ Parsons | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 401 New Karner Road, 2nd Floor Albany, 12205 | 518-292-5451 | OnTrackNY@ParsonsCenter.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 24 | 23 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | OnTrack CNY | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 600 East Genesee Street, 1st Floor, Suite 123 Syracuse, 13202 | 315-484-3520 | OnTrack-CNY@omh.ny.gov | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 33 | 22 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | OnTrackNY Southern Tier | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 114 Clinton Street, Suite B Binghamton, 13905 | 607-763-2749 | OnTrack-ST@omh.ny.gov | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 4 | 4 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | OnTrack @ Lake Shore Behavioral Health | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 255 Delaware Avenue, Suite 400 Buffalo, 14202 | 716-566-6188 | KDauscher@lake-shore.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 44 | 36 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | |
|--|---|--|--|
| PROGRAM NAME: | | OnTrackNY Rochester | |
| Age Range Accepted: 16-30 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis began within last 2 years. | | No Response | |
| Address: | Phone: | Email: | Website: |
| 175 Humboldt Street, Suite 100 Rochester, 14610 | 585-241-1364 | Janet.Coster@omh.ny.gov | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 15 | 14 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP |
| Level of Implementation | | | |
| Initial Implementation | | | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| No Response | No Response | No Response | No Response |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 580 | #: 463 |

North Carolina



STATE CONTACT:

Mary Ellen Anderson | 919-715-2321 | mary.ellen.anderson@dhhs.nc.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$1,017,026,746 | FFY 16: \$1,430,851 | \$0 | \$1,430,851 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability | <p>North Carolina currently allocates funds for 3 CSC sites. Two sites have been in operation since 2015. A third site was funded in January 2017 and will begin to accept clients in July 2017:</p> <ul style="list-style-type: none"> Funds are allocated to Alliance Behavioral Healthcare MCO for a contract with the University of North Carolina Department of Psychiatry, Center of Excellence for a program in Raleigh, North Carolina Funds are allocated to Trillium Health Resources MCO for a contract with RHA, Inc. for a program in Wilmington, North Carolina Funds are allocated to Cardinal Innovations Healthcare Solutions for a contract with Carolinas Healthcare System for a program in Charlotte, North Carolina <p>In addition, funding is provided to NC-EPI-TA program through the University of North Carolina at Chapel Hill Department of Psychiatry to provide technical assistance, consultation, training, database management and fidelity monitoring. The Center for Excellence within the Department of Psychiatry also operates the UNC OASIS (Outreach and Support Intervention Services) in Carrboro, NC. This is a CSC program based on the Navigate model that has been in operation since 2008. North Carolina is not currently providing any MHBG set aside funds to this program for client services. However, several of the staff with the Carrboro OASIS Program are part of the NC-EPI-TA program and there is close coordination and communication with this program and the MHBG funded programs.</p> |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Every 6 months

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? NAVIGATE

How Is Fidelity measured? Fidelity Tool developed by NC-EPI-TA Program

CHALLENGES FORESEEN BY THE STATE:

Uncertainty of National and State changes to Medicaid and Health Care; possible changes to the structure of public mental health service delivery in NC.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|---|---|--|--|--------------------------------|
| PROGRAM NAME: | | SHORE (Supporting Hope, Opportunities, Recovery and Empowerment) | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Symptoms within the last 3 years; diagnosis that falls within the schizophrenia spectrum and other psychotic disorders. | | | New Hanover County, Brunswick, Onslow and Pender Counties | |
| Address: | Phone: | Email: | Website: | |
| 503 Covil Avenue Wilmington, 28403 | 910-332-5734 | Heather.hughes@rhanet.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 53 | 36 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$363,484.00 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|---|---|--|--|--------------------------------|
| PROGRAM NAME: | | Carolinas Health Care System Eagle Program | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Symptoms within the last 3 years; diagnosis that falls within the schizophrenia spectrum and other psychotic disorders. | | | Mecklenburg County NC; can serve surrounding counties if clients are able to travel. | |
| Address: | Phone: | Email: | Website: | |
| 330 Billingsley Rd Charlotte, 28211 | No Response | Rachel.rebich@carolinashealthcare.org | Not yet Developed | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 0 | 0 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$282,610.00 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(Continued)*

| | | | | | |
|---|--|---|--|--|-----------------|
| PROGRAM NAME: | | OASIS (Outreach and Support Intervention Services) | | | |
| Age Range Accepted: 15-30 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Symptoms within the last 3 years; diagnosis that falls within the schizophrenia spectrum and other psychotic disorders. | | | Wake, Durham, Johnston and Cumberland Counties | | |
| Address: | | Phone: | Email: | | Website: |
| 410 Glenwood Ave., Suite 202 Raleigh, 27603 | | 919-445-0401 | cslee@med.unc.edu | | Program Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 32 | | 27 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Full Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$403,985 | | \$0 | | \$0 | |
| Other Funds | | | | | |
| \$0 | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input checked="" type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 85 | #: 63 |



North Dakota



STATE CONTACT:

Pam Sagness | 701-328-8824 | psagness@nd.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$70,777,645 | \$87,958 | \$0 | \$87,958 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Pilot Program in the Fargo Metropolitan Area | North Dakota is establishing first episode psychosis services in three phrases. Phase 1 establishes an FEP working group or coalition that identifies community needs and available resources. Phase 2 helps community gatekeepers identify and connect with individuals to services as soon as possible and connects these individuals with services. In Phase 3, the services achieve self-sustainability. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|------------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| AMSR | | CAGE-AID, CRAFFT | | Internal Health Screening Tool | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| CASII, WHO-DAS, IMR, PHQ-9, GAD-7 | | Colorado Symptom Index | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Monthly

The FEP provider submits this information at the *individual level* **or** *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? N/A

How Is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

None reported.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | | |
|--|--|---|--|--|----------------------------------|
| PROGRAM NAME: | | First Episode Psychosis Program | | | |
| Age Range Accepted: 15-25 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Schizophrenia Spectrum Disorder, <1 year DUP | | | Cass, Sargent, Traill, Richland, Ransom, and Steele counties | | |
| Address: | | Phone: | Email: | | Website: |
| 510 4th Street South Fargo, 58103 | | 701-476-7800 | sally.tobin@uhsinc.com | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 0 | | 0 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Installation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$87,958 | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 0 | #: 0 |

Northern Mariana Islands*

STATE CONTACT:

Herbert Sablan | herbert.sablan@gmail.com

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| No Response | \$9,178 | No Response | No Response |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|--|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Initial Implementation – Individual EBP (Family Psychoeducation) | The Community Guidance center will facilitate a psychoeducation group geared toward family education and support. |

* As of the end of August 2017, Northern Mariana Islands have not confirmed nor updated the content of this profile.

| DATA REPORTING: | | | | | |
|--|--------------------------|----------------------|-------------------------------------|---|--------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| N/A | | N/A | | N/A | |
| Identification, Intake, Enrollment | <input type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input type="checkbox"/> |
| N/A | | No Response | | N/A | |
| Psychiatric Hospitalization | <input type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? No Response

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? N/A

How Is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

None reported.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | |
|--|--|--|---|
| PROGRAM NAME: | | Family Psychoeducation | |
| Age Range Accepted: No Response | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | No Response | |
| Address: | Phone: | Email: | Website: |
| No Response | No Response | No Response | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| No Response | No Response | <input type="checkbox"/> CSC | <input checked="" type="checkbox"/> EBP |
| | | Level of Implementation | |
| | | Initial Implementation | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| No Response | No Response | No Response | No Response |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| | |
|---|--|
| NUMBER OF CLIENTS SERVED: | |
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: N/A | #: N/A |



Ohio



STATE CONTACT:

Kathleen Coate-Ortiz | 614-644-8905 | Kathleen.Coate-Ortiz@mha.ohio.gov

Sanford Starr | 614-644-8316 | Sanford.Starr@mha.ohio.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$1,262,100,000 | \$1,629,288 ('18) | \$0 | \$1,629,288 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability | Ohio has plans to continue to support existing programs and expand to three new programs/ areas of the state. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | No Response | | N/A | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| No Response | | No Response | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Data will be collected at baseline, 6-month intervals, and at discharge.

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? N/A

How Is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

Programs report challenges include reimbursement by traditional insurance payers and for clients who are eligible, reimbursement from the Medicaid. Ohio expanded Medicaid coverage but behavioral health services are carved out of the benefit package. In the future, the plan is to carve in these services as part of the benefit package. Some of the services provided by the FEP programs will be supported through the Medicaid Managed Care plans. If a 1915(i) waiver is approved by CMS, additional services may qualify for Medicaid reimbursement, such as peer support. Providers may experience challenges adapting to these new options and requirements. Projects funded under the 10% set-aside will be asked about their capacity to meet the fidelity standard as identified in the RAISE CSC guidance. In addition, projects are encouraged to offer more groups and include peer support, if those are not already part of their programs.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | FIRST Cuyahoga County | | |
| Age Range Accepted: 15-35 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 18 months, diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder. | | | Cuyahoga County | |
| Address: | Phone: | Email: | Website: | |
| 1515 West 29th Cleveland, 44113 | 216-339-1438 | aivancic@ccdogle.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$116,402 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | FIRST Portage County | | |
| Age Range Accepted: 15-40 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 18 months, diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder. | | | Portage County | |
| Address: | Phone: | Email: | Website: | |
| 5982 Rhodes Road Kent, 44240 | 330-676-6859 | Karen.Fleming@colemanservices.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$0 | \$0 | \$0 | Unknown | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | FIRST Stark County | | |
| Age Range Accepted: 15-40 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 18 months, diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder. | | | Stark County | |
| Address: | Phone: | Email: | Website: | |
| 400 Tuscarawas Street West, Suite 200 Canton, 44702 | 330-541-1877 | Michelle.Smith@colemanservices.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$0 | \$0 | \$0 | Unknown | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | FIRST Allen, Auglaize and Hardin * | | |
| Age Range Accepted: 15-35 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 18 months, diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder. | | | Allen, Auglaize and Hardin Counties | |
| Address: | Phone: | Email: | Website: | |
| 799 South Main Street Lima, 45804 | 330-541-8543 | ashleyhinkle@colemanservices.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$380,000 (split between the three sites marked *) | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | FIRST Jefferson County* | | |
| Age Range Accepted: 15-35 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 18 months, diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder. | | | Jefferson County | |
| Address: | Phone: | Email: | Website: | |
| 3200 Johnson Road Steubenville, 43592 | 740-457-6353 | Lisa.Ward@colemanservices.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$380,000 (split between the three sites marked *) | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | FIRST Trumbull County* | | |
| Age Range Accepted: 15-40 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 18 months, diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder. | | | Trumbull County | |
| Address: | Phone: | Email: | Website: | |
| 552 North Park Avenue Warren, 44481 | 330-392-1177 | Carmella.Hill@colemanservices.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$380,000 (split between the three sites marked *) | Unknown | Unknown | Unknown | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | FIRST Greater Cincinnati – Cincinnati Office** | | |
| Age Range Accepted: 15-35 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 18 months, diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder. | | | Hamilton, Clermont and Butler Counties | |
| Address: | Phone: | Email: | Website: | |
| 7162 Reading Rd, Suite 400 Cincinnati, 45237 | 513-354-7337 | shurley@gcbhs.com | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$380,000 (split between the two sites marked **) | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | FIRST Greater Cincinnati – Batavia Office** | | |
| Age Range Accepted: 15-35 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 18 months, diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder. | | | Hamilton, Clermont and Butler Counties | |
| Address: | Phone: | Email: | Website: | |
| 1074 Wasserman Way Batavia, 45103 | 513-354-7337 | shurley@gcbhs.com | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$380,000 (split between the two sites marked **) | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | FIRST Lorain County | | |
| Age Range Accepted: 15-35 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 18 months, diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder. | | | Lorain County | |
| Address: | Phone: | Email: | Website: | |
| 6140 S. Broadway Ave. Lorain, 44053 | 440-204-2400 | Kmaimone@nordcenter.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Installation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$58,738 | \$0 | \$0 | Unknown | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | New Horizons EPICENTER | | |
| Age Range Accepted: 15-35 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 24 months. | | | Fairfield County | |
| Address: | Phone: | Email: | Website: | |
| 1592 Granville Pike Lancaster, 43130 | 740-687-0835 | Jhicks@newhorizonsmental-health.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 22 | 15 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$269,825 | \$0 | \$0 | Unknown | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | | |
| <input checked="" type="checkbox"/> Other: metacognitive remediation therapy; standardized assessment battery completed upon enrollment with repeat administrations every six months | | | | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|--|--|--|--------------------------------|
| PROGRAM NAME: | | OSU Early Psychosis Intervention Center (EPICENTER) | | |
| Age Range Accepted: 15-35 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 24 months. | | | Fairfield County | |
| Address: | Phone: | Email: | Website: | |
| 1670 Upham Drive Columbus, 43210 | 614-685-6052 | epicenter@osumc.edu | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$0 | \$0 | \$0 | Unknown | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | | |
| <input checked="" type="checkbox"/> Other: metacognitive remediation therapy; standardized assessment battery completed upon enrollment with repeat administrations every six months | | | | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | North Central Mental Health Center First-Episode Psychosis Team | | |
| Age Range Accepted: 15-35 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 24 months. | | | 1301 North High Street | |
| Address: | Phone: | Email: | Website: | |
| 1301 North High Street Columbus, 43201 | 614-299-6600 | kyates@ncmhs.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 0 | 0 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Installation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$300,000 in FY18 | \$0 | \$0 | Unknown | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | | |
| <input checked="" type="checkbox"/> Other: metacognitive remediation therapy; standardized assessment battery completed upon enrollment with repeat administrations every six months | | | | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | | |
|--|--|---|--|--|---------------------------------|
| PROGRAM NAME: | | Hopewell Health First-Episode Psychosis Team | | | |
| Age Range Accepted: 15-35 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Onset of psychosis within past 24 months. | | | Athens, Hocking, and Vinton Counties | | |
| Address: | | Phone: | Email: | | Website: |
| 90 Hospital Dr Athens, 45701 | | 740-637-7505 | Tammy.Stage@hopewell-health.org | | Program Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 0 | | 0 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Installation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$300,000 in FY18 | | \$0 | | \$0 | |
| Other Funds | | | | | |
| Unknown | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input checked="" type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| <input checked="" type="checkbox"/> Other: metacognitive remediation therapy; standardized assessment battery completed upon enrollment with repeat administrations every six months | | | | | |

| | | | | | |
|--|--|---|--|--|----------------------------------|
| PROGRAM NAME: | | FIRST Muskingum, Guernsey, Morgan Counties | | | |
| Age Range Accepted: 15-35 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Onset of psychosis within past 18 months, diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder. | | | Muskingum, Guernsey and Morgan Counties | | |
| Address: | | Phone: | Email: | | Website: |
| 2845 Bell St Zanesville, 43701 | | 740-562-3270 | bmontgomery@allwell.org | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Initial Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$169,876 | | \$0 | | \$0 | |
| Other Funds | | | | | |
| Unknown | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| <input type="checkbox"/> Other: | | | | | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | FIRST Lucas and Wood Counties – Central Ave *** | | |
| Age Range Accepted: 15-35 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 18 months, diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder. | | | Lucas and Wood counties | |
| Address: | Phone: | Email: | Website: | |
| 6605 W. Central Ave Toledo, 43617 | 419-764-2773 | bhahn@zepfcenter.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$103,740 (split between the three sites marked ***) | \$0 | \$0 | Unknown | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | FIRST Lucas and Wood Counties – Nebraska Ave *** | | |
| Age Range Accepted: 15-40 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 18 months, diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder. | | | Lucas and Wood counties | |
| Address: | Phone: | Email: | Website: | |
| 905 Nebraska Ave Toledo, 43607 | 419-764-2773 | bhahn@zepfcenter.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$103,740 (split between the three sites marked ***) | \$0 | \$0 | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

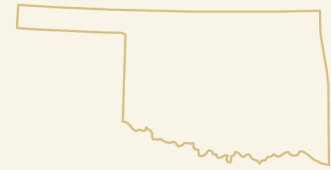
FIRST EPISODE PSYCHOSIS PROGRAMS: *(Continued)*

| | | | | | |
|--|---|--|--|--------------------------------|--|
| PROGRAM NAME: | | FIRST Lucas and Wood Counties – Bowling Green *** | | | |
| Age Range Accepted: 15-40 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Onset of psychosis within past 18 months, diagnosis of schizophrenia, schizoaffective, or schizophreniform disorder. | | | Lucas and Wood counties | | |
| Address: | Phone: | Email: | Website: | | |
| 541 W. Wooster Street, 3rd Floor Bowling Green, 43402 | 419-764-2773 | bhahn@zepfcenter.org | Program Website | | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation | |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds | |
| \$103,740 (split between the three sites marked ***) | \$0 | \$0 | | No Response | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | | |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 111 (2016) | #: 90 (2016) |



Oklahoma



STATE CONTACT:

Jacki Millspaugh | 405-522-3863 | JMillspaugh@odmhsas.org

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| Unknown | \$543,405 | \$0 | \$543,405 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability | Continued focus on sustainability and system expansion. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| No Response | | No Response | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Some monthly, other data a minimum of every 6 months.

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? NAVIGATE

How Is Fidelity measured? We are working with NAVIGATE to get fidelity in place.

CHALLENGES FORESEEN BY THE STATE:

Over the last twelve months the State experienced a change in FEP providers. Therefore the NAVIGATE program at Hope only reflects the last 5 months of their contract. The new provider is Red Rock Behavioral Health Services and they began serving clients in January of 2017, therefore their reported numbers only reflect the 6 months they have been using the NAVIGATE model. The State does not foresee issues with their FEP NAVIGATE providers in the future.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|---|---|--|--|--------------------------------|
| PROGRAM NAME: | | NAVIGATE through Hope Community Service Inc. | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Must have experienced their first psychotic episode unrelated to substance use within the last 2 years. | | | Oklahoma County | |
| Address: | Phone: | Email: | Website: | |
| 6100 S Walker Ave Oklahoma City, 73139 | 405-634-4400 | sdking@hopecsi.orh | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 7 | 0 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$13,828 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|---|---|--|--|--------------------------------|
| PROGRAM NAME: | | NAVIGATE through Family and Children's Services | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Must have experienced their first psychotic episode unrelated to substance use within the last 2 years. | | | Tulsa County | |
| Address: | Phone: | Email: | Website: | |
| 2325 S Harvard Ave Tulsa, 74114 | 918-560-2500 | jsmith@fcsok.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 33 | 22 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$ 176,000 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

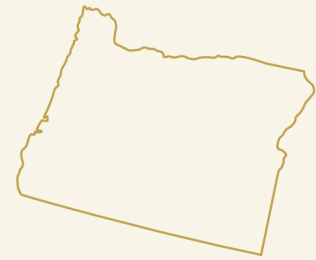
| | | | | |
|--|--|---|--|---------------------------------|
| PROGRAM NAME: | | Be The Change | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| None | | | Oklahoma County | |
| Address: | | Phone: | Email: | Website: |
| 1724 NW 4th Street Oklahoma City , 73106 | | 405-415-8449 | jonathanroberts@bethechan-geok.org | Program Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 937 | Varies/Street Outreach | <input type="checkbox"/> CSC | <input checked="" type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$40,000 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Street Outreach/ Referral to Services | |

| | | | | |
|---|---|--|--|----------------------------------|
| PROGRAM NAME: | | NAVIGATE through Red Rock Behavioral Services | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Must have experienced their first psychotic episode unrelated to substance use within the last 2 years. | | | Oklahoma County | |
| Address: | | Phone: | Email: | Website: |
| 4400 North Lincoln Blvd Oklahoma City, 73105 | | 405-425-0332 | alanja@red-rock.com | Provider Website |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 18 | 16 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$147,333.33 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 995 (58 enrolled in NAVIGATE and 937 individuals Outreached to) | #: 38 |



Oregon



STATE CONTACT:

Rusha Grinstead

MHBG Manager | 503-945-6189 | Rusha.Grinstead@state.or.us

Jean Lasater

Young Adult Services Coordinator | 503-947-5538 | jean.c.lasater@state.or.us

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$1,118,100,000 | \$672,682 | \$3,790,352 | \$4,463,034 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability | Oregon has used the MHBG set-aside funds to initiate FEP services in ten rural and counties that had not offered such services. Currently all 36 Oregon Counties have or are in the process of developing EASA. MHBG funds have also been used to pay for service infrastructure development, staff training and standardization of program psycho-education/ community education materials. The Center for Excellence has developed a database to allow for direct data entry by programs. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? EASA

How Is Fidelity measured? Quarterly reporting on service elements tied to fidelity practice and fidelity reviews conducted every other year.

CHALLENGES FORESEEN BY THE STATE:

Challenges continue in developing sustainable funding models, especially in rural and frontier communities where incidence is low, hiring is difficult, and the model requires a team-based approach. Private insurances do not pay adequately for FEP/CSC models, and as result, program costs continue to be absorbed by Medicaid, state general funds, local funding, and indigent care. This is a challenge for most if not all behavioral health treatments and supports. Prescribers and occupational therapists, both essential components to the model, are in short supply, and often have to be shared across programs. We are also looking at ways to increase use of peers as both young adult and family-member supports and have used MHBG to increase family and youth engagement and their roles in program design and quality.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | New Directions Northwest Behavioral Health | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Baker County | |
| Address: | Phone: | Email: | Website: | |
| 2200 4th Street Baker City, 97814 | 541-523-3646 | kwright@ndninc.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 8 (2016) | 5 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$0 | \$0 | \$39,156 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Benton County Health Services | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Benton County | |
| Address: | Phone: | Email: | Website: | |
| 530 NW 27th St. Corvallis, 97814 | 541-223-4666 | sara.kaye@co.benton.or.us | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| N/A | N/A | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation (2017) |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$100,000 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Clackamas County EASA | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Clackamas County | |
| Address: | Phone: | Email: | Website: | |
| 4105 International Way, Suite 501 Milwaukie, 97222 | 503-496-3201 | christopher.hoots@lifework-snw.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 42 (CY 2016) | 28 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$2,000 | \$0 | \$349,204 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Clatsop County EASA | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Clatsop County | |
| Address: | Phone: | Email: | Website: | |
| 2120 Exchange Street, Suite 203 Astoria, 97103 | 503-325-0241 Ext. 262 | christinat@clatsopbh.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 9 | 8 | <input type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$0 | \$13,925 | \$52,537 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(Continued)*

| | | | | | |
|--|--|---|--|--|------------------|
| PROGRAM NAME: | | Columbia County | | | |
| Age Range Accepted: 12-25 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Columbia County | | |
| Address: | | Phone: | Email: | | Website: |
| 58646 McNulty Way St. Helens, 97051 | | 503-397-5211 or 1-800-294-5211 | SamL@ccmh1.com | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 3 | | 2 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Program Sustainability | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$16,870 | | \$0 | | \$13,074 | |
| Other Funds | | | | | |
| \$0 | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input checked="" type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

| | | | | | |
|--|--|---|--|--|------------------|
| PROGRAM NAME: | | Curry County EASA | | | |
| Age Range Accepted: 12-25 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Curry County | | |
| Address: | | Phone: | Email: | | Website: |
| 94235 Moore St, Suite 121 Gold Beach, 97444 | | 541-373-8001 | salea@currych.org | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| Referred 1 | | 0 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Initial Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$60,000 | | \$0 | | \$0 | |
| Other Funds | | | | | |
| \$0 | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input checked="" type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| PROGRAM NAME: | | Coos County EASA | | |
|--|---|---|--|-------------------------|
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Coos County | |
| Address: | Phone: | Email: | Website: | |
| 1975 McPherson, Suite 2 North Bend, 97459 | 541-751-2500 | No Response | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 0 | 0 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$47,500 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

| PROGRAM NAME: | | Deschutes, Jefferson & Crook County EASA | | |
|--|---|--|--|-------------------------|
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Deschutes, Crook, and Jefferson counties | |
| Address: | Phone: | Email: | Website: | |
| 1340 NW Wall Street Bend, 97701 | 541-213-6851 | tara.hare@deschutes.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 49 | 30 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$88,264 | \$0 | \$106,248 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

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|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Douglas County EASA | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Douglas County | |
| Address: | Phone: | Email: | Website: | |
| 1600 NW Garden Valley Blvd Suite 110 Roseburg, 97471 | 541-440-3532 or 1-800-866-9780 | cherieb@compassoregon.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 11 | 2 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$2,000 | \$0 | \$96,922 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Grant County EASA* | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Grant County | |
| Address: | Phone: | Email: | Website: | |
| 528 East Main Street, Suite W John Day, 97845 | 541-575-1466 | yao-hui.huang@gobhi.net | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$27,000 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

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|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Gilliam County EASA* | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Gilliam County | |
| Address: | Phone: | Email: | Website: | |
| 422 North Main Street Condon, 97823 | 541-384-2666 | yao-hui.huang@gobhi.net | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 0 | 0 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$27,000 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Morrow County EASA | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Morrow County | |
| Address: | Phone: | Email: | Website: | |
| 104 SW Kinkade Avenue Boardman, 97836 | 541-481-2911 | yao-hui.huang@gobhi.net | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 0 | 0 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$29,100 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Wheeler County EASA | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Wheeler County | |
| Address: | Phone: | Email: | Website: | |
| 401 4th Street Fossil, 97830 | 541-763-2746 | yao-hui.huang@gobhi.net | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 0 | 0 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$27,000 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Harney & Lake County EASA-Symmetry Care | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Harney County | |
| Address: | Phone: | Email: | Website: | |
| 348 W. Adams Street Burns, 97720 | 541-573-8376 | cathy.stauffer@gobhi.net | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 0 | 0 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$32,000 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| PROGRAM NAME: | | Hood River County EASA | | |
|--|---|--|--|--------------------------------|
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Wasco and Sherman counties | |
| Address: | Phone: | Email: | Website: | |
| 419 E 7th Street, Annex A The Dalles, 97058 | 541-296-5452 | kristen.mccaffrey@mccfl.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 12 | 8 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$15,516 | \$0 | \$65,681 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

| PROGRAM NAME: | | Jackson County EASA | | |
|--|---|--|--|--------------------------------|
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Jackson County | |
| Address: | Phone: | Email: | Website: | |
| 140 S Holly Street Medford, 97501 | 541-770-8201 | BartonJM@jacksoncounty.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 14 | 6 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$2,000 | \$0 | \$154,298 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

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|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Josephine County EASA | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Josephine County | |
| Address: | Phone: | Email: | Website: | |
| 1181 SW Ramsey Avenue Grants Pass, 97527 | 541-244-3103 | tamaral@optionsonline.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 22 | 6 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$2,000 | \$0 | \$97,522 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Klamath County EASA | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Klamath County | |
| Address: | Phone: | Email: | Website: | |
| 2210 N Eldorado Avenue Klamath Falls , 97601 | 541-883-1030 | dbrown@kbbh.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 15 | 12 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$2,000 | \$0 | \$59,855 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| PROGRAM NAME: | | Lane County EASA | | |
|--|---|--|--|--------------------------------|
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | Lane County | | |
| Address: | Phone: | Email: | Website: | |
| 1200 Hilyard Street, Suites 540 and 570 Eugene, 97401 | 458-205-7070 | sbenedict@peacehealth.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 104 | 63 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$2,000 | \$0 | \$316,810 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

| PROGRAM NAME: | | Lincoln County EASA | | |
|--|---|--|--|--------------------------------|
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | Lincoln County | | |
| Address: | Phone: | Email: | Website: | |
| 36 SW Nye Street Newport, 97365 | 541-265-4179 | LGray@co.lincoln.or.us | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 2 | 2 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$47,500 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | | |
|--|--|---|--|--|-----------------|
| PROGRAM NAME: | | Linn County EASA | | | |
| Age Range Accepted: 12-25 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Linn County | | |
| Address: | | Phone: | Email: | | Website: |
| 2730 Pacific Boulevard SE, PO Box 100 Albany, 97321 | | 541-967-3866 | rswearingen@co.linn.or.us | | Program Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 7 | | 6 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Program Sustainability | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$1,600 | | \$0 | | \$90,000 | |
| Other Funds | | | | | |
| \$0 | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input checked="" type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

| | | | | | |
|--|--|---|--|--|-----------------|
| PROGRAM NAME: | | Malheur County EASA | | | |
| Age Range Accepted: 12-25 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Malheur County | | |
| Address: | | Phone: | Email: | | Website: |
| 702 Sunset Drive Ontario, 97914 | | 541-889-9167 or 1-800-995-9169 | canderson@lifeways.org | | Program Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 4 | | 3 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Program Sustainability | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$2,000 | | \$0 | | \$38,759 | |
| Other Funds | | | | | |
| \$0 | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input checked="" type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Marion County EASA | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Marion County | |
| Address: | Phone: | Email: | Website: | |
| 3878 Beverly Ave NE, Building H Salem, 97305 | 503-576-4600 | pblea@co.marion.or.us | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 100 | 51 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$1,600 | \$0 | \$360,000 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Multnomah County EASA | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Multnomah County | |
| Address: | Phone: | Email: | Website: | |
| 421 SW Oak St, Suite 520 Portland, 97204 | 503-988-8202 | christa.jones@multco.us | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 132 | 70 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$21,847 | \$0 | \$814,071 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Polk County EASA – West Salem Office | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Polk County | |
| Address: | Phone: | Email: | Website: | |
| 1520 Plaza St NW, Suite 150 Salem, 97304 | 503-385-7417 | mangis.leah@co.polk.or.us | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 41 | 17 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$2,000 | \$0 | \$81,000 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Tillamook County EASA | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Tillamook County | |
| Address: | Phone: | Email: | Website: | |
| 906 Main Avenue Tillamook, 97141 | 503-842-8201 or 1-800-962-2851 | robbynh@tfcc.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 3 | 8 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$2,000 | \$0 | \$22,728 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Umatilla County EASA – Pendleton Office | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Umatilla County | |
| Address: | Phone: | Email: | Website: | |
| 331 SE 2nd St Pendleton, 97801 | 541-567-6207 | econkey@lifeways.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 12 | 4 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$0 | \$0 | \$37,759 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Union | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Union County EASA | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Union County | |
| Address: | Phone: | Email: | Website: | |
| 2301 Cove Ave La Grande, 97850 | 541-962-8800 | ddill@chdinc.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 10 | 6 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$14,125 | \$0 | \$40,292 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Wallowa County EASA | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Wallowa County | |
| Address: | Phone: | Email: | Website: | |
| PO Box 268, 207 SW 1st Street Enterprise, 97828 | 541-426-4524 | julie.garland@gobhi.net | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 6 | 3 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$2,000 | \$0 | \$37,759 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Washington County EASA | | |
| Age Range Accepted: 12-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Washington County | |
| Address: | Phone: | Email: | Website: | |
| 14600 NW Cornell Road Portland | 503-645-3581 | cara.sams@lifeworksnw.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 73 | 48 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$1,600 | \$0 | \$494,621 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(Continued)*

| | | | | | |
|--|--|---|--|--|-----------------|
| PROGRAM NAME: | | Yamhill County EASA | | | |
| Age Range Accepted: 12-25 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Onset of psychosis within the past 12 months consistent with onset of schizophrenia or schizoaffective disorder. | | | Yamhill County | | |
| Address: | | Phone: | Email: | | Website: |
| 627 NE Evans Street McMinnville, 97128 | | 503-583-7523 | readh@co.yamhill.or.us | | Program Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 36 | | 11 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| | | | | Level of Implementation | |
| | | | | Program Sustainability | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$2,000 | | \$0 | | \$99,000 | |
| | | | | Other Funds | |
| | | | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input checked="" type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

| | |
|---|--|
| NUMBER OF CLIENTS SERVED: | |
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? (2016) | How many are currently receiving treatment? |
| #: 715 | #: 399 |

Palau*



STATE CONTACT:

Everlynn Joy Temengil | 680-488-4573 | everlyn.temengil@palauhealth.org

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| Not Available | \$5,000 | No Response | No Response |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Exploration | One CSC team will be supported in a population area of roughly 20,000 with 1% need annually. The set-aside amount will be supported with local funds, national health care insurance and co-payments to develop resources and plans to meet the needs of the program providers, client-level resources and enhancing the implementation of the program with fidelity. |

* As of the end of August 2017, Palau has not confirmed nor updated the content of this profile.

| DATA REPORTING: | | | | | |
|--|--------------------------|----------------------|--------------------------|---|--------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| Identification, Intake, Enrollment | <input type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input type="checkbox"/> |
| Psychiatric Hospitalization | <input type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? No Response

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No** **[No Response]**

If yes, to which model? N/A

How Is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

No Response

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | |
|--|--|--|---|
| PROGRAM NAME: | | No Response | |
| Age Range Accepted: No Response | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | No Response | |
| Address: | Phone: | Email: | Website: |
| No Response | No Response | No Response | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| No Response | No Response | <input type="checkbox"/> CSC | <input type="checkbox"/> EBP |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| No Response | No Response | No Response | No Response |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: No Response | #: No Response |



Pennsylvania



STATE CONTACTS:

Jill Stemple | 717-409-3790 | jistemple@pa.gov

Wendy Tucker | 717-705-8280 | wetucker@pa.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$3,287,300,000 | \$1,876,252 | \$197,164 | \$2,073,416 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability | <p>Pennsylvania selected ten program sites for fiscal year 2017-2018, including two new program sites to be developed. In order to address a potential health disparity for our rural population, the FY 17-18 Request for Interest prioritized rural site locations. The new selected programs will serve across five rural Pennsylvania Counties, with the potential to serve additional neighboring counties, which are primarily rural as well. Pennsylvania will offer a multi-site FEP Specialized Training with in-state trainers for the second year, drastically reducing the cost of training per program. This training will include both the two new programs, as well as new staff at existing sites to address staff turnover issues. Pennsylvania will continue funding a multi-site program evaluation component of our FEP Program and will expand this in FY17-18 to include the two additional programs.</p> |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| PA FEP Battery | | PA FEP Battery | | PA FEP Battery | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| PA FEP Battery | | | | PA FEP Battery | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| PA FEP Battery | | PA FEP Battery | | PA FEP Battery | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? *These are submitted to the SMHA through the Program Evaluation Component of Pennsylvania’s FEP Program. A protocol is in place for how frequently each measure in the PA FEP Battery must be completed.*

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No [No Response]*

If yes, to which model? *Other*

How Is Fidelity measured? *Addington and OnTrackNY Fidelity Scales utilized (customized to Pennsylvania)*

CHALLENGES FORESEEN BY THE STATE:

Pennsylvania is seeking to address the challenge of moving services into rural areas. Possible challenges that we anticipate include insufficient appropriate patients to sustain the programs, lack of transportation, limited employment options for clients, and limited mental health staff, particularly psychiatrists, in the rural settings. With more established programs, Pennsylvania is seeking to address the challenge of sustainability beyond grant funding. The Commonwealth has begun the process of developing case rate funding to partially address this issue. However, this only assists in service coverage for Medicaid eligible individuals and challenges remain in funding those not eligible for Medicaid, whether privately insured or uninsured.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | | |
|--|---|--|--|--------------------------------|--|
| PROGRAM NAME: | | Penn Psychosis Evaluation and Recovery Center (PERC) | | | |
| Age Range Accepted: 14-35 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| DUP less than 2 years. | | | Any Pennsylvania resident is eligible. | | |
| Address: | Phone: | Email: | Website: | | |
| 10 Gates Bldg. HUP, 3400 Spruce Street Philadelphia, 19104 | 215-662-2826 | PERCinfo@lists.upenn.edu | Program Website | | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation | |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds | |
| \$200,000 | \$0 | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Cognitive Remediation Group | | |

| | | | | | |
|--|---|---|--|--------------------------------|--|
| PROGRAM NAME: | | WPIC-STEP | | | |
| Age Range Accepted: 14-40 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| DUP less than 2 years. | | | No Response | | |
| Address: | Phone: | Email: | Website: | | |
| 200 Lothrop Street Pittsburgh, 15213 | 412-246-5432 | No Response | Program Website | | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation | |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds | |
| \$206,604 | \$0 | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Cognitive Remediation Group | | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | | |
|--|--|---|--|--|----------------------------------|
| PROGRAM NAME: | | Safe Harbor Early Onset Recovery Program | | | |
| Age Range Accepted: 15-30 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| DUP less than 2 years. | | | Erie County | | |
| Address: | | Phone: | Email: | | Website: |
| 1330 W. 26th Street Erie, 16508 | | 814-451-2283 | No Response | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Full Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$240,000 | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|---|--|--|---------------------------------|
| PROGRAM NAME: | | CAPSTONE | | | |
| Age Range Accepted: 16-26 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| DUP less than 2 years. | | | Dauphin County | | |
| Address: | | Phone: | Email: | | Website: |
| 2501 North 3rd Street Harrisburg, 17110 | | 717-782-2188 | No Response | | Program Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Initial Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$26,000 | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input checked="" type="checkbox"/> Other: Spanish Language FEP Services | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | On My Way | | |
| Age Range Accepted: 16-26 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| DUP less than 1 year. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 450 Park Way Drive, Suite 208 Broomall, 19008 | 610-325-3131 ext. 27 | dfisher@childandfamilyfocus.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$185,971 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |
| PROGRAM NAME: | | PEACE (Psychosis, Education, Assessment, Care, and Empowerment) | | |
| Age Range Accepted: 15+ | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| DUP less than 1 year. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 120 S 30th Street Philadelphia, 19104 | 215-387-3223 | No Response | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$160,000 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Occupational Therapy | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Helping Overcome Psychosis Early (HOPE) | | |
| Age Range Accepted: 16-24 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| DUP less than 2 years. | | Luzerne and Wyoming Counties | | |
| Address: | Phone: | Email: | Website: | |
| 335 South Franklin St. Wilkes-Barre, 18702 | 507-825-6425 | No Response | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$153,166 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | ENGAGE (Educate, Navigate, Grow and Get Empowered) | | |
| Age Range Accepted: 16-24 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| DUP less than 1 year. | | Allegheny County | | |
| Address: | Phone: | Email: | Website: | |
| 3230 William Pitt Way Pittsburgh, 15238 | 724-335-9883 | No Response | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$60,621 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | | |
|--|--|---|--|--|-----------------|
| PROGRAM NAME: | | Clarion FEP | | | |
| Age Range Accepted: 14-30 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| DUP less than 3 years. | | | Clarion County | | |
| Address: | | Phone: | Email: | | Website: |
| 365 Franklin Hill Road Kittanning, 16201 | | 814-226-6252 | No Response | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Initial Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$260,000 | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|---|--|--|-----------------|
| PROGRAM NAME: | | CMSU FEP | | | |
| Age Range Accepted: 16-30 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| DUP less than 2 years. | | | Columbia, Montour, Snyder, and Union Counties | | |
| Address: | | Phone: | Email: | | Website: |
| 219 Terrace Building Danville, 17821 | | 570-275-5422 | No Response | | No Response |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| No Response | | No Response | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Initial Implementation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$260,000 | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 177 (2016) | #: 254 (2016) |

Puerto Rico



STATE CONTACT:

Angelita Negron Reyes | 787-763-7575 ext. 1224 | angelitan@assmca.pr.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$72,690,000 | \$653,909 | \$0 | \$653,909 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Full Implementation | As mandated by Congress, 10% of the MHBG is used to fund two Coordinated Specialty Care Programs using the OnTrack model to address young adults with First Episodes of Psychosis in Puerto Rico. One of the programs is located in San Juan (Metro area), and services are provided by the Psychiatric Department of the University of Puerto Rico School of Medicine, and the other site is located in the Mayagüez Service Center (West area), and services are provided by MHAASA staff. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? *Monthly*

The FEP provider submits this information at the *individual level or* *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? *OnTrack*

How Is Fidelity measured? *The project is part of the National Evaluation which includes the fidelity assessment. Monthly calls are carried out with the Center for Practice Innovations of Columbia University for ongoing consultation.*

CHALLENGES FORESEEN BY THE STATE:

- A.** The recruitment of participants, especially in rural areas within the Western Region which lacks public transportation.
- B.** Access to the site (Mayagüez Services Center facilities), which has a private parking system.
- C.** Identifying individuals experiencing a First Episode.
- D.** Economic and social challenges are a common barrier to mental health service access and use.
- E.** Determining the data needed and finding the best way to report it to succeed in the outcomes measurement properly.
- F.** Staff recruitment and retention

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | PORTI | | |
| Age Range Accepted: 16-35 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Non-affective psychoses | | | Metro Area | |
| Address: | Phone: | Email: | Website: | |
| Medical Sciences Campus Main Building 9th Floor San Juan, 00921 | 787-600-3115 787-522-8280 | Lelis.nazario@upr.edu | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 26 | 26 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$311,242 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | PORTI - Mayagüez | | |
| Age Range Accepted: 16-35 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Non-affective psychoses | | | Western Area | |
| Address: | Phone: | Email: | Website: | |
| Road # 2, 410 Hostos Avenue Mayagüez, 00680 | 787-805-3895 | etorres@asmca.pr.gov | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 4 | 4 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$205,200 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 30 | #: 30 |



Rhode Island



STATE CONTACT:

Michelle Brophy | 401-462-2770 | michelle.brophy@bhddh.ri.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|------------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$105,897,900 | \$186,254 | \$0 | \$186,254 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Full Implementation | Rhode Island will use the entire set-aside amount to serve individuals ages 16-25 experiencing a first episode of psychosis by enhancing the two existing treatment teams so that they will be able to serve an additional ten clients. |

| DATA REPORTING: [No Response] | | | | | |
|--|--------------------------|----------------------|--------------------------|---|--------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| Identification, Intake, Enrollment | <input type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input type="checkbox"/> |
| Psychiatric Hospitalization | <input type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? *Because the other funds are from discretionary grant we are reporting GPRA data in the required outcome areas to SPARS at baseline, every 6 months and at discharge.*

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? *OnTrack - we have adapted the model to serve other diagnoses.*

How Is Fidelity measured? *We adapted OnTrack metrics.*

CHALLENGES FORESEEN BY THE STATE:

Rhode Island anticipates several challenges, including: not knowing how many individuals have FEP and where they are in the state and successfully identifying and engaging clients.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | Health Transitions | | |
| Age Range Accepted: 16-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 65 Main Street Woonsocket, 02895 | No Response | No Response | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 11 | 12 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$93,000 | \$0 | \$0 | \$350,000 (Healthy Transitions Grant) | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | Warwick Laboratory for Health Transitions | | |
| Age Range Accepted: No Response | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 2756 Post Road Warwick, 02886 | No Response | No Response | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 35 | 42 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$93,000 | \$0 | \$0 | \$350,000 (Healthy Transitions Grant) | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 46 | #: 54 |

South Carolina



STATE CONTACT:

D. Stewart Cooner | 803-898-8632 | stewart.cooner@scdmh.org

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$294,300,000 | \$743,578 | \$0 | \$743,578 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Initial Implementation | <p>South Carolina will fund two programs, the Traditional Program, in three locations, and the CSC Program, in one location. The existing, or Traditional Program, will be evaluated against the CSC Program in terms of clinical and social outcomes.</p> <p>The CSC team is using the NAVIGATE model and was trained in June 2107 by the NAVIGATE consultant team. The Program is in the development stage of determining how to compare the CSC Program's outcomes with those of the Traditional Program, also using NAVIGATE programming/treatment tools, but serving a different population with psychosis. (NAVIGATE is designed specifically for schizophrenia and schizoaffective disorders. The Traditional Program is treating other diagnoses with a FEP, resulting in the requirement of additional tools and treatment information relating to issues outside the scope of schizophrenia). The trainers will assist the CSC Program with development of outcomes/comparisons for the two (2) programs with training now complete and more information available. It is likely that the comparative assessment will evaluate the success in treatment for patients served by the CSC/NAVIGATE Program and the success in treatment for patients treated by the NAVIGATE-Like (Traditional) Program. The Traditional Program at Charleston-Dorchester Mental Health Center will be using NAVIGATE materials coupled with other materials to address those symptoms not found in those diagnosed with schizophrenia. The NAVIGATE trainers are providing suggestions for materials to use and were interested to see how this team could impact those with FEPs resulting from other diagnoses (excluded from NAVIGATE).</p> <p>Another team was trained by the NAVIGATE trainers, alongside the NAVIGATE CSC team. This Traditional Program will be using many of the NAVIGATE treatment components, but will also require additional treatment tools as it will treat patients with FEP that have other diagnoses other than schizophrenia (i.e. bipolar disorder). NAVIGATE's materials are strictly for symptoms of schizophrenia – the materials do not address mania, for example. Education and some of the resiliency components will require program enhancement to cover other areas of patient needs on this team.</p> |

| DATA REPORTING: [No Response] | | | | | |
|--|--------------------------|----------------------|--------------------------|---|--------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| Identification, Intake, Enrollment | <input type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input type="checkbox"/> |
| Psychiatric Hospitalization | <input type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? NAVIGATE

How Is Fidelity measured? Applies Only to CSC Program

CHALLENGES FORESEEN BY THE STATE:

Due to the implementation of a new program late in the MHBG award year, it is estimated that South Carolina will not expend the total amount budgeted for the CSC program. For Charleston, recruiting a CSC team member trained in alcohol and drug treatment and mental health treatment was a challenge, but the CMHC did finally fill the position. Charleston/Dorchester teams were only recently trained by the NAVIGATE staff - June 2017. Filling all the positions required time and during said time the program also experienced turnover. In the future, staff turnover may be a challenge as the fidelity programs suggest filling positions within 30 days of a vacancy. To date, it has been difficult to get the caseloads to the appropriate sizes and with the appropriate patients on them. The FEP team currently only has two (2) clinicians as the caseload is not sufficient to sustain the third clinician. Also, the program has not hired the expected part-time administrative support. It was waiting until the NAVIGATE training was completed and any outcome tracking was determined with the help of the NAVIGATE consultants. Measuring program outcomes will be a function of the administrative support staff. Also note that the CSC team encountered an item for consideration related to the age range of participating patients: The NAVIGATE trainers indicated that the program could expand the allowable age ranges to 15-40, since they have recognized that some women experience their first break at a later age. The CSC program to date has only two (2) people being served above the age of 30, but would like to expand the age range as recommended by NAVIGATE.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Charleston/Dorchester Mental Health Center | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis of schizophrenia/schizoaffective d/o to include psychosis | | | Charleston, Dorchester Counties | |
| Address: | Phone: | Email: | Website: | |
| 2100 Charlie Hall Boulevard Charleston, 29414 | 843-852-4100 | jennifer.roberts@scdmh.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 57 | 24 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$393,578 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Care Coordination | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Pee Dee Mental Health Center | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis on the psychosis spectrum. | | | Darlington, Florence, Marion Counties | |
| Address: | Phone: | Email: | Website: | |
| 125 East Cheves Street Florence, 29506 | 843-317-4073 | susan.carter@scdmh.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 111 | 46 | <input type="checkbox"/> CSC | <input checked="" type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$123,320 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | Lexington County Community Mental Health Center | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis on the psychosis spectrum. | | | Lexington County | |
| Address: | Phone: | Email: | Website: | |
| 301 Palmetto Park Boulevard Lexington, 29072 | 803-399-9217 | sarah.main@scdmh.org | None | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 233 | 123 | <input type="checkbox"/> CSC | <input checked="" type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$101,272 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|---|---|---|--|--------------------------------|
| PROGRAM NAME: | | Charleston/Dorchester Mental Health Center | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis on the psychosis spectrum, excluding schizophrenia and schizoaffective disorders. | | | Charleston, Dorchester Counties | |
| Address: | Phone: | Email: | Website: | |
| 2100 Charlie Hall Boulevard Charleston, 29414 | 843-852-4100 | jennifer.roberts@scdsmh.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 54 | 39 | <input type="checkbox"/> CSC | <input checked="" type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$125,408 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Care Coordination | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 57 | #: 24 |

South Dakota



STATE CONTACT:

Jennifer Humphrey | 605-773-3123 | Jennifer.Humphrey@state.sd.us

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$74,322,108 | \$105,107 | \$0 | \$105,107 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Full Implementation | Southeastern Behavioral Health care (SEBHC) began serving clients in late 2015. In July 2016, they received an additional booster training through OnTrackNY to ensure proficiency in the delivery of FEP services as well as ensuring fidelity to the model. Behavior Management Systems (BMS) received initial training through OnTrackNY in August 2016 and began serving clients the beginning of 2017. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| <i>No Response</i> | | <i>No Response</i> | | <i>No Response</i> | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| <i>No Response</i> | | <i>No Response</i> | | <i>No Response</i> | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| <i>No Response</i> | | <i>No Response</i> | | <i>No Response</i> | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? *Enrollment, every six months and discharge.*

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? *OnTrack*

How Is Fidelity measured? *In progress of identifying.*

CHALLENGES FORESEEN BY THE STATE:

South Dakota is a rural state with an anticipated low population that would qualify for FEP making it a challenge to identify appropriate individuals. Due to the rurality of our state and low population, conducting outreach and engagement activities for the small percentage of individuals who may be eligible poses a significant challenge. Establishing additional FEP programs in more rural parts of South Dakota would not be feasible for these reasons as well.

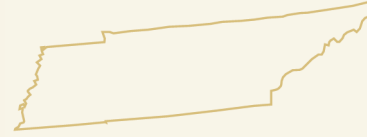
FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|---|---|---|--|--------------------------------|
| PROGRAM NAME: | | OnTrackNY at Southeastern Behavioral Health Care | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis within past 2 years of non-affective psychosis spectrum disorder. | | | Lincoln, McCook, Minnehaha & Turner Counties | |
| Address: | Phone: | Email: | Website: | |
| 2000 South Summit Avenue Sioux Falls, 57105 | 605-336-0503 | No Response | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 12 | 10 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$52,554 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|---|---|---|--|--------------------------------|
| PROGRAM NAME: | | OnTrackNY at Behavior Management Systems | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis within past 2 years of non-affective psychosis spectrum disorder. | | | Bennett, Butte, Custer, Fall River, Harding, Jackson, Lawrence, Meade, Pennington & Oglala Lakota Counties | |
| Address: | Phone: | Email: | Website: | |
| 350 Elk Street Rapid City, 57701 | 605-343-7262 | No Response | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 3 | 3 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Installation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$52,553 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 15 | #: 13 |

Tennessee



STATE CONTACT:

Avis Easley | 615-253-6397 | Avis.Easley@tn.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$646,200,000 | \$1,032,585 | \$0 | \$1,032,585 (SFY) |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability | Tennessee has expanded OnTrackTN to two additional sites and coordinated new staff training and ongoing consultation with OnTrackUSA. The state has begun to develop a statewide First Episode Psychosis Learning Collaborative consisting of the three current OnTrackTN teams as well as other community partners and providers in order to increase awareness and early detection and increase statewide capacity to provide FEP services. As a part of the FEP Learning Collaborative, the state is planning its second statewide First Episode Psychosis Conference to be held in September 2017. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Semi-Annually

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? OnTrack

How Is Fidelity measured? OnTrackTN sites submit a Quarterly Program Report to TDMHSAS, which will be used to assess fidelity. TDMHSAS is currently adjusting the OnTrackNY fidelity scale to meet the needs of OnTrackTN.

CHALLENGES FORESEEN BY THE STATE:

Tennessee foresees possible challenges associated with sustaining the current OnTrackTN sites without Mental Health Block Grant funding while also seeking ways to expand the program statewide.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | OnTrackTN – Carey Counseling Center | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| Onset of psychosis within past 24 months. | | Benton, Carroll, Gibson, Henry, Lake, Obion, and Weakley counties | | |
| Address: | Phone: | Email: | Website: | |
| 408 Virginia Street Paris, 38242 | 800-611-7757 | ontrack@careyinc.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 10 new enrollments | 18 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$342,688 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | OnTrackTN – Mental Health Cooperative | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| Onset of psychosis within past 24 months. | | Davidson County | | |
| Address: | Phone: | Email: | Website: | |
| 275 Cumberland Bend Nashville, 37228 | 615-744-7524 | kdekock@mhc-tn.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 30 new enrollments | 24 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$376,904 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | OnTrackTN – Alliance Healthcare Services | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 24 months. | | | Shelby County | |
| Address: | Phone: | Email: | Website: | |
| 2220 Union Avenue Memphis, 38104 | 901-608-9485 | atanner@alliance-hs.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 22 | 19 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$400,000 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | OnTrackTN – Helen Ross McNabb Center | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis within past 24 months. | | | Knox County | |
| Address: | Phone: | Email: | Website: | |
| 2455 Sutherland Ave Knoxville, 37919 | 865-329-5915 | Mary.kitsikas@mcnabb.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$0 | \$0 | \$0 | | Unknown |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 62 new enrollments | #: 61 |



Texas



STATE CONTACT:

Warren Stewart | 512-838-4327 | Warren.Stewart@hhsc.state.tx.us

Reese Carroll | reese.carroll@hhsc.state.tx.us

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$1,210,800,000 | \$4,092,545 | \$0 | \$4,092,545 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Full implementation | Texas has CSC programs at ten different locations across the state. Within those ten locations are a total of twelve teams and they are expected to serve 20-30 individuals per team. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? FEP providers enter data directly into state maintained data collection and reporting systems.

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? OnTrack

How Is Fidelity measured? Quarterly Reports

CHALLENGES FORESEEN BY THE STATE:

Texas plans to have CSC programs available across the state in the future. We anticipate challenges related to funding and serving a very diverse population across all 254 counties in the state. Team based approaches that are successful in urban areas can be difficult to implement fully in rural areas and Texas is a predominately rural state. Funding, service needs, and geographic challenges are some of the issues Texas will face in the coming years.

FIRST EPISODE PSYCHOSIS PROGRAMS:

Note from Texas: "Total served in past twelve months" Only includes those served from September 2016 – June 2017

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | Houston CSC Program | | |
| Age Range Accepted: No Response | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis containing psychosis given within past 2 years. | | | Harris County | |
| Address: | Phone: | Email: | Website: | |
| City: Houston | No Response | No Response | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 89 | 60 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$850,000 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|--|---|--|--------------------------------|
| PROGRAM NAME: | | Dallas Metrocare CSC Program | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis containing psychosis given within past 2 years. | | | Dallas, TX | |
| Address: | Phone: | Email: | Website: | |
| City: Dallas | No Response | No Response | No Response | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 69 | 48 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$850,000 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(Continued)*

| | | | | |
|--|---|---|---|--------------------------------|
| PROGRAM NAME: | | Burke CSC Program | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis containing psychosis given within past 2 years. | | | Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler counties | |
| Address: | Phone: | Email: | Website: | |
| No Response | No Response | No Response | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 30 | 30 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Installation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$425,000 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | San Antonio CSC Program (POWER) | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis containing psychosis given within past 2 years. | | | San Antonio, TX; Bexar County | |
| Address: | Phone: | Email: | Website: | |
| 3031 IH 10 West San Antonio, 78201 | No Response | No Response | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 33 | 29 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Installation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$425,000 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | | |
|--|--|--|--|--|-----------------|
| PROGRAM NAME: | | ClearPath | | | |
| Age Range Accepted: 15-30 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Diagnosis containing psychosis given within past 2 years. | | | Williamson County | | |
| Address: | | Phone: | Email: | | Website: |
| 1009 North Georgetown St Round Rock, 78664 | | No Response | ClearPath@bbtrails.org | | Program Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 23 | | 19 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Installation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$425,000 | | \$0 | | \$0 | |
| Other Funds | | | | | |
| \$0 | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input checked="" type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|---|--|--|------------------|
| PROGRAM NAME: | | Tarrant CSC Program | | | |
| Age Range Accepted: 15-30 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Diagnosis containing psychosis given within past 2 years. | | | Tarrant County | | |
| Address: | | Phone: | Email: | | Website: |
| City: Fort Worth | | No Response | No Response | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 16 | | 16 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Installation | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$425,000 | | \$0 | | \$0 | |
| Other Funds | | | | | |
| \$0 | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input checked="" type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | Tropical CSC Program | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis containing psychosis given within past 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 1901 S. 24th Avenue Edinburg, 78539 | No Response | No Response | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 21 | 21 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Installation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$425,000 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | Austin CSC Program | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis containing psychosis given within past 2 years. | | | Travis County | |
| Address: | Phone: | Email: | Website: | |
| City: Austin | No Response | No Response | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 30 | 21 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Installation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$425,000 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | Panhandle CSC Program | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis containing psychosis given within past 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| City: Amarillo | No Response | No Response | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 21 | 21 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Installation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$425,000 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | Emergence CSC Program | | |
| Age Range Accepted: 15-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis containing psychosis given within past 2 years. | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| City: El Paso | No Response | No Response | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 20 | 19 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Installation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$425,000 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 345 | #: 284 |



Utah



STATE CONTACT:

LeAnne Huff | 801-538-4326 | lhuff@utah.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$220,900,000 | \$385,888 | \$195,000 | \$580,888 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Full implementation | The additional funds will allow two counties, Davis and Weber, to operate their FEP teams to fidelity. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| CSSR-S | | No Response | | N/A | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| Outcome Questionnaire Measure (OQ) | | Outcome Questionnaire (OQ) | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | Intake and outcome measure forms | | Intake and outcome measure forms | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Biannually

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? N/A

How Is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

Utah sees the following as challenges: stigma, parents and young adults fearful of diagnosis, not supportive of the treatment, clients dropping out of the program.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|---|---|--------------------------------|
| PROGRAM NAME: | | PIER – Weber Human Services | | |
| Age Range Accepted: 15-26 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | | Harris County | |
| Address: | Phone: | Email: | Website: | |
| 237 26th St Ogden, 84401 | 801-625-3700 | stacys@weberhs.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 29 | 13 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: Multi-Family Group Therapy (including psychoeducation workshop) and In-Home Therapy sessions | |

| | | | | |
|---|---|---|--|--------------------------------|
| PROGRAM NAME: | | EASA – Davis Behavioral Health | | |
| Age Range Accepted: 16-26 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Psychosis not due to a mood disorder, trauma, substance use, or a known medical issue; first episode within last 2 years. | | | Davis County | |
| Address: | Phone: | Email: | Website: | |
| 934 South Main Street Layton, 84041 | 801-336-1827 | prep@dbh.utah.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 14 | 14 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(Continued)*

| | | | | | |
|--|--|---|--|--|----------------------------------|
| PROGRAM NAME: | | Wasatch Mental Health | | | |
| Age Range Accepted: No Response | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Utah and Wasatch counties | | |
| Address: | | Phone: | Email: | | Website: |
| 750 North Freedom Blvd Suite 300 Provo, 84601 | | No Response | No Response | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 41 | | 26 | | <input type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| No Response | | No Response | | No Response | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 43 | #: 27 |



Vermont



STATE CONTACT:

Nick Nichols | 802-241-0090 | Nick.Nichols@vermont.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$225,613,775 | \$95,607 | \$0 | \$95,607 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Exploration | Vermont will continue to partner with the Vermont Cooperative for Practice Improvement and Innovation to facilitate our initiative focused on targeted research, implementation of evidence-based practices, workforce development, outreach, education and the support of young adult leadership to improve our system of care. Vermont is supporting targeted implementation of the evidence-based practice Open Dialogue to support young adults with early serious mental illness. Vermont is also partnering with Dartmouth College to execute a research study focused on the experience of young Vermonters and their families who have struggled with early episode psychosis. The results of this study are informing Vermont's broader planning process. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| N/A | | N/A | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| No Response | | No Response | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the *individual level* or *aggregated at the provider level*.

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? N/A

How is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

Utilizing a relatively small MHBG allocation (less than \$100,000) to implement and improve services and supports statewide in a rural, sparsely populated state.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|--|--|---|--------------------------------|
| PROGRAM NAME: | | Soteria | | |
| Age Range Accepted: No Response | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | No Response | | |
| Address: | Phone: | Email: | Website: | |
| 125 College Street, Floor #2 Burlington, 05401 | No Response | No Response | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input type="checkbox"/> CSC | <input checked="" type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$0 | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support | |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: N/A | #: N/A |



Virgin Islands



STATE CONTACT:

Berlina Wallace-Berube | berlina.wallace-berube@doh.vi.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| Unknown | \$11,741.37 | \$0 | \$11,741.37 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Installation | The Virgin Islands will use the set-aside funds to plan and design a FEP treatment program adhering to the NAVIGATE model. Fidelity models and outcome measures will be used to ensure that services are satisfactory and lead to improved school, work, social, and health outcomes. |

| DATA REPORTING: [No Response] | | | | | |
|--|--------------------------|----------------------|--------------------------|---|--------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| Identification, Intake, Enrollment | <input type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input type="checkbox"/> |
| Psychiatric Hospitalization | <input type="checkbox"/> | Legal Involvement | <input type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? *No Response*

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model?

How Is Fidelity measured? *N/A*

CHALLENGES FORESEEN BY THE STATE:

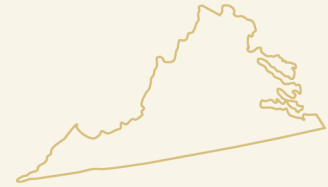
No Response.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | |
|---|--|--|---|
| PROGRAM NAME: | | No Response | |
| Age Range Accepted: 12-25 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Diagnosis of a psychotic disorder or mood disorder with psychotic symptoms. | | No Response | |
| Address: | Phone: | Email: | Website: |
| No Response | No Response | No Response | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| No Response | No Response | <input type="checkbox"/> CSC | <input type="checkbox"/> EBP |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| No Response | No Response | No Response | No Response |
| This Program Includes the Following Components: | | | |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Family Education and Support |
| <input type="checkbox"/> Supported Employment and Education | <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input checked="" type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: No Response | #: No Response |

Virginia



STATE CONTACT:

Rhonda Thissen | 804-786-2316 | Rhonda.Thissen@dbhds.virginia.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$825,900,000 | \$1,157,845 | \$4,135,329 | \$5,293,174 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Program Sustainability | The existing programs will continue to receive training and technical assistance to strengthen their clinical service delivery skills and to ensure fidelity to the model. They will also focus on collecting and reporting program and service data. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | No Response | | N/A | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| No Response | | No Response | | N/A | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? *Monthly*

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? *OnTrack and Navigate (Seven providers use OnTrack and one uses Navigate).*

How Is Fidelity measured? *Determined locally by the provider.*

CHALLENGES FORESEEN BY THE STATE:

DBHDS foresees challenges in fully supporting program budgets in future years as the cost to deliver services increases as we do not anticipate increases in the FEP set-aside or State General Funds allocated to this project. We are hopeful that our funded providers will be able to leverage Medicaid and private insurance reimbursements to help offset cost increases, but level funding at the state and federal levels will prohibit our ability to expand services to other areas of the Commonwealth.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | The TRAILS Program | | |
| Age Range Accepted: 16-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis in past 2 years. | | | Alexandria | |
| Address: | Phone: | Email: | Website: | |
| 720 N. St Asaph Street Alexandria, 22314 | 703-746-3441 | Trails2recovery@alexandria-va.gov | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 44 | 19 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$185,307 | \$0 | \$572,416 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Turning Point | | |
| Age Range Accepted: 16-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis in past 2 years. | | | Fairfax and Falls Church | |
| Address: | Phone: | Email: | Website: | |
| 8221 Willow Oaks Corporate Drive Fairfax, 22031 | 703-383-8535 | Marla.Zometsky@fairfaxcounty.gov | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 46 | 35 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$185,310 | \$0 | \$572,428 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | | |
|---|--|---|--|--|---------------------------------|
| PROGRAM NAME: | | In S.T.R.I.D.E. Program | | | |
| Age Range Accepted: 16-25 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Onset over 1 week and less than 2 years, diagnosis of schizophrenia, schizoaffective, delusional, psychosis NOS, or major depressive disorder, or bipolar disorder with psychotic features. | | | Henrico, Charles City, and New Kent County | | |
| Address: | | Phone: | Email: | | Website: |
| 2010 Bremono Road, Suite 122 Henrico, 23226 | | 804-727-8924 | Par094@henrico.us | | Program Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 41 | | 31 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Program Sustainability | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$153,883 | | \$0 | | \$476,237 | |
| Other Funds | | | | | |
| \$0 | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| | | | | | |
|--|--|---|--|--|---------------------------------|
| PROGRAM NAME: | | NAVIGATE at Highlands Community Services | | | |
| Age Range Accepted: 16-25 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| Have psychosis. | | | Bristol and Washington County | | |
| Address: | | Phone: | Email: | | Website: |
| 610 Campus Drive Abingdon, 24210 | | 276-525-1942 | aleonard@highlandscsb.org | | Program Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 27 | | 19 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| Level of Implementation | | | | | |
| Program Sustainability | | | | | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$149,628 | | \$0 | | \$463,215 | |
| Other Funds | | | | | |
| \$0 | | | | | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | LINC (Linking Individuals & Navigating Care) | | |
| Age Range Accepted: 16-30 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis in past 2 years. | | | Loudon County | |
| Address: | Phone: | Email: | Website: | |
| 102 Heritage Way NE # 302 Leesburg, 20176 | 703-771-5239 | Debra.Schuetz@loudon.gov | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 20 | 17 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$160,690 | \$0 | \$463,215 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | YACC (Young Adult Coordinate Care) | | |
| Age Range Accepted: 15-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis in past 2 years. | | | Culpeper, Fauquier, Madison, Orange, and Rappahannock counties | |
| Address: | Phone: | Email: | Website: | |
| 15361 Bradford Road, P.O. Box 1568 Culpeper, 22701 | 540-825-3100 Ext. 3153 | YACC@rrcsb.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 30 | 19 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$145,216 | \$0 | \$449,709 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | GetOnTrack | | |
| Age Range Accepted: 16-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis in past 2 years. | | | Prince William County, Manassas, and Manassas Park | |
| Address: | Phone: | Email: | Website: | |
| 14160 Newbrook Drive Chantilly, 20151 | 571-229-3418 | cford@comres.org | None | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 29 | 17 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$162,014 | \$0 | \$501,123 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input checked="" type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | The Life Management Program (LMP) | | |
| Age Range Accepted: 16-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Recent onset of psychosis. | | | Isle of Wight and Southampton Counties and Franklin and Suffolk. | |
| Address: | Phone: | Email: | Website: | |
| 5268 Godwin Blvd Suffolk, 23434 | 757-255-7134 | dahall@wtcsb.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 19 | 17 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Program Sustainability |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$15,597 | \$135,329 | \$467,798 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 256 | #: 174 |



Washington



STATE CONTACT:

Elizabeth Venuto | 360-725-3427 | venutec@dshs.wa.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$1,046,800,000 | \$1,190,864 | \$0 | \$1,190, 864 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Full Implementation | The 10% Set Aside will be used to continue to build the New Journeys Network in the state of Washington in order to reduce the duration of untreated psychosis, minimize the disruption of the lives of clients statewide, and minimize the societal impact of psychosis by reducing demand in other areas of the service systems. This year the 10% is supporting the startup of two additional Coordinated Specialty Care (CSC) teams and continues the funding of the 3 current New Journeys Demonstration Projects. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the **individual level or** **aggregated at the provider level.**

Does the state require programs to demonstrate fidelity to a CSC model? **Yes** **No**

If yes, to which model? NAVIGATE

How Is Fidelity measured? Training, consultation, and report.

CHALLENGES FORESEEN BY THE STATE:

The continued transition into full integration while trying to sustain non-billable services such as travel and engagement periods.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | New Journeys – Comprehensive Healthcare | | |
| Age Range Accepted: 15-25 with exceptions up to 40 based on diagnostic criteria with approval. | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| First episode of psychosis with a diagnosis of schizophrenia, schizoaffective or schizophreniform disorder, brief psychotic dis-order or psychotic disorder not otherwise specified. | | Yakima County | | |
| Address: | Phone: | Email: | Website: | |
| 402 S. 4th Avenue Yakima, 98907 | 509-575-4084 | No Response | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 54 | 21 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$300,000 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | New Journeys – Valley Cities | | |
| Age Range Accepted: 15-25 with exceptions up to 40 based on diagnostic criteria with approval. | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| First episode of psychosis with a diagnosis of schizophrenia, schizoaffective or schizophreniform disorder, brief psychotic dis-order or psychotic disorder not otherwise specified. | | King County | | |
| Address: | Phone: | Email: | Website: | |
| 325 W Gowe St Kent, 98032 | 206-408-5329 | No Response | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 46 | 10 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$300,000 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: (Continued)

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | New Journeys – Behavioral Health Resources | | |
| Age Range Accepted: 15-25 with exceptions up to 40 based on diagnostic criteria with approval. | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| First episode of psychosis with a diagnosis of schizophrenia, schizoaffective or schizophreniform disorder, brief psychotic dis-order or psychotic disorder not otherwise specified. | | Thurston and Mason counties | | |
| Address: | Phone: | Email: | Website: | |
| 3857 Martin Way East Olympia, 98506 | 360-704-7170 | BHRNewJourneys@bhr.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 44 | 13 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| \$300,000 | \$0 | \$0 | \$0 | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | New Journeys- Behavioral Health Resources | | |
| Age Range Accepted: 15-25 with exceptions up to 40 based on diagnostic criteria with approval. | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | | |
| First episode of psychosis with a diagnosis of schizophrenia, schizoaffective or schizophreniform disorder, brief psychotic dis-order or psychotic disorder not otherwise specified. | | Grays Harbor, Pacific, Lewis, Wahkiakum, and Cowlitz Counties | | |
| Address: | Phone: | Email: | Website: | |
| PO Box 217 Cathlamet, 98612-0217 | 360-795-5959 | No Response | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Installation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds | |
| No Response | No Response | No Response | No Response | |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(Continued)*

| | | | | | |
|---|--|---|--|--|---------------------------------|
| PROGRAM NAME: | | New Journeys- Community Services Northwest | | | |
| Age Range Accepted: 15-25 with exceptions up to 40 based on diagnostic criteria with approval. | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| First episode of psychosis with a diagnosis of schizophrenia, schizoaffective or schizophreniform disorder, brief psychotic disorder or psychotic disorder not otherwise specified. | | | Clark and Skamania | | |
| Address: | | Phone: | Email: | | Website: |
| P.O. Box 1845 Vancouver, 98668-1845 | | 360-397-8484 | No Response | | Program Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 0 | | 0 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$ 160,000 | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 144 | #: 44 |



West Virginia



STATE CONTACT:

Kim Harrison | 304-356-4777 | Kimberly.j.harrison@wv.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$502,661,000 (FY 2015) | \$290,608 | \$0 | \$290,608 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Initial Implementation | West Virginia will continue capacity development for CSC using the OnTrackNY model. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| <i>No Response</i> | | <i>No Response</i> | | <i>N/A</i> | |
| Global Functioning | <input type="checkbox"/> | Improved Symptoms | <input type="checkbox"/> | Prescription Adherence and Side Effects | <input type="checkbox"/> |
| <i>N/A</i> | | <i>N/A</i> | | <i>N/A</i> | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| <i>No Response</i> | | <i>N/A</i> | | <i>No Response</i> | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? *Monthly*

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? *OnTrack*

How Is Fidelity measured? *No Response*

CHALLENGES FORESEEN BY THE STATE:

Installation phase has been completed and Initial Implementation phase has begun. Referrals have started being accepted as of April 2017.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | | |
|--|--|---|--|---|----------------------------------|
| PROGRAM NAME: | | Youth Services System, Inc. | | | |
| Age Range Accepted: 15-25 | | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | | |
| No Response | | | Ohio, Hancock, Brooke, Marshall, Wetzell, Tyler Counties | | |
| Address: | | Phone: | Email: | | Website: |
| 87 15th St. Wheeling, 26003 | | 304-233-9627 | No Response | | Provider Website |
| Total Served in Past 12 Months | | Total Currently Being Served | | Program Type | |
| 6 | | 3 | | <input checked="" type="checkbox"/> CSC <input type="checkbox"/> EBP | |
| This Program Receives the Following Funds: | | | | | |
| Block Grant Set-Aside Funds | | Other Block Grant Funds | | State General Revenue Funds | |
| \$290,608 | | \$0 | | \$0 | |
| This Program Includes the Following Components: | | | | | |
| <input checked="" type="checkbox"/> Medication | | <input type="checkbox"/> Primary Care | | <input checked="" type="checkbox"/> Psychotherapy | |
| <input checked="" type="checkbox"/> Supported Employment and Education | | <input checked="" type="checkbox"/> Case Management | | <input checked="" type="checkbox"/> Peer Services | |
| | | | | <input checked="" type="checkbox"/> Family Education and Support | |
| | | | | <input checked="" type="checkbox"/> Other: Housing, Transportation, Health Management, Advocacy | |

| NUMBER OF CLIENTS SERVED: | |
|---|--|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 6 | #: 3 |

Wisconsin



STATE CONTACT:

Ryan Stachoviak | 608-261-9316 | Ryan.Stachoviak@wisconsin.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$643,300,000 | \$873,289 | \$233,711 | \$1,107,000 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|--|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Full Implementation | Wisconsin funds three CSC model programs. Two programs are operated by Journey Mental Health Center serving five counties in south central Wisconsin. Block grant funds support an additional program operated by the Milwaukee County Behavioral Health Division, serving Milwaukee County. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input checked="" type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Bi-annual

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? N/A

How Is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

Program sustainability is a challenge Wisconsin is investigating and hoping to build. Improving the billing of private insurance and Medicaid are likely required for long-term sustainability, however both require more work.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Promoting Recovery from Onset of Psychosis 1 (PROPS1) | | |
| Age Range Accepted: 15-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis with past three years. | | | Dane County | |
| Address: | Phone: | Email: | Website: | |
| 1320 Mendota St, Suite 106 Madison, 53714 | 608-280-3140 | props.referrals@journeymhc.org | Program Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 28 | 26 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Full Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$291,097 | \$0 | \$77,903 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|--|--|--------------------------------|
| PROGRAM NAME: | | Promoting Recovery from Onset of Psychosis 2 (PROPS2) | | |
| Age Range Accepted: 15-25 | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis with past three years. | | | Richland, Sauk, Columbia and Dodge counties | |
| Address: | Phone: | Email: | Website: | |
| 1800 Kutzke Rd., Ste. 105 Portage, 53901 | 608-513-8409 | mary.murphy@journeymhc.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| 0 | 0 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$291,097 | \$0 | \$77,903 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

FIRST EPISODE PSYCHOSIS PROGRAMS: *(Continued)*

| PROGRAM NAME: | | CORE | |
|--|---|---|--|
| Age Range Accepted: 15-25 | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | Area Served (counties, cities, whole state, etc.) | |
| Onset of psychosis with past three years. | | Milwaukee County | |
| Address: | Phone: | Email: | Website: |
| City: Milwaukee | No Response | No Response | No Response |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | |
| 0 | 0 | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP |
| Level of Implementation | | | |
| Initial Implementation | | | |
| This Program Receives the Following Funds: | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | Other Funds |
| \$291,097 | \$0 | \$77,903 | \$0 |
| This Program Includes the Following Components: | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input checked="" type="checkbox"/> Peer Services | <input type="checkbox"/> Other: |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 28 | #: 26 |



Wyoming



STATE CONTACT:

Aurie Garcia | 307-777-7903 | aurie.garcia@wyo.gov

| FINANCING: (FY 2017 Unless noted otherwise) | | | |
|---|---------------------------|---|---|
| Total SMHA Expenditures (State FY 2015) | 10% Block Grant Set Aside | Additional Funds for First Episode Psychosis Programs/ Activity | Total State Budget for First Episode Psychosis Programs/ Activity |
| \$21,784,317 | \$54,319 | \$0 | \$54,319 |

| USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS: | |
|---|---|
| State Level of Implementation | Use of 10% Set-Aside Funds |
| Initial Implementation | In 2016 Wyoming provided the opportunity for community mental health centers to apply for funding to provide and implement First Episode Psychosis (FEP) treatment services. Two agencies were selected to be awarded the funding based on their applications. At this time the two providers are in the implementation process and have submitted quarterly reports on their progress. The two programs receiving FEP funds are Southwest Counseling Services (SCS) in Rock Springs and Yellowstone Behavioral Health Center (YBHC) in Cody, WY. Beginning in State Fiscal Year 2018, a provider in southeast Wyoming has chosen to utilize state general funds to begin exploring and implementing a FEP program. Agencies are experiencing some challenges surrounding the utilization of certain evidence based practices (EBP) due to the frontier/rural nature of Wyoming. As a result, agencies have chosen to modify and tailor the common EBP's to fit the milieu. Both SCS and YBHC are participating in all necessary TA and training opportunities. |

| DATA REPORTING: | | | | | |
|--|-------------------------------------|----------------------|-------------------------------------|---|-------------------------------------|
| The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): | | | | | |
| Suicidality | <input type="checkbox"/> | Substance Use | <input checked="" type="checkbox"/> | Physical Health | <input type="checkbox"/> |
| N/A | | No Response | | N/A | |
| Global Functioning | <input checked="" type="checkbox"/> | Improved Symptoms | <input checked="" type="checkbox"/> | Prescription Adherence and Side Effects | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Identification, Intake, Enrollment | <input checked="" type="checkbox"/> | Program Involvement | <input checked="" type="checkbox"/> | Employment | <input checked="" type="checkbox"/> |
| No Response | | No Response | | No Response | |
| Psychiatric Hospitalization | <input checked="" type="checkbox"/> | Legal Involvement | <input checked="" type="checkbox"/> | Living Situation | <input checked="" type="checkbox"/> |
| Use of Emergency Rooms | <input checked="" type="checkbox"/> | School Participation | <input checked="" type="checkbox"/> | Social Connectedness | <input checked="" type="checkbox"/> |

How frequently is this data reported to the SMHA by FEP providers? Quarterly

The FEP provider submits this information at the *individual level* or *aggregated at the provider level.*

Does the state require programs to demonstrate fidelity to a CSC model? *Yes* *No*

If yes, to which model? N/A

How is Fidelity measured? N/A

CHALLENGES FORESEEN BY THE STATE:

One challenge is the ability to implement a full FEP program at each agency due to the frontier nature of Wyoming. For example, in larger areas such as New York programs typically have more availability of resources. Wyoming’s focus will be to integrate the FEP services into already existing generalist programs and provide quality services to clients experiencing FEP. While FEP treatment involves specialty services and care, agencies will have to use the resources available in order to best adapt their existing services to meet the needs of clients. Other challenges include workforce issues and the ability for agencies to hire and retain clinical staff.

FIRST EPISODE PSYCHOSIS PROGRAMS:

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | Yellowstone Behavioral Health Center | | |
| Age Range Accepted: No Response | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 2538 Big Horn Avenue Cody, 82414 | 307-587-2197 | markr@ybhc.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$47,514 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| | | | | |
|--|---|---|--|--------------------------------|
| PROGRAM NAME: | | Southwest Counseling Services | | |
| Age Range Accepted: No Response | | | | |
| Other Eligibility Requirements (DUP, diagnosis, etc.) | | | Area Served (counties, cities, whole state, etc.) | |
| No Response | | | No Response | |
| Address: | Phone: | Email: | Website: | |
| 2706 Ankeny Way Rock Springs, 82901 | 307-352-6689 | swilcox@swcounseling.org | Provider Website | |
| Total Served in Past 12 Months | Total Currently Being Served | Program Type | | Level of Implementation |
| No Response | No Response | <input checked="" type="checkbox"/> CSC | <input type="checkbox"/> EBP | Initial Implementation |
| This Program Receives the Following Funds: | | | | |
| Block Grant Set-Aside Funds | Other Block Grant Funds | State General Revenue Funds | | Other Funds |
| \$47,514 | \$0 | \$0 | | \$0 |
| This Program Includes the Following Components: | | | | |
| <input checked="" type="checkbox"/> Medication | <input type="checkbox"/> Primary Care | <input checked="" type="checkbox"/> Psychotherapy | <input checked="" type="checkbox"/> Family Education and Support | |
| <input checked="" type="checkbox"/> Supported Employment and Education | <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Peer Services | <input type="checkbox"/> Other: | |

| NUMBER OF CLIENTS SERVED: | |
|--|---|
| Number of clients served Across All CSC FEP treatment programs that receive funding from the MHBG set-aside in your state: | |
| How many were served in the last year? | How many are currently receiving treatment? |
| #: 0 | #: 11 |