

Snapshot of State Plans

FOR USING THE COMMUNITY MENTAL HEALTH BLOCK GRANT 10 PERCENT SET-ASIDE TO ADDRESS FIRST EPISODE PSYCHOSIS

Contacts

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The Community Mental Health Services Block Grant (MHBG) requires each state to use at least 10 percent of its MHBG funding to support early intervention and treatment of people with early serious mental illness, including psychosis. The goals of this 10 percent set-aside are to minimize the risk of disability that often accompanies serious mental illness and to promote the use of evidence-based practices, especially Coordinated Specialty Care (CSC), to treat psychosis.

BACKGROUND

In fiscal years 2014 and 2015, as part of the annual appropriations process, Congress directed SAMHSA to require each state to set aside 5 percent of its MHBG "to support evidence-based programs that address the needs of individuals with serious mental illness (SMI), including psychotic disorders." Subsequent guidance

by NIMH and SAMHSA encouraged states to focus their initiatives on effective treatment for early

psychosis, especially CSC. Congress appropriated additional funding for the MHBG to support this mandate without harming existing programs.

In fiscal year 2016, again as part of the annual appropriations process, Congress directed SAMHSA to increase the required set-aside to 10 percent of the MHBG and again provided additional funds to cover the increase. In increasing this set-aside, Congress specified that funds should be used for "programs showing strong evidence of effectiveness" and targeting first episode psychosis. In December 2016, the 21st Century Cures Act codified the 10 percent set-aside into statute with more flexibility, providing that funding should be used for evidence-based treatment and programs for individuals in the early stages of a serious mental illness, including but not exclusively limited to psychosis.

In fiscal year 2018, Congress approved a \$160 million increase in the MHBG, resulting in a proportional increase in funding for programs supported by the 10 percent set-aside.

At the time this Snapshot was published (September 2018), fiscal year 2019 appropriations legislation had not yet been finalized.

METHODOLOGY

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 2017.
- Dollar amount of the 10 percent set aside in FY 2018.
- Additional state funds allocated for early intervention programs in FY 2018 (or the latest available year).
- Contact information for the person responsible for submitting the state's MHBG application.

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

² Ibio

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

- The state's current level of program implementation, which is defined here as the highest level any CSC program has reached in the state. The five levels of implementation are⁴:
 - 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).
- An entry for all FEP programs the state is supporting including:
 - The name 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).
 - The age range accepted.
 - The maximum time since onset of psychosis accepted.
 - Eligible diagnoses.
 - The number of clients served by the program in the past 12 months and the number of the clients currently being served by the program.
 - Whether the program is follows a CSC model or is another ESMI program type.
 - The level of implementation (according to the above scale).
 - The amount of MHBG set-aside funds allocated to the program.

⁴ SAMHSA. A Road Map to Implementing Evidence-Based Programs. Retrieved from https://www.sprc.org/sites/default/files/resource-program/RoadMapImpImntngEBP.pdf.

- The amount of other funds allocated to the program from Medicaid, state general funds, or another source.
- The components included in the program.
- 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.

In July 2018, each state's MHBG contact received a copy of their state summary for review. Through August 16, 2018, 46 states, the District of Columbia, Puerto Rico, and two Pacific Jurisdictions (Guam and the Marshall Islands) provided feedback on their summaries. For states that did not provide feedback on their summaries, information from program websites and from their 2017 Snapshot profiles was used.

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
- **ESMI:** Early Serious Mental Illness
- **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
- **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 51 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	Fourth Year of MHBG Set-Aside	Current Year of MHBG 10% Set-Aside	Difference Year 1 to Year 5			
Exploration	6 states	4 states	5 states	7 states	0 states	- 6			
Installation	20	11	7	3	1	- 19			
Implementation	6	15	14	28	28	+ 22			
Program Sustainability	11	13	25	21	23	+ 12			

States use a combination of MHBG set-aside funds, other MHBG funds, and other state funds to start and support CSC programs. 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 236 CSC programs and states fund an additional 34 programs for a total of 270.

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	0 programs	0 programs							
Installation	16	16							
Implementation	143	154							
Program Sustainability	77	100							
Total	236	270							

Forty-eight (48) SMHAs reported the number of people admitted by their CSC programs in the previous year. In these states, 4,447 people were admitted into CSC programs. Fifty-one (51) SMHAs reported the number of people currently being served by treatment services. In these states, 7,067 people are currently being served.

Fifty-two (52) SMHAs indicate that they require CSC programs to report performance and outcomes measures to the state. States were asked about their data requirements in 10 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	46 SMHAs								
Improved Symptoms	40								
Global Functioning	34								
Employment	48								
School Participation	45								
Legal Involvement	42								
Living Situation	42								
Social Connectedness	36								
Physical Health	30								
Program Involvement	41								
Substance Use	37								
Suicidality	33								
Psychiatric Hospitalization	47								
Use of Emergency Rooms	38								
Prescription Adherence and Side Effects	28								

STATE DESCRIPTIONS

The amount of funds each state and territory received as part of their 10 percent set aside varied greatly, from \$5,240 in Palau to \$9,504,787 in California. Figure 1 provides a breakdown of funds received by each state. Note that all territories, with the exception of Puerto Rico (\$886,603), received less than \$100.000.

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

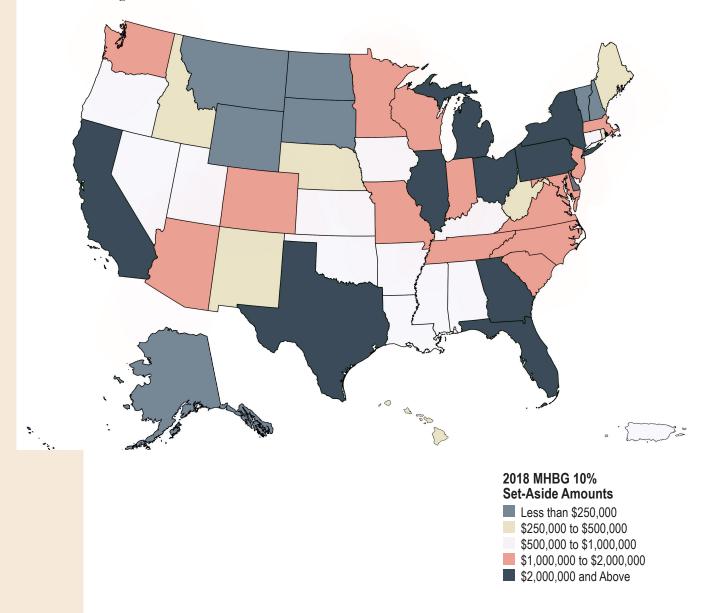


Table 4 details the number of CSC programs by stage of implementation in each state with a CSC program or that has indicated it plans to build a CSC program (these would be included under the Exploration stage of implementation). Table 5 identifies the individual evidence-based practices states are implementing 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: Number of CSC-FEP Programs in Each State, by Stage of Implementation

STATE	STAGES OF IMPLEMENTATION							
	Program Sustainability	Implementation	Installation	Exploration	Total			
Alabama		1			1			
Alaska		1			1			
American Samoa		1			1			
Arizona	1	2	1		4			
California	7	26	4		37			
Colorado		4			4			
Connecticut	2				2			
Delaware	1				1			
District of Columbia		1			1			
Florida		5			5			
Georgia	3	3	1		7			
Guam			1		1			
Hawaii		2			2			
Idaho		3			3			
Illinois		14			14			
Indiana	1	1			2			
Iowa		3			3			
Kansas	1	1			2			
Kentucky		7	1		8			
Louisiana	1	3			4			
Maine		1			1			
Marshall Islands			1		1			
Maryland	4				4			
Massachusetts	2				2			
Michigan	4				4			

Table 4: Number of CSC-FEP Programs in Each State, by Stage of Implementation (continued from page 11)

STATE	STAGES OF IMPLEMENTATION							
	Program Sustainability	Implementation	Installation	Exploration	Total			
Minnesota		2	1		3			
Mississippi	2	2			4			
Missouri	2	6			8			
Montana		1			1			
Nebraska		2			2			
Nevada		2	1		3			
New Hampshire		1			1			
New Jersey		3			3			
New Mexico	1				1			
New York	15	5			20			
North Carolina	4				4			
North Dakota		1			1			
Ohio	8	5	2		15			
Oklahoma	2				2			
Oregon	24	11			35			
Pennsylvania	4	5			9			
Puerto Rico		2			2			
Rhode Island	2				2			
South Carolina		1			1			
South Dakota		2			2			
Tennessee	1	2	1		4			
Texas		10			10			
Utah		3			3			
Virginia	8				8			
Washington		3	2		5			
West Virginia		1			1			
Wisconsin		3			3			
Wyoming		2			2			
Total	100	154	16	0	270			

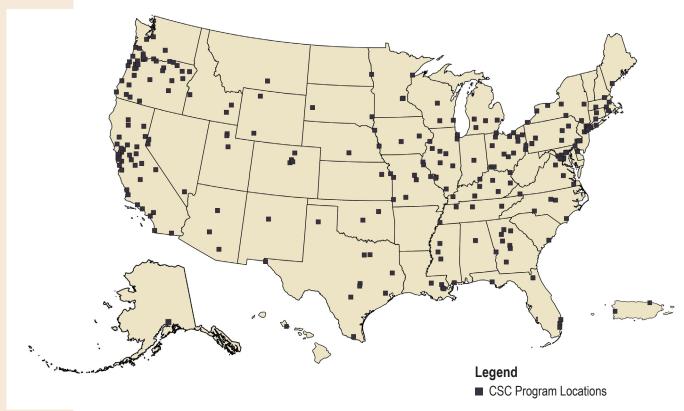
Table 5: States Implementing Individual EBPs or Other Initiatives

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	Soteria	No Response

LOCATION OF CSC PROGRAMS

Figure 2: Location of CSC Programs

FIRST EPISODE PSYCHOSIS TREATMENT PROGRAMS



State by State Profiles



Alabama

STATE CONTACT

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Note: As of 8/16/2018, Alabama did not review this information. This information is from 2017, except for the number of clients served, the MHBG set-aside amount, and the amount of MHBG set-aside funding at the state and program levels.



STATE FINANCING										
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity								
\$994,476	\$338,034	No Response								

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS									
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served							
Initial Implementation	5	5							

DATA REPORTING									
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):									
Suicidality		Substance Use		Physical Health					
Global Functioning	0	Improved Symptoms	0	Prescription Adherence and Side Effects	0				
Identification, Intake, Enrollment	\boxtimes	Program Involvement	0	Employment	\boxtimes				
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes				
Use of Emergency Rooms	Use of Emergency Rooms School Participation Social Connectedness								
How frequently are these data repo	orted to	the SMHA by FEP providers? Mont	thly						
The FEP provider submits this info	rmation	at the $oxtimes$ individual level or $oxtimes$ ag	gregate	ed at the provider level.					

FIR	ST EF	PISODE	E PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS
Program	Name		Address				City		ZIP			
JBS NO	OVA		94	0 Montclair Rd	, Sui	te 200	Birmingham		3	5213		
Area Served (cities, whole s	-			Phone Nui	mbe	r			Email		W	ebsite
Bibb, Pick Tuscaloosa d		S		205-206-4	870		SWE	eed(@jbsmha.com		1	None
Age Range A	Age Range Accepted			Maximum Since On		-			Eligib	le D	iagnoses	
15-25 ye	ears		12 months				Schizophrenia, schizoaffective and schizophreniform disorder, bipolar I with psychotic features, psychosis NC brief psychotic disorder					-
Total Admi	Admissions Total Currently Program Type Being Served				Program Type Level of Implementatio							
5				5		\boxtimes	CS	C O ESMI		Initial Im	plementation	
				This Progra	m R	eceives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds			dicaid Other unds Funds					
\$330,189		N	lo R	esponse		No Res	sponse			ı	No Response	
			Th	is Program I	nclı	udes th	e Follow	/ing	g Component	s:		
	Prim	⊠ ary Car	·e	⊠ Psychotherap	ру	Far Educat	⊗ ⊗ amily Supported ation and Employment upport and Education		M	⊠ Case anagement	⊠ Peer Services	
○ Other: Behavi	or-orie	nted CB	ВТ									
The State Req	uires	Fidelity	y to	Be Monitore	ed				Fidelity Mea	asuı	e Used	
☐ YES ⊗ NO N/A					N/A							

Alaska

STATE CONTACT

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STATE FINANCING									
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity							
\$143,298	\$143,298	No Response							

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS							
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served					
Initial Implementation	10	3					

DATA REPORTING								
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):								
Suicidality	0	Substance Use	\boxtimes	Physical Health	0			
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	0			
Identification, Intake, Enrollment		Program Involvement	0	Employment	\boxtimes			
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes			
Use of Emergency Rooms	Use of Emergency Rooms School Participation Social Connectedness							
How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly</i>								
The FEP provider submits this info	rmatior	at the $ \Box $ individual level or $ oxtimes $ ag	gregate	ed at the provider level.				

FIR	ST EF	ISODI	E PS	SYCHOSIS A	ND EAR	LY SERIO	US	MENTAL ILLI	NESS PROGRA	MS
Program	Program Name Address		S		City			ZIP		
OnTrA	K			1363 W. Spru	ice Av.		,	Wasilla	g	99654
Area Served (cities, whole s	•			Phone Nur	nber			Email	W	ebsite
Matanuska-Susit	tna Bor	ough		907-376-2	411	mats	jcook@ <u>Provider Website</u> matsuhealthservices.org			er Website
Age Range A	Accept	ed		Maximum Since On		Eligible Diagnoses				
15-25	5			5 years	;			Psychotic	or bipolar disorde	r
Total Admi	ssion	S		Total Curro Being Ser	_			Program Type		evel of mentation
10				3		\boxtimes				plementation
				This Progra	m Recei	ves the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu				General ue Funds		edicaid Funds			Other Funds	
\$143,298		١	lo R	esponse	No	Response			No Response	
			Th	is Program I	ncludes	the Follow	vinç	g Component	s:	
	Prim	⊠ ary Cai	re	⊗ Psychotherap	by Edu	⊠ Family cation and Support	mily Supported tion and Employment M		⊠ Case Management	Peer Services
Other:	Other:									
The State Requires Fidelity to Be Monitored				ed			Fidelity Mea	asure Used		
☐ YES 図 NO							N/	Α		

American Samoa



STATE CONTACT

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STATE FINANCING									
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity							
\$13,390	\$9,000	\$1,065							

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS							
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served					
Initial Implementation	9	15					

DATA REPORTING									
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):									
Suicidality	Suicidality Substance Use Physical Health								
Global Functioning	0	Improved Symptoms	0	Prescription Adherence and Side Effects	0				
Identification, Intake, Enrollment		Program Involvement	\boxtimes	Employment	\boxtimes				
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes				
Use of Emergency Rooms	Use of Emergency Rooms								
How frequently are these data reported to the SMHA by FEP providers? <i>Annually</i>									
The FEP provider submits this info	rmatior	at the 🗵 individual level or 🔾 age	gregate	ed at the provider level.					

FIRS	T EPISO	DE P	SYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILL	NES	S PROGRA	MS
Program Na	Program Name Address			S			City			ZIP
American Samoa Department of Human 997534 Utelei Stre and Social Services			Street	Utulei			9	06799		
Area Served (cocities, whole sta			Phone Nur	nber			Email		W	ebsite
Statewide	е		682-633-0	315	mts	olon	nona@dhss.as		1	None
Age Range Ac	ccepted		Maximum Since On		Eligible Diagnoses					
16 and abo	ove		No Respo	nse			Suspected	d or di	agnoses SM	I
Total Admiss	sions		Total Curre Being Ser		F	Program Type			Level of Implementation	
9			15		\boxtimes	CS	C O ESMI		Initial Implementation	
			This Progra	m Receiv	es the Fo	ollov	wing Funds:			
Block Grant Set-Aside Fund			General ue Funds		dicaid unds					
\$10,392		No F	Response	No F	No Response No Res		o Response			
		Th	nis Program I	ncludes 1	he Follov	ving	g Component	ts:		
☐ Medication	O Primary (are	⊠ Psychotherap	y Educ		mily Supported tion and Employment Ma		⊠ Case nagement	© Peer Services	
Other:	Other:									
The State Requires Fidelity to Be Monitored				d			Fidelity Mea	asure	e Used	
☐ YES ⊗ NO				N/A						

Arizona



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STATE FINANCING								
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity						
\$1,680,042	No Response	No Response						

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS							
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served					
Program Sustainability	173	191					

DATA REPORTING								
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):								
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes			
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes			
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes			
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes			
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes			
How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly to RBHA, annually and on demand to the state</i>								
The FEP provider submits this info	rmatior	at the $\ \Box$ individual level or $\ eta$ ag	gregate	ed at the provider level.				

FIR	ST EF	PISODE	PSYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	AMS	
Program	ogram Name Address			s			City		ZIP	
Fast Forward Fi			1300 S Yal	e St		F	lagstaff		86004	
Area Served (cities, whole s	-		Phone Nui	nber		ı	Email	V	/ebsite	
Coconino, Mol Yavapai Co		and	928-774-7	128			e.Sharber@ althcare.com	Provi	der Website	
Age Range A	Accept	ted	Maximum Since On				Eligibl	le Diagnoses		
15-25	5		2 years		Any ICD-10 or DSM-V diagnosis descriptions containing the words psychosis or schizophrenia					
Total Admi	otal Admissions Total Current Being Serve				Program Type				Level of Implementation	
44			44		□ CSC □ ESMI Installation			stallation		
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			ate General venue Funds		ledicaid Other Funds Funds					
\$500,000 (es	t.)		\$0	;	\$0			\$0		
			This Program I	ncludes th	ne Follow	ving	Component	s:		
⊠ Medication	Prim	⊠ nary Car	⊠ e Psychothera _l	Fa by Educa			Supported Employment and Education	⊗ Case Management	Peer Services	
Other:										
The State Requires Fidelity to Be Monitored				ed			Fidelity Mea	asure Used		
⊠ YES □ NO				•	m evaluati FEPS-FS)		ool informed by	First Episode Ps	sychosis Fidelity	

FIR	ST EPI	SODE	PSYCHOSIS A	ND EARLY	' SERIOUS	MENTAL ILL	NESS PROGRA	MS		
Program	Name		Addres	ss		City		ZIP		
Early Psyc Intervention		,	535 N. Wilmot Rd	. Suite 201		Tucson	3	85711		
Area Served (cities, whole s			Phone Nui	mber		Email	W	ebsite		
Pima Co	Pima County 520-694-1797				Patricia.Harrison-Monroe@ bannerhealth.com Program Website					
Age Range A	Age Range Accepted Maximum Tir Since Onse					Eligible Diagnoses				
15-25	5		5 years	3		-	ptoms that are not d or due to TBI	drug		
Total Admi	ssions		Total Curro Being Sei		Pro	ogram Type		evel of mentation		
9			49							
			This Progra	m Receive	s the Follo	owing Funds:				
Block Grar Set-Aside Fu			te General enue Funds		edicaid Other Funds Funds					
\$392,492 (es	t.)		\$0	5	\$0 \$0					
			This Program I	ncludes th	e Followir	ng Componen	ts:			
⊠ Medication		⊠ ry Care	⊠ Psychothera _l	Fa by Educa	mily tion and	Supported Employment and Education		⊗ Peer Services		
○ Other: Comm	unity edu	ucation	and training							
The State Req	uires F	idelity	to Be Monitore	ed		Fidelity Mea	asure Used			
	⊠ YES	01	NO	fidelity. prograr service consist	e Director of EPICenter, Patricia Harrison-Monroe, Ph.D., monitors elity. No specific tool is used. The provider monitors fidelity to the ogram by monitoring appointment availability, frequency of individual rvices provided by various members of the team, frequency and insistency of treatment team meetings, and review of videotaped ssions during weekly clinical supervision with a licensed psychiatrist.					

FIR	ST EF	ISOD	E P	SYCHOSIS A	ND EARLY	' SERIOL	JS	MENTAL ILL	NES	S PROGRA	MS
Program	Name			Addres	s			City			ZIP
NAMI-SA's "E Silence" (ETS) is presentation f school, high so college students raise awareness perceptions aro health cond	a 50-m for mide chool, a s that h and ch und me	ninute dle and elps ange		6122 E. 22n	nd St.			Tucson		8	35711
	Area Served (counties, cities, whole state, etc.)							Email		W	ebsite
Pima, Cochise, Pinal, and Santa Cruz Counties 520-622-558					582			arke Romans s@namisa.org		<u>Progra</u>	ım Website
Age Range A	Time set			Eligib	le D	iagnoses					
14-adult (14-adult (18+) N/A					D)iscı	usses psychotic induce	-	nptoms that ar due to TBI.	re not drug
Total Admi	ssion	S		Total Curro Being Ser	_	Program Type				Level of Implementation	
N/A				2,275			CS	C ⊠ ESMI		Initial Im	plementation
				This Progra	m Receive	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu		_		General ue Funds		Medicaid Other Funds Funds					
\$164,600 (es	t.)			\$0	;	§0				\$0	
			Th	is Program I	ncludes th	e Follow	ving	g Component	ts:		
☐ Medication	Prim	ary Ca	re	C Psychotherap	Fa by Educa	⊠ mily tion and oport	E	Supported Employment and Education	Ma	Case anagement	(X) Peer Services
○ Other: Comm	unity e	ducatio	n an	d training							
The State Req	uires	Fidelit	y to	Be Monitore	d			Fidelity Mea	asur	e Used	
	comple and att attitude researc	IAMI selects schools from different areas of the United States. They omplete a 12 item research questionnaire measuring knowledge nd attitudes related to mental health conditions and help-seeking ttitudes. The classes who take the ETS classes completed a 12-item esearch questionnaire before the ETS presentation, immediately after, nd 4-6 weeks following the presentation				knowledge elp-seeking pleted a 12-item					

FIR	ST EP	ISODE P	SYCHOSIS A	ND EARLY	' SERIO	US I	MENTAL ILLI	NESS PROGR	AMS	
Program	Name		Addres	s			City		ZIP	
IMHR EpiC	Center		1415 N 1st S	Street		F	Phoenix		85004	
Area Served (cities, whole s			Phone Nur	nber	Email				Vebsite	
Statewi	de		602-595-5	447	<u>in</u>	<u>llabreque@</u> <u>imhrepicenter.org</u> <u>Program Websit</u>				
Age Range A	Time set			Eligib	le Diagnoses					
15-35		5 years			а	•	ia spectrum disoer with psychotic			
Total Admi	ssions	•	Total Curre Being Ser		Program Type				evel of ementation	
50			35		\boxtimes	CSC	C O ESMI	Initial I	mplementation	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu	_		e General nue Funds		licaid nds			Other Funds		
\$180,400 (es	t.)		\$0	5	5 0			\$0		
		TI	nis Program I	ncludes th	e Follow	ving	Component	is:		
	Fa by Educa			⊠ Case Management	Peer Services					
Other:										
The State Req	The State Requires Fidelity to Be Monitored						Fidelity Mea	asure Used		
-	☐ YES ⊠ NO									

FIRS ⁻	T EPISOI	DE PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS	
Program Na	ame		Addres	S				City			ZIP	
MIHS First Episode	le Center		950 E. Van Bu	ıren	St.		Α	vondale		8	5323	
Area Served (co			Phone Nui	mbe	er			Email		W	ebsite	
Maricopa Cou	Maricopa County 623-344-6860					Shasa	Shasa.Jackson@mihs.org Program Website					
Age Range Acc	cepted		Maximum Since On		е	Eligible Diagnoses						
15-35	15-35 18 months							cified schizophre , unspecified sc	ophr enia hizo	enia, schizoaf spectrum and	fective disorder, other psychotic	
Total Admiss	sions		Total Curro Being Ser			Program Type Level of Implement						
70			63			\boxtimes	CS	C O ESMI		Initial Im	mplementation	
			This Progra	m R	Receives	s the Fo	llov	wing Funds:				
Block Grant Set-Aside Fund			General ue Funds		Medi Fur					Other Funds		
\$180,400 (est.))		\$0		\$	0				\$0		
		Th	is Program I	nclı	udes the	e Follow	ving	g Component	s:			
						ion and		Supported Employment nd Education	М	⊠ Case anagement	© Peer Services	
⊗ Other: CET, Con	mmonGrou	nd/ S	hared Decision									
The State Requi	ires Fidel	ity to	Be Monitore	ed				Fidelity Mea	sui	re Used		
0	☐ YES ⊠ NO											

Arkansas



STATE CONTACT

Rachael Veregge | 501-320-6431 | Rachael.Veregge@dhs.arkansas.gov

	STATE FINANCING	
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity
\$618,892	\$448,397	No Response

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS										
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served									
No Response	209	126									

		DATA REPORTING			
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): Suicidality Substance Use Prescription Adherence					
Suicidality	0	Substance Use	0	Physical Health	
Global Functioning	0	Improved Symptoms		· ·	\boxtimes
Identification, Intake, Enrollment	0	Program Involvement	0	Employment	
Psychiatric Hospitalization	\boxtimes	Legal Involvement	0	Living Situation	
Use of Emergency Rooms	0	School Participation	0	Social Connectedness	
How frequently are these data repo	orted to	the SMHA by FEP providers? Mont	hly		
The FEP provider submits this info	rmation	n at the 🗵 individual level or 🔘 ag	gregate	ed at the provider level.	

FIR	ST EPIS	SODE PS	SYCHOSIS A	ND EARLY	SERIOL	JS I	MENTAL ILLN	IESS PROGRA	MS	
Program I	Name		Addres	S			City		ZIP	
Community Co Services (Ouachi	_		125 Wellness	s Way		Hot	t Springs	7	71923	
Area Served (cities, whole s			Phone Nur	nber		ı	Email	W	ebsite	
	Montgomery, Garland, Pike, Clark, Hot Spring counties 501-624-711					No Response <u>Provider Website</u>				
Age Range A	Time set			Eligibl	e Diagnoses					
15-34	15-34 2 years					phr		eniform, schizoaff order, psychosis N		
Total Admis	ently ved	Р	Program Type Level of Implementation							
5			0		0 (CSC	≳ ⊠ ESMI	No F	Response	
	ļ.		This Progra	m Receive	s the Fol	llow	ving Funds:			
Block Gran Set-Aside Fu			General ue Funds		icaid nds	Other Funds				
\$29,543		No R	esponse	No Re	sponse			No Response		
		Th	is Program I	ncludes th	e Follow	ing	Component	s:		
☐ Medication	Fai by Educat	mily ion and oport	Е	Supported Employment and Education	Case Management	Peer Services				
Other:										
The State Requ	uires Fi	delity to	Be Monitore	d			Fidelity Mea	sure Used		
(⊃ YES	⊠ NO		N/A						

FIR	ST EPIS	ODE P	SYCHOSIS A	ND EARLY	'SERIOL	JS I	MENTAL ILLI	NESS PROGRA	MS
Program	Name		Addres	s			City		ZIP
Counseling As	ssociates		110 Skyline	Drive		Ru	ssellville	7	'2801
Area Served (cities, whole s	•		Phone Nu	mber	Email			W	ebsite
Johnson, Pope Faulkner, Perry, `	-		501-328-2	222	ı	No Response <u>Provider Website</u>			
Age Range A	Accepted	I	Maximum Since On				Eligib	le Diagnoses	
15-34		2 years	3	Schizo	phr		reniform, schizoaff order, psychosis N		
Total Admi	Total Currently Being Served Program Type					ram Type	Level of Implementation		
39			30		0 (CSC	≳ ⊠ ESMI	No F	Response
			This Progra	m Receive	s the Fo	llow	ving Funds:		
Block Grar Set-Aside Fu			General ue Funds		icaid nds				
\$35,145		No R	esponse	No Re	sponse			No Response	
		Th	is Program I	ncludes th	e Follow	ing	Component	s:	
☐ Medication	Fa by Educat	mily tion and oport	Е	Supported Employment and Education	Case Management	Peer Services			
Other:									
The State Req	The State Requires Fidelity to Be Monitored						Fidelity Mea	asure Used	
	☐ YES 図 NO								

FIR	ST EPI	SODE P	SYCHOSIS A	ND EARLY	SERIOL	JS N	MENTAL ILLI	NESS PROGRA	MS		
Program	Name		Addres	s			City		ZIP		
Counseling	Clinic		307 East Sev	vier St	Benton			7	72015		
Area Served (cities, whole s	•		Phone Nui	nber	Email Webs				ebsite		
Saline co	Saline county 501-315-4224							Provid	er Website		
Age Range A	Accepte	ed	Maximum Since On		Eligible Diagnoses						
15-34	15-34 2 years						•	reniform, schizoaff order, psychosis N			
Total Admi	Total Admissions Total Current Being Serve					rog	ram Type		evel of mentation		
39			30		0 (csc	∷ ⊠ ESMI	No F	Response		
			This Progra	m Receive	s the Fol	llow	ving Funds:				
Block Grar Set-Aside Fu			General ue Funds		icaid Other nds Funds						
\$21,677		No F	Response	No Re	sponse			No Response			
		Th	nis Program I	ncludes th	e Follow	ving	Component	s:			
☐ Medication	Primary Care Psychotherapy Education and Employment						Peer Services				
Other:											
The State Req	The State Requires Fidelity to Be Monitored						Fidelity Measure Used				
	O YES	⊠ NC)	N/A	√A						

FIR	ST EPIS	ODE P	SYCHOSIS A	ND EARLY	' SERIOL	JS I	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	ss			City		ZIP	
Delta Counseling	g Associat	es	790 Roberts	Drive		M	onticello		71655	
Area Served (cities, whole s			Phone Nu	mber		Email			/ebsite	
Desha, Drew, Ashley, Chico	-		870-367-9	732		No Response <u>Provider Website</u>				
Age Range A	Accepted		Maximum Since On				Eligib	le Diagnoses		
15-34		2 years	3	Schizo	ophr	•	reniform, schizoaf order, psychosis			
Total Admi	al Admissions Total Currently Being Served					rog	ıram Type		Level of Implementation	
6			6		0	CSC	C ⊠ ESMI	No I	Response	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			General ue Funds		licaid nds		Other Funds			
\$19,252		No R	esponse	No Re	sponse			No Response		
		Th	is Program I	ncludes th	e Follow	/ing	g Component	ts:		
☐ Medication	Fa oy Educa	mily tion and oport	Е	Supported Employment and Education	Case Management	Peer Services				
Other:										
The State Req	The State Requires Fidelity to Be Monitored						Fidelity Mea	asure Used		
	O YES	⊠ NO		N/A						

FIR	ST EP	ISOD	E PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILLI	NESS PROGRA	MS	
Program I	Name			Addres	s				City		ZIP	
Health Resou Arkansas/Pri Family Healthd	eferred	I		25 Gap Ro	oad		Batesville			7	72503	
Area Served (Phone Nur	nbe	ər			Email	W	Website	
Boone, Marior Fulton, Newtor Izard, Sharp, Independence, Woodruff, White Van Buren co	n, Sear , Stone , Jackso , Clebu	cy, , on, irne,		870-793-8	900		No Response <u>Provi</u> c				<u>er Website</u>	
Age Range A	Age Range Accepted Maximum Ti Since Ons								Eligib	le Diagnoses		
15-34	ļ			2 years	2 vears				•	eniform, schizoaffective disorder, order, psychosis NOS		
Total Admis	ssions	6		Total Curro Being Ser			Р	rog	gram Type		evel of mentation	
No Respo	onse			No Respo	nse			CS	C ⊠ ESMI	No F	No Response	
				This Progra	m F	Receives	s the Fo	llov	wing Funds:			
Block Gran Set-Aside Fu		_		General ue Funds		Medi Fur				Other Funds		
\$51,634		1	No R	esponse		No Res	sponse			No Response		
			Th	is Program I	ncl	udes the	e Follow	ving	g Component	ts:		
Medication Primary Care Psychotherapy					ру	Far Educati Sup	nily	E	Supported Employment and Education	Case Management	Peer Services	
Other:												
The State Requ	The State Requires Fidelity to Be Monitored				d		Fidelity Measure Used					
(☐ YES ⊗ NO					N/A						

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS												
Program Name			Address				City		ZIP			
Little Rock CMHC			1100 N Universit		Little Rock			72225				
Area Served (counties, cities, whole state, etc.)			Phone Number			Email			Website			
Pulaski County South of the AR River			501-686-9300			No	Response	Provi	Provider Website			
Age Range Accepted			Maximum Time Since Onset			Eligible Diagnoses						
15-34			2 years			Schizophrenia, schizophreniform, schizoaffective disorder, delusional disorder, psychosis NOS						
Total Admissions			Total Currently Being Served			Program Type			Level of Implementation			
10	10			10			C ⊠ ESMI	No	No Response			
			This Progra	m Receive	s the Fo	llov	wing Funds:					
					licaid nds			Other Funds				
\$32,383	\$32,383			No Re	sponse			No Response	No Response			
This Program Includes the Following Components:												
☐ Medication	Prim	ary Care	☐ Psychotherap	Fa by Educa	mily tion and oport	nily Supported on and Employme		Case Management	Peer Services			
Other:												
The State Requires Fidelity to Be Monitored					Fidelity Measure Used							
☐ YES ⊠ NO												

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS													
Program Name			Address			City				ZIP			
Mid-South Health Systems			2707 Browns Lane			Jonesboro				72401			
Area Served (counties, cities, whole state, etc.)			Phone Number			Email			Website				
Randolph, Clay, Lawrence, Greene, Craighead, Mississippi, Poinsett, Cross, Crittenden, St. Francis, Lee, Monroe, Phillips counties			870-972-4000			No Response				<u>Provider Website</u>			
Age Range Accepted			Maximum Time Since Onset			Eligible Diagnoses							
15-34			2 years			Schizophrenia, schizophreniform, schizoaffective disorde delusional disorder, psychosis NOS							
Total Admissions			Total Currently Being Served			Program Type			Level of Implementation				
43	43			39			□ CSC ⊠ ESMI			No Response			
This Program Receives the Following Funds:													
			ate Gener enue Fun		icaid nds		Other Funds						
\$54,035	\$54,035		o Response	No Re	esponse			No Response					
This Program Includes the F								e Following Components:					
☐ Medication	Prim	Chrimary Care		Psychotherapy		Family Education and Support		Supported Employment and Education		Case anagement	Peer Services		
Other:													
The State Requires Fidelity to Be Monitored						Fidelity Measure Used							
☐ YES ⊠ NO					N/A	N/A							

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS											
Program Name			Addres	City				ZIP			
Ozark Guidance Center			2400 South 4	Springdale				72766			
Area Served (counties, cities, whole state, etc.)			Phone Nu	Email				Website			
Benton, Carroll, Washington, Madison counties			479-750-2020			No Response			Provider Website		
Age Range Accepted			Maximum Since Or	Eligible Diagnoses							
15-34			2 years			Schizophrenia, schizophreniform, schizoaffective disorder, delusional disorder, psychosis NOS					
Total Admissions			Total Curr Being Se	Program Type				Level of Implementation			
18	18			9			☐ CSC ⊠ ESMI			No Response	
	This Program Receives the Following Funds:										
			e General nue Funds		licaid nds		Other Funds				
\$63,360	\$63,360 No F			No Re	No Response			No Response			
	This Program Includes the Following Components:										
☐ Medication		Cary Care	Psychothera	Fa oy Educa	mily tion and oport	Supported Employment and Education		Ma	Case anagement	Peer Services	
Other:											
The State Requires Fidelity to Be Monitored					Fidelity Measure Used						
☐ YES ⊠ NO											

FIR	ST EP	ISODE	PSYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	SS				City		ZIP	
Professional C Associa		ng	3601 Richard	ls Ro	oad North Little Rock			Little Rock	7	72231	
Area Served (cities, whole s			Phone Nu	mbe	er Email				W	Website	
Prairie, Lonoke, Pulaski (North of the 501-221-1843 AR River) counties						No Response <u>Provider Wel</u>					
Age Range A	Tim nset				Eligibl	le Diagnoses					
15-34	15-34 2 years						phi		eniform, schizoaf order, psychosis I	schizoaffective disorder, vchosis NOS	
Total Admissions Total Current Being Serve						Program IVne				evel of mentation	
15			1			☐ CSC 図 ESMI			No F	Response	
			This Progra	ım F	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			te General enue Funds			Medicaid Other Funds Funds					
\$37,107		No	Response		No Res	sponse			No Response		
			This Program	Incl	udes the	e Follow	ving	g Component	s:		
☐ Medication	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					nily ion and port	E	Supported Employment and Education	Case Management	Peer Services	
Other:	Other:										
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used					
	☐ YES ⊗ NO										

FIR	ST EPI	ISODE	E PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NES	S PROGRA	MS
Program	Name			Addres	SS				City			ZIP
South Arka Regional Heal		er		715 North C	olle	ge El Dorado			71730			
Area Served (cities, whole s	•			Phone Nu	mb	er Email			Website			
	Dallas, Ouachita, Calhoun, Union, Columbia, Nevada						No Response <u>Provider V</u>					er Website
Age Range Accepted Maximum Ti Since Ons							Eligible Diagnoses					
15-34 2 years							Schizophrenia, schizophreniform, schizoaffe delusional disorder, psychosis N					
Total Admissions Total Curren Being Serve						Program IVno			Level of Implementation			
37				24				CS	C ⊠ ESMI		No R	Response
				This Progra	m F	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds			Medicaid Other Funds Funds					
\$21,486	Ì	N	lo R	esponse		No Res	sponse			ı	No Response	
			Th	is Program I	Incl	udes th	e Follow	ving	g Component	ts:		
☐ Medication							mily ion and port		Supported Employment and Education	M	Case anagement	Peer Services
Other:	Other:											
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used						
-	☐ YES ⊠ NO					N/A						

FIRST	T EPISOD	E PSYCHOSIS <i>i</i>	AND EARLY	SERIOU	S MENTAL ILLI	NESS PROGRA	MS	
Program Na	ame	Addre	ss		City		ZIP	
Southeast Arkar Behavioral Healthcar		2500 Rike	Drive		Pine Bluff	7	71613	
Area Served (co		Phone Nu	mber	er Email			Website	
Grant, Jefferson, A Cleveland, Lincoln		870-534-	1834	No Response <u>Provider W</u>				
Age Range Acc	cepted	Maximum Since O		Eligible Diagnoses				
15-34		2 year	S	Schizophrenia, schizophreniform, schizoaffective dis delusional disorder, psychosis NOS				
Total Admiss	sions	Total Curr Being Se		Program IVno			Level of Implementation	
9		0		0 0	SC ⊠ ESMI	No F	Response	
		This Progra	am Receive	s the Foll	lowing Funds:			
Block Grant Set-Aside Fund		tate General venue Funds		licaid nds	Other Funds			
\$22,385	1	No Response	No Re	sponse		No Response		
		This Program	Includes th	ne Followi	ing Component	s:		
☐ Medication F	☐ Primary Ca	C re Psychothera	Fa py Educa	mily tion and	Supported Employment and Education	Case Management	Peer Services	
Other:								
The State Requir	res Fidelit	y to Be Monitor	ed		Fidelity Mea	asure Used		
0	YES ⊠	NO	N/A					

FIR	ST EP	ISODE	PSYCHOSIS A	ND EA	RLY	SERIO	JS I	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	s				City		ZIP	
Southwest A Counseling ar Health Ce	nd Ment		2904 Arkansas E	Bouleva	ırd	Texarkana				71854	
Area Served (cities, whole s			Phone Nu	mber	er Email			Email	W	Website	
Sevier, Howard, Hempstead, Lafayette, Miller, Little River Counties							ler Website				
Age Range A	Age Range Accepted Maximum T Since Ons					Eligible Diagnoses					
15-34	3		Schizophrenia, schizophrenifor delusional disorder,								
Total Admi	ssions	6	Total Curr Being Sei					ıram Type		evel of mentation	
14			7			□ CSC ⊗ ESMI			No I	Response	
			This Progra	m Rece	eives	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			ate General enue Funds	ı	Medicaid Other Funds Funds						
\$22,100		No	Response	No	o Res	sponse			No Response		
			This Program I	nclude	es the	e Follow	ving	g Component	s:		
☐ Medication						nily ion and port	E	Supported Employment and Education	Case Management	Peer Services	
Other:	Other:										
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used					
	☐ YES ⊗ NO					N/A					

FIR	ST EP	ISODE	PSYCHOSIS A	ND EAF	RLY	SERIO	US I	MENTAL ILL	NESS PROG	RA	MS
Program	Name		Addres	ss				City			ZIP
Western Arl Counseling Guidance (g and		3111 South 7	0th St	n St Fort Smith				72917		
	Area Served (counties, cities, whole state, etc.)					er Email				W	ebsite
Crawford, Franklin, Logan, Sebastian, Scott, Polk counties 479-452-6650						No Response <u>Provider We</u>					er Website
Age Range A	Time iset				Eligib	le Diagnose	S				
15-34	8		Schizophrenia, schizophreniform, s								
Total Admi	Total Admissions Total Currer Being Serve								Im	Level of Implementation	
8			0			☐ CSC ⊠ ESMI No			No F	Response	
			This Progra	m Rece	ives	the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu	_		ate General renue Funds	N	Medicaid Other Funds Funds						
\$38,290		N	o Response	No	Res	ponse			No Respo	nse	
			This Program	ncludes	s the	Follow	ving	g Componen	ts:		
☐ Medication						nily on and port	E	Supported Employment and Education	Case Manageme	nt	Peer Services
Other:	Other:										
The State Req	The State Requires Fidelity to Be Monitored					ed Fidelity Measure Used					
	☐ YES ⊠ NO					N/A					

California



STATE CONTACT

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

Note: As of 8/16/2018, California did not review this information. This information is from 2017, except for the number of clients served, the MHBG set-aside amount, and the amount of MHBG set-aside funding at the state and program levels.

STATE FINANCING											
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity									
\$9,504,787	No Response	No Response									

US	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS										
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served									
Program Sustainability	413	1,498									

		DATA REPORTING										
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):												
Suicidality	Suicidality											
Global Functioning Improved Symptoms Prescription Adherence and Side Effects												
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes							
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes							
Use of Emergency Rooms	Use of Emergency Rooms ☐ School Participation ☒ Social Connectedness ☒											
How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly</i>												
The FEP provider submits this info	The FEP provider submits this information at the \boxtimes individual level or \bigcirc aggregated at the provider level.											

FIR	ST EF	ISODE	PSYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLN	NESS PROGRA	MS	
Program	Name		Addres	S			City		ZIP	
Felton Early F Program Alame	-		1814 Franklin St,	Suite 400	Oakland			9	94612	
	Area Served (counties, cities, whole state, etc.)					er Email			ebsite	
Alameda County 888-535-7737					<u>FEPP</u>	<u>alan</u>	neda@felton.org	g <u>Progra</u>	m Website	
Age Range A	ed	Maximum Since On				Eligibl	le Diagnoses			
14-35		2 years		Schizophrenia, schizophreniform and schizoaffective disorders						
Total Admi	ently ved				_	evel of mentation				
58			58		⊗ CSC □ ESMI Progr			Program	Sustainability	
			This Program	m Receive	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			te General enue Funds		Medicaid Other					
\$288,673		No	Response	No Re	sponse			No Response		
		7	This Program I	ncludes th	e Follov	ving	g Component	s:		
							Supported Employment and Education	Case Management	⊠ Peer Services	
Other:										
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used				
1	PREP	PREP								

FIR	ST EP	ISOD	E PS	SYCHOSIS A	ND E	EARLY	SERIO	JS	MENTAL ILLI	NESS	PROGRA	MS
Program	Name			Addres	SS				City			ZIP
Juvenile Ha				3217 Cohaffi	t Roa	d	Chico				95973	
Area Served (cities, whole s		-		Phone Nu	mber	er Email				Website		
Butte County No Response					nse			No	Response		No R	desponse
Age Range Accepted Maximum Tir Since Onse)			Eligib	le Dia	gnoses	
No Response No Respons							No Response					
Total Admissions Total Current Being Serve										Level of Implementation		
No Respo	onse			393		□ csc □ esmi				Implementation (Imputed)		
				This Progra	m Re	eceives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds		Medicaid Other Funds Funds						
\$145,215		1	No R	esponse		No Res	sponse			No	Response	
			Th	is Program I	nclu	des the	e Follow	/ing	g Component	ts:		
☐ Medication							nily on and port	E	Supported Employment and Education		Case agement	Peer Services
Other:												
The State Req	uires I	Fidelit	y to	Be Monitore	ed	d Fidelity Measure Used						
O YES O NO						No Response						

FIR	ST EF	PISODE	PSYCHOSIS A	ND EARLY	SERIOL	JS I	MENTAL ILLI	NESS PROGRA	MS	
Program l	Name		Addres	SS			City		ZIP	
Colusa FEP I	Prograi	m	162 E. Carson St	reet, Suite A	t, Suite A Colusa			g	95932	
Area Served (cities, whole s			Phone Nu	mber	per Email			W	ebsite	
Colusa County No Response						No I	Response	No F	Response	
Age Range A	Age Range Accepted Maximum Tin Since Onse					Eligible Diagnoses				
No Respo		No Respo	onse			No	Response			
Total Admi	ently rved	Program Ivno				evel of mentation				
No Respo	onse		393		☐ CSC ☐ ESMI			No F	Response	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			ate General enue Funds		Medicaid Other Funds Funds					
\$73,485		N	Response	No Re	sponse			No Response		
			This Program	Includes th	e Follow	ving	g Component	ts:		
☐ Medication							Supported Employment and Education	Case Management	Peer Services	
Other:										
The State Req	uires	Fidelity	to Be Monitor	ed			Fidelity Mea	asure Used		
	s O	NO	No Res	No Response						

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARLY	SERIO	US	MENTAL ILL	NES:	S PROGRA	MS	
Program	Name		Addres	S			City			ZIP	
First Ho	ре	1	340 Arnold Drive	, Suite 200	uite 200 Martinez			94553			
Area Served (cities, whole s			Phone Nui	mber	Email				Website		
Contra Costa	Contra Costa County 925-681-4450					Nancy.Ebbert@ hsd.cccounty.us; No Respo					
Age Range A	Accept	ed	Maximum Since On		Eligible Diagnoses						
No Respo	onse		No Respo	nse	No Res				sponse		
Total Admi	ently ved					Level of Implementation					
No Respo	onse		9		\boxtimes	CSO	C O ESMI		Imple	mentation	
			This Progra	m Receive	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu			te General enue Funds		Medicaid Other Funds Funds						
\$288,673		No	Response	No Re	sponse			N	lo Response		
		1	This Program I	ncludes th	e Follow	ving	g Component	ts:			
☐ Medication							Supported Employment and Education	Ma	Case nagement	Peer Services	
Other:											
The State Req	The State Requires Fidelity to Be Monitored						Fidelity Mea	asur	e Used		
-	☐ YES ⊗ NO										

FIR	ST EPI	SODE	PSYCHOSIS A	ND EA	RLY SERIO	US	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	SS			City		ZIP	
Transition Ag (TAY) Pro			No Respo	onse		PI	lacerville	No F	Response	
Area Served (cities, whole s			Phone Nu	mber			Email	W	ebsite	
El Dorado (County		530-621-6	133			Sloten@edcgov.us Owen@edcgov.us	NO F	Response	
Age Range A	Age Range Accepted Maximum T Since Ons						Eligibl	e Diagnoses		
No Respo	No Response No Respon						No	Response		
Total Admi	Total Admissions Total Curre Being Serv						gram Type	/pe Level of Implementation		
No Respo	onse		9		\boxtimes	CS	С О ЕЅМІ	Imple	mentation	
			This Progra	m Rece	eives the Fo	ollov	wing Funds:			
Block Grar Set-Aside Fu			e General nue Funds	1	Medicaid Funds			Other Funds		
\$288,673		No	Response	No	o Response			No Response		
		Т	his Program I	nclude	es the Follow	vinç	g Component	s:		
☐ Medication							Supported Employment nd Education	Case Management	Peer Services	
Other:	Other:									
The State Req	The State Requires Fidelity to Be Monitored						Fidelity Mea	sure Used		
	⊠ YES □ NO					NAVIGATE				

FIR	ST EF	PISODE	E PS	SYCHOSIS A	ND EARLY	SERIO	JS	MENTAL ILL	NESS PROGRA	MS	
Program	Name			Addres	s			City		ZIP	
AVATA	R			720 Wood S	Street		ı	Eureka	ę	95501	
Area Served (cities, whole s				Phone Nur	nber			Email	W	ebsite	
El Dorado (El Dorado County No Respons						No Response No Resp				
Age Range A	Age Range Accepted Maximum T Since Ons							Eligib	le Diagnoses		
No Respo		No Respon	nse	e No Re							
Total Admi	Total Admissions Total Curre Being Ser						rog	gram Type		evel of mentation	
4				11			CS	C O ESMI	No F	Response	
				This Progra	m Receive	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds		icaid nds			Other Funds		
\$145,215		N	No Re	esponse	No Re	sponse			No Response		
			Thi	is Program I	ncludes th	e Follow	vinç	g Component	ts:		
☐ Medication								Supported Employment nd Education	Case Management	Peer Services	
Other:	Other:										
The State Req	The State Requires Fidelity to Be Monitored							Fidelity Mea	asure Used		
1	☐ YES ⊗ NO										

FIR	ST EP	ISODE	PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILLI	NESS PR	OGRA	MS	
Program	Name			Addres	SS				City			ZIP	
Imperial FEP	Progran	m		202 North 8th	Stre	eet		Е	I Centro		92243		
Area Served (cities, whole s				Phone Nu	mbe	er			Email		Website		
Imperial C	ounty			No Respo	nse				ah Moore@ perial.ca.us		No F	Response	
Age Range A	Age Range Accepted Maximum Ti Since Ons								Eligib	le Diagno	oses		
No Respo	No Response No Respon							e No Re					
Total Admi	Total Admissions Total Curre Being Serv							Program Type			Level of Implementation		
No Respo	onse			352		⊠ CSC □ ESMI					Implementation		
				This Progra	m R	Receives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu	_			General ue Funds		Medi Fur				•	her nds		
\$145,215		N	o Re	esponse		No Res	sponse			No Re	sponse		
			Thi	is Program I	Inclu	udes the	e Follow	ving	g Component	:s:			
☐ Medication							mily ion and port		Supported Employment and Education	Cas Manage	_	Peer Services	
Other:	Other:												
The State Req	The State Requires Fidelity to Be Monitored								Fidelity Mea	asure Us	ed		
						PIER							

FIR	ST EP	ISODE	E PS	SYCHOSIS A	ND E	ARLY	SERIOL	JS I	MENTAL ILLI	NESS PROGR	AMS	
Program	Name			Addres	SS				City		ZIP	
Progressive Livi	ng Prog	ıram	16	62 Grove Stree	et, Suit	ite J		ı	Bishop		95314	
Area Served (cities, whole s				Phone Nu	mber	,		ı	Email	,	Website	
Inyo Cou	Inyo County 760-873-653						gzwi	er@	inyocounty.us	No	Response	
Age Range Accepted Maximum Ti)			Eligib	le Diagnoses		
No Respo	No Response No Respon							e No Re				
Total Admi	Total Admissions Total Curre Being Serv							rog	ıram Type		evel of ementation	
0				0			\boxtimes (CSC	C O ESMI	Ir	stallation	
				This Progra	m Re	ceives	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu				General ue Funds		Medi Fur				Other Funds		
\$73,485		N	lo R	esponse		No Res	sponse			No Respons	е	
			Th	is Program I	ncluc	des the	e Follow	ing	g Component	s:		
☐ Medication							nily ion and port	E	Supported Employment and Education	Case Management	Peer Services	
Other:	Other:											
The State Req	uires I	Fidelity	y to	Be Monitore	ed				Fidelity Mea	asure Used		
	O YES O NO						oonse					

FIR	ST EP	ISODE	PSYCHOSIS A	AND EARL	Y SERIO	US	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	ss			City		ZIP	
Kings Vi Counseling S		s	1393 Bailey	Drive		F	Hanford	g	93230	
Area Served (cities, whole s			Phone Nu	mber			Email	W	ebsite	
Kings Co	unty		No Respo	onse		No	Response	No F	Response	
Age Range A	Age Range Accepted Maximum T Since Ons						Eligib	le Diagnoses		
No Respo	onse		No Respo	onse	e No R					
Total Admi	Total Admissions Total Curre Being Ser						gram Type		evel of mentation	
16			22		\boxtimes	CSO	Implement	Implementation (Imputed)		
			This Progra	ım Receiv	es the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			ate General renue Funds		dicaid inds			Other Funds		
\$145,215		N	o Response	No R	esponse			No Response		
			This Program	Includes t	he Follov	ving	g Component	is:		
☐ Medication							Supported Employment nd Education	Case Management	Peer Services	
Other:	Other:									
The State Req	uires	Fidelity	to Be Monitor	ed			Fidelity Mea	asure Used		
1		NO	RAISE							

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND EARL	SERIO	US	MENTAL ILLI	NESS PROGRA	MS		
Program I	Name			Addres	s			City		ZIP		
Lake County FE	P Prog	ıram		6302 Thirteen	nth St.		L	_ucerne	9	95458		
Area Served (cities, whole s				Phone Nur	mber			Email	W	ebsite		
Lake Cou	unty			No Respo	nse			ina.Drukala@ ountyca.gov	No F	Response		
Age Range A	Age Range Accepted Maximum T Since Ons							Eligib	le Diagnoses			
No Respo	onse			No Respo	nse			No	Response			
Total Admi	ssion	S		Total Curro Being Ser		P	Prog	gram Type		evel of mentation		
No Respo	onse			65		\boxtimes	CSC	C O ESMI	Imple	Implementation		
				This Progra	m Receive	es the Fo	llov	wing Funds:				
Block Gran Set-Aside Fu				General ue Funds		dicaid ands			Other Funds			
\$73,485		١	No R	esponse	No Re	esponse			No Response			
			Th	is Program I	ncludes tl	ne Follov	ving	g Component	ts:			
☐ Medication							E	Supported Employment nd Education	Case Management	Peer Services		
Other:	Other:											
The State Requ	The State Requires Fidelity to Be Monitored							Fidelity Mea	asure Used			
(

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILLI	NES:	S PROGRA	MS	
Program	Name			Addres	ss				City			ZIP	
Lassen County F	EP Pro	gram		555 Hospita	l Lan	ne		Sı	usanville		9	6130	
Area Served (cities, whole s	•			Phone Nu	mbe	er			Email		Website		
Lassen Co	ounty			530-251-8	3108				@co.lassen.ca.)co.lassen.ca.u		No R	esponse	
Age Range A	Age Range Accepted Maximum Since On								Eligib	le Di	agnoses		
No Respo	No Response No Respo							se Ne			Response		
Total Admi	Total Admissions Total Curre Being Ser							Program Type			Level of Implementation		
No Resp	onse			1			\boxtimes	CS	C O ESMI		Inst	allation	
				This Progra	m R	Receives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General ue Funds		Medi Fur					Other Funds		
\$73,485		1	No R	esponse		No Res	sponse			N	lo Response		
			Th	is Program I	Inclu	udes th	e Follow	/ing	g Component	ts:			
☐ Medication							mily ion and port		Supported Employment and Education	Ma	Case nagement	Peer Services	
Other:													
The State Req	uires	Fidelit	y to	Be Monitore	ed				Fidelity Mea	asur	e Used		
T	⊗ YES □ NO												

FIR	ST EPI	SODE F	SYCHOSIS A	ND EARI	Y SERIO	US	MENTAL ILL	NESS PROGRA	MS		
Program	Name		Addres	ss			City		ZIP		
Transition Age \ Field Capable Services (F	e Clinica		50 South Vermo			Los	s Angeles	Ş	90020		
Area Served (cities, whole s	•		Phone Nu	mber			Email	W	ebsite		
Los Angeles	County		No Respo	nse		No	Response	Provid	ler Website		
Age Range A	Age Range Accepted Maximum T Since Ons						Eligib	le Diagnoses			
No Respo	No Response No Respon						No	Response			
Total Admi	ssions		Total Curr Being Se	_	P	Prog	gram Type		evel of mentation		
221			No Respo	nse	□ csc ⊗ esmi				Program Sustainability		
			This Progra	m Receiv	es the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu			e General nue Funds		dicaid unds			Other Funds			
\$288,673	j	No	Response	No F	Response			No Response			
		Т	his Program I	ncludes	he Follov	ving	g Component	ts:			
☐ Medication							Supported Employment and Education	Case Management	Peer Services		
Other:	Other:										
The State Req	uires F	idelity t	o Be Monitore	ored Fidelity Measure Used							
	⊠ YES)	No Re	No Response						

FIR	ST EF	ISODE	PSYCHOSIS A	ND EARLY	SERIOL	JS	MENTAL ILL	NESS PROGRA	MS	
Program	Name		Addres	s			City		ZIP	
Madera FEP	Progra	m	P. O. Box 1	288		N	Madera	9	93639	
Area Served (cities, whole s			Phone Nur	mber			Email	W	Website	
Madera Co	ounty		No Respo	nse		No	Response	No F	Response	
Age Range A	ed	Maximum Since On				Eligib	le Diagnoses			
No Respo	No Response No Respon						No	Response		
Total Admi	Total Admissions Total Curre Being Serv						gram Type	<u> </u>	evel of mentation	
0			57			CSC	Response			
			This Progra	m Receive	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			te General enue Funds		icaid nds			Other Funds		
\$145,215		No	Response	No Re	sponse			No Response		
			This Program I	ncludes th	e Follow	ving	g Component	ts:		
☐ Medication							Supported Employment nd Education	Case Management	Peer Services	
Other:	Other:									
The State Req	The State Requires Fidelity to Be Monitored						Fidelity Mea	asure Used		
1										

FIR	ST EP	ISODE	E PS	SYCHOSIS A	ND	EARLY	SERIOL	JS I	MENTAL ILLI	NESS PROGR <i>A</i>	MS		
Program	Name			Addres	SS				City		ZIP		
Marin County FE	EP Prog	ıram	20	N. San Pedro,	Suite	e 2028		Sa	n Rafael		94903		
Area Served (cities, whole s				Phone Nu	mbe	r			Email	W	/ebsite		
Marin Co	Marin County No Respons						I	No	Response	No	Response		
Age Range Accepted Maximum T Since Ons						е			Eligib	le Diagnoses			
No Respo		No Respo	nse	e No Re			No	Response					
Total Admi	Total Admissions Total Curre Being Serv						Р	rog	gram Type	_	evel of mentation		
0				12				CSC	C O ESMI	No	No Response		
				This Progra	m R	eceives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General ue Funds		Medi Fur				Other Funds			
\$145,215		Ν	lo R	esponse		No Res	sponse			No Response			
			Th	is Program I	Inclu	ides the	e Follow	ving	g Component	ts:			
☐ Medication							nily ion and port	E	Supported Employment and Education	Case Management	Peer Services		
Other:	Other:												
The State Req	uires F	Fidelity	y to	Be Monitore	ed				Fidelity Mea	asure Used			
	O YES	S ×	NO			N/A							

FIRS	T EPISOD	E PSYCH	HOSIS AND	D EARLY	SERIOU	S MENTAL IL	LNES	SS PROGRA	MS
Program Na	ame		Address			City			ZIP
Mariposa FEP F	Program	ı	P.O. Box 99			Mariposa		9	5338
Area Served (continued cities, whole sta	•	Ph	one Numb	per		Email		We	ebsite
Mariposa Co	ounty	N	No Respons	е		n@mariposahso @mariposahsc.		No R	desponse
Age Range Ac	ccepted		nximum Tir Since Onse			Elig	ible D)iagnoses	
No Respon	nse	N	No Response	е			No Response		
Total Admiss	sions		tal Curren eing Serve		Pr	ogram Type		_	vel of mentation
No Respon	nse		11						
		This	Program	Receives	s the Foll	lowing Funds	s :		
Block Grant Set-Aside Fund		tate Gene evenue Fu		Medi Fur				Other Funds	
\$73,485		No Respon	nse	No Res	sponse			No Response	
		This Pr	ogram Inc	ludes the	e Followi	ing Compone	ents:		
☐ Medication	☐ Primary Ca	re Psyd	Chotherapy	Educat	mily	Supported Employment and Education	M	Case lanagement	Peer Services
Other:									
The State Requi	ires Fideli	ty to Be N	Monitored			Fidelity M	leasu	re Used	
С	YES C	NO		N/A					

FIRST	T EPISOE	E PSYCHOSIS A	ND EARLY	SERIOL	JS MENT	TAL ILLN	IESS PROGRA	MS	
Program Na	ame	Addres	SS		City			ZIP	
Redwood Comm Crisis Cente	•	468 South Fra	anklin St		Fort Bra	99	g	5437	
Area Served (co		Phone Nu	mber		Emai	ı	W	Website	
Mendocino Co	ounty	No Respo	onse		No Respo	onse	No F	Response	
Age Range Acc	cepted	Maximum Since Or				Eligibl	e Diagnoses	es S	
No Respons	se	No Respo	nse	e No Re			Response		
Total Admiss	sions	Total Curr Being Se		P	rogram	Туре		evel of mentation	
No Respons	se	60		0 (csc C) ESMI	No F	Response	
		This Progra	m Receive	s the Fol	lowing	Funds:			
Block Grant Set-Aside Fund		State General evenue Funds		icaid nds			Other Funds		
\$73,485		No Response	No Re	sponse			No Response		
		This Program	Includes th	e Follow	ing Con	nponent	s:		
☐ Medication F	Carrimary Ca	☐ are Psychothera	Fai py Educat	mily tion and	Suppo Employ and Edu	orted yment	Case Management	Peer Services	
Other:									
The State Requir	res Fideli	ty to Be Monitor	ed		Fide	elity Mea	sure Used		
0	YES C) NO	No Res	ponse					

FIR	ST EP	ISOD	E PS	SYCHOSIS A	ND E	EARLY	SERIOL	JS	MENTAL ILL	NES	S PROGRA	MS
Program	Name			Addres	SS				City			ZIP
MCDMH Syste	m of C	are		P.O. Box 2	2087			ľ	Merced		9	5344
Area Served (cities, whole s	•			Phone Nu	mbeı	r			Email		We	ebsite
Merced Co	ounty		2	09-381-6800,	ext. 3	3277	bhoskir	ns@	co.merced.ca.	<u>us</u>	No R	esponse
Age Range A	Accept	ed		Maximum Since Or		Э			Eligib	le D	iagnoses	
No Respo	onse			No Respo	nse				No	Res	sponse	
Total Admi	Total Admissions Total Curre Being Ser						Р	rog	gram Type			vel of nentation
9				16			\boxtimes (CSC O ESMI			Implementation	
				This Progra	ım Re	eceives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu		_		General ue Funds		Medi Fur	icaid nds				Other Funds	
\$145,215		1	No R	esponse		No Res	sponse			ı	No Response	
			Th	is Program I	Inclu	ides the	e Follow	ving	g Component	ts:		
☐ Medication						Educati	mily ion and port	E	Supported Employment and Education	M	Case anagement	Peer Services
Other:	Other:											
The State Req	The State Requires Fidelity to Be Monitored								Fidelity Mea	asuı	e Used	
	⊗ YES	6 0	NO			No Res	ponse					

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND E	EARLY	SERIOL	JS I	MENTAL ILLI	NESS	S PROGRA	MS
Program	Name			Addres	SS				City			ZIP
AVANZ	ZA			1270 Nativid	lad Ro	d		9	Salinas		9	3906
Area Served (cities, whole s	•	-		Phone Nu	mber	r			Email		We	ebsite
Monterey (County			No Respo	nse		I	No	Response		No R	esponse
Age Range A	Accept	ed		Maximum Since Or)			Eligib	le Dia	agnoses	
No Respo	onse			No Respo	nse				No	Resp	oonse	
Total Admi	Total Admissions Total Curre Being Ser						Р	rog	ıram Type			vel of mentation
19							\boxtimes (CSC	C O ESMI		Implementa	ation (imputed)
				This Progra	m Re	eceives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds		Medi Fur					Other Funds	
\$216,943		1	No R	esponse		No Res	sponse			N	o Response	
			Th	is Program I	Inclu	des the	e Follow	ving	g Component	ts:		
☐ Medication							nily ion and port	E	Supported Employment and Education	Ma	Case nagement	Peer Services
Other:	Other:											
The State Req	The State Requires Fidelity to Be Monitored								Fidelity Mea	asure	Used	
	⊗ yes		NO		F	PIER						

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARL	/ SERIO	US I	MENTAL ILLI	NESS PROGRA	AMS	
Program	Name		Addres	s			City		ZIP	
Supportive Out Access to Re (SOAF	source		1546 1st S	treet			Napa		94559	
Area Served (cities, whole s			Phone Nui	mber		ı	Email	W	/ebsite	
Napa Co	unty		707-253-0	123	sogle	esby	@aldeainc.org	Progr	Program Website	
Age Range A	Accept	ed	Maximum Since On				Eligib	le Diagnoses		
8-30			2 years	3	No R			Response		
Total Admi	Total Admissions Total Curre Being Ser						ıram Type		evel of mentation	
9			16		\boxtimes	CSC	C O ESMI	Imple	ementation	
			This Progra	m Receive	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			te General enue Funds		licaid inds			Other Funds		
\$145,215		No	Response	No Re	esponse			No Response	;	
		7	This Program I	ncludes th	ne Follov	ving	g Component	ts:		
							Supported Employment and Education	⊗ Case Management	⊗ Peer Services	
Other:	Other:									
The State Req	uires F	Fidelity	to Be Monitore	red Fidelity Measure Used						
	⊗ YES	S ON	0	No Res	sponse					

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	MS	
Program I	Name		Addres	s			City		ZIP	
Crisis Insight Res	spite C	enter	500 Crown Poil Ste 120			Gra	ass Valley	ć	95945	
Area Served (cities, whole s			Phone Nur	mber		ı	Email	W	ebsite	
Nevada Co	ounty		No Respo	nse		No I	Response	No F	No Response	
Age Range A	ccept	ed	Maximum Since On				Eligib	le Diagnoses		
No Respo	onse		No Respo	nse			No	o Response		
Total Admis	ssion	6	Total Curro Being Ser		Program IVno				evel of mentation	
16			16		□ csc □ esmi			No F	No Response	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Gran Set-Aside Fu			ate General enue Funds		icaid nds			Other Funds		
\$145,215		N	o Response	No Re	sponse			No Response		
			This Program I	ncludes th	e Follow	ving	g Component	is:		
☐ Medication	ary Care	Psychotherap	Fai by Educat	mily ion and	Е	Supported Employment and Education	Case Management	Peer Services		
Other:										
The State Requ	uires	Fidelity	to Be Monitore	d			Fidelity Mea	asure Used		
() YES	8 🗵	NO	N/A						

FIR	ST EP	ISODE	PSYCHOSIS A	ND EA	ARLY SERIO	US	MENTAL ILLI	NESS PROGRA	MS
Program	Name		Addres	ss			City		ZIP
Youth Hospital I	nterven	tion	4095 County Ci	ircle Driv	ve	R	iverside	g	5971
Area Served (cities, whole s	3		Phone Nu	mber			Email	W	ebsite
Nevada C	ounty		No Respo	onse			ose@rcmhd.org on@rcmhd.org		Response
Age Range A	Accept	ed	Maximum Since Or				Eligib	le Diagnoses	
No Respo	onse		No Respo	nse		No R			
Total Admi	Total Admissions Total Curre Being Ser						Program Type		evel of mentation
2491			2		0	CSC	C ⊠ ESMI	Imple	mentation
			This Progra	ım Rec	eives the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu			te General enue Funds	ı	Medicaid Funds			Other Funds	
\$288,673		No	Response	N	lo Response			No Response	
			This Program	Include	es the Follov	ving	g Component	s:	
☐ Medication							Supported Employment and Education	Case Management	Peer Services
Other:	Other:								
The State Req	uires F	idelity	to Be Monitor	ored Fidelity Measure Used					
							and recovery		

FIR	ST EF	PISODE	PS	SYCHOSIS A	ND I	EARLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS
Program	Name			Addres	SS				City			ZIP
UC Davis Sa	acEdap	t		No Respo	nse				Davis		No R	Response
Area Served (cities, whole s	•			Phone Nu	mbe	r			Email		We	ebsite
Sacramento	County	y		916-734-7	'251		dmn	<u>ngu</u>	ı@ucdavis.edu		<u>Progra</u>	m Website
Age Range A	Accept	ed		Maximum Since Or		е			Eligib	le D	iagnoses	
12-30	12-30 2 year								No	Res	sponse	
Total Admi	Total Admissions Total Curre Being Ser							rog	gram Type			vel of nentation
117				57			⊠ cso		SC O ESMI		Program Sustainability	
				This Progra	m R	eceive	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds			icaid nds				Other Funds	
\$288,673		N	lo R	esponse		No Res	sponse			1	No Response	
			Th	is Program I	Inclu	ides th	e Follow	/ing	g Component	ts:		
							mily ion and		Supported Employment nd Education	M	⊠ Case anagement	Peer Services
Other:	Other:											
The State Req	red Fidelity Measure Used											
	⊗ YE	s O	NO			EDAPT						

FIRS	ST EP	ISODE	PSYCHOSIS A	ND EARLY	SERIO	JS I	MENTAL ILLI	NESS PROGRA	MS		
Program N	Name		Addres	s			City		ZIP		
Premier Prog Orchid Co	_		303 East Vande	erbilt Way	S	San I	Bernardino	Ş	02415		
Area Served (cities, whole s			Phone Nu	mber		ı	Email	W	ebsite		
San Bernarding	o Cour	nty	No Respo	nse		No I	Response	No F	No Response		
Age Range A	ccept	ed	Maximum Since On				Eligib	le Diagnoses			
No Respo	nse		No Respo	nse			No	Response			
Total Admis	ssions	5	Total Curr Being Sei		Р	rog	ıram Type	_	evel of mentation		
No Respo	nse		12			Response					
			This Progra	m Receive	s the Fo	llov	wing Funds:				
Block Gran Set-Aside Fur	•		ate General renue Funds		icaid nds			Other Funds			
\$288,673		N	o Response	No Re	sponse			No Response			
			This Program I	ncludes th	e Follow	ving	g Component	is:			
☐ Medication	ary Care	Psychotheral	Fai by Educat	mily tion and oport	E	Supported Employment and Education	Case Management	Peer Services			
Other:	Other:										
The State Requ	uires I	Fidelity	to Be Monitore	ed			Fidelity Mea	asure Used			
(× YES		NO	Adults	needs and	d str	rengths				

FIR	ST EF	PISODE	E PS	SYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILLI	NESS PROGRA	MS		
Program I	Name			Addres	s			City		ZIP		
Pathways Coi Kicksta		ty	6	160 Mission G #100	orge Rd,		Sa	an Diego	ę	92120		
Area Served (Phone Nur	nber			Email	W	ebsite		
San Diego (County			619-481-3	790	<u>hgra</u>	ven(@provcorp.com	om Program Website			
Age Range A	ccept	ted		Maximum Since On				Eligib	le Diagnoses			
10-25	5			No Respo	nse			No	Response			
Total Admis	Total Admissions Total Curr Being Se						Prog		Level of Implementation			
No Respo	onse			16		0	CS	C O ESMI	No Response			
				This Progra	m Receiv	es the Fo	llov	wing Funds:				
Block Gran Set-Aside Fu				General ue Funds		dicaid unds			Other Funds			
\$288,673		N	lo R	esponse	No R	esponse			No Response			
			Th	is Program I	ncludes 1	he Follov	vinç	g Component	ts:			
	⊠ Psychotherap	y Educ			Supported Employment nd Education	Case Management	© Peer Services					
Other:	Other:											
The State Requ	uires	Fidelity	y to	Be Monitore	ed			Fidelity Mea	asure Used			
(⊗ YES □ NO							PIER				

FIR	ST EPI	ISODE	PSYCHOSIS A	ND EARLY	SERIOU	JS MENTAL II	LNES	SS PROGRA	MS	
Program	Name		Addres	s		City			ZIP	
Felton Early P Program San I	-	-	3221 Geary Blvd	, 2nd Floor	S	San Francisco		9	4121	
Area Served (cities, whole s			Phone Nur	mber		Email		W	ebsite	
San Francisco	o Count	у	415-614-5	970	FEF	PPsf@felton.org	1	Progra	m Website	
Age Range A	Accepte	ed	Maximum Since On			Elig	ible C	Diagnoses		
14-35	5		2 years	;		•		nizophreniform ive disorders	, and	
Total Admi	ssions	3	Total Curro Being Ser		Program Type			Level of Implementation		
No Respo	onse		183		⊗ CSC □ ESMI			Program Sustainability		
			This Progra	m Receive	s the Fol	llowing Funds	s:			
Block Grar Set-Aside Fu			e General nue Funds		icaid nds			Other Funds		
\$216,943		No	Response	No Re	sponse			No Response		
		7	his Program I	ncludes th	e Follow	ing Compone	ents:			
		⊠ ary Care	⊠ Psychotherap	Fai by Educat	mily tion and	Supported Employment and Education	M	Case lanagement	Peer Services	
Other:										
The State Req	uires F	idelity	o Be Monitore	ed		Fidelity N	leasu	re Used		
	⊠ YES		0	PREP						

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	MS
Program N	Name		Addres	s			City		ZIP
Telecare Early Ir and Recovery			4545 Georgetov Suite A			S	tockton	ę	95207
Area Served (cities, whole s			Phone Nui	mber		I	Email	W	ebsite
San Joaquin	County	У	209-955-1	139	mplana	is@	telecarecorp.co	<u>Progra</u>	ım Website
Age Range A	ccept	ed	Maximum Since On				Eligib	le Diagnoses	
16-25			No Respo	nse			No	Response	
Total Admis	ssions	5	Total Curr Being Sei		P	rog	ıram Type	_	evel of mentation
No Respo	nse		No Respo	nse	⊠ CSC ☐ ESMI Implen				mentation
			This Progra	m Receive	s the Fo	llov	wing Funds:		
Block Gran Set-Aside Fur			ate General venue Funds		icaid nds			Other Funds	
\$204,977		N	o Response	No Re	sponse			No Response	
			This Program I	ncludes th	e Follow	ving	g Component	s:	
⊠ Medication	☐ ary Car	⊠ e Psychothera _l	Fai by Educat	mily tion and oport	E	Supported Employment and Education	Case Management	Peer Services	
Other:	Other:								
The State Requ	uires l	Fidelity	to Be Monitore	ed			Fidelity Mea	asure Used	
(8 🗵	NO	N/A						

FIR	ST EP	ISOD	E PS	SYCHOSIS A	ND E	EARLY	SERIOL	JS	MENTAL ILLI	NESS PROG	RAMS
Program	Name			Addres	SS				City		ZIP
Early Psychosi	s Progr	am		2078 Johnson	on Ave	е	S	an l	_uis Obispo		93401
Area Served (cities, whole s	•			Phone Nu	mber	r			Email		Website
San Luis Obis	oo Coui	nty		805-788-2	2055		fwar	ren	@co.slo.ca.us	N	o Response
Age Range A	Accept	ed		Maximum Since Or		•			Eligib	le Diagnoses	
No Respo	onse			No Respo	onse				No	Response	
Total Admi	Total Admissions Total Curre Being Ser						Р	rog	ıram Type	lmp	Level of lementation
No Respo	onse			43			⊗ (CSC	C O ESMI	Im	olementation
				This Progra	m Re	eceives	s the Fo	llov	ving Funds:		
Block Grar Set-Aside Fu		_		General ue Funds		Medi Fur				Other Funds	
\$145,215		1	No R	esponse		No Res	sponse			No Respon	se
			Th	is Program I	Inclu	des the	e Follow	ving	g Component	ts:	
☐ Medication							mily ion and port	E	Supported Employment and Education	Case Management	Peer Services
Other:	Other:										
The State Req	The State Requires Fidelity to Be Monitored								Fidelity Mea	asure Used	
	⊗ YES	3 0	NO		1	NAVIGA	ΛΤΕ				

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARLY	SERIO	JS I	MENTAL ILLI	NESS PF	ROGRA	MS	
Program	Name		Addres	s			City			ZIP	
Felton Early P Program Sar	•		1108 S. El Cam	ino Real		Sa	ın Mateo		94402		
Area Served (cities, whole s			Phone Nur	nber		ı	Email		W	ebsite	
San Mateo	County		650-458-0	026	<u>FEPPs</u>	anm	nateo@felton.o	rg	Progra	ım Website	
Age Range A	ccept	ed	Maximum Since On				Eligib	le Diagn	oses		
14-35	5		2 years	;			Schizophrenia, schizoat	schizoph		, and	
Total Admi	ssions	5	Total Curre Being Ser		Р	Program Type			Level of Implementation		
No Respo	onse		No Respon	nse	\boxtimes	CSC	C O ESMI	F	Program	Sustainability	
			This Progra	m Receive	s the Fo	llov	ving Funds:				
Block Grar Set-Aside Fu			te General enue Funds		icaid nds				ther inds		
\$216,943		No	Response	No Re	sponse			No Re	esponse		
		7	This Program I	ncludes th	e Follow	ving	Component	s:			
⊠ Medication	⊗ ary Care	⊠ Psychotherap	Fai by Educat	⊠ mily tion and oport	Е	Supported Employment and Education	Cas Manage	se	Peer Services		
Other:	Other:										
The State Requ	uires I	Fidelity	to Be Monitore	d			Fidelity Mea	asure Us	ed		
(O YES		0	No Res	ponse						

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS											
Program Name			Address	s	City				ZIP		
Prevention and Early Intervention for Transition Age Youth			00 N San Antor Bldg. #3		Santa Barbara			(93110		
Area Served (counties, cities, whole state, etc.)			Phone Number			Email			Website		
Santa Barbara		805-681-52	suzkirk@ co-santa-barbara.ca.us			No F	No Response				
Age Range Accepted			Maximum Time Since Onset			Eligible Diagnoses					
No Response			1 year			No Response					
Total Admissions			Total Currently Being Served		Program Type			Level of Implementation			
No Respo	No Response		370		⊠ CSC □ ESMI		Imple	Implementation			
This Program Receives the Following Funds:											
			General ue Funds		Medicaid Funds		Other Funds				
\$216,943	\$216,943		esponse	No Re	No Response		No Response				
This Program Includes the Following Components:											
☐ Medication	C Primary Care		☐ Psychotherap	Far by Educat	Family ucation and Support		Supported Employment and Education	Case Management	Peer Services		
Other:											
The State Requires Fidelity to Be Monitored				d	Fidelity Measure Used						
				No Res	No Response						

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS												
Program Name			Address				City			ZIP		
Young Adults in Transition Program			280 S. Bascom Avenue Suite 200				San Jose			95128		
Area Served (counties, cities, whole state, etc.)			Phone Number				Email			Website		
Santa Clara County			No Response				No Response			No Response		
Age Range Accepted			Maximum Time Since Onset			Eligible Diagnoses						
No Response			No Response			No Response						
Total Admissions				Total Currently Being Served		Р	Program Type			Level of Implementation		
No Respo	No Response			370		\boxtimes	⊠ CSC □ ESMI			No Response		
This Program Receives the Following Funds:												
Block Grant Set-Aside Funds			State General evenue Funds			Medicaid Funds		Other Funds				
\$216,943	\$216,943		No Response		No R	No Response		No Response				
This Program Includes the Following Components:												
☐ Medication	O Primary Care		re	C Psychothera	py Educa	amily ation and pport	E	Supported Employment and Education	Case Managem	ent	Peer Services	
Other:												
The State Requires Fidelity to Be Monitored					ed	Fidelity Measure Used						
⊠ YES □ NO				No Re	No Response							

FIR	ST EP	ISODE	E PS	YCHOSIS A	ND I	EARLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS
Program	Name			Addres	s				City			ZIP
Early Interv Program for Tra Youth and	nsition	Age		1400 Emeline	e Ave	€.		Sa	inta Cruz		95060	
Area Served (cities, whole s				Phone Nur	nbe	r			Email		We	ebsite
Santa Cruz	County			No Respoi	nse		<u>sar</u> <u>S</u>	ntac teve	ne.Najera@ ruzcounty.us; e.Ruzicka@ ruzcounty.us		No R	esponse
Age Range A	Age Range Accepted Maximum Since On								Eligib	le D	iagnoses	
No Respo	No Response No Respon							No R			esponse	
Total Admi	Total Admissions Total Curre Being Serv							Program Type				vel of nentation
53				63		⊗ csc □ esmi			Imple	mentation		
				This Progra	m R	eceive	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds		Medi Fur	icaid nds				Other Funds	
\$145,215		N	lo Re	esponse		No Res	sponse			ı	No Response	
			Thi	is Program I	nclu	ides th	e Follow	ving	g Component	ts:		
☐ Medication							mily ion and port	E	Supported Employment and Education	M	Case anagement	Peer Services
Other:	Other:											
The State Req	The State Requires Fidelity to Be Monitore								Fidelity Mea	asuı	re Used	
(

FIR	ST EF	PISODE	E PSYCHOSIS A	ND EARLY	SERIO	JS I	MENTAL ILLI	NESS PROGRA	MS
Program	Name		Addres	SS			City		ZIP
The Underser	ved Ch	ild	1810 Mark	et St		F	Redding	g	06001
Area Served (cities, whole s			Phone Nu	mber		ı	Email	W	ebsite
Shasta Co	ounty		530-229-8	423	dshelte	on@)co.shasta.ca.u	No F	Response
Age Range A	ccept	ed	Maximum Since Or				Eligib	le Diagnoses	
No Respo	onse		No Respo	nse			No	Response	
Total Admi	ssion	S	Total Curr Being Se	_	P	rog	ıram Type		evel of mentation
25			19		\boxtimes	CSC	C O ESMI	Imple	mentation
			This Progra	m Receive	s the Fo	llov	ving Funds:		
Block Grar Set-Aside Fu			ate General venue Funds		icaid nds			Other Funds	
\$137,205		N	lo Response	No Re	No Response No Response				
			This Program	ncludes th	e Follow	ving	g Component	is:	
☐ Medication	Prim	ary Car	Psychothera	Fai py Educat	mily tion and oport	E	Supported Employment and Education	Case Management	Peer Services
Other:									
The State Req	uires	Fidelity	y to Be Monitore	ed			Fidelity Mea	asure Used	
1	O YES	8 🛛	NO	N/A					

FIR	ST EP	ISODE F	SYCHOSIS A	ND EAI	RLY SERIO	US I	MENTAL ILLI	NESS PROGRA	MS
Program	Name		Addres	SS			City		ZIP
Sierra County F	EP Prog	ram	P.O. Box 1	019		L	oyalton	Ś	96118
Area Served (cities, whole s	2		Phone Nu	mber		I	Email	W	ebsite
Sierra Co	ounty		530-993-6	746	_		racounty.ca.goverracounty.ca.go	Progra	am Website
Age Range A	Accepto	ed	Maximum Since Or				Eligib	le Diagnoses	
No Respo	onse		No Respo	nse			No	Response	
Total Admi	ssions	;	Total Curr Being Se		Р	Program Type			evel of mentation
No Respo	onse		No Respo	nse	⊠ CSC □ ESMI			Ins	tallation
			This Progra	m Rece	eives the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu	_		e General nue Funds	N	Medicaid Funds			Other Funds	
\$73,485		No	Response	No	Response			No Response	
		Т	his Program	Includes	s the Follov	ving	g Component	is:	
☐ Medication	Prima	ary Care	☐ Psychothera	py Ed	Family lucation and Support	E	Supported Employment and Education	Case Management	Peer Services
Other:									
The State Req	uires F	idelity t	o Be Monitore	ed			Fidelity Mea	asure Used	
	O YES	ON)	No	Response				

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	MS
Program	Name		Addres	s			City		ZIP
Support Outre Access to Re (SOAF	source		470 Chadbourr Suite A			F	airfield	Ş	94534
Area Served (cities, whole s			Phone Nur	mber		ı	Email	W	ebsite
Solano Co	ounty		707-425-9	670	nmar	tinez	z@aldeainc.org	<u>Progra</u>	am Website
Age Range A	Accept	ed	Maximum Since On				Eligib	le Diagnoses	
12-30	12-30 2 years						No	Response	
Total Admi	5	Total Curro Being Ser		Program IVne				evel of mentation	
16			39		\boxtimes	CSC	C O ESMI	Imple	ementation
			This Progra	m Receive	s the Fo	llov	ving Funds:		
Block Grar Set-Aside Fu			te General enue Funds		licaid nds			Other Funds	
\$216,943		No	Response	No Re	esponse			No Response	
		٦	Γhis Program I	ncludes th	ne Follov	ving	g Component	ts:	
☐ Medication							Supported Employment and Education	Case Management	Peer Services
Other:	Other:								
The State Req	uires l	Fidelity	to Be Monitore	ed			Fidelity Mea	asure Used	
	⊗ YES		IO	EDAPT	-				

FIRS ⁻	T EPISOI	DE P	SYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILL	NESS PROGRA	MS		
Program Na	ame		Addres	S			City		ZIP		
Crisis Assessr Prevention, and E (CAPE) Tea	Education		3322 Chanate	e Road		Sa	nta Rosa	Ş	95404		
Area Served (co			Phone Nur	nber			Email	W	ebsite		
Sonoma Cou	unty		707-565-69	900		No	Response	Progra	Program Website		
Age Range Ac	cepted		Maximum Since On				Eligib	le Diagnoses			
16-25			No Respon	nse	No R			Response			
Total Admiss	sions		Total Curre Being Ser		F	Program Type			evel of mentation		
No Respons	ise		38		\boxtimes	CSC	C O ESMI	Imple	mentation		
			This Progra	m Receiv	es the Fo	llov	wing Funds:				
Block Grant Set-Aside Fund			General ue Funds		dicaid unds			Other Funds			
\$216,943		No R	Response	No R	esponse			No Response			
		Th	is Program I	ncludes t	he Follov	ving	g Component	ts:			
☐ Medication	O Primary C	are	C Psychotherap	y Educa	amily ation and apport	E	Supported Employment and Education	Case Management	Peer Services		
Other:											
The State Requi	he State Requires Fidelity to Be Monitored Fidelity Measure Used										
\boxtimes	YES (ои С		No Re	sponse						

FIR	ST EP	ISODE	E PS	YCHOSIS A	ND EAR	LY SERIO	US	MENTAL ILLI	NESS PROGRA	MS
Program	Name			Addres	s			City		ZIP
The Life PATH	l Progra	am	1	1400 K Street	, Suite I		N	Modesto	ę	95354
Area Served (cities, whole s	•			Phone Nur	mber			Email	W	ebsite
Stanislaus (County			209-312-9	580		No	Response	Progra	ım Website
Age Range A	Accept	ed		Maximum Since On				Eligib	le Diagnoses	
14-25	5			1 year				No	Response	
Total Admi	5		Total Curro Being Ser		P	roç	gram Type	_	evel of mentation	
23				25		\boxtimes	CS	C O ESMI	Imple	mentation
			7	This Progra	m Recei	ves the Fo	llo	wing Funds:		
Block Grar Set-Aside Fu				General le Funds		edicaid Funds			Other Funds	
\$204,977		N	lo Re	sponse	No I	Response			No Response	
			This	s Program I	ncludes	the Follov	vinç	g Component	s:	
⊠ Medication								Supported Employment nd Education	Case Management	Peer Services
Other:	Other:									
The State Req	uires	Fidelity	y to I	Be Monitore	ed			Fidelity Mea	asure Used	
	The State Requires Fidelity to Be Monitore ☐ YES ☐ NO									

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILL	NESS PROGRA	MS	
Program	Name		Addres	ss			City		ZIP	
FEP Prog Tehama C			P. O. Box	400		Re	ed Bluff	g	6080	
Area Served (cities, whole s	•		Phone Nu	mber		E	Email	W	Website	
Tehama C	ounty		No Respo	nse	<u>Betsy</u>	t No F	Response			
Age Range A	Accept	ed	Maximum Since On				Eligib	le Diagnoses	ignoses	
No Resp	onse		No Respo	nse	se No Re					
Total Admi	ssions	3	Total Curr Being Sei		Program Type				evel of mentation	
No Resp	onse		No Respo	nse	□ CSC □ ESMI Installation					
			This Progra	m Receive	s the Fo	llow	ving Funds:			
Block Grar Set-Aside Fu			ate General enue Funds		licaid Inds			Other Funds		
\$73,485		No	Response	No Re	esponse			No Response		
			This Program I	ncludes th	ne Follov	ving	Component	ts:		
☐ Medication	Prim	ary Care	Psychotheral	Fa py Educa	imily tion and pport	Е	Supported Employment and Education	Case Management	Peer Services	
Other:										
The State Req	The State Requires Fidelity to Be Monitored Fidelity Measure Used									
	O YES	S 🗵 I	NO	N/A						

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND E	EARLY	SERIOL	JS I	MENTAL ILLI	NES	S PROGRA	MS	
Program	Name			Addres	SS				City			ZIP	
Forensic Se Progra				P. O. Box	400			We	eaverville		96093		
Area Served (cities, whole s				Phone Nu	mbei	r			Email		Website		
Trinity Co	ounty			No Respo	nse			No I	Response		No Response		
Age Range A	Accept	ed		Maximum Since Or		9			Eligib	le Di	Diagnoses		
No Resp	No Response No Respo								No	Res	ponse		
Total Admi	Total Admissions Total Curre Being Serv							rog	gram Type		Level of Implementation		
No Resp	onse			12			☐ CSC ☐ ESMI No R				esponse		
				This Progra	m Re	eceives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General ue Funds		Medi Fur					Other Funds		
\$73,485		Ν	No R	esponse		No Res	sponse			Ν	No Response		
			Th	is Program I	Inclu	ides the	e Follow	/ing	g Component	ts:			
☐ Medication								E	Supported Employment and Education	Ma	Case anagement	Peer Services	
Other:	Other:												
The State Req	Fidelit	Be Monitore	ed				Fidelity Mea	asur	e Used				
	☐ YES ☐ NO							No Response					

FIR	ST EF	PISODI	E PS	SYCHOSIS A	ND EAR	LY SERIO	US	MENTAL ILLI	NESS PROGRA	MS
Program	Name			Addres	s			City		ZIP
Tuolumne (FEP Prog	-			105 Hospita	al Rd		;	Sonora	Ş	95370
Area Served (cities, whole s				Phone Nur	nber			Email	W	ebsite
Tuolumne (County			No Respon	nse	laustin	<u>@c</u>	o.tuolumne.ca.ı	No F	Response
Age Range A	Accept	ted		Maximum Since On				Eligib	le Diagnoses	
No Resp	onse			No Respo	nse			No	Response	
Total Admi	Total Admissions Total Curre Being Ser							gram Type		evel of mentation
No Resp	No Response 12						⊠ CSC □ ESMI			tallation
				This Progra	m Recei	ves the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu				General ue Funds		edicaid Funds			Other Funds	
\$73,485		1	No R	esponse	No	Response			No Response	
			Th	is Program I	ncludes	the Follow	vinç	g Component	ts:	
☐ Medication	☐ nary Ca	re	☐ Psychotherap	y Edu	Camily cation and Support		Supported Employment nd Education	Case Management	Peer Services	
Other:	Other:									
The State Req	uires	Fidelit	y to	Be Monitore	d			Fidelity Mea	asure Used	
	O YES O NO									

FIR	ST EP	ISODE F	SYCHOSIS A	ND EARLY	' SERIOL	JS I	MENTAL ILLI	NESS PROGRA	MS
Program	Name		Addres	ss			City		ZIP
Ventura Early Ir Prevention Serv			1746 S. Victoria	Ave, #220		V	/entura	g	93003
Area Served (cities, whole s	2		Phone Nu	mber		E	Email	W	ebsite
Ventura C	ounty		805-477-9	848	<u>vip</u>	<u>s@t</u>	elecare.com	Progra	ım Website
Age Range A	Accept	ed	Maximum Since Or				Eligib	le Diagnoses	
16-25	5		1 year				Psych	otic symptoms	
Total Admi	ssions	5	Total Curr Being Se		Р	rog	ram Type		evel of mentation
68			65		\boxtimes	CSC	C ESMI	Imple	mentation
			This Progra	m Receive	s the Fo	llow	ving Funds:		
Block Grar Set-Aside Fu			e General nue Funds		icaid nds			Other Funds	
\$216,943		No	Response	No Re	sponse			No Response	
		Т	his Program	Includes th	e Follow	/ing	Component	ts:	
	Prima	⊠ ary Care	⊠ Psychothera	Fa py Educa	mily tion and	Е	Supported Employment and Education	Case Management	Peer Services
Other:									
The State Req	uires F	Fidelity t	o Be Monitor	ed			Fidelity Mea	asure Used	
	⊗ YES	S O N	0	PIER					

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND I	EARLY	SERIO	IJS	MENTAL ILLI	NESS PROGI	RAI	MS	
Program l	Name			Addres	SS				City			ZIP	
Yolo EDA	APT			137 N. Cottony Suite 25		St.		W	oodland/		95695		
Area Served (cities, whole s				Phone Nu	mbe	r			Email		We	ebsite	
Yolo Cou	unty			No Respo	nse			No	Response	N	o R	esponse	
Age Range A	ccept	ed		Maximum Since On		e			Eligib	le Diagnoses			
No Respo	No Response No Respo								No	Response	Response		
Total Admi	Total Admissions Total Curre Being Serv							Program Type			Level of Implementation		
No Respo	No Response 9						\boxtimes	CS	C O ESMI	Implem	Implementation (imputed)		
				This Progra	m R	eceives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General ue Funds		Medi Fur				Other Funds			
\$145,214		١	No R	esponse		No Res	sponse			No Respon	se		
			Th	is Program I	Inclu	ides the	e Follow	ving	g Component	ts:			
Medication Primary Care Psychotherapy						Far Educati Sup	nily ion and		Supported Employment and Education	Case Managemen	Ì	Peer Services	
Other:													
The State Req	uires I	Fidelit	y to	Be Monitore	ed				Fidelity Mea	asure Used			
	× YES □ NO												

FIR	ST EP	ISOD	E PS	SYCHOSIS A	ND E	ARLY	SERIOL	JS I	MENTAL ILLI	NESS PROGR	AMS
Program	Name			Addres	ss				City		ZIP
First Onset	Team			No Respo	nse			ı	Fresno	No	Response
Area Served (cities, whole s	•	-		Phone Nu	mber			ı	Email	7	Website
Fresno Co	ounty			559-600-4	681		javer	<u>y@</u> (co.fresno.ca.us	No	Response
Age Range A	Accept	ed		Maximum Since Or					Eligib	le Diagnoses	
No Respo	No Response No Respon								No	Response	
Total Admi	Total Curr Being Se			Р	rog	ıram Type		Level of ementation			
No Respo	No Response No Respons						\boxtimes	CSC	C O ESMI	Imp	lementation
				This Progra	m Re	ceives	s the Fo	llov	ving Funds:		
Block Grar Set-Aside Fu				General ue Funds		Medi Fur				Other Funds	
\$0		1	No R	esponse		No Res	sponse			No Respons	e
			Th	is Program I	Includ	des the	e Follow	ving	g Component	ts:	
☐ Medication							mily ion and port	E	Supported Employment and Education	Case Management	Peer Services
Other:	Other:										
The State Req	y to	Be Monitore	ed				Fidelity Mea	asure Used			
	O YES	s 0	NO		N	No Resp	oonse				

FIR	ST EPI	ISODE P	SYCHOSIS A	ND EARL	Y SERIOI	US I	MENTAL ILL	NESS PROGRA	MS
Program	Name		Addres	ss			City		ZIP
First Episode Ou Support Program			No Respo	nse	Los Angeles			No F	Response
Area Served (cities, whole s			Phone Nu	mber	er Email			W	ebsite
Los Angeles	Los Angeles County No Response					No	Response	No F	Response
Age Range A	Time nset	Eligible Diagnoses							
No Respo	No Response No Respon						No	Response	
Total Admi	Total Admissions Total Curren Being Serve					Program Type			evel of mentation
No Respo	onse		No Respo	nse	\boxtimes	CSO	C O ESMI	Program	Sustainability
			This Progra	m Receive	es the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu			e General nue Funds		licaid Other ands Funds				
\$0		No F	Response	No R	esponse			No Response	
		TI	nis Program I	Includes t	he Follow	ving	g Component	ts:	
☐ Medication							Supported Employment and Education	Case Management	Peer Services
Other:									
The State Req	uires F	idelity to	Be Monitore	ed			Fidelity Mea	asure Used	
	O YES	□ NC)	No Re	sponse				

FIR	ST EP	ISODE	PSYCHOSIS A	AND	EARLY	SERIOL	JS I	MENTAL ILLI	NESS	S PROGRA	MS
Program	Name		Addres	SS				City			ZIP
Felton Early P	•	is	11 Quail Run Suite 20		ele,	Salinas				93907	
Area Served (cities, whole s			Phone Nu	mbe	er		I	Email		Website	
Monterey C	Monterey County 831-424-503					FEPPmonterey@felton.org Program Website					m Website
Age Range A	Age Range Accepted Maximum Ti Since Onse					Eligible Diagnoses					
14-35	S		Schizophrenia, schizophreniform, and schizoaffective disorders					, and			
Total Admissions Total Curren Being Serve										Level of Implementation	
No Respo	onse		No Respo	nse		\boxtimes	CSC	C O ESMI		Program	Sustainability
			This Progra	ım R	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			te General enue Funds			Medicaid Other Funds Funds				• • • • • • • • • • • • • • • • • • • •	
\$0		No	Response		No Res	sponse			N	o Response	
			This Program	Inclu	udes the	e Follow	/ing	g Component	ts:		
☐ Medication	0 0 0						E	Supported Employment and Education	Ma	Case nagement	Peer Services
Other:	Other:										
The State Req	The State Requires Fidelity to Be Monitored							Fidelity Mea	asure	e Used	
(O YES		10		No Response						

FIR	ST EPISO	DE P	SYCHOSIS A	ND E	ARLY	SERIO	JS I	MENTAL ILL	NES	S PROGRA	MS
Program	Name		Addres	s				City			ZIP
Orange County Resiliency Edu Wellness (OC	cation and		792 Town & 0	County	nty Orange			92868			
Area Served (cities, whole s			Phone Nui	mber		Email				We	ebsite
Orange C	Orange County 714-480-5115					OC_CREW@ochca.com Progra					m Website
Age Range A	Age Range Accepted Maximum Times Since Onse							Eligib	le D	iagnoses	
14-25					Schizophrenif	orm	spectrum diso	sorder			
Total Admissions Total Curren Being Serve					,	Program Type				Level of Implementation	
No Respo	onse		No Respo	nse		\boxtimes	CSC	C O ESMI		Program	Sustainability
			This Progra	m Re	eceives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			General ue Funds		Medi Fur					Other Funds	
\$0		No R	esponse		No Res	sponse			ı	No Response	
		Th	is Program I	nclu	des the	e Follow	/ing	g Component	s:		
						ion and	E	Supported Employment and Education	M	⊠ Case anagement	Peer Services
Other:											
The State Req	ed	Fidelity Measure Used									
	O YES	⊃ NO		١	No Response						

FIR	ST EP	ISODE	E PS	SYCHOSIS A	ND E	ARLY	SERIOL	JS	MENTAL ILLI	NESS PROGRA	MS	
Program	Name			Addres	SS				City		ZIP	
UC Davis E	EDAPT			No Respo	nse	Davis			Davis	No F	No Response	
Area Served (cities, whole s	•			Phone Nu	mber	er Email			Email	W	ebsite	
Sacramento County 916-734-3350				350	OC_CREW@ochca.com Program Web					am Website		
Age Range Accepted Maximum Tir Since Onse						Eligible Diagnoses						
12-40	12-40 1 year								No	Response		
Total Admi	Total Admissions Total Curren Being Serve					,	Program Type			`	evel of mentation	
No Respo	onse			No Respo	nse	⊗ CSC □ ESMI			C O ESMI	Program	Sustainability	
				This Progra	m Re	eceives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds		Medicaid Funds				Other Funds		
\$0		N	lo R	esponse		No Res	sponse			No Response		
			Th	is Program I	Includ	des the	e Follow	ving	g Component	ts:		
⊠ Medication						Fan Educati Sup	mily ion and	E	Supported Employment and Education		⊗ Peer Services	
Other:												
The State Req	The State Requires Fidelity to Be Monitored				ed				Fidelity Mea	asure Used		
	⊗ YES		NO		Е	EDAPT						

FIR	ST EP	ISODE P	SYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	s			City		ZIP	
Cognitive Ass and Risk Eva (CARE) Pro	aluatior		140 Arbor Drive,	4th Floor		Sa	an Diego	ę	2103	
Area Served (cities, whole s			Phone Nur	nber		1	Email	W	ebsite	
San Diego	County		619-543-77	745	kcad	Progra	m Website			
Age Range A	Age Range Accepted Maximum Ti Since Onse					Eligible Diagnoses				
12-30				No	Response					
Total Admi	ently ved	Program Type				evel of mentation				
No Respo	No Response No Respons					csc	O ESMI	Imple	mentation	
			This Prograi	m Receive	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			e General nue Funds		Medicaid Other Funds Funds					
\$0		No F	Response	No Re	sponse			No Response		
		TI	his Program I	ncludes th	e Follov	ving	g Component	s:		
	Fai by Educat	⊠ mily tion and oport	Е	Supported Employment and Education	Case Management	Peer Services				
Other:										
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used				
	O YES	s O NO)	No Res	ponse					

FIR	ST EF	PISODE	E PSYCHOSIS A	ND EARLY	' SERIOL	JS	MENTAL ILL	NESS PROGRA	MS		
Program	Name		Addres	ss			City		ZIP		
UCSF Path F	Progran	n	401 Parnass	us Ave	;	San	Francisco	ę	94143		
Area Served (cities, whole s			Phone Nu	mber			Email	W	ebsite		
San Francisco	o Coun	ty	415-476-7	278	<u>Itzel.Lopez@ucsf.edu</u> <u>Program Web</u>						
Age Range A	Age Range Accepted Maximum Tir Since Onse					Eligible Diagnoses					
No Respo	No Response No Respons						No	Response			
Total Admi	Total Admissions Total Curren Being Serve					Program Type			Level of Implementation		
No Respo	No Response No Respons					⊗ CSC □ ESMI			mentation		
			This Progra	m Receive	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu			ate General venue Funds		Medicaid Funds			Other Funds			
\$0		N	lo Response	No Re	esponse			No Response			
			This Program	Includes th	ne Follow	ving	g Component	ts:			
⊠ Medication	Fa py Educa	⊠ mily tion and pport	E	Supported Employment and Education	⊠ Case Management	Peer Services					
Other:											
The State Req	ed			Fidelity Mea	asure Used						
1	O YES	s O	NO	No Res	sponse						

FIR	ST EPISC	DE P	SYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILL	NESS	PROGRA	MS
Program N	Name		Addres	s			City			ZIP
Raising Aware Creating Earl (REACH	ly Hope		185 Martinville	e Lane		San Jose			9	95119
Area Served (cities, whole s			Phone Nur	nber	er Email				Website	
Santa Clara	County		855-273-2	248	info@reach4scc.org Program					m Website
Age Range A	Age Range Accepted Maximum Ti Since Ons					Eligible Diagnoses				
10-25	10-25 No Respon						No	Respo	onse	
Total Admissions Total Curren Being Serve					Program Type				Level of Implementation	
No Respo	No Response No Respons					CSC	C O ESMI		Imple	mentation
			This Progra	m Receiv	es the Fo	llov	wing Funds:			
Block Gran Set-Aside Fur			General ue Funds		Medicaid Other Funds Funds					
\$0		No R	esponse	No F	esponse			No	Response	
		Th	is Program I	ncludes 1	he Follov	ving	g Component	ts:		
☐ Medication	0 0 0					E	Supported Employment and Education		⊠ Case agement	© Peer Services
Other:	Other:									
The State Requ	d			Fidelity Mea	asure	Used				
(⊃ YES	O NO		No Re	esponse					

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND EA	ARLY	SERIOL	JS I	MENTAL ILLI	NESS PF	ROGRA	MS	
Program	Name			Addres	ss				City			ZIP	
INSPIRE	Clinic			401 Quarry	Road			S	Stanford		94304		
Area Served (cities, whole s	•			Phone Nu	mber				Email		Website		
Santa Clara	Santa Clara County 650-498-9111)111	jballon@stanford.edu Program Website					m Website		
Age Range A	Age Range Accepted Maximum Tir Since Onse					Eligible Diagnoses							
No Respo	No Response No Respons								No	Respons	e		
Total Admissions Total Curren Being Serve							Program Type				Level of Implementation		
No Respo	No Response No Respons					⊗ CSC □ ESMI				Implementation			
				This Progra	m Rec	ceives	the Fo	llov	ving Funds:				
Block Grar Set-Aside Fu				General ue Funds		Medicaid Other Funds Funds							
\$0		١	No R	esponse	N	No Res	sponse			No Re	No Response		
			Th	is Program I	Include	es the	Follow	ving	g Component	is:			
⊠ Medication	× - ×					Fan ducati Supp	nily on and	E	Supported Employment and Education	Cas Manage	se	Peer Services	
Other:													
The State Req	The State Requires Fidelity to Be Monitored				ed				Fidelity Mea	asure Us	ed		
	O YES		NO		No	o Resp	oonse						

Colorado

STATE CONTACT

Andrew Gabor | 303-866-7422 | Andrew.Gabor@state.co.us

	STATE FINANCING	
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity
\$1,150,425	\$910,780	No Response

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS										
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served									
Full Implementation	93	103									

DATA REPORTING										
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):										
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes					
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes					
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes					
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes					
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes					
How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly</i>										
The FEP provider submits this information at the ⊠ individual level or □ aggregated at the provider level.										

FIR	ST EP	ISODE P	SYCHOSIS A	ND EARLY	' SERIOL	JS I	MENTAL ILLI	NESS PROGRA	MS
Program I	Name		Addres	ss			City		ZIP
EPIC at the Jeffer for Mental F		enter	3595 South Tell	ler Street	Street Lakewood			8	0235
Area Served (cities, whole s		Phone Nui	mber			Email	W	ebsite	
Jefferson, Clear Creek, and Gilpin Counties 303-432-5835					E	PIC	@jcmh.org	<u>Progra</u>	ım Website
Age Range A	Age Range Accepted Maximum Tin Since Onse						Eligib	le Diagnoses	
15-29)		2 years	3			Schizop	hrenia spectrum	
Total Admis	6	Total Curro Being Sei		Program Type				evel of mentation	
19			27		\boxtimes	CSC	О ЕЅМІ	Full Imp	lementation
			This Progra	m Receive	s the Fo	llov	ving Funds:		
Block Gran Set-Aside Fu			General ue Funds		Medicaid Other Funds Funds				
\$314,461			\$0	\$48	3,893			\$0	
		Th	is Program I	ncludes th	e Follow	ving	g Component	s:	
	ary Care	⊠ Psychothera _l	Fa oy Educa	⊠ mily tion and oport	Е	Supported Employment and Education	⊗ Case Management	⊗ Peer Services	
Other:									
The State Requ	uires F	idelity to	Be Monitore	ed			Fidelity Mea	asure Used	
(⊗ YES	S O NO		OnTrac	k Critical I	Item	s Scale		

FIRS	T EPISOD	E PSYCHOSIS	AND	EARLY	SERIO	US	MENTAL ILLI	NESS PROGRA	MS
Program N	lame	Addre	SS		City				ZIP
Prevention & Recov Psychosis (PREP)		8931 N. Hu	ıron S	St. Thornton			3	30260	
Area Served (c cities, whole st	er Email			Email	W	ebsite			
Adams Cou				P-PREP@ yreachcenter.or	<u>Progra</u>	ım Website			
Age Range Ac	n Tim	_			Eligib	le Diagnoses			
15-29		2 yea	rs				Schizop	hrenia spectrum	
Total Admis	rentl		Program Type				evel of mentation		
32		25			\boxtimes	CSO	С О ЕЅМІ	Full Imp	lementation
		This Progr	am F	Receives	s the Fo	llov	wing Funds:		
Block Grant Set-Aside Fun		tate General evenue Funds			Medicaid Other Funds Funds				
\$300,798		\$0		\$133	3,861			\$23,531	
		This Program	Incl	udes the	e Follow	ving	g Component	s:	
⊠ Medication	ару	Far Educati Sup	mily ion and	E	Supported Employment and Education	⊠ Case Management	⊠ Peer Services		
Other:									
The State Requ	ires Fidelit	ty to Be Monito	red	Fidelity Measure Used					
\boxtimes	YES O	NO		OnTrack	c Critical I	Item	ns Scale		

FIR	ST EPIS	ODE P	SYCHOSIS A	ND EARLY	SERIOL	JS N	MENTAL ILLI	NESS PROGRA	MS
Program N	Name		Addres	s			City		ZIP
RAP (Wraparound Aurora Mental He	_	-	791 Chambers	s Road	Road Aurora			3	30011
	Area Served (counties, cities, whole state, etc.)						Email	W	ebsite
City of Auro Arapahoe C	303-923-29	918	RAP	<u>tean</u>	n@aumhc.org	<u>Progra</u>	ım Website		
Age Range A	Maximum Since On				Eligib	le Diagnoses			
15-29			2 years				Schizop	hrenia spectrum	
Total Admis	ently ved	Program Type				evel of mentation			
22			29		\boxtimes	csc	○ ESMI	Full Imp	lementation
			This Prograi	n Receive	s the Fo	llow	ing Funds:		
Block Gran Set-Aside Fur			General ue Funds		Medicaid Other Funds Funds				
\$159,939		\$1	3,307	\$235	5,063			\$6,871	
		Th	is Program I	ncludes th	e Follow	/ing	Component	is:	
⊠ Medication	⊗ Psychotherap	Far y Educat	mily ion and poort	Е	Supported mployment d Education		© Peer Services		
Other:									
The State Requ	Be Monitore	d	Fidelity Measure Used						
(⊠ YES	О NO		OnTrac	k Critical I	tems	s Scale		

FIR	ST EP	ISODE F	SYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PR	ROGRA	MS	
Program I	Name		Addres	s			City			ZIP	
Community Treatr	TACT (Transitional Age Community Treatment), North Range Behavioral Health					Greeley				80631	
Area Served (cities, whole s		Phone Nur	nber		ı	Email		W	ebsite		
Weld Cou	Weld County 970-347-2401						@northrange.o	rg	Provid	er Website	
Age Range A	ccept	ed	Maximum Since On				Eligib	e Diagno	oses		
15-29)		2 years				Schizop	hrenia spe	ectrum		
Total Admis	Total Admissions Total Current Being Served					rog	ram Type		Level of Implementation		
20			22		\boxtimes	CSC	○ □ ESMI		Full Imp	lementation	
			This Program	n Receive	s the Fo	llov	ving Funds:				
Block Gran Set-Aside Fu			e General nue Funds		Medicaid Other Funds Funds						
\$135,562			\$0	\$65	,300			\$12	2,600		
		Т	his Program I	ncludes th	e Follow	ving	Component	s:			
⊠ Medication	ary Care	⊠ Psychotherap	Fai y Educat	⊠ mily tion and oport	Е	Supported Employment and Education	© Cas Manage	e	⊠ Peer Services		
Other:											
The State Requ	uires l	Fidelity t	o Be Monitore	d	Fidelity Measure Used						
(⊠ YES	S O N)	OnTrac	k Critical	Item	s Scale				

Connecticut

STATE CONTACT

Susan Bouffard | 860-418-6993 | Susan.Bouffard@ct.gov



STATE FINANCING											
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity									
\$716,395	\$1,535,403	No Response									

US	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS											
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served										
Program Sustainability	86 (est.)	121										

Brief Description of Auxiliary Activities Related to Set-Aside

The CT Department of Children and Families (DCF) has contracted with Beacon Health Options, the Administrative Services Organization, which maintains a database of Medicaid claims from across the state, to identify, refer, and follow up with persons identified as potentially experiencing their first psychotic episode. Persons receiving services who are between the ages of 16 and 26 who met both criteria: 1) a diagnosis of psychosis and 2) filled a prescription for an antipsychotic medication in the past 6 months, but did not meet either criteria in the previous 2 years, are identified from the database. From July—December 2017, 200 such youth were identified and the Intensive Case Manager assigned to this effort began contacting them/their parents. Individuals are referred to services, including one of the two FEP programs in the spreadsheet, if they are willing. If the individual isn't willing to participate at that time, but their parents/family are, then services are provided to them. In particular, the Intensive Case Manager reports that whether or not their children agree to participate in services, the parents are very receptive and grateful to be contacted and provided referral options. This process has resulted in collaboration between Beacon and the two FEP programs as well as basic information about early psychosis in CT. FY 2018 estimated expenditures by DCF for this project: \$225,890.

DATA REPORTING The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): Suicidality \boxtimes Substance Use \boxtimes Physical Health \boxtimes Prescription Adherence \boxtimes **Global Functioning** \boxtimes Improved Symptoms \boxtimes and Side Effects Identification, Intake, Enrollment Program Involvement **Employment** \boxtimes \boxtimes Psychiatric Hospitalization Legal Involvement \boxtimes Living Situation Use of Emergency Rooms **School Participation** Social Connectedness \boxtimes How frequently are these data reported to the SMHA by FEP providers? Quarterly The FEP provider submits this information at the \bigcirc individual level or \boxtimes aggregated at the provider level.

FIR	ST EP	PISODE	E PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NES	S PROGRA	MS
Program	Name			Addres	S				City			ZIP
Specialized Trea in Psychosis		-		34 Park	St		New Haven			06519		
Area Served (cities, whole s				Phone Nui	nbo	er	Email			Website		
Haven, West Ha Haven, Bethan Woodbridge, I	of New Haven, East West Haven, North , Bethany, Orange, dbridge, Hamden, nford, and Milford				Jessica.Pollard@yale.edu			Program Website				
Age Range Accepted Maximum Tin									Eligib	le D	iagnoses	
16-35	5			First few ye	ears	3			F	Psyc	hosis	
Total Admi	Intal Admissions			Total Curro Being Ser	_		Program Type			Level of Implementation		
3-4 avera	-			67			\boxtimes	CS	C O ESMI		Program	Sustainability
				This Progra	m F	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds			Medicaid Funds			Other Funds		
\$226,810			\$59	7,090		DSS not av	data, ailable				\$0	
			Th	is Program I	ncl	udes th	e Follow	vinç	g Component	ts:		
						Far Educat	mily ion and port		Supported Employment nd Education	M	⊠ Case anagement	⊠ Peer Services
○ Other: Social • Oth												
The State Requires Fidelity to Be Monitored									Fidelity Mea	asuı	re Used	
1	⊠ YES		NO			STEP sp	oecific me	asu	res published: de	oi:10	.1001/jamapsy	chiatry.2015.2821

FIR	ST EP	ISODE	PSYCHOSIS	AND	EARLY	SERIOL	JS I	MENTAL ILL	NESS PROGRA	MS	
Program I	Name		Addre	ss				City		ZIP	
POTENTIAL I	•		200 Retreat	Aver	nue Hartford			Hartford	(06106	
Area Served (cities, whole s			Phone N	umb	er	Email			W	ebsite	
Statewide (excluding towns served by STEP) 860-545-7210)			y.Fergione@ health.org	Progra	am Website		
Age Range A	ne t			Eligib	le Diagnoses						
17-26	17-26 2 years						ohre	enia spectrum o	diagnoses and affe	ective psychoses	
Total Admissions Total Current Being Serve					_	Program Type				Level of Implementation	
44			54			⊗ (CSC	C O ESMI	Program	Sustainability	
			This Progr	am I	Receives	s the Fol	lov	wing Funds:			
Block Gran Set-Aside Ful			ate General enue Funds			Medicaid Other Funds Funds					
\$294,000			\$191,613		DSS not av	data, ailable			\$0		
			This Program	Incl	udes th	e Follow	ing	g Component	ts:		
	Educat	mily	E	Supported Employment and Education		© Peer Services					
Other: Social	king eve	nts									
The State Requires Fidelity to Be Monitored						Fidelity Measure Used					
(⊗ YES		NO		BPRS a	nd loL spe	cific	c measures			

Delaware

STATE CONTACT

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



STATE FINANCING											
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity									
\$207,118	\$430,354	\$544,847									

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS											
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served										
Program Sustainability	10	6										

		DATA REPORTING									
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):											
Suicidality		Substance Use		Physical Health	0						
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	0						
Identification, Intake, Enrollment	0	Program Involvement	0	Employment	\boxtimes						
Psychiatric Hospitalization	\boxtimes	Legal Involvement		Living Situation	0						
Use of Emergency Rooms		School Participation	\boxtimes	Social Connectedness	0						
How frequently are these data repo	orted to	the SMHA by FEP providers? Quar	terly								
The FEP provider submits this info	rmatior	at the O individual level or 🗵 ag	gregate	ed at the provider level.							

FIR	ST EPISO	DE P	SYCHOSIS A	ND E	EARLY	SERIO	JS	MENTAL ILLI	NESS PR	OGRA	MS
Program I	Name		Addres	ss		City					ZIP
Delaware 0	CORE		Kent & Sus 630 W. Divis ew Castle: 1901 lwy (Springer E	ion St 1 N Du	upont					19904; 19720	
•	Area Served (counties, cities, whole state, etc.)					Email				W	ebsite
Statewi	Statewide 888-284-6030						-ror	nald@psi-corp.r	<u>net</u>	Progra	ım Website
Age Range A	Time iset	•			Eligib	le Diagno	oses				
16-25	16-25 1 year							Symptoms	of early p	sychosis	3
Total Admis	Total Admissions Total Current Being Serve					Program IVno				Level of Implementation	
10			6			\boxtimes	CSO	C O ESMI	F	rogram	Sustainability
			This Progra	m Re	eceives	s the Fo	llov	wing Funds:			
Block Gran Set-Aside Fu			General ue Funds		Medicaid Other Funds Funds						
\$207,118			\$0		\$	0			\$1,00	00,000	
		Th	is Program I	Includ	des the	e Follow	/ing	g Component	:s:		
					Far Educati Sup	nily	E	Supported Employment and Education	Cas Manage		⊗ Peer Services
Other:											
The State Requ	ed				Fidelity Mea	asure Us	ed				
(⊠ YES	Ои С		F	PIER						

District of Columbia

STATE CONTACT

Renee Evans | 202-673-3536 | Renee.Evans@dc.gov



STATE FINANCING									
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity							
\$160,626	\$138,859	No Response							

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS							
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served					
Initial Implementation	35	19					

DATA REPORTING									
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):									
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes				
Global Functioning	0	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	0				
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes				
Psychiatric Hospitalization	Living Situation	\boxtimes							
Use of Emergency Rooms ⊠ School Participation ⊠ Social Connectedness ⊠									
How frequently are these data reported to the SMHA by FEP providers? Semi-annually									
The FEP provider submits this info	rmation	at the 🗵 individual level or 🔘 ag	gregate	ed at the provider level.					

FIR	ST EPI	SODE PS	SYCHOSIS AI	ND EARLY	SERIOL	JS N	MENTAL ILLI	NESS PROGR <i>A</i>	MS	
Program	Name		Address	s	City				ZIP	
Community Co	nnection	s	801 Pennsylvar SE # 201		ve. Washington				20003	
Area Served (counties, cities, whole state, etc.)				nber	er Email			W	/ebsite	
District of Co	olumbia		202-281-29	934	dfree	<u>ema</u>	n@ccdc1.org	Provid	der Website	
Age Range A	Accepte	d	Maximum 7 Since Ons				Eligib	le Diagnoses		
16-25	5		2 years		Presentation of any psychotic feature such as auditory of visual hallucinations, paranoia, disorganized thought process.					
Total Admi	Total Admissions Total Current Being Serve				Program Type				Level of Implementation	
35			19					plementation		
			This Program	n Receive	s the Fo	llow	ving Funds:			
Block Grar Set-Aside Fu			General ue Funds		Medicaid Other Funds Funds					
\$138,860			\$0	\$	60			\$0		
		Th	is Program Ir	ncludes th	e Follow	/ing	Component	s:		
		⊠ ry Care	⊠ Psychotherap	Far y Educat	mily ion and poort	Е	Supported imployment ad Education		⊗ Peer Services	
Other:										
The State Req	uires F	idelity to	Be Monitore	d			Fidelity Mea	asure Used		
☐ YES 図 NO				N/A						

Florida

STATE CONTACT

Jeff Cece | 850-717-4405 | <u>Jeffrey.Cece@myflfamilies.com</u>



STATE FINANCING								
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity						
\$4,776,016	Unknown	Unknown						

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS								
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served						
Full Implementation	222	285						

DATA REPORTING									
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):									
Suicidality Substance Use Physical Health									
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes				
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes				
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes				
Use of Emergency Rooms School Participation Social Connectedness									
How frequently are these data repo	How frequently are these data reported to the SMHA by FEP providers? <i>Annually and upon request</i>								
The FEP provider submits this info	rmatior	at the O individual level or 🗵 ag	gregat	ed at the provider level.					

FIR	ST EF	PISODE	PSYCHOSIS A	AND EARL	Y SERIO	US I	MENTAL ILLI	NESS PROGRA	MS	
Program	Program Name Address			ss	City				ZIP	
NAVIGATE at Henderson 4700 N. State Rd, B Behavioral Health Suite 300					Lauderdale Lakes 33			33319		
Area Served (counties, cities, whole state, etc.)				mber	Email			W	Website	
Broward C	ounty		957-634-8	3096	sguina	rt@l	hendersonbh.o	rg <u>Provid</u>	er Website	
Age Range A	Accept	ted	Maximum Since O		e Eligible Diagnoses					
16-35	5		1 year	r	Psy	/cho	sis unspecified	, schizophrenia, sc	chizoaffective	
Total Admi	ssion	S	Total Curi Being Se	Program IVno					evel of mentation	
101			56		\boxtimes	⊠ CSC □ ESMI			Full Implementation	
			This Progra	ım Receiv	es the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			ate General enue Funds		Medicaid Other Funds Funds					
\$776,180		N	No Response		esponse			No Response		
			This Program	Includes t	he Follov	ving	g Component	ts:		
	Prim	O nary Care	⊠ Psychothera	py Educ	⊗ amily ation and upport	mily Supported ion and Employment		⊠ Case Management	⊗ Peer Services	
Other:										
The State Requires Fidelity to Be Monitored							Fidelity Mea	asure Used		
O YES O NO										

FIR	ST EP	ISODE P	SYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS	S PROGRA	MS
Program I	Name Address			S			City		ZIP	
Care, NAVIGA	Psychosis Intervention re, NAVIGATE at Life 525 E. 15th St			ı St	Panama City			32405		
•	Area Served (counties, cities, whole state, etc.)					r Email				ebsite
Bay Cou	nty		850-522-4	485	epicpro	ogra	m@lmccares.o	rg	Provid	er Website
Age Range A	ccept	ed	Maximum Since On		Eligible Diagnoses					
16-35	;		1 year				Affective disc	orders	with psycho	esis
Total Admis	Total Admissions Total Current Being Served				Program Type Imp				Level of lementation	
24			59					lementation		
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Gran Set-Aside Fu			e General nue Funds		Medicaid Other Funds Funds					
\$750,000			\$0	\$	\$0 \$5,000					
		TI	nis Program I	ncludes th	e Follov	ving	g Component	ts:		
⊠ Medication	Prim	ary Care	⊠ are Psychotherapy				Supported Employment and Education	Mai	⊠ Case nagement	⊗ Peer Services
Other:										
The State Requires Fidelity to Be Monitored					Fidelity Measure Used					
				NAVIGA	ATE Team	Men	mbers Guide			

FIR	ST EF	PISODE	PSYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	AMS		
Program I	Name		Addres	s			City		ZIP		
NAVIGATE at So Mental Health		•	16158 S. Milita	ary Trail		Delr	ray Beach		33484		
•	Area Served (counties, cities, whole state, etc.)					ı	Email	V	/ebsite		
Palm Beach County 561-637-1038					gree	enk@	scmhcinc.org	<u>Provi</u>	der Website		
Age Range A	Age Range Accepted Maximum Tir Since Onse						Eligib	le Diagnoses			
16-34		12 months-18	months		S	chizoaffective of	disorder, psychos	is NOS			
Total Admi	Total Admissions Total Curren Being Serve						Program Type Le				
3			60		\boxtimes						
			This Progra	m Receive	s the Fo	llow	ving Funds:				
Block Gran Set-Aside Fu			ate General venue Funds		icaid nds			Other Funds			
\$750,000		N	o Response	No Re	sponse			No Response	:		
			This Program I	ncludes th	e Follow	ving	Component	s:			
⊠ Medication							Supported Employment and Education	⊗ Case Management	⊗ Peer Services		
Other:											
The State Requ	uires	Fidelity	to Be Monitore	ed	Fidelity Measure Used						
(⊠ YES □ NO					Men	nbers Guide				

FIR	ST EP	ISODE	PSYCHOSIS A	AND EARI	Y SERIO	US	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	SS			City		ZIP	
NAVIGATE a			4175 W. 20	th Ave		ŀ	Hialeah	3	33012	
Area Served (cities, whole s			Phone Nu	mber		Email Website				
Miami-Dade County 305-216-0327					naviga	ite@	citrushealth.co	m Provid	ler Website	
Age Range A	ed	Maximum Since Or				Eligib	le Diagnoses			
15-35		2 years	S		Sc	hizophrenia an	and schizoaffective disorders			
Total Admi	6	Total Curr Being Se		P	Prog	gram Type		evel of mentation		
70			60		\boxtimes	CSO	C O ESMI Full Implementation			
			This Progra	ım Receiv	es the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			e General nue Funds		edicaid unds			Other Funds		
\$750,000		No	Response	No F	Response			No Response		
		7	his Program	Includes	the Follov	ving	g Component	ts:		
⊠ Medication	Prim	O ary Care	⊠ Psychothera	py Educ	⊠ Family cation and upport	E	Supported Employment and Education	⊠ Case Management	Peer Services	
Other:										
The State Req	to Be Monitor	ed	Fidelity Measure Used							
							mbers Guide			

FIR	ST EF	PISODE	PSYCHOSIS A	ND EARLY	' SERIO	US	MENTAL ILL	NESS PROGRA	MS	
Program N	Name		Addres	ss			City		ZIP	
NAVIGATE a Behavioral Hea	-	ter	3292 County	Rd 220		Mi	ddleburg	3	32068	
Area Served (cities, whole s			Phone Nu	mber	Email				Website	
Clay and Putnam Counties 904-261-5561					Winnie	e.Ho	lland@ccbhc.or	g <u>Provic</u>	ler Website	
Age Range A	ed	Maximum Since On				Eligibl	e Diagnoses			
15-36	i		1 year					a and schizoaffec hreniform disorde		
Total Admis	ently rved	P	Prog	ıram Type		evel of mentation				
24			50		\boxtimes	CSC	О ЕЅМІ	Full Imp	olementation	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Gran Set-Aside Fur			ate General enue Funds		licaid nds			Other Funds		
\$475,000		No	Response	No Re	sponse			No Response		
			This Program I	ncludes th	e Follov	ving	g Component	s:		
⊠ Medication							Supported Employment and Education	⊗ Case Management	Peer Services	
Other:										
The State Requ	uires I	Fidelity	to Be Monitore	ed	Fidelity Measure Used					
C	X YES	s Oı	NO	NAVIGA	ATE Team	Mer	mbers Guide			

Georgia

STATE CONTACT

Ellen Dean | 404-635-4787 | Ellen.Dean@dbhdd.ga.gov



	STATE FINANCING	
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity
\$2,278,581	\$1,762,527	No Response

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS											
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served										
Program Sustainability	110	156										

	DATA REPORTING											
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):												
Suicidality Substance Use Substance Use Physical Health												
Global Functioning Improved Symptoms Prescription Adherence and Side Effects												
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes							
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes							
Use of Emergency Rooms	Use of Emergency Rooms ⊗ School Participation ⊗ Social Connectedness ⊗											
How frequently are these data reported to the SMHA by FEP providers? <i>Monthly</i>												
The FEP provider submits this information at the ☐ individual level or ☒ aggregated at the provider level.												

FIR	ST EPI	SODE P	SYCHOSIS A	ND EARLY	' SERIO	US	MENTAL ILLI	NESS P	ROGRA	MS	
Program	Name		Addres	s			City			ZIP	
Early Psychosis Collaborative (Advantage Be Health Sys	(EPIC) at ehavioral	t 1	030 Mitchell Bri	dge Road	oad Athens				3	0606	
Area Served (cities, whole s	mber		Email Website				ebsite				
	Athens and 10-county 706-369-6363 surrounding area					ey@	advantagebhs.	org	Provid	er Website	
Age Range A	ed	Maximum Since On			Eligible Diagnoses						
16-30	16-30 2 years						Schizophreni and affective d	-			
Total Admi	ssions		Total Curro Being Ser	_	P	Program Type Level of Implementation					
11			26		\boxtimes	CSO	C O ESMI		Program	Sustainability	
			This Progra	m Receive	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu			General nue Funds		licaid nds						
\$230,000		No F	Response	No Re	sponse			No R	Response		
		TI	nis Program I	ncludes th	e Follov	vinç	g Component	s:			
							Supported Employment and Education	Ca	⊠ ase gement	⊗ Peer Services	
Other:											
The State Req	The State Requires Fidelity to Be Monitored						Fidelity Measure Used				
	O NO)	State de	e developed, based off FEP-FS							

FIR	ST EPI	SODE	PSYCHOSIS A	ND	EARLY	SERIOL	JS	MENTAL ILLI	NES:	S PROGRA	MS
Program	Name		Addres	SS				City			ZIP
EVOLVE at	Aspire		2500 Daws	on R	Rd		,	Albany		3	1707
Area Served (cities, whole s			Phone Nu	mbe	er	Email We				ebsite	
Albany and 16-county surrounding area in 229-430-5100 SW Georgia						lspears@albanycsb.org Provider Website				er Website	
Age Range A	Tim nset	_		Eligible Diagnoses							
16-30	16-30 2 years							Schizophreni and affective d	-	ectrum disord ers with psycl	
Total Admissions Total Current Being Serve					-	P	Program Type Level of Implementation				
18			31			\boxtimes	CSC	C O ESMI		Full Imp	lementation
			This Progra	ım F	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			te General enue Funds		Medi Fur						
\$257,993		No	Response		No Res	sponse			N	lo Response	
		1	This Program	Incl	udes th	e Follow	ving	g Component	ts:		
								Supported Employment and Education	Ма	⊗ Case nagement	⊗ Peer Services
Other:											
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used					
	⊗ YES □ NO					veloped, b	oase	ed off FEP-FS			

FIR	ST EPI	SODE	PSYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILLI	NESS PROGR	AMS	
Program	Name		Addres	SS				City		ZIP	
InTUNE at Riv Behavioral Hea	_		Macon-Bibb (175 Emery Houston Co 281 Carl Vinso	Hwy ounty	/; /:	Macon Warner Robins				31217 31088	
Area Served (counties, cities, whole state, etc.)					er		Email Website				
Macon and 9-county surrounding area in 478-803-7899 central Georgia						mnur	mnunez@river-edge.org Program Website				
Age Range A	Tim nset	_			Eligib	igible Diagnoses					
16-30 2 years								-	ia spectrum disor isorders with psy		
Total Admi	ssions		Total Curr Being Se			P	Program Type Level of Implementation				
14			22			\boxtimes	CS	C O ESMI	Full In	plementation	
			This Progra	m R	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			te General enue Funds		Medi Fur				Other Funds		
\$231,234		No	Response		No Res	sponse			No Response	9	
			This Program	Inclu	udes th	e Follow	ving	g Component	ts:		
								Supported Employment and Education	⊠ Case Management	⊠ Peer Services	
Other:											
The State Req	The State Requires Fidelity to Be Monitored							Fidelity Measure Used			
1	⊗ YES □ NO					veloped, l	base	ed off FEP-FS			

FIRS [*]	T EPIS	ODE P	SYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	MS	
Program Na	ame		Addres	s			City		ZIP	
Project LIGHT at V Health–Gwinnet		nt	2755 Sawne	e Ave.	e. Buford				30518	
Area Served (co			Phone Nur	mber		l	Email	W	ebsite	
Gwinnett Cou North Metro A	390	ligh	<u>nt@\</u>	VPHealth.org	<u>Progra</u>	am Website				
Age Range Ac	ı	Maximum Since On				Eligibl	le Diagnoses			
16-30		2 years					a spectrum disordisorders with psyc			
Total Admiss	ently ved	P	Program Type Level of Implementation							
16			26		\boxtimes	CSC	C O ESMI	Program	Sustainability	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Grant Set-Aside Fund			General nue Funds		icaid nds			Other Funds		
\$234,700		No F	Response	No Re	sponse			No Response		
		Th	nis Program I	ncludes th	e Follov	ving	Component	s:		
							Supported Employment and Education		Peer Services	
Other:										
The State Requi	ires Fid	delity to	Be Monitore	ed	Fidelity Measure Used					
\boxtimes							ed off FEP-FS			

FIR	ST EF	ISODE	PSYCHOSIS A	ND EARLY	' SERIO	US I	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	S			City		ZIP	
Project LIGHT at Health–DeKalb/F			2799 Lawrencevil	le Highway		С	Decatur	;	30033	
Area Served (cities, whole s			Phone Nu	mber	Email				Website	
	DeKalb and Fulton Counties, Metro Atlanta 678-209-2390					tdf@)VPHealth.org	<u>Progra</u>	am Website	
Age Range A	ed	Maximum Since On				Eligib	le Diagnoses			
16-30	16-30 2 years						· ·	a spectrum disordisorders with psyc		
Total Admi	Total Admissions Total Curren Being Serve					rog	ıram Type		evel of mentation	
25			31		\boxtimes	CSC	C O ESMI	Program	Sustainability	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			ite General enue Funds		licaid nds		Other Funds			
\$247,818		No	Response	No Re	sponse			No Response		
			This Program I	ncludes th	e Follov	ving	Component	s:		
							 ⋈ Supported tion and Employment poort and Education 		© Peer Services	
Other:										
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used				
	⊗ YES □ NO					base	ed off FEP-FS			

FIR	ST EF	PISODI	E PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS		
Program	Name			Addres	ss				City			ZIP		
McIntosh Tra	ail CSB		,	1435 North Exp	res	sway			Griffin		3	0244		
Area Served (cities, whole s				Phone Nu	mbe	er		Email Website				ebsite		
Henry County and 7-county surrounding area, South Metro Atlanta 770-358-5252					252		kwalker@mctrail.org Provider Website				er Website			
Age Range Accepted Maximum Ti Since Ons								Eligible Diagnoses						
16-30	16-30 2 years								Schizophreni and affective d		ectrum disord lers with psycl			
Total Admissions Total Current Being Serve						_	Р	Program Type Level of Implementation						
26				20			\boxtimes	CS	C O ESMI		Initial Im	plementation		
		, and		This Progra	m F	Receive	s the Fo	llo	wing Funds:					
Block Grar Set-Aside Fu				General ue Funds			icaid nds				Other Funds			
\$243,497		N	No R	esponse		No Res	sponse			١	No Response			
			Th	is Program I	ncl	udes th	e Follow	ving	g Component	s:				
⊠ Medication						Far Educat	mily ion and port		Supported Employment nd Education	M	⊠ Case anagement	⊗ Peer Services		
Other:														
The State Req	The State Requires Fidelity to Be Monitored						Fidelity Measure Used							
						State de	veloped, l	base	ed off FEP-FS					

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL II							MENTAL ILLI	NESS PROGRA	MS	
Program N	Name		Addres	s			City		ZIP	
New Horiz Behavioral F			2100 Comer A	Avenue	nue Columbus		3	31904		
Area Served (dicities, whole s			Phone Nui	mber		I	Email	W	ebsite	
Columbus and surrounding		nty	706-249-0	575	<u>as</u>	pear	rs@nhbh.org	Provid	er Website	
Age Range A	ccept	ed	Maximum Since On				Eligib	le Diagnoses		
16-30			2 years					a spectrum disord isorders with psyc		
Total Admis	ssions	5	Total Curro Being Ser		Program Type			Program Type Level of Implementation		
0			0		\boxtimes	CSC	C O ESMI	Ins	Installation	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Gran Set-Aside Fur			e General nue Funds		icaid nds			Other Funds		
\$50,456		No I	Response	No Re	sponse			No Response		
		Т	his Program I	ncludes th	e Follow	ving	g Component	s:		
⊠ Medication	Prima	ary Care	⊠ Psychotherap	Far by Educat	⊗ Family Education and Support		Supported Employment and Education	(X) Case Management	Peer Services	
Other:										
The State Requires Fidelity to Be Monitored				ed			Fidelity Mea	asure Used		
				State de	eveloped,	base	ed off FEP-FS			

Guam

STATE CONTACT

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



STATE FINANCING								
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity						
\$30,690	\$30,690	No Response						

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS						
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served				
Installation	9	9				

DATA REPORTING									
•	The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):								
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	0				
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	0				
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes				
Psychiatric Hospitalization	\boxtimes	Legal Involvement		Living Situation	\boxtimes				
Use of Emergency Rooms	Use of Emergency Rooms								
How frequently are these data reported to the SMHA by FEP providers? <i>Annually</i>									
The FEP provider submits this info	rmatior	at the $oxtimes$ individual level or $oxtimes$ ag	gregate	ed at the provider level.					

FIR	FIRST EPISODE PSYCHOSIS AND					JS M	IENTAL ILL	NESS PROGRA	MS
Program	Name		Addres	s		(City		ZIP
I Fine'na-Guam Health & Wellne			790 Governor C Camacho		G. Tamuning		ę	96932	
Area Served (cities, whole s			Phone Nun	nber		E	mail	W	ebsite
Statewi	de		671-647-54	140	_		.Sanchez c.guam.gov	No F	Response
Age Range A	Accepted	d	Maximum Since On				Eligib	le Diagnoses	
16-26	6		No Respor	nse			F	Psychosis	
Total Admi	ssions		Total Curre Being Ser		Program Type			ram Type Level of Implementation	
9			9		\boxtimes	CSC	O ESMI	Ins	tallation
			This Program	m Receives	s the Fo	llow	ing Funds:		
Block Grar Set-Aside Fu			General ue Funds		Medicaid Other Funds Funds				
\$30,690		Staf	f salary	No Res	sponse			No Response	
		Th	is Program lı	ncludes th	e Follow	/ing	Component	ts:	
	Primar	_	⊗ Psychotherap	Far by Educat	Education and Emp		Supported mployment d Education	⊠ Case Management	⊗ Peer Services
Other:									
The State Requires Fidelity to Be Monitored				d			Fidelity Mea	asure Used	
☐ YES 図 NO				N/A					

FIR	ST EF	ISODE	PSYCHOSIS A	ND EARL	Y SERIOL	JS I	MENTAL ILLI	NESS PROGRA	MS	
Program N	Name		Addres	ss			City		ZIP	
Oasis Empowerm	nent Ce	enter	556 East Marine (Corps Drive	e Hagatna		Ş	96910		
Area Served (cities, whole s			Phone Nu	mber			Email	W	Website	
Statewic	de		671-989-4	609	<u>O</u>	asis(@guam.net	Provid	ler Website	
Age Range A	ccept	ed	Maximum Since On				Eligib	le Diagnoses		
18 and (up		None			Seri	ous mental illne	ess; co-occurring o	diagnosis;	
Total Admis	ssion	5	Total Curr Being Sei		Р	Program Type Level of Implementation				
26			0		0	CSC	© ⊠ ESMI	No F	No Response	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Gran Set-Aside Fur			ite General enue Funds		Medicaid Other Funds Funds					
\$31,000			\$20,000	No Re	esponse			\$45,700		
			This Program I	ncludes tl	ne Follow	ving	Component	s:		
☐ Medication	Prim	ary Care	Psychothera	Fa py Educa	Education and Employn		Supported Employment and Education		© Peer Services	
Other:										
The State Requires Fidelity to Be Monitored				ed			Fidelity Mea	asure Used		
☐ YES 図 NO				N/A						

Hawaii

STATE CONTACT

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



STATE FINANCING							
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity					
\$384,300	\$365,300	No Response					

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS						
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served				
Full Implementation 9 13						
Brief Description of Auxiliany Activities Polated to Set Aside						

Brief Description of Auxiliary Activities Related to Set-Aside

The state also provides \$30,000 to the University of Hawaii, John A. Burns School of Medicine, Dept. of Psychiatry to provide psychosis-related training to medical students and residents.

DATA REPORTING							
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):							
Suicidality	\boxtimes	Substance Use		Physical Health	0		
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes		
Identification, Intake, Enrollment	\boxtimes	Program Involvement	0	Employment	\boxtimes		
Psychiatric Hospitalization	\boxtimes	Legal Involvement		Living Situation	0		
Use of Emergency Rooms ⊠ School Participation ⊠ Social Connectedness □							
How frequently are these data reported to the SMHA by FEP providers? <i>No Response</i>							
The FEP provider submits this info	rmatior	at the O individual level or 🗵 ag	gregate	ed at the provider level.			

FIR	ST EP	ISOD	E PS	SYCHOSIS A	ND I	EARLY	SERIO	JS	MENTAL ILLI	NESS PROGI	RAMS	
Program	Name		Address						City		ZIP	
OnTrackH	awaii			2444 Dole S Krauss Hall			Honolulu				96822	
Area Served (cities, whole s		-		Phone Nu	mbe	r			Email		Website	
Island of 0	Oahu			808-956-6	289		Tra	<u>ckH</u>	I@hawaii.edu	Pro	gram Website	
Age Range A	Accept	ed		Maximum Since On		е			Eligib	le Diagnoses		
15-24	ļ			2 years	8				Non-organic, r	non-affective ps	ychosis	
Total Admi	ssions	6		Total Curr Being Sei			P	rog	gram Type	lmp	Level of Implementation	
9				13			\boxtimes	CS	C O ESMI	Full I	Full Implementation	
				This Progra	m R	eceives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds			Medicaid Other Funds Funds					
\$365,300 (across two progr	rams)			\$0		\$	0			\$0	\$0	
			Th	is Program I	Inclu	ides the	e Follow	ving	g Component	s:		
	Prim	O ary Ca	re	⊠ Psychothera _l	ру	Far Educati	 ⋈ Family Supported ducation and Employment Support and Education 			Peer Services		
Other:												
The State Requires Fidelity to Be Monitored				ed	Fidelity Measure Used							
☐ YES 図 NO					N/A							

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS								
Program Name	Addres	S		City		ZIP		
OnTrackHawaii	1441 Kapiolar Ste. 150			Honolulu	ę	96814		
Area Served (counties, cities, whole state, etc.)	Phone Nur	nber		Email	W	ebsite		
Island of Oahu	808-956-62	289	<u>Tra</u>	ckHI@hawaii.edu	Progra	am Website		
Age Range Accepted	Maximum Since On			Eligib	le Diagnoses			
15-24	2 years			Non-organic,	non-affective psycl	hosis		
Total Admissions	Total Curre Being Ser		P	rogram Type	ram Type Level of Implementation			
0	0		⊠ CSC □ ESMI			Full Implementation		
	This Prograi	m Receive	s the Fo	llowing Funds:				
	State General evenue Funds		Medicaid Other Funds Funds					
\$365,300 (across two programs)	\$0	\$	60		\$0	\$0		
	This Program I	ncludes th	e Follow	ving Componen	ts:			
	⊠ are Psychotherap	Fai by Educat	mily tion and	Supported Employment and Education		Peer Services		
Other:								
The State Requires Fide	d	Fidelity Measure Used						
O YES (З NO	N/A	A					

Idaho

STATE CONTACT

Kim Nealey | 208-334-5546 | Kim.Nealey@dhw.idaho.gov



STATE FINANCING								
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity						
\$332,296	\$301,800	No Response						

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS											
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served										
Full Implementation	40	32										

		DATA REPORTING										
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):												
Suicidality		Substance Use		Physical Health								
Global Functioning	Global Functioning Improved Symptoms Prescription Adherence and Side Effects											
Identification, Intake, Enrollment	\boxtimes	Program Involvement	0	Employment	\boxtimes							
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes							
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes							
How frequently are these data reported to the SMHA by FEP providers? <i>Annually</i>												
The FEP provider submits this info	rmatior	at the O individual level or 🗵 ag	gregate	ed at the provider level.								

FIR	ST EP	ISODE	PSYCHOSIS A	ND	EARLY	SERIO	US I	MENTAL ILLI	NES	S PROGRA	MS		
Program	Name		Addres	ss				City			ZIP		
Strength Throu Recovery (STAF Behavioral Hea	R) Regio	on 3	3402 Frank	lin R	d		C	Caldwell	83605				
Area Served (cities, whole s			Phone Nu	mbe	er Email				Website				
Canyon, Gem Owyhee, Wash Adams cou	ington		208-459-0	092		STAR3@dhw.idaho.gov Under Devel					Development		
Age Range A	Accept	ed	Maximum Since Or			Eligible Diagnoses							
15-30)		2 year	S		S		•	ective, schizophreniform, order, psychosis NOS				
Total Admi	ssions	5	Total Curr Being Se			Program Type				Level of Implementation			
12			8			\boxtimes	CSC	О ЕЅМІ		Initial Im	plementation		
			This Progra	ım F	Receives	eceives the Following Funds:							
Block Grar Set-Aside Fu			ate General venue Funds			icaid nds				Other Funds			
\$107,800		N	o Response		\$	0				\$0			
			This Program	Incl	udes th	e Follow	ving	g Component	s:				
	Prim	ary Care	⊠ e Psychothera	ру	Far Educat	mily ion and	E	Supported Employment and Education	ment Manag		⊗ Peer Services		
Other:	Other:												
The State Req	uires l	Fidelity	to Be Monitor	ed				Fidelity Mea	asuı	e Used			
	⊗ YES	8 0	NO		First Epi	sode Psy	chos	sis Fidelity Scale	(FE	P-FS)			

FIRST	EPISODI	E PSYCHOSIS A	ND EAR	LY SERIO	US I	MENTAL ILLI	NESS PROGRA	MS		
Program Nar	me	Addres	s			City		ZIP		
Strength Through A Recovery (STAR) R Behavioral Health	Region 6	421 Memori	ial Dr	Or Pocatello				83201		
Area Served (co		Phone Nur	mber	er Email			W	ebsite		
Bannock, Power, C Bear, Lake, Frar Oneida counti	nklin,	208-459-0	092	STAI	Development					
Age Range Acc	cepted	Maximum Since On		Eligible Diagnoses						
15-30		2 years	8	S			oaffective, schizo al disorder, psycho			
Total Admissi	ions	Total Curre Being Ser		Program Type				evel of mentation		
2		2		\boxtimes	CSC	C O ESMI	Initial Im	plementation		
		This Progra	m Recei	ves the Fo	llov	ving Funds:				
Block Grant Set-Aside Funds		tate General venue Funds		edicaid Funds			Other Funds			
\$59,500	١	No Response		\$0			\$0			
		This Program I	ncludes	the Follov	ving	g Component	s:			
⊠ Medication F	☐ Primary Car	☐ re Psychotherap	by Edu	⊠ Family cation and Support	E	Supported Employment and Education	⊗ Case Management	⊠ Peer Services		
Other:										
The State Require	es Fidelit	y to Be Monitore	ed			Fidelity Mea	sure Used			
	yes O	NO								

FIR	ST EPI	ISODE	PSYCHOSIS A	ND EA	RLY	SERIO	JS I	MENTAL ILLI	NESS PRO	OGRA	MS	
Program	Name		Addres	S				City			ZIP	
Strength Throu Recovery (STAF Behavioral Hea	R) Regio	n 7	150 Shoup Suite 17				Idaho Falls			83440		
Area Served (cities, whole s			Phone Nui	nber	er Email					Website		
Bingham, Bo Jefferson, M and Teton co	adison,	208-528-5	700		STAR7@dhw.idaho.gov Under De					Development		
Age Range A	Accepte	ed	Maximum Since On			Eligible Diagnoses						
15-30)		2 years	i	Schizophrenia, schizoaffe bipolar I, delusional dis							
Total Admi	ssions		Total Curro Being Ser	_	Frontam IVno				Level of Implementation			
26			22			\boxtimes	CSC	C O ESMI	F	-ull Imp	lementation	
			This Progra	m Rece	eives	s the Fo	llov	ving Funds:				
Block Grar Set-Aside Fu			ate General enue Funds	ľ	Medi Fur	icaid nds			Oth Fun			
\$135,000			\$101,800		\$	0			\$0	0		
			This Program I	nclude	s th	e Follow	ving	Component	s:			
⊠ Medication		☐ ary Care	⊠ Psychotherap	by Ed	Far ducat	mily ion and port	E	Supported Employment and Education	Case		⊠ Peer Services	
Other:												
The State Req	uires F	idelity	to Be Monitore	d	Fidelity Measure Used							
1	O yes	⊗ 1	NO	N/A	N/A							

Illinois

STATE CONTACT

Sharetha Easter-Manning | 312-793-1632 | Sharetha.Easter-Manning@illinois.gov



	STATE FINANCING	
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity
\$2,607,438	\$1,604,350	No Response

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS											
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served										
Full Implementation	225	185										

		DATA REPORTING									
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):											
Suicidality	0	Substance Use	\boxtimes	Physical Health	\boxtimes						
Global Functioning Improved Symptoms Prescription Adherence and Side Effects											
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes						
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes						
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness							
How frequently are these data reported to the SMHA by FEP providers? Quarterly or Bi-annually											
The FEP provider submits this info	rmatior	at the $oxtimes$ individual level or $oxtimes$ ag	gregate	ed at the provider level.							

FIR	ST EP	ISODE	PSYCHOSIS A	ND	EARLY	SERIO	JS I	MENTAL ILLI	NESS	PROGRA	MS		
Program	Name		Addres	ss				City			ZIP		
Advocate Illinoi Behavioral		nic	938 W. Nelso	on A	Ave Chicago					60657			
Area Served (cities, whole s			Phone Nu	mbe	er						Website		
City of Ch	City of Chicago 773-892-8135						Stacey.Brown@ advocatehealth.com Provider Website						
Age Range A	Accept	ed	Maximum Since Or			Eligible Diagnoses							
14-40)		18 mont	hs		Schizophrenia, schizoaffective, schizophreniform or oth psychotic disorder, bipolar disorder with psychotic features major depression with psychotic features, PTSD with dissociative symptoms							
Total Admi	Total Admissions Total Currently Being Served						rog	gram Type		Level of Implementation			
30			21			\boxtimes	CSO	C ⊠ ESMI		Full Imp	lementation		
			This Progra	m R	Receives	eives the Following Funds:							
Block Grar Set-Aside Fu			ate General venue Funds		Medi Fur					Other Funds			
No Respons	е	N	o Response		No Res	sponse			No	o Response			
			This Program I	nclu	udes th	e Follow	ving	g Component	ts:				
	Prim	☐ ary Care	⊠ e Psychothera	ру	Educat	mily ion and port		Supported Employment and Education		⊠ Case nagement	Peer Services		
Other:													
The State Req	The State Requires Fidelity to Be Monitored							Fidelity Measure Used					
T	O YES	s ⊗	NO		N/A								

FIR	ST EF	PISODI	E PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS	
Program	Name			Addres	S				City			ZIP	
Bridgeway	МНС			2323 Windis	sh D	r	Galesburg			6	1404		
Area Served (cities, whole s				Phone Nui	mbe	er Email					Website		
Northwest	Northwest Illinois 309-344-4204						StacyB@bway.org Provide					er Website	
Age Range A	Tim set		Eligible Diagnoses										
14-40)			18 montl	hs		Schizophrenia, schizoaffective, schizophreniform or oth psychotic disorder, bipolar disorder with psychotic feature major depression with psychotic features, PTSD with dissociative symptoms						
Total Admissions Total Currer Being Serve						Program IVno				Level of Implementation			
13				10		⊠ CSC ⊠ ESMI Fu			Full Imp	lementation			
				This Progra	m R	Receives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General ue Funds		Medi Fur	icaid nds			Other Funds			
No Respons	е	١	lo R	esponse		No Res	sponse			1	No Response		
			Th	is Program I	nclı	udes th	e Follow	ving	g Component	s:			
									Supported Employment and Education	Ma	⊠ Case anagement	Peer Services	
Other:													
The State Req	uires I	Fidelit	y to	Be Monitore	ed				Fidelity Mea	asur	e Used		
-	O YES	8 🗵	NO			N/A							

FIR	ST EPI	SODE P	SYCHOSIS A	ND E	EARLY	SERIOL	JS I	MENTAL ILLI	NES	S PROGRA	MS		
Program	Name		Addres	ss				City			ZIP		
Centerst	one		200 N. Emei	rald Lr	า		Ca	rbondale		6	2901		
Area Served (cities, whole s			Phone Nu	mber	er Email					Website			
Southern I	llinois		618-713-1	394	Barb.Gossman@centerstone.org Provider We						er Website		
Age Range A	Time nset		Eligible Diagnoses										
14-40)		18 mont	hs		Schizophrenia, schizoaffective, schizophreniform or opsychotic disorder, bipolar disorder with psychotic features, PTSD with dissociative symptoms							
Total Admi	ently rved	Program Type				Level of Implementation							
22			20			\boxtimes	CSC	C ⊠ ESMI		Full Imp	lementation		
			This Progra	ım Re	eceives	s the Fo	llov	ving Funds:					
Block Grar Set-Aside Fu			e General nue Funds		Medi Fur					Other Funds			
No Respons	е	No F	Response		No Res	sponse			Ν	lo Response			
		TI	nis Program	Includ	des the	e Follow	ving	g Component	s:				
								Supported Employment and Education	Ma	⊠ Case anagement	Peer Services		
Other:													
The State Req	The State Requires Fidelity to Be Monitored							Fidelity Measure Used					
-	O YES	⊗ NO)	١	N/A								

FIR	ST EF	PISODE	PSYCHOSIS A	AND	EARLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS			
Program	Name		Addre	SS				City			ZIP			
Chestnut Healt	h Syste	ems	50 Northgate In	dust	trial Dr		Gr	anite City		6	2040			
Area Served (cities, whole s	-		Phone Nu	mb	er	r Email					ebsite			
Illinois suburbs	of St. L	ouis	618-314-	5561	l	_		e@chestnut.org n@chestnut.org	-	Provid	er Website			
Age Range A	Age Range Accepted Maximum Tim Since Onset							Eligible Diagnoses						
14-40)		18 mon	ths		Schizophrenia, schizoaffective, schizophreniform or othe psychotic disorder, bipolar disorder with psychotic feature major depression with psychotic features, PTSD with dissociative symptoms								
Total Admi	ly d	Program Type			Level of Implementation									
28			21			\boxtimes	CS	C ⊠ ESMI		Full Imp	lementation			
			This Progra	ım l	Receives	s the Fo	llov	wing Funds:						
Block Grar Set-Aside Fu			ate General venue Funds			dicaid Other unds Funds								
No Respons	е	N	o Response		No Res	sponse				No Response				
			This Program	Incl	ludes the	e Follow	vinç	g Component	ts:					
								Supported Employment and Education	M	⊠ Case anagement	Peer Services			
Other:														
The State Req	uires	Fidelity	to Be Monitor	ed		Fidelity Measure Used								
	O YES	8 🗵	NO		N/A									

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND	EARLY	SERIOL	JS I	MENTAL ILLI	NESS I	PROGRA	MS	
Program	Name			Addres	SS				City			ZIP	
Grand Prairie	Service	es		19530 S. Ke	dzie	St		Fl	ossmoor		6	0422	
Area Served (cities, whole s				Phone Nu	mbe	er			Email		Website		
Chicago South	Subur	bs		630-333-5	217		gm	oore	e@gpsbh.org		Provid	er Website	
Age Range A	Age Range Accepted Maximum Tim						Eligible Diagnoses						
14-40	14-40 18 months						psycho	otic	depression with	r disord psycho	er with psy	chotic features,	
Total Admissions Total Current Being Serve				Program Type				Level of Implementation					
29				19			\boxtimes	CSC	C ⊠ ESMI		Full Imp	lementation	
				This Progra	m F	Receives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu	-			General ue Funds			Medicaid Other Funds Funds						
No Respons	е	1	No R	esponse		No Res	sponse			No I	Response		
			Th	is Program	Incl	udes the	e Follow	ving	g Component	s:			
						Far Educati Sup	nily		Supported Employment and Education	С	⊗ ase agement	Peer Services	
Other:	Other:												
The State Req	The State Requires Fidelity to Be Monitored					red Fidelity Measure Used							
☐ YES 図 NO						N/A	N/A						

FIR	ST EP	ISODE	PS	YCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NESS PRO	GRA	MS	
Program	Name			Addres	S				City			ZIP	
Human Se Development		е		340 E. 51s	st St	t		C	Chicago		60615		
Area Served (cities, whole s				Phone Nu	mb	er			Email		Website		
South Chi	South Chicago No Response					ahull@hrdi.org Provider Website						ler Website	
Age Range A	Age Range Accepted Maximum Tin Since Onse					_	e Eligible Diagnoses						
14-40	14-40 18 months						Schizophrenia, schizoaffective, schizophreniform or psychotic disorder, bipolar disorder with psychotic fe major depression with psychotic features, PTSD dissociative symptoms					chotic features,	
Total Admi	Total Admissions Total Current Being Serve						Program Type			lm	Level of Implementation		
20				19			\boxtimes	CSC	C ⊠ ESMI	Ful	l Imp	olementation	
				This Progra	m F	Receives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu	_			General ue Funds		Medicaid Funds				Othe Fund			
No Respons	е	No	o Re	esponse		No Res	sponse			No Respo	nse		
			Thi	s Program I	ncl	udes the	e Follow	ving	g Component	ts:			
	\boxtimes \square \boxtimes					Far Educati Sup	nily ion and	E	Supported Employment and Education	⊠ Case Manageme	nt	Peer Services	
Other:	Other:												
The State Req	uires F	idelity	to	Be Monitore	red Fidelity Measure Used								
	☐ YES ⊗ NO					N/A							

FIR	ST EPI	SODE	PSYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS
Program	Name		Addres	ss				City			ZIP
LifeLin	ks		750 Broadwa	y Ave	e E.		N	Mattoon		6	1938
Area Served (cities, whole s			Phone Nu	mbe	er			Email		W	ebsite
Central III	inois		217-259-1	1237		chugh	ies(@lifelinksinc.org	1	Progra	m Website
Age Range A	Age Range Accepted Maximum Tim Since Onset					Fligible Diagnoses					
14-40	hs		Schizophrenia, schizoaffective, schizophreniform psychotic disorder, bipolar disorder with psychotic major depression with psychotic features, PTSI dissociative symptoms				chotic features,				
Total Admissions Total Current Being Serve					Program IVne				Level of Implementation		
9			8			\boxtimes	CS	C ⊠ ESMI		Full Imp	lementation
			This Progra	ım F	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			te General enue Funds			Medicaid Other Funds Funds					
No Respons	е	No	Response		No Res	sponse			ı	No Response	
			This Program	Incl	udes the	e Follow	vinç	g Component	s:		
						mily ion and port		Supported Employment and Education	M	⊠ Case anagement	Peer Services
Other:	Other:										
The State Req	The State Requires Fidelity to Be Monitored					pred Fidelity Measure Used					
-	☐ YES ⊗ NO						N/A				

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND	EARLY	SERIOL	JS	MENTAL ILLI	NESS	PROGRA	MS	
Program	Name			Addres	SS				City			ZIP	
Memorial Behav	ioral He	ealth		710 N. 8tl	h St			Sp	oringfield		6	2702	
Area Served (cities, whole s				Phone Nu	mbe	er			Email		Website		
Springfi	eld			217-588-7	'928		Mester	.Cyı	nthia@mhsil.co	<u>m</u>	Provid	er Website	
Age Range A	Age Range Accepted Maximum Tin					_	Eligible Diagnoses						
14-40	14-40 18 months						psycho	otic	depression with	r disor psych	der with psy	chotic features,	
Total Admissions Total Current Being Serve					Program Type				Level of Implementation				
20				17			\boxtimes	CS	C ⊠ ESMI		Full Imp	lementation	
				This Progra	m F	Receives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu	-	_		General ue Funds			Medicaid Other Funds Funds						
No Respons	е	1	No R	esponse		No Res	sponse			No	Response		
			Th	is Program	Incl	udes the	e Follow	ving	g Component	s:			
						Far Educati Sup	nily		Supported Employment and Education		⊠ Case nagement	Peer Services	
Other:	Other:												
The State Req	The State Requires Fidelity to Be Monitored					red Fidelity Measure Used							
☐ YES ⊠ NO						N/A	/A						

FIR	ST EP	ISODE	PSYCHOSIS A	AND	EARLY	SERIO	JS	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addre	SS				City		ZIP	
Robert Young Health Ce		I	2200 3rd	Ave			Ro	ock Island	6	31201	
Area Served (cities, whole s			Phone Nu	ımb	er			Email	W	ebsite	
Northwest	Northwest Illinois 309-737-2489					Paul.Phares@unitypoint.org Provider Website					
Age Range A	Age Range Accepted Maximum Tin Since Onse					Eligible Diagnoses					
14-40	14-40 18 months						otic	disorder, bipola depression with	ective, schizophre r disorder with psy psychotic feature ative symptoms	chotic features,	
Total Admi	Total Admissions Total Current Being Serve					Program IVno				evel of mentation	
21			17			\boxtimes	CSO	C ⊠ ESMI	Full Imp	olementation	
			This Progra	am I	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			te General enue Funds			Medicaid Oth Funds Fur					
No Respons	е	No	Response		No Res	sponse			No Response		
			Γhis Program	Incl	ludes the	e Follow	/ing	g Component	s:		
	×					ion and	E	Supported Employment and Education	⊠ Case Management	⊗ Peer Services	
Other:	Other:										
The State Req	The State Requires Fidelity to Be Monitored					red Fidelity Measure Used					
	☐ YES ⊗ NO					N/A					

FIR	ST EPI	ISODE	PSYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS		
Program	Name		Addres	ss				City			ZIP		
Trilogy,	Inc		3737 W. Lawro	ence	Ave		C	Chicago		6	0625		
Area Served (cities, whole s			Phone Nu	mbe	ər			Email		We	Website		
No Resp	onse		773-564-4	1725		broh	loff(@trilogyinc.org		Progra	ım Website		
Age Range A	Age Range Accepted Maximum Tim Since Onset							Eligib	le D	iagnoses			
14-40 18 months						psycho	otic	depression with	r dis psyd	order with psy	chotic features,		
Total Admissions Total Current Being Serve					Program Type				Level of Implementation				
17			14			\boxtimes	CS	C ⊠ ESMI		Full Imp	lementation		
			This Progra	am F	Receives	s the Fo	llov	wing Funds:					
Block Grar Set-Aside Fu			te General enue Funds			Medicaid Other Funds Funds							
No Respons	е	No	Response		No Res	sponse			1	No Response			
			This Program	Incl	udes the	e Follow	/ing	g Component	s:				
						mily ion and port		Supported Employment and Education	Ma	⊠ Case anagement	Peer Services		
Other:	Other:												
The State Req	The State Requires Fidelity to Be Monitored					red Fidelity Measure Used							
	☐ YES ⊠ NO					N/A							

FIR	ST EP	ISODE	PSYCHOSIS A	ND EAR	LY SERIO	US	MENTAL ILL	NESS PROGRA	AMS		
Program	Name		Addres	ss			City		ZIP		
Thresho	olds		4101 N. Ravens	swood Dr		(Chicago		60613		
Area Served (cities, whole s			Phone Nu	mber			Email	V	/ebsite		
North, wes			773-432-6	555	Jose.V	<u>/irue</u>	t@thresholds.o	rg <u>Progr</u>	am Website		
Age Range A	Age Range Accepted Maximum Tim Since Onset					Eligible Diagnoses					
14-40	14-40 18 months						disorder, bipola depression with	ective, schizophr r disorder with ps psychotic feature ative symptoms	ychotic features,		
Total Admi	Total Admissions Total Current Being Serve					Program Type			evel of ementation		
15			14		\boxtimes	CS	C ⊠ ESMI	Full Im	plementation		
			This Progra	m Recei	ves the Fo	ollov	wing Funds:				
Block Grar Set-Aside Fu			nte General enue Funds		edicaid Funds						
No Respons	е	No	Response	No	Response			No Response	;		
			This Program I	ncludes	the Follow	vinç	g Component	:s:			
							Supported Employment and Education	⊠ Case Management	⊠ Peer Services		
Other:											
The State Req	uires l	Fidelity	to Be Monitore	ed	Fidelity Measure Used						
	☐ YES ⊗ NO						N/A				

FIR	ST EF	ISODE	PSYCHOSIS A	ND EA	ARLY	Y SERIOUS MENTAL ILLNESS PROGRAMS						
Program	Name		Addres	ss				City		ZIP		
Transitions of V	Vesterr	ı III.	4409 Main	e St			(Quincy	(62305		
Area Served (cities, whole s			Phone Nu	mber				Email	W	ebsite		
Quincy a	area		217-653-0	416		ıi.	pete	ers@twi.org	No F	Response		
Age Range A	ge Range Accepted Maximum Time Since Onset					Eligible Diagnoses						
14-40	14-40 18 months						otic	disorder, bipola depression with	ective, schizophre r disorder with psy psychotic feature ative symptoms	chotic features,		
Total Admi	Total Admissions Total Current Being Serve				Program Type			gram Type		evel of mentation		
1			2			\boxtimes	CSO	C ⊠ ESMI	Initial Im	plementation		
			This Progra	m Rec	ceives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu			ate General enue Funds			Medicaid Other Funds Funds						
No Respons	е	N	o Response	N	No Res	sponse			No Response			
			This Program I	nclude	es the	e Follow	ving	g Component	s:			
						mily ion and port	E	Supported Employment and Education		Reer Services		
Other:	Other:											
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used						
☐ YES ⊠ NO					N/A							

FIR	ST EPI	SODE P	SYCHOSIS A	ND E	EARLY	SERIOL	JS	MENTAL ILLI	NESS PROGRA	MS		
Program	Name		Addres	SS				City		ZIP		
Human Se Center of F			600 Faye	ette				Peoria	6	31654		
Area Served (cities, whole s			Phone Nu	mbei	r			Email	W	ebsite		
Central III	inois		309-282-1	351	cgilmer@hscpeoria.org No Response							
Age Range A	Age Range Accepted Maximum Tin Since Onse					Eligible Diagnoses						
14-40	14-40 18 months						otic	disorder, bipola lepression with	ective, schizophre r disorder with psy psychotic feature ative symptoms	chotic features,		
Total Admi	Total Admissions Total Current Being Serve					Program Type				Level of Implementation		
0			0			\boxtimes	CSC	C ⊠ ESMI	Initial Im	plementation		
			This Progra	m Re	eceives	s the Fo	llov	ving Funds:				
Block Grar Set-Aside Fu			General ue Funds		Medicaid Other Funds Funds							
No Respons	е	No F	Response		No Res	sponse			No Response			
		Th	is Program I	Inclu	des the	e Follow	ving	g Component	s:			
						mily ion and port		Supported Employment and Education	(X) Case Management	⊗ Peer Services		
Other:	Other:											
The State Req	uires Fi	delity to	Be Monitore	ed Fidelity Measure Used								
(ı	N/A										

Indiana

STATE CONTACT

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	STATE FINANCING	
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity
\$1,215,981	\$1,215,981	\$0

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS										
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served									
Full Implementation	43	206									

DATA REPORTING												
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):												
Suicidality	Suicidality Substance Use Substance Use Physical Health											
Global Functioning Improved Symptoms Prescription Adherence and Side Effects												
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes							
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes							
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes							
How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly</i>												
The FEP provider submits this information at the ⊠ individual level or □ aggregated at the provider level.												

FIR	ST EP	ISODE	PS	SYCHOSIS A	.ND	EARLY	SERIO	JS	MENTAL ILLI	NESS PROGRA	MS	
Program	Name			Addres	s				City		ZIP	
Prevention and Center (PAI Early Psyc	RC) for	ery		720 Eskena	zi A	ve Indianapolis				2	1 6202	
Area Served (cities, whole s	2			Phone Nu	mb	er	Email			W	Website	
Indianapolis 317-880-8494							Kristen.Ratliff@ eskenazihealth.edu Program Websit					
Age Range A	Accept	ed		Maximum Since On		_			Eligib	le Diagnoses		
16-30)			3 years	8		Psycho	sis t	that is not affec	tive, organic, or su	bstance-induced	
Total Admi	Admissions Total Current Being Served					Program Type				evel of mentation		
43 (across PARC prog				206 (across PARC progr			\boxtimes	⊠ CSC ☐ ESMI Program Susta			Sustainability	
				This Progra	m F	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds			Medicaid Other Funds Funds					
\$1,215,381 (ac		N	lo R	esponse		No Res	sponse			No Response		
			Th	is Program I	ncl	udes the	e Follow	ving	g Component	ts:		
					Educati	nily	E	Supported Employment and Education	(X) Case Management	Peer Services		
Other:												
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used						
	⊗ YES		NO			Propriet	ary fidelit	y to	ol			

FIR	ST EP	ISODE	E PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NESS PROGI	RAN	NS
Program	Name			Addres	SS			City				ZIP
Prevention and Center (PARC Psychosis–Remo) for Ea	rly		720 Eskena	zi A	ve		Inc	dianapolis		46202	
	Area Served (counties, cities, whole state, etc.)						Email				We	bsite
Fort Wayne and Bloomington 317-880-8494							John.Lurkins@ eskenazihealth.edu Program Websi					m Website
Age Range A	Accept	ed		Maximum Since On		_			Eligib	le Diagnoses		
16-30)			3 years	3		Psycho	sis 1	that is not affec	tive, organic, or	sub	stance-induced
Total Admi	Total Admissions Total Current Being Served					Program Type			Imp	Level of Implementation		
43 (across PARC prog				206 (across PARC progr			☑ CSC ☐ ESMI Initial Impl			lementation		
				This Progra	m F	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds			Medicaid Other Funds Funds					
\$1,215,381 (ac		N	lo R	esponse		No Res	sponse			No Respon	se	
			Th	is Program I	ncl	udes the	e Follow	/ino	g Component	ts:		
					Educati	mily	E	Supported Employment and Education	⊠ Case Management		Peer Services	
Other:												
The State Req	The State Requires Fidelity to Be Monitored						Fidelity Measure Used					
	⊗ YES		NO			Propriet	ary fidelit	y to	ol			

lowa



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



STATE FINANCING											
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity									
\$546,479	\$230,033	\$0									

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS											
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served										
Full Implementation	57	47										

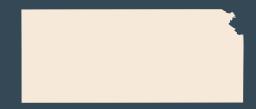
DATA REPORTING											
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):											
Suicidality	0	Substance Use		Physical Health							
Global Functioning	0	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes						
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes						
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes						
Use of Emergency Rooms	Use of Emergency Rooms ⊠ School Participation ⊠ Social Connectedness ⊠										
How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly</i>											
The FEP provider submits this info	rmation	at the $oxtimes$ individual level or $oxtimes$ ag	gregate	ed at the provider level.							

FIR	ST EPI	SODE	PSYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILLI	NESS PROG	RAN	IS	
Program	Name		Addres	SS				City		Z	IP .	
FERST NAVIGA at the Abbe C Community Me	enter for	r	520 11th Stre	et N.	.W.	W. Cedar Rapids				52405		
	Area Served (counties, cities, whole state, etc.)					r Email				Website		
Cedar Rapids and northeast/ east central counties 319-398-3562				3562		kjohnson@abbehealth.org Provider W					r Website	
Age Range A	Accepte	ed	Maximum Since Or					Eligib	e Diagnoses	6		
16-65 No Response						Schizophrenia, schizoaffective, schiz and brief psychotic disorder or psychotic						
Total Admi	ssions		Total Curr Being Se			Program Type			lmį	Level of Implementation		
22			17			\boxtimes	CSO	C O ESMI	Full	Imple	ementation	
			This Progra	m R	Receives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu			ite General enue Funds		Medicaid Other Funds Funds							
\$128,280		No	Response		No Res	sponse			No Respor	ise		
			This Program	Inclu	udes the	e Follow	/ing	g Component	s:			
					Far Educati Sup	nily ion and	E	Supported Employment and Education	Case Managemer	t	Peer Services	
○ Other: Comm	oport se	rvices										
The State Req	idelity	to Be Monitore	ed	Fidelity Measure Used								
1	⊗ yes	0	NO		NAVIGA	TE						

FIR	ST EP	ISODE	PSYCHOSIS A	ND	EARLY	SERIO	US I	MENTAL ILLI	NES	S PROGRA	MS	
Program I	Name		Addres	SS				City			ZIP	
RESTORE NA Program at Ey Community Health Ce	yerly Ba	all	945 19th	St.		Des Moines			50314			
Area Served (cities, whole s	er	Email				W	ebsite					
Des Moines and 5-county surrounding 515-243-5181 area in central lowa						cynthias@eyerlyball.org Program \				m Website		
Age Range A	Age Range Accepted Maximum Tir Since Onse							Eligib	le D	iagnoses		
16-40	16-40 No Response						Schizophrenia, schizoaffective, sc and brief psychotic disorder or psych					
Total Admis	ssions	5	Total Curr Being Se			Program IVno			_	evel of mentation		
26			22			\boxtimes	CS	C O ESMI		Full Imp	lementation	
			This Progra	m I	Receives	s the Fo	llov	wing Funds:				
Block Gran Set-Aside Fui			ate General /enue Funds			Medicaid Other Funds Funds						
\$148,542		N	lo Response		No Res	sponse				No Response		
			This Program	Incl	udes th	e Follow	ving	g Component	ts:			
					Far Educat	ion and	E	Supported Employment and Education	M	Case anagement	Peer Services	
○ Other: Community	ipport s	ervices										
The State Requ	Fidelity Measure Used											
(⊠ YES		NO		NAVIGA	ATE						

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILLI	NES	S PROGRA	MS
Program I	Name		Addres	s			City			ZIP
HARMONY NA Program at S Mental Health	iouxlan	id	625 Court	St.	Sioux City			51102		
	Area Served (counties, cities, whole state, etc.)					Email			Website	
	Sioux City and Northwest Iowa Counties 712-252-3871, ext.				6 martins@ No Re					desponse
Age Range A	Accept	ed	Maximum Since Or				Eligib	le D	iagnoses	
16-45	5		No Respo	onse			cophrenia, schiz ef psychotic disc			
Total Admi	ssion	5	Total Curr Being Se		Program Type			Level of Implementation		
9			8		\boxtimes	CS	C O ESMI		Initial Im	plementation
			This Progra	m Receiv	es the Fo	llov	wing Funds:			
Block Gran Set-Aside Fu			ite General enue Funds	_	dicaid inds				Other Funds	
\$124,413		No	Response	No R	esponse			Ν	No Response	
			This Program I	ncludes t	ne Follov	vinç	g Component	ts:		
					⊗ amily ation and pport	E	Supported Employment nd Education	Ma	Case anagement	Peer Services
	unity su	ipport se	rvices							
The State Requ	uires	Fidelity	to Be Monitore	ed			Fidelity Mea	asur	e Used	
(⊗ YES	0 1	NO	NAVIG	ATE					

Kansas



STATE CONTACT

Charles Bartlett | 785-368-6391 | Charles.Bartlett@ks.gov

Note: As of 8/16/2018, Kansas did not review this information. This information is from 2017, except for the number of clients served, the MHBG set-aside amount, and the amount of MHBG set-aside funding at the state and program levels.

	STATE FINANCING	
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity
\$515,357	\$311,698	No Response

US	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS											
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served										
Program Sustainability	89	43										

	DATA REPORTING											
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):												
Suicidality	0	Substance Use	\boxtimes	Physical Health	0							
Global Functioning	0	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes							
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes							
Psychiatric Hospitalization	\boxtimes	Legal Involvement	0	Living Situation	0							
Use of Emergency Rooms	Use of Emergency Rooms School Participation Social Connectedness											
How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly</i>												
The FEP provider submits this info	rmatior	at the $oxdot$ individual level or $oxdot$ ag	gregate	ed at the provider level.								

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARLY	SERIO	US	MENTAL ILLI	NES	S PROGRA	MS
Program N	Name		Addres	s			City			ZIP
Valeo NAVIGATI	E Prog	ram	5401 West 7th	Street			Topeka		6	6606
Area Served (cities, whole s			Phone Nur	mber	er Email			Website		
Clay, Cloud, Geary, Jewell, Marshall, Mitchell, Pottawatomie, Republic, Riley, Shawnee, Washington, Nemaha, Brown, Doniphan, and Jackson counties				513	No Response			Provider Website		
Age Range A	ccept	ed	Maximum Since On				Eligib	le D	iagnoses	
No Respo	No Response No Response						No	sponse	onse	
Total Admis	ssions	6	Total Curro Being Ser		Program IVno				vel of nentation	
24			20		\boxtimes	CSO	C O ESMI		Initial Im	plementation
			This Progra	m Receive	s the Fo	llov	wing Funds:			
Block Gran Set-Aside Fur			te General enue Funds					Other Funds		
\$110,140		No	Response	No Re	sponse				No Response	
			This Program I	ncludes th	e Follov	ving	g Component	s:		
☐ Medication					mily tion and	E	Supported Employment and Education	M	Case anagement	Peer Services
Other:	Other:									
The State Requ	idelity	ed	Fidelity Measure Used							
(O YES	S ⊗ 1	NO	N/A						

FIR	ST EP	ISODE	ΕPS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NES	S PROGRA	MS
Program	Name			Addres	s				City			ZIP
Wyandot Cent intervention		rly		757 Armstror	ve	Kansas City			66101			
Area Served (cities, whole s				Phone Nui	er	Email				Website		
Atchison, Dougla Johnson, Leav and Wyandotte	venwor	th,	No Response				krehbiel_j@wmhci.org Provider				er Website	
Age Range A	Accept	ed		Maximum Since On		_			Eligib	le D	iagnoses	
15-25	5			No Respo	nse		Diagnosis of schizophrenia, schizoaffect unspecified schizophrenia spectrum, other p disorders, and bipolar disorder with psychotic				er psychotic	
Total Admi	ssions	6		Total Curro Being Ser			Program Type				Level of Implementation	
65				23			\boxtimes	CS	C O ESMI		Program	Sustainability
				This Progra	m F	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds			edicaid Other unds Funds					
\$201,558		Ν	lo R	esponse		No Res	sponse			ı	No Response	
			Th	is Program I	ncl	udes th	e Follow	vinç	g Component	ts:		
	Prim	⊠ ary Car	re	⊠ Psychotherap	ру	Education and Employment					Peer Services	
Other:	Other:											
The State Req	The State Requires Fidelity to Be Monitored				ed				Fidelity Mea	asuı	re Used	
					NAVIGATE							

Kentucky

STATE CONTACT

Janice Johnston | 502-782-6170 | Janice.Johnston@ky.gov



STATE FINANCING									
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity							
\$888,937	\$731,843	\$82,514							

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS							
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served						
Full Implementation	72	66						

	DATA REPORTING									
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):										
Suicidality Substance Use Physical Health										
Global Functioning	Global Functioning Improved Symptoms Prescription Adherence and Side Effects									
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes					
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes					
Use of Emergency Rooms School Participation Social Connectedness										
How frequently are these data reported to the SMHA by FEP providers? <i>Annually</i>										
The FEP provider submits this info	rmation	at the 🗵 individual level or 🔘 ag	gregate	ed at the provider level.						

FIRS	ST EP	ISODE F	SYCHOSIS A	ND EARLY	'SERIO	US	MENTAL ILLI	NESS	PROGRA	MS
Program N	lame		Addres	s			City			ZIP
Cumberland Riv	er iHO	PE	349 Riverbeno	d Road	London				4	0744
Area Served (cities, whole st			Phone Nur	mber	er Email				Website	
Rockcastle, Jacks Clay, Whitley, Kno and Bell cou	ox, Ha		606-878-70 606-280-2		Samantha.Reid@crccc.org			rg	No Response	
Age Range A	ccept	ed	Maximum Since On				Eligib	le Diaç	gnoses	
15-30			1 year		Any	/ DS	6M diagnosis th	at inclu	des psycho	sis in criteria
Total Admis	ssions	6	Total Curre Being Ser	_	Program IVne				Level of Implementation	
6			7		\boxtimes	CSO	C O ESMI		Initial Im	plementation
			This Progra	m Receive	s the Fo	llov	wing Funds:			
Block Grant Set-Aside Fun			e General nue Funds		icaid nds				Other Funds	
\$175,000		No	Response	No Re	No Response No Response					
		Т	his Program I	ncludes th	e Follow	ving	g Component	ts:		
⊠ Medication	図 U 図 Family Supported Case Per Medication Primary Care Psychotherapy Education and Employment						⊗ Peer Services			
Other:										
The State Requires Fidelity to Be Monitored							Fidelity Mea	asure l	Used	
⊠ YES ⊠ NO										

FIR	ST EPI	ISODE	PSYCHOSIS A	AND	EARLY	SERIO	JS	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	SS				City		ZIP	
Lifeskills ih	HOPE		3080 Suwanee	Trail	Street	Bowling Green			۷	12101	
Area Served (cities, whole s			Phone Nu	mb	er	Email			W	ebsite	
Butler, Edmon Logan, Warrer Metcalfe, Simp and Monroe	n, Barrei son, Alle	n, en,	270-901-5000	1214	lwolfin@lifeskills.com			No F	Response		
Age Range A	Accepte	ed	Maximum Since Or		_			Eligib	le Diagnoses		
15-30)		1 year	r		Any DSM diagnosis that in			at includes psycho	ncludes psychosis in criteria	
Total Admi	Total Admissions Total Current Being Serve				Program Type			gram Type		Level of Implementation	
12			21			\boxtimes	CS	C O ESMI	Initial Im	plementation	
			This Progra	ım F	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			te General enue Funds		Medi Fur				Other Funds		
\$100,000		No	Response		No Res	sponse			No Response		
			This Program	Incl	udes th	e Follow	vinç	g Component	is:		
	○					mily ion and		Supported Employment nd Education	⊠ Case Management	⊗ Peer Services	
Other:	Other:										
The State Req	The State Requires Fidelity to Be Monitored							Fidelity Mea	asure Used		
⊠ YES ⊠ NO				N/A							

FIRS	ST EP	ISODE P	SYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	MS	
Program N	lame		Addres	s			City		ZIP	
Centerstone i	HOPE		708 Magazine	Street	Louisville			۷	10223	
Area Served (cities, whole st			Phone Nur	mber	Email			W	ebsite	
Jefferson, Bullitt, Shelby, Oldham, Trimble cou	Henry		502-589-8926, e	ext. 4468	Ann.Behymer@centerstone.org; Mary.Williams@centerstone.org			NO F	Response	
Age Range Ad	ccept	ed	Maximum Since On				Eligib	le Diagnoses		
15-30			1 year		Any	DS	M diagnosis tha	at includes psycho	osis in criteria	
Total Admis	Total Admissions Total Current Being Serve					Program IVno			Level of Implementation	
27			19		\boxtimes	CSC	C O ESMI	Full Imp	olementation	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Grant Set-Aside Fun			General nue Funds		icaid nds			Other Funds		
\$50,000		No F	Response	No Re	sponse			No Response		
		TI	nis Program I	ncludes th	e Follow	ving	g Component	s:		
⊠ Medication	tion Primary Care Psychotherapy Education and Support					Е	Supported Employment and Education	⊠ Case Management	⊗ Peer Services	
Other:	Other:									
The State Requ	The State Requires Fidelity to Be Monitored						Fidelity Mea	sure Used		
×	⊠ YES ⊠ NO									

FIR	ST EPI	SODE F	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NESS	PROGRA	MS	
Program	Name		Addres	SS				City			ZIP	
Pathways i	HOPE		3701 Landsdo	owne	e Dr		Þ	Ashland		4	1102	
Area Served (cities, whole s			Phone Nu	er	Email				Website			
Montgomery Rowan, Menifed Greenup, Boyd, Lawrence of	ifee, Morgan, yd, Elliott, and					David.cheesbro @pathways-ky.org: Heather.Compton @pathways-ky.org				No R	desponse	
Age Range A	Accepte	ed	Maximum Since Or		_			Eligib	le Dia	agnoses		
15-30)		1 year	-		Any DSM diagnosis that includes ps				udes psycho	les psychosis in criteria	
Total Admi	Total Admissions Total Current Being Serve				-	Program Type				Level of Implementation		
4			1			\boxtimes	CS	C O ESMI		Initial Im	plementation	
			This Progra	ım F	Receives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu			e General nue Funds		Medi Fur					Other Funds		
\$50,000		No	Response		No Res	sponse			No	o Response		
		Т	his Program	Incl	udes th	e Follow	/ing	g Component	ts:			
						mily ion and port		Supported Employment and Education		⊠ Case nagement	⊗ Peer Services	
Other:	Other:											
The State Req	The State Requires Fidelity to Be Monitored							Fidelity Mea	asure	Used		
⊠ YES ⊠ NO					N/A							

FIRS	ST EPISOD	E PSYCHO	SIS AND	EARLY	SERIO	JS	MENTAL ILLI	NESS PROGRA	AMS	
Program N	Name	A	ddress				City		ZIP	
Four Rivers i	HOPE	425	Broadway	/	Paducah				42001	
	Area Served (counties, cities, whole state, etc.)				er Email				/ebsite	
Fulton, Graves, Livingston, Mars	Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Livingston, Marshall, and McCracken counties				<u>b</u>	der Website				
Age Range A	ccepted		mum Tin ce Onset				Eligib	le Diagnoses		
15-30			1 year		Any	DS	M diagnosis the	at includes psych	osis in criteria	
Total Admis	Total Admissions Total Current Being Serve				Program IVne				Level of Implementation	
10			4		\boxtimes	CSC	C O ESMI	Initial Ir	nplementation	
		This P	rogram F	Receives	s the Fo	llov	wing Funds:			
Block Gran Set-Aside Fur		tate Genera evenue Fun		Medi Fur				Other Funds		
\$100,000		No Response	;	No Res	sponse			No Response	•	
		This Prog	ıram Incl	udes th	e Follow	/ing	g Component	s:		
⊠ Medication						E	Supported Employment and Education	⊗ Case Management	⊗ Peer Services	
Other:	Other:									
The State Requ	uires Fideli	ty to Be Mo	nitored				Fidelity Mea	asure Used		
Ø	⊠ YES ⊠ NO									

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARI	Y SERIO	US	MENTAL ILLI	NESS PROGRA	MS	
Program	Program Name Address						City		ZIP	
Bluegrass i	HOPE		1351 Newtov	vn Pike	Lexington			۷	40511	
Area Served (cities, whole s			Phone Nu	mber	er Email			W	ebsite	
Fayette Madison co			800-928-8	3000	<u>ajlak</u>	<u>(es@</u>	②bluegrass.org	No F	Response	
Age Range A	Accept	ed	Maximum Since Or				Eligib	le Diagnoses		
15-30)		1 year	-	Any	/ DS	SM diagnosis th	at includes psycho	sis in criteria	
Total Admi	Total Admissions Total Current Being Serve					Program Type			Level of Implementation	
6			5		\boxtimes	CS	C O ESMI	Initial Im	plementation	
			This Progra	ım Receiv	es the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			te General enue Funds		Medicaid Other Funds Funds					
\$200,000		No	Response	No F	Response			No Response		
			This Program	Includes	the Follov	ving	g Component	ts:		
⊠ Medication							Supported Employment nd Education		⊗ Peer Services	
Other:	Other:									
The State Req	The State Requires Fidelity to Be Monitored						Fidelity Mea	asure Used		
	⊠ YES ⊠ NO									

FIRST I	EPISODE	PSYCHOSIS A	ND EARLY	SERIO	US	MENTAL ILLI	NESS PROGR <i>A</i>	AMS	
Program Nam	пе	Addres	s			City		ZIP	
Communicare iHC	OPE	100 Gray	St		Eliz	abethtown		42701	
Area Served (cou		Phone Nur	nber			V	/ebsite		
Hardin, Nelson Meade, Grayson, L Breckinridge, Washi Marion countie	arue, ington,	270-737-1360 €	ext. 1253	1253 <u>jyoung@communicare.org</u> No Res					
Age Range Acce	epted	Maximum Since On				Eligib	le Diagnoses		
15-30		1 year		Any	/ DS	SM diagnosis th	at includes psych	osis in criteria	
Total Admission	ons	Total Curro Being Ser		Program Type				Level of Implementation	
0		0		\boxtimes	CSO	C O ESMI	Ins	stallation	
		This Progra	m Receive	s the Fo	llov	wing Funds:			
Block Grant Set-Aside Funds		ate General renue Funds		icaid nds			Other Funds		
\$200,000	N	o Response	No Re	No Response No Response				;	
		This Program I	ncludes th	e Follow	vinç	g Component	ts:		
✓ Supported Case Medication Primary Care Psychotherapy Education and Employment						⊗ Case Management	⊗ Peer Services		
Other:									
The State Require	s Fidelity	to Be Monitore	ed			Fidelity Mea	asure Used		
⊠ Y	N/A								

Louisiana

STATE CONTACT

Annette Arthur | 225-342-7338 | Annette.Arthur@la.gov



STATE FINANCING									
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity							
\$855,200	\$220,879	\$150,842							

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS									
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served							
Program Sustainability	123	147							

	DATA REPORTING										
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):											
Suicidality	0	Substance Use		Physical Health	0						
Global Functioning	0	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects							
Identification, Intake, Enrollment	\boxtimes										
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes						
Use of Emergency Rooms	Use of Emergency Rooms School Participation Social Connectedness										
How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly</i>											
The FEP provider submits this info	rmatior	at the $oxtimes$ individual level or $oxtimes$ ag	gregate	ed at the provider level.							

FIR	ST EPI	SODE P	SYCHOSIS A	ND EAF	RLY SER	IOUS	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	s			City		ZIP	
Capital Area Services D			4615 Governm Building			Ва	aton Rouge	7	70806	
Area Served (cities, whole s			Phone Nu	nber			Email	W	ebsite	
Ascension, Iber Baton Rouge, V Rouge, Pointe East Feliciana, Feliciana pa	Vest Bat Couped and We	on) ,	225-922-2	700	<u>P</u>	aul.Tu	uminello@la.gov	Provid	ler Website	
Age Range Accepted Maximum Tin Since Onse							Eligib	le Diagnoses		
15-38 (flex	15-38 (flexible) 2 years						No	Response		
Total Admi	ssions	sions Total Current Being Serve				Pro	gram Type		evel of mentation	
21			14		(⊠ cs	SC O ESMI	Full Imp	olementation	
			This Progra	m Rece	ives the	Follo	owing Funds:			
Block Grar Set-Aside Fu			General ue Funds		Medicaid Other Funds Funds					
\$136,440		No F	Response	No	Response	е		No Response		
		Th	is Program I	ncludes	s the Foll	lowin	ng Component	ts:		
		O ry Care	⊠ Psychothera _l	-	⊠ Family ucation an Support	mily Supported ion and Employment		⊠ Case Management	⊗ Peer Services	
Other:										
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used				
	⊠ YES	□ NC		Stat	e develop	ed pro	ocess measures			

FIR	ST EF	ISODE	E PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NES	S PROGRA	MS
Program	Name			Addres	S				City			ZIP
Early Psyc Intervention C Orleans (EPIC	linic-Ne		4000 Bienville St, Su			uite G	New Orleans			70119		
Area Served (cities, whole s				Phone Nui	ər			Email		W	ebsite	
Orleans, St. Be Plaquemines				504-434-2	564		epicno	ola@	<u> Dsflouisiana.co</u>	<u>m</u>	<u>Provid</u>	er Website
Age Range A	Accept	ed		Maximum Since On					Eligib	le D	iagnoses	
12-35 (flex	xible)			2 years	6			S	Schizophrenia o	r oth	er psychotic d	isorder
Total Admi	ssion	5	Total Currently Being Served			-	Program Type			Level of Implementation		
81				111			⊗ CSC □ ESMI				Program	Sustainability
				This Progra	m F	Receive	s the Fo	llo	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds			dicaid Other unds Funds					
\$366,000		Ν	lo R	esponse		No Res	sponse			ı	No Response	
			Th	is Program I	ncl	udes th	e Follow	ving	g Component	ts:		
	Prim	☐ ary Car	区 Fare Psychotherapy Education			ion and	ily Supported on and Employment		M	⊠ Case anagement	Peer Services	
Other:												
The State Requires Fidelity to Be Monitored						Fidelity Measure Used						
1	⊗ YES	s 0	NO			State de	eveloped	pro	cess measures			

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILL	NES:	S PROGRA	MS
Program N	Name		Addres	ss			City			ZIP
Florida Parishe Services Au		an	835-B Pride Driv	e, Suite B	ite B Hammond				70401	
Area Served (cities, whole s			Phone Nu	mber			Email		W	ebsite
Livingston, St. Tangipahoa, Wa and St. Tamman	ashingt	on,	985-543-4	333	<u>Cindy.</u>	Cindy.gutowski@fphsa.org			No Response	
Age Range A	ccept	ed	Maximum Since Or				Eligib	le Di	iagnoses	
15-40 (flex	kible)		2 years	3			Psych	notic (disorders	
Total Admis	otal Admissions Total Currentl Being Served				Program Type				Level of Implementation	
8			13		\boxtimes	CS	C O ESMI		Initial Im	plementation
			This Progra	m Receiv	es the Fo	llov	wing Funds:			
Block Gran Set-Aside Fur			te General enue Funds	_	Medicaid Other Funds Funds					
\$21,000		No	Response	No R	esponse			N	lo Response	
			This Program I	ncludes t	he Follov	ving	g Component	ts:		
⊠ Medication	Prim	ary Care	⊠ Psychothera	Psychotherapy Educ					Case anagement	⊗ Peer Services
Other:										
The State Requ	Fidelity	to Be Monitore	ed	Fidelity Measure Used						
(Ŋ YES	0 1	10	State	developed	prod	cess measures			

FIR	ST EPI	SODE P	SYCHOSIS A	ND EARLY	' SERIOL	JS I	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	ss			City		ZIP	
Jefferson Paris Services Au		an	3616 S. I-10 Road V		Metairie			7	70001	
Area Served (cities, whole s	2		Phone Nu	mber	Email			W	ebsite	
Jefferson F	Parish		504-838-5	215		No F	Response	Provid	ler Website	
Age Range A	Accepte	ed	Maximum Since Or				Eligib	le Diagnoses		
15-40 (fle	xible)		2 years	3			Psych	notic disorders		
Total Admi	Total Current Being Serve				Program Type				evel of mentation	
13	13 9					⊠ CSC ☐ ESMI Full Im				
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			e General nue Funds		icaid nds			Other Funds		
\$21,000		No I	Response	No Re	sponse			No Response		
		TI	nis Program I	Includes th	e Follow	/ing	Component	is:		
		O ary Care	⊠ Psychothera	Fa py Educa	mily tion and	Е	Supported Employment and Education	Case Management	⊗ Peer Services	
Other:										
The State Req	uires F	idelity to	Be Monitore	ed	Fidelity Measure Used					
	⊠ YES)	State d	eveloped	proc	ess measures			

Maine

STATE CONTACT

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



STATE FINANCING											
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity									
\$274,800	\$543,147	No Response									

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS									
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served							
Full Implementation	21	34							

DATA REPORTING											
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):											
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes						
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes						
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes						
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes						
Use of Emergency Rooms School Participation Social Connectedness											
How frequently are these data repo	orted to	the SMHA by FEP providers? Quar	terly								
The FEP provider submits this info	rmatior	at the $ \Box $ individual level or $ oxtimes $ ag	gregate	ed at the provider level.							

FIR	ST EP	ISODE	PSY	CHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NES	S PROGRA	MS
Program	Name			Addres	s				City			ZIP
Portland Iden and Early Re (PIER) Pro	ecovery		66 Bramhall St				Portland			04102		
Area Served (cities, whole s	•			Phone Nur	nbe	er			Email		We	ebsite
Program is lo Cumberland C serves those willi Consultation and the rest of th	ounty a ing to tr d trainir	and ravel. ng to		Sarah Lynch, ER Program I 207-662-3	ager	lynchs@mmc.org				<u>Progra</u>	m Website	
Age Range A	Accept	ed		Maximum Since On				Eligib	le D	iagnoses		
15-26	6		Psychosis onset within past year				Schizophrenia spectrum and affective psychosis					psychosis
Total Admi	ssions	6		Total Curre Being Ser		_	Program Type				vel of nentation	
21				34			⊗ CSC □ ESMI				Full Imp	lementation
			Т	his Progra	m R	Receive	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General e Funds			icaid nds				Other Funds	
\$483,147			\$(0		\$	0				\$0	
			This	Program I	ncli	udes th	e Follow	ving	g Componen	ts:		
	Prim	☐ ary Care	⊠ re Psychotherapy Ed			Far Educat	mily Supp ion and Emplo		Supported Employment and Education	M	⊠ Case anagement	Peer Services
Other:												
The State Req	The State Requires Fidelity to Be Monitored						Fidelity Measure Used					
-	⊗ YES		NO			FEPS F	idelity Sc	FEPS Fidelity Scale; MFG and CBTp fidelity scales				

FIR	ST EP	ISODE	PSYCHOSIS A	ND E	ARLY	SERIO	JS	MENTAL ILLI	NESS	PROGRA	MS
Program	Name		Addres	ss				City			ZIP
THRIVE/Youth M	IOVE M	laine	175 Lancas	ter St.		Portland				04101	
Area Served (cities, whole s			Phone Nu	mber	er Email				Website		
Cumberland, Androscoggin			207-541-0	900		info@y	<u>out</u>	hmovemaine.o	rg	<u>Progra</u>	m Website
Age Range A	Accept	ed	Maximum Since Or		•			Eligib	le Dia	ignoses	
15-26	3		Psychosis within past			S	Schiz	zophrenia spec	trum a	nd affective	psychosis
Total Admi	ssions	5	Total Curr Being Se		,	Program Type				Level of Implementation	
21			21			☐ CSC ⊠ ESMI				Exp	loration
			This Progra	ım Re	eceives	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			te General enue Funds		Medicaid Other Funds Funds						
\$60,000		No	Response		No Res	sponse			No	Response	
		7	This Program	Includ	des the	e Follow	/ing	Component	ts:		
☐ Medication	Prim	☐ ary Care	C Psychothera	ру	Far Educati Sup	nily Supported ion and Employment			Case nagement	Peer Services	
Other:											
The State Req	ed	Fidelity Measure Used									
-	O YES		10	C	Certified	I Intentior	nal F	Peer Support S	peciali	st Training a	nd Fidelity

Republic of the Marshall Islands

STATE CONTACT

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

STATE FINANCING											
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity									
\$17,787	\$0	\$25,000									

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS								
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served						
Installation	N/A	N/A						

DATA REPORTING										
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):										
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes					
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes					
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes					
Psychiatric Hospitalization	0	Legal Involvement	\boxtimes	Living Situation	0					
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes					
How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly</i>										
The FEP provider submits this info	rmation	at the 🗵 individual level or 🔘 ag	gregate	ed at the provider level.						

FIR	ST EP	ISODE	PS	YCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	MS
Program	Name			Addres	S			City		ZIP
Early Psychosis	Interve	ntion		Ministry of H and Human Se		Majuro			9	96960
	a Served (counties, es, whole state, etc.)			nber	Email			W	ebsite	
Majur	0			692-456-1	151	marita	<u>edw</u>	<u>vin54@gmail.co</u>	<u>m</u>	None
Age Range Accepted Maximum Tim Since Onset								Eligib	le Diagnoses	
16-30 No Response				nse				All		
Total Admi	otal Admissions Total Current Being Serve				Program Type				Level of Implementation	
46				46		☐ CSC 図 ESMI Install			tallation	
				This Progra	m Receive	s the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu				General ue Funds		Medicaid Funds		Other Funds		
\$26,000			\$17	7,872	No Re	sponse			\$16,000	
			Thi	s Program I	ncludes th	e Follov	vinç	g Component	ts:	
⊠ Medication	Prim	⊠ ary Care	е	☐ Psychotherap	Fa by Educa	⊠ mily tion and oport	Supported Supported Employment		Case Management	Peer Services
Other:										
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used				
☐ YES ⊗ NO					N/A					

Maryland

STATE CONTACT

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



STATE FINANCING										
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity								
\$1,176,708	\$2,300,043	No Response								

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS								
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served						
Program Sustainability	66	184						

		DATA REPORTING								
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):										
Suicidality		Substance Use	\boxtimes	Physical Health	\boxtimes					
Global Functioning	0	Improved Symptoms	0	Prescription Adherence and Side Effects	0					
Identification, Intake, Enrollment	\boxtimes	Program Involvement	Employment	\boxtimes						
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes					
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness						
How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly</i>										
The FEP provider submits this info	rmatior	at the $oxtimes$ individual level or $oxtimes$ ag	gregate	ed at the provider level.						

FIRST	T EPISODI	E PSYCHOSIS A	ND EARLY	SERIOL	JS	MENTAL ILLI	NES	S PROGRA	MS
Program Na	ame	Addres	ss			City			ZIP
OnTrack Maryl Family Services Part of the Shep Pratt Health Sys	s Inc. ppard	610 East Diamor Suite 10		renue, Gaithersburg			20877		
Area Served (co		Phone Nu	mber			Email		We	ebsite
Montgomery Cour	nty, MD	301-840-3	216	katie	e.mc	oss@fs-inc.org		Progra	m Website
Age Range Acc	Time iset			Eligib	le D	iagnoses			
15-30		2 years	3		p	•		schizophreniform, Ig induced psychosis	
Total Admiss	sions	Total Curr Being Sei		Program Type				Level of Implementation	
13		25		⊗ CSC □ ESMI			Program	Sustainability	
		This Progra	m Receive	s the Fo	llov	wing Funds:			
Block Grant Set-Aside Fund		tate General venue Funds		Medicaid Funds				Other Funds	
\$350,000	١	No Response	No Re	sponse			1	No Response	
		This Program I	ncludes th	e Follow	ving	g Component	ts:		
	⊠ Primary Cal	⊠ re Psychothera∣	Fai py Educat	mily ion and	E	Supported Employment and Education	Ma	Case anagement	⊗ Peer Services
Other:									
The State Requir	res Fidelit	y to Be Monitore	ed	Fidelity Measure Used					
\boxtimes	YES O	NO	(1) FPE	(1) FPE Family Psychoeducation and (2) IPS-Supported Employment					ed Employment

FIR	ST EP	ISODE	PS	YCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NES	SS PROGRA	MS	
Program	Name			Addres	ss				City			ZIP	
Johns Hopkir Maryland Intervention I	Early		5500 E Lombard S			Street Baltimore				21244			
Area Served (cities, whole s			Phone Number			r			Email		We	Website	
Greater Baltir surrounding a a 25 mile r	rea with		410-550-8241				ksander5@jhmi.edu			Program Website			
Age Range Accepted Maximum Tim Since Onset						е			Eligib	le D	Diagnoses		
15-30)		2 years				All primary psychotic disorders to include schizoph schizophreniform disorder, unspecified psychotic di schizoaffective disorder, brief psychotic disord					chotic disorder,	
Total Admi	Total Current Being Serve							Level of Implementation					
17				27			⊗ CSC □ ESMI				Program	Sustainability	
			Т	Γhis Progra	m R	eceives	ceives the Following Funds:						
Block Grar Set-Aside Fu	_			General e Funds		Medi Fur					Other Funds		
\$350,000		No	o Res	sponse		No Res	sponse				No Response		
			This	s Program I	Inclu	ides the	e Follow	vinç	g Component	ts:			
	Prima	⊠ ary Care	⊠ re Psychotherapy		ру	Far Educati Sup	nily ion and		Supported Employment and Education	М	Case lanagement	Peer Services	
Other:													
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used							
	⊗ yes	0 1	NO			(1) FPE Family Psychoeducation and (2) IPS-Supported Employment							

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND	EARLY	SERIOL	JS	MENTAL ILLI	NES	S PROGRA	MS
Program	Name			Addres	SS				City			ZIP
RA1SE-Par UMMC Carruth		nic		827 Linden A	ven	nue Baltimore				21201		
Area Served (counties, cities, whole state, etc.)			er Email			W	Website					
30 mile radius	s of clini	ic		410-462-5	799)	Laustin(<u> </u>	om.umaryland.e	<u>du</u>	Progra	m Website
Age Range A	Accepto	ed		Maximum Since Or		_			Eligib	le D	iagnoses	
15-35	15-35 2 years				Schizophrenia, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, psychosis not otherwise specified, or delusional disorder					tic disorder,		
Total Admi	Total Admissions Total Current Being Served			_	Program Type			evel of mentation				
19				24			\boxtimes	CSC	С О ЕЅМІ		Program	Sustainability
				This Progra	m F	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu	-			General ue Funds			Medicaid Other Funds Funds					
\$350,000			\$37	76,043		No Res	sponse			ı	No Response	
			Th	is Program I	Incl	udes th	e Follow	ing	g Component	s:		
	Prima	☐ ary Cai	⊠ re Psychotherapy E		Far Educat	⊠ amily ation and pport		Supported Employment and Education	M	Case anagement	Peer Services	
Other:												
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used						
	O YES	; ×	NO			N/A						

FIR	ST EPI	ISODE P	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NESS	PROGRA	MS
Program	Name		Addres	SS			City				ZIP
Center of Ex Maryland Intervention	Early		55 Wade Avenue			Catonsville				21228	
Area Served (cities, whole s			Phone Number			Email				Website	
Statewi	ide		877-277-6	347		info@	<u>ma</u>	rylandmeip.con	<u>n</u>	Progra	ım Website
Age Range Accepted Maximum Time Since Onset								Eligib	le Dia	gnoses	
16-45	5		2 years			Schizophrenia, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, psychosis not otherwise specified, or delusional disorder				tic disorder,	
Total Admi	ssions		Total Currently Being Served			Program Type				Level of Implementation	
17			108			\boxtimes	CSC O ESMI			Program Sustainability	
			This Progra	m F	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			General ue Funds			dicaid Other unds Funds					
No Respons	e	\$1,	224,000		No Res	sponse			No	Response	
		TI	nis Program I	Incl	udes the	e Follow	ving	g Component	ts:		
	Prima	Cary Care	e Psychotherapy Educat		mily Supported			Case nagement	Peer Services		
Other:											
The State Req	uires F	idelity to	Be Monitore	ed		Fidelity Measure Used					
	☐ YES ⊠ NO					N/A					

Massachusetts



STATE CONTACT

Teresa Anderson | 617-626-8308 | <u>Terri.Anderson@massmail.state.ma.us</u>

STATE FINANCING										
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity								
\$1,362,350	\$583,988	No Response								

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS									
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served							
Program Sustainability	68	87							

DATA REPORTING							
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):							
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes		
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes		
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes		
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes		
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes		
How frequently are these data reported to the SMHA by FEP providers? <i>Monthly and Quarterly</i>							
The FEP provider submits this information at the ☐ individual level or ☒ aggregated at the provider level.							

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS										
Program Name Address			ss		City			ZIP		
Metro Boston PREP® 76 Amory Street				Street		Roxbury			02119	
Area Served (counties, cities, whole state, etc.)			ımber		Email			Website		
Metro Boston 617-516-5102			5102		None None			None		
Age Range Accepted Maximum Tim Since Onset					Eligible Diagnoses					
16-30	16-30 5 years					Any psychosis				
Total Admissions Total Currer Being Serve			_	Р	Program Type			Level of Implementation		
24			42		\boxtimes				Sustainability	
			This Progra	am Receiv	es the Fo	llov	wing Funds:			
Block Grant State General Set-Aside Funds Revenue Funds					Medicaid Other Funds Funds					
\$86,547			\$721,225	No R	o Response			\$0	\$0	
			This Program	Includes 1	he Follow	vinç	g Component	ts:		
	Prim	ary Car	⊠ are Psychotherapy				Supported Employment and Education	⊠ Case Management	Peer Services	
Other:										
The State Requires Fidelity to Be Monitored				ed			Fidelity Mea	asure Used		
				MA DI	MH Tool					

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS										
Program I	Name		Addres	SS	City		ZIP			
Western Mass	stern Mass. PREP® 1236 Main Stree					Holyoke			01040	
Area Served (counties, cities, whole state, etc.)				mber	Email			Website		
Western Massachusetts 413-561-0060			0060	None			Progra	Program Website		
Age Range Accepted Maximum Tim Since Onset					Eligible Diagnoses					
16-30			5 years	S		Any psychosis				
Total Admissions			Total Currently Being Served		Pr	Program Type		Level of Implementation		
44			45		⊗ csc □ esmi			Program Sustainability		
			This Progra	m Receive	s the Fol	lowing Fu	nds:			
Block Gran Set-Aside Fui			e General nue Funds		licaid Other nds Funds					
\$515,857			\$0	\$42	,000		\$24,000			
		T	his Program	Includes th	e Follow	ing Comp	onents:			
		☐ ary Care	⊠ are Psychotherapy		⋈ (⋈)⋈ (⋈)Supportedtion and Employmentopport and Education		ent	⊗ Case lanagement	⊠ Peer Services	
○ Other: Multifamily group										
The State Requires Fidelity to Be Monitored				ed	Fidelity Measure Used					
				MA DM	H tool					

Michigan

STATE CONTACT

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



STATE FINANCING						
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity				
\$2,098,521	\$1,326,844	\$317,499				

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS					
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served			
Program Sustainability	80	151			

DATA REPORTING							
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):							
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes		
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes		
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes		
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes		
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes		
How frequently are these data reported to the SMHA by FEP providers? <i>Monthly and Quarterly</i>							
The FEP provider submits this information at the ☐ individual level or ☒ aggregated at the provider level.							

FIR	ST EF	PISODE	E PSYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NESS	PROGRA	MS		
Program	Name		Addres	SS				City			ZIP		
RAISE Navigat	e–Inter	Act	610 South Bu	rdick	k St. Kalamazoo				49007				
Area Served (cities, whole s	•	-	Phone Nu	mbe	er Email				Website				
Kalamazo	Kalamazoo City 269-381-3700					mheine@interactmich.org Provider Website					er Website		
Age Range A	Accept	Maximum Since Or		Eligible Diagnoses									
15-30		First episode p	sych	osis			Schizop	hrenia	spectrum				
Total Admi	ently rved	_	Program Type				Level of Implementation						
16 (FY1	16 (FY17) 23												
			This Progra	m R	Receives	s the Fo	llov	wing Funds:					
Block Grar Set-Aside Fu			ate General venue Funds			Medicaid Other Funds Funds							
\$251,896		N	lo Response		No Res	sponse				\$10,200			
			This Program I	Inclu	udes th	e Follow	ving	g Component	ts:				
	Prim	☐ ary Car	⊠ e Psychothera	ру	Educat	mily ion and port	E	Supported Employment and Education		⊠ Case agement	⊗ Peer Services		
Other:													
The State Req	ed				Fidelity Mea	asure	Used						
⊠ YES □ NO						Compliance with ETCH monitored weekly discipline specific consult calls, submission of audio recording, and completion of required outcome tools.							

FIR	ST EP	ISOD	E PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NES	S PROGRA	MS	
Program	Name			Addres	SS				City			ZIP	
RAISE Navigat	e-Inter	Act		1131 Ionia	NV			Gra	nd Rapids		49503		
Area Served (cities, whole s				Phone Nu	mbe	er Email				Website			
Kent Co	Kent County 616-259-7900						ccutcher@interactmich.org Provider Web					er Website	
Age Range A	Age Range Accepted Maximum Tir Since Onse						Eligible Diagnoses						
15-30	sych	nosis			Schizop	hren	ia spectrum						
Total Admissions Total Current Being Serve							Program Type				Level of Implementation		
17 (FY	17)			43								Sustainability	
				This Progra	m F	Receives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General ue Funds			Medicaid Other Funds Funds						
\$330,746		1	No R	esponse		No Res	sponse				\$48,000		
			Th	is Program I	ncl	udes th	e Follow	vinç	g Component	ts:			
							mily ion and port		Supported Employment and Education	Ma	⊠ Case anagement	⊗ Peer Services	
Other:													
The State Req	The State Requires Fidelity to Be Monitored								Fidelity Mea	asur	e Used		
						Compliance with ETCH monitored weekly discipline specific consult calls submission of audio recording, and completion of required outcome tools							

FIR	ST EP	ISOD	E PS	SYCHOSIS A	ND	EARLY	SERIOL	JS I	MENTAL ILL	NES	S PROGRA	MS	
Program	Name			Addres	S				City			ZIP	
RAISE Naviga	ite–ETC	Н		4572 S. Hagad Suite 1I		Rd., East Lansing			Ì	48823			
Area Served (cities, whole s				Phone Nu	mbe	er Email				Website			
Ingham Co	Ingham County 517-481-4800						adams	<u>:@e</u>	etchwellness.or	g	Provid	er Website	
Age Range A	e Accepted Maximum Time Since Onset Eligible Diagnoses						agnoses						
15-30 First episode psy						nosis			Schizop	hreni	a spectrum		
Total Admissions Total Current Being Serve							Program Type				Level of Implementation		
25 (FY1	17)			53			\boxtimes (CSC	C O ESMI	Ì	Program	Sustainability	
				This Progra	m F	Receives	s the Fo	llov	ving Funds:				
Block Grar Set-Aside Fu				General ue Funds			Medicaid Other Funds Funds						
\$574,996		1	No R	esponse		No Res	sponse				\$72,000		
			Th	is Program I	ncl	udes the	e Follow	ving	Component	ts:			
							ion and	E	Supported Employment and Education	Ma	⊠ Case anagement	⊗ Peer Services	
Other:													
The State Req	The State Requires Fidelity to Be Monitored						Fidelity Measure Used						
	⊠ YES	s O	NO			Compliance with ETCH monitored weekly discipline specific consult call submission of audio recording, and completion of required outcome tool							

FIR	ST EP	ISOD	E PS	SYCHOSIS A	ND	EARLY	SERIOL	JS I	MENTAL ILL	NES	S PROGRA	MS	
Program	Name			Addres	SS				City			ZIP	
RAISE Naviga Seals		ter		2399 E. Walto	on Blv	vd.		Au	burn Hills		48326		
Area Served (cities, whole s		-		Phone Nu	mbe	er Email				Website			
Oakland County 248-475-6400					3400		<u>lbrdak</u>	(<u>@</u> e	essmichigan.org	3	Provid	er Website	
Age Range A	ccept	ed		Maximum Since Or		e			Eligib	le Di	agnoses		
15-30 First episode psyc						osis			Schizop	hreni	a spectrum		
Total Admissions Total Current Being Serve							Program Type				Level of Implementation		
22 (FY1	17)			53			\boxtimes (CSC	C O ESMI		Program	Sustainability	
				This Progra	m R	eceives	s the Fo	llov	ving Funds:				
Block Grar Set-Aside Fu				General ue Funds		Medicaid Other Funds Funds							
\$248,844		1	No R	esponse		No Res	sponse				\$38,000		
			Th	is Program I	Inclu	udes th	e Follow	ving	Component	ts:			
	ру	Educat	nily	E	Supported Employment and Education	Ma	⊠ Case anagement	⊗ Peer Services					
Other:													
The State Req	The State Requires Fidelity to Be Monitored						Fidelity Measure Used						
	⊗ YES	s O	NO			Compliance with ETCH monitored weekly discipline specific consult calls submission of audio recording, and completion of required outcome tools							

Federated States of Micronesia

STATE CONTACT

Aileen Diopulos | adiopulos@fsmhealth.fm

	STATE FINANCING	
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity
\$25,924	No Response	No Response

US	SE OF MENTAL HEALTH BLOCK GRANT S	SET-ASIDE FUNDS
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served
No Response	No Response	No Response

DATA REPORTING The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): \boxtimes \otimes Suicidality Substance Use (X)Physical Health Prescription Adherence \boxtimes **Global Functioning** Improved Symptoms and Side Effects \boxtimes \boxtimes \boxtimes Identification, Intake, Enrollment Program Involvement **Employment** \boxtimes Psychiatric Hospitalization Legal Involvement Living Situation Use of Emergency Rooms \boxtimes \boxtimes School Participation Social Connectedness How frequently are these data reported to the SMHA by FEP providers? Quarterly and Annually The FEP provider submits this information at the \boxtimes individual level or \square aggregated at the provider level.

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS

The Federated States of Micronesia has not responded to this section.

Minnesota



STATE CONTACT

Monica Peterson | 651-431-3107 | Monica.Peterson@state.mn.us or DHS.FEP@state.mn.us

	STATE FINANCING	
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity
\$1,017,023	\$477,259	\$1,207,788

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS												
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served											
Full Implementation	No Response	95											

		DATA REPORTING										
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):												
Suicidality Substance Use Substance Use Physical Health												
Global Functioning Improved Symptoms Prescription Adherence and Side Effects												
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes							
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes							
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes							
How frequently are these data reported to the SMHA by FEP providers? At Intake, Every 6 Months, and at Discharge												
The FEP provider submits this info	rmation	at the $ \Box $ individual level or $ oxtimes $ ag	gregate	ed at the provider level.								

FIR	ST EPISOD	E P	SYCHOSIS A	ND E	EARLY	SERIOU	S	MENTAL ILLI	NES	S PROGRA	MS	
Program N	Name		Addres	ss				City			ZIP	
The HOPE Progra and Opportun Psychotic Exp	nities for		914 South 8th	n Stre	et		Mir	nneapolis		55404		
Area Served (cities, whole s			Phone Nu	mbei	r			Email		Website		
Anoka, Carver, Hennepin, Rams and Washington. families outside the	7 county metro area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington. Clients and families outside this area are also able to access FEP services.					Marielle.Demarais@hcmed.org				Program Website		
Age Range A	Age Range Accepted Maximum Ti Since Ons							Eligib	le D	iagnoses		
15-40	2 years	8	schizoaffe delusional disc			chizophrenia, schizophreniform disorder, zoaffective disorder, brief psychotic disorder, al disorder, and/or other specified schizophre spectrum or other psychotic disorder.			c disorder, schizophrenia			
Total Admis	ssions		Total Curr Being Sei		/	Pi	rog	gram Type			evel of mentation	
No Respo	onse		31			⊗ CSC □ ESMI				Full Imp	lementation	
			This Progra	m Re	eceives	s the Fol	lov	wing Funds:				
Block Gran Set-Aside Fur			General ue Funds		Medi Fur					Other Funds		
\$867,439 (FY16-F	-Y18)		\$0		Ye	es				\$0		
		Th	is Program I	nclu	des the	e Follow	ing	g Component	s:			
⊠ Medication	ру	Far Educati Sup	nily	E	⊗ Supported Employment and Education	M	⊠ Case anagement	⊠ Peer Services				
Other:												
The State Requ	The State Requires Fidelity to Be Monitored						d Fidelity Measure Used					
⊠ YES □ NO					This is part of NAVIGATE. Fidelity assessment includes the following: review of team meetings, rating of session recordings, site visits, case presentations, and medication reviews.							

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND	EARLY	SERIOL	JS I	MENTAL ILLI	NES	S PROGRA	MS	
Program N	Name			Addres	ss				City			ZIP	
First Episode P Program (FEP) (M Health) (Two	(located	d at		5775 Wayzata Suite 25		/d.,	Ş	St. I	_ouis Park		55416		
Area Served (cities, whole s				Phone Nu	mbe	er			Email		Website		
7 county metro area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington. Clients and families outside this area are also able to access FEP services.					500		MDalahoe10@ umnphysicians.umn.edu; SCurran10@ umphysicians.umn.edu					m Website	
Age Range Accepted Maximum Ti Since Onse						_	Eligible Diagnoses						
15-40		2 years			Schizophrenia, schizophreniform disorde schizoaffective disorder, brief psychotic disorderusional disorder, and/or other specified schizospectrum or other psychotic disorder.				c disorder, schizophrenia				
Total Admis	ssions	•		Total Curr Being Se			Р	rog	ıram Type			vel of nentation	
No Respo	nse			64			⊠ CSC □ ESMI				Full Imp	lementation	
				This Progra	m R	Receives	s the Fol	lov	ving Funds:				
Block Gran Set-Aside Fur				General ue Funds		Medi Fur					Other Funds		
\$689,774 (FY16-F	-Y18)	\$413,	000	(FY16-FY18)		Ye	es				\$0		
			Th	is Program I	nclu	udes the	e Follow	ing	g Component	s:			
						Far Educati Sup	mily	E	Supported Employment and Education	Ma	⊠ Case anagement	Peer Services	
Other:													
The State Requ	The State Requires Fidelity to Be Monitored						d Fidelity Measure Used						
⊠ YES □ NO						This is part of NAVIGATE. Fidelity assessment includes the following: review of team meetings, rating of session recordings, site visits, case presentations, and medication reviews.							

FIR	ST EP	ISODE	E PS	YCHOSIS A	ND	EARLY	SERIO	US	MENTAL ILLI	NES	S PROGRA	MS	
Program	Name			Addres	s				City			ZIP	
Human Deve Center (F	•	nt		1401 East 1s	t Str	eet			Duluth	Ì	55805		
Area Served (cities, whole s				Phone Nu	mbo	er Email					Website		
Carlton, Cook, Lake, and St. Louis counties. Clients and families outside this area are also able to access FEP services.							No Response <u>Provider V</u>					er Website	
Age Range Accepted Maximum T Since Ons						_	Eligible Diagnoses						
15-40 2 years							Schizophrenia, schizophreniform disorder, schizoaffective disorder, brief psychotic disorder delusional disorder, and/or other specified schizophreniform or other psychotic disorder.					c disorder, schizophrenia	
Total Admissions Total Curren Being Serve						_	P	rog	gram Type			vel of nentation	
0				0			\boxtimes	CS	C O ESMI		Inst	allation	
				This Progra	m F	Receives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General ue Funds						Other Funds			
\$0		\$686,0	000	(FY18-FY20)		Υe	es				\$0		
			Thi	is Program I	ncl	udes the	e Follow	ving	g Component	ts:			
						Far Educati Sup	nily on and		Supported Employment and Education		⊗ Case inagement	Peer Services	
Other:													
The State Req	The State Requires Fidelity to Be Monitored								Fidelity Mea	asur	e Used		
	⊠ YES □ NO						This is part of NAVIGATE. Fidelity assessment includes the following review of team meetings, rating of session recordings, site visits, cas presentations, and medication reviews.						

Mississippi

STATE CONTACT

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



STATE FINANCING									
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity							
\$623,825	\$798,193	No Response							

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS									
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served							
Program Sustainability	23	23							

		DATA REPORTING								
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):										
Suicidality	0	Substance Use		Physical Health	0					
Global Functioning	0	Improved Symptoms	0	Prescription Adherence and Side Effects	\boxtimes					
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes					
Psychiatric Hospitalization	\boxtimes	Legal Involvement		Living Situation						
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness						
How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly</i>										
The FEP provider submits this info	mation	at the \Box individual level or \boxtimes ag	gregate	ed at the provider level.						

FIR	ST EPI	ISODE	PSYCHOSIS A	ND EARL	SERIO	US	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	ss			City		ZIP	
_	Region 13/Gulf Coast ntal Health Center			Avenue	Gulfport			3	39501	
Area Served (counties, cities, whole state, etc.)			mber		Email			ebsite		
Harrison C	ounty		228-863-1	132		No	Response	Provid	er Website	
Age Range Accepted Maximum Tim Since Onset							Eligib	le Diagnoses		
15-30	15-30 No Response			onse	schi			ified in the DSM-5 n and other psycho		
Total Admi	Total Admissions Total Current Being Serve				Program Type				Level of Implementation	
8			8		\boxtimes				Sustainability	
			This Progra	m Receive	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			te General enue Funds		edicaid Other runds Funds					
\$240,000	Ŋ		Response	No Re	esponse			No Response		
			This Program	ncludes th	ne Follov	ving	g Component	s:		
⊠ Medication		☐ ary Care	⊠ Psychothera	Fa py Educa	ximily and poort		Supported Employment and Education		⊗ Peer Services	
Other:										
The State Req	uires F	idelity	to Be Monitore	ed	Fidelity Measure Used					
	⊠ YES		0	NAVIG	ATE mode	el an	nd contract with	NAVIGATE consu	Itants.	

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARLY	' SERIOL	JS I	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	SS			City		ZIP	
CMHC Region (6/Life H	elp	101 Hwy. 7	South	Greenwood			3	88935	
	rea Served (counties, ities, whole state, etc.)			mber	r Email			W	ebsite	
	Leflore, Grenada, and Holmes Counties 601-453-6211			6211	No Response Pro			Provid	er Website	
Age Range Accepted Maximum Tim Since Onset							Eligib	le Diagnoses		
15-30 No Response				onse	schiz			ified in the DSM-5 n and other psycho		
Total Admi	Total Admissions Total Current Being Served				Program Type				Level of Implementation	
8			8		⊗ CSC □ ESMI			Program	Sustainability	
			This Progra	m Receive	s the Fo	llow	ving Funds:			
Block Grar Set-Aside Fu	-		te General enue Funds		edicaid Other Funds Funds					
\$188,855		No	Response	No Re	sponse			No Response		
		7	his Program	Includes th	e Follow	ving	Component	s:		
	Prima	O ary Care	⊠ Psychothera	Fa py Educa	Supported tion and Employment poport and Education		⊠ Case Management	⊠ Peer Services		
Other:										
The State Req	idelity	to Be Monitor	ed	Fidelity Measure Used						
-	⊠ YES		0	NAVIG	ATE mode	el an	d contract with	NAVIGATE consu	Itants.	

FIR	ST EPI	ISODE I	PSYCHOSIS A	ND EARLY	'SERIO	JS I	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	ss			City		ZIP	
	CMHC Region 9/Hinds Behavioral Health Services 3450 Highway 80 V			80 West	Jackson			3	39284	
Area Served (counties, cities, whole state, etc.)			mber	Email			W	ebsite		
Hinds Co	unty		601-321-2	400		No I	Response	Provid	er Website	
Age Range A	Age Range Accepted Maximum Tim Since Onset						Eligib	le Diagnoses		
15-30	15-30 No Response			onse	schi			fied in the DSM-5 n and other psycho		
Total Admi	Total Admissions Total Current Being Serve				Program Type				Level of Implementation	
3			3		\boxtimes	CSC	C O ESMI	Initial Im	plementation	
			This Progra	m Receive	s the Fo	llow	ving Funds:			
Block Grar Set-Aside Fu			e General nue Funds		ledicaid Other Funds Funds			-		
\$214,338	٨		Response	No Re	sponse			No Response		
		Т	his Program I	ncludes th	e Follow	ving	Component	s:		
		☐ ary Care	⊠ Psychothera	Fa oy Educa			Supported Employment and Education	© Case Management	⊠ Peer Services	
Other:										
The State Req	uires F	idelity t	o Be Monitore	ed	Fidelity Measure Used					
	⊠ YES	0 N	0	NAVIG	ATE mode	el and	d contract with	NAVIGATE consu	Itants.	

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	SS			City		ZIP	
CMHC Region 1 Yazoo Behaviora	2303 (=ordon A			n Ave		Yazoo City			39194	
Area Served (counties, cities, whole state, etc.)			mber	Email		W	ebsite			
Yazoo Co	ounty		601-746-5	712		No	Response	Provid	er Website	
Age Range Accepted Maximum Tim Since Onset							Eligib	le Diagnoses		
15-30	15-30 No Response			onse	schi			ified in the DSM-5 n and other psycho		
Total Admi	Total Admissions Total Current Being Serve				Program Type			_	Level of Implementation	
4			4		\boxtimes	⊠ CSC ☐ ESMI Initial In			plementation	
			This Progra	m Receiv	es the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			te General enue Funds		dicaid unds					
\$155,000		No	Response	No R	esponse			No Response		
			This Program	Includes t	he Follov	ving	g Component	is:		
⊠ Medication	Prima	O ary Care	⊠ Psychothera	py Educ			Supported Employment and Education	⊠ Case Management	⊗ Peer Services	
Other:										
The State Req	uires F	idelity	to Be Monitore	ed	Fidelity Measure Used					
	⊗ yes	1 🔾	NO	NAVIO	SATE mode	el an	nd contract with	NAVIGATE consu	Itants.	

Missouri

STATE CONTACT

Connie Calahan | 573-751-3035 | Connie.Calahan@dmh.mo.gov



STATE FINANCING										
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity								
\$1,143,917	\$1,555,068	No Response								

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS									
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served								
Program Sustainability	356	356								
F	Priof Deceription of Auviliant Activities Bal	atad to Cat Acida								

Brief Description of Auxiliary Activities Related to Set-Aside

In addition to the below programs, the state allocated \$15,181 in MHBG set-aside dollars to BJC Behavioral Health and \$5,776 to ReDiscover for training ACT-TAY members.

DATA REPORTING The state requires outcome and performance measures in the following domains (standardized instruments listed below domain): \boxtimes Suicidality Substance Use Physical Health Prescription Adherence **Global Functioning** Improved Symptoms \boxtimes and Side Effects Identification, Intake, Enrollment \boxtimes Program Involvement **Employment** Psychiatric Hospitalization (X)Legal Involvement (X)Living Situation (X)Use of Emergency Rooms **School Participation** \boxtimes Social Connectedness How frequently are these data reported to the SMHA by FEP providers? At Intake, Annually, and at Discharge The FEP provider submits this information at the \boxtimes individual level or \square aggregated at the provider level.

FIRS	T EPISO	DE P	SYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILLI	NESS PROGR <i>A</i>	MS	
Program Na	ame		Addres	s			City		ZIP	
Burrell Behaviora	al Health		323 E. Grar	nd St		Sp	pringfield	(65807	
Area Served (co	Phone Nilme			mber	Email		W	ebsite		
Greene Cou	Greene County 417-761-5740			740	susan.baker@ burrellcenter.com			Provid	der Website	
Age Range Ac	Age Range Accepted Maximum Time Since Onset						Eligib	le Diagnoses		
16-25	16-25 No Response						Early seri	ous mental illness	i	
Total Admiss	sions		Total Curro Being Ser		Program Type			Program Type Level Implemen		
49			45		\boxtimes	CS	C O ESMI	Program	Program Sustainability	
			This Progra	m Receiv	es the Fo	llov	wing Funds:			
Block Grant Set-Aside Fund			General ue Funds		dicaid Inds			Other Funds		
\$0			3,133	\$3	7,989			\$6,658		
		Th	nis Program I	ncludes t	he Follov	ving	g Component	ts:		
⊠ Medication	⊗ Primary 0	are	⊠ Psychotherap	by Educa	⊗ amily ation and pport	mily Supported tion and Employment M		⊠ Case Management	© Peer Services	
Other:										
The State Requi	ires Fide	ity to	Be Monitore	ed	Fidelity Measure Used					
\boxtimes	YES (Э ис		TMAC	Т					

FIR	ST EPIS	ODE P	SYCHOSIS A	ND EARLY	SERIOL	JS M	ENTAL ILL	NESS PRO	GRA	MS
Program	Name		Addres	s		C	City			ZIP
Burrell Behavio	Burrell Behavioral Health 3301 Berrywood D Suite 201				Columbia			6	55201	
Area Served (counties, cities, whole state, etc.)			nber	Email				W	ebsite	
Boone Co	Boone County 573-777-8420			420	marlene.howser@ burrellcenter.com			<u>Provid</u>	er Website	
Age Range A	Time set			Eligib	le Diagnos	es				
16-25	16-25 No Response						Early seri	ous mental i	Ilness	
Total Admi	Total Admissions Total Current Being Serve				Program Type			li	Level of Implementation	
58			37		⊠ CSC ☐ ESMI Program S			Sustainability		
			This Prograi	m Receives	s the Fo	llowi	ng Funds:			
Block Grar Set-Aside Fu			General ue Funds		edicaid Other Funds Funds					
\$5,776		\$	3,418	\$42	,540			\$5,45	51	
		Th	is Program I	ncludes th	e Follow	ing (Component	ts:		
	(× Primary		⊗ Psychotherap	Far by Educat			⊗ Case Managem	ent	© Peer Services	
Other:										
The State Req	uires Fic	delity to	Be Monitore	d	Fidelity Measure Used					
(⊠ YES	О NO		TMACT						

FIR	ST EP	ISODE F	SYCHOSIS AI	ND EARLY	SERIOL	JS MENTAI	L ILLNES	SS PROGRA	MS	
Program I	Name		Address	S		City			ZIP	
-	npass Health vays–Raymore			n Plaza	Raymore			6	4083	
Area Served (counties, cities, whole state, etc.)			nber	Email			W	ebsite		
Cass County 816-318-4430			130	@	kkauffman compasshn.	org	<u>Provid</u>	er Website		
Age Range Accepted Maximum Tin Since Onse						E	Eligible D	Diagnoses		
16-25	16-25 No Response					Ear	rly serious	mental illness		
Total Admi	Total Admissions Total Currentl Being Served			_	Program Type				Level of Implementation	
57			48		⊗ CSC ☐ ESMI Full Imp			lementation		
			This Program	m Receives	s the Fo	lowing Fu	nds:			
Block Gran Set-Aside Fu	_		e General nue Funds		licaid Other ands Funds					
\$0		9	65,875	\$21	,511			\$0		
		Т	his Program I	ncludes th	e Follow	ing Comp	onents:			
	Prima	⊠ ary Care	⊠ Psychotherap	Far y Educat			⊗ Case lanagement	⊗ Peer Services		
Other:										
The State Requ	uires F	idelity t	o Be Monitore	d	Fidelity Measure Used					
(⊠ YES	O NO)	TMACT						

FIR	ST EP	ISODE I	PSYCHOSIS A	ND EARLY	SERIOL	JS N	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	S	City				ZIP	
Compass F Pathways–Jeff		ity	227 Metro D	Orive	Jefferson City			65109		
	Area Served (counties, cities, whole state, etc.)			mber	Email			V	/ebsite	
Cole Cou	unty		573-556-33	320	<u>C</u>		alker@ asshn.org	Provi	der Website	
Age Range A	Age Range Accepted Maximum Time Since Onset						Eligib	le Diagnoses		
16-25	5		No Respon	nse	Early serious mental illness				3	
Total Admi	ssions	3		Total Currently Being Served Program Type		Program Type Level of Implementation				
32			32					nplementation		
			This Progra	m Receives	s the Fo	llow	ing Funds:			
Block Grar Set-Aside Fu	-		e General nue Funds	Med Fui	icaid nds			Other Funds		
\$0			\$1,315	\$20	,229			\$0		
		Т	his Program I	ncludes th	e Follow	ving	Component	s:		
⊠ Medication	Prima	⊠ ary Care	⊠ Psychotherap	y Educat			⊠ Case Management	Peer Services		
Other:										
The State Requires Fidelity to Be Monitored				d	Fidelity Measure Used					
(⊗ YES	O N	O	TMACT						

FIR	ST EP	ISODE I	SYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	MS
Program N	Name		Addres	ss			City		ZIP
Compass F Crider Health		-	102 Compass P	oint Drive	St. Charles			6	33301
Area Served (cities, whole s		Phone Nilmhe				Email			ebsite
St. Charles (County		636-332-8	353	Icreat	th@	compasshn.org	<u>Provic</u>	ler Website
Age Range A	Age Range Accepted Maximum Tim Since Onset						Eligib	le Diagnoses	
16-25	j		No Respo	nse	Early serious mental illness				
Total Admis	ssions		Total Curr Being Se		Program Type Level of Implementation				
33			33						plementation
			This Progra	m Receive	s the Fo	llov	wing Funds:		
Block Gran Set-Aside Fur			e General nue Funds		licaid Inds			Other Funds	
\$211,271			\$0	\$	803			\$0	
		Т	his Program I	ncludes th	ne Follow	ving	g Component	ts:	
⊠ Medication		⊠ ary Care	⊠ Psychothera	Fa py Educa	imily tion and pport	ily Supported Ca			⊗ Peer Services
Other:									
The State Requ	uires F	idelity t	o Be Monitore	ed	Fidelity Measure Used				
(3	⊠ YES	O N)	TMAC	TMACT				

FIR	ST EPI	SODE	PSYCHOSIS A	ND EARLY	SERIOL	JS MENTAL II	LNES	SS PROGRA	MS	
Program	Name		Addres	s		City			ZIP	
Ozark Ce	enter		1105 East 32 PO Box 25		Joplin		6	4803		
Area Served (cities, whole s			Phone Nur	nber		Email		W	ebsite	
Barton, Jasper, and Newton			417-347-7	450	free	jdhefner@ emanhealth.com	<u>1</u>	<u>Progra</u>	m Website	
Age Range A	Age Range Accepted Maximum Tim Since Onset					Elig	jible E	Diagnoses		
16-25	5		No Respon	o Response Early serious mental illne						
Total Admi	ssions		Total Curro Being Ser	_	Program Type				Level of Implementation	
50			44					Full Imp	lementation	
			This Progra	m Receive	s the Fol	llowing Funds	s:			
Block Grar Set-Aside Fu			e General nue Funds		licaid Other ands Funds					
\$8,735	\$		33,642	\$42	,281			\$0		
		Т	his Program I	ncludes th	e Follow	ring Compone	ents:			
		⊠ ary Care	⊠ Psychotherap	Far by Educat	mily ion and	Supported Employment and Education	M	⊗ Case lanagement	Peer Services	
Other:										
The State Requires Fidelity to Be Monitored				ed	Fidelity Measure Used					
I	⊗ yes	O N	0	TMACT						

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARLY	SERIOL	JS MENTAL IL	LNES	S PROGRA	MS	
Program	Name		Addres	s		City		ZIP		
Hopewell (Center		2012 Dr. M Luther King		St. Louis			6	3106	
Area Served (cities, whole s			Phone Nu	mber		Email		W	ebsite	
St. Louis City	County	/	314-600-3	579	hop	cbaker@ ewellcenter.com	<u>1</u>	<u>Provid</u>	er Website	
Age Range A	Age Range Accepted Maximum Time Since Onset					Elig	ible D	iagnoses		
16-25	5		No Respo	nse	Early serious mental illness					
Total Admi	ssions	3	Total Curro Being Sei		Program Type Level of Implementati			Level of Implementation		
46			41					plementation		
			This Progra	m Receives	s the Fol	llowing Funds	: :			
Block Grar Set-Aside Fu			e General nue Funds	Med Fui	icaid nds			Other Funds		
\$0		;	\$99,847	\$306	6,729			\$5,333		
		1	his Program I	ncludes th	e Follow	ring Compone	nts:			
⊠ Medication		⊠ ary Care	⊠ Psychothera _l	Far by Educat	mily ion and port	ily Supported on and Employment		⊠ Case anagement	⊠ Peer Services	
Other:										
The State Requires Fidelity to Be Monitored				ed	Fidelity Measure Used					
(⊗ YES		0	TMACT						

FIR	ST EPI	SODE P	SYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILLI	NESS PF	ROGRA	MS	
Program I	Name		Addres	ss			City			ZIP	
Preferred Family	Healtho	care	653 Clinic F	Road	Hannibal			63401			
Area Served (Phone Nu	mber			Email		W	ebsite	
Adair, Clark, Kn Macon, Marion, Scotland, Shelb Callaway, M Montgomery, I Ralls cour	Schuylo y, Audra lonroe, Pike and	er, ain,	573-248-3	573-248-3811 jbaker@pfh.org Provider		jbaker@pfh.org Provider Web			<u>er Website</u>		
Age Range A	ccepte	ed	Maximum Since On		Eligible Diagnoses						
16-25	5		No Respo	nse	Early serious mental illness						
Total Admis	ssions		Total Currently Being Served		P	Program Type Level of Implementation			Program Type		
31			29		\boxtimes	CS	C O ESMI		Initial Im	plementation	
			This Progra	m Receiv	es the Fo	llov	wing Funds:				
Block Gran Set-Aside Fui			e General nue Funds	_	dicaid unds				ther ınds		
\$422,542			\$0	\$1	0,413			;	\$0		
		Т	his Program I	ncludes t	he Follov	vinç	g Component	ts:			
		⊠ ary Care	⊗ Psychothera	by Educ				Cas Manage	se	⊗ Peer Services	
Other:											
The State Requ	uires F	idelity t	Be Monitore	ed	Fidelity Measure Used						
(⊠ YES	Ом		TMAC	TMACT						

Montana

STATE CONTACT

Mindi Federman Askelson | 406-444-3929 | maskelson@mt.gov



STATE FINANCING							
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity					
\$263,000	\$263,000	No Response					

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS							
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served					
Full Implementation	37	16					

DATA REPORTING								
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):								
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes			
Global Functioning	0	Improved Symptoms	0	Prescription Adherence and Side Effects	0			
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes			
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	0			
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness				
How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly</i>								
The FEP provider submits this info	rmation	at the 🗵 individual level or 🔾 age	gregate	ed at the provider level.				

FIR	ST EPI	SODE P	SYCHOSIS A	ND EAF	RLY SERIO	US	MENTAL ILLI	NESS PROGR <i>A</i>	MS
Program	Name		Addres	ss			City		ZIP
EPIC Mor	ntana		Billings Medica 2917 10th A			Billings			59101
Area Served (cities, whole s			Phone Nu	mber			Email	W	/ebsite
Gallatin, Park, So Stillwater, Car Yellowstone	Carbon, and 855-537-4268			268		No Response			am Website
Age Range A	ccepte	ed	Maximum Since Or			Eligible Diagnoses			
16-25	No Response No Response		No Response						
Total Admi	ssions		Total Currently Being Served		F	Program Type Level of Implementation			
37			16		\boxtimes				plementation
			This Progra	m Rece	ives the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu			e General nue Funds		ledicaid Funds			Other Funds	
\$263,000		No I	Response	No	Response			No Response	
		TI	his Program	Includes	the Follow	ving	g Component	s:	
		Cary Care	⊠ Psychothera		⊠ Family ucation and Support	mily Supported tion and Employment		© Case Management	Peer Services
Other:									
The State Requires Fidelity to Be Monitored				ed	Fidelity Measure Used				
-	⊠ YES	□ N)	Yale	STEP				

Nebraska



Karen Harker | 402-471-7796 | <u>Karen.Harker@nebraska.gov</u> Linda Wittmuss | 402-471-7714 | <u>Linda.Wittmuss@nebraska.gov</u> Tamara Gavin | 402-471-7732 | <u>Tamara.Gavin@nebraska.gov</u>



STATE FINANCING							
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity					
\$316,957	\$115,923	\$0					

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS							
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served					
Initial Implementation	10	18					

DATA REPORTING									
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):									
Suicidality	\boxtimes	Substance Use	0	Physical Health	0				
Global Functioning	\boxtimes			Prescription Adherence and Side Effects	0				
Identification, Intake, Enrollment	0	Program Involvement		Employment	0				
Psychiatric Hospitalization		Legal Involvement		Living Situation					
Use of Emergency Rooms		School Participation		Social Connectedness					
How frequently are these data reported to the SMHA by FEP providers? Quarterly and Semi-annually									
The FEP provider submits this info	rmatior	n at the 🗵 individual level or 🔘 ag	gregate	ed at the provider level.					

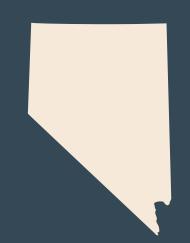
FIR	ST EF	ISODE	PSYCHOSIS A	ND EARLY	SERIO	JS I	MENTAL ILL	NESS PROGRA	MS		
Program	Name		Addres	s			City		ZIP		
OnTrack of the	Heartla	and	4715 S 13	2 St	Omaha			6	68137		
Area Served (counties, cities, whole state, etc.)					Email			W	ebsite		
No Response 402-444-6534					pjurje	vich	@regionsix.cor	n No F	Response		
Age Range A	Accept	ed	Maximum Since On				Eligib	le Diagnoses			
15-25	5		No Respo	nse			No	Response			
Total Admissions Total Current Being Serve					Program Type				Level of Implementation		
4			10		⊠ CSC ☐ ESMI			Initial Im	tial Implementation		
			This Progra	m Receive	s the Fo	llov	ving Funds:				
Block Grar Set-Aside Fu			ate General venue Funds		Medicaid Funds			Other Funds			
\$41,236		N	o Response	No Re	sponse			No Response			
			This Program I	ncludes th	e Follow	ving	J Component	ts:			
⊠ Medication	Prim	☐ ary Care	⊠ e Psychotherap	Fai by Educat	mily tion and oport	Е	Supported Employment and Education		Peer Services		
Other:											
The State Requires Fidelity to Be Monitored					Fidelity Measure Used						
	O YES	S ×	NO	N/A							

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARLY	SERIO	JS	MENTAL ILL	NESS PROGRA	MS		
Program	Name		Addres	ss			City		ZIP		
OnTrack Centra	ıl Nebra	iska	4009 6th Av	renue	Kearney			6	68848		
Area Served (counties, cities, whole state, etc.)					Email			W	ebsite		
No Response (308) 237-5113 x				3 x222	<u>bba</u>	xter	@region3.net	No F	Response		
Age Range Accepted Maximum Tin Since Onse							Eligib	le Diagnoses			
15-25 No Response							No	Response			
Total Admissions Total Curre Being Ser				Program Type			_	Level of Implementation			
6	6 8					CS	Initial Im	nitial Implementation			
			This Progra	m Receive	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu			ate General enue Funds		Medicaid Funds			Other Funds			
\$52,485		N	Response	No Res	sponse			No Response			
			This Program I	ncludes th	e Follow	ving	g Componen	ts:			
☐ Medication	Prim	ary Care	Psychotheral	Far py Educat	mily ion and			Case Management	Peer Services		
Other:											
The State Requires Fidelity to Be Monitored					Fidelity Measure Used						
	⊗ YES		NO	Addingt	on Fidelit	y Sc	cale				

Nevada

STATE CONTACT

Stephanie Woodard | <u>SWoodard@health.nv.gov</u> Laurie Gleason | <u>LaGleason@health.nv.gov</u>



STATE FINANCING											
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity									
\$742,942	\$480,388	\$1,358,153									

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS											
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served									
Full Implementation	30	6									

DATA REPORTING											
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):											
Suicidality	Suicidality Substance Use Substance Use Physical Health										
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes						
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes						
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes						
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes						
How frequently are these data repo	orted to	the SMHA by FEP providers? Upor	n Requ	rest							
The FEP provider submits this info	rmation	at the $oxtimes$ individual level or $oxtimes$ ag	gregate	ed at the provider level.							

FIR	ST EF	ISODE	E PSYCHOSIS A	ND EARLY	SERIO	JS	MENTAL ILL	NESS PROGRA	MS		
Program	Name		Addres	ss			City		ZIP		
RAISE Up Neva	ada (No	orth)	2655 Enterpr	ise Rd.	d. Reno			8	39512		
Area Served (counties, cities, whole state, etc.)					Email			W	ebsite		
Reno, Sp	Reno, Sparks 775-688-1600				Tbo	wles	s@dcfs.nv.gov	Provid	er Website		
Age Range A	Accept	ed	Maximum Since Or				Eligib	le Diagnoses			
15-25	5		18 mont	hs			No	Response			
Total Admissions Total Current Being Serve				Program Type				Level of Implementation			
11	11 2					⊗ CSC □ ESMI			full Implementation		
			This Progra	m Receive	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu			ate General venue Funds	111001	Medicaid Funds			Other Funds			
\$305,544			\$0	\$	60			\$0			
			This Program I	ncludes th	e Follow	ving	g Component	ts:			
	Prim	⊠ ary Car	⊠ e Psychothera∣	Fai oy Educat	mily tion and	Supported Employment and Education		⊠ Case Management	⊗ Peer Services		
Other:											
The State Requires Fidelity to Be Monitored							Fidelity Mea	asure Used			
	O YES	8 🛭	NO	N/A							

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARLY	SERIO	JS I	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	s			City		ZIP	
RAISE Up Neva	ıda (So	uth)	6171 W. Char Boulevard, Bu		Las Venas			8	39179	
Area Served (counties, cities, whole state, etc.)				nber		ı	Email	W	ebsite	
Las Veg	jas		702-486-7	707	apolal	KOWS	ski@dcfs.nv.go	v <u>Provid</u>	er Website	
Age Range Accepted Maximum Tin Since Onse							Eligib	le Diagnoses		
15-25 18 months							No	Response		
Total Admissions Total Curren Being Serve				Program IVno			_	Level of Implementation		
19			4		⊗ CSC □ ESMI			Full Imp	olementation	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu	- •		te General enue Funds		Medicaid Other Funds Funds					
\$157,401			\$0	\$	0			\$0		
		1	This Program I	ncludes th	e Follow	ving	J Component	s:		
⊠ Medication	Prim	⊗ ary Care	⊗ Psychotherar	Fai by Educat	⊠ mily ion and oport	Supported d Employment and Education			Peer Services	
Other:										
The State Req	uires I	idelity	to Be Monitore	d	Fidelity Measure Used					
	O YES	S 🗵 N	0	N/A	N/A					

FIR	ST EF	PISODI	E PS	SYCHOSIS A	ND	EARLY	SERIO	US	MENTAL ILLI	NES	S PROGRA	MS	
Program	Name			Addres	SS				City			ZIP	
NAVIGATE First Psychosis-Rura				4126 Technolo	ogy V	Way Carson City			89706				
	erved (counties, whole state, etc.)					er	Email				W	ebsite	
Carson City, Churchill, Douglas, Lyon, Mineral 775-684-4229 & Storey Counties					rcondray@health.nv.gov Provider					er Website			
Age Range A	Accept	ted		Maximum Since On		_			Eligib	le D	iagnoses		
15-44 12-18 months					nths		Schizophrenia, schizoaffective disorder, schizophreniform disorder, brief psychotic diso						
Intal Admissions			Total Curr Being Sei		_	Program Type			Level of Implementation				
0				0		⊠ CSC □ ESMI			Inst	tallation			
				This Progra	m R	Receives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General ue Funds			Medicaid Other Funds Funds						
\$17,328		١	No R	esponse		No Res	sponse			ı	No Response		
			Th	is Program I	nclu	udes th	e Follow	vinç	g Component	s:			
	Prim	⊠ nary Car			Far Educat			Supported Employment and Education	M	⊠ Case anagement	⊗ Peer Services		
Other:	Other:												
The State Requires Fidelity to Be Monitored							Fidelity Measure Used						
-	⊗ YES	s O	NO			First Ep	isode Psy	ycho	osis Fidelity Sca	ale (F	FEP-FS)		

New Hampshire

STATE CONTACT

Beth Anne Nichols | 603-271-5118 | Beth.Nichols@dhhs.nh.gov



STATE FINANCING												
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity										
\$245,764	\$98,842	N/A										

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS											
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served									
Initial Implementation	12	7									

		DATA REPORTING									
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):											
Suicidality		Substance Use Physical Health									
Global Functioning	0	Improved Symptoms	0	Prescription Adherence and Side Effects	0						
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes						
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	0						
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness							
How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly</i>											
The FEP provider submits this info	rmatior	at the $oxtimes$ individual level or $oxtimes$ ag	gregat	ed at the provider level.							

FIR	ST EP	ISODE	E PS	SYCHOSIS A	ND	EARLY	SERIOL	JS	MENTAL ILLI	NESS	PROGRA	MS
Program	Name			Addres	S				City			ZIP
Helping Ove Psychosis Earl		E)		100 West Pea	rl St	treet	Nashua				03060	
Area Served (cities, whole s	•			Phone Nu	mb	er	Email				W	ebsite
Douglas, Lyon	Carson City, Churchill, Douglas, Lyon, Mineral, and Storey Counties 603-402-1547				hope@gnmhc.org			No R	Response			
Age Range Accepted Maximum Tir Since Onse						_			Eligib	le Dia	agnoses	
15-35 12-18 months						Schizophrenia, brief psychotic disorder, schizo disorder, unspecified psychosis not due to sub and schizoid personality disorder					substances,	
Intal Anmicelanc				Total Curr Being Sei		_	Program Type				Level of Implementation	
12				7			\boxtimes	CSC	C O ESMI		Initial Im	plementation
				This Progra	m F	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds		Medi Fur	icaid Other nds Funds					
\$70,000		Ν	lo Re	esponse		No Res	sponse			N	o Response	
			Thi	is Program I	ncl	udes the	e Follow	ving	g Component	ts:		
	Prima	O ary Car	⊠ ire Psychotherapy E		Far Educati	⋈FamilyEducation andSupport		Supported Employment and Education		⊠ Case nagement	Peer Services	
○ Other: Individual ○ Other: Individual	ual resil	iency tr	rainir	ng								
The State Req	uires F	idelity	y to	Be Monitore	ed	Fidelity Measure Used						
1	O YES	\boxtimes	NO			N/A						

New Jersey

STATE CONTACT

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



STATE FINANCING						
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity				
\$1,896,092	\$707,160	No Response				

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS					
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served			
Full Implementation	134	108			

DATA REPORTING						
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):						
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes	
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes	
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes	
Psychiatric Hospitalization	\boxtimes	Legal Involvement		Living Situation	\boxtimes	
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	0	
How frequently are these 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.						

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS										
Program N	ame		Address			City			ZIP	
Rutgers UB	внс		100 Metroplex Drive, Suite 200,			Edison			08817	
Area Served (continued cities, whole sta			Phone Number			Email		V	Website	
Mercer, Middl and Monmouth o			732-235-2868		Coordi	haguead@ubhc.rutgers.edu; Coordinatedspecialtycare@ ubhc.rutgers.edu			No Response	
Age Range Ac	Age Range Accepted Maximum Time Since Onset				Eligible Diagnoses					
15-35	15-35		2 years		Schizophrenia, schizoaffective and schizophreniform disorders, delusional disorder, or psychosis not otherwise specified (NOS)			al disorder,		
Total Admiss	sions		Total Curro Being Ser		Program Type			Level of Implementation		
38			41		⊗ CSC □ ESMI		Full Im	Full Implementation		
			This Progra	m Receive	s the Fo	llov	wing Funds:			
Block Grant Set-Aside Fund			General nue Funds	Medicaid s Funds		Other Funds				
\$172,115		No F	Response	No Re	esponse No Response			;		
This Program Includes the Following Components:										
⊠ Medication	Primary	Care	⊠ Psychotherap	Fa by Educa	imily tion and pport		Supported Employment nd Education	⊗ Case Management	⊗ Peer Services	
Other:										
The State Requires Fidelity to Be Monitored			Fidelity Measure Used							
☐ YES 図 NO A				A fidel	delity model is currently in development.					

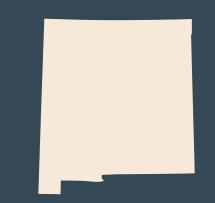
FIR	ST EP	ISODE	E PS	SYCHOSIS A	ND	EARLY	SERIO	JS I	MENTAL ILLI	NES	S PROGRA	MS
Program	Name			Addres	S				City			ZIP
Oaks Integrat	ted Car	е	1	9 East Ormono	vA b	enue	Cherry Hill 0800					8002
Area Served (cities, whole s				Phone Nur	nbe	er	Email				W	ebsite
Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean, and Salem counties							Evelyn.Holmes@ No Respo					Response
Age Range A	Tim set				Eligib	le D	iagnoses					
15-35 2 years							Schizophrenia, schizoaffective and schizophreniform disorders, delusional disorder or psychosis not otherwise specified (NOS)					al disorder,
Total Admi	ssions	5		Total Curre Being Ser		_	Program Type					evel of mentation
61				31			\boxtimes	CS	C O ESMI		Full Imp	lementation
				This Progra	m F	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds			icaid nds				Other Funds	
\$258,658		N	lo R	esponse		No Res	sponse			ı	No Response	
			Th	is Program I	ncl	udes th	e Follow	ving	g Component	s:		
						Far Educat	☑ mily ion and oport	E	Supported Employment and Education	M	⊠ Case anagement	Peer Services
Other:												
The State Requires Fidelity to Be Monitored							Fidelity Measure Used					
(O YES	8 🗵	NO			A fidelit	fidelity model is currently in development.					

FIR	ST EP	PISODE	E PS	YCHOSIS A	ND	EARLY	SERIO	JS I	MENTAL ILLI	NES	S PROGRA	MS
Program	Name			Addres	s				City			ZIP
CarePlus N	IJ, Inc.		6	10 Valley Hea	lth P	laza	Paramus 076					7652
Area Served (cities, whole s				Phone Nur	nbe	er	Email				W	ebsite
Bergen, Essex, Hudson, Hunterdon, Morris, Passaic, Somerset, Sussex, Union, and Warren counties							melissas@careplusnj.org Provider Webs					er Website
Age Range Accepted Maximum Tir Since Onse									Eligib	le D	iagnoses	
15-35 2 years							Schizophrenia, schizoaffective and schizophreniform disorders, delusional disorders or psychosis not otherwise specified (No.					al disorder,
Total Admi	Total Admissions Total Current Being Serve					-	Р	rog	ıram Type			evel of mentation
35				36			\boxtimes	CSO	C O ESMI		Full Imp	lementation
				This Progra	m R	Receives	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu				General ie Funds			icaid nds				Other Funds	
\$258,658		N	lo Re	esponse		No Res	sponse			ı	No Response	
			Thi	s Program I	nclu	udes th	e Follow	ving	g Component	s:		
						Far Educat	ion and	E	⊗ Supported Employment and Education	M	⊠ Case anagement	⊠ Peer Services
Other:												
The State Requires Fidelity to Be Monitored							Fidelity Measure Used					
1	O YES	8 🗵	NO			A fidelit	A fidelity model is currently in development.					

New Mexico

STATE CONTACT

Jacqueline Nielsen | 505-476-9267 | <u>Jacqueline.Nielsen@state.nm.us</u>



STATE FINANCING												
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity										
\$412,661	\$299,565	No Response										

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS										
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served								
Program Sustainability	90	57								

		DATA REPORTING									
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):											
Suicidality	0	Substance Use	0	Physical Health	0						
Global Functioning Improved Symptoms Prescription Adherence and Side Effects											
Identification, Intake, Enrollment	\boxtimes	Program Involvement	0	Employment	\boxtimes						
Psychiatric Hospitalization		Legal Involvement	0	Living Situation							
Use of Emergency Rooms		School Participation	\boxtimes	Social Connectedness	0						
How frequently are these data repo	orted to	the SMHA by FEP providers? Quar	terly								
The FEP provider submits this info	rmatior	at the O individual level or 🗵 age	gregate	ed at the provider level.							

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARL	Y SERIOL	JS I	MENTAL ILL	NESS PROGRA	MS		
Program	Name		Addres	ss			City		ZIP		
Early First Epis	ode Cli	nic	2600 Marble	Ave, NE		37131					
Area Served (cities, whole s		Phone Nu	mber	Email				ebsite			
Bernalillo, Sa and Valencia		1-88-NM-E. (1-888-663-		RI enroot@salud unm edu Program Website							
Age Range A	ed	Maximum Since Or				Eligib	le Diagnoses				
15-30)		1 year		Р			xperienced their fi thin the past 12 m			
Total Admi	Total Admissions Total Currentl Being Served						ıram Type	_	Level of Implementation		
90			57								
			This Progra	m Receiv	es the Fo	llov	ving Funds:				
Block Grar Set-Aside Fu			te General enue Funds	_	Medicaid Other Funds Funds						
\$299,565			\$0		\$0			\$0			
			This Program	Includes t	he Follow	ving	Component	ts:			
⊗ Medication	Prim	☐ ary Care	⊠ Psychothera	py Educ		E	Supported Employment and Education	⊠ Case Management	⊠ Peer Services		
Other:											
The State Req	uires I	Fidelity	to Be Monitor	ed			Fidelity Mea	asure Used			
(O YES	1 ⊠	10	•		_	using one soo Fidelity Scale.	on, likely the First E	Episode		

New York

STATE CONTACT

Leesa Rademacher | Leesa.Rademacher@omh.ny.gov



STATE FINANCING												
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity										
\$4,208,735	\$3,958,198	No Response										

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS											
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served									
Program Sustainability	No Response	625									

	DATA REPORTING											
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):												
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes							
Global Functioning Improved Symptoms Prescription Adherence and Side Effects												
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes							
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes							
Use of Emergency Rooms	Use of Emergency Rooms School Participation Social Connectedness											
How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly</i>												
The FEP provider submits this info	rmation	at the 🗵 individual level or 🔾 age	gregate	ed at the provider level.								

FIR	ST EP	ISODE	PSY	CHOSIS A	ND EA	RLY	Y SERIOUS MENTAL ILLNESS PROGRAMS					
Program	Name			Addres	s				City			ZIP
OnTrackNY @	Montef	ore	11	11 East 210th	Street		Paramus					0467
•	Area Served (counties, cities, whole state, etc.)					r Email				Website		
No Respo	No Response 718-920-5045						choso	rio@	montefiore.org	g	Provid	er Website
Age Range Accepted Maximum Tim Since Onset									Eligib	le D	iagnoses	
16-30 2 years							Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder					hrenia
Total Admissions Total Current Being Serve						Program Type				Level of Implementation		
No Respo	onse			37			\boxtimes	CSC	O ESMI		Program	Sustainability
			TI	his Progra	m Rece	eives	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu				eneral Funds	ľ	Medi Fur	icaid nds				Other Funds	
No Respons	е	N	o Res	sponse	No	o Res	sponse			1	No Response	
			This	Program I	nclude	s the	e Follow	/ing	J Component	ts:		
⊠ ⊠ Medication Primary Care Psychotherapy						Fan ducati Sup	nily ion and	E	Supported Employment and Education	Ma	⊠ Case anagement	Peer Services
Other:												
The State Requires Fidelity to Be Monitored									Fidelity Mea	asur	e Used	
1	⊗ YES	3 0	NO		On	Track	NY Fidel	ity T	ool			

FIR	ST EP	ISODE	PSYCHOSIS A	ND EAR	LY SERIO	Y SERIOUS MENTAL ILLNESS PROGRAMS						
Program	Name		Addres	SS			City		ZIP			
OnTrackNY @ T for Family I		itute	1894 Walto	n Ave			Bronx		10453			
	Area Served (counties, cities, whole state, etc.)						Email	W	Website			
No Respo		718-583-2508	Ext. 2111	<u>ontra</u>	<u>ackn</u>	ny@institute.org	Provid	der Website				
Age Range A	ed	Maximum Since Or				Eligibl	le Diagnoses					
16-30)		2 year	8		Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder						
Total Admi	Total Admissions Total Current Being Serve						gram Type		Level of Implementation			
No Respo	onse		39		\boxtimes	CS	C O ESMI	Program	Sustainability			
			This Progra	m Recei	ves the Fo	ollov	wing Funds:					
Block Grar Set-Aside Fu			te General enue Funds		edicaid Funds			Other Funds				
No Respons	е	No	Response	No	Response			No Response				
			This Program	Includes	the Follov	vinç	g Component	s:				
	⊠ ary Care	⊠ Psychothera	py Edu			Supported Employment nd Education	© Case Management	⊗ Peer Services				
Other:												
The State Req	Fidelity	to Be Monitor	ed	Fidelity Measure Used								
(⊗ YES	1 0	NO	OnT	OnTrackNY Fidelity Tool							

FIR	ST EP	ISODE	PS	YCHOSIS A	ND E	EARLY	LY SERIOUS MENTAL ILLNESS PROGRAMS						
Program	Name			Addres	ss				City			ZIP	
Early Trea Program at Lo		ill		210 East 64th	Stree	et New York				10065			
	Area Served (counties, cities, whole state, etc.)						Email				Website		
No Response 212-434-6887							<u>etple</u>	nox(@northwell.edu		<u>Progra</u>	m Website	
Age Range Accepted Maximum Tin Since Onse						9			Eligib	le Di	iagnoses		
16-30	3		Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder					hrenia					
Total Admi	Total Admissions Total Current Being Serve						Program Type Level of Implement						
No Respo	onse			31			\boxtimes	CS	C O ESMI		Program	Sustainability	
				This Progra	m Re	eceives	s the Fo	llov	ving Funds:				
Block Grar Set-Aside Fu				General ue Funds			icaid nds				Other Funds		
No Respons	е	N	o Re	esponse		No Res	sponse			Ν	lo Response		
			Thi	s Program I	nclu	des th	e Follov	ving	g Component	s:			
⊗						Far Educat	ion and	E	Supported Employment and Education	Ma	⊠ Case anagement	⊠ Peer Services	
Other:													
The State Requires Fidelity to Be Monitored						Fidelity Measure Used							
(⊗ yes		NO		(OnTrackNY Fidelity Tool							

FIRS	T EPIS	ODE P	SYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGR <i>A</i>	MS
Program Na	ame		Addres	s			City		ZIP
OnTrackNY The Jewish Bo	_		135 West 50th 6th Floo			N	ew York		10020
Area Served (co			Phone Nur	mber			Email	W	ebsite
No Respons	ise		212-632-4	789	<u>ag</u>	aud	et@jbfcs.org	Progra	am Website
Age Range Acc	cepted		Maximum Since On				Eligib	le Diagnoses	
16-30			2 years			0	ther specified/u	schizoaffective dis nspecified schizo der, delusional dis	phrenia
Total Admiss	sions		Total Curro Being Ser		P	Program Type			evel of mentation
No Respons	ise		39		⊗ CSC □ ESMI			Program	Sustainability
			This Progra	m Receive	s the Fo	llov	ving Funds:		
Block Grant Set-Aside Fund			General nue Funds		icaid nds			Other Funds	
No Response		No F	Response	No Re	sponse			No Response	
		Ti	nis Program I	ncludes th	e Follov	ving	g Component	s:	
							Supported Employment and Education	⊠ Case Management	⊠ Peer Services
Other:	Other:								
The State Requir	ires Fic	lelity to	Be Monitore	red Fidelity Measure Used					
\boxtimes) YES	О мо)	OnTrac	kNY Fide	lity 7	Tool		

FIR	ST EF	PISODE	PSYCHOSIS A	ND E	ARLY	SERIO	JS	MENTAL ILLI	NESS PROGE	AMS
Program	Name		Addres	ss				City		ZIP
OnTrackNY @) Bellev	⁄ue	462 First Av C/D Building, 2				N	lew York		10016
Area Served (cities, whole s			Phone Nu	mber				Email		Website
No Respo	onse		212-562-7	289				in.Graziano vue.nychhc.org	<u>Pro</u>	vider Website
Age Range A	Accept	ted	Maximum Since Or		•			Eligib	le Diagnoses	
16-30)		2 years	3			0	ther specified/u	schizoaffective nspecified schiz der, delusional (ophrenia
Total Admi	ssion	S	Total Curr Being Se	_	,	Р	rog	gram Type		Level of lementation
No Respo	onse		23		⊗ csc □ esmi			C O ESMI	Progra	m Sustainability
			This Progra	m Re	eceives	s the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu			ate General venue Funds		Medi Fur				Other Funds	
No Respons	е	N	o Response		No Res	sponse			No Respons	se
			This Program	nclud	des the	e Following C		g Component	s:	
	py E	Far Educati Sup	nily ion and	E	Supported Employment and Education	⊗ Case Management	⊗ Peer Services			
Other:										
The State Req	uires	Fidelity	to Be Monitore	ed Fidelity Measure Used						
ı	⊗ YE	s O	NO	C	OnTrack	NY Fidel	ity 7	ГооІ		

FIR	ST EF	ISODE	PSYCHOSIS	AND	EARLY	SERIO	JS	MENTAL ILLI	NESS P	ROGRA	MS	
Program	Name		Addre	SS				City			ZIP	
OnTrack Connections		m	1051 Rivers Suite 1701,		•		N	lew York		1	0032	
Area Served (cities, whole s			Phone N	ımb	er			Email		W	ebsite	
No Respo	onse		646-774	8416	3			nnan.Liu@ columbia.edu		Progra	m Website	
Age Range A	Accept	ed	Maximun Since C					Eligib	le Diag	noses		
16-30)		2 yea	rs			0	Schizophrenia, sther specified/u spectrum disor	nspecifie	ed schizop	hrenia	
Total Admi	ssion	5	Total Cui Being S			Program					evel of mentation	
No Respo	onse		44			⊠ CSC □ ESMI				Program	Sustainability	
			This Progr	am I	Receive	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu			ate General venue Funds			icaid nds				Other unds		
No Respons	е	N	lo Response		No Res	sponse			No F	Response		
			This Program	Inc	ludes th	e Following (ving Components				
⊠ Medication							E	Supported Employment nd Education	Ca	⊠ ase gement	⊗ Peer Services	
Other:	Other:											
The State Req	The State Requires Fidelity to Be Monitored							red Fidelity Measure Used				
	⊗ YES	8 0	NO		OnTrackNY Fidelity Tool							

FIR	ST EF	ISODI	E PS	SYCHOSIS A	.ND	EARLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS	
Program	Name			Addres	S				City			ZIP	
OnTrack @ E	Elmhurs	st	7	79-01 Broadwa	ıу, ⊢	13-51		Е	Elmhurst		1	1373	
Area Served (cities, whole s				Phone Nu	mb	er			Email		W	ebsite	
No Respo	onse			718-334-1	392		ont		knyelmhurst@ vchhc.org		<u>Provid</u>	er Website	
Age Range A	Accept	ed		Maximum Since On					Eligib	le D	iagnoses		
16-30)			2 years	8				Schizophrenia, ther specified/u spectrum disor	nspe	ecified schizop	hrenia	
Total Admi	Total Admissions Total Currently Being Served						Р	rog	gram Type		_	Level of olementation	
No Respo	onse			46			⊠ CSC ☐ ESMI Pro			Program	gram Sustainability		
				This Progra	m F	Receive	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General ue Funds			icaid nds				Other Funds		
No Respons	е	١	lo R	esponse		No Res	sponse			ı	No Response		
			Th	is Program I	ncl	udes th	e Follow	vinç	g Component	s:			
							ion and		Supported Employment nd Education	М	⊠ Case anagement	Peer Services	
Other:	Other:												
The State Req	The State Requires Fidelity to Be Monitored							red Fidelity Measure Used					
	⊗ YES	s O	NO			OnTracl	kNY Fidel	lity ⁻	Tool				

FIR	ST EF	ISODE	PSYCHOSIS	AND	EARLY	SERIO	US	MENTAL ILLI	NESS PROC	SRA	MS	
Program	Name		Addr	ess				City			ZIP	
Early Treatmen at Zucker Hillsic	•		75-59 263	d Str	eet		G	len Oaks		1	1004	
Area Served (cities, whole s			Phone N	umb	er			Email		W	ebsite	
No Respo	onse		718-470	-8888	3			tmentprogram@ thwell.edu	<u>Pı</u>	ogra	ım Website	
Age Range A	Accept	ed	Maximur Since C					Eligib	le Diagnose	S		
16-30)		2 yea	rs				Schizophrenia, ther specified/u spectrum disor	nspecified scl	nizop	hrenia	
Total Admi	Total Admissions Total Curre Being Ser						Program IVne			Level of Implementation		
No Respo	onse		52			⊠ CSC □ ESMI			Prog	ram	Sustainability	
			This Prog	am	Receives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu			ate General venue Funds			icaid nds			Other Funds			
No Respons	е	N	lo Response		No Res	sponse			No Respo	nse		
			This Program	Inc	ludes th	e Follov	vinç	g Component	s:			
⊠ Medication								Supported Employment and Education	⊗ Case Manageme	nt	⊗ Peer Services	
Other:	Other:											
The State Req	uires	Fidelity	to Be Monito	red Fidelity Measure Used								
-	≥ YES □ NO						lity ⁻	Tool				

FIR	ST EP	ISODE	E PSY	YCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILLI	NES	S PROGRA	MS	
Program	Name			Addres	s			City			ZIP	
Kings OnTr	ackNY			451 Clarkso	n Ave		В	Brooklyn		1	1203	
Area Served (cities, whole s				Phone Nur	nber			Email		W	ebsite	
No Respo	onse			718-245-5	242	cr		l.marsonia@ vchhc.org		<u>Provid</u>	er Website	
Age Range A	Accept	ed		Maximum Since On				Eligib	le D	iagnoses		
16-30)			2 years	;		0	Schizophrenia, ther specified/u spectrum disor	ınspe	cified schizop	hrenia	
Total Admi	Total Admissions Total Curre Being Serv									Level of Implementation		
No Respo	onse			37		⊠ CSC □ ESMI				Program	Sustainability	
			Т	This Progra	m Receiv	es the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General e Funds		dicaid unds				Other Funds		
No Respons	е	N	lo Res	sponse	No R	esponse			١	No Response		
			This	s Program I	ncludes t	he Follov	vinç	g Component	ts:			
							E	Supported Employment nd Education	Ma	⊠ Case anagement	⊗ Peer Services	
Other:	Other:											
The State Req	Fidelity	to E	Be Monitore	red Fidelity Measure Used								
1							OnTrackNY Fidelity Tool					

FIRST EI	PISODE	PSYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	MS
Program Name	,	Addres	s			City		ZIP
OnTrackNY @ Staten I University Hospita		392 Seguine	e Ave		Sta	ten Island	1	0309
Area Served (councities, whole state,		Phone Nur	mber		ı	Email	W	ebsite
No Response		718-226-2	538	<u>otn</u>	ıy@ı	northwell.edu	No F	Response
Age Range Accep	ted	Maximum Since On				Eligib	le Diagnoses	
16-30		2 years	:		of	ther specified/u	schizoaffective dis nspecified schizop der, delusional dis	hrenia
Total Admission	S	Total Curre Being Ser		Program Type			evel of mentation	
No Response		27		\boxtimes	csc	С О ЕЅМІ	Full St	stainability
		This Progra	m Receive	s the Fo	llov	ving Funds:		
Block Grant Set-Aside Funds		te General enue Funds		icaid nds			Other Funds	
No Response	No	Response	No Re	sponse			No Response	
	1	This Program I	ncludes th	e Follov	ving	g Component	s:	
⊠ Medication Prin	⊠ nary Care	⊗ Psychotherar	Fai by Educat	⊠ mily tion and oport	Е	Supported Employment and Education	⊠ Case Management	⊠ Peer Services
Other:								
The State Requires	Fidelity	to Be Monitore	red Fidelity Measure Used					
⊠ YE	s On	10	OnTrackNY Fidelity Tool					

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILLI	NESS PROGR <i>A</i>	AMS
Program	Name		Addres	ss			City		ZIP
Mercy Medica OnTrackNY F			506 Stewart A	Avenue		Ga	arden City		11530
Area Served (cities, whole s			Phone Nu	mber			Email	W	/ebsite
No Respo	onse		516-705-3400	x3202	<u>Cynth</u>	niaT.	Scott@chsli.org	<u>Progr</u>	am Website
Age Range A	Accept	ed	Maximum Since Or				Eligib	le Diagnoses	
16-30)		2 years	3		0	ther specified/u	schizoaffective di nspecified schizo der, delusional dis	phrenia
Total Admi	ssions	5	Total Curr Being Se		F	Prog	gram Type		evel of mentation
No Respo	No Response 23					CS	C O ESMI	Full S	ustainability
			This Progra	m Receive	es the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu			te General enue Funds		dicaid inds			Other Funds	
No Respons	е	No	Response	No Re	esponse			No Response	,
			Γhis Program I	ncludes tl	ne Follov	ving	g Component	s:	
						E	Supported Employment and Education		⊗ Peer Services
Other:	Other:								
The State Req	uires I	Fidelity	to Be Monitore	red Fidelity Measure Used					
(⊗ yes	0 0	10	OnTra	OnTrackNY Fidelity Tool				

FIR	ST EF	PISODE	E PS	YCHOSIS A	ND E	ARLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS	
Program	Name			Addres	s				City			ZIP	
OnTrackNY	@ MH/	A	;	20 South Broa Suite 11		y,		١	onkers/		1	0701	
Area Served (cities, whole s				Phone Nur	mber				Email		We	ebsite	
No Respo	onse		91	4-345-5900 ϵ	ext. 77	727	<u>MH</u>		mithS@ estchester.org		Provid	er Website	
Age Range A	Accept	ted		Maximum Since On		•			Eligib	le D	iagnoses		
16-30)			2 years	3			0	Schizophrenia, ther specified/u spectrum disor	nspe	ecified schizop	hrenia	
Total Admi	Total Admissions Total Currer Being Serve							Program Type				vel of mentation	
No Respo	onse			31		⊠ CSC □ ESMI			Program Sustainability				
			1	This Progra	m Re	eceives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General e Funds		Medi Fur					Other Funds		
No Respons	е	N	lo Re	sponse		No Res	sponse			١	No Response		
			This	s Program I	nclu	des the	e Following (g Component	s:			
							ion and	E	Supported Employment and Education	Ma	⊠ Case anagement	⊗ Peer Services	
Other:	Other:												
The State Req	The State Requires Fidelity to Be Monitored								red Fidelity Measure Used				
ı	⊗ YE	s O	NO		(OnTrack	NY Fidel	ity 7	ГооІ				

FIR	ST EP	ISODE	PSYCHOSIS A	AND I	EARLY	SERIO	US	MENTAL ILLI	NESS PI	ROGRA	MS	
Program	Name		Addre	ss				City			ZIP	
OnTrackNY @ Supports for		ss:	16-24 Union	Stree	et		Mi	ddletown		1	0940	
Area Served (cities, whole s			Phone Nu	mbe	r			Email		W	ebsite	
No Respo	onse		845-645-8	3696		<u>On</u>	Trac	kNy@asfl.org		<u>Provid</u>	er Website	
Age Range A	Accept	ed	Maximum Since O		е			Eligib	le Diagn	oses		
16-30)		2 year	S			0	Schizophrenia, sther specified/uspectrum disort	nspecifie	d schizop	hrenia	
Total Admi	Total Admissions Total Curre Being Ser						Program Type			Level of Implementation		
No Respo	No Response 29						⊗ CSC □ ESMI			Program Sustainability		
			This Progra	am Ro	eceive	s the Fo	llov	ving Funds:				
Block Grar Set-Aside Fu			ite General enue Funds		Medicaid Other Funds Funds							
No Respons	е	No	Response		No Res	sponse			No Re	esponse		
			This Program	Inclu	ides th	e Follow	ving	g Component	s:			
						mily ion and	E	Supported Employment and Education	Cas Manag	se	⊗ Peer Services	
Other:	Other:											
The State Req	Fidelity	to Be Monitor	red Fidelity Measure Used									
(⊗ yes	1 0	NO	1	OnTracl	kNY Fidel	lity 7	Tool .				

FIR	ST EF	PISODE	PSYCHOSIS	AND	EARLY	SERIO	JS	MENTAL ILLI	NESS PRO	GRA	MS	
Program	Name		Addre	ss				City			ZIP	
OnTrackNY @) Parso	ns	401 New Kar 2nd Fl		Road,		,	Albany		1	12205	
Area Served (cities, whole s			Phone N	ımb	er			Email		W	ebsite	
			518-292-	5452	2	pa		trackny@ nscenter.org	<u> </u>	^o rogra	am Website	
Age Range A	Accept	ed	Maximun Since C					Eligib	e Diagnos	es		
16-30)		2 yea	rs			0	Schizophrenia, ther specified/u spectrum disor	nspecified s	chizop	ohrenia	
Total Admi	ssion	S	Total Cur Being S			Program Type			lı		evel of mentation	
No Respo	onse		34		⊠ CSC □ ESM			C O ESMI	Pro	gram	Sustainability	
			This Progr	am I	Receive	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu			ate General /enue Funds		Medicaid Other Funds Funds							
No Respons	е	N	lo Response		No Res	sponse			No Resp	onse		
			This Program	Inc	ludes th	e Following (g Component	s:			
							E	Supported Employment and Education	⊗ Case Managem	ent	Peer Services	
Other:	Other:											
The State Req	The State Requires Fidelity to Be Monitored							red Fidelity Measure Used				
	⊗ YE	s O	NO		OnTrackNY Fidelity Tool							

FIR	ST EPIS	ODE P	SYCHOSIS A	ND E	ARLY	SERIOL	JS I	MENTAL ILLI	NESS PI	ROGRA	MS
Program	Name		Addres	ss				City			ZIP
OnTrack	CNY	6	00 East Genes 1st Floor, Su				S	yracuse		1	3202
Area Served (cities, whole s			Phone Nu	mber				Email		W	ebsite
No Respo	onse		315-728-4	323		ontrac	k-cı	ny@omh.ny.gov	<u>/</u>	No F	Response
Age Range A	Accepted		Maximum Since Or					Eligib	le Diagn	oses	
16-30)		2 years	S			0	Schizophrenia, ther specified/u spectrum disor	nspecifie	d schizop	hrenia
Total Admi	Total Admissions Total Curr Being Se						rog	ıram Type		Level of Implementation	
No Respo	onse		22		⊗ CSC □ ESMI			Program Sustainability			
			This Progra	m Re	ceives	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			General ue Funds		Medi Fur					ther ınds	
No Respons	е	No R	Response	ı	No Res	sponse			No Re	esponse	
		Th	is Program	Includ	des the	e Follow	ving	Component	s:		
							E	Supported Employment and Education	Cas Manag	se	Peer Services
Other:	Other:										
The State Req	uires Fid	elity to	Be Monitore	red Fidelity Measure Used							
	⊠ YES	O NO		0	OnTrack	kNY Fidel	ity 7	ool			

FIR	ST EP	ISODE F	SYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGR <i>A</i>	MS	
Program	Name		Addres	s			City		ZIP	
OnTrackNY So	uthern [*]	Tier	114 Clinton Stree	et, Suite B		Bin	ighamton		13905	
Area Served (cities, whole s			Phone Nu	mber	Email			W	/ebsite	
No Response 607-763-2749					ontra	No l	Response			
Age Range Accepted Maximum Tin Since Onse					Eligible Diagnoses					
16-30 2 years					Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder					
Total Admi	Total Admissions Total Current Being Serve					Program Type			evel of mentation	
No Respo	onse		17		\boxtimes	CSC	O ESMI	Full S	ustainability	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			e General nue Funds		Medicaid Other Funds Funds					
No Respons	е	No	Response	No Re	esponse			No Response		
		Т	his Program I	ncludes th	ne Follov	ving	g Component	ts:		
						Е	Supported Employment and Education	⊗ Case Management	Peer Services	
Other:										
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used				
ı	S O N	O	OnTrac	OnTrackNY Fidelity Tool						

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	ss			City		ZIP	
OnTrack @ I	BestSel	f	255 Delaware Ave	e, Suite 400		E	Buffalo	1	4202	
Area Served (cities, whole s	•		Phone Nu	mber	Email			W	ebsite	
No Respo	No Response 716-566-6188					Kdauscher@bestselfwny.org Program Webs				
Age Range A	Time iset	Eligible Diagnoses								
16-30	3	Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder								
Total Admi	ently rved	Program Type			_	evel of mentation				
No Respo	onse		27		\boxtimes	CSC	O ESMI	Program	Sustainability	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			ate General renue Funds					Other Funds		
No Respons	е	N	o Response	No Re	sponse			No Response		
			This Program I	ncludes th	e Follov	ving	Component	s:		
⊠ Medication						Е	Supported Employment and Education	⊗ Case Management	⊗ Peer Services	
Other:										
The State Req	Fidelity	to Be Monitore	ed	Fidelity Measure Used						
		NO	OnTrac	OnTrackNY Fidelity Tool						

FIR	ST EF	ISODE	PSYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NESS F	PROGRA	MS	
Program	Name		Addres	SS				City			ZIP	
OnTrackNY R	Rochest	er	175 Humbold Suite 10		eet,		R	ochester		14610		
Area Served (cities, whole s	•		Phone Nu	mbe	er	Email				Website		
No Response 585-241-1364				1364		Debra.Wolfsong@ omh.ny.gov No Respons					Response	
Age Range A	Tim nset		Eligible Diagnoses									
16-30	S		Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder					ohrenia				
Total Admi	dmissions Total Current Being Serve					Program Type				Level of Implementation		
No Respo	onse		34			⊗ CSC ☐ ESMI Program S			Sustainability			
			This Progra	ım R	Receives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu			ate General venue Funds			Medicaid Other Funds Funds						
No Respons	e	N	o Response		No Res	sponse			No F	Response		
			This Program	Inclu	udes the	e Follow	ving	g Component	ts:			
						ion and	E	Supported Employment and Education	С	⊠ ase gement	Peer Services	
Other:												
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used						
⊗ YES □ NO					OnTrack	OnTrackNY Fidelity Tool						

FIR	ST EPIS	SODE P	SYCHOSIS A	ND E	ARLY	SERIOL	JS I	MENTAL ILLI	NES	S PROGRA	MS
Program	Name		Addres	ss				City			ZIP
OnTrackN Pesach Ti	_		18 Middleto	on St	: Brooklyn			11206			
Area Served (cities, whole s			Phone Nu	mber	r Email				We	ebsite	
No Response 718-875-6900 x2					3	nchop	<u>)@p</u>	esachtikvah.or	g	No R	desponse
Age Range Accepted Maximum Tin Since Onse					e Eligible Diagnoses						
16-30 2 years						Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder					hrenia
Total Admi	Total Admissions Total Current Being Serve				,	Program Type				vel of mentation	
No Respo	onse		11			\boxtimes	CSC	C C ESMI		Initial Im	plementation
			This Progra	m Re	eceives	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			General nue Funds					Other Funds			
No Respons	е	No F	Response		No Res	sponse			1	No Response	
		TI	nis Program I	Includ	des the	e Follow	/ing	Component	s:		
	\boxtimes \boxtimes \boxtimes					ion and	Е	Supported Employment and Education	Ma	⊠ Case anagement	⊠ Peer Services
Other:	Other:										
The State Req	The State Requires Fidelity to Be Monitored				d Fidelity Measure Used						
					OnTrackNY Fidelity Tool						

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARLY	'SERIO	US I	MENTAL ILLI	NESS PROGR <i>A</i>	MS	
Program	Name		Addres	S			City		ZIP	
OnTrackNY	@ SUS	3	1125 Fulton St,	3rd Floor		В	rooklyn		11238	
Area Served (cities, whole s	-		Phone Nur	nber		Email			/ebsite	
No Respo	No Response 347-226-9025 x1					MMcCulloch@sus.org No Respon				
Age Range Accepted Maximum Tin Since Onse					Eligible Diagnoses					
16-30 2 years					Schizophrenia, schizoaffective disorder, other specified/unspecified schizophrenia spectrum disorder, delusional disorder				phrenia	
Total Admi	ently ved	Program Type			_	evel of mentation				
No Respo	onse		22		\boxtimes	CSC	C O ESMI	Full Im	plementation	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			te General enue Funds		Medicaid Other Funds Funds					
No Respons	е	No	Response	No Re	sponse			No Response		
		7	his Program I	ncludes th	e Follov	ving	g Component	s:		
						Е	Supported Employment and Education		⊗ Peer Services	
Other:										
The State Req	Fidelity	to Be Monitore	d	Fidelity Measure Used						
1		0	OnTrac	OnTrackNY Fidelity Tool						

North Carolina



STATE CONTACT

 $Mary \ Ellen \ Anderson \ \ | \ 919-715-2321 \ \ | \ \underline{Mary.Ellen.Anderson@dhhs.nc.gov}$

	STATE FINANCING	
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity
\$1,963,756	\$956,723	No Response

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS											
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served										
Program Sustainability	67	100										

	DATA REPORTING											
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):												
Suicidality Substance Use Substance Use Physical Health												
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes							
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes							
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes							
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes							
How frequently are these data reported to the SMHA by FEP providers? <i>Bi-Annually</i>												
The FEP provider submits this info	rmatior	at the $ igcirc$ individual level or $ igotimes $ ag	gregat	ed at the provider level.								

FIRS	ST EP	ISODE I	PSYCHOSIS A	ND EARL	SERIO	US	MENTAL ILLI	NESS PROGR	AMS	
Program N	lame		Addres	s			City		ZIP	
SHORE (Support Opportunities, F and Empowe	Recove	-	503 Covil Av	enue/		Wi	ilmington		28403	
Area Served (cities, whole st			Phone Nui	mber	Email			V	Vebsite	
-	24-county area in 910-332-5734 eastern North Carolina					heather.hughes@rhanet.org Program W				
Age Range A	Time set	Eligible Diagnoses								
15-30		3 years	;	Schizophrenia spectrum and other psy				hotic disorders		
Total Admis	ently ved	Program IVNA			_	Level of Implementation				
18			41		\boxtimes	CSO	C O ESMI	Progran	m Sustainability	
			This Progra	m Receive	es the Fo	llov	wing Funds:			
Block Grant Set-Aside Fun	_		e General nue Funds		dicaid inds			Other Funds		
\$432,024		No	Response	No Re	esponse			No Response	e	
		Т	his Program I	ncludes tl	ne Follov	ving	g Component	ts:		
⊠ Medication	Fa by Educa	imily and pport	E	Supported Employment nd Education	⊗ Case Management	⊗ Peer Services				
Other:										
The State Requ	The State Requires Fidelity to Be Monitored						Fidelity Mea	asure Used		
δ	NC EP	I-TA Tool								

FIR	ST EF	PISODE F	PSYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	AMS
Program	Name		Addres	S			City		ZIP
Atrium Health Ea	gle Pro	gram	330 Billingsley	/ Road	Charlotte				27603
Area Served (cities, whole s			Phone Nur	mber			Email	V	/ebsite
and surrounding	Mecklenburg County and surrounding counties If client can travel				rachel.rebich@ carolinashealthcare.org			Progr	am Website
Age Range A	Time set	Eligible Diagnoses							
15-30		3 years		Sch	izop	hrenia spectrur	m and other psyc	notic disorders	
Total Admissions Total Current Being Serve				_	Program Type				evel of ementation
35			24		⊠ CSC ☐ ESMI Program Su				Sustainability
			This Progra	m Receive	s the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu			e General nue Funds		Medicaid Other Funds Funds				
\$460,578		No	Response	No Re	sponse			No Response)
		Т	his Program I	ncludes th	e Follov	ving	g Component	ts:	
⊠ Medication	Fai by Educat	⊠ mily tion and oport	E	Supported Employment and Education	⊠ Case Management	⊗ Peer Services			
Other:									
The State Req	uires	Fidelity t	o Be Monitore	d			Fidelity Mea	asure Used	
-	⊗ YES	S ON	0	NC EPI	-TA Tool				

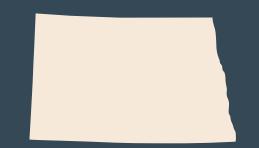
FIR	ST EP	ISODE	PS	YCHOSIS A	ND E	ARLY	SERIO	JS	MENTAL ILLI	NESS	S PROGRA	MS	
Program	Name			Addres	ss				City			ZIP	
UNC Wake Er	ncompa	SS		3010 Falstaff	f Road			F	Raleigh		2	27610	
Area Served (cities, whole s	•	-		Phone Nu	mber	er Email				Website			
Wake, Durham, Johnston, and Cumberland Counties 919-445-0401					401	claudia_driver@med.unc.edu Program Webs					m Website		
Age Range Accepted Maximum Tir Since Onse						e Eligible Diagnoses							
15-30 3 years							Schi	zop	hrenia spectrur	m and	other psycho	otic disorders	
Total Admi	Total Admissions Total Current Being Serve					Program Ivno				Level of Implementation			
14				35		⊗ CSC □ ESMI				Program	Sustainability		
				This Progra	m Red	ceives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General ue Funds						Other Funds			
\$484,804		N	o Re	esponse	١	No Res	sponse			N	o Response		
			Thi	s Program I	nclud	les the	e Follow	/ing	g Component	ts:			
⊠ Medication						Fan Educati Sup	nily on and	E	Supported Employment and Education	Mai	⊗ Case nagement	⊗ Peer Services	
Other:													
The State Req	The State Requires Fidelity to Be Monitored								Fidelity Mea	asure	Used		
						IC EPI-	TA Tool						

FIR	ST EPISC	DE P	SYCHOSIS A	ND I	EARLY	SERIO	JS	MENTAL ILL	NESS	S PROGRA	MS
Program I	Name		Addres	SS				City			ZIP
OASIS Chap	pel Hill		200 N Greens Suite C-		St, Carrboro				27510		
Area Served (Phone Nu	mbe	r	Email				Website	
Alamance, Cl	Orange, Durham, Wake, Alamance, Chatham, and Person counties					No Response <u>Program</u>					m Website
Age Range A	Time	е	Eligible Diagnoses								
15-30	15-30 3 years						Schizophrenia spectrum and other				otic disorders
Total Admissions Total Current Being Serve					Program IVno				Level of Implementation		
No Respo	onse		No Respo	nse	⊗ CSC ☐ ESMI Program			Program	Sustainability		
			This Progra	m R	eceives	s the Fo	llov	wing Funds:			
Block Gran Set-Aside Fu			General ue Funds		Medicaid Other Funds Funds						
No Response	е	No R	esponse		No Res	sponse			N	o Response	
		Th	is Program I	Inclu	ides the	e Follov	ving	g Component	ts:		
⊠ Medication						ion and		Supported Employment nd Education	Ma	⊗ Case nagement	© Peer Services
Other:											
The State Requ	uires Fide	lity to	Be Monitore	ed	Fidelity Measure Used						
(NC EPI-TA Tool									

North Dakota

STATE CONTACT

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



STATE FINANCING							
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity					
\$111,957	\$107,289	No Response					

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS							
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served					
Initial Implementation	6	6					

DATA REPORTING								
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):								
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes			
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes			
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes			
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes			
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes			
How frequently are these data reported to the SMHA by FEP providers? <i>Monthly</i>								
The FEP provider submits this info	rmation	at the $ \Box $ individual level or $ oxtimes $ ag	gregate	ed at the provider level.				

FIR	FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS									
Program I	Name		Address		City				ZIP	
Prairie St.	Johns		510 4th Stre	eet S			Fargo		5	8103
Area Served (Phone Nui	mber			Email		W	ebsite
Cass, Sarger Richland, Rans Steele cou	som, a		701-476-7	800	Monica.McConkey@ uhsinc.com		<u>Provider Website</u>			
Age Range A	ccept	ed	Maximum Since On		Eligible Diagnoses					
15-25	;		1 year				Schizophren	nia spe	ectrum disord	der
Total Admis	ssions	S	Total Curr Being Sei	_	Program Type			Level of Implementation		
6			6					plementation		
			This Progra	m Receive	s the Fo	llov	wing Funds:			
Block Gran Set-Aside Fu			te General enue Funds		Medicaid Other Funds Funds					
No Response	nse No F		Response	No Re	sponse			N	o Response	
			Γhis Program I	ncludes th	e Follow	ving	g Component	ts:		
⊠ Medication	Prim	ary Care	⊠ Psychothera _l	Fa oy Educa			Ma	⊗ Case nagement	Peer Services	
Other:										
The State Requires Fidelity to Be Monitored				ed	Fidelity Measure Used					
				GAD7,	PH-Q, WI	HO-I	DAS, IMR			

Commonwealth of the Northern Mariana Islands

STATE CONTACT

Herbert Sablan | Herbert.Sablan@gmail.com

STATE FINANCING							
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity					
\$12,897	\$8,258	No Response					

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS							
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served					
Initial Implementation	N/A	N/A					

DATA REPORTING								
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):								
Suicidality	0	Substance Use	0	Physical Health				
Global Functioning	0	Improved Symptoms	0	Prescription Adherence and Side Effects	0			
Identification, Intake, Enrollment	0	Program Involvement	\boxtimes	Employment				
Psychiatric Hospitalization		Legal Involvement	0	Living Situation				
Use of Emergency Rooms		School Participation	0	Social Connectedness	0			
How frequently are these data reported to the SMHA by FEP providers? <i>No Response</i>								
The FEP provider submits this information at the $oxinesize{oxinething{10}}$ individual level or $oxinesize{oxinething{10}}$ aggregated at the provider level.								

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS								
Program Name Address			SS		City		ZIP	
Community Guida	nce Cer	nter G	loria Dr. P.O. B	ox 500409		Saipan	g	06950
Area Served (c cities, whole st			Phone Nu	mber		Email	W	ebsite
No Respor	nse		No Respo	nse	No	o Response	No F	Response
Age Range Ac	ccepte	d	Maximum Since Or			Eligib	le Diagnoses	
No Respor	nse		No Respo	onse		No	Response	
Total Admis	Total Admissions Total Current Being Serve			Program Type		Level of Implementation		
No Respor	nse		No Respo	nse	☐ CSC ⊠ ESMI Initial Implementation			plementation
			This Progra	m Receive	s the Follo	owing Funds:		
Block Grant Set-Aside Fun			General ue Funds		Medicaid Other Funds Funds			
\$8,258		No F	Response	No Re	sponse		No Response	
		Th	is Program I	Includes th	e Followir	ng Component	ts:	
☐ Medication	_	⊃ ry Care	☐ Psychothera	Far py Educat	Family Supported Employment Support and Education		Case Management	Peer Services
Other:								
The State Requires Fidelity to Be Monitored				ed		Fidelity Mea	asure Used	
O YES O NO			No Res	ponse				

Ohio



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



STATE FINANCING							
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity					
\$2,130,363	\$3,205,663	No Response					

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS							
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served					
Program Sustainability	147	166					

DATA REPORTING								
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):								
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	0			
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	0			
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes			
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes			
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes			
How frequently are these data reported to the SMHA by FEP providers? Baseline, Every 6 Months, and Discharge								
The FEP provider submits this info	rmatior	at the $oxtimes$ individual level or $oxtimes$ ag	gregate	ed at the provider level.				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS									
Program Name Address			ss			City		ZIP	
Catholic Chariti Team–Cuyahoo			1515 West	29th		CI	leveland	4	14113
Area Served (cities, whole s			Phone Nu	mber		ı	Email	W	ebsite
Cuyahoga (County		216-339-1	438	<u>jdjo</u> ı	nes(@ccdocle.org	Progra	ım Website
Age Range A	ccept	ed	Maximum Since Or				Eligib	le Diagnoses	
15-35	5		2 years	S	Schizop	ohre	enia, schizoaffe	ctive, or schizophr	eniform disorder
Total Admi	Total Admissions Total Currentl Being Served				Р	Program Type			evel of mentation
20			28		\boxtimes (plementation	
			This Progra	m Receiv	es the Fo	llov	ving Funds:		
Block Gran Set-Aside Fu			te General enue Funds	_	Medicaid Other Funds Funds				
\$178,462		No	Response	No R	esponse			No Response	
			This Program	Includes t	he Follow	ving	Component	is:	
	Prim	ary Care	⊠ Psychothera	py Educa	amily ation and apport	mily Supported tion and Employment M		⊠ Case Management	Peer Services
Other:									
The State Requ	The State Requires Fidelity to Be Monitored						Fidelity Mea	asure Used	
(O YES	S ⊗ N	Ю	N/A					

FIRST I	EPISODI	E PSYCHO	SIS AND	EARLY	SERIOU	JS N	MENTAL ILLI	NESS PROGRA	MS		
Program Nam	пе	Δ	Address				City		ZIP		
Coleman Prof. Ser FIRST Team–Port		5982	Rhodes Ro	oad			Kent	4	4240		
Area Served (cou		Pho	ne Numb	er		E	Email	W	ebsite		
Portage Count	у	330)-676-6859	9			n.fleming@ nservices.org	<u>Progra</u>	ım Website		
Age Range Acce	epted		imum Tir ice Onse				Eligib	le Diagnoses			
15-40							nia, schizoaffe	ctive, or schizophr	eniform disorder		
Total Admissio	Total Admissions Total Curre Being Ser						ram Type		evel of mentation		
No Response		No	Response)					Sustainability		
		This P	rogram	Receives	s the Fol	llow	ving Funds:				
Block Grant Set-Aside Funds		tate Gener venue Fur			Medicaid Ot Funds Fu						
\$100,000 (across four programs	s)	No Response	е	No Res	sponse			No Response			
		This Prog	gram Inc	ludes th	e Follow	ing	Component	ts:			
⊠ Medication Pr	⊗ otherapy	Educat	mily	Ε	Supported imployment ad Education		Peer Services				
Other:											
The State Require	s Fidelit	y to Be Mo	nitored				Fidelity Mea	asure Used			
□ Y	O YES O NO						No Response				

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARL	Y SERIOL	JS I	MENTAL ILL	NESS PROGR	AMS	
Program	Name		Addres	ss			City		ZIP	
Coleman Prof. FIRST Team-St			00 Tuscarawas Suite 20		,	(Canton		44702	
Area Served (cities, whole s			Phone Nu	mber		ı	Email	١	Vebsite	
Stark Co	unty		330-541-1	877			elle.smith@ nservices.org	Prog	ram Website	
Age Range A	Accept	ed	Maximum Since Or				Eligib	le Diagnoses		
15-40)		18 mont	hs	Schizo	ohre	enia, schizoaffe	ctive, or schizop	hreniform disorder	
Total Admi	ssions	5	Total Curr Being Se		Program Type				evel of ementation	
No Respo	onse		No Respo	nse					m Sustainability	
			This Progra	m Receiv	es the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu	_		te General enue Funds		Medicaid Other Funds Funds					
\$100,000 (across four prog	rams)	No	Response	No R	esponse			No Respons	e	
			This Program	Includes t	he Follow	/ing	Component	is:		
	☐ ary Care	⊠ Psychothera	py Educ	⊗ amily ation and upport	Е	Supported Employment and Education	⊗ Case Management	Peer Services		
Other:										
The State Req	uires F	idelity	to Be Monitor	ed			Fidelity Mea	asure Used		
1	O YES		10	No Re	No Response					

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS	
Program	Name			Addres	SS				City			ZIP	
Coleman Prof FIRST Team Auglaize and	–Allen,			799 South M	1ain	St			Lima		4	5804	
Area Served (cities, whole s				Phone Nu	mbe	er			Email		W	ebsite	
Allen, Aug and Hardin o		3		330-541-8	543				eyhinkle@ nservices.org		<u>Progra</u>	m Website	
Age Range A	ccept	ed		Maximum Since Or					Eligib	le D	iagnoses		
15-40	15-40 18 mor							ohre	enia, schizoaffe	ctive	e, or schizophr	eniform disorder	
Total Admi	Total Admissions Total Curr Being Se							Program Type			Level of Implementation		
No Respo	onse			No Respo	nse		⊗ CSC ☐ ESMI Program				Program	Sustainability	
				This Progra	m F	Receives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General ue Funds		Medi Fur					Other Funds		
\$100,000 (across four prog	rams)	١	No R	esponse		No Res	sponse				No Response		
			Th	is Program	Incl	udes the	e Follow	/ing	g Component	ts:			
						Educat	nily	E	Supported Employment and Education	M	⊠ Case anagement	Peer Services	
Other:													
The State Requires Fidelity to Be Monitored							pred Fidelity Measure Used						
-	O YES O NO							No Response					

FIR	ST EF	PISODE	E PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS
Program	Name			Addres	ss				City			ZIP
Coleman Prof. FIRST Team— Count	Trumb		ţ	552 North Park	(Ave	enue		١	Warren		4	4481
Area Served (cities, whole s				Phone Nui	mbe	er			Email		W	ebsite
Trumbull C	ounty			330-392-1	177				nella.hill@ nservices.org		<u>Progra</u>	m Website
Age Range A	ccept	ed		Maximum Since On					Eligib	le D	iagnoses	
15-40	15-40 18 mon							phre	enia, schizoaffe	ctive	e, or schizophr	eniform disorder
Total Admi	Total Admissions Total Curr Being Se						Program Type				Level of Implementation	
26				26								
				This Progra	m F	Receive	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu				General ue Funds		Med Fu	icaid nds				Other Funds	
\$100,000 (across four prog	rams)	٨	No R	esponse		No Res	sponse			ı	No Response	
			Th	is Program I	ncl	udes th	e Follow	ving	Component	ts:		
					ру	Far Educat	mily ion and	E	Supported Employment and Education	M	⊠ Case anagement	Peer Services
Other:												
The State Req	uires	Fidelity	y to	Be Monitore	ed				Fidelity Mea	asuı	re Used	
-	☐ YES ⊗ NO						No Response					

FIR	ST EP	ISODE	PS	YCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NES	S PROGRA	MS
Program	Name			Addres	S				City			ZIP
Greater Cir Behavioral Hea Team–Hamilton a	alth FIR		716	2 Reading Rd	., Sı	uite 400		С	incinnati		4	5237
Area Served (cities, whole s	•			Phone Nu	mbe	ər			Email		W	ebsite
Hamilton Clermont Co				513-354-7	337		slum	<u>ıpki</u>	n@gcbhs.com		<u>Progra</u>	m Website
Age Range A	Accept	ed		Maximum Since On		_			Eligib	le D	iagnoses	
15-35	15-35 18 mont						Schizo	phre	enia, schizoaffe	ctive	e, or schizophr	eniform disorder
Total Admi	Total Admissions Total Curro Being Sei						Program IVno				Level of Implementation	
27 (across tv	vo sites)		55 (across tw	o sit	sites) 🗵 CSC 🗆 ESMI				Program	Program Sustainability	
				This Progra	m F	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu	-			General ue Funds		Medicaid Funds					Other Funds	
\$100,000 (across two sit	es)	N	o Re	esponse		No Res	sponse			ı	No Response	
			Thi	s Program I	ncl	udes the	e Follow	vinç	g Component	ts:		
⊠ Medication						Educat	nily		Supported Employment and Education	M	⊠ Case anagement	Peer Services
Other:	Other:											
The State Req	The State Requires Fidelity to Be Monitore						red Fidelity Measure Used					
	☐ YES ☒ NO						No Response					

FIR	ST EPI	ISODE	PS	YCHOSIS A	ND E	ARLY	SERIOL	JS	MENTAL ILLI	NES	S PROGRA	MS
Program	Name			Addres	ss				City			ZIP
Greater Cin Behavioral Hea Team–Butler	alth FIRS		,	1074 Wassern	nan W	/ay		E	3atavia		4	-5103
Area Served (cities, whole s				Phone Nu	mber				Email		W	ebsite
Butler Co	unty			513-354-7	337		slum	pki	n@gcbhs.com		Progra	ım Website
Age Range A	ccepte	ed		Maximum Since Or		•			Eligib	le D	iagnoses	
15-35	5			18 mont	hs		Schizop	hre	enia, schizoaffe	ctive	, or schizophr	eniform disorder
Total Admi	Total Admissions Total Curr Being Se							Program Type			Level of Implementation	
27 (across tw	vo sites))		55 (across tw	o sites	s)	⊠ CSC ☐ ESMI Program S				Sustainability	
				This Progra	m Re	eceives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds		Medicaid Other Funds Funds						
\$100,000 (across two sit	es)	N	lo Re	esponse		No Res	sponse			1	No Response	
			Thi	is Program I	Inclu	des the	e Follow	ing	g Component	ts:		
						Fan Educati Sup	nily on and		Supported Employment and Education	Ma	⊠ Case anagement	Peer Services
Other:												
The State Req	uires F	idelity	/ to	Be Monitore	ed				Fidelity Mea	asur	e Used	
☐ YES ⊗ NO						No Response						

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARL	Y SERIOL	JS I	MENTAL ILLI	NESS PROGRA	MS			
Program I	Name		Addres	SS			City		ZIP			
The Nord Cent Team–Lorain			6140 S. Broad	way Ave			Lorain	2	14053			
Area Served (cities, whole s			Phone Nu	mber		ı	Email	W	ebsite			
Lorain Co	unty		440-204-2	2400	kmaim	one	@nordcenter.o	rg Provid	er Website			
Age Range A	ccept	ed	Maximum Since Or				Eligib	le Diagnoses				
15-35	5		18 mont	hs	Schizop	ohre	enia, schizoaffe	ctive, or schizophr	eniform disorder			
Total Admi	ssions	5	Total Curr Being Se		Program Type				evel of mentation			
34			25		\boxtimes	⊗ CSC ☐ ESMI Initia			Implementation			
			This Progra	m Receiv	es the Fo	llov	ving Funds:					
Block Gran Set-Aside Fu			e General nue Funds	_	Medicaid Other Funds Funds							
\$53,878		No	Response	No R	esponse			No Response				
		7	his Program	Includes t	he Follow	/ing	g Component	s:				
⊠ Medication	☐ ary Care	⊠ Psychothera	py Educ		E	Supported Employment and Education	⊠ Case Management	Peer Services				
Other:												
The State Requ	uires I	Fidelity	to Be Monitor	ed			Fidelity Mea	asure Used				
(☐ YES ☒ NO						No Response					

FIR	ST EP	ISODE F	SYCHOSIS A	ND EARLY	' SERIOL	JS M	IENTAL ILLI	NESS PROGRA	MS
Program	Name		Addres	ss		(City		ZIP
New Horizon Episode Psych		am	1592 Granvil	le Pike		Lar	ncaster	4	3130
Area Served (cities, whole s			Phone Nu	mber		E	imail	W	ebsite
Fairfield C	ounty		740-687-0	835			ckleford@ mentalhealth.c	<u>Provid</u>	er Website
Age Range A	Accept	ed	Maximum Since Or				Eligib	le Diagnoses	
15-35	5		2 years	3			No	Response	
Total Admi	ssions	6	Total Curr Being Se		Program Type				evel of mentation
24			16		\boxtimes	Program	Sustainability		
			This Progra	m Receive	s the Fo	llow	ing Funds:		
Block Grar Set-Aside Fu	_		e General nue Funds		licaid nds			Other Funds	
\$88,569		No	Response	No Re	sponse			No Response	
		Т	nis Program I	Includes th	e Follow	/ing	Component	s:	
	Prima	ary Care	⊠ Psychothera	Fa py Educa	⊠ mily tion and oport	Er	⊗ Supported mployment d Education	⊠ Case Management	Peer Services
○ Other: Metaco ○ ○ ○ Other: Metaco ○ ○ Other: Metaco ○ Other: Metaco	gnitive	Remediat	ion Therapy						
The State Req	uires F	idelity t	Be Monitore	ed			Fidelity Mea	sure Used	
I	⊗ YES	S O NO)	Epicent	er Fidelity	Scale	е		

FIR	ST EPI	SODE P	SYCHOSIS A	ND EARLY	SERIOL	JS N	MENTAL ILLI	NESS PROGR <i>a</i>	MS	
Program	Name		Addres	s			City		ZIP	
North Centra Health Center Fi Psychosis	rst-Episo		1301 North H	ligh St		Со	lumbus	4	1 3201	
Area Served (cities, whole s			Phone Nur	nber		E	Email	W	ebsite	
Franklin C	ounty		614-299-6	600	<u>kya</u>	ates@	@ncmhs.org	Provid	ler Website	
Age Range A	ccepte	ed	Maximum Since On				Eligib	le Diagnoses		
15-35	5		2 years	i			No	Response		
Total Admi	ssions		Total Curro Being Ser		P	rogı	ram Type		evel of mentation	
No Respo	onse		No Respon	nse	⊗ (csc	O ESMI	Ins	tallation	
			This Progra	m Receive	s the Fol	llow	ring Funds:			
Block Grar Set-Aside Fu			General nue Funds		icaid nds			Other Funds		
\$150,000		No F	Response	No Res	sponse			No Response		
		TI	nis Program I	ncludes th	e Follow	ing	Component	s:		
	☐ ary Care	⊠ Psychotherap	Far by Educat	mily ion and	E	Supported mployment d Education		Peer Services		
○ Other: Metaco ○ ○ ○ Other: Metaco ○ ○ Other: Metaco ○ Other: Metaco	gnitive I	Remediat	on Therapy							
The State Req	uires F	idelity to	Be Monitore	ed			Fidelity Mea	asure Used		
	O YES	Ом)	No Res	No Response					

FIR	ST EPI	SODE F	SYCHOSIS A	ND EARLY	SERIOL	JS I	MENTAL ILLI	NESS P	ROGRA	MS
Program	Name		Addres	ss			City			ZIP
Hopewell Hea			90 Hospita	ll Dr.		F	Athens		4	5701
Area Served (cities, whole s			Phone Nu	mber		ı	Email		W	ebsite
Athens, Ho Vinton, Gallia, and Meigs C	Jackson		740-637-7	505			ny.stage@ rellhealth.org		<u>Provid</u>	er Website
Age Range A	ccepte	ed	Maximum Since On				Eligib	le Diag	noses	
15-35	5		2 years	3			No	Respon	ise	
Total Admi	ssions		Total Curr Being Sei		Р	ogram Type		Level of Implementation		
No Respo	onse		No Respo	nse	\boxtimes	CSC	C O ESMI		Inst	tallation
			This Progra	m Receive	s the Fo	llow	ving Funds:			
Block Grar Set-Aside Fu			e General nue Funds		icaid nds				Other unds	
\$174,706		No	Response	No Re	sponse			No F	Response	
		Т	his Program I	ncludes th	e Follow	/ing	Component	s:		
	Cary Care	⊠ Psychothera _l	Fai by Educat	⊠ mily tion and oport	Е	Supported Employment and Education	Ca	⊠ ase gement	Peer Services	
○ Other: Metaco ○ ○ ○ Other: Metaco ○ ○ Other: Metaco ○ Other: Metaco	gnitive	Remedia	ion Therapy							
The State Req	uires F	idelity t	Be Monitore	ed			Fidelity Mea	asure U	sed	
1	⊃ yes	□ No)	No Res	No Response					

FIRS	ST EP	ISODE I	PSYCHOSIS A	ND EAI	RLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS	
Program N	Name		Addres	ss				City			ZIP	
Allwell Behavior Services FIRS			2845 Bell	St.			Z	anesville		4	3701	
Area Served (dicities, whole sa			Phone Nu	mber				Email		W	ebsite	
Muskingum, G Perry, Coshocto and Morgan C	on, No	ble	740-561-3	270		<u>bmont</u>	tgon	mery@allwell.or	g	Provid	er Website	
Age Range A	ccept	ed	Maximum Since On					Eligib	le D	iagnoses		
15-35							Dia	agnosis of schiz		renia, schizoa iform disordei		
Total Admis	Total Admissions Total Curro Being Ser						Program IVne			Level of Implementation		
16			16			\boxtimes	CS	C O ESMI		Initial Im	plementation	
			This Progra	m Rece	eives	s the Fo	llov	wing Funds:				
Block Gran Set-Aside Fur			e General nue Funds	N	Medicaid Funds				Other Funds			
\$50,000		No	Response	No	Res	sponse			١	No Response		
		Т	his Program I	nclude	s the	e Follow	vinç	g Component	s:			
					Fan lucati Sup	nily on and		Supported Employment nd Education	Ma	⊠ Case anagement	Peer Services	
Other:												
The State Requ	Fidelity t	red Fidelity Measure Used										
(2)								QA measures from the BEST Center				

FIR	ST EP	ISODE	PSYCHOSIS A	AND	EARLY	SERIO	JS	MENTAL ILL	NESS PROGR	AMS		
Program	Name		Addre	SS				City		ZIP		
The Zepf Center	FIRST	Team	6605 W. Cei	ntral .	Ave			Toledo		43617		
Area Served (cities, whole s	•		Phone No	ımb	er			Email	V	Vebsite		
Lucas and Woo	d Coun	ties	419-764-	2773	3	mlan	nb@	zepfcenter.org	Prog	ram Website		
Age Range A	Accept	ed	Maximum Since O		_			Eligib	le Diagnoses			
15-35	5		18 mor	ths			Dia	-	zophrenia, schizo hreniform disord			
Total Admi	ssions	6	Total Cur Being Se			Program Type		gram Type	_	evel of ementation		
16			16							n Sustainability		
			This Progr	am I	Receives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu			te General enue Funds		Medi Fur				Other Funds			
\$51,870		No	Response		No Res	sponse			No Response	9		
			This Program	Incl	ludes the	e Follow	ving	g Component	ts:			
	ару	Educati	nily		Supported Employment and Education	⊠ Case Management	Peer Services					
Other:												
The State Req	uires F	Fidelity	to Be Monito	ed				Fidelity Mea	asure Used			
	☐ YES ⊗ NO							N/A				

FIR	ST EPISO	DE P	SYCHOSIS AI	ND EARLY	SERIO	JS I	MENTAL ILLN	NESS PROGRA	MS	
Program	Name		Address	S			City		ZIP	
	Alta Care 711 Belmont Avroup–FIRST Team			Ave.	Youngstown			4	4502	
Area Served (counties, cities, whole state, etc.)			nber	Email			W	ebsite		
Mahoning (County		330-793-24	187	vincep	<u>@</u> a	ltacaregroup.or	g No F	Response	
Age Range A	Age Range Accepted Maximum Tim Since Onset						Eligibl	e Diagnoses		
15-35 2 years					Dia	-	ophrenia, schizoa hreniform disorde			
Total Admi	Total Admissions Total Current Being Served				Program Type				Level of Implementation	
No Respo	onse		No Respor	nse	⊗ CSC □ ESMI			Initial Im	plementation	
			This Program	n Receive	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			General ue Funds		Medicaid Funds			Other Funds		
\$135,592		No R	Response	No Re	sponse			No Response		
		Th	nis Program Ir	ncludes th	e Follow	ving	g Component	s:		
	Primary	Care	⊗ Psychotherap	Fai y Educat	⊠ mily tion and oport	E	Supported Employment and Education	⊠ Case Management	Peer Services	
Other:										
The State Req	uires Fide	lity to	Be Monitore	d	Fidelity Measure Used					
	O YES	⊠ NO		N/A						

FIR	ST EPI	SODE P	SYCHOSIS A	ND EAR	LY SERIO	US	MENTAL ILLI	NESS PROGR <i>A</i>	MS
Program	Name		Addres	ss			City		ZIP
Scioto Pain Mental Health	•		4449 St. Rt	. 159	Chillicothe 4			45601	
Area Served (counties, cities, whole state, etc.)			mber	Email			W	/ebsite	
Ross, Fayette, Highland, Pike and Pickaway counties 740-772-7885			885	tcy	rus(@spvmhc.org	No F	Response	
Age Range A	Age Range Accepted Maximum Tir Since Onse						Eligib	le Diagnoses	
15-35 2 years						Dia	-	zophrenia, schizoa hreniform disorde	
Total Admissions Total Currentl Being Served				Program Type				Level of Implementation	
No Respo	onse		No Respo	nse	\boxtimes	CSO	C O ESMI	Initial Im	nplementation
			This Progra	m Recei	ves the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu			General nue Funds		Medicaid Other Funds Funds				
\$200,000		No F	Response	No	Response			No Response	
		TI	nis Program I	ncludes	the Follov	ving	g Component	ts:	
☐ Medication		□ ry Care	☐ Psychotheral	py Edu	Camily cation and Support	E	Supported Employment and Education	Case Management	Peer Services
Other:									
The State Req	uires F	idelity to	Be Monitore	ed	Fidelity Measure Used				
	O YES	O NO)	N/A					

Oklahoma

STATE CONTACT

Jacki Millspaugh | 405-522-3863



STATE FINANCING										
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity								
\$731,494	\$425,908	\$40,000								

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS									
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served							
Program Sustainability	56	60							

		DATA REPORTING								
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):										
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes					
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	0					
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes					
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes					
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes					
How frequently are these data reported to the SMHA by FEP providers? <i>Monthly or Bi-annually</i>										
The FEP provider submits this info	rmatior	at the 🗵 individual level or 🔘 ag	gregate	ed at the provider level.						

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND E	ARLY	SERIO	JS I	MENTAL ILLI	NESS PR	OGRA	MS
Program I	Name			Addres	ss				City			ZIP
	NAVIGATE through Family and Children's Services 2325 S. Harvard				ard Av	re	Tulsa			7	' 4114	
Area Served (counties, cities, whole state, etc.)			mber	,	Email				Website			
Tulsa Co	unty			918-560-2	500		<u>js</u>	mith	n@fcsok.org		Progra	ım Website
Age Range A	Age Range Accepted Maximum Tin Since Onset					•			Eligib	le Diagno	oses	
16-30 2 years					6			Psy	chotic episode	unrelated	to subst	ance use
Total Admi	Total Admissions Total Currentl Being Served					Program Type				Level of Implementation		
29				39			⊠ CSC ☐ ESMI Program S			Sustainability		
				This Progra	m Re	ceives	s the Fo	llov	wing Funds:			
Block Gran Set-Aside Fu		_		General ue Funds		Medicaid Other Funds Funds						
\$204,908				\$0		\$(0			\$	0	
			Th	is Program I	ncluc	des the	e Follow	/ing	g Component	s:		
	Prim	ary Ca	re	⊠ Psychothera _l	ру І	Family Education and Support		E	Supported Employment and Education	© Cas Manage	_	© Peer Services
Other:												
The State Requ	The State Requires Fidelity to Be Monitored					Fidelity Measure Used						
() YES	s ×	NO		Ν	N/A						

FIRS	ST EP	ISODE	PSYCHOSIS A	ND EARLY	SERIO	US	MENTAL ILLI	NESS PROGRA	MS	
Program N	Name		Addres	s			City		ZIP	
NAVIGATE thro	_		4400 N. Linco	ln Blvd	Oklahoma City			7	73105	
Area Served (counties, cities, whole state, etc.)			nber	Email			W	ebsite		
Oklahoma C	County		405-425-0	332	<u>alar</u>	nja@	@red-rock.com	Provid	ler Website	
Age Range A	ccept	ed	Maximum Since On		Eligible Diagnoses					
16-30	16-30 2 years					Psy	chotic episode	unrelated to subst	ance use	
Total Admis	Total Admissions Total Curren Being Serve				Program Type				Level of Implementation	
27			21		⊗ CSC □ ESMI			Program	Sustainability	
			This Progra	m Receive	s the Fo	llov	wing Funds:			
Block Gran Set-Aside Fur			ate General renue Funds	11100	icaid nds			Other Funds		
\$221,000		N	o Response	No Re	sponse			No Response		
			This Program I	ncludes th	e Follov	ving	g Component	s:		
⊠ Medication	Prima	O ary Care	⊠ Psychotherap	Fa by Educat	Supported Employment and Education		Supported Employment	⊠ Case Management	⊠ Peer Services	
Other:										
The State Requ	The State Requires Fidelity to Be Monitored					Fidelity Measure Used				
☐ YES ⊗ NO										

FIR	ST EP	ISODE	PSYCHOSIS A	AND I	EARLY	SERIO	JS I	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addre	ss				City		ZIP	
Be the Ch	ange		1724 NW 4	4th St	t	Oklahoma City			7	73106	
Area Served (cities, whole s	2		Phone Nu	mbe	r	Email			W	ebsite	
Oklahoma (Oklahoma County 405-415-8449			3449		-		nanroberts@ changeok.org	<u>Progra</u>	am Website	
Age Range A	Accepto	ed	Maximum Since O		e	Eligible Diagnoses					
16-30	16-30 N/A								All		
Total Admi	Total Admissions Total Currentl Being Served					Program Type			`	Level of Implementation	
438 Outreach	Contac	ts	Varies/Street	Outrea	ach	☐ CSC 図 ESMI			Program	Program Sustainability	
			This Progra	am R	eceives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			ate General enue Funds		Medicaid Other Funds Funds						
\$40,000			\$0		\$(0			\$0		
			This Program	Inclu	ides the	e Follow	/ing	g Component	ts:		
☐ Medication	Prima	O ary Care	☐ Psychothera	іру	Fan Educati	ication and Er		Supported Employment and Education	Case Management	⊗ Peer Services	
○ Other: Street of the street of th	outreac	h, referr	al to services								
The State Req	uires F	idelity	to Be Monitor	ed	Fidelity Measure Used						
☐ YES ☒ NO					N/A						

270

Oregon

STATE CONTACT

Jean Lasater | 503-947-5538 | Jean.C.Lasater@state.or.us



STATE FINANCING									
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity							
\$964,100	\$7,580,704	No Response							

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS										
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served								
Program Sustainability	420	424								

Brief Description of Auxiliary Activities Related to Set-Aside

Oregon also funds the EASA Center for Excellence that provides training, technical assistance, and fidelity monitoring to EASA sites in Oregon. The Center receives \$285,000 in Set-Aside funds and \$640,000 in state funds.

		DATA DEDODTINO								
DATA REPORTING										
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):										
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes					
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes					
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes					
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes					
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes					
How frequently are these data repo	orted to	the SMHA by FEP providers? Quar	terly							
The FEP provider submits this info	rmation	at the 🗵 individual level or 🔘 ag	gregat	ed at the provider level.						

FIR	ST EF	PISODE	PSYCHOSIS A	ND EARLY	SERIO	US	MENTAL ILL	NESS PROGR	AMS	
Program	Name		Addres	ss			City		ZIP	
Baker Count	y EAS	A	2200 4th	St	Baker City				97814	
Area Served (counties, cities, whole state, etc.)			mber	Email			V	Vebsite		
Baker Co	unty		541-523-3	8646	<u>kw</u>	<u>righ</u>	t@ndninc.org	Provi	der Website	
Age Range Accepted Maximum Tim Since Onset							Eligib	le Diagnoses		
12-25	12-25 1 year					S	Schizophrenia o	r schizoaffective	disorder	
Total Admissions Total Current Being Serve				Program Type			_	Level of Implementation		
5			8		\boxtimes				n Sustainability	
			This Progra	ım Receive	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			ate General /enue Funds					Other Funds		
No Respons	е		\$78,311	No Re	esponse			No Response	е	
			This Program	Includes th	e Follov	vinç	g Component	ts:		
⊠ Medication	Prim	⊠ nary Car	⊗ e Psychothera	Fa py Educa	⊠ Family Education and Support		Supported Employment and Education	⊗ Case Management	⊗ Peer Services	
Other:										
The State Requires Fidelity to Be Monitored					Fidelity Measure Used					
1	⊗ YE	s O	NO	EASA F	Fidelity To	ol				

FIR	ST EF	PISODI	E PS	SYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILLI	NESS PROGRA	AMS	
Program	Name			Addres	S			City		ZIP	
Benton Coun	ty EAS	SA		530 NW 27	th St		C	Corvallis		97330	
Area Served (cities, whole s		-		Phone Nur	mber			Email	V	Vebsite	
Benton Co	ounty			541-223-4	666	sara.ka	aye(@co.benton.or.ı	us <u>Provi</u>	der Website	
Age Range A	Accept	ted		Maximum Since On				Eligib	le Diagnoses		
12-25	5			1 year			S	Schizophrenia o	r schizoaffective	disorder	
Total Admi	Total Admissions Total Cur Being Se						Program IVno			evel of ementation	
3							⊗ CSC □ ESMI F			n Sustainability	
				This Progra	m Receive	es the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds					Other Funds		
\$200,000		1	No R	esponse	No R	esponse			No Response	•	
			Th	is Program I	ncludes t	ne Follov	vinç	g Component	s:		
					by Educa	ducation and Employment			⊗ Peer Services		
○ Other: Occupa	ational	Therap	у								
The State Req	Fidelit	y to	Be Monitore	ed Fidelity Measure Used							
	⊗ YES □ NO						EASA Fidelity Tool				

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND EARL	SERIO	JS	MENTAL ILL	NESS PROC	RA	MS	
Program	Name			Addres	ss			City			ZIP	
Clackamas Cou	unty EA	SA	4	105 Internatio Suite 50			M	lilwaukie		97222		
Area Served (cities, whole s				Phone Nu	mber			Email		W	ebsite	
Clackamas	County			503-710-8	843	cara.sa	ıms(@lifeworksnw.c	org <u>Pı</u>	Program Website		
Age Range A	Accept	ed		Maximum Since Or				Eligib	le Diagnose	s		
12-25	5			1 year			S	Schizophrenia o	r schizoaffecti	chizoaffective disorder		
Total Admi	ssions	6		Total Curr Being Se		Program Ivno			lm	Level of Implementation		
46				29		⊗ CSC □ ESMI			Prog	Program Sustainability		
				This Progra	m Receive	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General ue Funds		Medicaid Funds				Other Funds		
\$200,000			\$69	98,204	No Re	esponse			No Respo	nse		
			Thi	is Program I	ncludes tl	ne Follov	ving	g Component	ts:			
	⊗ Psychothera	Fa py Educa	imily and pport		Supported Employment and Education	⊠ Case Manageme	nt	⊗ Peer Services				
○ Other: Occupa	ational [*]	Therap	y									
The State Req	The State Requires Fidelity to Be Monitored							Fidelity Mea	asure Used			
(⊠ YES □ NO					EASA Fidelity Tool						

FIR	ST EP	ISOD	E PS	SYCHOSIS A	ND EAI	RLY	SERIOL	JS	MENTAL ILLI	NES	S PROGRA	MS	
Program	Name			Addres	S				City			ZIP	
Clatsop Cour	ity EAS	Α	65	N Highway 101	I, Suite 2	204		W	arrenton		97146		
Area Served (cities, whole s	•			Phone Nu	mber				Email		Website		
Clackamas	County			503-298-7	416		christi	<u>inat</u>	@clatsopbh.org]	<u>Progra</u>	m Website	
Age Range A	Accept	ed		Maximum Since On					Eligib	le Di	agnoses		
12-25	5			1 year				S	Schizophrenia o	r schi	chizoaffective disorder		
Total Admi	Total Admissions Total Curr Being Se						Program IVno				Level of Implementation		
6							⊠ CSC □ ESMI P			Program	Sustainability		
				This Progra	m Rece	eives	the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu		_		General ue Funds	N				Other Funds				
\$26,250			\$10	05,074	No	o Res _l	ponse			Ν	lo Response		
			Th	is Program I	nclude	s the	Follow	/ing	g Component	s:			
	by Ed	Family Supported Case Education and Employment Support and Education Management			⊠ Peer Services								
☑ Other: Occupa	Therap												
The State Req	ed Fidelity Measure Used												
							EASA Fidelity Tool						

FIR	ST EP	ISODE I	PSYCHOSIS A	ND EARLY	SERIOU	S MENT	AL ILLNE	SS PROGRA	MS	
Program	Name		Addres	SS		City			ZIP	
Columbia Cou	nty EAS	SA	58646 McNu	Ity Way		St. Hele	ns	9	7051	
Area Served (cities, whole s	•		Phone Nu	mber		Email		w	ebsite	
Columbia (County		503-397-5211,	ext. 174	<u>karis</u>	sar@ccm	h1.com	Provid	er Website	
Age Range A	Accepto	ed	Maximum Since Or				Eligible	Diagnoses		
12-25	5		1 year			Schizop	hrenia or s	chizoaffective d	isorder	
Total Admi	ssions	•	Total Curr Being Se		Program IVno			Level of Implementation		
4			4							
			This Progra	m Receive	s the Fol	lowing I	unds:			
Block Grar Set-Aside Fu	_		e General nue Funds		Medicaid Other Funds Funds					
\$32,139		5	526,148	No Re	sponse			No Response		
		Т	his Program	Includes th	e Follow	ing Com	ponents:			
						Suppo Employ and Edu	orted vment	⊠ Case Management	© Peer Services	
○ Other: Occup	ational 1	Гһегару								
The State Req	uires F	idelity 1	o Be Monitor	ed	d Fidelity Measure Used					
						I				

FIR	ST EF	PISODE	PSYCHOSIS A	ND EARL	Y SERIO	JS MENTAL	ILLNES	SS PROGRA	MS		
Program I	Name		Addres	ss		City			ZIP		
Coos County	y EASA	A	281 Lacla	ir St		Coos Bay		Ş	97420		
Area Served (cities, whole s			Phone Nu	mber		Email		W	ebsite		
Coos Cou	unty		541-751-2	504		nawna.Schaar@ hw.coos.or.us	<u>D</u>	Provid	er Website		
Age Range A	ccept	ed	Maximum Since Or			Eli	gible D	Diagnoses	agnoses		
12-25	5		1 year			Schizophren	ia or scl	hizoaffective disorder			
Total Admis	ssion	S	Total Curr Being Se		Program Type			Level of Implementation			
1			1		\boxtimes	Initial Im	plementation				
			This Progra	m Receiv	es the Fo	llowing Fund	ds:				
Block Gran Set-Aside Fu			ate General venue Funds		Medicaid Other Funds Funds						
\$80,000		Ν	lo Response	No R	esponse			No Response			
			This Program I	ncludes t	he Follow	ing Compor	nents:				
⊠ Medication	Prim	⊠ ary Car	⊠ re Psychothera	py Educa	⊗ amily ation and apport	Supported Employmen and Education	it M	⊗ Case lanagement	⊠ Peer Services		
○ Other: Occupa	ational	Therapy	y								
The State Requ	uires	Fidelity	y to Be Monitore	red Fidelity Measure Used							
(⊠ YES	s 0	NO	EASA Fidelity Tool							

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND EARLY	SERIO	JS	MENTAL ILL	NESS PROGRA	MS
Program	Name			Addres	s			City		ZIP
Curry Count	y EASA	١	94	235 Moore St,	Suite 121		Go	old Beach	Ş	97444
Area Served (cities, whole s				Phone Nui	mber			Email	W	ebsite
Curry Co	unty			541-373-8	000	por	<u>tere</u>	@currych.org	Provid	ler Website
Age Range A	Accept	ed		Maximum Since On				Eligib	le Diagnoses	
12-25	5			1 year			S	Schizophrenia o	r schizoaffective d	isorder
Total Admi	Total Admissions Total Curr Being Se						roç	gram Type		evel of mentation
2										
				This Progra	m Receive	s the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu				General ue Funds		Medicaid Other Funds Funds			• • • • • • • • • • • • • • • • • • • •	
\$80,000		١	lo R	esponse	No Re	esponse			No Response	
			Th	is Program I	ncludes th	e Follow	vinç	g Component	ts:	
⊠ ⊠ Medication Primary Care Psychotherapy					Fa by Educa	⊠ mily tion and oport		Supported Employment nd Education		© Peer Services
○ Other: Occupa	ational	Therap	у							
The State Requires Fidelity to Be Monitored						Fidelity Measure Used				
	⊠ YES □ NO					EASA Fidelity Tool				

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND E	EARLY	SERIO	JS	MENTAL ILLI	NESS PR	ROGRA	MS	
Program	Name			Addres	ss				City			ZIP	
Deschutes Cou	unty EA	SA		1340 NW W	/all St	t			Bend		97703		
Area Served (cities, whole s				Phone Nui	mber	r			Email		W	ebsite	
Deschutes, Co Jefferson co		nd		541-213-6	851				eth.holden@ chutes.org		Progra	m Website	
Age Range A	Accept	ed		Maximum Since On)			Eligib	le Diagn	oses		
12-25	5			1 year				S	Schizophrenia o	schizoaff	nizoaffective disorder		
Total Admi	Total Admissions Total Cur Being Se							Program Type			Level of Implementation		
74				47								plementation	
				This Progra	m Re	eceives	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General ue Funds		Medi Fur	icaid nds				her nds		
\$174,528			\$21	2,496		No Res	sponse			No Re	sponse		
			Th	is Program I	nclu	des the	e Follow	ving	g Component	s:			
						Educati	mily	E	Supported Employment and Education	(X) Cas Manage	se	⊗ Peer Services	
○ Other: Occupa													
The State Requires Fidelity to Be Monitored						Fidelity Measure Used							
1							EASA Fidelity Tool						

FIR	ST EF	PISODI	E PS	SYCHOSIS A	ND EARLY	SERIO	JS	MENTAL ILLI	NESS	PROGRA	MS	
Program	Name			Addres	s			City			ZIP	
Douglas Cour	nty EAS	SA.		621 W. Madro	one St		R	oseburg		97470		
Area Served (cities, whole s				Phone Nur	mber			Email		Website		
Douglas C	ounty			541-530-2	834	cherieb	<u>@cc</u>	ompassoregon.	org	Provid	er Website	
Age Range A	Accept	ted		Maximum Since On				Eligib	le Dia	agnoses		
12-25	5			1 year			S	Schizophrenia o	r schiz	chizoaffective disorder		
Total Admi	Total Admissions Total Cur Being Se						Program IVno			Level of Implementation		
11							⊠ CSC □ ESMI			Program	Sustainability	
				This Progra	m Receive	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General ue Funds		Medicaid Other Funds Funds						
\$174,528			\$19	93,843	No Re	sponse			No	o Response		
			Th	is Program I	ncludes th	e Follov	vinç	g Component	ts:			
					Fai by Educat	⊠ mily tion and oport	E	Supported Employment nd Education	Mar	⊠ Case nagement	⊗ Peer Services	
○ Other: Occupa	ational	Therap	у									
The State Req	The State Requires Fidelity to Be Monitored							Fidelity Mea	asure	Used		
1							EASA Fidelity Tool					

FIR	ST EP	ISODE	PSYCHOSIS F	AND	EARLY	SERIO	US I	MENTAL ILLI	NESS PRO	GRA	MS	
Program	Name		Addre	ss				City			ZIP	
Grant Count	y EASA	١	528 E. Main S	t, Sui	te W		Jo	ohn Day		Ś	97845	
Area Served (cities, whole s			Phone Nu	ımbe	er			Email		W	ebsite	
Grant Co	unty		541-575-	1466		<u>yao-h</u>	<u>ui.hւ</u>	uang@gobhi.ne	<u>et</u>	Provic	ler Website	
Age Range A	ccept	ed	Maximum Since O					Eligib	le Diagnos	ses		
12-25	5		1 yea	r			S	schizophrenia o	r schizoaffe	ctive d	isorder	
Total Admi	Total Admissions Total Cur Being Se						rog	gram Type	1	Level of Implementation		
1	1 1						□ CSC □ ESMI Full Implementation					
			This Progra	am R	Receive	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu			ate General venue Funds		Medicaid Other Funds Funds							
\$40,000 (across four sit	es)	N	o Response		No Res	sponse			No Res	oonse		
			This Program	Incl	udes th	e Follow	ving	g Component	:s:			
⊠					Far Educat	☑ mily ion and oport	E	Supported Employment and Education	⊠ Case Managem		⊗ Peer Services	
○ Other: Occupa	ational [*]	Therapy	1									
The State Req	The State Requires Fidelity to Be Monitored						d Fidelity Measure Used					
	⊠ YES □ NO					EASA Fidelity Tool						

FIR	ST EP	ISODE	E PS	SYCHOSIS A	ND E	ARLY	SERIO	JS I	MENTAL ILLI	NESS	PROGRA	MS	
Program I	Name			Addres	ss				City			ZIP	
Grant Co EASA-Gilliam	•	ty		422 N. Mai	in St			C	Condon		97823		
Area Served (cities, whole s				Phone Nui	mber			ı	Email		W	ebsite	
Gilliam Co	ounty			541-384-2	666		yao-hi	ui.hւ	uang@gobhi.ne	<u>et</u>	Provid	er Website	
Age Range A	ccept	ed		Maximum Since On					Eligib	le Diaç	gnoses		
12-25	i			1 year				S	chizophrenia o	r schizo	chizoaffective disorder		
Total Admis	ssions		Total Curro Being Ser		- Drogram IVno				Level of Implementation				
No Respo	No Response No Respo						e ⊗ CSC □ ESMI I				Initial Im	plementation	
				This Progra	m Re	ceives	s the Fo	llov	ving Funds:				
Block Gran Set-Aside Fui				General ue Funds		Medicaid Other Funds Funds							
\$40,000 (across four sit	es)	N	lo R	esponse	1	No Res	sponse			No	Response		
			Th	is Program I	nclud	des the	e Follow	ving	g Component	s:			
⊠					oy E	Far Educati	Family Supported Case Pucation and Employment			⊗ Peer Services			
☑ Other: Occupa	ational	Therapy	у										
The State Requires Fidelity to Be Monitored						Fidelity Measure Used							
(EASA Fidelity Tool						

FIR	ST EP	ISODE	E PS	YCHOSIS A	ND EAR	Y SERIO	US	MENTAL ILL	NESS PROGR	AMS		
Program I	Name			Addres	s			City		ZIP		
Grant Co EASA–Morrov	•	ty		104 SW Kinka	ide Ave		В	oardman		97836		
Area Served (cities, whole s				Phone Nur	mber			Email	١	Vebsite		
Morrow Co	ounty			541-481-2	911	<u>yao-h</u>	ui.hı	uang@gobhi.ne	<u>Prov</u>	ider Website		
Age Range A	ccept	ed		Maximum Since On				Eligib	le Diagnoses			
12-25	;			1 year			S	Schizophrenia o	r schizoaffective	chizoaffective disorder		
Total Admis	ssions	5		Total Curro Being Ser		Program IVno			_	evel of ementation		
No Respo	No Response No Respo						CS	Initial I	mplementation			
				This Progra	m Receiv	eceives the Following Funds:						
Block Gran Set-Aside Fui				General ue Funds		Medicaid Other Funds Funds						
\$40,000 (across four sit	es)	N	lo Re	esponse	No F	Response			No Respons	e		
			Thi	s Program I	ncludes	the Follow	ving	g Component	ts:			
⊠ Medication	⊠ Psychotherap	by Educ	Family Supported Case Position and Employment			⊗ Peer Services						
☑ Other: Occupa	ational	Therapy	y									
The State Requires Fidelity to Be Monitored						Fidelity Measure Used						
(EASA Fidelity Tool					

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND E	ARLY	SERIOL	JS I	MENTAL ILLI	NESS P	ROGRA	MS	
Program I	Name			Addres	ss				City			ZIP	
Grant Co EASA–Wheele	•	nty		401 4th	St				Fossil		97830		
Area Served (cities, whole s				Phone Nui	mber			ı	Email		W	ebsite	
Wheeler C	ounty			541-763-2	746		yao-hi	<u>ui.hւ</u>	uang@gobhi.ne	<u>et</u>	Provid	er Website	
Age Range A	ccept	ed		Maximum Since On					Eligib	le Diagr	noses		
12-25	i			1 year				S	chizophrenia o	r schizoa	chizoaffective disorder		
Total Admis	ssions		Total Curro Being Ser		Program IVno				Level of Implementation				
No Respo	No Response No Respo						e Scc Desmi				Initial Im	plementation	
				This Progra	m Rec	ceives	s the Fo	llov	ving Funds:				
Block Gran Set-Aside Fui				General ue Funds		Medicaid Other Funds Funds							
\$40,000 (across four sit	es)	٨	lo R	esponse	N	No Res	sponse			No R	esponse		
			Th	is Program I	nclud	les the	e Follow	ving	Component	s:			
⊠					ру Е	Fan Educati	Family Supported Case P			⊗ Peer Services			
☑ Other: Occupa	ational	Therap	у										
The State Requires Fidelity to Be Monitored						Fidelity Measure Used							
(EASA Fidelity Tool							

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS												
Program Name				Address			City			ZIP		
Lake & Harney County EASA				348 W. Ada		Burns			97720			
Area Served (counties, cities, whole state, etc.)				Phone Nu		Email			Website			
Harney Co	Harney County			541-573-8	cathy	cathy.stauffer@gobhi.net			Provider Website			
Age Range Accepted				Maximum Time Since Onset			Eligible Diagnoses					
12-25				1 year			S	Schizophrenia o	r schizoaffective o	hizoaffective disorder		
Total Admissions			Total Currently Being Served		-	Program Type		_	Level of Implementation			
No Respo	No Response			No Response		\boxtimes	⊗ CSC □ ESMI		Initial In	Initial Implementation		
				This Progra	m Recei	ves the Fo	ollov	wing Funds:				
				General ue Funds		edicaid Funds						
\$80,000		1	No R	esponse	No	Response	sponse		No Response	No Response		
			Th	is Program I	ncludes	the Follow	wing	g Component	s:			
⊠ Medication	⊠ Primary Care		re	⊠ Psychothera _l	Sychotherapy Educa					⊗ Peer Services		
○ Other: Occupational Therapy												
The State Requires Fidelity to Be Monitored				ed	Fidelity Measure Used							
				EAS	EASA Fidelity Tool							

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS										
Program Name			Addres			City		ZIP		
Hood River County EASA-Hood River			1610 Wood	Hood River			g	97031		
Area Served (counties, cities, whole state, etc.)			Phone Nu		Email			Website		
Hood River, Wasco, and Sherman counties			541-386-2	liz.barteld@mccfl.org			Provid	Provider Website		
Age Range Accepted			Maximum Since On	Eligible Diagnoses						
12-25	12-25					Schizophrenia or schizoaffective disord				
Total Admissions			Total Currently Being Served		Program Type				Level of Implementation	
8 (across two	o sites))	9 (across two sites)		⊗ CSC □ ESMI			Program	Program Sustainability	
			This Progra	m Receive	eceives the Following Funds:					
			e General nue Funds		Medicaid Funds			Other Funds		
\$29,031 (across two site	es)		131,262 ss two sites)	No Re	esponse	sponse No Response				
		Т	his Program I	ncludes th	ne Follov	ving	g Component	ts:		
⊠ Medication	_		⊠ Psychothera _l	Fa by Educa	⊠ mily tion and oport a		Supported Employment and Education	⊠ Case Management	⊗ Peer Services	
☑ Other: Occupational Therapy										
The State Requires Fidelity to Be Monitored					Fidelity Measure Used					
				EASA	ASA Fidelity Tool					

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS									
Program Nam	ne	Addres		City			ZIP		
Hood River Cour EASA-The Dalle	-	419 E. 7th St, /	The Dalles			9	97058		
Area Served (cou		Phone Nui		Email			Website		
Hood River, Was and Sherman cour		541-296-5	liz.barteld@mccfl.org			<u>Provid</u>	<u>Provider Website</u>		
Age Range Acce	epted	Maximum Since On		Eligible Diagnoses					
12-25		1 year			isorder				
Total Admissio	ons	Total Currently Being Served		Program Type			Level of Implementation		
8 (across two site	tes)	9 (across two	9 (across two sites)		⊗ CSC □ ESMI			Program Sustainability	
		This Progra	m Receive	eceives the Following Funds:					
Block Grant Set-Aside Funds	ate General venue Funds		Medicaid Other Funds Funds						
\$29,031 (across two sites)	(ac	\$131,262 ross two sites)	No Re	sponse No Response					
		This Program I	ncludes th	e Follow	ing Con	nponents:	:		
⊠ Medication Pr	_		Fa by Educat	mily tion and	Suppo Employ and Edu	orted yment	⊠ Case Management	⊗ Peer Services	
☑ Other: Occupational Therapy									
The State Require	ed	Fidelity Measure Used							
				ASA Fidelity Tool					

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS												
Program Name			Addres	City				ZIP				
Jackson County EASA			140 S. Hol	Medford				97501				
Area Served (counties, cities, whole state, etc.)			Phone Nu	Email				Website				
Jackson County			541-774-8	BuehleAA@ jacksoncounty.org				Provider Website				
Age Range Accepted				Maximum Time Since Onset			Eligible Diagnoses					
12-25	12-25			1 year			hizophrenia o	r schizoaffe	nizoaffective disorder			
Total Admissions			Total Curr Being Sei	Program Type				Level of Implementation				
18			7	⊗ CSC □ ESMI			Pr	Program Sustainability				
			This Progra	m Receive	s the Fo	llowi	ing Funds:					
			ate General venue Funds		icaid nds							
No Response	No Response			No Re	sponse	sponse No Response						
			This Program I	ncludes th	e Follow	ving	Component	s:				
⊠ Medication			⊗ Psychothera	Fa py Educat	mily tion and	nily Supported ion and Employment		⊗ Case Managen		Peer Services		
○ Other: Occupational Therapy												
The State Requ	ed	Fidelity Measure Used										
⊠ YES □ NO					A Fidelity Tool							

FIR	ST EF	PISODI	E PS	YCHOSIS A	ND EARLY	SERIO	JS	MENTAL ILL	NESS PROGR	AMS	
Program	Name			Addres	s			City		ZIP	
Josephine Cou	ınty EA	SA	1	1181 SW Ram	sey Ave		Gra	ants Pass		97527	
Area Served (cities, whole s	•			Phone Nur	nber			Email	V	Vebsite	
Josephine (County			541-244-3	103	tamara	al@(optionsonline.o	rg Prov	der Website	
Age Range A	Age Range Accepted Maximum 7 Since One							Eligib	le Diagnoses		
12-25	12-25 1 year						Schizophrenia or sc			disorder	
Total Admi	Total Admissions Total Curre Being Ser						Program IVno			evel of ementation	
15				2		\boxtimes	CS	C O ESMI	n Sustainability		
				This Progra	m Receive	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds		icaid nds			Other Funds		
No Respons	е		\$19	5,044	No Re	sponse			No Response	Э	
			Thi	s Program I	ncludes th	e Follov	ving	g Component	ts:		
							E	Supported Employment nd Education	⊠ Case Management	⊗ Peer Services	
○ Other: Occupa											
The State Requires Fidelity to Be Monitored								Fidelity Mea	asure Used		
1	⊗ YE	s O	NO		EASA F	idelity To	ol				

FIR	ST EF	ISODE	PSYCHOSIS A	ND EARLY	SERIO	US	MENTAL ILL	NESS PROGRA	AMS
Program	Name		Addres	ss			City		ZIP
Klamath Cour	nty EAS	SA	2210 N. Eldor	ado Ave		Klaı	math Falls		97601
Area Served (cities, whole s			Phone Nu	mber			Email	V	/ebsite
Klamath C	ounty		541-883-1	030	<u>kth</u>	oma	as@kbbh.org	<u>Provi</u>	der Website
Age Range A	Age Range Accepted Maximum T Since Ons					Fligible Diagnos			
12-25	5		1 year		Schizophrenia or sch			r schizoaffective	disorder
Total Admi	Total Admissions Total Curre Being Serv						gram Type	_	evel of ementation
15			14		\boxtimes	CS	C O ESMI	Program	Sustainability
			This Progra	m Receive	s the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu			ate General renue Funds		icaid nds			Other Funds	
No Respons	е		\$119,709	No Re	sponse			No Response	
			This Program I	ncludes th	e Follow	vinç	g Component	ts:	
⊠ Medication	\boxtimes \boxtimes \boxtimes						Supported Employment and Education	⊗ Case Management	⊗ Peer Services
○ Other: Occupa	Therapy								
The State Requires Fidelity to Be Monitored							Fidelity Mea	asure Used	

FIR	ST EPI	SODE P	SYCHOSIS AI	ND EARLY	SERIOL	JS M	ENTAL ILLI	NESS PROGRA	MS	
Program	Name		Address	s		C	City		ZIP	
Lane County	y EASA		1200 Hilyard Suite 540 and		Eugene			ę	97401	
Area Served (cities, whole s			Phone Nun	nber		Er	mail	W	ebsite	
Lane Cor	unty		458-205-70)70			nstein@ nealth.org	Provid	er Website	
Age Range A	ccepte	d	Maximum 3 Since Ons				Eligib	le Diagnoses		
12-25	5		1 year			Sch	nizophrenia o	r schizoaffective d	isorder	
Total Admi	ssions		Total Curre Being Ser		Р	rogra	ram Tvno		Level of lementation	
58			65		\boxtimes (CSC	O ESMI	Program	Sustainability	
			This Program	n Receives	s the Fo	llowi	ng Funds:			
Block Grar Set-Aside Fu			General ue Funds	Medi Fur				Other Funds		
No Respons	е	\$6	33,619	No Res	sponse			No Response		
		Th	is Program Ir	ncludes th	e Follow	ing (Component	ts:		
	,	⊠ ry Care	⊗ Psychotherap	y Educat	mily	Em	wpported inployment Education	⊠ Case Management	⊠ Peer Services	
○ Other: Occupa	ational T	herapy								
The State Req	uires Fi	idelity to	Be Monitore	d		F	Fidelity Mea	asure Used		
1	⊠ YES	□ NO		EASA F	idelity Too	ol				

FIRS	ST EPIS	SODE PS	SYCHOSIS A	ND EARLY	SERIOU	S MENTAL ILL	NESS PROGRA	MS	
Program N	Name		Addres	ss		City		ZIP	
Lincoln Pro EASA-Nev			36 SW Ny	e St		Newport	9	97365	
Area Served (o cities, whole s			Phone Nu	mber		Email	W	ebsite	
Lincoln Co	ounty	5	41-265-4179,	ext. 0541		Benson-Arb@ o.lincoln.or.us	<u>Progra</u>	Program Website	
Age Range A	ccepted	d	Maximum Since Or			Eligib	ole Diagnoses		
12-25			1 year		Schizophrenia or sch			isorder	
Total Admis	ssions		Total Curr Being Se		Pr	ogram Type		evel of mentation	
58			65		⊗ c	SC O ESMI	Initial Im	plementation	
			This Progra	m Receive	s the Foll	lowing Funds:			
Block Gran Set-Aside Fur			General ue Funds		icaid nds		Other Funds		
\$80,000 (across sites)	two	No R	esponse	No Re	sponse		No Response		
		Th	is Program I	ncludes th	e Followi	ing Componen	ts:		
⊠ Medication	(S Primar	_	⊗ Psychothera	Fa py Educat	mily ion and	Supported Employment and Education	© Case Management	⊗ Peer Services	
○ Other: Occupa	ational Th	nerapy							
The State Requ	uires Fid	delity to	Be Monitore	red Fidelity Measure Used					
(2	⊠ YES	О NO		EASA F	idelity Tool	I			

FIR	ST EPI	SODE PS	SYCHOSIS A	ND EARLY	SERIOU	S MENTAL ILL	NESS PROGRA	MS		
Program N	Name		Addres	SS		City		ZIP		
Lincoln Pro EASA-Linco		44	22 NE Devils I	_ake Road		Lincoln City	g	7367		
Area Served (cities, whole s			Phone Nu	mber		Email	W	ebsite		
Lincoln Co	ounty	5	41-265-4179,	ext. 0541		Benson-Arb@ o.lincoln.or.us	<u>Progra</u>	ım Website		
Age Range A	ccepte	d	Maximum Since Or			Eligib	ole Diagnoses			
12-25	i		1 year		Schizophrenia or sc			isorder		
Total Admis	ssions		Total Curr Being Se		Pr	ogram Type		Level of plementation		
58			65		⊠ CSC □ ESMI			Initial Implementation		
			This Progra	m Receive	s the Foll	lowing Funds:				
Block Gran Set-Aside Fur			General ue Funds		icaid nds		Other Funds			
\$80,000 (across sites)	two	No R	esponse	No Re	sponse		No Response			
		Th	is Program I	ncludes th	e Followi	ing Componen	ts:			
		⊠ ry Care	⊠ Psychothera	Fa py Educat	mily ion and	Supported Employment and Education	© Case Management	⊗ Peer Services		
○ Other: Occupa	ational T	herapy								
The State Requ	uires Fi	idelity to	Be Monitore	d Fidelity Measure Used						
(3	⊠ YES	О NO		EASA F	idelity Tool	I				

FIR	ST EF	PISODE	PSYCHOSIS A	ND EARLY	SERIO	US	MENTAL ILL	NESS PROGRA	MS	
Program	Name		Addres	ss			City		ZIP	
Linn County	/ EASA		2730 Pacific E	Blvd SE		,	Albany	(97321	
Area Served (cities, whole s			Phone Nu	mber			Email	W	ebsite	
Linn Cou	unty		541-967-3866 (Option #4	gtho	<u>oma</u>	@co.linn.or.us	Progra	am Website	
Age Range A	Age Range Accepted Maximum T Since Ons					Fligible Diagno				
12-25	12-25 1 year						Schizophrenia o	r schizoaffective d	lisorder	
Total Admi	Total Admissions Total Curre Being Ser						Program Type		evel of mentation	
7			7		\boxtimes	CSC D ESMI		Program	Sustainability	
			This Progra	m Receive	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			ate General renue Funds		icaid nds			Other Funds		
No Respons	е		\$180,000	No Re	sponse			No Response		
			This Program I	ncludes th	e Follow	vinç	g Component	ts:		
							Supported Employment nd Education		Peer Services	
○ Other: Occupa	Therapy									
The State Requires Fidelity to Be Monitored							Fidelity Mea	asure Used		
1	⊗ YE		NO	EASA F	idelity Too	ol				

FIR	ST EP	ISODE	E PS	SYCHOSIS A	ND EAF	RLY SERIO	US	MENTAL ILL	NESS PROGRA	AMS
Program	Name	Ì		Addres	ss			City		ZIP
Malheur Cour	nty EAS	SA		702 Sunse	et Dr		(Ontario		97914
Area Served (cities, whole s	•			Phone Nu	mber			Email	V	/ebsite
Malheur C	ounty			541-889-9	167	nlong	goria	a@lifeways.org	<u>Progr</u>	am Website
Age Range A	Age Range Accepted Maximum T Since Ons					Fligible Diagnoses				
12-25	12-25 1 year						Schizophrenia or sch			disorder
Total Admi	Total Admissions Total Curre						Program Type		_	evel of ementation
No Respo	onse			No Respo	nse	\boxtimes	CS	C O ESMI	Program	Sustainability
				This Progra	m Rece	ives the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu				General ue Funds		ledicaid Funds			Other Funds	
No Respons	е		\$7	8,311	No	Response			No Response	
			Thi	is Program I	ncludes	the Follow	vinç	g Component	ts:	
⊠ Medication								Supported Employment and Education	⊗ Case Management	⊗ Peer Services
○ Other: Occupa	○ Other: Occupational Therapy									
The State Requires Fidelity to Be Monitored					ed			Fidelity Mea	asure Used	
	⊗ YES □ NO					A Fidelity To	ol			

FIRS	ST EP	ISODE	PSYCHOSIS A	ND EARL	SERIO	US I	MENTAL ILLI	NESS PROGRA	MS
Program N	Name		Addres	ss			City		ZIP
Marion Count	y EAS	A	3878 Beverly A Building				Salem	9	97305
Area Served (cities, whole s			Phone Nui	mber			Email	W	ebsite
Marion Co	unty		503-576-4	690	rsisch	<u>10@</u>	co.marion.or.us	<u>Provid</u>	er Website
Age Range A	ccept	ed	Maximum Since On		Pagnasa Highle Diagnoses				
12-25			1 year		Schizophrenia or sch			r schizoaffective d	isorder
Total Admis	ssions	5	Total Curr Being Sei		P	Program Type			evel of mentation
No Respo	nse		No Respo	nse	⊠ csc □ Es			Program	Sustainability
			This Progra	m Receive	s the Fo	llov	wing Funds:		
Block Gran Set-Aside Fur			ate General renue Funds		licaid Inds			Other Funds	
No Response	Э		\$720,000	No Re	esponse			No Response	
			This Program I	ncludes th	ne Follov	ving	g Component	s:	
⊠ Medication	⊠ ary Care	⊠ e Psychotherap	Fa by Educa	imily tion and pport	E	Supported Employment and Education	⊠ Case Management	⊗ Peer Services	
○ Other: Occupa	Therapy	,							
The State Requ	to Be Monitore	ed			Fidelity Mea	asure Used			
(3	EASA	Fidelity To	ol						

FIR	ST EF	PISODI	E PS	SYCHOSIS A	ND EARLY	SERIO	US	MENTAL ILLI	NESS I	PROGRA	MS	
Program	Name			Addres	s			City			ZIP	
Multnomah Cou	unty EA	ASA		2951 NW Divi	sion St		G	Gresham		97030		
Area Served (cities, whole s	•			Phone Nui	nber			Email		W	ebsite	
Multnomah	County	,		503-988-8	202	angela.	<u>petı</u>	rjanos@multco.	.us	Progra	m Website	
Age Range A	Age Range Accepted Maximum T Since Ons							Eligib	le Diag	ınoses		
12-25	5			1 year		Schizophrenia or sch			r schizo	affective di	sorder	
Total Admi	Total Admissions Total Curre Being Serv										vel of nentation	
61				96		\boxtimes	CS	C O ESMI		Program Sustainability		
				This Progra	m Receive	s the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General ue Funds		licaid nds				Other Funds		
\$20,247			\$1,6	528,142	No Re	esponse			No I	Response		
			Th	is Program I	ncludes th	ne Follov	vinç	g Component	ts:			
	⊠ ary Car	re	⊠ Psychotherap	Fa by Educa	imily tion and opport		Supported Employment nd Education	С	⊠ ase gement	⊗ Peer Services		
○ Other: Occupa	Therap	у										
The State Req	y to	Be Monitore	d			Fidelity Mea	asure l	Jsed				
	⊗ YES □ NO											

FIRS	ST EPIS	SODE P	SYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	MS
Program N	Name		Addres	s			City		ZIP
Polk Cou EASA-West	•	15	20 Plaza St NW	/, Suite 150	Salem			9	97304
Area Served (cities, whole s			Phone Nui	mber		ı	Email	W	ebsite
Polk Cou	nty		503-385-7	417	mangis	s.lea	h@co.polk.or.u	us Provid	er Website
Age Range A	ccepte	d	Maximum Since On				Eligib	le Diagnoses	
12-25			1 year		Schizophrenia or s			r schizoaffective d	isorder
Total Admis	ssions		Total Curro Being Ser	_	Program Type				evel of mentation
8 (across two	sites)		7 (across two	sites)	\boxtimes	csc	○ ESMI	Program	Sustainability
			This Progra	m Receive	s the Fo	llow	ving Funds:		
Block Gran Set-Aside Fur			e General nue Funds		icaid nds			Other Funds	
No Response	9		62,000 s two sites)	No Re	sponse	sponse No Response			
		Т	his Program I	ncludes th	e Follow	ving	Component	is:	
⊠ Medication	_	⊠ ry Care	⊠ Psychotherap	Far by Educat	☑ mily ion and oport	Е	Supported Employment and Education		⊗ Peer Services
☑ Other: Occupa	itional Th	nerapy							
The State Requ	uires Fi	delity t	Be Monitore	ed			Fidelity Mea	asure Used	
(8	Ом)	EASA F	idelity Too	ol				

FIR	ST EP	ISODE	E PS	SYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILL	NESS PROGR	AMS
Program I	Name			Addres	S			City		ZIP
Polk County EA	SA–Da	llas		182 SW Acade Suite 33	-			Dallas		97338
Area Served (cities, whole s				Phone Nur	nber			Email	,	Website
Polk Cou	ınty			503-585-3012	Ext. 119	blum.	kerr	y@co.polk.or.u	<u>Prov</u>	rider Website
Age Range A	Age Range Accepted Maximum T Since Ons							Eligib	le Diagnoses	
12-25	;			1 year		Schizophrenia or			r schizoaffective	disorder
Total Admis	Total Admissions Total Curre Being Serv						Program IVno			Level of ementation
8 (across two	o sites))		7 (across two	sites)	\boxtimes	CSC	C O ESMI	Progra	m Sustainability
				This Progra	m Receiv	es the Fo	llov	wing Funds:		
Block Gran Set-Aside Fu				General ue Funds		dicaid unds			Other Funds	
No Response	е	(ac		62,000 two sites)	No F	esponse			No Respons	е
			Th	is Program I	ncludes 1	he Follov	ving	g Component	s:	
⊠ Medication	⊠ Psychotherap	y Educ		E	Supported Employment nd Education	⊠ Case Management	⊗ Peer Services			
○ Other: Occupational Therapy										
The State Requires Fidelity to Be Monitored								Fidelity Mea	asure Used	
(EASA	Fidelity To	ol						

FIR	ST EP	ISODE	E PS	YCHOSIS A	ND EAF	RLY SERIO	US	MENTAL ILL	NESS PROGRA	MS
Program	Name			Addres	ss			City		ZIP
Tillamook Cou	nty EAS	SA		906 Main	Ave		Т	ïllamook	ę	97141
Area Served (cities, whole s	•			Phone Nu	mber			Email	W	ebsite
Tillamook (County			503-842-8	201	<u>n</u>	<u>obyr</u>	nh@tfcc.org	Provid	er Website
Age Range A	Age Range Accepted Maximum T Since Ons					Fligible Diagnoses				
12-25	1 year		Schizophrenia or sch			r schizoaffective d	isorder			
Total Admi	Total Admissions Total Curre						Program IVno			evel of mentation
No Respo	onse			No Respo	nse	\boxtimes	CS	C O ESMI	Full Imp	olementation
				This Progra	m Rece	ives the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu				General ue Funds		ledicaid Funds			Other Funds	
No Respons	е		\$4	5,456	No	Response			No Response	
			Thi	is Program I	ncludes	the Follow	vinç	g Component	ts:	
⊠ Medication								Supported Employment nd Education	⊠ Case Management	Peer Services
○ Other: Occupa	○ Other: Occupational Therapy									
The State Requires Fidelity to Be Monitored					ed			Fidelity Mea	asure Used	
	⊗ yes □ no						ol			

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILL	NESS PROGRA	MS	
Program	Name			Addres	ss			City		ZIP	
Umatilla C EASA–Heri	•			595 NW 11	th St		Н	ermiston	ę	97838	
Area Served (cities, whole s				Phone Nu	mber	r Email			W	Website	
Umatilla C	Umatilla County 541-567-2536					scar	/alh	o@lifeways.org	<u>Progra</u>	ım Website	
Age Range Accepted Maximum Tir Since Onse					Eligible Diagnoses						
12-25 1 year							S	Schizophrenia o	r schizoaffective d	isorder	
Total Admissions Total Current Being Serve						Program Type				Level of Implementation	
4	4 2								Sustainability		
				This Progra	m Receiv	es the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu	_			General ue Funds		Medicaid Other Funds Funds					
No Respons	е	(ac		8,311 two sites)	No R	esponse			No Response		
			Th	is Program I	ncludes t	he Follov	ving	g Component	ts:		
						⊗ amily ation and apport	E	Supported Employment and Education		⊠ Peer Services	
○ Other: Occupa											
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used					
(EASA	EASA Fidelity Tool					

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND E	ARLY	SERIO	JS	MENTAL ILLI	NESS PROGRA	AMS	
Program I	Name			Addres	S				City		ZIP	
Umatilla C EASA-Pen	•			331 SE 2n	d St			Р	endleton		97801	
Area Served (cities, whole s				Phone Nu	mber	ber Email			Email	V	Website	
Umatilla County 541-276-6207					207		mca	they	y@lifeways.org	Progr	am Website	
Age Range Accepted Maximum Tir Since Onse					Eligible Diagnoses							
12-25 1 year								S	Schizophrenia o	r schizoaffective	disorder	
Total Admi	Total Admissions Total Current Being Serve					Program IVno			gram Type	_	evel of ementation	
4	4 4					⊗ CSC □ ESMI			Progran	Program Sustainability		
				This Progra	m Re	eceives	s the Fo	llov	wing Funds:			
Block Gran Set-Aside Ful	- •			General ue Funds		Medi Fur	icaid nds			Other Funds		
No Response	е	(ac		8,311 two sites)		No Res	sponse		No Response			
			Th	is Program I	nclud	des th	e Follow	vinç	g Component	s:		
⊠ Medication						Educati	mily ion and port		Supported Employment nd Education	⊗ Case Management	⊗ Peer Services	
○ Other: Occupa	☑ Other: Occupational Therapy											
The State Requ	The State Requires Fidelity to Be Monitored				ed				Fidelity Mea	asure Used		
(EASA Fidelity Tool						

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND EA	ARLY	SERIOL	JS	MENTAL ILLI	NESS	PROGRA	MS
Program	Name			Addres	ss				City			ZIP
Union Count	y EASA	Ą		2301 Cove	Ave			La	a Grande		97850	
Area Served (cities, whole s	•			Phone Nu	mber	per Email				Website		
Union Co	Union County 541-962-8800						dthor	<u>nps</u>	on@chdinc.org	l	Provid	er Website
Age Range Accepted Maximum Tir Since Onse						Eligible Diagnoses						
12-25 1 year								S	Schizophrenia o	r schiz	zoaffective di	sorder
Total Admissions Total Curren Being Serve										Level of Implementation		
3				7		⊗ CSC ☐ ESMI Pro			Program	am Sustainability		
				This Progra	m Rec	eives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds	ı	Medicaid Other Funds Funds						
\$26,250			\$8	0,583	N	lo Res	sponse			No	lo Response	
			Th	is Program I	nclude	es the	e Follow	/ing	g Component	ts:		
						Fan ducati Sup	nily ion and		Supported Employment nd Education	Mar	⊠ Case nagement	⊠ Peer Services
☑ Other: Occupa	○ Other: Occupational Therapy											
The State Requires Fidelity to Be Monitored					ed	Fidelity Measure Used						
						EASA Fidelity Tool						

FIR	ST EF	ISODE	PSYCHOSIS A	ND EARLY	'SERIO	JS	MENTAL ILL	NESS PROGRA	MS	
Program	Name		Addres	ss			City		ZIP	
Wallowa Cour	nty EAS	SA	207 SW 19	st St	Enterprise			9	97828	
Area Served (cities, whole s			Phone Nui	mber	er Email			W	Website	
Wallowa County 541-426-452				524	carrise	<u>e.m</u> .	urray@gobhi.ne	<u>Provid</u>	der Website	
Age Range Accepted Maximum Time Since Onse					Eligible Diagnoses					
12-25			S	Schizophrenia o	r schizoaffective c	lisorder				
Total Admissions Total Curren Being Serve					Program IVno			— — — — — — — — — — — — — — — — — — —	Level of Implementation	
0	0 3							Sustainability		
			This Progra	m Receive	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			ate General enue Funds		Medicaid Other Funds Funds					
No Respons	е		\$78,311	No Re	sponse			No Response		
			This Program I	ncludes th	e Follow	ving	g Component	ts:		
	Fai oy Educat	⊠ mily tion and oport	E	Supported Employment nd Education		© Peer Services				
○ Other: Occupa	○ Other: Occupational Therapy									
The State Req	The State Requires Fidelity to Be Monitored						Fidelity Mea	asure Used		
						EASA Fidelity Tool				

FIR	ST EF	PISODI	E PS	SYCHOSIS A	ND EAR	LY SERIO	US	MENTAL ILLI	NESS PROGR	AMS	
Program	Name			Addres	S			City		ZIP	
Washington Co	unty E	ASA		14600 NW Co	rnell Rd	ell Rd Portland				97229	
Area Served (cities, whole s	•			Phone Nui	mber			Email	١	Vebsite	
Washington	Washington County 503-641-1475 Ext				Ext. 1249	cara.sa	<u>ams</u>	@lifeworksnw.o	rg <u>Prov</u>	ider Website	
Age Range Accepted Maximum Tin Since Onse					Eligible Diagnoses						
12-25 1 year							S	Schizophrenia o	r schizoaffective	disorder	
Total Admissions Total Curren Being Serve						Program Type				Level of Implementation	
32				49		□ CSC □ ESMI Initial In			nplementation		
				This Progra	m Recei	ves the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds		Medicaid Other Funds Funds					
No Respons	е		\$98	39,284	No	Response			No Respons	е	
			Th	is Program I	ncludes	the Follow	ving	g Component	s:		
						amily cation and Support		Supported Employment and Education	⊠ Case Management	⊗ Peer Services	
○ Other: Occupational Therapy											
The State Requires Fidelity to Be Monitored					ed	Fidelity Measure Used					
						EASA Fidelity Tool					

FIR	ST EP	ISODE	E PS	SYCHOSIS A	ND E	ARLY	SERIOL	JS	MENTAL ILLI	NESS PROGE	RAMS	
Program	Name			Addres	ss				City		ZIP	
Yamhill Coun	ty EAS	Α		627 NE Eva	ans St			Мс	Minnville		97128	
Area Served (cities, whole s				Phone Nu	mber	er Email			Email		Website	
Yamhill Co	Yamhill County 503-583-5527				527		morris	<u>sh@</u>	co.yamhill.or.u	s Pro	gram Website	
Age Range Accepted Maximum Tir Since Onse					Eligible Diagnoses							
12-25 1 year								S	Schizophrenia o	r schizoaffective	disorder	
Total Admissions Total Current Being Serve							Program Type				Level of Implementation	
8	8 12									m Sustainability		
				This Progra	m Re	eceives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds			Medicaid Other Funds Funds					
No Respons	е		\$19	98,000		No Res	sponse			No Respon	se	
			Thi	is Program I	Includ	des the	e Follow	/ing	g Component	:s:		
⊠ Medication						Far Educati Sup	nily ion and	E	Supported Employment and Education		⊗ Peer Services	
○ Other: Occupa	○ Other: Occupational Therapy											
The State Req	The State Requires Fidelity to Be Monitored								Fidelity Mea	asure Used		
						EASA Fidelity Tool						

Republic of Palau

STATE CONTACT

Everlynn Temengil | 680-488-4573

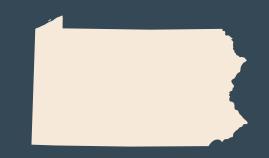


	STATE FINANCING										
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity									
\$5,240	\$4,500	\$500									
The Republic of Palau has not responded.											

Pennsylvania

STATE CONTACT

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



	STATE FINANCING	
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity
\$2,376,660	\$2,376,660	No Response

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS									
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served								
Program Sustainability	202	336								

	DATA REPORTING										
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):											
Suicidality Substance Use Substance Use Physical Health											
Global Functioning	Global Functioning Improved Symptoms Prescription Adherence and Side Effects										
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes						
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes						
Use of Emergency Rooms School Participation Social Connectedness											
How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly</i>											
The FEP provider submits this information at the ⊠ individual level or □ aggregated at the provider level.											

FIR	ST EPI	ISODE P	SYCHOSIS AN	ID EARLY	SERIOL	JS N	MENTAL ILLI	NESS PROGR <i>a</i>	MS	
Program	Name		Address	,			City		ZIP	
Penn Psychosis and Recovery Ce			10 Gates Building 3400 Spruce	~		Phil	ladelphia		19104	
Area Served (cities, whole s			Phone Num	ber	er Email			W	Website	
Statewi	Statewide 215-662-2826					nfo@	Dlists.upenn.ed	u <u>Progra</u>	am Website	
Age Range A	ime set			Eligibl	e Diagnoses					
14-35			er, sorder, lisorder							
Total Admi	ntly red	Program Type				Level of Implementation				
41			59		\boxtimes	csc	C ESMI	Program	Sustainability	
			This Program	Receive	s the Fo	llow	ving Funds:			
Block Grar Set-Aside Fu			General ue Funds		Medicaid Other Funds Funds					
\$198,000			\$0	\$	0			\$0		
		Th	is Program In	cludes th	e Follow	/ing	Component	s:		
	Cary Care	⊠ Psychotherapy	Far / Educat	☑ mily ion and port	Е	Supported imployment and Education	⊠ Case Management	Peer Services		
○ Other: Cognition ○ Other: Cogn	ve Rem	ediation G	roup							
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used				
						PA Coordinated Specialty Care Fidelity Scale				

FIR	ST EP	ISODE	PSYCHOSIS A	ND EAF	RLY SERIO	US I	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	SS			City		ZIP	
WPIC-S7	TEP		200 Lothro	p St	t Pittsburgh			1	15213	
Area Served (cities, whole s			Phone Nu	mber			Email	W	Website	
Allegheny (County		412-246-5	5432	radliffece@upmc.edu Program Web					
Age Range Accepted Maximum Tin Since Onse							Eligib	le Diagnoses		
14-40 2 years						Psychosis NOS, mood disorder, schizophrenia, schizoaffective disorder, schizophreniform, brief psychotic disorder				
Total Admissions Total Current Being Serve				_	Program Type				Level of Implementation	
65			165		\boxtimes	CSO	C O ESMI	Program	Sustainability	
			This Progra	m Rece	ives the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu	_		te General enue Funds		Medicaid Other Funds Funds					
\$198,000			\$0		\$0			\$0		
			This Program	Includes	s the Follow	ving	g Component	ts:		
⋈⋈MedicationPrimary CarePsychotherapy					Eamily ucation and Support	E	Supported Employment and Education	⊠ Case Management	Peer Services	
○ Other: Cogniti ○ Other: Cogniti										
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used				
1						PA Coordinated Specialty Care Fidelity Scale				

FIRST	T EPISOD	E PSYCHOSIS A	ND EARLY	SERIO	JS N	MENTAL ILLN	NESS PROGRA	MS	
Program Na	ame	Addres	ss			City		ZIP	
Safe Harbor Early Recovery Prog	•	1330 W. 26	ith St			Erie	1	16508	
Area Served (co		Phone Nu	mber	er Email				ebsite	
Erie Count	Erie County 814-451-2283					2@upmc.edu	Provid	er Website	
Age Range Acc	Time iset			Eligibl	le Diagnoses				
15-30	15-30 2 years					chizophrenia, s	IOS, mood disorde schizoaffective dis n, brief psychotic d	order,	
Total Admiss	Total Admissions Total Curren Being Serve					ram Type		Level of Implementation	
24		24		\boxtimes	csc	□ ESMI	Program	Sustainability	
		This Progra	m Receive	s the Fo	llow	ing Funds:			
Block Grant Set-Aside Fund		tate General evenue Funds		Medicaid Other Funds Funds					
\$198,000		\$0	\$	60			\$0		
		This Program I	ncludes th	e Follow	ving	Component	s:		
						Supported mployment d Education	⊠ Case Management	Peer Services	
Other:									
The State Requir	ed			Fidelity Mea	sure Used				
\boxtimes	YES C	NO	PA Coo	PA Coordinated Specialty Care Fidelity Scale					

FIR	ST EP	ISODE F	SYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	AMS	
Program N	Name		Addres	s			City		ZIP	
CAPSTO	NE		2501 N. 3r	d St		На	arrisburg		17110	
Area Served (cities, whole s			Phone Nui	nber	Email			V	/ebsite	
Dauphin Co	auphin County 717-782-2188				smulli	ns@	papsychinst.or	g <u>Progr</u>	am Website	
Age Range A	Age Range Accepted Maximum Tim Since Onset						Eligib	le Diagnoses		
16-26	16-26 2 years					Psychosis NOS, mood disorder, schizophrenia, schizoaffective disorder, schizophreniform, brief psychotic disorder				
Total Admis	Total Admissions Total Current Being Serve					rog	ıram Type	_	evel of ementation	
6			6		\boxtimes	CSC	O ESMI	Full Im	plementation	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Gran Set-Aside Fur			e General nue Funds		Medicaid Other Funds Funds					
\$161,176			\$0	\$	60			\$0		
		Т	his Program I	ncludes th	e Follov	ving	g Component	s:		
⊠ Medication							Supported Employment and Education	⊗ Case Management	⊗ Peer Services	
Other:										
The State Requ	uires I	idelity t	o Be Monitore	ed			Fidelity Mea	asure Used		
(c	PA Coo	PA Coordinated Specialty Care Fidelity Scale								

FIR	ST EPIS	ODE P	SYCHOSIS A	ND E	ARLY	SERIOL	JS I	MENTAL ILLI	NESS	PROGRA	MS
Program	Name		Addres	ss				City			ZIP
On My V	Vay		450 Park W	/ay Dr			В	roomall		1	9008
Area Served (cities, whole s			Phone Nu	mber		Email				Website	
Delaware 0	Delaware County 610-325-3131, ex					mjenkins@ childandfamilyfocus.org Program Webs					m Website
Age Range Accepted Maximum Tir Since Onse								Eligib	le Dia	agnoses	
16-26 1 year								Psychosis N schizophrenia, s chizophreniform	schizo		order,
Total Admi	Total Admissions Total Current Being Serve					Program Type				Level of Implementation	
11			11			\boxtimes	CSC	C O ESMI		Full Imp	lementation
	<u>,</u>		This Progra	m Re	ceives	the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			General ue Funds			Medicaid Other Funds Funds					
\$131,748			\$0		\$(0				\$0	
		Th	is Program I	Includ	des the	Follow	/ing	g Component	ts:		
						nily on and port	E	Supported Employment and Education		⊠ Case nagement	© Peer Services
Other:	Other:										
The State Req	The State Requires Fidelity to Be Monitored							Fidelity Mea	asure	Used	
	⊠ YES □ NO				PA Coordinated Specialty Care Fidelity Scale						

FIR	ST EF	PISODE	PSYCHOSIS A	ND E	ARLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS
Program I	Name		Addres	ss				City			ZIP
Psychosis, Ed Assessment, C Empowerment	Care, a	nd	120 S. 30t	th St			Phi	iladelphia		19104	
Area Served (cities, whole s		-	Phone Nu	mber				Email		Website	
Philadelphia	Count	y	215-387-3	3223		marie	.kea	arns@hhinc.org	1	Provid	er Website
Age Range Accepted Maximum Ti Since Onse					•			Eligib	le Di	iagnoses	
Over 1	-		Psychosis NOS, mood disorder, schizophrenia, schizoaffective disord schizophreniform, brief psychotic disc					order,			
Total Admi	Total Admissions Total Current Being Serve				,	Program Type			Level of Implementation		
17			41			\boxtimes	CSO	С О ЕЅМІ		Program	Sustainability
			This Progra	m Re	eceives	s the Fo	llov	wing Funds:			
Block Gran Set-Aside Ful			ate General venue Funds		Medicaid Other Funds Funds						
\$188,404			\$0		\$(0				\$0	
			This Program	Includ	des the	e Follow	/ing	g Component	s:		
⊠					Fan Educati Sup	nily ion and	E	Supported Employment and Education	Ma	⊠ Case anagement	Peer Services
Other:	Other:										
The State Requ	The State Requires Fidelity to Be Monitored							Fidelity Mea	asur	e Used	
(⊠ YE	s 0	NO	F	PA Coordinated Specialty Care Fidelity Scale						

FIRST E	EPISODE	PSYCHOSIS A	ND EARLY	SERIO	US N	MENTAL ILLI	NESS PROGRA	MS		
Program Nam	ne	Addres	s			City		ZIP		
Helping Overcom Psychosis Early (HO		335 S. Frank	din St		Wilk	es-Barre	1	8702		
Area Served (cou cities, whole state		Phone Nur	nber	er Email				ebsite		
Luzerne and Wyoming countie	Luzerne and 507-825-6425 Wyoming counties					dnamowicz@e-csc.org Provider Web				
Age Range Acce	Time set			Eligib	e Diagnoses					
16-24		2 years	;			chizophrenia, s	IOS, mood disordeschizoaffective dis	order,		
Total Admissio	Total Admissions Total Current Being Serve				Program Type			Level of Implementation		
28		22		⊠ CSC ☐ ESMI Fu			Full Imp	olementation		
		This Progra	m Receive	s the Fo	llow	ring Funds:				
Block Grant Set-Aside Funds		te General enue Funds		Medicaid Other Funds Funds						
\$291,000		\$0	9	60			\$0			
		This Program I	ncludes th	e Follow	ving	Component	s:			
⊗ Medication Pr	☐ imary Care	⊠ Psychotherap	Fa by Educat	mily tion and	Е	Supported mployment d Education	⊗ Case Management	⊗ Peer Services		
Other:										
The State Requires	ed			Fidelity Mea	sure Used					
⊠ Y	PA Coo	PA Coordinated Specialty Care Fidelity Scale								

FIRS	ST EPIS	DE P	SYCHOSIS A	ND EARLY	'SERIO	US I	MENTAL ILLI	NESS PROGRA	AMS	
Program N	lame		Addres	s			City		ZIP	
Educate, Navigate Get Empowered (l			221 Penn /	Ave		Wi	lkinsburg		15221	
Area Served (c cities, whole st			Phone Nur	mber	er Email			V	/ebsite	
Allegheny Co	Allegheny County 412-694-6142					geo	nm@fswp.org	<u>Provi</u>	der Website	
Age Range Ac	Time set			Eligib	le Diagnoses					
15-25	15-25 1 year						schizophrenia,	NOS, mood disord schizoaffective di n, brief psychotic	disorder,	
Total Admis	Total Admissions Total Curren Being Serve					rog	ıram Type		Level of Implementation	
6			4		⊠ CSC □ ESMI			Full Im	plementation	
			This Prograi	m Receive	s the Fo	llov	ving Funds:			
Block Grant Set-Aside Fun			e General nue Funds		Medicaid Other Funds Funds					
\$194,438			\$0	9	60			\$0		
		Ti	nis Program I	ncludes th	e Follov	ving	g Component	ts:		
⊠ Medication	⊠ Psychotherap	Fa by Educa	⊠ mily tion and oport	E	Supported Employment and Education	⊗ Case Management	⊗ Peer Services			
Other:										
The State Requ	ires Fid	lity to	Be Monitore	d	Fidelity Measure Used					
×	PA Coo	PA Coordinated Specialty Care Fidelity Scale								

FIRST E	PISODE	PSYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGR <i>A</i>	AMS			
Program Nam	е	Addres	ss			City		ZIP			
Connect2Empower (C	CSMU)	219 Terrace B	Building			Danville		17821			
Area Served (cour cities, whole state		Phone Nui	mber		ı	Email	W	/ebsite			
	Columbia, Montour, Snyder and Union counties 570-275-5422					dagosti@cmsu.org No Respons					
Age Range Acce	Time iset			Eligib	le Diagnoses						
16-30	S		Psychosis NOS, mood disorder, schizophrenia, schizoaffective disorder, schizophreniform, brief psychotic disorder								
Total Admissio	Total Admissions Total Curren Being Serve					ıram Type		Level of Implementation			
4		4		\boxtimes	CSC	C O ESMI	Initial In	nplementation			
		This Progra	m Receive	s the Fo	llov	ving Funds:					
Block Grant Set-Aside Funds		ate General venue Funds		Medicaid Other Funds Funds							
\$219,899		\$0	9	0			\$0				
		This Program I	ncludes th	e Follov	ving	g Component	s:				
⊠ Medication Pri	☐ mary Care	⊠ e Psychotherap	Fa by Educa	⊠ mily tion and oport	E	Supported Employment and Education	⊗ Case Management	⊗ Peer Services			
Other:											
The State Requires	The State Requires Fidelity to Be Monitored					Fidelity Mea	asure Used				
⊠ YI	ES O	NO	PA Coo	PA Coordinated Specialty Care Fidelity Scale							

Puerto Rico



STATE CONTACT

Misael E. Pérez Marrero | 787-763-7575 ext. 1252 | Misael.Perez@assmca.pr.gov

	STATE FINANCING	
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity
\$886,603	\$690,214	No Response

U	SE OF MENTAL HEALTH BLOCK GRANT S	SET-ASIDE FUNDS
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served
Full Implementation	39	35

		DATA REPORTING								
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):										
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes					
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	0					
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes					
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes					
Use of Emergency Rooms	Use of Emergency Rooms School Participation Social Connectedness									
How frequently are these data reported to the SMHA by FEP providers? <i>Monthly</i>										
The FEP provider submits this info	rmatior	at the 🗵 individual level or 🔘 ag	gregate	ed at the provider level.						

FIRS	ST EPI	ISODE	PSYCHOSIS A	ND EARLY	' SERIO	US I	MENTAL ILLI	NESS PROGRA	MS
Program N	lame		Addres	s			City		ZIP
PORTI–Rio P	Piedras		Medical Sciences Main Building, 9		San Juan			C	00921
Area Served (c cities, whole st			Phone Nui	mber			Email	W	ebsite
San Juan Meti	ro Area	787-600-3115; 78	7-522-8280	<u>Lelis</u>	.Na	zario@upr.edu	No F	Response	
Age Range Ad	ccepte	ed	Maximum Since On				Eligib	le Diagnoses	
16-35	16-35 No Respon						Non-affe	ective psychoses	
Total Admis	Total Admissions Total Curren Being Serve					Program Type			evel of mentation
25			21		⊠ CSC □ ESMI Ful			Full Imp	elementation
			This Progra	m Receive	s the Fo	llov	wing Funds:		
Block Grant Set-Aside Fun			ate General enue Funds		licaid nds			Other Funds	
\$285,305			\$0	\$	5 0			\$0	
			This Program I	ncludes th	e Follow	ving	g Component	s:	
⊠ Medication						E	Supported Employment and Education	⊠ Case Management	© Peer Services
Other:									
The State Requ	The State Requires Fidelity to Be Monitored						Fidelity Mea	asure Used	
				CSC Fi	CSC Fidelity Scale				

FIRS	ST EP	ISODE	PSYC	HOSIS A	ND EARLY	SERIO	JS I	MENTAL ILLI	NESS PROGRA	MS	
Program N	Name			Addres	s			City		ZIP	
PROCCERI-M	layagu	ez	Road	#2, 510 H	ostos Ave	Ave Mayagüez			(00680	
Area Served (d			Pi	hone Nui	mber	Email			W	ebsite	
Western part of island 787-833-0663 ext					ext. 238	<u>borti</u>	<u>z@</u> a	assmca.pr.gov			
Age Range Accepted Maximum Tir Since Onse								Eligib	le Diagnoses		
16-35	No Respo	nse			Non-affe	ective psychoses					
Total Admis	Total Admissions Total Curren Being Serve					Р	rog	ıram Type		evel of mentation	
14				14		⊠ CSC □ ESMI			Full Imp	Full Implementation	
			This	s Progra	m Receive	s the Fo	llov	ving Funds:			
Block Grant Set-Aside Fun			ate Ger venue F			Medicaid Other Funds Funds					
\$220,500			\$0		\$	60			\$0		
			This P	rogram l	ncludes th	e Follow	ving	g Component	s:		
					Fai by Educat	ion and	Е	Supported Employment and Education	© Case Management	Reer Services	
Other:											
The State Requires Fidelity to Be Monitored					ed			Fidelity Mea	asure Used		
					CSC Fig	CSC Fidelity Scale					

Rhode Island

STATE CONTACT

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



STATE FINANCING							
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity					
\$250,483	\$186,000	No Response					

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS							
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served					
Program Sustainability	211	140					

DATA REPORTING									
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):									
Suicidality		Substance Use		Physical Health					
Global Functioning	0	Improved Symptoms	0	Prescription Adherence and Side Effects	0				
Identification, Intake, Enrollment	0	Program Involvement	0	Employment	0				
Psychiatric Hospitalization		Legal Involvement		Living Situation					
Use of Emergency Rooms School Participation Social Connectedness									
How frequently are these data reported to the SMHA by FEP providers? Baseline, Every 6 months, Discharge									
The FEP provider submits this information at the ⊠ individual level or □ aggregated at the provider level.									

FIR	ST EP	ISODE	E PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NES	SS PROGRA	MS	
Program I	Name		Address						City			ZIP	
Health Tran	sitions			65 Main	St		Woonsocket			02895			
Area Served (cities, whole s				Phone Nu	mbe	er	Email			Website			
Woonsocket, E North Smitl Cumberland,	hfield,		401-235-7181				MTurillo@ CommunityCareRI.org				Provide	Provider Website	
Age Range A	Age Range Accepted Maximum Tim Since Onset					_			Eligib	le D	Diagnoses		
16-25 None					Schizophrenia, schizoaffective disorder, schizoid perso disorder, bipolar disorder, major depressive disorder (recurrent), obsessive-compulsive disorder, post-traur stress disorder, delusional disorder, or psychotic disor first episode psychosis, and who may have a co-occu substance use disorder					ive disorder post-traumatic chotic disorder,			
Total Admi	ssions	5		Total Curro Being Sei		Program IVne			Level of Implementation				
106				70								Sustainability	
				This Progra	m R	Receives the Following Funds:							
Block Gran Set-Aside Fu	-			General ue Funds			edicaid Other unds Funds						
\$93,000		N	lo R	esponse		No Res	sponse	ponse No Response					
			Th	is Program I	nclu	udes the	e Follow	ving	g Component	ts:			
	Prima	⊠ ary Car	-e	⊗ Far Psychotherapy Educat Sup			nily	Supported Employment and Education		Peer Services			
Other:													
The State Requ	uires F	idelit	y to	Be Monitore	ed				Fidelity Mea	asu	re Used		
O YES O NO						No Response							

FIR	ST EP	ISODI	E PS	SYCHOSIS A	.ND	EARLY	SERIOL	JS	MENTAL ILLI	NES	S PROGRA	MS
Program I	Name		Address				City				ZIP	
Health Tran at the Kent			2756 Post Rd				Warwick				02886	
	Area Served (counties, cities, whole state, etc.)			er	Email			Website				
Warwick, West Warwick, Coventry, East Greenwich, West Greenwich 401-691-6000				blamoureux@ Provider Website thekentcenter.org					er Website			
Age Range A	Accepto	ed		Maximum Since On		_			Eligib	le D	iagnoses	
16-25 None						Schizophrenia, schizoaffective disorder, schizoid personality disorder, bipolar disorder, major depressive disorder (recurrent), obsessive-compulsive disorder, post-traumatic stress disorder, delusional disorder, or psychotic disorder, first episode psychosis, and who may have a co-occurring substance use disorder					ive disorder post-traumatic chotic disorder,	
Total Admi	Total Admissions Total Currentle Being Served				-	Program Type Level of Implementation						
105				70							Sustainability	
				This Progra	m R	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds			Medicaid Other Funds Funds					
\$93,000		١	No R	esponse		No Res	sponse			١	No Response	
			Th	is Program I	nclı	udes the	e Follow	ving	g Component	ts:		
	Prima	⊠ ary Car	re Psychotherapy Educat			mily	Supported d Employment and Education		Ma	⊠ Case anagement	Peer Services	
Other:												
The State Req	The State Requires Fidelity to Be Monitored						Fidelity Measure Used					
					Measure team composition and functioning							

South Carolina

STATE CONTACT

Stewart Cooner | 803-898-8632 | Stewart.Cooner@scdmh.org



STATE FINANCING							
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity					
\$1,025,043	\$178,028	\$391,568					

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS							
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served					
Initial Implementation	15	17					

DATA REPORTING									
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):									
Suicidality		Substance Use		Physical Health					
Global Functioning	0	Improved Symptoms	0	Prescription Adherence and Side Effects	0				
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	0				
Psychiatric Hospitalization		Legal Involvement		Living Situation					
Use of Emergency Rooms		School Participation		Social Connectedness					
How frequently are these data reported to the SMHA by FEP providers? Quarterly									
The FEP provider submits this information at the $oxinesize{oxinething{10}}$ individual level or $oxinesize{oxinething{10}}$ aggregated at the provider level.									

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NES	S PROGRA	MS
Program	Name			Addres	SS				City			ZIP
NAVIGAT Charleston/Do Mental Health	orcheste					Blvd	Charleston				29414	
Area Served (counties, cities, whole state, etc.)					er			Email		W	Website	
Charlestor Dorchester of		3		843-852-4	100		Jennifer	:.Ro	berts@scdmh.	org	<u>Provid</u>	er Website
Age Range A	Accept	ed		Maximum Since Or					Eligib	le D	iagnoses	
15-30)			2 years	3			S	Schizophrenia o	r sch	nizoaffective di	isorder
Total Admi	Total Admissions Total Currently Being Served					Program Type				Level of Implementation		
15				17			\boxtimes	CSC	C O ESMI		Initial Imp	olementations
				This Progra	m F	Receive	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu	_			General ue Funds			dicaid Other unds Funds					
\$518,986 (across two prog	rams)	N	lo R	esponse		No Res	sponse			ı	No Response	
			Th	is Program I	Incl	udes th	e Follow	/ing	g Component	ts:		
	Prima	O ary Car	⊠ re Psychotherapy		Far Educat	⋈FamilyEducation andSupport		Supported Employment and Education		⊠ Case anagement	⊠ Peer Services	
○ Other: Care Compared to the compare	○ Other: Care Coordination											
The State Req	uires F	Fidelit	y to	Be Monitore	ed	Fidelity Measure Used						
	⊠ YES		NO			IRT Fide	elity & Fai	nily	Fidelity Scales	,		

FIR	ST EP	ISODE I	PSYCHOSIS A	ND EAR	Y SERIO	US	MENTAL ILL	NESS PROGRA	MS	
Program	Name		Addres	S			City		ZIP	
Charleston/Do	New Direction at Charleston/Dorchester 2100 Charlie Hall I Mental Health Center					Cl	harleston	2	29414	
Area Served (counties, cities, whole state, etc.)						Email			ebsite	
	Charleston and Dorchester counties 843-852-4100					r.Ro	berts@scdmh.	org <u>Provid</u>	er Website	
Age Range A	Accept	ed	Maximum Since On				Eligib	le Diagnoses		
15-30)		2 years	3			•	ccluding schizophroaffective disorder	enia	
Total Admissions Total Current Being Serve					Program Type				Level of Implementation	
21			34		0	CS	C ⊠ ESMI	Initial Imp	olementations	
			This Progra	m Receiv	es the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			e General enue Funds		Medicaid Funds			Other Funds		
\$518,986 (across two prog	rams)	No	Response	No F	Response			No Response		
		1	his Program I	ncludes	the Follow	vinç	g Component	ts:		
	Prim	☐ ary Care	⊠ re Psychotherapy				Supported Employment nd Education	© Case Management	© Peer Services	
○ Other: Care Compared to the compare	Coordina	ation								
The State Req	uires l	Fidelity 1	to Be Monitore	ed	Fidelity Measure Used					
1	O YES	S × N	0	N/A						

FIR	ST EPISC	DE P	SYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILL	NESS PROGRA	MS	
Program	Name		Addres	s			City		ZIP	
Pee Dee M Health Ce			125 E. Chev	es St	Florence			2	29506	
	Area Served (counties, cities, whole state, etc.)						Email	W	ebsite	
Darlington, F and Marion o			843-317-40	073	Susar	n.Ca	ırter@scdmh.or	g <u>Provid</u>	er Website	
Age Range A	ccepted		Maximum Since On				Eligib	le Diagnoses		
15-30)		None				F	Psychosis		
Total Admi	Total Admissions Total Currentl Being Served				F	Program Type			Level of Implementation	
40			33		0	CS	C ⊠ ESMI	Program	Sustainability	
			This Prograi	m Receive	es the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			General ue Funds		Medicaid Other Funds Funds					
\$123,320		No R	esponse	No R	esponse			No Response		
		Th	is Program I	ncludes t	he Follov	ving	g Component	ts:		
	Primary	Care	⊠ are Psychotherapy		⋈FamilyEducation andSupport		Supported Employment and Education	⊠ Case Management	⊗ Peer Services	
Other:										
The State Req	uires Fide	lity to	Be Monitore	d	Fidelity Measure Used					
-	O YES	⊠ NO		N/A						

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARLY	SERIOL	JS I	MENTAL ILLI	NESS PROGRA	MS		
Program	Name		Addres	ss			City		ZIP		
	ington County Community Mental Health Center 301 Palmetto Park					R Blvd Lexington			9072		
	Area Served (counties, cities, whole state, etc.)						Email	W	ebsite		
Lexington (County		803-399-9	217	Sarah	<u>1.Ma</u>	ain@scdmh.org	<u>Provid</u>	er Website		
Age Range A	Accept	ed	Maximum Since Or				Eligib	le Diagnoses			
15-39)		None				F	Psychosis			
Total Admi	Total Admissions Total Current Being Served					Program Type			Level of Implementation		
200			118		□ csc ⊗ esmi			Program	Sustainability		
			This Progra	m Receive	s the Fo	llov	ving Funds:				
Block Grar Set-Aside Fu			te General enue Funds		Medicaid Other Funds Funds						
\$101,272		No	Response	No Re	sponse			No Response			
		1	his Program	Includes th	e Follow	/ing	g Component	ts:			
	Prima	☐ ary Care	⊠ Psychotherapy		imily tion and		Supported Employment and Education	⊠ Case Management	Peer Services		
Other:											
The State Req	uires F	idelity	to Be Monitore	ed	Fidelity Measure Used						
	O YES	S 🗵 N	0	N/A							

South Dakota



STATE CONTACT

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

STATE FINANCING									
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity							
\$147,133	\$79,94								

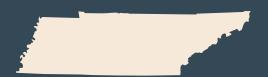
USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS									
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served							
Full Implementation	19	30							

	DATA REPORTING										
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):											
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes						
Global Functioning	0	Improved Symptoms	0	Prescription Adherence and Side Effects	0						
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	0						
Psychiatric Hospitalization		Legal Involvement		Living Situation	0						
Use of Emergency Rooms		School Participation		Social Connectedness	0						
How frequently are these data reported to the SMHA by FEP providers? <i>Enrollment, Every 6 Months, and Discharge</i>											
The FEP provider submits this info	rmatior	at the $oxtimes$ individual level or $oxtimes$ ag	gregate	ed at the provider level.							

FIR	ST EP	ISODE	E PS	YCHOSIS A	ND E	ARLY	SERIO	JS	MENTAL ILLI	NESS	PROGRA	MS	
Program	Name			Addres	ss				City			ZIP	
	OnTrackNY at Southeastern Behavioral Health Care 200 South Summit					ve Sioux Falls			57105				
Area Served (counties, cities, whole state, etc.)					mber	Email				W	ebsite		
Lincoln, McCook, and Turner C				605-336-0	503			No	Response		<u>Provid</u>	er Website	
Age Range A	Accept	ed		Maximum Since Or					Eligib	le Dia	agnoses		
15-30)			2 years	3			No	on-affective psy	chosis	s spectrum c	lisorder	
Total Admi	Total Admissions Total Currentl Being Served						Program Type				Level of Implementation		
9				18			☐ CSC ☐ ESMI Full Implementation					lementation	
				This Progra	m Re	ceives	the Fo	llov	wing Funds:				
Block Grar Set-Aside Fu				General ue Funds			licaid Other nds Funds						
\$52,554				\$0		\$(0				\$0		
			Thi	is Program I	Includ	les the	Follow	/ing	g Component	ts:			
	Prim	⊠ ary Car	re	⊗ Psychothera	ру Е	Fan Educati			Supported Employment and Education		⊠ Case nagement	Peer Services	
Other:													
The State Req	uires I	Fidelity	y to	Be Monitore	ed				Fidelity Mea	asure	Used		
(⊠ YES	s 0	NO						aboration of On vill be implemer			loped a fidelity	

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND E	EARLY	SERIO	US I	MENTAL ILLI	NESS I	PROGRA	MS
Program	Name			Addres	s				City			ZIP
OnTrackNY at Management				350 Elk St	reet	Rapid City				57701		
Area Served (cities, whole s	•			Phone Nur	mber	r			Email		Website	
Harding, Jacksor Meade, Pennir	ennett, Butte, Fall River, rding, Jackson, Lawrence, Meade, Pennington, and Oglala Lakota Counties 605-343-7262						No Response <u>Provider Websi</u> t					er Website
Age Range A	Accept	ed		Maximum Since On)			Eligib	le Diag	ınoses	
15-30)			2 years	3			No	on-affective psy	chosis	spectrum c	lisorder
Total Admi	Total Admissions Total Currentl Being Served					Frontam IVno				Level of Implementation		
10				12			\boxtimes	CSC	C O ESMI		Full Imp	lementation
				This Progra	m Re	eceives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds		Medicaid Other Funds Funds						
\$52,553				\$0		\$	0				\$0	
			Thi	is Program I	nclu	des th	e Follow	ving	g Component	s:		
	Prim	⊠ ary Caı	⊠ re Psychotherapy			Far Educati Sup	nily	E	Supported Employment and Education	С	⊗ ase gement	Peer Services
Other:												
The State Req	uires I	Fidelit	y to	Be Monitore	ed				Fidelity Mea	asure l	Jsed	
I	⊗ yes	s 0	NO						aboration of On vill be implemer			loped a fidelity

Tennessee



STATE CONTACT

Heather Taylor Griffith | 615-253-4800 | <u>Heather.Taylor.Griffith@tn.gov</u>

STATE FINANCING									
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity							
\$1,394,586	\$953,000	\$125,000							

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS									
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served							
Program Sustainability	43	63							

		DATA REPORTING									
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):											
Suicidality	Substance Use										
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes						
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes						
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes						
Use of Emergency Rooms	Use of Emergency Rooms School Participation Social Connectedness										
How frequently are these data repo	orted to	the SMHA by FEP providers? Semi	i-annu	ally							
The FEP provider submits this info	rmation	at the 🗵 individual level or 🔘 ag	gregat	ed at the provider level.							

FIRS	ST EP	ISODE I	PSYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILLI	NES	S PROGRA	MS
Program N	Name		Addres	s			City			ZIP
OnTrackTN- Counseling (•		408 Virginia	Street	Paris			38242		
•	Area Served (counties, cities, whole state, etc.)					Email				ebsite
Benton, Carroll, Gibson, Henry, Lake, Obion, and Weakley Counties 800-611-7757				757	ontrack@careyinc.org Provider We					er Website
Age Range A	ed	Time set			Eligib	le D	iagnoses			
15-30		;			F	Psycl	nosis			
Total Admissions Total Current Being Serve				_	Program Type				Level of Implementation	
6			14		\boxtimes	CSC	C O ESMI		Program	Sustainability
			This Progra	m Receiv	es the Fo	llov	wing Funds:			
Block Gran Set-Aside Fur	-		e General enue Funds		Medicaid Other Funds Funds					
\$322,127		No	Response	No F	esponse			1	No Response	
		Т	his Program I	ncludes	he Follow	ving	g Component	ts:		
					amily ation and upport	E	Supported Employment nd Education	M	⊠ Case anagement	⊗ Peer Services
Other:										
The State Requ	The State Requires Fidelity to Be Monitored					ed Fidelity Measure Used				
(2)						OnTrack Components Quarterly Report				

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND EARI	Y SERIO	JS	MENTAL ILL	NESS PROGRA	MS
Program I	Name			Addres	ss			City		ZIP
OnTrackTN- Health Coop			:	275 Cumberla	nd Bend		N	lashville	3	37228
Area Served (cities, whole s				Phone Nu	mber	Email			W	ebsite
Davidson County 615-744-7524					524	<u>kwi</u>	<u>lsor</u>	mmhc-tn.org	Progra	ım Website
Age Range Accepted Maximum Tin Since Onse								Eligib	le Diagnoses	
15-30 2 years							Psychosis			
Total Admissions Total Current Being Serve						Р	Program Type			evel of mentation
18				27		⊠ CSC □ ESMI Initi			Initial Im	plementation
				This Progra	m Receiv	es the Fo	llov	wing Funds:		
Block Gran Set-Aside Fu	- •			General ue Funds		Medicaid Other Funds Funds				
\$376,000		١	No R	esponse	No F	esponse			No Response	
			Th	is Program I	ncludes	he Follow	ving	g Component	ts:	
⊠ Medication						⊗ amily ation and upport		Supported Employment and Education		⊠ Peer Services
Other:										
The State Requ	uires I	Fidelit	y to	Be Monitore	ed Fidelity Measure Used					
⊗ YES □ NO				OnTra	OnTrack Components Quarterly Report					

FIR	ST EPISO	DE P	SYCHOSIS A	ND EARLY	SERIOL	JS I	MENTAL ILLI	NESS PROGRA	MS	
Program N	Name		Addres	ss			City		ZIP	
OnTrackTN-/ Healthcare S			2220 Union A	venue	Memphis			3	8104	
•	Area Served (counties, cities, whole state, etc.)				Email			W	ebsite	
Shelby County 901-608-9485					atann	er@	alliance-hs.org	<u>Provid</u>	er Website	
Age Range Accepted Maximum Tin Since Onse							Eligib	le Diagnoses		
15-30	2 years	3			F	Psychosis				
Total Admissions Total Current Being Serve					Program Type				Level of Implementation	
19			22					Initial Im	mplementation	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Gran Set-Aside Fur			General ue Funds		Medicaid Other Funds Funds					
\$376,000		No R	esponse	No Re	sponse			No Response		
		Th	is Program I	ncludes th	e Follow	/ing	g Component	ts:		
⊠ Medication	Care	⊠ Psychothera	Fa oy Educa	mily tion and oport	Е	Supported Employment and Education	⊠ Case Management	Reer Services		
Other:										
The State Requ	uires Fide	elity to	Be Monitore	ed	Fidelity Measure Used					
(6	OnTrac	OnTrack Components Quarterly Report								

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND EAR	LY SERIO	US	MENTAL ILLI	NESS PROGRA	MS
Program I	Name			Addres	ss			City		ZIP
OnTrackTN-He McNabb C		oss		2455 Sutherla	and Ave		K	ínoxville	3	37919
Area Served (cities, whole s				Phone Nu	mber		Email			ebsite
Knox Co	Knox County 865-329-5915				915	Mary.K	<u>atsil</u>	kas@mcnabb.c	org <u>Progra</u>	ım Website
Age Range Accepted Maximum Tin Since Onset								Eligib	le Diagnoses	
15-30 2 years							Psychosis			
Total Admissions Total Current Being Serve						F	Program Type			evel of mentation
N/A				N/A		⊠ CSC □ ESMI			Ins	tallation
				This Progra	m Recei	ves the Fo	llov	wing Funds:		
Block Gran Set-Aside Fu				General ue Funds		Medicaid Other Funds Funds				
\$100,000 (FY	19)	\$1	00,0	00 (FY19)	No	Response			No Response	
			Th	is Program I	ncludes	the Follow	ving	g Component	is:	
⊠ Medication								Supported Employment and Education		⊠ Peer Services
Other:										
The State Requ	uires F	Fidelit	y to	Be Monitore	ed Fidelity Measure Used					
⊗ YES □ NO				OnTi	OnTrack Components Quarterly Report					

Texas

STATE CONTACT

Reese Carroll | 512-838-4327 | Reese.Carroll@hhsc.state.tx.us



STATE FINANCING											
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity									
\$5,638,384	\$3,268,368	No Response									

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS										
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served									
Full Implementation	216	476									

	DATA REPORTING										
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):											
Suicidality Substance Use Substance Use Physical Health											
Global Functioning Improved Symptoms Prescription Adherence and Side Effects											
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes						
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes						
Use of Emergency Rooms ⊠ School Participation ⊠ Social Connectedness ⊠											
How frequently are these data reported to the SMHA by FEP providers? <i>Real-time</i>											
The FEP provider submits this information at the ☐ individual level or ☒ aggregated at the provider level.											

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARL	Y SERIO	JS I	MENTAL ILLI	NESS	S PROGRA	MS
Program	Name		Addres	SS			City			ZIP
Harris Center Houston CSC			9401 Southwe	est Fwy	Fwy Houston			77074		
Area Served (cities, whole s			Phone Nu	mber	er Email				Website	
Harris County 713-970-4360					April.Macakanja@ mhmraharris.org Provider Web					er Website
Age Range A	ed	Maximum Since Or		Eligible Diagnoses						
15-30		2 years	3			F	Sycho	osis		
Total Admissions Total Current Being Serve					Program Type				Level of Implementation	
38			97						lementation	
			This Progra	m Receive	es the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			e General nue Funds		Medicaid Other Funds Funds					
\$532,691		No	Response	No Re	esponse			No	o Response	
		1	his Program	Includes tl	ne Follow	ving	Component	ts:		
	⊠ ary Care	⊗ Psychothera	Fa py Educa	xmily ation and pport	Е	Supported Employment and Education	Mai	⊗ Case nagement	⊗ Peer Services	
Other:										
The State Req	uires F	idelity 1	o Be Monitore	ed			Fidelity Mea	asure	Used	
1	⊠ N	0	N/A							

FIR	ST EPI	ISODE P	SYCHOSIS A	ND EARLY	SERIOL	JS ME	ENTAL ILL	NESS PI	ROGRA	MS
Program	Name		Addres	s		С	ity			ZIP
Dallas County MI Metrocare CSC			1353 N. Westm Road, Buildi		Dallas			7	'5211	
Area Served (cities, whole s			Phone Nur	nber	er Email				W	ebsite
Dallas	544	jasmine.brown@ metrocareservices.org Provider Website					er Website			
Age Range A	ed	Maximum Since On		Eligible Diagnoses						
15-30		2 years				F	Sychosis			
Total Admi	ently ved	Program Type				Level of Implementation				
26			63					lementation		
			This Program	m Receives	s the Fol	llowir	ng Funds:			
Block Grar Set-Aside Fu			General ue Funds		Medicaid Other Funds Funds					
\$444,624		No R	esponse	No Res	sponse			No Re	esponse	
		Th	is Program I	ncludes th	e Follow	ing C	component	ts:		
	⊗ ary Care	⊠ Psychotherap	Far by Educat	mily ion and	Em	⋈ ⋈	Ca: Manag	se	© Peer Services	
Other:										
The State Req	uires F	idelity to	Be Monitore	d		F	idelity Mea	asure Us	sed	
	N/A									

FIR	ST EF	PISODI	E PS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS
Program	Name			Addres	ss				City			ZIP
Burke Center CS	SC Prog	gram		4101 S. Medi	ford	Dr			Lufkin		7	5901
Area Served (cities, whole s				Phone Nui	mbe	er Email			Website			
Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler counties					384		Melissa.Simmons@ myburke.org Provider We					er Website
Age Range Accepted Maximum T Since Ons						_			Eligib	le D	iagnoses	
15-30 2 years							Psychosis					
Total Admi	Total Admissions Total Current Being Serve					_	Program Type				Level of Implementation	
31				52							lementation	
				This Progra	m R	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds			Medicaid Other Funds Funds					
\$315,147		N	No R	esponse		No Res	sponse			1	No Response	
			Th	is Program I	nclı	udes the	e Follow	vinç	g Component	s:		
					ру		_		Supported Employment nd Education	M	⊠ Case anagement	⊗ Peer Services
Other:												
The State Req	uires	Fidelit	y to	Be Monitore	ed				Fidelity Mea	asur	e Used	
☐ YES ⊠ NO						N/A						

FIR	ST EPI	SODE F	SYCHOSIS A	ND EARL	Y SERIO	US I	MENTAL ILLI	NESS PROGRA	MS
Program	Name		Addres	ss			City		ZIP
Center for He Services–Sar CSC (POV	n Antonio		1123 N. Mai	n Ave	San Antonio			7	'8212
	Area Served (counties, cities, whole state, etc.)			mber			Email	w	ebsite
San Antonio, Be	xar Cou	nty	210-261-3	143	<u>po</u>	wer	@chcsbc.org	Progra	ım Website
Age Range Accepted Maximum Tin Since Onse							Eligib	le Diagnoses	
15-30 2 years							F	Psychosis	
Total Admi	Total Admissions Total Current Being Serve				Р	Prog	gram Type		evel of mentation
21			40		\boxtimes	CSC	C O ESMI	Initial Im	plementation
			This Progra	m Receive	es the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu			e General nue Funds		Medicaid Other Funds Funds				
\$361,056		No	Response	No Re	esponse			No Response	
		Т	his Program I	ncludes t	ne Follow	ving	g Component	ts:	
	Fa py Educa	⊠ amily ation and pport	E	Supported Employment and Education		© Peer Services			
Other:									
The State Req	The State Requires Fidelity to Be Monitored				red Fidelity Measure Used				
☐ YES ⊠ NO				N/A					

FIR	ST EP	ISODE F	SYCHOSIS A	ND EARLY	SERIO	JS I	MENTAL ILLI	NESS PRO	GRA	MS
Program	Name		Addres	s			City			ZIP
Bluebonnet Community Center–Cle	MHMR	1	009 North Georg	getown St.		Rou	und Rock		78664	
Area Served (counties, cities, whole state, etc.)					er Email				W	ebsite
Williamson County 512-657-3294					clear	path	n@bbtrails.org		<u>Progra</u>	am Website
Age Range A	Time set	Eligible Diagnoses								
15-30		2 years	;			F	Psychosis			
Total Admi	ently ved	Program Type			ı	Level of Implementation				
12			32		⊠ CSC ☐ ESMI Initial In			itial Im	plementation	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu	_		e General nue Funds		Medicaid Other Funds Funds					
\$265,121		No	Response	No Re	sponse			No Res	ponse	
		Т	his Program I	ncludes th	e Follow	/ing	Component	ts:		
	⊠ ary Care	⊠ Psychotherap	Fai by Educat	mily tion and	E	Supported Employment and Education	⊗ Case Managen		Reer Services	
Other:										
The State Req	uires F	idelity t	o Be Monitore	d			Fidelity Mea	asure Use	d	
(☐ YES 図 NO									

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND EA	ARLY	SERIOL	JS I	MENTAL ILLI	NESS PROG	RAI	MS	
Program I	Name			Addres	s				City		:	ZIP	
MHMR of Tarrar Tarrant CSC I		•	3	840 Hulen Tov	ver Nort	th	Fort Worth				70	6107	
Area Served (cities, whole s		-		Phone Nu	mber				Email		We	ebsite	
Tarrant Co	ounty			817-569-5	131		Kristin.	.Brc	ock@mhmrtc.or	g <u>Pr</u>	ovide	er Website	
Age Range A	ccept	ed		Maximum Since On					Eligibl	le Diagnose	S		
15-30)			2 years	3				F	sychosis			
Total Admi	otal Admissions Total Currently Being Served						Program Type			lm	Level of Implementation		
14				29			\boxtimes (CSC	C O ESMI	Initia	Initial Implementation		
				This Progra	m Rec	ceives	the Fol	llov	ving Funds:				
Block Gran Set-Aside Fu	- •			General ue Funds		Medi Fur							
\$265,121		1	No Re	esponse	N	No Res	sponse			No Respoi	nse		
			Thi	is Program I	nclude	es the	e Follow	ing	g Component	s:			
⊠ Medication	Prim	⊗ ary Ca	re	⊠ Psychothera _l	ру Е	Fan ducati	 ⊠ Supported tion and Employment pport and Education 		⊗ Case Managemer	nt	⊠ Peer Services		
Other:													
The State Requ	The State Requires Fidelity to Be Monitored					Fidelity Measure Used							
☐ YES 図 NO					N/A	/A							

FIRS	ST EPISOD	E PS	YCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILLI	NESS P	ROGRA	MS
Program N	lame		Addres	s			City			ZIP
Tropical Te Behavioral Health CSC Progr	h–Tropical	1	1901 S. 24th <i>i</i>	Avenue	Edinburg				78539	
Area Served (cities, whole st			Phone Nur	mber			Email		W	ebsite
Cameron, Hid and Willacy Co			956-289-7	163	<u>k</u>	<u>otrej</u>	o@ttbh.org		Provid	er Website
Age Range Ad	ccepted		Maximum Since On				Eligib	le Diagr	noses	
15-30	15-30 2 years						F	Psychosis	3	
Total Admis	ssions	Total Currently Being Served			Program Type				Level of Implementation	
12			41		\boxtimes	CS	C O ESMI		Initial Im	plementation
		T	This Progra	m Receiv	es the Fo	llov	wing Funds:			
Block Grant Set-Aside Fun			General e Funds		Medicaid Other Funds Funds					
\$229,507		No Re	sponse	No R	esponse			No R	esponse	
		This	s Program I	ncludes t	he Follov	vinç	g Component	is:		
⊠ Medication	⊠ Primary Ca	are	⊠ Psychotherap	by Educa	⊗ amily ation and apport		Supported Employment nd Education	Ca	se gement	⊠ Peer Services
Other:										
The State Requ	ıires Fideli	ty to E	Be Monitore	ed	Fidelity Measure Used					
C	☐ YES 図 NO									

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILLI	NESS PROC	BRA	MS	
Program N	Name			Addres	s			City			ZIP	
Austin Travis MHMR–Austin CS		1/30 Collier Str			Street	Austin				7	78704	
•	rved (counties, hole state, etc.)			nber			Email		W	ebsite		
Travis Co	unty			512-804-3	480	chels	sea.	.keyt@atcic.org	P	rovid	er Website	
Age Range A	ccept	ed		Maximum Since On				Eligib	le Diagnose	es		
15-30)			2 years				F	sychosis			
Total Admis	Total Currently Being Served					Program Type			lm	Level of Implementation		
16				40	40 ⊗ CSC □ ESMI					Initial Implementation		
				This Progra	m Receive	es the Fo	llov	wing Funds:				
Block Gran Set-Aside Fur				General ue Funds		dicaid Inds			Othe Funds			
\$331,019		1	No R	esponse	No Re	esponse			No Respo	nse		
			Th	is Program I	ncludes tl	ne Follow	ving	g Component	s:			
⊠ Medication	Prim	⊗ ary Ca	re	⊠ Psychotherap	Fa by Educa	xmily and pport		Supported Employment nd Education	⊠ Case Manageme	nt	⊗ Peer Services	
Other:												
The State Requ	uires I	Fidelit	y to	Be Monitore	d	Fidelity Measure Used						
☐ YES ⊠ NO					N/A							

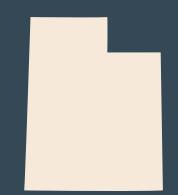
FIR	ST EP	ISODE	PSYCHOSIS A	ND E	ARLY	SERIO	JS	MENTAL ILLI	NESS PROGR <i>A</i>	MS
Program	Name		Addres	s				City		ZIP
Texas Panhano Health Authority- CSC Prog	-Panha		901 Wallac	e St	t Amarillo			Amarillo		79106
Area Served (cities, whole s			Phone Nur	mber	,			Email	W	ebsite
Armstrong, (Collingworth, Deaf Smith, Do Hall, Hansford Hemphill, Hite Lipscomb, Moore Oldham, Potter Roberts, Sher Wheeler co	Dallam nley, G I, Hartle chinsor e, Ochil r, Rand rman ar	n, ray, ey, n, tree, all,	806-351-3	06-351-3301 <u>diana.vanscoy@tx</u> ţ			scoy@txpan.or	rg <u>Provider Website</u>		
Age Range A	Accept	ed	Maximum Since On					Eligib	le Diagnoses	
15-30)		2 years	8				F	Psychosis	
Total Admi	ssions	6	Total Curro Being Ser			P	rog	gram Type		evel of mentation
31			52			\boxtimes	CS	C O ESMI	Initial Im	plementation
			This Progra	m Re	ceives	s the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu			te General enue Funds		Medi Fur				Other Funds	
\$331,019		No	Response		No Res	sponse			No Response	
			This Program I	nclud	des the	e Follow	ving	g Component	is:	
	Prim	⊗ ary Care	⊠ Psychotherap	oy E	Far Educati	cation and Employment				⊗ Peer Services
Other:										
The State Req	uires I	Fidelity	to Be Monitore	ed	Fidelity Measure Used					
☐ YES ⊠ NO					N/A					

FIR	ST EP	ISODE P	SYCHOSIS A	ND EARLY	SERIOU	IS M	IENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	ss		(City		ZIP	
Emergence Heal			1600 Monta	ına St	El Paso			7	79902	
	Served (counties, , whole state, etc.)			mber		E	mail	W	ebsite	
El Paso C	ounty		915-599-6	690	vaguir	re@	ehnelpaso.org	<u>Provid</u>	er Website	
Age Range A	Accept	ed	Maximum Since Or				Eligib	le Diagnoses		
15-30)		2 years	3			F	Psychosis		
Total Admi	Total Admissions Total Current Being Serve				Pı	rogr	am Type		evel of mentation	
15			30		⊗ (CSC	O ESMI	Initial Im	plementation	
			This Progra	m Receive	s the Fol	lowi	ing Funds:			
Block Grar Set-Aside Fu			General nue Funds		licaid nds			Other Funds		
\$331,019		No F	Response	No Re	sponse			No Response		
		TI	nis Program I	ncludes th	e Follow	ing	Component	s:		
	Prim	⊠ ary Care	⊠ Psychothera	Fa py Educa	⊠ mily tion and oport	En	Supported mployment d Education	⊠ Case Management	⊠ Peer Services	
Other:										
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used				
☐ YES 図 NO										

Utah

STATE CONTACT

LeAnne Huff | 801-538-4326 | <u>lhuff@utah.gov</u>



STATE FINANCING										
10% Block Grant Set Aside	10% Block Grant Set Aside State Spending on First Episode Psychosis Programs/Activity									
\$546,282	\$558,219	No Response								

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS									
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served							
Full Implementation	57	52							

	DATA REPORTING										
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):											
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health							
Global Functioning Improved Symptoms Prescription Adherence and Side Effects											
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes						
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes						
Use of Emergency Rooms ☐ School Participation ☒ Social Connectedness ☒											
How frequently are these data reported to the SMHA by FEP providers? <i>Bi-annually</i>											
The FEP provider submits this information at the ☐ individual level or ☒ aggregated at the provider level.											

FIR	ST EP	ISODI	E PS	SYCHOSIS A	ND EARI	Y SERIOL	JS	MENTAL ILL	NESS PROGRA	MS
Program l	Name			Addres	ss			City		ZIP
PIER-We Human Se			1600 Montana S				El Paso			79902
Area Served (cities, whole s				Phone Nu	mber		Email			ebsite
Weber Co	ounty			801-625-3	700	stac	cys(@weberhs.org	Provid	er Website
Age Range A	ccept	ed		Maximum Since Or				Eligib	le Diagnoses	
15-26	6			No Respo	nse			No	Response	
Total Admi	Total Current Being Serve					Р	Program Type			evel of mentation
8	8 8					\boxtimes	CS	С О ЕЅМІ	Full Imp	olementation
				This Progra	m Receiv	es the Fo	llov	wing Funds:		
Block Grar Set-Aside Fu				General ue Funds		dicaid unds				
\$158,043		١	No R	esponse	No F	esponse			No Response	
			Th	is Program I	ncludes	he Follow	/ing	g Component	ts:	
							E	Supported Employment and Education	(X) Case Management	Peer Services
Other: Multi-F	amily G	roup T	hera	ру						
The State Req	uires F	Fidelit	y to	Be Monitore	ed			Fidelity Mea	asure Used	
	⊠ YES □ NO				YOQ					

FIR	ST EP	ISODE	E PS	YCHOSIS A	ND E	ARLY	SERIO	JS	MENTAL ILLI	NESS	PROGRA	MS
Program	Name			Addres	ss				City			ZIP
EASA-D Behavioral			934 South Main			St Layton			84041			
Area Served (cities, whole s			Phone Number						Email		We	ebsite
Davis Co	unty			801-336-1	827		pre	ep@	dbhutah.org		Provide	er Website
Age Range A	Accept	ed		Maximum Since On					Eligib	le Dia	agnoses	
16-26	6			2 years	S		I	-	chosis not due tubstance use, c			
Total Admi	Total Admissions Total Current Being Serve						Program Type				Level of Implementation	
15				14			\boxtimes	CSC	C O ESMI		Initial Imp	olementation
			1	This Progra	m Re	ceives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu	_			General le Funds		Medi Fur					Other Funds	
\$142,426		N	lo Re	sponse		No Res	sponse			No	o Response	
			This	s Program I	Includ	des the	e Follow	/ing	g Component	s:		
⊠ Medication	Prima	☐ ary Car	Education and Education Support Supp						Peer Services			
○ Other: Multi-F	amily G	roup TI	nerap	ру								
The State Req	uires F	idelity	/ to I	Be Monitore	ed	Fidelity Measure Used						
	☐ YES 図 NO					N/A						

FIR	ST EP	ISOD	E PS	SYCHOSIS A	ND EA	ARLY	SERIOL	JS I	MENTAL ILLI	NESS PR	OGRA	MS
Program	Name			Addres	ss				City			ZIP
Wasatch Ment	tal Heal	lth	750 North Freedom Suite 300			/d.,	Provo				84601	
Area Served (cities, whole s		-		Phone Nu	mber			I	Email		W	ebsite
Utah and Wasat	ch cour	nties		No Respo	nse			No	Response		Provid	er Website
Age Range A	Accept	ed		Maximum Since On					Eligib	le Diagno	ses	
No Respo	onse			No Respo	nse				No	Response		
Total Admi	I Admissions Total Current Being Serve						Р	rog	ıram Type			evel of mentation
34				30 ⊠ CSC					C O ESMI No Response			Response
				This Progra	m Rec	ceives	the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu				General ue Funds		Medic Fun						
\$257,751		1	No R	esponse	N	No Res	ponse			No Res	sponse	
			Th	is Program I	nclude	es the	Follow	/ing	g Component	s:		
						Fam Education Supp	nily on and	E	Supported Employment and Education	⊠ Case Manager		⊠ Peer Services
○ Other: Multi-Family Group Therapy												
The State Req	uires I	Fidelit	y to	Be Monitore	ed	Fidelity Measure Used						
	☐ YES ⊗ NO				N/	/A						

Vermont

STATE CONTACT

Patricia Singer | 802-241-0090 | Patricia.Singer@vermont.gov



STATE FINANCING										
10% Block Grant Set Aside	10% Block Grant Set Aside State Spending on First Episode Psychosis Programs/Activity									
\$122,035	\$0	\$95,607								

US	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS									
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served								
None	0	0								

		DATA REPORTING			
•		come and performance measur ardized instruments listed belo			
Suicidality		Substance Use	0	Physical Health	\boxtimes
Global Functioning	0	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	0
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes
Psychiatric Hospitalization		Legal Involvement		Living Situation	\boxtimes
Use of Emergency Rooms		School Participation	\boxtimes	Social Connectedness	\boxtimes
How frequently are these data repo	orted to	the SMHA by FEP providers? Quar	terly		
The FEP provider submits this info	rmation	at the $ \Box $ individual level or $ oxtimes $ ag	gregate	ed at the provider level.	

FIR	ST EP	ISODE	E PS	SYCHOSIS A	ND E	ARLY	SERIO	JS I	MENTAL ILLI	NESS PROGR	AMS	
Program	Name			Addres	ss				City		ZIP	
Soteri	а			No Respo	nse		No Response			No	Response	
	Area Served (counties, cities, whole state, etc.)						Email			,	Website	
No Response 888-492-8218 ext.					ext. 40)3	jason@	path	nwaysvermont.d	org <u>Prog</u>	ram Website	
Age Range Accepted Maximum Tin Since Onse									Eligib	le Diagnoses		
No Respo	onse			No Respo	nse				Initial exper	riences of psych	osis	
Total Admissions Total Curren Being Serve			_		Program Type				Level of Implementation			
No Respo	No Response No Response					☐ CSC 図 ESMI			C ⊗ ESMI	No	No Response	
				This Progra	m Rec	ceives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds		Medicaid Funds				Other Funds	• • • • • • • • • • • • • • • • • • • •	
\$0		N	No R	esponse	N	No Res	sponse			No Respons	e	
			Th	is Program I	nclud	es the	e Follow	/ing	g Component	ts:		
	Prim	☐ ary Car	re	☐ Psychotherap	ру Е	Fan Educati Sup	nily ion and E		Supported Employment and Education	Case Management	Peer Services	
Other:												
The State Req	The State Requires Fidelity to Be Monitored					Fidelity Measure Used						
	O YES		NO		No	o Resp	oonse					

Virgin Islands

STATE CONTACT



STATE FINANCING											
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity									
\$25,520	No Response	No Response									
Т	he Virgin Islands has not responded	l.									

Virginia



STATE CONTACT

Jeffrey Van Arnam | 804-786-7357 | <u>Jeffrey Van Arnam@dbhds.virginia.gov</u>

STATE FINANCING											
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity									
\$1,535,557	\$6,203,755	\$3,089,419									

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS									
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served							
Program Sustainability	99	197							

		DATA REPORTING			
•		come and performance measurantized instruments listed belo			
Suicidality	0	Substance Use	\boxtimes	Physical Health	0
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	0
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	0
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes
How frequently are these data repo	orted to	the SMHA by FEP providers? Quar	terly		
The FEP provider submits this info	rmation	at the 🗵 individual level or 🔘 ag	gregat	ed at the provider level.	

FIRS	ST EF	ISODE	PSYCHOSIS A	ND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	MS	
Program N	Name		Addres	S			City		ZIP	
The TRAILS F	Prograi	m	4480 King Street	, 5th Floor		Al	exandria	2	22314	
•	Area Served (counties, cities, whole state, etc.)					Email			ebsite	
Alexandria	Alexandria City 703-746-3550				_		ole.rohrer@ ndriava.gov	<u>Progra</u>	am Website	
Age Range A	Age Range Accepted Maximum Tin Since Onse						Eligib	le Diagnoses		
14-26	14-26 2 years						F	Psychosis		
Total Admis	Total Admissions Total Curren Being Serve				P	Prog	ıram Type		Level of Implementation	
7			21							
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Gran Set-Aside Fur			ate General venue Funds					Other Funds		
\$185,307			\$572,416	No Re	esponse			No Response		
			This Program I	ncludes th	ne Follov	ving	g Component	is:		
⊠ Medication	Prim	ary Car	⊠ e Psychothera	Fa oy Educa	⊠ mily tion and pport	nily Supported ion and Employment		(X) Case Management	⊗ Peer Services	
○ Other: Housing	g Supp	ort								
The State Requ	The State Requires Fidelity to Be Monitored						Fidelity Measure Used			
(3	⊠ YES		NO	Staff m	Staff meetings, supervision, chart reviews					

FIR	ST EP	ISOD	E PS	SYCHOSIS A	ND EA	ARLY	SERIOL	JS I	MENTAL ILL	NES	S PROGRA	MS	
Program	Name			Addres	ss				City			ZIP	
Turning F	Point			8221 Willow Corporate			Fairfax			2	22031		
	Area Served (counties, cities, whole state, etc.)					Email			We	ebsite			
Fairfax County and Falls Church City 703-383-8535				3535				ingPointCSC@ xcounty.gov	2	<u>Progra</u>	ım Website		
Age Range Accepted Maximum Tin Since Onse									Eligib	le D	iagnoses		
16-25 2 years				S				Psychosis (sc	hizo	phrenia spectr	rum)		
Intal Admissions			Total Curr Being Se			Р	rog	ıram Type		Level of Implementation			
18	18 31									Sustainability			
				This Progra	m Rec	eives	the Fo	llov	ving Funds:				
Block Grar Set-Aside Fu	_			General ue Funds		Medicaid Funds			Other Funds				
\$185,310			\$57	72,428	N	lo Res	sponse			1	No Response		
			Th	is Program	Include	es the	Follow	/ing	g Component	ts:			
⊠ Medication	Prima	O ary Ca	⊠ are Psychotherapy		ру Ес	Fan ducati Sup	nily on and	E	Supported Employment and Education	Ma	⊠ Case anagement	Peer Services	
Other:													
The State Req	uires F	idelit	y to	Be Monitore	ed				Fidelity Mea	asur	e Used		
	⊠ YES	s O	NO		Ad	Staff meetings, supervision, chart reviews; (Informally using Addington's Scale (FEP-FS) 2016 version to ensure fidelity in On Track); received TA from On Track							

FIR	ST EP	ISODE F	SYCHOSIS A	ND EARLY	SERIOL	JS N	MENTAL ILLI	NESS PROGRA	AMS		
Program I	Name		Addres	SS			City		ZIP		
In S.T.R.I.	D.E.		2010 Bremo Suite 12		d, Henrico				23226		
Area Served (cities, whole s			Phone Nu	mber	Email			V	/ebsite		
	Henrico, Charles City, and New Kent County				par	·094(@henrico.us	<u>Progr</u>	am Website		
Age Range Accepted Maximum Tim Since Onset							Eligib	le Diagnoses			
16-25	16-25 2 years						Sch	nizophrenia			
Total Admi	Total Admissions Total Current Being Serve				Program Type				Level of Implementation		
20			38		⊗ CSC □ ESMI			Program	Sustainability		
			This Progra	m Receive	s the Fo	llow	ving Funds:				
Block Gran Set-Aside Fu	-		e General nue Funds		Medicaid Funds			Other Funds			
\$153,883		\$	476,237	No Re	esponse			No Response			
		Т	his Program I	Includes th	e Follow	/ing	Component	s:			
	Prima	ary Care	⊠ e Psychotherapy E				Supported mployment d Education	⊗ Case Management	Peer Services		
Other:											
The State Requ	The State Requires Fidelity to Be Monitored						Fidelity Measure Used				
(⊠ YES	O N	O	Modifie	d Colorad	o, illr	ness managem	nent, consumer sa	atisfaction		

FIR	ST EP	ISODE I	SYCHOSIS A	ND EARLY	SERIOL	JS N	MENTAL ILLN	NESS PROGRA	MS	
Program N	Name		Addres	s			City		ZIP	
NAVIGATE at F	•		610 Campus	Drive	Abingdon			2	24210	
•	Area Served (counties, cities, whole state, etc.)					Email			ebsite	
	Bristol and 276-525-1942 Washington County					aleonard@highlandscsb.org Program V				
Age Range Accepted Maximum Tin Since Onse							Eligibl	e Diagnoses		
16-35 2 years							Р	sychosis		
Total Admissions Total Current Being Serve				_	Program Type				Level of Implementation	
19			27		⊗ CSC □ ESMI			Program	Sustainability	
			This Progra	m Receive	s the Fo	llow	ving Funds:			
Block Gran Set-Aside Fur			e General nue Funds		Medicaid Other Funds Funds					
\$149,628		\$	463,215	\$36	3,364			No Response		
		Т	his Program I	ncludes th	e Follow	/ing	Component	s:		
	Prima	☐ ary Care	⊠ are Psychotherapy		⊠ =amily cation and Support		Supported mployment d Education	© Case Management	Peer Services	
Other:										
The State Requ	uires F	idelity t	o Be Monitore	ed	Fidelity Measure Used					
(⊠ YES	Ои	O	Case s	Case staffing, phone consultation/TA					

FIRS	ST EP	ISODE	PSYCHOSIS A	ND EARL	Y SERIO	US I	MENTAL ILLI	NESS PROGRA	MS	
Program N	Name		Addres	ss			City		ZIP	
LINC (Linking Ir & Navigating			102 Heritage Wa	y, NE #302	302 Leesburg			2	20176	
Area Served (counties, cities, whole state, etc.)				mber			Email	W	ebsite	
Loudoun Co	ounty		703-777-0	147	<u>lbe</u>	<u>eran</u>	@prsinc.org	Progra	am Website	
Age Range A	ccept	ed	Maximum Since Or				Eligib	le Diagnoses		
16-30			2 years	3			F	Psychosis		
Total Admis	Total Admissions Total Currer Being Serv				Program Type				Level of Implementation	
14			22						Sustainability	
			This Progra	m Receive	es the Fo	llov	wing Funds:			
Block Gran Set-Aside Fun			te General enue Funds					Other Funds		
\$160,690		:	\$497,074	No Re	esponse			No Response		
			This Program I	ncludes tl	ne Follov	ving	g Component	s:		
⊠ Medication	Prima	O ary Care	⊠ Psychothera	Fa by Educa	xmily ation and pport	E	Supported Employment and Education		© Peer Services	
Other:										
The State Requires Fidelity to Be Monitored					Fidelity Measure Used					
					Addington's Scale					

FIRST	EPISODI	E PSYCHOSIS A	ND EARLY	' SERIO	US I	MENTAL ILLI	NESS PROGRA	MS	
Program Nan	me	Addres	SS			City		ZIP	
YACC (Young Ad Coordinate Car		15361 Bradfor P.O. Box 1		Culpeper		2	2701		
Area Served (cou					I	Email	W	ebsite	
Madison, Orange,	Culpeper, Fauquier, Madison, Orange, and Sappahannock counties			153 <u>yacc@rrcsb.org</u> <u>Progra</u>			ım Website		
Age Range Acce	Age Range Accepted Maximum Tim					Eligib	le Diagnoses		
15-25	3			F	Psychosis				
Total Admission	Total Admissions Total Current Being Served			Program IVno				Level of Implementation	
7		18		\boxtimes	csc	C O ESMI	Program	Sustainability	
		This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Grant Set-Aside Funds		tate General venue Funds		icaid nds			Other Funds		
\$145,216		\$449,709	No Re	sponse			No Response		
		This Program	Includes th	e Follov	ving	g Component	s:		
	☐ rimary Car	⊠ re Psychothera	Fa py Educat	⊠ mily tion and oport	Е	Supported Employment and Education	⊠ Case Management	© Peer Services	
Other:									
The State Require	The State Requires Fidelity to Be Monitored					Fidelity Measure Used			
⊠ Y	YES O	NO	Staff me	Staff meetings, supervision, chart reviews					

FIRST	EPISOD	E PSYCHOSIS A	AND EARLY	SERIO	US I	MENTAL ILLI	NESS PROGRA	MS	
Program Nai	me	Addres	ss			City		ZIP	
GetOnTrack	k	15941 Donald C Suite 20		Woodbridge			2	2191	
Area Served (co		Phone Nu	mber		ı	Email	W	ebsite	
Prince Willian County, Manass and Manassas I	sas,	703-792-5	5262	kgoswell@pwcgov.org			No F	Response	
Age Range Acc	cepted	Maximum Since O				Eligib	le Diagnoses		
16-25		2 year	S			F	Psychosis		
Total Admissi	ions	rently rved	Program Type				Level of Implementation		
9		25		\boxtimes	csc	C O ESMI	Program	Sustainability	
		This Progra	am Receive	s the Fo	llov	ving Funds:			
Block Grant Set-Aside Funds		tate General venue Funds		licaid nds			Other Funds		
\$162,014		\$501,123	No Re	esponse			No Response		
		This Program	Includes th	ne Follov	ving	g Component	s:		
⊠ Medication F	⊠ Primary Ca	⊠ re Psychothera	Fa py Educa	mily tion and pport	Е	Supported Employment and Education		⊗ Peer Services	
Other:									
The State Require	The State Requires Fidelity to Be Monitored					Fidelity Measure Used			
\boxtimes	yes O	NO	Case s	Case staffing, supervision, training, internally developed monitoring form				d monitoring form	

FIRS1	T EPISOD	E PSYCHOSIS A	ND EARL	SERIO	US I	MENTAL ILLI	NESS PROGRA	MS
Program Na	ame	Addres	SS			City		ZIP
The Life Manage Program (LM		5268 Godwi	n Blvd.	Suffolk			2	23434
Area Served (co		Phone Nu	mber	Email			W	ebsite
Isle of Wight a Southampton cour Franklin and Suffo	nties and	757-323-0)458	lmartin@wtcsb.org			Provid	er Website
Age Range Acc	cepted	Maximum Since Or				Eligib	le Diagnoses	
16-25		2 year	S			F	Psychosis	
Total Admiss	sions	Total Curr Being Se		Program Type			evel of mentation	
5		15		\boxtimes	CSC	C O ESMI	Program	Sustainability
		This Progra	m Receive	s the Fo	llow	ving Funds:		
Block Grant Set-Aside Fund		tate General evenue Funds		dicaid ands			Other Funds	
\$151,126		\$467,798	\$19	9,207	Ì		No Response	
		This Program	Includes th	ne Follov	ving	Component	s:	
⊠ Medication I	☐ Primary Ca	⊠ re Psychothera	Fa py Educa	imily and pport	Е	Supported Employment and Education	⊠ Case Management	© Peer Services
Other:								
The State Requir	The State Requires Fidelity to Be Monitored					Fidelity Mea	asure Used	
\boxtimes	YES O	NO	Superv	ision, case	Supervision, case staffing			

Washington



STATE CONTACT

Sandra Mena-Tyree | 360-725-3750 | Sandra.Mena-Tyree@hca.wa.gov

Note: As of 8/16/2018, Washington did not review this information. This information is from 2017, except for the number of clients served, the MHBG set-aside amount, and the amount of MHBG set-aside funding at the state and program levels.

STATE FINANCING											
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity									
\$1,631,440	\$857,392	\$83,394									

USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS									
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served							
Full Implementation	No Response	No Response							

DATA REPORTING										
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):										
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes					
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes					
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes					
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes					
Use of Emergency Rooms School Participation Social Connectedness										
How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly</i>										
The FEP provider submits this info	rmation	at the 🗵 individual level or 🔘 ag	gregate	ed at the provider level.						

FIR	ST EP	ISODE	PSYCHOSIS A	ND EARL	Y SERIO	US	MENTAL ILLI	NESS PROGR <i>A</i>	MS	
Program	Name		Addres	ss			City		ZIP	
New Journ Comprehensive	-	care	402 S. 4th A	venue		Yakima			98907	
Area Served (cities, whole s			Phone Nu	mber		Email			/ebsite	
Yakima Co	ounty		509-575-4	084		No	Response	Progra	am Website	
Age Range A	Accepte	ed	Maximum Since Or				Eligib	le Diagnoses		
15-25 (flex	(flexible) No Response				Schizophrenia, schizoaffective or schizophreniform disorder, brief psychotic disorder or psychotic disorder not otherwise specified				otic disorder	
Total Admi	ssions	;	Total Curr Being Sei		F	Program Type			Level of Implementation	
No Respo	onse		No Respo	nse	\boxtimes	CS	C O ESMI	Full Im	olementation	
			This Progra	m Receiv	es the Fo	ollov	wing Funds:			
Block Grar Set-Aside Fu			te General enue Funds		dicaid unds			Other Funds		
No Respons	е	No	Response	No F	esponse			No Response		
		1	This Program I	ncludes 1	he Follov	ving	g Component	ts:		
⊠ Medication	Prima	☐ ary Care	⊠ Psychothera _l	by Educ		E	Supported Employment nd Education	⊗ Case Management	⊗ Peer Services	
Other:										
The State Req	uires F	idelity	to Be Monitore	ed			Fidelity Mea	asure Used		
O YES O NO					sponse					

FIR	ST EPI	SODE P	SYCHOSIS A	ND EARLY	' SERIOL	JS I	MENTAL ILLI	NESS PROGRA	MS	
Program	Name		Addres	s		City			ZIP	
New Journeys-\	/alley Cit	ties	325 W. Gow	ve St.	Kent			ę	98032	
Area Served (cities, whole s			Phone Nui	mber	Email			W	ebsite	
King Co.	unty		206-408-5	329		No	Response	Progra	ım Website	
Age Range A	Accepte	ed	Maximum Since On				Eligib	le Diagnoses		
15-25 (fle	xible)		No Respo	nse	Schizophrenia, schizoaffective or schizophreniform disorder, brief psychotic disord or psychotic disorder not otherwise specified				tic disorder	
Total Admi	ssions		Total Curro Being Ser	_	Program Type				Level of Implementation	
No Respo	onse		No Respo	nse	\boxtimes	CSC	О ЕЅМІ	Full Imp	lementation	
			This Progra	m Receive	s the Fo	llov	ving Funds:			
Block Grar Set-Aside Fu			General ue Funds		icaid nds			Other Funds		
\$379,651		No F	Response	No Re	sponse			No Response		
		Th	is Program I	ncludes th	e Follow	/ing	g Component	s:		
	`	☐ ry Care	⊠ Psychotherap	Fa by Educa	mily tion and opport	Е	Supported Employment and Education	⊠ Case Management	© Peer Services	
Other:	Other:									
The State Req	uires F	idelity to	Be Monitore	ed			Fidelity Mea	asure Used		
	O YES	O NO)	No Res	ponse					

FIR	ST EF	PISODE	PSYCHOSIS A	ND EAR	LY SERIO	US	MENTAL ILL	NESS PROC	RAI	MS
Program I	Name		Addres	s			City			ZIP
New Journeys- Health Reso		oral	3857 Martin W	/ay East		Olympia			98506	
Area Served (cities, whole s			Phone Nu	mber		Email			We	ebsite
Thurston Mason cou			360-704-7	170	BHRN	<u>ewJ</u>	ourneys@bhr.o	rg <u>Pr</u>	ogra	m Website
Age Range A	ccept	ed	Maximum Since On				Eligibl	e Diagnose	s	
15-25 (flex	15-25 (flexible) No Response						Schizophren ophreniform disc psychotic disorc	-	ycho	tic disorder
Total Admi	ssion	S	Total Curr Being Sei	F	Program Type			Level of Implementation		
No Respo	onse		No Respo	nse	\boxtimes	CS	с О ЕЅМІ	Ful	l Imp	lementation
			This Progra	m Recei	es the Fo	llo	wing Funds:			
Block Gran Set-Aside Ful			te General enue Funds		edicaid unds			Other Funds		
\$201,745		No	Response	No I	Response			No Respo	nse	
			Γhis Program I	ncludes	the Follov	ving	g Component	s:		
⊠ Medication	Prim	ary Care	⊠ Psychothera _l	by Educ	⊠ Family cation and upport		Supported Employment nd Education	⊗ Case Manageme	nt	⊗ Peer Services
Other:										
The State Requ	uires l	Fidelity	to Be Monitore	ed			Fidelity Mea	sure Used		
(O YES	3 O N	10	No R	esponse					

FIR	ST EP	ISODE	ΕPS	SYCHOSIS A	ND	EARLY	SERIO	JS	MENTAL ILL	NES	S PROGRA	MS
Program	Name			Addres	S		City				ZIP	
New Journeys- Health Res		oral	P.O. Box 217				Cathlamet			98612-0217		
Area Served (cities, whole s	•			Phone Nur	nb	er	Email			W	ebsite	
Grays Harbor Lewis, Wahkia Cowlitz co	ıkum, a			360-795-5	959	1	No Response			Progra	ım Website	
Age Range A	Accept	ed		Maximum Since On					Eligib	le D	iagnoses	
15-25 (fle	xible)			No Respo	nse	schizophreniform diso			orde	, schizoaffective or der, brief psychotic disorder r not otherwise specified		
Total Admi	ssions	5		Total Curre Being Ser			Program Type				evel of mentation	
No Respo	onse			No Respon	nse		\boxtimes	CS	C O ESMI		Ins	tallation
				This Progra	m F	Receive	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds		Med Fu					Other Funds	
No Respons	se	Ν	lo R	esponse		No Re	sponse			ı	No Response	
			Th	is Program I	ncl	udes th	e Follow	ving	g Component	ts:		
	Prim	☐ ary Car	re	⊠ Psychotherap	ру	Far Educat			М		⊗ Peer Services	
Other:	Other:											
The State Req	uires F	Fidelity	y to	Be Monitore	ed	d Fidelity Measure Used						
-	O YES O NO					No Response						

FIR	ST EF	ISODE	PSYCHOSIS A	ND EAR	LY SERIO	US	MENTAL ILL	NESS PROGR <i>a</i>	MS	
Program I	Name		Addres	s			City		ZIP	
New Journeys—(Services No		-	P.O. Box 1	845		Vancouver			668-1845	
Area Served (cities, whole s			Phone Nu	mber		Email			ebsite	
Clark ai Skamania co		;	360-397-8	484		No	Response	Provid	der Website	
Age Range A	Accept	ed	Maximum Since On				Eligibl	e Diagnoses		
15-25 (flex	exible) No Response				Schizophrenia, schizoaffective or schizophreniform disorder, brief psychotic disorder or psychotic disorder not otherwise specified				otic disorder	
Total Admi	ssion	5	Total Curr Being Sei	_	F	Program Type			Level of Implementation	
No Respo	onse		No Respo	nse	⊠ CSC □ ESMI			Ins	tallation	
			This Progra	m Recei	ves the Fo	llov	wing Funds:			
Block Gran Set-Aside Fu			te General enue Funds		edicaid Funds			Other Funds		
No Response	е	No	Response	No	Response			No Response		
		7	Γhis Program I	ncludes	the Follow	vinç	g Component	s:		
⊠ Medication	Prim	ary Care	⊠ Psychothera _l	oy Edu	⊠ Family cation and Support		Supported Employment nd Education	⊠ Case Management	© Peer Services	
Other:										
The State Requ	uires I	Fidelity	to Be Monitore	ed			Fidelity Mea	sure Used		
(O YES		10	No R	esponse					

West Virginia

STATE CONTACT

Kim Harrison | 304-356-4777 | Kimberly.J.Harrison@wv.gov



STATE FINANCING											
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity									
\$384,098	\$384,098	No Response									

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS								
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served							
Full Implementation	No Response	No Response							

	DATA REPORTING							
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):								
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	0			
Global Functioning	0	Improved Symptoms	0	Prescription Adherence and Side Effects	0			
Identification, Intake, Enrollment	\boxtimes	Program Involvement	0	Employment	\boxtimes			
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes			
Use of Emergency Rooms		School Participation	\boxtimes	Social Connectedness				
How frequently are these data reported to the SMHA by FEP providers? <i>Monthly</i>								
The FEP provider submits this info	rmatior	at the O individual level or 🗵 ag	gregate	ed at the provider level.				

FIR	ST EP	ISODE	PSYCHOSIS A	AND	EARLY	SERIO	JS	MENTAL ILLI	NES	S PROGRA	MS
Program	Name		Addre	ss				City			ZIP
Youth Services	s Syste	m	87 15th	St		Wheeling		26003			
	Area Served (counties, etities, whole state, etc.)			er	Email			Website			
Ohio, Han Brooke, Marsha and Tyler co	all, Wet	zel,	304-233-		No Response				Program-related Website		
Age Range A	ccept	ed	Maximum Since O					Eligib	le Di	iagnoses	
15-25	5		No Respo	onse				No	Res	ponse	
Total Admi	Total Current Being Serve				_	Program Type				Level of Implementation	
No Respo	onse		No Respo	onse		⊠ CSC ☐ ESMI Full Impleme			lementation		
			This Progra	am R	Receive	s the Fo	llov	wing Funds:			
Block Gran Set-Aside Fu			ate General enue Funds		Medicaid Other Funds Funds						
\$384,098		No	Response		No Res	sponse			Ν	lo Response	
			This Program	Inclu	udes th	e Follow	ving	g Component	ts:		
	Prim	ary Care	⊠ re Psychotherapy		Far Educat	⊠ ⊠ mily Supported ion and Employment poort and Education		Ma	⊠ Case anagement	⊗ Peer Services	
○ Other: Health	Manag	ement									
The State Req	uires I	Fidelity	to Be Monitor	ed				Fidelity Mea	asur	e Used	
(O YES	S 01	NO		No Res	ponse					

Wisconsin







STATE FINANCING								
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity						
\$1,112,258	\$866,923	No Response						

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS								
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served							
Full Implementation	29	40							

DATA REPORTING								
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):								
Suicidality	\boxtimes	Substance Use	\boxtimes	Physical Health	\boxtimes			
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes			
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes			
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes			
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes			
How frequently are these data repo	orted to	the SMHA by FEP providers? Bi-ar	nually	,				
The FEP provider submits this info	rmation	at the O individual level or 🗵 ag	gregate	ed at the provider level.				

FIR	ST EPI	ISODE I	PSYCHOSIS A	ND E	ARLY	SERIO	JS I	MENTAL ILL	NESS PROGRA	MS	
Program	Name		Addres	ss				City		ZIP	
•	Promoting Recovery from Onset of Psychosis (PROPS) 1 1320 Mendota St., Su			., Suite	e 106	106 Madison			Ę	53704	
	Area Served (counties, cities, whole state, etc.)			mber		Email			W	ebsite	
Dane Co	ounty	608-280-3140				props.referrals@ journeymhc.org			Progra	am Website	
Age Range A	Accepte	ed	Maximum Since Or					Eligib	le Diagnoses		
15-25	5		3 years	S				F	Psychosis		
Total Admi	issions		Total Currently Being Served			Program Type				Level of Implementation	
15			26							olementation	
			This Progra	ım Re	ceives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu			e General nue Funds			Medicaid Other Funds Funds					
\$369,000	17 expenditures);		Response No Re		No Res	sponse			No Response		
		Т	his Program	Includ	des the	e Follow	/ing	g Component	ts:		
		O ary Care	© Educat		Fan Educati Sup	mily Supported ion and Employment		⊠ Case Management	⊗ Peer Services		
Other:											
The State Req	uires F	idelity t	o Be Monitor	ed				Fidelity Mea	asure Used		
	⊠ YES	Ои	0	M	/IHBG 1	10% Evalu	uatio	on, state evalua	tion		

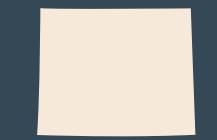
FIR	ST EPI	ISODE	PS	YCHOSIS A	ND	EARLY	SERIOL	JS	MENTAL ILL	NESS PROGRA	MS	
Program	Name			Addres	ss				City		ZIP	
Milwaukee Count Health Division	-					own	Wauwatosa		5	53226		
	Area Served (counties, ities, whole state, etc.)			er	Email			W	Website			
Milwaukee (County			414-257-4	766		Maria.Castillo@ milwaukeecountywi.gov Provider Website			er Website		
Age Range A	Accepte	ed		Maximum Since Or		_	Eligible Diagnoses					
15-25	5			3 years	8				F	Psychosis		
Total Admi	ssions	,	Total Currentl Being Served			_	Program Type				Level of Implementation	
12	12 12										lementation	
	ļ.			This Progra	m F	Receives	s the Fo	llov	wing Funds:			
Block Grar Set-Aside Fu				General ue Funds			icaid Other nds Funds					
\$79,703 (FY17 expenditu \$584,014 (FY18 allocation		N	o Re	esponse		No Res	sponse			No Response		
			Thi	s Program	ncl	udes th	e Follow	ving	g Component	ts:		
		☐ ary Care	e Psychotherapy Educ		Far Educat	 ∑			Peer Services			
Other:	Other:											
The State Req	uires F	idelity	to	Be Monitore	ed				Fidelity Mea	asure Used		
1	⊠ YES		NO			State ev	State evaluation					

FIR	ST EP	ISODE F	SYCHOSIS A	ND EAF	RLY SERI	ous	MENTAL ILL	NESS PROGRA	MS	
			NOTE: TH	IS PRO	GRAM EN	NDED	3/31/2018			
Program	Name		Addres	ss			City		ZIP	
Promoting Reco	1800 KUITZKE ROAD S			d, Ste. 10	05		Portage	5	53901	
	Area Served (counties, cities, whole state, etc.)			mber			Email	W	ebsite	
Columbia, I and Sauk c	_		608-513-8	3409		props2.referrals@ journeymhc.org Program Website			m Website	
Age Range A	Accept	ed	Maximum Since Or				Eligib	le Diagnoses		
15-25	5	3 years					F	Psychosis		
Total Admi	Total Admissions Total Currentl Being Served					Prog	gram Type		Level of Implementation	
2			2		(2	3 cs	C O ESMI	Full Imp	Full Implementation	
			This Progra	m Rece	ives the l	Follo	wing Funds:			
Block Grar Set-Aside Fu			e General nue Funds		Medicaid Other Funds Funds					
\$123,709	FY17 expenditures);		Response	No	Response			No Response		
		Т	his Program	Includes	s the Foll	owin	g Componen	ts:		
⊠ Medication	Prim	ary Care			⊠ Family ucation and Support		Supported Employment and Education	⊠ Case Management	⊠ Peer Services	
Other:										
The State Req	uires F	idelity t	o Be Monitor	ed			Fidelity Mea	asure Used		
	⊗ YES	O NO)	МНІ	MHBG 10% Evaluation, state evaluation					

Wyoming

STATE CONTACT

Dani Sullivan | 307-777-7903 | <u>Dani.Sullivan1@wyo.gov</u>



	STATE FINANCING	
10% Block Grant Set Aside	State Spending on First Episode Psychosis Programs/Activity	State Spending on Early Serious Mental Illness Programs/Activity
\$82,089	\$127,500	No Response

U	USE OF MENTAL HEALTH BLOCK GRANT SET-ASIDE FUNDS								
State Level of Implementation	Across All Programs, Total Admissions This Year	Across All Programs, Total Currently Being Served							
Initial Implementation	15	10							

DATA REPORTING								
The state requires outcome and performance measures in the following domains (standardized instruments listed below domain):								
Suicidality		Substance Use	\boxtimes	Physical Health	0			
Global Functioning	\boxtimes	Improved Symptoms	\boxtimes	Prescription Adherence and Side Effects	\boxtimes			
Identification, Intake, Enrollment	\boxtimes	Program Involvement	\boxtimes	Employment	\boxtimes			
Psychiatric Hospitalization	\boxtimes	Legal Involvement	\boxtimes	Living Situation	\boxtimes			
Use of Emergency Rooms	\boxtimes	School Participation	\boxtimes	Social Connectedness	\boxtimes			
How frequently are these data repo	How frequently are these data reported to the SMHA by FEP providers? <i>Quarterly</i>							
The FEP provider submits this info	rmatior	at the $ igcirc$ individual level or $ igotimes $ ag	gregate	ed at the provider level.				

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS											
Program Name			Addres	City				ZIP			
Yellowstone Behavioral Health Center			2538 Big Hori	n Ave.	Cody			3	82414		
Area Served (counties, cities, whole state, etc.)			Phone Nun	Email			W	Website			
Park County			307-587-2	markr@ybhc.org			Provid	Provider Website			
Age Range Accepted			Maximum Time Since Onset			Eligible Diagnoses					
No Respo		No Response			No Response						
Total Admissions			Total Currently Being Served		Program Type			Level of Implementation			
3	3				⊠ CSC ☐ ESMI		Initial Im	Initial Implementation			
This Program Receives the Following Funds:											
			tate General evenue Funds		Medicaid Funds		Other Funds				
\$47,514	\$47,514		\$0	\$	\$0		\$0				
This Program Includes the Following Components:											
☐ Medication	⊠ Primary Care		⊗ Psychotherap	y Educat	mily Sup ion and Emp		Supported Employment and Education		Peer Services		
Other:											
The State Requires Fidelity to Be Monitored					Fidelity Measure Used						
☐ YES ⊗ NO					N/A						

FIRST EPISODE PSYCHOSIS AND EARLY SERIOUS MENTAL ILLNESS PROGRAMS											
Program Name			Address					City		ZIP	
Southwest Counseling Services				1124 Colleg		Ro	ock Springs	8	82901		
Area Served (counties, cities, whole state, etc.)			Phone Number					Email	W	Website	
Sweetwater Co.			307-352-6677			<u>swi</u>	ilcox@	swcounseling.o	rg <u>Provid</u>	Provider Website	
Age Range Accepted			Maximum Time Since Onset				Eligible Diagnoses				
15-25 years			2 years				No Response				
Total Admissions			Total Currently Being Served				Pro	gram Type		Level of Implementation	
12				7	(⊠ cs	SC O ESMI	Initial Im	Initial Implementation		
This Program Receives the Following Funds:											
2.00.0.0.0			tate General venue Funds		ľ	Medicaid Funds		Other Funds			
\$47,514	\$47,514		\$0			\$0		\$0			
This Program Includes the Following Components:											
⊠ Medication	Primary Care		e	⊠ Psychotherapy		⋈Familyducation anSupport		Supported Employment and Education	⊠ Case Management	Peer Services	
Other:											
The State Requires Fidelity to Be Monitored					ed	Fidelity Measure Used					
☐ YES ⊠ NO				N/A	N/A						